

Effecting Change Through the Use of Motivational Interviewing

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Evidence

- ★ Brief, low cost
- ★ Efficacy in triggering changes in high-risk lifestyles
- ★ Effective across a variety of clinical settings
- ★ Compatible with healthcare delivery
- ★ Reduces burnout
- ★ Enhances engagement

What are we talking about?



What does
“**motivation**”
mean to you?



What is Motivational Interviewing?

Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

“MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

Understanding How People Change: Models

Activity: Listener/Counselor

Listener:

- Tell them how much they **need** to change
- Give them list of **reasons** for doing so
- Emphasize the **importance** of changing
- Tell them **how** to change
- Assure them that they **can** do it
- Don't waste time with too many questions
- Pressure them to get on with it

Helping Styles

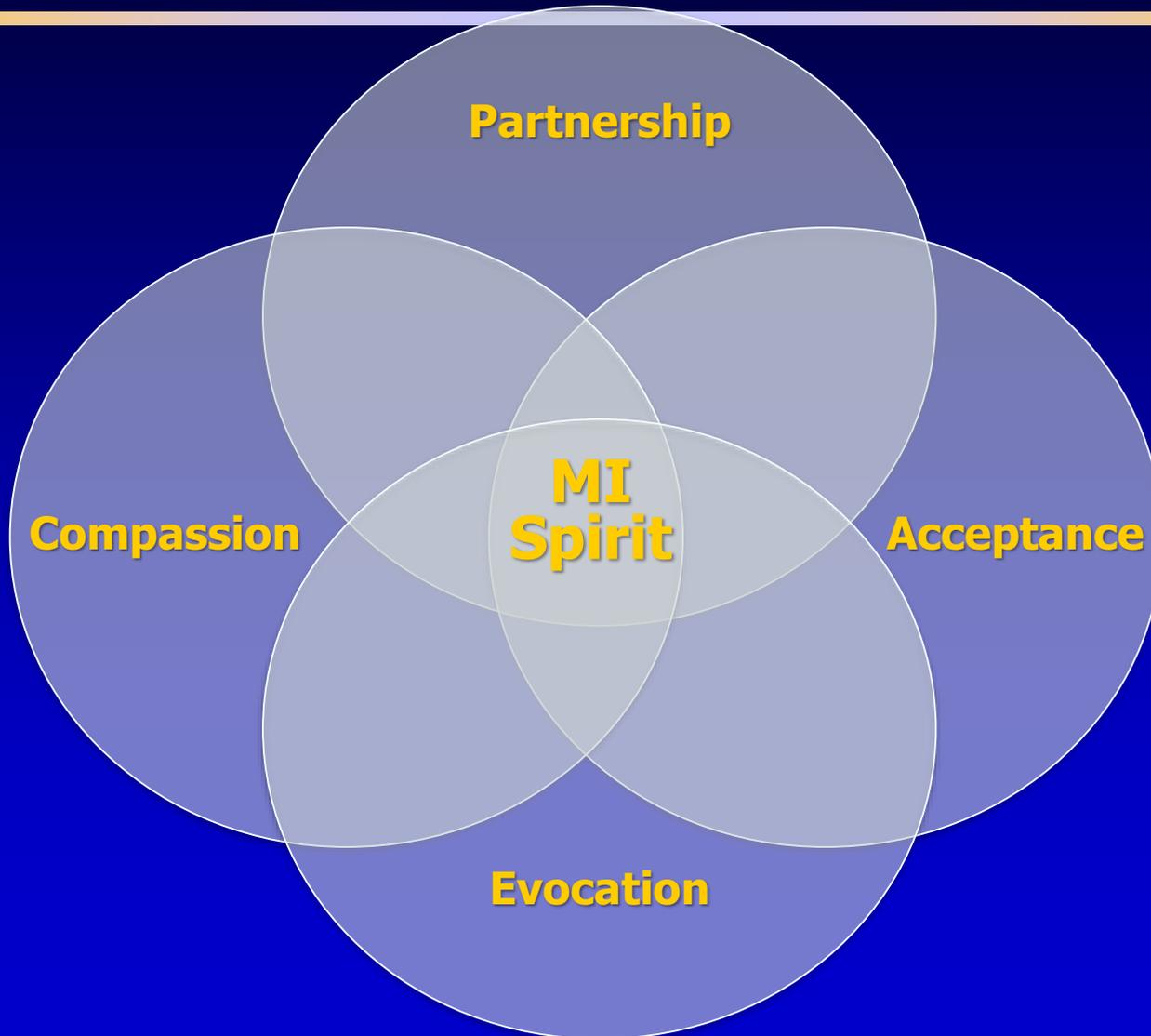
- Directing
 - “I know what you should do, and here’s how to do it.”
- Following
 - “I trust your wisdom, and will stay with you while you work this out.”
- Guiding
 - Incorporates elements of both

