

7 Steps to Help Minds Change: A Practical Guide for Allied Health Clinicians

Understanding the Psychology Behind Patient Resistance—and How to Navigate It with Confidence

By Annette Tonkin

Inspired by David McRaney's *How Minds Change: The New Science of Belief, Opinion, and Persuasion*

Why Belief Change Matters in Clinical Practice

You know the feeling.

A patient sits across from you, arms crossed, explaining why your recommended treatment won't work for them. They've read something online. A friend told them otherwise. Or they've simply decided that their body "doesn't respond" to certain interventions.

You can present all the evidence in the world, but they're not hearing it. Their mind is made up.

This isn't a problem with your clinical knowledge. It's a problem of belief.

After 30 years as a clinician, I've learned that changing minds isn't about winning arguments or presenting more facts. It's about understanding how beliefs are formed, why they're so resistant to change, and how to create the conditions where someone becomes open to rethinking their position.

This guide is built on the groundbreaking work of David McRaney's *How Minds Change: The New Science of Belief, Opinion, and Persuasion*, translated into practical strategies for allied health clinicians who face patient resistance every single day.

You'll learn:

- Why beliefs are so deeply tied to identity—and what that means for treatment adherence
- The 7-step process for creating conversations that open minds rather than close them
- How to navigate limiting beliefs without triggering defensiveness
- Real clinical scenarios showing these principles in action
- Reflection questions to strengthen your own communication skills

Your patients aren't resisting you. They're protecting themselves. And once you understand how to work with that protective instinct rather than against it, everything changes.

Understanding the Science of Belief Change

Why Changing Someone's Mind Is So Difficult

David McRaney's research reveals something crucial: beliefs aren't just ideas we hold. They're part of who we are.

When someone adopts a belief—whether it's "exercise will make my pain worse" or "I need surgery, not physiotherapy"—that belief becomes woven into their identity and their social connections. It's reinforced by:

- The people they trust (friends, family, online communities)
- Their past experiences (especially negative ones with healthcare)
- Their need to feel competent and in control
- Their fear of being wrong or looking foolish

This is why presenting facts rarely works. When you challenge a deeply held belief with logic or evidence, the person doesn't hear information—they hear a threat to their identity.

Their brain's response? Defensiveness. Shutdown. Or doubling down on the very belief you're trying to shift.

What Actually Changes Minds

McRaney's research shows that belief change happens when:

1. The person feels safe to question their own thinking
2. They encounter cognitive dissonance in a supportive environment
3. They're invited to explore, not told what to think
4. They can maintain their dignity throughout the process
5. Alternative perspectives connect to their values, not just to facts

As clinicians, you're uniquely positioned to create these conditions. But it requires a different kind of conversation than you were taught in clinical training.

Step 1: Prepare and Build Rapport

Before You Begin: Set the Foundation

The most important work happens before you ever address the limiting belief.

Self-Awareness and Mindfulness

Before entering the conversation, check your own state:

- What assumptions am I making about this patient?
- Am I feeling frustrated, rushed, or defensive?
- Can I approach this conversation with genuine curiosity?

Your aim: Enter the conversation present, non-judgemental, and open.

If you're already thinking "this patient is difficult" or "they'll never listen," that energy will show up in your body language and tone—and the patient will sense it immediately.

Clarify Your Intentions

Ask yourself: What's my real goal here?

- Am I trying to understand their perspective, or just convince them I'm right?
- Am I seeking collaboration, or compliance?
- Can I honour their autonomy even if they choose differently than I'd recommend?

If your intention is to use evidence to prove them wrong, you're heading toward confrontation, not conversation.

Establish Trust First

People only open up when they feel safe. Build psychological safety by:

- Showing genuine curiosity about their experience
- Acknowledging their concerns as valid (even if you disagree with their conclusions)
- Using empathy to create connection before you introduce new information

Example Opening

"I'm keen to understand your thoughts about this treatment option. Would you be open to sharing your views with me? I want to make sure we're working together on an approach that feels right for you."

- 📌 **Reflection Question for Clinicians:** How can I ensure I'm approaching this conversation openly and without prejudice?

Step 2: Understand and Explore Beliefs

Invite the Patient to Think Aloud

The biggest mistake clinicians make? Jumping straight to correction.

Instead, create space for the patient to articulate their belief fully—without interruption, without judgement.

01

Invite Open Dialogue

Encourage them to express their beliefs in their own words:

"Tell me more about what leads you to feel this way about the treatment."

"I'm curious—what experiences have shaped your views on this?"

