Dear Friend,

Hello!

My clinical practice is with patients with eating disorders and other types of difficulties with food. Sometimes I find it very hard to sit with a patient who is just not ready to actually change anything about what and how they eat. This is very hard to do. When the person is really at risk, such as a patient with active anorexia nervosa, I worry a lot about their safety.

Still, I know it’s not my job to try to MAKE another change. Actually, I can’t. People are often very frightened to let go of the eating disorder behavior, and the perceived control it brings, and I must respect that. I find that I think about my patients a lot, and hope for their willingness to make changes in their diets.

Listening for clues that the patient is ready to discuss actual change is an important skill in MI. This month’s article discusses how to listen for that all-important readiness to change. I’m delighted to have a chance to write about such things that are really important to me both professionally and personally.

I hope you enjoy reading this as much as I’ve enjoyed writing it.

Sincerely,

Ellen Glovsky, PhD, RD, LDN
Being Alert for
Readiness to Change
Ellen Glovsky, PhD, RD, LDN

When most of us are faced with a need to change a behavior related to our health, we are ambivalent at first. This is true whether or not you believe you ought to change. In Motivational Interviewing, we begin our conversation with a patient assuming we need to help build motivation for change. Planning for change includes strengthening commitment to change. Knowing when to suggest beginning to actually make plans for change, as opposed to dealing with ambivalence, is a critical skill in motivational interviewing.

Don't expect a sudden moment of understanding or clarity from your patient. Most often "readiness" is a gradual process that reflects the resolution of ambivalence about the proposed change(s). The practitioner's goal is to strengthen the commitment to change.

Certain events can serve as "markers" as you talk with and listen to your patient. Here are a few simple signs of readiness to change.

- The client begins to talk, or increases conversation, about the importance of changing.
- The client asks questions about the possibility of changing, or how they might change if they decided to do so.
- The client states plans to change or asks for help in formulating such plans.

You must be listening carefully to pick up on your client's cues that ambivalence has been resolved, at least in part, which signals possible readiness for change planning. Remember that just because your client is ready for change, this does not mean you begin telling people what they must do, but rather involves eliciting their own ideas for change. Your first step toward planning can be to summarize the client's current situation, and the reasons for making changes that s/he has told you.

Here are some examples of statements that could facilitate the client in formulating his/her own plans for change.

- "So far you've told me that you are tired of binging as a way to manage your feelings, but you still feel unsure about being able to do something else. It sounds like things can't stay the way they are. What do you think you'll do?"
- "It sounds like you're really tired of worrying about your blood sugar and having your doctor nag you about your weight. What's the next step?"
- "So, we've talked about the good things about smoking and some of the not-so-good things, like your worry about your blood pressure and your breathing. What are you thinking at this point about your smoking?"
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