Directing ↔ Guiding ↔ Following

Activity: Inspiring Coach/Mentor/Teacher

- Think of someone who has helped you accomplish something important
- What characteristics did you most appreciate about them? What made them effective at coaching/guiding you?

The Underlying Spirit of MI



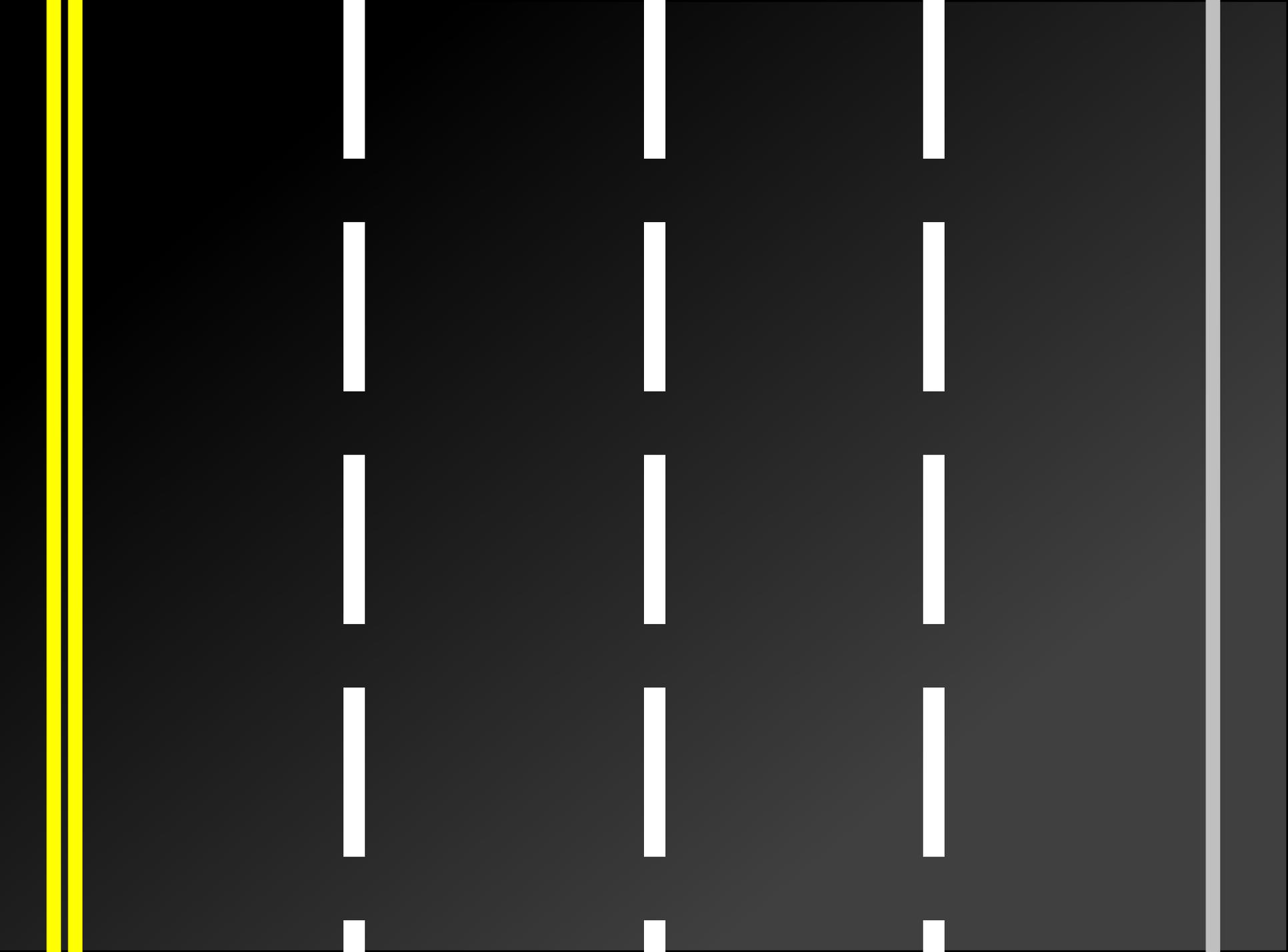
The Concept of Motivation

- Motivation is influenced by the clinician's style
- Motivation can be modified
- The clinician's task is to elicit and enhance motivation
- *“Lack of motivation” is a challenge for the clinician's therapeutic skills, not a fault for which to blame our clients/patients*

