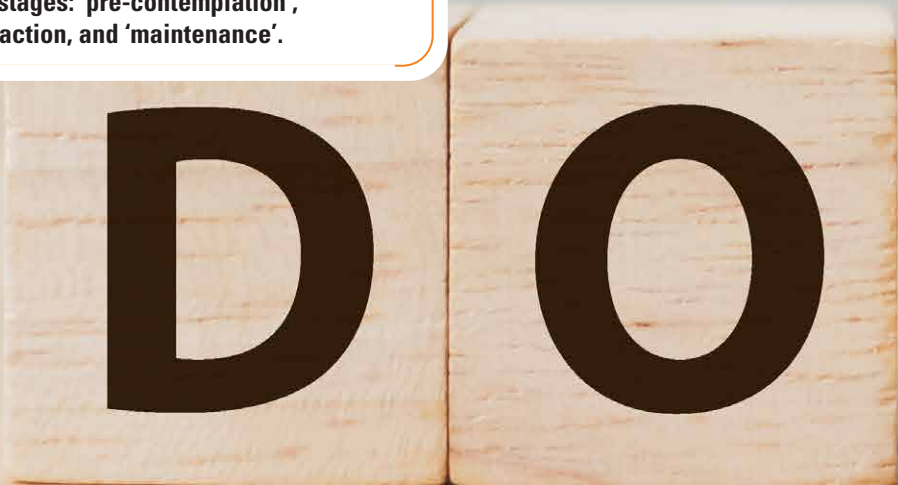# LEARNING FROM BEHAVIOUR CHANGE:
A CONVERSATION WITH NICK GODBEHERE

Behaviour change has emerged as critical for the wellbeing of individuals, groups, organisations, and countries. It applies to habits such as smoking and drinking, and even hand-washing and other behaviours highlighted by the COVID-19 pandemic. **Nick Godbehere** has worked with a variety of organisations and government bodies for over 20 years, helping to encourage behaviour change for health and wellbeing. Nick talks to **Steven Shorrock** about learning from behaviour change.

KEY POINTS

- **Behaviour change is about providing the opportunity for people, from individuals to whole countries, to help change their behaviour for the better.**

- **Habits are shortcuts to our best and worst behaviours and behaviour change can help people move away from bad habits towards good ones.**

- **We have to understand triggers and rewards in order to change habits. Triggers for a behaviour might be individual, social or environmental. Rewards might include secondary gains from engaging in a behaviour that is fundamentally unhealthy.**

- **Behaviour can be changed by design by making a healthier behaviour easy, attractive, social and timely to do.**

- **The stages of change model can be helpful. Change needs to be supported through different stages: 'pre-contemplation', 'contemplation', 'preparation', 'action, and 'maintenance'.**

Thanks for talking to me, Nick. Please could you give us a bit of an overview of who you are, your background and what it is that you do.

Well, my background is in psychology, first at degree and postgraduate level. I now work in behaviour change and social marketing. Social marketing essentially involves using the principles of commercial marketing to create social good – pro-social behaviour, for the country's good, for the community's good, for the individual's good.

So I use my psychology and behaviour change background to generate behavioural insights. This is an approach that combines insights from psychology, cognitive science, and social science to discover how people make choices. I work in tandem with a strategy and planning team and a creative design team to produce whatever kind of intervention we think is appropriate for the audience to help change behaviour, referring to behaviour change theory.

Steven: *And what kinds of people have you worked with?*

Nick: A lot of our work is in public health for local government or central government. So if I give you an example, we're working on a project for a client in Greater Manchester to do with smoking cessation. That is aimed at people who are still smokers as part of a public health initiative in Greater Manchester to 'make smoking history'. We have also worked on the 'dry January' campaign with local authorities to reduce alcohol consumption. We are interested in sets of behaviours, beliefs and values that are shared by different segments of the population, including different professions.

Steven: *You mentioned behaviour change and that's something that's of interest to this issue of HindSight magazine. So can you say a few words about what behaviour change is from your perspective?*

Nick: Behaviour change is really about providing the opportunity for people, from individuals to whole countries, to help change their behaviour for the better. I try to think of it as being a change for the good that will benefit everyone. The individual will hopefully benefit in terms of health and wellbeing. This will then have an impact on their family and then, ultimately there will be a benefit to the community, and wider benefits as the health and wellbeing of the nation improves. There are implications of that in terms of organisations and government generally. If people are healthier, for example, then that takes pressure off the health service. The principles are similar whether we look at groups or individuals. It's about providing choices and resources to be able to make those choices in a more positive direction – for the social good.

