



Introduction to Behaviour Change Communication (BCC) Theories and Concepts underpinning the *Bridges of Hope Training programme*

The design of the *Bridges of Hope Training* package applies ideas from a number of the 'mainstream' Behaviour Change Communication (BCC) theories, including Fishbein's Theory of Reasoned Action, Witte's Fear Management and Bandura's Principles of Social Learning). It also integrates these with some selectively chosen and applied behaviour change models and techniques derived from Neurolinguistic Programming (NLP).

Over the twelve year genesis of the current *Bridges of Hope* package, a variety of NLP and other more established Behaviour Change Communication (BCC) techniques have been applied selectively, adapted for different target groups and their cultural and environmental contexts, and either retained or discarded based on empirical evidence and evaluative feedback on their efficacy (or lack of it) when used with a wide range of target groups globally, though primarily in Sub-Saharan Africa.

Below are some of the key concepts and BCC techniques underpinning the design of *Bridges of Hope*, activities including some ideas derived from NLP which have consistently proven effective in the experiences of the author and those exposed to *Bridges of Hope* training

Linking behaviour to realizing desired future outcomes

Bridges of Hope Training activities enable participants to envisage in an associated, affective (emotionally involving) way a future scenario for their life as they would like it to be (represented by an attractive island), and then link behaviours (including health seeking behaviours) to achieving this outcome. This can be done as the level of individual goals and dreams, or extended to joint/collective goals of couples, families, organizations and/or communities.

This strengthens/creates a *strong positive intention to act* – one of the pre-requisites for behaviour change that is identified by, amongst others, Fishbein's Theory of Reasoned Action.

The *Future I want* and *Be the person you want to be* activities are fundamental components of the *Bridges of Hope* framework, as they create a motivating focus and a context for addressing a spectrum of issues around HIV prevention, stigma and positive living.

The *Bridges of Hope Training* newsletter www.boht.org/BridgesofHopeNewsletter-Feb2008.pdf illustrates the impact this approach can have in a case study from Mulanje Hospital Malawi. This shows a strong positive correlation between uptake of VCT by those attending the hospitals antenatal clinic and a change in way that HIV testing was introduced from a prescriptive 'you should get tested' to use of the approach described above embodied in adapted *Bridges of Hope* activities.

Outcome vs Problem Focus and the Power of Purpose

Fear based messages on their own seldom effect sustained behaviour change, and where people already perceive HIV/AIDS as a real and very difficult threat to deal with, it may even reinforce a fatalistic belief that 'death by AIDS' is inevitable, resulting in a 'fear response' of denial and continued higher risk behaviours. (See "The Use of 'Fear Appeals' in Public Health Campaigns and in Patient/Provider Encounters", Dr Kim Witte 2001)

The majority of HIV/AIDS education programmes are still essentially problem focussed and fear based rather than outcome focussed. They focus on what we are fighting against (e.g. AIDS, STIs. suffering and death) rather than what we are fighting for (e.g. health, a long life and achieving our goals and dreams.) See www.comminit.com/ctheories/sld-4123.html for further discussion on Problem Focus and Outcome Focus and a quick exercise to demonstrate the contribution each can make towards resolving an issue.

Bridges of Hope Training reframes the context for addressing HIV-related issues: *Bridges of Hope* is about staying healthy, living longer, fulfilling your full potential and achieving what you personally most want and value in life – your dreams and goals. The Future Islands activity enables participants to represent and clarify their personal goals and dreams and the Walking the Bridges activity links safer sexual behaviour to staying healthy and achieving these dreams.

None of the elements of the 'ABC' prevention message are intrinsically appealing, so how can we expect someone to follow exhortations to abstain from sex, be faithful and/or use a condom, unless they have a clear and personally appealing reason for doing so. When we are promoting particular behaviours (such as abstinence or safer sex), it is vital to enable participants to link these behaviours to achieving an outcome that they really want and value. The following quick training input (often used on Bridges of Hope facilitator training workshops) conveys the power and importance of this.

"Jump into the water"

Imagine we are walking together with our families by a river, lake or the sea, and I suddenly tell you to "JUMP INTO THE WATER!" What response do you give me? Probably an impolite one, and you are unlikely to do as I tell you.

However, if I point to your young son or daughter floundering in the water and tell you to "JUMP INTO THE WATER ... TO SAVE YOUR DROWNING CHILD!" how do you respond then?

People need a reason why.

If you have a strong enough WHY, the HOW becomes easy.

Levels of Influence on Behaviour

A model developed by Robert Dilts and Todd Epstein proposes that, for someone to change or maintain a particular behaviour, it must be supported at different 'logical levels' including Environment, Skills, Beliefs and Values and Identity, and Mission/Vision (http://www.nlp-now.co.uk/nlp_logical_levels.htm)

Different *Bridges of Hope* activities explore and address issues at all these levels, with substantial emphasis on addressing the 'higher levels' of beliefs and values, identity and vision/mission.

