

# Talking to Change: An MI Podcast

## Glenn Hinds and Sebastian Kaplan



### Episode 23: Public Health Interventions and MI, with Jane Groves

#### **Glenn Hinds:**

Hello everybody. And welcome again to another episode of Talking to Change: A Motivational Interviewing Podcast. My name is Glenn, Glenn Hinds. And I am based in Derry, Northern Ireland. And I'm joined, as always, by my good friend and colleague, Sebastian Kaplan. Hi Seb.

#### **Sebastian Kaplan:**

Hey Glenn. How are you today?

#### **Glenn Hinds:**

Yeah. Well, considering the circumstances we find ourselves in, this is our first recording in the midst of this global pandemic, COVID-19 coronavirus. And I suppose it... In many ways, it shows us the beauty of Zoom and other technical lengths that we can socially distance and still stay in contact, that apart from talking with you today, that I've seen my mom, my dad, and my wife and daughter. And that's been my only social contact. But very strange times, and I imagine for you as well in the states.

#### **Sebastian Kaplan:**

Yeah. I'm based in Winston Salem North Carolina. And I imagine, even as we're setting the context here, it's helpful to say it's March 22nd. One of the things that's pretty apparent, I think, to a lot of people is that from one day to the next the situation changes quite drastically. So, for those listening to this, they might literally be wondering, "Wait. Was that on Sunday or was that on Monday?" Because, again, situations... Depending on where you are, they change quite considerably.

Yeah. Here in the states, there's... The larger cities, New York, LA, San Francisco, they're going through progressively more significant measures to keep people indoors and make sure that they're distancing. And here in North Carolina, we seem to be a few days behind the actions of these larger communities, so... whether it was school closures or restaurant closures. So I am anticipating we are going to fall in line here in the next few days. But it's... I guess one thing... Yeah. You mentioned, in some ways, with our social distancing, we've found other ways to connect, and to connect in really global ways. I don't know that you and I have talked as much even as we've been doing this broadcast for a year and a half.

#### **Glenn Hinds:**

Sure.

#### **Sebastian Kaplan:**



We've probably talked more than we've ever had.

**Glenn Hinds:**

Sure.

**Sebastian Kaplan:**

So, it is a response... Maybe it just speaks to the natural human tendency and need for contact, whether it's in person or over a stream.

**Glenn Hinds:**

Yeah. And given the circumstances, that's what has drawn us to invite our guest today, Jane Groves, to talk to us. Jane has a lot of experience in public health. We felt it was important to take the opportunity to reach out and speak to someone with... and understand of the bigger picture and the mechanics of that... what's going on. So, we're really looking forward to talking to Jane today and getting her insights. But before we do that, Seb, will you maybe just remind people of the social media links?

**Sebastian Kaplan:**

Absolutely. So, on Facebook, our page is Talking To Change. On Twitter, it is @changetalking. On Instagram, it is Talking To Change podcast. And email, you can reach us at [podcast@Glennhines.com](mailto:podcast@Glennhines.com). And as always, we welcome feedback. We welcome reviews. We welcome questions. And any sort of interaction with our audiences is greatly appreciated and welcome. And we do have one question that we'll get to today that came to us via Twitter, from Maddy Nicholson. So, we'll get to that a bit later.

**Glenn Hinds:**

Fantastic. So, onward and upward. Hello Jane. You're very welcome to Talking To Change. It's a joy to have you here with us, and we really appreciate you giving up your time here on a Sunday afternoon. So, maybe just to introduce yourself, tell us who you are, what you've done, and part of your journey into motivational interviewing.

**Jane Groves:**

Okay Glenn. Thanks very much for having me. It's great to be here. And it's great to be doing things like this at a time like this in fact. I think that's what's wonderful. So, I'm Jane Groves. I'm a retired public health specialist, health improvement specialist. I've been working in the field of public health and health improvement for nearly 40 years, 35 or so years. And since retirement from my employment, I've simply been freelancing. That's mainly a freelance trainer. And motivational interviewing tricks have a big part of that role.

**Sebastian Kaplan:**

And you are based in Scotland. Is that correct?

**Jane Groves:**



Yeah. I should have said. I'm based in Scotland. So, my career has been in the health service, the NHS, in both Scotland and in England, as I say, working in health, improvements to public health. So it's always been about working across agencies to plan strategically for health, to plan strategically for well-being as well, and in recent years, in Scotland in particular, to look at the reduction of health inequalities as a huge element of that.

So it's been that kind of big picture. But clearly, a lot of what that consists of is also about behavior, as well as the big structural stuff. There's a lot which is about behavior and the lifestyles that people have and so on. And I guess that's how I came into motivational interviewing, looking at how we can support people to make changes in their lives in all kinds of different contexts, but... things like heart disease or diabetes or whatever. And certainly, I came into motivational interviewing... well, at least 20 years ago. It must be a lot longer than that now.

