

New Beginnings

How To Counsel Lifestyle Changes Effectively



Motivational interviewing is an effective way for physicians to help patients modify their lives and make negative lifestyle habits a thing of the past.

By Gerry Brosky, MD, CCFP

In this article:

1. What is motivational interviewing?
2. What is the protocol?
3. What are the techniques?

Case

Louise, 65 years old, has been smoking since the age of 16. She consumes one and a half packs of cigarettes per day and has recently suffered a second heart attack. She says she has tried to quit, but it was hell for her. At this point, she believes the damage has already been done and is no longer trying to quit.

After the physician listens carefully, it is revealed that Louise believes smoking relaxes her and helps her deal with stress. To her, smoking is preferable to the irritability she feels while attempting to quit. On the other hand, she admits a fear of not being able to see her grandchildren grow up unless she quits.

How would you approach her about smoking cessation?

See case discussion on page 25.

Point of View

“In the hospital we can work on our side of the problem—regular monitoring, advice about self-care, treatment when it’s needed. But she must work on her side of the problem as well—lose weight, get more exercise, and stop smoking before it kills her. The problem is this: she listens, but she never does anything” (physician, 56, outpatient clinic).

In this excerpt from the book *Health Behaviour Change*, it is clear that counselling your patients to make healthy lifestyle changes can be one of the more frustrating aspects of primary care. Changing lifelong habits is difficult to initiate, even more difficult to sustain, and highly frustrating for both physician and patient. Motivational interviewing can help preserve the doctor-patient relationship while encouraging the patient to make difficult changes in her life.

Motivational interviewing is an approach to change based on empathy and clarification of the patient’s goals rather than confrontation and direction. It is particularly helpful in dealing with angry or resistant patients. The spirit of this approach includes collaboration, evoking the patient’s intrinsic motivation, and respecting her autonomy. The process is truly an interview rather than counselling, hence the name motivational interviewing. The techniques used are:

1. Expressing empathy.
2. Developing discrepancy.
3. Rolling with resistance.
4. Supporting self-efficacy.

1. Expressing empathy

Empathy is central to motivational interviewing and is expressed by reflective listening, with validation or affirmation of the patient’s statements. This process conveys acceptance and facilitates change. Reflective listening is done by paraphrasing or even repeating the patient’s statements. It can also be an expression of feeling towards the statements com-

municated to the physician by the patient. It is a reflection of understanding of her experience and is not about what the physician thinks or wants. The patient’s statements can be affirmed by validating, normalising, supporting, or positively interpreting her efforts or position. The sequence is to ask an **O**pen-ended question, to **A**ffirm and **R**eflect the response, and, at an appropriate time, to **S**ummarise it. This process is represented by the acronym OARS and is more difficult than it sounds. A brief exercise can help. Doctors can find a friend to play the patient and ask her an open-ended question about one thing she likes about herself. The answer should be something simple, such as “I like the colour green.” The statement can be reflected in one of two ways, with repetition or paraphrasing.



About the author...

Dr. Brosky is associate professor at the Dalhousie University department of family medicine, Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia.

It should then be affirmed (“It’s nice that you like green”) with the physician expressing the feelings communicated (“So, the colour green makes you feel happy?”). In each case, doctors should check with the patient to see if she agrees with the statements.

2. Developing discrepancy

The patient’s reasons to change can be evoked by clarifying the discrepancy between present behaviour and personal goals and values. To continue with the aforementioned exercise, at this point, the person playing the patient should think of a change in lifestyle (diet, exercise, *etc.*) that has some appeal for her. Physicians can use a decisional balance to clarify feelings about changing, starting with the pros of the status quo (“What are the good things?”) and then moving on to the cons (“Are there any things that aren’t so good?”). The patient’s statements should then be reflected and validated and all the steps repeated, this time with the pros and cons of changing. Everything should be summarised at the end.

