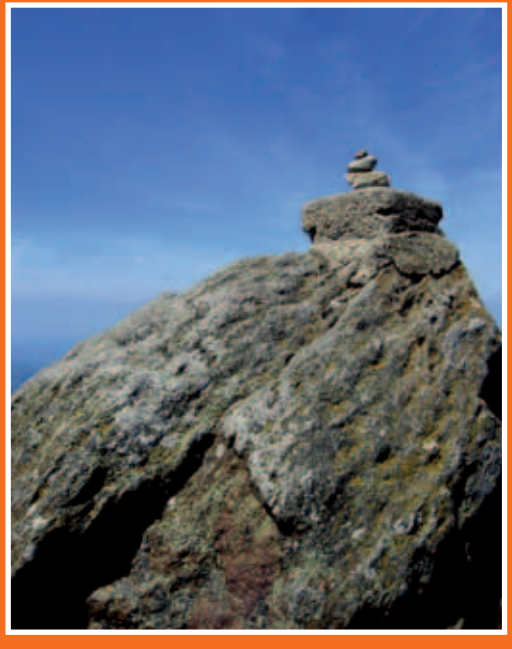
Henry Lew, psychologist, National Healthcare Group Polyclinics, digs up some tips on how to manage the daily challenges we encounter in our health behaviour plans.

Making a Molehill Out of a Mountain

Have you ever been so motivated and confident to go on a diet plan like eating only half a bowl of rice for every meal? And when you try to carry out your diet plan, you find yourself compelled to polish off even the leftovers of your loved ones?

Or have you ever felt so enthusiastic about an exercise plan regime like brisk walking in the park for 15 minutes two times a week? Yet, seemingly insurmountable challenges such as 'no time' or 'having to look after the kids or grandchildren' always get in the way?



Setting a health behaviour plan in our diet and exercise is not an end in itself. Many of us fail to recognise that it is the beginning of a constant effort to modify our plans when we face challenges. By following a systematic approach to solving problems in our health behaviour plans, we generate more possible solutions to modify our plans.

The first step to problem solving is to **prioritise the challenge**. If an individual faces the previously mentioned challenges to diet and exercise plans, he needs to decide which he wants to work on first.

The second step is to **identify the specifics of the challenge**. Let's say he/she has decided to work on diet. This means to identify the what, where, when, who and how, for example, "my diet plan to eat half a bowl of rice is challenged daily at dinner time when I am back home from work and I have to eat one bowl of rice left over by my son".

The third step is to **brainstorm for possible solutions**. It is important to just let your mind generate as many ideas without thinking worrying about their feasibility. Some possible solutions, for example, could be cooking less or eating less rice in your own bowl so as to make up for having to eat leftover portions of your son's rice.

The fourth step is to **evaluate the possibility of each option**. We need to identify the resources for successful implementation and also the thoughts and behaviours that might hinder implementation. Sometimes we might think we have no control over the amount of food cooked and feel helpless since we are not the one doing the cooking. We can get over this by telling ourselves that we can control what we eat. We will also have control over the amount of food cooked if we voice out that we will be eating less on our part. Our thoughts can be turned from hindrance to resource.

The fifth step is to **select an option and implement** it. An implementation could be "I eat only half a bowl of rice at every evening meal and request my wife cooks only a quarter of a bowl of rice for me".

The last step is to **monitor and evaluate** the plan. If further challenges arise, we can further modify our plans by going back to step 1 again.

Health behaviour plans require constant effort. A systematic approach to managing the challenges will help us to continually modify our plans and achieve further success.

Each year, 3.8 million deaths are linked to diabetes. An even greater number die from cardiovascular disease aggravated by diabetes-related lipid disorders and hypertension.

Snapshots >>>>>>>>>>>>>>>>