

Motivational Interviewing: Driving Collaborative, Effective Change

CODAC Behavioral Healthcare



Today's Objectives

- Explore the MI spirit
- Identify basic MI skills
- Practice 5 skills in the MI tool kit
- Identify common traps and how to avoid them
- Learn specific strategies for brief interventions
- Encourage you to put MI into practice

Part One: Laying the Foundation



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Exercise: Influencer & Intros

Definition of Motivational Interviewing

Motivational Interviewing is a ***collaborative, goal-oriented*** style of communication ***with particular attention to the language of change.***

It 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.***

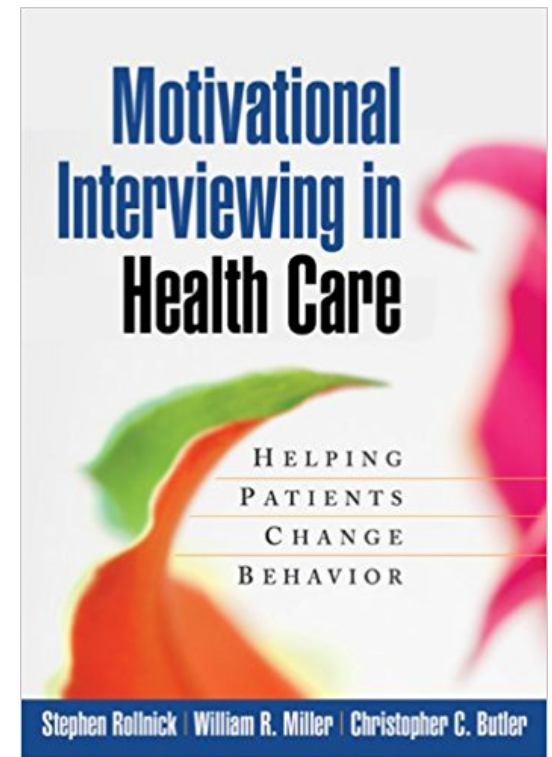
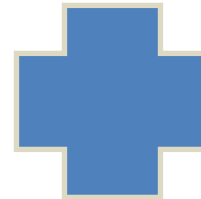
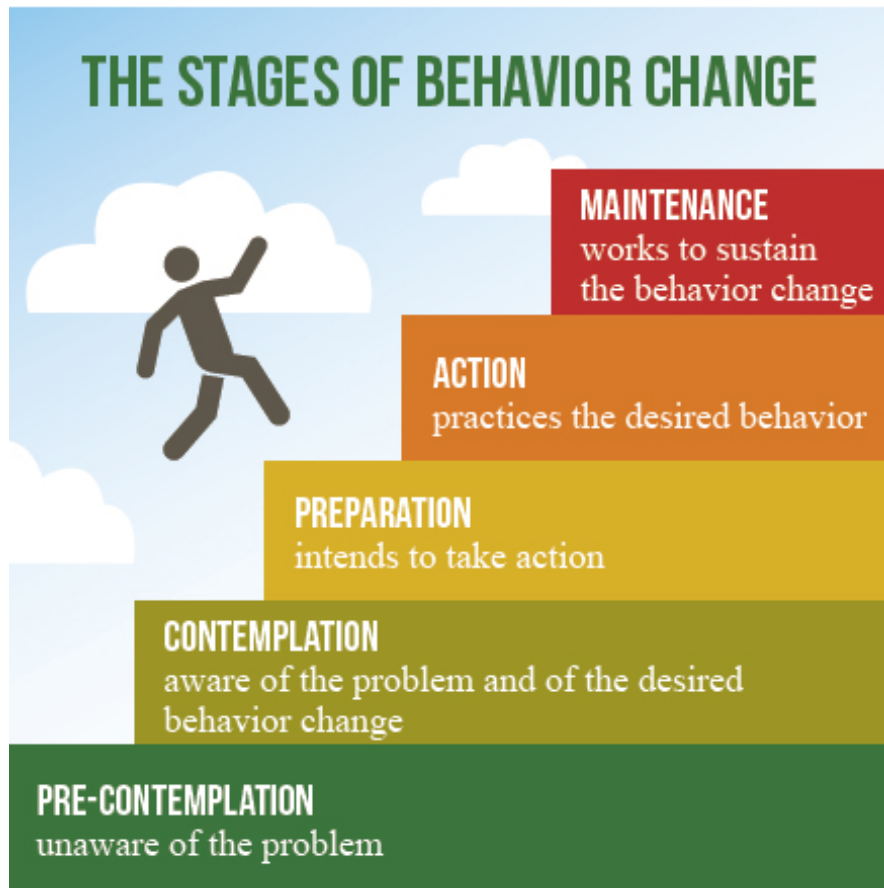
Warning!

Even in fast-paced environments, be aware that adopting an MI approach has predictable, unavoidable side effects.

- Increased patient/client satisfaction
- Improved health outcomes
- Reduction in clinician stress, turnover and burnout
- Expanded experience of communicating effectively and having enough time to do so
- More enjoyment of your work and LIFE



How Humans Make Behavior Changes



Motivational Interviewing Spirit

Collaboration – come alongside, honor client's wisdom, recognizing they are expert on their life

Evocation – elicit vs. impart - “Ask don't tell.”

