Montana Primary Care Association

Motivational Interviewing

Billings – August 19, 2019

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Agenda

- To be acquainted with the fundamental spirit of MI To learn practical guidelines for a specific application “in the spirit of MI”
- To understand the fundamental principles of MI
- To strengthen empathic counseling skills (OARS)
- To understand the directive aspects of MI
- To learn the fundamental client language cues (change talk and resistance (DARN-C)
- To share resources include clinical guidelines, helpful documents, and screening tools.

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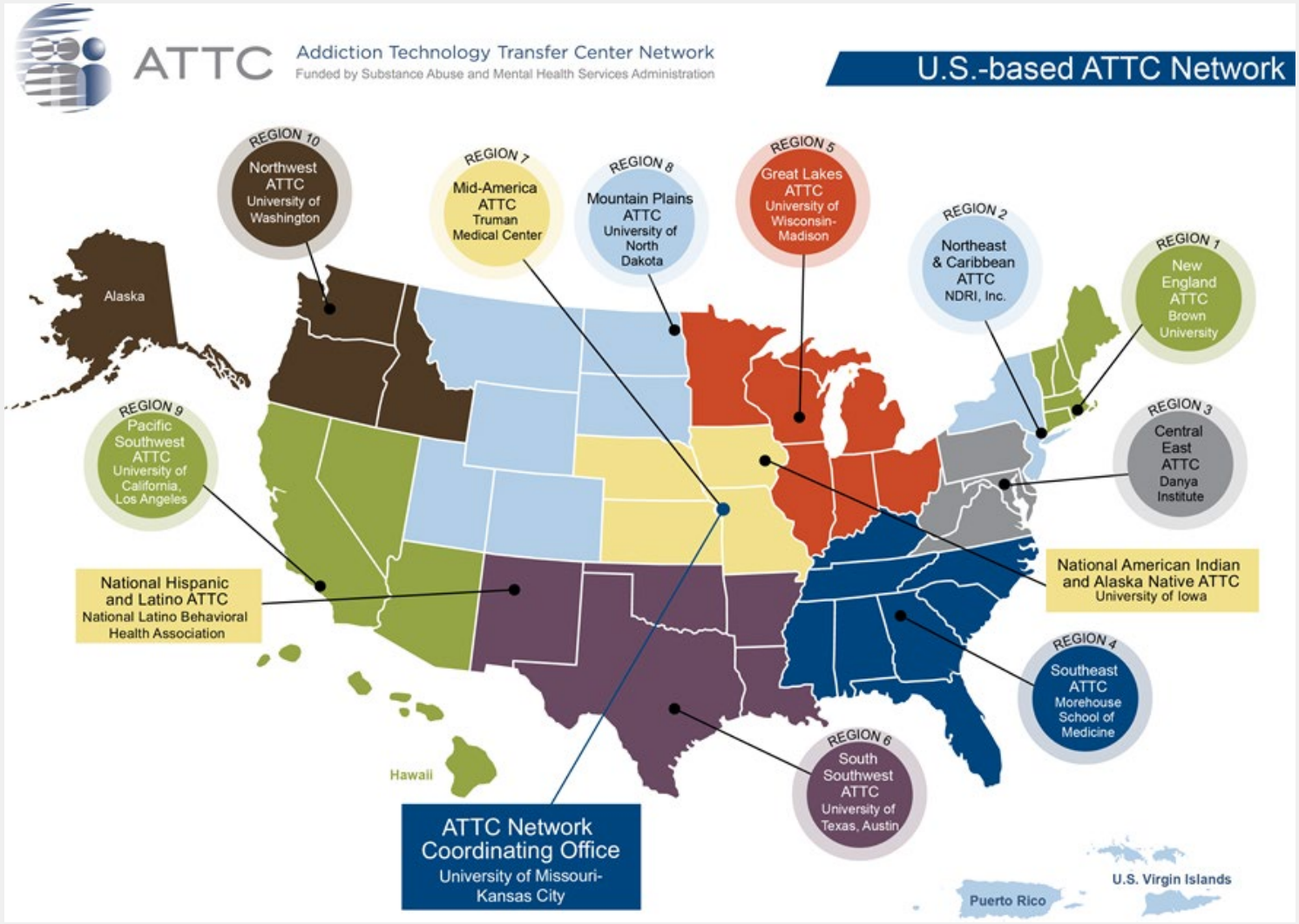
ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
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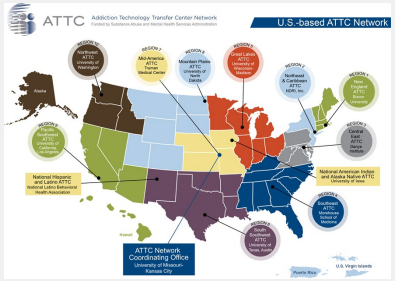
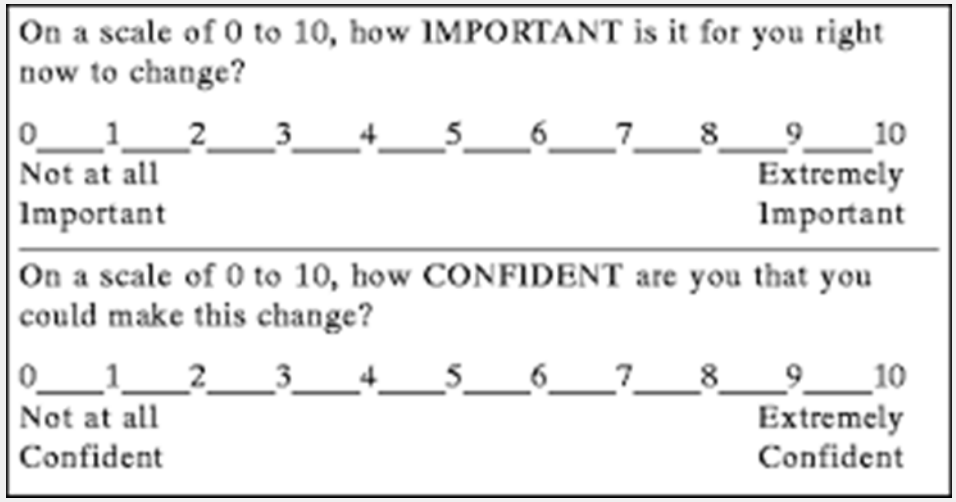
Directive

