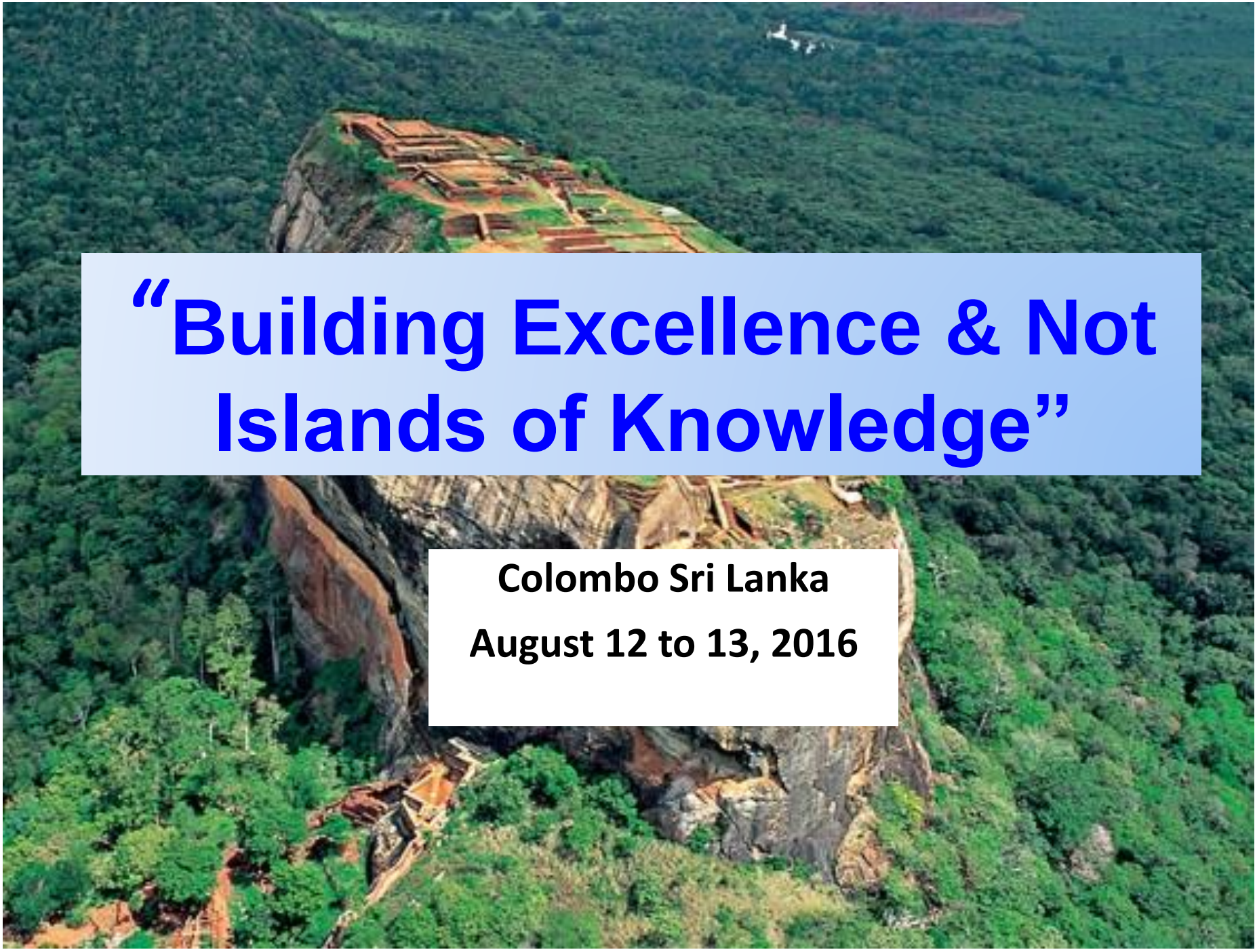

"Building Excellence & Not Islands of Knowledge"

Colombo Sri Lanka

August 12 to 13, 2016

Using Motivational Interview for Behaviour Change in Patients' Dietary Habits

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Today's Presentation

1. What is Motivational Interviewing (MI) ?
2. Objectives of MI
3. Five MI skills or methods
4. Barriers to conducting MI
5. Stages of Change
6. Case Studies
7. Video

Learning outcomes

The participants will be able to

1. **Describe the guiding principles of motivational interviewing**
2. **List the stages of changes that is applicable interviewing tools approaches for each stage of change**
3. **Practice the process of utilizing motivational interviewing with clients**

What is Motivational Interviewing

Motivational interviewing is a directive, client-centered counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence (uncertainty)

S Rollnick S, & M R William (1995) What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, *23*, 325-334.

Motivational interviewing (MI), a style of talking with clients in a constructive manner about health-risk reduction and behaviour change

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behaviour Change Counselling, Today's Dietitian, Vol. 9 No. 5 P. 50

What is Motivational Interviewing

Motivational interviewing (MI), is a collaborative, goal-oriented style od communication with particular attention to the language of change.

It is designed to strengthen personal motivation for an commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion

Miller WR, Rollnick S. (2002) Motivational Interviewing: Helping People Change, 2nd edition. New York: Guilford Press.

Objectives of MI

To have an

- **interactive, empathetic (caring) listening style**
- **to increase motivation and confidence by specifically**
- **emphasizing the discrepancy (inconsistency) between personal goals and current health behaviour**

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behavior Change Counseling, Today's Dietitian, Vol. 9 No. 5 P. 50

What need to be done by the Dietetic Professionals?

The dietetic professionals may need to change their current methods of diet counselling and adapt different type of questions and style when assessing ambivalence and motivation of lifestyle changes in patients.

