Introduction to Motivational Interviewing

Catherine D. Serio, PhD
Member, Motivational Interviewing Network of Trainers
Agenda

Session I (8 – 10 am)
  – MI Overview
  – MI Spirit

Session II (4 – 6 pm)
  – MI Core Skills
  – The Motivational Preceptor
A Fresh Introduction

In Partners, share something about yourself that you haven’t shared with someone else…

…and that your comfortable sharing
Session I

MOTIVATIONAL INTERVIEWING
OVERVIEW
For the first time in human history, preventable chronic disease is killing more people worldwide than infectious disease.
70% of our health care dollars are due to consumer health behaviors
Prediabetes

1 in 3 Americans have prediabetes today.

15 - 30% will develop chronic diabetes within 5 years.
You would think…

That having had a heart attack would be enough to persuade a man to change his diet, lose weight and exercise.

That hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking.

That the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate a woman to check her sugars.
Four Traditional Notions
The problem with them is...

They don’t see

They don’t know

They don’t know how

They don’t care
If These Beliefs Are True…
Four Common Solutions

- **They don’t see**
  - If you can make people see, then they will change
  - **Give them Insight**

- **They don’t know**
  - If people know enough, then they will change
  - **Give them Knowledge**

- **They don’t know how**
  - If you can teach people how to change, then they will do it
  - **Give them Skills**

- **They don’t care**
  - If you can make people feel bad or afraid enough, they will change
  - **Give them a HARD TIME**
AND YET
IT IS NOT ENOUGH...
What do you know you ‘should’ be doing…*but you’re not*?

- Eating more fruits & veggies
- Managing weight better
- Exercising 30 minutes a day
- Getting 8 hours of sleep a night
- Taking a medication
- Managing Stress
Find a partner and choose roles

<table>
<thead>
<tr>
<th>Someone who…</th>
<th>Coach finds out what the issue is and then…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wants to change</td>
<td>• Explains <em>why</em> this change should be made</td>
</tr>
<tr>
<td>Needs to change</td>
<td>• Gives at least three <em>benefits</em> that would result from making the change</td>
</tr>
<tr>
<td>Have been told you “should” change</td>
<td>• Gives advice about <em>how</em> to do it</td>
</tr>
<tr>
<td>Have been trying to change…</td>
<td>• Convince him/her about how <em>important</em> it is to change</td>
</tr>
<tr>
<td><em>But you haven’t changed yet</em></td>
<td>• Summarize the plan and ask for agreement</td>
</tr>
</tbody>
</table>
Feedback

- What was it like as the coach?
- What was it like as the person being coached?
- Interest in continuing the conversation (1 – 5)?
If These Beliefs Are True…
Four Common Solutions

If you can make people **see**, then they will change

If people **know** enough, then they will change

If you can teach people **how** to change, then they will do it

If you can make people feel **bad or afraid** enough, they will change
Non-MI Demonstration
People Change Because…

- Their values support it
- They think the change will be worth it
- They think they can
- They believe they need to take charge of their health
- They verbalize the benefits of the change
- They are ready for it
- They have a good plan and adequate social support
- They think it’s important
- They think the change will be worth it
- They value their independence
A Different Approach

Coach finds out what the issue is and then...

Ask these questions. Listen with the goal of understanding. Give no advice.

– What is the reason that you picked this topic? (Listen) What else?
– How important is it for you to make this change?
– If you did make this change, how would your life be different in six months?
– If you did make this change, how would you do it?

Give a short summary/ reflection of the speaker’s motivation for change, then ask:

– “So what do you think you’ll do?” or “Where does this leave you?” or “What is your first step?” Listen with interest and provide affirmation.
Feedback

What was it like as the coach?

What was it like as the person being coached?

Interest in continuing the conversation (1 – 5)?
Motivational Interviewing

“Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation for change.” (Rollnick & Miller, 2013)
Why the MI Approach?

1) Solid evidence base
   – www.motivationalinterview.net/library/biblio

2) Adapted for health care settings

3) Standardized way to teach it
   – Motivational Interviewing Network of Trainers (MINT)
   – www.motivationalinterviewing.org

4) Validated tools to measure fidelity
   – Motivational Interviewing Treatment Integrity (MITI)
   – Health Coaching Performance Assessment (HCPA)

5) Tested on diverse populations around the world

6) It works
   – “…the only health coaching technique to be fully described and consistently demonstrated as causally and independently associated with positive behavioral outcomes.” (Butterworth, Linden & McClay, 2007)
Snapshot of MI Literature
(Over 500 Clinical Trials)

- Corrections
- Public Health
- Primary Care Setting
- Addictions & Counseling
- Health Management Programs

- HIV
- Diet
- Alcohol
- Obesity
- Parenting
- Adherence
- Mental Health
- Physical Activity
- Drugs
- Safety
- Smoking
- Diabetes
- Chronic Pain
- Hypertension
- Domestic Abuse
- Eating disorders
Research supports MI as...