Autonomy – ability to chose, empowerment

Compassion – empathy, understanding their competent world view

Phil Dunphy on Empathy



Why the Spirit Matters?

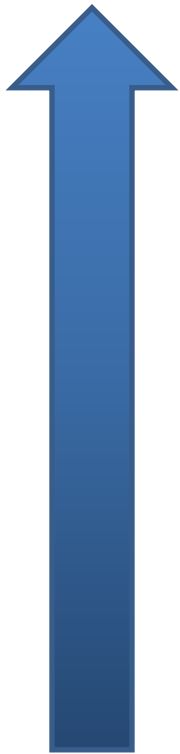
“We are generally the better persuaded by the reasons we discover ourselves than by those given to us by others.”



Blaise Pascal

Process: Discovering Our Own Reasons

Desired
Future



PLANNING

EMPOWERMENT supports self-efficacy, confidence and autonomy.

EVOKING

HEIGHTENING AMBIVALENCE allows people to be heard and believed while clarifying the two sides of an identified change goal.

DEVELOPING DISCREPANCY increases importance and creates subtle discomfort allowing new perspectives about changing to emerge.

FOCUSING

SELECTING A TARGET BEHAVIOR allows time to be used effectively.

ENGAGING

EXPRESSING EMPATHY creates a sense of radical acceptance, rapport, compassion and collaboration.

Now

Skills and Strategies: OARS

- ♥ O: Open-ended questions
 - ...have more than a yes/no or one-word answer
- ♥ A: Affirmations
 - ...notice their strengths and values
 - ...listen for dreams of a desired future
- ♥ R: Reflections
 - ...are empathic and create a sense of connection
 - ...more reflections than questions = improved outcomes
- ♥ S: Summaries
 - ...use during transitions and to end the conversation
 - ...selectively highlight content favoring change

Open-ended Questions

- Allow the person to think, prioritize information and give you a more complete picture of their lives
- Have more than a yes/no or one word answer
- Give you the opportunity to identify strengths, values and past, existing or potential resources
- Encourage the person to flesh out their desired future and the actions and outcomes that will create it

Example:

Client: *"I haven't been taking my meds everyday. I don't know why."*

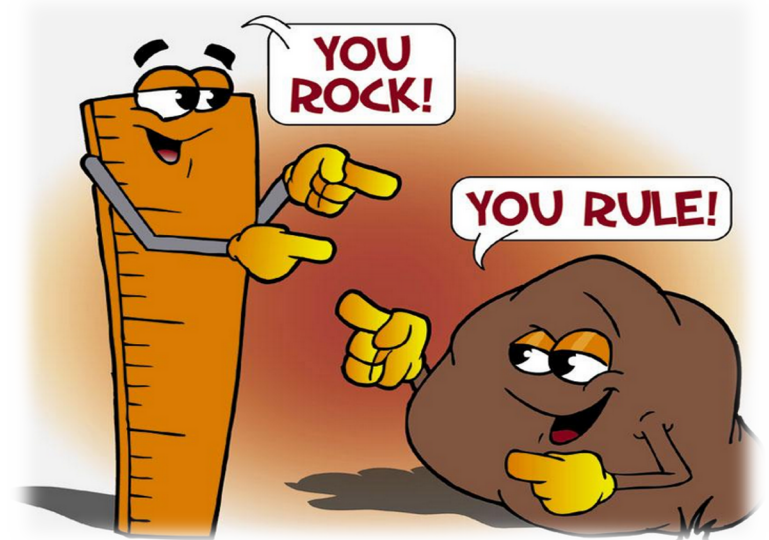
Clinician: *"How many days did you take them?"* vs.

"What is different about the days you DO take them?"

Affirmations

Notice the person's:

- Strengths
- Values
- Past success
- Existing success
- Resources (past, present or potential)
- Listen for the dreams of a desired future



Affirmations must be genuine and unforced.

Affirmations must be phrased in a way that avoids implicit judgment. Ex. *"I think you're doing great, Bob!"*

Look for Change Talk: DARN-CAT

Desire – *“I don’t want to die of cancer like my mom.”*

Ability – *“I know which foods are healthy.”*

Reason – *“Smoking isn’t good for me.”*

Need – *“I need to start taking my meds every day.”*

Commitment – *“I’ll make an appointment on the way out.”*

Activation – *“I am going to lose 5lbs. to start.”*

Taking Steps – *“I will call the Quitline.”*

Ambivalence is Normal

Change Talk lives in the world of **Sustain Talk**.

- There are always pros and cons to making a change.
- It is absolutely normal to feel ambivalent or to shift toward and away from motivation toward change.
- A skillful clinician finds the ember of Change Talk and fans it into the flame of motivated action.



Reflections and Summaries

♥ R: Reflections

- ...are empathic and create a sense of connection
- ...use more reflections than questions
(2:1 ratio = improved health outcomes)
- ...simple reflections paraphrase what the client said
- ...complex reflections expand on what the client said
- ...are a Win-Win. Get it right or wrong. You still learn helpful information that supports making a change.

