



World
Cancer
Research
Fund



CHANGING BEHAVIOURS



**A guide on having conversations
to support behaviour change**

This resource is for you.

Dear health professional,

In a brief interaction, it's difficult to know whether the information you give people is having an impact. Sometimes it can be hard to find the right words to start a conversation about someone's health choices.



This guide will help you make every contact count by giving practical tips on how to raise the issue of lifestyle changes with your adult patients/clients, which will help facilitate their behaviour change.

We all know that there is a gap between intention to make healthy choices and acting on that intention. So along with starting the conversation, this guide will help you to give advice in a way that is most helpful in promoting behaviour change. Two thirds of people want to be healthier¹ – and health professionals are in a great position to help them make those changes.

A handwritten signature in black ink that reads "K Thomas".

Karan Thomas

Director of Health Development Consultancy

¹ Source: YouGov Plc survey, 2019.

This guide has been written with the support of experts and health professionals from across the health services profession. We thank them for their valuable time in helping to create this resource, and for devoting their practice to encouraging healthy living and helping to prevent cancer and other non-communicable diseases.



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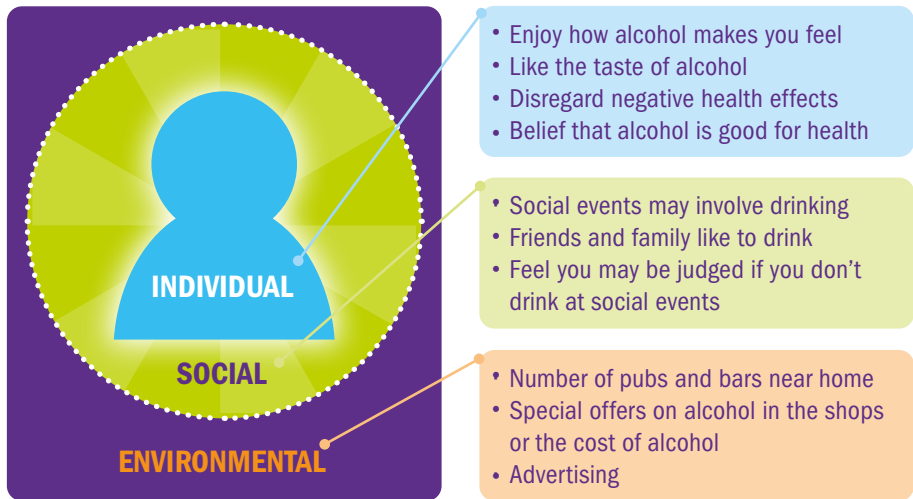
Understanding behaviour



Why do we do the things we do?

There are lots of factors that affect the health choices we make. This diagram shows the complex mix of internal (individual) and external (social and environmental) forces affecting our behaviours.

Example: Influences on choosing to drink alcohol



It's important to recognise all the factors that affect your patients/clients' lifestyle choices – some are more in their control than others.

To do: Pick a behaviour that someone might want to change (for example, being inactive or eating too much red meat). Write down the reasons of why they might do that behaviour.

Individual

Social

Environmental

A process of change

The Stages of Change model is one theory that can help us to understand where someone is in the behaviour change process. It shows that changing a behaviour is not an event, but a process of changing one's understanding, beliefs and motivation around a behaviour. It also shows that changing behaviour is not necessarily linear, but cyclical – we can fall back into past behaviours – moving forwards and backwards in the process.

This is just one theory of behaviour change – there are many others out there that can help you understand the behaviour change process. But, it's more important to guide your practice with the key communication skills in the rest of this guide.