- Better than traditional member education but less time needed
- Effective in low doses (2-3 sessions)
- An enhancement for other treatments/programs
- The most effective approach for less motivated, less ready people
- Applicable in a wide range of situations for diverse populations
Session II

SPIRIT OF MOTIVATIONAL INTERVIEWING
Closed Fist

Partner Up
Choose Person #1, Person #2

Person #1
– This is your fist and you will do with it what you want

Person #2
– Get Person #1 to open their fist using only power of conversation. No bribes, threats or force allowed
WHAT IS MI SPIRIT?

- Partnership
- Compassion
- Acceptance
- Evocation

Motivational Interviewing 3rd ed.
MI SPIRIT

Partnership
A Non-judgmental Partnership/Collaboration that Respects the Client’s Expertise.

Acceptance
“One honors each person’s absolute worth and potential as a human being, recognizes and supports the person’s irrevocable autonomy to choose his or her own way, seeks through accurate empathy to understand the other’s perspective, and affirms the person's strengths and efforts.”

Motivational Interviewing 3rd ed.
MI SPIRIT

Compassion
To actively promote the other's welfare, to give priority to the other's needs

Evocation
Change is the client’s responsibility; personal choice is respected
“MI with someone is like entering their home. One should enter with respect, interest and kindness, affirm what is good, and refrain from providing unsolicited advice and rearranging their furniture.”

(An Alaskan elder reflecting on an MI Workshop)
Boxing Up
Session II

CORE MI SKILLS
Practical Application

“What do I do when I have a challenging or ‘non-compliant’ patient?”

**BEHAVIORS**
I often say ..... 

**FEELINGS**
I feel ....
Core MI Skills

Resist the Righting Reflex
Ambivalence

When we feel two ways about something

Ambivalence normally precedes change
I know I’m supposed to lose weight for my blood pressure, but diets just don’t work for me. I do walk some.

This cold is really getting me down. I respect that you don’t like to give out antibiotics but I really need something to knock this thing out.

I know I’m killing myself every time I light up, but this just isn’t a good time to quit.

PT helped last time but the pain is much worse this time around; I think maybe surgery is a better route.
The “Righting Reflex”

Patient:
- presents as not ready to change, stuck, or with reasons why s/he can’t change

Practitioner:
- has well-intentioned desire to help or fix people
Resisting the “Righting Reflex”

Bill Miller on the Righting Reflex
Reactions to “Righting Reflex”

When the practitioner takes on one side of the argument, the patient defends the other side. People become more committed to the position they defend. Challenging ambivalence can lead to decreased motivation!

Mr. Smith's Smoking Evolution
Discord is a predictor of poor clinical outcome (Miller & Rollnick, 2002)

Pushing against what we perceive as resistance tends to focus on and amplify it (Hettema, Steele & Miller, 2005)

Higher member discord led to increase in confrontational behaviors in health professionals (Francis, Rollnick, McCambridge et al., 2005)

A provider’s interactions can evoke counter-change talk or discord from the member (Moyers & Martin, 2006)
Resist the Righting Reflex

The least desirable situation is for the provider to argue for the change while the member argues against it.

By simply reducing discord, we increase the odds of a good clinical outcome. (Miller & Rollnick, 2002)
Patient with HF: “I know I should cut back on my portion sizes to lose weight. But we eat out a lot and all the restaurants serve so much tempting food.”

Response #1: “Have you ever thought about not eating out so much or just eating half of what they bring you?”

Response #2: “I understand it’s hard, but there are severe complications to proceed with surgery if you stay this overweight.”

Response #3: “You’ve been thinking about this and have narrowed down the biggest issue for you.”
Mr. Smith's Smoking Evolution
So far...

- **Case for Motivational Interviewing**
  - Tsunami of Behavioral Issues (CDC data)
  - Quadruple Aim (Unburdening Providers)
  - Most effective intervention for Behavior Change

- **Experienced Real Play**
  - Usual Care
  - A Taste of MI

- **MI Nuggets**
  - Targeting Lifestyle, Interpersonal Issues, Addiction
  - Partnership Model, honoring Autonomy
  - Being Curious
  - Resisting the Righting Reflex (“Yes, but”)
Session II

THE MOTIVATIONAL PRECEPTOR
Individual Brainstorm

Where is MI part of your teaching today?

Where could you insert more MI into teaching?

What resistance or challenges have you met?
Group Brainstorm

Share how you use MI in your teaching today.

What ideas do you have to insert more MI into teaching?

What ideas does the group have to work with resistance?
MI Precepting Opportunities

Describe a typical case presentation by a trainee that where a behavior change conversation may be helpful? (Groups of 3 – 4)

- **Patient**
  - Diagnosis
  - History
  - Behaviors

- **Resident**
  - How do they describe the patient?
  - What do they ask for?
  - How are they feeling?
Group Report Out

What’s working today?

What ideas do you have to insert more MI?

How can you role with resistance?
What do I do when a student or residents has a challenging or 'non-compliant' patient?

