**Motivating**

**Conversations**

**Reading Pack**

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**Introduction**

In primary care many ‘health problems’ are, in essence, lifestyle behaviour problems. Motivational interviewing allows practitioners to communicate with their patients in a clear, concise, and structured way. In this era of evidence-based practices in health care, practitioners still face the vexing question: Will my patient actually follow the procedures or treatments known to be efficacious

Most education concentrates on what to tell patients; MI focuses on how to guide patients so that they will implement changes in their behaviour. Many of today's leading causes of death are significantly related to modifiable health behaviours. The Motivating Conversations workshop provides a new alternative to the outdated direct persuasion approach, bringing a breath of fresh air to the conversations between health care providers and those with chronic diseases like diabetes and obesity.

This practical workshop moves motivational interviewing (MI) into the realm of everyday health care practice. Specifically, we address the 'why' and the 'how-to' aspects of having conversations about behaviour change. It will help you learn to hear what your clients are really saying, and how to guide them through resolving ambivalence about health related behaviours.

Too many of us in health care get discouraged and give up hope too soon when patients are not compliant with our advice, when we really should be trying a different way to approach the issues. This approach is focused on a 'can-do' and 'no-blame' orientation that helps busy practitioners regain satisfaction in relationships with patients and become more effective in facilitating change.

**Learning Objectives**

After completing this workshop you should be able to;

1. Describe core MI skills
2. Demonstrate brief MI skill in a practice environment
3. Explore a client's motivation using the importance and confidence scaling questions
4. Provide information in an MI way.
5. Assess your practice using a Quality Assessment tool

**Recommended Reading:**

Motivational Interviewing in Health Care **Helping Patients Change Behaviour** [Stephen Rollnick](http://www.guilford.com/cgi-bin/search.cgi?type=author&pattern=Stephen%20Rollnick&authlinks=1&cart_id=928970.32504), [William R. Miller](http://www.guilford.com/cgi-bin/search.cgi?type=author&pattern=William%20R.%20Miller&authlinks=1&cart_id=928970.32504), and Christopher C. Butler.

**Motivational Interviewing:**

*‘Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion’*

*Miller and Rollnick 2012*

**What is Motivational Interviewing?**

Motivational interviewing is a guiding patient centred approach that helps patients explore and resolve ambivalence about behavioural change. MI focuses on developing intrinsic motivation to change behaviour. It has been shown to be effective in the primary care settings with smoking cessation, hazardous drinking, physical activity, nutrition and chronic disease. MI is a brief intervention. Research indicates that its effects are enduring after only 1-2 sessions.

MI is not a set of techniques to trick or cajole a patient into behaviour change or to achieve compliance with treatment. MI is a skilful clinical style for eliciting from patients their own good reasons for making behaviour changes in the interest of their health. It is an interpersonal approach that seeks to reduce resistance, explore ambivalence, and develop intrinsic motivation to change.

This reading provides an overview of motivational interviewing that underpins the Motivating Conversations workshop.

**When is it appropriate to use MI?**

* When you want to talk about a client changing a health related behaviour
* When a client is ambivalent about a health behaviour change
* When a consultation moves to a focus on a health behaviour change

**The Spirit of MI**

MI is a way of being with a patients which if done correctly and skilfully will be a positive experience for patient and clinician alike. To be consistent with the spirit if MI the following key aspects must be demonstrated and experienced.

**Partnership**

Working with the client to explore behaviour change and options for change. You are not the expert in the clients change issue. The therapeutic impact you have in MI is not just based on your expert knowledge of how to change behaviour. The client is as much of an expert in their circumstances as you are. You may have specialist knowledge you can share with the client but this alone will not bring about change.

**Acceptance**

A belief in the self-determination of the patient and the recognition that patients make their own decisions about health. Not making a judgement about the client's behaviour or struggle with change.