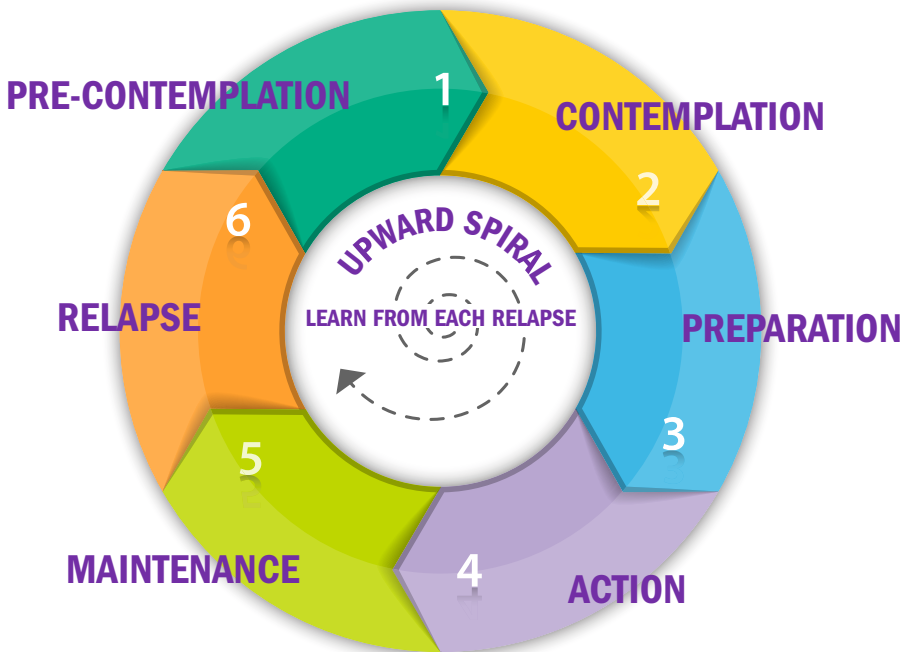


1 PRE-CONTEMPLATION

No intention of changing behaviour because the individual is unaware of the pros of changing that behaviour, and only considers the cons. For example, cooking from scratch takes more time than ordering a takeaway.

2 CONTEMPLATION

Aware that current behaviour is problematic and starts to see the pros of changing the behaviour. The individual is intending to change, but there may be things stopping them, such as confidence.



3 PREPARATION

Intention to change in the near future – the individual starts taking small steps towards changing their behaviour, such as buying exercise clothes.

5 MAINTENANCE

Sustained change where the new behaviour replaces the old one.

4 ACTION

Active change of behaviour.

6 RELAPSE

Fall back into old patterns of behaviour – a very common stage.

Effective listening checklist

During a conversation, using certain communication techniques can be useful in helping you avoid some of those common mistakes that can make conversations about behaviour change hit a brick wall. These are often used in motivational interviewing, a non-judgemental counselling tool that helps people think about changing their behaviour.

Give a time-frame.

If you only have a short amount of time, inform your patient/client.



"We've got 10 minutes, is it OK to talk about...?"

This is much better than looking at the clock or ending the conversation abruptly.



Listen more, talk less.



Allow your patient/client to take the lead with any conversation about behaviour change by exploring:

- ▶ If they want to change, for example:

"If you were to start next week, what do you think about that?"

How does that sound?"

- ▶ What obstacles they foresee in changing
- ▶ What they consider to be the greatest benefit

Including them in decision-making promotes their self-efficacy and prevents you from pushing your own agenda – which could lead to frustration from both sides.

Always ask permission.



Ask permission when broaching a sensitive subject or when you're about to give advice. It shows respect and gives them more control. Equally, if you're going to make notes during your conversation, ask if that's OK.

For example:

"Would it be OK to talk about your diet today?"

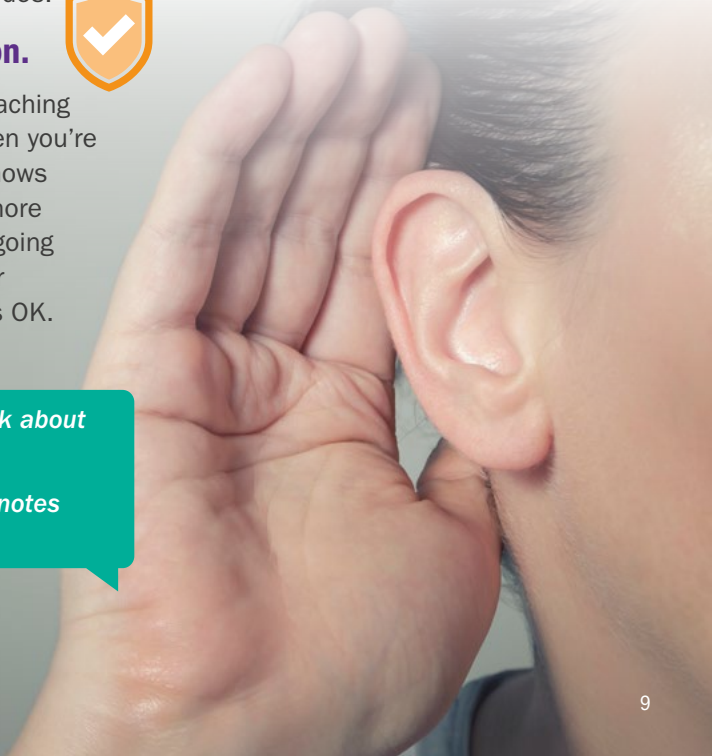
Do you mind if I take notes while we talk?"

