Health 25 Project: Work Package 5

'Development of a pedagogical / psychological concept'

Work Package Lead Organisation: Heart of Mersey, UK

Author: Matthew Philpott

Status: Draft for Peer Review

Contents

Promoting the Course to Young People
9.2 Barriers and Enablers for NEETs Attending a Health Training Programme
9.2.1 Barriers
9.2.2 Enablers
9.3 Promoting the Benefits of Physical Activity and Healthy Lifestyles

10. Practical Guidelines for Organisers of Health Training and Intervention Programmes: Incentivising the NEET Group
10.1 Material Incentives and Endorsements
10.2 Incentives to Exit NEET Status Through Completion of Training Programme

11. Practical Guidelines for Organisers of Health Training and Intervention Programmes: Motivating Participants During the Course and Reducing Drop Out
11.1 Reducing Drop Out Rates Through CBT Related Techniques
11.2 Peer Group Support, and Remote Support from Coaches and Mentors

References

Appendices - Worksheets

Health 25 Project

Health25 is a project part-funded by the European Union to promote the health of disadvantaged young people. Health25 aims to improve levels of health literacy and promote healthy lifestyles amongst young people who are either unemployed or are not engaged in any formal education or training, often referred to by the acronym 'NEET' (Not in Employment, Education or Training). The project will develop and pilot a concept promoting healthy lifestyles that considers the key socio-economic factors such as geographical location, individual lifestyles, living conditions, and the influence of local communities and peer groups. To meet the complex requirements of the project, an interdisciplinary approach is being taken to create a holistic health training and intervention training programme.

1. Guidelines on Education and Motivation Techniques for Coaches and Mentors Involved in a Health Training and Intervention Programme - Health 25 Project

1.1 Context
The following concept and practical guidelines have been developed in response to the brief for Work Package 5 (WP5) of the Health 25 Project. The brief asks for the development of a pedagogical and psychological concept that can be used by coaches, stakeholders and NEET participants who will be participating in the health training and intervention programme that will be developed for Work Package 6 of the Health 25 Project. The pedagogical and psychological concept has drawn on some of the findings from Work Package 4 (WP4), in particular a literature review of NEET interventions and projects from partner countries, and a field survey of NEET groups from partner countries. The findings from WP4 have had distinct bearing on the behavioural and contextual indicators relating to NEETS presented below, and the conceptual methodology underpinning the approach taken in development of a pedagogical and psychological concept.

1.2 Conceptual *and* Practical Approach
After an initial steering group meeting for WP5 held in December 2011, it was decided by partners that in addition to the behavioural indicators identified through WP4, additional 'contextual' factors should also be considered and outlined by WP5. It was also decided that the terminology of 'pedagogical and psychological concept' was possibly too academic for practical use, and therefore the terms 'educational and motivational' would be used in addition to pedagogical and psychological for ease of use by coaches and participants.

The concept that has been developed is underpinned by techniques and exercises derived from talking therapies, in particular aspects cognitive behavioural therapy (CBT). The concept is intended to empower both coaches and NEETs participating in the health training programme with simple tools and techniques to help them understand topics such as goal setting, and to improve levels of confidence, self-esteem and motivation. The techniques are intended to be delivered during the health training sessions, and can be applied to both health and improvement of fitness *and* to the context of seeking employment or training opportunities. The techniques are backed up with specific exercises and self-help tools that are compiled in the Appendices.

In addition to the conceptual techniques that have been developed, there are also a set of 'practical guidelines' that have been developed by the WP5 steering group and a number of NEET project and coaching stakeholder groups from the UK. These guidelines are intended to help coordinators and coaches in the successful design and running of the health training programme in relation to the NEET group who will be participating. The guidelines will offer simple advice on themes such as promoting the benefits of the programme to NEETs, development of material incentives, individual and group support, and communications. The practical guidelines are intended to dovetail with the conceptual techniques, in particular concerning the themes of goal setting and motivation.

1.3 Concept Development

This draft concept has been developed by the work package leader, work package steering group, experts in the field from partner countries, and pre-tested and refined with a local NEET project in Liverpool.

2. NEET Indicators – What Can We Learn?

Recognising the different reasons why young people across Europe between 16-20 find themselves classed as 'NEET' is essential in developing a practical guidance document to help support coaches and mentors. There are many varied indicators that relate to individuals who are NEET, some of which relate to behaviour and some of which are contextual to the individual and his/her family, and some of these differences are described below. The following indicators offer an overview of causal factors that are of specific relevance to the target group of the Health 25 project, and offer a starting point on which to base further insight into psychological, educational and motivational techniques that can be utilised as part of health training programmes for NEET groups.

2.1 Example characteristics: It is important to remember that NEETs are not a homogenous group, but rather a cohort of young adults who exhibit a wide range of characteristics. For example: A NEET may be a young person with long term health problems or behavioural issues that present difficulties in entering the labour market; or, a young person with low educational attainment, such as low or no qualifications; furthermore, an individual classed as 'NEET' might also be a young parent whose parental responsibilities are their main barrier to work, training and education.

2.2 Behavioural sub-groups: Within the NEET group, we can see that there are identifiable sub-groups that offer some initial insight into behavioural characteristics. It should be noted that these sub-groups are *not mutually exclusive*. Young people classified as NEET typically have multiple and complex needs and therefore may exhibit several of the example characteristics detailed above. For example, a NEET could conceivably be a heavy drug user, who also exhibits behavioural difficulties and has a young offenders record.

2.3 Contextual factors: In addition, the NEET group comprises not only of young people with identifiable characteristics that act as barriers to participation in employment, education and training (e.g. heavy alcohol users), but those who may be disadvantaged by other 'contextual' factors such as parental background, including socio-economic status, marital status and levels of educational attainment, and also geographical considerations such as rural settings and living in areas of high deprivation. The characteristics and influencing factors of the NEET group are therefore highly diverse *and* inter-related, and this is reflected in both the behavioural and contextual indicators that are presented below.

2.4 National and European differences: A final point of discussion concerns the major differences in both NEET rates and indictors that exist between different European countries, in particular in light of the global economic recession. For example when considering differences in NEET rates, the 2010 rate for Italy stands at over 18%, whilst the rate for Austria is only a little over 6%. In terms of qualitative differences, whilst the completion of tertiary education in countries such as UK and Germany lowers the risk of becoming NEET, this is no longer such a significant factor in states such as Greece, Italy and Portugal).

For the purposes of this guidance document we will therefore present a list of behavioural and contextual indicators that are agreed upon by key literature sources as contributing towards NEET status. Whilst we acknowledge that there may be some differences between countries in exactly how much these specific factors influence risk of becoming NEET, there is enough evidence – in particular through recent European report into NEETs (Eurofound, 2012) – to substantiate their inclusion and usefulness in developing the following educational and motivational themes that underpin these action guidelines.

3. Behavioural and Contextual Indicators of NEETs

Gender differences: With the onset of the economic crisis, male unemployment figures have increased significantly more than women's unemployment figures at EU27 level. However, there are regional variations – in the UK male youth unemployment is significantly higher, whilst in Southern Europe, female youth unemployment is higher.

Educational attainment: Those young people (YP) with a low educational level, e.g. those who have not finished tertiary education or who have attained low or no qualifications, are estimated as three times more likely to become NEET. Within this category, particular attention should be given to levels of literacy and numeracy.