The Concept of Ambivalence

- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They “want to change and don’t want to change”
- *“Working with ambivalence is working with the heart of the problem”*



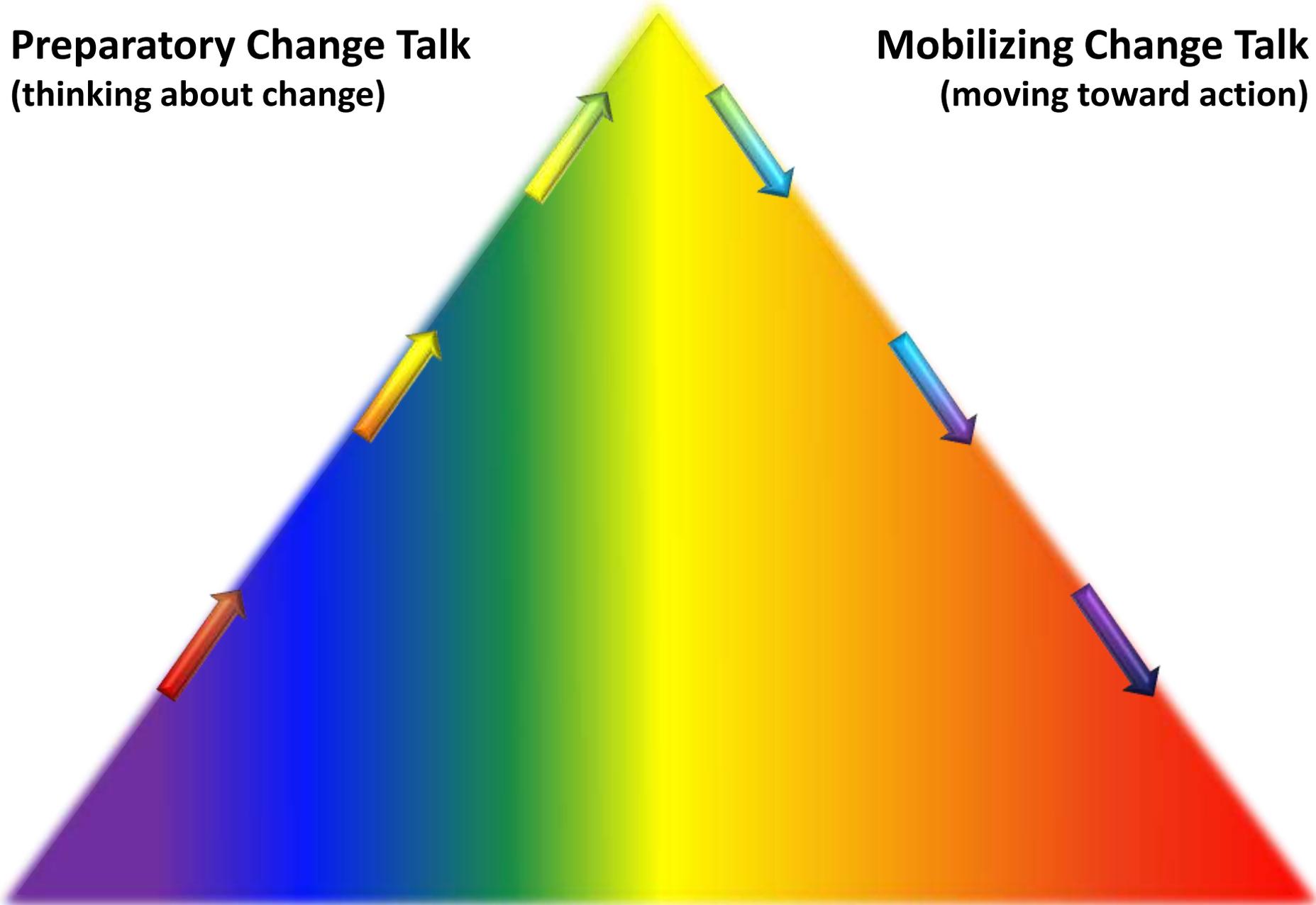


Where do I start?

