

Make Type 2 Diabetes Different: Motivational conversation guide

A quick reference guide for healthcare professionals on applying motivational interviewing techniques during consultations with people with type 2 diabetes, to establish a partnership that empowers people living with type 2 diabetes to take further ownership of managing their condition.

What is motivational interviewing?

Motivational interviewing uses a guiding style to engage with people, clarify their strengths and aspirations, evoke their own motivations for change, and promote autonomy of decision making.¹

How could motivational interviewing support people with type 2 diabetes to self-manage?

Systematic reviews have demonstrated that a motivational interviewing-style conversation could have a significant positive impact on:



Dietary behaviours in people with type 2 diabetes²



Weight management and weight loss in people with type 2 diabetes^{2,3}



Physical activity^{4,5}

When should I use this resource?

- A motivational interviewing-style conversation may be recommended when:
 - A person is struggling to implement behaviour change advice
 - A person reports feeling distressed or overwhelmed by the demands of self-management tasks
 - A person seems to be struggling to come to terms with their diagnosis

Motivational interviewing is a conversational style. **It is possible to have a very brief motivational interviewing conversation** by simply asking a motivational interviewing style question and encouraging the person to think about what it means for them.

Motivational interviewing: key techniques

Motivational interviewing is underpinned by a 'spirit' – to be collaborative and honour a person's autonomy – even if we disagree with their decisions. This is in contrast to a style that may be authoritarian, educational or persuading. The fundamental principles of motivational interviewing conversations can be described as follows. These principles are techniques that can be applied throughout your conversations, rather than a set 'structure':

Roll with resistance

When you suggest a change and it's met with resistance or pessimism, rather than providing more reasons why they should change, resist your 'righting' reflex and interpret this as the person holding a different perspective to you. You can 'roll' with their resistance, and simply reflect what they've shared and emphasise that it is their choice to change: *"It's up to you to decide whether this is a change you can make right now"*

Develop discrepancy

Help the person explore their values and motivations and connect these to health behaviours. If needed, explore ambivalence as well. People's current behaviour is often at odds with their longer-term goals and values (e.g. to be a role model for their children or not have their loved ones worry about them). Asking the person what is important to them, and exploring the pros and cons of change in relation to these values, helps the person 'develop discrepancy'.

Listen and empathise

Listening is vital, because people are often more likely to change by hearing themselves speak about their challenges. When you ask a person a question, it is important to show them that you have heard and understood them, and to show empathy and normalise their feelings by agreeing or using summary statements. Even if you don't always agree, remember that this is the person's reality, and empathising can show them you understand their perspective.

Support self-efficacy

'Self-efficacy' is a belief in one's ability to succeed. Often, people with type 2 diabetes may have tried to change but it hasn't given them the results they wanted, so their self-efficacy is low. You could empower the person to take ownership of their condition and help them feel more confident of change, by looking for opportunities to highlight their strengths and inviting them to reflect on times in their life when they have successfully changed, even if just in a small way.

Remember the RULE:



Resist the 'righting' reflex



Understand the patient's own motivations



Listen with empathy



Empower the person

On the next page, you will find example conversation starters to help you implement each of these principles...



Roll with resistance

Instead of...

- Why don't you?
- Why haven't you...?
- Why don't you want to....?
- Why do you need to...?

Say...

- Yes, it's natural to struggle to make changes
- Change can be challenging, even for us health professionals!
- You're in charge of your life
- Only you can decide whether this is a change you can make right now
- What are the advantages of reducing your weight?
- What would be different in your life if you made a change to your health?



Develop discrepancy

Instead of...

- You're in denial
- It's being so overweight that's causing you to have all these problems
- You must take your medications properly in future

Say...

- What worries you about your diabetes?
- In what way does your diabetes concern you?
- What matters most to you in life? / What's important to you?
- How would you like your health to be in 5 years' time?
- How do you think your diabetes might affect your life and the things that matter to you (now and in 5 years' time)?
- If you were able to feel confident to manage your diabetes, how might it benefit you and those who matter to you?



Listen and empathise

Instead of...

- Making assumptive statements and opening with questions that could imply blame or invite shame, e.g.:
- Have you been taking your medication?
 - If you don't improve your control, you'll end up on insulin"

Say...

Ask open questions about how the person is coping/feeling, e.g.:

- How have you been doing? / How have you been getting on with your diabetes?
- How is your diabetes getting in the way of other things in your life right now?
- What concerns you about your diabetes?

Follow up with an empathic statement, e.g.:

- It sounds as though your diabetes is really hard to manage at the moment.
- It's common to (repeat the barrier they've shared)
- It's been hard for you to (repeat what they've shared)



Supporting self-efficacy

Instead of...

- I think you should try (avoid directing to a particular solution before exploring)
- I think you'd cope best with X as it's simpler (assumptive)
- People from X backgrounds often dislike the idea of injections (stereotyping)

Say...

- When have you made a significant change in your life before? How did you do it?
- What strengths do you have that would help you make a change?
- How important is it for you to make a change to your health? (rate on a scale of 1-10)
- How confident do you feel to make this change? (rate on a scale of 1-10)