HealthChange® Methodology
For patient-centred care and behaviour change support
HealthChange® Methodology
Integrated Suite of Tools

HealthChange® Behaviour Change Pathway

Knowledge & Understanding ➔ Motivation & Expectations ➔ Decision & Commitment ➔ Planning ➔ Action ➔ Self-regulation

Decision Line
Ready to take action

Macro view
Micro view

Client-Centred
Practice Principles

Client Centred
Client Choice
Client Control

Four aspects of
goal setting

One thing at a time
One step at a time
Adding up over time

The RICk Principle®

First ask, then offer
WAIT till B
Invite the client to write
Trial & Error

Essential Behaviour Change Techniques

Client First
Menu of Options
RICk Radar™

Ask RICk®
RICk-focused Decisional Balance
Changing Thinking Habits
Tracking & Monitoring

Behaviour Change
Decision Framework

Does the client know and understand their health issues and clinical targets and the broad lifestyle and treatment categories applicable to these?
Have they been assisted to collaboratively prioritise these categories?
Are they ready, willing, able and committed to taking action?

What options do they have for taking action in particular categories?
What are their personalised goals/plans for achieving category goals?
Are they confident they can do these things? What might stop them?
Will I review the client? What other support might they need?

Build Importance ➔ Build Confidence

Behaviour Change
Barriers and Facilitators

Behaviours
Emotions
Situations
Thinking
HealthChange® Methodology
For patient-centred care and behaviour change support

HealthChange Australia
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Thanks and acknowledgement are also due to the thousands of clinicians and case managers who have attended HealthChange Australia training over the years and provided constructive feedback, challenged our thinking, and helped us to articulate a patient and practitioner-friendly clinical approach to health behaviour change.
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Learning Objectives for HealthChange® Methodology

After reading this book and completing the activities the reader should be able to:

1. State the key elements of the HealthChange® Behaviour Change Pathway and its relevance to their work
2. Understand how a client-centred approach can be operationalised with reference to the HealthChange® Practice Principles
3. Use the RICK Principle and related skills to recognise where a client is located on the HealthChange® Behaviour Change Pathway
4. Describe the four HealthChange® BEST categories of common barriers to action and facilitators for client behaviour change
5. Describe Essential Behaviour Change Techniques that can be used to identify and address client barriers to action
6. Discuss key processes above and below the Decision Line in the HealthChange® Decision Framework that guide health service providers to effectively engage clients to carry out recommended actions or tasks
7. Discuss how the HealthChange® 10 step Decision Framework (and Personal Self-Management Plan) can be used to conduct consultations and deliver other health services in a time-efficient way that promotes best clinical practice.
Section 1: About HealthChange® Methodology

Best practice client-centred care, self-management support and behaviour change

HealthChange Australia is a specialist organisation that assists health services and practitioners to improve service delivery and provide best practice in the areas of patient-centred care, self-management support and behaviour change.

We offer program design and practice change support for health services and program managers, and professional development training for frontline clinicians and other health service providers.

Over the last 10 years HealthChange Australia has developed a unique practice methodology that enables clinicians and services to embed client-centred care that promotes adherence to best practice treatment guidelines in their clinical consultations, education programs, primary care, community care, acute care and other service delivery in a time-efficient and clinically-effective manner.

HealthChange® Methodology provides a clinical practice decision framework that enables health service providers to systematically and consistently support client health literacy and adherence to evidence-based referral and treatment recommendations as well as healthy lifestyle advice as appropriate.

It provides clinicians and organisations with an evidence-informed behaviour change clinical pathway to complement usual clinical pathways and recommendations for the prevention and treatment of chronic disease and rehabilitation from illness or injury.

Complementary Pathways: Clinical and Behaviour Change

![Diagram showing complementary pathways]

RICk = readiness, importance, confidence, knowledge
HealthChange® Methodology is not simply used to support lifestyle change.

It is designed to be used in acute care as well as chronic care situations and is useful whenever a patient is required to take any type of action or task to obtain better outcomes. This includes situations where patients are encouraged not to engage in certain activities that could slow their recovery (such as weight-bearing prematurely in hospital after a leg operation).

The underlying purpose of the methodology is:

a) to interact with patients and provide information in a way that supports health literacy and adherence to evidence-based referral, treatment and lifestyle recommendations appropriate to their health conditions and risk factors, and

b) to identify if and when a patient is unlikely to adhere to best practice recommendations and briefly intervene to address these barriers to action so that the patient achieves better health and quality of life outcomes. This involves developing clinician skills to actively assess and build client motivation and confidence to act on treatment recommendations.