- It is intentionally addressing the resolution of ambivalence, in the particular direction of change. The interviewer elects and selectively reinforces change talk and then responds to resistance in a way that is intended to diminish it



Confidence Ruler



"Why are you at a _____and not zero?"
"What would it take for you to go from _to a higher number?"

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Why don’t people change

You would think…..

You Would Think.....

- A heart attack would be enough to persuade a person to quit smoking, change their diet, exercise more and take medication
- Hangovers, damaged relationships, an auto crash and memory blackouts would be enough to convince a someone to stop drinking.
- The dehumanizing privations of prison would dissuade people from reoffending.

Folk Belief

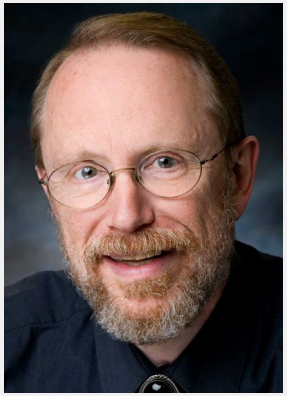
- There is a certain folk belief that seems to be embedded in some cultures and subcultures: change is motivated primarily by the avoidance of discomfort. If you can just make people feel bad enough they will change. Punish undesired behavior, and withdraw the pain when the unwanted behavior stops. People would be motivated to change by causing them to feel enough discomfort, shame, guilt, loss, threat, humiliation or anxiety. It is the basis of attack therapy….scared straight, “therapeutic” boot camps. In essence they believe that people don’t change because they haven’t been punished enough.

A Different View

- Bill Miller suggests a different understanding of what motivates people.
  - *“Many of the clients we see have no dearth of suffering. Humiliation, shame guilt and angst are no stranger to them and are not the primary engines of change for them.”*

Spontaneous Remission

Positive change often occurs without formal intervention. Most people who quit smoking or recover from drug or alcohol do so without assistance from health professionals, or even from the widely available mutual-help groups.



- “What is it that awakens us and causes a course correction?”

The proper question is not, “why isn’t this person motivated? But rather “for what is this person motivated

~Miller & Rollnick, 2002

A Different View

- “Constructive change seems to arise when the person connects it with something of intrinsic value, something important, something cherished”.

A Different View

- So what the founders wanted to do was to create an atmosphere that is empowering where patients are safe to explore the possibly painful present in relation to what is wanted and valued.