♥ S: Summaries are “bouquets of reflections”

- ...use during transitions and at the end of the conversation
- ...selectively highlight **Change Talk**

Own Your Reflection

Client: *“I haven’t been taking my meds everyday like the doctor said. I don’t know why.”*

Simple Reflection – *“You’re not taking them as the doctor instructed.”*

Complex Reflection – *“It’s been hard to get into a groove.”*

Own your reflection. It’s a win if you are right and, if you are wrong, the person will set you straight, giving you even more information to use moving forward. Avoid beginning with:

- *“I hear you saying...”*
- *“So...”*
- *“It sounds like...”*

Complex Reflections

Client: “It’s been so hard to quit smoking. With Jack out of work the stress has been terrible, but I know that I need to take care of myself, too. My doctor said it’s time, but I enjoy it and don’t know how to quit.”

Complex Reflections come in many flavors:

- Unspoken emotion
- Unspoken meaning
- Overshooting
- Undershooting
- Continue the paragraph
- Double-sided



Eliciting Change Talk: Complex Reflection

SKILL: Double-sided Reflection

A double-sided reflection is powerful because it contrasts the patient's own pros and the cons of making a change.

The format is simple

“On one hand... AND on the other hand...”

Ex. “On one hand you enjoy doughnuts and candy and on the other hand you are pretty shocked about the 8lb. weight gain since you were here last month.”

Note that the reasons for change are at the end so the patient focuses on them.



Exercise: Reflecting

Part Two: Diving Deeper

Trap - The Righting Reflex



It's Not About the Nail



Avoiding the Righting Reflex Trap

- Your health education information and suggestions are perfectly reasonable, evidence-based, etc.
- Be willing to put them to the side for a moment anyway.
- **Psychological reactance** – When we were kids we called this, “You aren’t the boss of me!”
- **Compliance** is an escape mechanism. I agree to get away from the situation. Remember...flight is half of the stress response.



New research from evolutionary psychology – MI eliminates the subconscious, physiological stress of determining social hierarchy. This matters most in environments where unequal power is built into the system.

So How Do I Provide Information?

Elicit – Provide – Elicit Model

1. ELICIT client's ideas, needs
2. Ask PERMISSION to share information
3. PROVIDE *relevant* advice, information or a menu
4. ELICIT client's reactions & commitment to taking the next step.



Eliciting Change Talk: Scaling Question

SKILL: Importance Scale

Using a two-part scaling question elicits change talk very quickly and is perfect for very brief interventions.

Part One: “On a scale of 0-10, where 0 is GOAL is not important at all and 10 is that GOAL is very important what number are you now?”

Example:

Clinician: “On a scale of 0-10, where 0 is losing 20lbs. is not important at all and 10 is that losing that weight is VERY important to you what number are you now?”

Patient: “I guess I’m a 6.”

Eliciting Change Talk: Scaling Question

SKILL: Importance Scale

Part Two: “*Why aren’t you a LOWER number?*”

Example:

Clinician: “Ok, you’re a 6. Why aren’t you a 2?”

Patient: “Well, I am trying to get more exercise and I’ve backed down to two Cokes a day. I used to drink at least 4. And I’m drinking water at my desk at work...”

*Clinician: “You’ve already made and **maintained** some important changes.”*

Patients expect you to ask why they aren’t a HIGHER number. Your question surprises them and helps them notice and build upon existing successes.

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Exercise: Scaling Question

Planning Comes Last

Think to Yourself -

- Does this feel like a collaborative partnership?
- Am I maintaining a sense of quiet curiosity?
- Am I evoking rather than prescribing a plan?
- What kind of support/resources will work best for this person?
- Am I asking permission to give information or advice?

Summarize and Ask -

- *“Given what we’ve discussed, what might be a reasonable next step?”*
- *“You already X, Y, Z (Change Talk). Where do we go from here?”*

Today's Objectives

- Explored the collaborative MI spirit
- Practiced 5 skills in the MI tool kit
- Identified traps and how to avoid them
- Encouraged you to put MI into practice to increase the effectiveness of even brief interventions and generate improved health outcomes

Takeaway

Rita Charon, a doctor and the executive director of Columbia University's Narrative Medicine program, advocates for medical practitioners to adopt "the clinically powerful stance of radical ignorance..."

*"As long as I don't assume **anything** about the person in my care, I may learn something that will help."*



Questions?

Resources for Learning MI

- Motivational Interviewing Network of Trainers <http://www.motivationalinterviewing.org/>
- Motivational Interviewing (hosted by the Mid-Atlantic Addiction Technology Transfer Center <http://www.motivationalinterview.org/>
- UMass Center for Integrated Primary Care: Certificate of Intensive Training in MI <http://www.umassmed.edu/cipc/>
- Health Education & Training Institute (HETI) <http://www.hetimaine.org/>
- Motivational Interviewing in Health Care (Rollnick, Miller, Butler) <https://www.guilford.com/books/Motivational-Interviewing-in-Health-Care/Rollnick-Miller-Butler/9781593856120/reviews>



Thank you!

