

## To Change or Not To Change: “Sounds Like You Have a Dilemma”

One of a physician's most important tasks is to help patients change unhealthy behaviors, such as smoking, hazardous alcohol use, overeating, or physical inactivity. Such lifestyle changes often affect the outcome of care more than any other medical treatments that physicians have to offer. Physicians can play a pivotal role in helping patients make these changes, even during brief office visits (1, 2). Yet, physicians seldom effectively counsel patients about behavior changes during routine office visits because of time limitations and a suspicion that urging patients to change long-standing habits can be fruitless. Since only 20% of patients seeking medical care are ready to change unhealthy behavior, it is not surprising that physicians feel frustrated (3).

Better strategies and more effective language can increase physicians' effectiveness in counseling even within the confines of a brief office visit (1, 2). In this article, we explain a clinically useful model for counseling and provide sample words and phrases to illustrate how physicians can influence change. We use the example of counseling for smoking cessation because smoking is critically important to the health of the U.S. population (4–10). However, the principles and the language can be applied equally to other health behaviors, including dietary changes, exercise, alcohol and drug use, or medication adherence. We offer examples of actual dialogue to illustrate specific language and words that practicing physicians can use to help patients make lifestyle changes. The strategies and examples are designed to be practical, simple, and feasible in a busy office setting.

### A CLINICALLY USEFUL MODEL FOR CHANGE

The traditional treatment paradigm maintains that change occurs after a patient hears important health advice from a physician.

*Physician: John, you just have to quit smoking!*

*Patient: Okay, doctor. I'll do that.*

The patient is expected to take action within a short time and is blamed for a lack of willpower or motivation and labeled noncompliant if he or she fails to maintain the change. In contrast, the “stages of change” model proposes that at a specific time, patients are in one of several discrete stages of change: precontemplation, contemplation, determination, action, maintenance, or re-

lapse (11–13). Typically, patients move from one stage to the next as they attempt to change (Figure). Patients may repeat the cycle several times before they are permanently successful. It is common for smokers to stop smoking and then start again several times before they quit permanently. Relapse into the old unhealthy behavior (for example, smoking) is a common, almost expected, part of the change process.

By using the stages of change model, physicians assess the patient's stage and then use counseling strategies tailored to help move the patient's thinking from one stage to the next (2, 14, 15). For example, if a patient's thinking is “precontemplation” (not even considering quitting smoking), the physician encourages the patient to begin considering the problem. We describe how to assess the stage of change, and we present counseling strategies and sample words for each specific stage.

### ASSESSING THE PATIENT'S STAGE OF CHANGE

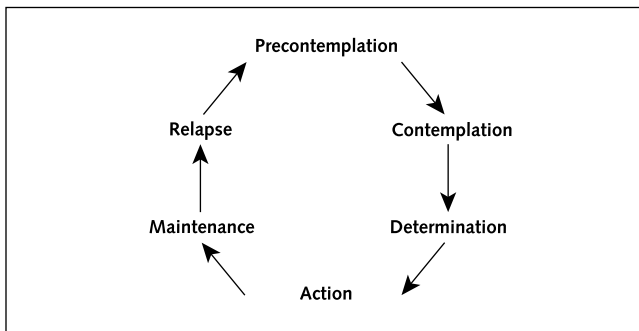
To assess the patient's stage of change, a straightforward inquiry works best. In a nonjudgmental fashion, physicians can ask the patient's opinion about the unhealthy behavior and listen carefully and patiently to the answer. In general, a spirit of curiosity about the patient's beliefs helps to elicit the information in a brief time.

*Physician: Tell me what you've been thinking about smoking.*

*Physician: I'm curious about how you view your smoking and your health.*

*Physician: Most patients have thought about quitting smoking at some point. I wonder what your experience has been and what you feel about possibly quitting.*

Simply listening carefully to the answers provides a wealth of information about the patient's previous experiences with trying to quit and the openness or hesitancy to considering it now. The patient's emotional reaction provides clues to the stage of change; for example, annoyance or defensiveness is typical of patients in precontemplation. Expression of guilt or ambivalence is more common in contemplation. Hence, both the patient's emotional and verbal clues allow the physician to diagnose the patient's stage of change. The Table describes patients' verbal clues that are typical of each stage.

