MOTIVATIONAL INTERVIEWING:
WORKING WITH PEOPLE TO IMPACT CHANGE

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As the presenter of this Continuing Medical Education session on Motivational Interviewing, I disclose that I have no financial or commercial interests that pose any actual or potential conflicts of interest that would prevent me from delivering an unbiased continuing education program. I have no relevant financial or non-financial relationships to disclose.
MOTIVATIONAL INTERVIEWING

Part 1: A Brief Introduction to Motivational Interviewing: Basic Principles and Techniques
(May 9, 2014)

Part 2: Applications to Case Scenarios
(May 23, 2014)
PART 1: OVERVIEW

What Motivational Interviewing is and isn’t
The “Spirit” of Motivational Interviewing
The four guiding principles
What Motivational Interviewing looks like
(vs. the Biomedical Approach)
THE MYTH OF THE UNMOTIVATED PATIENT

Patients are “stubborn”, “lazy” “don’t care about their health,” won’t do what they know is good for them”

Motivation for change is quite “doable” in the context of relationships.

It’s the way we talk to patients that can substantially influence their motivation to make behavioral changes.
INTRODUCTION TO MOTIVATIONAL INTERVIEWING (MI)

- “Motivational interviewing” is misleading
  - MI is about assessing motivation, not about motivating people

- MI tailors skills and strategies to patients’ level of motivation

- MI involves shifting away from convincing and persuading toward helping patients make their own arguments for change
Motivational interviewing is:

- person-centered
- A guided method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence and resistance*

*Resistance is the norm
THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

“Motivational Interviewing is not a technique for tricking people into doing what they do not want to do. Rather, it is a skillful clinical style for eliciting from patients their own good motivations for making behavior changes in the interest of health. It involves guiding more than directing, dancing rather than wrestling, listening at least as much as telling. The overall “spirit” has been described as collaborative, evocative, and honoring of patient autonomy.”

“THE RIGHTING REFLEX”

The “righting reflex” is: health professionals’ strong desire to set things right, to heal, to prevent harm, and promote well-being. There is motivation to correct another’s course which is automatic, almost a reflex.
INCORRECT ASSUMPTIONS

People are motivated to do what is good for their health (their may be other things the person is more motivated to do)

Assume “at risk” behavior is rational; fact is we are often motivated by “irrational” or our own rationality which arises out of circumstances in our lives—our “habits are value laden. For example feelings of “emptiness” is common today—many try to fill the emptiness with comfort food or numb the pain with alcohol.
FOUR GUIDING PRINCIPLES

- **R: Resist the righting reflex**
  - The paradoxical effect ("Yes, but...")

- **U: Understand your patient’s motivations**
  - Patient’s own reasons for change

- **L: Listen to your patient**
  - When it comes to behavior change the answer lies within patient

- **E: Empower your patient**
  - Helping patients explore how they can make a difference in their health
THE PARADOXICAL RESPONSE

If you argue for the “good” side of the person’s internal argument (e.g., should exercise more, eat healthier) the patient’s natural response is to provide a stronger argument for the other side (reasons why not to)

“Yes, but....”

Understanding the patient’s reasons for change (change talk—patient’s argument for change) helps build intrinsic motivation
DECISIONAL BALANCE

Patients are aware of the benefits and downsides of making a change. This needs to be explored. The balance need to be tipped for change to occur. Explaining the benefits to a patient who is not ready forces the patient to argue the downside.
**EXAMPLE**

**Practitioner:** “Well, if you did decide to exercise more, that would not only help your knee but also help you lose weight and improve your mood, you know. Exercise makes people slimmer, fitter, and feel better.”

**Patient:** “Yes, I know that, but, I can’t help thinking that if I exercise while my knee hurts, even with gentle things like swimming, that I am doing more damage to it, despite what you say about those studies you read.”

Bruce Berger, AUMITI Training, 2011
CHANGE AND RESISTANCE

Issue resistance (e.g., “I don’t like taking pills”)
- Empathize and explore

Relational resistance (e.g., “I told you, I am not ready to quit smoking.”)
- Respect the resistance, roll with it, apologize, when appropriate, and shift

Definition of resistance: Not wanting to go where someone is trying to take you
PERSUASIVE COMMUNICATION

Is NOT the solution to resistance!

Understanding, exploration, and patience are the solution.
MOTIVATIONAL INTERVIEWING SKILLS: KEY ASPECTS TO COMMUNICATION

- Look for opportunities to reflect back your understanding
- Use open-ended questions
- Identify the motivational issues
- Three ways to respond (all are patient-centered)
  - Follow (reflect: reiterate understanding)
  - Inform (ask permission e.g., “Can I tell you what some other patients have tried...?”)
  - Guide—respecting patient autonomy (“What would you do? What are your thoughts?”)
Assess the patient’s understanding of his/her illness and treatment
Ask permission to provide information
Explore the patient’s upside and downside regarding change
When faced with ambivalence EXPLORE, don’t explain
3 minutes of MI is more effective than 17 minutes of the Biomedical approach (“telling”)*

*Berger, Bruce, AUMITI Training, Auburn University, May 2011
Explore the menu of options

**HCP:** There are three things you can work on to get your cholesterol down..taking your medicine, modifying your food choices and increasing your activity. Taking your medication will probably have the quickest impact. What are your thoughts?

