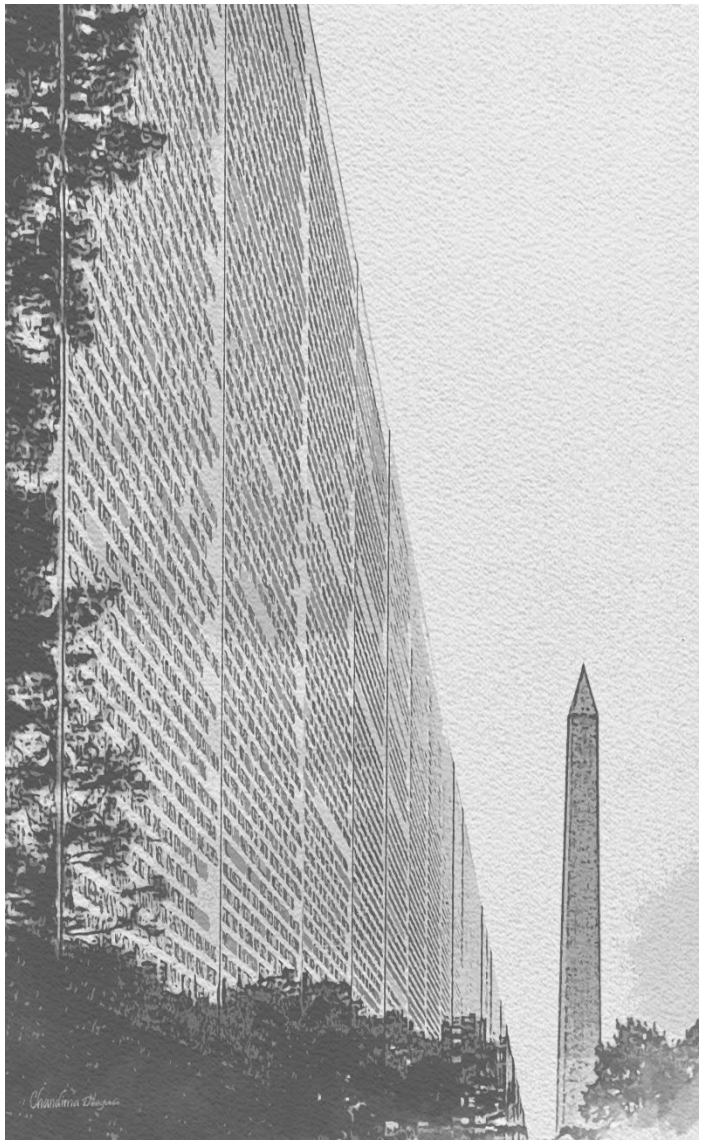
MOTIVATIONAL INTERVIEWING:
ASSISTING PATIENTS WITH SELF DIRECTED HEALTH DECISIONS

DISCLOSURES

None

OBJECTIVES

- Describe Motivational Interviewing (MI).
- Outline the key concepts of patient centered decision making
- Implement MI tools and techniques to assist patients with behavior change.



THE SURGEON GENERAL'S CALL TO ACTION

- To Prevent and Decrease Overweight and Obesity (2001)
- To Prevent and Reduce Underage Drinking (2007)
- National Prevention Strategy America's Plan for Better Health and Wellness (2011)
- Facing Addiction in America: The Surgeon General's Spotlight on Opioids (2018)
- To Prevent Tobacco Use Among Youth and Young Adults (2020)
- Call to Action to Control Hypertension. (2021)

