

Behaviour Change Development Framework

Developing a Behaviour Change Competency Tool

Technical Report (Part 1)

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Wessex School of Public Health

www.behaviourchange.hee.nhs.uk

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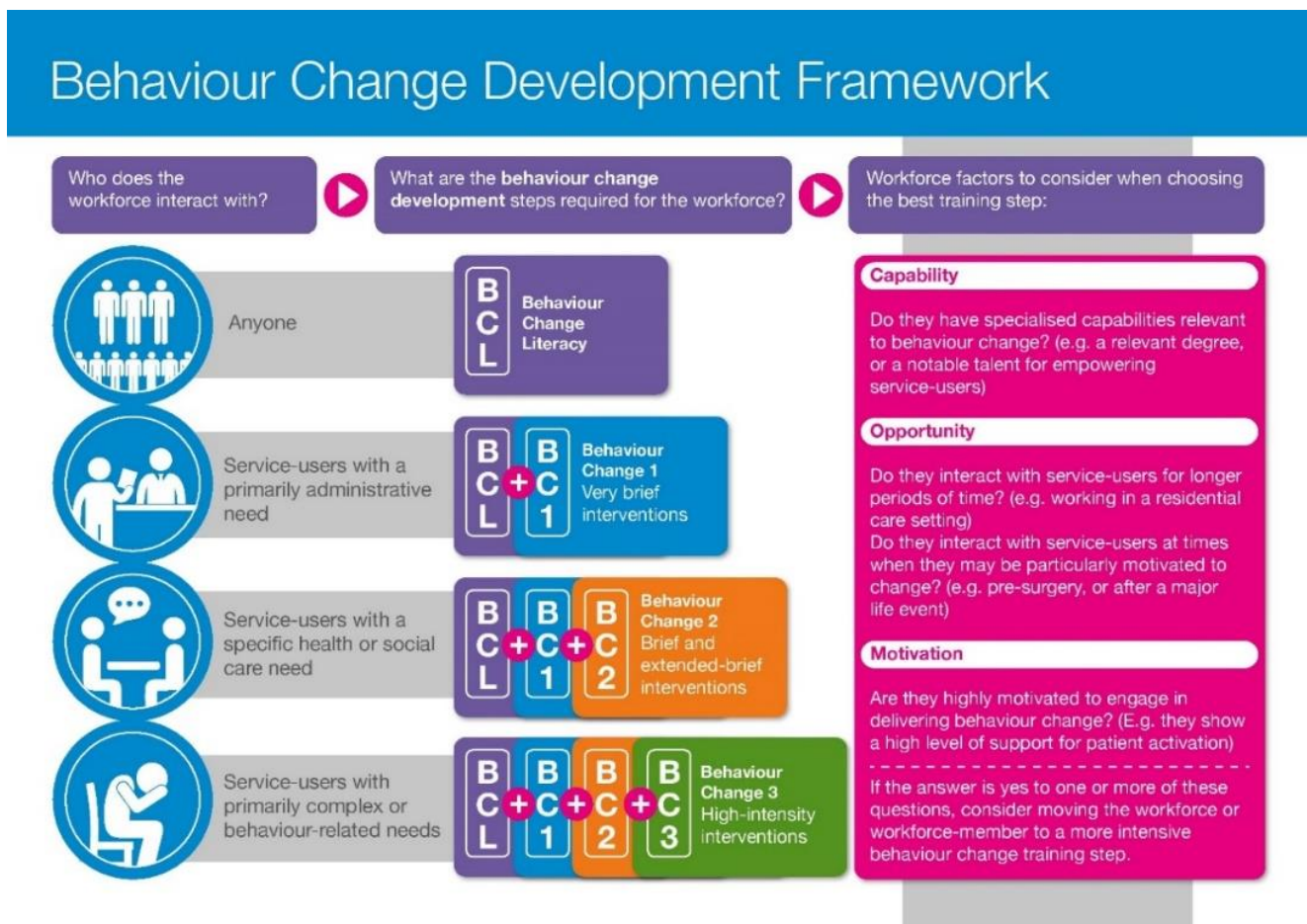
1. Introduction

The Behaviour Change Development Framework (BCDF) is a resource to support workforce segmentation for behaviour change training and development. The BCDF comprises of four levels of evidence-based behaviour change training (Figure 1) and a suite of tools and products. These include: a Level Assessment Tool, Behaviour Change Literacy learning packages and a toolkit of existing resources.