Patients change when Dietitians change

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behavior Change Counseling, Today's Dietitian, Vol. 9 No. 5 P. 50

Challenges in the Asian Context

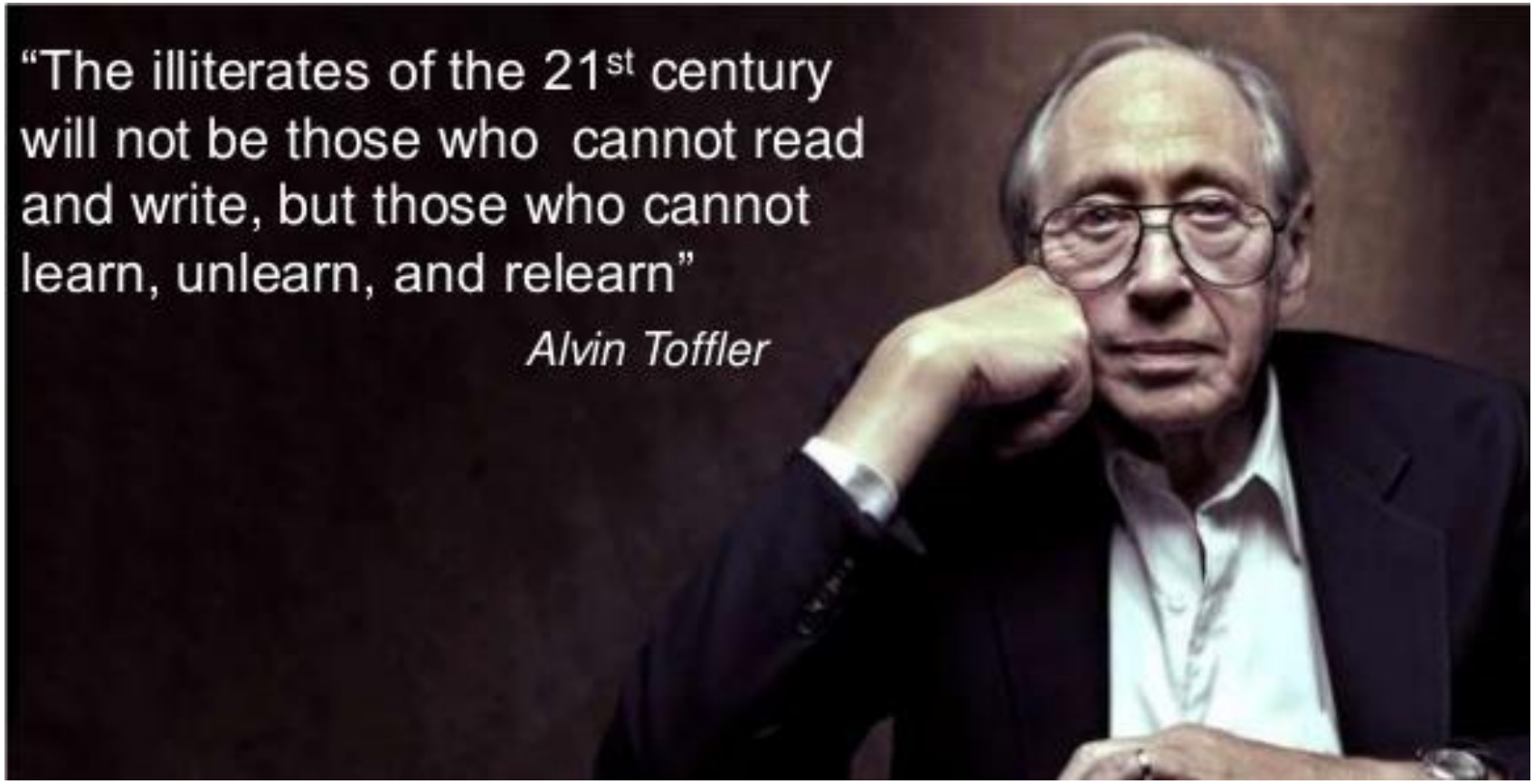
In the Asian context, it may be a challenge as our patients may find distress or are cautious to voice out their barriers, issues in cooking, dietary intake, eating out and family issues pertaining to eating

Picture Courtesy of www.shutterstock.com

Culture

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behavior Change Counseling, Today's Dietitian, Vol. 9 No. 5 P. 50

LEARN, unlearn, RELEARN



To learn, unlearn and relearn

Therefore the dietetic professionals should be able to:

- **assess readiness to change,**
- **explain the importance of change,**
- **build up the confidence about making the pragmatic changes &**
- **help the patients to overcome the barriers that might impede their success.**

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behavior Change Counseling, Today's Dietitian, Vol. 9 No. 5 P. 50

The Outcome

Success for nutritional changes can be seen by providing

- **respectful feedback**
- **ensuring that our communications reflects the patients‘ states of concern**

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behavior Change Counseling, Today’s Dietitian, Vol. 9 No. 5 P. 50

Barriers MI for Patients

What you have learnt

Now you may need to unlearn

The relearn new things

Söderlund LL(2010) ***MOTIVATIONAL INTERVIEWING IN THEORY AND PRACTICE (unpublished)***

Barriers MI for Healthcare Professional

To start a conversation on a positive note

Difficult to summarize & conclude the conversation

The no of patients seen

Söderlund LL(2010) ***MOTIVATIONAL INTERVIEWING IN THEORY AND PRACTICE (unpublished)***

