

Totally Amazing Instructor

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Motivational Interviewing

- A directive, client centered counseling style for eliciting behavior change by helping clients explore and resolve **ambivalence**.
- Designed to produce rapid, internally motivated change by mobilizing the client's own change resources.

Miller and Rollnick, 2013

References

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effective and not so effective example of MI for Tobacco

- <https://www.youtube.com/watch?v=DsEZTWTkM7w>
- <https://www.youtube.com/watch?v=URiKA7CKtfc>

Problems with Standard Practice

- Unwelcome advice elicits resistance
- Advice must match motivation
- Client knowledge of facts is weakly correlated with behavior
- Only 5% to 10% of the variance in change behavior due to knowledge
- Variability in personal motivation

The Spirit of Motivational Interviewing

- Respects and advocates for client/patient autonomy (self efficacy)
- Fosters a shared or equal power dynamic in the therapeutic relationship
- Seeks first to understand, interventions are patient/client centered meeting them “where they are at.”

The Spirit of Motivational Interviewing

- The "Spirit" of Motivational Interviewing (MI) is more than the use of a set of technical interventions. It is characterized by a particular "way of being." This way of being is described as the "Spirit of MI." The "Spirit of MI" is the foundation of every MI conversation that takes place. It communicates compassion, acceptance, partnership, and respect.

Visual Aids

Demonstrate the relative position of MI
Standing beside looking at what the client is
looking at. Describing what the patient is
seeing, “did I get that right?”

Columbo video- intense non-judgmental
respectful curiosity

Push a rope or a chain through a hole.

For every reaction there is an equal and
opposite reaction exercise.

Motivational Interviewing:

- Collaboration between the practitioner and the client;
- Evoking or drawing out the client's own "change talk."
- Emphasizing the autonomy of the client.
- Practicing compassion in the process.

Collaboration (vs. Confrontation)

- Collaboration is a partnership between the practitioner and the client, grounded in the point of view and experiences of the client.
- This contrasts with some other approaches to counseling/treatment, which are based on the practitioner assuming an “expert” role, at times confronting the client and imposing their perspective on the client’s unhealthy behavior and the appropriate course of treatment and outcome.
- Collaboration builds rapport and facilitates trust in the helping relationship, which can be challenging in a more hierarchical relationship. This does not mean that the practitioner automatically agrees with the client about the nature of the problem or the changes that may be most appropriate. Although they may see things differently, the therapeutic process is focused on mutual understanding, not the practitioner being right. Motivational interviewing is done "with and for" someone, not "on or to" them.

Evocation (Drawing Out, Rather Than Imposing Ideas)

- The MI approach is one of the practitioner's drawing out the individual's own thoughts and ideas, rather than imposing their opinions as motivation and commitment to change is most powerful and durable when it comes from the client.
- No matter what reasons the practitioner might offer to convince the client of the need to change their behavior or how much they might want the person to do so, lasting change is more likely to occur when the client discovers their own reasons and determination to change. The practitioner's job is to "draw out" the person's own motivations and skills for change, not to tell them what to do or why they should do it.

Autonomy (vs. Authority)

- Unlike some other treatment models that emphasize the clinician as an authority figure, Motivational Interviewing recognizes that the true power for change rests within the client. Ultimately, it is up to the individual to follow through with making changes happen. This is empowering to the individual, but also gives them responsibility for their actions.
- Practitioners reinforce that there is no single "right way" to change and that there are multiple ways that change can occur. In addition to deciding whether they will make a change, clients are encouraged to take the lead in developing a "menu of options" as to how to achieve the desired change.

Compassion

- Compassion is the ability to actively promote the other's welfare and give priority to the other's needs. It is a deliberate commitment to pursue the welfare and best interest of others. It is a commitment to seek to understand others' experiences, values, and motivations without engaging in explicit or implicit judgment. Lastly, compassion is an understanding that everyone strives towards a fulfilling life and at times encounters barriers which can evoke feelings of sadness, pain, and shame; as such, compassion is acceptance of one's path and choices, and respect for the difficult emotions that a person can experience along the way.