Behavior Change

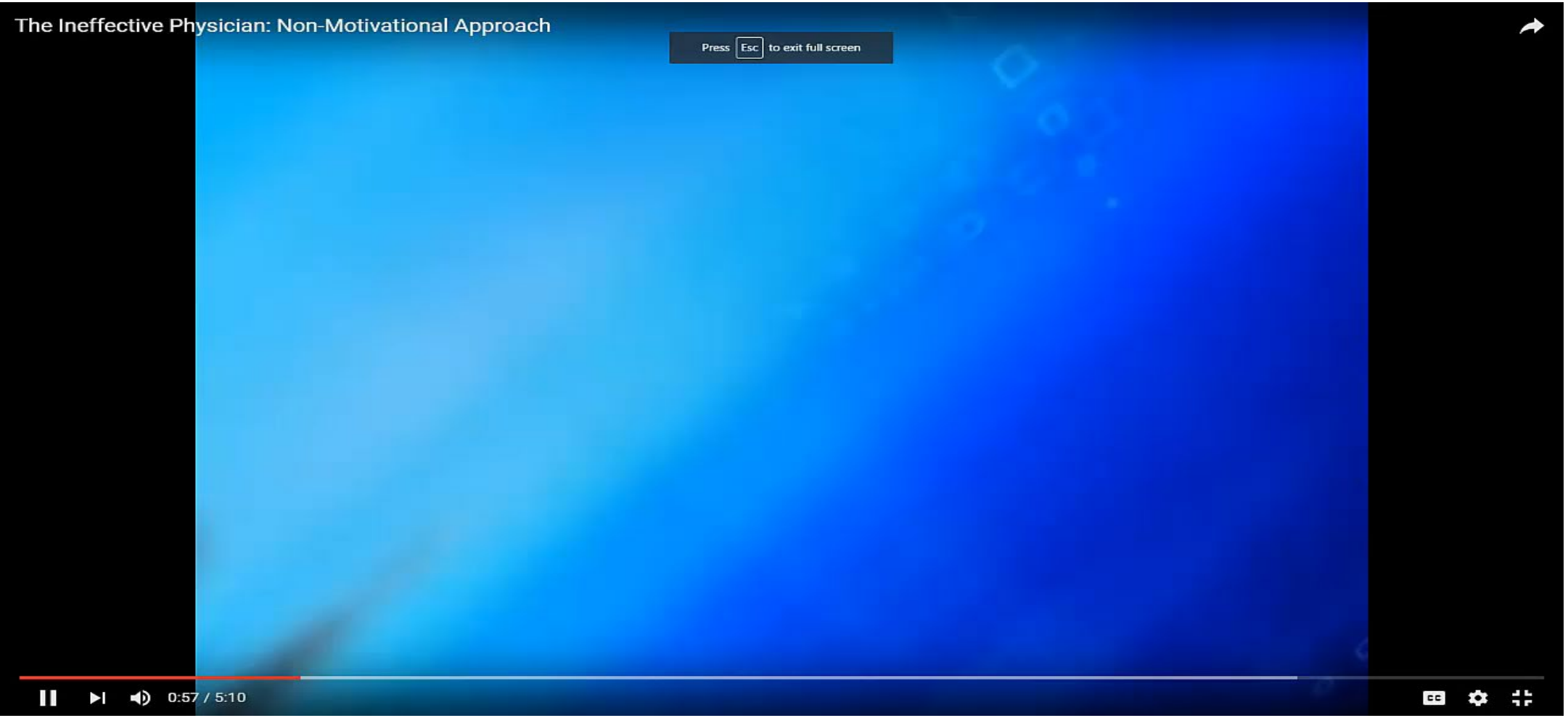
Facilitating Behavior Change

What makes behavior change so hard?

- It often involves multiple behaviors
- Knowledge about how to change is not always enough
- People are creatures of habit
- Health consequences are often delayed
- Busy lifestyles require us to make time for self care

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Traditional approach



What is Motivational Interviewing?

“A collaborative, person-centered form of guiding to elicit and strengthen motivation for change”

Dancing vs. Wrestling

Another definition of MI

Motivational interviewing is the process of helping people moving through the stages of change.

Stages of Change

Pre-contemplation

People are unaware of their problems, unconcerned about them, and ignore anyone else's belief that they are doing anything wrong.

Contemplation

People are considering whether or not to change. They are constantly debating with themselves whether or not they have a problem.

Determination/preparation

People at this stage are deciding how they are going to change.

Action

People have begun the process of changing. They need help identifying realistic steps, high risk situations, and new coping stages.

Maintenance

People have made a change and are working on maintaining the change.

Stages of Change

Relapse

People have reinitiated the identified behavior. People usually make several attempts to quit before being successful. The process of changing is rarely the same in subsequent attempts. Each attempt incorporates new information gained from the previous attempts.

Someone who has relapsed

is NOT a failure!

Relapse is part of the recovery process.

