

The MOVE-IT Study

Group Curriculum Manual

Foreword

Dear Healthy Lifestyle Facilitator

Please find enclosed the **Group Curriculum manual** for the MOVE-IT study.

The contents of the manual belong to the MOVE-IT study and should not be circulated outside of the study.

We hope you enjoy delivering the sessions and helping people move forward with their healthy lifestyles. We wish you all the best for the intervention.

The MOVE-IT Research Team

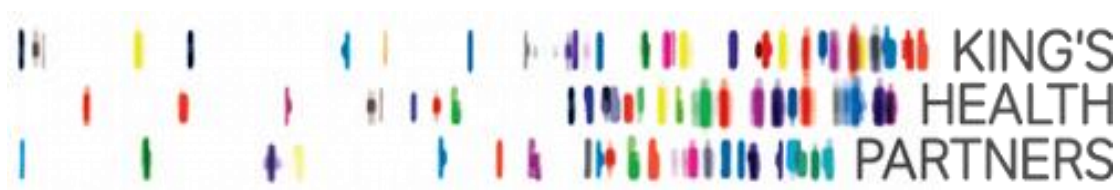
The MOVE-IT workbook, curriculum and training programme was written by

Dr Nicole de Zoysa, Clinical Psychologist

KING'S
College
LONDON

University of London

King's College Hospital 
NHS Foundation Trust



Session 0: AIMS & CHECKLIST

Towards a healthier heart

Aims

- Offer a warm welcome into the study
- Increase optimism and confidence about joining the study
- Highlight to participants that they are not alone in facing health challenges
- Explain the structure of the study, contact details and elicit ground rules
- Elicit understanding of the CVD screen and risk factors
- Give out MAH packs, pedometer

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participant
- Sellotape
- MAH pack
- Pedometer
- Name labels
- 'Risking it' DVD

Session 0: OUTLINE

Towards a healthier heart

Introductions

10 mins

Give out name badges. Introduce self and assistant. A warm welcome to the study. Thank participants for joining the study. **Give out workbooks** Room administration: Fire exits and toilets.

Study Outline

10 mins

Confirm dates of group sessions and contact details. What to do if you can't make a session. Outline programme content, what makes this programme unique. **(Visual aid, what makes this programme different)**. Elicit group agreement. **Write on flip chart to keep**.

Ice breaker game

15 mins

Answer Qs in pairs and feedback two answers **(Visual aid, getting to know each other)**

Introduction to heart health

10 mins

One thing we all have in common is trying to make positive changes to our health. Your recent Health Check has identified you as having a high risk of developing cardiovascular disease.

What does the term 'cardiovascular disease' mean to you?

Prompts: Diseases? Symptoms? Parts of the body (organs)?

See Key Learning Points 0.1 **(Visual aid, what is coronary heart disease?)**

Group exercise (swap flip charts)

30 mins

One way to think about where you're at is like being at a crossroads. Show **Crossroads visual aid**. The bad news is that staying on this path is likely to result serious health problems; but the good news is that you've identified it early enough to change your direction. So ...

Grp 1: What puts up your risk? Grp 2: What can you do to reduce your risk?

See Key Learning Points 0.2.

*The changes don't have to be very drastic e.g drinking more water. Here are the 10 Health Heart Habits that we suggest adopting during the programme. **(Visual Aid, your 10 healthy heart habits)**. These are based on the latest evidence of the most effective ways to reduce your CVD risk. However, what you decide to do in the programme is absolutely up to you. This is just a guide and you can see there is space for 'Other' if there is another healthy heart habit you would rather try.*



Session 0: OUTLINE ctd.

Towards a healthier heart

Eliciting change talk

15 mins

So let's think what's in it for you? (**Visual aid, what's in it for you?**) If you started to make some more healthy changes in your life, what benefits do you think you would notice?

If I don't lower my risk I'm worried about ...

Prompt: currently and in the short term; in the future/ long term.

Write down in workbook and put your top reason **on post it note**. Collect on **large sheet**.

Positive role models DVD

20 mins

The other good news is that there are many people out there trying to make these changes as well.

Here are some examples of people making changes just like you.

Watch 3 vignettes and conclusion from 'risking it' DVD.

Goal setting

We will spend a lot of time thinking about what makes a good goal. Research suggests that goals are more successful when you choose them (rather than being told what to do); when they are realistic and meaningful, and when you record what you're going to do. Goals don't need to be complicated or too ambitious. Steps can be simple and still effective e.g. getting off the one bus stop earlier or changing one of your regular foods to a low fat option.

Research also tells us that ups and downs are to be expected. There will be good days and bad days, and therefore we encourage you to come back, even when you feel you've not had a very productive week. Our role is to support you in that.

Give out MAH packs and pedometer

10 mins

We will be starting with activity levels next week. **Hand out pedometers** and explain how to use them. Next week we'll collect how many steps you took and how many hours you were sitting. **Show Baseline Diary form**. Avoid increasing your activity levels deliberately. This is just about seeing what you do normally because the evidence suggests that individual goal setting works better for people. (Text reminders to bring back pedometer).

Any questions or concerns from what we covered today?

Close session



Towards a healthier heart

0.1. Key Learning points

Cardiovascular disease means diseases of the heart and circulation.

Examples of CVD include: Coronary heart disease, Peripheral arterial disease, Stroke / Transient ischaemic attack, Heart attack.

The disease arises when blood vessels supplying the heart, the brain or the legs are narrowed or blocked due to fatty cholesterol-containing deposit.

Symptoms can include:

HEART: angina (chest pain) and breathlessness

LEGS: muscle pain

BRAIN: Disturbance, weakness/numbness in face, arms, speech

Transient Ischaemic Attack (TIA) = a few minutes or a Stroke = lasts longer than 24 hours

0.2. Key Learning points

The following increases your risk of cardiovascular disease:

Smoking

Eating high fat diet

Lack of exercise

Being overweight

Having Type 1 or Type 2 diabetes

Having high blood pressure (hypertension)

Having high cholesterol

The following reduces your risk of cardiovascular disease:

Stopping smoking

Eating a healthy, balanced diet

Being more physically active

Losing weight (if you need to) and maintaining a healthy weight

Trying to prevent or control diabetes

Controlling your blood pressure

Reducing your cholesterol

If you drink alcohol, keeping within recommended levels

<http://www.nhs.uk/Conditions/Atherosclerosis/Pages/Introduction.aspx?url=Pages/What-is-it.aspx>

Session 0: NOTES

Towards a healthier heart

Session 0: Extra notes

'Risking It' BHF DVD.

Ricky – 51yrs, male, afro-carribean, in a couple – high BP – target exercise; salsa.

Julian- 38yrs, white, city worker -smoker, high cholesterol.

Becky – 22, single mum, white, female – weight – supermarket shop with dietician.

Bill – 60, white, type 2 diabetes – exercise – intro to gentle exercise; building up confidence.

Conclusions: 4 weeks FU of all the case studies – how are they doing now.

Also see New DVD / youtube link available

Session 1: AIMS AND CHECKLIST

Physical Activity: Moving more (every day activity)

Aims:

- Invite reflections from last session
- Elicit knowledge about physical activity
- Provide information regarding walking and sedentary behaviours
- Review use of the pedometer
- Reflect on opportunities for more routine movement
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- Blue tac

Session 1: OUTLINE

Physical Activity: Moving more (every day activity)

Review

20 mins

Group: Any thoughts/reflections from last week?

Any questions/concerns about the programme?

Information about physical activity: walking

20 mins

Group: What type of physical activity is beneficial for the heart?

Prompt: How about everyday movement?

Prompt to consider routine activities e.g. housework; stairs; DIY; walking; sex; gardening.

Group: What are the benefits of walking as a form of exercise? What are the disadvantages of sitting for long periods? How often should we stand?

See Key Learning Points 1.1: Provide information re. walking and sedentary behaviour.

Review pedometers

10 mins

Brief walk around. Check that people are ok with using pedometers and have completed their baseline diaries.

Group: For people who recorded their steps, what did they notice? How did they find it?

Opportunities for more routine movement

20 mins

Group exercise (swap flip charts)

Group 1: In a typical day, when do you sit for longer than 30 minutes? i.e. What are you sitting hotspots?

Group 2: In a typical day, where are the opportunities to increase your no. of steps? i.e. walk more? Put up fl



Session 1: OUTLINE ctd.

Physical Activity: Moving more (every day activity)

Goal Setting

20 mins

We now have some time for you to think about what changes you are prepared to make over the next week.

Introduce **action plan form**. The form is quite detailed and some questions may seem strange or unusual but research suggests that people who make very precise plans (i.e. thinking through all the details of how, when and why in advance) are more successful in achieving their goals. We will come round to help out (if you need it) whilst you fill it in.

Complete Action Plan: What; Why; How; Reminders, Rewards and Barriers.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group Commitment

30 mins

Discuss in pairs;

Feedback partner's plan to the group.

Volunteer **photo**graphs Plan and updated diary form for each participant.

Close session.



Session 1: KLP's

Physical Activity: Moving more (every day activity)

1.1. Key Learning Points

Everyday, routine activities can also be considered as physical exercise e.g.