The Competency Tool developed here outlines the skills and knowledge requirements of each level of training, i.e. what the learner will be able to do upon completion of training. It is intended that this will then be used to develop learning outcomes and resources for training and enable training and education providers to map their training against the competencies.

This report outlines the process of deriving the competencies and provides a cross reference to existing behaviour change and person centred frameworks for information.

Figure 1: Behaviour Change Development Framework



Aims

To develop a simple competency tool for levels 1, 2 & 3 of the BCDF which could then be used to develop learning outcomes and training resources at a later stage for each of the BCDF levels.

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2. Method

Mapping

At the commencement of this project two behaviour change frameworks were mapped to the BCDF levels, these were the Dixon Johnston Behaviour Change Competency Framework¹, and the HEE Person Centred Approaches Framework².

The mapping also took account of the NICE Guidance for Individual Behaviour Change³ and the Prevention and Lifestyle Behaviour Change Competence Framework⁴.

The next step was to review this mapping in detail to understand which elements of the two key frameworks were considered to be relevant to the different BCDF levels. A set of tables were produced with the detailed wording of the indicated items. This identified some issues such as: repetition, whether items have been included at the right level (by reference to the Dixon Johnston intensity level), and heavy weighting at BC2. The original mapping had proposed transitional levels but it was agreed that for the purposes of skill development there needed to be clear steps of progression between levels and so these were removed and the transitional level items were assigned to one or other level.

The Dixon Johnston Framework identifies items as being for either Low, Medium or High Intensity. By their definitions Low Intensity would largely relate to BCDF Level BC1, Medium to BC2 and High probably to BC3, although there may be some overlap with BC2. However, it was found that the original selection of some items had included ones that were probably out of the scope for the BCDF level proposed, so these were reassigned.

After reviewing the items in this way and assigning them to the BCDF levels as they have been defined, simple competencies were drafted to capture the essence of what someone should be able to do if competent at each of the BCDF levels. Reviewing the content of the other frameworks helped to inform the wording of the draft competencies and sub-competencies. This was an iterative process with discussion with the advisory group at all points before moving on to the next draft.

Consultation

The draft competencies went out to consultation between February – April 2020 using an online survey platform. There were twenty responses to the online survey and a small number of email responses.

Overall, very positive support was received for the competencies, respondents found the competencies clear, understandable and capturing what they would expect to see for each of the BCDF levels (see Table 1).

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Table 1: BCDF Competency Development Consultation Responses Summary

Question	% Yes	% No
Q3 Throughout the terms 'service user', and occasionally 'individual' have been used. Is this acceptable as a generic description?	94.7	5.3
Q4 Is the overall structure of the competencies and sub-competencies clear and understandable?	84.2	15.8
Q5 Is the language used to describe the competencies and sub-competencies clear and understandable?	84.2	15.8
Q6 Do the competencies capture what you would expect to see on completion of training from a learner at this level, if we are aspiring to develop a qualified behaviour change workforce? (BC1)	87.5	12.5
Q7 Much of the detailed content of the training material will be in the learning resources. Are there any additional knowledge, skills or behaviour change techniques that should be included in the learning resources at this level? (BC1)	46.7	53.3
Q8 Do the competencies capture what you would expect to see on completion of training from a learner at this level, if we are aspiring to develop a qualified behaviour change workforce? (BC2)	93.7	6.3
Q9 Much of the detailed content of the training material will be in the learning resources. Are there any additional knowledge, skills or behaviour change techniques that should be included in the learning resources at this level? (BC2)	57.1	42.9
Q10 Do the competencies capture what you would expect to see on completion of training from a learner at this level, if we are aspiring to develop a qualified behaviour change workforce? (BC3)	86.7	13.3
Q11 Much of the detailed content of the training material will be in the learning resources. Are there any additional knowledge, skills or behaviour change techniques that should be included in the learning resources at this level? (BC3)	73.3	26.7

A number of issues were raised which led to helpful discussion and agreement on presentational and wording points. These included:

- The need for comment on the importance of reflection and supervised practice, which has been included in the introductory remarks
- A potential confusion between the terms 'techniques' and 'methods' which has been resolved by only using the word technique when it refers to a specific Behaviour Change Technique
- In final presentations of the material the context and potential application of the competencies needs to be clear
- Indicating the relationship with, or alignment to, other professional qualifications would be helpful as part of the wider BCDF programme of work
- Recognition that the competencies themselves do not provide the depth and detail for training that will be produced in the accompanying resources

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In addition, there were helpful comments on specific wording or phrasing that led to minor changes to make the competencies clearer.