- What you **do** depends on where the client/patient **is** in the process of changing
- The first step is to be able to **identify where they are**

Preparatory Change Talk
(thinking about change)

Mobilizing Change Talk
(moving toward action)



MI: Principles

Motivational interviewing is founded on 4 basic principles:

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

MI MicroSkills (the OARS)

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

Open and Closed Questions Quiz

- 1. Don't you think your drinking is part of the problem?**
- 2. Tell me about when you were able to quit smoking.**
- 3. How is it going with managing your pain meds?**
- 4. Do you know you might die if you don't stop using?**
- 5. What do you want to do about your drinking?**
- 6. Can you tell me about what you know about your heart condition?**

Keeps the person talking...

- Tell me about your drug use.
- What's that like for you?
- What was your life like before you started drinking?
- How do you want things to end up when you're done with supervision? Where do you want to be?
- What other ideas do you have? What else might work for you?

Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



OARS: Affirmations

(Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges client's challenges
- Validates client's experiences and feelings
- Reinforcing successes reduces discouragement & hopelessness



Affirmations

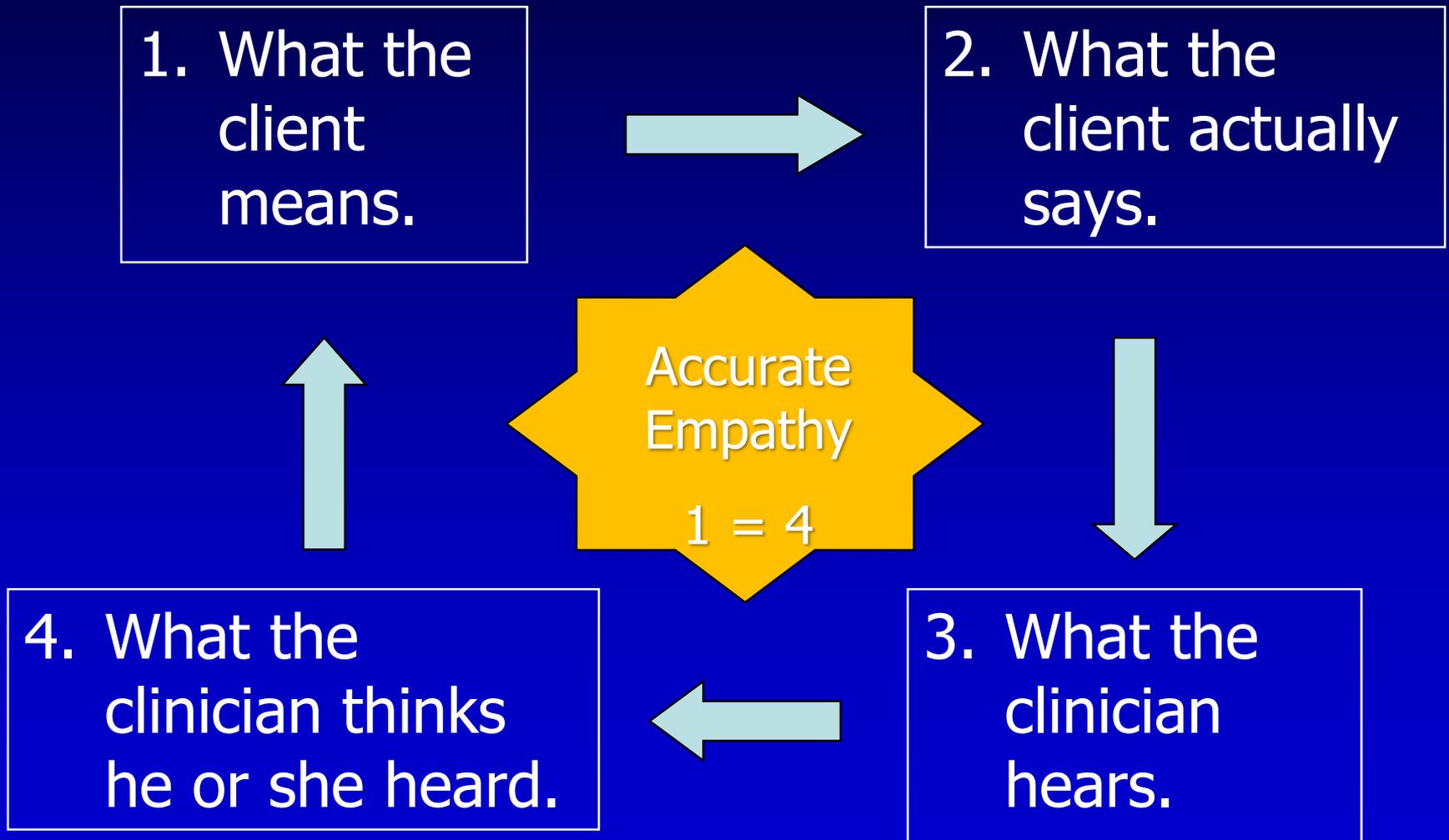
- Catch them doing something right!
 - Support person's persistence
 - Recognize effort
 - Assist person in seeing positives
 - Support individual's strengths
 - Support their confidence

