Brief Behavior Change Intervention Script

Fill out **Healthy Habits Worksheet** as you go along and give to patient to take home.

# Introduce self and get permission:

* *Hi, Ms. /Mr. P., I’m \_\_ \_\_, a psychologist/graduate student/resident/etc. here in Family Medicine. I work with Dr. X and s/he told me that you might want to make some changes in your lifestyle.*
* *How do you feel about talking with me about that today?* (Validate whatever they say).

# 2. Set the Agenda – Find the Target

* *What is it you’re thinking you might want to change?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (overweight, not taking meds regularly, smoking….)
  + OR, if you already know the target behavior, verify: *So I understand that you might be thinking about (quitting smoking, getting more exercise…); is that right?*

# Acknowledge the good parts of how things are now:

* *So I’m going to start with what might seem like a funny question. What are some of the* ***good*** *things about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (smoking, not exercising, eating junk food, etc.)?* 
  + Or, *How does (smoking, being inactive, etc.,) help you?*
* Summarize the positives about the target behavior: *So it sounds like smoking helps you relax and you enjoy doing it with your friends.* Or: *Eating whatever you want means that you don’t have to plan, and you really enjoy desserts. Is that accurate?*

# Ask about the negative aspects of the way things are now:

* Can you tell me about the downsides of \_\_\_\_\_\_\_\_\_\_\_ (not exercising, watching a lot of TV, smoking)?
* Summarize the negatives about the target behavior: *So, while smoking is relaxing, on the other hand it costs you a lot of money and your wife doesn’t like the smell. Is that right?*

# Explore life goals and values. These goals will be the pivotal point against which cost and benefits are weighed.

* *It helps if I get to know a little more about you in general. What aspect of life is most important to you?*
* *What sort of person do you strive to be?*
* *If things worked out in the best possible way, what would your life look like a year from now?*
* Affirm “positive” goals and values. *OK, so if I were to sum up your values, you really care about…and want to be the kind of person who….*

# Summarize the dilemma; the pros and cons; how it fits with their values; then ask for a decision.

* *So you are trying to decide whether (*to stop smoking, start exercising more, eat better, etc*.).*

*I heard you say that on the one hand you like (*the bad habit*)…..but on the other hand… (*Bad parts of bad habit*).*

*And that in general you really care about ….and want to be the kind of person who….*

*Is that accurate?* (Clarify if not)

* *After this discussion, have you made a decision as to what you’d like to do? If so, what is it?*

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| **(If decision is *not* to change current habit, or if there is no decision about whether to change current habits yet, skip ahead to Q 7)** |

* *On a scale of 1-10, how* ***strongly committed*** *would you say you are to* (the change*)*? (1 being not at all interested, 10 being totally committed):
* *If less than 7, what could make that number higher?*

# Goal setting

* *What will you do to prepare/get started in the next one or two days?*
* *Who will be helping and supporting you?*
* *What might get in your way?*
  + *How can we fix that?*
* *On a scale of 1 to 10, how* ***confident*** *are you that you can do your next step?* 
  + *If less than 7, what could make that number higher?*

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| SKIP Q7 IF THE PERSON HAS DECIDED TO CHANGE If no decision or decision is to continue the behavior, empathize with ambivalence (otherwise proceed to Q 8).    * *This is really a tough one because* ….. (Explore to extent that patient allows.) * *Is there something that would help you make a decision/want to make a change?*      * *Are there temporary steps you want to take while you are thinking more about this?*      * *Would you be open to talking about this question again the next time you come in?* |

# Successful wrap up: Regardless of the patient’s readiness to change right now, we want him/her to leave the encounter feeling respected and like it was a valuable step to think aloud about the issue. We don’t want them to leave feeling guilty, foolish, or discouraged.

* *How has it felt talking about this today*? (Validate whatever they say).
* *I’m so glad you were willing to talk with me about this. This is a tough issue and I can see why you might struggle with it. I think that the step we’ve identified is going to be a really good one to take. I’ll be really interested to hear how it goes. I’m going to put a note in your chart summarizing what we’ve talked about so that Dr. Z will know to check in with you about it. I’m also going to give you this worksheet I’ve been filling out so that you can remember what we’ve talked about. Do you have any questions?*

OR, for the patient who has chosen **not** to make a change yet,

* *I’m so glad you were willing to talk with me about this. This is a tough issue and I can see why you might struggle with it. Would it be ok if Dr. Z continues talking with you about it the next time you come in? Would it be ok for me to come back in to talk with you as well at that time?*

From Miller and Rollnick, as adapted by Allen for use in a PCC