Disabilities and mental health: Those YP reporting that they have some kind of physical disability, learning difficult or mental health condition. A European average suggests that YP with a physical or mental disability are up to 40% more likely to become NEET than others.

Substance misuse and lifestyle factors: Many literature resources highlight the relationship between YP involved in drugs and alcohol abuse and NEET status, with one UK source stating that only 10% of YP in contact with drugs treatment services are in employment. Literature from France points out that YP who are NEET are more likely to smoke, drink over recommended limits and lead sedentary lifestyles.

Young offenders: There is a high correlation between young offenders and NEET status – a UK study showed that over 60% of young offenders were unemployed at the time of arrest.

YP from care settings: There is a strong connection between YP who are classified as NEET who have lived in residential care settings. In a recent study from the UK, only 1% of looked after children go onto further education compared to 50% of the general population.

Young carers and parents: Consideration should be given to YP who are full time carers of family relations (e.g. for a parent) or who are teenage parents, and the blockage this puts on engaging in employment, training and education opportunities.

Living in remote locations: The contextual indicator of living in a remote area and becoming NEET is particularly revealing, with a European average suggesting an increase in likelihood of 1.5 times. Urban areas of high deprivation and joblessness are also strong indicators.

Parental factors (low household income, unemployment, low education, divorce): The socio-economic and marital status of parents and how these factors affect the likelihood of their children becoming NEET are profound. Factors include: low household income (YP more likely to become NEET than those with average income); parents who have experienced unemployment (increases probability of NEET status by 17%); having parents with low levels of education (doubles probability of becoming NEET); whilst, YP whose parents are divorced are 30% more likely to become NEET.

Migrant background: YP with an immigration background *can* have a greater chance of becoming NEET. Whilst there are *major fluctuations* across different European countries on this indicator, the European average states that YP from an immigration background are 70% more likely to become NEET.

4. Conceptual Methodology

The conceptual techniques and tools described in these guidelines have a theoretical basis in certain forms of 'talking therapy' and link back to many of the theoretical themes of 'subjectivity' and 'personal meaning organisation' described in Work Package 4 of the Health 25 Project. The user should acknowledge that these techniques are based on quite simple ideas and are relatively easy to understand by coaches *and* participants. Many of the psychological and motivational tools described are based on 'talking therapies' – in particular Cognitive Behavioural Therapy, which emphasises positive thinking and personal empowerment (for scientific basis and background: Clark and Fairburn, 1997; for techniques, application and practice: Westbrook et al. 2011). However, the techniques do not involve formal psychotherapy or investigation of the causes of personal problems – it is not the purpose of these guidelines to take this approach.

4.1 Cognitive Behavioural Therapy

The central idea of Cognitive Behavioural Therapy (CBT) is that behaviour is learned and that feelings and emotions (e.g. disappointment) are based on thoughts rather than having an independent existence. CBT is aimed at changing the way an individual thinks and therefore feels and behaves. An important feature of CBT that dovetails with the 'post-rationalist' approach to meaning making detailed in Work Package 4, is that CBT does not conceive of 'right' or 'wrong' ways of thinking, but sees individuals as *interpreting* their own reality in specific situations.

The advantage of using a CBT style approach within the context of NEET young people, is the potential to change persistent negative thinking and the long term problems this can cause. CBT does not suggest that a person's perspective is *always* a question of interpretation, since events such as serious illness or sudden death are clearly negative. Rather, it refers to patterns of thinking (often negative), which are both learned, developed over time and can present real barriers to progression e.g. continuing to apply for jobs after the disappointment of failing an interview.

The emphasis is less on how an individual responds to a specific situation, rather than basic attitudes and underlying assumptions. Particularly important are automatic thoughts that appear to be spontaneous. These occur to everyone, but some people allow these to develop, to take on a reality of their own and to affect their emotions and behaviour. It is this negative spiral that CBT aims to address and will provide a useful methodological approach to a NEET intervention that educates and motivates young people through sport, physical activity and healthier lifestyles.

4.2 Previous Applications of CBT and Suitability for NEET Interventions

CBT has been used with both adult and child populations to address a wide array of mild and severe psychological problems, most often concerning disorders related to depression and anxiety (Stalard, P 2002). As highlighted in the above section concerning behavioural and contextual indicators, young people with a physical or mental disability are up to 40% more likely to become NEET than others. Whilst we cannot identify a specific piece of research using CBT techniques to improve NEET chances of employment or training, there is considerable evidence of how CBT and related approaches can be used to affect positive changes for individuals across a range of themes that *are* pertinent to the Health 25 Project. These themes and studies relate to employment and training opportunities, but also health promotion themes, including:

- Improvement of coping abilities for unemployed youth using CBT (Creed, P 1998; Creed et al. 1999)

- Effect of CBT training on job-finding among long-term unemployed people (Proudfoot et al. 1997)

- Using psychological interventions, including CBT, to help with adolescent overweight and obesity (Tsiros et al. 2008)

- Individual and group-based CBT for alcohol and/or drug dependent patients (Marques and Formigoni 2001)

- Using CBT related motivational techniques to improve continued participation in physical activity programmes (Sales and Miller 2003)

Of particular significance to the Health 25 project are the two studies carried out by Judith Proudfoot and colleagues and Peter Creed. Both of these pieces of research have demonstrated the efficacy of group training in CBT on improving the psychological health and, most importantly, the self-esteem and motivation of people who are unemployed. In the Proudfoot study, there was clear evidence of a beneficial effect of CBT on employment with 34% of CBT participants achieving full-time employment 4 months after completion of the training compared with 13% of control group participants.

4.3 Talking Therapy Case Study – Denmark: Sports For Unemployed

The target group for this project in Denmark was unemployed people between the age of 18– 29 within the jobcentre system. During a 6 week programme the target group had sports sessions 3 times a week and also other activities such as communications, self-esteem, nutrition and events such as family days and a GPS race. 7 men and 10 women finished the whole programme and the results for these were:

- Improved physical condition (fitness test). The men improved their fitness test by 9.4 %; the women improved by 16.5 %
- Some changed their lifestyle habits (stopped smoking, lost weight, less fizzy drinks, changed sleeping habits)
- More energy, less tired
- Some learned to push themselves and believe in themselves
- Got an internship after the health promoting course, which participants would not have believed possible before the programme

The programme used a number of multi-disciplinary professionals, including physiotherapist, dietician, job consultant and sports instructors. The project also used a family therapist who was involved 3 times for 2.5 hours during the 6 week course. Her role was to make the target group think about their own influence over their lives and situations - for instance how communication can make a situation/conflict escalate or phase out and how to structure daily life. A number of techniques were used, including significant use of CBT, transactional analysis and experience-orientated approaches.

4.4 Application of CBT to Sports Coaching Situations

The CBT approach of strengthening positive behaviour and weakening negative behaviour towards a desired goal e.g. gaining an interview or improving fitness, has also found favour amongst sports psychologists and educators (Behncke 2004). Coaches have seen that there are distinct similarities with CBT techniques and the way athletes approach training and competitions, in particular the use of environmental cues and mental imagery, to influence sporting ability and performance. One Commentator (Gordon 1995) has reviewed CBT in relation to sports performance and has concluded that, although there are many ways with which to use CBT in an individual and team environment, guidelines can be followed as a fundamental design procedure in any CBT strategy. CBT attempts to identify ways the athlete can strategically alter their psychological approach to a given task, e.g. improvement of jumping and heading a football, in order to open up new paths to improved performance. Therefore, the emphasis of CBT within a sport coaching situation is one that concentrates more on the general aspirations and psychological profile of the athlete, rather than specific actions and techniques.

