

HOW TO HELP PATIENTS FIND THEIR OWN MOTIVATION

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Dedication

To the hundreds if not thousands of patients I've seen over 30 years as a physiotherapist who struggled with the motivation to get the recovery outcomes they wanted. They taught me that wanting to get better and making the daily choices to do what was necessary to get better, do not always go together. They pushed me out of my comfort zone to become a much more effective clinician and communicator. Making a difference in this challenging group of patients was the drive I needed to expand myself beyond the boundaries of physiotherapy.

To my partner Jill who continues to support me in my quest to continually learn more, listens to my frustrations and most of all for her encouragement when I feel like giving up.

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Chapter 1:

Improving Patient Motivation

As a clinician, you likely encounter patients with varying levels of motivation. Some are eager to engage in their rehabilitation, while others seem resistant to change or even indifferent to their treatment plans. This lack of motivation can be particularly challenging in managing conditions like osteoarthritis, chronic spinal pain, and other long-term issues where the patient's daily commitment to recovery is crucial.

The increasing prevalence of these chronic conditions demands that clinicians refine their communication and motivational skills. It's no longer enough to be technically proficient; we need to master *soft skills* such as rapport building, effective communication, and patient motivation.

For many clinicians, dealing with unmotivated patients can become a source of frustration, sometimes leading to burnout and a diminished sense of professional fulfilment. However, this often stems from inadequate training in coaching techniques and motivational strategies rather than a lack of passion for helping people.

In this chapter, I'll provide practical strategies to help you shift your patients' perspectives and align their thinking with their treatment goals. We'll explore how to uncover what patients truly want, why they want it, and how this information can be more impactful than a traditional treatment plan alone.

Key Focus Areas:

- Understanding your patients' motivation
- Enhancing compliance with exercise programmes
- Concentrating on positive outcomes

The Importance of Motivation in Compliance

Patients' motivation plays a fundamental role in determining their compliance with prescribed exercise programmes.

If a patient doesn't perceive a clear, personal benefit, they are unlikely to invest effort into their recovery. Research has consistently shown that patient-centred communication improves adherence to treatment plans (Stewart et al., 2000).

Therefore, our role as clinicians extends beyond delivering exercises and advice—we need to frame recovery in a way that resonates with our patients' values and desires.

Practical Strategy: Using Open-Ended Questions

One technique to understand a patient's motivation is to ask open-ended questions. By focusing on their values and emotional drivers, you can gain deeper insight into what truly matters to them.

For example:

- *“What do you want to be able to do that you can't do now because of your condition?”*
- *“What are you most looking forward to achieving once you recover?”*

These questions help your patients articulate their personal motivations, beyond the typical goals of “reducing pain” or “increasing mobility.” It's crucial to listen actively to these responses, reflecting their words back to them in a way that reaffirms their goals.

Building Trust and Rapport

Establishing trust and rapport is essential when working with unmotivated patients. In a therapeutic context, rapport involves demonstrating genuine empathy and understanding of the patient's situation.

Evidence suggests that patients are more likely to adhere to treatment recommendations when they feel heard and understood by their healthcare provider (Hall et al., 2009).

One effective approach to building rapport is to employ motivational interviewing techniques. This involves guiding patients to find their reasons for change, rather than imposing your agenda. For instance, after understanding a patient's aspirations, you might say:

“So, being able to play with your grandchildren without discomfort is really important to you. Let's explore how we can make that happen together.”

Learning Tip:

To enhance your rapport-building skills, pick one to two patients in your day and commit to practicing attentive listening.

Use a simple or complex reflection to demonstrate understanding your understanding of what they have said.

For example, if a patient expresses frustration about their lack of progress, you might respond, “*It sounds like you’re feeling discouraged because the pain isn’t improving as quickly as you hoped.*” This approach validates their feelings and opens the door to collaborative problem-solving.

Further Reading:

Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick — This comprehensive guide offers practical strategies and examples of using motivational interviewing techniques to engage patients in behavioural change.

Research Citations:

Stewart, M. A., Brown, J. B., Weston, W. W., McWhinney, I. R., McWilliam, C. L., & Freeman, T. R. (2000). *Patient-Centered Medicine: Transforming the Clinical Method*. Radcliffe Medical Press.

Hall, J. A., Roter, D. L., & Katz, N. R. (2009). Patient-physician communication and patients’ evaluations of their physicians: A meta-analysis. *Social Science & Medicine*, 38*(7), 1207-1217.

Chapter 2:

Which Goals? Whose Goals?

Before starting any treatment, it's essential to have a conversation with your patients about their goals and desired outcomes. This step not only sets the direction for treatment but also creates a productive relationship.

However, as clinicians, we often focus on goals from a medical or functional perspective—such as improving range of motion (ROM), increasing strength, or restoring fitness. These are important, but they may not be the primary motivators for your patients.

In this chapter, we'll discuss the significance of aligning treatment goals with what the patient truly wants. Patients are far more likely to adhere to a treatment plan if they can see how it connects to their personal desires.

However, agreeing on a course of action is not enough. We must explore why the patient wants to achieve those outcomes and help them form a clear picture of the benefits. This not only enhances compliance but also transforms the treatment from a mere task into a meaningful journey.

The Gap Between Goals and Motivation

Many clinicians assume that once a treatment plan is agreed upon, the patient will automatically follow it. However, my experience over 30 years in practice has shown that my goals for my patients had little influence on whether they complied with their exercises. The missing link was discovering what truly mattered to them.

Take the following scenario: A patient may agree that improving their range of motion is important, but if they don't see how this improvement will affect their day-to-day life, they're less likely to engage fully. **It's not the treatment goal itself but the emotional connection to the outcome** that drives action. Helping your patients connect to this emotional motivator is crucial.

Research suggests that when patients are involved in setting their own treatment goals, they show greater adherence to their rehabilitation plans (Wade, 2009). It's important to ask patients not just **what** they want to achieve, but **why** it matters to them.

The Importance of “Why”

Understanding the "why" behind your patients' goals is vital. This involves delving deeper than the surface-level objectives and finding out what they stand to gain by reaching those goals. For example, a patient may say they want to walk without pain.

However, upon further questioning, they may reveal that walking pain-free allows them to enjoy outdoor activities with their family, which is a much stronger motivator. Here are some ways to elicit this crucial information:

Ask the right questions:

- *“What will improving your mobility enable you to do that’s important to you?”*
- *“What’s something you miss being able to do because of your current condition?”*
- *“What difference will it make to your daily life if you achieve this goal?”*

By exploring the emotional benefits, you empower patients to see the bigger picture and engage more meaningfully in their treatment.

Aligning Your Expertise with Their Goals

As a clinician, it’s easy to determine what your patients need from a functional or biomechanical perspective. However, this expertise must align with the patient’s personal goals to foster true compliance.

For example, while you might focus on improving hip flexibility to reduce pain, your patient may be motivated by the thought of getting back to a social activity like dancing or gardening.

By aligning your knowledge with their desires, you create a treatment plan that serves both functional outcomes and personal aspirations. This can be done through collaborative goal-setting.

Practical Strategy: Collaborative Goal Setting

Rather than dictating a treatment plan, use collaborative language to help the patient set their own goals. Here’s an example of how you can shift the conversation:

- “Based on your assessment, we need to focus on strengthening the muscles around your knee to support it. How do you think this will help you in your day-to-day activities?”
- “What specific activities would you like to get back to as we work through this treatment plan?”

Collaborative goal setting fosters a sense of ownership and commitment, as patients feel that their personal objectives are at the centre of their care.

Learning Tip:

When discussing treatment goals, always ask your patients how they will know they’ve reached their desired outcome. Encourage them to describe in sensory terms—what they will see, feel, or hear—so they have a vivid picture of their success. This makes the goals more tangible and easier to work towards.

Further Reading:

Mindset: The New Psychology of Success by Carol S. Dweck — This book provides insight into the power of believing that you can improve. It’s especially useful for understanding how mindset affects patient motivation and goal achievement.

Research Citations:

Wade, D. T. (2009). Goal setting in rehabilitation: An overview of what, why and how. *Clinical Rehabilitation*, 23 (4), 291-295.

Chapter 3:

Why Are Patients' Goals Important?

Understanding why patients want particular outcomes and why these goals are important to them can be challenging for clinicians. Eliciting this information is not typically part of undergraduate training. Physiotherapists are well-versed in showing patients what to do and how to do it, but they are rarely taught to explore why patients might want to do it.

