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Behavior Change: Learning From Relapse

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Whether they are resolving to quit smoking, exercise more or change their eating habits, clients must see the value in "failures," and view these as learning opportunities rather than indicators of poor potential or personal weakness.

People who take action and fail ... are twice as likely to succeed ... as people who don't take any action at all. -- James O. Prochaska

"I make New Year's resolutions every year," your client says, "but I never follow through. I have tried to lose weight a million times, and each time I have failed. Why do I continue to make resolutions that I probably won't keep?"

If you hear these sentiments from your clients and members, take the opportunity to encourage positive thinking and planning. You can help them learn from relapse experiences, and this learning can increase the likelihood of future success. Whether they are resolving to quit smoking, exercise more or change their eating habits, clients must see the value in "failures," and view these as learning opportunities rather than indicators of poor potential or personal weakness.

Learning from relapse

Professionals whose work involves helping people change health-related behavior, such as personal trainers and exercise instructors, often behave as though relapses (going back to old behavior patterns) mean failure on the part of the helping professional and the client. Since failure tends to feel embarrassing and shameful, people don't want to talk about it much.

Such thinking is unproductive and leads to missed opportunities. It blocks creative problem-solving, hurts self-esteem and, thus, undermines success in the future. While it is natural for people to feel disappointed when they fail to achieve goals, you must help your clients view behavior change as a lifelong process that requires patience, understanding and compassion. And people can learn from previous behavior-change attempts, including those that worked for a while and those that did not work at all.

When you work with clients to set behavior-change goals, ask about their past experiences with achieving goals. For example, if your clients are trying to exercise regularly, ask them whether they were successful in exercising regularly in the past. What factors helped them to be successful? What factors caused relapse? Be a good listener and work with your clients to figure out how this knowledge can be applied to the current situation.

Common causes of relapse

While every client is different, common themes in relapse emerge over time. Following are some of the most common reasons for relapse in behavior-change programs, and some suggestions for addressing these concerns as you help clients form New Year's resolutions.

Include a specific action plan. Resolutions often take the form of broad statements such as, "I will exercise regularly," or "I will control my temper." Such intentions can only be accomplished with a specific behavior-change plan, and the more specific it is, the better. When your clients voice such goals, help them define the steps that will be required to reach that goal. For example, what do they mean by, "I will exercise regularly"? Help them set up workable exercise programs that match their fitness goals, health concerns, schedule and interests.

Make goals realistic. Lofty goals may sound great on New Year's Eve, but can lead to frustration as the New Year begins, and your clients struggle to attain the seemingly impossible. Help clients set realistic goals. As you explore reasons for past relapses, examine which goals worked, at least for a while, and which led to frustration. It is not easy to find a goal that provides the right level of challenge, but, if in doubt, shoot somewhat low rather than

somewhat high. If your clients meet their goals, you can always help them set another one.

Listen carefully to your clients. Don't let your ideas of what they should do overwhelm what you think they really will do. For example, maybe they feel that they only have time for two exercise sessions a week. You know they should try to squeeze in more, but, since they have failed in the past, don't press them for more. Better two days a week forever, than three days a week for the next six weeks until they drop out.

Stress and depression. Feelings of stress and depression reduce motivation in two ways. First, the behavior-change plan may no longer feel like a priority; reducing emotional distress becomes the priority. When life feels out of control, quitting smoking, eating differently or whatever behavior a person is trying to change no longer seems very important. When people feel stressed or depressed, they also feel weaker emotionally and less effective, and it can be more difficult to meet goals.

Second, stress and depression may cause people to seek emotional relief with an old behavior. This is especially true in the case of addictions, where the behavior was an important way of relieving feelings of stress. Clients may resume old habits such as smoking, drinking or overeating.

Ask clients what they currently do to manage stress. Encourage coping behaviors that are healthy. No matter what type of behavior clients are attempting to change, regular physical activity should be part of their behavior-change programs, since exercise reduces feelings of stress and increases self-confidence. If stress or depression seem to be significant for your clients, don't hesitate to refer them to a professional counselor.

Disruptions to routine. Once clients make a behavior-change plan, they should rely on routine to help reach their goals. Anything that disrupts that routine can lead to relapse. Changes in schedules, unforeseen events, visitors, travel, holidays and illness can all be disruptions. Help clients learn from the past and use their problem-solving skills to plan for future disruptions. What will they do when they get sick, travel or have visitors? What happens when it starts to get dark early? Accommodations for disruptions must be built into every behavior-change program. FM

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