

Motivational Interviewing (MI)

Part 1 for Healthcare Professionals



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“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others.” – Blaise Pascal

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Session Outline

- Rationale
- Definition
- Description
- Examples

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Rationale

Simply giving patients advice to change is often unrewarding and ineffective

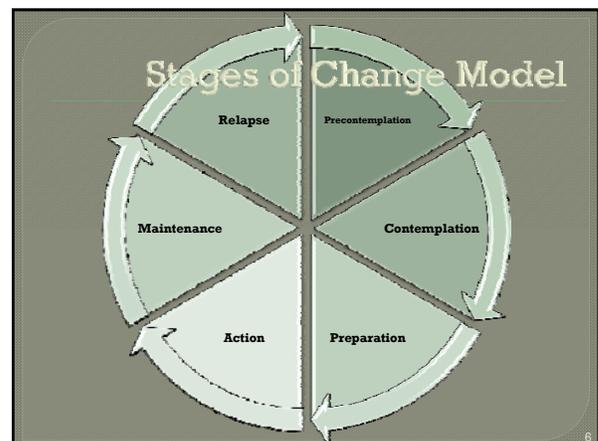
MI has been shown to promote behavior change in healthcare settings and can improve doctor-patient relationships and efficiency of consultations

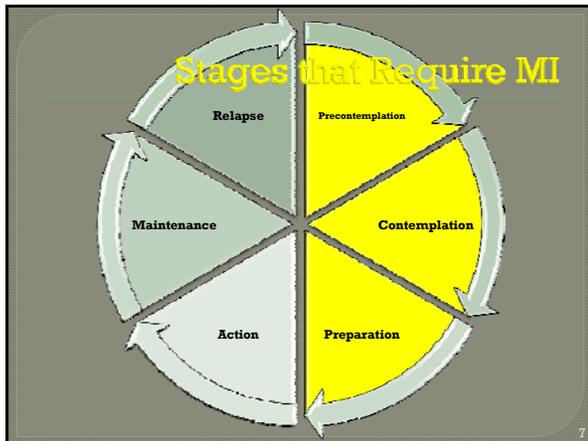
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Readiness to Change?

- Self Smarted Video

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Precontemplation

- Not currently considering change: "Ignorance is bliss"
- "The thing with me is that I am smart. I'm smelf smarted basically by myself. Basically from nature, from doing drugs, and different things. I've self learned myself."
- GOAL: Move patient from "NO!" to "I'll think about it."

Precontemplation

- 1. Validate the patient's experience.
- 2. Acknowledge the patient's control of the decision.
- 3. In a simple, direct statement, give your opinion on the medical benefits of weight loss for this patient.
- 4. Explore potential concerns.
- 5. Acknowledge possible feelings of being pressured.
- 6. Validate that they are not ready.
- 7. Restate your position that the decision to lose weight is up to them.
- 8. Encourage reframing of current state of change as the potential beginning of a change - rather than a decision to never change.

Contemplation

- Ambivalent about change: "Sitting on the fence"
- Not considering change within the next month
- "I'm gonna stop smokin cigarettes first and then work off the dope... eventually...Although, I don't know."
- GOAL: Leave the door open for moving to preparation.

Contemplation

- 1. Validate the patient's experience.
- 2. Acknowledge patient's control of the decision.
- 3. Clarify patient's perceptions of the pros and cons of attempted weight loss.
- 4. Encourage further self-exploration.
- 5. Restate your position that it is up to them.

Preparation

- Some experience with change and are trying to change: "Testing the waters"
- Planning to act within 1 month
- "I want to see them, exercise a bit, maybe eat better, and try to quit smokin. "
- GOAL: Provide direction and support

Preparation

- 1. Praise the decision to change behavior.
- 2. Prioritize behavior change opportunities.
- 3. Identify and assist in problem solving re: obstacles.
- 4. Encourage small, initial steps.
- 5. Assist patient in identifying social supports.