- The way out of the forest has to do with exploring and following what the person is experiencing and what from their perspective, truly matters.

- “People are the undisputed experts on themselves. No one has been with them longer, or knows them better than they do themselves. “

  - ~William R. Miller, Motivational Interviewing: Helping People Change

Motivational interviewing

It is an openness to a way of thinking and working that is collaborative rather than prescriptive, honors the client's autonomy and self-direction, and is more about evoking than installing.

Why Has Everyone Heard About Motivational Interviewing?

Research Support

Over 200 Clinical Trials and over 400 Outcome Studies.

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MI Research

- Support for empathy vs. confrontation in producing positive outcomes
- Support that it's as effective as other evidenced based approaches
- Support that it works in less time
- Support that the method of eliciting change talk is effective
- Support that it works particularly well for clients that are angry and are least ready to change

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Research Has Shown That Change…

- Is a natural process
- Can be facilitated or sped up with relatively brief interventions
- A little counseling can lead to significant change
- Occurs early on

Pediatric Obesity Study – Using MI with Parent's of Kids with Obesity – Funded by NIH

- 42 Pediatric Practices
  - Group 1 – Usual Care
  - Group 2 – Provider only -4 MI sessions
  - Group 3- Provider only - 4 MI session plus 6 more MI sessions with RD
- Results at 2 year follow up
  - Group 3 reduced BMI by 4.9 percentile points compared to
  - Group 2 reduced BMI by 3.8 percentile points compared to
  - Group 1 (usual care), who dropped by 1.8 percentile points

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Research On The Clinician

Is the significant determinant of treatment dropout, retention, adherence and outcome

~Miller & Rollnick

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The Clinician

- Must have at least a willingness to suspend an authoritarian role, and to explore client capacity rather than incapacity, with a genuine interest in the client's experience and perspective
- Research shows that greater empathy equals greater outcomes

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Confrontational Counseling Has Been Associated With a High Drop-out Rate and Relatively Poor Outcomes.

- In the New Mexico study Miller's researchers were able to predict client' alcohol consumption 1 year after treatment from a single counselor behavior:
- ***…the more the counselor confronted during treatment, the more the person drank.***

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Impact on Clinicians

- Clinicians often say that using MI makes their work more *enjoyable*.

Combating the Epidemic of Burnout Among Healthcare Providers

- Considered more than 1,000 scientific abstracts and 250 research papers
- When providers take the time to make human connections that help end suffering, patient outcomes improve and medical cost decrease
  - **~Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference**

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Combating the Epidemic of Burnout Among Healthcare Providers

- **Compassion:**
  - **Reduces pain**
  - **Improves healing**
  - **Lowers blood pressure**
  - **Helps alleviate depression and anxiety**

  - **~Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference**

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Research on Clinicians, their Patients and their Faith and Hope

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Patient's Belief About Change

- Ask a person how likely it is that he or she will succeed in making a particular change, and the answer is a reasonable good predictor of the likelihood that actual change will occur.
- This phenomenon is so strong that placebo rather than no medication is the standard against new medications that must be tested
- Nocebo - a detrimental effect on health produced by psychological or psychosomatic factors such as negative expectations of treatment or prognosis.

Clinician's Belief about Change

- This phenomenon is not restricted to patient's beliefs. Therapist, doctors, or teachers beliefs about a person's ability to change can become self-fulfilling prophecies as well.
- Study

The Five Assumptions in Motivational Interviewing

(Winarski, 2003)

1. **First Assumption:** Motivation is a State (a temporary condition), Not a Trait (a personality characteristic)

MI Spirit and Style

- “The clinician who has an empathetic counseling style seems to facilitate change, and its absence may deter change.”

~William Miller

Motivation:

- Resides within the person
- Part of an interpersonal process
- Fluctuates, dynamic, not static, can be increased and decreased
- Influenced by person's own belief in the ability to change
- Influenced by interviewer's expectation
- Can be evoked (OARS) (DARN-C)

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- Meeting People Where They Are At

- Meeting Them with the MI Style and Spirit

- Collaboration, not confrontation
- Respect for client autonomy and choice
- Affirming what they already know…It's up to them
- Sees a person's defensiveness or resistance as a natural and/or therapeutic process, not pathological

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- “Here is what we seek… a compassion that can stand in awe at what (people) have to carry rather than stand in judgement about how they carry it”
  - *Fr. Greg Boyle, Tattoos on the Heart; the Power of Boundless Compassion*

The Second Assumption: Resistance is Not a Force to be Overcome, but a Cue that We Need to Change Strategies

- Roll with Resistance
- Resistance is a signal to respond differently
- Resistance can be reframed slightly to create a new momentum toward change

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Resistance

What does Resistance look and feel like?