02

Reflective Listening

Summarise what they've said to confirm understanding:

"So, you're feeling uncertain about whether this will actually help..."

"It sounds like you're worried this might make things worse based on what happened last time."

This isn't agreement. It's acknowledgment. And it signals: I'm listening. Your concerns matter.

03

Confidence Rating

Ask them to rate their confidence in their belief from 1 to 100:

"On a scale of 1 to 100, how confident are you that this belief is accurate?"

If they choose anything under 90, follow up with:

"What made you choose (insert a higher number closer to 100)?"

This question is powerful because it creates cognitive dissonance. It invites them to notice their own uncertainty without you having to point it out.

04

Open-Ended Questions

Ask questions that encourage reflection, not defensiveness:

"What experiences have shaped your views on this?"

"How long have you believed (insert belief)?"

05

Motivational Interviewing Techniques

Explore discrepancies between their beliefs and their health goals:

"You mentioned wanting to get back to playing with your grandchildren. How does avoiding this treatment fit with that goal?"

Example

"Tell me more about what leads you to feel this way about the treatment."

[If they rate confidence at 85]: "Why didn't you pick a higher number? Why didn't you pick say 95?"

The answer reveals where the uncertainty lives—and that's your opening.

Reflection Question for Clinicians: Am I listening to understand, rather than listening to reply?



Step 3: Encourage Reflection and Broader Perspectives

Create Space for New Thinking—Without Confrontation

Once you understand the patient's belief, it's time to gently introduce alternative possibilities. But here's the key: you're not telling them they're wrong. You're inviting them to consider other angles.

Gently Challenge Assumptions

Introduce alternative viewpoints carefully, without triggering defensiveness:

"I hear what you're saying. Some patients have similar concerns at first. Would you be open to hearing how others have approached this?"

Create a Safe Environment for Reflection

Ensure the patient feels secure in reconsidering their views:

"There's no pressure to change your mind today. I just want to make sure you have all the information so you can make the best decision for yourself."

Address Cognitive Dissonance

Present new information as an opportunity rather than a correction:

"What you're describing makes sense given what you've experienced. Would you be against considering another way to look at it that could open up some new options for you?"

Use Storytelling

Share experiences of other patients who had similar beliefs but benefited from a different approach:

"I worked with someone recently who had similar concerns. They were worried that exercise would make their pain worse. What they found was that starting gently actually gave them more control over their symptoms. Would it be helpful to hear more about how they approached it?"

Notice: You're not saying "you're wrong." You're saying "here's another story. Does it resonate?"

 **Reflection Question for Clinicians:** How can I present new perspectives in a way that's respectful and non-confrontational?

Step 4: Connect with Values and Share Perspectives

Align Treatment with What Matters Most to Them

Facts don't change minds. Values do.

When you connect your clinical recommendations to what the patient already cares about, resistance drops and engagement rises.



Identify Core Values

Ask questions that uncover what truly matters to them:

"What's most important to you in your health and life right now?"

"When you imagine feeling better, what could you do that you can't do now?"

"Why is that important to you?"

Common values in allied health contexts:

- Independence and autonomy
- Being able to care for family
- Returning to meaningful activities (sport, work, hobbies)
- Avoiding becoming a burden on others



Align Treatment with Their Values

Show how the proposed treatment supports their goals:

"You've mentioned that being able to play with your grandchildren is really important to you. This treatment could help you achieve that by ..."



Suggest Rather Than Direct

Offer information as options, not orders:

"Based on what you've shared, would you be open to hearing three options that might help? What feels most aligned with where you want to go?"

This respects their autonomy while guiding them toward effective care.



Reflection Question for Clinicians: How can I align my recommendations with the patient's values and priorities?

Step 5: Utilise Visual Aids and Tools

Make Abstract Concepts Concrete

Sometimes beliefs are hard to shift because they're abstract. Visual tools help patients see their options, compare outcomes, and understand complexity in a way that words alone can't achieve.

1

Decision Trees

Help patients visualise the outcomes of different choices:

- "If we try this approach, here's what we might expect..."
- "If we don't address this now, here's what could happen..."

Decision trees give patients agency while making consequences tangible.

2

Confidence Scales

Use visual scales to assess and discuss the strength of their beliefs:

"Let's mark where you are on this scale. What would need to shift for you to move from a 60 to an 80?"

3

Comparison Tables

Outline concerns alongside potential solutions:

4

Templates and Examples

Provide clear, easy-to-understand materials that patients can take home and reflect on. Written information gives them space to process without pressure.