And it seemed obvious as a very very good way of working with individuals. So, for me, it's very very important. And it's something I... I'm now a member of M.I.N.T and have been for a long time. It's something I carry on all the time as a trainer, but also as a trainer of trainers. But I have always seen it as only one part... the work with the individuals as only one part of a whole spectrum of different kinds of initiatives that are required to support people's health.

### **Glenn Hinds:**

So, there's big picture oversight of circumstances, and looking at, I suppose, jigsaw pieces, or the pieces of the jigsaw that can bring about the changes that are desired. You'd mentioned how the structural changes... And I guess what you're talking about there is just the way organizations are put together, and how they communicate, and the services that they provide. And then, further down the chain then, it's about the individual's contact with the community and the way they practice.

And I suppose it's... As you say, there's this crossover. And I suppose one of the things we can be really interested in today, is where that is a thread that runs its way through from the macro right down micro that you have noticed over the years, and what that might have been. But given that we're in this situation at the moment, Jane, I wonder what your own views or your own thoughts are about the situation that all of us find ourselves in. Everybody listening to this podcast anywhere in the world, on March 23rd and the days after it, will know what we're talking about in relation to COVID-19. I'm just wondering, from a public health perspective, what are your thoughts? And what are the lessons? And maybe one of the ways of... What can we be doing differently in the way that we interact with each other?

### **Jane Groves:**

It's really really interesting because it's... It's fascinating what's going on. It's also incredibly scary. But it's fascinating what's going on because very quickly it's become obvious that, although some of the measures needed to tackle this are absolutely behavioral... And individuals have to change their behavior in particular ways in order to slow down the spread of this illness, because of cross contamination. And so very many



of the kind of lessons about contamination and cross contamination that we had many years ago we've kind of lost. And we've got to re-remember those things.

So a lot of it is absolutely... No doubt, a huge huge amount is about individual behavior, making that possible. And it's obvious that, if we want to improve the health of our populations, and I don't just mean our country populations but our world population, then the individual's role within that is crucial to actually slowing down that spread. However, it's also thrown up very quickly, just in a couple of weeks, again, the limitations of that in terms of some people's capability of changing their behavior, because of the circumstances in which they find themselves.

So, we're asking everyone to watch their hands, to keep their distance, and so on. And the people who are going to find that the hardest are the people who are at the bottom of the pile one way or another; the people who have no jobs, the people who have no homes, who have no facilities, who have no money.

And very quickly, it's been obvious that governments have recognized this, and are starting to put into play measures there for... to support people, so that we're not left... We hope we're not left so much with a huge sort of underclass of people suffering. And the reason for that isn't just to stop people suffering, although one hopes that some of it's around that. But pragmatically, if you don't do that, then you're going to carry on spreading this illness. So, some of the remarkable things that our government in the UK have put in play recently, given that they're a conservative government, are things like: If people's jobs are at risk, then the government will pay 80% of their wages, so that they get retained on the books; People are not able to be evicted from their rental properties, their homes; Sick pay will come into play immediately, and of course there is always sick pay here, and there are many countries where that doesn't happen.

I think I heard today that hotels are going to be used to house homeless people. So there are very many measures to do with... which actually are to do with supporting basic good social welfare, which we've let slip in the UK in recent years. They haven't let slip nearly so much in quite a few European countries. But the UK has not been good. And America is certainly not good. But it's so obvious now that these things are utterly necessary if we want to improve the health of the population by reducing the spread of this illness. So it's fascinating for me. I have spent my life in public health, looking at the social determinant of health, the upstream things, trying to influence those. And then, suddenly, we have this. And all of a sudden, some of these major changes are happening.

### **Sebastian Kaplan:**

Yeah. There's so many places to dive deeper there, from the individual type of interventions, and behavior change, requests, challenges, mandates perhaps, to broad based political interventions. And maybe, before I ask you or reflect on any one of those in particular, I was thinking about this episode in general, and not just in the climate that we're in with COVID-19. But in the context of our podcast thus far, our guests have been perhaps more focused on particular applications of MI, or particular populations, that then eventually we could imagine trickle-down to a provider of some kind having a conversation with an individual client, or a group of people, or maybe ways how to think about MI in business settings or in organizational settings. And so, with you on our podcast, we have the lens open the farthest than we have thus far.



And so, people might be thinking... I know I was thinking, "So what do you do? What is your role? What was your work like, or what is it still like, from a public health stand point? And does it truly stand the individual all the way to that large level, entire country based, kind of focus?" And maybe that's the field of public health, but your particular work has been in a more narrow field within that range, if that makes sense.

**Jane Groves:**

Yeah. Well, my jobs in public health have covered most of that range at various times. And I think you have to start with a very large picture, and understanding of that very large picture, in order to then understand in more detail how we work with individuals, and with the implications for MI. I guess there's two things really, two truths. One is that, in order to understand the health of individuals, you must understand the health of populations, and what creates population health, what creates changes there.

And there are two elements of that. We know that the health of individuals is affected acutely by socioeconomic determinants, as well as, to an extent, by their own behavior. And if we want to intervene there, to both change the health of the populations and the individuals within it, we have to enter being at all these different levels, including getting it right working with individuals, but also working at the higher levels. And of course, these are usually...