Arguing
Interrupting
Negative
Ignoring

What is it?

- A cue to change strategies
- A normal reaction to having freedom threatened
- An interpersonal process

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- When the music changes, so does the dance. - African proverb

Ways to Roll

- **Reflections** (stating the patient's statement to convey your effort to understand their point of view)
- **Shift focus** (changing the topic or focus to things the patient is less resistant to exploring and changing)
- **Reframe** (acknowledging what the patient has said, but offering a different perspective)
- **Coming alongside** (taking the side of no change as a way to foster the patient's ambivalence and elicit change talk)

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The Third Assumption: Ambivalence is Good

- People get stuck, not because they fail to appreciate the downside of their situation, but because they feel at least two ways about it.

Ambivalence is Good

- “Ambivalence is simultaneously wanting and not wanting something, or wanting both of two incompatible things. It has been human nature since the dawn of time.”
  — William R. Miller, Motivational Interviewing: Helping People Change

Ambivalence

- Normal in the process of change
- A common and defining human experience
- A precursor to positive behavioral change
- Can prevent movement toward change if it is not resolved
- Can be amplified and explored in order to resolve
- Resolving ambivalence is the key to change, but it cannot be forced

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EXPLORING AMBIVALENCE

- Guidelines: Have people work in pairs: One speaker, one listener. Time permitting, we will switch roles.
-
- Speaker role: Identify a change that you are considering, something you are thinking about changing in your life, but have not definitely decided. It will be something you feel two ways about. It might be a change that would be “good for you,” that you “should” make for some reason, but have been putting off. Tell the counselor about this change you are considering.

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Listener role:

Don’t try to persuade or fix anything. Don’t offer advice. Instead ask these four questions one at a time, and listen carefully to what the person says:

- Why would you want to make this change?
- If you did decide to make this change, how might you go about it in order to succeed?
- What are the three best reasons for you to do it?
- How important would you say it is for you to make this change, on a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important? [
- And why are you at _____ rather than a lower number of 0?]

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The Fourth Assumption: Our Patient Should be an Ally, Rather Than an Adversary

The Fifth Assumption:
Recovery and Change/Growth are Intrinsic to the Human Experience

Asking Permission

ASK PERMISSION

- Would it be okay if we talked about Jennifer getting the vaccine today?
- Can I share some information about the benefits of screening with you today?
- Is it okay if I share what I know about the safety of the vaccine with you?

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Micro-skills: OARS

Our First Step is to Discover the Individual's Motivation

OARS

- O = Open-Ended Question
- A = Affirm
- R = Reflect
- S = Summary

OARS are Fundamental to Engaging – General Practice Guidelines

- Talk less than your client
- Offer two to three reflections for every question that you ask
- Ask twice as many open ended questions as closed questions
- More than half of reflections should be deeper, more complex reflections rather than simple reflections.

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Open Questions

- Important to establish an atmosphere of acceptance and trust where patients will explore their concerns. This means they do most of the talking and the therapist is listening carefully and encouraging expression and exploration.
- Therefore we ask open questions that do not invite brief answers

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Open Questions

- Open questions invite others to “tell their story” in their own words without leading them in a specific direction.
- Open questions should be used often but not exclusively. When asking open questions, you must be willing to listen to the person’s response.
- Open questions are the opposite of closed questions. Closed questions typically elicit a limited response such as “yes” or “no.” The topic can be the same, but the responses will be very different

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Open-ended Questions…Examples

- Could you tell me what are some of the reasons you might have considered when thinking about having a screening done?
- I'd like to hear what you know about screenings, could you tell me a little about your thoughts and feelings about getting the vaccine?
- What do you feel like you need?
- What is worrying you most about the vaccine?
- Could you tell me more about….
- How can I be most helpful for you today?
- What are your concerns about having the screening done?

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Is It an Open or a Closed Question

- What brings you here today?
- Would it be alright if we took a little time to talk about cancer screening?
- Help me understand ___?
- Where did you grow up?
- Isn’t it important for you to have meaning in your life?
- What are the good things about ___ ?