There are ethical issues around who decides what is the social good and who is the beneficiary of behaviour change, but there are also behaviours which are known to be harmful, and we can see this now with the COVID-19 pandemic. Health and wellbeing are now very high on the agenda and behaviour change is extremely important. I've lost count of the number of times I've heard people say, "I've become aware of how often I touch my face." Studies vary but it is suggested we touch our faces, on average, around 15 times an hour while performing office-type tasks. Although I've seen news reports and recommendations not to touch your face, I've not really seen any alternatives being suggested for what is essentially an unconscious activity. The UK Behavioural Insights Unit has a blog on their website that suggests some things to try. They suggest a few ideas such as 'if-then plans'. If I am on the phone, then I will keep my other hand in my pocket. Other suggestions include things like wearing sunglasses, creating a barrier to touching one's eyes.

Steven: *Yes, and it sounds a bit like what we try to do in human factors, in trying to make it easier for people to get it right by design, but behaviour change*

tends to be more focused on habits. This is especially relevant right now with the coronavirus pandemic. People are being asked to change old but strong habits like handshakes and touching their face, and asked to create new ones, like very frequent handwashing and cleansing of surfaces, reducing our touching of public surfaces, and social distancing.

Nick: Yes, and habits are especially important for everyday activities. You wouldn't want to learn to drive a car every morning, for example. But we have habits that aren't that good for us. Habits are shortcuts to our best and worst behaviours and behaviour change can help people move away from bad habits towards good ones, through communications or changing the architecture of an environment. Most of the time, behaviour change is about trying to redesign habits in a more positive direction. People can be stuck in a behaviour because they are not even aware of it or because they don't see a way to be able to change.

Steven: *And we have to consider what happens before and after a habit to trigger it and keep the habit strong and active.*

Nick: Yes, we have to think about the cue, which triggers a routine or response, for which we get a reward. We have to understand the triggers and secondary gains in order to change habits. Triggers for a behaviour might be individual, social or environmental. Rewards might be so-called secondary gains from engaging in a behaviour that is fundamentally unhealthy. So, for instance, a smoker might not be aware what triggers the smoking behaviour or what the reward is for continuing to smoke, other than an addiction. But rewards can often be more secondary, like going outside work for a break, or some peace away from the children. So, we need to help people understand what the triggers are to smoke for a particular person, and the rewards. Help them to become aware of when the triggers occur, then take it from there to replace the habit with something healthier but that still gives a reward.

As part of this, we have to understand the role that emotions play in decision-making. There is evidence that suggests that around 95 per cent of individual consumer decisions are driven by emotions. These are outside of conscious awareness. So behaviour change has to work at an unconscious level, understanding drivers and barriers to change then creating different interventions to help shift behaviour.

Steven: *So you mentioned, for instance, it could be smoking, it could be exercise or it could be drinking. In all of those three areas, we build up both healthy and unhealthy habits. How do you practically go about trying to influence behaviour?*

Nick: At a large scale, we base our approach to behaviour change on social marketing frameworks and principles to design campaigns or interventions. For the project in Manchester about smoking, we did a lot of behavioural insight work to understand what was triggering people's behaviours. There are individual aspects, social aspects, and environmental aspects that influence behaviour.

We then work as a team to design a campaign or an intervention to help people think and point them in a healthier direction, which might be toward support. Then you evaluate and feed that back, so you've got a feedback loop, constantly learning and tweaking behaviour change activities.

Steven: *Throughout that process, what kinds of principles and theories do you use?*

There are individual aspects, social aspects, and environmental aspects that influence behaviour.

Nick: To create an intervention that has more chance of working, we often use the 'EAST' framework, which applies on a large scale to countries, and on a smaller scale to organisations and individuals. This was developed by the UK Behavioural Insights Team and is a tested and pragmatic framework. The model uses four principles for designing behaviour change interventions to get the greatest level of success. Essentially, any behavioural intervention that you design should be something that is easy, attractive, social and timely. So if you're looking at a campaign for behaviour change, you want to be able to create something that offers those elements. First, is it easy to do? It could be the default, it could be simple to do, and take little energy. Second, is it attractive? It might attract attention and give rewards. Third, is it social? It could be something that you can do with others or that others are doing, maybe even a commitment to others. And is it possible the right time? Ideally, people should be prompted to change behaviour when they are most receptive. This might involve helping them to understand the barriers to behaviour change and highlighting immediate benefits. The easier, more attractive, more social and more timely it is for somebody to replace an unhealthy behaviour with a healthier behaviour, the more chance you have.

