
Using Motivational Interviewing in Your Practice

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The Challenge We Face

- n People don't follow physicians' advice and recommendations
 - q More than 80% don't follow advice to change health behavior
 - q 50% don't follow long term medication regimens
 - q 20-30% don't complete short-term medication regimens
 - n Patients and parents often do not recall anticipatory advice given
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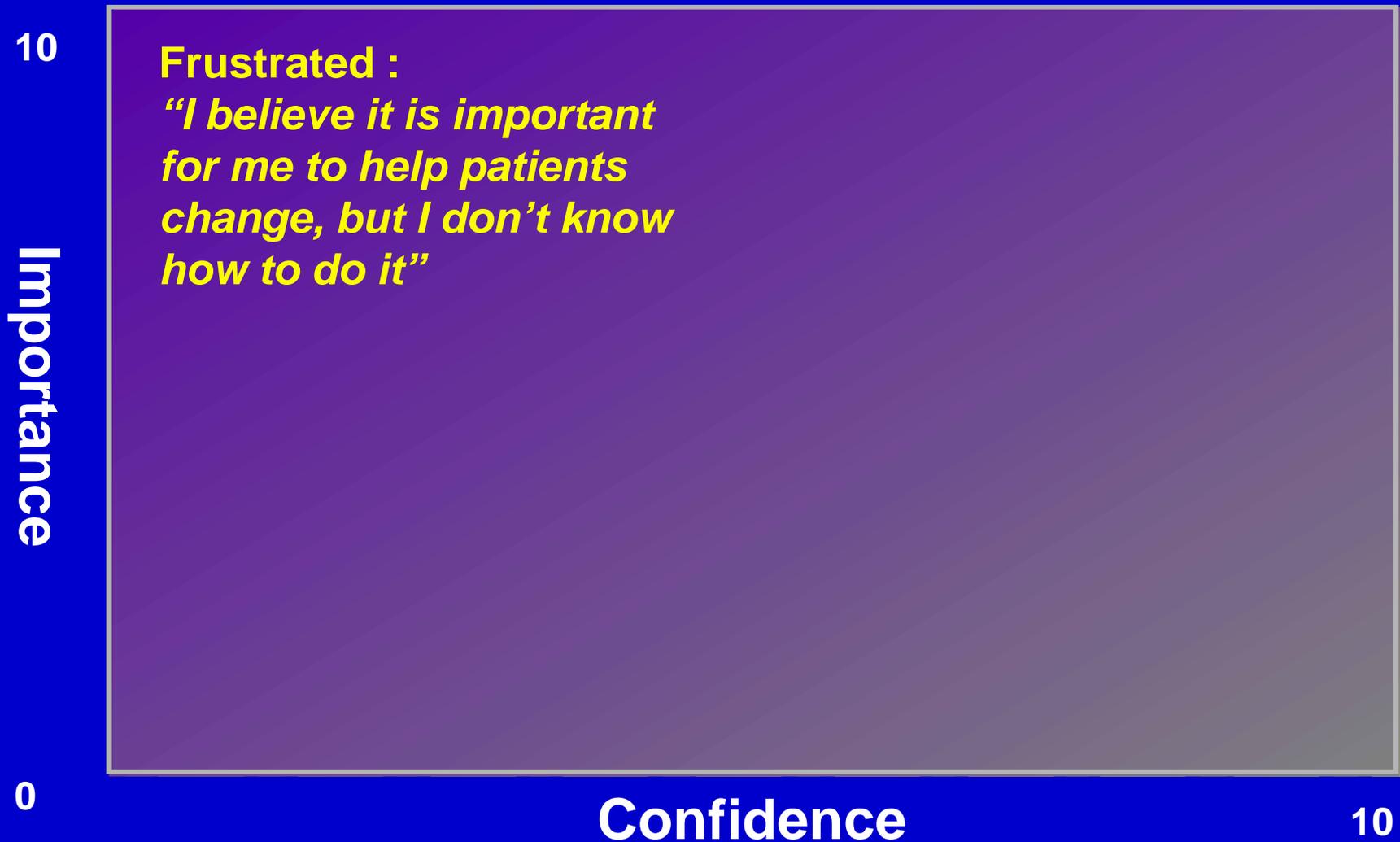