**Compassion**

Compassion is the [virtue](http://en.wikipedia.org/wiki/Virtue) of empathy for the [suffering](http://en.wikipedia.org/wiki/Suffering) of others. In MI compassion is the view that your therapeutic relationship with the client is based on a compassion and MI is not just a means to an end or outcome that the service your work for requires. Compassion is regarded as a fundamental part of human [love](http://en.wikipedia.org/wiki/Love), and a cornerstone of greater social interconnection and [humanism](http://en.wikipedia.org/wiki/Humanism) —foundational to the highest [principles](http://en.wikipedia.org/wiki/Principle) in philosophy, society, and [personhood](http://en.wikipedia.org/wiki/Personhood).

**Evocation**

The task of the clinician in MI is to evoke arguments for change from within the client and not to argue for change themselves.

**What is the Motivational Interviewing Process?**

This process includes four elements. They are sequential and reciprocal. The process helps structure your conversations with patients. It is not always necessary to cover a change plan but it is necessary to have engagement, focus and evoking in any one session.

**Engagement**

It is important that MI is built on a sound and strong relational foundation.

**Focusing**

When employing MI in the context of behaviour change it is necessary to have a focus or a goal for the conversation. Without agreement on the goal there can be no guiding towards a change goal.

**Evoking**

MI is most effective when the client is voicing and articulating the language of change. What we call ‘change talk’. Your role is to evoke change talk from the client and explore the client’s own intrinsic arguments for change.

**Planning**

Only when there has been a sufficient exploration of the ‘why’ change issue and a movement towards the resolution of ambivalence can we move to the ‘how’ of change. Once the client is talking change we can explore and plan the implementation of change.

**Fundamental skills MI**

**Open questions**

Open questions help to explore thoughts and feelings around the behaviour in question. One might ask about how the current behaviour affects their life or what is good about and then not so good about e.g. smoking or drinking. This helps establish conversation and elucidate concerns. This then facilitates exploration of ambivalence on which the clinician can reflect.

**Reflections**

Good reflective listening is the bedrock of skilful MI practice. Simple and complex reflections of client speech develop empathy, and help patient and clinician explore ambivalence. Reflective listening helps patients to keep exploring and to reinforce what was said. It is important that the clinician is selective in what they reflect. The key is to reflect on ambivalence, and instances of change talk when they occur.

**Affirmations**

These are statements that the clinician makes about patient behaviour that are positive and support the patient in thinking that they are able to change behaviour. Affirming a patient develops self-efficacy.

**Summaries**

At intervals in the interview it is appropriate to periodically review what the patient has said. Summaries are a complex form of reflection. Summary reflections serve to summarize statements that encapsulate client thinking, keep change talk in mind and strengthen it.

**Motivational Interviewing strategies**

Motivational interviewing is about helping the patient make the decisions. It involves systematically guiding the patient towards motivation to change through empathic reflection, exploration and resolution of ambivalence. The aim is to increase the patient’s own internal motivation towards a related behaviour and their wish to change: “I want to” versus “I don’t want to”.

Patients become motivated to change if they can see the benefits of change, believe they can change and that the costs of remaining the same are high.

**Importance and Confidence scaling tool**

In order to explore a patient's reasons for change and patient self-efficacy around change a useful strategy is to explore importance of change and confidence to change using scaling questions. This is best done visually.

**Not important Very important**

**1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10**

**Not confident Very confident**

**1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10**

First ask the patient where on a scale of 1-10 they would place themselves in terms of the importance of giving up smoking for instance. Where 1 is not very important and 10 is very important. If the patient rates importance at 5 you should then ask what makes it a five and not a 2. This will elicit reasons for change from the client. You can then ask what would make the 5 move up to 7 or 8? This will elicit further reasons for change. For example a patient may say *‘I would have to get bronchitis or asthma or something’*

Next ask about the patient's confidence to change on the same scale, where 1 is not very confident in changing and 10 is very confident. Again ask why they are at X and not a lower number, and follow with questions about what would them up the confidence scale. This strategy will elicit self-efficacy talk and the patient will hear themselves talk about how they could change and what would make it possible. During this process it is important to ask open questions for clarification and to use reflections that summarize client change talk and self-efficacy talk if it is heard.

**Summary**

Throughout the process of having a motivational conversation it is important to continually affirm the patient’s autonomy and self-efficacy. Motivational interviewing is not about “making” people change but about developing intrinsic motivation to do so through the exploration of ambivalence and the strengthening of change talk. We can provide facts, offer information and encouragement, a listening and empathic ear, and help explore their reasons for changing or not. Motivational interviewing is a tool to use in the right circumstances to help people get closer to making permanent changes. We do not fail if our patients do not make changes now.