Listen out for change talk.

Change talk is a good signifier that your patient/client is contemplating changing their behaviour, and a good opportunity for you to start a conversation about it.



- ▶ A desire to change:
'I want... I wish... I would like...'
- ▶ A reason to change:
'I should because...'
- ▶ A need to change:
'I need to... I have to... I've got to...'
- ▶ An ability to change:
'I can... I could...'



Ask open-ended questions.



These help people to draw on their own solutions, giving them control about their behaviour. Open-ended questions might start with “**how**”, “**what**” or “**why**”. Closed questions, which typically elicit a one-word answer such as “**yes**” or “**no**”, tend to evoke a passive response.

Closed question example:

“Have you tried going to the gym?”

Open-ended question example:

“How do you feel about your current levels of physical activity?”

To do: Write two open-ended questions you could use to raise the issue of weight with someone.



1.

2.

Reflective listening.



This includes mirroring language, and it shows that you’re listening and provides an opportunity to check that you haven’t misunderstood what they’ve said. It also demonstrates empathy which is crucial for the patient/client to feel heard. Reflective listening includes using the language and words they use, repeating, paraphrasing or reflecting on the feeling of what the other person has said.

For example:

Patient/Client: *“I keep trying different things to help me but nothing works.”*

Health professional: *“You’ve been trying lots of different things?”*

(Note that in this example, the reflection focuses on the positive action of trying, rather than nothing working.)

Affirmations.

Comment on their strengths, effort and intentions.

For example:

"It sounds like you've worked really hard to get to this stage."

Body language.

Show open body language – try not to cross your arms or legs. Smiling and giving eye contact reinforces that you're listening and want to know more. Also, sitting still at a slight angle so that you're not directly facing your patient/client can be a less intimidating position.



Summarising.

Summarising what your patient/client says is useful throughout the conversation and in particular when concluding certain sections of the conversation.

For example:

"So am I right in understanding that you'd like to try losing weight again but don't want to go on another restrictive diet?"



To do: Read the sentence and try writing two examples of how you'd respond using reflective listening.



"I would love to be more active but the training shoes are so expensive!"

1.

2.

You could write something like...

"You sound as if you want to be more active but are just not sure."

Starting the conversation

Look for opportunities

A good way to start a conversation is to use specific events to bring up the topic of their health – this creates an invitation to talk without being too personal. Other health professionals have suggested these opportune moments:

- ▶ New patient checks
- ▶ Over 40 health checks
- ▶ Medication reviews
- ▶ Screening
- ▶ Specific clinic appointments
- ▶ Health awareness events
- ▶ Flu clinics
- ▶ Cancer treatment reviews

Once you have your moment, where do you start? What do you say?

The 30-second conversation

Though short, by taking a supportive, non-confrontational approach and signposting when necessary, research has shown the positive impact of brief interventions. This is a conversation which involves discussion, negotiation or encouragement, and can include written or other support or follow-up.

Even very brief interventions of around 30 seconds are found to be acceptable by the public. It is important to know your local support services to effectively signpost, or make referrals, for patients/clients.

If you feel uncomfortable starting the conversation, outlining what you will be covering during the appointment and introducing it at the very beginning makes it easy to talk about later on. For example:

"Thanks for coming to see me, this appointment is to check your general health including your weight."



Ask, Advise, Assist²

ASK

Ask about their current behaviour, such as how much alcohol they drink, or ask to measure their body mass index (BMI).

Example:

"Has anyone ever spoken to you about your alcohol consumption before and how it relates to cancer?"

ADVISE

Give a positive outcome of changing their behaviour, such as outlining the health benefits or something they have highlighted as important to them. Ask what they think about changing their behaviour.

Example:

"Would it be OK if I told you about how much alcohol we should be consuming? For cancer prevention, it's best not to drink alcohol at all – but if you do choose to drink, try to drink no more than 14 units a week..."