The HealthChange® Methodology guides clinicians in how to provide treatment advice in a way that balances duty of care to communicate evidence-based information and treatment recommendations with the patient or client’s right to make fully-informed decisions based on their personal needs and preferences.

HealthChange® Methodology can also be used to support behaviour change for staff and managers. Additionally, it can be used to train lay people such as carer support workers to promote chronic condition management and behaviour change in patients and their families.

**Within client interactions**

HealthChange® Methodology integrates client-centred information exchange and behaviour change support into a decision framework that guides health care service providers and promotes client health literacy, motivation and confidence to take action on recommendations.

**Within organisations**

HealthChange® Methodology provides a systematic, practical and evidence-informed methodology for delivering health services in a time-efficient, clinically effective and measurable manner, creating a common language and consistency of treatment advice.
HealthChange® Methodology provides clinicians, case managers and other frontline staff with an integrated suite of tools including a decision support framework to help them to move their patients or clients through their behaviour change pathway. This pathway represents a generic set of behaviour change processes that any person needs to go through in order to take action. The pathway is detailed in Section 2 of this book.

Firstly, the methodology provides a set of clearly defined Client-Centred Practice Principles. These Practice Principles operationalise and enable clinicians and case managers to use a person-centred communication style and to deliver individualised information in their interactions with clients whilst promoting evidence-based treatment advice.

Secondly, the methodology provides a functional way of thinking about Barriers to action and Facilitators for change. This simple classification system assists health service providers to quickly recognise and understand the most common types of barriers to engaging in treatment recommendations.

Thirdly, HealthChange® Methodology provides a set of Essential Behaviour Change Techniques to actively identify and address potential barriers to action when they are present. These techniques help to facilitate insight and build client motivation and confidence to do the things required to get better health and quality of life outcomes.

The fourth and most crucial component of the methodology is the Decision Framework that guides health service providers to know where any particular client is located on their behaviour change pathway and apply the appropriate principles and techniques to help the client to: understand their conditions and treatment options; identify personal motivators; make fully-informed decisions; take action, and self-regulate for improved outcomes.

The whole purpose of using HealthChange® Methodology is to gain better health and quality of life outcomes for patients or clients by increasing adherence to evidence-based referral, lifestyle and treatment recommendations that are given to them by health service providers.
✔ Avoids having non-productive conversations about:
  - Things that are not relevant to the patient
  - Things the patient does not need information about
  - Things the patient does not want to do
  - Things the patient is already doing
  - Things that other clinicians have already covered effectively in their assessment and education

HealthChange® Methodology keeps the conversation focused and on track!

➤ APPLICATION TO YOUR ROLE

Discussion Topics

1. What tools do you currently use to identify and address adherence issues with your patients or clients?
2. What theoretical models or practice methodologies do you draw from?

References


# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>BEST</td>
<td>Behaviours, Emotions, Situations and Thinking (barriers to action or facilitators for change).</td>
</tr>
<tr>
<td>PSMP</td>
<td>Personal Self-Management Plan</td>
</tr>
<tr>
<td>RICK</td>
<td>Readiness, Importance, Confidence, knowledge.</td>
</tr>
<tr>
<td>HealthChange® Decision Line</td>
<td>The point in a consultation when a client decides that it is in their own interest to engage in a particular referral or treatment recommendation or change a particular aspect of their lifestyle, and commits to taking some sort of action.</td>
</tr>
<tr>
<td>Above the Line Processes</td>
<td>These are the behaviour change processes that occur above the HealthChange® Behaviour Change Pathway Decision Line. The main aim is for health service providers to check and build client knowledge, understanding and motivation, and establish a commitment to take action.</td>
</tr>
<tr>
<td>Below the Line Processes</td>
<td>These are the behaviour change processes that occur below the HealthChange® Behaviour Change Pathway Decision Line. The main aim for health service providers is to check and build client confidence in taking and sustaining action.</td>
</tr>
<tr>
<td>Ambivalence</td>
<td>Uncertainty or indecision about whether or not to do something (e.g. to attend a referral appointment or follow treatment advice, or not).</td>
</tr>
<tr>
<td>Referral, Lifestyle and Treatment Categories</td>
<td>General areas or broad categories in which a client can take action over time to achieve better health or quality of life outcomes. In the case of chronic condition management, these broad categories are generally associated with medium to long-term goals and aims. In the case of acute care management these categories may represent categories of treatment tasks or patient actions that are more immediate.</td>
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Section 2

The HealthChange®
Behaviour Change Pathway

Knowledge & Understanding

Motivation & Expectations

Decision & Commitment

Planning

Action

Self-regulation

Build Importance

Build Confidence

Decision Line
Ready to take action

Macro view
Micro view
Section 2: The HealthChange® behaviour change pathway

Evidence-informed health service delivery

HealthChange® Methodology draws from similar principles and techniques to those used in motivational interviewing, solution-focused coaching or counselling and cognitive behavioural therapy.