Barriers MI for Healthcare Professional & Clients

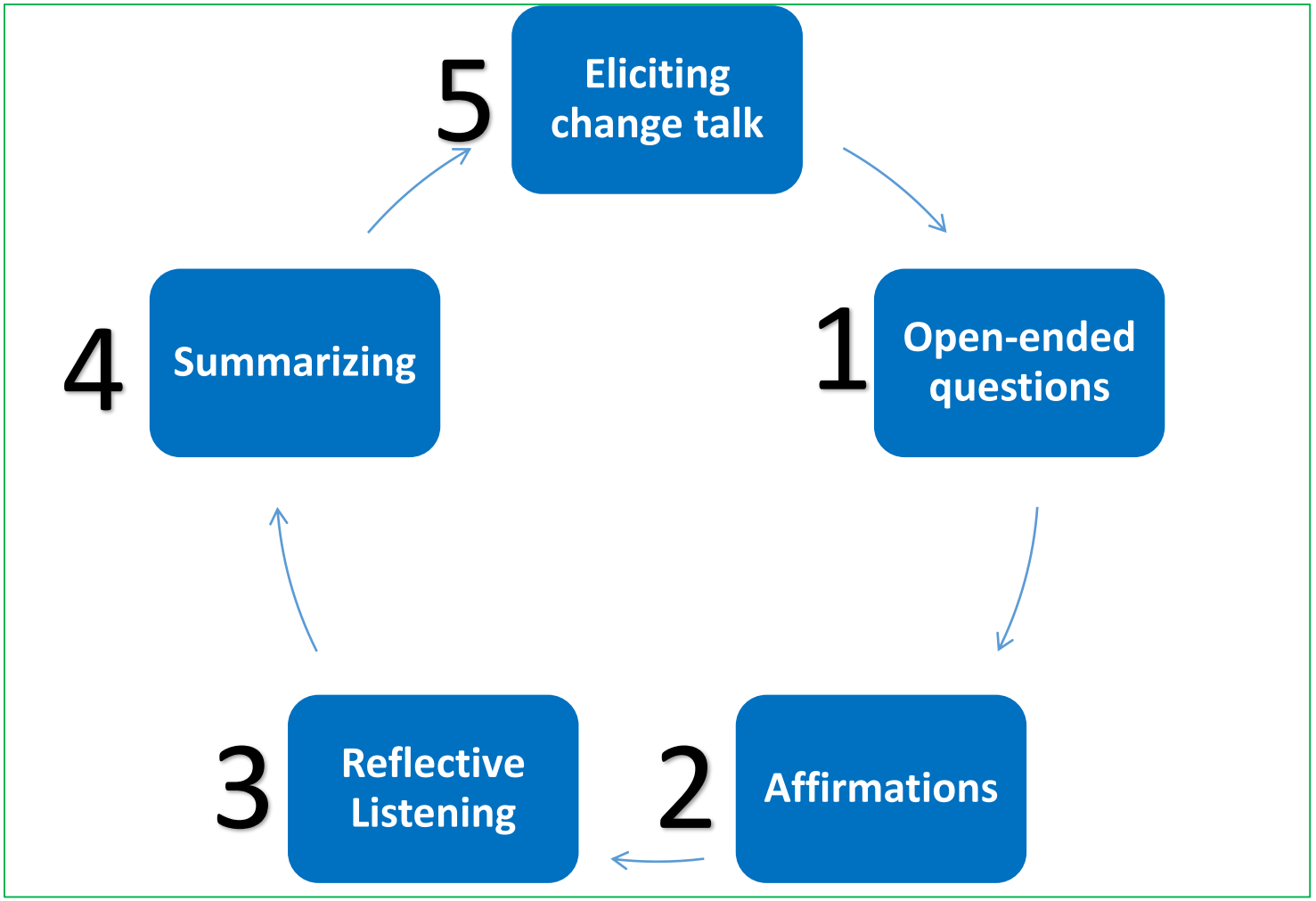
Declarative knowledge vs Procedural knowledge

Worsley, (2002) distinguished knowledge into

- declarative is knowledge of awareness of things & process
- procedural is knowledge about how to do things

Worsley (2002) Asia Pacific Journal of Clinical Nutrition.

Five Motivating Interviewing skills/techniques/methods



Miller, W. R., & Rollnick, S. (2002). Motivational interviewing – preparing people for change. New York: Guilford Press

Asking Open Ended Questions

Ask for more details or examples

Miller, W. R., & Rollnick, S. (2002). Motivational interviewing – preparing people for change. New York: Guilford Press

