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Motivational Interviewing in the Podiatry Clinic

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This month’s Reflective Podiatric Practice comes from the benefit of a lecture given to the Devon Branch earlier this year and covers one aspect of patient communication skills, something very dear to Busypencilcase Communicationsphilosophy. Embracing patient’s needs is important in order to afford the best response to management. The idea of ‘telling’ is replaced by ‘supporting’ and ‘engaging’ patients during clinical consultations. This article uses the term ‘client’ rather than ‘patient’. [Labelling](https://onlinelibrary.wiley.com/doi/full/10.1111/j.1369-7625.2005.00352.x) is far from new as the world of political correctness has impacted on how we address people. As Rosi points out; ‘The NHS and the country’s health are in trouble like never before with growing incidents of diabetes, obesity, smoking and alcohol related diseases along with an aging population that is constantly increasing pressure on resources. During our working day we have many conversations with our clients but how can we in our role as podiatrists help change and improve their overall health prospects?’ It should of course be remembered that podiatry is not about dealing with feet alone but must include parallel medical issues of which podiatry provides an important element of healthcare delivery.

# Motivational Inspiration

**M**otivational Interviewing is a patient/client-based approach to encourage behaviour change and compliance initially developed by Miller whilst working with alcoholics and drug addicts. Rollnick inspired by the technique joined forces with Miller to further develop it and bring the idea of Motivational Interviewing (MI) to the attention of healthcare professionals. It is now taught around the world and recognised as being one of the most successful ways of bringing about change in patient behaviour and compliance in order to help them improve their own health outcomes. So what does M.I entail?

The spirit of MI is dependent on respect. It is a gentle patient-based way of interviewing that enables the clinician to explore what is important to the person concerned, understand where their priorities lie and elicit what their reasons might be for making changes to their lifestyle. The role of the clinician becomes that of collaborator and partner to work with the client to help them explore the way they live their lives, their goals and how confident they are in making the changes that may improve their health. Also to encourage and support them in their choices in a nonjudgmental way. MI respects patient autonomy and recognises that the client has a right notto make changes to their life style if they choose not to. So collaboration, evocation and patient autonomy are the essence of MI, which is achieved by following four guiding principles.

# **Four Guiding Principles – R.U.L.E**

**R - Resist the righting reflex.**

**U - Understand**

**L - Listening**

**E - Empathy**

### What is the righting reflex (R)?

As Healthcare Professionals our areas of work to some extent are vocational (*it’s highly unlikely we will ever make footballers wages in doing what we do)* and as caring individuals we have a tendency to want to make people better – they come to us with a problem and we try and fix it. The ‘fixing’ in our profession not only consists of us physically removing the painful corn; callus or ingrowing area of nail but it may also include giving advice. We have been trained to do this and we think we know what‘s good for them, so we are apt to use directive language like – *‘you ought to’, ‘you need to’, ‘you should’, ‘you must stop’,’ give up’, ‘do more exercise’, ‘put cream on your feet’ or ‘change your footwear’*.

It is a natural reaction to resist being told what to do

We try to put things right by pointing them in the direction of change, assuming that they will follow our advice, but when we give advice or suggest change – they resist! They may keep us happy by saying what they think we want to hear that yes they will follow our advice and do exactly what we have told them to do every day but actually they have no intention of doing so or if they start off doing well it lasts a very short time. Is this because they are stupid, don’t think we know what we’re talking about or lazy? Absolutely not.

It is a natural human reaction to resist being told what to do – especially when it comes to changing lifestyle. The bad habits we get into are hard to break because these are behaviours we create in order to relax, calm down, cheer up, feel more worthwhile or as a treat because we deserve it. So if these habits are to be changed they have to be on the terms of the person concerned. Asking permission to talk about an aspect of their lives forms a powerful tool - it shows respect and sets the stage for collaboration and trust. The patient has developed their lifestyle over years because that’s the way they like it, for whatever reason, whether it be drinking, smoking, eating, all of the above and given the opportunity they will defend that lifestyle if it is challenged. If while you’re talking with a client about their lifestyle and you hear a ‘Yes, BUT… or I know I should BUT…. the client is going to defend their actions and give reasons why they shouldn’t change – this is termed ‘sustain talk’ - and this is an indication to back off and take a different tack rather to allow them to reinforce reasons why they should carry on doing what they do. The advice is to roll with their resistance to change.

We are generally more effectually persuaded by the reasons we have ourselves discovered, than those which have occurred to others. (Blaise Pascal Pensees 17thC)

Baring that quote in mind if people talk themselves into changing rather than someone else telling them why they should the outcome is more likely to be a positive one and MI is just the tool to help people achieve that.

### Understand (U)

The quickest way to understand your client and what they know and how they feel about life is by asking **open questions**. These are questions that need more than a yes /no answer. For example:

‘Would it be okay if we spend a few minutes talking about your….?’

‘How do you feel about…?’

‘Tell me about…’

‘Give me some examples of the not so good things about…*smoking, drinking, being over-weight*.’

‘I understand that you have been diagnosed with diabetes - what do you already know about it and the effect it can have on your feet if it is not well controlled?

Asking a question in this way establishes the client’s own knowledge of their condition so you don’t have to tell them things they already know (which can be patronising) and you can use your time more efficiently to answer questions they may have or to inform them of things they do not know.

Exploring the lifestyle of your client using open questions can also reveal features embraced by the mnemonic D.A.R.N.