*Housework
Climbing stairs
DIY
Painting & decorating
Walking
Sex
Gardening
Dancing
Cleaning the car*

*Benefits of walking:
No special equipment needed
It can be part of your everyday routine
It's available to all levels of fitness / can be adapted
It can be done with a friend
It helps get you to places
It's free; saves money
It's an 'easy win' i.e. maximum gain for minimum effort*

Perils of sitting

Researchers have been able to link the amount of time a person spends sitting down with an increased risk of dying early.

In addition, sitting in one position for a long time can cause other health problems e.g. blood clots in the legs (like on an aeroplane) and cause back pain too.

Experts say that simply spending less time sitting down may be as important for our health as doing more exercise.

Recommendations

Experts recommend that for every hour sitting down, it's good to move around for ten minutes.

Recommended no. of steps = Research shows that walking 10,000 steps a day will significantly improve your health. However, people do better when they build up slowly (e.g. increments of 1000 steps) and set themselves individual targets based on their current level of activity (i.e. baseline recording).

Session 1: NOTES

Physical Activity: Moving more (every day activity)

Session 1: Extra notes

<http://www.nhs.uk/Livewell/loseweight/Pages/10000stepschallenge.aspx>

The average person walks between 3,000 and 4,000 steps per day, and 1,000 steps is the equivalent of around 10 minutes of brisk walking.

Session 2: AIMS AND CHECKLIST (version 1: information only)

Physical Activity: New moves (non routine activity)

Aims:

- Review previous goals
- Provide information on different local exercise options
- Elicit knowledge re. recommended amount of activity/exertion
- Provide information regarding activity levels
- Increase engagement/sign up with local exercise resources
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- Sign up sheets
- Exercise posters and leaflets

Session 2: OUTLINE
(version 1: information only)

Physical Activity: New moves (non routine activity)

Review

20 mins

In pairs: One thing you achieved this week re. healthy habits?

Anything you have learnt or would change for next week?

Explain for today and future weeks, only share what you feel comfortable talking about

Group: Partner presents back to the group

Information about physical activity: 30mins/day

10 mins

Group: How many minutes of physical activity is recommended a day?

For how many days of the week?

Do you have to do it in one go?

What level of exercise is appropriate? i.e. how much exertion is should you be feeling?

Provide information re. 30mins/day of moderate activity. *See Key Learning Points 2.1.*

Looking at activity levels

10 mins

In pairs: Work out how active Dawn was. *See Dawn case study.*

Did she reach her target? / What else could she do? Review answers together as a group.

Positive exercise memories

15 mins

Increasing your activity can be quite simple e.g. walking more and sitting less as we discussed last week. However, different forms of exercise can provide other benefits e.g. learning a new skill, getting outdoors or meeting up with other people. This session is thinking about what new movements you might consider.

See *List of physical activity options.*

What physical activities do you currently enjoy or did you used to enjoy?



Session 2: OUTLINE ctd.

(version 1: information only)

Physical Activity: New moves (non routine activity)

Next to each one – write down the best thing you enjoyed about it. Discuss in pairs to see if you ticked the same ones and why.

Information about local exercise options

15 mins

Allocate a space / stall with leaflets and colourful A4 posters and sign up sheet.

Participants browse stalls / sign up for activities.

Buddy support

10 mins

Discuss options of buddying e.g. swapping numbers with consent; arranging to attend the first session together; travel together.

Goal Setting:

20 mins

Complete Action Plan: What; Why; How; Reminders, Rewards and Barriers.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group commitment

20 mins

Discuss in pairs;

Feedback to the group the partner's plan.

Volunteer **photo**graphs Plan and updated diary form for each participant.

Close session.

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Session 2: KLP'S

(version 1: information only)

Physical Activity: New moves (non routine activity)

2.1. Key Learning Points

Experts say people should aim to achieve 30 minutes of moderate exercise a day.

This should be for five days out of seven each week.

Moderate exercise is when your breathing is slightly heavy; you can feel your pulse and feel warmer.

It's the kind of exercise you can keep up for many minutes without getting exhausted.

Pretty much any physical activity that gets you on your feet can count.

You don't have to do 30 minutes in one go.

Session 2: NOTES
(version 1: information only)

Physical Activity: New moves (non routine activity)

Extra notes: Session 2

The amount of exercise that is recommended depends on your age. Adults between 19 and 64 should get at least 150 minutes of moderate-intensity aerobic activity – such as fast walking or cycling – per week

Session 2: AIMS AND CHECKLIST
(version 2: information & representatives session)

Physical Activity: New moves (non routine activity)

Aims:

- Review previous goals
- Provide information of different local exercise options and meet representatives
- Elicit knowledge re. recommended amount of activity/exertion
- Provide information regarding activity levels
- Increase engagement/sign up with local exercise resources
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- Sign up sheets
- Exercise posters and leaflets

Session 2: OUTLINE

(version 2: information & representatives session)

Physical Activity: New moves (non routine activity)

Review

20 mins

In pairs: One thing you achieved this week re. healthy habits?

Anything you have learnt or would change for next week?

Group: Partner presents back to the group.

Information about physical activity: 30mins/day

10 mins

Group: How many minutes of physical activity is recommended a day?

For how many days of the week?

Do you have to do it in one go?

What level of exercise is appropriate? i.e. how much exertion is should you be feeling?

Provide information re. 30mins/day of moderate activity. *See Key Learning Points 2.1.*

Information & representatives session

40 mins

Each representative introduces themselves and what they offer (few mins).

e.g. ramblers; gym instructor; yoga teacher/student; zumba etc.

Allocated a space / stall with leaflets that each rep. mans.

Participants browse stalls / sign up for activities.

Discuss options of buddying e.g. swapping numbers with consent; arranging to attend the first session together; travel together.

Looking at activity levels

10 mins

In pairs: Work out how active the Dawn was. *See Dawn Case Study.*

Did she reach their target? / What else could she do? Review answers together as a group.



Session 2: OUTLINE ctd.

(version 2: information & representatives session)

Physical Activity: New moves (non routine activity)

Goal setting

20 mins

Complete Action Plan: What; Why; How; Reminders, Rewards and Barriers.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group commitment

20 mins

Discuss in pairs;

Feedback to the group the partner's plan.

Volunteer **photo**graphs Plan and updated diary form for each participant.

Close session.



Session 2: KLP'S

(version 2: information & representatives session)

Physical Activity: New moves (non routine activity)

2.1. Key Learning Points

Experts say people should aim to achieve 30 minutes of moderate exercise a day.

This should be for five days out of seven each week.

Moderate exercise is when your breathing is slightly heavy; you can feel your pulse and feel warmer.

It's the kind of exercise you can keep up for many minutes without getting exhausted.

Pretty much any physical activity that gets you on your feet can count.

You don't have to do 30 minutes in one go.

Session 3: AIMS AND CHECKLIST

Physical Activity: keep on moving (Relapse prevention)

Aims:

- Review previous goals
- Elicit knowledge re. barriers to maintenance and potential solutions
- Normalise lapses
- Recognise what turns a lapse into a relapse (case studies)
- Reflect on individual 'hotspots' and 'if-then' strategies (maintenance plan)
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape

Session 3: OUTLINE

Physical Activity: keep on moving (Relapse prevention)

Review

20 mins

In pairs: One thing you achieved this week re. healthy habits?

Anything you have learnt or would change for next week?

Group: Partner presents back to the group.

Barriers to staying active

5 mins

So today we're going to think about ways to keep up the good progress you've made. It can be easy to fall back into old habits, so we're going to think about what might get in the way of staying active and how you might get around these obstacles.

Group: So what gets in the way of being more physically active?

Prompt: What situations or feelings/thoughts might make it harder to be more active?

Elicit specific rather than vague reasons e.g. What is it about X that makes it hard to exercise? Can you think of a specific example?

Write answers on flipchart in two columns.

Group exercise

20 mins

Two small groups: Take half the barriers each and then swap flip charts.

What might be some ways to prevent, overcome or minimise these barriers?

Write question on flipchart on same page as barriers. Emphasise a number of options i.e. prevent, overcome or minimise.

Briefly review group responses:

So there are a number of things you can do in advance to reduce setbacks, manage them better or minimise their impact. Experts suggest that thinking about and preparing for obstacles in advance increases your success in maintaining good habits.



Session 3: OUTLINE ctd.

Physical Activity: keep on moving (Relapse prevention)

Top Hotspots

5 mins

Individual: What are your top 3 'hotspots' for not exercising/moving? i.e. situations when you find it harder to be physically active.

Group comes up and ticks statements on the flip chart. *We will be coming back to these!*

(Volunteer writes out 'If then....' prompts on flip chart for ticked responses)

Understanding relapses

5 mins

So what we've tried to do just now is to reduce the number of setbacks; but is it possible to avoid them altogether?

Is it normal to have the occasional setback? Show of hands.

Provide information re. Normalising setbacks. See Key Learning Points 3.1.

Case studies

20 mins

Here are some case studies of people like yourselves who were trying to keep up the good progress they'd made with their health changes.

