Community Care of Wake & Johnston Counties

Motivational Interviewing Primer-CCWJC MI “Champions”
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MI Overview

Principles
- Rolling with Resistance
- Express Empathy
- Avoid Argumentation
- Develop Discrepancy
- Supporting Self-Efficacy

Spirit
- Collaboration
- Evocation
- Autonomy/Support

Practice
- OARS, Rulers, Eliciting
- Change Talk

behaviors

being
Learning Objectives

1. Describe the spirit of Motivational Interviewing (MI) and its importance to patient-centered care and MI concepts in ambivalent or resistant patients.

2. Understand the righting reflex and demonstrate MI methods for overcoming the urge to use it.

3. Identify the five basic MI communication principles.
Why is Change so Hard?

- Feelings
- Thoughts
- Practical Barriers

- Of those needing to change a behavior, **50-70%** are not ready. (Prochaska & DiClemente, 1992; Prochaska, DiClemente & Norcross, 1996; Rollnick, Heather & Bell, 1992)
“Motivational Interviewing is a directive, patient-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence.”

A more recent definition….

“Motivational Interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”
What about Behavior Change and MI?

- 80% to 90% of healthcare issues are attributed to patient non-adherence and poor lifestyle and behavior choices.
- MI uses appropriate skills and strategies to help people think differently about what they are doing.
- MI is evidenced based health coaching.
- Focus of MI 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 behavioral 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/disease model where the helping professional interacts in a non-collaborative sometimes confrontive style as the “expert” who’s knowledge is the “cure” with little regard for the patient’s level of motivation or readiness for change.
“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
What MI is....

- Effective in many areas of behavior change
- Learnable and specific interventions
- Supported by research
- A way of “being” with clients/patients
- One of many useful interventions
Key Points

- Assess the patient’s understanding of illness and treatment
- Ask permission to give advice/information
  - In providing feedback: Elicit, (ask permission-Provide information, Elicit (I wonder what thoughts you have?))
- Explore the decisional balance
- When faced with ambivalence or resistance, EXPLORE, don’t explain – or shift
- Respect patient autonomy- they decide, NOT us
- 3 minutes of M.I. more effective than 17 minutes of biomedical
People in the Helping Professions have a Natural Tendency to want to FIX what’s “wrong” with patients.

The ‘Righting Reflex’

One helpful answer to this issue is to ask permission…(when you want to jump in and tell them how to fix it)…. 

• 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….overcoming the patient’s resistance to behavior change by acknowledging & dealing with it but avoiding direct confrontation…

• Avoid arguing for change
• Emphasize personal choice (the patient is the primary resource in finding answers & solutions)
• Ignore antagonistic statements (don’t add to the patients resistance by forcing mutual defensiveness)
• Resistance is a signal that we need to respond differently (shift the focus away from the resistance and stay focused on the purpose of the encounter and important issues)
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?”
Expressing Empathy

Express empathy…..To understand the client’s world…

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

Leads to
- Patient feels understood
- Reduces anxiety
- Improves adherence & patient outcomes
Empathic 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”
Example (Expressing Empathy)

Patient: “I just don’t know if I can follow this medication regimen.”

Provider: “Mrs. Smith, you sound worried about taking the medication. What concerns you most?”

Patient: “I just cannot endure this diabetes diet! I’ve had to give up too many of the things I like and the small portion sizes leave me hungry!”

Provider: “Mr. Johnson, you sound angry. The idea of having to limit yourself with a diet you didn’t get to choose is frustrating.”
Develop discrepancy….To help the patient see their personal goals are inconsistent with their current behavior and thus to motivate the patient to change the behavior…. 

- 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 the one hand, you want to reduce your risk of ending up on dialysis by lowering your blood sugar, but on the other hand you don’t like to take the medication and you feel fine.”

“I am concerned that if you don’t take your insulin, you will end up in the hospital again. This worries me… What are your thoughts?”
• 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 they 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
“I really believe you are on your way to better health since you are thinking about taking your diabetes medicine.”

“That’s great that your A1C has come down since last time! Tell me about the things you’re doing that are helping you succeed!”

“You were able to lose weight before, I’m confident you can do it again. What worked for you last time?”
• People experience ambivalence…the conflicting thoughts and feelings about a particular behavior or changes 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
  - The practitioner joins the patient to guide them to develop discrepancy between their actual present and desired future. This helps to intensify, explore and resolve their ambivalence while emphasizing their change talk and helping them to tip the decisional balance towards change.
Practicing in the Spirit of MI
Key Points to Remember

• Client Centered
• Collaborative
• Respect Autonomy in Choice
• Explore Ambivalence
• Roll with Resistance
• Directive Way of Guiding
• Ask Permission to give Advice or feedback
• OARS
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 leads to new questions.

Examples of closed ended questions:

• Do you check your blood sugar?
• Has your daughter had a fever?
• How long have you been feeling dizzy?
• How often do you eat fast food?
• Have you been taking your medicines?
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 does being diabetic affect your home or work life?
- When your blood sugar is high, how does that make you feel?
- How would you like things to be different?
- How have you been taking your medicines?
- What do you think you will lose if you give up junk food?
- Could you share with me what has worked for you in the past when faced with a similar situation?
Open Ended Questions

• Open-ended questions can help gauge what is important to the patient & can determine the reasoning behind the patient’s willingness to modify behavior
  • Why would the patient be willing to modify his/her behavior in the first place?
    • To some care providers, it is believed that the main reason a patient would be willing to modify behavior is to better one’s quality of life.
    • However, for some individuals, improving health status is not the only main reason for behavior change

Figuring out the patient’s reasoning (for change) can help to BUILD RAPPORT!
Why “Why” Questions Don’t Work

“Why” questions are open 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 ________________?
- Why do you need to ________________?
- Why don’t you ________________?
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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
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