At those levels, these are decisions. These are policy decisions which are greatly influenced by the governments at the time. So, to that extent, they're political decisions a lot of the time. But basically, they're policy decisions. And I think the other part of the big picture is understanding. And we know an awful lot more now about inequalities in health, in our society. So, we know that a country may be a very wealthy country. But if there's a huge gap between those at the top of that pile and those at the bottom of that pile, then the country as a whole will suffer worse health. And so you really only need to look at a comparison of countries like America, UK, with Japan, Sweden, Norway. And I have to say the UK... Well, particularly America, and to an extent the UK, are much more unequal than Japan, Sweden, Norway. And you see this reflected in patterns of illness, rates of addiction, obesity, all kinds of things.

So, what's causing it isn't how wealthy that country is, but it's the gap between the rich and the poor in that country. And again, there's been an awful lot of very interesting research that shows that this is not just because some people don't have money and others do. It's because some of it is down to different people in different groups living different lifestyles. But we know it's actually probably only about 20% is to do with whether we smoke, or drink, or whatever. The rest of that gap can be explained by things like people feeling that they don't have any control in their lives, people feeling they don't have power, people feeling they're not valued, people feeling that they don't have any influence or stake in their society. So, there's very interesting research that looks at that.

So in other words, we can learn an awful lot about... when we look at patterns of health and illness, about what affects the health and the illness of the individual. And the other thing that we mustn't forget is also knowing that well-being and a person's sense of wellness, which arises from competence, a sense of competence, a sense of power, a sense of being able to do something, a sense of being valued... This is also what sustains health, sustains well-being. So, these are lessons we can't let go in terms of working with



individuals at the best of times. And our mind needs to take account of that. And the same is the case now, as people are all struggling with the behavior changes that they have to make around this virus. So, for some of us. For others, it's not so easy.

And certainly we have to help people structurally and socially in every way we can that it's possible for them to make changes. And also, we have the big challenge clearly of working with the whole population for them to realize that the changes they make as individuals aren't so much about them protecting themselves as individuals, but protecting the whole population. So it's a bit like vaccination. We know we need to vaccinate in order that we protect the whole population, not just us. And the more individual focus we tend to have, the more that that's been lost. And you can see that obviously, in changing rates of vaccinations in recent time.

**Glenn Hinds:**

And, as Seb mentioned, there's just so much that you're offering us here, Jane, which is fantastic, and just the idea of the autonomy, the influence, the value, sense of value, the sense of stake in the environment. And what springs to my mind there is you're speaking from the spirit of motivation, given the very thing that we-

**Jane Groves:**

Of course.

**Glenn Hinds:**

The very thing that we start our intervention with is that endeavor to connect, to engage an individual as a meaningful person, and to value who they are, and to value the journey that they've taken to get to what they have arrived at. While they may present with problems, that there's a bigger picture of the individual. And it sounds like it's almost like we can look at an individual and make sense of it from their big picture, and then just translate that into society. And the same thing's true there, that there are individuals within society who are doing very well.

There's parts of ourselves doing very well. But there's probably parts of everybody who's struggling as well. And how well do we bring those two parts of ourselves together? Because the closer we are as an individual within ourselves, the closer we are as individuals to each other and our community. What you're saying is that the happier-

**Jane Groves:**

Absolutely.

**Glenn Hinds:**

... and the more content and healthier we become...

**Jane Groves:**

Absolutely. Part of this is recognizing that our health isn't just about what we do. It's about what happens to us. So that's... Any MI practitioner has to take that into account all the time. It's also about the way that we are connected with other people, and are sustained



by other people, and are a part of the communities in which we live. But, as you said also, Glenn, a lot of the kind of lessons from the bigger health and equality stuff are directly relevant to MI. Because clearly, MI starts from a focus of working with someone so that they have power, they develop competence, that they feel valued, and that they make decisions.

So, in that sense, the basic spirit of MI is very consistent with this kind of approach, and that's fantastic. I guess I would always hope that MI practitioners could also go one step further and think about the other... the wider things in people's lives that may also help them to be healthier. And that might even mean helping them become more active in their community, helping them be activists for things which support the health of communities. All those kinds of things are almost just, as you spoke... as a much more sort of internal type of things. And I think that's still relevant now, because the dilemma of an MI practitioner is multifold at the moment.

It's certainly about how do you have good conversations with people about change, changes, behavioral changes that they may really not understand the need for, or how to do it, or the urgency of it. But it's also about helping those individuals gain a sense of meaning in their life, meaning and purpose in their life, at a time when everything can seem to be out of control. And we know from Antonovsky's work on what he called Salutogenesis, what sustains and supports well-being, that meaning, and purpose is one of the key points there, and connectedness, and competence. So the MI practitioner can help, not just with the individual's own exploration of themselves. They can help the individual gain meaning and purpose through helping them think about how they can be helping others at this kind of time, how they can be connecting with others at this kind of time, and so on.

