Taste of Motivational Interviewing: Strategies to help people with ABI make positive health behavior changes

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Disclosures and Conflicts

- Dr. Bombardier is a paid motivational interviewing trainer and consultant

Objectives

1. Be able to describe and assess readiness to change in your patients.
2. Be able to list five evidence-based motivational interviewing micro-skills (OARS+I) to improve adherence to positive health behaviors
3. Be able to recognize 1-2 evidence-based motivational interviewing micro-skills (OARS+I) to improve adherence to positive health behaviors

"Taste" of Motivational Interviewing

- Taste not training
- Reasons to consider learning motivational interviewing
- Stages of Change/Readiness to change
- Empirical and theoretical basis for MI
- Model motivational interviewing strategies

Ground Rules and Expectations

- There's no magic bullet
- I am not here to change your overall style or approach to patient care
- Add to or sharpen your communication tools
- Some strategies may fit your style, others may not
- Take what you can use and leave the rest

WHY BOTHER LEARNING MOTIVATIONAL INTERVIEWING?

Give it to me straight doc.
How long do I have to ignore your advice?

Stages of Change Heuristic

- **Precontemplation (~40%) -not considering change; reluctant, resigned, resistant, unaware**
- **Contemplation (~40%) -normal ambivalence about change, both pros and cons of change are present within the person ("yes, but")**
- Determination-getting ready to change
- **Action (~20%) -overt change begins**
- Maintenance-sustaining change for >6 months
- Relapse-normal resumption of pre-change behavior (5-8 relapses are common)

Prochaska & DiClemente, (1983) JCCP, 51, 390–395; Velicer et al., 1995

Importance + Confidence = Readiness

Barriers to change in ABI

- Readiness to change in people with ABI can be complicated by:
  - Poor awareness of problems or need to change—can be neurological or psychological or both
  - Thinking inflexibility
  - Difficulty attending to and recalling relevant information
  - Passive rather than active engagement

Getting Personal

- (Privately) Identify one potential one health-promoting behavior that you “should” do but really don’t want to
- What is one health-promoting behavior that you have thought about changing but have not (fully) changed yet

What do we do when faced with a person who "should" change? We start "fixin"

We try to talk the person into changing

- Assume expert role
- Focus on action and skills
- Direct persuasion, confrontation, pressure
- Give reasons to change, teach
- Give warnings

How does that usually work out?

Fixin' Video

Courtesy of the Rehabilitation Engagement Collaborative
https://www.rehabilitationengagementcollaborative.org/

What is Motivational Interviewing?

MI Is the “Prep Step” before change

Motivational Interviewing (MI) is a **person-centered**, **guiding** method of communication and counseling to elicit and strengthen motivation for change.

Primary goal of MI:

Behave in a way that will ***reduce resistance*** *(****discord & sustain talk****) and evoke change talk*

Shared by Steve Berg-Smith

Resistance

Sustain Talk

Is about the target behavior

I don't want to quit smoking

I need to smoke to relax

Discord

Is about your relationship

You can't make me quit.

You don't understand how difficult it is.