3. Rolling with resistance

Resistance can occur when the patient finds that the discussion has moved forward too quickly, especially if there is more focus on the advantages of change and the risks of the status quo. A patient’s resistance can take many forms. She may argue directly by challenging statements. This is more common in adolescents; among adults, resistance is often more subtle. Patients may interrupt or talk over the physician. They may rationalise or deny the problem and can also become resigned, inattentive, or unresponsive. Reflection, summary, and acknowledgment of the patient’s autonomy and ambivalence may help deal with resistance. Specific tech-

Case Discussion

To implement lifestyle change in patients, the physician must be an active listener. To help Louise quit smoking, it is imperative that the physician listen to why she believes she should stop rather than telling her why. Physicians must ask pertinent questions to allow patients to strike a decisional balance between the good things about change versus the negative aspects of the status quo. In Louise’s case, some attentive listening brought out the fact that, although she says she’s no longer trying to quit, she fears not being able to watch her grandchildren grow. This is her motivation and could lead her to action.

♥ Practical Point

Overview of motivational therapy:

1. Use the **decisional balance**
 - Open-ended questions
 - Affirm, validate, normalise
 - Reflective listening
 - Summarise, confirm
2. Elicit **change talk**
 - Disadvantages of the status quo
 - Advantages of change
 - Optimism about change
 - Intention to change
3. Work with **resistance**

niques include simple reflection (“So you feel _____”), amplified reflection, which identifies with the part of ambivalence that doesn’t want to change (“I guess maybe it’s really not possible for you to change”) and double-sided reflection (“You seem to want to change, but you like the status quo too. It must be difficult facing all this”).

4. Supporting self-efficacy

Self-efficacy refers to the self-confidence a patient has in changing. The patient's belief that she can change is a critical motivator. The counsellor's belief in the patient can easily become a self-fulfilling prophecy; however, it is the patient who is responsible for carrying out change.

Use Change Talk. Change talk has been called the fifth technique of motivational interviewing, further developing the patient's decisional balance and self-efficacy. Change talk concentrates on the critical elements of the disadvantages of the status quo and the advantages of change. Reducing attention on the advantages of the status quo and the disadvantages of change attempts to reduce ambivalence, but it can also increase resistance.


Self-efficacy is supported by eliciting the patient's optimism about change and her actual intention to change. The specific methods of using change talk are listed in Table 1. 

Table 1

Methods of using change talk

1. Disadvantages of the status quo

Elaborate: "What else?"

Use time: "What was it like before? What will happen in the future?"

Use extremes: "What are you most worried about?"

2. Advantages of change

Use time: "How would you like it to turn out?"

Use extremes: "What would be the best thing to happen?"

3. Optimism about changing

"What have you done that was as difficult as this?"

"What makes you think you can do it?"

4. Intention to change

"What's going to have to change now?"

"What are you going to do?"

"What's your first step?"

Frequently Asked Questions

Q: How do you fit this long protocol into practice?

A: Motivational interviewing is more an attitude than a technique, but you can also use small parts of the protocol in practice. Reflective listening can be used frequently, as can the decisional balance: "What are the good things about smoking and are there any things that aren't so good about it?"

Q: How does motivational interviewing fit into stages of change?

A: It takes patients from precontemplation to preparation, with most of the effort devoted to contemplation.

Q: What do you do when a patient just won't change?

A: Changing is the patient's responsibility, not the physician's. Motivational interviewing is very clear about respecting patient autonomy. Unfortunately, some patients may never be able to change despite a strong desire, and doctors have to ultimately accept that.

Take-home message

In clarifying the intention to change, physicians must recognise when the decision to change has been made by the patient. At that point, the plan for change can be established and verbs change from cognitive (“What do you think?”) to action (“What will you do?”). This process is called launching.

The plan for change includes developing goals, strategies and a specific response in case of relapse. The new behaviour should be rehearsed and a public commitment made by the patient by telling friends and family of her decision. Because lifestyle changes take time, effort and often, multiple trials and errors (consider your own efforts at exercising and improving your diet), it is important to schedule followups with patients. A doctor’s continued support is an important element in their eventual success.

Suggested Readings

1. Miller WR, Rollnick S: *Motivational Interviewing, Preparing People for Change*. Guilford, 2002.
2. Rollnick S, Mason P, Butler C: *Health Behaviour Change, a Guide for Practitioners*. Churchill-Livingston, Toronto, 1999.

Remember This...

Remembering is difficult... but even more difficult if you have Alzheimer Disease. A disease, which affects the brain, erases memory, and eventually takes life itself.

The Alzheimer Society provides information, support and funds research into the cause and cure. To find out more contact your local Alzheimer Society.

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