What is most doable for you right now?
THE FIVE GENERAL PRINCIPLES OF MOTIVATIONAL INTERVIEWING:

Roll with resistance
Express empathy
Avoid argumentation
Develop discrepancy
Support self-efficacy
ROLL WITH RESISTANCE

Use understanding, empathy
Get clarification
New perspectives are invited, not imposed
Don’t give person a reason to resist more
Resistance is a signal to respond differently
Repeat back your understanding
The person is a primary resource in finding answers and solutions
EXPRESS EMPATHY

- You seem______”
- “In other words...”
- “You feel ___ because ___”
- “It seems to you...”
- “As I understand it, you seem to be saying...”
- “I gather that...”
- “You sound......”

(Whatever you choose to say, should come across as genuine concern)
TYPES OF EMPATHY/REFLECTION APPROACHES:

Repeating: simply repeats back the statement as is with affect

Rephrasing: slightly rephrases the thoughts and feelings of the speaker—“Giving yourself insulin injections worries you because you don't like needles and you've never given yourself injections.”
DEVELOP DISCREPANCY

Good things and less good things about change
Pros and cons
Throws the patient's system out of kilter
Restate the discrepancies
Change is motivated by a perceived discrepancy between present behavior and important personal goals or values
Creates dissonance
Use a look over the fence
Dissonance is motivating
AVOID ARGUMENTATION

Don’t add to the person’s resistance

Argumentation forces people to defend the behavior you are trying to change

You want them to feel you are on “their” side (in reaching larger goals)

Feelings aren’t arguable
SUPPORT SELF-EFFICACY

- A person’s belief in his/her capacity to change
- Acknowledge when the person is doing anything in the direction of a positive health change (including thoughts about changing)
- Let the person know that you noticed
- The provider’s own belief in the person’s ability to change can be powerful (people are sensitive to provider’s reactions)
REMEMBER:
When hit with resistance, explore, don’t explain.
SOME MI TOOLS

- A typical day
- A look over the fence
- The envelope
- Confidence/Importance rulers
CONFIDENCE/IMPORTANCE RULERS

Tools for assessing:
- Importance
- Confidence

Scale from 1 to 7 or 1 to 10

How important is this change for you?
How confident are you that you can make this change if you want to?
Why did you choose a ____, not a 1?
Elicits change talk
KEY CONSIDERATIONS

Determine what the patient understands about his current condition

Establish the patient's susceptibility/risk if the illness is not treated (e.g. high blood pressure) or the behavior is not changed (e.g. smoking cessation).

Help patients identify and set meaningful treatment goals.
(CONT’D)

Focus on a single issue of the patient’s choice
- Address the patient’s line of reasoning (what is their core issue—identify this first)
- Elicit patient’s reaction
- Summarize conclusions and explore commitment

Responding with appropriate empathy and reflections throughout.
CASE 1

Katie Preston: 11 year old female; normal weight and BMI

Prior to her last PCP visit, 2 months ago, she was 6 lbs. overweight.

She has since lost the weight since

She is here with her mother for nutrition counseling follow-up (requested by her mother)

Katie is interested in diet supplements to reach her “ideal weight”
First thoughts?
IMPORTANT “TAKE AWAYS”

- Your role is not to “fix” “make right”; your job is to listen, support, inform so patients can choose for themselves what is important and what is “doable”

- Change takes time; good health care provider relationships will gain patient trust. Initial investment in aligning with patient will lead to more trust in your guidance

- Don’t try to address everything in the first meeting. Review the menu of options with patient and ask patients what they can do now
Most of us have been so heavily trained in the “telling”, advising mode (biomedical/righting reflex) that it feels second nature.

You may recognize yourself slipping into this mode, but changing your approach is possible with patience.

Ask yourself, “is this working?”, “What would I do differently the next time?”
Insanity: Doing the same thing over and over again and expecting different results.

Albert Einstein
TEN MOTIVATIONAL INTERVIEWING TIPS (FROM MILLER AND ROLLNICK, MOTIVATIONAL INTERVIEWING, 2ND ED, 2002)

Always keep the spirit of motivational interviewing in the forefront of everything you do....the spirit is caring and love (agape) of the patient...they are what is most important....not your needs.

Resistance and ambivalence are relational...when you experience them, you need to change how you are talking to the patient and EXPLORE....
Remember that change talk on the part of the patient means that the conversation is in the right direction...resistance is the signal that you have veered off course.

Unless a current "problem" behavior is in conflict with something that the patient values more highly, there is no basis for motivational interviewing.
Your patients are your teachers. Every patient offers an opportunity to shape and refine your reflective listening skills. Every patient TEACHES YOU what is important to them if you pay attention.

No matter where patients start in their readiness to do the target behaviors, you can tell you are on the right track when your communication enhances commitment/change talk.
Learn to notice your own emotional and behavioral responses to the patient's dissonance and ambivalence. Become more aware of what takes place inside you when the patient resists (keeping in mind that your communication is contributing to the resistance). Learn to be aware of your anxiety and learn to have it act as stimulus or cue to respond differently...to explore....to realize that the patient is providing valuable information that is disconcerting to YOU.
Whenever you defend the "good side" of patient's ambivalence or resistance (why the patient should take the drug, stop smoking, lose weight), you force the patient to take the "bad side" (not take the drug, etc). Remember, ambivalence occurs BECAUSE the patient weighs the good and the bad equally. Don't force the patient to defend the bad...EXPLORE! Ask questions...what would have to happen? What would make you more ready? Confident? Etc.
SUGGESTED READING


