

Motivational Interviewing

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Spirit of MI

- **Collaborate** -- partnership that honors patient's perspectives
- **Evoke** -- enhance patient's intrinsic motivation for change
- **Autonomy** -- clinician affirms patient's right for self-direction and facilitates informed choice

Models of Care

<p>TRADITIONAL</p> <ul style="list-style-type: none"> • Assumes knowledge drives change • Clinician sets agenda (in session and treatment plan) • Goal is compliance • Decisions made by clinician 	<p>COLLABORATIVE</p> <ul style="list-style-type: none"> • Believes knowledge + confidence drives change • Patient sets agenda • Goal is enhanced confidence • Decisions made collaboratively
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How will I know if I am using MI successfully?

- Patient is doing most of the talking.
- Patient is using a lot of change talk.
- Resistance is minimized. It feels like collaborative team work.
- Patient is doing most of the work toward change.
- Provider and patient feel hopeful.

Goals of Part II

- Understand the benefits of MI
- Develop awareness of when your approach is not clinically beneficial to patient care
- Develop clinical skills to utilize MI in a therapeutic setting
 - Reflective listening and summarizing
 - Evocative questions for eliciting behavior change
- Action plan

Beliefs for Behavior Change

- People have difficulties with behavior change because
 - 1) They are not clear on the **IMPORTANCE** of change.
 - 2) They do not feel **CONFIDENT** in their ability to change.
 - 3) They are not **COMMITTED** to action.

Ingredients for change: DARN-C

- DESIRE**
 - I want to feel less depressed.
 - I want to stop having health problems.
- ABILITY**
 - I can feel better if I schedule more activities in the day.
 - I can help my health if I check my blood sugars regularly.
- REASONS**
 - Not doing anything during the day affects my mood.
 - Uncontrolled blood sugars affect my whole body.
- NEED**
 - I need to do this so I can return to work.
 - I need to do this so I do not get more sick.
- COMMITMENT**
 - I will work with my therapist to engage in better self-care.
 - I will make a schedule for my blood sugar checks and plan the meals I eat.

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Importance & Confidence

High Importance	1	4
Low Importance	2	3
	Low Confidence	High Confidence

- Willing & able (4)
- Able but unwilling (3)
- Unwilling & unable (2)
- Willing but unable (1)

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Processes and Principles in Motivational Interviewing

General Principles

- EXPRESS EMPATHY
 - Reflective listening, validation, and genuine understanding
- DEVELOP DISCREPANCY
 - Between current behaviors and broader goals & values
 - Focuses on the importance of change
- ROLL with RESISTANCE
 - Follow and understand, reflect, and/or reframe
- SUPPORT SELF-EFFICACY
 - Enhance patient's confidence

R-U-L-E

Roll	Resist the righting reflex (resist directing or correcting; roll with resistance)
Understand	Understand your patient's motivations (evoke)
Listen	Listen to your patient (with empathy)
Empower	Empower your patient (build confidence; support self-efficacy)

What is the righting reflex?

- Creates more resistance, less collaboration, and increases top-down approach.
- What can you do when you find yourself in this trap?

PRINCIPLES (RULE)	PROCESSES
1. EMPATHY - Understand reality of patient's situation	1. ENGAGE - Listen and understand their dilemma - DARS (next slides)
2. DEVELOP DISCREPANCY - Focus on personalizing their desire and reasons for change	2. FOCUS - Set agenda, find a common focus, create ambivalence to then work on resolving, provide information
3. RESIST THE RIGHTING REFLEX - Stay with them without pushing or instructing	3. EVOKE - Selective listening and responding, selective summaries (this is where it is directive) toward change talk
4. SUPPORT SELF-EFFICACY - Help them find the ways that will enable them to be successful	4. PLAN - Moving towards change, planning goals/steps to take, obtain commitment