However, it differs from these approaches in that it builds on these and other clinical skill sets and provides an overarching framework for the integration of all of these approaches and numerous other theoretical concepts from the behaviour change literature into clinical services and health programs. In fact, it bridges the gap between evidence-based theory and its application in health service delivery.

HealthChange® Methodology is being used in the domains of health promotion, early intervention, chronic disease management and recovery from injury or illness to embed client-centred care, self-management support and behaviour change into clinical practice and other health services for improved patient outcomes. It is also used in acute care and triage contexts where patients are required to engage in any type of action.

At the heart of the HealthChange® Methodology is the notion that people need to go through a sequential set of processes in order to develop new habits, complete tasks or take certain actions. The behaviour change pathway below shows what patients need in order to act on treatment and other recommendations. This generic behaviour change pathway doesn’t only apply to health behaviours. It applies to all voluntary actions where people are able to make a conscious choice whether to act or not.

HealthChange® Behaviour Change Pathway
Section 2

So, what are these processes?

Firstly, people need to know what to do at a macro level. Usually they won’t do something unless they understand the reasons for taking action and believe that they will achieve some kind of beneficial outcome as a result. The way that they process this information and the person’s expectations of the outcomes that they will receive will then impact heavily on their motivation to actually take action. This in turn will impact on how the person prioritises their potential actions in this area against their other life priorities. Then they will decide whether to commit to planning or taking action now, or not.

At this point you can see a dotted line going through the diagram of the Behaviour Change Pathway. We call this the Decision Line. It is the point at which a person decides whether or not they will commit to taking action on an issue in the near future. If you talk about action oriented goals with someone before they cross this line, you can create resistance because they are not yet ready to take action.

Once a person does make a commitment to take action, some degree of planning is usually required for this to happen. Without adequate planning, often our intentions are not carried out, especially when barriers, obstacles or everyday life gets in the way. Things can also get in the way after we initiate action. Therefore, we need to be able to self-regulate our behaviour in order to persevere with planned actions, particularly when our environmental situation changes.

In summary, initiating and sustaining action requires a number of different processes to occur. Sometimes people negotiate these processes quite successfully on their own. However, a common reason that people don’t improve their health outcomes can be because they get stuck at one of the points in the behaviour change pathway and, therefore, fail to either take or sustain action.

The diagram below shows the client behaviour change pathway alongside a set of questions that a client might ask themselves about a specific health issue. The client’s answers to these questions will either facilitate movement through the pathway or leave them stuck somewhere either above or below the decision line.

Key Client Questions Above and Below the Decision Line
Knowing that this HealthChange® pathway describes the behaviour change processes that people go through in order to follow treatment advice can allow clinicians, case managers and other professionals to identify where a client may be stuck in their pathway and therefore be unlikely to attend referral appointments or adhere to best practice clinical recommendations.

**Above the decision** line a client may benefit from assistance that builds or reinforces their motivation to act on referrals and clinical recommendations. **Below the decision line,** they may benefit from assistance that builds their confidence in taking or sustaining action for improved outcomes.

HealthChange® Methodology enables clinicians and other health service providers to use their existing skill base more effectively. It also provides **time efficiency** in their clinical practice and case management interactions by allowing them to quickly identify and target key adherence issues for patients.

There is a set of **key questions** above and below the decision line that assist clinicians to facilitate the movement of clients through their behaviour change pathway. These questions embody the HealthChange® Decision Framework. They are questions that clinicians can ask themselves to recognise where their client might be in their pathway. The graphic below shows these questions in relation to the decision line.

**Key Clinician Questions Above and Below the Decision Line**

- Does the client know and understand their health issues and clinical targets and the broad lifestyle and treatment categories applicable to these?
- Have they been assisted to collaboratively prioritise these categories?
- Are they ready, willing, able and committed to taking action?
- What options do they have for taking action in particular categories?
- What are their personalised goals/plans for achieving category goals?
- Are they confident they can do these things? What might stop them?
- Will I review the client? What other support might they need?

Increase patient engagement and conduct more effective and time-efficient consultations to improve client health outcomes by using the HealthChange® Decision Framework.
APPLICATION TO YOUR ROLE

Discussion Topics

1. Consider the tasks that you commonly carry out in a client interaction. Which processes in the HealthChange® Behaviour Change Pathway do you spend most time trying to influence?

