Facilitating Behavior Change

This section contains the following subjects:

- **Readiness to Change**

- **Motivational Interviewing**

ASSESSING AND INCREASING MOTIVATION

Adherence and nonadherence are behaviors, and adherence to medication regimens requires behavior change. Motivation is a key factor in successful behavior change and has been shown to promote adherence to chronic therapies (World Health Organization, 2003). This appendix presents techniques that will be useful in assessing motivation and helping older adults increase their intrinsic motivation to adhere to medication regimens and other chronic therapies. Two models are introduced: **Readiness to Change** and **Motivational Interviewing**. These techniques and the concepts behind them are discussed primarily in the context of medication adherence, but they can also be applied to such lifestyle modifications as diet and exercise.

READINESS TO CHANGE

Behavior change is rarely a discrete, single event. During the past decade, behavior change has come to be understood as a process of identifiable stages through which people pass (Zimmerman et al., 2000). The Stages of Change model describes five stages of readiness (Figure 5)—precontemplation, contemplation, preparation, action, and maintenance—and provides a framework for understanding behavior change (DiClemente and Prochaska, 1998).

FIGURE 5. THE STAGES OF CHANGE CONTINUUM
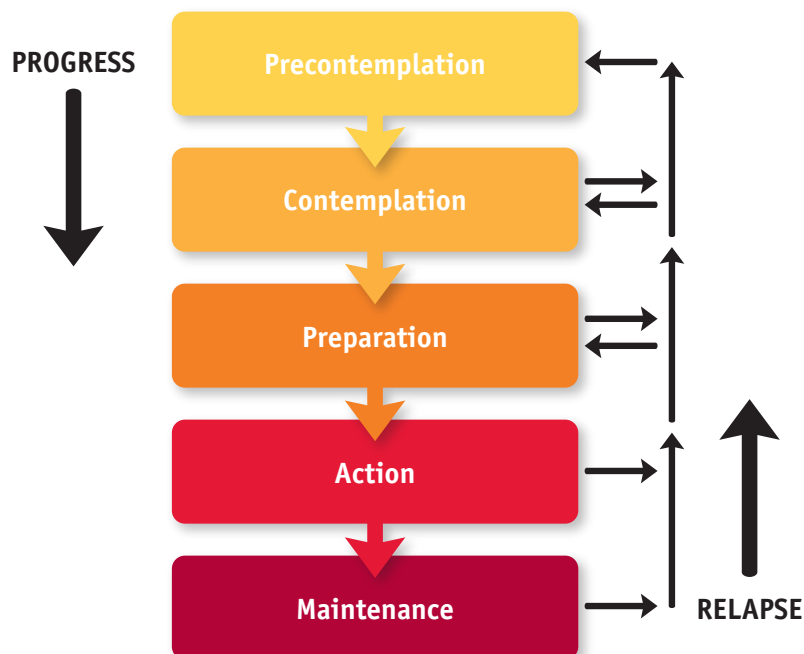
Source: Adapted from DiClemente and Prochaska, 1998

For most people behavior change occurs gradually over time, with the person progressing from being uninterested, unaware, or unwilling to make a change (*precontemplation*), to considering a change (*contemplation*), to deciding and preparing to make a change (*preparation*). This is followed by definitive action, and attempts to maintain the new behavior over time (*maintenance*). People can progress in both directions in the stages of change. Most people will "recycle" through the stages of change several times before the change becomes fully established (Zimmerman et al., 2000).

The Stages of Change model is useful for identifying appropriate interventions to foster positive behavior change (Table 6); by identifying where a person is in the change process, interventions can be tailored to the person's "readiness" to change (Zimmerman et al., 2000). Anything that moves a person along the continuum towards making a positive change should be viewed as a success. Once the person reaches the contemplation stage, additional strategies can be employed to help the person move along the stages of change.

It is important to evaluate a person's readiness to change for any proposed intervention (Zimmerman et al., 2000). Interventions that are not staged to the readiness of the individual will be less likely to succeed. Also, interventions that try to move a person too quickly through the stages of change are more likely to create resistance that will impede behavior change.

For example, if trying to get a person to quit smoking, it is essential to know where the person is in his or her readiness to stop. A person who is not even thinking about quitting smoking (precontemplation) is generally not ready to receive information about specific smoking cessation aids. In this case, focusing the intervention on smoking cessation aids sends the message that the health care provider is not really listening. This may not only damage rapport but can also make the person even more resistant to quitting smoking. A more stage-specific intervention with this person would be to try to get the person to think about quitting (contemplation). Once the person reaches the contemplation stages, additional strategies can be employed to continue to move the person through the stages of behavioral change.

Anything that moves a person along the continuum toward making a positive change should be viewed as a success. Employing stage-specific interventions will decrease provider frustration by lessening the unrealistic expectation that change will occur with a single intervention.