In this chapter, we will explore **how** to elicit the deeper reasons behind a patient's goals.

Understanding the values and personal motivations of your patients is key to developing a treatment plan that resonates with them, encouraging better adherence and, ultimately, better outcomes.

The Power of Values in Decision-Making

The information you're trying to elicit from your patients is often based on their values. Most people struggle to verbally define their values or may not even be aware of what their values are. However, this information is crucial because values drive decisions.

When you're clear on your patients' values, you can use them to frame the treatment options available, making the treatment more relevant and motivating.

Key Questions to Uncover Patient Values

To gain insight into your patients' values and motivations, consider asking the following questions:

1. *"Why is this goal important to you?"*
2. *"What do you miss most because of this injury or illness?"*
3. *"What will be the positive outcomes of achieving [insert goal]?"*
4. *"What will you gain when you [insert goal]?"*

5. "How will achieving this goal impact your daily life?"

These open-ended questions encourage patients to think beyond the immediate benefits of recovery and reflect on the broader implications for their lives. The answers will reveal their core values, which you can then use to frame the treatment plan in a way that speaks directly to their motivations.

Connecting Values to Adherence

Simon Sinek's book "*Start With Why*" provides valuable insights into the importance of understanding the 'why' behind actions and goals.

While Sinek's work primarily focuses on leadership and business, its principles are equally applicable in healthcare settings.

In the context of physiotherapy, understanding a patient's 'why' can:

1. Increase motivation: When patients connect their treatment to their personal values and goals, they're more likely to stay motivated.

2. Improve adherence: Patients who understand why they're doing certain exercises or following specific advice are more likely to adhere to their treatment plan.

3. Enhance the therapeutic relationship: Showing interest in patients' personal motivations can strengthen the clinician-patient bond.

4. Guide treatment planning: Understanding patients' 'why' can help clinicians tailor treatment plans to align with patients' personal goals and values.

Consider this exchange:

Patient: "I really miss going on hikes with my friends. This injury has made me feel isolated."

Clinician: "I understand. Let's focus on getting you back on those hikes. As we work through these exercises, we'll be building the strength and endurance you need to enjoy those walks with your friends again."

By framing the treatment in terms of what the patient values—social connection and being outdoors—you are linking the rehabilitation process to something personally meaningful, which increases the likelihood of follow-through.

Overcoming Challenges in Eliciting the 'Why'

Some patients may find it difficult to articulate their 'why'. In these cases, consider the following strategies:

1. Use hypothetical scenarios: "*If this pain were gone tomorrow, what's the first thing you'd do?*"
2. Explore past activities: "*What activities did you enjoy before this injury that you can't do now?*"
3. Discuss impact on relationships: "*How has this condition affected your relationships with family or friends?*"

Learning Tip:

During patient assessments, make it a habit to ask at least one open-ended question that reveals their deeper motivations. Doing so will not only help you design a more effective treatment plan but also foster a stronger therapeutic relationship. The more emotionally connected a patient is to their goal, the more likely they are to stay engaged.

Further Reading:

Start with Why: How Great Leaders Inspire Everyone to Take Action by Simon Sinek

Research Citations:

Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

Chapter 4:

Six Power Phrases for Patient Adherence

Patient adherence with treatment plans is a common challenge faced by clinicians. You might encounter patients who nod in agreement during their consultation, only to return to their next appointment without having followed through on the exercises or recommendations you provided.

This can be frustrating, especially when you know that adhering to the treatment plan is crucial for their recovery.

In this chapter, I'll introduce six "power phrases" that can significantly improve patient adherence. These phrases are designed to foster engagement, encourage self-reflection, and empower patients to take ownership of their rehabilitation.

The "power phrases" are based on principles from motivational interviewing (Miller & Rollnick, 2012) and neuro-linguistic programming (NLP), both of which are designed to engage patients in meaningful conversations about their recovery.

These phrases encourage patients to explore their own motivations and consider how they can integrate the treatment into their daily lives.

By using these communication tools, you can shift the dynamic from telling patients what to do, to helping them discover why they want to do it.

The Six Power Phrases

1. *"What is it that you can't do at the moment, and that you miss the most? Why is it so important to you?"*

This question encourages patients to reflect on what truly matters to them—beyond the immediate discomfort or inconvenience of their condition.

By identifying what they miss the most, such as playing sports, spending time with family, or simply being independent, you help them connect their treatment to a meaningful personal goal.

2. "(Insert their chosen option). What that means for you is (insert the emotional benefit)"

This phrase reinforces the emotional benefits of the patient's decision. When patients choose a course of action, reflect it back to them in a way that highlights the positive outcome they will experience.

Examples:

"Doing your remedial exercises. What that will mean to you is being able to feel the excitement of getting back on the court again, without the annoying pain".

"Doing your Pilates. What that will mean to you is feeling confident that you won't have any leakage when you start running again".

3. "How will you manage to get these exercises done?"

Instead of prescribing solutions, this phrase invites patients to take responsibility for their own rehabilitation. It shifts the focus from what you think they should do to how they believe they can incorporate the exercises into their routine.

4. "What options do you have to...?"

This phrase opens up the conversation and encourages patients to think creatively about how they can fit the treatment into their lives. It's particularly useful when patients feel stuck or when barriers to compliance arise.

For example:

"What options do you have to make sure you have time to do your stretches?"

"What options do you have to incorporate Pilates into your weekly schedule?"

5. "What has to happen for you to...?"

This question helps patients confront potential challenges to compliance and think about practical solutions. It focuses on what needs to change in their environment or routine to make success more likely.

For example:

"What has to happen for you to get up from your desk every 30 minutes?"

This shifts the patient's mindset from passive participation to active problem-solving. If they encounter obstacles, such as time constraints or lack of motivation, they are encouraged to identify ways to overcome them.

6. "Based on what you said about ... I recommend..."

Recommendations carry more weight when they are based on something the patient has expressed as important. This phrase ensures that your advice is directly aligned with the patient's stated goals and motivations.

Example: *"Based on what you said about wanting to play tennis again, I recommend you start with these strengthening exercises three times a week."*

By connecting your recommendations to their personal aspirations, you increase the likelihood of compliance because the advice feels tailored and relevant to them.

Using the Power Phrases Effectively

These six power phrases are designed to be flexible and adaptable to different situations. You don't have to use them in a specific order, and they should always be framed in a way that feels natural to you and your patient. The key is to create a dialogue where the patient feels empowered and engaged in their treatment.

Tips for Effective Use:

Build rapport first: These phrases work best when there is an established level of trust between you and the patient. Patients are more likely to open up and take ownership of their rehabilitation when they feel understood and supported.

Tailor the language: While these phrases provide a framework, it's important to use language that suits the individual patient. Personalise the conversation based on their unique situation and preferences.

Focus on small wins: Even if the patient doesn't follow the treatment plan perfectly, acknowledge any effort they've made. Positive reinforcement for small steps can build momentum and encourage long-term adherence.

Learning Tip:

Use reflective listening when employing the power phrases. After the patient responds, repeat or rephrase what they've said to ensure you've understood their perspective. This also reinforces their ownership of the process.

For example, if a patient says, *"I'll do the exercises after work,"* you might respond, *"So, after your workday, you'll set aside time for the exercises to help get you back on the tennis court."*

Further Reading:

Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick — This book provides in-depth insights into how to use language to elicit and strengthen motivation in patients.

Instant Influence: How to Get Anyone to Do Anything Fast by Michael Pantalon — Offers practical tools for motivating patients in a short amount of time, especially useful in busy clinical settings.

Research Citations:

- Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

Chapter 5:

Knowing What's Needed Isn't Enough to Create Change

One of the most common frustrations for clinicians is seeing patients who know what they need to do but still fail to take action. Despite thorough assessments, detailed explanations, and well-structured treatment plans, many patients do not follow through with the exercises or lifestyle changes required for their recovery.

This disconnect between knowledge and action is particularly evident when managing chronic conditions like back pain, osteoarthritis, or long-term rehabilitation after injury.

The challenge for clinicians, then, is not only to impart knowledge but also to inspire action. In this chapter, we'll explore why knowing what to do is not enough to create change, and how clinicians can support patients in moving from understanding to doing.

The Knowledge-Action Gap

Patients today often have access to vast amounts of information. Many of them will have already researched their condition online before even coming to see you. This means that, in many cases, they already know what needs to be done—they understand the exercises, the rationale behind them, and the expected outcomes. However, this knowledge rarely translates into consistent action.