**Example MI “Session”**

1. **Set the agenda –** find the target behaviour (e.g. smoking, adhering to medication, weight).

Clarify the agenda around a target behaviour about which there is ambivalence. Try a series of open questions to explore the patient’s thinking and get a focus for the intervention.

**2. Ask about the positive aspects of the target behaviour**

This will often result in an engaging and often surprising discussion. However, it will only work if you are genuinely interested.

* What are some of the good things about \_\_\_\_\_\_\_?
* People usually \_\_\_\_\_\_\_ because this is something that has benefited them in some way. How has \_\_\_\_\_\_\_\_\_\_\_\_\_ benefited you?
* What do you like about the effects of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

Summarise the positives.

**3. Ask about the negative aspects of the target behaviour**

(This will evoke some change talk)

* + Tell me about the down side?
  + What are some aspects you are not so happy about?
  + What are some of the things you would not miss?

Summarise the change talk you here.

**4. Explore importance and confidence**

This strategy will examine a patient’s readiness to change.

* + - Ask how important the change is to the patient on a scale 1-10
    - Ask how confident they are about making the change on a scale 1-10.
    - Reflect the change talk you hear

1. **Ask for a decision**

Restate the patient’s change talk you have heard so far, then ask for a decision.

* You were saying that you were trying to decide whether to continue or cut down…
* After this discussion, are you clearer about what you would like to do?
* So, have you made a decision?

1. **Goal setting – Use SMART goals (Specific, Meaningful, Assessable, Realistic, Timed)**

* What will be your next step?
* What will you do in the next one or two days?
* Have you ever done any of these things before to achieve this?
* Who will be helping and supporting you?
* On a scale of 1 to 10 what are the chances that you will complete the next step? (Any score under 7 indicates the goal may need to be more achievable.)

**If there is no decision or the decision is to continue the behaviour:**

* If no decision is made, empathise with the difficulty of ambivalence.
* Ask if there is something else which would help the patient make a decision?
* Ask if they have a plan to manage not making a decision?
* Ask if they are interested in reducing some of the problems while they are making a decision?
* If the decision is to continue the behaviour, go back and explore the ambivalence further.

This short example provides a structure and process for an MI session. Not every conversation needs to look the same, it depends on the patient’s responses and the time allowed. The main thing is that the conversation is patient focused and creates the necessary conditions in which a patient feels supported, accepted, informed and empathised with. Ultimately it is the patient who is responsible for any change, and our job is to enable and facilitate that change. We are equal partners with the patient, and our expertise is as useful as the patient’s knowledge and experience.

The key to this approach is to maintain the spirit of MI. For motivating conversations to work you have to provide personalised and relevant information in a supportive and collaborative atmosphere. Using this approach, your patients will feel that they are in control, you will feel more motivated to engage with them and you will be making every contact you have with your patients count.

**Getting to change**

The following information is based on 1) W.Miller and S. Rollnick, (2002). Motivational Interviewing: Preparing People for Change and 2) Rollnick, S.; Miller, W. R. & Butler, C.C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behaviour. Both of these books are excellent references for using MI in your practice.

**Kinds of change talk: DARN-CATs**

* **Desire**: statements patients make about preference for change
  + I would like to….
  + I wish….
  + I really want to weigh less
* **Ability**: Statements patients make about self-capability
  + I think I could walk 2 times a week
  + I can skip that candy bar at bedtime
  + I am able to walk from the back of the parking lot
* **Reasons**: Statements patients make that are specific arguments for change
* I know I would feel better if I lost 50 pounds
* I would have more energy if I started exercising
* I would worry less about my eyes if I went for regular check-ups
* **Need**: Statements patients make about feeling an obligation to change
* I should walk at least 3 times a week
* I should do this for my grandchildren
* I have to lose weight if I am going to be able to walk up stairs
* **Commitment:** Statements patients make about the action(s) they will take to change.

Intention or low level commitment: Statements patients make related to an intention to take action to change.