2. Looking at the HealthChange® Behaviour Change Pathway, where do you think your non-adherent clients are getting stuck?

3. Which processes in the pathway do you feel are most challenging to help clients with?

Activity

1. Complete the loose leaf handout titled Typical Client Profile.

The next two pages contain extracted text from Gale and Skouteris (2013), pp. 18-19. This discussion summarises the theoretical behaviour change literature at the heart of HealthChange® Methodology.
The many theoretical models, constructs, and principles that exist in the health behavior change literature provide insight into human behavior. They explain why only 50% of people (or less) adhere to treatment and lifestyle recommendations, and suggest what is required to facilitate and maintain change (Becker, 1985). There have been a number of attempts to distill essential concepts from the different theories (Abraham et al., 2009; Dixon, 2008; Fishbein et al., 2001; Michie et al., 2005; Noar & Zimmerman, 2005; Webb et al., 2010). From these there appear to be three main categories of processes required to optimally facilitate health behavior change: (1) processes required to form a behavioral goal intention, (2) processes required to convert the behavioral goal intention into action and maintenance, and (3) communication processes that are characteristic of a patient-centered therapeutic approach.

There is a general consensus in the literature that two fundamental cognitive drivers that affect intention to make a behavioral change are motivation (i.e., one’s desire or will to engage in the behavior) and self-efficacy (i.e., belief in one’s ability to perform the behavior) (Bandura, 2001; Dixon, 2008; Fishbein et al., 2001; Mason & Butler, 2010; Rollnick et al., 1999). A number of different factors are known to influence motivation, including conscious and subconscious processes, risk appraisal, internal and external drivers, different beliefs (and knowledge) about the consequences of current behavior, the expected outcomes of the new behavior, and perceptions of social norms including others’ attitudes and behavioral approval (Dixon, 2008; Fishbein et al., 2001; Martin et al., 2010; Michie et al., 2005). The second component, self-efficacy (Bandura, 1986), is related to one’s confidence in or perception of behavioral control, and appraisal of one’s skills necessary to perform the behavior. Thus, people need to believe that making a specific change is important, given their other competing priorities, and they need to believe that they are able to perform the required action, in order to form a behavioral intention to change (Dixon, 2008; Fishbein et al., 2001; Michie et al., 2005). What we refer to here as processes required to form a behavioral goal intention draws together the essential components from the health belief model (Rosenstock, 1974), theory of planned behaviour (Fishbein & Ajzen, 1975), social cognitive theory (Bandura, 2001), protection motivation theory (Rogers, 1983), self-regulation theory (Deci & Ryan, 2008), and decision-making and decisional balance (Janis & Mann, 1977). These processes are the driving forces behind individuals’ intentions to perform or change specific behaviors.

Motivation and self-efficacy relate closely to the commonly used concept of readiness to change. The most widely utilised model of readiness describes how people move toward, initiate, and maintain behavior change in qualitatively different stages over time (Prochaska & DiClemente, 1984; Prochaska et al., 2008b). Rollnick et al. (1999) describe readiness as the combined effect of importance and confidence to change. These concepts relate closely to motivation and self-efficacy respectively. Gale (2012) suggests that it is also clinically useful to conceptualize timing (of current situational factors in an individual’s life) as a third factor that impacts on readiness to change. In essence, readiness is a useful concept due to the assumption that the clinical intervention and processes of change that will most effectively move a person toward the ultimate behavioral goal will vary depending on the individual’s current stage (or level) of readiness (Prochaska & DiClemente, 1984).

Once an individual has made the decision to change his or her behavior and has formed a behavioral goal intention, processes such as those encapsulated in the notion of volitional planning are required to convert the goal intention into action and maintenance (Sheeran et al., 2005). According to the model of action phases (Heckhausen & Gollwitzer, 1987), volitional processes are required because “whereas intention formation is guided by people’s beliefs about the desirability
Section 2

and feasibility of particular courses of action, intention realization is guided by conscious and unconscious processes that promote the initiation and effective pursuit of the goal” (Sheeran et al., 2005, pp. 279–80). The components of behavioral volition include goal setting and action planning (which incorporates a knowledge of both what to do and how); overcoming barriers (dealing with environmental or tangible constraints, coping planning, building hope and cognitive-behavioral therapy strategies to overcome psychological or emotional barriers); and forming implementation intentions (planning “if-then” strategies to identify when and how to act, and how to respond in a specific situation that may otherwise undermine intended behavior). These volitional processes draw together the essential theoretical components from goal setting theory (Locke et al., 1981), the model of action phases (Heckhausen & Gollwitzer, 1987), implementation intentions model (Gollwitzer, 1993, 1999), coping Planning (Sniehotta et al., 2005), and hope theory (Snyder, 2002). These processes are also reflected in clinical tools from CBT (Beck, 1993), solution-focused coaching (Grant & Greene, 2003), and relapse prevention (Marlatt & Gordon, 1980).