Why? Because the gap between knowing and doing is driven by behavioural, emotional, and psychological factors, not a lack of information.

Research shows that behaviour change is complex, often influenced by personal beliefs, habits, and emotions (Michie, van Stralen, & West, 2011). Simply telling a patient what they need to do is unlikely to create sustained change if these underlying factors are not addressed.

Patients Know, But Don't Act

Let's consider an example. You might have a patient with chronic back pain who has seen several physiotherapists, and has been given home exercises at each visit.

The patient understands the importance of core strengthening exercises for alleviating pain and preventing further injury, but despite this knowledge, they have failed to make these exercises a part of their daily routine.

In such cases, repeating the same information or providing more detailed instructions is not the solution. Instead, the focus should shift to helping the patient implement the knowledge they already have. This requires a different set of skills—motivational strategies that address their barriers to action, whether those barriers are emotional, practical, or psychological.

Practical Strategy: Identifying Barriers

When faced with patients who are not taking action, a useful starting point is to identify what is getting in their way. Ask questions that help you understand the obstacles they face:

- *“What do you think needs to happen for you to get started on these exercises?”*
- *“How do you feel when you think about starting your exercises?”*
- *“What has to change in your daily routine to make these exercises a priority?”*

These questions invite patients to reflect on their own barriers, which may range from fear of failure to competing responsibilities or simple lack of motivation. By bringing these barriers to the surface, you can work collaboratively with the patient to find practical solutions.

Providing Support Rather Than Information

In many cases, patients don't need more information—they need more support. Understanding how to provide this support is a critical part of being an effective clinician. Support could take many forms, including helping patients set realistic goals, offering encouragement, or troubleshooting challenges that arise.

Take, for example, a patient who is overwhelmed by their rehabilitation program. They may be struggling with balancing work, family, and therapy.

In this situation, rather than adding more exercises to the plan, it may be more effective to simplify the routine and offer reassurance that even small, consistent steps can lead to progress.

As a clinician, you can ask questions like:

- *“What would be the first small step you could take?”*
- *“How can we make these exercises fit more easily into your day?”*
- *“What would success look like for you this week?”*

These questions shift the focus from the daunting nature of the entire treatment plan to manageable, achievable actions. By breaking it down into smaller, more attainable goals, you help patients feel less overwhelmed and more empowered to take action.

The Role of Empathy in Behaviour Change

Empathy plays a crucial role in supporting patients through behaviour change. When patients feel that their clinician understands their challenges and is genuinely interested in their success, they are more likely to engage with the process. Attentive listening, reflective responses, and validating their concerns are powerful tools to help build this trust.

For instance, a patient might say, *“I’ve just been so busy with work that I haven’t had time for my exercises.”* Rather than simply reminding them of the importance of the exercises, you might respond empathetically: *“It sounds like you’ve had a lot on your plate. Let’s think about how we can fit this into your day without it feeling like a huge burden.”*

By responding with empathy, you acknowledge the patient’s feelings while also reinforcing the importance of finding a solution. This balance between understanding and problem-solving helps to motivate patients to take action without feeling judged or pressured.

Learning Tip:

When patients are not following through on their exercises or treatment plan, avoid the temptation to give more information. Instead, focus on asking questions that reveal the underlying barriers to action. Once these barriers are understood, work with the patient to find small, manageable steps they can take to start moving forward.

Further Reading:

The Power of Habit: Why We Do What We Do and How to Change It by Charles Duhigg — This book explores how habits are formed and changed, offering valuable insights into how clinicians can help patients develop new, positive routines.

Switch: How to Change Things When Change Is Hard by Chip Heath and Dan Heath — This book provides practical strategies for creating change, even when patients feel stuck.

Research Citations:

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 42.

Chapter 6:

Exercise Adherence: How Is It Working?

As a clinician, you likely spend significant time crafting personalised exercise programmes for your patients, designed to support their recovery and enhance their physical capabilities.

In the clinic, patients may seem enthusiastic and fully engaged, but when they return for their next session, many admit they haven't done the exercises as instructed. While it may be tempting to think patients lack motivation or discipline, the reality is often more complex.

Exercise adherence, or the lack of it, is a multifaceted challenge. In this chapter, we'll explore why patients struggle to follow through on home exercise plans and how clinicians can better support them in implementing these important changes.

By understanding the psychological and practical barriers to adherence you can help your patients take consistent action towards their recovery.

Why Do Patients Struggle With Compliance?

The reasons patients fail to adhere to home exercise programmes are rarely as simple as a lack of motivation. Research shows that behaviour change, including starting and sticking to an exercise routine, depends on multiple factors, including the patient's environment, their habits, and their perception of the task at hand (Schwarzer, 2008).

Here are some common reasons patients may struggle with adherence:

- 1. Lack of Time:** Many patients are juggling multiple responsibilities—work, family, and social commitments—making it hard to prioritise exercises.
- 2. Unfamiliarity with Exercise:** For those who are not used to exercising regularly, incorporating new movements can feel overwhelming or intimidating.
- 3. Pain or Discomfort:** Patients experiencing pain or discomfort may avoid exercises out of fear that they will exacerbate their condition.

4. Difficulty Seeing Progress: If patients don't notice immediate improvements, they may become discouraged and stop their exercise routines prematurely.

5. Environmental Obstacles: A lack of space, equipment, or privacy may make it challenging for patients to exercise at home.

As clinicians, it's important to address these potential barriers upfront and equip patients with the tools and strategies they need to succeed.

Assessing the Patient's Readiness for Exercise

Before assigning an exercise programme, it's essential to assess a patient's readiness for physical activity. This means understanding their current habits, fitness level, and any potential obstacles they may face.

By asking key questions, you can tailor the programme to their specific needs and make it more likely they will follow through.

Practical Strategy: Three Key Questions

When discussing a home exercise plan, ask your patients these three critical questions:

1. "Have you ever exercised before?"

If a patient has little to no experience with regular exercise, they may struggle to incorporate new activities into their routine. In this case, you might need to help them build new habits gradually, starting with small, achievable tasks.

Solution: Model the exercise routine on behaviours they already find easy to maintain. For instance, if a patient is already disciplined in another area of their life, such as work or family responsibilities, you can draw parallels and help them apply that discipline to their exercise regimen.

2. "What obstacles do you need to overcome to complete these exercises?"

By identifying potential barriers early, you can work with your patients to find practical solutions. These obstacles might include time constraints, physical discomfort, or lack of equipment.

Solution: Collaborate with the patient to problem-solve. If time is an issue, suggest shorter, more focused exercise sessions. If pain is a concern, modify the exercises to be less intense initially.

3. “What will you need to stop doing to make time for these exercises?”

Introducing a new activity like daily exercise often means giving up something else. Help your patients think about what they can realistically cut back on—such as watching television or scrolling on social media—to make room for their rehabilitation.

Solution: Encourage patients to view the time they spend on their exercises as an investment in their future well-being, rather than a sacrifice.

Setting Realistic Expectations

One of the most common reasons patients abandon their exercise programmes is that they set unrealistic expectations for progress. This can lead to frustration when they don’t see the results they expected in the time they hoped. As a clinician, you play a key role in setting clear, achievable goals that align with the patient’s recovery timeline.

Practical Strategy: Short-Term Goals

Help patients break their rehabilitation into smaller, manageable steps by setting short-term goals. Instead of focusing on the final outcome (e.g., complete recovery), encourage them to celebrate small victories along the way, such as reducing pain during a specific movement or regaining a certain range of motion.

For example:

“This week, let’s focus on improving your ability to climb stairs without pain. Once we achieve that, we’ll move on to more advanced movements.”

By keeping the focus on immediate, attainable goals, you make the process feel more manageable and less overwhelming for the patient.

The Importance of Feedback and Follow-Up

Patients are more likely to stick to their exercise routines if they feel supported and receive regular feedback. This means checking in with them, either during follow-up appointments or through brief phone calls or digital platforms, to see how they are progressing and to address any challenges they may be facing.

Practical Strategy: Encouragement and Adjustment

- When patients return for follow-up visits, take the time to ask how their exercises are going. Provide positive reinforcement for any effort they've made, even if the results aren't yet visible. If they haven't been able to complete the exercises, ask why and work together to adjust the plan.
- Consider setting up reminders or using digital tools to send encouragement. Some clinicians find success using mobile apps that track patients' progress and provide feedback in real time.

This type of ongoing support shows patients that their efforts are being monitored and valued, which increases accountability.

