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Motivational Interviewing: Guiding Clients to Make Beneficial Changes

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Learning Objectives

- Understand the Transtheoretical Model of change
- Understand what MI is and when it is useful
- Gain knowledge of the "Spirit" and principles of MI
- Learn core MI skills

Understanding Motivation

- Strong predictor of change
- Increases participation in treatment and yields positive treatment outcomes
- Desire to change is a continuous, not dichotomous, variable
- Practitioner and patient both contribute to the patient's motivation to change through the therapeutic partnership

"Motivation is a fire from within. If someone else tries to light that fire under you, chances are it will burn very briefly."

- Stephen R. Covey

Why MI?

Numerous controlled studies showing efficacy with:

- Substance misuse
- Smoking cessation
- Eating disorders
- Domestic violence situations
- Brain injury rehabilitation
- Pain management
- Cardiac rehabilitation
- Diabetes management
- Acute stroke aftercare
- Diet, BMI, blood lipid levels
- HIV/AIDS risk behaviours & medication management
- Physical activity for MS
- Dentistry – oral health maintenance
- Asthma medication adherence

Rubak, S., Sandbaek, A., Lauritzen, T., and Christensen, B. (2005). Motivational Interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, *55*(513), 305-312.

Practitioner Characteristics

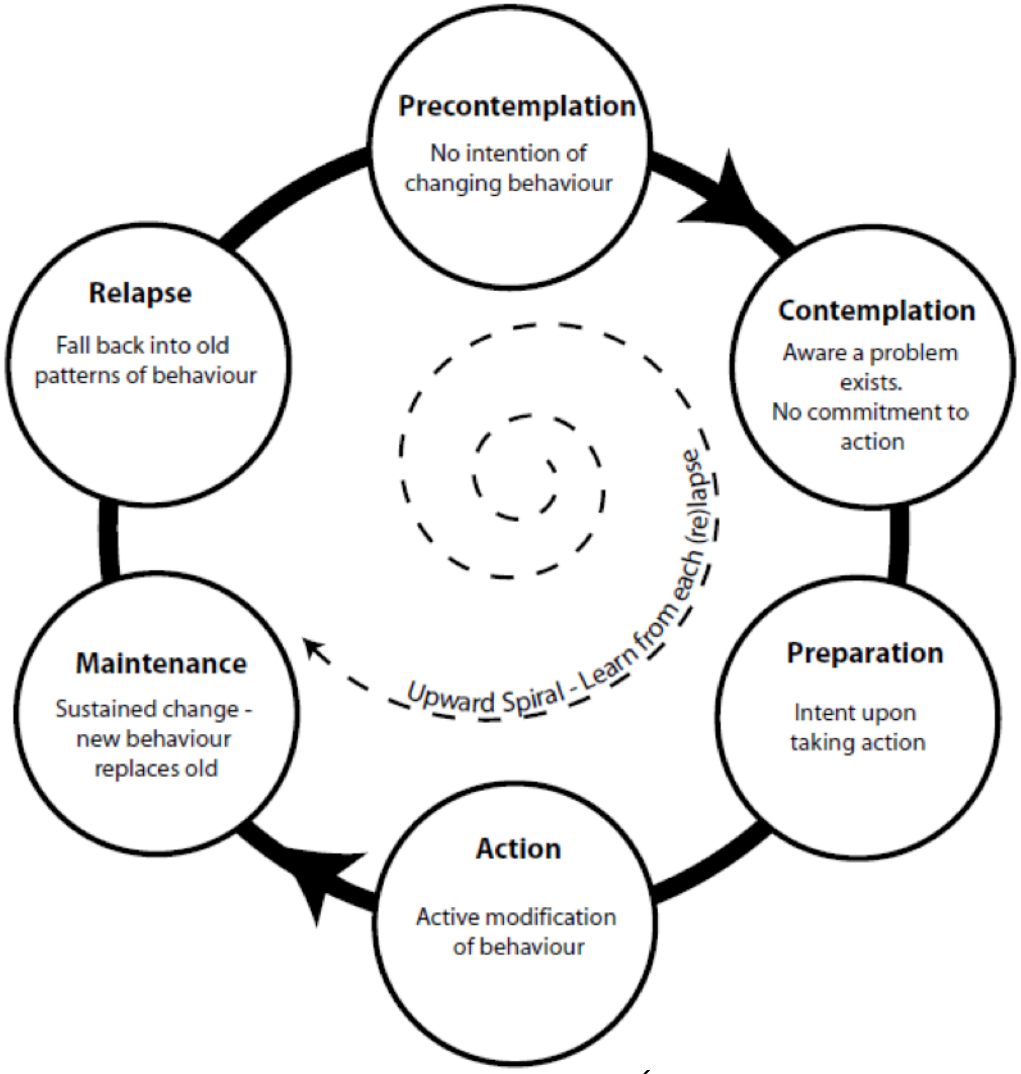
- Practitioner empathy, warmth, and genuineness
- Empathy: Skillful reflective listening that clarifies and amplifies the patient's experience and meaning without imposing the practitioner's own material (Miller & Rollnick, 1991)

