

Individual
Support
Programme



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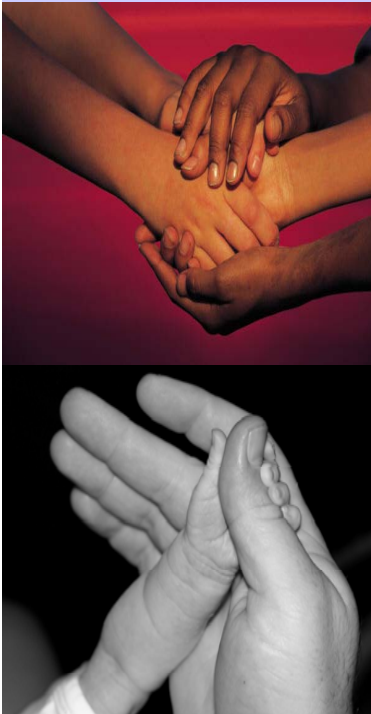
MI in Practice

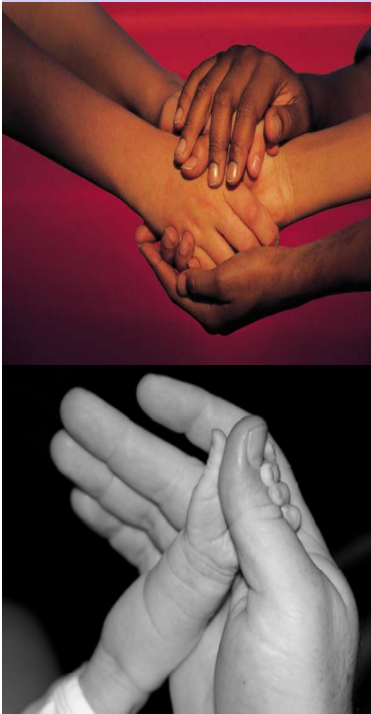
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Outline

- The spirit of MI
- MI in practice
- MI in conversation





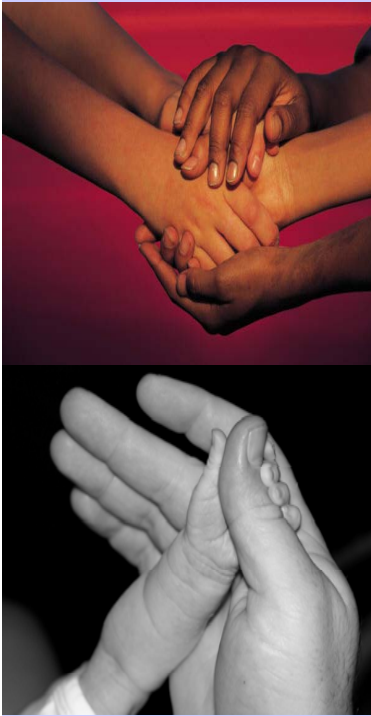
What are your challenges?

- Breaking bad news
- Time
- Who should give the patient results (bad news)
- How much information to give to patients
- Behaviour change
- Quick complicated explanations
- Aggressive/agitated patients
- Bad news out of the blue
- Dealing with families (of patients)
- Conflict
- Quickly describing treatment options
- Explaining/consenting for emergency procedures
- Nurses get panicky
- Little time to give full information or address concerns
- Risk communication
- Treating the test or treating the patient but patient says 'I'm still feeling ill'



The Individual Support Programme





What's out there

- Lots in place for clinical performance
- Some for health
- But behaviour- is more difficult and complex
- Managers take a medical model
- Passive recipient asked to undergo episodes of training

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The ISP service

- A holistic approach to supporting performance issues
- Needs assessment and remediation
- All grades
- University led, accessed by medical schools and hospitals
- Research
- 250+ cases

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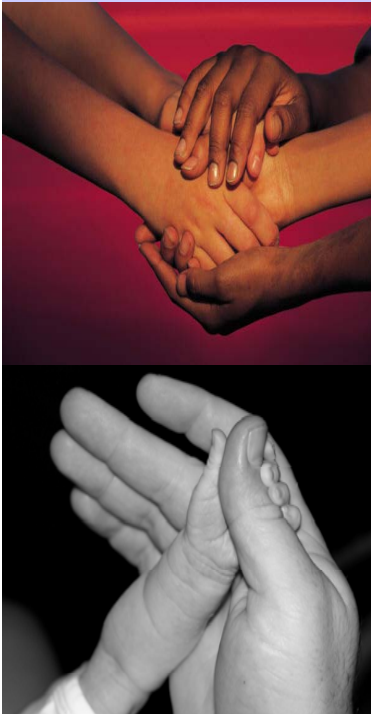


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A robust and transparent process