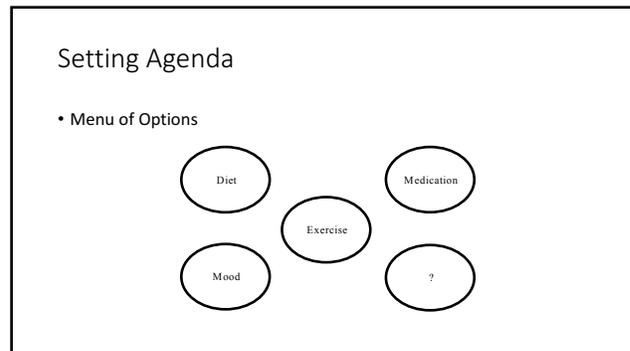


- ### Key Concepts
- Understand how patient sees the problem
 - Use of active listening and reflection to facilitate understanding
 - Asks purposeful motivation-driven questions to elicit this information
 - Explore and resolve ambivalence
 - Bring light in genuine fashion to discrepancies
 - Motivation to change is spoken by patient
 - It is patient's task to resolve ambivalence - and is priority
 - **Motivation over course is more important than initial**
 - **Resistance and denial are environmental-based and not character trait**

Focusing

- ### Focusing
- Focusing means knowing what behavior change you are addressing and where the direction of session is going.
 - Focusing involves:
 - Choosing topic/behavior through setting agenda with patient.
 - Listening for ambivalence to then explore for resolution.

- ### Setting Agenda
- Open-Ended Questions
 - "What would you like to make sure we take care of today?"
 - "Tell me, what would you like to discuss as it relates to your anxiety?"
 - "What are your concerns?"
 - "What is most important for us to work on today?"



Engage

OARS to Engage with Patients

- Ask **OPEN-ENDED** Questions
- AFFIRM**
- Listen **REFLECTIVELY**
- SUMMARIZE**

Open v. Closed?

- What do you like about drinking?
- Where did you grow up?
- Are you willing to come back for a follow-up visit?
- What brings you here today?
- In the past, how have you handled a situation like this?

Creating Open-Ended Questions

- Do you know that being overweight in pregnancy increases your risk miscarriage, gestational hypertension, and pre-eclampsia?
- Do you want to feel less depressed?
- Have you been thinking about quitting smoking?
- Are you feeling better today?

Open-Ended Questions

- Involve **more than a one-word** response; also involve some thought on part of patient
- Requests **elaboration** - "Tell me more..."
- Supports **patient to do most of the talking**
- Examples: disadvantages of status quo, advantages of change, optimism for change, intention for change
- Ask open-ended question and **follow with reflective listening**

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Motivational Interviewing in Health Care

HELPING PATIENTS CHANGE BEHAVIOR

Stephen Rollnick · William R. Miller · Christopher C. Butler

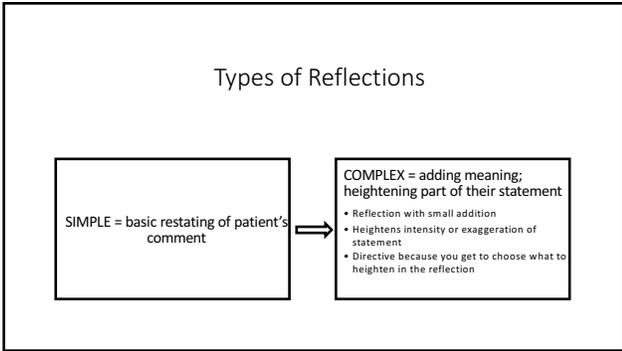
Motivational Interviewing in Health Care

- **Questions or skills to start or end the encounter**
 - *Where does this leave you now?*
 - *What's the next thing you want do from here?*
 - *Given our time may be limited, what's most important to address? Or what final comments do you have?*
- **Question/Answer trap**
- **Closed-ended to funnel down for specifics**

Forming Questions Worksheet

Listen Reflectively

<https://www.youtube.com/watch?v=7HA8z8kmg>



- ## Qualities of Reflective Listening
- Statements, not questions
 - Voice goes down versus up
 - Starts with *so, sounds like, it seems*, etc.
 - Can amplify meaning or feeling for more strategic use
 - Takes practice but you get feedback!

Complex Reflections

I can't handle this pain. It's the worst I've ever felt.

Type	Intent	
Paraphrase	Moves beyond the other's words and presents information in a new light	<i>It's like you're wondering what will ever bring some relief.</i>
Amplified	Overstates what the other has said, often increasing intensity by pressing on the absolute or resistant element	<i>It's the absolute worst; there's no way you've coped or can continue to cope.</i>
Double-sided	Reflects both parts of the other's concern or ambivalence	<i>On one hand it feels so difficult to think about dealing with it & on the other hand you've shown how strong you are coping thus far.</i>
Affective	Addresses the expressed or implicit emotion	<i>This discomfort really makes you feel hopeless.</i>

- ## Why focus on reflections?
- Clarifies your understanding patient
 - Generate more change talk than responses to questions
 - Supports collaboration
 - Ratio = 2 reflections per every questions

Practicing Basic Reflective Statements

- "Batting Practice"
 - One person throws out a pitch (specific patient statements or something about themselves)
 - Batter responds with a REFLECTIVE statement to the pitch. Pitcher does not have to respond.