ASSIST



If the patient/client receives advice willingly → Let them know the next steps, like setting goals, making a referral to specialist services or signposting to further information. Follow up to see how they're getting on. *"You seem interested... we have some services that give great support. I can make that referral now if you want?"*



If the patient/client is receptive but non-committal → Show acceptance of their decision, and suggest a follow-up to revisit the topic. *"Many people need a little while to think about things. Shall we talk about this again next time and you can let me know your thoughts?"*



If the patient/client does not want to engage in conversation → Show your acceptance of their decision and let them know they can talk to you in the future. *"Maybe now is not the right time and that's fine. We can talk about it again in the future if you want to."*

² Contains public sector information licensed under the Open Government Licence v3.0.

Have a go yourself

ASK – Health professional: “Before you leave, would it be OK for me to weigh you?”

Patient/client: (choose if they're willing, slightly receptive but non-committal, or unwilling)

ADVISE – Health professional:

Patient/client:

ASSIST – Health professional:

Patient/client:

The five-minute conversation

If you have a few minutes to spare, following our **C-H-A-N-G-E model** can help you introduce meaningful discussions using a person-centred approach.

C Give context

Provide them with a clear reason for starting the conversation. Try not to single them out with this rationale.

H Have permission

Ask them if it's okay to have the conversation – this is respectful and gives them control. Empowerment is more likely to lead to effective and sustainable behaviour change, and asking first will help them more actively listen to your advice.

A Ask what they know

Be interested in what they already know, what has worked well for them in the past and what didn't go so well. This will help you understand the gaps in their knowledge. This is also a good time to explore what motivates them and what potential obstacles they see when trying to change.

N Give neutral information

Give evidence-based information without an opinion, such as information from our website, wcrf-uk.org

G Gauge a reaction

Ask what they think about the information you've given them.

E End with a follow-up

Ask them if you can follow up with them next time you see them. It shows that you are genuinely interested in, and value, their health. Changing behaviour often helps if you're accountable to someone else – and it keeps the conversation open.

Example: using the **C-H-A-N-G-E model** to introduce our online health tool, the Cancer Health Check (wcrf-uk.org/cancertool)



C	"We are speaking to all of our patients about preventing cancer."
H	"Are you happy for us to talk about it?"
A	"Are you aware that there is an easy to use online Cancer Health Check that lots of my patients have found useful?"
N	"The Cancer Health Check is a five-minute online tool where you can answer questions about your current lifestyle habits and it will highlight which specific areas you're doing well with – and which areas you can improve on. It will even provide you with practical tips on how to make those small changes."
G	"Does that sound like something you'd be interested in?"
E	"Let me know how you get on?"

***Non-judgemental language** – by saying 'all of our patients', you're not singling anyone out.

Now it's your turn. You're speaking to a woman, 42, who has a BMI of 34. She has tried to lose weight in the past, but hasn't been able to keep it off. She has hypertension which is controlled by medication, and a family history of diabetes. Use the **C-H-A-N-G-E model** to start a conversation with her about weight loss.

C	
H	
A	
N	
G	
E	



Stuck for ideas? Here are some examples that you could use in your discussions.

Steps to introducing cancer risk with patients/clients	Sample language you could use
Context	<ul style="list-style-type: none">▶ Our surgery is running a cancer prevention month...▶ I am not sure if you are aware but we are a health-promoting pharmacy...
Have permission	<ul style="list-style-type: none">▶ Would it be OK if we spoke about that, as it relates to your condition?▶ Would it be OK to talk about this for a couple of minutes?
Ask	<ul style="list-style-type: none">▶ I'm just wondering what you know about how best to prevent certain cancers?▶ Would you mind if we discussed weight loss as part of your overall treatment?▶ Have you seen this leaflet before?
Neutral information	[You can also provide an online or printed resource to back up your information]
Gauge a reaction	<ul style="list-style-type: none">▶ Would you be interested in discussing this further?▶ Is there anything you read that surprised you?
End with follow-up	<ul style="list-style-type: none">▶ Give this a go and let me know how you get on next time I see you.▶ I've marked a few pages you might be interested in reading. Let me know what you think next time.

Using resources

Using resources is a great way to introduce a conversation about making healthy lifestyle choices, especially when you don't have much time. Your patients/clients can read the material in their own time and you can ask them about it when you next meet. If there is no planned follow-up, signposting to further information or services provides additional support.



Online resources, like using the online Cancer Health Check: wcrf-uk.org/cancertool

- ▶ It only takes a few seconds to show them how to access the Cancer Health Check tool. This will increase the chance that they will use it in their own time.

