Promoting health-related behaviour change

Notes for workshop on Motivational Interviewing with Chris Johnstone

"Health threatening behaviours are the commonest cause of premature illness and death in the developed world"
Rollnick et al[1], BMJ 2005;331;961-963

In addition to its central role in the prevention of cancer and cardiovascular disease, patient behaviour is also a key variable influencing the outcome of many medical conditions. Exercise and dietary change can lead to clinical improvement in patients with diabetes, depression and arthritis, while tackling smoking may be the single most important intervention in patients with respiratory conditions like chronic obstructive airways disease or asthma. Yet our health-promoting advice doesn't always fall on willing ears – and when it is resisted, consultations addressing health-related behaviour can be frustrating for both health professionals and patients.

"It is not difficult to distinguish discussions that go well from those that go badly. When the discussion goes well, the patient is actively engaged in talking about the why and the how of change and seems to accept responsibility for change. When the discussion goes badly, the patient is passive, overtly resistant, or gives the impression of superficially agreeing with the practitioner."
Rollnick et al[1], BMJ 2005;331;961-963

The purpose of today's workshop is to look at what might help behaviour change consultations go well. We'll also explore some of the factors that can get in the way of this. We'll be drawing on research into the psychology of change and describing an approach shown by controlled studies to be more effective than simply giving advice.

It used to be thought that motivation was something some patients had, others didn't and that there wasn't much we could do to change this. However, research[2] suggests motivation fluctuates: some types of conversation can draw it out, whilst other, more confrontational, exchanges can increase the expression of resistance. The approach of motivational interviewing develops this insight into a set of skills and strategies, and many of these are suitable for use in GP consultations. Drawing on Motivational Interviewing principles, I'd like to focus on seven suggestions for making behaviour change consultations more satisfying and effective. These are:

1) Recognise our ability to influence resistance

2) Aim for progress rather than perfection

3) View resistance as a signal

4) Use empathy as a tool

5) Support patients to make their own arguments for change

6) Use teachable moments

7) Explore a menu of options and ask them to choose

1) Recognise our ability to influence resistance

Can you remember times when someone pressured you to do something in a way that got your back up and made you more resistant? Avoiding things that can provoke resistance, like arguments, is a good starting point for conversations designed to draw out its opposites of enthusiasm and motivation.

2) Aim for progress rather than perfection

I find the 'stages of change' model enormously helpful here. Rather than feeling that we're failing if our patient isn't in the action stage of behaviour change, a motivational nudge that helps someone move in this direction is seen is as a success. The diagram below presents the journey of moving through these stages as similar to passing through a revolving door. If someone isn't even thinking about change (the Pre-contemplation stage), then raising awareness in a way that starts them thinking is a positive step.

People can get stuck at any of these stages, or stuck in a loop of going round the door (see Fig.1 below). It helps to have an understanding of common blocks and also to have ways of helping people through these. Skilfulness in behaviour change consultations is based on being able to recognise where the patient is at, and aiming for a step of progress from that point.