Is It an Open or a Closed Question

- Are you willing to come back for a follow-up visit?
- What do you want to do next?
- Ultimately, it is your decision. So, what would you like to try?
- What do you worry about the most with regard to getting the screening?
- What would be the best possible outcome if you got the vaccine?

Is It an Open or a Closed Question

- Do you want to stay in this relationship?
- What can you tell me about your relationship?
- Have you ever thought about walking as a simple form of exercise?
- What have you tried before to increase your activity?
- What do you want to do about your smoking: quit, cut down, or stay the same?
- What are the most important reasons why you want to stop smoking?

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Is It an Open or a Closed Question

- In the past, how have you overcome an important obstacle in your life?
- What would you like to set as your quit date?
- What possible long-term consequences of diabetes concern you most?
- Do you care about your health?
- Will you try this for 1 week?
- How can I help you with ___?
- Is this an open or a closed question?

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Affirm

- Affirmations are genuine, direct statements that are usually directed at something specific and change oriented that the client has done.
- These statements demonstrate that the clinician understands and appreciates at least part of what the patient is dealing with, and is supportive of the client as a person

Affirming Examples

- I appreciate your honesty (if you know they are being honest)
- I can see that your health is important to you
- It shows commitment to come in today and talk about this
- You have some good ideas
- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That’s a good suggestion

Reflections

- Listening reflectively and forming reflections is one way to be empathetic. Listening reflectively is about being quiet and actively listening to the client, and then responding with a statement that reflects the essence of what the patient said, or what you think the patient meant.
- You accurately identify the essential meaning of what the patient has said and reflect back in terms easily understood by the patient
- Your inflection at the end of the reflection is downward

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Reflections

- You pause sufficiently to give the patient an opportunity to respond to the reflection and to develop the conversation
- Your reflections often increase the time spent talking by the client, foster a collaborative tone, and reduce resistance.
  - So you feel…
  - It sounds like you…
  - You're wondering if…

Examples of Reflective Statements

- Simple Reflection
  - Patient: She is driving me crazy trying to get me to qui
  - Clinician: Her methods are really bothering you
  - Patient: I don’t have anything to say.
  - Clinician: You’re not feeling talkative today
  - Patient: No one has ever had cancer in my family,. Everyone dies from heart attacks.
  - Clinician: Because you have no family history of any cancer, you think you really don’t need the screening.

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Summary

- Summaries communicate that you have tracked what the patient said and that you have an understanding of the big picture
- Help structure a session so that neither client or patient gets too far away from important issues and can help you link what a patient just said to something he offered earlier
- Provides an opportunity to emphasize certain elements of what the patient said

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Summary

- In a summary consider using and rather than but.
- But and yet tend to soften and erase what went before it and that goes against our goal of developing discrepancy
- Instead use other linking phrases, such as “on the one hand…and on the other”, or “at the same time”,

Summary

- Let me see if I understand so far…
- Here is what I've heard. Tell me if I've missed anything.
- End with an invitation.
  - Did I miss anything?
  - If that's accurate, what other points are there to consider?
  - Anything you want to add or correct?

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Summary Example

- “So, Sally, let me summarize what I’ve heard so far. You are reluctant to have the screening because you expect it to be unconfortable ad you’ve thought that you are not at much risk for cancer and so you don’ t think you need to be screened. And you have learned some new information today about screenings and early detection and how anyone can get cancer, and we have talked about ways to minimize the discomfort. Did I miss anything? So, I am wondering where does this leave you? What would you like to do now?

Change Talk

The goal of change talk is to get the patient to argue for change.

Eliciting Change Talk

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Eliciting Change Talk

- Eliciting change talk, or self motivational statements, is a crucial component and primary goal when using a MI approach. It differs from OARS in that it is more directive. Using OARS will help keep you afloat and may help steer you in directions you and the client want to go, but it may not get you to the final destination. Eliciting change talk is a strategy to help establish and resolve ambivalence and move forward.

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Eliciting Change Talk

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Eliciting Change Talk

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Open-Ended Questions that Elicit Change Talk

- How would you like your life to be different?
- What would be the good things about changing?
- What is the best thing you can imagine if you do change?
- What would you be willing to try?
- Of all of these options, which ones sound like a good fit for you?
- What might be the next steps?

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The DARN-C

- D = Desire
- A = Ability
- R = Reason
- N = Need
- C = Commitment Level

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D = Desire Statements..

