



south ayrshire  
health & social care  
partnership



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Motivational interviewing and behaviour change

RCOP, Liverpool Nov 23



University for the Common Good

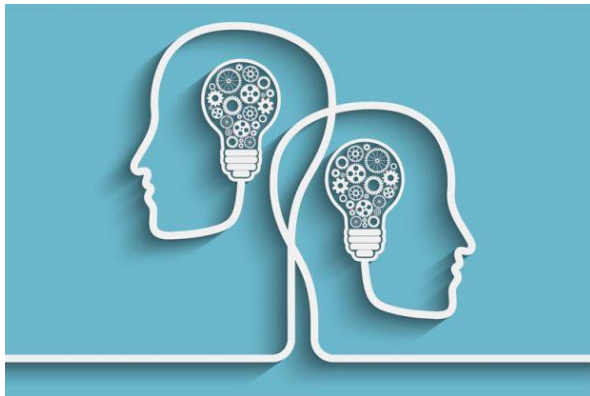
# Definitions

- ▶ Patient education - imparting information to patients to enable them to improve their health by changing health-related behaviours.
- ▶ Adherence the extent to which a person's behaviour corresponds with agreed recommendations
- ▶ Concordance - agreement reached after negotiation between a patient and a healthcare professional that respects the beliefs & wishes of the patients

(Sabate, 2013, Barlow, 2002)

# Patient education to prevent ulceration

- ▶ Diabetes patient education is 5-10% effective
- ▶ Knowing does not translate into doing...
- ▶ Patient education increases knowledge but does not prevent ulceration.
- ▶ Individuals beliefs and motivations are more closely linked to behaviours



*(Dorresteijn et al. 2014, Hoogeveen et al. 2015,  
Ogden 2016, Britt et al. 2004,  
Kwasnika et al. 2016, Michie et al. 2016,  
Davis et al. 2014, Markland et al 2005 )*

# Why is pt education ineffective?

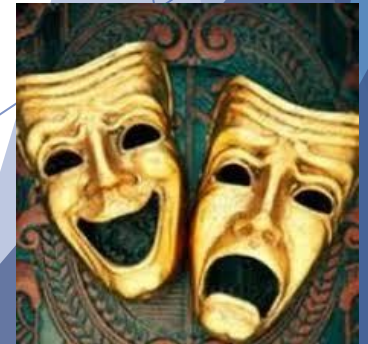
- ▶ **Psychological reactance:** an increase in a problem or unwanted behaviour when a person perceives that his or her personal freedom is being infringed
- ▶ The righting reflex.    Problem  $\longrightarrow$  Solve
- ▶ Evokes reactance & defensiveness



## Which lens ?

This 57 year old obese lady has recently been diagnosed with diabetes which is poorly controlled. She is on metformin and continues to smoke. At present she has palpable pulses but has some neuropathy on testing with a monofilament.

Irene is the dependable heart of a large lively family. She looks after her grandchildren most weekdays. Her health has not been a concern for her until she was diagnosed with diabetes and told to attend appointments.

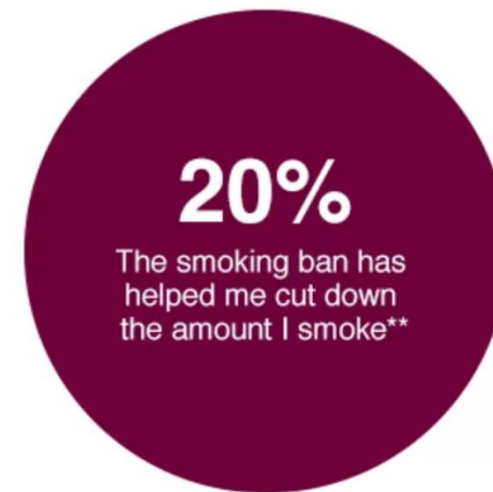




Humans form strong connections with their environment, so much so that the environment becomes part of the behaviour itself, (O'Sullivan 2023)



