



Pocket Guide to Patient Healthcare Communication

Developed By:

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Introduction

This Pocket Guide was developed in support of the conference on “*Promoting Behavioral Change: Opportunities for Patients, Employees, and Organizations*” sponsored by the VA National Center for Health Promotion and Disease Prevention (NCP) and VA Employee Education Services (EES).

The Pocket Guide is formulated around five steps to facilitate health communication and behavior change, with additional information provided for each step. Users are encouraged to seek out the *Sources for More Information* section at the end of the Pocket Guide (page 11) for more detail.

Steps to Facilitate Health Behavior Change

1. Create a therapeutic alliance to foster effective communication.

For new patients: *“I’ll bet you are already doing some things to keep yourself healthy”*

For ongoing patients: *“When we last talked, you were working on _____. How is that going?”*

See Strategies/Ideas, page 4

2. Elicit Importance and Confidence statements.

“Using a scale of 0-10 with zero being not important at all and 10 being most important, how would you rate the importance of making this change? What would it take to move you up to a ___?”

Repeat for Confidence

Explore ambivalence (listen for the word “but”).

See Things to Remember, page 4

3. Use the prior discussion to identify the patient’s stage of readiness to change and match your response to that stage.

See Assess Patient’s Readiness to Change, page 6

4. Use SMART (Specific, Measurable, Attainable, Realistic, Time-framed) goals to help the patient develop a viable plan.

See Tips on Self-Management Plans, page 9

5. Celebrate the success of patients.

See: Celebrate Success, page 10

Strategies/Ideas

- **Listen:** Most people don't want to be told what to do, unless they're asking for specific guidance or advice. Practice and use reflective listening.
- **Collaborate:** Be patient-centered but subtly directive. Engage the patient in a partnership.
- **Explore:** Let the patient evoke his own reasons, goals and solutions.
- **Honor patient autonomy:** Change is not the only measure of success. An encounter may be successful if the patient opens up to the possibility of change in the future.
- **Overall style: Listen – Guide – Inform - Support**

Things to Remember

- ✚ **Patients are already engaged in some behaviors to preserve their health.** Start the discussion with an exploration of their successes.
 - For returning patients: “When we last met, I knew there were things you wanted to work on. What has been going well?”
 - For new patients: “I’ll bet there are things that you’re doing to maintain your health?” “Have you been thinking about doing other things?”
- ✚ **Patients can only do so many things at one time.** Explore the **PATIENT’s** concerns by asking: “Right now, what is most **important** to you, health-wise?” Work towards **commitment**.
- ✚ **Patients are more likely to make changes if they believe they can succeed. Examine confidence/self-efficacy for making the**

change. Remember that this is behavior-specific. Self-efficacy/confidence consists of:

- **Personal history of success/failure** - “You tried this before, and I know that you had some success. Tell me about that.”
 - **The perceived success of others** (Modeling) - “Do you know someone in your family or a friend who has made this change?” Discuss role models or fellow patients. Models that are perceived as similar to the patient in terms of age, gender, race, ethnicity, or military history are likely to be stronger influences on self-efficacy.
 - **Coaching (always be sincere and genuine)** - “I know you can do this, and I will be here to help.” It may be helpful to break skills down into smaller, more manageable chunks.
- ✚ **Re-interpretation of health beliefs** – If the patient says, “I’m too tired to exercise” you can say, “Did you know that exercise often makes you feel less tired?”
- ✚ **Patients may be ambivalent, (“but”)** - At first, patients may be ambivalent about making changes. Exploring ambivalence can help patients better understand their pros and cons for change.
- Listen for the word “but.” “I know I need to quit smoking, **but** I just have too much on my plate right now.” “I know I need to lose weight, but I just can’t afford this right now.” “I’ve tried to lose weight, but I just can’t keep it off.”

✚ **Patients may be resistant** – Consider that the way you are interacting with the patient may be causing resistance to continue.

- Emphasize personal choice and control.
- Reassess readiness, importance and confidence.
- Back off and come alongside the patient.

Assess Patient's Readiness to Change

- Realize that readiness may depend on:
 1. Your relationship with the patient.
 2. Importance - how important it is to the patient to make this change.
 3. Confidence - how confident the patient is that he/she can make the change.
 - Importance and confidence can be rated on a 0-10 scale and then discussed
 - Importance + confidence = patient's level of motivation/readiness
 4. Barriers – these may be physical (pain), psychological (worry, stress, work, family), or other personal factors.

