

SELF-MANAGEMENT EUROPE ALERT

This is the fourth issue of the Alert of Self-Management Europe. These Alerts aim to contribute to greater awareness and accessibility of self-management support for patients, especially in those living with a chronic condition. The Alerts address healthcare professionals, managers and other stakeholders looking for practical recommendations how to implement practices that enhance self-management and patient empowerment.

SUPPORTIVE
CONVERSATIONS
FOR BEHAVIOUR
CHANGE

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MOTIVATIONAL INTERVIEWING WHAT IS IT?

MI uses a guiding style to engage with patients, clarify their strengths and aspirations, evoke their own motivations for change, and promote autonomy of decision making

Discussion about behavior change occurs in almost every consultation and goes beyond the “big four” behavioral risk factors (smoking, excessive drinking, lack of exercise, and unhealthy diet). It also includes the use of aids, devices, or medications¹. Motivational Interviewing (MI) 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**”². MI can support change in any situation and is particularly useful when people experience ambivalence for change. MI has been developed 40 years ago, initially in alcohol and drug dependence³. Since then, it has been shown effective across healthcare settings, behaviors and health outcomes, and particularly suited to brief consultations⁴.

MOTIVATIONAL INTERVIEWING WHY IT MATTERS?

Patients often feel ambivalent or unmotivated, and clinicians typically try to advise them to change, using a directing style, which in turn generates resistance or passivity in the patient. MI helps patients reflect on why and how they might change and is based on the use of a guiding style¹. A recent systematic review that included 72 studies found that MI outperformed traditional advice giving in 80% of studies.⁵

Simply giving patients advice to change is often unrewarding and ineffective

TIME TO TALK ABOUT CHANGE

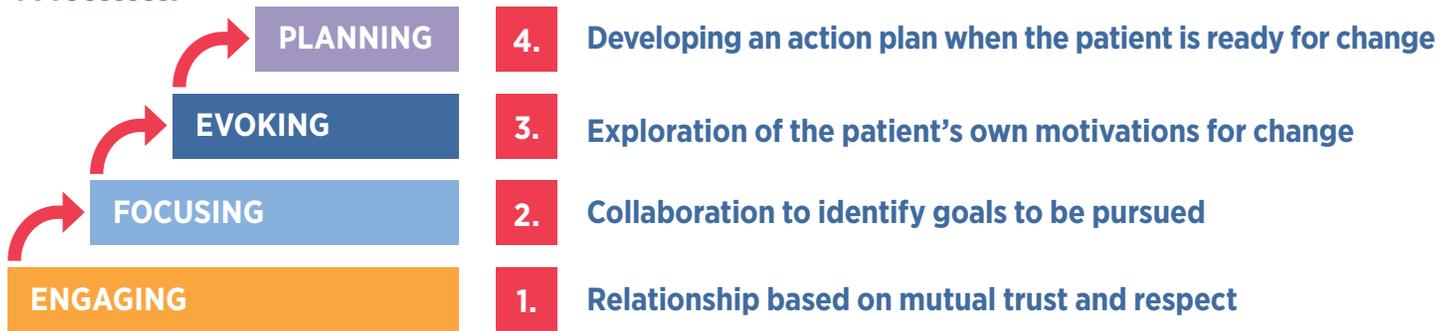
When considering the use of MI, health care professionals may be concerned that it takes extra time or only applies to certain situations. Actually, MI is not an extra topic to add to the consultation, it is a different way to guide the conversation within the time allocated, in any situation when change is considered. MI training, supervision, and feedback on performance will allow to save time by using more efficient questions. The biggest challenge is usually the shift in style and attitude involved¹. This includes letting go of what has been called the “righting reflex”, the tendency to identify a problem and solve it for the patient, and in-stead, enabling the patient to do this work for themselves². The MI provider certainly can and should offer their views and expertise, but within a style that is collaborative and emphasizes the patient’s freedom to make any final decision.

As health care professional, you can learn MI in three steps: 1) practice a guiding rather than directing style; 2) develop strategies to elicit the patient’s own motivation to change; and 3) refine your listening skills and respond by encouraging change talk from the patient¹. Every consultation is an opportunity to learn more about patient’s difficulties and ambivalence to engage in change. You can cultivate change talk and soften sustain talk by actively encouraging the client’s own language in favor of the change goal, and confidence for making that change, and avoiding a focus on reasons against change or for status quo.

1 CONVERSATION, 4 PROCESSES, 3 CORE SKILLS

MI conversations follow 4 fundamental processes and use 3 core skills—asking, listening, and informing^{1,2}:

4 Processes:



3 core skills:

- “ASK” **open ended questions** – invite the patient to consider how and why they might change;
- “LISTEN” to understand your patient’s experience – “capture” their account with brief **summaries** or **reflective** listening statements; these express empathy, encourage the patient to elaborate, and are often the best way to respond to resistance;
- “INFORM”— by asking permission to **provide information**, and then asking what the implications might be for the patient.

TOP 10 USEFUL QUESTIONS¹

- What changes would you most like to talk about?
- What have you noticed about ...?
- How important is it for you to change ...?
- How confident do you feel about changing ...?
- How do you see the benefits of ...?
- How do you see the drawback of ...?
- What will make the most sense to you?
- How might things be different if you ...?
- In what way ...?
- Where does this leave you now?

LEARN MORE?

<https://motivationalinterviewing.org> Motivational Interviewing Network of Trainers (MINT)

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