Steven: *This overlaps with the 'COM-B' model of behaviour change from Susan Mitchie and colleagues, which finds that we are influenced by whether we have the capability to change, the opportunity to change, and the motivation to change. So we need to be capable of changing behaviour, physically and psychologically. We need to have the opportunity, which might be social or physical, maybe just having the time to change. And we need to be sufficiently motivated, which really comes from the inside and can be more automatic, involving emotions and impulses, or more reflective, involving evaluations and plans. But it can be helped by good information and support within organisation. So what can organisations do to help behaviour change?*
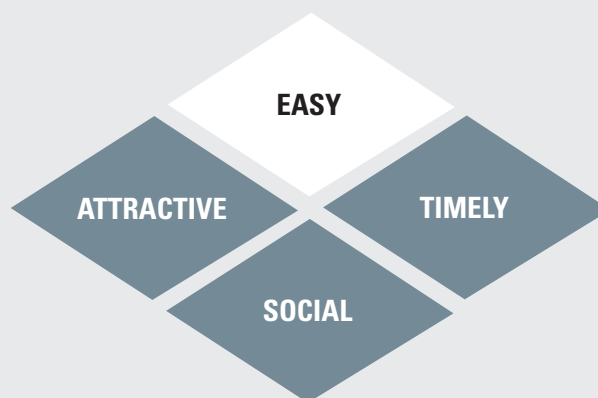
Figure 1: The EAST Framework (Behavioural Insights Team, 2014)
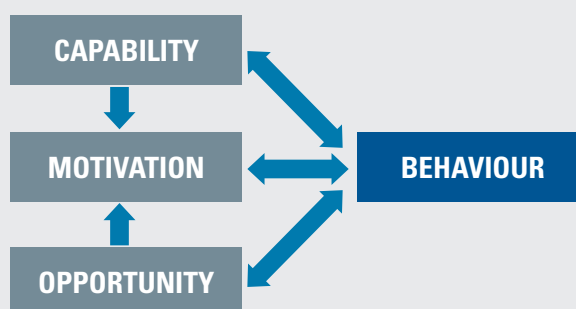
Figure 2: The COM-B Model. (Mitchie, et al). CC BY 2.0

Nick: Whether it is an individual or organisation, you need to focus on what you can control.

Again, you've got individual aspects, social aspects and environmental aspects. So it might be that all three elements have to be dealt with, or there might need to be a stronger focus on one. If you think about the concentric circles of the self, the closer you get to the centre if the self – the core of your 'innermost being' – the harder it is to change that behaviour. It might be a person's self-concept, core values and beliefs, where psychologically an individual cannot picture who they would be in life without a cigarette, for example.

But towards the edge of the concentric circles, you have environmental elements, which is what we call the 'choice architecture'. And that could be things that an organisation can do, which the individual might not even be aware of. When you make changes here, behaviour changes without people even thinking about it.

Any behavioural intervention that you design should be something that is easy, attractive, social and timely.

Now is there something an organisation can put into place to help support people in that step between just sitting there thinking, "I need to do something" and actually taking action? One of the things that's talked about in the book 'Nudge' is the placement of foods in canteens. If you want to encourage drinking water rather than unhealthy drinks, make good quality water freely available, and maybe give good quality drinking glasses. We've made the choice that in our office we would put the water fountain at the other end of the office. Every time you want a drink of water, not only are you getting water, but you're getting away from the screen, getting up and walking across the office and perhaps socialising. That's changing the choice architecture. Without thinking about it, people will make better choices by having them put in front of them.

Another example is the problem of people on their mobile phones walking out into the street. Illuminated strips at the edge of the pavement at crossings, green or red, help people to see the signal. The best behaviour change often happens out of awareness, without having to make a conscious decision.

But research does show that providing staff with some control over their working environment can reduce stress. It's not necessarily about removing poor choices but making it easier to make good choices.

Steven: *How do you address behaviour change when someone is not thinking about changing compared to someone who wants to change their behaviour?*

Nick: The stages of change model can be helpful. This is quite a traditional model of behaviour change that places people at certain points. We'd look at where different groups were in terms of stages of change, and pitch messages or interventions to take people to the next stage. We tend to segment groups depending on factors like age group and gender, and things like attitudes, values, or beliefs. These all influence behaviour change at each stage.

So people might be at the 'pre-contemplation' stage, where they're not even thinking that they need to change their behaviour. And then you've got the 'contemplation stage', the 'preparation stage', the 'action stage', and the 'maintenance stage' or 'relapse stage'. It's a bit like stepping stones along a process, though these can overlap and people can move forwards and backwards.