4.5 Talking Therapy Case Study: UK – Tottenham Hotspur FC

'A Game of Two Halves' is a 12 week football and emotional literacy programme for teenagers in North London (UK) who are at risk of exclusion from secondary education because of their behaviour. The programme uses football coaching mixed with CBT and Cognitive Analytic Therapy techniques to explore emotion and behaviour expressed on the pitch, and how participants can take this with them into the classroom and school environment. The programme is run by coaches attached to Tottenham Hotspur FC's Foundation, and supervised by a Child and Adolescent Psychiatrist.

The key task behind this programme is to deliver a therapeutic programme to groups of adolescents who might not normally wish to engage in anything "therapeutic" – certainly not something that deals with "emotions". It aims to help generate an awareness and insight to the impact of their emotions on their subsequent behaviour. Participants are equipped with techniques to reflect on their "idealised" football clubs – on times of joy and times of despair, on times of success or failure. Their teams can be idealised, their favourite player can be admired, and yet, within a short space of time, there is space to recognise that they can just as easily be denigrated or dismissed.

By being able to offer them insight and understanding to their behaviour, the aim is to empower them to make different choices in their futures. These choices can enable participants to choose alternative paths available to them other than exclusion and potential social disengagement. Teachers have described a positive impact that participation had on the behaviour and emotional wellbeing of the individuals who participated.

5. Guidance and Exercises for Coaches Using CBT related Techniques: Goal Setting, Motivation Techniques, Improving Confidence and Self Esteem

5.1 Using CBT Self-Help Techniques with the NEET Group

Unemployment is associated with personal, financial and social restrictions that can affect psychological health. Long term unemployment typically brings further difficulties, such as psychological changes that can work against likelihood of future chances of employment or training. Reduced self-esteem, feelings of self value, and expectations of success all decrease the likelihood of a successful outcome in job-seeking, or may reduce the motivation to seek work at all. Many long-term unemployed people cease to believe in their ability to regain employment, bringing a personal cost and cost to society (Eden and Aviram, 1993). Whilst it may not be the case that all NEET group participants on the health training course are long-term unemployed, the training course offers an excellent opportunity to intervene in the potential downward spiral of failing to gain employment or training, towards not actually seeking these opportunities at all.

In addition to the health training course giving participants an opportunity to become fitter, healthier, and provide potential routes into employment, education or training, it is intended that the course also provides a mechanism to improve self-esteem, confidence and motivation. The following themes and techniques derived from CBT are intended for use by the coaches and auxiliary staff who are involved in the health training programme, and are supplemented by tips and exercise sheets to help structure and deliver during training sessions. Whilst a number of interventions, including the case study from Denmark outlined above, have used the services of a therapist or practitioner specialising in CBT, owing to the financial restrictions and remit of the Health 25 project, it is not intended that a practitioner is used to train coaches in basic CBT techniques. Therefore, a 'self-help' approach to learning and delivering these techniques is presented below. In a number of meta-analyses of self-help approaches for CBT techniques (Scogin et al. 1990; Cuijpers 1997), there is strong evidence to suggest the effectiveness of using self-help materials, whilst specific CBT self-help materials are among the group of materials with the strongest evidence for effectiveness (Williams 2001). Self help materials can be used autonomously or as part of a wider approach to addressing mild psychological problems such as anxiety and depression, but also alcohol and substance misuse, and confidence building and assertiveness. In addition to national and regional associations and groups set concerning CBT and talking therapies for both professionals and the public, many countries now have web based resources that contain further reading, self-help exercises and tools that can be downloaded either for free or a small charge, for example the 'Moodgym' site in Australia: http://moodgym.anu.edu.au/

5.2 Implementing the Techniques

Many of the key themes for improving fitness and health are also reflected in the process of trying to gain employment or training – they are both goal orientated, require motivation, and a certain amount of confidence. It is therefore suggested that coaches use the techniques, guidance and exercises set out below to deliver as part of sports training exercises (see example from Tottenham Hotspur FC above), and/or as separate sessions that focus specifically upon finding employment or training. Tips and worksheets for coaches to use with young people are also available in the Appendices.

Note for coaches: In order to avoid any feelings of stigmatisation amongst group members, it is important that participants do not feel as though they are entering into a therapeutic process as this may deter interest, and provoke wilful resistance amongst individuals or the group as a whole. It is therefore strongly recommended that the techniques are referred to as 'motivational techniques' and/or 'confidence building exercises'. Coaches should bear in mind the potentially heterogeneous make up of the group (see Section 2), and whilst some young people *might* have problems with low confidence or lack of motivation, this may well not be the case with all participants. It is therefore suggested that coaches deliver the techniques as skills that can be adopted 'if' participants have negative feelings towards either the health training programme or trying to find employment.

6. Changing Negative Thought Processes

6.1 Negative Meaning Making

Cognitive Behavioural Therapy and derived motivational and confidence building techniques are recognised as types of 'talking therapies'. During low times (mild depression) or times of distress (mild anxiety), people can think differently about themselves, with thought patterns sometimes becoming extreme and often unhelpful. Whilst it can be useful to discuss the past and understand how past experiences have influenced our lives, talking therapies usually focuses on difficulties, problems and related thought patterns in the here and now. Therefore, participants need to understand that it is not the event that causes our emotions, but how that person *interprets* that event i.e. what meaning we attribute to the event or situation.

Diagram 1: Meaning Making

Meanings we give to an event

Event
(e.g. failed to get interview)

Emotion
(e.g. anger / frustration)
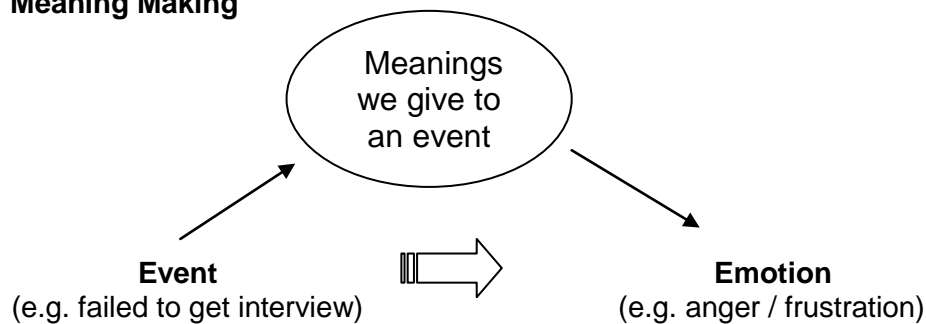
The diagram above shows the relationship between event, meaning making processes and the negative emotion that is felt by the person who fails to get an interview for a job. Whilst it is highly likely that past experiences of failing to get a job or interview will *contribute* to the way in which the rejection is given meaning and a corresponding emotion, the power of talking therapies such as CBT, is to reflect and explore the meaning attributed to events and situations that are in the here and now. The intention is to move away from more extreme and unhelpful ways of meaning making to more helpful and balanced conclusions.

Psychological and practical skills such as goal setting, challenging negative meanings, and positive imagery are inherently empowering for the individual in question, with the emphasis on the person being able to tackle emotional problems such as anger or frustration by harnessing their own resources.