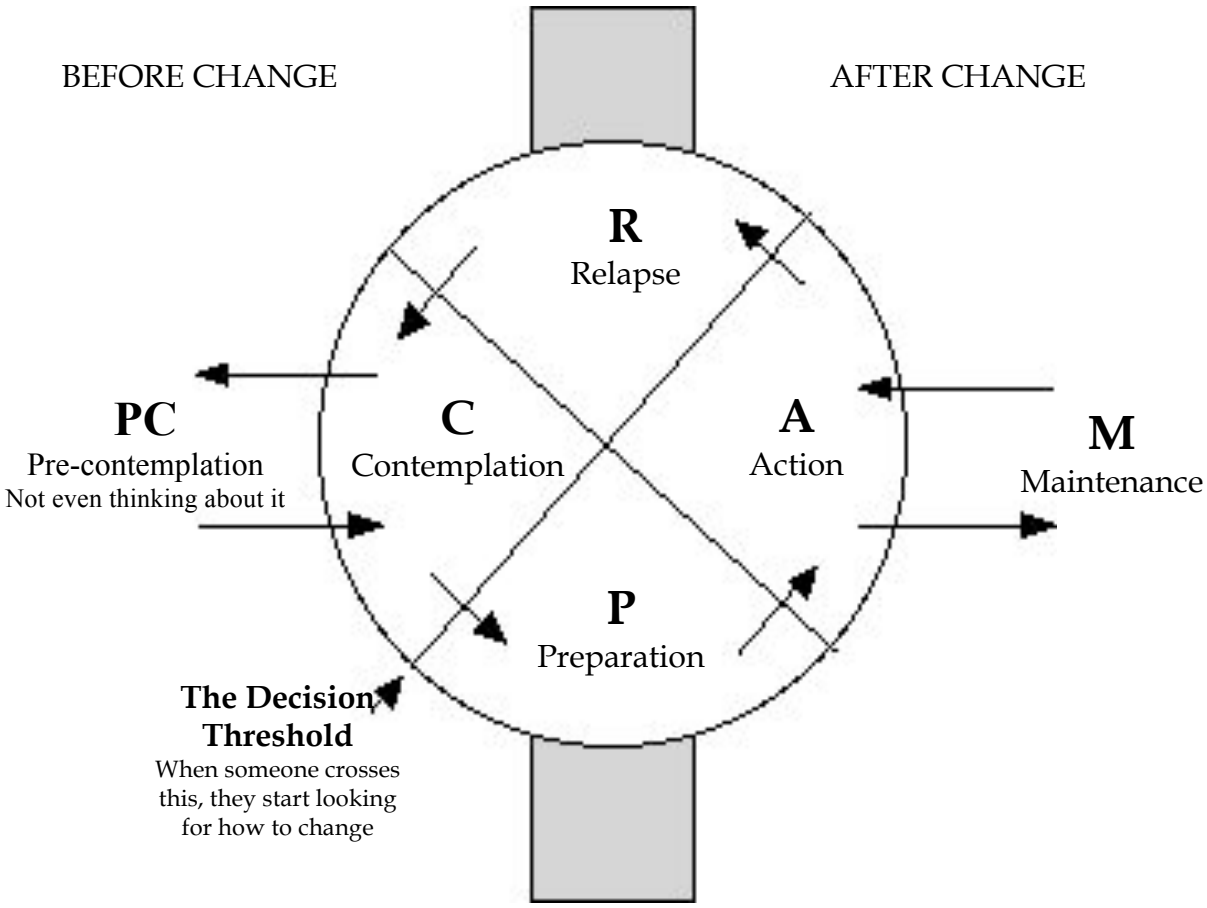

Fig 1: The stages of change model of Prochaska and Diclemente

3) View resistance as a signal

Patient resistance can be evidence that the health professional has moved too far ahead of the patient in their change process (see stages of change diagram on previous page). If a person is ambivalent about a particular change and still in the contemplation stage, for example, while the you have jumped ahead to talk about how the person can take action to accomplish that change, you may find yourself in a "yes but" scenario. Here you work hard at finding potential solutions and the patient responds with reasons why the solutions are unworkable for them. Using resistance as a signal can help you move back to where the patient is and work from there.

4) Use empathy as a tool

Research identifies empathy as a key ingredient in successful behaviour change consultations[2]. An empathic intervention is where you aim to understand the patient by first giving them room to express their view, and then accurately reflecting back or summarising what they've heard. A useful prompt for this is 'Nudge, listen, summarise'. A good question can invite or nudge the patient into describing their view, making space through active listening can draw this out, and by summarising you show you've listened, can check you've understood the patient's view correctly, and also help the consultation move on.

Motivations are usually mixed and resistance can be thought of as 'counter-motivation', where the patient is motivated, but in the opposite direction. Making room for people to explore mixed feelings can help them become clearer about what they want. Double-sided reflections (reflecting back both the attractive and not so attractive aspects they've described of their behaviour) can help the patient work through ambivalence.

Questions I ask myself, to help me understand a patient's perspective, are:

- 'What are they a customer for?' (ie what's the change that's most important to them. This may not be the change you've identified as important).
- 'What's the want behind the should?' To find their motivation, they need to associate the behaviour change with a gain that is attractive to them. What would this be?

5) Support patients to make their own arguments for change

Rather than persuading them, be interested and curious in why they might want to change. When we listen to patients describing their reasons like this, they may talk themselves into the change they want to make. Motivational Interviewing is an approach based on this, and one of its core interventions is to 'elicit self-motivating statements'.

When I hear a patient express interest (even slightly) in a change, I might use questions and reflective listening to draw this out more. Here's an example:

P: *"I'm not much good at sticking at diets, but I suppose I will have do something about my weight at some point"*
D*: "Aha, what makes you say that?"*
P*: "Well I can see it isn't going to do me any good"*
D*: "You have some concerns about what might happen if you didn't tackle this" (reflection, then silence and an interested look, which invites the patient to elaborate).*

6) Use teachable moments

The more the patient links the behaviour in question with symptoms they're concerned about, the more they are likely to be motivated to change. You can ask the patient whether they see any link. The link can be strengthened at 'teachable moments', i.e. times when a patient is particularly open to considering change (e.g. they are feeling ill due to a particular behaviour or someone close is suffering due to their similar behaviours).

A useful question to draw out links to lifestyle is "Why do you think this (ie current condition) is happening now?" If a patient doesn't seem aware of a link, a question that can open up a discussion about this is: "would you be interested in finding out more about what sort of things make a condition like this more likely to happen?"

7) Explore a menu of options and ask them to choose

It is their life and their choice; responsibility lies with the patient. But listing options can be a way of adding suggestions, and then leaving it to the patient to decide which of these to move forward with.

Closing quote:

It is useful to contrast at least two styles of consulting about behaviour change.

When practitioners use a directing style, most of the consultation is taken up with informing patients about what the practitioner thinks they should do and why they should do it.

When practitioners use a guiding style, they step aside from persuasion and instead encourage patients to explore their motivations and aspirations.

The guiding style is more suited to consultations about changing behaviour because it harnesses the internal motivations of the patient.

This was the starting point of motivational interviewing which can be viewed as a refined form of a guiding style.

Rollnick et al[1], BMJ 2005;331;961-963

References

1. Rollnick et al (2005)[1], Consultations about changing behaviour, *BMJ;331;961-963*

2. Miller WR, Benefield RG and Tonigan JS (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology,* 61(3), 455-461.

Recommend Reading

1) Stephen Rollnick, Pip Mason and Chris Butler (1999), *Health Behaviour Change – a guide for practitioners*, Churchill Livingstone. This is the key text in this field.

2) Stephen Rollnick, William Miller and Chris Butler (2008), *Motivational Interviewing in Healthcare*, Guildford Press.

3) Chris Johnstone (2010), *Find Your Power – a toolkit for resilience and positive change.* Permanent Publications. A self-help guide to behaviour change drawing on motivational interviewing and other approaches.

For more information on Dr Chris Johnstone's courses, see www.chrisjohnstone.info