Example Comparison Table

| Concern | Option A | Option B | Option C |
|--------------|------------------------------------|----------------------|----------------------|
| Pain levels | May increase initially, stabilises | Stays the same | Worsens over time |
| Mobility | Gradual improvement | No change | Decline likely |
| Independence | Supports long-term autonomy | Maintains status quo | Increases dependence |

Example: Presenting a chart comparing the benefits and risks of different treatment options helps the patient see that all choices have trade-offs—and empowers them to choose the path that aligns with their values.

 **Reflection Question for Clinicians:** What visual tools could enhance the patient's understanding and engagement?

Step 6: Follow Up and Appreciate Openness

Acknowledge Their Courage to Reconsider

Changing one's mind is hard. When a patient shows even a small willingness to explore new perspectives, acknowledge it.

Express Gratitude

Thank them for sharing their thoughts openly:

"I really appreciate you being willing to talk through this with me. I know it's not always easy to reconsider what we believe, especially when it's tied to something as personal as your health."

Demonstrate Ongoing Support

Show that you're committed to supporting them, regardless of what they decide:

"Whatever you choose, I'm here to support you. Let's keep the conversation going."

Invite Reflection

Give them permission to take time:

"You don't need to decide anything today. Would it be helpful to revisit this next week after you've had some time to reflect?"

This removes pressure and signals that you trust them to make their own decision—which paradoxically makes them more likely to consider your perspective.

Step 7: Practise Patience and Continuous Learning

This Is a Long Game

Belief change doesn't happen in a single conversation. It's a process—and your role is to be a consistent, non-judgemental guide throughout it.

Respect Boundaries

Recognise when to give the patient time and space to reflect on their beliefs:

"I can see this is a lot to think about. Let's leave it here for today and pick it up next time if you'd like."

Continuous Reflection

Keep a record of your interactions to identify areas for improvement:

- What worked well in this conversation?
- Where did I feel defensive or frustrated?
- What would I do differently next time?

Peer Discussions

Share experiences with colleagues for mutual learning:

"I had a patient this week who was really resistant to the idea of exercise. Here's what I tried—what would you have done?"

Stay Informed

Keep up-to-date with the latest research and techniques in communication and behaviour change. This work evolves, and so should you.

Example: Participating in professional development workshops on patient communication, motivational interviewing, or behaviour change keeps your skills sharp and your approach fresh.

- 📄 **Reflection Questions for Clinicians:** How can I continue to support the patient in their journey toward positive change? What have I learned from this interaction, and how can I apply it moving forward?

Practical Scenarios: Applying the 7 Steps

Scenario 1: Resistance to Physical Activity

The Situation: A patient with chronic pain believes that exercise will make their condition worse. They've read online forums where people describe exercise "flare-ups," and they're convinced that rest is the only safe option.

How to Apply the 7 Steps:

- **Step 1: Build Rapport**

"I can see you've been researching your condition—that shows how much you care about managing this well. Can you share what you've learned about exercise and pain?"

- **Step 2: Explore Beliefs**

"On a scale of 1 to 100, how confident are you that exercise will make things worse? I'm curious, why didn't you pick a higher number?"

- **Step 3: Broaden Perspectives**

"Would you be open to hearing about patients I've worked with who had similar concerns but found a different experience?"

- **Step 4: Connect with Values**

"You mentioned wanting to be more independent and active with your grandchildren. How might improving your strength and mobility support that goal?"

- **Step 5: Use Visual Aids**

Present a chart showing gradual improvements with controlled, gentle exercise versus long-term decline with complete rest.

- **Step 6: Follow Up**

"I really appreciate your openness in discussing this. Let's revisit it next week after you've had time to think it over."

- **Step 7: Reflect**

After the consultation, note what worked and what didn't. Consider how you might refine your approach for similar conversations.

Scenario 2: Preference for a Non-Evidence-Based Treatment

The Situation: A patient insists on receiving a specific treatment they've read about online, which is not evidence-based for their condition. They believe it will help because "it worked for a friend."

How to Apply the 7 Steps:

- **Step 1: Build Rapport**

"I understand you've been researching treatment options. Can you tell me what appeals to you about this particular approach?"

- **Step 2: Explore Beliefs**

"What makes you feel confident this treatment will work for your specific situation?"

- **Step 3: Gently Challenge**

"That's great that your friend had a positive experience. Would you be against looking at the research on different approaches for your particular condition, so we can find what's most likely to help you?"

