Using Motivational Interviewing in Your Practice

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The Challenge We Face

- People don’t follow physicians’ advice and recommendations
  - More than 80% don’t follow advice to change health behavior
  - 50% don’t follow long term medication regimens
  - 20-30% don’t complete short-term medication regimens
- Patients and parents often do not recall anticipatory advice given
A clinician views patient health behavior change from two perspectives:

1. **Importance**: a clinician has beliefs about health behavior change counseling and his or her role in the process

2. **Confidence**: a clinician has expectations about the power of his or her skills to promote health behavior change
Frustrated:
“I believe it is important for me to help patients change, but I don’t know how to do it”
Unaware or Cynical:
“It’s not my role to counsel patients. Anyway, it’s too difficult to do this kind of counseling.”
Low Importance - High Confidence

Skeptical:
“I could work with patients on behavior change, but it’s just not proven to work.”
Moving, Helping:
“I believe it is important for me to work with patients on health behaviors no matter what the obstacles are.”
Importance - Confidence

Frustrated:
“I believe it is important for me to help patients change, but I don’t know how to do it.”

Moving, Helping:
“I believe it is important for me to work with patients on health behaviors no matter what the obstacles are.”

Unaware or Cynical:
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Skeptical:
“I could work with patients on behavior change, but it’s just not proven to work.”
Research has shown:

- Clinician-patient interactions influence the behavior change process.
- When given the techniques to help motivate patients to change health behaviors, good doctors become even more effective.
- When patients arrive at action plans that fit within their personal goals and values, change is more likely.
Objectives

As a result of this session, participants will be able to:

- raise the issue of changing a health behavior with a patient in a way that does not elicit resistance
- use a range of active listening skills to enable a patient to clarify his or her own feelings about health behavior change
- learn strategies for assessing and enhancing importance and confidence
- utilize patient goals for better outcomes
What is Motivational Interviewing?

A directive, patient-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence. *

Spirit of MI is as important as techniques

- Characterized by a warm, genuine, egalitarian stance that supports self-determination and autonomy

- Goal is to build motivation for change
  - Motivation is elicited, not imposed
  - Recognizes that Motivation is not a stable trait
  - Can changes within interpersonal interactions
Motivational Interviewing: Basic Principles

n Use key counseling skills
  q Set the counseling agenda jointly with the patient
  q Open-ended questions, reflective listening, express empathy
  q Elicit and reinforce “change talk” and commitment

n New approaches to build motivation
  q Develop discrepancy between current actions and desired

n Different approach to resistance (yes- buts)
  q Avoid argumentation
  q “Roll with resistance”

n Supports the patient’s change efforts

(Miller & Rollnick, 1991; 2002)
Agenda Setting

- Elicit items patient wishes to discuss
  - “What were you hoping to talk about today?”

- Raise items you wish to discuss and ask permission
  - “I’m concerned about your frequent asthma attacks. Would it be okay if we talked about it today?”
  - “Is it ok to talk about your answers on the PDA?”

- Prioritize multiple concerns

- Agree on what to talk about
Key Counseling Skills: Open-Ended Questions

- Goal: Understand meaning rather than collect facts

- Use “How” and “What” questions
  - Caution: “Why” questions can sound judgmental

- Examples:
  - Tell me about…
  - Could you help me understand more about…
  - What have you tried before?
  - How was that for you?
Key Counseling Skills: Respond using Reflective Listening

Reflect the meaning of what your patient said

- May need several reflective statements to fully understand the patient’s perspective

Every reflection opens a possibility

- Patient: verify, correct, add to, or refine their message
- Clinician: clarify, correct misinterpretations and assumptions

Activity: Try reflective response
The Power of Reflective Listening

- Use of 2 to 3 linked reflective responses
  - Builds rapport and conveys respect
  - Quickly elicits relevant information

- Efficient way to understand the patient’s perspective
  - Uncovers the emotional aspects and barriers

- Effectively guides you where to intervene
Making Reflective Statements

- **Rephrase:**
  - Summarize the content heard
  - Reflect back the feeling

- **Examples:**
  - You have some concerns about your weight [*content*]
  - You’ve tried to cut down on sugary snacks, but it hasn’t worked [*content*]
  - You’re pretty frustrated because your attempts to change your snacking haven’t worked [*feeling*]
  - You find it hard to make a change when you enjoy eating out with your friends [*feeling*]
Reflective Listening Examples

- It sounds like you…
- So what I hear you saying is…
- You’re wondering if…
- You feel…and that makes you want to…
- It seems like…
- You are…
Key Counseling Skills: Expressing Empathy

Empathy:
- Understand the experience of another at a deeper level
- Acknowledge and value the other person’s perspective
- Communicates to your patient that what they say, think, and feel is important to you

Empathy is NOT:
- Sympathy - Shared suffering
- Pity
- Reassurance

“You seem pretty frustrated”
“So you’re just not sure what to do next.”
“So you really want to change your eating habits, but it’s overwhelming because you’re not sure where to start.”
“Most people I know would feel anxious in that situation.”
“It sounds like deciding to take that first step is a little scary for you.”
Practice Exercise:
Using Key Counseling Skills

Task: Practice using open-ended inquiry, reflective listening, and expressing empathy.

