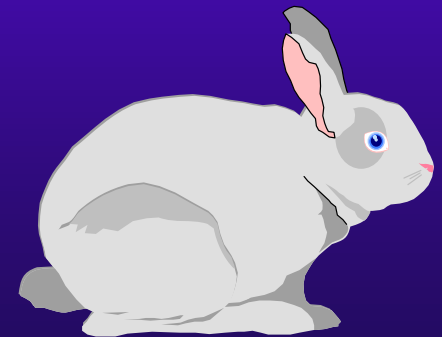
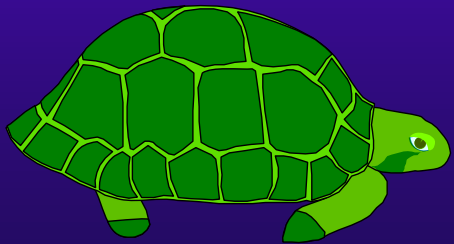


# **Motivational Practice**

## **Passive Smoking at Home: Protecting Children from Resistant Parents**

**Rick Botelho, BMedSci., B.M., B.S., MRCGP (UK)**  
**Professor of Family Medicine and Nursing**  
**University of Rochester, NY**



# A Model for Continuing Professional Development

## Using PARE Improvement Cycles

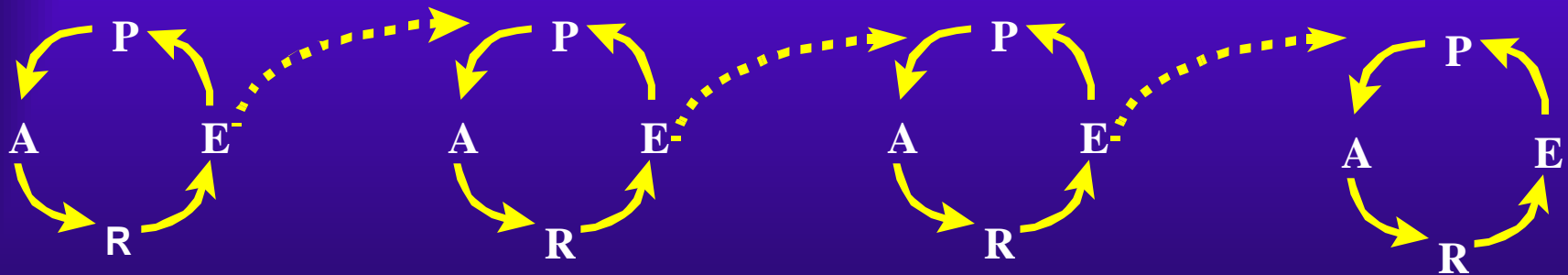
P=Prepare

A=Act

R=Reflect

E=Enhance

Self-focused ↔ Method-focused ↔ Learner-centered ↔ Patient-centered





# Benefits of CPD Programs

- ◆ **A cascade of positive effects:**
- ◆ **Reduce your frustration in dealing with resistant, indifferent, and ambivalent patients**
- ◆ **Enhance your competence and professional satisfaction in working with these patients**
- ◆ **Enhance the quality of your dialogue and partnerships with patients**
- ◆ **Help patients become more ready for change**
- ◆ **Improve patient outcomes**

# **Begin with Yourself**

**I have only three enemies. My favorite enemy, the one most easily influenced for the better, is the British Empire. My second enemy, the Indian people, is far more difficult. But my most formidable opponent is a man named Mohandas K. Gandhi. With him, I seem to have very little influence.**

# Gandhi quote

*“Be the change that you want  
to see in the world”*

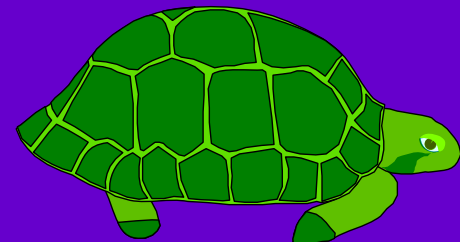
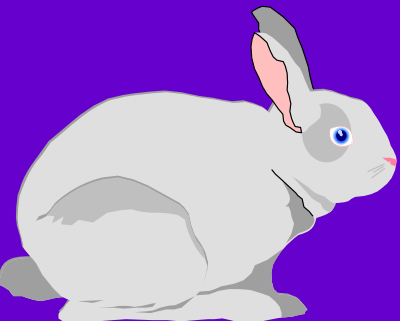


# Limitations

**Giving information and advice to patients about changing their unhealthy behaviors is equivalent to the placebo impact of nineteenth-century drugs. The use of this “drug” over and over again, when it is clearly not working, should be regarded as a**