Learning Tip:

To improve patient compliance, introduce small, manageable changes and build from there. For patients who are new to exercise or have struggled with adherence in the past, start with a single exercise and a specific goal for the week. As they succeed with these small steps, gradually increase the intensity and number of exercises.

Further Reading:

Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones by James Clear — This book provides practical strategies for building habits that stick, which can be applied to helping patients develop regular exercise routines.

The How of Habits: Using Behavioural Science to Make and Break Habits by Bri Williams — Offers insights into how habits are formed and how they can be modified, which is relevant for helping patients maintain their exercise regimens.

Research Citations:

Schwarzer, R. (2008). Modelling health behaviour change: How to predict and modify the adoption and maintenance of health behaviours. *Applied Psychology*, 57 (1), 1-29.

Chapter 7:

Don't Assume Highly Motivated Patients Will Be Compliant

As clinicians, we often encounter patients who seem highly motivated—those who attend appointments diligently, ask thoughtful questions, and appear eager to recover. It's easy to assume that their motivation will naturally translate into compliance with home exercise programs. However, even the most motivated patients can struggle with adherence, as motivation does not always equal action.

In this chapter, we will explore why even motivated patients may fail to follow through on their treatment plans and how clinicians can help them turn motivation into consistent, practical steps.

Motivation Does Not Guarantee Compliance

Motivation and adherence are not the same. A patient might be enthusiastic during their consultation but struggle to translate that motivation into the daily actions necessary for recovery.

Even highly motivated patients may not think about *when* or *how* they will incorporate the exercises into their routine, leading to missed sessions and incomplete rehabilitation.

For example, you may encounter a highly driven athlete who understands the value of rehabilitation but avoids basic strengthening exercises, believing they're too simplistic.

In reality, despite their motivation, these patients may struggle to incorporate exercises they perceive as less urgent compared to their regular high-performance routines.

Personal Experience: High Motivation, Low Compliance

To illustrate this point, let me share a personal experience that highlights how even highly motivated individuals can struggle with compliance:

I once sought help from a physiotherapist who specialises in a very specific area of musculoskeletal physiotherapy. I was extremely motivated to address my problem and eager to follow his advice.

After a thorough assessment, he provided a clear diagnosis and a solution. He instructed me, "I want you to do these exercises 5 times a day. Is that okay?"

Naturally, I nodded in agreement. As a physiotherapist with over 30 years of experience, I could see the benefit and understood the rationale behind the prescribed exercises. Moreover, I have a lifelong habit of exercising regularly.

By all accounts, I would be considered a 'highly motivated patient'.

Despite my motivation and understanding, by the end of the following day, I had completed all my usual exercises but had not done any of the newly prescribed ones.

The reason? I had not taken the time to consider when and how I would fit these new exercises into my existing schedule.

Bridging the Gap Between Motivation and Action

For highly motivated patients, it's essential to provide more than just encouragement—you must help them create a plan. Simply nodding along during a consultation doesn't mean they will take the necessary steps at home. Asking specific, practical questions helps patients reflect on how they will follow through:

- *"How will you fit these exercises into your daily routine?"*
- *"What might get in the way of you doing these exercises consistently?"*

These questions prompt patients to think critically about their schedule and possible obstacles, shifting their focus from motivation to implementation.

Starting Small: Adjusting the Treatment Plan

Highly motivated patients may overestimate their ability to follow a rigorous rehabilitation plan, especially if they have a busy lifestyle. To avoid overwhelming them, it's helpful to start with small, manageable steps.

For instance, rather than asking a patient to do exercises five times a day, begin with twice a day. Or even better, negotiate with them how many times they can confidently commit to. Once they develop the habit, you can gradually increase the frequency.

Example: *“Let’s start with two sessions a day for this week. If that feels manageable, we can build from there.”*

This strategy makes the task feel achievable and avoids the frustration that comes from setting unrealistic goals. It also reinforces the idea that recovery is a gradual process, not something that can be rushed.

Helping Patients Prioritise Health

Many motivated patients are used to prioritising work, family, or sports over their personal health. While they may express a desire to recover quickly, they often underestimate the need to dedicate time to their rehabilitation.

By helping patients reflect on their priorities, you can guide them to see their exercises as an investment in their long-term success, rather than a short-term inconvenience.

Practical Strategy: Reframing the Commitment

Encourage patients to think about how the time they dedicate to their exercises now will pay off in the future. This reframing can help them see their rehabilitation program as an essential part of their recovery, rather than an additional burden:

“By setting aside just 15 minutes a day for these exercises, you’re helping yourself get back to your activities faster and preventing further injury.”

Even Knowledgeable Patients Need Support

Another common misconception is that highly knowledgeable patients—such as healthcare professionals or athletes—will be more adherent. While these patients may understand the exercises and the reasoning behind them, knowledge doesn’t always translate into action. In fact, these patients may struggle with the same challenges as less-informed patients, such as time management, overconfidence, or a lack of structured planning.

Practical Strategy: Regular Check-ins

Even when working with knowledgeable and motivated patients, regular check-ins are crucial. At follow-up appointments, ask how they’ve been managing their exercises and whether they’ve

encountered any obstacles. This gives you the opportunity to adjust the plan and provide additional support if necessary.

“How have the exercises been going this week? Any challenges fitting them in?”

These check-ins reinforce accountability and help identify any barriers before they derail the patient’s progress.

Learning Tip:

Even with highly motivated patients, focus on creating a clear, actionable plan for their exercises. Ask targeted questions about when and how they will incorporate the exercises into their daily lives, and follow up regularly to ensure they stay on track.

Further Reading:

Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones by James Clear — Offers practical strategies for developing habits, which can help patients maintain a consistent exercise routine.

The 5 Second Rule by Mel Robbins — Provides useful tools for turning motivation into action, which can be applied to patients who struggle to act on their enthusiasm.

Research Citations:

Schwarzer, R. (2008). Modelling health behaviour change: How to predict and modify the adoption and maintenance of health behaviours. *Applied Psychology*, 57 (1), 1-29.

Chapter 8:

How Can You Help Your Patients Take Action When They Don't 'Feel Like It'?

We've all had patients who agree with everything you've recommended during a session but still struggle to follow through on the prescribed exercises or lifestyle changes.

Often, they claim they "just don't feel like it," or find ways to procrastinate. This emotional barrier is a significant challenge in patient compliance and behaviour change.

In this chapter, we'll explore the reasons why patients often don't "feel like" doing what they know they need to do and how you can help them overcome these emotional roadblocks. By understanding the role of emotions in decision-making, you can offer strategies that motivate patients to take action, even when they're not in the mood.

Emotions Drive Decisions, Not Logic

One of the core realities of human behaviour is that emotions often override logic. Patients may understand the benefits of doing their exercises, but their decisions are usually driven by how they *feel* at the moment.

As Antonio Damasio's research has shown, emotions are critical to decision-making; people who can't feel emotions due to brain damage also struggle to make decisions (Damasio, 1994).

For patients, this often means that their short-term feelings—like fatigue, pain, or simple resistance—can outweigh their long-term desire to recover. If they wait until they "feel like" doing their exercises, they're unlikely to get started.

Practical Strategy: Addressing Emotional Resistance

One of the most effective ways to help patients overcome this emotional inertia is to openly acknowledge it. Start by explaining that it's normal to not "feel like" doing exercises, but that action can still happen regardless of how they feel.

Example: *“It’s completely natural to not feel like doing your exercises every day. But the key is to start, even when you don’t feel like it—because action creates momentum, and you’ll feel better once you’ve started.”*

This strategy reframes the exercise routine as something that doesn’t require emotional readiness, but rather a practical commitment to getting started, regardless of the initial feeling.

The Adverse Effects of Having No Mental Picture

An essential part of a patient’s motivation is their ability to **visualise success**—to have a clear mental picture of what their recovery looks like. Patients who don’t have this mental image often struggle with motivation and compliance.

If they cannot imagine what life will be like once they’ve achieved their goals, they may feel directionless or uncertain about the purpose of their efforts.

A **mental picture** gives patients a tangible sense of what they are working towards. Without it, they may feel disconnected from the process, making it easier to delay or neglect their treatment plan.

This lack of vision often leads to statements like, *“I don’t think I’ll ever get better,”* or *“I don’t see the point of doing these exercises.”*

Practical Strategy: Help Patients Create a Mental Picture

Encourage your patients to actively visualise the outcome of their efforts. Ask questions that guide them to form a clear picture in their mind of what success looks like, sounds like, and feels like. This can help them emotionally connect to the process of recovery, giving them a reason to follow through.