- Interviewer: Interview your colleague about something he/she has been motivated to do.
- Interviewee: Tell your story.
- Observer: Observe and jot down open-ended questions, reflections that the interviewer uses, and examples of expressed empathy.

You will have up to 3 minutes to conduct the interview.
MI task: Developing Discrepancy

“Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be”. (Miller, Zweben, DiClemente, & Rychtarik, 1992, p.8)

Listen for where the patient’s desired behavior differs from their actual behavior

Highlight the discrepancy between the patient’s present behavior and personal goals/values

"So, what I hear you say is that when you drink on Friday night, it’s hard to get up in time for the baseball game. But you love playing, and doing a good job for the team is very important to you."
Examining pros and cons gives a lot of information about how the patient views the issue. Example: all cons and no pros.

Patients often experience ambivalence about the value of change.
- There are costs and benefits to changing as well as staying the same.
- New behaviors can be hard to do.

There are 2 ways of examining pros/cons:
- Look at the current behavior.
- Look at change.
<table>
<thead>
<tr>
<th>Current Behavior</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
<td><strong>Pros</strong></td>
</tr>
<tr>
<td>“What are some of the good things about eating so much junk food?”</td>
<td>“What are some of the good things about changing the way you eat?”</td>
</tr>
<tr>
<td>I like how it tastes</td>
<td>If lose weight, will feel more attractive</td>
</tr>
<tr>
<td>Going out with my friends—we like to hang out at McDonalds</td>
<td>It would be easier to fit into the kinds of clothes I want to wear</td>
</tr>
<tr>
<td></td>
<td>I’d feel good about accomplishing it</td>
</tr>
<tr>
<td><strong>Cons</strong></td>
<td><strong>Cons</strong></td>
</tr>
<tr>
<td>“What are the not so good things about eating junk food?”</td>
<td>“What are some of the not so good things about changing the way you eat?”</td>
</tr>
<tr>
<td>I don’t like how I look—I think it’s making me heavy and it also makes my skin greasy</td>
<td>I’d have to think about what I can and can’t eat all of the time</td>
</tr>
<tr>
<td>I can’t run as well as I used to, so I’m doing badly on my field hockey team</td>
<td>I’d have to give up my favorite junk food</td>
</tr>
<tr>
<td></td>
<td>It would be hard to go out with my friends</td>
</tr>
</tbody>
</table>
The Ingredients of Readiness to Change

- **Importance**
  (Why should I change?)

- **Confidence**
  (Can I do it?)

Readiness

Rollnick, Mason, & Butler, 2003
Importance & Confidence Reflect Commitment to Change

Importance

High 10

Confidence

Frustrated

Unaware or Cynical

Moving: helping

Skeptical

Success

Moving: helping

10 High

Low 0
# Teen interest, importance and confidence

<table>
<thead>
<tr>
<th>If interested:</th>
<th>Interest</th>
<th>Important</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change eating</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ü11-14</td>
<td>58%</td>
<td>90%</td>
<td>84%</td>
</tr>
<tr>
<td>ü15-19</td>
<td>62%</td>
<td>89%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Increase Exercise</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ü11-14</td>
<td>71%</td>
<td>83%</td>
<td>90%</td>
</tr>
<tr>
<td>ü15-19</td>
<td>70%</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Quit Tobacco</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ü11-14</td>
<td>22%</td>
<td>50%</td>
<td>67%</td>
</tr>
<tr>
<td>ü15-19</td>
<td>21%</td>
<td>73%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Change Drinking</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ü11-14</td>
<td>36%</td>
<td>63%</td>
<td>100%</td>
</tr>
<tr>
<td>ü15-19</td>
<td>8%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Change Drugs</strong></td>
<td></td>
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</tr>
<tr>
<td>ü11-14</td>
<td>33%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ü15-19</td>
<td>30%</td>
<td>75%</td>
<td>100%</td>
</tr>
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</table>
Tools for Developing Discrepancy: Exploring Importance and Confidence

- MI seeks to increase the patient’s perceived importance of making a change and enhance their belief that they can make change.