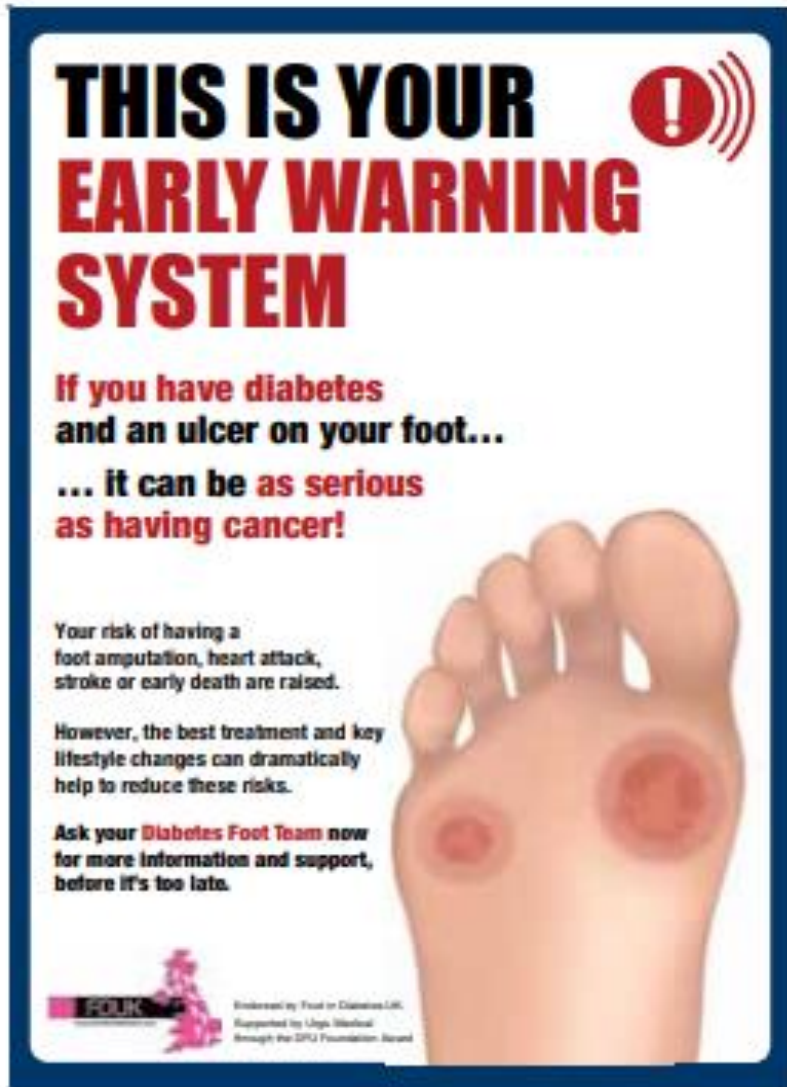
### 2017 attitude to UK smoking bans




\*1364 ex-smokers surveyed  
\*\*734 current smokers surveyed

Source: YouGov Poll

# Fear based messaging




**THIS IS YOUR  
EARLY WARNING  
SYSTEM** 


**If you have diabetes  
and an ulcer on your foot...  
... it can be as serious  
as having cancer!**

Your risk of having a foot amputation, heart attack, stroke or early death are raised.

However, the best treatment and key lifestyle changes can dramatically help to reduce these risks.

Ask your **Diabetes Foot Team** now for more information and support, before it's too late.