The third and final set of processes required for health systems and clinicians to optimally facilitate behavioral change is the “therapeutic approach” or the context and communication processes of the health consultation and patient–practitioner interaction. The literature in this area indicates that a patient-centered approach that encourages a positive therapeutic alliance, client choice and decision-making, respect for the needs and preferences of the client, a focus on client autonomy and intrinsic motivation (rather than extrinsic or controlled motivation), and communication that is non-confrontational and non-judgmental (rather than didactic, coercive or fear inducing) is positively associated with effective performance, maintained behavior change, and psychological wellbeing (Becker, 1985; Butler et al., 1999; Moller et al., 2006; Wagner et al., 2005). These communication processes incorporate theory and intervention models from motivational interviewing (Miller & Rollnick, 2002), the patient-centered approach (as in Wagner et al., 2005), therapeutic alliance (Bordin, 1975; Luborsky, 1976), self-determination theory (Deci & Ryan, 2008), and intrinsic motivation (Deci & Ryan, 2008; Vansteenkiste et al., 2006).

In order to understand why health behavior change interventions work and how to design them to be optimally effective and efficient, we need to be able to measure the effectiveness of the interactions that occur between clinicians and patients or program participants (Dixon, 2008). This requires the systematic application of behavior change principles across clinicians in any one intervention, and the collection of behavior change process data that can shed light on which techniques and processes are responsible for changes in relevant psychological variables, behavior, and – ultimately – the physiological outcome measures targeted in health interventions.
Section 3

HealthChange®
Client-Centred Practice Principles

Client Centred
Client Choice
Client Control

Call it as you see it (with tact)

Four aspects of goal setting
One thing at a time
One step at a time
Adding up over time

First ask, then offer
WAIT til 8
Invite the client to write
Trial & Error

The RICk Principle®

Client Centred
Client Choice
Client Control

Call it as you see it (with tact)

Four aspects of goal setting
One thing at a time
One step at a time
Adding up over time

First ask, then offer
WAIT til 8
Invite the client to write
Trial & Error

The RICk Principle®
Section 4

BEST
Barriers to Action and Facilitators for Change

**Behaviours**
- Actions, everyday habits, planning or lack of planning

**Emotions**
- Emotional reactions to things that happen, mood states

**Situations**
- Medical, physical, cognitive, cultural, social, financial, access, changes in circumstance

**Thinking**
- Beliefs, attitudes, expectations, procrastination and habitual unhelpful thinking patterns, helpful thinking strategies, readiness, importance, confidence, knowledge (RICk)
The HealthChange®
Essential Behaviour Change Techniques

- Client First
- Menu of Options
- RICk Radar™
- Ask RICk®
- RICk-focused Decisional Balance
- Changing Thinking Habits
- Tracking & Monitoring
Section 6

The HealthChange®
10 Step Decision Framework:
Above the Line Processes

Set the Scene & Explain Your Role

① Identify & Discuss Clinical Issues & Lifestyle & Treatment Categories

② Prioritise & Choose Categories to Work on in this Consultation

③ Check RICK  ④ Make a Decision

Decision Line

Macro view

Ready to take action

Micro view

Build Importance
Section 6:
HealthChange® 10 step decision framework: Above the line processes

Overview of the HealthChange® decision framework

A crucial part of the HealthChange® Methodology is the 10 Step Decision Framework. This Decision Framework is used in any client interaction where the person is being asked to take any action or carry out any tasks at all relating to referral or treatment recommendations, lifestyle change, chronic condition management or acute care medical management.

The Decision Framework is a tool for clinicians, case managers and other health service providers which corresponds with the client behaviour change pathway. It guides practitioners to know where any particular client is located on their behaviour change pathway and to interact with each client in a way that facilitates them taking the required action for better medical, health or quality of life outcomes.

The Decision Framework helps health practitioners to provide information and apply the appropriate Practice Principles and Essential Techniques to help clients to understand their health issues and treatment options, make fully-informed decisions, take prescribed actions and self-regulate for improved outcomes.

An important point to understand about the HealthChange® Decision Framework is that it enables health service providers to do their jobs in a time-efficient way. In other words, by using this framework, you can save time in consultations. It also makes it more likely that clients will attend review appointments (if you conduct these).

