

In Practice

Using motivational interviewing (MI) skills to help people change

MAKING EVERY CONTACT COUNT

The National Health Service (NHS) remains critical to protecting and improving the population's health. It is charged with delivering public health services, and with promoting health through all its clinical activity, striving to use the millions of patient contacts that take place each day as opportunities to promote healthier living – 'making every contact count' (MECC).¹

Healthcare professionals are encouraged to use every contact with an individual to help them maintain or improve their mental and physical health and wellbeing, in particular, the four main lifestyle risk factors: diet, physical activity, alcohol and tobacco – whatever their speciality or the purpose of the contact. The MECC approach is consistent with the evidence-based approach recommended in the National Institute for Health and Care Excellence (NICE) guidance.²

Yet, it is hard to talk someone into doing something they do not believe is necessary. Many practitioners report feeling discouraged working with clients who question or resist their advice to change. Despite receiving excellent, evidenced-based suggestions, some people appear to be unmotivated to take the actions required to improve their health. Handling challenging interventions can leave a professional feeling demoralised and wondering what else can they do.³

The answer is to try a different approach using techniques drawn from motivational interviewing (MI) (Box 1) which have been endorsed by NICE.⁴

APPLYING MI TO DAILY PRACTICE

Try putting the RULE principles into practice (box 1). Start a conversation with a client by encouraging them to tell you about their condition and its impact

Box 1

RULE – Motivational interviewing principles

- **Resist** the urge to try to change a person's course of action by telling them what to do.
- **Understand** it is the individual's reasons – not those of the practitioner – that will bring about a change in behaviour.
- **Listen** to what the individual says; the solutions lie within them, not an outsider.
- **Empower** the individual to understand they have the ability to change their behaviour.

on their life. To prevent a 'challenging' conversation from developing, avoid giving advice or making any assumptions.

Don't ask questions that only require a 'Yes' or 'No' answer. These stop people thinking for themselves and you're doing all their work. Ask open questions, such as 'why do you think this has happened to you?'. Find out what living with their 'condition' is like and the impact of changes to their health. Feedback the key points you have heard. Saying back what you have heard develops greater rapport and increases people's desire to engage with you.

As many people do not understand the risks posed by their diagnosis or medical condition, ask, 'What have you already been told about [your condition] and what might happen in the future?'. If they seem unsure, seek permission to explain the short- and long-term complications and the links between these and their current lifestyle.

No one likes being told what to do or to hear that something they are doing is wrong. Asking permission to provide information increases a person's receptivity to listening. For example, ask 'May I explain the links between your high blood pressure, diabetes and weight and to you?'. Check their understanding and interpretation of the facts you've provided by asking what

they think of this information. Explain that they have control over everything they do and that your role is to help them to make a fully informed choice. If they seek to change, encourage a realistic first step so they can experience the feeling of success.

Resistance to Change?

The MI style of communication encourages people to think for themselves. Address any expressed resistance by emphasising that they have ultimate control. For example, say 'It's up to you to decide what steps you'll take'. If you want to explore further, you could ask, 'What do you think could happen if you do nothing?'.
Draw the conversation to a close by summarising everything that has been discussed. This helps the client hear themselves from a new perspective. People only change their behaviour when they are ready. A summary helps the client to see the bigger picture and reinforces that they have the information, support and the responsibility for the next step.

Draw the conversation to a close by summarising everything that has been discussed. This helps the client hear themselves from a new perspective. People only change their behaviour when they are ready. A summary helps the client to see the bigger picture and reinforces that they have the information, support and the responsibility for the next step.

How To Respond To Clients at Different Stages Of Change

People not ready to change:

- Respect their decision. Ask, is it forever?

Box 2

Motivational interviewing – key points

- How we speak to people is likely to be just as important as what we say.
- Being listened to and understood is an important part of the process of change.
- The client is responsible for the choices they make and any action they take.
- The person who has the problem is the person who can help solve it.
- People only change their behaviour when they feel ready – not when they are told to.
- The solutions people find for themselves are the most enduring and effective.

- Talk through any ambivalence
- Explore knowledge of future problems/issues if nothing changes

People who want to change:

- Congratulate their decision and check that their expectations are realistic
- Ask when they plan to start
- Ask, What change will you try first? What might get in your way? What help/support do you need?

Helping people following a relapse:

- Why do you think it didn't work last time?
- What will you do differently this time?
- When do you plan to start?
- What makes now a good time to try again?
- How will you know it's working?

Clinical Practice – Practical Examples of Handling Challenging Conversations

Client: 'I've tried to do more exercise, but it doesn't make any difference'

What made you start doing this?
 What did you do?
 What were you hoping to achieve?
 How long did you exercise for?
 Why do you think this hasn't made any difference?
 What do you think will make a difference?

Client: 'I was annoyed when my GP said I needed to lose weight'

What did your doctor say to you?
 Do you have any concerns over your weight?
 How has your weight changed?
 What do you plan to do about your doctor's advice?
 Have you thought about attending a group support programme like Slimming World? I can offer a referral if you'd like.

Client: 'I've cut down my smoking and I don't feel any better'

What made you decide to cut down?
 How much were you smoking before? And now?

How did you expect to feel when you cut down?

Have you ever wanted to stop smoking completely?

If 'Yes': Using the NHS will quadruple your chance of success.

If 'No': What do you think would improve your health?

In summary, although helping people to change is complex, MECC is important, and using MI skills has been shown to work. Whenever you are faced with a client who seems to be resisting your help, why not try applying some of the MI techniques?

You will know you are successful when the client is:

- Comfortable talking to you about their beliefs and current behaviour;
- Doing more talking than you;
- Actively talking about a change in their behaviour/lifestyle;
- Working towards finding a solution for themselves;
- Keenly asking for information and advice.

FURTHER READING

Rollnick S, Miller WR and Bulter C. *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guildford Press, 2008.

Lavin JH, Pallister C, Gibson S *et al*. Tackling the subject of weight with patients: the difficult conversation. *Journal of Primary Health Care* 2015; 25(2): 18–22.

Jennifer Percival

Independent Behavior Change Trainer

Email: jennifer.percival@usa.net

Corresponding author:

Jennifer Percival, as above

References

1. Department of Health. A public health outcomes framework for England, 2013–2016. *Improving outcomes and supporting transparency, Part 1A*, November 2013. Available online at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> (Last accessed 30th June 2017).
2. NICE Guidelines [PH49]. Behaviour change: Individual approaches, January 2014. Available online at: <https://www.nice.org.uk/guidance/ph49> (Last accessed 30th June 2017).
3. Royal Society for Public Health. Healthy Conversations and the Allied Health Professionals, 2015. Available online at: <https://www.rsph.org.uk/resourceLibrary/healthy-conversations-and-the-allied-health-professionals.html> (Last accessed 30th June 2017).
4. NICE Guidelines [PH6]. Behaviour change: The principles for effective interventions, October 2007. Available online at: <https://www.nice.org.uk/Guidance/ph6> (Last accessed 30th June 2017).