 Endorsed by Foot in Diabetes UK.  
Supported by Upto Medical  
through the DPU Foundation Award

- ▶ Adherence more likely to decrease when faced with threat
- ▶ If the threat is death-related - a person is more likely to change their beliefs to protect themselves from the threat than change their behaviour.
- ▶ Meta analysis shows threatening communication only effective if efficacy is high

(Peters et al. 2013)

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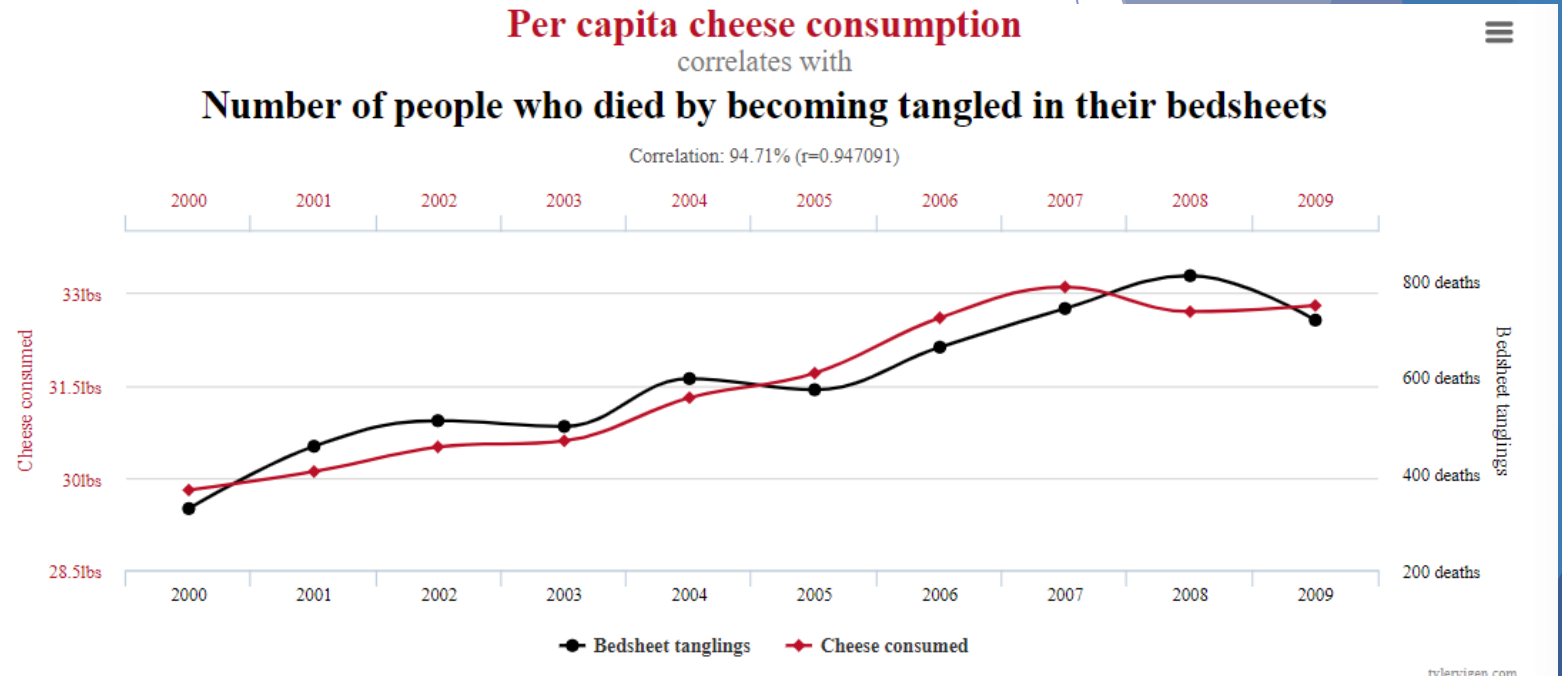
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FOUK  
Endorsed by Food for Diabetes UK  
Supported by Uppsala Medical  
through the DFU Foundation Award



*...the danger of correlation...  
5 year survival rates may be similar -  
But.....*

