ADVICE GIVING

How do I give advice in a way that is consistent with motivational interviewing?

As health professionals, we know things, and it makes sense that we want to tell our patients what we know. We tell people what to do in order to help them…

But, how often, particularly with health behaviour change, have you told someone what they need to do to fix it, only to have them come back next time without having made any changes?

Many of us do not like to be told what to do…and this is not a new concept, as the quote by Pascal makes clear.

> ***People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.***
>
> Blaise Pascal, *Pensées*, (1670)

In motivational interviewing, and in many other patient-centred approaches to advice giving, the following framework is used:

ELICIT

Ask patients about their ideas, what they know, understand, or think.

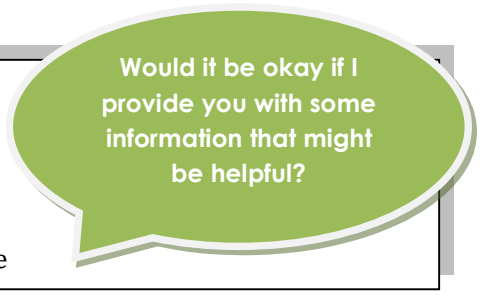
By first eliciting what the patient knows, you can:

- hear the patient's language and use this language in offering advice
- listen for incorrect or missing information in the patient's understanding, and find ways to help them to understand
- hear their ideas, and reinforce what is helpful, based on the evidence

Seek permission

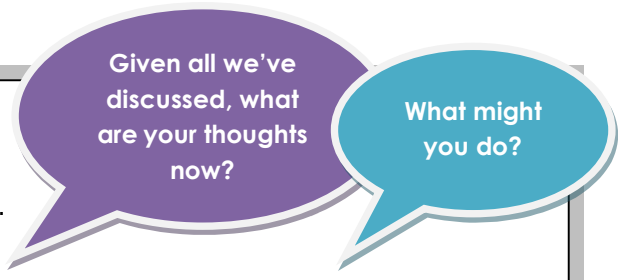
PROVIDE

- Information and a range of options, where possible
- Clarification of any misinformation
- Confirmation of patient's understanding or knowledge



ELICIT

Ask patients what they think and feel about the information discussed, and/or what they might do.



AGENDA MAPPING

Helping people to make changes starts with finding a focus; choosing which behaviour to focus on in making a change.

Sometimes this is simple, the patient is clear, and you are clear that the behaviour supports health. It is a matter of discussing and generating ideas for change and making a plan together (see *Making a Plan for Change*).

In healthcare, and particularly with patients with multimorbid conditions, there can sometimes be so many potential target behaviours that it can feel overwhelming for both you and your patients.

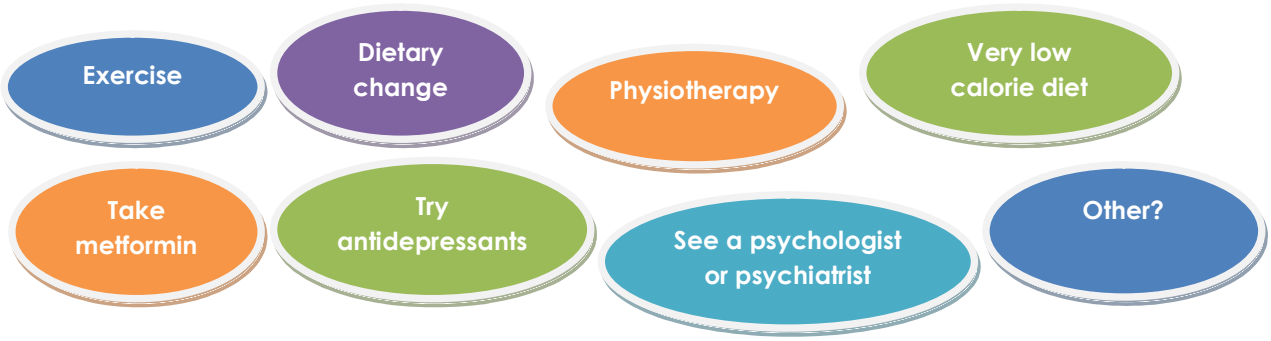
Where there are multiple behaviours to change, work together with the patient to find a focus.

1. Identify the potential behaviours for change. Ask permission to raise or add a difficult topic.
2. Work together with your patient to discuss and identify a priority behaviour
3. Work together to develop a plan (see *Making a Plan for Change*).

Consider the following patient: Mrs Jones is a 63 year old woman with Type 2 diabetes, obesity, back pain and depression. She says she's not sleeping well, and has trouble with simple daily tasks.