Example: *“Imagine how great it will feel when you can walk without discomfort. What’s the first thing you’ll do when that happens? How will you feel when you can enjoy that again?”*

Helping patients develop this mental picture makes the process feel more purposeful, increasing their motivation to take action.

The Power of a Starting Ritual

One effective method for overcoming resistance is to implement a “starting ritual.” This simple tool helps patients shift from procrastination to action by creating a routine that signals to their brain that it’s time to begin.

A popular starting ritual, introduced by motivational expert Mel Robbins, is the “5-Second Rule”. This involves counting down from 5 and then immediately beginning the task. The countdown interrupts negative thoughts or excuses, allowing patients to bypass their feelings of resistance and move directly into action.

Practical Strategy: Implementing a Starting Ritual

Encourage your patients to create a personal starting ritual that they can use whenever they’re resisting action. The ritual could be something as simple as taking a deep breath, stretching, or using the 5-second countdown.

Example: *“Next time you don’t feel like doing your exercises, count down from 5 and then just begin. Don’t think about it—just start.”*

This tool helps patients bypass their emotional resistance and jump straight into action, reducing the psychological burden of getting started.

Overcoming Negative Self-Talk

Patients often engage in negative self-talk that fuels their resistance to action. Thoughts like “I’m too tired,” “It’s not going to work anyway,” or “I’ll do it later” can easily derail even the most well-intentioned recovery plans. These thoughts tend to magnify the difficulty of the task at hand and increase procrastination.

Practical Strategy: Reframing Negative Thoughts

Teach your patients how to challenge and reframe their negative self-talk. This involves recognising the thought, then replacing it with a more constructive or realistic statement.

Example: If a patient says, *“I’m too tired to do my exercises today,”* encourage them to reframe that thought to, *“I’ll just do 5 minutes, and see how I feel after that.”*

This small shift in mindset can help patients move past the mental barrier that’s preventing them from taking action.

Making It Easier: Set Small, Achievable Goals

For many patients, the thought of doing a full exercise routine feels overwhelming, especially if they're already struggling with pain or fatigue. In these cases, breaking down the task into smaller, more manageable pieces can make it easier to get started.

Practical Strategy: The “Just Do 5 Minutes” Rule

Encourage patients to commit to just 5 minutes of their exercise routine. Once they've started, they'll often feel motivated to continue, but even if they don't, they've still made some progress.

Example: *“If you're not feeling up to doing the full routine, just tell yourself you'll do 5 minutes. If you want to stop after that, it's fine—but getting started is the hardest part.”*

By lowering the initial barrier, you help patients overcome the resistance to starting, and they're likely to complete more than they initially planned.

Accountability and External Support

For patients who struggle with motivation, external accountability can be a powerful motivator. Knowing that someone else is expecting them to complete their exercises or follow their treatment plan can provide the nudge they need to take action.

Practical Strategy: Accountability Partnerships

Encourage patients to enlist the help of a family member, friend, or even a fellow patient to act as an accountability partner. They can check in with each other regularly, either in person or through messaging apps, to ensure they're staying on track with their exercises.

Example: *“Ask someone close to you to check in with you a few times a week and see if you've done your exercises. Sometimes just knowing someone will ask is enough to keep you motivated.”*

This creates an external source of motivation that can help patients stay consistent even when their internal motivation is low.

Learning Tip:

Help patients implement starting rituals and small goals to get over the hurdle of not “feeling like” doing their exercises. Teach them to reframe negative self-talk and emphasise that action creates momentum, even if they don’t feel ready.

Further Reading:

The 5 Second Rule by Mel Robbins — A practical guide to overcoming procrastination and taking action, a useful resource for patients who struggle to get started.

The Willpower Instinct by Kelly McGonigal — Offers strategies for overcoming resistance and building willpower, which can help patients maintain consistency in their treatment plan.

Research Citations:

Damasio, A. R. (1994). *Descartes' Error: Emotion, Reason, and the Human Brain*. G.P. Putnam's Sons.

Chapter 9:

Overcoming Procrastination and Building Momentum

Procrastination is a common barrier that prevents patients from following through with their treatment plans. Whether it's delaying exercises, postponing lifestyle changes, or avoiding uncomfortable tasks, procrastination can significantly hinder recovery.

In this chapter, we'll explore the root causes of procrastination in patients and provide practical strategies to help them overcome it. By understanding the psychological reasons behind procrastination and offering solutions to address it, you can empower your patients to take consistent action toward their recovery goals.

Why Do Patients Procrastinate?

Procrastination isn't about laziness or lack of willpower. Research suggests that procrastination is often linked to stress, anxiety, or fear of failure (Sirois & Pychyl, 2013).

When faced with a task that seems difficult or overwhelming, patients may unconsciously delay action as a way to avoid the discomfort associated with the task. This is particularly common in rehabilitation, where exercises may trigger pain or frustration due to slow progress.

Other factors that contribute to procrastination include:

Perfectionism: Patients may delay starting an exercise plan because they feel they need to do it perfectly, leading to avoidance.

Fear of Failure: Patients may worry that they won't succeed or see results, making them hesitant to even try.

Overwhelm: A large, complex exercise routine can feel daunting, causing patients to put off starting altogether.

Low Self-Efficacy: Patients who don't believe they are capable of successfully completing their exercises may avoid them altogether.

As clinicians, understanding these underlying causes allows us to offer more targeted strategies for overcoming procrastination.

Practical Strategy: The “5-Minute Rule”

A powerful tool to help patients overcome procrastination is the *5-Minute Rule*, where patients commit to doing just five minutes of their exercises or treatment tasks. This lowers the psychological barrier to starting and helps patients build momentum.

Once they begin, they often continue beyond the initial five minutes, but even if they don't, they've still taken a step toward progress.

Example: *“If the thought of doing your entire routine feels overwhelming, just start with five minutes. You don't have to do the whole thing, but getting started is the hardest part. Once you begin, you'll likely keep going.”*

This approach simplifies the task, making it feel more manageable and reducing the stress associated with starting.

Breaking Tasks Into Manageable Steps

For patients who feel overwhelmed by their treatment plan, breaking down the exercises into smaller, more manageable tasks can make the process less intimidating. This strategy is particularly useful for complex rehabilitation plans that involve multiple exercises or lifestyle changes.

Practical Strategy: Micro-Goals

Help your patients break their overall rehabilitation goal into smaller, daily or weekly micro-goals. These micro-goals should be specific, measurable, and easy to achieve, giving the patient a sense of accomplishment and building momentum.

Example: Instead of focusing on the long-term goal of full recovery, set a weekly goal such as, *“This week, let's focus on doing 10 minutes of stretching every morning.”*

This micro-goal approach makes progress feel more attainable and helps patients avoid feeling overwhelmed by the larger task at hand.

Identifying and Addressing Stress Triggers

Procrastination is often a response to underlying stress. When patients feel anxious or uncertain about their rehabilitation, they may put off their exercises to avoid these negative emotions. By identifying the specific sources of stress, you can help patients address their concerns and reduce their avoidance behaviour.

Practical Strategy: Stress Mapping

Encourage patients to explore what stresses or fears might be holding them back. Ask open-ended questions to help them reflect on their feelings and uncover the real reasons behind their procrastination.

- *“What’s been holding you back from starting your exercises?”*
- *“What feels most stressful about your rehabilitation right now?”*

Once the patient identifies their stress triggers, work together to find practical solutions to reduce those stressors.

For example, if a patient feels overwhelmed by pain, you might adjust their exercises to be less intense or provide reassurance that mild discomfort is a normal part of the recovery process.

Using Visualisation to Overcome Procrastination

Visualisation is a powerful technique that can help patients overcome procrastination by allowing them to see themselves succeeding. When patients visualise the positive outcomes of their efforts —such as walking without pain, regaining strength, or returning to a beloved activity—they are more likely to take action toward those goals.

Practical Strategy: Visualisation Exercises

Guide your patients through a simple visualisation exercise where they imagine themselves completing their exercises and feeling the benefits of progress. This can help them shift their focus from the discomfort of the present moment to the rewards of their efforts.

Example: *“Take a few moments to close your eyes and picture yourself completing the exercises. Imagine how it will feel when you’ve regained your strength or mobility. The more clearly you can see it, the easier it will be to take action.”*

Visualisation helps patients connect emotionally with the desired outcome, which can provide the motivation they need to get started.