6.2 Challenging Negative Meaning Making

One way of looking at how to explore and re-asses negative meaning making is through the following table where, following on from the above diagram, an example course participant is asked to identify a situation that contains a negative and automatic response. The job seeker is then asked to think through the negative thought, and then re-frame and alter it in light of a more rational response. The rational response, e.g. finding a job is very tough at the moment owing to a lack of jobs, puts the automatic meaning making within a wider context and offers a view onto the 'bigger picture'. This is a type of 'diffusion technique' that involves seeing thoughts and feelings for what they are i.e. streams of words and passing sensations, as opposed to actual facts.

Table 1: Seeing the Bigger Picture

Situation or Problem	Automatic Meaning Making	Emotional Response	Rational Response	New Approach to Meaning Making
Applied for job or training position - CV rejected	Same as last time! Nobody takes my applications seriously; what's the point?	Anger at the employer. Frustration and low self-esteem	It's very tough at the moment – there just are not enough jobs to go round	What feedback can I get from the employer and how can I improve my CV?

Exercise: Talk about the way that negative feelings can often become automatic in reaction to events, but that these feelings are a direct consequence of the *meaningfulness* given to the situation. Discus the example of how a negative feeling can be examined in light of the 'bigger picture' (see Table 1), and that in difficult times we often react automatically and without considering our actions or the consequences of them. Now talk to participants about events to do with finding work or training that has left them with negative feelings e.g. angry with employer, annoyed with self, frustration with situation, and ask them to consider:

- What automatic reactions did they have?
- What helped them cope and get through it?
- What didn't they do or avoid doing?

Now ask participants, what they could have done differently to diffuse or calm down the situation:

- What would someone else have done in that situation? (it might help to think about particular people that they know, and what they might have done differently)
- Have there been times in the past when they would have done something else?
- If they had paused, and taken a breath, what would they have done?

Finally, ask participants to think about and write down several courses of action that they might have taken differently if it had occurred to them, and then ask:

- If they had tried that, how would the situation have been different?
- How would it have affected what they felt?
- How would it have affected what meaning they attributed to the event?
- What would the consequences have been of doing something differently?

Worksheets: To help participants challenge automatic negative thoughts, use the worksheets detailing simple techniques to help distance, challenge automatic thoughts and calm down situations (often denoted by the acronym STOPP). Use the **Helicopter View Worksheet** and the **STOPP Worksheet** in conjunction with the above exercise to help participants structure diffusion techniques and challenge negative thoughts.

6.3 Goal Setting

Whilst the bigger picture or 'helicopter view' is informed through a more rational response, the purpose of talking therapies are not to make people straighter-thinking or more rational people, rather, the main purpose is to help people achieve their goals. To set a goal concerned with overcoming specific problems – e.g. fitness, health, emotions or circumstances such as overcoming NEET status – it is helpful to define the exact problem and attempted goal in some detail.

There is great potential to use sport and physical activity training sessions to demonstrate small improvements bit by bit, whilst sports offer a multitude of metaphors (e.g. goals, baskets, tackles, winning etc) to help contextualise how goals relating to NEET issues might be achieved. Coaches should talk to participants about how goal setting is an important part of any type of sports or fitness training plan, whether their goal is to improve their physical skills, mental skills, or just get more enjoyment out of their sport. Setting goals can help participants focus on what's most important, increase their effort and motivation to stick with their plan, consider new strategies regarding how to accomplish their goals and help them track their progress. However, as anyone who has ever set a New Year's resolution knows, setting goals is easy, but reaching goals is tough.

To help develop goals that are clearer and hence easier to achieve, it is useful to use the 'SPORT' acronym (see below) and to make sure that a realistic, step-by-step approach is taken to goal setting in order to show the participant that progress towards the goal is being made. SPORT stands for:

- **Specific:** Be precise about where, when and towards whom the person wants to feel or behave differently. For example, the person may want to feel concerned as opposed to anxious about a job interview, and during the presentation concentrate upon their achievements to date as opposed to being currently unemployed.

- **Positive:** Get the participant to state their goals in positive terms, encouraging them to develop more, rather than less of something. For example, they may want to concentrate more on confidence (as opposed to anxiety) or to refine a skill (as opposed to making few mistakes).

- **Observable:** Try to get participants to include in their goal a description of behavioural changes that can easily be observed. If this is included as part of the 'goal journey', the person will be encouraged by observable changes that count towards their overall goal.

- **Realistic:** Make sure goals are clear, concrete, realistic and achievable. Focus on goals that are within reach and that depend on change from the individual as opposed to other people. Try to get the person to visualise achieving their goals (see Section 8.2) to keep them motivated and focussed.

- **Time-bound:** Get the person to set a timeframe to keep them focussed and effective in their pursuit of a goal. For example, if they have been avoiding something like updating their CV for a while, decide when they plan to tackle it. Specify how long and how often they wish to carry out a new behaviour, e.g. going jogging three times a week.

Worksheet: Use the **SPORT Goal Setting Worksheet** with participants to structure their own immediate goals within different contexts (e.g. fitness, health, employment etc).

7. Tackling Issues of Self-Esteem

Self-esteem, in particular overcoming low self-esteem, are significant psychological themes in relation to the NEET target group. Everyone holds beliefs about the type of person that they are, and these beliefs are at the heart of self-esteem as they affect how people feel about and value themselves.

7.1 Beliefs and Self-Esteem

As we have seen in the previous section in the case of automatic meaning making, self-esteem is not static and fixed, as beliefs people hold about themselves will change throughout people's lives as a result of circumstances and experiences. Beliefs make the difference between high and low self-esteem. However, it is important to realise that these are *only opinions* - they are not facts. They can be biased or inaccurate, and there are techniques that can be employed by coaches and individuals to help change them.

Low self-esteem can be a result of negative life experiences, particularly in childhood and teenage years. These experiences may include being criticised or judged negatively, such as from a parent or other pupils at school. Significant negative experiences in adult life can also shake core beliefs and cause them to change. Experiences that commonly impact on people's beliefs include:
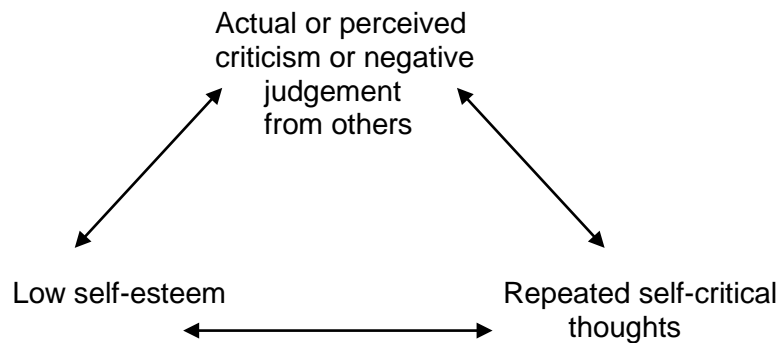
- being subject to abuse – sexual, emotional or physical, and the loss of control associated with this
- failing to meet the expectations of parents
- feeling like the 'odd one out' at school
- coming from a community which often experiences prejudice, such as being an asylum seeker, or being poor but living in a wealthy neighbourhood
- bullying or excessive pressures at work
- losing your job or not being able to find employment
- trauma
- physical ill-health – its impact on your quality of life and activities you can do

7.2 Low Self-Esteem and NEETS

Regarding the NEET target group, it is interesting to note the affinities between *some* of the experiences listed above that impact on people's beliefs about themselves (and hence levels of self-esteem), and the behavioural and contextual indicators outlined in Section 3. The circumstances of young people who are NEET over a long period of time, or those who have previously been in employment who are now NEET, are potentially harming to their confidence, beliefs and hence levels of self esteem. It is important to point out that whilst there is no *necessary connection* between NEET status and low levels of self-esteem, coaches should be aware of *potential* low levels of self-esteem within the group and individuals.