What are the potential target behaviours?

Use an ***Elicit-Provide-Elicit*** framework to generate potential behaviours, and seek permission to add behaviours that you know may promote your patient's health (see the information sheet on *Advice Giving*).



So, what is the priority target behaviour?

In talking with Mrs Jones, she tells you that she has recently lost weight, and feels that she has her diet in hand. She also discloses that she has a history of trauma, and has never told anyone before. She feels ready to talk to someone, and would like a referral to a psychologist or psychiatrist. Exercise is still something that Mrs Jones thinks would be helpful, and you and her agree to talk about it again in the future.

Agenda mapping brings together what the patient knows about him or herself, and what you, as a health professional, know about the evidence base for changes that promote health.

Am I doing MI?

Here are some questions to ask yourself, reflecting on your inner experience as well as your conversational style.

1. **Engaging**. How well do I understand how this person perceives the situation or dilemma? Could I give voice to what this person is experiencing? How many of my responses are reflective listening statements? How engaged in our conversation does the person seem to be?

2. **Focusing**. Do I have a clear sense of focus? Do I know the direction in which I hope change occurs? What goal(s) do we have for change, and to what extent do we agree about them?

3. **Evoking**. What do I know about this person's own motivations for change? Am I hearing change talk? What concerns, goals, or values does this person hold that would encourage this change?

4. **Planning**. Am I hearing mobilizing change talk that may signal readiness to discuss when and how change might occur, even a first step? Would it be premature at this point to be discussing a plan? To what extent am I evoking mobilizing change talk from the person rather than providing solutions myself? If I am giving information and advice, is it with permission?

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. Guilford Press, p.311.

TUNING IN TO CHANGE TALK

What am I hearing, and why is it important?

By encouraging patients to talk about what they want to change, feel is possible, within their ability and important to them; we can encourage behaviour change. Motivational interviewing is a counselling style which focuses on the language of change. MI skills are particularly focused on eliciting change talk.

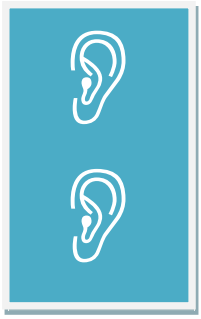
What does change talk sound like?

Change talk is any language in the direction of change. Your patient may say things like: "I want to lose weight", "I could walk more often", "I need to get fitter, because I can't keep up with my kids". These are statements that tell us what's important to the patients, and what they think they can do.

As this language gets stronger, it is predictive of commitment language: "I'm ready to try the new medication", "I'm willing to see the psychologist", or "I will start tomorrow." See the references below for some studies that support the idea that more change talk and commitment language is predictive of actual behaviour change. Research also highlights that clinicians can be instrumental in eliciting this language in patients, and thus promoting change.

What do I do if I hear change talk?

Use 'EARS' to reinforce and elicit more change talk. Encourging change talk in your conversations with patients is a key part of motivational interviewing.



E – Elaborate; ask your patient to tell you more, seek elaboration.
"What do you enjoy the most about exercise?"

A – Affirm; acknowledge and affirm your patient's efforts and strengths
"You are a determined person."

R – Reflect; reflect what you hear, so that the patient can hear it too
"It's important to you to get fitter and to be a more active parent."

S- Summarise; 'collect' change talk statements and summarise them
"You would like to find out more about depression and how to manage it. Your family and your work are important to you, and you need to feel useful, and that you're making a contribution. You've got excellent support and you've started exercising again – which has been helpful. You're ready to see if talking to someone will help."

References:
Amrhein, P. C., Miller, W. R., Yahne, C., Knupsky, A., & Hochstein, D. (2004). Strength of client commitment language improves with therapist training in motivational interviewing. *Alcoholism: Clinical and Experimental Research, 28(5), 74A.*
Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71, 862–878.*

IMPORTANCE AND CONFIDENCE

When you think about it, our change conversations with patients are usually about things they feel are important to change, but that they also feel will be difficult for them to change.

If we can assist them to draw on their resources, skills and abilities to increase their confidence, we might be helpful in supporting them to make a change.

Using these scaling questions, we can assist patients to articulate their reasons for making changes, and why it is important, as well as promote their confidence to make changes. These questions help to develop discrepancy between maintaining the status quo, and making changes. They help to draw on the patient's values, and to identify what they need to make changes.

On a scale from 0-10, where 0 is not at all important, and 10 is very important,

how important is it to you to…?

What makes you a …. and not a (lower #)?

What would it take to increase the importance to a (higher #)?

Summarise

On a scale from 0-10, where 0 is not at all confident, and 10 is very confident,

how confident are you that you can…?

