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The Do Something Different Behaviour Change Programme

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Key points:

1. Most behaviour change initiatives fail because they do not tackle people's natural inertia.
2. Do Something Different (DSD) targets the habits and inertia that impede change and is both easily implemented and evidence based.
3. DSD is effective because the experience is enjoyable for the participant, it can be integrated into normal living, and it provides new experiences which foster sustained lifestyle changes.
4. DSD has been widely used with great success. We report here on one project in West Norfolk that is producing excellent results on a range of health measures.
5. The **Do Something Different** technique has the advantage that:
 - The DSD intervention can be delivered by existing non-specialist staff.
 - Staff can be trained quickly to deliver the intervention (e.g. 2 days, even for non professional community-based workers).
 - DSD is well-received by clients who perceive benefits quickly.
 - DSD can be used with individuals and groups, and also with families including children.
 - DSD is a generic behaviour change programme and so can be applied to a range of problems (e.g. smoking, alcohol misuse, poor diet) without the need for specialists in each domain.
 - The evidence for DSD comes from robust research studies and large-scale community and commercial projects. These demonstrate its efficacy for improving health behaviours, relationship quality, psychological health, personal development and general wellbeing.

If the health of the nation is to improve we have to find new ways of transforming the behaviour of individuals. Interventions that provide information, education or incentives assume that people will willingly take health messages on board and then act in ways that reflect their best interests. Most don't.

Our research has unearthed the reasons why current methods fail. It has identified the barriers to effective behaviour change and a way of overcoming them. Inertia and ingrained habits stop people adopting new healthier lifestyles. It's not that people don't want to be healthier, they simply default to doing what they have always done. The human brain is designed to automatise as many behaviours and processes as possible. As a result humans are inclined to become 'habit machines'.

Do Something Different cuts through people's inertia and triggers different, more positive behaviours. Support for using this method to change behaviour comes from academic research in psychology and neuroscience, particularly research on brain plasticity. In short:

- The brain resorts to using the same pathways when initiating behaviour. As a result people literally get 'stuck in their ways'. To change behaviour their inertia has to be tackled.
- DSD gradually breaks down ingrained habits that are the main obstacles to behaviour change.
- Do Something Different gets people shaking up their everyday lives in enjoyable ways, encouraging new behaviours to create alternative brain pathways.
- The person becomes more flexible and more amenable to adopting healthier behaviours.
- Existing interventions and educational messages are given a new potency, no longer falling on 'infertile' ground.

How the DSD Behaviour Change Programme works

DSD gets people to try to vary their everyday routines and behaviours in simple but interesting ways. The programme gives them ideas for small things to change each day, e.g. take a different route to work, swap the TV for the radio, contact an old acquaintance, sit in a different seat. The tasks are not demanding, or punitive, yet they break down habits and increase behavioural flexibility. This results in different experiences and thinking processes, rendering the individual amenable to positive change.

The techniques are useable by all, irrespective of educational level. Other approaches that address negative thought patterns, or require introspection, are beyond the capability of many people. Exhortations, or negative health information, often fail to bring about lifestyle changes because they require willpower, which is a limited resource. Also, triggers and cues in the environment will continue to activate the person's usual, habitual behaviour. It is these that DSD targets. To bring about behaviour change the brain needs new experiences. Then old patterns do not get re-triggered and new pathways can be laid down. Thus there is a sound neuroscientific rationale for why DSD is so effective.

Do Something Different in West Norfolk: A Success Story

In 2008, a new project was started as a partnership between the University of Hertfordshire and the Borough Council of King's Lynn and West Norfolk, local NHS trusts, and other local partners. The aim was to give community organisations, local agencies and residents a simple but effective behaviour change tool to improve the health and wellbeing of people living in the most disadvantaged areas (see www.fairsteadsd.com and www.westwalthondsd.com).

Nearly 100 existing staff (from Mind, SureStart, Home Start, local school Parent Support Advisors, Learning Catalysts and NHS health staff) have been trained in using DSD for behaviour change. Since being trained they have begun using it with chronic service users, targeting issues such as smoking, obesity, alcohol abuse, anxiety, depression, parenting and family functioning. Diagnostic information on a range of measures has been collected pre- and post intervention. After a DSD programme of six weekly sessions, delivered by one of the DSD-trained staff, our data show a marked or significant improvement on the following measures of physical and mental health:

- Increase in frequency of exercise (rose from 1.82 to 4.18 days per week)
- Increase in fruit/vegetables consumed per day (from 2.31 to 3.31 portions per day)
- Improved physical health ratings (from 2.88 to 3.23 self-rated physical health)
- Improved life satisfaction ratings (from 2.46 to 3.12 on a 5 point satisfaction scale)
- Smoking reduction or cessation (100% quit rate at 4 weeks)
- Weight loss (1lb lost for every DSD session attended)
- Fewer cases of clinical depression (47% moved from clinical to normal range)
- Reduction in levels of anxiety (35% moved from clinical to normal range)
- Greater coping skills (15% improvement in coping)

The project in West Norfolk is already demonstrating the efficacy of DSD on a wide range of health and social behaviours. By simply re-skilling existing NHS and other agencies' staff, DSD can replace more expensive and specialist services. DSD can be transitioned seamlessly into existing care provision by using the current health and social infrastructures. DSD is also an effective preventative programme for people who are at risk of developing long-term conditions. It is cost-effective to implement and is likely to yield long-term cost savings to the NHS.

The Science Behind the Do Something Different Approach

Do Something Different (DSD) is derived from a branch of psychology called FIT Science. FIT stands for *Framework for Internal Transformation*, founded by Professor Ben (C) Fletcher and developed over more than thirty years. FIT people have more satisfying jobs and relationships, they have greater physical and mental wellbeing, and are able to behave with high levels of self-responsibility. At the core of the FIT person, Professor Fletcher discovered, is behavioural flexibility, or the ability not to be driven by one's habits and natural tendencies. Professor Fletcher was the first to uncover a link between behavioural flexibility and a person's Body Mass Index. In 2004 he presented a paper showing that individuals with a high BMI had low behavioural flexibility. He went on to publish trials showing that increasing a person's behavioural flexibility, by Do Something Different, lowered their BMI. The DSD technique has been further proven in PhD studies of health, personal projects, and parental stress, and a number of academic journal articles and is the subject of three books applying the techniques to different issues. It has many applications in practical situations e.g., in personal development courses for University students and for specialist companies, including the University spin-out *Corporate FIT Science Ltd*. A robust and consistent by-product of the DSD intervention is a reduction in anxiety and depression of participants, and this has led to it being piloted as a first-step treatment.

Summary: Health education and initiatives are not changing people's behaviour. People's ingrained habits and inertia mean they will continue to repeat negative behaviours. DSD is the only behaviour change intervention that chips away at inertia and circumvents habits. DSD can be delivered by non-specialists. It is enjoyable to do and it empowers the client to adopt more positive, healthier behaviours.