The following pages outline the final version of the competencies and indicate for information the key source items from the Dixon Johnston and Person-Centred frameworks.

3. References

¹ *Dixon D & Johnston M (2010) Health Behaviour Change Competency Framework: competences to deliver interventions to change lifestyle behaviours that affect health.*

² *Fagan P, de Longh A, Harden B & Wright C (2017) Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support. A core skills education and training framework. HEE, Skills for Health, Skills for Care*

³ *NICE (2014) Behaviour change: individual approaches. Public Health Guideline 49*

⁴ *NHS Yorkshire & The Humber (2010) Prevention and Lifestyle Behaviour Change. A Competence Framework*

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Behaviour Change Development Framework

Competency Tool with cross referencing to items from Dixon Johnston and Person Centred frameworks

The Competency Tool describes the competencies, that is the knowledge and skills that would be expected at each level of the Behaviour Change Development Framework, for practitioners to effectively deliver behaviour change interventions at each of these levels. The competencies described below are drawn from published behaviour change theory, evidence-based approaches and person-centred approaches frameworks. A further phase of this project will develop learning outcomes and training resources, and identify existing routes to training and education that achieve these competencies.

It is important to note that this builds upon the existing resources to develop Behaviour Change Literacy which provides the underpinning knowledge about health behaviour and behaviour change. The training steps build incrementally so that each step requires having the competencies described for the previous level.

Face-to-face training and reflective learning are recommended for Behaviour Change levels 1 and 2. The competencies at Behaviour Change level 3 require that learners draw on a range of theories and techniques to enable them to adapt their practice in response to the needs of their service users. Therefore, Behaviour Change 3 is underpinned by reflective learning and guided by supervision provided by a qualified and experienced practitioner.

The third column in the tables identifies those items from the other frameworks that have informed the wording of the competencies and sub-competencies and their position in the BCDF.

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Behaviour Change 1 – Very brief interventions for service users with a primarily administrative need

Behaviour Change Level 1 training provides the knowledge and skills required to provide very brief interventions when opportunities occur in the normal course of work. This level is for workers who typically engage with people who have an administrative need. A typical behaviour change conversation at this level will take from 30 seconds to a few minutes. It is mainly about encouragement and support to change, giving people information and directing them where to go for further help.

BCDF Competencies and sub-competencies		Relevant elements of DJ and Person-Centred frameworks
BC1 1. Recognise and act upon opportunities to support behaviour change in service users, as they arise in your routine work.	Be able to: <ol style="list-style-type: none"> a) recognise the opportunity to have a conversation with a service user and choose to take the opportunity b) ensure confidential conversations take place in private, quiet and comfortable places c) initiate a discussion about health behaviours d) identify what is important to the individual e) use a range of communication skills and language appropriate for an individual's needs and understanding 	Includes elements from Person-Centred Approaches Step 1 – Conversations to engage with people. DJ F5. Ability to engage client DJ BC1. Knowledge of Health behaviour and health behaviour problems
BC1 2. Use appropriate methods to open a conversation about behaviour change and elicit a response.	Be able to: <ol style="list-style-type: none"> a) use open ended questions to engage with the service user b) check if there is something an individual wants to discuss c) enable a service user to engage and explore a range of options including taking no action 	Includes elements from Person-Centred Approaches Step 1 – Conversations to engage with people. DJ F5. Ability to engage client Requires understanding of the impact of conversations and different verbal and non-verbal communication styles