Accountability for Procrastination

Accountability can be a powerful tool for combating procrastination. When patients know that someone else is expecting them to follow through, they are less likely to delay action. External accountability can come from friends, family, or even you, the clinician.

Practical Strategy: Setting Checkpoints

Set specific checkpoints for follow-up, whether during in-person appointments, via email, or through a digital platform. These checkpoints provide patients with a sense of responsibility to report back on their progress.

Example: *“Let’s check in next week to see how your exercises are going. We can make any adjustments if needed, but the important thing is that you get started.”*

Having a scheduled check-in helps keep patients accountable and reduces the likelihood of procrastination.

Learning Tip:

Encourage patients to use the 5-Minute Rule to lower the barrier to starting their exercises. By committing to just five minutes, they can overcome the initial resistance and build momentum toward completing their routine. Pair this with visualisation techniques to help them stay focused on the benefits of their actions.

Further Reading:

The Willpower Instinct: How Self-Control Works, Why It Matters, and What You Can Do to Get More of It by Kelly McGonigal — This book provides practical strategies for building willpower and overcoming procrastination, which can be helpful for patients struggling with adherence.

The Procrastination Equation: How to Stop Putting Things Off and Start Getting Stuff Done by Piers Steel — Offers insights into the psychology of procrastination and practical tools for overcoming it.

Research Citations:

Sirois, F. M., & Pychyl, T. A. (2013). Procrastination and health: Exploring the link to stress and well-being. *Health Psychology, 32* (3), 288-300.

Chapter 10: Bringing About Behavioural Change

Helping patients change their behaviour is at the heart of effective rehabilitation and recovery. Whether it's committing to a new exercise routine, adjusting lifestyle habits, or managing chronic conditions, patients often need to make significant behavioural changes to achieve lasting results.

However, change is difficult—especially when it requires breaking long-held habits or adopting new, unfamiliar ones.

In this chapter, we will explore strategies grounded in motivational interviewing and behaviour change science to help clinicians facilitate meaningful, lasting changes in their patients' lives. These techniques focus on understanding patients' motivations, reducing resistance, and encouraging them to take ownership of their health decisions.

Why Behaviour Change Is Hard

Humans are creatures of habit. Our daily routines, thoughts, and behaviours are shaped by past experiences and reinforced by psychological and environmental factors. Changing established behaviours, such as inactivity, poor diet, or avoiding exercises, requires breaking those patterns and replacing them with new habits.

One of the main reasons behavioural change is so challenging is that it involves not just conscious effort but also unconscious processes, including emotions, fears, and ingrained beliefs.

For example, a patient may understand that regular exercise is crucial for recovery, but if they've failed to stick to similar routines in the past, they may doubt their ability to succeed this time, leading to resistance or procrastination.

Motivational Interviewing: A Collaborative Approach

Motivational interviewing (MI) is a proven technique for facilitating behavioural change, especially in patients who are ambivalent or resistant. Developed by William Miller and Stephen Rollnick, MI focuses on helping patients find their own reasons for change rather than simply following instructions. It's a collaborative, non-judgmental approach that encourages patients to explore their motivations and identify the steps they are willing to take.

MI is based on three key principles:

1. **Autonomy:** Patients ultimately have control over their decisions, and change is more likely to occur when it's self-directed.
2. **Evocation:** The clinician helps evoke the patient's internal motivation by exploring their values and goals.
3. **Collaboration:** Instead of directing or persuading, the clinician works alongside the patient, helping them discover their own path to change.

Practical Strategy: The 6 Key Questions of Motivational Interviewing

Michael Pantalon, a psychologist who specialises in brief interventions, developed a series of six questions to quickly foster behavioural change. These can be particularly useful for time-pressured clinical settings, as they help patients explore their motivations in just a few minutes:

1. Why might you want to change?

This question encourages the patient to reflect on their personal reasons for changing. It connects the desired action (e.g., doing exercises) with their deeper motivations, such as regaining mobility or reducing pain.

Example: **"Why do you want to be able to walk without pain? What will that mean for you?"**

2. How ready are you to change—on a scale of 1 to 10?

This establishes the patient's current readiness for change. The number itself isn't important, but it provides a starting point for further exploration.

3. Why didn't you pick a lower number?

This clever question prompts the patient to justify their motivation by focusing on their reasons for change, rather than dwelling on their resistance. It is part of the process of talking themselves into change.

4. Imagine you've made this change. What would the positive outcomes be?

This helps the patient visualise the benefits of successfully adopting the new behaviour, making the goal more concrete and emotionally appealing.

5. Why are these outcomes important to you?

By asking patients to reflect on the personal significance of their goals, you help strengthen their motivation and commitment to change. This is the step that connects the change they want with their values.

6. What's the next step, if any?

This question puts the control in the patient's hands. The implication is that they don't *have* to do anything, but if they choose to act, they'll do so based on their own motivation.

These six questions can be used in any situation where a patient is struggling to take action, providing a framework that encourages reflection and self-motivation.

Building Trust in Patients' Ability to Change

A critical component of behaviour change is helping patients build **self-efficacy**—the belief in their own ability to succeed. Patients who lack confidence in their ability to complete their exercises or follow through with a treatment plan are more likely to give up at the first sign of difficulty.

Helping patients trust their ability to succeed is just as important as the technical aspects of the treatment itself.

Practical Strategy: Strengthening Self-Efficacy

Help your patients build confidence by celebrating small victories and setting achievable goals. This helps them experience success early on, reinforcing their belief that they can make progress. The key is to highlight **manageable steps** that are within their control.

Example: *“Let's set a goal that feels manageable for this week. How about starting with 5 minutes of stretching each day? Once you've done that, you'll feel more confident to take on more.”*

As patients accomplish smaller tasks, their confidence grows, making them more likely to tackle larger challenges. Reinforcing these small wins also helps them develop **trust in the process** and in themselves.

Practical Strategy: Reinforce Past Successes

When patients express doubt about their ability to succeed, remind them of past successes in similar situations. This can help them see that they have already overcome challenges before and can do so again.

Example: *“Remember when you felt unsure about completing that initial round of exercises, but you stuck with it and saw improvement? You’ve proven to yourself that you can do this.”*

Reinforcing past achievements builds the patient’s sense of self-efficacy, making it easier for them to trust that they can succeed again.

Breaking Down Resistance to Change

Resistance to change is a natural reaction, especially when the task at hand feels overwhelming or uncomfortable. Some patients may resist because they feel they’ve tried and failed before, while others may be unaware of the reasons behind their resistance.

Practical Strategy: The Decisional Balance Tool

The decisional balance tool helps patients weigh the pros and cons of changing versus staying the same. It’s particularly effective for patients who feel stuck in their current behaviour patterns.

Step 1: Ask the patient to list the benefits and downsides of making the change.

Example: *“What are the advantages of doing your exercises regularly? What are the disadvantages?”*

Step 2: Ask the patient to list the benefits and downsides of not changing.

Example: *“What’s good about staying the same? What’s the downside of not doing the exercises?”*

By exploring both sides, patients gain a clearer picture of the trade-offs involved and are often more motivated to act when they see that the benefits of change outweigh the disadvantages.

Creating a Plan for Change

While motivation is essential for change, patients also need a concrete, well-structured plan that connects their goals with their values and daily routines.

The **NLP Well-Formed Outcome (WFO)** model is a powerful tool for helping patients clarify their goals, ensuring they are specific, realistic, and personally meaningful. Unlike generic goal-setting methods, the WFO model emphasises aligning goals with the patient's core values and focuses on how they will feel and experience success.

The **NLP Well-Formed Outcome** model consists of several key elements that ensure goals are achievable, aligned with personal motivations, and structured in a way that increases the likelihood of success.

Key Elements of the NLP Well-Formed Outcome Model

1. State the Goal in Positive Terms

The goal must focus on what the patient *wants* to achieve, rather than what they want to avoid or get rid of. This reframing from the negative to the positive helps the patient focus on the outcome they desire rather than the problem they are trying to solve.

- **Ask:** *“What do you want to achieve, not what you want to avoid?”*
- **Example:** Instead of saying, *“I don’t want to feel pain anymore,”* help the patient reframe this into, *“I want to walk comfortably without pain.”*

By stating the goal in positive terms, the patient is focused on the end result, not the barriers.

2. Make the Goal Specific and Sensory-Based

To make the goal compelling and actionable, it needs to be specific and based on sensory experiences—what the patient will *see*, *hear*, *feel*, and even *sense* when they achieve the outcome. The more vividly the patient can imagine the goal, the stronger their emotional connection to it.