*Figure. Stages of change.*

After determining the patient's stage of change, the physician should move the patient to the next stage by using specific counseling strategies. This counseling is based on supporting the strategies people naturally use to change. The **Table** presents appropriate stage-specific counseling strategies and suggested physician words for each stage. The critical task for physicians is to tailor the counseling to the individual patient's stage of change. Trying to get a patient in precontemplation to set a date to quit smoking is likely to be unsuccessful. On the other hand, a smoker in the determination stage may be ready to stop with minimal physician encouragement and help.

## STAGES OF CHANGE

### Precontemplation

Typically, patients in precontemplation are unaware of the problem or deny the problem and its importance. They are often reluctant to discuss the issue further and resist when physicians press. The physician's task is to help delineate reasons that patients might want to reconsider and think about how the behavior affects other goals or values in their lives. Strategies that work in precontemplation include traditional patient education (such as a mini-lecture or written literature), patient self-assessment by using diaries, or discussion with trusted friends or family members. A combination of different approaches is often needed to create some tension between the smoking behavior and other goals that the patient wants to achieve. To move beyond precontemplation, the patient must begin to imagine and feel a discrepancy between the behavior and other personally important goals. The message must be tailored to

the patient's values of what is important in his or her life.

*Patient: I enjoy smoking. My father lived to be ninety, and he smoked all his life. I don't want to stop. It's not a problem, and it's not going to become one for me.*

*Physician: I can understand the pleasure smoking gives you. Many patients feel like you do. At the same time, you are concerned about your high blood pressure and high cholesterol and the risks of not being here for your daughter. Smoking makes that risk all the greater. Would you be willing to read some material and come back to discuss this further?*

*Physician: Can you imagine what it would take to get you to consider quitting smoking? What might that situation look like?*

### Contemplation

In contemplation, patients suffer the tension of debate; they feel ambivalent about the behavior. Most current U.S. smokers fall into this category. On one hand, they want to continue to enjoy smoking and are irritated when anyone brings up quitting. On the other hand, they think of reasons why they should stop, and they realize that quitting might be in their best interest. They are caught in a dilemma. Patients in this stage vacillate between the reasons to change and the reasons to stay the same. One can stay in this stage for a long time, even years.

The counseling task is to empathize with the discomfort of ambivalence and accept the patient's reluctance to change (often called "rolling with resistance"). The physician helps the patient weigh the pros and cons of changing, and by exploring the balance of reasons for quitting or continuing, counseling can tip the balance toward determination to quit. The physician can help the patient identify the positive and negative consequences of quitting smoking. By reminding the patient of previous successes in life, the counseling encourages patients to believe that they are competent to make these difficult changes. Although it is not based on evidence, we think that our own positive belief that people *can* and do change helps our counseling effectiveness in this stage.

*Patient: Oh, I know I might live longer if I quit. I've done it before. But cigarettes help me relax, and I am just a bear to live with when I try to quit.*