Whole group reads Zara (or Rashad) version A and B, on their own (5mins)

In pairs: What factors led to a setback in both stories?

Can you spot the differences between versions A and B? (10mins)

Review answers as a group (5 mins).



Session 3: OUTLINE ctd.

Physical Activity: keep on moving (Relapse prevention)

Understanding lapses:

5 mins

Psychologists suggest that what we think or do can determine whether a temporary setback (or lapse) can turn back into an unhealthy habit (or relapse).

Show CBT examples visual aid.

So consider these vicious circles:

If someone thinks what will they feel / do? If someone thinks what will they feel / do?

So some advice for staying positive when you have a setback is described in your workbook 'Be your own cheerleader!'

Maintenance plan:

20 mins

Introduce the maintenance plan. This plan is about habits you want to keep going for the next 3 months. Have a look over all the specific actions you have taken over the last 3 weeks and write down the top 3 behaviours around physical activity that you want to keep going.

Also, go back to the Hotspots you wrote in earlier and think about what alternative actions you can take if you are in that situation in the future. Show flipchart with 'If ... then...' prompts.

Finally, consider what you might say to yourself when you have a setback. What is a helpful phrase for you to remember? Look at the 'Be your own cheerleader' list for suggestions.

Complete Maintenance Plan: What; Reminders, 'If, then' plans.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group commitment

20 mins

Discuss in pairs; feedback to the group the partner's plan.

Volunteer photographs Plan and updated diary form for each participant.

Close session – Remind of switch to eat well module.



Session 3: KLP'S

Physical Activity: keep on moving (Relapse prevention)

3.1. Key Learning Points

Experts say that having setbacks is actually a normal part of behaviour change and that most progress tends to be a wiggly line not a straight one. Visual aid: Seeing the bigger picture.

They suggest that what determines success is not whether or not we have setbacks; but how we respond to them. Highlight arrow on visual aid.

Session 3: NOTES

Physical Activity: keep on moving (Relapse prevention)

EXTRA NOTES: Seeing the bigger picture

I'd like to share a diagram that other people have found helpful.

The bottom line (point) represents time and this line (point) represents progress (which can be in any area) but for now we are thinking about being more physically active.

The wiggly line represents your physical activity levels.

As you can see there are ups and downs on this over time. However, the dotted line shows how overall, you are increasing your level of physical activity.

So the path to improvement might be a wiggly line, rather than a straight one.

However, when we have a lapse (point) – we can feel very disappointed by this. When we feel down it's easy to get things out of perspective (point) and forget the bigger picture (point).

So making behaviour change involves ups and downs. It's very normal to have setbacks and if you expect them and are prepared for them, they don't need to derail you.

Session 4: AIMS AND CHECKLIST

Diet: Filing up (Healthy eating principles)

Aims:

- Review previous goals
- Elicit knowledge about a healthy diet – what to eat / do more of
- Increase knowledge of healthy snack options – group exercise
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- BHF snack game
- Blue tac

Session 4: OUTLINE

Diet: Filing up (Healthy eating principles)

Review

20 mins

In pairs: One thing you achieved this week re. healthy habits?

Anything you have learnt or would change for next week?

Group: Partner presents back to the group.

Elicit knowledge re. heart friendly diet

10 mins

When we think about our diet, we usually think about what we need to cut out or eat less of. But today we'd like to start somewhere different by thinking about what you need to eat or drink more of in order to protect your heart and arteries.

Group: So what ideas do you have about what you need to eat and drink more of to protect your heart?

Prompt: What are the healthy things in our diet?

Provide information on key healthy foods and eating habits. *See Key Learning Points 4.1.*

Group exercise (or ask group as a whole if not enough time)

20 mins

Two small groups. First group answers:

How does eating / drinking this help us keep us healthy?

Second group answers:

What kind of foods/drinks are we talking about?

Prompt: Can you give any healthy examples?

Review responses with the group as a whole. Provide information from Key Learning Points 4.2.

Understanding healthy eating

10 mins

Go through How / What Qs and affirm any correct answers + provide alternative information for any misconceptions. *See Key Learning Points 4.2.*



Session 4: OUTLINE ctd.

Diet: Filing up (Healthy eating principles)

Highlight that 'eating breakfast' and 'planning snacks' are tackling the same underlying principle i.e eating regularly.

See Key Learning Point 4.2.

One approach to your diet is that by filling up on these kinds of foods you may have less room for the unhealthy foods and snacks. That way you don't just need to rely on willpower to make the right choices.

Group exercise

20 mins

Small groups: Ordering snack foods from best to worst and compare with each other. (BHF snack game p.68)

Reflect on any surprising results.

Goal setting: (Max of 3 diet goals)

20 mins

Complete Action Plan: What; Why; How; Reminders, Rewards and Barriers.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group Commitment

20 mins

Discuss in pairs;

Feedback to the group the partner's plan.

Volunteer **photo**graphs Plan and updated diary form for each participant.

Close session – ask to bring in food cartons for next week.



Session 4: KLP'S

Diet: Filing up (Healthy eating principles)

4.1. Key Learning Points

Eating breakfast

Drinking more water

Eating more fruit and veg

Eating more fibre

Eating more fish

Planning healthy snacks

4.2. Key Learning Points

Eating breakfast:

Research shows that people who eat breakfast are less likely to be overweight, feel better emotionally and perform better mentally e.g. with concentration. They also get fewer colds compared to people who skip the first meal of the day. Our bodies work best if they have regular healthy meals. Also, skipping breakfast means you will probably make up the calories later in the day and want to grab an available (and possibly unhealthy) snack.

Healthy breakfast options include: fruit; wholegrain toast; wholegrain cereals; porridge; muesli; yoghurt; a fruit smoothie; (check the sugar in these items; choose semi-skimmed milk) With wholegrain toast - boiled egg; grilled mushrooms and tomatoes; sardines; mackerel.

<http://www.nhs.uk/Livewell/loseweight/Pages/Healthybreakfasts.aspx>

Drinking more water:

Research suggests that most of us don't drink enough water. When we are dehydrated this can affect our energy levels, concentration and increase chances of headaches and kidney infections and kidney stones. It can also cause constipation. Sometimes we think we are hungry when in fact our body needs water.

The Food Standards Agency recommends we drink approximately eight glasses of water a day (1.2 litres). Although most of your fluid should come from water, experts agree that some other fluids can count too e.g. fruit juice, sugar free drinks, skimmed milk, teas and coffee (although caffeine can make you pee more and therefore lose water).

Session 4: KLP'S ctd.

Diet: Filing up (Healthy eating principles)

Eating more fruit and veg:

Fruit and vegetables provide fibre which can lower cholesterol. Fruit and vegetables provide the body with vitamins, minerals and antioxidants which help the body fight disease including CVD, some types of cancer and cataracts.

Experts suggest we eat at least five portions of fruit and veg a day. A portion is described as 80g or about the size of your clenched fist. Dried, tinned and frozen all count. Fruit juice only counts as one of your five a day.

Eating more fibre:

Eating high fibre foods have been shown to reduce cholesterol levels. The high levels of fibre help maintain proper bowel function and reduce constipation. High fibre foods also release their energy more slowly, so you stay fuller for longer and with fewer calories.

Good sources of fibre (in addition to fruit and veg) are wholegrains (e.g. brown rice, rolled oats, whole grain barley, whole rye, whole wheat bread, whole wheat crackers, whole wheat pasta) and pulses (e.g. beans, lentil, peas) and nuts.

(Other examples: buckwheat; bulgur (cracked wheat); millet; oatmeal; quinoa; sorghum; triticale; whole grain cornmeal; whole wheat sandwich buns and rolls; whole wheat tortillas; wild rice).

<http://choosemyplate.gov/food-groups/grains.html>

<http://www.bda.uk.com/foodfacts/wholegrains.pdf>

<http://www.nhs.uk/livewell/goodfood/pages/pulses.aspx>

Eating more fish:

Fish is a good source of many vitamins and minerals and oily fish (e.g. salmon and fresh tuna) provide omega 3 fats which can reduce cholesterol, help prevent the blood from clotting and keep your heart rhythm regular.

Experts say a healthy diet should include at least two portions of fish a week, including one of oily fish. Examples of oily fish include: salmon, mackerel, sardines, trout and herring.

Session 4: KLP'S ctd.

Diet: Filing up (Healthy eating principles)

(There is also additional advice for women who are pregnant or breastfeeding, and children and babies.)

<http://www.nhs.uk/Livewell/Goodfood/Pages/fish-shellfish.aspx>

Planning healthy snacks:

Eating snacks is good for us because it keeps your energy levels balanced between meals. If our energy levels are not balanced we are more likely to make unhealthy choices at meal times and overeat.

Experts say too many of us choose unhealthy snacks like crisps, chocolate and biscuits (processed foods) to keep us going. The best way to eat healthy snacks is to plan them in advance so that you have them to hand and to know roughly when you are going to eat them.

Examples of healthy snacks include: a small piece of fruit such as a banana or an apple; a small bowl of cereal with semi-skimmed milk; chopped carrots, peppers and celery; oak cakes and hummus; low-fat yoghurt; a handful of nuts; a handful of dried apricots.

