



Health Behaviour Change: Motivational Interviewing in Highland

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Persuading someone to change behaviour: An exercise

- **Task:** The practitioner should try to persuade the client/ patient to change behaviour by:
 - Explaining why the client ***should*** make the change
 - Giving at least three specific ***benefits*** that would result from making the change
 - Telling the client ***how*** to change
 - Emphasizing how ***important*** it is for

Key Concepts: Resistance

- **Traps**
 - Question-answer trap
 - Labelling trap
 - Premature focus trap
(overestimates readiness)
 - Taking sides trap (arguing for
the seriousness of a problem)
 - Blaming trap

The Righting Reflex

- The natural desire to ‘sort’ things and solve problems; to take care and make things better.
- And in doing so, take control, threaten autonomy, and create resistance.

Common practitioner beliefs explaining lack of readiness to change

- Clients don't see the problem
- Clients don't understand the problem
- Clients don't know how to change
- Clients just don't care

What is Motivational Interviewing?

- *Motivational Interviewing is a **client centred** yet **directive** method for enhancing **intrinsic** motivation for change by exploring and resolving **ambivalence**.*

Miller and Rollnick, 2002

Motivational Interviewing

- *A collaborative style of conversation which practitioners can use to guide clients to explore and resolve their mixed feelings about a behavioural change in a way that enhances their motivation to make positive health choices.*

SIGN Guideline 74: Management of Harmful Drinking and Alcohol Dependence in Primary Care

- Recommends the use of Motivational Interviewing in brief interventions

The Spirit of Motivational Interviewing

- Collaborative
 - Evocative
 - Autonomous
 - **Guiding**
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- A posture of respectful curiosity is adopted

Key concepts in MI

- Resistance
- Autonomy
- Readiness
- Ambivalence

Elements of Motivational Interviewing

- **Principles:**
 - Express empathy
 - Roll with resistance
 - Support self-efficacy
 - Develop discrepancy

The Method: asking, informing (with permission), and listening

- Open questions
- Affirmations
- Reflective listening
- Summarising

- Eliciting, listening for, and responding to *change talk*

Challenges for the practitioner

- ‘Challenges include being restrained, conveying the conviction that solutions lie within the patient, and handing over responsibility about decisions to the patient while retaining control over the time and overall direction of the consultation.’

Rollnick et al, 2008

- Letting go of the ‘Righting Reflex’.

Challenges in learning MI

- Openness to the spirit of MI
- Becoming proficient in OARS
- Recognising, eliciting and responding to Change Talk
- Recognising and rolling with Resistance
- Developing a change plan and consolidating commitment

When to use MI

- MI is most useful if a patient/ client is in two minds about something, but is also appropriate when consolidating commitment through building confidence and supporting a patient/ client to set goals and develop a change plan.
- Highly appropriate in brief interventions; integrating skilful informing with listening and asking, rather than giving advice.

Training for Motivational Interviewing

- Provision of a range of length and depths of courses, together with coaching
- Training for trainers in Health Behaviour Change and in alcohol brief interventions
- The creation of a Highland Network of Trainers.

A Taste of MI: Readiness exercise

- **Task:**

The person who is the client should identify something real that they would like to change but that they are ambivalent about.

The practitioner's role is to listen carefully and try to understand the dilemma. They should give no advice.

Practitioner's questions

- 'Why would you want to make this change?'
- 'How might you go about it, in order to succeed?'
- 'What are the three best reasons to do it?'
- 'On a scale of 0 to 10, how important would you say it is for you to make this change? And why are you at....and not zero?'
- If appropriate, you can ask: 'So what do you think you will do?'

Motivational Interviewing in Health Care

HELPING
PATIENTS
CHANGE
BEHAVIOR

Stephen Rollnick | William R. Miller | Christopher C. Butler

NHS
Highland