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<p>BC1 3. Depending on the response, use appropriate techniques to motivate and encourage engagement with behaviour change.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) ask open questions to explore and understand the individual's situation and what matters to them b) provide general information about the behaviour and behaviour change in a manner that can be easily understood c) reassure and encourage the individual to believe in themselves and the possibilities of improvement d) let the individual know you understand how they are feeling by being empathetic e) reflect on what they have said using their words f) summarise what they have said during the conversation 	<p>Includes elements from Person-Centred Approaches Step 2 – Conversations to enable and support people DJ Techniques for Motivation Development M20 Reassurance - Encourage client to believe in herself/himself and the possibilities of improvement (e.g. by non-specific supportive comments e.g. 'you'll do fine') M17 General information - Provide general information about the behaviour and behaviour change M12 Social support (emotional) - Provide &/or id potential sources of empathy and give generalised positive feedback M10 Information about the behaviour - Provide information about antecedents or consequences of the behaviour, or connections between them, or behaviour change techniques F10. Ability to deliver information</p>
<p>BC1 4. Provide further information to support behaviour change.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) Provide relevant and accurate information or advice in a manner that enables a service user to choose whether or not to take it b) Support a service user to make a decision and plan together the way forward c) Provide information and signpost to additional resources or support relevant to the health behaviour 	<p>Includes elements from Person-Centred Approaches Step 2 – Conversations to enable and support people DJ F10 Ability to deliver information</p>

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Behaviour Change 2 – Brief and extended brief interventions for service users with a specific health or social care need

Behaviour Change Level 2 training provides the knowledge and skills required to support behaviour change in service users with an identified health or social care need. This level is for workers who mostly engage with people who have a health or social care need. These may extend from a few minutes to up to 30 minutes, and may be delivered in one session or over multiple sessions.

BCDF Competencies and sub-competencies		Relevant elements of DJ and Person-Centred frameworks
BC2 1. Use appropriate methods to explore service user motivation to change behaviour.	<p>Be able to:</p> <ul style="list-style-type: none"> a) form a collaborative relationship where the service user and professional work as a team, engaging in and exploring a potential way forward b) undertake a generic assessment, based on behaviour change theory, of the individual's personal situation and what matters to them, including suitability for behaviour change or referral c) help the service user identify and select relevant health behaviour issues for change 	<p>PCA Step 2</p> <p>DJ BC7 Capacity to implement behaviour change in a manner consonant with its underlying philosophy</p> <ol style="list-style-type: none"> 1. Capacity to form and maintain a collaborative stance 2. A capacity to form a collaborative relationship with the client, based on an active stance which focuses on enabling the client and the health professional to work as a team 3. An ability to balance the need to structure consultations as against the need to allow the client to make choices and take responsibility 4. An ability to avoid implementing behaviour change in a manner which becomes didactic, directive, intellectual or controlling <p>DJ BC2. Ability to undertake a generic assessment</p> <p>DJ BC10. Ability to carry out health behaviour problem solving</p> <ol style="list-style-type: none"> 1. An ability to identify health behaviour problems facing the client, which may be appropriate for a problem-solving approach 2. An ability to explain the rationale for problem-solving to the client

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		<p>3. An ability to help the client to select problems, usually on the basis that problems are relevant for the client and are ones for which achievable goals can be set</p> <p>4. An ability to help the client specify the problem(s), and to break down larger problems into smaller (more manageable) parts</p> <p>DJ BC7 Maintaining a problem-solving perspective</p> <p>5. An ability to avoid seeing the client themselves as a problem, but to maintain a problem-solving approach to the client’s health behaviour problems</p> <p>6. An ability to maintain a problem-solving attitude in the face of difficulties and frustrations</p>
<p>BC2 2. Select appropriate behaviour change techniques for the service user and the issue.</p>	<p>Be able to:</p> <p>a) take a problem-solving approach to identifying possible solutions</p> <p>b) select and skilfully apply the most appropriate behaviour change intervention techniques:</p> <ul style="list-style-type: none"> i. identify the social, environmental and emotional causes of behaviour and its consequences ii. support decision-making by generating alternative courses of action and weighing them up iii. elicit self-motivating statements and evaluation of 	<p>DJ BC10. Ability to carry out health behaviour problem solving</p> <p>5. An ability to identify achievable goals with the client, bearing in mind the client’s resources and likely obstacles</p> <p>6. An ability to help the client generate (“brainstorm”) possible solutions</p> <p>7. An ability to help the client select a preferred solution</p> <p>8. An ability to help the client plan and implement preferred solutions</p> <p>9. An ability to help the client evaluate the outcome of implementation, whether positive or negative</p> <p>DJ BC6 draws on knowledge of behaviour change models as in BC3</p> <p>DJ M1 Antecedents & consequences - Record antecedents and consequences of behaviour (e.g. social and environmental situations and events, emotions, cognitions)</p>