Both are highly related to counselor style/behaviors

Both predict client non-change

Shared by Steve Berg-Smith

Change Talk

Any client speech in favor of changing a target behavior

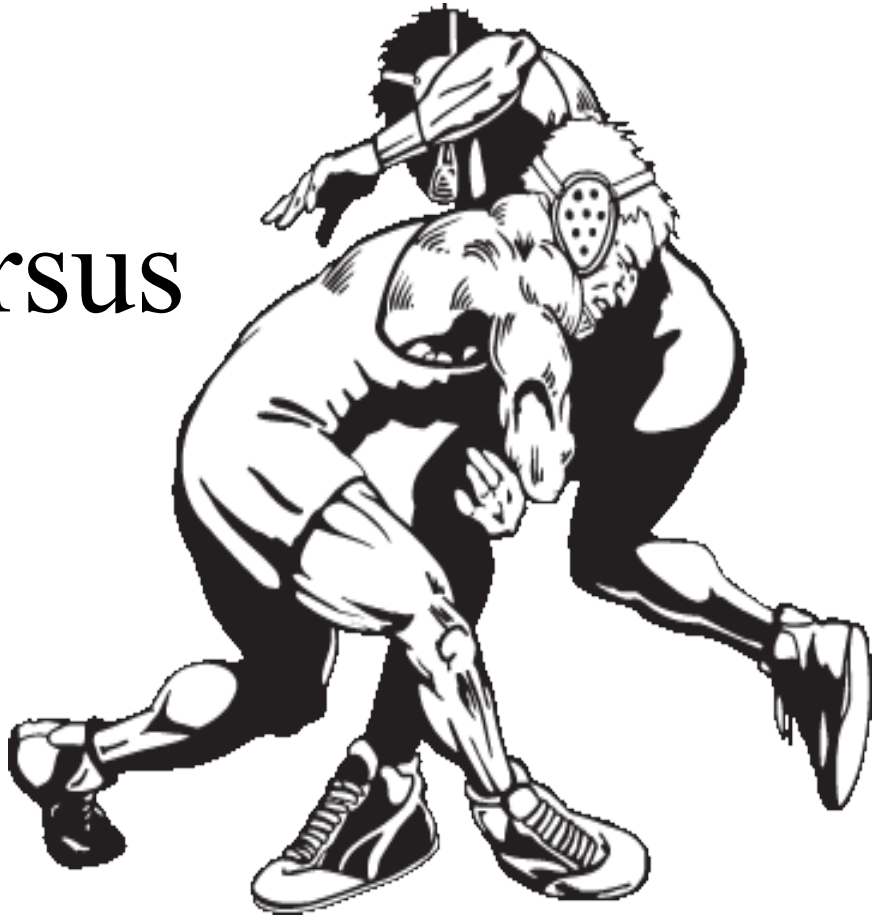
MI =
SPIRIT + SKILLS

Spirit of MI

- Partnership - they are the expert in their life + you are the expert in your profession
- Acceptance - start where the patient is at
- Compassion – see it through their eyes; understand why they are behaving this way
- Evocation – not that *I* have what you need, but that *you have what you need*; motivation is from within the person and the therapist draws it out

Motivational Interviewing

versus



MI Micro-skills: OARS+I

- Open-ended questions
- Affirmations
- Reflections
- Summaries
- Information offering

Listening

Reflective Listening

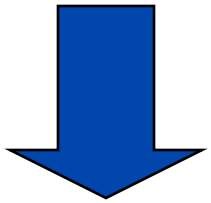
- Guess at what they mean.
- Make a statement not a question. With questions inflection goes *up* at the end. With statements, inflection stays *down* at the end.
  - "So, you think…"
  - "Your are wondering if…"
  - "It sounds like …"
- Repeat an element (short summary)
- Paraphrase with synonyms
- Reflect a feeling

Reflective Listening

- Demonstrates that you understand
- Demonstrates empathy, acceptance
- Mirrors back to the person elements of what they are saying that they may not be aware of
- Facilitates their self-understanding, insight
- Decreases resistance

Facilitators of Change-Empathy

- Accurate empathy alone promotes change



- Therefore, we use reflective listening to demonstrate understanding and acceptance of the client's subjective situation

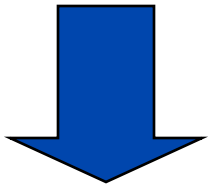
Rogers, C. R. (1957). Journal of Consulting Psychology, 21, 95-103.

Open Questions

- Open questions are ones that cannot be answered with a “yes’ or “no”
- Open questions get the client talking, hopefully about change
- Getting the client talking is engaging and activating
- Use open questions to elicit “change talk”

Questions to Elicit Change Talk

- Bem/Self Perception Theory: As I hear myself talk, I learn what I believe.
- Festinger/Cognitive Dissonance Theory: If I say it and no one has forced me to say, I must believe it.



- Therefore, we use strategies to *elicit* "change talk" i.e. reasons to change, intent to change, commitment to change……AND
- **Avoid** the reverse….eliciting resistive statements

Bem, DJ. 1972; Festinger, L. 1957

Types of Change Talk

DARN

- Desire to change
- Ability to change
- Reasons to change
- Need to change

CATS (Commitment And Taking Steps)

- "I will do that"
- "I am going to…"

Affirming

- "Prize", value, notice, appreciate, support aspects of the person's character or experience
- You can affirm or elicit self-affirmations
- Self-affirmations increase openness to feedback and change (Harris et al., Health Psych 2007)
- Affirming is different than praising or judging
  - I think you are doing a great job!

    ---versus---
  - You are working hard to [change].
- Use in moderation; must be genuine

Summarize

- Collecting summary-reinforces (elements of) what has been said, lets them know you are following
  - Reflect, reflect, what else? Summarize
- Linking summary-ties together what the person has just said with earlier material, usually to help them reflect upon ambivalence
  - On one hand you feel x, y, z *and* on the other hand you also feel a, b, c.
- Transitional summary-wrap up the end of a session or move on to another topic

Information Offering: Elicit-Provide-Elicit

- Elicit what they already know and think
- Ask for Permission to Provide information
  - Use neutral, non-personal language
  - "What other people in your situation have done …"
  - Be a little reluctant "You're the expert about your life, but if you want I'll offer some ideas."
  - Offer at least two potential options (choice)
- Elicit their reaction "Now I wonder what you make of all this?"

MI and barriers to change in ABI

- Poor awareness of problems
  - *Reflections and open questions can increase awareness; empathy reduces defensiveness surrounding admitting problems*
- Thinking inflexibility
  - *Reflections and summaries can aid transitions, eliciting solutions circumvents oppositional responses and may make "change thoughts" more accessible and salient**
- Difficulty attending to and recalling relevant information
  - *Elicited information remembered better than external information; reflections and summaries reinforce information to be learned*
- Passive rather than active engagement
  - *Open questions and general goal of eliciting change talk and implementation intentions activate the patient*

*From Carolyn Lemsky, PhD

DOES MOTIVATIONAL INTERVIEWING WORK?