Core Skills

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The Communication Cycle



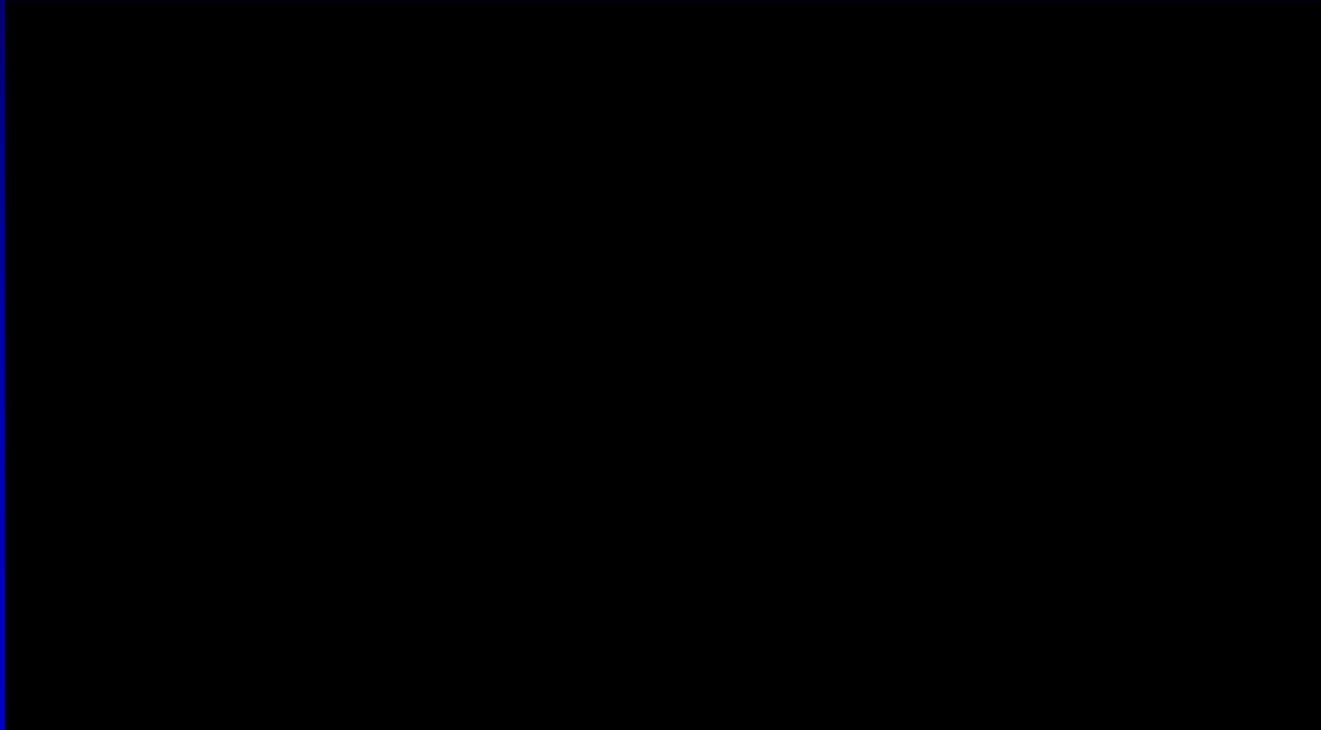
Reflective Listening

Reflective Listening

What it is NOT: listening for the purpose of diagnosing and fixing a problem



It's Not About the Nail



Types of Reflective Statements

1. Simple Reflection (repeat)
2. Complex Reflection (making a guess as to underlying meaning)
3. Double-Sided Reflection (captures both sides of the ambivalence)



Simple Reflections

- Stay very close to the speaker's original words and meaning
- **Client:** Everybody out there is trying to make me confused.
- **Clinician:** ??
- **Client:** Usually when I get depressed, I just try to stay busy, and it eventually goes away. But this time.....I can't seem to shake it.
- **Clinician:** ??