**Table. Sample Words for Each Stage**

Stage	Patient Verbal Clue	Physician Task	Sample Words
Precontemplation	<i>"I'm not really interested in quitting. It's not a problem."</i>	State your own beliefs clearly, but not as a confrontation or a denial of the patient's view Try to understand how things look to your patient Build tension between smoking and patient's goals Provide information if patient is willing to receive it	<i>"I want to state my opinion clearly. I think that the most important thing you can do for your health is to quit smoking." "Could you tell me more about what leads you to feel this way?" "Sounds like you enjoy smoking but also you want good health as you age." "Would you be willing to hear or read some information about the health aspects of smoking?"</i>
Contemplation	<i>"I know I should quit, but I really do enjoy smoking. I've got to quit, but with all the stresses in my life right now, I don't know if I can."</i>	Empathize with the dilemma  Accept the patient's reluctance to change Ask patients to identify the "pros and cons" of quitting Build confidence in changing without rushing the patient	<i>"Sounds like you're caught in a bind right now. On one hand, you know that the smoking is bad for your health and you want to quit. On the other hand, you enjoy it because it helps with stress." "I can understand not wanting to quit." "Let's look some more at the things you like about smoking and the things you don't like." "I believe you could do this, but I agree that you're not ready to take that step yet."</i>
Determination	<i>"I have to stop and I'm planning how to do that."</i>	Assess patient's commitment and provide reinforcement Focus on positive features of the problematic behavior and how the patient might replace those features Develop an action plan	<i>"On a scale of one to ten, how committed are you to quitting?" "Let's look at the good things that smoking does for you. How will you deal with the absence?"  "What do you think will work for you? What problems might arise? How will you deal with them?"</i>
Action	<i>"I'm doing my best. It's tough."</i>	Reinforce positive action  Anticipate problems and plan  Suggest use of self-monitoring (diary), support from friends, follow-up appointments	<i>"It's terrific that you want to quit. What's working for you?" "What problems have you had? How did you solve them?" "Relapse is common. What will you do should it start to happen?"</i>
Maintenance	<i>"I've learned a lot through this process."</i>	Praise changes and reinforce learning Encourage vigilance for clues	<i>"What have you learned that helps you continue to avoid cigarettes?" "Are there situations in which you are tempted to smoke? How do you cope at those times?"</i>
Relapse	<i>"I blew it."</i>	Praise the prior success  Reframe relapse as learning  Assess willingness to change	<i>"I think it's great that you stopped smoking for a period of time." "What did you learn that might help you to stop next time?" "How do you feel about trying again?"</i>

*Physician: It sounds like you're caught in a bind. Part of you wants to quit to live longer and part of you wants to continue smoking because it relaxes you. You are afraid to give up the relaxation you experience with cigarettes because of a sour mood and yet, on the other hand, you think you'll be around to see your children grow up if you quit. Tell me more about the good parts of smoking. What do you like that smoking does for you? What are the downsides of smoking for you?*

**Determination (Planning or Preparation)**

Patients reach the determination stage when they state that they have a problem, must change, and believe they can do it. Determination may be short lived because the reasons to stay the same will quickly resurface. In this stage, patients begin to form a plan about how to quit. The physician's task is to reinforce the commitment and to help the patient think through the details of the proposed action. Physicians can ask patients to

demonstrate their resolve by rating their commitment to change on a 10-point scale (16).

*Physician: On a scale of one to ten, where one is not at all important and ten is the most important thing you can think of, tell me how important this change is for you.*

Physicians can similarly query patients about their confidence in their planned change.

*Physician: How confident are you about being able to make this change? You can use the same one to ten scale—one is not at all confident and ten means you are sure you can do it.*

At this stage, counseling encourages the patient to articulate a plan to quit smoking, identify people or resources that can help, and identify potential obstacles and solutions. Typically, patients are most successful when they develop their own plans with minimal suggestions from physicians. Hence, it is best to avoid giving advice and to allow the patient to do the work of planning and anticipating problems and solutions.

*Patient: I know my smoking is shortening my life, and I know I must quit. I think I can do it.*

*Physician: That's great. Let me understand how important this change is to you. On a scale of one to ten, how committed are you to quitting? How confident are you that you can stop?*

*Patient: I give myself a ten on commitment, and an eight on confidence. I think I can do it and I'm sure going to give it my best shot.*

*Physician: Sounds good. Tell me how you are planning to do this. (Listen. Ask about a quit date, plans for nicotine replacement, and availability of help or a stop-smoking buddy. You can ask about trouble spots.)*

*Physician: Are there situations that might tempt you to pick up a cigarette? How will you handle those? (Listen.) How might I or the office staff help you? (Listen. Ask about follow-up visits or telephone check-ins.) Tell me your plan in your own words. (Listen. Remind the patient of forgotten items.)*

### Action

Patients take action to change alone, but physicians can support the patient experience and help with withdrawal and craving. In taking action, patients experience the challenges and rewards of life without smoking. They learn how the plan helped them to be successful and what they had not anticipated. Physicians can build on the patient's real-life experience by reinforcing

successes. In addition, physicians can encourage patients to monitor their progress by using a diary, to find support from friends and family, and to schedule follow-up visits. Visits at this stage can be brief, even through telephone calls, but may be critically important for strengthening rewards for the new behavior and reducing the unpleasant consequences of not smoking. Physicians may feel that their counseling job is completed when a patient is in action, but, in fact, this is just the time a patient needs ongoing support to continue the healthy change.

