Report

# The Behaviour Change Masterclass: a reflection on behaviour change theory and tools training

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# Description

Northumbria University at Newcastle, UK The Behaviour Change Masterclass took place on the 30th Nov and 1st Dec

2021 at Northumbria University (UK). This training consisted of a two-day face-to-face course. The Masterclass has the following facilitators: Dr Angela Rodrigues (Course lead; Northumbria University, UK), Dr Shelina Visram (Newcastle University, UK) & Dr Grant McGeechan (Teesside University, UK).

The course was designed by health psychology and public health researchers (AR, SV, GM) with expertise in behavioural science employed by academic institutions in the North East of England.

The training covered issues relevant to interventions to change various behaviours related to health and well-being, inequality, and sustainability. It provided a practical guidance for developing, implementing and evaluating behaviour change interventions in the participants' areas of interest. The two-day face-to-face training course had the following learning outcomes:

1.Understand the basics of behavioural science and latest behaviour change theories and techniques;

2.Develop an understanding of which aspects of behaviour can be influenced/impacted by the

individual and how it can be influenced by the behaviour of others and the environment;

3.Develop an understanding of the methodological approaches for the use of behaviour science and behaviour change theory in intervention design and the different stages involved in developing behaviour change

interventions;

4.Understand the different methodological approaches to evaluate behaviour change interventions.

The course was facilitated by three health psychology and public health researchers. The course lead (AR) convened frequently with the facilitators to discuss the course structure and approach, including planned group activities.

### **Participants**

The course was advertised to students, academics, and practitioners in the North East of England. It was advertised using several networks, through emails sent to policy and practice partners, on relevant websites, and social media posts.

All interested applicants were welcome to take part in the course regardless of prior training and experience. Prior to the course start, participants were asked to submit projects or problems that they would like addressed by the course.

#### Course content

Behaviour change has become one of the most prominent topics of discussion within academic and lay circles in recent times. This behaviour change course was initially designed following a specific training request from practice and policy partners from across the region.

The two-day course was conceptualised using recent developments within the behavioural science field, including the updated MRC framework

(Skivington et al., 2021) and the Behaviour Change Wheel approach to designing behaviour change interventions (Michie, van Stalen, & West, 2011). It was designed with a focus on practical guidance for developing, implementing and evaluating behaviour change interventions, and to be interactive and promote interprofessional learning.

Additionally, course examples and activities were tailored to participants' identified problems and challenges (provided by participants in a precourse questionnaire) to ensure that the course was applicable. The course facilitators encouraged participants to share experiences and best practice ideas.

#### **Measures**

To assess change in competence from pre-course to post-course, participants completed questions on satisfaction, logistics, course organisation and the following competence measures at both timepoints: 'Overall, how confident do you feel about the following?'. Participants answered on a four-point scale ranging from 'not at all confident' to 'very confident', for each of the following statements developed by Dixon and Johnston (2021):

- Understanding of the latest behavioural change theories
- Capacity to identify barriers to and facilitators of interventions
- Capacity to deal with barriers to and facilitators of interventions
- Knowledge of health behaviour and health behaviour problems e.g. differentiating when it is impacted by the individual or their environment
- Knowledge of intervention development models and ability to use them in practice
- Capacity to select and apply most appropriate intervention method
- Knowledge of the different methodological approaches to evaluate behaviour change

interventions and capacity to implement them

#### **Evaluation**

The Behaviour Change Masterclass was attended by 20 participants (eight post-grad students; twelve non-students) from across North-East England. The course was fully subscribed with a waiting list for attendance. The non-student attendees ranged from academics (i.e. post-docs, professors) to public health and health improvement practitioners.

Only five (25%) of the attendees completed the post-course feedback survey. Therefore, the following statistics for post-survey measures are to be interpreted with caution due to the small sample size.

Participants were mostly very or somewhat satisfied with logistics, with none reporting that they were very dissatisfied. Satisfaction for the sessions overall was high with all participants selecting either 'very' or 'somewhat' satisfied'. Change in competency is shown below for those that answered both surveys.

As shown in Table 1, confidence was highest in identifying barriers and facilitators of interventions before the course. Knowledge and implementation of both intervention development models, and evaluation models was low. As shown in Table 2, participants who responded after the course were at least fairly confident with all of the competencies.

Qualitative information on what participants learned are displayed in the quotes below. Additionally, comments were made about how to use and implement the behaviour change wheel.

'No matter how well-presented the behaviour change model, a researcher or practitioner first needs to change their own behaviours to have the capabilities, motivation and opportunities to apply it equitably. Their practices and ways of thinking are habits which sometimes need to change, otherwise

Table 1: Percentage for each response before the course, sample size = 20.

Competency	Competence (%)					
	Not at all	Fairly	Quite	Very		
Understanding of theory	40	40	15	5		
Identify barriers and facilitators	5	55	35	5		
Deal with barriers and facilitators	30	45	25	0		
Knowledge of health behaviour and problems	25	45	30	0		
Knowledge and use of intervention development models	55	25	20	0		
Select the appropriate intervention method	30	50	20	0		
Knowledge and implementation of evaluation models	45	40	15	0		

Table 2: Percentage of each response within those who completed the survey after the course, sample size = 5.

Competency	Competence (%)				
	Not at all	Fairly	Quite	Very	
Understanding of theory	0	40	60	0	
Identify barriers and facilitators	0	40	60	0	
Deal with barriers and facilitators	0	40	60	0	
Knowledge of health behaviour and problems	0	40	40	20	
Knowledge and use of intervention development models	0	40	60	0	
Select the appropriate intervention method	0	40	40	20	
Knowledge and implementation of evaluation models	0	40	40	20	

the Behaviour Change models and tools can be used subjectively and selectively which can perpetuate unhelpful behaviours in the stakeholders whose powerful positions blind them to the fact that it's their behaviours which need to be changed to produce the desired public health outcome'

Better understanding of the stages for intervention development and evaluation. This

amount of detail was not covered at my masters.'

'By observing the academics and practitioners applying the concepts, I learned about the importance of researcher positionality and the need for our own behaviours and beliefs to be considered and reflected upon. I was particularly struck by the reaction to [name] presentation on inequities - it

seemed that this was the first time [participants] considered the implications of structural inequality.'

delivered with support from Fuse: the Centre for Translational Research in Public Health (http://www.fuse.ac.uk/research/fuseresearch/).

#### Conclusion

Overall, the feedback from participants is reassuring and this two-day behavioural science training course was well-received by the participants.

A few aspects could be improved in future courses of this kind. More precisely, it would be beneficial to provide more in-depth content on the evaluation of behaviour change interventions component; and introduce a specific activity about identifying and engaging with relevant stakeholders.

Some logistic aspects of the course could also be improved, such as arranging more breakout rooms for group activities and improving the format of printing (support) materials. As a result, future courses will also need to plan ahead for issues around data sharing and intellectual property of content and materials.

Finally, attendees also made suggestions for future courses, such as advanced insights on health inequalities, and how to address the behaviours of authorities and powerful bodies.

The planning for the next Behaviour Change Masterclass (November 29th-30th 2022) is currently underway and more details can be found here: https://www.northumbria.ac.uk/study-atnorthumbria/continuing-professional-development-short-courses-specialist-training/behaviour-change-masterclass/

#### References

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