So, the range of kind of behavioral choices we're looking at are big, as well as helping people sustain their mental well-being at a time of great stress. And clearly, that's really, really, really crucial as well. So, there's a kind of really complex role for MI practitioners: the information stuff, the kind 'what can we do' stuff, and there's the 'how can we look after ourselves' stuff.

**Sebastian Kaplan:**

Seems like you're proposing one of the ways in which people... Maybe it's more sort of foundational for people to be in touch with that might propel them to change is connecting any sort of intervention on, "Where does an individual find meaning and purpose in their life?"

**Jane Groves:**

I think that's one thing. Yeah.

**Sebastian Kaplan:**

Yeah. And so, that can be done in individual conversations, client practitioner or whatever the field might be. But to kind of widen that lens again, and zooming out in a more broader based way, what are some examples of communication strategies or public health initiatives that you've had experience with that have successfully tapped, or maybe unsuccessfully I suppose... but tapped into the meaning and purpose that would lead to



behavior change on a more population based way? Or even just thinking about COVID-19 now, and what you noted... and the efforts to tap into that to lead to population change currently.

**Jane Groves:**

Certainly, at the moment, you... Practically, at the moment, you see a sudden upsurge of community initiatives. People are going through a kind of probably fairly predictable story as individuals. This has been just a few weeks. So there's fear, there's shock, there's "How do I protect myself? How do I protect my family?" And then, people start to move to needing to feel that they have control over something in their lives at the moment. And part of that is helping others. So, there's an awful lot of community groups setting up. And thank goodness we have tools like Zoom and so on, so that people can connect.

But just at a local level, an enormous amount of community development really. I've spent my whole career trying to support community development. And suddenly, it's happening in quite a big way. And it's happening for really good practical reasons, real good practical needs. But, for the individuals involved, this also fills an enormous need. And that's the need to be able to do something at a time when they feel their lives are out of control. So, that's really interesting. And I'm sure there's masses of things going on that I'm unaware of. I can certainly give examples of... pre COVID-19 of sort of the layering of different kinds of intervention, if you're interested.

**Sebastian Kaplan:**

A brief example might be great, just to see-

**Jane Groves:**

Okay.

**Sebastian Kaplan:**

... just to see how this kind of plays out practically.

**Jane Groves:**

Yeah. My colleague Fiona Clark and I ran a workshop on the social determinants of health in the Tallinn MINT forum last year. And we were telling the same story really, prior to COVID-19, that really it's essential that we should be looking at this bigger picture. So one of the kind of examples I was look at was very simple one really, breast feeding. So we know it's better for women to breast feed. So there's clearly an educational role there in terms of helping people have information about why this is important and how they would do it, but also what it means for them and what it means for their relationships, et cetera, et cetera

So, there's all kind of individual behavior stuff. But behind that, we know that... also, that people will not make these changes in behavior unless they've got a sense of self efficacy. They feel it's possible to do this. They feel competent. And MI tells us that as well. So, we need, perhaps, to spend an awful lot longer looking at self-efficacy than we do at the messages. So, that's one thing. And a lot of work has gone into doing that.





But other interventions in our breastfeeding strategies, for instance, were at higher levels. So, we would have peer support groups. So, we would have breastfeeding peer support groups training up people very often from quite disadvantaged groups, so disadvantaged communities, to be breastfeeding peer supporters of each other. Incredibly important.

And I always remember seeing a young girl... Gosh, she was only 17... talking about this in a public forum. She was a vulnerable mother. And she had been supported to breastfeed her child, but also to get involved actively at a local level, supporting other women, and also fighting for access to breastfeeding facilities in her locality. And there she was, speaking out with all these health professionals. So clearly, the benefits to her were enormous in terms of her self-esteem, her feeling that she was being valued, that she had something to say. And then, of course, there were also interventions around breastfeeding to do with what goes on in the hospitals, and regulations, and how things happen, and standards to do with supporting breastfeeding. So, that's just kind of one example of something that can seem quite simple, to help people to breastfeed more, reaching out and linking in with all kinds of things, and how the individual in the heart of that can be...

Their health can move and their sense of themselves can become so much more strong if they're not just held to change their behavior, but to think about the sort of wider community picture of that and where they're living. So, that's kind of one example. Does that make sense?

**Glenn Hinds:**

Again, it sounds like you're inviting us to reflect on the health of an individual and the health of the community are directly correlated, directly connected. And a healthy community is based on healthy individuals who have that sense of purpose, connection, autonomy, and that sense of efficacy. And, in some ways, it strikes me that it's almost like we're experiencing a social shock across the world right now. And it's forcing us to think differently. We don't have a lot of choices within this restriction. A read a lovely thing sort of, "It's like Mother Nature has sent us to our room to think about things." And if that's the case, from what you're saying is, what she's inviting us to think about is each other as well as ourselves.

