Training exercise referral instructors to support behaviour change

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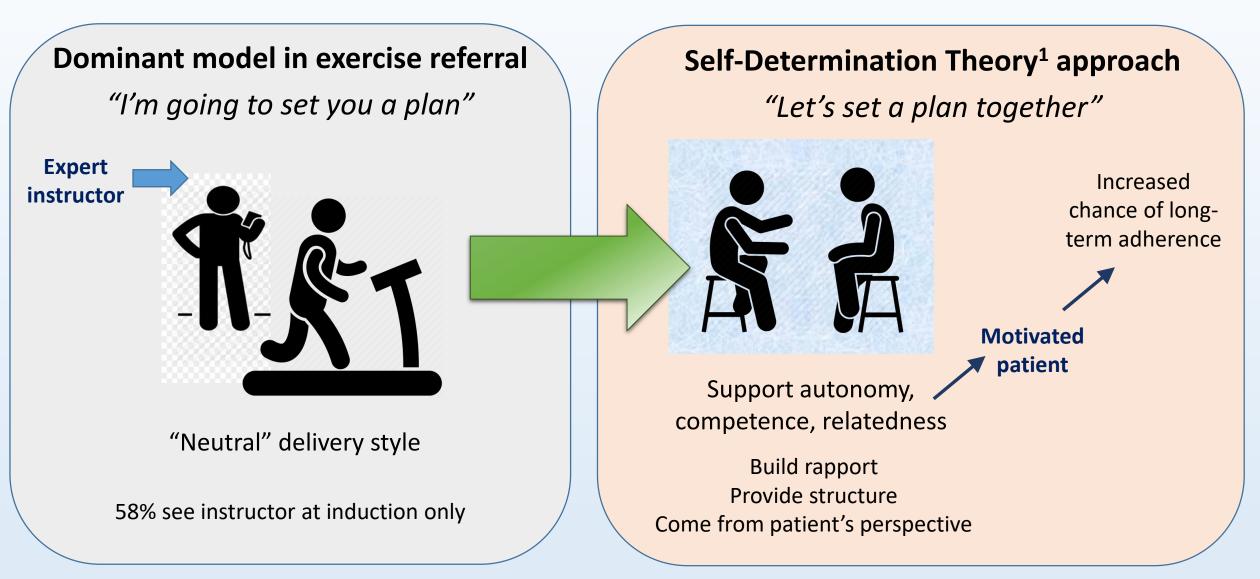
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What we aimed to achieve



How we went about it



- Co-production
- Reflection

Pre pilot

- Baseline observations
- Full day workshop
- One-to-ones, observations and feedback (ongoing support)



Pre pragmatic trial

- Co-production meetings
- Iron out teething issues (e.g. staff continuity) and refresh key concepts (e.g. focus on broader PA, use of logs)
- Ongoing support throughout

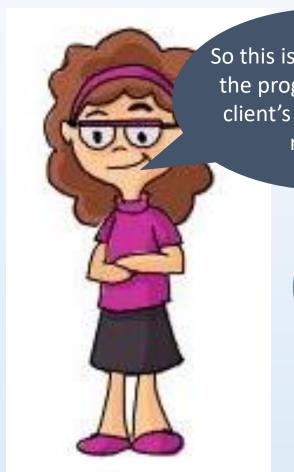
What we learned along the way

"We listen much more to what the Being open, it's just so easy not person wants."

try to and then you kind of, you try to and then you're like oh ho "[the old way] then you're like oh ho "[the old way] then open"? 'yeah'....but exercise, yeah on you feel nevoit's like 'how do you feel about exercising! about exercising! they tell you everything"

they tell you everything"
trainers?"

- PA vs exercise
- "But they might say no!" [they don't want to look around the gym]



So this is about tailoring the programme to the client's (*psychosocial*) needs...

But I already do tailor the programme to the client's (*physical*) needs...

"we know how an exercise can affect the conditions they've been referred with"

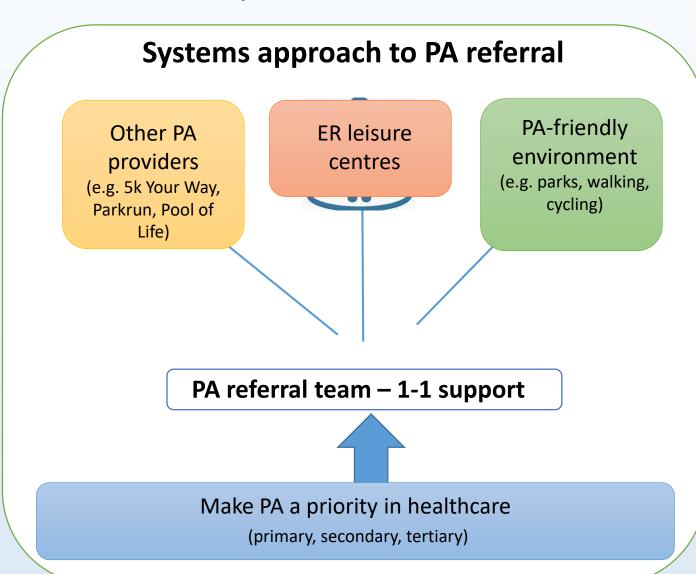
What this means for practice

Take home messages

- "Training" needs to be viewed as behaviour change in its own right
- "Buy in" crucial
 - Personal meaning
 - Ownership
 - Belief ("Experience is, for me, the highest authority", Carl Rogers, 1961)

Next steps (2020)

 Roll out behaviour change training to other Liverpool ER centres



Thank you for listening

Any questions?

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In partnership with Liverpool City Council and Liverpool Clinical Commissioning Group