Stages of Change

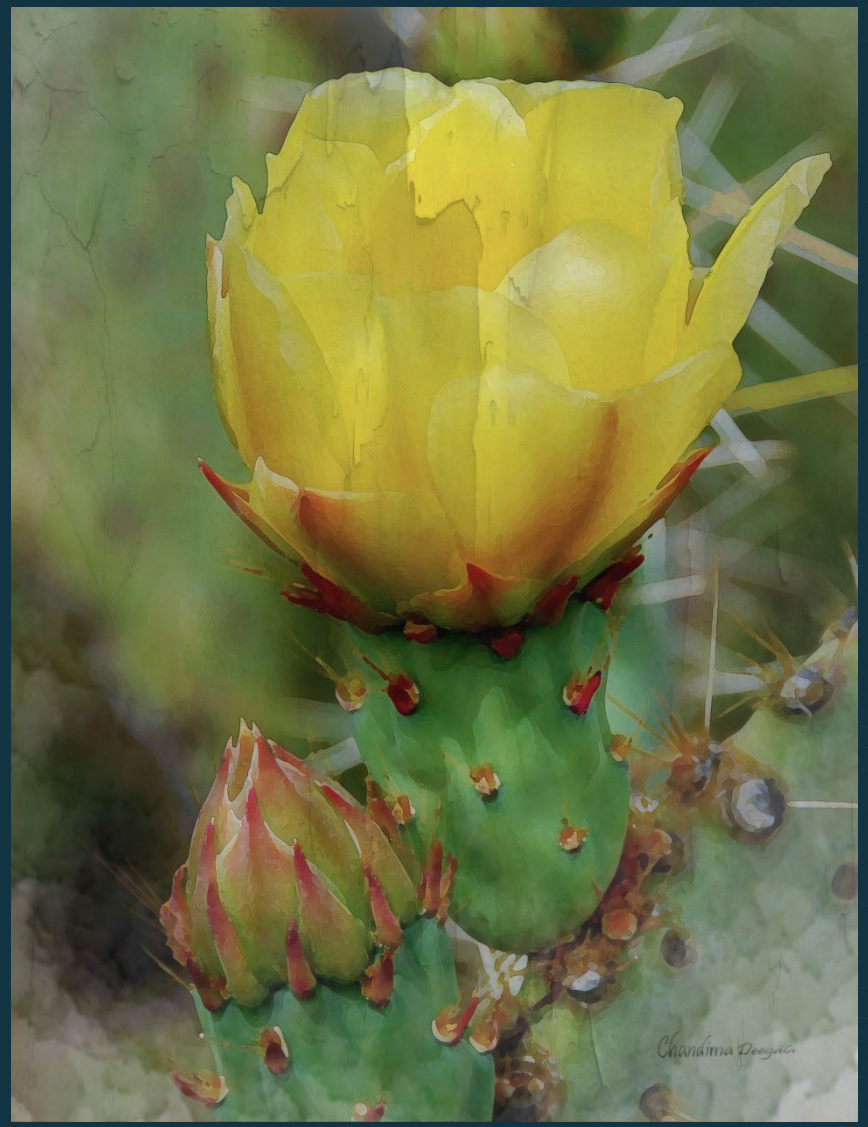
Health Related Change = Cognitive and Behavioral