It's about, what can I be doing for myself and for others? Recognizing I have to keep myself safe and I have work keeping other people safe. But how can I support the community in this time of lockdown? How can I keep support other people? And it's hard to be creative and imaginative if I'm... And clearly, you're saying that you're seeing lots of examples, as I am as well, of people respond in very very creative ways, very very quickly, to look at, "How do we do this differently?" And the energy behind that is very positive, I feel.

**Jane Groves:**

Yeah. It's wonderful. And it's also about access to resources, Glenn.

**Glenn Hinds:**

Right. Right.



**Jane Groves:**

For each of us as an individual just know we should all be thinking about our own wellbeing plan. What do we do to maintain our physical health and our mental health? And one of the things within that we know helps, is helping someone else. It's really really helpful making community connections and so on, but also enabling access to resources.

**Glenn Hinds:**

So, are there things that we have that we could make available to other people? And it struck me earlier on again, what you said is the most isolated people in our society need us to look after them for our own health.

**Jane Groves:**

Yeah. Absolutely. And now the interesting thing about this, especially at a time when we've all locked down our countries, is that this applies at world level as well. It really doesn't do any good to not provide medicines and protective equipment to Iran, for instance. So the more populations of our world who are vulnerable, the more vulnerable our world is, just the same as between individuals and our country populations. Again, we have to remember that tremendously.

So many of the same messages are relevant to climate change and tackling that as well. We have to think of how we improve life for each of us as an individual by looking at improving our planet, our world, as a whole.

**Sebastian Kaplan:**

During our conversation, I was reminded of something I saw also recently on Twitter or something. It was a message from Nike. We're not endorsing Nike as a company or anything. But it's this thing that's gone around which says, in this really sort of stark black lettering, bold black lettering on the white background, "If you ever dreamed of playing for millions around the world, now is your chance. Play inside. Play for the world." Which... Nike's very good at marketing, of course. But it does seem like, in some ways, it was a public health message that also tried to tap into, for those athletically inclined young people perhaps... I imagine that's who they're specifically targeting. It's speaking that maybe has something that young people have dreamt of or something that, even in the world of fantasy, has given some meaning or purpose, and how that might translate to individual behavior in a rather clever, creative way.

**Jane Groves:**

That's interesting. Yeah, quite nice.

**Sebastian Kaplan:**

Glenn, given the time, should we get to Maddy's question and see what we can do with that?

**Jane Groves:**

Okay.



**Glenn Hinds:**

So, we... I tweeted out yesterday just an opportunity for people to offer questions to Jane. And we had a response from Maddy Nicholson. And the question was: "Currently, much advice has been given to the general public. How would you encourage healthcare professionals to advise people using motivational interviewing?"

**Jane Groves:**

I think I've said at the beginning of this. Glenn, there are many better MI practitioners out there who could answer this better than I can. But I think it's... We've already talked about some of the answers to that just now. There's the very simple issue of transmission of information, clearly, and the tactics like Elicit-Provide-Elicit and so on which can help our own, that kind of thing. But we've also got clues to what will prevent... information... We know, all too well, that information on its own does not make two people change behavior. They need to feel powerful. They need to feel competent. And the role of the MI practitioner in supporting that, through acceptance, through compassion, through supporting their self-efficacy, is really really crucial as well.

So, we just have to be quite careful. Look to the lessons from the past. We all do many things, all the time, that we know that strictly speaking we shouldn't be doing for our health. And that's because the simple equation, "Give someone information and it will change their attitudes, and therefore change their behavior," is flawed. It's wrong. It doesn't work. Decisions about changing behavior are far more complicated than that. So, as MI practitioners, we've got to look beyond just the simple messages and the kind of compassionate conversations we might have, to helping people think about, "Well, how can you help people feel safe just now? But also, how can you help those individuals change norms of behavior in their communities?"

A bit like that example that you just talked about, about Nike. So, messages have to be kind of accepted at a normative level as well as at an individual level. So again, it's partly looking at slightly at the limitations of work with one individual. Your MI practitioners really need to be working as part of a kind of whole approach which also looks at messages across the community, how those are accepted, and how those are transmitted, and what happens, as well as how can we best really support those individuals.

**Sebastian Kaplan:**

It's your reminder that providing information is not all that helpful and successful strategy to lead to behavior changes. Probably a really helpful reminder, because the healthcare system, or the various systems across the world, they're probably under immense pressure to do things quickly and efficiently. That's often what I think we'd all agree are at least maybe one of the things that leave people to rely solely on information giving is, "I don't have enough time. I have people backed up." There's so much pressure on healthcare providers now that I imagine many of them would launch quite quickly into the litany of reasons and instructions, "Do this. Don't do that."

So, it's a helpful reminder that, even though we're in a global pandemic, and there's all this heightened stress and social distancing and all that, the basics of behavior change are likely the same. And using-



**Jane Groves:**

Absolutely.

**Sebastian Kaplan:**

Right. Using a communication strategy like Elicit-Provide-Elicit, where we might ask first, "What do you know about ways to keep yourself and your community safe amidst COVID-19?" Like that, instead of launching into a lecture.