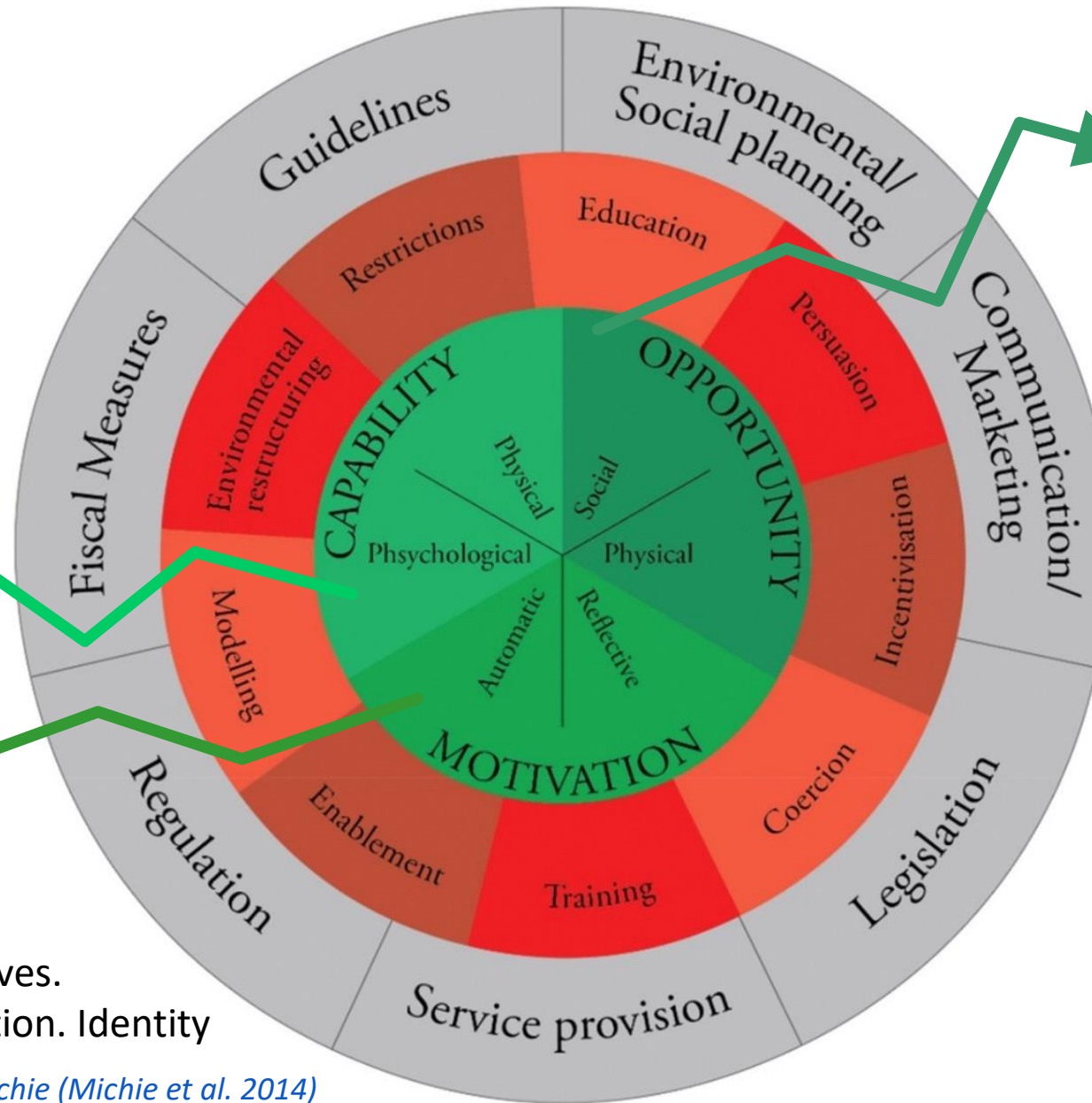
# Behaviour Change Wheel

## Capability:

Knowledge, Skills, action planning for behaviour change, memory, cognitive function.