Session 5: AIMS AND CHECKLIST

Diet: Healthy swaps (less processed food / ready meals)

Aims:

- Review previous goals
- Elicit knowledge on unhealthy foods, levels and food labels
- Provide information regarding traffic light system
- Increase confidence in reading labels – group exercise
- Increase knowledge of fat content in foods – group exercise
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- BHF label readers
- Food cartons
- BHF food label game
- BHF fat/salt game

Session 5: OUTLINE

Diet: Healthy swaps (less processed food / ready meals)

Review

20 mins

In pairs: One thing you achieved this week re. healthy habits?

Anything you have learnt or would change for next week?

Group: Partner presents back to the group

Elicit knowledge re. heart unfriendly diet

10 mins

So last week we spoke about what you could eat/drink more of to improve your health. This week, we'll think about the foods that, *in excess*, can clog up arteries and increase our CVD risk.

So what are the food groups that can damage your heart if you have too much of them?

Provide key information on foods that cause problems when eaten in excess. *See Key Learning Points 5.1*

Group: For each category, ask the group:

Why is too much X bad for the heart and arteries?

What kinds of food have high levels of X?

How much is too much?

Prompt: Any ideas? It's OK not to know as well, as many people find it hard to remember the exact amounts.

Elicit knowledge on food labels

5 mins

Has anyone heard of the traffic light labelling system?

What do the colours mean?

Show traffic light (visual aid).

What = red for salt, fat, sat fat and sugars?

Luckily you don't have to remember this. Give out **MAH label readers and/or BHF label readers**.



Session 5: OUTLINE ctd.

Diet: Healthy swaps (less processed food / ready meals)

Group exercises (x2)

40 mins

Small groups: use **traffic lights to sort food cartons** (10mins)

How many can you do in 10minutes?

Small groups: '**Higher or lower in fat/salt**' game with food cards (p68)

5 cards for the fat game (10mins) – who wins?

5 cards for the salt game (10mins) – who wins?

Reflect on any surprising results.

Elicit knowledge on flavouring and cooking methods

5 mins

We can increase our intake of fat, salt and sugar by eating processed foods or foods that are naturally high in these areas. Group: How else can fat, sugar and salt get into our food?

What might be the alternatives?

Provide key information regarding cooking methods / increasing taste. *See Key Learning points 5.2.*

*This brings us to another important theme. No food needs to be banned. We just need to be wary of amounts. One way to think about this is 'Don't stop it; swap it'. List of swapping options are in your workbook '**Don't stop it; swap it**'.*

Goal setting: (Max of 3 diet goals)

20 mins

Complete Action Plan: What; Why; How; Reminders, Rewards and Barriers.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group Commitment

20 mins

Discuss in pairs; feedback to the group the partner's plan. Volunteer **photographs** Plan and updated diary form for each participant.

Close session.



Session 5: KLP'S

Diet: Healthy swaps (less processed food / ready meals)

5.1. Key Learning Points

Reducing saturated fats:

Saturated fats lead to higher cholesterol levels which can clog arteries. Clogged arteries are a common cause of heart attacks and strokes.

Saturated fats tend to be found in cheese, yoghurt, milk, cream, lard, fatty cuts of meat, sausages, burgers, pastry, cakes and biscuits.

30g of satfat for a man and 20g of satfat for a woman.

(Not all fats are bad for you. The fats (unsaturated) found in foods like oily fish, nuts and seeds and avocados can help keep your heart and brain healthy)

<http://www.nhs.uk/Livewell/Goodfood/Pages/Fat.aspx>

<http://www.nhs.uk/Livewell/Goodfood/Pages/Eat-less-saturated-fat.aspx>

Reducing salt

Too much salt can raise your blood pressure, which puts you at increased risk of health problems such as heart disease and stroke.

Foods that contain high levels of salt include anchovies, bacon, cheese, salt fish, prawns, pickles, yeast extract. Other sources of high levels of salt include processed foods such as take aways, meat products (e.g. sausages and burgers), pies and pastries, sauces and soups and bread products.

It is recommended that adults have not more than 6g of salt a day / around one heaped teaspoon

<http://www.nhs.uk/Livewell/Goodfood/Pages/salt.aspx>

Reducing sugar

Eating too much sugar can contribute to becoming overweight and lead to tooth decay. Our bodies don't appear to recognise the calories in drinks in the same way they recognise food. So you can drink a lot of calories and yet still feel hungry.

Food and drink with high levels of sugar include: sugary fizzy drinks; cakes and biscuits, jam, marmalade, syrup, treacle or honey, sugar coated breakfast cereals, fruit juice / smoothies

high =over 22.5g of total sugars per 100g. low =5g of total sugars or less per 100g

<http://www.nhs.uk/Livewell/Goodfood/Pages/sugars.aspx>

Session 5: KLP'S ctd.

Diet: Healthy swaps (less processed food / ready meals)

5.2. Key Learning Points

Alternative flavouring and cooking methods

It's easy to add extra salt at the table; fat when we're frying or using spreads and sauces and sugar on top of cereals, for tea in our cooking.

Healthier options include using herbs and spices instead of salt; trying baking, steaming or grilling instead of frying and adding (dried) fruit to cereals or sweeteners to tea / cooking rather than sugar. Lemon juice and olive oil for dressings; low fat dressings /mayonnaise; low-salt/low-sodium options

Session 6: AIMS AND CHECKLIST

Diet: Keep eating well (Relapse prevention)

Aims:

- Review previous goals
- Elicit knowledge re. barriers to maintenance and potential solutions
- Normalise lapses
- Recognise what turns a lapse into a relapse (case studies)
- Reflect on individual 'hotspots' and 'if-then' strategies (maintenance plan)
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape

Session 6: OUTLINE

Diet: Keep eating well (Relapse prevention)

Review

20 mins

In pairs: One thing you achieved this week re. healthy habits?

Anything you have learnt or would change for next week?

Group: Partner presents back to the group.

Barriers to healthy eating

5 mins

So today we're going to think about ways to keep up the good progress you've made. After 5 weeks, you're now the expert on what works well and what works less well for you.

Group: So what are the barriers to eating well ?

Prompt: What situations or feelings/thoughts might make it harder to make healthy food choices?

Elicit specific rather than vague reasons e.g. What is it about X that makes it hard to eat well? Can you think of a specific example?

Write answers on flipchart in two columns.

Group exercise

20 mins

Two small groups: Take half the barriers each and then swap flip charts.

What might be some ways to prevent, overcome or minimise these barriers?

Write question on flipchart on same page as barriers. Emphasise a number of options i.e. prevent , overcome or minimise.

Briefly review suggestions from the groups.

So there are a number of things you can do in advance to reduce setbacks, manage them better or minimise their impact. Experts suggest that thinking about and preparing for obstacles in advance increases your success in maintaining good habits.



Session 6: OUTLINE

Diet: Keep eating well (Relapse prevention)

Top Hotspots

5 mins

Individual: What are your top 3 'hotspots' for unhealthy eating? i.e. situations when you find it harder to make healthier food choices.

Group comes up and ticks statements on the flip chart. *We will be coming back to these!*

(Volunteer writes out 'If then....' prompts on flip chart for ticked responses)

Understanding relapses

10 mins

So what we've tried to do just now is to reduce the number of setbacks; but is it possible to avoid them altogether?

Who remembers what we said about setbacks a few weeks ago?

Pairs exercise (if needed)

Prompts: Are they normal / to be expected?

What's the difference between a lapse and a relapse?

What turns a lapse into a relapse?

How can we prevent this?

See Key Learning Points 6.1.

Case studies

20 mins

Here are some case studies of people like yourselves who were trying to keep up the good progress they'd made with their health changes.

Whole group reads Zubayda (or Marvin) version A and B, on their own (5mins)

In pairs: What factors led to a setback in both stories?

Can you spot the differences between versions A and B? (10mins)

Review answers as a group (5 mins).



Session 6: OUTLINE ctd.

Diet: Keep eating well (Relapse prevention)

Maintenance plan:

20 mins

Introduce the maintenance plan. This plan is about habits you want to keep going for the next 3 months. Have a look over all the specific actions you have tried over the last 3 weeks and write down the top 3 behaviours around eating well that you want to keep going.

Also, go back to the Hotspots you wrote in earlier and think about what alternative actions you can take if you are in that situation in the future. Show flipchart with 'If ... then...' prompts.

Finally, consider what you might say to yourself when you have a setback. What is a helpful phrase for you to remember.

Complete Maintenance Plan: What; Reminders, 'If, then' plans.

Group facilitators go round and check on SMART goal setting and fill in diary and cross out N/A categories.

Group commitment

20 mins

Discuss in pairs;

Feedback to the group the partner's plan.

Volunteer **photo**graphs Plan and updated diary form for each participant.

Close session - Remind of 3 monthly maintenance sessions.



Session 6: KLP'S

Diet: Keep eating well (Relapse prevention)

6.1. Key Learning points

Experts say that having setbacks is actually a normal part of behaviour change and that most progress tends to be a wiggly line not a straight one. Show visual aid.

They suggest that what determines success is not whether or not we have setbacks; but how we respond to them. Highlight arrow on visual aid.