Early Stages of Change = Cognitive

Patient is “thinking” about changing

Later Stages of Change = Behavioral

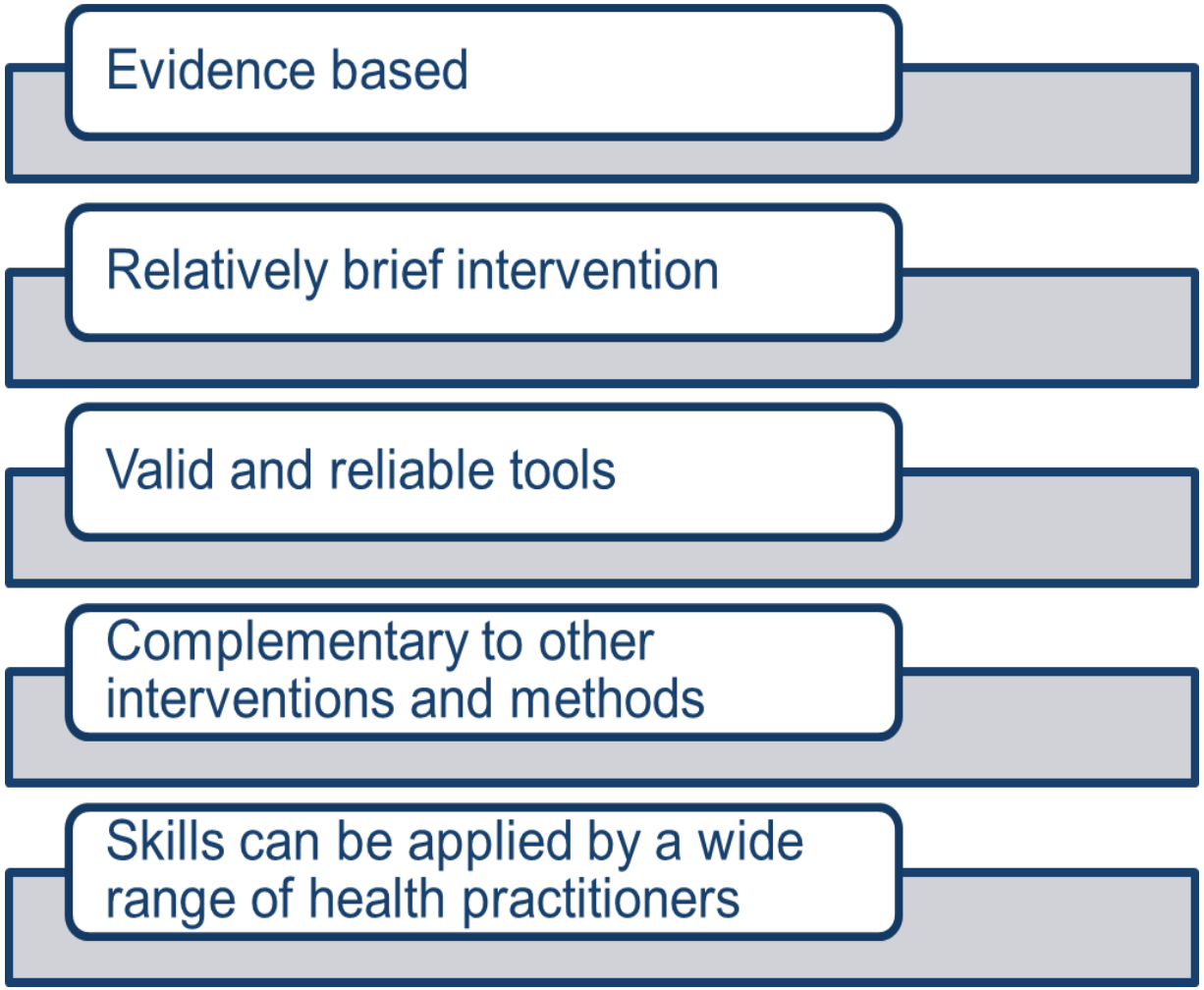
Patient is actively doing things to change or maintain change



MI Background

- First described in the 1980's by William Miller and Stephen Rollnick, two psychologists who had experience in treating alcoholism.
- Spirit or philosophy of MI and behavior change considered most important; techniques follow accordingly.

Why MI?


Evidence based
Relatively brief intervention
Valid and reliable tools
Complementary to other interventions and methods
Skills can be applied by a wide range of health practitioners

MI and Evidence

- Systematic reviews and meta-analyses with beneficial effect of MI interviewing techniques compared to traditional advice giving

- Statistically significant change in direct measures
  - Cardiovascular Risk (blood pressure, lipids, weight loss)
  - Substance Abuse Disorders
  - Depression
  - HIV

The Spirit of MI (CAPE)

- **Compassion**
  - The clinician has the patients best interest always in mind
- **Acceptance**
  - Accepts that the ultimate choice to change is the patient's alone
- **Partnership**
  - A partnership with the patient rather than a prescription for change
- **Evocation**
  - Acknowledges that individuals bring expertise about themselves and their lives to the conversation

Miller & Rollnick, Motivational Interviewing: Helping People Change, 3 ed, 2013

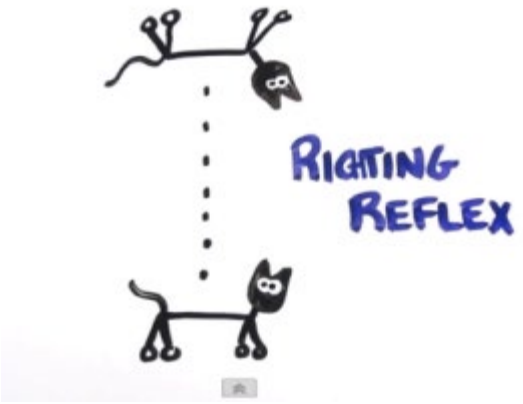
More Listening, Less Talking

- Motivational Interviewing (MI) shifts the balance toward more asking and less telling, more listening and less talking.

