

## Health Professional Counselling to Support Behaviour Change

### Physical activity counselling: *Let's get moving*

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#### Introduction

There are two truths health professionals wrestle with daily. First, physical activity is good for what ails us – and good at helping to prevent what ails us. Second, most Nova Scotians are not physically active.

There is convincing evidence that physical activity reduces the risk of developing colon cancer and probable evidence that it reduces the risk of developing breast cancer, as reported in the *Workshop Report: Physical Activity and Cancer Prevention*, prepared for the Public Health Agency of Canada. The National Cancer Institute in the US also notes that several studies have reported links between physical activity and a reduced risk of prostate, lung and endometrial cancer.

At *Cancer Care Nova Scotia* we are working to address issues across the cancer control spectrum – and this includes prevention. We know that physical activity is an important part of overall good health. Now we know – and are learning more each day – about its importance in reducing cancer risk. The importance of physical activity is a message that needs to be shared,

consistently, in our workplaces, our schools, our hospitals, our media, and our health professionals' offices.

That message can have a significant impact on Nova Scotians. Only 48 per cent of residents aged 20 and over are currently active enough to achieve health benefits. A 2001 study by Nova Scotia Health Promotion and Dalhousie University found that while 90 per cent of Grade 3 students accumulate 60 minutes of moderate to vigorous activity most days of the week, only 10 per cent of grade 11 students meet this target.

Family physicians and other health professionals play a vital role in educating and encouraging patients to become physically active. This dual role, however, is not without challenges. This issue of *In Practice* explores the evidence, the issues, and the opportunities associated with physical activity counselling.

#### Evidence

There is no doubt that health professionals are key players in influencing individuals and families to embrace healthy habits. Approximately 75–80 per cent of Canadians, for example, visit their

family physician at least once a year. It's an opportune time to share important information on physical activity and help motivate patients to get moving.

The traditional wisdom about exercise is supported by scientific evidence: physical activity is one of the best insurers of continued health and quality of life at any age. Health professionals, through their direct contact with patients, have the opportunity to address the physical inactivity prevalent among their patients. However, it remains unclear how many Canadian health providers regularly discuss this issue with their patients or what prompts the discussion.

Dr. Maureen Kennedy conducted a study that examined exercise counselling by family physicians in Canada. She found that only 11.8 per cent counselled most of their patients (75–100%), but 43.3 per cent thought they should be counselling most of their patients. A Vancouver study examined the personal exercise profiles of physicians, their attitudes toward exercise, and counselling behaviour towards patients. While most physicians considered exercise

counselling important, only 5.3 per cent believed that they were able to successfully change patients' behaviour. The majority of participants considered themselves only "somewhat successful" (79.6%) or "not at all successful" (15%) in modifying behaviour.

Generally the research indicates that:

- Physicians who are active themselves are more likely to counsel patients to be active.
- Regular physical activity counselling is conducted by a minority of family physicians.
- Physicians who participate in training for physical activity counselling increase the frequency of patient counselling and report increased confidence in their skills.
- Physician counselling on physical activity can influence patient behaviour in the short term.

## Issues

In a needs assessment commissioned by *Cancer Care Nova Scotia*, six barriers to lifestyle counselling were identified by primary care physicians. They are:

- Not enough time;
- Reimbursement schedule;
- Few educational materials for patients;
- Patients are unreceptive;
- Counselling is not effective; and
- Lack of confidence in the ability to provide counselling.

These concerns are likely shared by other health care professionals – and they can be overcome. Minimal contact intervention and motivational interviewing are accepted and proven techniques that can be done by health professionals in anywhere from two to five minutes and with markedly more success than simply reiterating the benefits of physical activity.

When it comes to counselling, many family physicians and other health professionals don't feel confident about their skills in this area. But health professionals don't have to become psychologists to be successful. Counselling is not therapy, and doctors and other health care providers do need to be

part of the system that encourages and supports behavioural change.

## Process

Minimal contact intervention and motivational interviewing allow physicians, as well as other health professionals, and their patients to quickly and effectively identify opportunities for healthy lifestyle changes. This approach recognizes that behavioural change – like becoming physically active – is a process that takes time.

Not everyone who agrees they need to change their behaviour is actually ready for that change. Those who are ready often change quickly, with support. Those not yet ready to change are much more challenging to help. It is useful to assess the stage of motivational readiness to change a specific behaviour such as becoming more physically active so that interventions can be matched to stage. The stages are:

1. *Pre-contemplation* – Not even thinking about change;
2. *Contemplation* – Thinking about change in the near future but not yet ready to take action;
3. *Preparation* – Prepared to take action in the immediate future;
4. *Action* – Recently begun to do the healthy behaviour; and
5. *Maintenance* – Has sustained the healthy behaviour for some time (e.g., six months).

Alternatively, one could ask a patient to rate their readiness to change a specific behaviour on a numerical scale, such as a 10-cm Visual Analogue Scale or a 7-point Likert Scale.

There are three key steps in promoting a healthier lifestyle, such as becoming more physically active.