TABLE 6. STAGES-OF-CHANGE CHARACTERISTICS AND STRATEGIES

STAGE	CHARACTERISTICS	STRATEGIES
Precontemplation	The person is not even considering changing. They may be "in denial" about their health problem, or not consider it serious. They may have tried unsuccessfully to change so many times that they have given up.	Educate on risks versus benefits and positive outcomes related to change
Contemplation	The person is ambivalent about changing. During this stage, the person weighs benefits versus costs or barriers (e.g., time, expense, bother, fear).	Identify barriers and misconceptions Address concerns Identify support systems
Preparation	The person is prepared to experiment with small changes.	Develop realistic goals and timeline for change Provide positive reinforcement
Action	The person takes definitive action to change behavior.	Provide positive reinforcement
Maintenance and Relapse Prevention	The person strives to maintain the new behavior over the long term.	Provide encouragement and support

Source: Zimmerman et al., 2000; Tabor and Lopez, 2004

A question that can be put to individuals to help evaluate their readiness to change can be as simple as: "Are you willing to take a medication to treat your condition?" Readiness to change can also be evaluated using a more quantitative scale: "How ready are you on a scale from 1 to 10 to initiate this therapy (medication, diet, exercises) to treat your condition?"

Two major factors that have been found to affect a person's readiness to change are "importance" and "self efficacy". Importance is determined by what value a person places on making the change. Self efficacy is a person's belief or confidence in their ability to succeed at making the change. Depending on the health scenario, people may exhibit different levels of importance and self efficacy (Rollnick et al., 1999). A person who is overweight may be convinced of the importance of losing weight but have a low level of confidence based on previous failure to lose weight or keep weight off. A person who is newly diagnosed with hypertension may be confident that they can take a pill to lower blood pressure but are not convinced of the importance of this action. A deficiency in either importance or self efficacy can lead to a person's unwillingness to commit to change.

The Readiness-to-Change Ruler is used to assess a person's willingness or readiness to change, determine where they are on the continuum between "not prepared to change" and "already changing", and promote identification and discussion of perceived barriers to change (See Readiness-to-Change in

the Assessment Tools section). The Readiness-to-Change Ruler can be used as a quick assessment of a person's present motivational state relative to changing a specific behavior, and can serve as the basis for motivation-based interventions to elicit behavior change, such as motivational interviewing.

MOTIVATIONAL INTERVIEWING

Motivational interviewing is an approach, first reported in the addiction literature, to improve adherence (Miller & Rollnick, 2002); it is both an assessment strategy and an intervention. Motivational interviewing is used to determine a person's readiness to engage in a target behavior—such as taking a medication as prescribed—and then applying specific skills and strategies based on the person's level of readiness to create a favorable climate for change.

Motivational interviewing is a person-centered, directive method of communicating with the goal of enhancing a person's intrinsic motivation to change by exploring and resolving ambivalence and resistance (Miller & Rollnick, 2002). Motivational interviewing techniques try to avoid simply telling a person what they need to do. People can easily dismiss such suggestions or come up with a number of reasons why the suggested change is not possible.

The essence of motivational interviewing is in its collaborative nature, communicating in a partner-like relationship, where the interviewer seeks to create a positive interpersonal atmosphere. In motivational interviewing, responsibility for change is left to the person; the overall goal is to increase the person's intrinsic motivation, so that change arises from within rather than being imposed.

It must be recognized that it is the person, not the health care provider, who will ultimately need to make changes that will affect their health. Thus, change must be negotiated, not dictated. Consistent with the collaborative model, the health care provider functions not to motivate the person, but to draw out intrinsic motivation based on the person's own personal goals and values.

MOTIVATIONAL INTERVIEWING PRINCIPLES

Motivational interviewing uses a number of person-centered techniques to create a favorable climate for change. There are five general principles that underlie motivational interviewing (Miller & Rollnick, 2002). The key principles are arranged to form the acronym READS, to help providers remember these key concepts (Table 7). These principles are not necessarily applied in this particular order, and all of these techniques should be used throughout the interaction.

TABLE 7.   READS Principles of Motivational Interviewing

1. **R**oll with resistance
2. **E**xpress empathy
3. **A**void argumentation
4. **D**evelop discrepancy
5. **S**upport self-efficacy

Source: Miller & Rollnick, 2002

Roll with Resistance

Resistance can take several forms, such negating, blaming, excusing, minimizing, arguing, challenging, interrupting, and ignoring. In motivational interviewing one does not directly oppose resistance but, rather, rolls or flows with it. Direct confrontation will create additional barriers that will make change more difficult. A person's resistance during motivational interviewing is expected and should not be viewed as a negative outcome. In fact, a person who resists is providing information about factors that foster or reduce motivation to adhere to behavioral change. Rolling with resistance, then, includes involving the person actively in the process of problem solving.

Resistant behavior may be a signal that the person does not believe or accept information that has been presented. The health care provider should provide information and alternatives, and explore possible solutions. Exploring the reasons behind the resistant behavior can lead the person to seriously consider possibilities for change.