- The evidence favors this approach:
  - Research shows that patients are more likely to consider change when they can generate their own reasons to change.
  - Research shows that patient talk about change is correlated with actual change.

Righting Reflex

- It is a common response to want to “make things right” when we see a problem.
- Motivational interviewing does not try to make things right.
- The counselor does not persuade, cajole, inform, prod, or in anyway try to change the client's behavior.
- **Fixer Vs. Facilitator**



Building Motivation using micro skills (OARS)

These are the skills that can be used by interviewers to help move clients through the process of change.

- Open-ended questions
- Affirmations
- Reflective listening
- Summarizing

Open Ended Questions to Promote Change

- Disadvantages of the Status Quo
  - How do you feel about your weight?
- Advantages of Change
  - What would the benefits be for you, if you were to quit smoking ?
- Optimism for Change
  - What makes you feel that now is a good time to try something different?
- Intention to Change
  - What would you like to see happen?
  - How might things be different for you, if you did make a change?

Affirmations

- Genuinely highlight patient's strengths
- Antidotes to demoralization
- Appreciative of partial success (ex. Focus on success with quitting smoking for 2 years in past)
- Appreciates their honesty regarding ambivalence

Affirmations

- Examples-
  - “Thanks for coming today.”
  - “I appreciate that you are willing to talk to me about your substance use.”
  - “You are obviously a resourceful person to have coped with those difficulties.”
  - “That’s a good idea.”
  - “It’s hard to talk about....I really appreciate your keeping on with this.”

Reflective Listening – The Foundation of MI

- Check out whether you really understood the client
- Highlight the client's ambivalence about their substance use
- Steer the client towards a greater recognition of her or his problems and concerns, and
- Reinforce statements indicating that the client is thinking about change.

Reflections

- Simple
  - Repeat or rephrase or paraphrase
- Double-Sided (reflects both sides of ambivalence) – takes the clinician out of the equation – puts the ambivalence in their own lap
  - So on the one hand, you like how alcohol makes you feel and at the same time, you worry about your Hepatitis.
- Amplified – can go in either direction
  - Undershoots so patient might elaborate, “You’re a LITTLE confused…”
  - Overshoots so patient can back down, “So you don’t EVER intend to cut down…”

Summarizing

Helps the other person:

- Feel like you have listened thoroughly to them
- Think of new ideas
- Understand the importance of these issues
- Feel more confident, instill hope
- Plan next steps

Principles of Motivational Interviewing

Motivational interviewing is founded on 4 basic principles:

- **R: Roll with resistance**
- **E: Express Empathy**
- **D: Develop Discrepancy**
- **S: Support Self-Efficacy**

Roll with Resistance

- **Resistance to change = normal and expected. Ambivalence is common and sometimes expressed as resistance.**

- **The provider tries to understand and respect both sides of ambivalence. Arguments against change are met with acceptance and empathy.**

- **Remember: Change is a process and rolling with resistance can leave the door open for future conversations about change.**

Roll with Resistance

- **Examples –**
- **“You are not ready to quit smoking at this time.”**

- **“If you would rather not talk about your alcohol use right now, let’s just focus on why you came in today. Maybe we can discuss it another time.”**

- **“I know this is difficult to talk about and change is hard.”**

- **When patients are expressing issue resistance**
- **“REPHRASE”**

Express Empathy

- Expression of empathy is critical to the MI approach
- Seeing the world through the patients' eyes
- When patients feel that they are understood, they are more able to open up to their own experiences and share those experiences with others
- Having patients share their experiences with you in depth allows you to assess when and where they need support

Acceptance ≠ Agreement

Ambivalence = normal (not pathological)

Empathy

Express Empathy

Examples -

See the world from the patient's perspective with a nonjudgmental attitude.

- "I can see how drinking and relaxing with your friends would be hard to give up."
- "Being a single parent can really be stressful."