Statements indicating a desire to make a change

Examples:

- “I’d like to be as pro active as I can about my health.”
- “I would like to stop worrying about my health.”
- “I want to be a good example to my kids.”
- “Getting in shape would make me feel so much better about myself.”

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A = Ability statements

- Examples:
  - " I think I could do that."
  - " I had a mammogram even though I was scared"
  - "That might be possible."
  - "I'm thinking I might be able to cut back on cigarettes."
  - "If I just had someone to come with me, I could probably do the screening.
- Statements that speak to the client's self-efficacy or belief in the ability to make changes.

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R = Reasons Statements

- Statements that reflect the reasons the client gives for considering a change.
- Examples:
- “To keep my truck driving license, I should probably cut down on my drinking.”
- “Cancer runs in our family.”
- “I don’t like my kids to see me like this.”

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N = Need Statements

- Statements that indicate a need for change. These can be similar to R statements, but the emphasis is more affective or emotional than a more cognitive R statement
- Examples:
  - “It’s really important to my health to change my diet.”
  - “Something has to change or my marriage will break.”
  - “My Mom had cervical cancer, I know I need to keep an eye on this”

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C = Commitment Statements

- Commitment language is the strength of change talk.
- Examples:
- “I might change”
- “I could consider changing”
- “I will change”

When You Hear Change Talk

Ask for More – Ask open-ended questions – tell me more about that….

Explore Decisional Balance: Ask first for the good things about status quo, then ask for the not-so-good things.

Ask for Elaboration: When a change talk theme emerges, ask for more details. In what ways? Tell me more…? What does that look like?

Ask for Examples: When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?

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When You Hear Change Talk

Look Back: Ask about a time before the current concern emerged. How were things better, different?

Look Forward: Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?

Query Extremes: What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?

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When You Hear Change Talk

Use Change Rulers: Confidence, Readiness, Importance

Explore Goals and Values: Ask what the person's guiding values are. What do they want in life? If there is a "problem" behavior, ask how that behavior fits in with the person's goals or values. Does it help realize a goal or value, interfere with it, or is it irrelevant?

Come Alongside: Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____is so important to you that you won't give it up, no matter what the cost.

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You're listening to a smoker talk about quitting. Is it change talk? If so, which kind might it be: **Desire, Ability, Reasons, Need, or Commitment**?

I've got to quit smoking.

I wish I could.

I'll think it over.

I'm sure I'd feel a lot better if I did.

I swear I'm going to do it this time.

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Desire, Ability, Reasons, Need, or Commitment?

I want to be around to see my grandkids.

More and more of the people I know are trying to quit.

I'll try.

It's really important for me to quit.

I did quit for six weeks once.

Smoking is just so much a part of my life.

Maybe I'll get around to it this year.

It's important, but not the most important thing for me right now.

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MI Consistent Items	MI Inconsistent Items
MI Style of Spirit	Unsolicited Advice, Directions, Feedback
Asking open-ended questions	Emphasize Abstinence
Affirmation of Strengths and Change Efforts	Direct Confrontation
Reflective Statements	Powerlessness, loss of Control
Fostering Collaborative Atmosphere	Asserting Authority
Identify Motivation to Change	Closed-ended Questions
Developing Discrepancies	
Pros, Cons and Ambivalence	
Change Planning Discussion	
Client-Centered problem Discussion and Feedback	

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- The ineffective physician: Motivational approach-

https://www.youtube.com/watch?v=80XyNE89eCs&t=168s

- The effective physician: Motivational Interviewing Demonstration- https://www.youtube.com/watch?v=URiKA7CKtfc

Motivational Interviewing

"If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.

—JOHANN WOLFGANG VON GOETHE"

Resources

- Miller, W. Rollnick, S. (2002). Motivational Interviewing; Preparing People for Change, 2nd Edition
- Clifford, D. Curtis, L. (2016). Motional Interviewing in Nutrition and Fitness.
- Rollnick, S. Miller, W. Butler, C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behavior.
- Enhancing Motivation to change in Substance Abuse Treatment, Tip 35 National Clearing House www.samhsa.gov
- www.motivationalinterview.net (training tapes, articles, bibliographies, training opportunities)
- www.motivationalinterview.org (MI resources ATTC website
- Links to the You tube videos on this webinar-
  - The ineffective physician: Motivational approach-

    https://www.youtube.com/watch?v=80XyNE89eCs&t=168s
  - The effective physician: Motivational Interviewing Demonstration-

    https://www.youtube.com/watch?v=URiKA7CKtfc

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