

Workshop proposal for the 2017 MINT Forum

Behavior change for medical reasons: MI in groups for patients in primary health care

Rationale and content

Non-communicable diseases related to lifestyle, such as CVD and diabetes, are an increasing global health burden. Traditional information and advice-giving have proved to be less effective for patients in preventing and coping with such diseases. Motivational interviewing shows promising results, and adaptation to group format is a potentially valuable development. Using group dynamics in a consistent way can enhance and add to effects of individual MI.

Before the Forum, workshop participants will receive a manuscript describing experiences and results from pilot studies conducted by the presenters. Therefore, this workshop can and will be exercise-based and not theory oriented.

A major theme will be how to create linking and evocation in the group, with a focus on linking between group members, and creating a safe environment for everyone. The possible number of relationships in a group is large, and the synergy of relationship is larger and different from the sum of each. The group leader must be able to actively creating an integrated group pattern of relationship that is conducive to the development of each group member's problem recognition and motivation.

The intervention we are evaluating in our study comprises five group sessions, and those sessions are based on the four MI processes. The exercises of the workshop will exemplify activities from each of the five sessions. The exercises in the workshop will focus on

- How to consistently throughout all sessions support linking
- How to use the "group personality"
- How to enhance linking and problem recognition when group members have different behavioral goals
- How to use mind-mapping for exploration
- How to use dyadic or small-group activities
- How to elicit change talk from group members that all members can recognize and relate to
- How to use value cards for linking and motivational support between group members
- How to handle advice giving between group members
- How to handle psychological or personality problems in participants that affect group members negatively and may block positive group dynamics

Format

The workshop will be conducted as group sessions resembling as closely as possible the actual patient sessions. Specific exercises will be described, modeled, and practiced. Group leader and group member roles will be rotated between exercises. Opportunities for feedback and discussions of experiences will take place between exercises.

Learning outcomes

- Understand the unique contribution that positive group dynamics can add to motivation and change
- Develop ability to recognize, understand, elicit, and guide group processes
- Recognize change talk whenever it happens and respond to it also when a patient gives change talk “in passing” while something else is going on
- Be able to use MI tools like the readiness ruler, value cards, etc., to enhance group cohesion
- Create and strengthen support between group members also when they have different behavioral goals and different degrees of readiness
- Be able to help group members formulate specific action plans

Duration

We suggest a one-day workshop, but could use a half-day, if time-slots are sparse; in that case of course the content has to be reduced.

Comment

In relation to Chris Wagner’s and Karen Ingersoll’s workshop we would like to emphasize that our proposal can be seen as one specific application of MI group intervention in a particular medical context. Thus, they would not be overlapping but complementary, since our use of MI group intervention is based on knowledge and experiences from Chris and Karen, whom we want to sincerely acknowledge.

Presenters

Gunilla Burell, Ph.D.

Gunilla is affiliated to the Department of Public Health and Caring Sciences, Uppsala University, Sweden.

She is a researcher in behavioral cardiology, i.e. the relationship between coronary heart disease and stress/depression, and involved in intervention research: stress management and treatment of depression.

Her clinical experiences concern cardiac patients and patients with lifestyle problems ("metabolic syndrome").

Eva Fjärstedt, Master of Social Science

Eva works in an in-patient treatment facility for teenage girls with autism and dysfunctional social situations. She is responsible for clinical supervision in the workplace, and she conducts therapy with the patients, both MI and other types of interventions.

She also has extensive professional experience from working in a psychiatric clinic, mainly in acute emergency psychiatry.

Together we have led numerous MI courses, and we are both leading MI groups in the above mentioned project.