Using the Decision Framework in conjunction with the other aspects of the HealthChange® integrated suite of tools helps clinicians and other staff to save time by quickly identifying any client adherence issues and briefly intervening to address these. It avoids those frustrating situations where you seem to go round and round in circles with patients who don’t do what you advise or who insist on talking about anything but the issue that a service provider is there to address.

The Decision Framework can be conceptualised as either a list of key questions or a set of 10 clinical processes that guide practitioners in routine client interactions or clinical practice. It acts as a mental checklist for health professionals to tick off these items in their minds to help them to quickly recognise and react to any potential barriers to adherence or action that may be present for the client.

One easy way to ensure that you tick off the key processes in the 10 Step Decision Framework and support client health literacy, motivation and confidence as a result, is to fill in a HealthChange® Personal Self-Management Plan for your patients or clients to take away as a record of conversation from longer consultations.

In short consults and acute care or referral situations, this documentation may be unnecessary, but the Decision Framework still applies in these situations and any others where the client is expected to engage in some action or task, however small.
Above the decision line steps

Steps 1 to 4 of the HealthChange® 10 Step Decision Framework are the above the line processes. They facilitate knowledge and understanding, motivation, accurate expectations, fully-informed decision-making and commitment to action. They make no assumptions about the initial readiness of the client to take action or engage in health behaviour change.

The *above the line* processes can proceed quite quickly. This is particularly so if a client meets all of the following criteria:

- they already understand their health issues
- they know and understand the referral, lifestyle and treatment recommendations appropriate to their health conditions and risk factors
- they are ready to take action in relation to these recommendations, and
- they believe that it is personally important to do so

If the client does not meet these criteria, then the clinician is advised *not* to proceed below the decision line into action-oriented goal setting or planning processes. Instead, they would be encouraged to engage the client in processes aimed at building health knowledge and understanding as well as motivation (importance) and commitment to take action.

**HealthChange® 10 Step Decision Framework:**

**Above the line processes**

1. **Set the Scene & Explain Your Role**
2. **Identify & Discuss Clinical Issues & Lifestyle & Treatment Categories**
3. **Prioritise & Choose Categories to Work on in this Consultation**
4. **Check RICk**
5. **Make a Decision**

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**HealthChange™ 10 Step Decision Framework**

*Above the line processes*
The HealthChange®
10 Step Decision Framework:
Below the Line Processes

5 Generate Personalised Goal Options within Categories
6 Choose & Refine Option/s
7 Discuss an Action Plan
8 Identify & Address Barriers
9 Check RICk
10 Consider Review, Referral & Support

Build Confidence
Section 7:
HealthChange® 10 step decision framework: Below the line processes

Below the decision line steps

Steps 5 to 10 of the HealthChange® 10 Step Decision Framework are the below the line processes. They facilitate idea generation, goal setting, planning and problem-solving.

These processes assume that the client is ready and willing to engage in health behaviour change and that they believe there will be personal benefits to gain by taking recommended actions within one or more referral, lifestyle or treatment categories. If these criteria are not fulfilled it may be wise to keep working above the decision line.

*Steps 5 to 10 are carried out by focusing on one referral, lifestyle or treatment category at a time.*

Although there are six below the line steps, that does not mean that a lot of time needs to be spent doing complex goal setting and problem solving below the decision line. The amount of time spent on these steps, and the amount of detail discussed with a client will depend upon the role of the health service provider. Working through these steps may be as simple as ensuring that a patient knows what medications they have been prescribed, when they intend to fill their prescription/s and how they will remember to take the right medications at the right time. Similarly it may involve simply checking that a client has the means of transport to get to a referral appointment and setting a time frame for making the call or attending the appointment.

Where the client or clinician anticipates complex barriers to taking action, the client can benefit from additional assistance to help them to consider alternative strategies and work through a problem-solving process. In particular, they may need assistance with changing thinking habits, tracking and monitoring strategies and menus of options for achieving their category-level goals.

If you don’t have time to address complex barriers in your consultations, it is still useful to help the client to identify them and offer some suggestions about where they might get assistance to tackle these issues. Otherwise they are unlikely to take the actions that you are advising.

The below the line steps represent the goal setting and action planning part of a consultation.
Section 8

Documenting HealthChange® Processes

1 Clinical Targets

2 Referral, Lifestyle & Treatment Categories

3 Specific Personalised Health Goals

4 Motivational Drivers

Patient Care Plan or Treatment Plan

Personal Self Management Plan

Personal Self Management Plan
Section 8:
Documenting HealthChange® processes

HealthChange® personal self-management plans

The HealthChange® Personal Self-Management Plan has been designed as a tool to assist health service providers and clients to plan and track collaboratively prioritised referral, lifestyle and treatment recommendations and actions that clients will take to improve their health and quality of life.

