

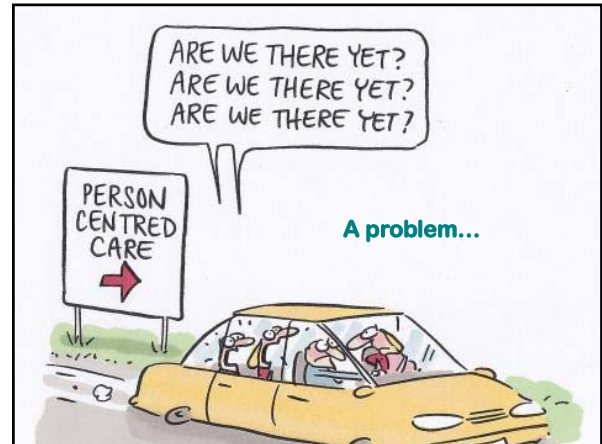
**Behaviour change, but not as you know it:**  
Using the Behaviour Change Wheel to develop an intervention to change audiologists' psychosocial communication behaviours

Caitlin Barr, PhD<sup>1,2</sup> Ennur Erbası, PhD<sup>1,2</sup> Nicole Conway<sup>1,2</sup>, Carly Meyer, PhD<sup>1,3</sup> Monique Walte, PhD<sup>1,3</sup> Katie Ekberg, PhD<sup>1</sup> Nerina Scarinci<sup>1</sup> Robert Cowan, PhD<sup>2</sup> Louise Hickson, PhD<sup>1,3</sup>

<sup>1</sup>HEARing Cooperative Research Centre, <sup>2</sup>The University of Melbourne, <sup>3</sup>The University of Queensland  
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Presented by Gerard William

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**A map to help us get there:**

**Behaviour Change Wheel**

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, 6(1), 42.  
Michie, S., Atkins, L., & West, r. (2014). *The behaviour change wheel: A guide to designing interventions*. London: Silverback.

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**Behaviour Change Wheel**

1. Define the problem in behavioural terms
2. Select the target behaviour
3. Specify the target behaviour
4. Identify what needs to change (TDF and BCW)
5. Intervention functions
6. Policy categories
7. Intervention content (behaviour change techniques)
8. Intervention strategy

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**1. Define the problem in behavioural terms**

BCW Criteria	Problem definition
What behaviour?	Lack of provision of person-centred hearing care
Where does the behaviour occur?	In audiological rehabilitation appointments
Who is involved in performing the behaviour?	Audiologists, clients, family members, organisations (e.g. trainers, coaches, senior management), manufacturers, funding bodies...

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**2. Select the target behaviour**

Psychosocial communication between audiologists and clients

Use of decision aids to facilitate decision making

Clients' empowerment to ask questions and share information

Presence of supportive significant other

Room layout

Flexibility in appointment time and structure

Funding based on client experience or outcomes

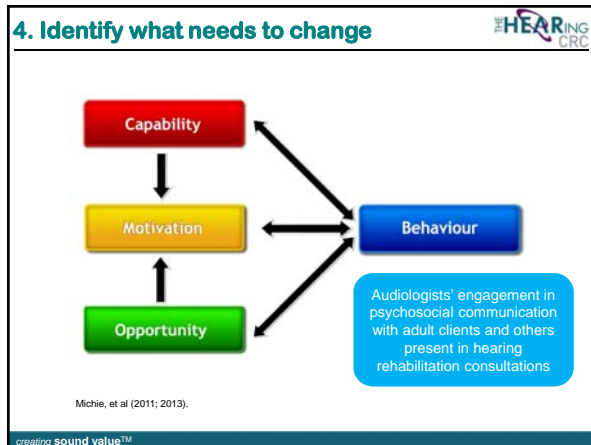
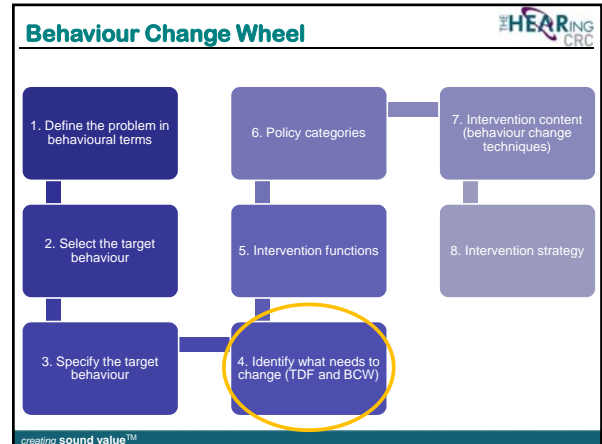
Improve provision of person-centred hearing care