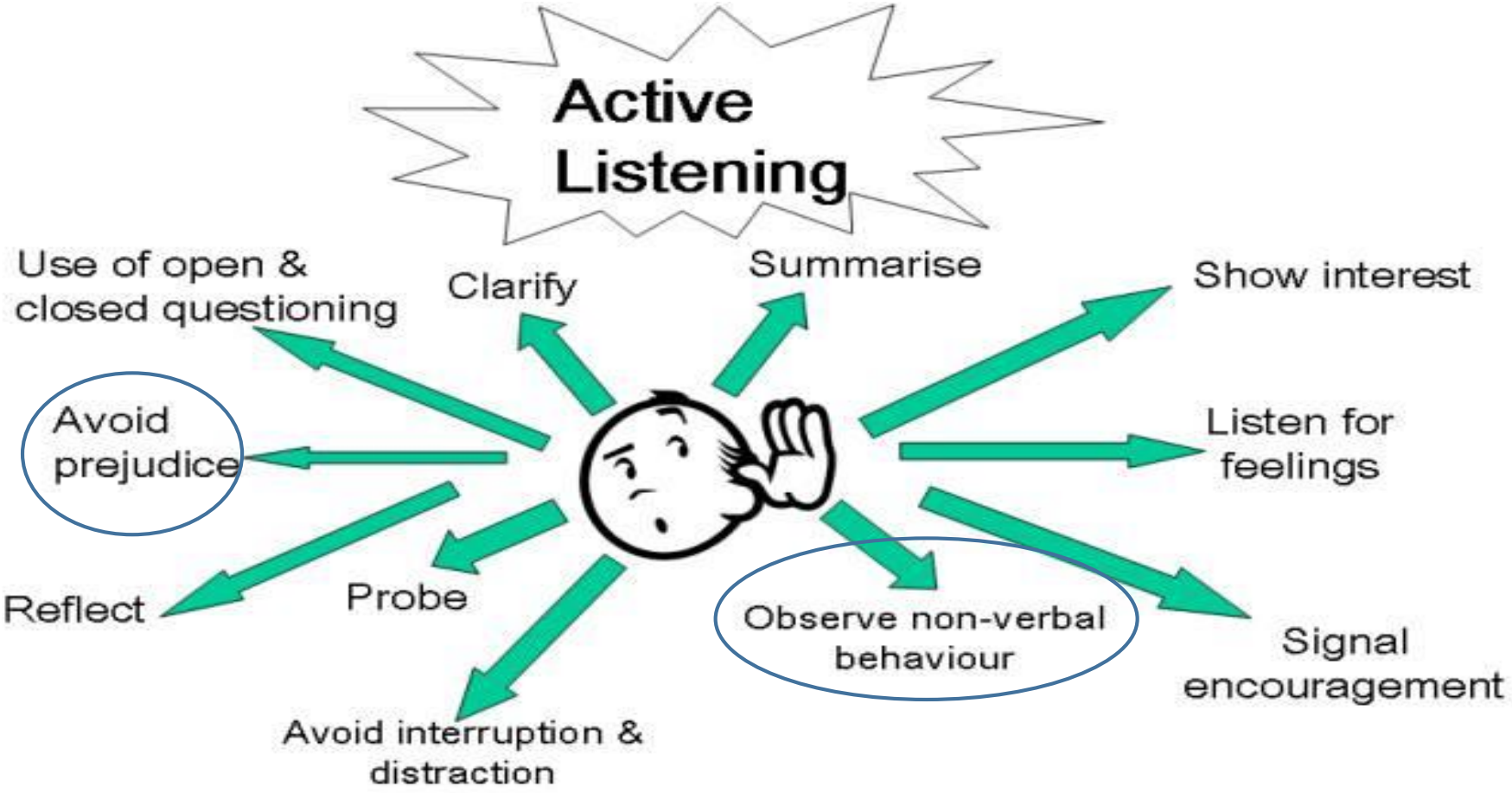
Asking Open Ended Questions

Ask for more details or examples

- **What** barriers do you encounter when making these changes?
- **Who** can support you with this new change?
- **How** are you feeling after making these changes?
- **Why** are you concern about eating the snacks?
- **Where** do you normal eat your meals?

Miller, W. R., & Rollnick, S. (2002). Motivational interviewing – preparing people for change. New York: Guilford Press

Reflective Listening



Images Courtesy of fi.linkedin.com

Miller, W. R., & Rollnick, S. (2002). Motivational interviewing – Preparing people for change. New York: Guilford Press

Reflective Listening

Miller, W. R., & Rollnick, S. (2002). Motivational interviewing – Preparing people for change. New York: Guilford Press

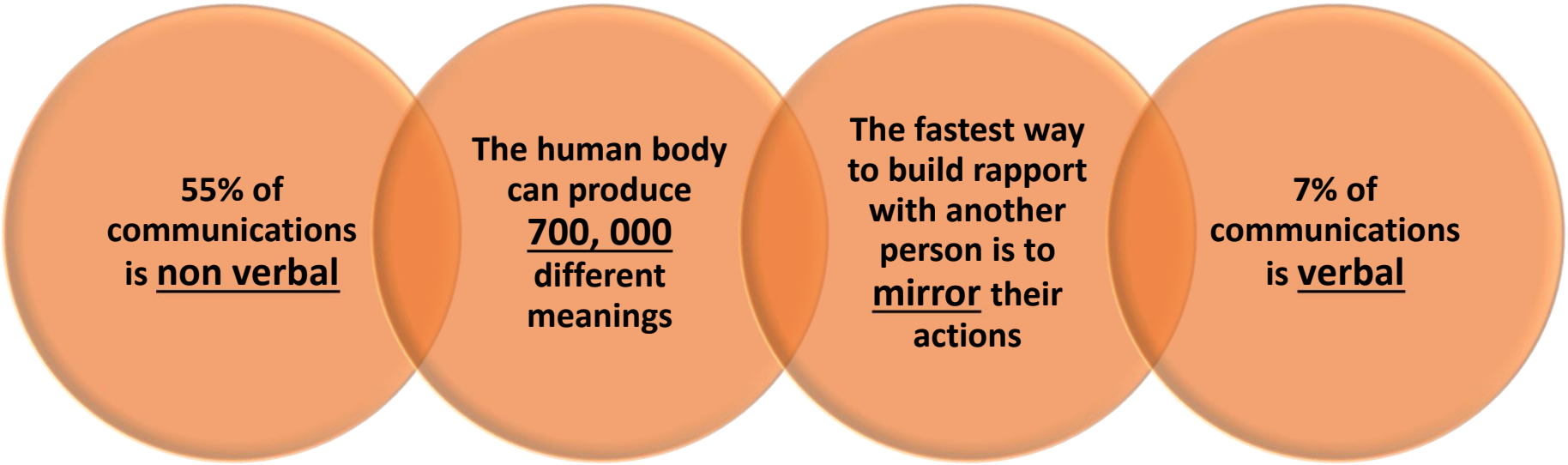
Affirmations

Comment positively about what you heard

Affirmation identifies positive statements in response to what the clients have said and used to recognize their strengths, successes and efforts to change