- Strategy: Scaling questions

- In order to move toward change, the patient may need to:
  - Further explore the importance of change
  - Build the confidence to undertake change
  - Enhance both importance and confidence

Activity: Sarah
Assessing Importance

Not at all important        0  1  2  3  4  5  6  7  8  9  10 Extremely important

- “On a scale of 0 to 10, how important is it to you to __________ (make this change)?
- “What makes you say a 5?”
- “What led you to say 5 and not zero?”
- “What would it take to move it to a 6 or a 7?”
- “What could I do to help you make it a 6 or 7?”
Assessing **Confidence**

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally confident</th>
</tr>
</thead>
</table>

- “On a scale of 0 to 10, how confident are you that you can ________ (make this change)?
- “What makes you say a 6?”
- “What led you to rate your confidence 6 and not 2?”
- “What would help you move your confidence from a 6 to a 7 or 8?”
Strategies for Increasing Importance

- **Exchange information**
  - Different from advice, which is a one-way process
  - Always ask permission before giving information

- **Explore and respond to ambivalence**
  - Return to a reflective statement
  - Try a double-sided reflection:
    - “So, on the one hand…while on the other hand…”
  - Roll with resistance
    - Patient: “I know you expect me to quit eating all the things I like. I want to lose weight, but I don’t plan on sticking to some strict diet where you can only eat salad!”
    - Clinician: “A lot of people feel the same way you do when they start thinking about changing the way they eat. Tell me more about your concerns.”
Strategies for Enhancing Confidence

- Recall times in the past when the patient has been successful making changes
  - Explore role of family and peers in supporting change
  - Affirm persistence—often many attempts

- Break it down
  - Define small, realistic, and achievable steps

- Identify specific barriers and problem-solve
  - Important for adolescents where confidence may be high but barriers exist
    - “What might get in the way?”
    - “What might help you get past that?”
    - “Here’s what others have done.”
Redefining the Successful Counseling Encounter

In one visit you probably CANNOT:
  - Get the teen to totally change health behavior habits

In one visit, you probably CAN:
  - Understand the teen perspective, barriers to change
  - Engage with the teen in a way that allows them to see you as a resource for change
  - Understand how ready the teen is to make changes
  - Say something that encourages the teen to take a first step toward change
  - If ready to change, help the teen develop a first step
Ready for Action?

- Not ready to attempt change
  - Goal: Raise awareness and discrepancy
  - Tasks: Inform & encourage

- Unsure about change
  - Goal: Build importance and/or confidence
  - Tasks: Explore ambivalence
  - Strategies: Return to pros and cons, offer help later, give resources the patient may use later

- Ready for Action
  - Goal: Agree on action steps and strategies
  - Explore if confidence or importance are barriers
  - Task: Help patient come up with their own ideas for change
Not Ready-Inform & Encourage

Always ask permission before giving information

Elicit-Provide-Elicit Process

ELICIT interest

“Would you like to know more about…?”

PROVIDE feedback neutrally

“What happens to some people is…Other people find…”

ELICIT the patient’s interpretation and follow it

“What do you make of this?”

“How do you see the connection between smoking and your health?”

Rollnick, Mason, & Butler, 2003, pp.111-112
Unsure-Explore Ambivalence

- Ask permission:
- Ask “disarming” open-ended question:
  “What are some of the advantages for keeping things just the way they are?”
- Ask “reverse” open-ended question:
  “On the other hand, what are some of the reasons for making a change?”
- Summarize both sides of ambivalence
  Start with the reasons for not changing, followed by reasons for changing
n Ask about the next step:
  q “What’s the next step, if any?”

n Show appreciation:
  q “Thank you for your willingness to talk with me about _____.”

n Voice confidence:
  q “I’m confident that if and when you make a firm decision and commit to making a change, you’ll find a way to do it.”
Trying it out

- Think about something in your life that you are ambivalent about changing.
- Pick a partner.
- Tell them about something you “know you should do” but have not been able to do.
- Practice steps of “Exploring Ambivalence”.
- Give feedback and change roles.
Cues for your interviews:

Ask permission

Try pros/cons inquiry
  - Ask, summarize both sides

Open door to consider a next step

Respect patient being in charge
  - Show appreciation for having discussion
  - Confidence can make change when chooses
Many people need help picking one do-able step that’s not too big.

People are more likely to be successful if they come up with the options rather than you.
- You can prime the pump if they are stuck.

Show appreciation.

Convey optimism and belief in their strengths.

Write down one simple next action step for patient.
Offering Advice if Patient Not Coming up with Ideas

n Ask permission:
   q “If you’re interested, I have an idea for you to consider. Would you like to hear it?”

n Offer advice:
   q “Based on my experience, I would encourage you to consider __________.”

n Emphasize choice:
   q “Of course, it is totally up to you.”

n Elicit response:
   q “What do you think about this idea?”
Use of a Follow-Up Visit

- Beginning a process of change
- Need to monitor, reinforce

Why are we so reluctant to schedule follow-up visits?
- Don’t want to hear bad results
- Don’t know what to do with the visit
- Billing
Conversation Flow

- Open the conversation
- Set the agenda
  - Collaborative process
  - Supports autonomy and choice
  - Ask permission
- Assess readiness to change
- Explore ambivalence
  - Very common
  - Needs to be addressed for sustained change
  - Invites “change talk”
- Ask about “next step”
  - Assesses impact of conversation
  - Perspective often shifts in the process
  - If ready, help patient develop action steps
- Close the conversation
  - Show appreciation and voice confidence

Throughout the encounter:
use key counseling skills to understand the patient’s experience
Questions?

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