Multi method and multi profession

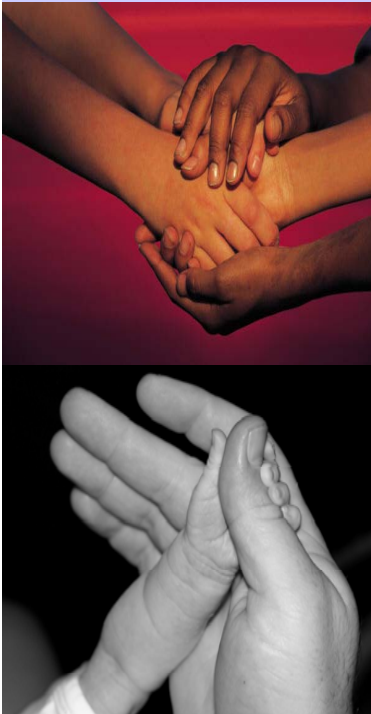
- Critical event review
- Communication style
- Personality
- Language
- Specialist opinion
- Tailored one to one remediation



Needs assessment

Guiding principles:

- Motivation
- Personality - behavioural habits differ
- Situational awareness - realities of organisational life



Models of practice

- Biopsychosocial model
- Behaviour change
 - Engagement – *independent service*
 - Rolling with resistance – *active listening*
 - Collaboration – *so what's important for you?*
 - Autonomy - *what might work for you?*

Behaviour Change



‘Guiding style’ better suited to behaviour change

Motivational interviewing



- Ambivalence is common, normal
- Confrontational interviewing - resistance
- Shift style - resistance diminishes, change talk increases

Guiding Style - curious, calm, accepting, encouraging

Motivational interviewing



- *Explore and invite new perspectives*
 - Ambivalence
- *Come alongside without argument*
 - Collaboration, diminishing resistance
- *Elicit client's own motivation to change*
 - Evocation
- Honour autonomy

Behaviour Change Counselling



- Based on principles of motivational interviewing
- A frame work for more constructive conversations about behaviour change
- Not a recipe book - strategies can be used in consultations over time
- Can be time efficient by identifying and focusing on an individual's needs

MI: Three central topics

– Readiness



'I am ready to change'

– Confidence



'I can change'

– Importance



'I need to change'

MI: Readiness to Change

Varies in degrees.....

Not ready

ready

Rollnick and Miller

Assessing readiness

- Importance
- Confidence



Importance + Confidence = Readiness

Rollnick and Miller

Importance and confidence

- Agenda setting

“How important is it for you to.....?”

“How confident do you feel about?”

Importance and Confidence

- Next steps

What might help your confidence in being able to improve the way you interact with your medical director move from 3 to 8?

What might make the importance you give to improving the way you communicate with your director rise from 2 to 7

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Video

Take a look here [....](#)



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And the reaction

- Here ...

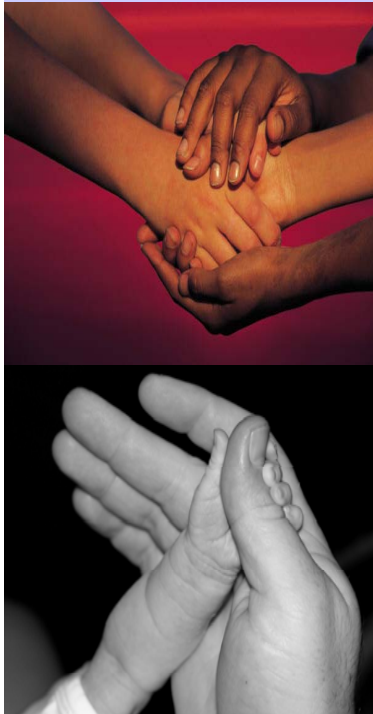
Communication styles



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Direct

manage, prescribe, lead, tell, show the way, take charge of, preside, govern, rule, have authority, exert authority, reign, take the reins, take command, point towards; conduct, determine, steer one's course, pull the stroke oar.



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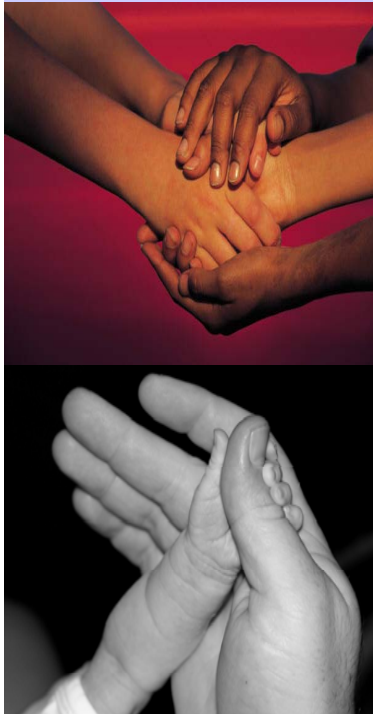
Follow

Go along with, allow, permit, be responsive, have faith in, go after, attend, take in, shadow, understand, observe.