- **Wow you did it**
- **Yes I knew you can make it**
- **Great job.**

Affirmation : Body Language

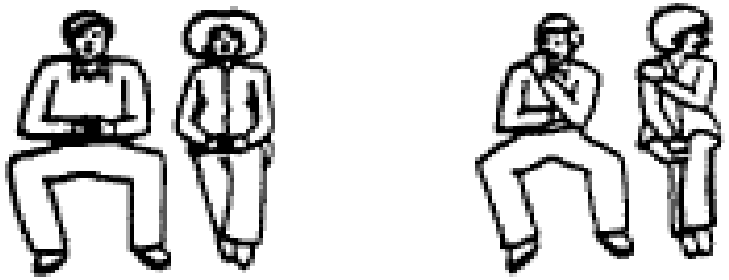


55% of communication is body language,
38% is the tone of voice,
7% is the actual words spoken.

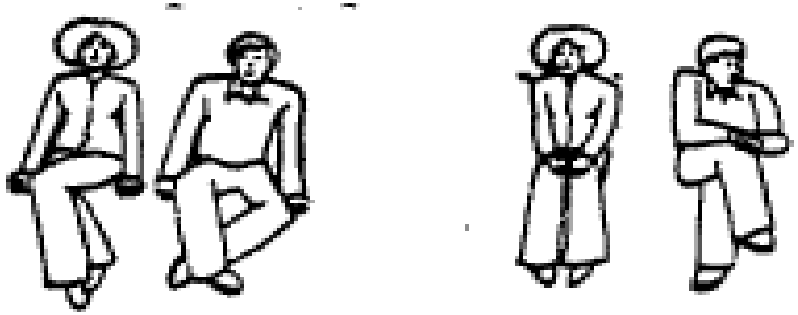
(Mehrabian & Wiener, 1967 and Mehrabian & Ferris, 1967

Affirmation : Body Language

Expectancy vs. Frustration



Confidence vs. Insecurity



Self-control vs. Nervousness

Summarizing

Summarizing is a special application of reflective listening that links together discussed materials, demonstrates careful listening and prepares the patient to move on

Summarizing is good when you feel lost or you want to change course of directing

Miller, W. R.& Rollnick, S. (2002). Motivational Interviewing – Preparing people for change. New York: Guilford Press

Statements used in Summarizing

“Let me see if I understand what you have told me so far”

“This what we have discussed so far. Did I miss anything”

“Is there anything that you want to correct or add on”

Miller, W. R.& Rollnick, S. (2002). Motivational Interviewing – Preparing people for change. New York: Guilford Press

The Flow Of Change Talk

MI

Client assesses their own SMART goals

Client commits to work on goals and makes a plan

Client achieves goals or modifies behavior

How to get someone talking about change?

Assess the Importance & Confidence

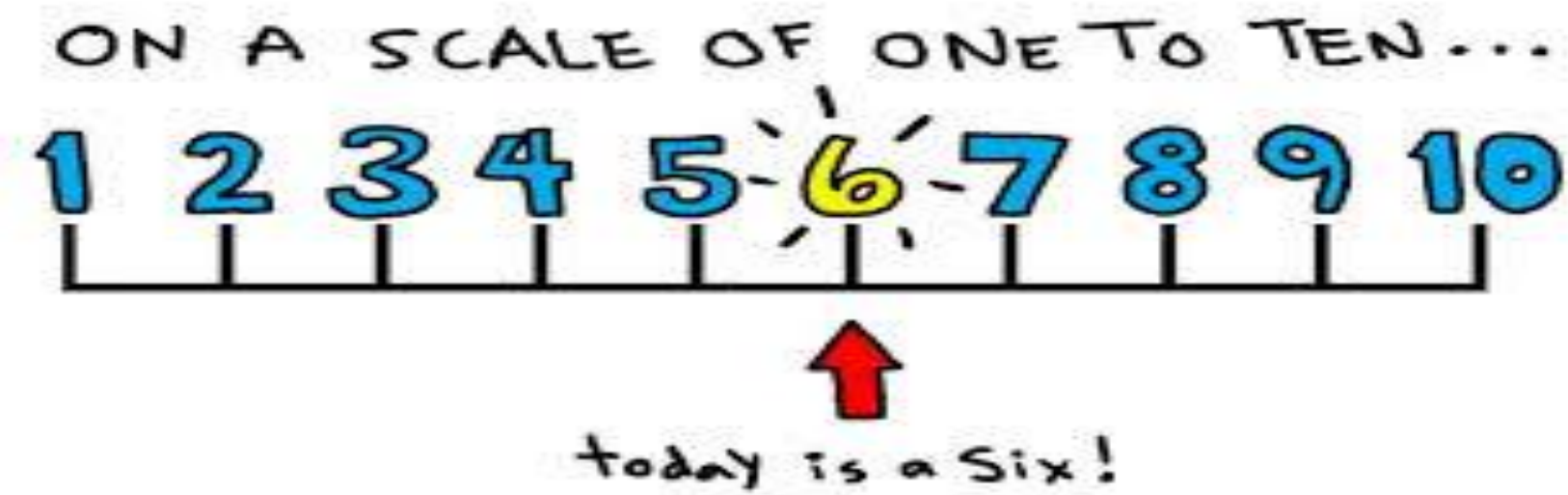
On a scale from 1-10, how **important** is it to you to ….

On a scale from 1-10, how **confident** are you that you will be able to …..

Working with a Scale

On a scale from 1-10, how **confident** are you that you will be able to …..

On a scale from 1-10, how **important** is it to you to ….