## Medication Error

**Why do  
practitioners  
need to change  
their roles?**



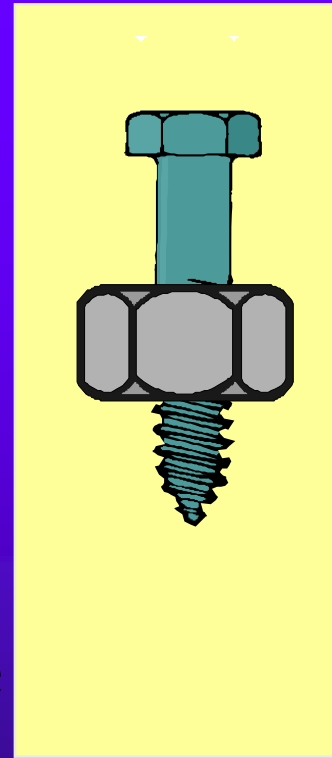
# Hammer Metaphor

**When we have only been trained to use hammers (give health information & advice), we tend to see every risk behavior as a nail.**



# Nut and Bolt Metaphor

Hammers do not work very well with a nut (risk behavior) rusted to a bolt (patient). Hammering away at patients may make things worse, and even damage the threads of the bolt so the nut never comes off.



# Gardener Metaphor

We are most effective in helping patients change when we work as gardeners; cultivating the soil, planting seeds, and fertilizing the ground.



# Role Continuum

## **“Fix-it”**

**Gives health information & advice**

**Imposes values and perceptions about health and disease**

## **Motivational**

**Develops individualized interventions**

**Helps patients change their values and perceptions about behavior change**

# Experience-based Learning


When evidence-based guidelines do not work, experience-based learning helps practitioners and patients move beyond:

- ◆ Scratching the surface of superficial change to
- ◆ Developing personal evidence about deep change



# **Move Beyond Scientific Evidence & Superficial Change**

**What works for some of the people (the average patient) some of the time. In other words, estimating the mean (average) effects on a select population**



to  
**Personal  
Evidence**

- ◆ **What works for the individual patient. In other words, what does it mean to explore deep change.**



# Move Beyond Superficial Change

- ◆ **Gaining knowledge**
- ◆ **Having good intentions**
- ◆ **Setting goals**
- ◆ **Developing skills**



# Explore Deep Change

- ◆ **Doing emotional work**
- ◆ **Shifting perceptions**
- ◆ **Clarifying motives**
- ◆ **Aligning values**



# Old-New Paradigm

## Micro-orientation

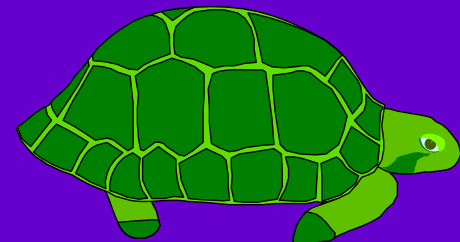
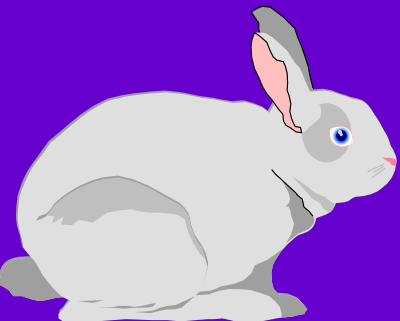
### Old

- ◆ Scientist as PI
- ◆ Health advisors
- ◆ Advice= change agent
- ◆ Fixed process
- ◆ Rational, linear
- ◆ Teaching moments
- ◆ Surface change

### New

- ◆ Patients as PI
- ◆ Motivational Guides
- ◆ Dialogue = change agent
- ◆ Individualized process
- ◆ Emotional, nonlinear
- ◆ Learning opportunities
- ◆ Deep change

# **What is Motivational Practice?**



# Motivational Practice

**Engages patients in reflective learning experiences that helps them to develop personal evidence about deep change by exploring:**

- **Thoughts and feelings**
- **Perceptions about resistance and motivation**
- **Energy level and competing priorities**
- **Confidence and ability**
- **Motives and values**

# Motivational Principles

- ◆ **Develop empathic relationships**
- ◆ **Clarify roles and responsibilities**
- ◆ **Be nonjudgmental**
- ◆ **Support autonomy**
- ◆ **Clarify patients' issues about change**
- ◆ **Work at a pace sensitive to patients' needs**
- ◆ **Understand patients' emotional resistance, perceptions & values**
- ◆ **Focus on strengths & health rather than on weaknesses & pathology**



# Motivational Principles

- ◆ Invite participation
- ◆ Focus on solutions rather than on problems
- ◆ Negotiate reasonable goals for change
- ◆ Help patients believe that healthy outcomes are possible
- ◆ Elicit problem-solving skills
- ◆ Enhance patients' confidence and ability
- ◆ Increase supports & reduce barriers
- ◆ Develop plans to prevent relapses
- ◆ Use “failures” as learning opportunities