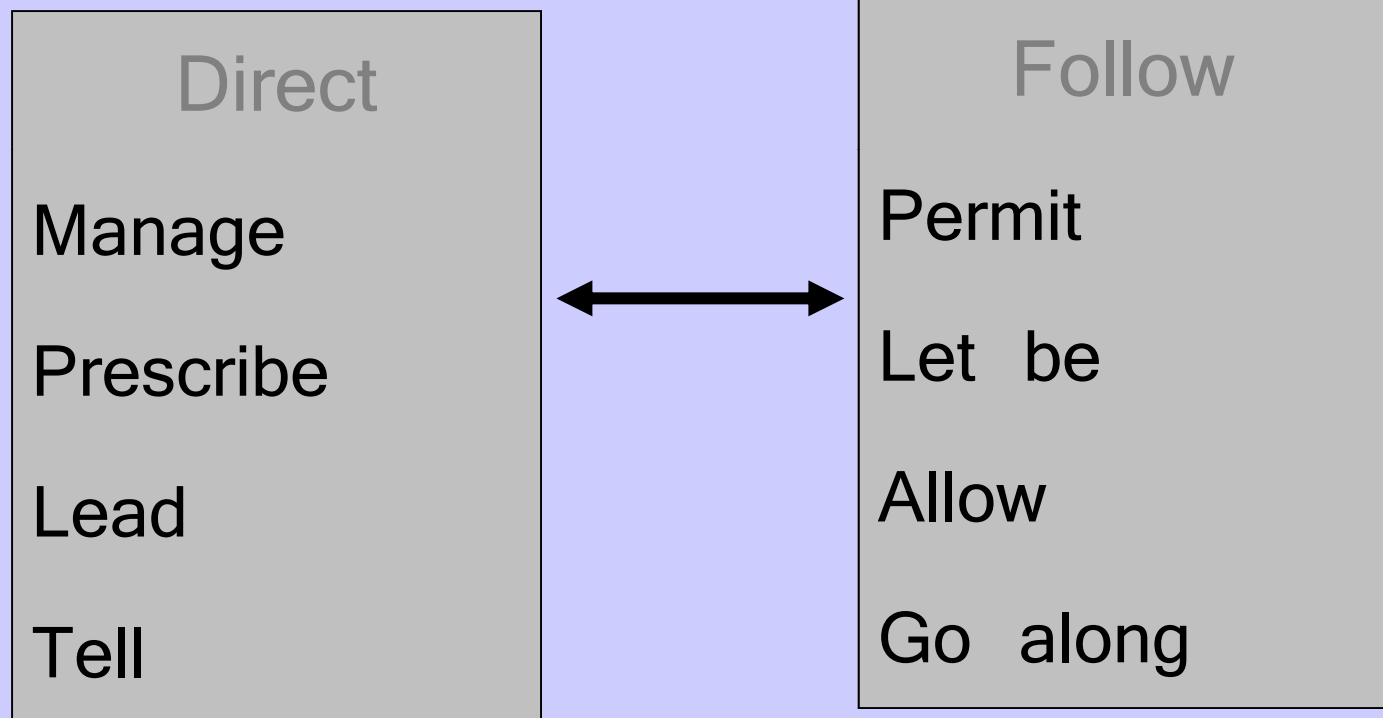
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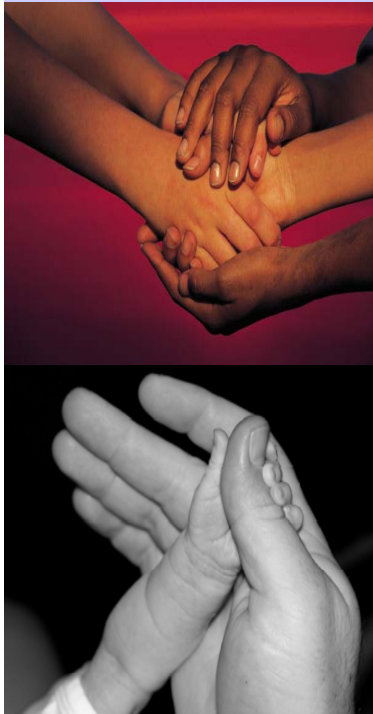
A widespread dichotomy



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Guide

Enlighten, shepherd, encourage, motivate, support, lay before, look after, support, take along, accompany, awaken, promote autonomy, elicit solutions.



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What do we do naturally?

Think of parents, teachers, friends

Directing ↔ **Guiding** ↔ **Following**



Three Styles

- Guiding – elicits solutions
 - *Provides devices to hang a constructive consultation on*
- Directing – persuasion
 - *provides solutions for the person*



A Guiding Style

- Active listening skills
 - Open questions
 - Summaries
 - Sign posting
 - Reflective statements



Reflective statements

Statements, not questions

- **Simple:** repetition, rewording
- **Complex:** new meaning
- **Amplified:** A step further
- **Double-Sided:** Two sides (“and” not “but”)



Reflective statements

Hypotheses about experience & meaning

- So you.....
- You feel.....
- It's.....
- You.....

Dr: I wonder what would be best to think about first?

Pt: I can see it might be good for me to get back to work but every time I come back my back just goes again

Dr: You don't want to come back and land up at square one again.

Pt: No, that's right when my back is really bad I get so depressed

Dr: So you are not sure what's best for you at the moment

Have a conversation....

- Open questions
- Reflective statements



Behaviour Change

- Constructive discussion
- Guiding style
- Shared agendas



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Thank you

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