



From Thoughts to Reality, Making Change Happen

By Dr. Delia Roberts

We all have habits or behaviors that we would like to change, and we've all thought about making the change happen. But long-term, successful change is really hard. The Fit to Work programs have been promoting healthy behaviors in the forest industry (and others) for over 20 years. This article will give you a look at what scientists who study behavioral change think about how to make change happen, along with what we've seen actually work in the forest industry in BC.

Our behaviors affect our health, and good health makes every aspect of your life better

There has been a lot of research done on the topic of improving health behaviors. This work is largely driven by the health consequences of sedentary behavior and diets that are based on highly processed foods. We know that these behaviors lead to diseases like obesity, high blood pressure, diabetes, heart attacks and strokes. And along with smoking and alcohol consumption, a lack of physical activity significantly increases the risk of cancer and death from all diseases.

We also know that lack of sleep and stress can make many of these health concerns worse. The effects of these behaviors on health and wellness are so strong and so widely presented that we are all aware that engaging in behaviors like regular physical activity, managing stress and fatigue, eating a healthy diet and avoiding smoking, alcohol and recreational drugs creates the best chance for good health - and that because we will feel better physically and mentally, our lives will be better. We will perform better at work, our relationships with our partners, children, friends and ourselves will be better. We will have more energy and be able to do more things, whether that's doing our jobs well, getting our chores done at home, raising our children or keeping up with our friends at hobbies and sports.

All of these effects of improved health also relate to safety. The better we feel, the easier it is to stay alert, be observant make good decisions, and react quickly to unexpected events. For example, in our Fit to Work studies we observed that eating less sugar during the workday helped to stabilize blood sugar and improved mood,

decision making and reaction time. Together these things significantly lowered the risk of incident or injury.

Most scientists who study how people effectively change their behaviors are psychologists. They have categorized the steps that people

go through when they try to stop smoking or other addictive behaviors, including overeating or spending a lot of time on devices. The same stages apply to adding new behaviors like increasing physical activity or eating a more nutritious diet.

The stages of behavioral change

Stage One is called Pre-contemplation. People who are in this stage might know that one or more of their behaviors are not healthy, but they deny that they need to change. When they think about making a change they focus on how hard it will be and barriers like not having enough time or money. These difficulties are real and will have to be overcome if change is going to take place, so identifying them is actually helpful.

Stage Two is called Contemplative. In this phase people have an awareness of how the behavior is causing unwanted effects. This is the information gathering phase, and it can be initiated by a workplace wellness program, a visit to your health care provider or even a conversation with a friend or family member. It can be tied to a licensing medical, or perhaps to not being able to do an activity that one used to really enjoy. Whatever it is that makes the connection between behavior and outcome real for the individual, in this phase people know that they aren't happy with the way things are. However, they may still not really believe that changing their behavior will make a difference in their lives.

Stage Three is the Preparation phase. The need for change becomes more important to the individual and although the scientists don't highlight this phase, our observations show that it's critical. Something happens in this phase that switches the person's perspective away from why they can't make the change, towards living the

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life that they want to live. The goal of a healthy lifestyle moves from a theoretical situation to a reality. This switch includes having faith that one can control one's behavior, and because of this, influence the future.

Making change happen isn't just about willpower

One clue as to what happens in this phase can be found in some newer research which is moving away from looking at the stages of behavioral change as purely thought-driven (as in making a conscious decision to change behavior or what we call willpower) and instead considering that many health behaviors have a significant emotional or reactive component. This might explain why we execute so many behaviors impulsively, or in response to emotional triggers. It's often a significant event like knowing someone who dies of a heart attack, the birth of a child, or a friend or colleague's workplace accident/injury, that causes enough of a shift in a person's frame of reference that they become ready to make change happen. Another thing that might help with believing that change is possible is when someone else at work with the same lifestyle as us makes the change that we have been trying for. This happens all the time in sport where once a seemingly impossible time barrier has been broken, suddenly there are many who can achieve that level.

The fourth phase is the Action phase. In this phase the behavior is changed. Whether consciously or not, a commitment is made to the change process and the belief is that the outcome is not only desirable but that it is within reach. The motivation for this phase can be internal (self-driven) or external (community or environmentally) driven.

Most health promotion (and safety) programs use external motivators, like educational resources, regular check-ins with a coach or health professional, smartphone apps, wearable devices,

paper charting to keep track of progress and cue behaviors, workplace signage, discussions and activities, and even monetary rewards. Another external motivator might be committing to a partner to work out together (which makes it harder to skip a session), with the added bonus of enjoying the social aspect of the activity or getting better at the sport. A little friendly competition can be very fun and motivating! Making something more-or-less accessible is also very effective. If there is no junk food in the house, it's harder to eat it!

The research about this phase indicates that the fact that change is taking place becomes rewarding in itself so that the motivation becomes more internally driven. Researchers believe that this is one of the important parts of creating the motivation to make change.

In our experience the only way that change actually happens is when it is internally driven. There are thousands of good health and wellness, fitness and addiction treatment programs out there. But they don't do any good until a person decides to use them. We have seen this happen in every industry that the Fit to Work programs have addressed. The most important piece seems to be that the individual finds their own reason to make the change, and they see how it is possible within their culture. In many cases the key motivation as we have observed is wanting to be successful at a job. Perhaps this is because work takes up so many hours of our lives, and our personal identity is often tied up in the job that we do. We also feel that it is essential to deliver the educational component, and coaching supports within the culture and constraints of specific jobs. This makes the change process much more realistic than with generic programs. When a program has been validated within a specific region it brings change within reach because we know the programs are effective. Outcomes were measured

and the program optimized with people just like you, doing the same kinds of jobs in the same places as you do.

The fifth and last phase is Maintenance, for once the behavior has changed it still requires effort to stick with the new pattern. Researchers believe that it takes anywhere from six months to five years for the new behavior to become permanent. One factor that has been identified as important for this phase is to become aware of the triggers that lead to old behaviors, and to develop alternate coping mechanisms for the emotions that arise. Often people cycle between the Action and Maintenance phases, but we can use these relapses as opportunities to learn more about our triggers and how to deal with them in positive ways. Another important shift in perspective for long lasting change is to see oneself as the person who lives the new behavior. When we identify with being the skilled and effective employee, the engaged partner, the parent with energy to play with our children, the successful athlete, it becomes easier to maintain the behaviors that allow these things to happen.

Change is not easy but understanding more about how it happens can help us figure out where we want to be, and how to get there. It can help us identify what we can do ourselves and where we need help, how to find that help and how to use it. What is not in doubt is that improving your health will significantly improve your life and the lives of the people that you care about. You won't ever regret taking care of yourself.

Resources:

[BCFSC Health Awareness Series](#)

[Fit to Plant](#)

[Fit to Work](#) 