Clinician View of Patient Change

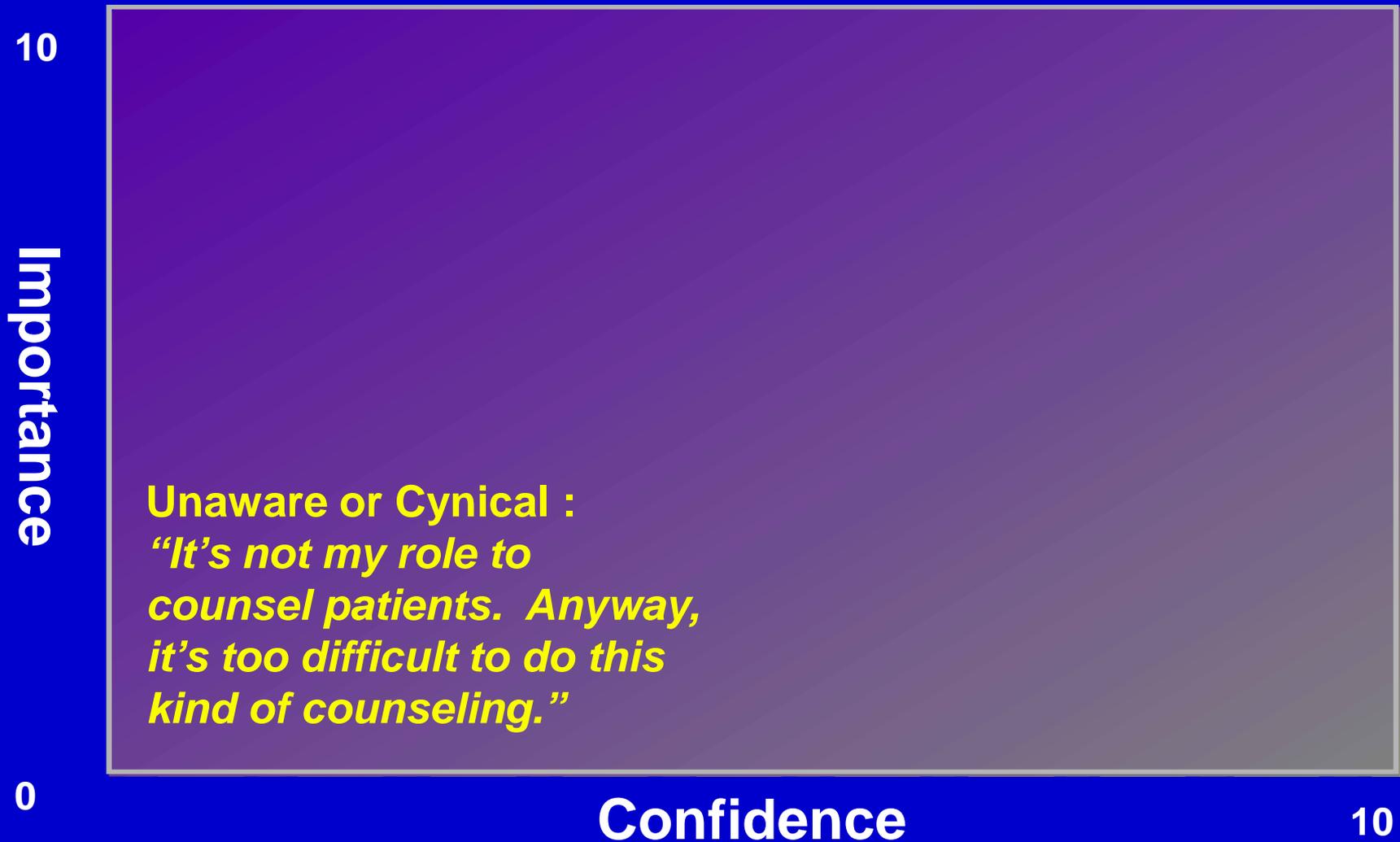
A clinician views patient health behavior change from two perspectives:

