



UBC Briefing 3: Undertaking a Behavioural Diagnosis using COM-B

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Behavioural diagnosis involves finding the most promising targets to achieve behaviour change, much like a physician diagnoses an illness in order to choose the most appropriate treatment.

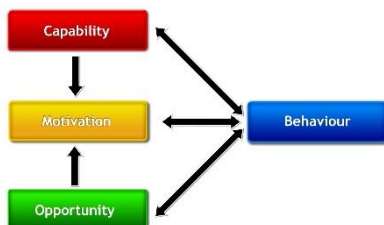
It can be undertaken for *individuals, groups, organisations or populations* and take account of the evolution of intervention effects over time.

The *COM-B model* provides a 'systems approach' to identifying these targets. For any behaviour to be enacted people must have the capability, and the opportunity. And they must be more motivated to enact that behaviour than anything else.

Capability refers to people's physical and psychological abilities; their physique, knowledge, intellectual capacity, skills etc.

Opportunity refers to the environment with which people interact, whether it be the physical environment of objects and events, or the social environment of culture and norms.

Motivation refers to the intentions, desires, evaluations, habits and instincts that energise and direct behaviour. It determines that people do in a given situation out of all the things that they could do.



As shown in the diagram above, *capability, opportunity, motivation and behaviour* interact with each other. For example, making something easier by increasing capability or opportunity can increase motivation to do it. Motivating people to try a behaviour can increase their capability.

Seeing behaviour as part of an *interacting system* within and between individuals provides a basis for predicting how intervention effects will vary with context, including other interventions in operation at the time, and evolve over time as the environment and population change in response to the intervention.

So a behavioural diagnosis involves finding out what capabilities, opportunities or motivations can usefully be targeted to achieve the desired behaviour change.

Capability targets include: improving understanding why or how to make the change; developing the physical or cognitive skills required; building physical or emotional resilience and stamina.

Opportunity targets include: having the financial and material resources, having sufficient time; exposure to social or other cues; fostering or harnessing cultural, sub-cultural, family, organisational and peer-group norms.

Motivational targets include: creating expectation of pleasure, satisfaction, or relief from emotional or physical discomfort or drive states; forming or breaking habits and routines; harnessing or shaping values and identity; making more effective plans.

When applying the COM-B model to groups and populations, one is dealing with *aggregate assessments* such as average level of motivation.

When applying the COM-B model to organisations, one has to identify key stakeholders, and individuals or departments that control change, as well as communication and influence channels.

A simplified version of a behavioural diagnosis for a desired behaviour involves asking how far the target individuals, groups or populations, or key influencers in an organisation:

1. Know about the behaviour, and understand why it is important for them and how to do it
2. Have the time and financial and material resources to enact the behaviour
3. Have the psychological and physical make-up or support needed for the behaviour
4. See the behaviour as normal and commonplace
5. Are willing to prioritise the behaviour and/or can be led to enact the behaviour without thinking

Unlocking behaviour change can be thought of as like opening a *COMBination lock*: all relevant enablers need to be in place.

Reading: Michie S, Atkins L, West R (2014) *The Behaviour Change Wheel: A Guide to Developing Interventions*. London: Silverback Publishing. www.behaviourchangewheel.com