**Jane Groves:**

Absolutely. Yeah. It's back down to power and control, as always. So, that's what Elicit-Provide-Elicit does. IT puts the power in the hands of the individual, the autonomy in the hands of the individual, to talk. And then, you've got the opportunity to provide... The message is here complicated. That's the trouble as well. This understanding of the need for individual change in order to affect populations isn't an easy one. That's quite hard. But absolutely, we must never forget that the complexities of behavioral science really have to be remembered at this time as well.

But I think one of the lessons we've had in the past around a sort of a good way of helping people own information and own messages is to make sure that they are involved in creating it. So, going back to your breastfeeding thing, a great way of transmitting information there would be to work with young mothers for them to produce the information. The more that people participate... In other words, the more they have power in interventions, the more it's going to have meaning. And it will stick with them because it's theirs then. And that's why community development and community approaches are so crucial here as well.

So although it's fast moving times... And these might seem quite subtle ways of working when all we want to do is just tell people what to do. And of course we've got to tell people what to do and we have to... consistent media messages, really clear consistent media messages. But at the same time, I think we also have to look at sort of underlying ways of actually helping people own those messages at an individual and a local level. It's not just all topping. Actually, it was quite an interesting... I'm remembering a story I heard when I first went into health improvement long time ago. And it was about the roll out of TB vaccines in the 1950s, in Edinburgh and Scotland. And again, messages that people... We can tell people to do this, but it's quite hard for them to understand it.

And what they did, and certainly in Edinburgh, was that they created such a local activist groups and localities that went round sort of spreading those messages and encouraging people to come for vaccination and to bring their children for vaccination. So the more that you can kind of encourage that community empowerment and community involvement, the easier it will be for messages to spread around. So again, it's just interesting fun thinking about an individual MI practitioner. They're only one part... They're a crucial part, but they're only one part of a much bigger picture. And they maybe need to be thinking about working alongside other kinds of workers at the moment. And I would say community development workers in particular.

**Glenn Hinds:**



What you're describing is consistent with what's arising now here in Northern Ireland, the idea of co-production, the idea of-

**Jane Groves:**

Yes.

**Glenn Hinds:**

... the idea of how do we get the families that we work with to work with us to come up with an idea or a shared way forward. And that is a shift in culture. And I think one of the challenges for us as helping practitioners is to recognize that it's us that's going to have to give away some of the power for other people to feel empowered.

**Jane Groves:**

Absolutely.

**Glenn Hinds:**

And what's the price that we're going to pay to create this new world? That we are the haves, and we're going to be giving... some of the haves to the have nots. And part of what we're giving is our power and opportunity to choose. And again, that's consistent with the spirit of motivational interviewing. That's the invitation of, "What if you trusted this other human being to be the best guide for their own journey?" And that you come alongside and offer bits of information, bits of expertise, that's consistent with what they need rather than what you think they need.

**Jane Groves:**

Absolutely. It's co production. All my career in public health and health improvement, community development, community empowerment, has been, at the core of it really, trying to support that. And this kind of support for that has ebbed and flowed as time has gone on, usually in the context of a different political governance, to be honest. And that's a problem. But it's one of the key weigh ins. And the other, I think as well, is recognizing... And this works not just as an individual level, but at community... is recognizing the assets that are there, so recognizing the strengths within individuals, within communities, rather than the problems. And that's clearly part of MI, but it also needs to apply to societal at community level as well.

And I know these are long term things. But I do think that some of this has got great lessons for how we handle this immediate crisis as well. So in terms... If you were to look at the kind of pattern of array of interventions that are necessary to try and slow down the spread of this virus, you would have all of these, all these layers. There's a very nice model called the Rainbow Model of Health, by people called Whitehead and Dahlgren, very simple, used it for years. And it kind of puts the individual in the middle, and obviously the genetics as well, the individualized stuff, and then them and their community and their family, and then their employment, et cetera, et cetera, and then the sort of bigger picture.



And you... I think this crisis is a classic example of how you need interventions at all those levels in order for things to work.

**Sebastian Kaplan:**

And I'm thinking, at each of those levels, there are probably practitioners that link up and connect with individuals at each of those levels. You can imagine a practitioner just staying at their level, at that level within that model. And I'm wondering if you can imagine, or if you've had experience training, say, physicians or nurses that might work very much at an individual level, and invite them to explore how an individual client or patient might make changes at other levels? Right? So...

**Jane Groves:**

Oh yes.

**Sebastian Kaplan:**

Right? So, maybe... And maybe there's... And thinking about ambivalence, let's say, there may be ambivalence about breastfeeding, about for themselves, whether that's the right thing for them to do and for whatever reason. But then, would there also be a conversation about their ambivalence of thinking about breastfeeding beyond themselves and into that more sort of community based level, if that makes sense?

**Jane Groves:**

You mean from the practitioner's perspective?

**Sebastian Kaplan:**

Right. Right. Yeah. You've worked with practitioners that worked across levels, I suppose is the question.