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
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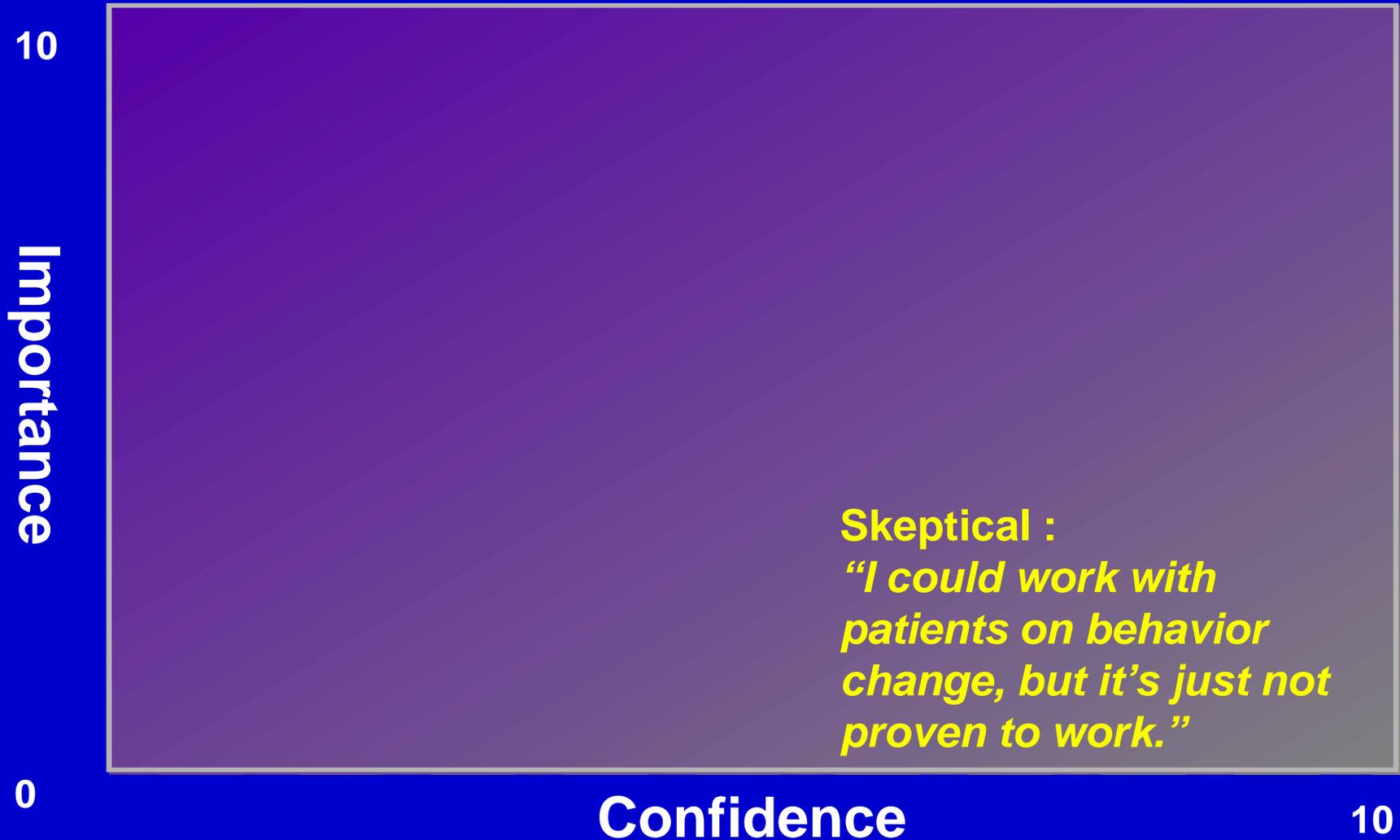
High Importance - Low Confidence