0-10 ruler to assess Importance & Confidence

Recognizing Change Talk

Change Talk:

Any speech that favors movement towards a particular change goal

Sustain talk :

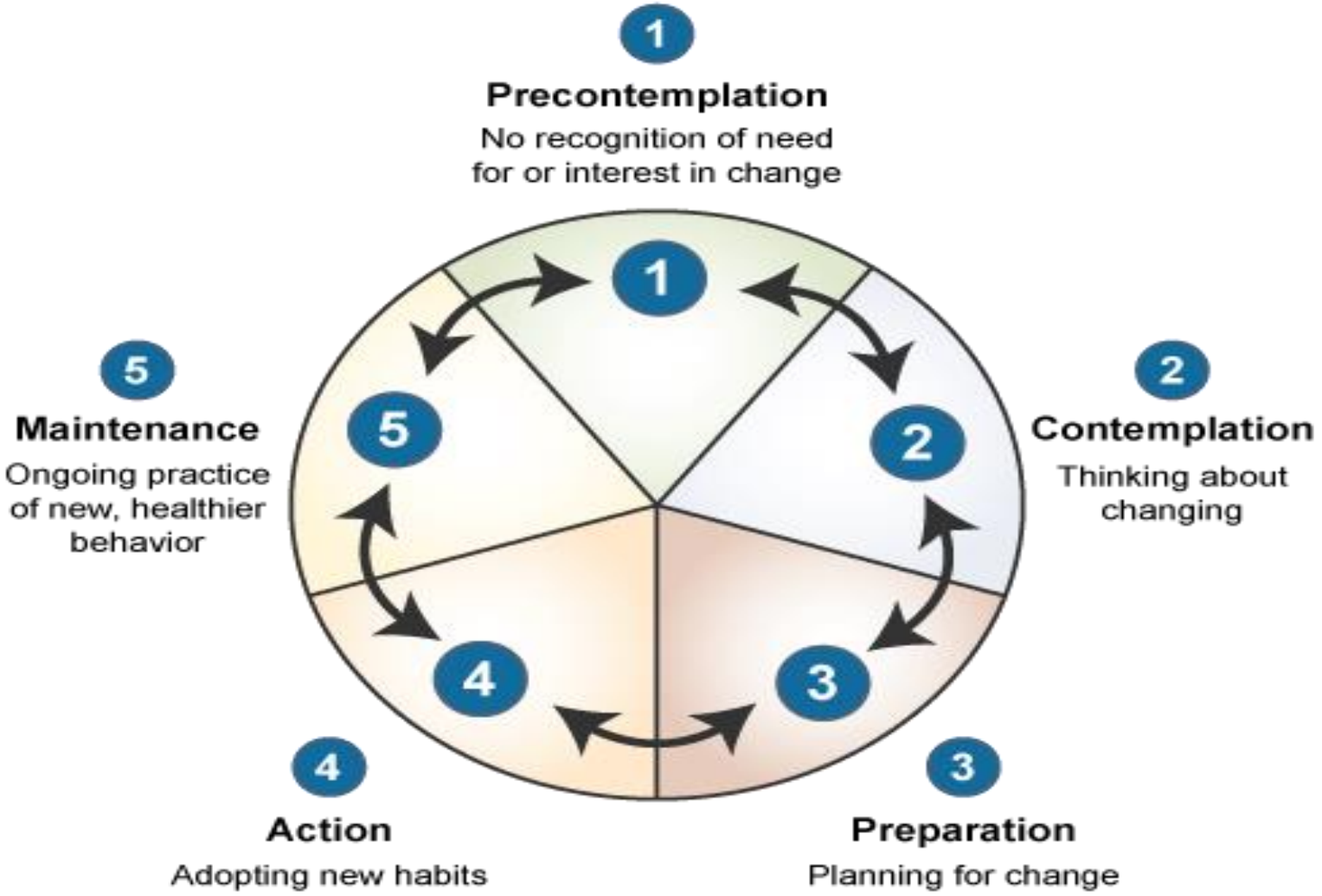
Any speech that favors status quo rather than movement towards a change goal

Recognizing Change Talk

Recognizing **change talk** when you hear it
And knowing how to evoke and respond to it when it occurs

Recognizing **sustain talk** when you hear it
And understanding what it signifies and how to respond to it

Prochaska & DiClemente : Stages of Change



Stage 1 Precontemplation

Feedback, advice, empathy & self assessment

Stage 2
Contemplation

Feedback, advice, empathy & self assessment

Stage 3
Preparation/ Determination

Intent on taking action to address the problem

So Ok What do I do Now

Guide internal motivation, readiness ruler, decisional balance
Reflective listening OARS

Stage 4
Action

Active modification of behavior

Ok Let's do this

Elicit Change talk, specific target and time
Specific actions
Who/what will help
Problems & solutions

Stage 5
Maintenance

Sustained Change
new behavior replaces old one

It is possible

Elicit Change talk, specific target and time
Specific actions
Who/what will help
Problems & solutions

Relapse

Relapse
Fall back to old patterns of behavior


Specific
Achievable
Timely
SMART
Measurable
realistic

Step	Mnemonic	Description	Action
		Target : Weight loss	
1	**S**pecific & strategic	**What exactly** will you do?	Walking 30 mins daily 5 days per week of brisk walking. Weigh weekly
2	**M**easurable	**How** will you measure to **meet** your goal?	
3	**A**chievable/action oriented	**What** steps are you going to take to reach your goal?	Gradually increase the duration of walking from 30 mins to 60 mins
4	**R**ealistic & relevant	**What** about your goal makes it important to you	To lose 5% of current body weight
5	**T**ime based& tracked	**When** will you accomplish your goal?	2 – 3 months from now

Case Study 1

Dietitian

Mr. See you may need to increase your vegetables & fruits intake from your current 2 servings to 5 servings. By doing so, you can achieve 25 – 30 g of fibre, thus reducing your cholesterol & increasing the antioxidants

Can we discuss as to how we are going to achieve this with your input?