**Jane Groves:**

It's very interesting. At a strategic level in Scotland, for quite a number of years now, threaded through all health policy, whatever it is, is the need to address reducing the health inequalities gap. So, we're really meant to look at all our interventions with a benchmarking of, "Are we actually increasing the health inequalities gap by what we do? Or are we just reducing it?" And that applies to everything, from hospitals onwards. So yes, we have worked for years with practitioners, individual practitioners, to look at that wider stuff.

And there's been a lot of very interesting work going on. And I'm thinking now of work with GPs, general practitioners, around health inequalities that's been... For a long time, there has been a very interesting group in Glasgow for instance, where there's a severe health in inequalities and deprivation in some area. And the GPs there became aware that people were coming in with heart disease, and diabetes, and this that and the next thing. And actually, they were going home to circumstances where it was almost impossible for them to deal with some of the issues around their illnesses.

So the GPs formed a group called GPs at the Deep End. And they started to very much look at that wider role. What does that mean? Does it mean... An awful lot of it is



about advocating for people. It's about... Certainly, it's about directing people. One of the things I should have mentioned when talking about breastfeeding is we train up all midwives to be able to identify if someone is likely to be suffering from income deprivation, or abuse, so that they can help direct them to someone else that can help them. So, they're all trained to help people access the benefits to which they're all entitled, all of these things. So yeah, practitioners who normally simply work with individuals on their health or their well-being absolutely can take a role in directing people to other help and ensuring that they ask the right questions.

And they can also work in partnership with other people whose responsibility it is to do the more upstream stuff. We're not suggesting that all GPs go and, I don't know, set up employment centers or something. But it has become obvious to many that there needs to be more work going on upstream in order for fewer people to come into their surgeries and unable to help themselves.

**Glenn Hinds:**

An ongoing shift in culture away from specialists, moving back towards more of a generic approach that each practitioner has responsibilities for lots of issues for an individual, rather than, "I'm the breastfeeding person." They go to the social worker for housing that... "I take responsibility for this person's housing situation and take it into account when I'm trying to help them change their breastfeeding behavior," rather than just going, "Okay. I'm just going to talk about breastfeeding, and I'll refer to you on to a social worker without taking cognizance of your experience and my relationship with you."

And again, I wonder what thoughts you have about how we can be helping each other and ourselves on that journey, because, it feels like, we're on that journey. And I know from the work... I used to work in addictions and certainly here in Northern Ireland. I always looked across the water to Scotland. And Scotland seemed move 15 years ahead, 10-15 years ahead of what we were doing. There was a lot of fantastic social development going on in Scotland in helping, for the last 30 or 40 years, MI awareness. And I'm wondering what it is that you have learned in that place that, for us that are coming on your coattails, what you can be teaching us about how to help practitioners shift that cultural relationship, to come out of our siloes. What's going to help us come out of our siloes?

**Jane Groves:**

I'm not sure what to say really. This is not about kind of making everyone into... turning everyone into a social worker or anything like that.

**Glenn Hinds:**

No, no.

**Jane Groves:**

But it's about helping everyone have the wider context, and understanding the wider context in which they are working. They're all specialists in their own fields. And that's what they should always be. However, having an understanding that there is a wider



context can help people understand when they might need to be able to revise and refer people on to another system which can help.

And also, there are some for whom actually having conversations with people in the wider system might prove helpful as well. But it's not about... Clearly, it can't be about getting every practitioner to be responsible of every aspect of an individual or a community's life. It clearly isn't at all. But it's about having that wider view. And I think, in terms of supporting practitioners in this... It's so complicated, isn't it? Because some of it is all... It has to be about accepting your own limitations. On the one hand, you see the bigger picture of what is important. And on the other hand, we have to accept our limitations, or limitations of what we can do. And accept that. And hope that there are other systems, there are other people, there are other professionals in place that can help with other parts of that person's life.

Do you see what I mean? I think it's being compassionate to ourself, taking care of ourselves, as well as encouraging self-compassion and self-acceptance in the people that we're working with as practitioners.

**Glenn Hinds:**

Yeah. And perhaps, in my enthusiasm, I lost the message, which was the sense of us... When we come out of our siloes, we practice an understanding of the circumstances of an individual, not just the thing that we're interested in, not just the issue. It's the context in which this issue exists for this person, and for us to expand into that place. And that was... I suppose what I was curious about is how do we support the culture or the shift that's taking place, and perhaps the shock that's going to help now that we're seeing communities respond differently?

And, funny, I was talking to my friend and colleague Allister Kent who I've done work with in Surrey. And we're doing a lot of work with the Family Services in Surrey. And what struck me was... I wonder what's going to happen at the end of these four, six, eight weeks, when services haven't really been able to go in and support these families, and they're still coping? And will the services be able to step back and go, "How did they do that without us?"

**Jane Groves:**

I think, at the end of this, there's going to be so many lessons to be learned if there's a preparedness to actually learn those lessons and possibly apply them. Yeah. Absolutely. And a lot of it will come back to resilience and what is resilience. About... And how can we support that without pushing?

