

Enhancing Patient Self Management Series:

Motivational Interviewing Change Talk

**Million Hearts Grantee Technical Assistance
Recorded Webinar**

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Enhancing Patient
Engagement

Recorded Webinar
(October 2021)

Self Management
Support

Recorded Webinar
(Fall 2021)

Shared Decision
Making

Recorded Webinar
(Fall 2021)

Motivational Interviewing

1. Motivational Interviewing Basics
2. Building on Open Ended Questions
3. Change Talk
4. Reflective Listening
5. Understanding Resistant Statements
6. Building Conviction

Recorded Webinars
(Winter 2022)



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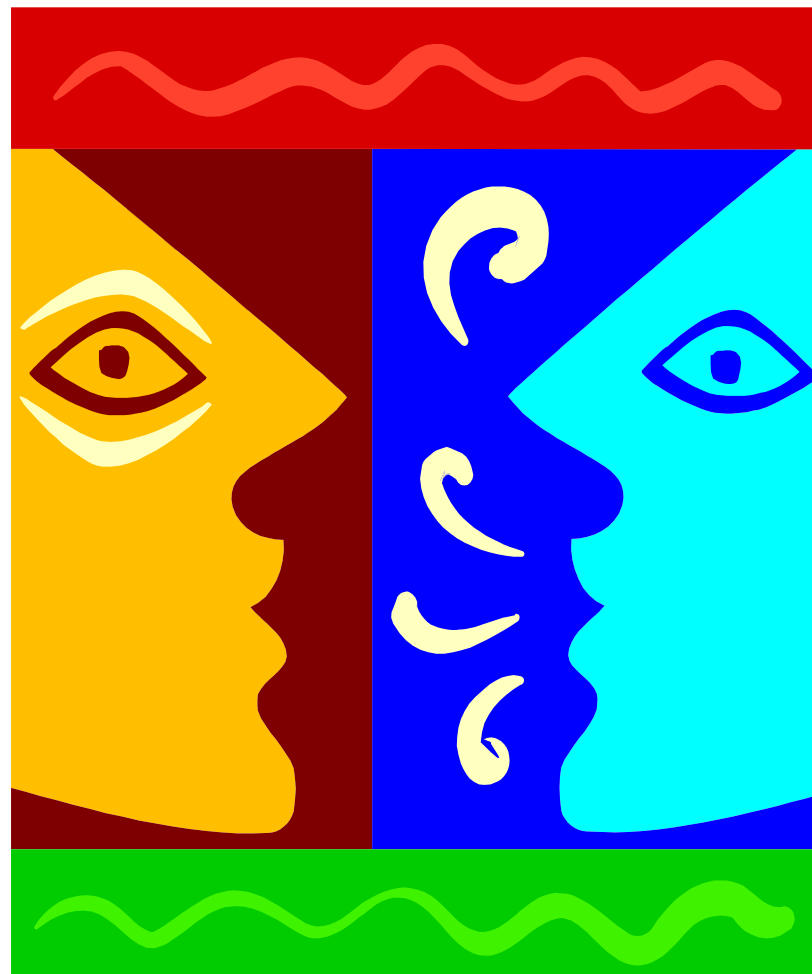
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- Ambivalence = argues both for and against change
- A natural part of the change process
 - A conflict exists
 - Both the old and the new have value
- People become more committed to what they hear themselves saying
 - Our role: facilitate expression of ambivalence and guide toward an acceptable resolution that triggers change



Change talk – any **self-expressed** argument for change

- Leverage change talk to enhance client motivation
- Use eliciting skills to mobilizing change talk in the areas of desire, ability, reason, and need to build:
 - Commitment,
 - Action and
 - Taking Steps
- Ultimately, transition clients/patients who are ready for change into a planning process.



- Listen for natural languages of readiness
- Focus on patient strengths and reasons for optimism
- Pick the flowers, leave the weeds
- Reflective listening and summarizing back what you hear as change talk

Preparatory Language

Desire

I really want to stop drinking.

Ability

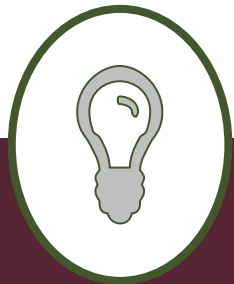
I can do this...it is possible.

Reason

Whenever I stop taking my meds, I end up in the hospital.

Need

I need to stop doing this.



Need to Change:

“I must get some sleep.”
“I’ve got to get back to work.”
“I wish”, “I want”, “I like the idea”



Commitment/Ability to Change:

“I will try getting out of bed when I first wake up.”
“I promised my friend we would walk twice this week.”
“I plan to try those exercises.”
“I think I can cut out soda at lunch”



Reasons to Change:

“The pain keeps me from gardening, which I love to do”
“I’m sure I would feel better if I exercised”
“I don’t want my kids to learn to smoke”

Sustain talk – any **self-expressed** argument for staying the same

- Desire - “I don’t want to exercise”
- Ability - “I’ve tried, and I don’t think I can stop smoking”
- Reasons - “If I try to lose weight, I just gain it back again”
- Need - “I’ve got to focus my time and energy on other things”
- Commitment - “I’m going to keep on smoking”
- Activation - “I’m not willing to do what it takes”
- Taking steps - “I returned those running shoes I bought.”

- What are the best things about eating everything?
- What are the problems with eating everything?
- What are the benefits of eating healthfully?
- What are the problems with eating healthfully?

This slide is also in Shared Decision Making

	Disadvantages	Advantages
No Change		
Change		



Sarah is a 54-year-old female patient with a history of smoking 1 pack a day for 20 years as well as asthma, uncontrolled hypertension and obesity (BMI of 38) presents to her primary care provider with a concern of increased shortness of breath when walking...

- + **Open ended questions resulted in the patient expressing that that she does not feel she is in as a good health as her friends who don't smoke.**

Where do I start?

Think about an actual patient you have seen recently....

- What change talk and sustain talk have you heard?
- Any signals of desire to change?
- How could you encourage more change talk with this patient next time they come in?
- Ask for feedback and talk together about your successes and how you can continue to hone your MI skills.

See practice guide for more suggestions



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