Psychological research suggests that setbacks can fall into two categories: a lapse (a temporary setback) or a relapse (a more long-term or permanent setback). These two cycles show how a lapse can turn into a relapse and how to ways to break the cycle.

Show CBT examples visual aid.

Diet: Keep eating well (Relapse prevention)

PARTICIPANT WORKBOOK: Keeping perspective

How to use

I'd like to share a diagram that other people have found helpful.

The bottom line (point) represents time and this line (point) represents progress (which can be in any area) but for now we are thinking about eating well.

The wiggly line represents your healthy eating goals.

As you can see there are ups and downs on this over time. However, the dotted line shows how overall, you are improving your eating habits.

So the path to improvement might be a wiggly line, rather than a straight one.

However, when we have a lapse (point) – we can feel very disappointed by this. When we feel down it's easy to get things out of perspective (point) and forget the bigger picture (point).

So making behaviour change involves ups and downs. It's very normal to have setbacks and if you expect them and are prepared for them, they don't need to derail you.

Session 7-9: AIMS AND CHECKLIST

(90 mins)

Maintenance

Aims:

- To elicit progress from participants
- To support group bonding
- To affirm struggles for any of the participants
- To assist participants with solving any problems that might arise

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- Spare worksheet
- Register

Sessions 7-9: OUTLINE

(90 mins)

Maintenance

Welcome back and individual rating form

5 mins

Welcome back; glad to see them all.

Today is time to reconnect with their goals; remembering that even if you haven't achieved what you had set out to do, not to be too critical but to use this time to focus on the future and what you might do differently this time.

Review

30 mins

In pairs: What's gone well? / What needs to change for the next 3 mths? [20 mins]

Write on post it: gone well / challenges or setbacks / what to change / questions for us; anything we can help with & stick on flip chart. [10 mins]

Group sharing

20 mins

Elaboration Qs on a) gone well b) challenges c) what needs to change? Use Active listening and create links between experiences. Answer Qs for HLF.

Did anyone else have that experience? How did you feel about it? What was helpful for you?

Volunteer **photographs** 'rate your progress' (during above discussion)

Video presentation

5 mins

Video – choose from list according to topics raised.

Goal setting

15 mins

Use **diary** to record new actions. Use blank **Action plans** if more detailed plan needed.

Closing

15 mins

Volunteer **photographs** Plan and updated diary form for each participant. Close and time for individual face to face catch up.

(In Session 9, remind group to bring video / poem / object / story / letter to future self)



Sessions 7-9: NOTES

Video Menu

Eat well on a budget;
 Couch to 5K;
 Get dancing;
Stay motivated to get active;
 Belly dancing;
 Swimming in your 90's;
Foodsmart;
 Your very good health;
 Healthy Ramadan;
Seasons change;
 Katak / bollywood dancing;
 Fat, the facts;
Green gym;
Prevent injuries when exercising;
 10,000 steps a day;
 Smoking;
 Get support quitting;
 Smokefree;
Eat well on a south asian diet;
150mins/week;
 Sneaky drinks;
 Say no to salt;
 The tokkels (x 2);
 Bob & Brenda (x2);
 Change 4 life sports clubs;
 Walking gym;
 Stay active for over 60's;
 Activity saints and sinners (teenagers);
 Stop smoking ;
 Weight loss tips

Video list from NHS choices / Live Well:

Watch through and choose video most appropriate to session content

Session 10: AIMS AND CHECKLIST

(90 mins)

Maintenance

Aims:

- To elicit progress from participants
- To review helpful parts of the programme and what will be missed
- To review future goals
- To end the formal group intervention

You will need:

- Curriculum and Workbook
- Participant Workbooks
- Flipchart and pens
- Post it notes
- Biro for participants
- Sellotape
- Spare worksheet
- Register

Session 10: OUTLINE

(90 mins)

Maintenance

Welcome back and individual rating form

5 mins

Welcome back; glad to see them all. Final session.

They've made it to the final session which is an achievement in itself! Time to reflect on what you've gained and where you are heading, after today.

MOVE-IT Review

30 mins

In pairs: What did you enjoy the most about MOVE-IT? What will you miss? What will be your new habits for life? (20 mins)

Write on post-it: enjoyed the most / will miss / habits for life – questions for us; anything we can help with. Stick on flipchart (10mins)

Group sharing

10 mins

Elaboration Qs: Draw out links between responses and ask for more detail:

Prompts: Who else agrees? Can you tell me more? etc.

Use Active Listening to affirm and summarise responses.

Group presentation

40 mins

Can share video / poem / object / story that represents their progress and/or letter to self exercise (be your own cheerleader letter).

Closing

5 mins

Volunteer **photographs** Plan and updated diary form for each participant. Close session and end of the programme. Wish them well for their future healthy lives!





The End

The MOVE-IT Study

Individual Curriculum Manual

Foreword

Dear Healthy Lifestyle Facilitator

Please find enclosed the **Individual Curriculum manual** for the MOVE-IT study.

The contents of the manual belong to the MOVE-IT study and should not be circulated outside of the study.

We hope you enjoy delivering the sessions and helping people move forward with their healthy lifestyles. We wish you all the best for the intervention.

The MOVE-IT Research Team

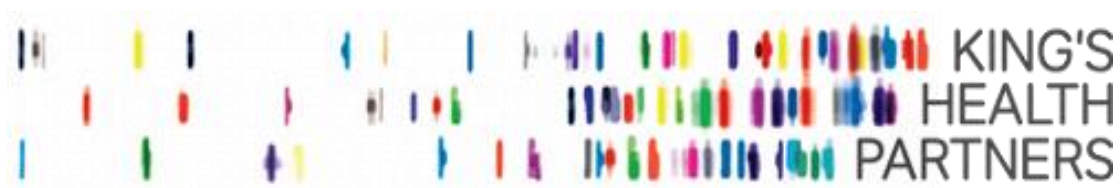
The MOVE-IT workbook, curriculum and training programme was written by

Dr Nicole de Zoysa, Clinical Psychologist

KING'S
College
LONDON

University of London

King's College Hospital 
NHS Foundation Trust



Session 0: AIMS AND CHECKLIST

(Telephone)

Towards a healthier heart

Aims:

- Offer a warm welcome into the study.
- Increase optimism and confidence about joining the study.
- Highlight to participants that they are not alone in facing health challenges.
- Explain the structure of the study, contact details.
- Elicit understanding of the CVD screen and risk factors.
- MAHk and BHF DVD / youtube link given out in advance to watch.

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 0: OUTLINE (Telephone)

Towards a healthier heart

Introductions

5 mins

Introduce self.

A warm welcome into the study. Thank participant for joining the study. Let them know the phone call will be about 20 minutes.

Confirm dates of individual sessions and contact details. What to do if you can't make a session. **Visual aid: Contact details**

Outline programme content what makes this programme unique. **Visual Aid.**

Elicit CVD and risk factor information

5 mins

Everyone attends this programme for different reasons. What do you hope to gain by attending the programme? **Visual aid: What's in it for you?**

What does the term CVD mean to you? **Visual aid: What is coronary heart disease?**

Provide information re. CVD risk / risk factors if needed. Discuss Healthy Heart habits list **Visual aid: Your 10 HHH** (i.e. factors that can reduce your risk). *See Key Learning Points 0.1.*

Discuss pedometer

5 mins

We will be starting with activity levels next week. **Refer to pedometers** and check they know how to use them. Next week we'll collect how many steps you took and how many hours you were sitting. **Highlight Baseline Diary form.** Avoid increasing your activity levels deliberately. This is just about seeing what you do normally because the evidence suggests that individual goal setting works better for people. (Text reminders to bring back pedometer).

Closing

5 mins

Any questions or concerns from what we covered today?

Read section on sitting and walking (Stand for it, p16) from MAHK

Provide affirmation for committing to the programme and looking forward to meeting them face to face.



Session 0: KLP'S
(Telephone)

Towards a healthier heart

0.1. Key Learning Points

Cardiovascular disease means diseases of the heart and circulation.

Examples of CVD include: Coronary heart disease, Peripheral arterial disease, Stroke / Transient ischaemic attack, Heart attack.

The disease arises when blood vessels supplying the heart, the brain or the legs are narrowed or blocked due to fatty cholesterol-containing deposit.

Symptoms can include:

HEART: angina (chest pain) and breathlessness

LEGS: muscle pain

BRAIN: Disturbance, weakness/numbness in face, arms, speech

Transient Ischaemic Attack (TIA) = a few minutes or a Stroke = lasts longer than 24 hours

0.2. Key Learning Points

The following increases your risk of cardiovascular disease:

Smoking

Eating high fat diet

Lack of exercise

Being overweight

Having Type 1 or Type 2 diabetes

Having high blood pressure (hypertension)

Having high cholesterol

The following reduces your risk of cardiovascular disease:

Stopping smoking

Eating a healthy, balanced diet

Being more physically active

Losing weight (if you need to) and maintaining a healthy weight

Trying to prevent or control diabetes

Controlling your blood pressure

Reducing your cholesterol

If you drink alcohol, keeping within recommended levels

Session 0: NOTES
(Telephone)

Towards a healthier heart

Extra notes: Session 0

'Risking It' BHF DVD.