Empathy Starters:

You seem_____”

“In other words…”

“You feel ___ because ___”

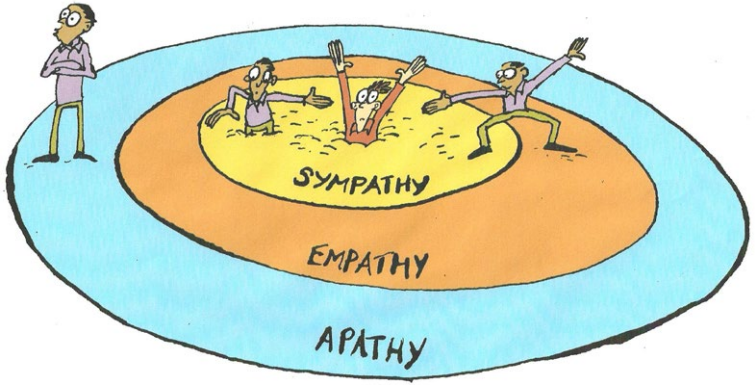
“It seems to you…”

“You seem to be saying…”

“I gather that…”

“You sound…”

NOT: I UNDERSTAND !



Develop Discrepancy

- Change is motivated by discrepancy between present behaviors and important goals or values
- Discrepancy = importance of change for patient
- Amplify the discrepancy to move patient from the status quo
- Elicit discrepancy from the patient – they should make the argument for change

Develop Discrepancy

Example –

- “On one hand, you have an important goal of lowering your blood pressure to prevent stroke and heart attack. On the other hand, your are not ready give up your smoking . What are your thoughts?”

- When to use?
- To create change talk and throw the patient’s system out of kilter without creating more resistance

- (Identify core values of patient and if their behavior is consistent with those values)

Support Self-efficacy

- Acknowledge the patient's capacity to change
- Reinforce their ability to be successful
- Acknowledge and support their autonomy in the change process.

Examples:

- "I think you are up to this challenge"
- "I have shared my concerns about the health risks but whether or not you (…whatever health behavior they need to work on…) is up to you"

Support Self-efficacy

- Example – “I am really glad to hear that you are thinking more about quitting. What actually have you been thinking about this?”

- When to use?
- To reinforce both thoughts and actions regarding behavior change

The MI Way


The Effective Physician: Motivational Interviewing Demonstration
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What is “change talk”?

- Change talk: An indication that you are successfully using motivational interviewing.
- If you are using MI successfully you will hear statements that indicate the client:
  1. Recognizes the disadvantages of staying the same
  2. Recognizes the advantages of change
  3. Expresses optimism about change
  4. Expresses the intention to change

Evoking Change Talk “DARN”

Desire:	“How would you like things to change?”
	“What do you hope our work will accomplish?”
Ability:	“How might you do it?”
	“How confident are you that you could…?”
Reasons:	“What might be the best reasons for…?”
	“What might be good about quitting?”
Need:	“How important is it that you change?”
	“What do you think has to change?”

Assess Readiness to Change

- IMPORTANCE/CONFIDENT RULER

How important is the change? How confident are you?

(1= NOT IMPORTANT/CONFIDENT; 10= EXTREMELY IMPORTANT/CONFIDENT)

SMART Behavioral Plan

Action Planning is “SMART”: Specific, Measurable, Achievable, Relevant and Timed.

With **permission**:

- What?
- When?
- Where?
- How often/long/much?
- Start date?

Based on the work of Locke (1968) and Locke & Latham (1990, 2002); Bodenheimer, 2009

Possible MI Traps

Cheerleading Trap - Giving excessive praise or encouragement for the client/patient's thoughts and actions instead of helping them to build their motivation for change.

Blaming Trap - The practitioner needs to find who is "responsible" for the client/patient not changing or maintaining the status quo. This is usually irrelevant and distracting to progress toward change.

Expert Trap - Even if interested in what you have the say, clients start to glaze over when given too much information. Pace information by checking in with people frequently.

Information Dump trap - Even if interested in what you have to say, clients start to glaze over when given too much information. Pace information by checking in with people frequently.

Labeling Trap - The practitioner places a label on the client/patient (i.e., alcoholic, gang member, drug addict, etc.)

Taking Sides Trap - Focus on only one side of the ambivalence.

Possible MI Traps

Pouncing Trap - "Ah ha! I got you and look at this!" The practitioner needs to catch the client/patient in a discrepancy and point it out to them.

Premature Action Planning Trap - Getting the person to agree to do something before they are ready. This is developing a plan before building motivation for change. Usually, they will consent to do it to get the counselor off their back, but often they will not succeed as they are not yet ready.

Premature Focus Trap - Entering into a conversation with one's own agenda or focusing on potential client behaviors that are not the best focus of the conversation. The practitioner does not explore enough to determine the best focus for the client and can spend the entire conversation talking about the wrong behavior.

