

Motivational interviewing and health behaviour change: an overview and their relevance to women's health

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*What kinds of things impact on your health
behaviour as a woman?'*

????

Bree



- Control freak!!!
- She cannot talk about her feelings
- Would probably only want to do her exercises in privacy
- Very busy 'keeping up appearances'
- Husband died

Gabrielle



- Her body is important to her
- Stubborn and strong
- Has a lot of time on her hands to do her exercises
- Husband would probably boss her around - might make her strop!

Susan



- Lacks confidence in herself
- Worries a lot
- Often feels like a failure
- Would probably find a list of excuses not to do her exercises
- Daughter would nag her

Lynnette



- Busy working mum
- Has a 'house-husband' as looking after the kids nearly killed her
- Substance misuse!
- Job often interferes with family life
- Barely has time to do her exercises - wants to spend time with her family

'Bizarrely, after a couch potato lifestyle, I have discovered exercise with a vengeance ... but while the spirit is willing, the body isn't always and the old muscles down below aren't what they were. If I sneeze unexpectedly, laugh, or try a particularly energetic move whilst playing tennis, then I'm likely to suffer a 'stress incontinence moment'. Not great. Do I do the exercises regularly? Do I heck!'

'I've made a good recovery following my ankle surgery, but keeping up with the balancing exercises is hard. There's always something more pressing to do - be that writing papers, preparing for conferences, or simply trying to keep my home (that my husband continually messes up) tidy. I know how important it is to do my ankle exercises - after all I waited 5 years for the surgery to put it right - but building them into my everyday life is hard. It's even harder now that I am feeling a lot better ironically.'

'As I rumble towards my menopause, I'm having to be much more careful about my weight and it's a huge effort because I really like my food! My knees aren't as good as they were and I'm waiting for an op to scrape out the torn cartilage. I've had to have physio and I can't afford to gain extra weight. If I want to be in good nick, I've got to look after myself. Hmmmm, easier said than done.'

3 in a Row?

How can we help patients
change their behaviour?

Communication Styles

- Direct
- Guide
- Follow
 - A child runs into the road
 - A child is learning to ride a bike
 - A child is crying and you don't know why

Guiding Style

- May be the most appropriate way to talk to patients about lifestyle changes

Some scary psychology stuff!

What to consider

- Individual choice
- Empathy
- Elicit motivation, rather than impose it
- Readiness to change
 - Importance
 - Confidence

Individual Choice

- Brehm 1966 - Reactance Theory
 - If you take away someone's freedom, they react to it
 - Motivates them to perform the behaviour, even if they don't want to do it that much
 - *"no-one tells me what to do"*

Empathy

- Rogers 1959 - Client Centred Counselling
 - Show you understand, rather than just say you have
 - Non-directive
 - If someone is expecting to be persuaded, this can be a welcome relief and lowers their resistance

Elicit Motivation

- Bem (1972) - Self Perception Theory
 - If someone sees themselves doing something, they think they like it
 - If they hear themselves saying they will stop doing something, they will think they can and will stop

"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the minds of others"

Blaise Pascal (1623-1662)

Elicit Motivation

- Festinger (1957)- Cognitive Dissonance
 - People feel uncomfortable when they hold two incompatible beliefs
 - This creates an urge to do something to resolve it
 - It is often easier to despise what you 'cannot get' and harder to hold a dissonant thought