Reflections

- “I’m so tired of feeling this way. My depression is taking over my life.”
 - **“Well, you could take your meds and stop drinking. That might help.**
 - *No – that’s not listening and is judgmental. I want to tell him what he needs to do (stop drinking, complete treatment, really apply himself this time, take his medication) but I need to understand. How does he feel? Why is he tired? Does he mean that he’s unsure if he’ll ever be able feel “normal”? Does he feel overwhelmed with his life? Does he feel inadequate about his ability to cope? Does he not want to be on medication? **Now make it a reflection.***
 - “Life is overwhelming right now and you feel you don’t have the ability to cope.”
 - “You’re worried that you may not feel normal again.”
 - “You’re scared that this is really affecting your relationship with your wife.”

Double-Sided Reflections

So on the one hand you.....and on the other you want.....

Client: I know it might not be good for me, but it is the only thing that helps me sleep.

Clinician: ??

Client: I know that it is a bad idea to keep secrets from my family. I am just so tired of them judging me.

Clinician: ???

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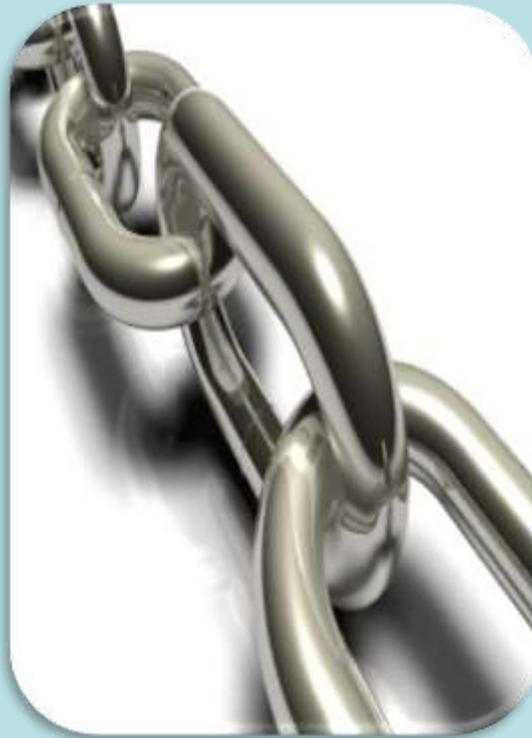