An additional problem faced by those who may struggle with self esteem such as NEETs concerns the compound effect of sustained periods of low self-esteem, a negative cycle that is similar to the automatic meaning making seen in Section 6.

Diagram 2 – Low Self-Esteem Cycle

Actual or perceived
criticism or negative
judgement
from others

Low self-esteem ⟷ Repeated self-critical
thoughts

People suffering from low self-esteem are at the disadvantage of their esteem levels staying low because of their own self-critical thoughts. This self-perpetuation can be triggered by criticism (or perceived criticism), or when something happens that directly reminds people of significant experiences e.g. another job application being rejected. This can have serious long-term consequences for low self-esteem, and specific situations such as job interviews or job searching may become underpinned by automatic feelings of either anxiety or simple avoidance. Furthermore, such reactions are likely to confirm and perpetuate such negative core beliefs, leaving the person feeling that they have even less chance of coping with a similar situation in the future (see Diagram 2 above). This cycle might seem unbreakable, but as demonstrated in Section 6 when challenging automatic negative thoughts, it is crucial to remember that these are only beliefs, not facts, and they can be changed.

7.3 Improving Self-esteem
To help improve self-esteem, it is important to understand a little bit about what core negative beliefs are and where they have come from. If participants at the training sessions are exhibiting low levels of self-esteem, in particular if this is in relation to increasing their fitness and skills in the coaching sessions, coaches can use the following questions to
help structure thoughts on levels of esteem. As core beliefs about the participant and where they come from are uncovered, individuals can begin to challenge and change them:

- What do you feel are your weaknesses?
- If you could sum yourself up, what word would you use – 'I am…'?
- When did you start feeling like this?
- Can you identify an experience or event that might have caused this feeling?
- Do certain negative thoughts recur on a regular basis?

Exercise: One way to help challenge negative core beliefs is to work with participants during training session and uncover evidence to challenge a specific negative belief. It might be best to begin this exercise within the context of fitness, health and sporting ability as opposed to NEET related themes, but these can be dealt with in a similar fashion once a rapport has been established. For example: a participant feels that they are never going to be able to give up smoking, they have tried 3 times in the last year and failed each time, they feel simply incapable of it. Now look at events and circumstances that can help to show a different pattern and perspective:

- I definitely want to give up smoking, it's just that I haven't managed yet
- The last time I tried, I was able to go without a cigarette for 7 weeks – it shows that I can stop for some period of time
- The last couple of times I tried to give up I was still upset about my relationship breaking up – but I feel better about that now

- I haven't tried using any of the nicotine replacement patches yet – perhaps I should try them next time and they will finally help me give up.

This technique can also be used to address more fundamental beliefs that can affect self-esteem; for example, a participant who feels that nobody likes them may also be able to recognise that:

- Their mum called them on their birthday
- My brother didn't answer my call, but then later told me he had been really busy at work – it wasn't personal
- I have been asked to go to a friend's wedding later in the year
- I had a really good time at the training session last week and have made a new mate

These might feel like small examples, but as the list gets longer over time the participant can look back at it and challenge the negative opinions they have been holding on to. This is one technique to help participants begin to see themselves through new eyes. There are many other practical activities that can help people feel good and boost self-esteem listed below.

10 tips to help improve self-esteem
These 10 ideas are helpful for both coaches and participants to refer to throughout the course of the training sessions to keep positive and engaged in boosting self-esteem:

1. Stop comparing yourself to other people.
2. Don't put yourself down.
3. Get into the habit of thinking and saying positive things *about* yourself *to* yourself.
4. Accept compliments.
5. Use self-help books and websites to help you change your beliefs.
6. Spend time with positive supportive people.
7. Acknowledge your positive qualities and things you are good at.
8. Be assertive, don't allow people to treat you with a lack of respect.
9. Be helpful and considerate to others.
10. Engage in hobbies that you enjoy.

8 Improving Motivation with Participants

8.1 Motivation and Change
Motivation is a key theme in achieving success, whether this is within the context of improving fitness, giving up cigarettes or finding future employment or training opportunities. Without the right levels of motivation, reaching your goals can be much harder to achieve. One of the stumbling blocks to overcome is that motivation often follows rather than precedes positive action. It is often the case that people find that they get enthused to do something only after they have started, for example, once you start going jogging it gets easier and the additional benefits become apparent, motivating the person even more. Lots of people find making an initial change particularly difficult, and even *more difficult* if they have previously not been able to achieve their desired change, or have suffered rejection in achieve this goal.

Motivation may fade considerably depending upon levels of self-esteem (see Section 7), and it may often be the case that people are not able to imagine themselves ever making the first steps towards a change. People often maintain unhelpful patterns of behaviour (e.g. not getting up early enough to fully prepare for a job interview), because they focus on the short-term benefits (in this case, being able to spend longer in bed) at the time of carrying out a particular behaviour. However, away from the mild discomfort of having to get up earlier than they would desire, the person need to build a greater sense of *self-awareness and individual responsibility* about medium and long-term benefits of preparing for the interview properly.

8.2 Being Inspired to Change
One theme that can be utilised to increase levels of motivation is the use of positive imagery, in particular inspirational figures or situations and role models. This theme is particularly well suited to a sports context, with wealth of both positive *and* negative situations relating to winning and losing, sports role models, and situations relating to achieving the almost impossible e.g. winning a football game after losing heavily at half-time. There are lots of sources of encouragement that can help participants to identify with making (and sustaining) a change. Coaches should consider speaking to participants about:

- Role models who have characteristics they aspire to adopt themselves, whether they are real-life or fictional – e.g. somebody who is open minded to new experiences or is assertive and determined.
- Inspirational stories of people overcoming adversity – think about an ordinary person or group/team of people who have overcome adversity (e.g. Nelson Mandela) that participants can relate to making their own powerful person changes
- Images and icons of people of events that exemplify the achievement of goals and the pinnacle of success – e.g. an athlete on top of a winner's podium or the reaction of a player scoring an important goal.

Exercise: After discussing the above sources of inspiration, go through them again and combine them with these follow up questions:

- Think about these sources of inspiration and ask yourself: What do you see? What do you hear? How are they behaving?
- What physical and emotional feelings do you notice as you imagine yourself at that time or being part of these inspirational situations?
- Can you think of a word or name (your 'key word') that describes and sums-up these good feelings, something that you can easily bring to mind in the future?
- Make sure the participants have 'locked-in' their key-word and associated emotional and physical feelings before putting these to work.

Now ask participants to consider using their key-word and the inspiration it gives them within situations they might find difficult or want to change, for example the context of being nervous for an interview. Before they start, remind them to think of their inspirational key-word at each step of the exercise:

- Ask the participants to rehearse the situation in their imagination, including what they look like, how they sound and how they see themselves acting in an interview situation.
- Use different scenarios of the situation – ask participants to think of being introduced to the interviewer, but also taking the initiative and introducing themselves.
- Ask participants to imagine being asked likely questions, and get participants to rehearse their responses in a confident manner.