Readiness

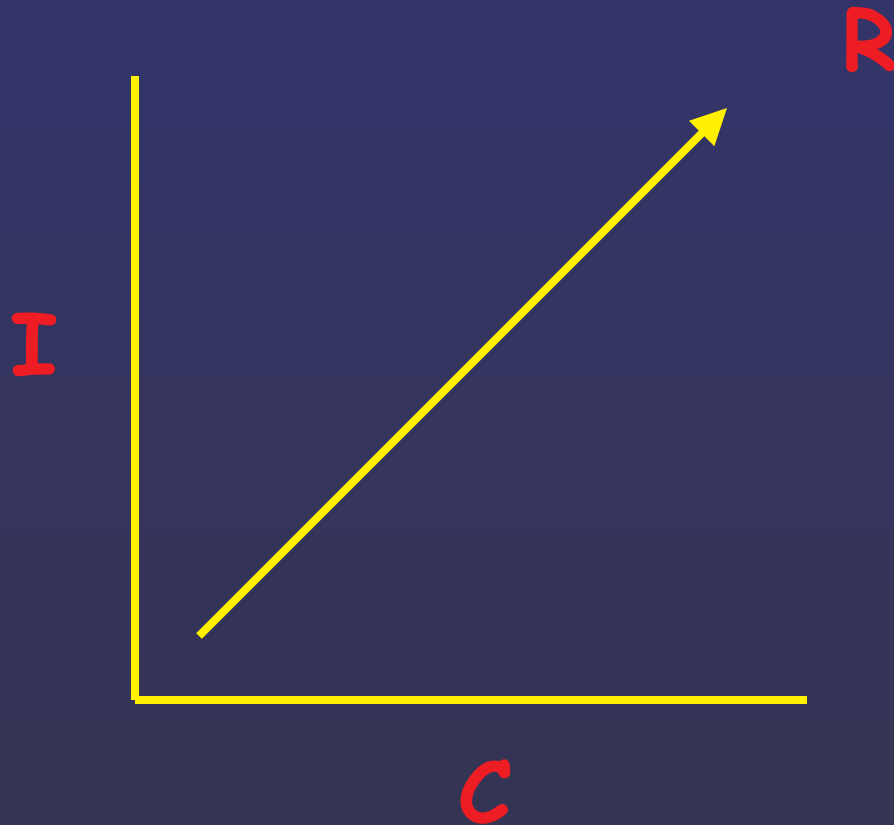
- Prochaska and DiClemente - Stages of Change Model
 - Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance

Readiness

- Influenced by:
 - Importance
 - Confidence

(Rollnick et. Al 1997, Keller and White 1997)

Readiness



Ambivalence

	Staying the Same	Changing
Benefits of	Easy, don't have to find time, can spend time doing what I want	Lose weight, feel healthier, get fit, more energy, self-esteem, live longer, better quality of life
Cost of	Unhealthy, unfit, weight gain, premature death, poor example for children	Takes time, hard work, inconvenient, don't enjoy it, boring, tiring

Confidence

- Bandura 1995 - Self-Efficacy
 - If you think you can do it, you will do it
 - If you don't feel you can do it, you may not even try

Motivational Interviewing

- Developed by psychologists
- The more you confront and persuade, the more the patient will resist
- Counselling style - elicit internal motivation
- Gentle & active listening
- Respect for patient values & autonomy

Definition of Motivational Interviewing

"A directive, client centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence."

Miller and Rollnick 2002

'Spirit'

- The way of being with a patient
- Not direct persuasion
- The patient resolves ambivalence, not the practitioner
- Elicited from the patient, not imposed
- Quiet, eliciting style
- Listening and understanding the patient

Principles

- Express Empathy
- Develop Discrepancy
- Avoid Argument
- Roll with Resistance
- Support Self-efficacy

