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Healthy Minds. Strong Communities.

Introduction to using Motivational Interviewing in Primary Care

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Participant Poll

I am familiar with the Stages of Change Model of behavior change:

Yes

No

Participant Poll

I am familiar with the core principles of Motivational Intervening:

Yes

No

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Transtheoretical Model of Behavior Change

Stages of Change:

- Precontemplation
- Contemplatiion
- Preparation
- Action
- Maintenance
- Relapse

Major Contributors: Prochaska & DiClemente

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Stages of Change

- Basic research has generated a rule of thumb for at-risk populations:
  - 40% in precontemplation
  - 40% in contemplation
  - 20% in preparation

- Stage-Matched Interventions

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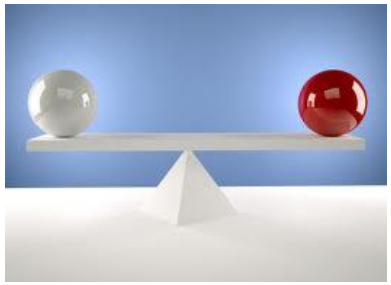
Matching Intervention to Stage of Change

NOT READY:

Pre-contemplation

Contemplation



- Neutrality
- Build rapport
- Raise awareness
- Tailor psychoeducation to readiness level
- Indicate readiness to help
- Identify benefits/costs of change
- Praise previous efforts

Karmody, K.A. 2008, *The 5As of Self-Management (healthcarecommunities.org)*

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Matching Intervention to Stage of Change

READY

Preparation

Action

- Collaborative problem solving
- Identify and reinforce small steps taken (be a cheerleader!)
- Develop action plan
- Encourage support networks
- Look for ways to increase self-efficacy

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What is Motivational Interviewing?

- Motivational Interviewing (MI) is:
  - A collaborative, person-centered form of guiding conversation.
  - Aimed at eliciting and strengthening motivation to change by exploring and resolving ambivalence.

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The MI Spirit

Three core aspects of the sprit of MI:

1. Collaboration
2. Evocation
3. Autonomy

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Collaboration

- The therapeutic relationship is more of a partnership than expert/recipient relationship

- Conversation is Facilitated vs. Coerced
  - Clinician can focus the discussion, but the client's experiences and perspective move the discussion

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Evocation

- Evoke the client's internal motivation to increase the sustainability and relevance of change

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Autonomy

- Motivation to change is elicited from the client and not imposed by the clinician
- The tendency to want the best for our clients can push them in the direction of change.
- This often results in the client pushing back with the reasons why they can’t, shouldn’t or don't want to change.

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Resolving Ambivalence

Feeling two ways about something

- Ambivalence typically surrounds behavior change
- Client's have reasons for wanting to change and reasons for wanting to stay the same
- There may be health disadvantages or down sides, but also important advantages or benefits
- *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction*

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Resolving Ambivalence

- We don't want to create an environment in which clients spend their time arguing with us about why they shouldn't change.
- We want to create opportunities for the client to argue for why they should change.

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Resolving Ambivalence

- *Explore change in the context of goals and values through an evocative and supportive stance*
- Client and the clinician partner in a collaborative effort to think about change.
- The clinician is directive in helping the client to examine and resolve ambivalence
- Explore reasons to change and reasons to maintain current behaviors

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Roadblocks to Listening

- Ordering, commanding, directing
- Warning, threatening
- Moralizing, preaching, giving “should and oughts”
- Advising, offering solutions or suggestions
- Teaching, lecturing, making logical arguments
- Judging, criticizing, disagreeing, blaming
- Name-calling, stereotyping, labeling
- Interpreting, analyzing, diagnosing
- Questioning, probing interrogating, cross-examining
- Withdrawing, distraction, being sarcastic, humoring, diverting

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Core Skills: OARS

- Open-Ended Questions
- Affirmations
- Reflections
- Summaries

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Open Ended Questions

- Questions that can not be answered with a yes, no or other one word answer
  - "How much did you drink last week?" vs.
  - "What was your drinking like last week?"
  - "Don't you think your wife and kids have been hurt enough by your drinking?" vs.
  - "Can you imagine cutting back on your drinking?"

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Open Ended Questions

- Does not preclude the use of close-ended questions
- Encourages the client to talk and take an active role
- Helps to avoid the question-answer trap
- Sets a precedent of collaboration

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Affirmations

- Genuine, direct reinforcements
- Supportive, encouraging statements
- Specific
- Demonstrate understanding

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Quick Practice

Write your thoughts in the chat box:

- Identify three strengths you see in the client population you work with.
- What are three affirmations you could use to acknowledge and support a client with each strength?

Reflections

- Responding in a way that demonstrates empathy by reflecting back the essence of what client has said, or what you think the client meant.
- Tool to express empathy
- Indicates active listening

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Levels of Reflections

- **Repeating** – simply repeats an element of what the client said
- **Rephrasing** – substitutes synonyms
- **Paraphrase** – infers meaning
- **Reflect affect** – emphasizes the emotional dimension
- **Reflect values** – highlights importance
- **Reflect ambivalence** – states both sides

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Summaries

- A form of reflection in which the clinician gives back a larger collection of what the client has just said
- Used strategically: transition, emphasis on reasons for change
- Links themes or topics from an interaction
- Helps form transitions between topics
- Communicates understanding
- Keeps on track

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Summaries

- **Collecting Summary:** Gathers change talk and gives it back to the client
- **Linking Summary:** Help to highlight a discrepancy (a disconnect between the client's goals, values and current behavior)
  - Use 'and' instead of 'but' (gives equal emphasis to both sides of the person's feelings)
- **Transitional Summary:** Switch focus or change directions

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Summary Tips

- Don’t overuse
- Be brief
- Be selective
- Be strategic and purposeful in your summaries.
- One rule of thumb: emphasize or differentially select those aspects of what the client has said that are motivational or reflective of change talk.

Behavior Change Strategies

For use in Integrated Health Settings

Ms. T is a 73 years old. She is a retired teacher with chronic back pain, HTN, and a history of multiple hospitalizations for CAD. She is depressed, has stopped going to church, misses her PCP appointments and takes her HBP medications "on her own terms."

Mr. J is 65 years old and has smoked for 40 years. He is chronically depressed. He is 5 years clean from drug and alcohol addiction and is finally welcomed back into his family and is getting to know his grandchildren for the first time in their lives. His doctor has told him that if he doesn't quit smoking, he will die. He is certain that if he gives up cigarettes, he'll pick up drugs.

What Stage of Change is Ms. T /Mr. J in?

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Using OARs to Increase Change Talk

- **Desire**: Why would you want to make this change?
- **Ability**: How would you do it if you decided?
- **Reason**: What are the three best reasons?
- **Need**: How important is it? and why?
- **Commitment**: What do you think you'll do?

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Establish Importance

Use an Importance Ruler: *What goals are important to the consumer NOW? (may differ from PCP's goals)*

1	2	3	4	5	6	7	8	9	10
	Not Important		Unsure			Somewhat Important		Very Important	

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Establish Readiness

Use a Readiness Ruler: *how ready is the consumer to take action?*

1	2	3	4	5	6	7	8	9	10
Not Ready			Unsure		Somewhat Ready			Very Ready & Trying	

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Establish Confidence

Use a Confidence Ruler: *how confident is the consumer that he or she can change the behavior?*

1 2	3 4 5	6 7 8	9 10
Not Confident	Unsure	Somewhat Confident	Very Confident

Questions?

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