Summary Statements

Collection

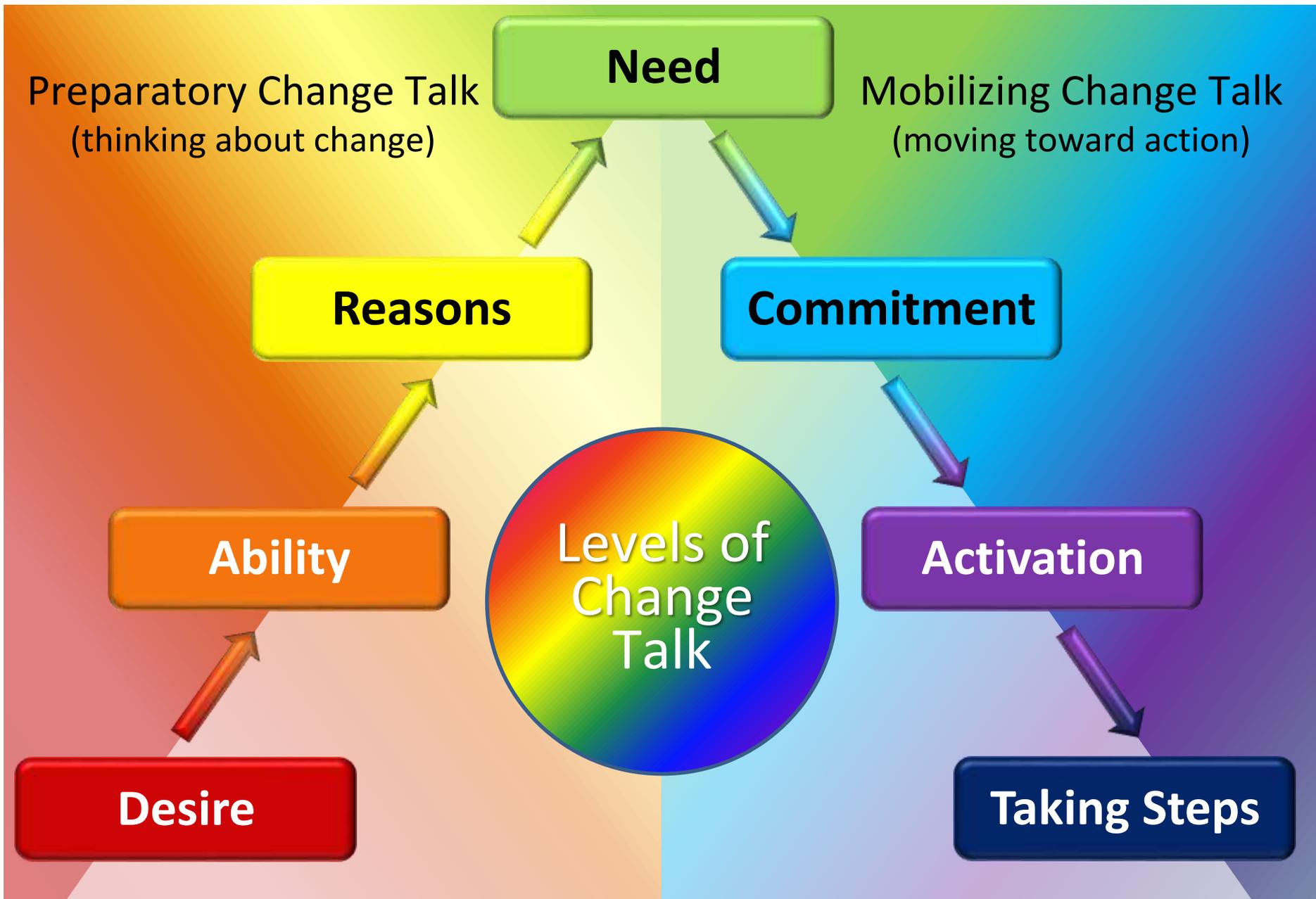


Linkage



Transition





Pre-Contemplation

Contemplation

Preparation

Action

Questions to Pull for Levels of Change Talk

Desire

- How badly do you want that?
- How would you like for things to change?
- How would you like for things to be different?
- What do you wish for ...?
- What would you enjoy about that?
- Tell me what you don't like about how things are now?

Ability

- How would you do that if you wanted to?
- What do you think you might be able to change?
- If you did decide to change, what makes you think you could do it?
- What abilities (skills) do you have that would make it possible?
- How have you managed this before?

Reasons

- What concerns do you have about ____?
- What concerns does your spouse/partner have about your ____?
- What has ____ cost you?
- What are some of the not-so-good things about ____?
- What would make it worth your while to ____?
- What might be some good things about no longer ____?

Need

- What needs to happen?
- How important is it for you to ____?
- How serious or urgent does this feel to you?
- What do you think has to change?
- Complete this sentence: I really must ____.

Commitment

- How are you going to do that?
- What will that look like?
- How are you going to make sure that happens?
- How will you know that you are ready?
- What do you think needs to happen next?

Activation

- How are you going to do that?
- What do you need to do first?
- What additional steps will be needed?
- Where will you get support?
- What help do you need to take action?