The model is illustrated here using the example of Condom Use:

Level	Illustrative example: Condom Use
Environment (Where?)	Are condoms that suit you readily available in your area at a price you can comfortably afford? Can you get them easily? e.g. if a young boy or girl wants to buy condoms, but the shopkeeper refuses to sell to them, this is an issue of Environment for the boy or girl (but of Belief/Values for the shopkeeper.)
Skills (How?)	Do you know how to use condoms correctly and safely? Do you have the skills to confidently negotiate condom use with your sexual partner(s)?
Beliefs and Values (Why?)	Do you believe that unprotected sex puts you personally at risk of HIV infection? Do you believe that condoms are really effective at reducing this risk? Do you believe that the benefits of using a condom outweigh the costs and disadvantages? Do you believe that sex can be enjoyable with a condom? Do you value your own life and health, and that of others, to always play safe? Do you believe that a woman or girl has the right to insist on condom use, or to refuse sex if the man does not agree to using a condom? Do you believe that using condoms is sinful? What do you believe other people will say and think of you if you use condoms? Does this concern you? How much do you value their opinion? (This is sometimes called subjective norm.)
Identity (Who?)	What is your sense of yourself, your self-image, your mission in life? If a young man thinks of himself as "I am a responsible, caring man", this will support him using a condom. However if he thinks of himself as "I am worthless" or "I am a trendy, cool, macho stud" using condoms may conflict with his self-image.

Identity / Self Image / Self Efficacy

The importance of including activities such as *Be the person you want to be* (Identity Statements) which impacts at the level of identity / self-image can be illustrated with the example of condom use: a young man may be able to afford and access condoms easily (environment), be able to negotiate and use them properly (skills), and believe that they are highly effective (beliefs). He may

be unconcerned by what others may think of him using condoms or not (subjective norm.) He may perceive HIV as a real threat which could affect him personally, which with his high self-efficacy, should result (from Witte's Fear Management Theory) in a highly motivated 'Danger Control' response. However if his sense of identity is "I am a trendy, cool, macho stud" or "I am worthless", this self-image may still result in him not actually using condoms, and must be addressed before sustainable change can take place.

Challenging Limiting Beliefs and Stages of Change

Limiting beliefs that may prevent a person progressing (in terms of the Stages of Change Model) beyond the contemplation stage are often reflected in statements like: '*I cannot...*', '*I have to...*' or '*It is impossible (for me) to...*'. For example:

- As a woman/girl, I have to do what the man/boy says.
- It is impossible for a man to abstain from sex for more than a month.
- I cannot talk to my teenage child about sex.

Such limiting beliefs can be challenged and often changed by responding to such statements with specific types of question, including:

- What would happen if you did?
- What would happen if you didn't?
- Have you (or has anyone like you) ever done what you say you cannot do?
- Who says?

A typical exchange might go like this:

Parent: I cannot talk to my teenage child about sex.

Facilitator: What would happen if you did?

Parent: I would feel so embarrassed.

Facilitator: So you could in fact talk to your teenage child about sex, but you would feel embarrassed doing so.

Parent: Yes, I suppose it is possible.

This quick linguistic intervention opens up newly acknowledged choices and often enables the person to progress to the preparation stage. From this example, the *Forum theatre* activity could then be introduced to build practical skills and confidence to talk to a teenage child about sex.

For expanded notes on this technique see <http://www.comminit.com/en/node/27111>

Combining affective and cognitive learning

The *Bridges of Hope* activities combine cognitive learning (logical thinking and critical analysis) with affective learning (involving feelings and emotions) by creating multi-sensory learning experiences which participants can then apply to their own context and situation.

Association and Dissociation

The experience of and insights into the same issue or event can be markedly different depending on the degree of association / dissociation. When we think about something in an *associated* way, it is as though it is happening to us now, and we experience all the feelings and emotions that go with it. When we think about something in a *dissociated* way, it is as though we are watching and observing it from the outside, in a detached unemotional way.

Several Bridges of Hope activities apply principles of association / dissociation to enhance their effectiveness. The *Card Character Stories* activity provides a way for people to examine, discuss and reflect on the issues they may be facing in a *dissociated* way, without having to talk directly about their own personal experiences and feelings. People are more likely to achieve the goals they envision if they vividly imagine and construct them in an *associated* way. In the interactive drama activity *Forum Theatre*, participants observe (dissociated) a clearly ineffective response to a particular relationship issue, and are then compelled to construct, enact and *associate* with a more effective response to the issue.

Using story telling and metaphor

Some activities use interactive story telling techniques, such as the *Card Characters* activity, which enables participants to present personal, interpersonal and community issues around gender, culture, health and relationships in a *dissociated* way. It also facilitates discussion about ideas and options to address the issues identified, in a way that is specific to the cultural and environmental context and of the group.

Another activity involving story telling, which relates to Bandura's Principles of Social Learning, is *Can you tell*. This presents photo images and stories of people (a wide mix in terms of age, sex, ethnicity, socio-economic status and sexual orientation), most of whom are role models for living positively with HIV for (in one case) over 28 years.

Neurolinguistic Programming (NLP)

An excellent summary of NLP is provided by <http://www.crystalinks.com/nlp.html>.

NLP is defined variously as:

- *The study of excellence and how to reproduce it.* John Grinder (co founder)
- *A powerful and practical approach to behaviour change, embodied in a set of concepts and techniques, based on the study of the structure of subjective experience* Ian McDermott, NLP Master Trainer
- *NLP is to psychology what engineering is to science* Peter Labouchere

NLP is now used globally in fields of business management, training, personal development, sport and life coaching. This has generated a lot of unsynthesized qualitative / anecdotal evidence of the impact it can have on behaviours and goal achievement (including that of the consultant / author of this document, who is a qualified NLP Master Practitioner, and can vouch from personal experience to the positive impact in his life of applying a range of NLP techniques.) However to date there has been very little rigorous scientific study to evaluate the efficacy of the techniques, and exaggerated claims and unethical approaches by a number of NLP practitioners have rendered it controversial.