MOTIVATIONAL STRATEGIES

This section describes strategies that can be employed when there are opportunities to discuss motivation to make changes in behaviour. These strategies promote hope for change and can help manage the crisis and move the patient towards a safe discharge. These strategies may be particularly helpful for patients whom substances misuse is a significant issue. These competences are for professionals who have had appropriate training in delivering motivational strategies.

Practitioner stance

- An ability to maintain an empathic, non-confrontational, collaborative, and non-judgmental stance
- An ability to convey genuine acceptance of the patient's position and avoid the use of persuasion
  - an ability to 'roll with the resistance' and so avoid direct confrontation
- An ability to work from a position that respects the patient's autonomy and respects their responsibility for change

Knowledge

- An ability to draw on knowledge of the psychology of behaviour change and motivation including that:
  - motivation is shaped by an individual's perception of their ability to carry out a behaviour and the opportunity for them to do so
  - motivation to engage in a particular behaviour will typically fluctuate in response to competing internal (psychological) and external demands
  - ambivalence about behaviour change is not a pathological trait but rather a common precursor to making a change
  - psychological reactance (defending a status quo) is a typical response to confrontation aimed at forcing behaviour change
  - practitioner empathy is a good predictor of successful behaviour change

Identifying discrepancies

- An ability to draw out the patient's ideas, feeling and wants, and their intrinsic motivation for change
- An ability to help the patient discuss any distinction (and discrepancy) between their current situation and:
  - the extent to which this matches living according to their values
  - their goals for the future
- An ability to help the patient explore and resolve their ambivalence in favour of change
- An ability to encourage exploration of ambivalence by using open questions to help the patient identify the pros of change and barriers to achieving this change
- An ability to enhance the patient's perception of the importance of change and their confidence and readiness to make this change, by discussing ambivalence and highlighting reasons for change

Style of interaction

- An ability to use affirmative statements which acknowledge the patient's efforts and strengths
- An ability to use open-ended questions to encourage reflection on behaviour change
- An ability for the practitioner to avoid the use of 'traps', such as:
  - question-answer traps (for example, repeatedly asking questions that elicit mono-syllabic responses)

	premature focus traps (focusing on a problem area without fully exploring other areas of concern to the patient and identifying their priorities)
	taking-side traps (arguing against the patient's view of the problem)
	blaming traps (seeking to blame others or the patient for the current situation
	expert traps (overruling the patient's perspective by asserting professional authority)
An ability to consistently maintain a reflective listening style by:	
	forming hypotheses about the meaning of the patient's statements
	testing hypotheses by making reflective statements
	paying particular attention to statements indicating a desire or ability to change and reflecting these back to the patient in summary statements
An ability to elicit 'change talk' in a collaborative manner by:	
	recognising and reflecting on different levels of motivation when the patient talks about their desire to change, their ability to change, and their reasons for change
	recognising and strengthening language that indicates a commitment to making a positive behaviour change

An ability to offer summaries so as to demonstrate an understanding of the patient's difficulties and structure the intervention
An ability to reframe discussion positively with a focus on behaviour change
An ability to help the patient consider new perspectives, ensuring that this is done in a non-confrontational manner
An ability to only offer specific information and advice when this is solicited
An ability to help the patient discuss the benefits and barriers to changing problem behaviour
An ability to develop, in collaboration with the patient, plans for behaviour change
An ability to summarise any decisions agreed upon regarding behaviour change

Monitoring

An ability to identify the patient's readiness for change, through open-ended discussion
An ability to provide positive and constructive feedback on behaviour change
An ability to help the patient make use of self-monitoring tools to reflect on progress