What makes you a …. and not a (lower #)?

What would it take to lift your confidence to a (higher #)?

Summarise

Reflective exercise:

Answer the questions for yourself about a health change you have been thinking about making.

- How do the questions help you in thinking about the behaviour you want to change?
- What do you notice about the language you hear in your own responses?

Now, consider the direction of the questions being asked. What would happen if you asked yourself the questions in the other direction, eg:

"What makes you a 6 in confidence and not an 8?"
Paying attention to your own answer to this question, you will note that asking in this direction elicits deficits, failures and reasons it is difficult to change.

Asking the questions in the order presented in the text boxes elicits change talk – because you are asking people to tell you what promotes the importance of the change, or their confidence (see information sheet *Tuning in to Change Talk*). Keep this in mind for scaling questions, as they can be very useful at tapping into what's important and what helps to promote change.

MAKING A PLAN FOR CHANGE

Planning for successful change is about getting specific and setting goals that are attainable and relevant. While it can seem that setting a goal is the endpoint, we also know that many patietns set goals and then don't make changes. The skills of motivational interviewing can help to make the behaviour change successful.

It's easy to get ahead of your patient's readiness. At any time in planning, you may need to review your engagement, alter the focus, or spend time eliciting more of the patient's perspective or ideas.

Writing down a plan can help to make it clearer:

CHANGE PLAN

The change I wish to make is…

The reasons I want to make this change are…

The steps I plan to make in changing are…

The ways other people can help me are…

The date I will start…

Some things that may interfere with my plan, and how I may overcome them…

All of the skills of motivational interviewing are equally relevant and useful in planning for behaviour change. The skills can be reviewed in the following information sheets:

- *Advice Giving*
- *Asking Evocative Open Questions*
- *Importance and Confidence*
- *Microskills for Motivational Interviewing*
- *Resistance to Change*
- *Tuning in to Change Talk*

SMART GOALS

Making a change is easier if you're working on a goal that is SMART. Put the goal to the test with the following questions:

SPECIFIC
What exactly is it you want to achieve?

MEASURABLE
How can you measure and track the progress of the goal?

ATTAINABLE
Is it attainable in the given timeframe?

RELEVANT
Is it something that you really want to do? Will it directly benefit you?

TIME BOUND
When do you want to achieve this goal by?

MICROSKILLS FOR MOTIVATIONAL INTERVIEWING

The counselling skills used in motivational interviewing will likely be familiar to you. In motivational interviewing, the direction of the conversation is important to keep in mind, and always, the spirit of MI is key to the conversation.

Open Questions

Open questions encourage the patient to present their own perspective, thoughts, or understanding.

- They are difficult to answer with just a 'yes' or 'no'
- They help avoid the question-answer trap of consultations
- They can create forward momentum in a conversation
- They help with rapport and engagement by allowing the patient to do most of the talking

They often start with the words: How?, What?, Why?, or Tell me about…

See the information sheet "Asking Evocative Open Questions" for more information

Affirming Statements

Affirming statements recognise a patient's strengths, positive actions, skills or achievements.

It is important that they are genuine. Affirming statements help to strengthen a therapeutic relationship.

Reflections

Reflections are statements in response to what a patient is telling you that make a hypothesis about meaning. They can be as simple as restating what a patient says, or can be more complex and express the underlying emotion or meaning in what a patient is saying. Complex reflections, in particular, express empathy. (See the text box for more information.)

Summaries

Summaries let your patient know that you have heard and understood what they are telling you.

- They provide an opportunity to highlight strengths and arguments in the direction of change
- They can help you to move on in the discussion and redirect conversations in a helpful way

REFLECTING ON REFLECTIONS

…SIMPLE or COMPLEX?

Simple reflections are very useful in demonstrating listening, but complex reflections help to move a conversation forward. If a conversation feels circular, consider using more complex reflections.

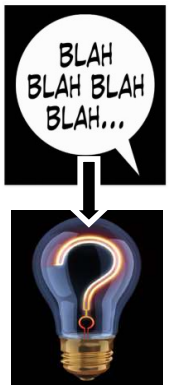
SIMPLE

- **Repeating** - simply repeating something the patient has said
- **Rephrasing** - stays close to what the patient said, but substitutes synonyms or slightly rephrases
- **Paraphrasing** - infers meaning in what was said and reflects this back in new words
- **Reflection of feeling** - emphasises emotional dimension through feeling statements, metaphor, etc

COMPLEX

ASKING EVOCATIVE OPEN QUESTIONS

Open questions are questions that cannot be readily answered with a 'yes', 'no' or a single word.



