

# Motivating Health Behavior Change in Brief Clinical Encounters

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Consider a different perspective from the traditional medical model. The traditional model often focuses on the physician treating physical symptoms. Patient describes their symptoms and the physician determines what is wrong and how to treat it.

Illness is experienced at a personal level, however, whereby family and culture often determine the rules for management. Illness is “culturally constructed.” In order to assess this adequately, listen to patient’s experiences and assist them with realistic problem-solving skills. This framework allows for “deep structure” interventions, rather than superficial “one size fits all” interventions. Recognize that while patient self-management may be within their control, it cannot be successful if patients “veto” physician messages.

Try open-ended questions to illicit from your patients how they interpret their illness. The answers to these questions lead to “deep structure” interventions that build upon a collaborative approach between the patient and the doctor.

- What do you think has caused the problem or illness?
- What do you think started this problem?
- What do you think your illness does to you?
- How severe is your illness?
- What kind of treatment do you think you should receive?
- How does your faith/religion help you with your illness?

In order to be successful the patient must be able to integrate recommended behaviors outside the medical office where treatment is provided. Patients manage illness over 90% of the time within their home and social circles. It is within these arenas that the behavior must be adopted and sustained.

## Strategy #1: Assess Readiness

- **Ask about readiness:** “On a scale of 0-10 how ready are you to consider \_\_\_\_\_?”
- Encourage elaboration: “Why would you give yourself a 5?” (This allows you to learn what concerns the patient about making this change.)
- **Summarize using your patient's words without judgment.**
- Ask: “Did I state clearly what you have just told me?”
- Ask about the next step: “Where does that leave us now?”
- Show recognition and support self-efficacy, “I believe you can do this!”



## Strategy #2: Explore Ambivalence

- Ask “disarming” open ended question: “What are some of the advantages for keeping things just the way they are?”
- Summarize both sides of ambivalence. Ask, “Did I get it all?” Ask about the next step, “Where does this leave us now?” Show recognition and support self-efficacy, “I believe you can do this.”

### Strategy #3: Offer Advice

- **Offer advice:** “Based on my experience, I would encourage you to consider \_\_\_\_\_. Many of my patients find \_\_\_\_\_.”
- **Emphasize it is the patient's choice.** “And, I recognize it’s your choice to do so. Perhaps you like the idea but would like to do it another way.”
- **Voice confidence in your patients.** “I’m very confident that if you make a decision and commitment to \_\_\_\_\_, you’ll find a way to do it.”

### Strategy #4: Negotiating the Plan

- **Show options:** “Tell the patient up front all the options available for the problem.”
- **Elicit patient response:** “Is there something else not listed here?”
- **If appropriate, let your patient know your own opinion.** “I’m not sure what you think, but all of these possibilities, the one in particular I think would benefit you the most is \_\_\_\_\_. What do you think?”
- **Be prepared to negotiate and accept what the patient is willing to do.** Small steps build understanding and trust. What the patient is willing to do may be less than your ideal treatment plan but it is a beginning.

### Strategy #5: Trouble-shoot With Your Patient

- Once the plan has been negotiated help your patient develop problem-solving skills before he or she leaves your office. This will also allow for immediate change in plan if necessary.
- **Elicit patient response:** “What problem do you think you will have with this plan?” “How can you deal with that?” “Who can support you with this plan?”



### Strategy #6: Manage Your Patients' Expectations

- Tell your patient how long he or she needs to wait to expect changes. If new medication has been prescribed for instance, when can the patient expect to feel differently?

### Summary Points

- ◆ Motivation-and-resistance is powerfully influenced by the interpersonal style of the health professional. Remaining open to dialogue and non-judgmental build communication bridges.
- ◆ Avoid behaviors that cause patients to become defensive such as, confronting, pressuring, criticizing, nagging, interrupting, talking down to, labeling, judging, or scolding
- ◆ Physicians are the most respected health advisor for patients. Listening to how the patient is experiencing their illness and negotiating a realistic treatment plan step by step are the keys to establishing the long-term relationship needed to achieve successful health outcomes.