Patient

Hmm Ok, but how?

Alright, let me see

Worsley (2002) Asia Pacific Journal of Clinical Nutrition.

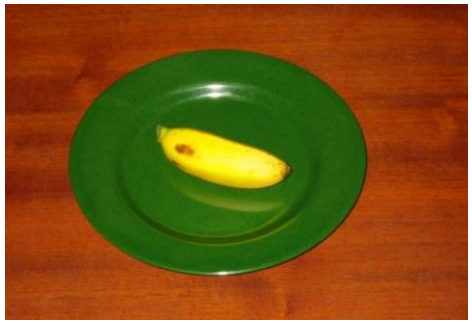
Food Rich in fibre Video

The How to Do

(Fiber 25 – 30 g per day)

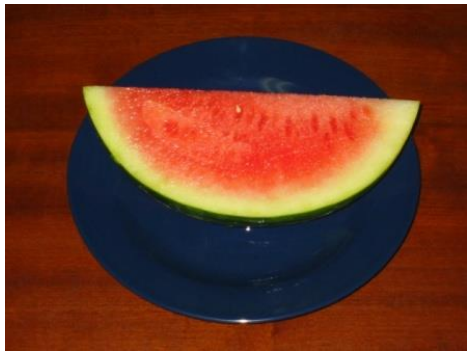
Breakfast

+



Lunch

+



Dinner

+

Know how

Your 5 servings a day

½ cup cooked ladies finger

½ cup cooked cabbage

1 medium apple

1 medium banana

½ cup cooked long bean

Know How


Your 5 servings a day
LOOK LIKE THIS
1 slice honeydew
1 medium green apple
½ cup cooked mixed vegetables
1 cup garden salad
½ cup cooked
kang kong

Case study 2

Mr A , Indian has Type 2 DM & hyperlipidemia (on medication)
BMI is 28.1, HbA1c 8.0% & LDL 4.0 mmol/l.
In view of his busy work, he usually eats out for all his meals. Mostly eats Indian foods
He is keen to lose weight & control his blood glucose.

Case study 2

Example of Mr A's m

No	Items		Fat (g)	Fiber (g)
1	Briyani rice (2 cups)	4.0	11.0	0
2	Chicken curry (1 piec Potatoes (0.5 cup)	0 1.0	13.2 3.7	0 1.8
3	Dhall curry (0.5	0.5	1.0	2.2
4	Ginger tea w ..p / 200ml) or ..cup)	1.0	1.3	0
	Total	6.5	30.2	4.0

Missing: Vegetables & fruits
Concern: Portions/juices

Case study 2

Example of Mr A's me[illegible] day 2

No	Items		Fat (g)	Fiber (g)
1	Banana leaf rice (2 ½ cu[illegible]	5	0	0
2	Mutton Masala (1 Potatoes (0.5 cu[illegible]	0 1.0	13.2 3.7	0 1.8
3	Dhall curry ([illegible]	1	2.0	4.4
4	Butterm[illegible]n juice (1 cur[illegible]	1.0	4	0
	Total	7	22.9	6.2