Complex Reflections Worksheet

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Motivational Interviewing in Health Care

- Be mindful of non-verbal behavior
- Actively listen while silencing inner chatter
- Can take as little as 1-2 minutes
- Concerned about time or opening can of worms?
 - Develop intro-statements
 - Prep closing summary statements
 - Remember the inherent value of listening

Affirmations

- Personal and genuine recognition of patient's strengths or successes
- Shows appreciation of patient attributes, efforts, perseverance, showing up
- Recognize partial successes, intentions, etc.
- Orients patient's to their resources or strengths
- Supports self-efficacy and enhances confidence

Affirmations Worksheet

Summaries

- Special form of reflective listening
- Summarizes, shifts direction, or ask a key question about change
- **Three Types**
 - Collecting: Gather all information & present it back to patient
 - Linking: Connect new information with previous information
 - Transitional: Indicate you're going to summarize, use reflections, and end with open ended questions

Putting it all together...

Partner Practice

- Person 1: Consider challenging patient scenario you recall or encounter frequently, or use personal example such as one of the following
 - "How do you deal with stress?"
 - "Who in your family are you most like?"
 - "What is the best advice you've ever received?"
- Person 2: Utilize **OARS** to engage in collaborative dialogue on chosen topic
 - Ask **O**pen-ended questions
 - A**ffirm (strengths, intentions, efforts, etc)
 - L**isten **R**eflectively (consider simple and sophisticated)
 - S**ummarize what they are telling you

Evoke

EVOKE: Elicit Motivation

- Once you know where you are headed with the patient, then you want to be doing two things interchangeably:
 - Listening for **change talk** → **strengthen and reinforce** this talk and use OARS
 - Begin eliciting motivation for change to **find discrepancy between current behavior and desired behavior**

Strategies to Evoke Change Talk

1. Evocative questions
2. Pros & Cons
3. Elaboration
4. Imagine Extremes
5. Looking Forward
6. Looking Back
7. Ruler
8. Typical Day
9. Hypotheticals
10. Goals & Values
11. Coming Alongside (Last ditch effort!)

Evocative Questions

- Problem**
 - "In what ways has this been a problem for you?"
 - "What do you see as a downside of this?"
- Concerns**
 - "What worries you about this?"
 - "What are your concerns about this?"
 - "In what ways has this inconvenienced you?"
 - "In what ways does this bother you?"
- Values/Successes**
 - "How does this fit with your values?"
 - "As you look back on your life, what are the victories/successes that make you really think, 'I can do this.?"

Pros & Cons

- Good things & not-so-good things**
 - "What do you like about this?"
 - "What are the good things about it?"
 - "Tell me, what are the not-so-good things about this?"
 - "What do you not like about it?"
- Use sparingly, summarize, and ask a key question such as, **"Where does this leave you now?"**

Elaboration

- Have the patient elaborate on a **disadvantage or an inconvenience** of their current behavior.
- Talking about a problem makes it more salient.
 - "Tell me more about how smoking affects how you feel."
- Use reflections and affirmations.

Imagine Extremes

- Good to use when patient **motivation is LOW**.
 - "What are the **worst** things that could happen if you don't make this change?"
 - "What is the **best** thing that could happen if you make this change?"
- *NOTE: You don't always use both examples...*

Looking Forward OR Looking Back

- For use when patient is caught in the loop of indecision
 - "If you look ahead, say several months, how will things be for you if you do not make these changes?"
 - "If you look ahead several months, how might things be for you if you do make this change?"
 - "Think ahead five years, what you you like your life to be like?"
 - Follow up with, "And how does X fit with that?"
- Contrast the present with the past
 - Create resonance with how things might be like again
 - "Before you began X, what were things like?"

Ruler for Importance & Confidence

"On a scale from 0-7, how important is it to you to take your medication?"
 Then ask, *"Why is it a 3 and not a 1?"*
 Then ask, *"What would move it up to (higher number)?"*

Listen, reflect.
 If appropriate, ask what they might do next.

Hypothetical

- When importance is low, ask **hypothetical questions about change**.