Worksheets: To help participants increase their motivation and make steps towards change, ask them to consult the **Increasing Motivation Worksheet** worksheets in the Appendices.

8.3 Motivational Interviewing
The approach of motivational interviewing developed by William Miller in the 1980's (Miller 1983; Miller and Rollnick 1991) emphasises the importance of commitment and motivation in making change to an acute problem that is holding back an individual e.g. substance misuse or risky behaviour. Motivational interviewing may be useful for individual's within training sessions who have specific problems lifestyle problems that are holding them back, such as drinking too much, anti-social behaviour, or simply habits they want to give up such as smoking. This technique aims to increase motivation by helping to raise an individual's *self-awareness*, encouraging responsibility and self-efficacy (Driessen & Hollon, 2011). Motivational interviewing includes the following features:

- The de-emphasis of 'labelling' e.g. 'heavy drinker'
- Encouragement of individual responsibility
- Making a person aware of the gap between their ideal goal and their present behaviour.

8.4 Skills of Motivational Interviewing
The main goals of motivational interviewing are to establish rapport, and establish language that reflects a level of commitment in reaching a goal from the person, but in particular, to elicit voluntary talk of making a change ('change talk'). Change talk (Sobell and Sobell, 2008) elicits reasons for changing from participants by having them give voice to the need or reasons for changing, and responses usually contain reasons for change that are personally important for them. Change talk, can be used to address discrepancies between participant's words and actions (e.g. saying that they want to become abstinent from alcohol, but continuing to use) in a manner that is non-confrontational, and offers itself well to the role coaches play within a sports training context.

Exercise: The coach or mentor should use this technique with individuals only as it will try to engage in changes to specific habits and problems that relate to that person. Discus the topic of improving health, and ask some simple questions on their progress relating to the health training course, in particular their levels of fitness. These can include: In what way would you like to improve your fitness? What might be the good things about improving your fitness? What will this improve about your wider lifestyle and capabilities?

Once the individual has warmed up, talk to the individual about the habit or part of their lifestyle they would like to change e.g. heavy drinking or smoking cannabis, and ask the following questions within the context of how this might be holding them back from accessing employment or training:

- What would you like to see different about your current situation?
- What makes you think you have to change?
- What will happen if you don't change?
- What will be the good things about changing your current situation?

In addition to the above questions, there are a number of 'talking' themes that can help to draw out 'change talk' from individuals through additional set of questions. These include:

Difficulty Changing: Facilitating Change Talk For Participants Having Difficulty Changing - Focus is on being supportive as the person wants to change but is struggling: *"How can I help you get past some of the*

difficulties you are experiencing?" "If you were to decide to change, what would you have to do to make this happen?"

Over and Under-shooting: Facilitating Change Talk by Provoking Extremes - For use when there is little expressed desire for change. Have the participant describe a possible extreme consequences: *"Suppose you don't change, what is the* WORST *thing that might happen?" "What is the* BEST *thing you could imagine that could result from changing?"*

Going Forward: Facilitating Change Talk by Looking Forward - These questions are also examples of how to deploy discrepancies by comparing the current situation with what it would be like to not have the problem in the future: *"If you make changes, how would your life be different from what it is today?" "How would you like things to turn out for you in 2 years?*

8.5 Cost-Benefit Approach to Making Changes
Another technique that coaches and mentors can use with individuals to help frame their desired change of behaviour and how this can help the wider areas of their life is to use a type of cost-benefit chart (CBC). This chart, an example of which is given below, recognises that both gains and losses can be consequences of a single decision to want to make a change.

	Benefits	**Costs**
Continue drinking as I am	It's what my friends do It makes me less anxious It's fun being drunk I like the taste	I get into fights Health problems Threat of separation Debts Can't remember things next day
Cut down	I can still meet my friends It will help my health	Will my partner or parents believe me? Can I stick to it?
Stop drinking	I won't get into fights any more It will please my partner or parents It will save money Good for my health	I might have to avoid my friends How will I cope with anxiety? What will I do for fun?

The CBC records the advantages and disadvantages of different options facing an individual. Carrying out a cost-benefit analysis to examine the plusses and minuses of making a change can help to visualise steps towards change and galvanise commitment and motivation to make the change. Coaches and mentors can work with participants to write motivational CBCs together to help tease out the advantages and disadvantages of change.

After CBCs have been completed by participants wanting to commit to making a change, try to review the chart each week to check levels of motivation and to see which benefits are becoming more apparent. To boost levels of motivation, ask participants to write out the one or two of the most significant benefits of change and costs of staying the same on motivational CBC grids (see below) so these can be easily referenced by the individual. It is likely that number of the key benefits of individuals wanting to make changes will also dovetail with their overall goal journey, and coaches are advised to try and integrate the key findings disclosed by CBCs and the SPORT goal setting process for individuals presented in Section 6.3.

Worksheet: Use the **CBC Motivational Grids** with participants to help check and increase levels of motivation to tease out advantages and disadvantages of change.

9. Practical Guidelines for Organisers of Health Training and Intervention Programmes:

Engaging and Motivating NEETs as part of a Health Training and Intervention Programme

Coaches who are both leading and supporting the health training sessions should give due consideration to the motivating factors that will help to engage participants in the value of starting *and* completing the training course. The coach will need to be equipped with concrete example of why the course is beneficial to the participants, covering the following benefits orientated topics: learning new life skills (e.g. team work); improving levels of physical activity and personal fitness; leading a healthier lifestyle; and, potential to gain volunteering roles, training, education or employment opportunities.

9.1 Stimulating Engagement in a Health Training Programme for NEETs: Promoting the Course to Young People

- Make sure that the course as promoted as free of charge, and will help with prospects for finding education, training and employment opportunities. At the least, work with partners to see what volunteering opportunities participants can access upon completion of the course.

- If the course has a cohort that is a mix of males and females, make sure that the attendees are aware that there will be a mix of male and female coaches to instruct at the sessions, and select coaches accordingly.

- Try to emphasise to young people that the training course will be lots of fun and will offer participants a change of scene to their everyday activities.

- Young people on the course will have the chance to learn new sports and get fitter in the process.

- Try to use digital and social media channels (e.g. project micro-site, Facebook, Twitter) to promote the training course, and to maintain interest / links between course participants *and* coaches.

- Try to make sure the course has some type of recognised certificate that young people receive upon completion, and work with local partners (e.g. Job Centres, Education / Training Providers) to recognise the worth of the certificate – see Section 10.

- Financial, material and non-material incentives, including award ceremony and involvement of positive role models – see Section 10.

9.2 Barriers and Enablers for NEETs Attending a Health Training Programme

9.2.1 Barriers:

- Negative stereotypes amongst the group of young people about what the course will offer them and being coerced into learning and activities they have no interest in.

- Potential costs attached to accessing the course (e.g. bus or train fare to training ground), and for equipment needed (e.g. training shoes and clothes).

- Individuals not feeling confident enough in their own sporting abilities or levels of fitness, and those individuals who already feel they have underlying health problems.