***Desires*** – I really want to ... because…

***Abilities*** – I don’t think I can…because…

***Reasons*** – It’s killing me so I should…

***Needs*** – I need to smoke because.

DARN provides a better indication of where your client is in their attitude towards changing their health prospects and lifestyle and also gives an opportunity for discussion and initiating ‘change talk’ or gently guiding them away from ‘sustain talk’.

Another useful tool is the question ‘on a scale of 0 to 10 how important is ..…stopping smoking, drinking, having good health… to you?’ Zero being not at all important and ten being very important?’ Asking this question gives you a numerical idea of how ready they are to change. What things may help them go from a 6 to an 8 and if the answer is its not important so if it’s a 2 then they aren’t ready to change fully and may be worth leaving the conversation to another day. If it is an 8 then it’s important to them that they make the change and they have already thought about it quite a lot.

The next question would be ‘How confident are you in stopping smoking, drinking, etc.?’ If the answer is 2 that is the area they need to be supported in order to achieve their goal so you can concentrate on building up their confidence rather than wasting time on trying to persuade them to make the change they already want to make.

Open questions allow your client to do most of the talking, which means that the clinician has to engage in one of the most important aspects of motivational interviewing, that of listening – both reflectively and actively.

### Listening (L)

Listening is a key skill in MI and different styles of listening can be divided into ‘Active’ and ‘Reflective’ listening.

**Active listening** is really important in gaining the trust and confidence of your client and is something that many podiatrists are particularly good at.

It is essential not to view that taking a clinical history is just the gaining of personal and medical information but rather as the initial basis to building up trust, and forming a relationship with your client so that they want to come back to you rather than go somewhere else. Often we are the last people on the list of professionals that they have been to see with a foot problem and they frequently complain that they have not felt listened to. Ways of showing active listening is through body language, eye contact and making the appropriate ‘I’m listening noises’. Allowing the client to do most of the talking may also uncover something that may have been missed if the clinician has just asked a series of closed questions with yes or no answers.

**Reflective listening** shows that you have understood the details of what they have been telling you by reflecting what they have said back to them. This enables them to know that you have listened and also gives them an opportunity to correct anything that has been misunderstood or missed out. But also in the context of Motivational Interviewing it helps if the client hears back what they have said.

For example, (smoking): -

*Clinician* – ‘Would you mind if we spent a few minutes talking about how you feel your smoking is affecting your heart condition?’

*Client* – ‘Well I know its really bad for me, especially as I have heart problems, but don’t ask me to give up - I just don’t think I could right now – I get palpitations so I can’t go to work at the moment and I’m so bored I’ve got nothing else to do but sit and smoke.’ (Sustain talk)

*Clinician* – ‘Ok, so getting back to work is really important to you because you’re bored but the palpitations are stopping you from doing that – you have already know that smoking is having a bad effect on your heart but at the moment you’re not confident that you could stop on your own without help.’ (This is not repeating verbatim but it has the essence of everything they have said but can be used to guide them into ‘change talk’).

*Client* – ‘Yes that’s it, I’m not sure I could do it on my own – I don’t know, maybe if I had help I could cut down.’ (Change talk)

At this point there is an opportunity to talk about different kinds of things like patches, e-cigarettes etc. or explore what the client thinks they may be able to achieve and how they feel they could be best supported or helped. These conversations can all take place whist doing their feet and can be very relaxed and chatty.

### Empathy (E)

Empathy and encouragement are both vital to keep the client feeling understood and supported. Have you ever tried to stop doing something that’s bad for you but you enjoy? It’s not easy and if you haven’t – try it and see what it feels like. So being empathetic (as a clinician) –

‘It’s hard I know but you are doing really well’ - and if you have stopped smoking, drinking, eating too much/wrong things - in the past you could share your experience of how you did it and what helped you (*without being too smug of course*). Sharing information and experiences can really help and encourage them.

One small language thing is that I tend to use the term ‘to stop smoking’ rather than ‘give up smoking’ as ‘to stop’ is a matter of making a decision or choice rather than if one ‘gives up’ it suggests a sacrifice on the client’s part which is harder psychologically. Making the decision to stop is stronger and more empowering. This is more effective when it comes as a voluntary choice.

Empowering clients should be a partnership

So to sum up our role is to empower our clients not to boss them around and lecture them on what they should or shouldn’t be doing with their lives or feet! It should be a partnership. These conversations may or may not all happen on the same day sometimes it needs more of a drip feed effect over a few visits. At no time should you come across as being judgemental about what they feel they can or can’t do and remember that everyone has the right to autonomy and may choose to carry on as they are and change nothing. There is an overall caring but also a certain amount of detachment in the outcome and if you care too much its difficult not to be judgemental.

As podiatrists we are in a unique position (especially in the independent sector) to master this intervention and make a huge difference to people’s lives and health. We are the only healthcare profession that have 30-minute appointment times where things can be discussed and explored in a relaxed way as opposed to GPs or dentists who have imposed limited time where motivational interviewing could be a challenge. We have the time to make a difference.

Our clients know us and trust us and share information about what is happening in their lives, telling us of new diagnoses and often other things that they don’t talk to anyone else about.

We are medically trained and have a good basis of knowledge about many conditions and diseases and most of all we have compassion. We care about our clients and want the best for them. As a profession we are perfect for this type of approach to helping our clients explore how they can change their health outcomes. Motivational Interviewing is a skill to be learned, and to become really good at it, it will take time and practice, so if you have been inspired by this article and want to know more, then organise a CPD day in your area to get a basic knowledge of how to do it, so that you can hone your skills on a daily basis.

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Teach project

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