Ambivalence

Don't
Change

Change

Stages of Change



(Prochaska & DiClemente, 1983)

Precontemplation

- Not yet considering change
- Little awareness of or concern for negative consequences
- "My blood pressure readings have been a bit high but I feel fine so I don't think it's a problem."

Contemplation

- Considers change and rejects it
- Characterized by ambivalence
- Seesaw between reasons to change and reasons to stay the same
- "I can see that it would be better for my health if I quit smoking, but it's my only break in the day when I get some quiet, alone time."

Preparation

- Window of opportunity where the balance has tipped
- “I really want to lower my cholesterol, I just don’t know how to go about it.”

Action

- Engage in particular behaviour designed to bring about change
- May happen with or without assistance
- Determination to produce change in the area
- “After our last visit, I actually did book in to see the psychologist for my anxiety, like we talked about.”

Maintenance

- Sustain the Change
- Prevent Relapse
- “The last few months on these medications have helped but I’m wondering if I really need to keep taking them.”

Lapse/Recurrence

- Having a lapse is a normal and expected part of the process
- Avoid discouragement, demoralization, judgment
- Help re-start the stages of change and avoid getting stuck in this stage
- "I slipped up over the holidays and had a few drinks at a work Christmas party."

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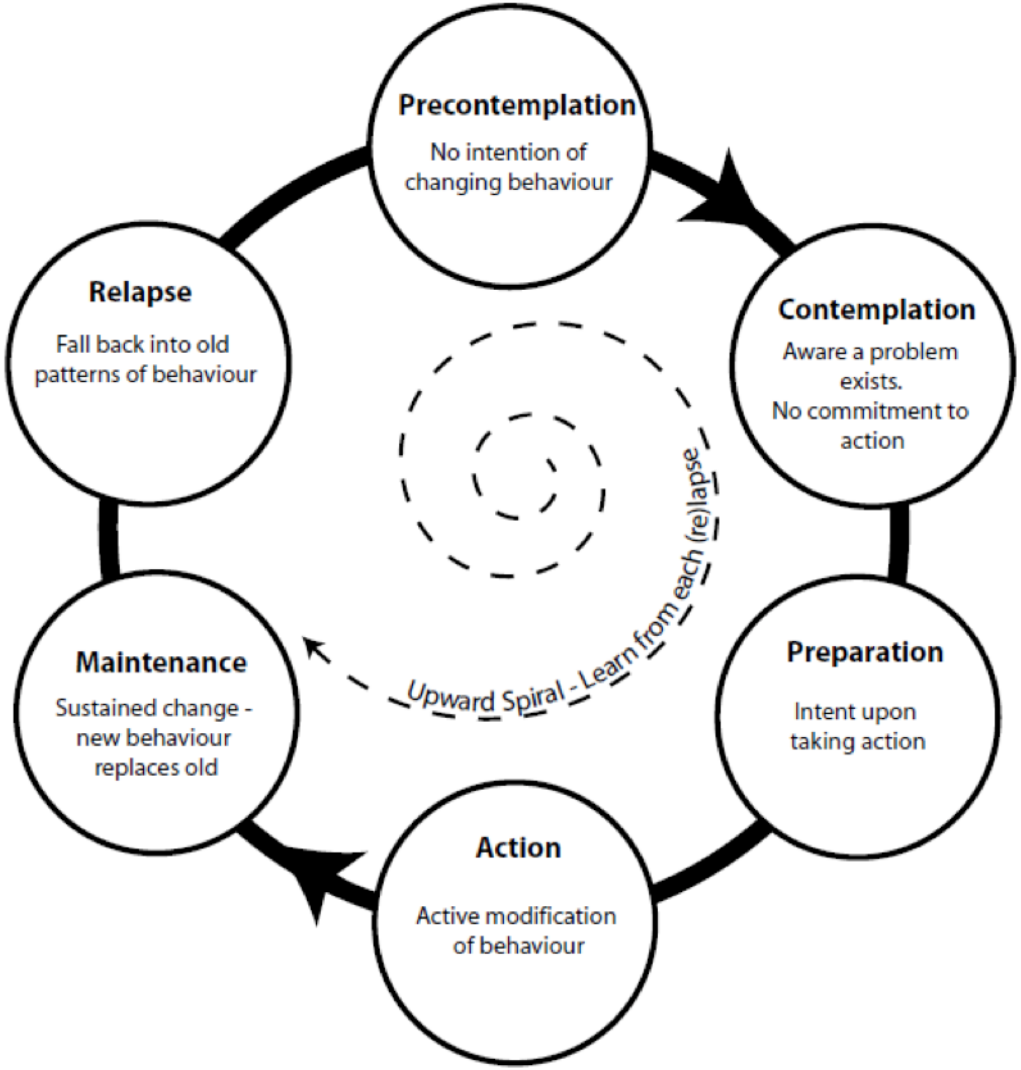
Stages of Change