### 1. Is the Patient Ready?

#### *Assessing Behavioural Intention*

- Determine whether the patient considers the behaviour (or lack of behaviour) as a problem. For example, with inactivity a doctor could ask:  
*"Do you think your physical inactivity contributes to any of your problems?"*
- Determine whether the patient

is distressed about the problem and if so the degree of distress?

Ask:

*"Does your lack of activity upset you in any way?"*

If YES,

*"Would you say a little, a moderate amount or a lot?"*

- Determine if the patient is interested in change? Ask:  
*"Would you like to learn ways of becoming more active (making activity part of your lifestyle)?"*
- Determine if the patient is ready to change now. You can do this in two ways.
  - Ask directly:  
*"Is now a good time for you to take on this challenge?"*
  - Assess stage of readiness to change:  
*"Which of the following statements best describes how ready you are to become more active right now?:"*
    - I am not thinking about change.
    - I haven't done anything yet, but I am thinking about change.
    - I am prepared to start something now, but I haven't started yet.
    - I have recently become more active.
    - I have been active for six months or more.

### 2. Understand Irrationality

- Many health behaviours, although they make sense, are difficult to incorporate into our lifestyle.
- Assume that there are good reasons why the person is not engaging in the healthy behaviour or is engaging in an unhealthy behaviour.
- Remember that unhealthy behaviours often serve a useful purpose. For example, busy individuals may not have the time to go to a gym to exercise.
- Let the patient know that you understand that unhealthy behaviours serve a purpose.
- Ask questions to better understand the value of the

unhealthy behaviour. Consider for example:

- “What makes it hard to be physically active?”
- “Why do you not like to exercise?”
- “What are the circumstances that lead you not to be active?”
- “What stops you from being active?”

### 3. Promoting Change

There are eight keys to success. They are:

1. *Express empathy.*
  - Let the person tell their story and validate their reasons for their behaviour.
2. *Take a curious, non-judgmental stand.*
  - Remember that healthy behaviour in our society has become abnormal behaviour.
3. *Ambivalence is acceptable and should be promoted.*
  - Focus the patient on the pros and cons of the unhealthy behaviour.
  - Ask the patient if they are OK with the unhealthy behaviour.
4. *Tipping the Balance.*
  - Focus on strategies that increase the reasons to change and decrease the reasons to stay the same.
5. *Replace the Function.*
  - Try to help the patient find alternatives that serve the same purpose as the unhealthy behaviour. For example, if watching TV is relaxing, another option might be walking around the block to relieve stress.
6. *Avoid Argument.*
  - Virtually no health care provider knowingly enters into an argument with their patient. However, we commonly hear patients respond to our suggestions with, “yes, but ...” These “yes, but ...” responses are the patients way of politely telling us they disagree with us; therefore, we are in an argument.
  - Because all behaviours have advantages and disadvantages the patient will resist change and will cycle into and out of healthy behaviour.

### 7. Roll with Resistance.

- Accept the patient’s resistance as normal.
- Think in terms of tipping the balance.

### 8. Build Confidence.

- Help the patient build confidence in their healthy behaviours.
- Encourage patients to have plans to deal with temptations and setbacks.

- Ask more questions, make fewer statements.
- Use repetition.
- Be curious and non-judgmental.
- Ask the patient to be specific.
- List temptations/barriers and make a plan for dealing with them.
- Talking is an intervention.
  - Knowledge is power.
  - Look for teachable moments.

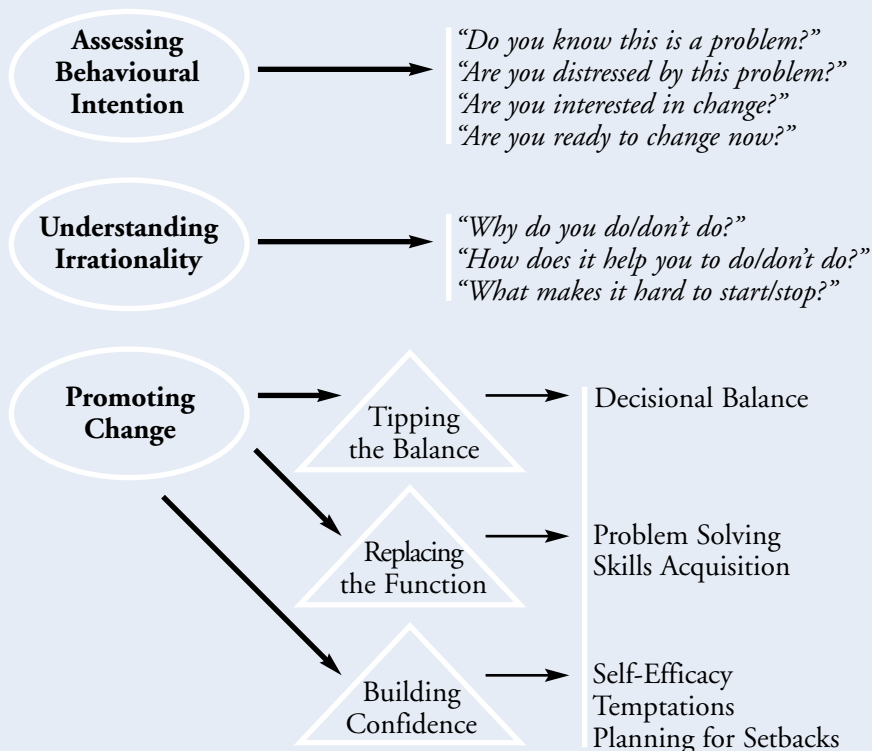
### Tips to Remember When Counselling Patients About Lifestyle Changes