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### 3. Specification of target behaviour

Criteria	Frequency and quality of psychosocial conversations
Who needs to perform the behaviour?	Audiologists
What do they need to do differently to achieve the desired change?	<ul style="list-style-type: none"> <li>Ask psychosocial questions of open-ended nature</li> <li>Listen actively and don't interrupt</li> <li>Respond to clients' psychosocial concerns with empathy</li> <li>Utilise psychosocial information in management planning</li> </ul>
When do they need to do it?	In adult rehabilitation assessment consultations
Where do they need to do it?	In the clinical consultation room
How often do they need to do it?	In all assessment appointments
With whom do they need to do it?	Adult clients and others present in the appointment

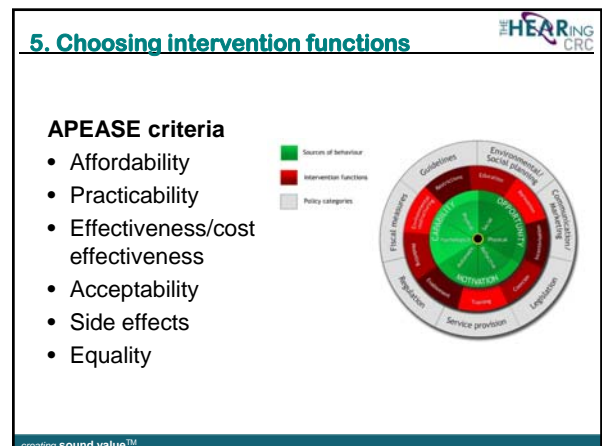
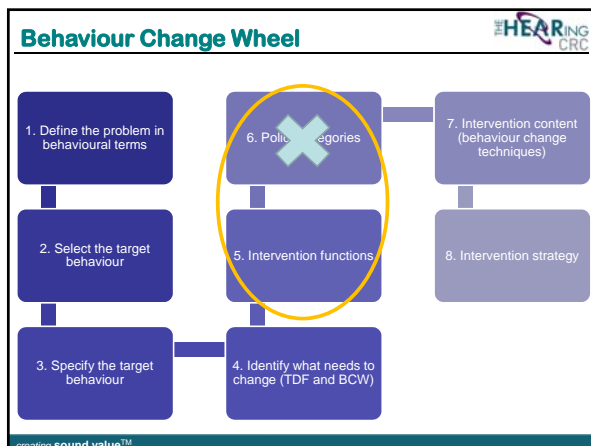
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### Behavioural diagnosis

Psychological capability, physical and social opportunity, and reflective and automatic motivation need to change...

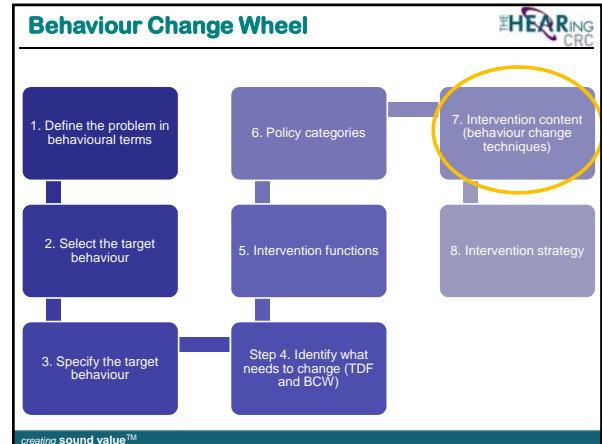
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### Intervention functions table