The Personal Self-Management Plan is a single sheet document that can be used in conjunction with GP management plans or other care plans, treatment plans or care coordination plans. It has several purposes:

- A record and reminder for the client about exactly what they have agreed to do following a clinical consultation or other encounter with a health service provider (e.g. care planning, disease management, risk factor management, hospital discharge, triage service, medication or symptom management). Filling out the plan collaboratively with a client ensures that they are engaged in their health care, have understood the information and instructions given to them, and know exactly what they need to do and when to do it;
- A guide to help health service providers to use key HealthChange® Methodology processes in their initial and review consultations (where relevant) to record decision making and track client actions and personal goals as a complement to clinical planning and monitoring tools and documents;
- A record of the actions that the client has agreed to undertake, which can also be used as a review consultation tool and for accountability;
- A record of conversation, education and individualised goal setting that can be shared with the client’s care team (e.g. Specialist, General Practitioner, Allied Health clinicians and community health practitioners), to avoid repetition of clinical tasks, decision making, education, goal setting and action planning that may cause confusion and inaction by clients; and
- A quality control tool that managers or team leaders can use to conduct file audits to see whether or not clinicians have adequately addressed client information, decision making, education and health behaviour change processes in their consultations.

This one simple document can provide multiple benefits – for clinicians, case managers, clinical teams and clients.

The patient can take a copy home to keep and serve as a memory prompt for the future and to take to appointments with other health professionals to show what they are already doing for their health. The health service provider can use it as a HealthChange® Methodology prompt and record of conversation, and this information can be shared with the patient’s other multidisciplinary care team members so that they do not double up on assessment, decision making and education or overload the patient with too much to do at once.
The HealthChange® Personal Self-Management Plan can be used to document categories and client actions for a single condition or multiple conditions. The focus is on what the client needs to do to manage their health.

The process for filling in the categories and rows of the Personal Self-Management Plan is the same no matter what type of health service provider you are. However, the types of categories listed and the nature of the personalised goal information would be different for a Discharge Planner or Care Coordinator compared to those used by a clinical Dietitian or Physiotherapist for example.

Whilst it is important that a health service provider ensures that a patient or client knows the overall categories in which to take action for the health condition being discussed, the Personal Self-Management Plan that they complete could take one of several forms:

a. It could contain all of the evidence-based categories for management of one or more clinical issues and include referral, lifestyle and treatment categories (e.g. if completed by a Cardiac, Pulmonary, Renal or Wound Care Nurse or a Diabetes Educator);

b. It could contain just referral categories (e.g. if completed by a Care Coordinator, Case Manager, Discharge Planner or some triage service providers); or

c. It could contain mainly profession-specific sub-categories within a subset of the overall condition-specific categories (e.g. if completed by an Allied Health practitioner. For example, a Dietitian may outline all of the categories associated with diabetes management, but fill in a Personal Self-Management Plan that contains mainly diet-related sub-categories such as fats, fibre, low GI eating, healthy snacks, etc. See the examples further on in this section.).

Once completed, the HealthChange® Personal Self-Management Plan becomes a written record of what was agreed between the health service provider and client to ensure that each has an understanding of the next steps that the client will take.

This document becomes a great time-saver in consultations. It keeps you on track in an initial consultation and you can easily see where to focus if and when reviewing the client. If the document is shared amongst members of a care team, other practitioners can have a head start in knowing what the patient is already doing.

Where multiple consultations are conducted, the Personal Self-Management Plan is a living document. It can be added to or changed as required. Rows for some of the lower priority categories may not be completed in a single session (if review consults are to be conducted). New categories or personalised goals can be added over time. Patients should be encouraged to take the document to review consultations and consultations with other members of their care team.
Section 9

HealthChange®
Skills Development Toolkit

Exercise Instructions

Practice Principles & Essential Techniques (PPET)

Personal Goal and Action Plan

Self-Appraisal

Decision Framework (DF) Skills Audit Form

Skills Development Exercise Instructions

Skills Self-Appraisal Form

Action Plan

Above the line processes: To what extent do you already incorporate these processes into your consultations on a more regular basis.

• I need to work on this          I am doing really well

• 0….…....1….…....2….….…3…..…...4…..…...5…..…...6…..…...7.….…...8…..…...9.….…...10

What did you do well in the audio-recorded consultations (if anything)? What were the areas that you scored yourself high on?