- People do unhealthy things for good reasons.
  - Those reasons are personal.
  - Your job is to understand those reasons.
- Healthy behaviour is abnormal behaviour.
- There are advantages and disadvantages to everything.
  - Advantages of staying the same are usually stronger.
  - Spend more time on reasons not to change than on reasons to change.

The information on minimal contact intervention and motivational interviewing is from *Lifestyle Counselling: How to Help Your Patients Make Those Tough Changes* by Dr. Michael Vallis, Heather MacLeod and Joan Sargeant; Communications Skills Program and Continuing Medical Education, Division of Medical Education, Faculty of Medicine, Dalhousie University, 2004.

### Conceptual Model of Promoting Healthy Lifestyles

(from *Lifestyle Counselling: Participant’s Manual* by Dr. Vallis et al. ©Vallis, 2004)



*Cancer Care Nova Scotia* is a program of the Department of Health. Its mandate is to evaluate, coordinate and strengthen the cancer system in Nova Scotia.

*Cancer Care Nova Scotia* works with and supports professionals and stakeholders in the health care system to bring about patient-centred change. Its ultimate goal is to reduce the burden of cancer on individuals, families, communities and the health care system.

*In Practice* is a supplement to *Cancer Care Nova Scotia's* newsletter. It is written specifically for primary care practitioners with information that we hope will make a difference in your cancer practice.

Please contact Christine Smith, Communications Coordinator, *Cancer Care Nova Scotia*, by phone at 902-473-2932 or by email at [christine.smith@ccns.nshealth.ca](mailto:christine.smith@ccns.nshealth.ca) with comments or suggestions for future topics.



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## Keeping Pace

In June 2000, *Cancer Care Nova Scotia* launched the Physicians Advisory Committee to help address the needs of Nova Scotia physicians with respect to cancer care. In addition to identifying a number of general concerns, it became clear that a thorough assessment would be beneficial. For this reason, *Cancer Care Nova Scotia* commissioned Dalhousie University's Office of Continuing Medical Education to conduct a comprehensive assessment of physicians' learning and support needs.

Among other things, the findings showed that family physicians were very much in favour of counselling. At least 88 per cent of physicians said "yes" for each area of prevention in the study including physical activity counselling.

However, family physicians also made it clear they need the tools and the training to be effective counsellors. A new initiative funded by *Cancer Care Nova Scotia*, the Heart and Stroke Foundation of Nova Scotia, and the Sport and Recreation Division of Nova Scotia Health Promotion is responding to this need.

At the heart of the initiative is a training component using a program called PACE *Canada*.

PACE *Canada* is designed to help doctors effectively increase their patients' physical activity levels and improve their eating habits. Research has shown that the PACE intervention is effective in helping patients move towards more healthy active living and that the program is welcomed by health care professionals, office staff and patients. As well, the program does not require staff to have special medical training and can be used effectively by a wide range of primary care professionals.

The program includes a Tool Kit and Counselling Guide. It also addresses major barriers to physician counselling – it requires less than five minutes to administer and focuses on moderate intensity activities that are safe, effective, and familiar to the patient.

PACE *Canada*, adapted from an internationally-recognized program

developed by a team of physicians and others at San Diego State University, also addresses the physician's need for accurate and up-to-date research and information on physical activity, nutrition and health, and provides training opportunities on effective behaviour-change techniques to assist them in counselling their patients.

PACE training sessions are being organized for health care professionals in Nova Scotia who:

- have an interest in physical activity as a health-promoting behaviour;
- are willing to incorporate PACE into their practice;
- are interested in promoting lifestyle behaviour changes and recognize that it is possible to make an impact by counselling.

## Make a Move

As part of its Primary Health Care-funded initiatives, Capital Health is launching *Make a Move!*, a program to support professionals in primary care settings to more effectively counsel and support their patients to become more active. Providers will be instructed on how to use the PACE program and implement effective strategies for promoting a culture of physical activity in their practice.

*Make a Move!* was made possible by the Health Care Transition Fund. *Make a Move!* is a collaborative effort among Primary Care, Community Health, the Sport and Recreation Division of Nova Scotia Health Promotion, the Heart and Stroke Foundation of Nova Scotia and Community Recreation Services within the Halifax Regional Municipality.

For more information on *Make a Move!* or the provincial PACE program, please contact Suzanne Ferrier, the Project Coordinator, at (902) 423-7530, ext. 316 or by email [sferrier@heartandstroke.ns.ca](mailto:sferrier@heartandstroke.ns.ca)