Printed resources, like 10 ways to protect yourself against cancer

- ▶ Providing a resource for your patients/clients to take home helps cement the information you have given. Help them find the relevant information by marking with a pen, highlighting or circling the section you would like them to read – this means you should read the resource yourself first!

Exploring resources together can act as a sign of collaboration, allowing the behaviour change process to be a joint decision and not inflicted upon your patient/client.

Managing ambivalence:

How to keep the conversation open

If you hear a patient/client say “Yes, but...” to one of your suggestions, this can be an indication of ambivalence. They may not be ready to hear the information you have to offer or feel that there are too many barriers to overcome. It is important to respect this and to keep the door open should they wish to return to the subject at a later date. Here's an example:

Health Professional



1
“How do you feel about your weight?”

3
It is imperative that we take a step back and don't plough on with well-meaning advice as this will only result in more “but...”

4
“It sounds like the time might not be quite right for you. Shall we visit this again in the future?”

Or “I’m picking up that this may not be top of your list right now. We can discuss later if you like?”

Patient/client



2
“I know I’m overweight, but I’ve got so much going on – I don’t have the time and it’s not a priority.”



What motivates our health choices?

Tips to remember

We've already thought about all the things that affect our behaviour – so we know that simply explaining that some lifestyle choices increase cancer risk and other non-communicable diseases doesn't always have the impact we want. In your conversations, ensure you're recognising what really motivates your patient/client by **asking what is important to them**.

The **EAST model** is a simple way to remind you how to encourage behaviour change. Make the desired behaviour **Easy, Attractive, Social** and **Timely**.

*EAST model adapted from the Behavioural Insights Team.



E

Make it **EASY**

- **Give clear and consistent information:**
eat well, move more and maintain a healthy weight

Not only are our Cancer Prevention Recommendations based on the latest scientific evidence, they are simple lifestyle tips to follow. It's important to break down goals, such as 'losing weight', into small actions. For example, reduce portion sizes by serving food on a smaller plate.

- **Aim to build self-efficacy and control**

Explore how confident your patient/client is about changing a behaviour and explore ways to improve their confidence with small changes or goal-setting. Empower people with the knowledge that their health, particularly cancer, is not down to luck – and is in their control.

- **Help and support**

Reduce the hassle of changing behaviours or taking up a service. Make referrals for them, and signpost to printed or online tools to support people to make positive changes. For example, activity planners and recipe books give practical tools and tips to change behaviours.



A

Make it **ATTRACTIVE**

► Do their pros outweigh the cons?

Find out what *they* think would be the biggest benefit of changing and emphasise it. Talk through those benefits so that change is positive and not something motivated by a negative feeling, like guilt.



S

Make it **SOCIAL**

► Use social influences

Our behaviours are influenced by what others think and do, and what we think others think and do. Use this to your advantage (without adding judgement). You could talk to your patient/client about what others have found useful to become healthier.

► Use their networks and commitment to others

Talk to your patient/client about what support they have – could family or friends get involved? You may be the only support they have. If so, give praise and positive feedback, helping them along their journey.



T

Make it **TIMELY**

► Change at the right time

Prompting your patient/client when they seem most receptive will be more likely to lead to behaviour change. Listening out for that ‘change talk’ (on [page 9](#)) will help you understand what they think about changing. Sometimes it might not be the right time for someone – for example giving up smoking just before a stressful event, or starting a diet just before Christmas.

► Emphasise the short-time benefits

Talking about cancer prevention can be the last thing on someone’s mind. What motivates your patient/client could be the long-term health benefits, such as helping to prevent cancer, type 2 diabetes and heart disease, or growing old healthily – or, it could be the short-term goals, like feeling good in body and mind. Ask what is important to your patient/client – are those immediate benefits going to motivate them more?



Setting SMART goals

When helping someone to set goals, it's a good idea to make small, gradual changes – small changes are much more likely to stick – and even small changes can make a big difference. Set **SMART goals**, which you can revisit and adapt when you follow up with your patient/client. **SMART goals** are:



S M A R T



SPECIFIC

For example, instead of “I’m going to walk more”, the goal could be: “I’m going for a 15-minute walk each evening before dinner.”

It can be difficult to be very specific, but asking your patient/client to visualise the new behaviour can help. For this example, explore the routes they’ll take, what they’ll do to overcome barriers, like rain or a family commitment – and discuss their alternative plan B – and plan C!

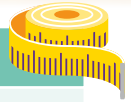
ACHIEVABLE

A goal should be something that they can *actually* do – whilst still being a challenge.