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	<p>behaviour to reduce resistance to change</p> <p>iv. support attitude change and encourage a different perspective on behaviour by reframing</p> <p>v. provide opportunities for social comparison</p> <p>c) help service user to identify individual, social, environmental and professional barriers and facilitators that might affect intervention implementation</p> <p>d) work professionally and ethically with groups of service users, engaging individuals and encouraging discussion</p>	<p>M8 Behavioural experiments Identify and test hypotheses about the behaviour, its causes and consequences, by collecting and interpreting data</p> <p>M13 Decision-making - Generate alternative courses of action, and pros and cons of each, and weigh them up</p> <p>M15 Motivational interviewing - Elicit self-motivating statements & evaluation of own behaviour to reduce resistance to change</p> <p>M21 Reframing - Encourage client to adopt a different perspective on behaviour in order to change attitude</p> <p>M3 Social comparison - Provide opportunities for social comparison, i.e. comparison between self and other people (e.g. contests and group learning)</p> <p>DJ F12 Ability to recognise barriers to and facilitators of implementing interventions</p> <p>DJ F6 Ability to work with groups of clients</p>
<p>BC2 3. Develop and agree a plan of action for behaviour change in collaboration with the service user.</p>	<p>Be able to:</p> <p>a) manage expectations, including the frequency and duration of the intervention and what is expected from the individual</p> <p>b) agree goals for the intervention and ensure they are realistic, attainable, timely and measurable</p> <p>c) agree a contract of behaviour change with the individual</p>	<p>PCA Step 3 Conversations with people to collaboratively manage highest complexity and significant risk</p> <p>DJ F9. Ability to Manage Expectations of the Intervention</p> <p>DJ BC4. Ability to agree goals for the intervention</p> <p>1. An ability to help the client generate their own goals for the intervention, and to reach a shared agreement about these, by helping them:</p> <p>1.1. to translate vague/abstract goals into specific and concrete goals</p>

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	<ul style="list-style-type: none"> d) structure the consultations and adhere to an agreed agenda e) identify and/or provide sources of social support f) work in a coordinated way with service user's family, carers and advocates, and other professionals g) support individual to develop plans to overcome barriers to behaviour change 	<p>1.2. to identify goals which will be subjectively and objectively observable and potentially measurable (i.e. to ensure that if change takes place it will be noticeable to the client and to others)</p> <p>2. An ability to work with the client to ensure that goals are realistic, attainable and timely</p> <p>DJ M5 Contract - Generate a contract of agreed performance of target behaviour with at least one other, written and signed or verbal</p> <p>DJ BC8. Ability to structure consultations</p> <ul style="list-style-type: none"> 1. An ability to structure consultations 2. An ability to share responsibility for consultation structure & content 3. An ability to agree and adhere to an agreed agenda <p>DJ M16 Social Support (nonspecific) - Provide and/or identify sources of non-specific social support</p>
<p>BC2 4. Review progress with service user.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) provide feedback using agreed measures and self-monitoring to review progress on behaviour change, and adapt the goal where appropriate b) review how individual has coped with risky situations and barriers c) help to prevent relapse by identifying future risky situations and appropriate coping strategies 	<p>DJ BC9 Ability to use measures and self-monitoring to guide behaviour change interventions and to monitor outcome</p> <p>DJ A9 Coping planning - Identify and plan ways of overcoming barriers</p> <p>DJ A17 Relapse prevention - Identify situations that increase the likelihood of the behaviour not being performed and apply coping strategies to those situations</p>

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<p>BC2 5. Agree end point or closure of support with service user.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) end the intervention in a planned manner and help service user identify any concerns they may have about the closure of support b) plan for maintenance of behaviour change including identification of other resources that might provide maintenance support c) self-reflect on what worked well or could have been improved, and identify key learning points 	<p>DJ BC12. Ability to end the intervention in a planned manner and to plan for long-term maintenance of gains after intervention ends</p> <ul style="list-style-type: none"> 1. An ability to terminate the intervention in a manner which is planned, and to signal plans for termination at appropriate points throughout the intervention 2. An ability to plan for maintenance of behaviour change after the end of the intervention
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Behaviour Change 3 – High-intensity interventions for service users with primarily complex or behaviour related needs

Behaviour Change Level 3 training provides knowledge and skills required to deliver high-intensity interventions, for people who have not benefited from lower intensity interventions and who are at higher risk to their health and well-being. This level is for workers who mostly see people who have complex needs linked to behaviour. These are usually over 30 minutes and provided over multiple sessions.