* I hope to…
* I plan to…
* I will try to….

Higher level commitment statements:

* I will walk two mornings next week
* I am going to make a list of pros and cons for exercising
* I will make an appointment with my eye doctor for next month
* I promised my husband I would walk with him twice a week and I am going to start that tomorrow.

**Patients need to: 1. recognize the disadvantages of the status quo, 2. recognize the advantages of change, 3. hold some optimism about change, 4. have an intention to change, and 5. make a commitment to change.**

1. **Recognize the disadvantages of status quo**

* I never really thought about how……
* I think I have not taken this serious enough
* I can see now that if I don’t take this weight off I am probably going to die sooner

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| **Ways to evoke change talk about the disadvantages of status quo**   * What concerns you about your current situation? * What makes you think you need to do something about your weight? * What concerns you about not checking your blood glucose on a regular basis? * What do you think might happen if you don’t change your diet? |

1. **Recognize the advantages of change**

* If I weighed less I could buy regular size clothes
* If I weighed a normal weight I would have more energy
* I would probably feel better if I exercised
* I might enjoy my grandchildren more as they grow up

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| **Ways to evoke change talk about the advantages of change**   * How would life be different for you if………? * If you could wake up tomorrow and things changed by magic, how would things be better for you? * What are the main reasons you see for ……..? * What would be the benefits of…… for you?   ***You might also explore goals and values with the patient***   * You mentioned how important it is for you to be able to play with your grandchildren and how your current weight interferes with that. You said you would really like to be able to hike with your friends on vacation and how your current energy level keeps you from doing that. |

1. **Expressing optimism about change**

* I think I could exercise 2 times a week
* I was able to quit smoking many years ago
* I usually can do something if I make up my mind I am going to do it
* I think I can do this with some support from my family

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| **Ways to evoke change talk about expressing optimism**   * What do you think would work if you decided to change…? * How confident are you that you can make this change? * What kind of support would be helpful in making this change? * What encourages you to change if you want to do it? |

1. **Expressing intention to change**

* I think it is time for me to do this
* I have got to do something
* This is not how I want to be the rest of my life
* I don’t know how I will do this but I am going to have to do it

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| **Ways to evoke change talk about intention to change**   * I can see you are feeling stuck right now. What is going to have to change? * How important is it for you to …….? * What do you intend to do? * What do you think you might be able to do? * What are you thinking about in monitoring your blood glucose? * What are you thinking about in changing your eating patterns? * You mentioned a number of ideas to exercise. Which ones sound like they might work for you?   ***Ask scaling questions to help patients determine how important a change is and how confident the patient is in making that change:***   * On a scale from zero to ten how important is it for you to……? * Tell me why you chose that number? * What could happen that would move you to higher number? * On a scale from zero to 10, how confident are you that you can make this change? * Tell me more why you chose that number for your confidence level? * What do you think might help become more confident in making a change?   ***Other ideas to help patients change is to use elaboration with questions such as:***   * How much, when, Where * Ask for an example * Describe what happened last time you…… * Tell me about a typical day |

**If patients have little desire to change you might try asking the extreme questions**

* What concerns you the most about……?
* Suppose you do nothing about……., what do you imagine is the worst thing that will happen?
* How much do you know about smoking and what can happen even if you don’t see this happening to you?
* What might be the best results you could imagine if you………?
* If you were completely successful in making changes you want, how would things be different for you?

**Looking at past experiences**

* Do you remember a time when you weighed a good weight for you?
* What was it like then?
* What were things like before you stopped exercising?
* What are the differences between the John of 10 years ago and the John today?
* How has your weight stopped you from doing things you might want to do?

**Looking forward to future**

* If you make a change in your diet, what do you hope to be different?
* How would you like things to be 10 years from now? It seems like you are anxious about how things are with you now.
* How would you like things to be different?
* Suppose you don’t make any changes and just continue as you are now, what do you think your life will be in 5 years from now?
* Given how you feel now, if you don’t make any changes, how do you think you will feel a year from now?