- The course interfering with job/training interviews and other commitments e.g. caring

9.2.2 Enablers:

- Locating the training programme near to the majority of where the cohort live making walking or cycling a real possibility; try to make sure the location is near to all main forms of public transport and has secure cycle parking facilities.

- Try to find ways of supporting young people with any public transport travel costs through negotiation with local transport providers, or direct payment by the project for journeys to and from training sessions.

- Run the training sessions at times that are most likely to engage and attendance on the course e.g. 11am until 1.00pm, rather than early morning or late afternoon; make sure the course is always run at these times and on the selected days.

- Trying to offer sport and fitness activities that are seen as 'new' and 'cool' with the cohort group (e.g. Zumba) – ask the group about what appeals to them and see what activities might be achievable as an added extra.

- Try to make sure that the participants on the course have at least one other person they know at the start of the course to improve likelihood of initial and continued attendance.

9.3 Promoting the Benefits of Physical Activity and Healthy Lifestyles

- Emphasise individual levels of ability - young people will need to be reassured that they will be given personalised activity plans based on their own abilities, *not* the ability level of others.

- Demonstrate the wider benefits of adopting more physically active lifestyle, including: stimulating positive mood; improving sleep patterns and making people feel less tired; improving motivation and self-esteem; improving clarity of thought and decision making; social interaction and enjoyment.

- Try to underplay long-term benefits to health as part of the healthy lifestyle education, and focus on the short-term individual benefits concerning body image (e.g. weight loss, better skin, building muscles, looking cooler).

- When delivering healthy lifestyle messages try to build the messaging into the sports and fitness activities topic by topic through games and interactive sessions (guidance will be given on this in Work Package 6).

10. Practical Guidelines for Organisers of Health Training and Intervention Programmes:

Incentivising the NEET Group

In addition to free attendance on the health training course and the possibility of this leading to a greater chance of employment, training or education opportunities, there are a number of material and (potentially) financial benefits that can be offered to participants to encourage continued participation and completion of the training course. This is a technique that has been successfully used in a number of NEET training programmes identified in the literature, and has been strongly supported by stakeholders (in particular NEETs themselves) in the development of these guidelines. Whilst there is an emphasis on healthy and sport-based incentives, some of the activities and inducements are designed to help improve self-esteem and build confidence for the participants.

It is recognised that not all pilots of the training course as part of the Health 25 project will be able to offer the incentives listed below. However, it is advised that at least some monies are identified, potentially though community or commercial sponsors, to introduce incentives to the training programme.

10.1 Material Incentives and Endorsements

- Provision of free sports training top or other sports kit (e.g. t-shirt, caps, bags) – potential to use Health 25 branding and promote partnership working

- Either a free healthy meal or healthy snack to have at the end of each session, or possibility to use vouchers to buy healthy food.

- Work with community or commercial partners to offer participants free entrance or vouchers to local gyms or leisure centres (e.g. swimming, skating) over the duration of course.

- Possibility of providing free sports events tickets (e.g. football or basketball match) to incentivise participants to complete the course.

- Presentation ceremony or appearance from well known sports star or positive role model at the end of course – excellent opportunity to involve friends, family, local press and engage sponsors.

- Vouchers for new clothes, fashion items, hair and cosmetic items – specifically designed to try and improve confidence and self esteem.

10.2 Incentives to Exit NEET Status Through Completion of Training Programme

- Partnership building towards qualifications: Try to build links with local education partners to accredit the training course as a recognised qualification for participants to be awarded upon completion of the course and add to their CV.

- Additionally, work with local sports associations and colleges with sports coaching courses to try and accredit the training course with a basic or foundation level sports qualification which can lead onto future coaching courses.

- Partnership building towards work: It is important for the training programme to link-in closely with job centres (labour exchange), and potential work placement partners such as private businesses or public sector services to develop potential work opportunities after completion of the programme.

- In addition to potential full or part time work opportunities, try to develop volunteering opportunities with partners for participants who are currently on the course, or who complete the course to build awareness or work, confidence and their CV.

- Try to emphasise to participants that small improvements to their level of fitness and lifestyle (e.g. lowering alcohol consumption, quitting smoking) improves their overall level of employability and acceptance onto further training/education opportunities.

- Put emphasis on the major benefits of building confidence, self-esteem and levels of motivation through completion of the course, and how these improvements will enhance exit from NEET status (see Sections 7 and 8)

11. Practical Guidelines for Organisers of Health Training and Intervention Programmes:

Motivating Participants During the Course and Reducing Drop Out

In addition to the conceptual guidelines detailed in Part 2 of the concept that offer advice on how to incentivise participants to both join and complete the course, there is additional peer group support that can be harnessed to reduce rates of attrition whilst participants are on the course. These techniques are more concerned with goal setting, improving confidence and self esteem, and additional support from coaches and other participants that can help to keep young people on track. It is suggested that coaches try to use some of these guidelines in close association with the CBT tips previewed in Sections 6, 7 and 8, and the self-help exercise sheets that are contained in the appendices.

11.1 Reducing Drop Out Rates Through CBT Related Techniques

- Challenging negative automatic thoughts: see Section 6

- Individual goal setting and support: see Section 6

- Improving self-esteem: see Section 7

- Motivational interviewing: see Section 8

11.2 Peer Group Support, and Remote Support from Coaches and Mentors

- Coaches should emphasise the importance of team work as part of the physical activity and sports coaching sessions, but equally the team work and responsibility group members have to each other in encouraging completion of the course.

- To encourage completion of the course, try to build in a group rewards (see Section 7.1) that are based upon a greater reward for a greater number of young people completing the course e.g. €2 worth of vouchers per individual completion, so if 15 people finish the course, each person receives €30 of vouchers.

- Peer to peer out of session communication/motivation: participants should try to keep in touch outside of the training session – at group level (via social media), at sub-group level, and peer to peer level (training out of session, social media, text etc.). Coaches should encourage suitable pairing between participants and formation of sub-groups (e.g. interest based) and motivational contact out of session.

- As mentioned in Section 6.1, support and contact outside of sessions can be facilitated through use of digital and social media platforms, e.g. a project micro-site with blog and / or use of a project group Facebook page. When developing such communications platforms, organisers of the training course should set strict social media policies and terms of usage in place and make the participants aware of them.

- Motivational messaging: another technique to keep participants motivated and to reduce drop-out rates is through motivational texts and reminders. This has worked well in a number of areas of health promotion e.g. smoking cessation, and can be used to send motivational messages in line with individual goals, encourage lifestyle behaviour changes, or simply to send messages used as a reminder to attend sessions.

References

Behncke, L. (2004). 'Mental skills training for sports: A brief review', Athletic Insight: The Online Journal of Sport Psychology, 6(1), 1-24.

Clark, D. and Fairburn, C (Eds.) (1997). Science and practice of cognitive behaviour therapy. Oxford medical publications. Oxford: Oxford University Press.

Creed, P. (1998). 'Improving the mental and physical health of unemployed people: why and how?' Medical Journal of Australia, 168(4), 177-178.

Creed, P. A., Machin, M. A. And Hicks, R. E. (1999). 'Improving mental health status and coping abilities for long-term unemployed youth using cognitive-behaviour therapy based training interventions', Journal of Organizational Behaviour, 20, 963-978.

Cuijpers, P (1997). 'Bibliotherapy in unipolar depression: a meta-analysis.' Journal of Behavioural Therapy and Experimental Psychiatry, 28, 139–147.