**BEHAVIORS**
I often say ..... 

**FEELINGS**
I feel ....
Group Report Out

- Patient
  - Diagnosis
  - History
  - Behaviors
- Resident
  - How do they describe the patient?
  - What do they ask for?
  - How are they feeling?
Motivational Precepting

Ask the trainee’s to explore the issue from the patient’s perspective:

– What has gone well in the patient’s life lately? (Reinforce strengths)
– Are there ways to reflect the ambivalence and support autonomy?
– What are pros and cons of behavior
– How important is the change to the patient (1-10)?
– How confident are they in their ability to change (1 – 10)?
Motivational Precepting

1) Help them distinguish between a medical consultation and a behavior change consultation;
2) Be transparent about the shift in strategies;
3) Initial goal is not MI proficiency – it is eliminating the MINAs and being more patient-centered;
4) Ultimate goal (with more training and feedback) is cultivating Change Talk.
More MI Core Skills

Interviewing (OARS)

Eliciting Change Talk (DARN CAT)
MI Interviewing Skills (OARS)

Open-Ended Questions
Affirmations
Reflections
Summaries
Open-Ended Questions

Usual question may be:
How much alcohol do you drink everyday?

Translated into MI speak:
*Tell me about your drinking.*
Examples of Open Questions

• Help me understand ____...
• How would you like things to be different?
• What are the good things about ____ and what are the less good things about it?
• Tell me more about your thoughts on....
• What have you tried before to make a change?
Affirmations

Words of Encouragement
Attempts
Hopes
Achievements
Accomplishments
Any positive reflection about the person.
Affirmation Examples

“You really care about your family.”

“This is hard work that you are engaged in.”

“It took a lot of courage coming in today knowing how worried you were about your test results.”
Reflection

Understanding what the patient is thinking & feeling and saying it back.

*No questions* just reflection. In MI, the clinician uses reflection to convey empathy and understanding. To see the world through the eyes of the patient.

Reflections aren't always easy
Summary

A complex reflection of more than one patient statement:

_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Reflect ambivalence

Reinforce patient’s motivation to change
Skills Demo

OARS
Core MI Skills

Resist the Righting Reflex
(I’m right)

Inviting Change Talk
(You’re in charge)
Change Talk

Change talk is when you hear and evoke statements about:

Desire for change
Ability to succeed with the change
Reasons and need for change
Commitment and action to make the change
Taking Steps toward change
D A R N – C A T

 Desire: Why do you want to make this change?
 Ability: How might you be able to do it?
 Reason: What is one good reason for making the change?
 Need: How important is it, and why? (0-10)
 Commitment: What do you intend to do?
 Activation: What are you ready or willing to do?
 Taking Steps: What have you already done?
Desire: Preference for change

“I want to….” (I want to get rid of this pain)
“I would like to…” (I would like to play more with my grandkids)
“I wish…” (I wish I could lose some weight)

(Desire statements tell you about the person’s preferences either for change or for the status quo.)
“I could…” (I could probably take a walk before supper)  
“I can….” (I can imagine making this change)  
“I might be able to…” (I might be able to cut down a bit)  

(The ability-related change talk also signals motivational strength. “I definitely can” reflects much stronger confidence than “I probably could” or “I might be able to”.)
Reasons: Arguments for Change

“I would probably feel better if I…….”
“I’m sure I’d feel better if I exercised regularly.”
“I need to have more energy to play with my kids”
“This pain keeps me from playing the piano.”
“Quitting smoking would be good for my health.”

(Change talk can express specific reasons but reasons can occur along with desire verbs)
Need: Feeling compelled to Change

“I have to…..” (I must get some sleep)
“I really should…..” (I really should get more exercise)
Commitment:
“I will work toward this change.”
“I will start on Wednesday.”

Activation:
“I am ready to do this.”
“I budgeted for a gym membership.”

Taking Steps:
“I cut back on the number of cigarettes I smoke.”
“I started walking the stairs instead of using the elevator.”
Drumming for Change Talk
MOTIVATIONAL INTERVIEWING
POCKET GUIDE

PARTNERSHIP, ACCEPTANCE, COMPASSION, EVOCATION

Work together in the patient’s interest. Express empathy, honour autonomy, acknowledge strengths, and elicit the patient’s own motivation.

Ask Open Questions
What...?
Why...?
How...?
Tell me about...?

Reflect what you hear
(epecially change talk)
It’s like...
You feel...
It seems to you...
You would like to...

Give the patient the good lines
D: I want to... I would like...
A: I can... I am able to...
R: I have reasons to...
N: I need to... I have to...
C: I will, I intend to...
A: I am willing, I am ready to...
T: I have, I am taking steps...

Advice and Information
Elicit-Provide-Elicit
E: What do you know about...?
What are your thoughts about...?
P: May I provide some information/ideas?
Where possible, suggest a range of options
E: What do you make of that/what might be helpful for you?

Assess Importance & Confidence
How important is it to you to...?
How confident are you that you can...?
What makes you a ... and not a (lower #)?
What would it take to lift your confidence/importance to a (higher #)?

Engage first
Explore options to find a focus
Evoke reasons, strengths and values
Plan together