What is MI?

- A person-centered, evidence-based treatment that elicits behaviour change by helping patients explore ambivalence
- An empathic, supportive, yet directive counselling style that provides the conditions in which change can occur
- It is collaborative and honours the patient's autonomy
- The aim is to support patients in exploring their own reasons for change and strengthen their intrinsic motivation so change arises from within
- Can be used by itself or with other treatment modalities

Basis of MI?

- Ambivalence about change is natural
- Ambivalence can be resolved by exploring the patient's intrinsic motivations and values
- The alliance between the patient and practitioner is a collaborative partnership to which each brings important expertise

The Spirit of MI

- Collaboration (vs. Confrontation): "We are going to work together"
- Evocation: "I am going to create a space for you to share about yourself and your story with me"
- Autonomy (vs Authority): "I value you and respect your decisions"
- Compassion: "I want to understand and respect you and your experience"

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The 5 Principles of MI

- Express Empathy
- Develop Discrepancy
- Avoid Argument
- Roll with Resistance
- Support Self-Efficacy

Express Empathy

- "Skill for understanding another's meaning through the use of reflective listening… It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning" (Miller & Rollnick, 1991, p. 20)
  - Listen and reflect rather than tell
  - Communicate respect for and acceptance of patients and their feelings
  - Encourage a non-judgmental, collaborative relationship
  - Be a supportive and knowledgeable consultant

Develop Discrepancy

- "So, on the one hand you haven't noticed any consequences of your drinking, and yet on the other we see your blood pressure has been quite high which could lead to more serious health issues."
- "I understand that you've had bad experiences on the pill and I'm also aware that falling pregnant at this time would pose a big problem for you. How do you make sense of this?"
- "On the one hand you're coughing and are out breath, and on the other hand you are saying cigarettes are not causing you any problems. What do you think is causing your breathing difficulties?"

Avoid Argument

- You may be tempted to argue, especially if the client is defiant or provocative, but trying to convince the client that a problem exists or that change is needed could precipitate even more resistance
  - Can turn into a power struggle
  - Goal is to "walk with" clients, not drag them

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Types of Resistance

- Arguing
- Interrupting
- Denying
- Ignoring

Rolling with Resistance

- **Simple reflection**
  - Patient: "I don't have time to exercise."
  - Practitioner: "Your life is too busy at the moment to make time for exercise."
  - Patient: "I really want to start taking my medication again."
  - Practitioner: "Taking your medication is very important to you."
- **Amplified reflection**
  - Patient: "I don't know why my wife is so worried. I don't drink any more than any of my friends."
  - Practitioner: "So there is no need for your wife to be concerned about you."

Rolling with Resistance

- **Double-sided reflection: Reflect both sides of the ambivalence**
  - Patient: "I know how bad it is to keep smoking with my COPD, but I just don't know what else to do when I get stressed out."
  - Practitioner: "So you can see how smoking can make matters worse for you yet it has also been a source of comfort and it is difficult to imagine how to manage your stress without it."
- **Agreement with a twist**
  - Patient: "I can't picture myself not drinking. It's a part of who I am, it's how I escape, and it helps me get through the day."
  - Practitioner: "You can't live your life without drinking. It's such a part of who you are you will keep drinking no matter what the cost."

Rolling with Resistance

- **Shifting Focus: Aligning and diffusing discord**
  - Patient: "What do you know about depression? I feel like a failure all the time. You're a doctor; everything turned out great for you."
  - Practitioner: "It's hard to imagine how I could possibly understand how much pain you're in and what you're struggling with."
- **Reframing**
  - Patient: "I've tried to keep to my diet so many times, but I always slip up."
  - Practitioner: "You are very persistent, even in the face of discouragement. This change must be really important to you."