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Patient Motivation is a Key to Change

- Treatment outcomes are predicted by:
 - Pretreatment motivation measures
 - Appointment attendance
 - Treatment adherence/compliance
 - Provider ratings of motivation and prognosis
- That is, more “motivated” patients do better

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Patient Motivation is Greatly Influenced by the Provider

- Patients’ motivation, retention and outcome vary with the particular provider to whom they are assigned
- Provider style strongly drives resistance (confrontation drives it up, empathic listening brings it down)
- That is, the provider is one of the biggest determinants of patient motivation and change

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Definition of MI

Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change

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Spirit of MI

- Collaboration
- Evocation
- Autonomy

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Ambivalence

- Ambivalence is normal part of process of change
- Reflex by provider when patient is ambivalent is to engage in the “Righting Reflex”

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The "Righting-Reflex"

- The need to...
 - Fix things
 - Set someone right
 - Get someone to face up to reality
 - Premature Action Planning
- Health Care Professionals are taught to....
 - Give advice regarding medical implications of behavior
 - Give suggestions about what patients can do to improve their health
- Reflex when faced with ambivalence but not effective

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Common Patient Reactions to the Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Don't come back – avoid
- Uncomfortable
- Resistant

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"Stop It," aka Change is Simple

- Stop It video

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You Would Think That...

- having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication

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You Would Think That...

- the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control

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You Would Think That...

- hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking

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You Would Think That...

- time spent in the dehumanizing privations of prison would dissuade people from re-offending

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Alternative to "Righting Reflex"

Listening or Validation

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How do we Listen? (OARS)

- Open Questions
- Affirm
- Reflect
- Summarize

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Open Questions

- Open ended questions facilitate a patient's response to questions from his or her own perspective and from the area(s) that are deemed important or relevant. This provides the opportunity for patients to express their point of view, and for providers to discover and follow the patient's perspective.

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Affirm

- Affirming means to actively listen for the patient's strengths, values, aspirations and positive qualities and to reflect those to the patient in an affirming manner.

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Reflect

- Reflections vary in complexity from simply repeating, to reflecting implicit meaning or reflecting feelings. The provider follows the patient's ideas, perceptions and feelings making every effort to convey understanding.

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Summarize

- Summarizing includes directive elements. The provider may reinforce the patient's change talk; or highlight realizations; or identify transitions or progress; or identify themes. They are used to review the direction of the session or changing focus; slowing down and addressing patient's statements; or clarifying what has been discussed so far.

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Common Patient Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the provider
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

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These are not Listening Strategies

- Asking questions
- Agreeing, approving, or praising
- Advising, suggesting, providing solutions
- Arguing, persuading with logic, lecturing
- Analyzing or interpreting
- Assuring, sympathizing, or consoling
- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Moralizing, telling what they "should" do
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Withdrawing, distracting, humoring, or changing the subject

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Why these Strategies are Roadblocks to Communication

- They get in the speaker's way. In order to keep moving, the patient has to go around them
- They have the effect of blocking, stopping, diverting, or changing direction
- They insert the listener's "stuff"
- They communicate:
 - One-up role: Listen to me! I'm the expert.
 - Put-down (subtle, or not-so-subtle)
- Roadblocks are not wrong. There's a time and place for them, but they are not good listening.

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Additional Effective Communication Principles

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

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Empathy

- Empathy is not:
 - Having had the same experience or problem
 - Identification with the patient
 - Let me tell you my story
- Empathy is:
 - The ability to accurately understand the patient's meaning
 - The ability to reflect that accurate understanding back to the patient

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Reflections

- Can be used to develop discrepancies while also listening
- Are statements rather than questions
- Make a guess about the patient's meaning (rather than asking)
- Yield more information and better understanding
- Often a question can be turned into a reflection

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Tips on Forming Reflections

- Make a guess about what the person means
- Form a statement, not a question
- Think of your question: Do you mean that you . . . ?
- Cut the question words ~~Do you mean that~~ You . .
- There's no penalty for missing
- In general, a reflection should not be longer than the patient's statement.

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Eliciting "Change" Talk

What we do once we listen and the patient begins to move into contemplation.

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Change Your Role

- You don't have to make change happen...You can't anyway
- You don't have to come up with the answers...You probably don't have the best ones anyway
- You're not wrestling anymore (opponent)! You're dancing (partner)!

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Eliminate Certain Words

- Get rid of "but"
- Get rid of "It sounds like..."
- Never use the word "why"

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Recognizing "Change" Talk (DARN CAT)

- Desire "I want to..."
- Ability "I can..."
- Reason "There are good reasons to..."
- Need "I need to..."
- Commitment
- Activation
- Taking Steps "I've been..."

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How do we Reinforce Stated Desire to Change? (OARS)

- When you hear change talk, don't just stand there!
- Open Questions
- Affirm
- Reflect
- Summarize

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