"So let's just pretend you were going to make some changes in your drinking, remembering that only you can decide if you want to do this (honors autonomy; prevents resistance), what would you do? Where would you begin?"

Typical Day

- To help develop a **pattern of a behavior**, ask a patient about their typical day.

"Take me through a typical day of your activities."

"Take me through a typical day of your (behavior)."

Goals & Values

- Pull the lens back, enlarge the picture, take a broader view and focus on goals and values.
- First explore the values with patients
"Let's, for a moment, move away from this smoking issue and instead focus on the things that are important to you in life, such as family, being a parent, being a good employee... tell me about the most important areas for you."
"So being a good mother is important to you. How does your marijuana use fit with that?"
- It is important to be genuine.

Coming Alongside

- **Last ditch effort when you've really hit a road block!**
- If the patient remains **uninterested** (think: precontemplative stage) in making a change and you have explored importance and confidence, coming alongside can be used.
- Provide a genuine summary, reflect discussion and what you have learned from patient.
- Follow it with, *"I see this as your choice to make"* or another similar **comment that reflects their position, values, understanding of importance, etc but honors their autonomy and where they are at**, despite it being a decision to not change.

Practicing Eliciting Motivation

- **"I know I need to check my blood sugars, but it just takes so much work."**
 - Evocative open-ended question to explore past successes with new behavior
 - Ruler
- **"I know I need to exercise more, but no one understands how much pain I'm in."**
 - Reflective statement
 - Hypothetical
- **"I just don't know how I'm going to not gain so weight."**
 - Looking Forward
 - Key Question

Ambivalence

- It is a **normal** part of the change process.
- **CONFRONTATION-DENIAL TRAP!**
- Dancing versus wrestling

Resistance

- Types of Resistance
 - Arguing
 - Ignoring/burning out
 - Deny/minimize/ or other overt statements
 - Interrupting or talking over clinician
- It can...
 - Meets us at the door
 - "No one knows how to help me."
 - "My doctor said I had to come."
 - Emerges as we interact
 - "How can you say my baby will be small because I smoke? My friends have smoked and their babies are fine."
 - "Well, I just don't think there's anyway I can do it."

Ways to Roll...

- OPEN-ENDED
 - "Tell me more about your view of this."
- REFLECTIONS
 - Simple reflection
 - Amplified reflection
 - Double-sided reflection
- SHIFTING FOCUS
- REFRAME
- COMING ALONGSIDE

“Dodgeball”

- One person throws out resistant or stay-talk language
- Someone else responds with a Rolling with Resistance strategy
 - Open-ended
 - Reflection (simple, complex, or double-sided)
 - Shifting Focus
 - Personal choice
 - Reframe
 - Coming alongside

Commit & Plan

“SMART” GOALS

- **Specific**
 - I want to cut down on the number of sodas I drink each day.
- **Measurable**
 - I will only drink 2 instead of 4 cans.
- **Action-Oriented**
 - I will drink water instead of soda.
- **Realistic**
 - I would rather limit than give it up completely.
- **Time-Specific**
 - I will start tomorrow and continue it until I see you next.

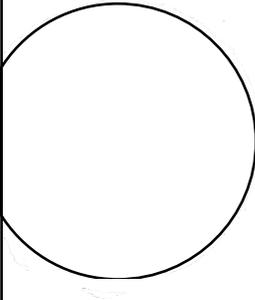
Action Plan

1. Describe SMART Goal: something you WANT to do; how, what, where, when, frequency
2. Identify the barriers
4. Plans to overcome barriers
5. Importance & confidence ratings with MI skills
6. Follow-up plan

Patient-Provider Practice

- Patient: think of a behavior you want to work on
- Provider: Use SMART goals and Action Plans to help patient

- IDENTIFY SPECIFIC GOAL
- DEVELOP a SMART-ACTION PLAN
- ELICIT BARRIERS
- PROBLEM-SOLVE
- ASSESS CONFIDENCE



Wrap Up

- Develop understanding of what are patient barriers to adherence
- **FOCUS & ENGAGE**
 - Set agenda
 - Use OARS to engage with patient
- **EVOKE**
 - Use strategies to elicit patient's OWN understanding, motivation, and desire for change
- **COMMIT & PLAN**
 - Develop specific plan for specific behavior change

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Resources

- Motivational Interviewing in Health Care – Miller, Rollnick, Butler
- Building Motivational Interviewing Skills – Rosengren

Discussion