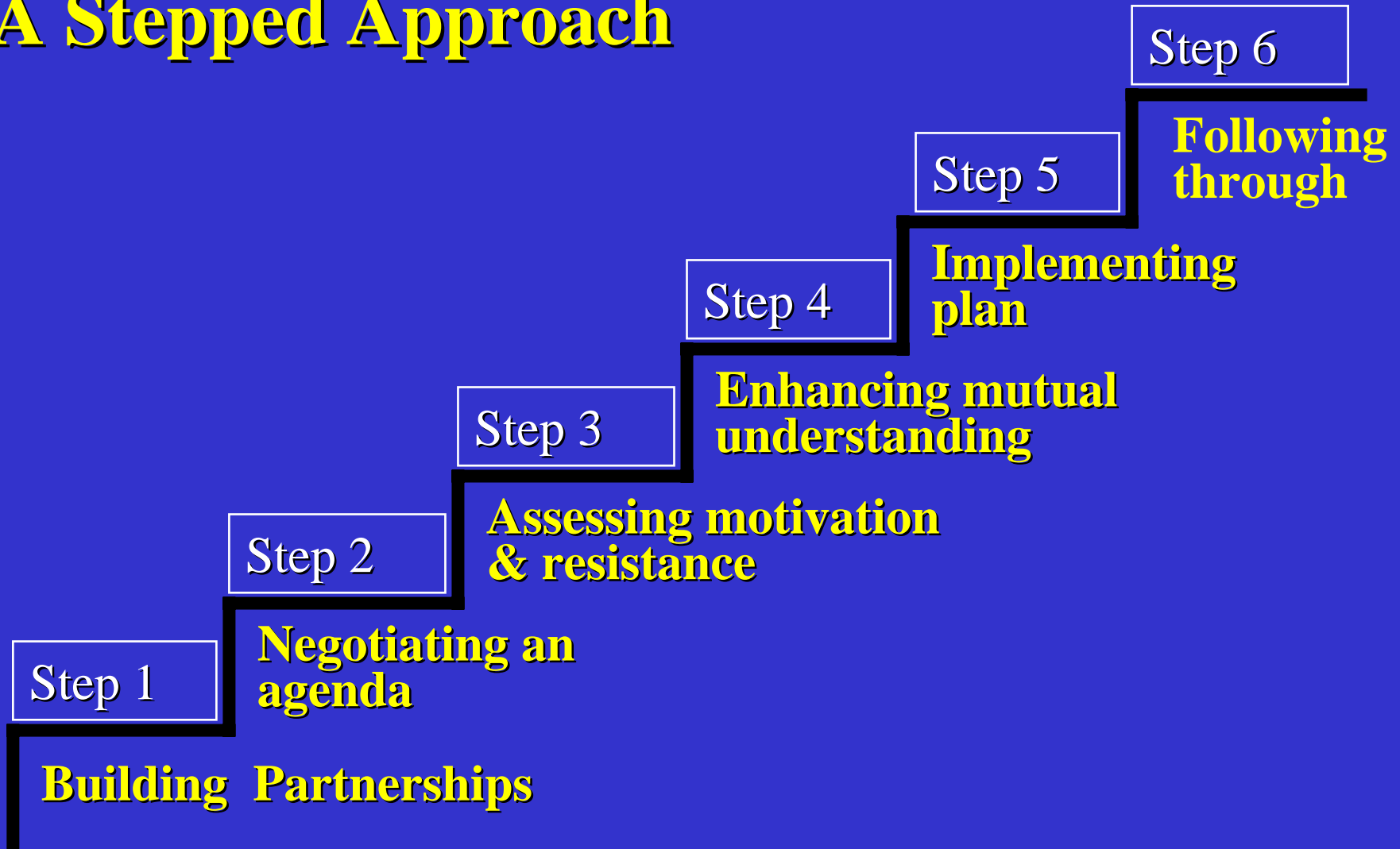
# Motivational Practice

Involves using the following theories, models and concepts to help patients change

- ◆ **Transtheoretical model**
- ◆ **Cognitive behavioral interventions**
- ◆ **Self-efficacy**
- ◆ **Motivational interviewing**
- ◆ **Relapse prevention**
- ◆ **Solution-based therapy**
- ◆ **Self-determination theory**
- ◆ **Patient-centered approach**



# Micro-skills Development: A Stepped Approach



# Clarifying Your Issues

<b>Reasons to stay the same</b>	<b>Reasons to change</b>
<b>1. Benefits of staying the same</b>	<b>2. Concerns about staying the same</b>
<b>3. Concerns about change</b>	<b>4. Benefits of change</b>
<b>Resistance</b>	<b>Motivation</b>