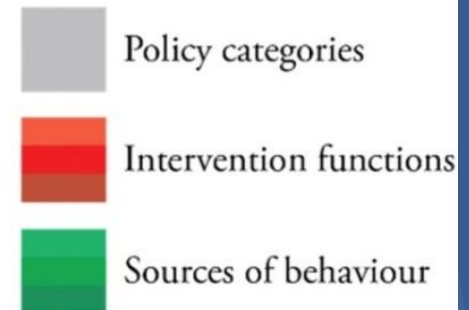
## Motivation:

Beliefs about consequences.  
Beliefs about capability. Optimism.  
Intentions. Goals. Rewards. Incentives.  
Disincentives. What is valued. Emotion. Identity



## Opportunity:

Environmental context & resources that may facilitate or hinder behaviours.  
Social influences including social norms, influences, comparisons, social support, conflict, alienation



# Behaviour change capacity of individuals

- What opportunities & motivations?
- Barriers versus enablers?
- Do they feel safe?
- Supportive relationships?
- Energy and resilience?
- Mental capacity and emotional coping?
- Depression / cognitive function?

6 times more likely to have DFU in areas of deprivation  
and 7 times more likely to have LLA (Hurst et al. 2020)



# How to support behaviour change..

- ▶ Clinician judgements and desire to make a clinical impact can negatively impact on behaviour change
- ▶ ‘Assess, monitor and manage’ is not often change focused
- ▶ Invite is to ditch: telling people, fear, overly focusing on knowledge & skills, generic advice, overly focusing on endpoint/ consequences
  
- ▶ Conversation techniques & how we structure appointments can support better clinical outcomes through behaviour change -
- ▶ Supporting autonomy & reducing emotional burden is important
- ▶ People are better persuaded by the reasons they themselves discover ...than those that come into the minds of others - Blaise Pascal



# Communication styles & MI

Direct	Guide	Follow
Teach	Draw out	Listen
Instruct	Encourage	Understand
Lead	Motivate	Go along with

(Rollnick, S. 2019)

# How?

*... a collaborative conversation style for strengthening a person's own motivation and commitment to change.*

*...strengthens personal motivation and commitment by exploring the person's own reasons for change within an atmosphere of acceptance and compassion.*



# MI Effectiveness



- Meta analyses show 75% of participants across 119 studies had improved outcomes
- Positive impact in addictions, long term conditions, public health, HIV, MSK
- positive impact on self management behaviours in diabetes
- Protocol led less effective than patient led

*(Soderlund 2018, Eking & Kavookjian 2016, Song et al. 2014, Jansink et a. 2013, Chen et al. 2012, Heinrich et al. 2010, Lundahl et al. 2010, Lundahl & Burke 2009, Rubak et al. 2005)*

# PhD study

## Overview

- ▶ 88% (n=17) changed behaviours using motivational interviewing
- ▶ 66 different behaviours, Diverse yet specific.
- ▶ Blood sugars, diet, medication and exercise (n=7) demonstrated 10-43% reduction in HbA1c (median reduction of 9mmol/mol,  $z=-2.76$ ,  $p=0.006$ )
- ▶ Increase in
  - ▶ frequency of using offloading devices
  - ▶ attendance
  - ▶ foot checks
  - ▶ footwear changes
  - ▶ seeking help for depression.
- ▶ 11 out of 12 long standing ulcers healed
- ▶ Depression and distress levels reduced (depression  $z= -1.92$ ,  $p=0.05$ , distress  $z=-3.192$ ,  $p=0.001$ )



# Motivational Interviewing

## Engaging

- Shall we work together?

## Focusing

- What to change?

## Evoking

- Why change?

## Planning

- How to change?

# *Motivational Interviewing*

## **From focusing to evoking**



Once focus is agreed  
can begin to explore  
ambivalence,  
motivation, importance  
and confidence

Through  
engagement may  
emerge one or a  
number of  
options to focus  
on.

Check direction -  
'what makes sense  
to you to start  
with? What is going  
to be helpful?

Focusing should  
allow direction and  
add momentum for  
evoking a change

# Change talk flickers in a conversation

HP - I think I heard you say there that you had some worries about your health?