Ricky – 51yrs, male, afro-carribean, in a couple – high BP – target exercise; salsa.

Julian- 38yrs, white, city worker -smoker, high cholesterol.

Becky – 22, single mum, white, female – weight – supermarket shop with dietician.

Bill – 60, white, type 2 diabetes – exercise – intro to gentle exercise; building up confidence.

Conclusions: 4 weeks FU of all the case studies – how are they doing now.

*Also see **New DVD / youtube link** available*

*Can also refer to **Visual aid: Approaching a Crossroads** and discuss **Youtube link** if needed*

Session 1: AIMS AND CHECKLIST

(40mins)

Physical Activity: Moving more (every day activity)

Aims:

- Elicit knowledge about physical activity.
- Provide information regarding walking and sedentary behaviours.
- Explain use of the pedometer / targets.
- Reflect on opportunities for more routine movement.
- Goal setting: why; how; reminders and rewards.

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 1: OUTLINE (40mins)

Physical Activity: Moving more (every day activity)

Review and agenda setting

5 mins

Welcome to the first session of the MOVE-IT study.

Today's session will be thinking about physical activity and specifically walking. Would that be OK with you?

Elicit and provide walking information

15 mins

From what you read what do you understand about the disadvantages of too much sitting?

What do you think might be the benefits of walking?

Provide Key Learning Points 1.1 with permission if missing or misunderstood.

Would you be willing to consider ways to increase your walking and reduce your sitting time?

Review pedometer and check they know how to use it and steps recorded – brief walk around if needed.

Goal setting

15 mins

Introduce **action plan form**. The form is quite detailed and some questions may seem strange or unusual but research suggests that people who make very precise plans (i.e. thinking through all the details of how, when and why in advance) are more successful in achieving their goals. I can help you with this, step by step. There are some suggestions on the form but if they don't fit with you, it's fine to come up with your own ideas.

Complete **Action Plan**: What; Why; How; Reminders, Rewards and Barriers

HLF support SMART goal setting and complete diary form. Take **photo** of plan and diary.

Closing

5 mins

Wish them well for achieving their goal.

Discuss helpful reading for next week ('Up and About' p.11 and 'Active plan' p.20 in MAHk) and read over **Dawn case study**. Option of completing '**Physical Activity Options**' form.

.....

1.1. Key Learning Points

Everyday, routine activities can also be considered as physical exercise e.g.

Housework

Climbing stairs

DIY

Painting & decorating

Walking

Sex

Gardening

Dancing

Cleaning the car

Benefits of walking:

No special equipment needed

It can be part of your everyday routine

It's available to all levels of fitness / can be adapted

It can be done with a friend

It helps get you to places

It's free; saves money

It's an 'easy win' i.e. maximum gain for minimum effort

Perils of sitting

Researchers have been able to link the amount of time a person spends sitting down with an increased risk of dying early.

In addition, sitting in one position for a long time can cause other health problems e.g. blood clots in the legs (like on an aeroplane) and cause back pain too.

Experts say that simply spending less time sitting down may be as important for our health as doing more exercise.

Recommendations

Experts recommend that for every hour sitting down, it's good to move around for ten minutes.

Recommended no. of steps = Research shows that walking 10,000 steps a day will significantly improve your health. However, people do better when they build up slowly (e.g. increments of 1000 steps) and set themselves individual targets based on their current level of activity (i.e. baseline recording).

Session 1: Extra notes

<http://www.nhs.uk/Livewell/loseweight/Pages/10000stepschallenge.aspx>

The average person walks between 3,000 and 4,000 steps per day, and 1,000 steps is the equivalent of around 10 minutes of brisk walking.

Session 2: AIMS AND CHECKLIST

(40 mins)

Physical Activity: New moves (non routine activity)

Aims:

- Review previous goals.
- Provide information on different local exercise options.
- Elicit knowledge re. recommended amount of activity/exertion.
- Provide information regarding activity levels.
- Increase engagement/sign up with local exercise resources.
- Goal setting: why; how; reminders and rewards.

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 2: OUTLINE (40mins)

Physical Activity: New moves (non routine activity)

Review and agenda setting

10 mins

Welcome to the second session of the MOVE-IT study.

So last week your goal was to

How did you get on?

Prompts: What went well? What would you do differently/change for next time? (if things didn't go to plan)

Today's session will be thinking about other types of physical activity. Would that be OK with you?

Elicit and provide information about local exercise options

10 mins

So what's your understanding of how much physical activity is recommended per day?

And at what intensity do we need to be working for it to count?

Prompt: temperature, breath/pulse rate, conversation?

Provide info on amount and type of physical activity if missing or misunderstood. *See Key Learning Points 2.1.*

See Dawn case study. How did you think Dawn got on in the case study?

How does fitting in 30 mins of activity sound to you?

Would you be willing to hear about what the local exercise options are in your area?

Talk through **different exercise options with leaflets / posters**

Elicit: which of these looks interesting to you?

Prompt: What would you be willing to consider?

Refer to '**Physical Activity Options**' if needed / relevant. Summarise what's been written on the form.



Session 2: OUTLINE ctd (40mins)

Physical Activity: New moves (non routine activity)

Goal setting:

15 mins

Complete **Action Plan**: What; Why; How; Reminders, Rewards and Barriers.

HLF support SMART goal setting and complete diary form and take **photo** of forms.

Close session

5 mins

Wish them well for achieving their goal.

Discuss helpful reading for next week (Zara and Rashad case studies).



Session 2: KLP'S

(40mins)

Physical Activity: New moves (non routine activity)

2.1. Key Learning Points

Experts say people should aim to achieve 30 minutes of moderate exercise a day

This should be for five days out of seven each week

Moderate exercise is when your breathing is slightly heavy; you can feel your pulse and feel warmer

It's the kind of exercise you can keep up for many minutes without getting exhausted

Pretty much any physical activity that gets you on your feet can count

You don't have to do 30 minutes in one go

Session 2: NOTES

(40mins)

Physical Activity: New moves (non routine activity)

Extra notes: Session 2

The amount of exercise that is recommended depends on your age. Adults between 19 and 64 should get at least 150 minutes of moderate-intensity aerobic activity – such as fast walking or cycling – per week

Session 3: AIMS AND CHECKLIST

(40 mins)

Physical Activity: keep on moving (Relapse prevention)

Aims:

- Review previous goals.
- Elicit knowledge re. barriers to maintenance and potential solutions.
- Normalise lapses.
- Recognise what turns a lapse into a relapse (case studies).
- Reflect on individual 'hotspots' and 'if-then' strategies (maintenance plan).
- Goal setting: why; how; reminders and rewards.

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 3: OUTLINE

(40 mins)

Physical Activity: keep on moving (Relapse prevention)

Review and agenda setting

10 mins

Welcome to the third session of the MOVE-IT study

So last week your goal was to

How did you get on?

Prompts: What went well? What would you do differently/change for next time? (if things didn't go to plan)

Today's session we'll be thinking about how to keep up the good progress you've made.

Would that be OK with you?

Maintenance plans

25 mins

If you look over your previous **actions plans (Q3 specifically)** and I asked you to select five habits (specific actions) that you'd like to keep going for the next few months, which ones would you pick? (suggest max = 5)

There is space in your Maintenance plan to write them down here (Q1)

What reminders would be helpful (Q2)

The next part of the form talks about 'hotspots' i.e. times when you might be tempted to move less or fall back into old habits.

Research suggests that having setbacks when we make new behaviour changes is normal. Everyone has them. But, people who think about them in advance tend to do better than those who don't.

What would you say are your 'hotspots' for avoiding physical activity or exercise? What might get in the way?

Prompt: What situations or feelings might make it harder for you to keep up your physical activity habits?

Prompt: Use **case studies** (Rashad and Zara) to help, if participant finds it hard to identify potential hotspots.



Session 3: OUTLINE ctd.
(40 mins)

Physical Activity: keep on moving (Relapse prevention)

Generate 'If' statements from the barriers.

So If, then what could you do instead? Generate 'then ... statements'.

Offer suggestions (with permission) if participant is stuck.

So thinking back over the case studies you read last week (Zara and Rashad) – what do you think were the main differences between story A and story B.

Provide information re. how we respond to setbacks being important. **Highlight CBT cycles in workbook.**

So we suggest it's important to be your own cheerleader when you face a setback. What could you say to yourself ?

Prompt: there are some suggestions in your workbook. Which ones can you relate to?

HLF support SMART goal setting and complete diary form and take **photo** of forms.

Close session

5 mins

Wish them well for achieving their goal.

Remind them that you will be moving onto eating habits next week.

Discuss helpful reading for next week ('Water wise' p.23 and '5 a day' p.28 'Brilliant breakfast' p.33; 'Snack check' p.52)



Session 3: KLPs
(40 mins)

Physical Activity: keep on moving (Relapse prevention)

3.1. Key Learning Points

Experts say that having setbacks is actually a normal part of behaviour change and that most progress tends to be a wiggly line not a straight one. Visual aid: Seeing the bigger picture. (if needed)

They suggest that what determines success is not whether or not we have setbacks; but how we respond to them. Highlight alternative responses in Case Studies

Session 3: NOTES.

