MOTIVATIONAL INTERVIEWING

THEORY & CONCEPTS

SPIRIT OF MI

- Collaboration
  - Dancing NOT Wrestling
  - Helping realise change is important
  - Try not to push or pull
- Compassion
- Acceptance
- Evocation
  - Build patient belief in themselves to do it
  - Change is not a discreet event - it happens over time, bit by bit

KEY THING S TO REMEMBER

- Patients who succeed in making lasting lifestyle changes understand that simply 'wanting to change' is not enough. They need to feel a strong 'internal need' to do so.
- Patients crave support and encouragement from someone they trust, who takes an interest in them as an individual, and who can help them understand all the implications of their illness.
- Chronic disease usually produces strong feelings of loss, confusion, hopelessness, isolation and low self-esteem
- Recognise change involves a loss as well as a percieved change
- Doctors get frustrated when patients fail to take their advice – and patients notice this frustration!
- ' a motivational approach listens to the barriers to change without judgement and gradually helps others voice the reason for and confidence to change themselves '
- Our tone of voice needs to be gentle, kind, compassionate and reflective (practise).
- Successful lifestyle change proceeds one small step at a time. Patients need each step to be acknowledged and affirmed.

Examples

- Any behaviour - not just smoking/alcohol/drugs/weight
- Helping them see an antibiotic is not required
- Encouraging medication concordance e.g. diabetes
- Engaging in screening or tests or vaccinations
- Staying in a relationship
- Getting more out and about e.g. for depression or in general
- Should i get counselling for depression
- Getting a job