Pt - Well, I know that I don't get enough exercise and **I should lose some weight** but to be honest **there is just too much going on at the minute. I haven't got time** to be going to the gym and cooking from scratch. The doc keeps going on about my blood pressure though and **I really don't want to go down the same road as my Dad**, he had a stroke and he has no life anymore.

HP - You feel you need to lose some weight and be more active and you want to stay in good health and have a good quality of life.

Pt - Yeah I do, you know **I want to be able to take my grandkids out and be able to travel with the wife when I retire. I just don't know how I can fit in the activity.**

HP - There is so much for you to look forward to in life and you want to make some changes, the struggle for you is how to fit it in. What ideas have you got about how to fit more activity in?

# Core Motivational Interviewing Skills



## OARS

- ▶ **O**pen questions
- ▶ **A**ffirmations
- ▶ **R**eflective Listening
- ▶ **S**ummarising

# Examples of Open Questions



Hope you don't mind if I ask you about **what** happened to you **when**...



Is it ok to ask **what** sort of things have changed for you recently in regard to ....?



**How** would you like things to be different to **how** they are now ?



**What** makes sense to you?



From **what** we have said- **which** bit would you like to talk about?



**What** have you noticed about ?



**How** might you succeed at ?

# Affirmations

“You have worked really hard at .....

“You have really stuck with the change”

“What a strength you have to be able to do .....

“What a brave step to take”

“You are a caring person ”

“Even though life has been difficult you have managed to.....”

“I really appreciate you telling me this today.”

“Thank-you for being so honest.”



# Reflections



Reflective listening is a fundamental skill in M.I.

Reflective statements allow people to hear again the thoughts and feelings they are expressing, perhaps in different words, and ponder them.

Should have 3-4 reflective statements to each open question

# Reflections practice

- ▶ Working with person next to you.

- ▶ Think to yourself

Something I like about myself is that i...or  
something that I find really frustrating about myself is...

- ▶ Take turns in giving a statement and the other person giving a reflection

# Levels of reflection

“I can’t let people see me out walking.”



*“You don’t want people to see you out walking.”* **SIMPLE**

*“You feel very self-conscious when you’re out.”* **AMPLIFIED**

*“It feels like people are going to make judgements about you when they see you.”* **COMPLEX**

*“The thought of people seeing you out walking fills you with dread and so you hide yourself away.”* **DOUBLE SIDED**

*“Being seen out walking is the worst thing that could ever happen to you.”* **AMPLIFIED**

# Summaries

- ▶ longer reflections that collect what a person has been saying, offering it back as in a basket.
- ▶ pull together what has been said, such as at the end of a session.
- ▶ provide a “What else” moment for the person to fill in what you may have missed.



# MI - observation or practice

- ▶ In 3s. A participant, an interviewer and an observer.

One thing I'm thinking about changing is....

Swop...

# Implementation

Ask permission

Change language

Be curious

Affirm strengths

Reflect instead of questions

....

# GGC foot protection project - Renfrewshire

- ▶ Using Motivational Interviewing core skills to encourage change behaviour, increase patient involvement and facilitate wound healing.
- ▶ Improve patient adherence behaviour, reduce ulcer recurrence, reduce frequency of face to face podiatry., reduce workload pressure.
- ▶ 2 FP CLINICS, 1 DOM DAY
- ▶ For more information contact [allison.livingston@ggc.scot.nhs.uk](mailto:allison.livingston@ggc.scot.nhs.uk)

# GGC foot protection project - Renfrewshire

- ▶ 50 minute appointments which should start with a chat with the patients about their wound and the impact it is having on everyday life. We also want to discuss with patients what they would like to do differently and how they feel about podiatry services. (20mins?)
- ▶ OPEN QUESTIONS to start the conversation:
- ▶ Can I ask what sort of things have changed for you since you developed your foot ulcer?
- ▶ How would you like things to be different than they are now?
- ▶ Is it ok for me to ask you about your experiences here at podiatry?
- ▶ What concerns you most about your foot ulcer?
- ▶ Remember to allow the patient time to talk - it's helpful to use SUMMARIES to keep the conversation on track.