Question-Answer Trap - The client/patient asks questions, the client provides answers in a repetitive cycle.

Righting Reflex - The practitioner feels the need to fix or tell the client/patient how to fix their problems or behaviors, to make things right, and/or to get the client/patient to face up to reality.

Styles that can shut down clients/ patients:

Confronting

Persuading

Nagging

Interrupting

Pressuring

Criticizing

Directing

Talking down

Ordering

Judging

Shaming

Scolding

Key Points

- Spirit of MI
- Importance of using “OARS”
- Four key principles of MI
- Change talk
- SMART behavioral plan
- MI Traps

Suggested Readings

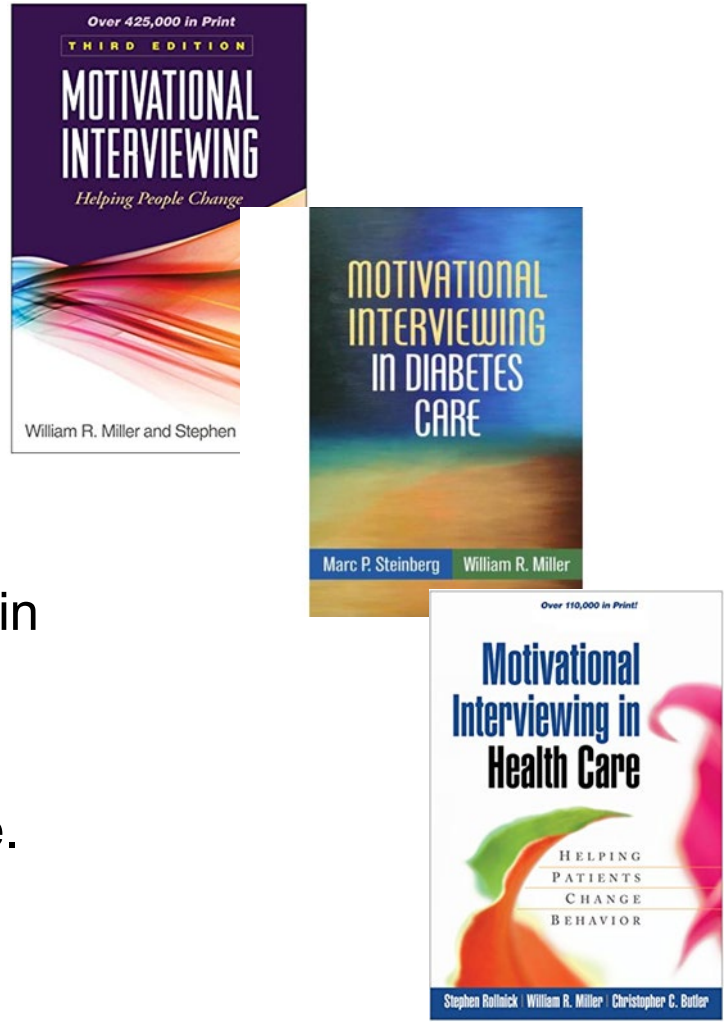
- Berger, BA, APhA. Communication Skills for Pharmacists. Washington, DC, 3rd edition.

- Definition of Motivational Interviewing.

  www.motivationalinterview.org

- Rollnick, S, Miller, WR, Butler, CC. Motivational Interviewing in Health Care. The Guilford Press, New York. 2008.

- Rollnick, S, Mason, P, and Butler, C. Health Behavior Change. Churchill Livingstone, London. 2000.



Resources

- Brief Action Planning, CCMI Center for Collaboration, Motivation, and Innovation, www.centreCMI.ca 21 Feb 2015, © 2013, 2014, 2015
- Motivational Interviewing Tools and Techniques
  https://adept.missouri.edu/ModuleOneMotivational
- InterviewingPhilosophyandPrinciples.pdf. Alcohol and Drug Education for Prevention and Treatment, V1.7.13.141031
- Psychwire: MI Resources
  https://psychwire.com/motivational-interviewing/resources
- National Registry of Evidence-based Programs and Practices. (2010). Motivational Interviewing. Retrieved from http://www.nrepp.samhsa.gov/
- Miller, W. and Rollnick, S. (2002). Motivational interviewing: Preparing people to change. New York, NY: Guilford Press

Thank You!

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