What did you not do as well in the audio-recorded consultations (if anything)? What were the areas that you scored yourself low on?

Reflecting on the results of your self-appraisal and the PPET and DF forms, what personal goal might you consider implementing in order to change your practice without trying to do too much too soon?

What actions are you going to take?

Ensure that the person knows and understands the lifestyle changes, treatment or other categories above the decision line versus below the decision line?

Assess and respect the person’s prior knowledge and current actions.

Assist the person to prioritise the categories that they need to work on over time and/or highlight which category you will assist them with

Check motivation to work on the nominated category for the current consultation or conversation

Determine or amend the personal goal, write in one or two sentences:

Who or what else can support your efforts?

Reflecting on your answers above, what would it benefit you to work on to achieve this personal goal?

(Very much)

(Quite a lot)

(Moderate)

(Somewhat)

(Rich)

(Some)

(Not at all)

22Sep13

Who or what else can support your efforts?
Section 9:
Skills development toolkit

About this toolkit

This toolkit is provided to help you to practise, review and further your skills in providing patient-centred care using HealthChange® Methodology.

Completing these activities will achieve several things. The review questions will help you to consolidate your knowledge and understanding of HealthChange® Methodology. The skills audit activities will guide you to critically reflect on your own use of the HealthChange® Client-Centred Practice Principles, Essential Behaviour Change Techniques and 10 Step Decision Framework in client consultations. The self-appraisal activity will assist you to reflect on your strengths and challenges. Finally, the forward planning activity will enable you to plan how to continue to develop your skills in future client consultations.

The outcome of completing these activities should be to increase your confidence and ability in using the complete suite of integrated HealthChange® tools in your everyday work settings. This will help you to enhance your effectiveness with clients as well as your time efficiency in consultations. Ultimately, you may find your everyday work more productive and satisfying. This toolkit can also be downloaded from www.healthchange.com.

Instructions

The review questions can be answered by reviewing your workshop notes and/or reading The HealthChange® Practitioner’s Guide (see www.healthchange.com for information about this detailed manual).

The skills audit activities are based on audio recording an initial consultation and a review consultation with a real client, and then rating yourself on your use of each of the HealthChange® Practice Principles, Essential Techniques and steps in the Decision Framework.

After listening to each of your audio recordings, complete a HealthChange® Practice Principles and Essential Techniques Skills Audit Form for each consultation. This form guides you to rate yourself on your use of every Practice Principle and Essential Technique on an 11 point Likert scale.

Listen to each of your audio recordings a second time and complete a Decision Framework Skills Audit Form for each consultation. Make a note of any processes that you leave out of your consults and consider whether or not you might incorporate these on a more regular basis.

The next step is to complete the Skills Self-Appraisal Form. Reflect on the ratings in all of the skills audit forms that you have completed. Write a summary of your observed strengths, challenges and opportunities for improving your skills by following the prompts on the form.

Based on your skills self-appraisal, write a list of possible ways you could further develop your skills and knowledge. Choose one option and use the HealthChange® Personal Goal and Action Plan to guide you and record your plans.

By taking the time to do these activities, you will significantly improve your ability to embed and use HealthChange® Methodology.
Contents

HealthChange® Methodology Review Questions
Use the review questions to help you to revise key aspects of HealthChange® Methodology

Skills Development Exercise Instructions
This document provides an overview of the four key self-assessment exercises that you can complete to further develop your skills in implementing HealthChange® Methodology

Practice Principles and Essential Techniques (PPET) Skills Audit Form
A self-assessment tool designed to assist you to critically evaluate and track your use of the HealthChange® Client-Centred Practice Principles and Essential Behaviour Change Techniques

Decision Framework (DF) Skills Audit Form
A self-assessment tool designed to assist you to critically evaluate and track your use of the HealthChange® Decision Framework in your consultations

Skills Self-Appraisal Form
A form to help you to reflect on and document your strengths and challenges in applying HealthChange® Methodology in your work and to identify opportunities for practice improvement

Personal Goal and Action Plan Form
A Personal Goal and Action Plan form to help you to engage in forward planning about what you can do to further develop your skills in using HealthChange® Methodology
Build Importance

Does the client know and understand their health issues and clinical targets and the broad lifestyle and treatment categories applicable to these?

Have they been assisted to collaboratively prioritise these categories?

Are they ready, willing, able and committed to taking action?

What options do they have for taking action in particular categories?

What are their personalised goals/plans for achieving category goals?

Are they confident they can do these things?

Will I review the client? What other support might they need?

Build Confidence