Examples

- Collaboration (Partnership): “I am grateful for this chance to walk beside you during this difficult time in your life, I’m looking forward to getting to know you better.”
- Autonomy (Acceptance): “Thank you for taking the time from your busy life to meet with me. From what you have said so far, it seems like you have fascinating journey, may I ask you, how does alcohol fit into your life?”
- Evocation: “From what you have told me ,you have overcome some serious challenges in your life, how did you do that?”
- Compassion: Is best communicated in the quality of your non-verbal listening skills, and the other ways in which you express a sincere desire to understand the client/patient.

Sounds simple right?

- **Common Provider Challenges to MI**
 - **Natural Ego- desire to maintain position of authority**
 - **Conversation without forward direction**
 - **Provide “education” as we were taught in school**
 - **Natural desire to fix the problem the “righting reflex”**
 - **Tendency to advocate for our (the provider’s) solution to the problem**

How to offer advice in MI?

- Relationships first. Don't offer unsolicited advice, unless your situation absolutely requires it.
- When you must:
 - 1st ask permission
 - 2nd don't own it (other patients in this situation often tell me that....)
 - 3rd Offer three or more options or a menu of options for the patient to choose from otherwise you fall into the "serial denial" trap.



Principle 1: Express Empathy

Acceptance facilitates change

- Is not the same as agreement or approval
- Does not prohibit the counselor from differing with the client's views and expressing that divergence.

Skillful reflective listening is fundamental

Ambivalence is accepted as a normal part of human experience and change

OARS

- Open ended questions
- Affirmations: comment on strengths, effort, intention
- Reflective listening
- Summaries: pulling together the person's perspectives on change

Change the Closed Ended Questions to Open Ended Questions

ADHERENCE/HEALTH BEHAVIORS

So are you taking your medication everyday?

You're not experiencing any side effects are you?

Do you have any questions about your new medicine?

Should I call you on Monday? How about 9:00 am.?

You still doing drugs?

Reflective Listening

- Statement, not a question
- Ends with a down turn
- Hypothesis testing
 - If I understand you correctly, it sounds like...
- Affirms and validates
- Keeps the client thinking and talking



Double-Sided Reflection



Capture both sides of ambivalence...

Example: Maybe I have some problem with alcohol but I am not an alcoholic.

Response: You see alcohol is a problem for you and it is also important that people not see you as an alcoholic.



Agreeing with a Twist



Client: No body can tell me how to raise my kids.

Therapist: The truth is that it really is up to you how your kids are raised and what they learn. You need to be a full partner in this.

Universal Safe Reflections

- It sounds like this has been tough for you...
- It sounds like you are not happy with...
- It sounds like you are a bit uncomfortable about...
- It sounds like you're not ready to...
- It sounds like you are having a problem with...

Reflective Listening

Restating

Responding to Content

“It sounds like.....”

Rephrasing

Responding to Affect

“You feel....”

Paraphrasing

Deducing

Responding to Meaning

“You feel....*BECAUSE*”

Summarizing

Let me see if I understand what you've told me so far...

Ok, this is what I have heard so far...

Follow up with

Ok, how did I do?

What have I missed?

Anything you want to correct?

Summarizing

If there is client ambivalence about the issue
summarize both the pros and cons

So, it sounds like you have several reasons why you want to (quit, start, increase) but on the other hand there are things you like about (smoking, cocaine) that you aren't sure if you want to give up or things you are worried about experiencing if you stop (smoking, cocaine). Where do you want to go from here?

How to get change talk?