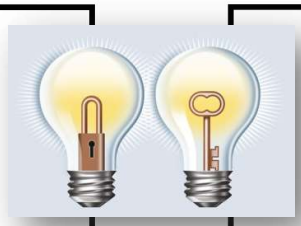
Open questions are a foundation skill in patient-centred care, because they enable your patient to tell you what they know, feel, understand, value and prioritise.

While we have all met patients who are reluctant to talk, or perhaps adolescents who make frequent use of answers such as 'dunno' or 'sort of', it is very difficult to establish a collaborative relationship if a consultation gets stuck in the question-answer trap. Although closed questions play an important role in assessment, they also promote 'yes'/'no' responses.

Clinicians sometimes fear open questions, because they think that their patients will talk endlessly, or about things that are not relevant. Evocative open questions can elicit change talk in conversations with patients. Use of open questions can also elicit a patient's priorities and preferences about changing behaviour.

How do I ask more open questions?

There are some question words that promote the asking of open questions. Keeping these in mind can make it easier to ask questions that are open. Open questions which ask about what patients want, need, can do, feel is important, or what they are willing to do (in short, asking for change talk) may be helpful in assisting patients to change their behaviour.

CLOSED QUESTIONS often start with…		**OPEN QUESTIONS often start with…**
Which…?		What…?
When…?		How…?
Can you…?		Why…?
Do you…?		Tell me about…?

Reflective exercise:

Think about a health change that you are considering making for yourself.

Ask yourself the following questions:

- What are the changes you would like to make?
- What are your three best reasons for making a change?
- Why do you feel it is important to make a change?
- What are the most important areas of your life that are affected by your current health?
- What are you able to do, as a first step?
- What do you think you will do?
- How might you go about making the change?

How much change talk did you notice in your answers?
How might your patients respond to questions like these?

RESISTANCE TO CHANGE

Conversations about change are challenging, and sometimes it feels like you are working very hard to help your patient, and nothing is changing; and it seems like the patient is resisting change.

What am I hearing? Is it sustain talk or discord?

SUSTAIN TALK
"I don't want to exercise. I hate it – I always have. I'm too old to start that now."

DISCORD
"I don't see why I have to talk about this at all. You really couldn't understand."

Sustain Talk is any statement that supports the status quo; it is the flipside of change talk, for example: "I don't want to…" "I can't…" "I don't need to…" "It's not that important…" or "I won't…"

Discord is about the relationship between you and your patient. It can sound like defensiveness, arguing, interrupting, disengaging or challenging responses.

Patient: *"I've been this way for so long, that I don't know any different. I keep getting told by you people to eat better, but I'm not living off salad! I feel a bit better when I cook for myself, but getting organised to do it is too hard most days. I don't want to talk to some stranger about how I feel – I don't care if they've got a degree in psychology – I feel like it's none of their business. I don't know if there's any point in talking to you either, you're telling me all the same stuff, and I'm really not stupid, you know."*

How do I respond to my patient in a helpful way?

Reflection
Showing that you have understood can assist.

"You feel like you've been battling this for a long time."

"You're a very private person."

"You feel like you're stuck, and people aren't really listening."

Emphasise autonomy

"Deciding if you want to talk to anyone, including me, is really up to you."

"What you choose to do is absolutely your business."

Apologise
If you think you've got off on the wrong foot, or have misunderstood each other, apologising can be helpful:
"I'm sorry, I didn't mean to offend you or tell you things you already know."

Shift focus
…away from topics that do not seem helpful at the moment

"You're not interested in talking to a psychologist at the moment, so that's off the table, what do you think would be helpful?"

Double-sided reflection

"You've had quite enough of health professionals, and you're wondering if talking to me will be helpful."

"It sounds like salads aren't really your thing, and at the same time you notice that you feel better when you eat better."

Come alongside
(agreeing with the sustain talk can sometimes elicit change talk)

"You're not ready to make a change right now."

"You can't see how things will improve, especially with talking."

SELF-ASSESSMENT OF MOTIVATIONAL INTERVIEWING SKILLS

Tape ID: _____ **Date:** _____

Length of audio: _____mins _____secs **Total seconds:** _____

Listen to your audio-recording and code for:

Behaviours	Count	Examples
Questions		
Simple reflections		
Complex reflections		
Giving Information		

TALK TIME (seconds)	What did I notice?
Client:	
Clinician:	

Ratios to Aim for:	Beginner Level	Competent Level	My Results
Reflections: Questions	1:1	>2:1	
Complex Reflections	40% (CR/Total R)	50% complex	
Talk Time	Client>Clinician	Client>Clinician	

What sort of change talk did I hear?