Rolling with Resistance

- **Metaphor: Paint a picture for the client**
  - Patient: "I can't take too much more of this anxiety."
  - Practitioner: "You want to be in a better space."
- **Reflection of feeling: The deepest form**
  - Patient: "If I don't stop drinking, I won't be able to qualify for a transplant and I could die from this."
  - Practitioner: "You're scared; your drinking could be a matter of life and death for you at this point."

Support Self-Efficacy

- Believe in your patient
- Optimistic empowerment is engendered in the patient to encourage change
- Foster hope and enhance your patient's belief in his or her ability to change
- Identify your patient's strengths and bring them to the forefront whenever possible

Core MI Skills (OARS)

- (Asking) **O**pen-ended questions
  - Facilitates dialogue and encourages client to do most of the talking
- **A**ffirming
  - Supports and promotes self-efficacy
- **R**eflective listening
  - Check in rather than assume you know what is meant
- **S**ummarizing
  - Reinforce what has been said, shows you're listening carefully, and helps to organise your patient's thoughts

Open-ended Questions

- "Tell me what you like about alcohol."
- "What's happened since we last met?"
- "Why do you think now is a good time to change?"
- "What brought you here today?"
- "What happens when you miss your medications?"
- "How were you able to stick to your diet for 3 weeks?"
- "Tell me more about when this first began."
- "What's different for you this time?"
- "What was that like for you?"

Affirmations

- "Your commitment really shows by how regularly you're coming to see me.
- "You showed a lot of determination by doing that."
- "It's clear that you're really trying."
- "By the way you handled that situation, you showed a lot of strength."
- "With all the obstacles you have right now, it's impressive that you've been able to maintain your progress."

Reflective Listening

- Reflective listening promotes reflective thinking
- “It sounds like…”
- “What I hear you saying…”
- “So on the one hand it sounds like… And, yet on the other hand…”
- “It seems as if…”
- “I get the sense that…”
- “It feels as though…”

Summarising

- Draw out the most pertinent points – arguments both for and against change that the patient has said
- Clarify with patient – is this correct? Have I missed out anything?
- Can ask the patient – so what do you think you'll do about it?

Motivational Strategies

- **Precontemplation**
  - Establish rapport, ask permission, build trust
  - Raise concern in the patient about behavioural patterns (feedback)
- **Contemplation**
  - Normalise ambivalence (reflect)
  - Elicit change talk, self-motivational statements of commitment
- **Preparation**
  - Clarify goals and strategies for change (affirm)
  - With permission, offer information and guidance
- **Action**
  - Reinforce the importance of changing / remaining in recovery
- **Maintenance**
  - Affirm the patient's resolve and self-efficacy
  - Develop a relapse prevention plan
- **Lapse/Recurrence**
  - Explore meaning

Types of Change Talk

- **Desire**
  - "I would like to…," "I wish…," "I really want to…"
- **Ability**
  - "I can cut down to two glasses a night"
- **Reasons**
  - "I know my health would improve if I stopped smoking"
  - "I would have more energy if I stopped using"
- **Need**
  - "I should do this for my children"
- **Commitment**
  - "I would like to…," "I plan to…"

Eliciting Change Talk

- **Affirming/Weighting Discrepancy (Decisional Balance)**
  - "What are some of the good things about…?"
  - "What are some of the not so good things about…?"
- **Evaluation of Values**
  - How is the behaviour aligned or misaligned with the patient's values?
  - Connect responses to their core values
- **Write a letter to yourself (or envision) 5 years in the future**
  - "What did you change? How did you do it?"

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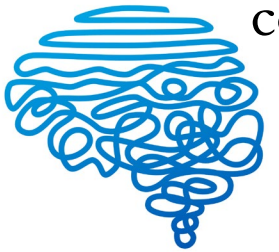
Change Rulers

- **Importance Continuum**
  - "On a scale of 1-10, how important is it for you to make a change?" "Why not one (or number just below their answer)?"
- **Readiness Ruler**
  - "On a scale of 1-10, how ready are you to make a change?"
- **Confidence (Ability)**
  - "On a scale of 1-10, how confident are you that you could make this change?" "What would have to happen to make it a 9?
- **Commitment**
  - "If willing to make a change, on a scale of 1-10, how committed are you to that change?



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Thank you!

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Q & A

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Additional Resources

- Substance Abuse and Mental Health Services Administration: Enhancing Motivation For Change in Substance Abuse Treatment
  - https://www.drugsandalcohol.ie/20320/1/Enhancing_motivation_for_change_in_substance_abuse_treatment.pdf

- Motivational Interviewing Strategies and Techniques: Rationales and Examples
  - https://ucedd.georgetown.edu/DDA/documents/mi_rationale_techniques.pdf