

Brief Motivational Interviewing Strategies for Lifestyle Change

Background Concepts

- The type of counselling that should be used for managing acute and chronic conditions is different.
- Patients with chronic conditions need to be supported towards self-management of health, as the patient has a central role in managing conditions of a chronic nature.
- A recent study published in *Diabetes Care* (2008) showed that physician care was responsible for only 2% of the variation in HbA1c, with 98% of the variation in glucose control influenced by the patients' self management and other factors. This reinforces the central role of the patient in managing chronic health conditions, and the important role of health professionals in recognising and encouraging self management.

What is Motivational Interviewing

- *Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.*

The Spirit of Motivational Interviewing

1. *Motivation must come from the client* - Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of threats. Although these may have their place in evoking change, they are quite different in spirit from motivational interviewing which relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behaviour change. Essentially if the ideas and solutions come from the client, they are more likely to occur.
2. *It is the client's task, not the counsellor's, to articulate and resolve ambivalence.* Many clients have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of the conflict, in ambivalence. Your task is to facilitate expression of both sides of the story, and guide the client toward an acceptable resolution that triggers change.
3. *Direct persuasion is not an effective method for resolving ambivalence.* It is very tempting to try and be "helpful" by persuading the client of the urgency of the problem and about the benefits of change. Although this may be effective in the treatment of short term acute conditions, it is fairly clear that these tactics generally increase client resistance and diminish the probability of change in chronic illness management (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).
4. *The counsellor is directive in helping the client to examine and resolve ambivalence.* The key assumption in motivational interviewing is that resolving ambivalence is the key to triggering change. Once this has been accomplished, there may not even be a need for further intervention such as

teaching lifestyle skills. However providing guidance in changing lifestyle behaviours may enhance adoption and maintenance.

5. *Readiness to change is not a client trait, but is strongly influenced by the health professionals counselling style.* One of the biggest shortcomings of typical lifestyle interventions like prescribing physical activity, is the assumption that the client is ready to change. Instead as a health professional you need to be more attentive and responsive to your client's motivational signs. If you experience resistance from the client, use it to assess your own approach rather than blaming them. Resistance from the client is often a signal that you are assuming greater readiness to change than is the case, and is a cue that you need to modify your strategy.

Practical strategies to try

Here are some strategies to try, all of these take less than 5 mins. We will use physical activity counselling as the example.

1. Ask don't tell.

Just telling a patient "You need to do 30mins of exercise every day" has not been shown to be an effective way to encourage patients to be more physically active.

Try reframing the question to "What do *you* think *you* can do to increase your activity levels?" Remember if the ideas and solutions come from the patient they are more likely to do it.

2. First understand the patient's readiness to change. Are they:

- Precontemplative – Not even thinking about physical activity
- Contemplative – Thought about it but no plans yet
- In Preparation – Has some plans to start
- Action – Started
- Maintenance – Going for at least 6 months
- Relapse – Fallen off the rails

3. Then provide guidance that is relevant to where the patient is at in the change process.

Precontemplators

- Ask if they would be happy to just take an information brochure on physical activity or refer them to the information section on our website. Then provide unconditional support to discuss it again when they are ready. If you adopt this less confronting approach they are more likely to feel comfortable about discussing it with you again when they are ready.

Contemplation

- Patients in the contemplation stage benefit from self re-evaluation and amplifying the benefits of physical activity. For example ask "How do you think being more physically active could positively affect your life?" If they say "It might improve my health and longevity so I can see my grandkids grow up" Then amplify with a reinforcing comment like

“Yes well the research suggests that physically active people do tend to live 10-12 years longer than sedentary people, and it is also likely to improve your glucose control, blood pressure and body weight- so I agree that this may be a great way to assist you to see your grandkids grow up. What type of activity are you interested in doing...?”

Preparation

- People in the preparation phase benefit from ideas and suggestions about exercise including what type of exercise might be best and why. You may discuss the National Physical Activity guidelines (available from this site), assist in developing a physical activity plan, discuss strategies to overcome potential barriers, or refer them on to an Exercise Physiologist or community program. On our website you can find physical activity and nutrition handouts and a list of physical activity referral options throughout the Illawarra.

Action

- These people need positive reinforcement and they also benefit from monitoring their progress. Suggest that the patient keeps a physical activity diary so that you can review their progress at their next visit. Discuss potential barriers that could impact on the ability of the patient to maintain physical activity in the future and strategies to overcome these.

Maintenance

- Assist the patient to prepare for relapses by developing alternative physical activity plans or options in preparation for a relapse. For example if the patient is walking but they have a history of a recurring knee injury, identify alternative physical activity options that reduce weight bearing on their knee to keep them active in the event of a flare up. Also encourage the patient to re-evaluate their goals and make sure they are still strong and meaningful to the patient.

Relapse

- Tell the patient that relapse is normal. Discuss new or different approaches to get back on track. Encourage the patient to learn from past mistakes and explore strategies on how to avoid or manage a similar relapse in the future. Don't shame or criticise the patient. If the barriers that caused the relapse still predominate or if you are unable to negotiate effective strategies to maintain activity, consider referral.

Remember practice makes perfect.

If you are interested in learning more, contact Movement Medicine as we offer seminars for health professionals in Motivating Patients for Lifestyle Change. Email admin@movementmedicine.com.au for details.