

Little pain, much gain

Solution-focused counseling on physical activity

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hysical inactivity is a major public health problem with substantial costs to society. 1 Canadian Family Physician has published articles discussing how physicians can counsel patients on increasing physical activity.2 Yet, many primary care physicians have difficulty doing such counseling for several reasons, among them not enough time and a lack of training in counseling.3

To overcome these barriers, physicians could consider doing brief, solution-focused counseling (SFC) rather than the more usual problem-focused counseling. We discovered this type of counseling in use in family therapy.4 We modified its assumptions specifically for counseling patients on increasing their physical activity.

Assumptions

- Each person has resources and strengths to resolve the problem of physical inactivity.
- Change is constant, and the role of a physician is to amplify change as it relates to behaviour that increases physical activity.
- · It is not necessary to know the cause of physical inactivity, or even much about it, in order to solve the problem.
- · Frequent, small changes, rather than major lifestyle changes, are needed to produce health ben-
- · Patients define their activity goals; physicians help patients define goals that can lead to change.

- Rapid change fostered by frequent, enjoyable physical activity experiences is possible.
- · There is no single, "correct" solution to the problem of a sedentary lifestyle.

Patients choose their activities

Based on these assumptions, we suggest that physicians use SFC to help sedentary patients identify those rare times when they are physically active (exceptions to the problem) and then explore ways that such healthy behaviour can be increased. For example, physicians might say something like, "Tell me about times when you are physically active." When patients identify and describe activities, physicians could then ask how patients might increase the frequency or the duration of these activities. The more possibilities explored, the better chance patients have of finding solutions that work with their lifestyles. Patients ultimately create their own solutions from existing behaviour. Solution-focused counseling shows patients that they are already behaving in positive ways at times and then gives them sufficient autonomy to increase their activity and solve the problem.

Another SFC intervention is to ask patients, "Given your current life situation, what would enjoyable physical activity look like to you?" Or physicians could encourage patients to remember activities they had enjoyed in the past and help them restructure these activities back into their

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lives. Small, cumulative increases in physical activity promote health,⁵ so physicians should provide encouragement and positive reinforcement to whatever solutions their patients find.

Solution-focused counseling helped

Dr Williams has applied the SFC approach to counseling about physical activity within the context of behavioural medicine. Although traditional therapeutic approaches were used to address certain critical patient issues, SFC was added to encourage physical activity. Counseling about activity was meant to supplement traditional therapy by helping patients gain the specific psychological benefits of increasing activity levels. Initially, most patients were sedentary, but many began to report increases in physical activity. Several patients reported deriving great enjoyment from the increased activity.

Solution-focused counseling is being applied in a variety of clinical settings and is proving to be a type of counseling family physicians are able to do. It requires little time and emphasizes patients' knowledge of themselves (rather than counselors' expertise). The primary goal is to identify and amplify what patients are already doing "right." Extensive training is not required for this approach, since the process is generated from patients' existing behaviour, and the time required for SFC can be brief. For physicians, SFC brings "little pain," but for their patients it can bring "much gain."

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Reference

- 1. Katzmarzyk P, Gladhill N, Shephard R. The economic burden of physical inactivity in Canada. CMAJ 2000;163:1435-40.
- 2. Petrella RJ, Lattanzio CN. Does counseling help patients get active? Can Fam Physician
- 3. Frank E, Kunovich-Frieze T. Physicians' prevention counseling behaviors: current status and future directions. Prev Med 1995;24:543-5.
- 4. De Shazer S, Berg IK, Lipchik E, Nannally E, Molnar A, Gingerich W, et al. Brief therapy: focused solution development. Fam Process 1986;25:207-21.
- 5. Pate RR, Pratt M, Blair SN, Haskell WL, Macera CA, Bouchard C, et al. Physical activity and public health; a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. JAMA 1995;273:402-7.

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