**Sebastian Kaplan:**

Its making me think also maybe the parallel for connection. From a client level, you're talking about behavior change both for themselves, but then also sort of reaching out... connecting to a broader community of people to both help themselves and help those people that, as practitioners and professionals... and we can even expand that lens in a much broader way for the current climate with COVID-19 where it's... Maybe it's the healthcare community and the business community working together, and that the





importance of connectivity is something that could be one of those enduring lessons of what we're all trying to cope with.

**Jane Groves:**

Oh yeah. Again, this is not new stuff. None of it's new. Health For All By The Year 2000, and Healthy Cities, and all the rest of it, they've been on the go pushed by the World Health Organization for donkey's years. And that's all about partnerships. How do you make London a healthy city? It's about bringing together partnerships at all levels, business, government, local communities. This all requires bigger planning.

So to go on back to that question of how do you help change an individual practitioner's perspective, well you can. I've been involved in education projects for years with health professionals which have tried to look at that bigger picture and where they fit into that bigger picture. And it's been fascinating really. For many of them, it's a shock because it requires letting go of power and turning their worldview on its head. But it's not unlike the shock that people have when they learn motivational interviewing for the first time, which is "I'm not the expert here. This person is the expert. I need to trust them and I need to let go. And I need to stop diagnosing as well."

So, the same sort of messages apply to professionals when they're looking at their work in that wider context.

**Glenn Hinds:**

Well, the hour has just simply flown by. And there's still so much we could explore and consider and talk about, Jane. It's been fantastic to have you here. The thought that just struck me there as you finished, it's almost like, how do we make compassion contagious?

**Jane Groves:**

Yeah.

**Glenn Hinds:**

And it sounds like what we have to do is we have to be carriers. And we have to bring it to other individuals. We can't just expect for it to happen for them. We have to be active in it. We have to be the activists. And for those people out there who are practicing, it's recognizing that it's the person next to you that you can be supporting change just by being yourself with them and valuing and validating who they are. And it doesn't have to be a client. It just has to be another person. And that human beings respond to connection. And they value being valued. They value being listened to. They value being heard.

And that we can do that for everybody if we wish. And we can spread that just by being that. So, on that very hopeful note, what we always do at this point in the podcast, Jane, is invite you to discuss or explore or anything that's going on for yourself at the moment that may or not be motivational interviewing centric, but just something that is interesting you at the moment that you would like to share with us.

**Jane Groves:**



I'm going to throw this in because I thought about this when I was thinking about this podcast. I've been doing family history in recent times. And I've discovered a great great grandfather who, at the end of the 19th century in the town of Leith, which is the port of Edinburgh, was on the town council. And I looked through the minutes of that town council. And it was fascinating, because every two weeks there was a public health committee. And a medical officer of health reported to the public health committee. And they were setting up all these amazing measures, most of them to do with contamination and control of infection, that are just basic public health, things we've sort of forgotten about the need for.

So, it was sanitation. It was access to toilets. It was quarantining ships coming in with disease. It was movement of animals, contamination of food, distance between houses, pavements, lighting. All of that were considered to be part of public health, which is what they are. The trouble is, towards the end of the 20th century, we developed a strong message which was, "Your health is your business. And the decisions you make about your health are just your business." And clearly, that's not enough. And that's what's become so obvious with this terrible virus. We need to look bigger.

**Sebastian Kaplan:**

I imagine those public health scientists exploring your family history there... It was an added bonus to find some public health relevance in there.

**Jane Groves:**

Yeah. It was fascinating. Yes.

**Sebastian Kaplan:**

Finding that information for sure. Wonderful. And another thing we ask our guest at the end of each episode is if you'd be willing for members of our audience to reach out to you with any comments or questions. And if you are willing, how can they contact you?

**Jane Groves:**

Yeah. I'm happy for people to get in touch. And my email address is [janegrovestraining@btinternet.com](mailto:janegrovestraining@btinternet.com).

**Sebastian Kaplan:**

Excellent. And we will... We'll put that into the episode notes as well.

**Glenn Hinds:**

Great.

**Jane Groves:**

Thank you very much for having me.

**Glenn Hinds:**



You're very welcome, Jane. It's fantastic. So, just as we draw to close, Seb, do you would just remind people how they can also connect to us?

**Sebastian Kaplan:**

Absolutely. So, Facebook, it's Talking to Change. On Twitter, it is @changetalking. Instagram, it is Talking to Change podcast. Email is podcast@Glenninds.com.

**Glenn Hinds:**

Fantastic. From the question earlier on, that was from Maddy Nicholson. I just want to tag her, which is @motivationalmad, all one word, @motivationalmad. So thanks very much for that question Maddy. Again, Jane, thank you very much for your time, your insight. And we wish you well, and happiness, and safety at this time. To everyone else, thanks for listening everybody. Cheers, thanks.

**Sebastian Kaplan:**

Thanks so much everyone. Yeah.

**Jane Groves:**

Thank you.

**Sebastian Kaplan:**

Be well. Be safe.

**Glenn Hinds:**

Take care.

**Sebastian Kaplan:**

Bye bye.