(40 mins)

Physical Activity: keep on moving (Relapse prevention)

PARTICIPANTS WORKBOOK: Keeping perspective (if needed)

How to use

I'd like to share a diagram that other people have found helpful.

The bottom line (point) represents time and this line (point) represents progress (which can be in any area) but for now we are thinking about being more physically active.

The wiggly line represents your physical activity levels

As you can see there are ups and downs on this over time. However, the dotted line shows how overall, you are increasing your level of physical activity.

So the path to improvement might be a wiggly line, rather than a straight one.

However, when we have a lapse (point) – we can feel very disappointed by this. When we feel down it's easy to get things out of perspective (point) and forget the bigger picture (point).

So making behaviour change involves ups and downs. It's very normal to have setbacks and if you expect them and are prepared for them, they don't need to derail you.

Session 4: AIMS AND CHECKLIST

(40 mins)

Diet: Filing up (Healthy eating principles)

Aims:

- Review previous goals
- Elicit knowledge about a healthy diet – what to eat / do more of
- Goal setting: why; how; reminders and rewards

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 4: OUTLINE

(40 mins)

Diet: Filing up (Healthy eating principles)

Review and agenda setting

10 mins

Welcome to the fourth session of the MOVE-IT study

So last week your goal was to

How did you get on?

Prompts: What went well? What would you do differently/change for next time (if things didn't go to plan?)

Today's session we'll be thinking about healthy eating habits. Would that be OK with you?

Elicit and provide information about healthy eating habits

10 mins

So from what you read, what are the healthy eating habits that will protect our heart?

Prompt: What should we be eating or drinking more of? Why might that be helpful?

Provide information on healthy eating habits if missing or misunderstood. *See KLPs 4.1 and 4.2*

Which of these habits (**Visual aid: 10 Healthy Heart Habits**) might you be willing to consider for next week? We suggest picking a maximum of 3 so that's its manageable.

Goal setting:

15 mins

Complete **Action Plan**: What; Why; How; Reminders, Rewards and Barriers.

HLF support SMART goal setting and complete diary form and take **photo** of forms.

Closing

5 mins

Wish them well for achieving their goal(s).

Discuss helpful reading for next week ('sweet enough' p.38; 'Cut back fats' p.42; 'On the shelf' p.47) .Remind them to bring in some food cartons for next week.



Session 4: KLP'S

(40 mins)

Diet: Filing up (Healthy eating principles)

4.1. Key Learning Points

Eating breakfast

Drinking more water

Eating more fruit and veg

Eating more fish

Planning healthy snacks.

4.2. Key Learning Points

Eating breakfast:

Research shows that people who eat breakfast are less likely to be overweight, feel better emotionally and perform better mentally e.g. with concentration. They also get fewer colds compared to people who skip the first meal of the day. Our bodies work best if they have regular healthy meals. Also, skipping breakfast means you will probably make up the calories later in the day and want to grab an available (and possibly unhealthy) snack.

Healthy breakfast options include: fruit; wholegrain toast; wholegrain cereals; porridge; muesli; yoghurt; a fruit smoothie; (check the sugar in these items; choose semi-skimmed milk) With wholegrain toast - boiled egg; grilled mushrooms and tomatoes; sardines; mackerel

<http://www.nhs.uk/Livewell/loseweight/Pages/Healthybreakfasts.aspx>

Drinking more water:

Research suggests that most of us don't drink enough water. When we are dehydrated this can affect our energy levels, concentration and increase chances of headaches and kidney infections and kidney stones. It can also cause constipation. Sometimes we think we are hungry when in fact our body needs water.

The Food Standards Agency recommends we drink approximately eight glasses of water a day (1.2. litres). Although most of your fluid should come from water, experts agree that some other fluids can count too e.g. fruit juice, sugar free drinks, skimmed milk, teas and coffee (although caffeine can make you pee more and therefore lose water).

Session 4: KLP'S ctd.

(40 mins)

Diet: Filing up (Healthy eating principles)

Eating more fruit and veg:

Fruit and vegetables provide fibre which can lower cholesterol. Fruit and vegetables provide the body with vitamins, minerals and antioxidants which help the body fight disease including CVD, some types of cancer and cataracts.

Experts suggest we eat at least five portions of fruit and veg a day. A portion is described as 80g or about the size of your clenched fist. Dried, tinned and frozen all count. Fruit juice only counts as one of your five a day.

Eating more fibre:

Eating high fibre foods have been shown to reduce cholesterol levels. The high levels of fibre help maintain proper bowel function and reduce constipation. High fibre foods also release their energy more slowly, so you stay fuller for longer and with fewer calories.

Good sources of fibre (in addition to fruit and veg) are wholegrains (e.g. brown rice, rolled oats, whole grain barley, whole rye, whole wheat bread, whole wheat crackers, whole wheat pasta) and pulses (e.g. beans, lentil, peas) and nuts. (Other examples: buckwheat; bulgur (cracked wheat); millet; oatmeal; quinoa; sorghum; triticale; whole grain cornmeal; whole wheat sandwich buns and rolls; whole wheat tortillas; wild rice)

<http://choosemyplate.gov/food-groups/grains.html>

<http://www.bda.uk.com/foodfacts/wholegrains.pdf>

<http://www.nhs.uk/livewell/goodfood/pages/pulses.aspx>

Eating more fish:

Fish is a good source of many vitamins and minerals and oily fish (e.g. salmon and fresh tuna) provide omega 3 fats which can reduce cholesterol, help prevent the blood from clotting and keep your heart rhythm regular.

Session 4: KLP'S ctd.

(40 mins)

Diet: Filing up (Healthy eating principles)

Experts say a healthy diet should include at least two portions of fish a week, including one of oily fish. Examples of oily fish include: salmon, mackerel, sardines, trout and herring. (There is also additional advice for women who are pregnant or breastfeeding, and children and babies.)

<http://www.nhs.uk/Livewell/Goodfood/Pages/fish-shellfish.aspx>

Planning healthy snacks:

Eating snacks is good for us because it keeps your energy levels balanced between meals. If our energy levels are not balanced we are more likely to make unhealthy choices at meal times and overeat.

Experts say too many of us choose unhealthy snacks like crisps, chocolate and biscuits (processed foods) to keep us going. The best way to eat healthy snacks is to plan them in advance so that you have them to hand and to know roughly when you are going to eat them.

Examples of healthy snacks include: a small piece of fruit such as a banana or an apple; a small bowl of cereal with semi-skimmed milk; chopped carrots, peppers and celery; oak cakes and hummus; low-fat yoghurt; a handful of nuts; a handful of dried apricots.

Session 5: AIMS AND CHECKLIST

(40mins)

Diet: Healthy swaps (less processed food / ready meals)

Aims:

- Review previous goals
- Elicit knowledge on unhealthy foods, levels and food labels
- Provide information regarding traffic light system
- Increase confidence in reading labels – cartons exercise

Goal setting: why; how; reminders and rewards

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 5: OUTLINE

(40mins)

Diet: Healthy swaps (less processed food / ready meals)

Review and agenda setting

10 mins

Welcome to the fifth session of the MOVE-IT study

So last week your goal was to

How did you get on?

Prompts: What went well? What would you do differently/change for next time (if things didn't go to plan?)

Today's session we'll be thinking about reducing unhealthy eating habits. Would that be OK with you?

Elicit and provide information about unhealthy eating habits

15 mins

So from what you read, what types of food and drink can be harmful for our heart and arteries if eaten in excess?

Prompts: which are high in?

Provide information on unhealthy eating habits if missing or misunderstood. See KLPs 5.1

Have you heard of the traffic light system? Visual aid: BHF Traffic light

Provide information re. RDA and give out label readers.

Who does the shopping in your house?

If someone else, ask if they would be willing to pass on this information to them?

Let's use this card game to increase our knowledge about fat / salt content of common foods. ('Higher or lower in fat/salt' game with food cards ; p68 of BHF guide)

If they do the shopping

Let's use this label reader to work out the recommendations for these food cartons. (p68 of BHF guide)

Which of these unhealthy habits are most relevant to you? Visual aid: 10 HHHs

Would you be willing to consider reducing any of them?



Session 5: OUTLINE ctd. (40mins)

Diet: Healthy swaps (less processed food / ready meals)

We suggest picking a maximum of 3 to keep it manageable

Goal setting:

10 mins

Complete **Action Plan**: What; Why; How; Reminders, Rewards and Barriers.

HLF support SMART goal setting and complete diary form and take **photo** of forms.

Close session

5 mins

Wish them well for achieving their goal(s).

Discuss helpful reading for next week (Zubayda and Marvin case studies).

.....

Session 5: KLP'S (40mins)

Diet: Healthy swaps (less processed food / ready meals)

5.1. Key Learning Point

Reducing saturated fats:

Saturated fats lead to higher cholesterol levels which can clog arteries. Clogged arteries are a common cause of heart attacks and strokes.