# GGC foot protection project

- ▶ Remember AFFIRMATIONS to encourage positive behaviour change and improve relations between patient and practitioner.
- ▶ We want to encourage our patients to be part of the solution to their foot problems by taking more responsibility for their foot health and being involved in decisions about their foot care.
- ▶ Encourage change talk:
  - ▶ How important is it for you to.....
  - ▶ If you decide to .....how would you go about it?
  - ▶ What would be the benefits for you if you.....?
  - ▶ What is going to be most helpful for you?
- ▶ Assess the wound and carry out podiatry treatment. (15mins)
- ▶ Discuss treatment options - face to face, digital consultation, directed self care and agree a plan. (try not to dictate - allow patient to have a say!)
- ▶ Book next appointment based on discussions.

## **Shared Care for Wounds**

This document is intended for patients / carers and podiatrists working together.

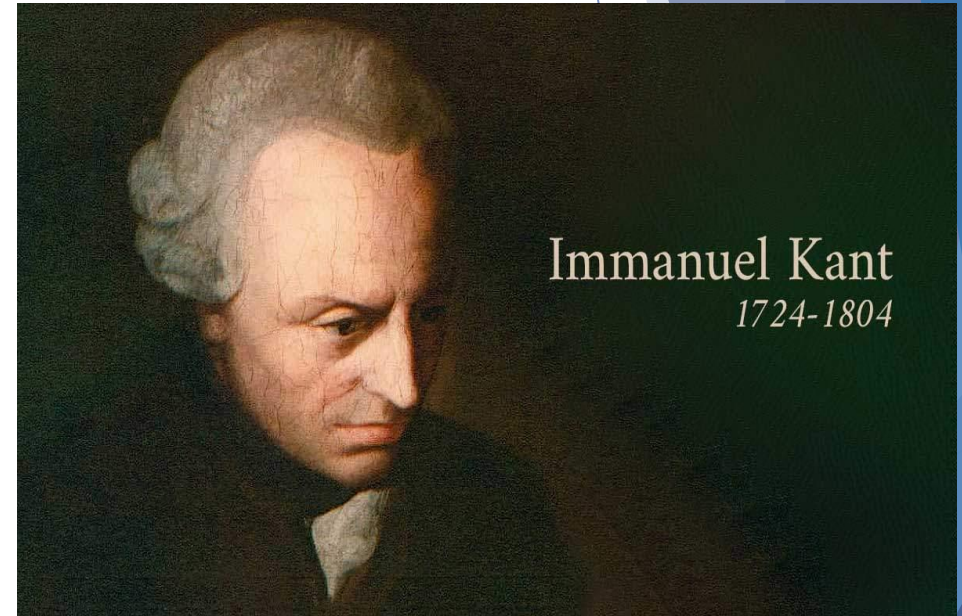
# Early findings - 1<sup>st</sup> 6 weeks

- ▶ Increased engagement and adherence & positive impact on wound
- ▶ Appointments saved
- ▶ Confidence of staff and patients increased
- ▶ Increased job satisfaction
- ▶ Escalation route to full MI

# Resources

- ▶ [https://learning.bmj.com/learning/module-intro/motivational-interviewing.html?moduleId=10051582&searchTerm=%E2%80%9Cmotivational%20interviewing%E2%80%9D&page=1&locale=en\\_GB](https://learning.bmj.com/learning/module-intro/motivational-interviewing.html?moduleId=10051582&searchTerm=%E2%80%9Cmotivational%20interviewing%E2%80%9D&page=1&locale=en_GB)
- ▶ <https://www.facebook.com/Psychwire/videos/motivational-interviewing-what-goes-wrong-with-persuasion/491214595390822/>
- ▶ <https://www.micardiff.co.uk/>

***“Out of the crooked timber  
of humanity, nothing  
entirely straight can be  
built....”***



Immanuel Kant  
1724-1804