Driessen, E and Hollon, S.D. (2011). Motivational interviewing from a cognitive behavioral perspective. Cognitive and Behavioral Practice, 18, 70-73

Eden, D and Aviram, A. (1993). Self-efficacy training to speed reemployment: Helping people to help themselves. Journal of Applied Psychology, 78(3), 352-360.

Eurofound (2012). 'Young people and NEETs in Europe: First findings'. European Foundation for the Improvement of Living and Working Conditions, Dublin.

Gordon, A. M. (1995). 'Self-regulation and goal setting'. In J. Bloomfield & P. A. Fricker & K. D. Fitch (Eds.), Science and medicine in sport (152-162). Blackwell, Australia.

Marques, A and Formigoni, M (2001). 'Comparison of individual and group cognitive-behavioural therapy for alcohol and/or drug-dependant patients'. Addiction, 96(6), 835-46.

Miller, W. (1983). Motivational interviewing with problem drinkers. Behavioural Psychotherapy, 11, 147–172.

Miller, W and Rollnick, S. (1991). Motivational Interviewing: Preparing People to Change Addictive Behavior. Guilford Press, New York.

Proudfoot, J., Guest, D., Carson, J., Dunn, G. and Gray, J. (1997). Effect of cognitive-behavioural training on job-finding among long-term unemployed people. The Lancet, 350, Issue 9071, 96-100.

Sales, R and Miller, J (2003). 'Motivational Techniques for Improving Compliance with an Exercise Program'. Current Sports Medicine Reports, 2: 166-172

Scogin, F., Bynum, J., Stephens, G. (1990). Efficacy of self-administered programs: meta-analytic review. Professional Psychology: Research and Practice, 21, 42–47.

Sobell, L and Sobell, M (2008). 'Motivational Interviewing Strategies and Techniques: Rationales and Examples'. http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf (Accessed 5/3/12)

Stallard, P. (2002). Think Good - Feel Good: A cognitive behaviour therapy workbook for children and young people. Chichester: John Wiley.

Tsiros, M., Sinn, N., Brennan, L. et al. (2008). 'Cognitive behavioral therapy improves diet and body composition in overweight and obese adolescents'. American Journal of Clinical Nutrition, Vol. 87, No. 5, 1134-1140.

Westbrook, D., Kennerley, H., Kirk, J. (2011). An Introduction to Cognitive Behaviour Therapy: Skills and Applications. London, Sage.

Williams, C. (2001). 'Use of written cognitive–behavioural therapy self-help materials to treat depression'. Advances in Psychiatric Treatment, 7: 233-240.

Helicopter View Worksheet

In any stressful situation, it's easy to get caught up in the emotion, which skews our view of things. Completing this worksheet will help you see a different perspective:

Situation
What happened? When? Who with? How?
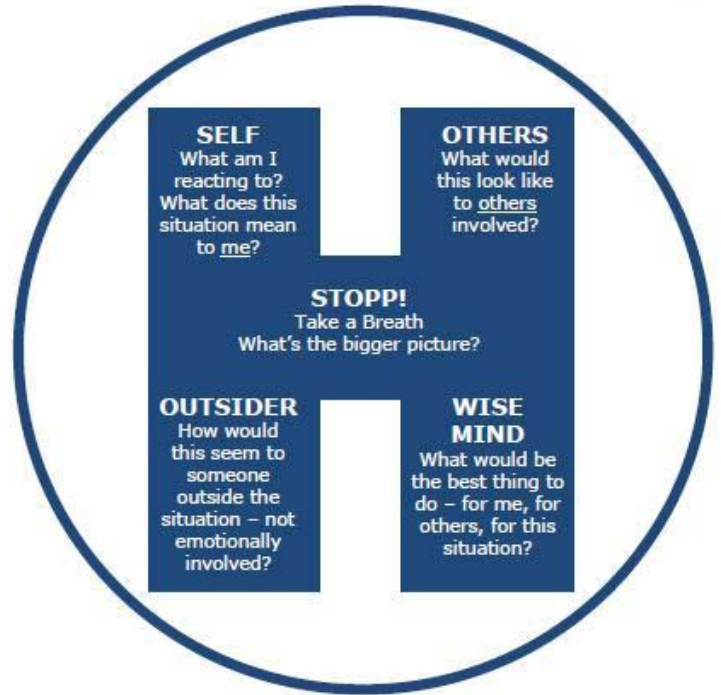
SELF
What am I reacting to? What does this situation mean to, or say about, me? What's the worst thing about thinking that, or about the situation?

OTHERS
What would this look like to others involved? What meaning might they give this situation? What might their thoughts & feelings be?

STOPP!
Take a Breath.
What's the bigger picture?

OUTSIDER
How would this seem to someone outside the situation, who's not emotionally involved? What would someone else say? What would I say to others?

WISE MIND
Practice what works! What would be the best thing to do – for me, for others, for this situation? What will help most?

SPORT Goal Setting Worksheet

SPECIFIC Be very clear in what you want to achieve. Consider breaking the goal down into smaller steps.
POSITIVE State your goals in positive terms - develop more, rather than less of something.
OBSERVABLE Detail any behavioural changes that can easily be observed. If this is included as part of a 'goal journey', you will be encouraged by observable changes that count towards an overall goal.
REALISTIC Is this achievable with the resources you have? Make sure goals are clear, concrete, realistic and achievable. Focus on goals that are within reach and that depend on change from the individual as opposed to other people.
TIME-BOUND Set a reasonable time limit to achieve your goal. 1 week, 1 month, 6 months, 1 year? Consider different (smaller) time limits for smaller steps.

Increasing Motivation

Identify Values or your life direction – what do you want to work towards? What is <u>really</u> important to you? What gives your life meaning and purpose?

Set one goal
- Consider using third person: ………(name) will……
- Add meaning and purpose: Who or what am I doing this for? How will it help?
- Plan steps on the way to your goal
    - How? When? With? etc
    - Make sure the goal is specific, realistic and achievable. How will you know when you've achieved your goal?
- Consider possible obstacles and how to overcome them

Tell others about your plans. Get their feedback and support.

Pros and Cons: What will change if I do nothing? What will I (or others) gain from doing this? Who or what will benefit?

Stop unhelpful habits
- Create new habits. Perhaps change your daily activity. Create a healthy balance of work, rest and play.

Acknowledge success. Reward yourself when you reach each step.
- Review each day. Every morning, ask "what can I to today?" At the end of each day, "what have I achieved today, however small?" Write it down.

Acknowledge unhelpful or negative thoughts and feelings
- Give up the struggle of trying to stop them
- "That's how the mind and body works, it's what it does"
- Use positive and encouraging self talk – be your own coach. Write it down and remind yourself often
- Practise self-compassion instead of self-criticism
- Change focus of attention – values and goals

Visualise success
- Imagine, see yourself in your mind's eye starting out on your first steps, seeing things through and achieving your goal. Imagine how that would feel. Imagine the feedback from others.

Act the role
- Choose someone to act as a role model – whether fictional or real. Imagine yourself acting in the character of that person, achieving your goal. Practise acting that that person for real – again using one step at a time

Do it!

- In spite of thoughts or feelings…Take action
- Just do it
- Stick with it

CBC Grid - Advantages and Disadvantages of Change

Advantages of making changes +	Disadvantages of making changes —
Disadvantages of NOT making changes —	**Advantages of NOT making changes** +