Motivational Interviewing Primer - CCWJC MI “Champions”

Anne Morton, Provider Services Manager, amorton@wakedocs.org
Erika Wagner, QI Specialist ewagner@wakedocs.org

www.ccwjfc.com
Why is Change so Hard?

- Feelings
- Thoughts
- Practical Barriers
Motivational Interviewing Defined

“Motivational Interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

“Motivational Interviewing is a directive, patient-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence.”
What about Behavior Change and MI?

- 80% to 90% of healthcare issues are attributed to patient non-adherence and poor lifestyle and behavior choices.
  - Uses skills and strategies to help people think differently about what they are doing
  - Evidenced based health coaching
  - Focus is on ambivalence and resistance- we explore how people make sense of life and the information they’ve been given about their condition
  - That desire to FIX patients is the quickest killer of motivation for change and it’s what we have the most control over
What do we know about Behavior Change?

**People Either Resist Change or Straddle the Fence for Good Reasons**

- Significant life distractions or other pressing priorities
- Does not experience or understand the problem or unable to appreciate the benefits associated with change
- Cost, inconvenience and undesired trade offs (ex. side effects)
- Confidence levels informed by past failure
- Lack of support by others
- No immediate payoff
Why Motivational Interviewing?

Provides an alternative approach to the traditional medical model where the professional interacts in a non-collaborative, confrontational style, as the “expert” whose knowledge is the “cure” with little regard for the patient’s level of motivation or readiness for change.
What is Motivation?

“What motivation can be understood not as something that one has, but as something that one does. It involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy.”

-Miller & Rollnick

- State of mind, not a character flaw
- Multidimensional, dynamic and fluctuating
- Interactive and modifiable by the clinician
MI is...

- Effective in many areas of behavior change
- Learnable and specific interventions
- A way of “being” with clients/patients
- One of many useful interventions
People in the Helping Professions have Natural Tendency to want to FIX what’s “wrong” with patients.

‘The ‘Righting Reflex’

When you want to jump in and tell them what to do, try asking permission first...

• May I share some information with you?
• Would it be okay if I shared some information with you?
• May I tell you what concerns me?
Spirit of Motivational Interviewing

- **Collaboration** (instead of Confrontation)
  - Exploration
  - Support rather than persuasion or argument
  - Positive atmosphere that is conducive but not coercive for change

- **Evocation** (instead of Education)
  - Not imparting things but rather eliciting ideas and drawing them out from the person
  - Not instilling but drawing out intrinsic motivation

- **Autonomy** (instead of Authority)
  - Client is responsible for change
  - Change arises from within and is connected to the client’s own goals and values

- **Acceptance** (instead of Disapproval)
- **Compassion** (instead of Judging)
MI Communication Principles

- Roll with Resistance
- Express empathy
- Avoid Argumentation
- Develop discrepancy
- Support self-efficacy
Roll with Resistance/Avoid Argumentation

Roll with Resistance...not responding with persuasion or direct confrontation, but to side step an argument and encourage conversation

- Avoid arguing for change
- Emphasize personal choice
- Ignore antagonistic statements
- Resistance is a signal that we need to respond differently
Example (roll with resistance/avoid argumentation)

Example 1
Patient: “I don’t like the idea of blood pressure medicine. I hear it can have bad side effects.”
Provider: “And it really is your decision. All I can do is tell you the advantages and disadvantages and give you my opinion. It really is up to you.”

Example 2
Patient: “I just don’t think I can quit eating my nightly bowl of ice cream—that’s how I relax before I go to bed.”
Provider: “May I tell you what concerns me?”
Express Empathy

Express empathy.....To understand the client’s world...
Empathy reflects an accurate understanding

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

Leads to

- Patient feels understood
- Reduces anxiety
- Improves adherence & patient outcomes
Empathetic Responses

- “You seem frustrated”
- “In other words you’re unhappy with your current doctor...”
- “You feel angry because you have to give yourself shots every day”
- “It seems to you that your diabetes is under control”
- “As I understand it, you’re saying that you feel like you need your ice cream every night”
Develop Discrepancy

To help the patient see the contrast between what they want and what they do:

- A discrepancy between present behavior and important personal goals or values will motivate change
- The patient should present the argument for change
- Developing discrepancy creates dissonance (that uncomfortable feeling you get from continuing the current behavior)
Develop Discrepancy

Techniques/strategies for helping to develop discrepancy:
  • Repeat back Pros and Cons stated by patient

“So, on one hand you want to reduce your risk of ending up back in the hospital for an asthma exacerbation, but on the other hand you don’t like to take the medication and you feel fine a lot of the time”.
Develop Discrepancy

• Ask questions about behaviors that don’t support goals set by the patient.

“Mr. Jones, I am concerned that your diabetes medicine refill has been ready for about two weeks. You told me last time that you didn’t want the same complications your mom had with diabetes. What are your thoughts about how this might affect that goal?”
Support Self-Efficacy

To foster hope in the patient that he/she can achieve desired changes....

- A person’s belief in the possibility of change is an important motivator
- Notice, support and encourage patient attempts or even thoughts about change
- Praise the behavior, not the person
- The patient, not the practitioner, is responsible for choosing and carrying out change
Example (Support Self-efficacy)

“I really believe you are on your way to better health since you are thinking about using your inhalers for asthma.”

“It’s great that Joey hasn’t had an emergency room visit for an asthma flair in 3 months! Tell me what you’re doing to keep Joey’s asthma better controlled.”

“You were able to decrease smoking before, I’m confident you can do it again. What worked for you last time?”
Summing up the Principles

People experience ambivalence...the conflicting thoughts and feelings about a particular behavior or change that holds pros and cons for them.

When a person experiences a discrepancy between how things are and how they want them to be, they tend to be motivated to reduce that discrepancy if it seems possible to do so.

Person (patient) has to argue for change.
Stages of Change

Change is a process not an event. There are different stages along the change continuum.

Often, the processes overlap, so use what works with a given patient at a given time.

Where a patient is on the continuum determines what processes and what interventions make the most sense.
Open Ended Questions
Affirmations
Reflective Listening
Summary Statements
Closed Ended Questions vs. Open Ended Questions

Closed ended questions

- Can be answered with a single word or two word response.
- Don’t leave much room for elaboration, interpretation or opinion.
- Leave little room for new ideas and they don’t spark creativity or imagination which would lead to new questions.

  Do you take your medications?
  How often do you eat fast food?
  Have you been taking your medicines?
Closed Ended Questions vs. Open Ended Questions

Open ended questions

- Cannot be answered with one word responses.
- Invite responders to say what is important to them. (invites relationship)
- A great tool to promote creative thought & problem-solving skills because it forces a person to spend more time contemplating their response.

Examples of open ended questions:

- How can I help you with your asthma/breathing?
- How would you like things to be different?
- How have you been taking your medicines?
- What things would you be able to do if you could breathe better?
Why “Why” Questions Don’t Work

“Why” questions are open-ended questions but can have unintended overtones or criticism. This may lead patients to defend the status quo.

• Why don’t you want to take your medication?
• Why can’t you stop smoking?
• Why haven’t you filled your prescriptions?
MI Resources and References


Motivational Interviewing: Helping People Change, 3rd Edition (Applications of Motivational Interviewing) 3rd Edition


Lauren Moyer, L.M., S.W., C.C.D.P.D., C.C.G.C Motivational Interviewing: Preparing People to Change-A Skill Building Training

Auburn University Motivational Interviewing Training Institute: [www.cmsa.org/aumiti](http://www.cmsa.org/aumiti)