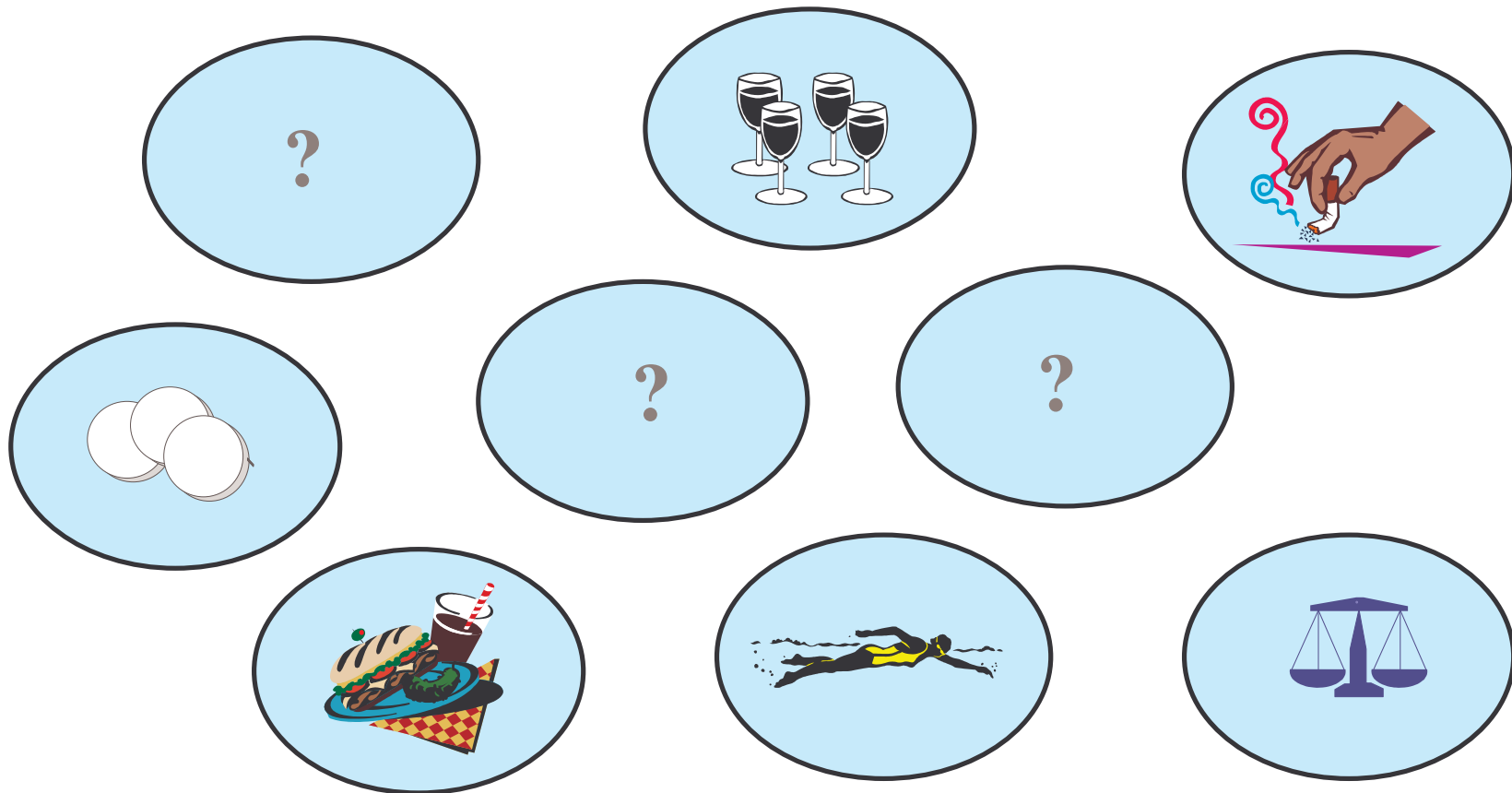
Healthcare Adaptations

1. Agenda setting
2. Exploring Importance & confidence
3. Exploring Pros and Cons
4. Information exchange

Agenda Setting

- Always ask permission!
- What do you want to talk about?

Agenda Setting



NOT READY

UNSURE

READY

Importance and Confidence

- How important is it for you to
- How confident are you that you will succeed?
- Scaling Questions (on a scale of 0-10)
 - Why are you at x and not at x
 - What would need to happen for you to get up to x

Pros and Cons

- How do you feel about.....
- What do you like about.....
- What do you dislike about
- Tell me about a typical day in your life

Information Exchange

- Information Exchange
 - Two-way process
 - Encourage patient to be active, to think & discuss
 - Provide information or facts and leave interpretation to patient
 - Elicit-provide-elicit

Information Exchange

- Information Giving
 - A one-way process
 - Combine facts with interpretation & persuasion
 - Decide what to assess & what information to provide
 - Reinforce passivity in patient
 - Ask lots of closed questions

Information Exchange

- Elicit needs & knowledge
 - "What would you most like to know about.?"
 - "How much do you know about...?"
- Provide information
 - Keep to information, away from personal interpretation
 - Talk about other patients....
- Elicit patient's interpretation
 - "What do you make of that...?"
 - "What does this mean for your future...?"

Evidence

Evidence that an MI approach may be useful

- Systematic reviews
- Dunn et al. 2001, Burke et. Al. 2002, 2003, Hettema et al. 2005
- Strongest evidence of MI efficacy is in the treatment of drug and alcohol misuse
- Not enough studies done into health behaviours

MI for Risk Factors

- Rubak et al. 2005
- Systematic review of 72 RCTs
- MI has a significant effect on reducing BMI, cholesterol, systolic BP, blood alcohol content and standard ethanol content
- Not on no of cigarettes per day or HbA_{1c}

MI for Brief Alcohol Intervention

- Vasilaki et al. 2006
- Systematic review of 22 trials
- Effective in reducing drinking in the short term – less effective over time
- Most effective in risky rather than dependent drinkers

MI for Physical Activity

- Knight et al. 2006
- Systematic review of eight studies
- Most results indicate that MI increases exercise uptake
- High face validity, but low quality trials