	Education	Persuasion	Incentivisation	Normative	Training	Restriction	Environmental restructuring	Modelling	Enablement
COM-B components									
Psychological capability	X				X				X
Physical opportunity					X	X	X		X
Social opportunity						X	X	X	X
Automatic motivation		X			X		X	X	X
Reflective motivation	X	X							

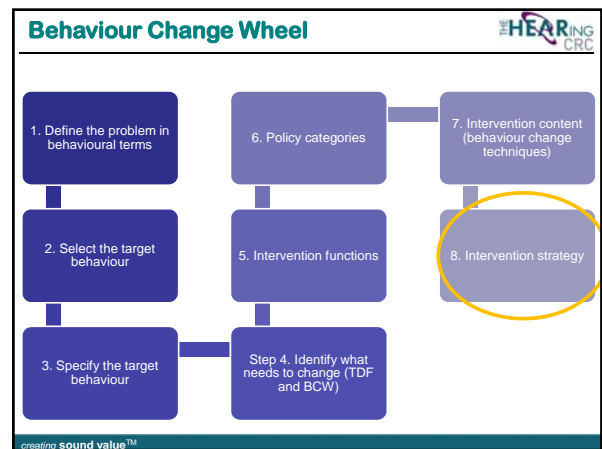
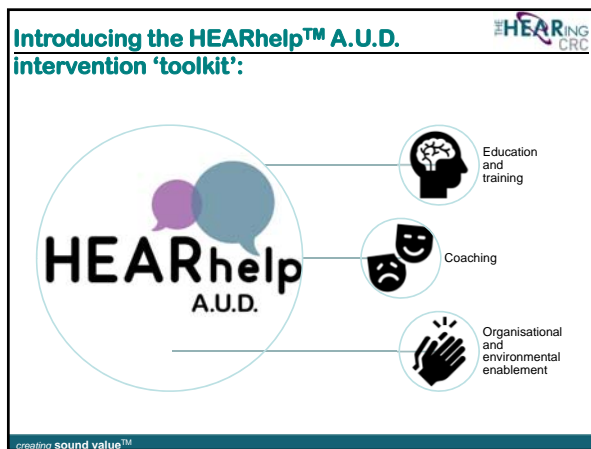
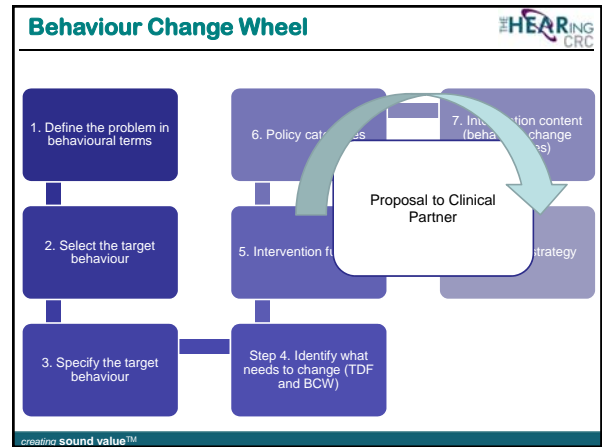
Michie, S., Atkins, L., & West, R. (2014). *The behaviour change wheel: A guide to designing interventions*. London: Silverback.