At the pre-contemplation stage, even just raising awareness about stress management or the need to keep active means you might help somebody to move from pre-contemplation to contemplation. You've already helped to start the behaviour change process. Or we might target an intervention at the contemplation stage to try to help people move a little further into that

stage and into preparation, because activity is more likely to happen if you're well prepared.

Steven: *We've seen this with the COVID-19 pandemic in terms of handwashing and surface cleaning, and also social distancing, where people went from not thinking about it too much, to doing this very mindfully. How does that apply to other examples related to wellbeing?*

Nick: If we go back to the EAST model, it's about making it easy, attractive, social, and timely. If somebody wants to do more exercise, maybe start running, the preparation stage might involve different activities. For an individual, before you go to bed every night, you might put your running gear next to your bed. So the first thing you do when you wake up in the morning is see your running gear. For an organisation, it might mean free access to a gym or just 15 minutes to have a group walk to help support the social side of the activity.

It's the same for smoking. Again, we need to understand the secondary gains. If it is around social interaction with friends, how can we replace the social involvement of smoking? For the individual, it could be electronic cigarettes at first, but for the organisation it could be small social gatherings, and social support like smoking cessation services, or a counselling service.

Steven: *So just stopping a behaviour isn't necessarily enough.*

Nick: That's right. We don't necessarily want people to just end a behaviour because that can lead to it needing to be filled by something. When people stop smoking, they often start visiting the fridge quite a lot! It replaces one negative behaviour with another negative behaviour. We need to think about the secondary gains for any unwanted behaviour, and replace these with healthy rewards that are easy, attractive, social, and timely. **S**

Stages of Change
(The Transtheoretical Model)

- **Precontemplation:** People tend to underestimate the disadvantages of their behaviour, and are not thinking about changing behaviour.
- **Contemplation:** People recognise that their behaviour may be problematic, and are considering at some level the costs and benefits of changing the behaviour but probably still feel ambivalent or conflicted.
- **Preparation:** People accept that changing their behaviour is good for their wellbeing, are ready to take action and are taking small steps toward the behaviour change.
- **Action:** People are changing or have changed their behaviour and intend to keep new healthy behaviours.
- **Maintenance:** People have sustained their behaviour change for a while and intend to continue the behaviour change going forward. People work to prevent relapse to earlier unhealthy behaviours.

(Adapted from Prochaska and DiClemente, 2005)

Processes of Change

- **Get the facts** about healthy behaviour via information and education, including the risks and disadvantages of unhealthy behaviour and opportunities and benefits of healthy behaviour.
- **Pay attention to your feelings** about the unhealthy behaviour (e.g., anxiety and worry) and the healthy behaviour (e.g., inspiration and hope).
- **Create a new self-image**, including the healthy behaviour as an important part of who you want to be.
- **Notice the effect on others** of unhealthy behaviour.
- **Notice public support** for the healthy behaviour.
- **Decide and make a commitment** to change and prepare to take action.
- **Get support** from people who support the change, including emotional, social and practical support.
- **Use substitutes** for unhealthy ways of thinking and acting.
- **Use rewards** for progress in positive behaviour and reduce rewards that come from negative behaviour.
- **Manage your environment** using reminders and cues that encourage healthy behaviour.
- **Focus on success** instead of failure.
- **Set goals that are** specific and incremental
- **Plan the behaviour change**, including how you will tackle barriers and solutions when facing these obstacles.
- **Identify difficult situations,** especially risky situations, selecting and practising solutions.
- **Accept setbacks,** understanding that setbacks are normal and can be overcome.

Expanded from Prochaska and Velicer (1997)

Nick Godbehere is a market research and behaviour change consultant at Hitch Marketing Limited, UK. He has a bachelor's degree in applied psychology and a master's degree in psychological research methods. He is a Market Research Society Certified Member with 20 years' experience as a research-practitioner using qualitative and quantitative data collection and psychological theory to inform behaviour and organisational change strategies, communications, policy design and concept and product design.

nickg@ hitchmarketing. co.uk |

www. hitchmarketing. co.uk

References

Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. London: Behavioural Insights Team. Available at: bit.ly/BI-EAST

Michie, S., Stralen, M. M. and West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, *6*(42). doi:10.1186/1748-5908-6-42. Available at: bit.ly/ COM-B

Prochaska, J. O. and DiClemente, C. C. (2005). The transtheoretical approach. In J. C. Norcross & M. R. Goldfried (Eds.), *Oxford series in clinical psychology. Handbook of psychotherapy integration* (p. 147–171). Oxford University Press. https://doi. org/10.1093/med:psych/9780195165791.003.0007

Prochaska, J. O. and Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38–48. https://doi. org/10.4278/0890-1171-12.1.38