*Patient: It's still tough but I am taking it one day at a time. I figure if I can get through the first two weeks, my craving for cigarettes will go away like it did last time.*

*Physician: Sounds like your plans are working. How have you handled the craving or times when you smoke out of habit? (Listen. Reinforce positive actions.) What problems will you face next and how might you handle them? (Listen.) How will you recognize the earliest warning that you may slip? (Listen. Reinforce realistic concerns.)*

### Maintenance

Maintenance is the sustained period of vigilance and positive action needed to sustain the new behavior. Typically, patients have much experience with success and failure and understand the thinking, situations, and people that can lead to relapse. They often express humor and humility about the difficulties of making lifestyle changes. The physician can help prevent relapse by asking about and alerting the patient to early clues of slips to the old behavior. Even after months or years have passed, physicians can support the change, express admiration for the patient's courage, and use what the patient has learned to help the patient make additional changes.

*Physician: I remember the time you struggled to quit smoking. How are you feeling about being a nonsmoker? Isn't it astounding how long the urge to smoke remains?*

### Relapse

Relapse is so frequent as to be expected, particularly when one is eliminating addictive behaviors. Typically, patients feel ashamed and guilty about failure. The counseling task is to reframe the relapse into a learning experience about what worked and what the patient learned about the conditions leading to relapse. Then,

the physician can explore the patient's willingness to stop the behavior again. The physician can reinforce the patient's success in stopping previously (the opposite of what the patient expects the physician to say) and then discover what led the patient to be successful in the last attempt. These strategies help patients to move more rapidly into determination. Most patients make several attempts to quit smoking before achieving permanent success; recognizing this fact allows patients and physicians to turn the relapse into a valuable learning experience.

*Patient: I blew it.*

*Physician: I can see you're disappointed. But it looks different to me. You've just had a terrific learning opportunity. You can't relapse unless you've been successful. What worked? (Listen.) What happened right before the first cigarette? How do you feel about trying again?*

At this point, patients reenter the cycle of change, not in demoralized precontemplation or in stressful contemplation, but in hopeful determination, armed with new insight and strategies to succeed even longer in the future. The physician can share hope with the patient. A side benefit of reframing a relapse as a learning experience is a reduction in physicians' frustration in believing that counseling patients to change is fruitless.

## CONCLUSION

This model of diagnosing patients' stage of change and using counseling strategies based on the stage is an effective way for physicians to positively influence patients' behaviors (7, 17, 18). The model has been studied most extensively in counseling patients with alcohol and substance abuse and smoking cessation (1, 7, 9, 10); however, the model can be used in a wide variety of health behaviors, including adherence to medications, exercise, or diet. In our experience, use of the stage of change model makes us feel more comfortable and more successful in counseling our patients by providing a simple framework and realistic strategies that can be used during brief office visits.

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As the audience filed back in, I began, cartoonishly, to envisage the fatal malady that, without anyone's recognizing it, was working away inside us, within each and every one of us: to visualize the blood vessels occluding under the baseball caps, the malignancies growing beneath the permed white hair, the organs misfiring, atrophying, shutting down, the hundreds of billions of murderous cells surreptitiously marching this entire audience toward the improbable disaster ahead. I couldn't stop myself. The stupendous decimation that is death sweeping us all away. Orchestra, audience, conductor, technicians, swallows, wrens—think of the numbers for Tanglewood alone just between now and the year 4000. Then multiply that times everything. The ceaseless perishing. What an idea! What maniac conceived it? And yet what a lovely day it is today, a gift of a day, a perfect day lacking nothing in a Massachusetts vacation spot that is itself as harmless and pretty as any on earth.

Philip Roth  
*The Human Stain*  
 Boston: Houghton Mifflin; 2000:209

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