Stages of Change - Match your approach to the patient's stage of readiness

- Pre-Contemplation: Stage in which an individual has no intent to change behavior in the near future.
 - Usually measured as no intent to change for the next 6 months.
 - Pre-contemplators are often characterized as “resistant,” “non-compliant,” or “unmotivated” and tend to avoid information, discussion, or thinking about the targeted health behavior.
 - *Example*: Smokers who become angry during screening for tobacco use.

- *Approach:* Encourage patients to consider the benefits they get from their current behavior, not just the downsides.
- Contemplation: Individuals in this stage openly say they plan to change within the next 6 months.
 - They are more aware of the benefits of changing, but remain keenly aware of the costs.
 - Contemplators are often ambivalent to change or seen as procrastinators.
 - *Example:* Patient asks for a pamphlet on quitting smoking.
 - *Approach:*
 - Explore ambivalence.
 - Reinforce change talk.
 - Listen – Guide – Inform - Support
- Preparation: Stage in which individuals intend to take steps to change, usually within the next month.
 - Think of this as a transition rather than a stable stage, with individuals intending progress to Action in the next 30 days.
 - *Example:* Patient has set a quit date.
 - *Approach:*
 - Elicit plan from patient.
 - Suggest additional tools to prepare for making behavior change.
 - Clarify: “*What are the next steps?*”
 - Listen – Guide – Inform – Support
- Action/Ready: Individual has made overt, perceptible lifestyle modifications for less than 6 months.

- *Examples:*
 - Patient is participating in stop-smoking program, or has set a date and has stopped smoking.
- *Approach:*
 - Enhance self-efficacy
 - Assess patient's perception of how things are going and the benefits so far.
 - Affirm success.
 - Support movement to Maintenance.
 - During the Action stage, patient may want specific information or guidance.
- *Maintenance:* Individual is working to prevent relapse and consolidate success.
 - Maintainers differ from those in the Action stage in that they report the highest levels of self-efficacy and yet are still at risk for relapse.
 - *Approach:*
 - Solidify commitment to continue behavior change.
 - Assist with coping mechanisms to prevent relapse.
 - Consider recruiting this patient as a potential peer volunteer to motivate others.
 - Make sure the plan includes rewards (see page 10).
- *Relapse:* Most patients have experienced this stage already, having tried to change at least once.
 - *Approach:*
 - Help the patient avoid becoming discouraged or demoralized.

- Renew the patient’s determination.
- Encourage the patient to resume action.
- Highlight any gains or successes.
- “Look how well you’ve done in the past. You can start again with no penalties. You have all the skills you need. Your past success is proof of this.”

Tips on Self-Management Plans

- Behavior change plans include the following (key features of Action and Maintenance):
 - Set goals and make a plan
 - Use **SMART** Goals:
 - S**pecific
 - M**easurable
 - A**ttainable
 - R**ealistic
 - T**ime-framed

Example: “I will walk at least three times a week (Monday, Wednesday, and Friday), at 6:30 a.m. for 30 min, for the next month. I will chart this on my pocket calendar.”

- Self-monitoring
 - Self-monitoring is critical to behavior change. You can illustrate its importance by regularly reviewing and providing feedback on self-monitoring.
 - You may want to suggest that the patient identify an accountability partner to touch base with on a regular basis.
 - Establish a trigger for when to seek help.

- Rewards
 - Successful behavioral plans normally include rewards. It's okay for patients to designate short-term and long-term rewards for the work they are doing.
 - Social support is great when patients first make a change, but this drops off quickly – make sure reward is maintained.
 - Realize the importance of the clinician in supporting the patient.

Celebrate Success

- Bring back and celebrate your success stories.
 - The wider the variety of these success models (gender, race, age, physical status), the stronger the modeling effect.
- Help individual patients recognize even small changes as “success.”
- Invite the patient to participate in peer support as a role model.

Sources for More Information

- Talking with patients about change
 - Motivation CD from *MOVE!* Toolkit – see *MOVE!* website
<http://www.move.va.gov/ReferenceTools.asp#BehaviorChange>, select *Instructional Video, Behavior Change Counseling in Chronic Care, University of Washington GHC, “Take Care to Learn” (2003)*
 - Motivational Interviewing in Health Care: Helping Patients Change Behavior. S Rollnick, WR Miller, & CC Butler, New York: Guilford Press, 2008.
 - TEACH for Success
 - Institute for Health Care Communication
- Using Behavioral Techniques (ABCs)
 - Contact the Behavioral Health/Health Psychology person at your facility.

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