Express Empathy

Because motivational interviewing relies to a great extent on establishing and maintaining rapport with the person, the ability to express empathy is critical to this process. This requires skillful, reflective listening to understand a person's feelings and perspectives without judging, criticizing, or blaming. An attitude of acceptance and respect contributes to the development of an effective, helping relationship and enhances the person's self-esteem. Empathic responses demonstrate that the health care provider understands the person's point of view and provides an important basis for engaging the person in a process of change.

Avoid Argumentation

Resistance to change is strongly affected by the health care provider's response; therefore, arguments should be avoided. Direct confrontations usually result in defensive reactions and increased resistance to change. Resistance is an indication that the health care provider should change strategies rather than argue. The emphasis should focus on helping the person with self-recognition of problem areas rather than coerced admission.

Develop Discrepancy

The principle of developing discrepancy is based on the understanding that motivation for change is created when the person perceives a discrepancy between their present behavior and important personal goals (Miller & Rollnick, 2002). This often involves identifying and clarifying the person's own goals. The goals need to be those of the person and not those of the health care provider, otherwise the person will feel as though they are being coerced and may become more resistant to change. An important objective of motivational interviewing is to help a person recognize or amplify the discrepancy between their behavior and their personal goals.

There are a number of techniques that can be used to help develop discrepancy. One technique is to ask the person what is good or positive about a particular behavior and what is bad or not so good about that same behavior. Reflecting back and examining the positive and negative will help discrepancy emerge. When skillfully done, motivational interviewing changes the person's perceptions of discrepancy without creating a sense of being pressured of coerced.

Support Self-Efficacy

Self-efficacy is a person's belief or confidence in their ability to carry out a target behavior successfully. A general goal of motivational interviewing is to enhance the person's confidence in their ability to overcome barriers and succeed in change.

Health care providers can support self-efficacy by recognizing small positive steps that the person is taking to change their behavior. Even when the person is simply contemplating a change, there is an opportunity to provide recognition and support. Supportive statements can be as simple as "It's great to hear that you are interested in getting more information about your diabetes."

Setting reasonable and reachable goals that the person can actually accomplish will also help build confidence. It is important that the person be involved in setting the goal. For an overweight person that is physically inactive, even getting them to exercise five to 10 minutes twice a week is a move in the right direction. Seeing that they can accomplish this will give them additional motivation to continue to exercise.

Lastly, it is important that the health care provider believes that the person can achieve the goal. This belief in the person can have a powerful positive effect on the outcome.

Elicit, Provide, Elicit

The person, not the health care provider, is the primary source of solutions for dealing with their medical problems. In order for the person to take responsibility for their own health, they need to become an active participant in sessions with their health care providers.

Motivational interviewing uses the general concept of ***elicit, provide, elicit***, which is a continuous process Information is *elicited* from the person so the health care provider can better understand

their attitudes, beliefs, values, and readiness to change. The health care provider can check for understanding of what the person is saying by using reflective listening skills and asking for additional clarification when required; this will help establish a collaborative relationship and build empathy. Information elicited can also be used to help develop discrepancy.

After eliciting information, the health care provider can then *provide* information to address any knowledge gaps identified. It may be appropriate at times to ask permission from the person to provide them with additional information. This may increase acceptance of the information, as the person will not feel that information is simply being imposed on them.

Lastly, whenever the person is presented with new information, the health care provider should *elicit* information on the person's understanding of the new information and their feelings about it. This can identify concerns or questions that the person may have regarding the information presented.

FOR MORE INFORMATION

Training is required to develop the skills for successful motivational interviewing. The reader is referred to the following sources for additional information.

- Miller RH, Rollnick S. Motivational interviewing: preparing people for change, 2nd ed. New York, NY: Guilford Press, 2002.
  This is the classic text that reviews the background and theory of motivational interviewing.

- Rollnick S, Mason P, Butler C. Health behavior change: a guide for practitioners. Edinburgh, Scotland: Churchill Livingstone, 1999.
  This practical text is aimed at helping health care professionals assess readiness to change, provides suggestions for incorporating motivational interviewing in clinical practice, and presents examples for handling challenging situations that are likely to confront health care providers.

- Bodenheimer T, MacGregor K, Sharifi C. Helping patients manage their chronic conditions. California Healthcare Foundation. June 2005. Available at www.chcf.org/topics/chronicdisease/index.cfm?itemID=111768. Accessed 4/25/06.
  This publication provides a good introduction to health behavior change techniques. The California Healthcare Foundation developed a brochure, "Helping Patients Manage Chronic Conditions", which can be download from its web site (www.chcf.org) free of charge.

The following two articles discuss the application of motivational interviewing and health behavior change to medication management:

- Possidente CJ, Bucci KK, McClain WJ. Motivational interviewing: a tool to improve medication adherence. Am J Health-Syst Pharm 2005;62:1311-4.

- Scales R, Miller J, Burden R. Why wrestle when you can dance? Optimizing outcomes with motivational interviewing. J Am Pharm Assoc 2003;43(Supp 1):S46-S47.