For example, if the goal is to walk to the shops, are the shops within walking distance?



MEASURABLE



For example, eating five portions of fruit and veg a day. Encourage patients/clients to measure their progress to keep them motivated. Self-monitoring, such as a food diary, is effective because people think twice if they’re having to write down an unhealthy behaviour. Monitoring can be harmful if it’s being assessed. Instead, ask your patient/client if they’d like to show you what they’ve done – but don’t make it compulsory.

RELEVANT



Through your conversations and effective listening, you will have a better understanding of what’s most important and therefore most relevant to them.

TIME FRAME



When setting goals, choose an appropriate amount of time that is manageable to achieve them. Decide on a date to start, and set targets to keep them on track.

Your checklist



You can use this toolkit to help ensure you're having a brief intervention in every conversation that you can. By recording your interactions, you can then measure how much impact you're having.

Date and patient/client	Topic raised	Barriers identified	Benefits identified	Advice given (Y/N)	Resources given/signposted, or referral made
11/10/19 Mrs Baker	Being overweight	No time to exercise	Would like to feel fitter when playing with their children.	Yes	Signposted to NCRF's exercise calorie calculator for initial steps in their own time. Will give activity planner in next visit.

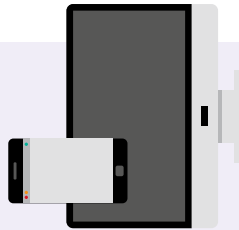
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Date and patient/client	Topic raised	Barriers identified	Benefits identified	Advice given (Y/N)	Resources given/signposted, or referral made

Date and patient/client	Topic raised	Barriers identified	Benefits identified	Advice given (Y/N)	Resources given/signposted, or referral made

Other useful resources

- ▶ Making Every Contact Count: [makingeverycontactcount.co.uk](https://www.makingeverycontactcount.co.uk)
- ▶ National Institute for Health and Care Excellence's (NICE) behaviour change guidance: [nice.org.uk/guidance/ph6](https://www.nice.org.uk/guidance/ph6) and [nice.org.uk/guidance/ph49](https://www.nice.org.uk/guidance/ph49)
- ▶ Public Health England's (PHE) resources on having very brief interventions about weight loss: [gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions](https://www.gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions)



Notes

[illegible]

Cancer Prevention Recommendations



Be a healthy weight

Keep your weight within the healthy range and avoid weight gain in adult life



Be physically active

Be physically active as part of everyday life – walk more and sit less



Eat a diet rich in wholegrains, vegetables, fruit and beans

Make wholegrains, vegetables, fruit, and pulses (legumes) such as beans and lentils a major part of your usual daily diet



Limit consumption of 'fast foods' and other processed foods high in fat, starches or sugars

Limiting these foods helps control calorie intake and maintain a healthy weight



Limit consumption of red and processed meat

Eat no more than moderate amounts of red meat, such as beef, pork and lamb. Eat little, if any, processed meat



Limit consumption of sugar-sweetened drinks

Drink mostly water and unsweetened drinks



Limit alcohol consumption

For cancer prevention, it's best not to drink alcohol



Do not use supplements for cancer prevention

Aim to meet nutritional needs through diet alone



For mothers: breastfeed your baby, if you can

Breastfeeding is good for both mother and baby



After a cancer diagnosis: follow our Recommendations, if you can

Check with your health professional what is right for you

Not smoking and avoiding other exposure to tobacco and excess sun are also important in reducing cancer risk.

Following these Recommendations is likely to reduce intakes of salt, saturated and trans fats, which together will help prevent other non-communicable diseases.

About World Cancer Research Fund

World Cancer Research Fund (WCRF) is one of the world's leading cancer prevention charities, and the only UK charity solely dedicated to funding life-changing research into the prevention and survival of cancer through diet and lifestyle. We champion the latest and most authoritative global scientific research on cancer prevention and survival through diet, weight and physical activity, helping people to make fully informed lifestyle choices to reduce their cancer risk.

We know that around four in ten – or 40 per cent – of cancer cases are preventable. That's approximately 144,000 people every year in the UK. We want a world where no one gets a preventable cancer. By following our Cancer Prevention Recommendations, choosing not to smoke (or giving up smoking) and being safe in the sun, you will have the best chance of living a life free from the disease. Find out more: wcrf-uk.org/our-research

For the references used in this booklet, please contact us at resources@wcrf.org. Any comments or suggestions about this resource or any of our other health information are gratefully received.

World Cancer Research Fund

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