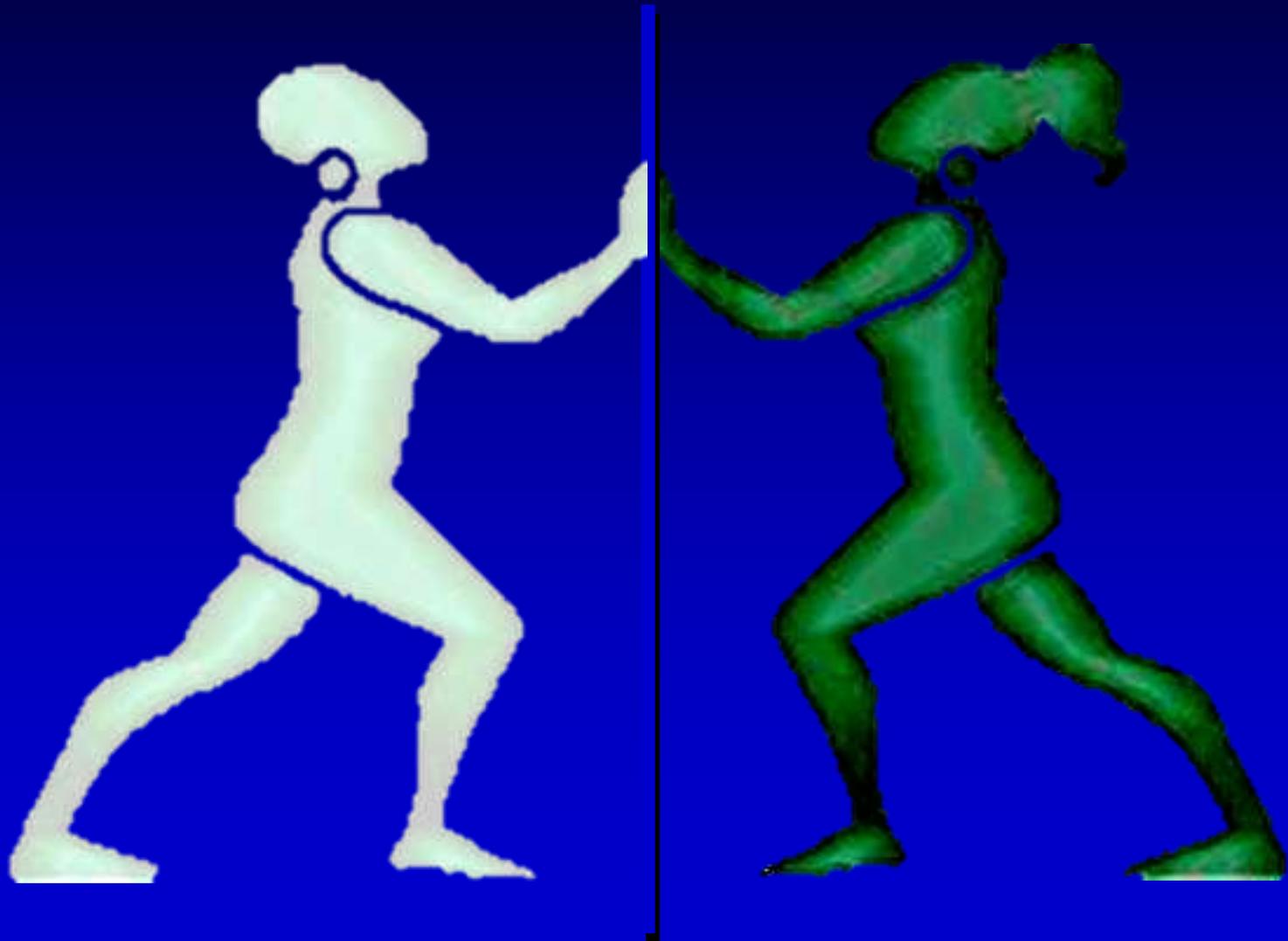
Taking Steps

Here the client is doing the work of treatment. (S)he is taking active steps toward goal.

This is not change talk but supporting actual change is happening

- How is it going?
- What is working?
- What are you struggling with?
- What else could you/we do to help you?

Where does resistance start?



Rolling with Resistance

To reduce resistance:

- Reflect the resistance back to the client
- Shift the focus
- Reframe
- Emphasize personal choice and control
- Stop providing solutions
- Talk about something else

Components of the MITI

- Four Global Scales:
 - Cultivating Change Talk
 - Softening Sustain Talk
 - Partnership
 - Empathy
- Ten Behavior Counts
 - Giving Information, Persuade, Persuade w/ Permission, Question, Simple Reflection, Complex Reflection, Affirm, Seeking Collaboration, Emphasizing Autonomy, Confront

You Are Using MI If You:

- Talk **less** than your consumer does
- Offer **one reflection** for every **three questions**
- Reflect with **complex reflections** more than half the time
- Ask mostly **open-ended** questions
- Avoid **getting ahead** of your consumer's stage of readiness (warning, confronting, giving unwelcome advice, taking "good" side of the argument)

Homework

- Open ended questions with your friends
- Reflections with cashiers/waiters/baristas, etc
- Affirmations with anyone, anywhere, all the time

Thank You!!

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