Efficacy of MI

- There are currently 33 meta-analyses of MI efficacy mostly in narrowly defined areas
- Lundahl et al., 2010 was the last generic meta-analysis (119 clinical trials included)
- Overall 75% of subjects improve somewhat: 50% make small but meaningful changes; 25% make moderate to large changes
- Tends to produce similar effects as other interventions in less time
- Stronger effects are observed with the addition of individualized relevant feedback
- Effects are durable at 3, 12, 24 months
- Effects are similar across gender, age, race, ethnicity

Lundahl et al., *Research on Social Work Practice 2010;*20(2): 137-160

Evidence for MI Process

- More therapist reflections of "change talk" predicted lower marijuana use
- Greater therapist use of reflections, open questions, affirmations and statements emphasizing patient control were associated with increased fruit and vegetable consumption
- Therapist confronting, directing, warning, advising behaviors predicted poorer outcomes
- MI → increased "change talk"; greater "change talk" predicts better behavior change outcomes
- MI → greater patient engagement; greater engagement predicted better outcomes

Barnett et al., J Subst Use Treat 2013; Pirlott et al., Int J Behav Phys Act 2012; Apodaca and Longabaugh, Addiction 2009 (review)

Illustrating Selected Motivational Interviewing Skills

INTERVIEW A

- **Clinician**: *Have you been taking your medicines regularly?*
- **Patient**: *I take them most of the time, but not all of the time.*
- **Clinician**: *When you say most of the time, is that every day, or do you miss days at a time, because that can be a huge problem.*
- **Patient**: *Yea, most of the time.*
- **Clinician**: Studies show that your meds will be most successful in controlling your HIV if you miss no more than one pill per month. Will you start doing that?

- **Patient**: *I'll do the best I can.*
- **Clinician**: *Please do more than the best you can. We need you to be almost perfect. OK?*
- **Patient**: *Yea, I know it's important. I'll keep trying.*
- **Clinician**: *Do you have a good way to remind yourself to take them when you're supposed to?*
- **Patient**: *Yea, I guess.*
- **Clinician**: *Do you have a pill box that can hold a week's worth of medication?*
- **Patient**: *Yea.*
- **Clinician**: *Will you make a commitment to use it, fill it, and have it with you all the time?*
- **Patient**: *OK.*

INTERVIEW B

- **Clinician**: *How have you been doing in taking your medication?*
- **Patient**: *Pretty good. I take them most of the time, but sometimes I forget.*
- **Clinician**: *Sometimes you forget, and mostly you're pretty consistent. So what motivates you to take them most of the time?*
- **Patient**: *Well, I know how important it is for controlling my HIV. And I for sure don't want things to get worse. I'm doing pretty good right now, and I need to be really healthy to take care of my baby the right way.*

- **Clinician**: *Your baby is a big motivator. What helps you remember to take your meds consistently?*
- **Patient**: *I've got to have them with me all of the time. And it really helps when I remember to fill one of my pill containers at the beginning of the week—like on Monday mornings. The other thing is to make sure I take them at the same time every day. Something I do every now and then is set the alarm on my cell phone. That really helps.*
- **Clinician**: *You've got some effective ways for remembering. So, when it comes to taking your meds every day without forgetting, how do you see that fitting into your future?*
- **Patient**: *Well, I want to be almost perfect—maybe completely perfect. I can do that if I stick to my plan.*

Brief MI: Importance

- How important is it right now for you to …? On a scale from 0 to 10 what number would you give yourself?
- Why are you at X and not at 1?
- What would need to happen for you to get from X to (slightly higher number)?

Rollnick, 1999

Brief MI: Confidence

- *If you decided to change*, how confident are you that you would succeed? On a scale from 0 to 10 what number would you give yourself?
- Why are you at X and not at 1?
- What would need to happen for you to get from X to (slightly higher number)?

Rollnick, 1999

Summary

- People are not always ready to change. Watch for signs of readiness or lack thereof. Motivation is the clinician's responsibility
- Do no harm. Is the patient ready for action? If not, teaching and advice can be ineffective or backfire
- MI can be the "prep step" to change through enhanced empathy, engagement, and openness
- OARS+I can be used to elicit motivation and commitment to increase the likelihood of change

For more information...

- Miller W. & Rollnick, S. (1991, 2002, 2012) Motivational Interviewing: Preparing People for Change. Guilford Press: New York.
- Rollnick, S., Miller, W. & Butler, C. (2008). Motivational Interviewing In Health Care. Guilford Press: New York.
- www.motivationalinterviewing.org
- Google "[your city] motivational interviewing training"
- Questions? chb@uw.edu

THANK YOU

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