- **Step 4: Connect with Values**

"You've mentioned that getting back to work pain-free is your top priority. Would it be out of the question to look at which treatments have the strongest evidence for achieving that outcome?"

- **Step 5: Use Visual Aids**

Present a comparison table showing evidence for different treatment options, including the one they prefer and the ones you recommend.

- **Step 6: Express Gratitude**

"I really value that you're taking an active role in your treatment. Let's keep this conversation going as you think about your options."

Example Dialogue: Putting It All Together

Here's how a belief-change conversation might unfold in practice:

Clinician: "I understand you've been researching this treatment. Could you share what appeals to you about it?"

Patient: "I read that it has helped many people, and I feel it's the best option for me."

Clinician: "It's great that you're being proactive about your health. Your goal is to get back to playing tennis, correct?"

Patient: "Yes, exactly."

Clinician: "While the treatment you're suggesting has some benefits in certain cases, would you be against to looking at all the options together to find what's most effective for your specific situation? I want to make sure we're choosing an approach that gives you the best chance of getting back on the court."

Patient: "I suppose it wouldn't hurt to look at other options."

Clinician: "Great. Let's go through what the research shows for your type of injury, and then you can decide which path feels right for you."

What Made This Work:

- The clinician acknowledged the patient's research and autonomy
- They connected the treatment decision to the patient's core value (playing tennis)
- They invited collaboration rather than imposing a decision
- They used "suggest rather than direct" language throughout



CONCLUSION

Changing Minds Is a Journey, Not a Destination

If there's one thing I've learned in 30 years of clinical practice, it's this: **belief change is slow, non-linear, and deeply personal.**

You won't change every patient's mind in a single conversation. Some patients will leave still holding the same belief they arrived with. And that's okay.

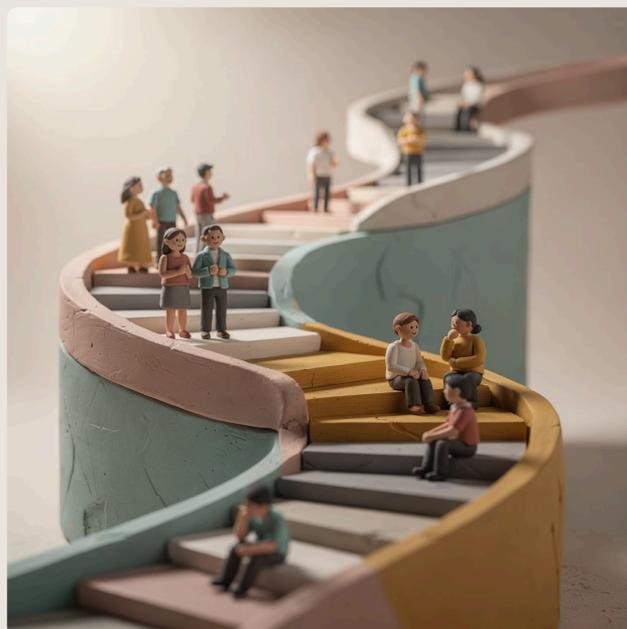
Your role isn't to win. It's to plant seeds. To create space. To be the clinician who listens without judgement, who offers perspective without pressure, and who honours the patient's autonomy even when it's uncomfortable.

By incorporating these strategies with empathy and respect, you can:

- Create a therapeutic environment where patients feel understood and supported
- Foster openness and trust, even in difficult conversations
- Contribute to patient-centred care and more effective treatment outcomes
- Reduce your own frustration by approaching resistance as a signal, not a barrier

Remember: Patience, persistence, and compassion are your allies in supporting patients through the process of belief change.

The patients who challenge you most aren't trying to make your job harder. They're trying to protect themselves. And when you meet that protective instinct with curiosity instead of correction, real change becomes possible.



ADDITIONAL RESOURCES

Books

- **McRaney, D.** *How Minds Change: The New Science of Belief, Opinion, and Persuasion.*

The foundational text this guide is built upon.

- **Miller, W.R., & Rollnick, S.** *Motivational Interviewing: Helping People Change.*

Essential reading for clinicians working with resistance and ambivalence.

Other Resources by Annette Tonkin

Lead Magnet:

[Handling Patients with Preconceived Ideas: A Guide for Allied Health Providers](#)

A practical companion to this guide, featuring the R.E.S.P.E.C.T. Framework for navigating "Dr Google" conversations.

Workshops and Coaching

Want to go deeper? I offer live and online workshops on:

- Patient communication and behaviour change
- Handling resistance with confidence
- Motivational interviewing for allied health clinicians

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