- **Ask:** *“What will you see, hear, and feel when you achieve this outcome?”*
- **Example:** If a patient says their goal is to walk without discomfort, ask them to describe the experience in detail:

- *“I’ll see myself walking confidently down the street, I’ll hear my footsteps without hesitation, and I’ll feel strong and steady on my feet.”*

Creating a sensory-rich picture of the future helps the patient engage with their goal more deeply and improves their commitment to taking action.

3. Ensure the Goal Is Achievable and Within the Patient’s Control

The outcome must be realistic and within the patient’s ability to influence. If the goal relies on external factors beyond their control, it can create frustration and reduce motivation. A well-formed outcome is based on actions that the patient can take and achieve on their own.

- **Ask:** *“Is this outcome achievable? Is it something you can directly influence?”*
- **Example:** If a patient’s goal is to return to sports, make sure their steps toward recovery are within their control. Instead of focusing on winning a competition, the focus should be on regaining strength or range of motion—actions they can take responsibility for through exercises or treatments.

This keeps the goal grounded in reality and within the patient’s capacity to achieve.

4. Consider the Context and Ecology

The ecology of the goal refers to its broader impact on the patient’s life. Is achieving this outcome compatible with their other life responsibilities and values? Will it affect their relationships, work, or other priorities?

A well-formed outcome ensures that the goal fits harmoniously with the patient’s overall life context, reducing the chances of unintended negative consequences.

- **Ask:** *“What are the consequences of achieving this outcome? How will it affect your relationships, work, or other areas of your life?”*
- **Example:** A patient may want to dedicate more time to their exercises, but this might conflict with their family responsibilities. Help them explore how they can fit their rehabilitation into their daily routine without causing undue stress or tension with other commitments.

Understanding the ecology of the goal ensures that the outcome doesn’t create new problems and integrates smoothly into the patient’s lifestyle.

5. Define Clear Evidence of Success

Patients need to be able to measure their progress and recognise when they've achieved their goal. This step involves helping the patient define the specific criteria they will use to know they are successful. This evidence must be concrete and measurable, usually in sensory terms—what they will see, hear, or feel when they have accomplished their goal.

- **Ask:** *“How will you know when you've achieved your goal? What will be different in your life?”*
- **Example:** A patient might say, *“I'll know I've succeeded when I can walk for 30 minutes without stopping or feeling pain in my knees.”*

Defining clear evidence of success gives the patient a tangible way to track their progress and stay motivated along the way.

6. Check for Alignment with Values

An often overlooked but essential part of the well-formed outcome model is ensuring that the goal aligns with the patient's core values. A goal that is meaningful to the patient will naturally evoke a stronger commitment to change.

- **Ask:** *“Why is this outcome important to you? How does it fit with your values?”*
-
- **Example:** If a patient values independence and physical activity, you can highlight how achieving their outcome (e.g., walking without pain) will allow them to maintain an active lifestyle and stay independent.

By linking the goal to the patient's deeper motivations and values, you create a stronger emotional connection to the outcome, which in turn drives greater persistence and effort.

Guiding a Patient Through the NLP Well-Formed Outcome Model

Here's how you can apply the NLP Well-Formed Outcome model in practice:

1. **Start with the goal:** Ask the patient what they want to achieve, guiding them to reframe the goal in positive terms.
2. **Explore the details:** Help the patient describe their goal in vivid, sensory-rich terms, focusing on what success looks, feels, and sounds like.

3. **Check for achievability:** Ensure the goal is realistic and within the patient's control, focusing on actions they can take directly.
4. **Consider the broader impact:** Discuss how the goal fits into the patient's life and responsibilities, ensuring it doesn't create new problems.
5. **Define success:** Work with the patient to establish clear criteria for success, so they know how to track their progress.
6. **Align with values:** Finally, explore how achieving the goal supports the patient's core values and long-term aspirations, enhancing their motivation.

Learning Tip:

Use the NLP Well-Formed Outcome model to guide one of your patients in creating meaningful, realistic, and actionable goals. By ensuring their goals are positive, sensory-based, and aligned with their values, you increase the likelihood of sustained commitment and success.

Further Reading:

Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick — A must-read for clinicians looking to enhance their communication skills and support behavioural change in patients.

Switch: How to Change Things When Change Is Hard by Chip Heath and Dan Heath — Offers practical strategies for creating behavioural change, both in personal and professional contexts.

Research Citations:

Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

Chapter 11:

The Power of Language in Motivating Patients

The words we use when communicating with patients can significantly influence their motivation, mindset, and compliance with treatment.

Language shapes not only how patients perceive their condition but also how they approach recovery. Subtle changes in phrasing can foster optimism, encourage commitment, and shift their mindset from passive to active participation in their rehabilitation journey.

In this chapter, we will explore the power of language in patient communication and how clinicians can use specific language patterns and strategies to motivate patients, reduce resistance, and enhance engagement. By being intentional with language, you can help patients reframe challenges and take ownership of their progress.

The Impact of Language on Patient Perception

Language can evoke different emotional responses depending on how it is framed. Words that focus on the difficulty or pain of a situation may reinforce a negative outlook, while language that emphasises opportunity and progress can inspire hope and action.

Consider how the same message can be conveyed with either a negative or positive framing:

- **Negative Framing:** *“This exercise is going to be really hard, and you might feel pain while doing it.”*
- **Positive Framing:** *“This exercise will challenge your muscles, but as you keep doing it, you’ll get stronger and feel more capable each day.”*

In both cases, the clinician is delivering the same essential message, but the positive framing empowers the patient and encourages them to focus on progress rather than discomfort.

Practical Strategy: Using Empowering Language

When discussing treatment plans, use empowering language that encourages patients to take an active role in their recovery. Focus on progress, growth, and the benefits of each step rather than highlighting potential difficulties.

Example: Instead of saying, *“You have to do these exercises every day, or your recovery will take longer,”* reframe it as, *“By doing these exercises consistently, you’re taking control of your recovery and speeding up your progress.”*

This shift in language helps patients feel empowered rather than pressured, making them more likely to comply with their treatment plan.

Reframing: Turning Problems into Solutions

One of the most effective linguistic tools in patient communication is **reframing**—the process of shifting a patient’s perspective from focusing on a problem to seeing it as an opportunity for growth. Reframing is particularly useful when patients express frustration, pessimism, or resistance to treatment.

For example, a patient might say, *“I’ve tried doing exercises before, and they didn’t work for me.”* Instead of accepting this defeatist outlook, you can reframe their experience to highlight a different possibility:

Reframe: *“It sounds like you’ve learned a lot from your past experiences. Now that you know what didn’t work, we can focus on a new approach that’s tailored specifically for you.”*

Reframing allows the patient to feel understood while also shifting the conversation to a more constructive and hopeful tone.

Practical Strategy: Reframe Negative Statements

When patients express negative or limiting beliefs, reframe their statements to emphasise progress, learning, or opportunity. This helps shift their mindset from fixed to growth-oriented, increasing their willingness to engage with treatment.

Example: If a patient says, *“I’ll never get back to where I was before,”* you might respond with, *“Recovery takes time, but every step forward is progress. Let’s focus on what you can achieve in the next few weeks.”*

This reframe acknowledges the patient’s feelings but redirects their focus toward future possibilities, motivating them to continue.

Pessimism: Not Always a Lack of Motivation

Pessimism is often mistaken for a lack of motivation. Patients who express doubts about their ability to improve or who frequently focus on the worst-case scenario may be labelled as

unmotivated, but in many cases, these patients are actually struggling with negative emotions like fear or frustration.

Pessimism often comes from a place of hopelessness or feeling overwhelmed by the recovery process.

Recognising Pessimism

Pessimistic patients often use language such as:

- *“I’ll never get better.”*
- *“What’s the point? It’s not going to work.”*
- *“I’ve tried everything, and nothing helps.”*

These statements don’t necessarily indicate a lack of effort or desire to recover; instead, they reveal a deep-seated frustration with the situation. In these cases, what the patient needs is not more information, but a shift in perspective.

Helping patients reframe their pessimistic thoughts and focus on possibilities can open the door to renewed motivation.

Practical Strategy: Reframing Pessimistic Outlooks

Reframing is especially powerful for patients who have become trapped in a cycle of negative thinking. When a patient expresses pessimism, acknowledge their feelings and then gently challenge the belief by offering an alternative viewpoint.