MI with women

- Has been successfully employed with:
 - pregnant drinkers (Handmaker *et al.* 1999)
 - pregnant smokers (Stotts *et al.* 2004)
 - female sex workers (Yahne *et al.* 2002)
 - women experiencing marital dissatisfaction (Cordova *et al.* 2001, Kelly *et al.* 2000)

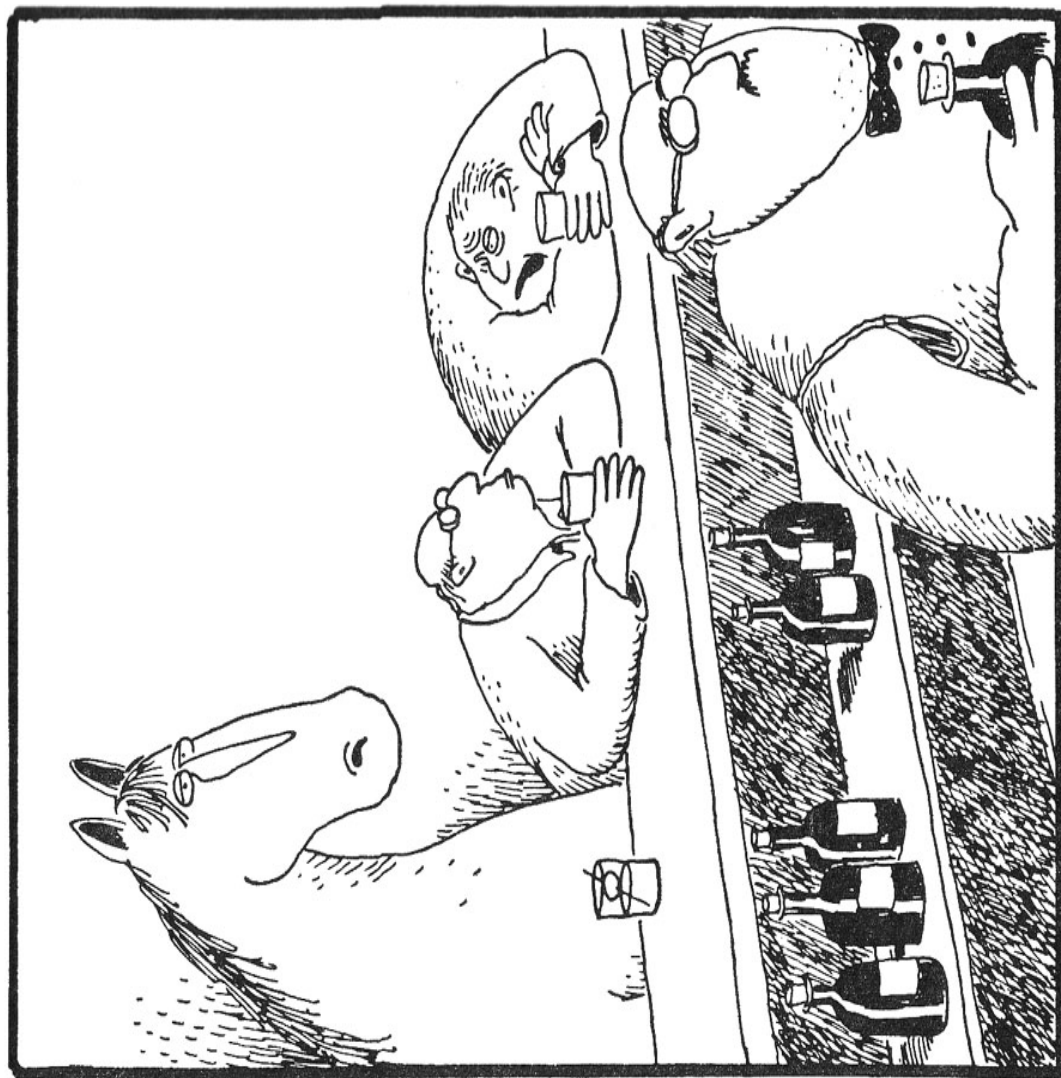
MI with women

'I work on a research study in which I run weight-loss groups for women who are overweight and have urinary incontinence, and they are very receptive to the lessons on exploring values ... and making themselves a priority. It is quite gratifying to see the transformation among these women who begin to carve out time to take better care of themselves and lose weight'

(Jacki Hecht, 2006, personal communication)

You cannot make somebody
else change!

*That is a choice that is, and
always will be theirs*



"Sure — but can you make him drink?"

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www.motivationalinterview.org