- DARN-CAT
- Pull for Change Talk using OARS
- Up the Change Talk ante with
 - evocative questions
 - elaboration
 - extremes
 - looking back
 - looking forward
 - explore goals
 - assessment feedback
 - readiness rulers

DARN-CAT

- MI focuses on change talk, which is any speech that favors movement toward change. Some change talk is preparatory, and this includes talk about the **Desirability** of change, the **Ability** to change, expression or affirmations of **Reasons** to change, and talk about **Needing** to change.
- Counselors are instructed in the use of MI techniques to fan the flames of preparatory change talk until the client breaks into mobilizing change talk. Mobilizing change talk includes talk of a **Commitment** to change, signs of **Activation** that include talk about being willing to change, and reports that the client has actually begun **Taking Steps** toward change.

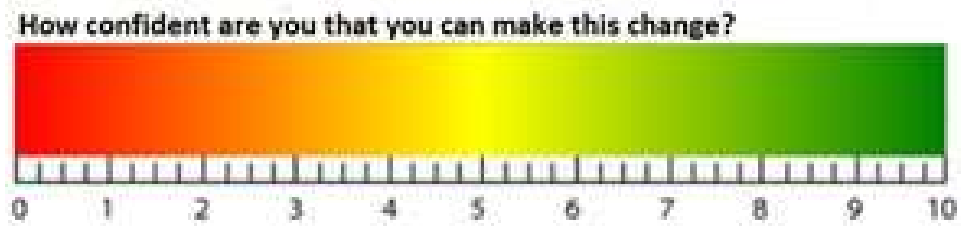
Developing Discrepancy

- No discrepancy, no motivation
- Example 1- Weight Loss
 - So, according to your weight today, you gained a few pounds. What do you make of this?
 - Thank you for bringing your food diary in with you today, it can be difficult to keep track of what we eat, nice job. According to your food record, you ate at McDonalds twice this past week. During our last visit you shared your goal of avoiding eating at fast food restaurants. How's do you feel about eating at McDonalds?

Developing Discrepancy

- Example 2- Addictive Behavior
 - “Thank you for following up with me today, its great to see you back.” During our last session You mentioned your strong motivations to quit smoking for your health and for your kids health, and that you were very confident you could do it. You decided to stop smoking last week, but you are still smoking today. Did I get that right? Could you please tell me more about that?

Assessing confidence and importance



Using “importance” and “confidence” rulers

STAGE 2: Building on the positives

On a scale of one to ten how important is it to you to make this change in your life?

On a scale of one to ten how confident are you that you can make this change in your life?

To illicit change talk:

_Why did you chose a 7 instead of a 6?

Don't ask about why did you chose an 7 instead of an 8? That will illicit sustain talk. Remember they need to hear themselves say it in order to believe it

Eliciting Change Talk

Shine the light (emphasize) the helpful behaviors

Which coyote do you want to feed?

Could you tell me some of the things you enjoy about...

Could you tell me some of the reasons why you might want to change your ...

Could you tell me some of the things you don't like about...

Could you tell me some of the reasons why you may not want to
change....(fears, barriers)

How might your life be different if you ...(lost weight)

What benefits, if any, might there be if you...

How, if at all, does smoking affect your job?

What are some of the negative things about continuing your smoking?

Working with Ambivalence

- Evocative questions
- Find and reinforce Change Talk (pick flowers)
- Summarize (bouquets)
- Explore values
 - develop discrepancy between ideal and current
 - What do you need to do to live out these values better?

Avoid the “yes, buts” by using a MENU.

Here are some of things that have worked for other people

- 1.) Amazing strategy 1
- 2.) Amazing strategy 2
- 3.) Amazing strategy 3

Which of these do you think might work best for you?

Which of thee might you be willing to try?

MENU (Prioritizing)

Controlling your weight may involve several behavior changes including:

- 1.) eating less
- 2.) eating more fruits and vegetables
- 3.) eating smaller portions
- 4.) eating fewer desserts
- 5.) exercising more

Which of these would you like to work on first?

Which of these do you think are more important to deal with?