**Ways to SOFTEN SUSTAIN TALK:**

**Acknowledge the person’s perception or disagreement**

* You don’t see a need to check your blood glucose when your haemoglobin HBA1C is always at 6.5
* You don’t think taking your medication every day is really necessary.
* You’re rather discouraged about trying to exercise again.
* You think it is better to eat whatever is available any time you are hungry
* You think you will die anyway and smoking won’t make any difference how or when that happens.
* You think in the long run losing weight will make a difference in how much medicine you have to take and at the same time it is really a hard thing to do.
* On one hand you know there are some problems that can happen if you don’t monitor your blood glucose and the information I suggested is not acceptable to you.

**Reframing**

* Patient: “I have tried to lose weight so many times and failed”
* Practitioner: “You are very persistent, even though you are discouraged. This change must be important to you”
* Patient: I tried to quit smoking 4 times and never can stick with it
* Practitioner: It seems to me that you have given this a lot of effort already. Every time you try you get closer. The average number of attempts to quit smoking before most people quit is 6 times, so don’t give up!
* Patient: Nobody can tell me that this stuff works!
* Practitioner: Whether this works or not is up to you. You are in the best position to know what ideas are most likely to work for you.
* Patient: You’re probably going to tell me I have to eat certain food and that I have to exercise every day and I hate that advice.
* Practitioner: If I were to tell you to do a lot of things that could overwhelm you. When you feel like you have to do something it actually can prevent you from doing what you want to do. Or, I can provide you with information about the benefits of good nutrition and exercise in managing diabetes if you like. It is up to you if you want to change your diet or exercise patterns.
* Patient: What if I tell you I won’t give up smoking?
* Practitioner: that is a decision you need to make. I can give you information about the risks of smoking. The decision to keep smoking or quit is up to you.

Another approach suggested by Miller and Rollnick is asking the client to take the position of arguing for a change. The practitioner argues the opposite and asks the patient to try to persuade the practitioner to make the change. This gives the patient the opportunity to list all the reasons why he/she should change.

**Strategy for**

**PROVIDING ADVICE**

**ELICIT – PROVIDE – ELICIT**

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| **Elicit** | **ASK what the patient knows or would like to know or if it’s okay if you offer them information.** |
| * *“****What do you know about…”*** * ***“Do you mind if I express my concerns?”*** * ***“Can I share some information with you?”*** * ***“Is it okay with you if I tell you what we know?”*** * ***“Would you be open to learning more?”*** | |

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| **Provide** | **Information in a neutral, non-judgmental fashion.** |
| * **Avoid “I...” and “You…”** * ***“Research suggests…”*** * ***“Studies have shown…”*** * ***“Others have benefited from…”*** * ***“Folks have found…”*** * ***“What we know is…”*** | |

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| **Elicit** | **The patient’s interpretation** |
| * ***“What does this mean to you?”*** * ***“How can I help?”*** * ***“Where does this leave you?”*** | |

**Tips for Using Elicit-Provide-Elicit**

* **Use neutral language as much as possible**

*“People have found…” “What we know is…” “Others have benefited from…”*

* **Avoid sentences starting with “I” or “You”**
* **Use Conditional words rather than concrete words**

*“might” “perhaps” “consider”* vs. *“should” “must”*

* **Utilize the “Spirit” of MI**
* **When “instructing” is necessary, recognize “where” your patient is and only provide relevant advice/information.**

**EXAMPLES:**

**CASE 1 – Candidate for surgery who smokes**

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| **ELICIT:** | “What do you know about how smoking affects the healing process after surgery?”  Vs.  “If I performed surgery on you, I’d be afraid your wound would never heal because of your smoking.” |
| **PROVIDE:** | “What we know is that the tobacco can impair the wound after surgery leaving folks vulnerable to infections.” |
| **ELICIT:** | “Tell me what your thoughts are about that.” Vs. “It’s obvious from this information that you need to quit.” |

**CASE 2 – Pregnant woman who smokes**

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| **ELICIT:** | “Is it okay with you if I share some concerns?” |
| **PROVIDE**: | “Research suggests that smoking can be harmful to the foetus, what we know is the carbon monoxide…”  Vs.  “Every time you inhale, you are harming your baby.” |
| **ELICIT:** | “Where does this leave you now?” or “What does this mean to you?” “How can I help?” |