Missing: Vegetables & fruits
Concern: Portions/juices

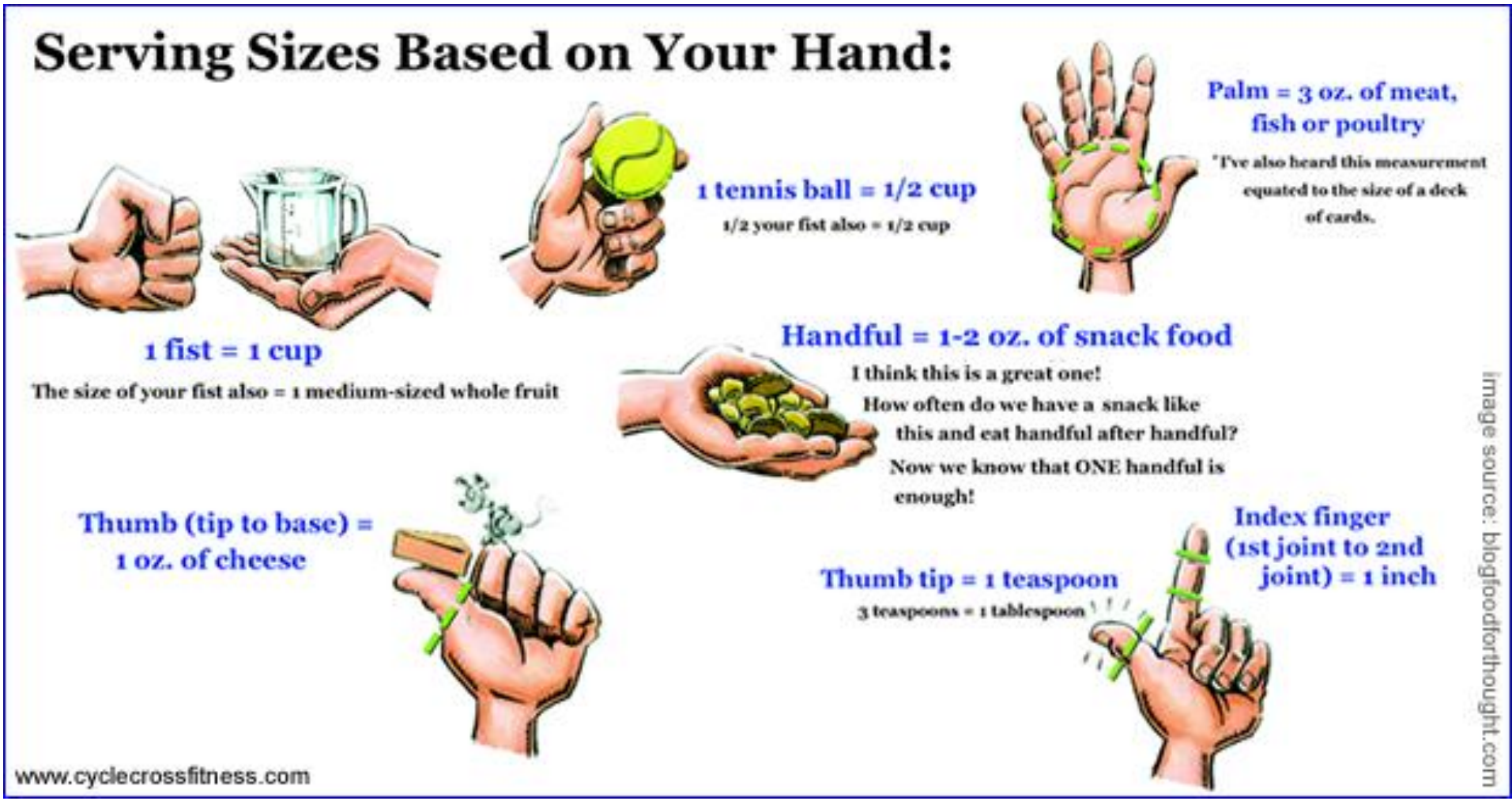
Case study 2

1. **How to help Mr A to improve his food choices for**

   a) optimal glycemic control?

   b) reduction in LDL level?

Case study 2

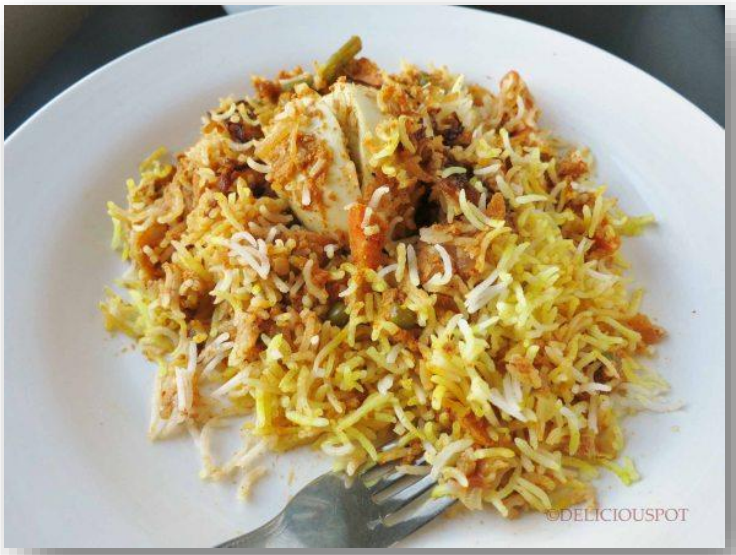

Serving Sizes Based on Your Hand:
1 fist = 1 cup
The size of your fist also = 1 medium-sized whole fruit
1 tennis ball = 1/2 cup
1/2 your fist also = 1/2 cup
Palm = 3 oz. of meat, fish or poultry
*I've also heard this measurement equated to the size of a deck of cards.
Handful = 1-2 oz. of snack food
I think this is a great one!
How often do we have a snack like this and eat handful after handful?
Now we know that ONE handful is enough!
Thumb (tip to base) = 1 oz. of cheese
Thumb tip = 1 teaspoon
3 teaspoons = 1 tablespoon
Index finger (1st joint to 2nd joint) = 1 inch
www.cyclecrossfitness.com
image source: blogfoodforthought.com

Case study 2

a) Optimal glycemic Control

Reduce starch portions e.g. rice to 1 cup

Share with his cilents



Banana Leaf Model

Make Sure that the Banana leaf can be seen with vegetables

Case Study 2

No added sugar to tea / use alternative sweeteners

Case Study 2

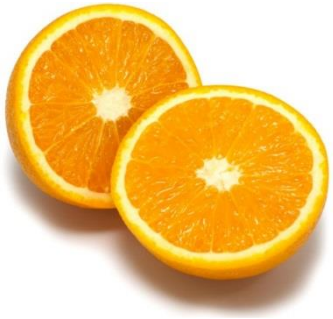
b) reduction in LDL level?

Choose plain rice, chapattis, plain nan instead for lower fat intake

Encouraged at least 2 servings of fruits daily

One serving =

Papaya
(1 Slice)



Orange
(1 Medium)

Apple
(1 Medium)

Banana
(1 Small)

Persimmon
(1/2 Medium)

Dragon Fruit
(1/2 Medium)

Guava
(1/2 Medium)

Mango
(1/2 Small)

One serving =

Mangosteen (2 Small)

Plum (2 Small)

Durian (2 Seeds)

Nangka (4 Seeds)

Rambutan (5 Pieces)

Duku Langsat (8 Pieces)

Grape (8 Pieces)

Kurma (3 Pieces)

Watch the Video

Conclusion

- **MI is a powerful style of counselling for many health behaviour changes and in particular, for dietary behaviour change**
- **Once learned, the MI style of appreciating the limits of trying to persuade patients to change their dietary behaviour makes our job as dietitians much easier**

Glovsky Ellen R, & Rose G (2007) Motivational Interviewing — A Unique Approach to Behaviour Change Counselling Today's Dietitian, Vol. 9 No. 5 P. 50

Conclusion

We are not responsible for whether or not they change but for helping them decide if they want to or can change and if so how to do so

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Thank You

Questions or feedback ?