### Intervention functions and behaviour change techniques

Candidate intervention functions	Individual BCTs / intervention content
<b>Education</b>	<ul style="list-style-type: none"> <li>Information about social and environmental consequences; Information about health consequences</li> <li>Feedback on behaviour; Feedback on outcome of the behaviour</li> <li>Self-monitoring of behaviour (reflection)</li> <li>Self-monitoring of outcome(s) of behaviour</li> <li>Information on antecedents</li> <li>Reattribution</li> <li>Behavioural experiments</li> </ul>
<b>Persuasion</b>	<ul style="list-style-type: none"> <li>Information about emotional consequences and others approval</li> <li>Credible source</li> <li>Information about social and environmental consequences; Information about health consequences</li> <li>Feedback on behaviour and on outcome of the behaviour</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>Demonstration of behaviour</li> <li>Instruction on how to perform a behaviour</li> <li>Feedback on behaviour; Feedback on outcomes of behaviour</li> <li>Self-monitoring of behaviour</li> <li>Behavioural practice/rehearsal</li> </ul>
<b>Environmental restructuring</b>	<ul style="list-style-type: none"> <li>Adding objects to the environment</li> <li>Prompt/cues</li> <li>Restructuring the environment</li> </ul>
<b>Modelling</b>	<ul style="list-style-type: none"> <li>Demonstration of behaviour</li> </ul>
<b>Enablement</b>	<ul style="list-style-type: none"> <li>Social support</li> <li>Goal setting (behaviour); Goal setting (outcome)</li> <li>Adding objects to the environment</li> <li>Problem solving</li> <li>Action planning</li> <li>Self-monitoring of behaviour</li> <li>Restructuring the physical environment</li> <li>Review behavioural goals; Review outcome goals</li> </ul>

Michie, S., Atkins, L., & West, R. (2014). *The behaviour change wheel: A guide to designing interventions*. London: Silverback.



### 8. Intervention strategy

<b>Mode of delivery</b>	<ul style="list-style-type: none"> <li>Face to face workshop with toolkit designers</li> <li>Face to face meeting coaching sessions</li> <li>4 x quarterly teleconferences with interns and supervisors separately</li> </ul>
<b>Who delivers intervention</b>	<ul style="list-style-type: none"> <li>Education and training: research design team</li> <li>Coaching: supervising audiologists</li> <li>Organisational enablement: middle/senior mgmt., design team</li> </ul>
<b>Recipient</b>	<ul style="list-style-type: none"> <li>New graduate (intern) audiologists (PRIMARY TARGET)</li> <li>Supervising audiologists (SECONDARY TARGET)</li> </ul>
<b>Intensity</b>	<ul style="list-style-type: none"> <li>Workshop at start of year</li> <li>Tiered meetings between intern and supervisor starting weekly to bi monthly by end of program</li> </ul>
<b>Duration</b>	<ul style="list-style-type: none"> <li>48 week program (aligns with professional body internship year)</li> </ul>

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### Reflections on the BCW process

Positives

Useful framework for systematic and best practice development of intervention

Progress clinician behaviour change at an organisation level, with a profession-wide view

Minimises (though does not eliminate) researcher/developer bias and assumptions

Challenges

Time consuming

Resource intensive

Required team to have in depth understanding – benefit if you can work with people who have used it before

Particularly challenging when barriers exist in all COM areas!


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### Implications and conclusions


HAPPENING NOW...	AND IN THE FUTURE	HEARhelp A.U.D toolkit and you...
<ul style="list-style-type: none"> <li>HEARhelp A.U.D. toolkit has been piloted in 2018</li> <li>Currently evaluating the outcomes and experiences of using the toolkit:                             <ul style="list-style-type: none"> <li>- Clinician perspective</li> <li>- Client perspective</li> <li>- Organisational perspective</li> </ul> </li> <li>Perhaps presented at next ARA?</li> </ul>	<ul style="list-style-type: none"> <li>Clinician change</li> <li>Organisational change (Gerard William)</li> <li>University education change (Samantha Tai)</li> <li>Profession culture change</li> </ul>	<ul style="list-style-type: none"> <li>We are seeking future collaborations to expand the HEARhelp A.U.D toolkit application or to develop new tools to implement PCC</li> </ul>

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### The HEARhelp™ A.U.D. toolkit and you...




**HEARhelp A.U.D.**



Different organisations



Different participants



Different countries

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## “What questions do you have for me?”



Dr Caitlin Barr (Grenness)  
barrcm@unimelb.edu.au

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