

# Foundations of Behaviour Change: Motivational Communication

## Primary Health Care

### Ask

- Questions point you towards the patient's perspective, agenda, goals; help you to better understand their barriers.
- Questions make it personal; statements make it about the service.

### Listen

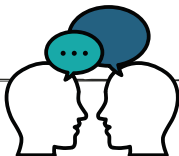
- Hearing, being silent and then repeating and reflecting.
- Not interrupting; letting the patient finish their thought.
- Not offering new information.
- Hearing what is not being said.

### Summarize

- Putting it all together.
- Check for understanding and accuracy of what you think you heard.
- Look for accuracy and encourage clarification.

### Invite

- A way to keep the conversation going.
- The link between understanding what the patient is saying to the recommendations that you want to give.
- Link doesn't have to be smooth.



# Motivational Communication

## Primary Health Care

### Non-Judgemental Curiosity

- A *stance* to strive for.
- Making judgements is automatic.
- Be aware of your automatic thoughts.
- Behaviour is about choice and consequence not "good" or "bad".
- Uncover why it "works" for the patient.

### Motivational Argument

- Listen for "yes... but..."
- This means "no... because..."
- Identify the "but" and avoid pushing the "yes".

*Try something like: "What i think I am hearing you say is that no you aren't going to do that because ..."*

### Sitting with Ambivalence

- It is normal to hold contradictory positions at the same time "yes..but..."
- Identify the ambivalence and explore both sides.
- Don't automatically brainstorm solutions, look for the patient to come up with ideas.

### Roll with Resistance

- Normalize that change is hard.
- Expect resistance or roadblocks when making changes.
- Use challenges as learning; not always a reason to try something else.

*Try something like: "Let's look at this and figure out what was going on."*