BCDF Competencies and sub-competencies		Relevant elements of DJ and Person-Centred frameworks
<p>BC3 1. Provide extended support for behaviour change and long-term maintenance.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) adapt interventions in response to service user feedback b) help service users use self-monitoring procedures that are relevant and meaningful to them to guide behaviour change interventions and to monitor outcome c) plan for maintenance of behaviour change after the end of the intervention d) help service users identify other resources to help them maintain their behaviour change 	<p>DJ F8. Capacity to adapt interventions in response to client feedback</p> <ul style="list-style-type: none"> 1. An ability to accommodate issues the client raises explicitly or implicitly, or which become apparent as part of the process of the intervention: 2. An ability to respond to, and openly to discuss, explicit feedback from the client which expresses concerns about important aspects of the intervention 3. An ability to detect and respond to implicit feedback which indicates that the client has concerns about important aspects of the intervention <p>DJ BC9 5.1-5.2. Ability to use measures and self-monitoring to guide behaviour change interventions and to monitor outcome</p> <p>DJ BC12. Ability to end the intervention in a planned manner and to plan for long-term maintenance of gains after intervention ends</p> <ul style="list-style-type: none"> 2. An ability to plan for maintenance of behaviour change after the end of the intervention

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		<p>DJ BC12 2.2. ability to help clients identify other resources that might help them maintain their behaviour change (e.g. weightwatchers, websites, gym membership)</p>
<p>BC3 2. Provide support for behaviour change to those at particular high risk of ill-health, complex needs or multiple morbidities.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) understand behaviour change taxonomies and implement behaviour change theories and models in a flexible manner b) select and skilfully apply the most appropriate behaviour change intervention techniques matched to the complex needs of the service user (including but not limited to): <ul style="list-style-type: none"> i. assertion training ii. goal setting iii. general problem solving iv. graded tasks v. prompts 	<p>DJ BC5. Capacity to implement behaviour change models in a flexible but coherent manner</p> <p>DJ BC6. Capacity to select and skilfully to apply the most appropriate behaviour change intervention method</p> <p>1. An ability draw on knowledge of behaviour change models and methods and on professional experience in order to select from the complete range of behaviour change techniques, and skilfully apply them in a manner which is:</p> <p>1.1. matched to the needs and capacities of the client</p> <p>DJ M18 Assertion Training - A combination of techniques used to teach client interpersonal communication to help them express emotions, opinions, and preferences (positive and negative) clearly, directly, and in an appropriate manner</p> <p>DJ A1 Goal setting - Identify and set a behavioural goal</p> <p>DJ A22 General problem solving - Engage client in general problem-solving</p> <p>DJ A11 Graded tasks - Set easy tasks to perform, making them increasingly difficult until target behaviour is performed</p> <p>P2 Prompt - Identify a stimulus that elicits behaviour (inc. telephone calls or postal reminders designed to prompt the behaviour)</p>

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<p>BC3 3. Provide support for behaviour change to those with mental or physical vulnerabilities.</p>	<p>Be able to:</p> <ul style="list-style-type: none"> a) select and skilfully apply the most appropriate behaviour change intervention techniques matched to the capacities of the service user b) structure consultations and maintain appropriate pacing in response to service user need work collaboratively with service users to manage service user behaviours that are potentially counter-productive 	<p>DJ BC6 1.1. Capacity to select and skilfully to apply the most appropriate behaviour change intervention method</p> <ol style="list-style-type: none"> 1. An ability draw on knowledge of behaviour change models and methods and on professional experience in order to select from the complete range of behaviour change techniques, and skilfully apply them in a manner which is: <ol style="list-style-type: none"> 1.1. matched to the needs and capacities of the client <p>DJ F11 1-3. Capacity to structure consultations and maintain appropriate pacing</p> <ol style="list-style-type: none"> 1. An ability to maintain adherence to an agreed agenda and to 'pace' the consultation in a manner which ensures that all agreed items can be given appropriate attention (i.e. ensuring that significant issues are not rushed) 2. An ability to balance the need to maintain adherence and pacing while being appropriately responsive to client need: 3. An ability to balance the need to maintain an appropriate pace v following up important issues raised by the client
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