Example: If a patient says, *“I’ve done this before, and it didn’t work,”* you might respond with, *“I can see why that would be discouraging. Let’s look at what’s different this time and how we can approach it from a new angle.”*

By validating the patient’s emotions but offering a new perspective, you help them step out of their pessimistic mindset and see the potential for change.

Using Future-Oriented Language

Future-oriented language encourages patients to visualise and focus on the positive outcomes of their efforts. Instead of dwelling on the current pain or limitations, future-focused language invites the patient to imagine what life will be like when they achieve their goals.

This can be a powerful motivator, as patients become more emotionally connected to the benefits of compliance.

Practical Strategy: Visualising Success

Ask patients to describe how they will feel and what they will be able to do once they reach their recovery goals. This type of future-oriented conversation taps into their personal motivations and helps them stay focused on the long-term benefits of their treatment.

Example: *“Imagine how great it will feel when you can walk without discomfort. What’s the first thing you’ll do when that happens?”*

By encouraging patients to visualise their success, you help them create a mental image of the rewards that await them, which can fuel their commitment to the process.

Clean Language: Keeping the Conversation Neutral

Clean Language is a communication approach that focuses on minimising the clinician’s assumptions and interpretations, allowing the patient to fully express their thoughts and feelings without interference.

It involves using open-ended, neutral questions that encourage patients to explore their own motivations and solutions.

This technique helps patients take ownership of their recovery by encouraging them to articulate their own goals and challenges. Instead of leading the patient or imposing your perspective, Clean Language invites the patient to explore their thoughts in a way that feels authentic and empowering.

Practical Strategy: Using Clean Language Questions

When you want to explore a patient’s motivations or feelings without influencing their response, use Clean Language questions. These questions are neutral and allow the patient to guide the conversation.

Example Questions:

- *“What would you like to have happen?”*
- *“How would you know when you’re making progress?”*
- *“What does success look like for you?”*

These questions are designed to elicit the patient's own words and interpretations, fostering a sense of autonomy and personal responsibility in the recovery process.

The Power of Metaphors in Patient Communication

Metaphors are a powerful tool for helping patients understand complex concepts and connect emotionally with their goals. They can simplify difficult ideas and make the patient's journey more relatable. A well-chosen metaphor can shift the patient's perspective and make the process of recovery feel more approachable.

For instance, describing the rehabilitation process as "building a house" can help patients understand the importance of foundational exercises (the "foundation" of the house) before moving on to more complex activities (the "structure").

Practical Strategy: Create Personalised Metaphors

When explaining treatment plans or recovery stages, use metaphors that resonate with the patient's interests or experiences. Personalising metaphors makes them more impactful and easier to relate to.

Example: If a patient enjoys gardening, you could say, *"Think of these exercises as planting seeds. At first, it might feel slow, but with consistent effort, you'll see the progress bloom, just like your garden."*

Metaphors make the process feel tangible and provide a mental framework for understanding long-term progress.

Learning Tip:

When communicating with patients, use empowering, future-oriented language that encourages them to visualise success. Incorporate Clean Language techniques to explore their personal motivations without imposing assumptions.

Finally, use metaphors to simplify complex ideas and create an emotional connection to their recovery journey.

Further Reading:

Words That Change Minds: The 14 Patterns for Mastering the Language of Influence by Shelle Rose Charvet — A guide to understanding and using language patterns to influence behaviour in a positive and ethical way.

Metaphors We Live By by George Lakoff and Mark Johnson — Explores how metaphors shape our perceptions and how they can be used effectively in communication.

Research Citations:

Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

Lakoff, G., & Johnson, M. (2003). *Metaphors We Live By* (2nd ed.). University of Chicago Press.

Chapter 12:

Conclusion: Putting Communication into Practice

Effective communication is at the heart of successful patient outcomes.

Whether it's motivating patients to adhere to treatment plans, helping them overcome emotional barriers, or building trust in their ability to change, the way we communicate can significantly impact their journey to recovery.

Throughout this eBook, we've explored practical strategies for motivating patients, addressing resistance, and fostering behaviour change using advanced communication techniques such as **motivational interviewing, NLP, and Clean Language.**

As clinicians, we play a key role in not only treating our patients physically but also supporting them emotionally and psychologically. By employing these communication tools, you can build stronger relationships with your patients, help them navigate their challenges, and ultimately guide them towards achieving their health goals.

Key Takeaways:

1. **Motivation and Compliance:** Understand that motivation does not automatically lead to adherence. Patients need clear, achievable goals and regular encouragement to stay engaged in their recovery.
2. **Reframing and Visualisation:** Reframing negative thoughts and helping patients visualise success can shift their mindset from pessimism to optimism, enhancing their commitment to action.
3. **Building Trust and Self-Efficacy:** Strengthen patients' confidence by celebrating small victories and reinforcing their ability to make progress. Trust is built through both clinical expertise and emotional support.
4. **Language Matters:** Use empowering, future-oriented language to motivate patients, and apply Clean Language techniques to explore their personal goals without imposing assumptions.
5. **Action-Oriented Strategies:** Practical tools such as starting rituals, the 5-Minute Rule, and personalised metaphors can help patients overcome procrastination and emotional resistance to following treatment plans.

Implementing New Skills

Some ideas presented in this eBook will resonate with you more than others. At the very least, you now have a range of 'soft skills' to incorporate into your interviewing and treatment process.

Remember:

- 1. Practice:** Incorporating new language skills requires conscious effort and practice. Don't be discouraged if it feels awkward at first.
- 2. Reflect:** Regularly review your interactions with patients and consider how you can improve.
- 3. Be Patient:** Allow yourself time to develop these new skills. Like any clinical skill, communication techniques improve with practice.
- 4. Stay Flexible:** Be willing to adapt these strategies to suit your personal style and the needs of your patients.
- 5. Embrace Learning:** Continue to seek out new knowledge and techniques to enhance your communication and motivational skills.

The Impact of Improved Communication

By enhancing your communication skills, you can:

1. Improve patient outcomes
2. Increase patient satisfaction and engagement
3. Reduce frustration in challenging cases
4. Enhance your professional satisfaction

Remember, you are highly unlikely to cause physical injury to anyone by trying a new language skill – even if it doesn't work as expected. Allow yourself the freedom and flexibility to enjoy the process of becoming an outstanding motivational clinician with ever-evolving communication skills.

What To Do Next?

As you conclude this eBook, consider taking the following steps:

- 1. Reflect:** Identify one or two strategies from this eBook that you'd like to implement in your practice.
- 2. Plan:** Set specific goals for how you'll incorporate these new skills into your patient interactions.
- 3. Seek Support:** Consider joining professional networks or seeking mentorship to support your development in these areas.
- 4. Continue Learning:** Visit [thinking.physio](https://www.thinkingphysio.com) for more resources on enhancing your motivational communication skills and to explore digital courses that can further develop your abilities in this area.

Your ultimate goal should be to find every patient interesting and to approach each case with renewed enthusiasm and a broader set of tools to effect positive change.

Thank you for taking this journey to improve your patient motivation skills. Remember, the mind-brain connection often determines why two people with essentially the same injury can have vastly different outcomes.

By mastering these communication and motivation techniques, you're equipping yourself to make a significant difference in your patients' lives.

If you'd like to dive deeper into these techniques and further develop your motivational communication skills, visit my website at [thinking.physio](https://www.thinkingphysio.com) for digital courses and additional resources.

Whether you're looking to expand your expertise in **motivational interviewing**, **NLP**, or **patient engagement**, my resources are designed to help you continue growing as a clinician and improve patient outcomes.

Chapter 13:

About the Author: Annette Tonkin



With over 30 years of experience as a clinician, business owner, and educator, Annette has dedicated their career to helping healthcare professionals improve patient outcomes through advanced communication techniques.

As a physiotherapist, she recognised early on that while clinical skills are crucial, the ability to motivate and engage patients is often the key to long-term success.

Combining years of practical experience with deep expertise in **neurolinguistic programming (NLP)**, **Clean Language** and **some knowledge in motivational interviewing**, Annette has developed a unique approach to patient communication that empowers clinicians to inspire lasting behavioural change.

Through workshops, digital courses, and personalised coaching, she has helped countless allied health professionals refine their communication skills and achieve better outcomes for their patients.

Passionate about education, Annette continues to share insights and tools that bridge the gap between clinical practice and effective patient engagement, fostering a holistic approach to healthcare.

For more information, and to explore how Annette can help you further develop your communication skills:

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