Change Talk	Count	Examples
D: Desire I want to…I would like…		
A: Ability I can…I'm able to…		
R: Reason I have reasons to…		
N: Need I need to…I have to		
C: Commitment I will…I intend to…I'm ready…I have started to…		

What do you feel went well?

What is one thing you would like to improve or do differently from here?

SELF-ASSESSMENT: GUIDE

- Listen to your audio-recording and code for the following behaviours.
- Code the statements that *you* make
- A collection of statements made by you, without interruption can only receive one question and/or one reflection code.

Behaviours	Definition	Examples
Questions	If a question or a series of questions are asked in taking a turn of talking, it is counted just once.	"How are things going today? How have you been going with your exercise plan? Have you been to the pool?" (Count: 1 question)
Simple reflections	A statement that conveys understanding, such as a restatement or simple rephrasing of what the patient says.	***Pt:*** "I have been feeling so low. I really need to get back to work, but I feel like I will never get better. My health just seems to be getting worse." ***Nurse:*** "You've been feeling very low." (SR)
Complex reflections	A statement that adds substantial meaning to what a patient has said.	***Pt:*** as above ***Nurse:*** "One one hand you are feeling quite stuck, and on the other you recognise it is important to you to return to work." (CR)
Giving Information	You give information, education or feedback in a neutral professional way without warning or persuading.	"There is some good evidence for the role of exercise in helping to manage your mood." (GI)

TALK TIME

Allowing patients to talk, to share their ideas, values and priorities is a cornerstone of motivational interviewing. This is particularly aligned with the ideas of partnership and evocation in the spirit of MI.

Ratios to Aim for:	Beginner Level	Competent Level	
Reflections: Questions	1:1	>2:1	The recommendations for ratios are a guide. It is proposed that offering more reflections than questions, and more complex reflections promotes patient engagement and movement toward change in a motivational interviewing conversation.
Complex Reflections	40% (CR/Total R)	50% complex	
Talk Time	Client>Clinician	Client>Clinician	

What sort of change talk did I hear? Promoting change talk is associated with increased commitment to behaviour change, and a greater likelihood of actual behaviour change (see Amrhein et al, 2003)

Change Talk	Examples
D: Desire	"I would like to lose weight." "I want to be a better role model for my daughter."
A: Ability	"I might be able to walk a bit more". "I'm a very good cook". "I really am very organised."
R: Reason	"If I don't stop smoking, my breathing is just going to get worse and worse." "My kids are my reason for getting up each day."
N: Need	"I need to eat more vegetables." "I have to get back to work."
C: Commitment	"I will go and see the psychologist; I've been putting it off for too long." "I'm ready to make some changes; starting with getting up a bit earlier in the morning."

What do you feel went well?

- Comment here about the things that went well in the session.
- How engaged did the patient seem? Maybe review the "Am I doing MI?" handout
- Focus on what you said that changed the direction of the conversation toward change

What is one thing you would like to improve or do differently from here?

Look at the behaviours / talk time / eliciting of change talk; identify just one thing to work on, some things to consider include:

- asking more open questions
- offering more complex reflections
- talking less
- focusing on cultivating more change talk

THE SPIRIT OF MOTIVATIONAL INTERVIEWING

The easiest way to understand the spirit of motivational interviewing, is to think about a personal health issue that you need to discuss with a health professional. Think of a health issue about which you feel embarrassed or uncomfortable. Now imagine you are about to see the health professional - what is it you would need from the health professional to help you to talk about your issue?

I would need the health professional to…

_____

_____

_____

_____

Now read the definitions of the four aspects of MI Spirit in the box on the right.
Sound familiar?

In our own experiences of health care, we know what it is like to have health professionals tell before they listen, to judge without compassion, and to dismiss our values, preferences and priorities.

The spirit of motivational interviewing is to truly embrace a way of being with patients that is collaborative, compassionate, accepting and evocative of a person's own motivation for change.

In short, we need to work with the patient's perspective.
Counselling microskills are used to reflect MI spirit in conversations with patients, particularly conversations about change:

O – Open questions about change.
A – Affirmations of strengths, skills, qualities.
R – Reflections to demonstrate empathy and understanding
S – Summaries to help patients see the whole picture and support making decisions

See the information sheet "Microskills for MI" for more information.

The four aspects of MI Spirit

PARTNERSHIP

Work together as equals.

ACCEPTANCE

Honour the patient's worth and autonomy with accurate empathy and affirmation.

COMPASSION

Work in the patient's best interest.

EVOCATION

Draw out what already lies within the patient; their resources and motivation.