Saturated fats tend to be found in cheese, yoghurt, milk, cream, lard, fatty cuts of meat, sausages, burgers, pastry, cakes and biscuits.

30g of satfat for a man and 20g of satfat for a woman

(Not all fats are bad for you. The fats (unsaturated) found in foods like oily fish, nuts and seeds and avocados can help keep your heart and brain healthy)

<http://www.nhs.uk/Livewell/Goodfood/Pages/Fat.aspx>

<http://www.nhs.uk/Livewell/Goodfood/Pages/Eat-less-saturated-fat.aspx>

Reducing salt

Too much salt can raise your blood pressure, which puts you at increased risk of health problems such as heart disease and stroke.

Foods that contain high levels of salt include anchovies, bacon, cheese, salt fish, prawns, pickles, yeast extract.

Other sources of high levels of salt include processed foods such as take aways, meat products (e.g. sausages and burgers), pies and pastries, sauces and soups and bread products.

It is recommended that adults have not more than 6g of salt a day / around one heaped teaspoon

<http://www.nhs.uk/Livewell/Goodfood/Pages/salt.aspx>

Reducing sugar

Eating too much sugar can contribute to becoming overweight and lead to tooth decay. Our bodies don't appear to recognise the calories in drinks in the same way they recognise food. So you can drink a lot of calories and yet still feel hungry.

Session 5: KLP'S ctd.
(40mins)

Diet: Healthy swaps (less processed food / ready meals)

Food and drink with high levels of sugar include: sugary fizzy drinks; cakes and biscuits, jam, marmalade, syrup, treacle or honey, sugar coated breakfast cereals, fruit juice / smoothies.

high =over 22.5g of total sugars per 100g

low =5g of total sugars or less per 100g

<http://www.nhs.uk/Livewell/Goodfood/Pages/sugars.aspx>

Alternative flavouring and cooking methods

It's easy to add extra salt at the table; fat when we're frying or using spreads and sauces and sugar on top of cereals, for tea in our cooking.

Healthier options include using herbs and spices instead of salt; trying baking, steaming or grilling instead of frying and adding (dried) fruit to cereals or sweeteners to tea / cooking rather than sugar. Lemon juice and olive oil for dressings; low fat dressings /mayonnaise; low-salt/low-sodium options.

Session 6: AIMS AND CHECKLIST

(40mins)

Diet: Keep eating well (Relapse prevention)

Aims:

- Review previous goals
- Elicit knowledge re. barriers to maintenance and potential solutions
- Normalise lapses
- Recognise what turns a lapse into a relapse (case studies)
- Reflect on individual 'hotspots' and 'if-then' strategies (maintenance plan)
- Goal setting: why; how; reminders and rewards .
-

You will need:

- Curriculum
- Participant Workbook
- Pen

Session 6: OUTLINE

(40mins)

Diet: Keep eating well (Relapse prevention)

Review and agenda setting

10 mins

Welcome to the sixth session of the MOVE-IT study. This will be our last weekly session.

So last week your goal was to

How did you get on?

Prompts: What went well? What would you do differently/change for next time (if things didn't go to plan?)

Today's session we'll be thinking about how to keep up the good progress you've made.

Would that be OK with you?

Maintenance plans

25 mins

If you look over your previous **actions plans (Q3 specifically)** and I asked you to select five habits (specific actions) that you'd like to keep going for the next few months, which ones would you pick? (suggest max = 5)

There is space in your Maintenance plan to write them down here (Q1)

What reminders would be helpful (Q2)

The next part of the form talks about 'hotspots' i.e. times when you might be tempted to move less or fall back into old habits.

Research suggests that having setbacks when we make new behaviour changes is normal. Everyone has them. But, people who think about them in advance tend to do better than those who don't.

What would you say are your 'hotspots' for unhealthy eating?

Prompt: What situations or feelings might make it harder for you to make healthier food choices?

Prompt: Use **case studies** (Zubayda and Marvin) to help, if participant finds it hard to identify potential hotspots.



Session 6: OUTLINE ctd.

(40mins)

Diet: Keep eating well (Relapse prevention)

Generate 'If' statements from the barriers.

So If, then what could you do instead? Generate 'then ... statements'.

Offer suggestions (with permission) if participant is stuck.

So thinking back over the case studies you read last week (Zubayda and Marvin) – what do you think were the main differences between story A and story B.

Provide information re. how we respond to setbacks being important. Highlight CBT cycles in workbook.

So we suggest it's important to be your own cheerleader when you face a setback. What could you say to yourself ?

Prompt: there are some suggestions in your workbook. Which ones can you relate to?

HLF support SMART goal setting and complete diary form and take photo of forms.

Close session

5 mins

Wish them well for achieving their goal(s).

Remind them that the next session will be in three month time.

.....

Session 6: KLPs
(40 mins)

Diet: Keep eating well (Relapse prevention)

6.1. Key Learning Points

Experts say that having setbacks is actually a normal part of behaviour change and that most progress tends to be a wiggly line not a straight one. Visual aid: Seeing the bigger picture. (if needed)

They suggest that what determines success is not whether or not we have setbacks; but how we respond to them. Highlight alternative responses in Case Studies

Session 6: NOTES

(40mins)

Diet: Keep eating well (Relapse prevention)

PARTICIPANT WORKBOOK: Keeping perspective

How to use

I'd like to share a diagram that other people have found helpful.

The bottom line (point) represents time and this line (point) represents progress (which can be in any area) but for now we are thinking about being about eating well.

The wiggly line represents your healthy eating goals

As you can see there are ups and downs on this over time. However, the dotted line shows how overall, you are improving your eating habits.

So the path to improvement might be a wiggly line, rather than a straight one.

However, when we have a lapse (point) – we can feel very disappointed by this. When we feel down it's easy to get things out of perspective (point) and forget the bigger picture (point).

So making behaviour change involves ups and downs. It's very normal to have setbacks and if you expect them and are prepared for them, they don't need to derail you.

Session 7-9: AIMS AND CHECKLIST

(40 mins)

Maintenance

Aims:

- To elicit progress from participant
- To affirm struggles from participant
- To facilitate participant in solving any problems that might arise

You will need:

- Curriculum
- Participant Workbook
- Flipchart
- Pen

Sessions 7-9: OUTLINE

(40 mins)

Maintenance

Welcome back and individual rating form

5 mins

Welcome back; glad to see them.

Today is time to reconnect with their goals; remembering that even if you haven't achieved what you had set out to do, not to be too critical but to use this time to focus on the future and what you might do differently this time.

Review

10 mins

What's gone well? / What needs to change for the next 3 mths?

Elaboration Qs on a) what's gone well b) challenges c) what needs to change?

Use Active Listening to affirm participant and facilitate moving forward.

Ask if they have any specific questions for you.

Video presentation

5 mins

Video – choose from list according to topics raised.

Goal setting

15 mins

Use **diary form** to record new actions. Use blank **Action Plans** if more detailed plan needed.

Closing

5 mins

Closing and set date for next session. **Photograph** formst

(In Session 9, remind participant to bring video / poem / object / story / letter to future self)



Sessions 7-9: NOTES

Video Menu

Eat well on a budget;
 Couch to 5K;
 Get dancing;
Stay motivated to get active;
 Belly dancing;
 Swimming in your 90's;
Foodsmart;
 Your very good health;
 Healthy Ramadan;
Seasons change;
 Katak / bollywood dancing;
 Fat, the facts;
Green gym;
Prevent injuries when exercising;
 10,000 steps a day;
 Smoking;
 Get support quitting;
 Smokefree;
Eat well on a south asian diet;
150mins/week;
 Sneaky drinks;
 Say no to salt;
 The tokkels (x 2);
 Bob & Brenda (x2);
 Change 4 life sports clubs;
 Walking gym;
 Stay active for over 60's;
 Activity saints and sinners (teenagers);
 Stop smoking ;
 Weight loss tips

Video list from NHS choices / Live Well:

Watch through and choose video most appropriate to session content

Session 10: AIMS AND CHECKLIST

(40 mins)

Maintenance

Aims:

- To elicit progress from participant
- To review helpful parts of the programme and what will be missed
- To review future goals
- To end the formal one to one intervention

You will need:

- Curriculum
- Participant Workbook
- Flipchart
- Pen

Session 10: OUTLINE

(40 mins)

Maintenance

Welcome back and individual rating form

5 mins

Welcome back; glad to see them. Final session.

They've made it to the final session which is an achievement in itself! Time to reflect on what you've gained and where you are heading, after today.

Review

10 mins

What's gone well? / What needs to change for the next 3 mths?

Elaboration Qs on a) what's gone well b) challenges c) what needs to change?

Use Active Listening to affirm participant and facilitate moving forward.

Ask if they have any specific questions for you.

MOVE-IT Review

10 mins

What did you enjoy the most about MOVE-IT?

What will you miss?

What will be your new habits for life?

Share what you've enjoyed about working with the participant and what you will miss.

Individual sharing

10 mins

Can share video, poem, object, story that represents their progress and/or letter to self exercise (be your own cheerleader).

Closing

5 mins

Close session and end of the programme. Photograph diary form. Wish them well for their future healthy lives!

.....

The End