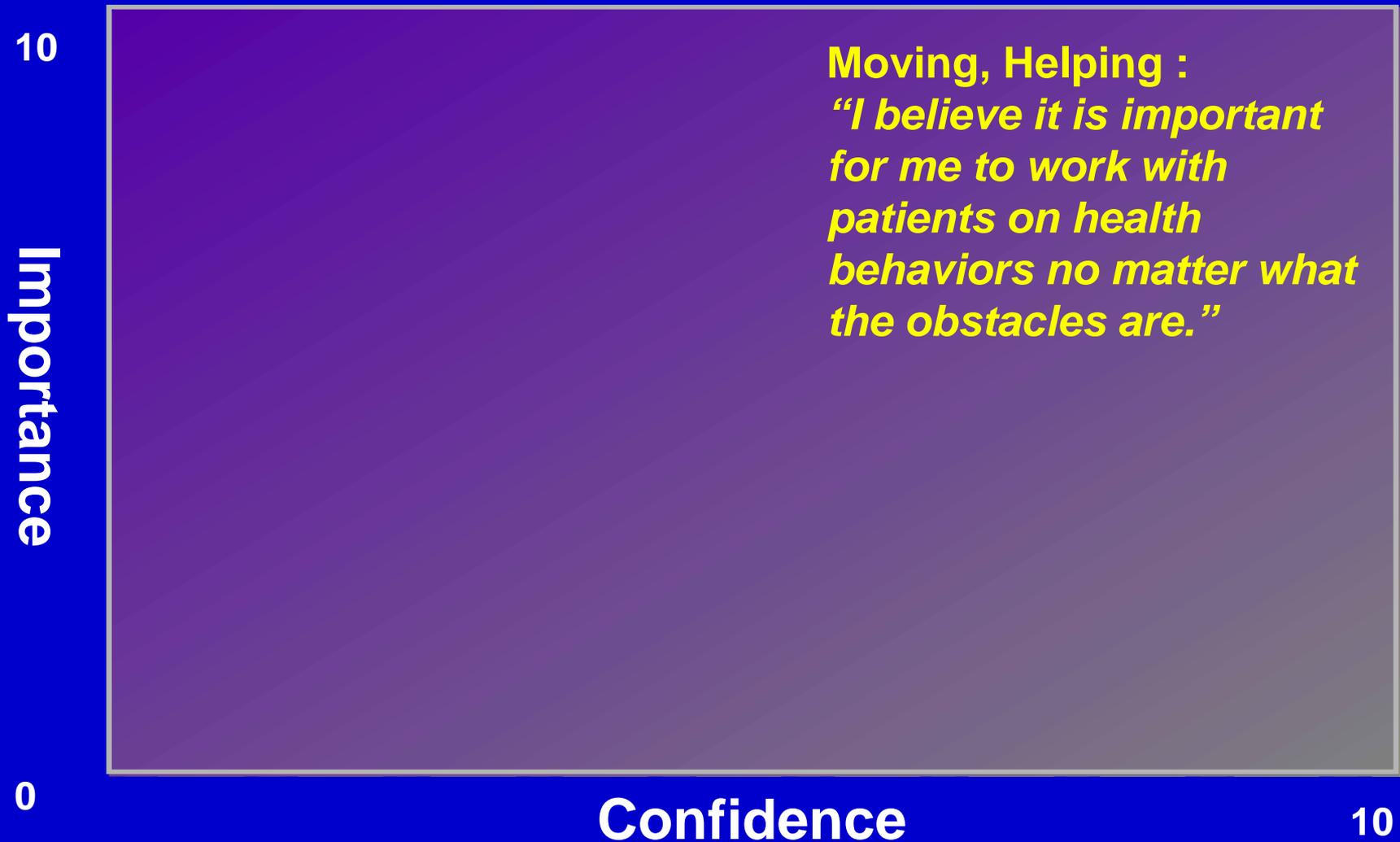
Low Importance - Low Confidence



Low Importance - High Confidence



High Importance - High Confidence



Importance - Confidence

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Importance

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 :

"It's not my role to counsel patients. Plus, it's too difficult to do this kind of counseling."

Skeptical :

"I could work with patients on behavior change, but it's just not proven to work."

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Confidence

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Research has shown:

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

- n As a result of this session, participants will be able to:
 - q raise the issue of changing a health behavior with a patient in a way that does not elicit resistance
 - q use a range of active listening skills to enable a patient to clarify his or her own feelings about health behavior change
 - q learn strategies for assessing and enhancing importance and confidence
 - q 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.**

*Rollnick, S. & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.

Spirit of MI is as important as techniques

- n *Characterized by a warm, genuine, egalitarian stance that supports self-determination and autonomy*
- n *Goal is to build motivation for change*
 - q *Motivation is elicited, not imposed*
 - q *Recognizes that Motivation is not a stable trait*
 - q *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
 - q
- n Different approach to resistance (yes- buts)
 - q Avoid argumentation
 - q “Roll with resistance”
- n Supports the patient’s change efforts



Agenda Setting

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

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

 - n Prioritize multiple concerns

 - n Agree on what to talk about
-

Key Counseling Skills: Open-Ended Questions

- n Goal-understand meaning rather than collect facts
- n Use “How” and “What” questions
 - q Caution: “Why” questions can sound judgmental
- n Examples:
 - q Tell me about...
 - q Could you help me understand more about...
 - q What have you tried before?
 - q How was that for you?



Key Counseling Skills:

Respond using Reflective Listening

Reflect the meaning of what your patient said

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

Every reflection opens a possibility

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

Activity: Try reflective response



The Power of Reflective Listening

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

 - n Efficient way to understand the patient's perspective
 - q Uncovers the emotional aspects and barriers

 - n Effectively guides you where to intervene
-

Making Reflective Statements

n Rephrase:

- q Summarize the content heard
- q Reflect back the feeling

n Examples:

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

Reflective Listening Examples

- n It sounds like you...
 - n So what I hear you saying is...
 - n You're wondering if...
 - n You feel...and that makes you want to...
 - n It seems like...
 - n You are...
-

Key Counseling Skills: Expressing Empathy

n Empathy:

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

n Empathy is NOT:

- q Sympathy - Shared suffering
- q Pity
- q Reassurance

To Express, Not Just Feel Empathy

- n “You seem pretty frustrated”
- n “So you’re just not sure what to do next.”
- n “So you really want to change your eating habits, but its overwhelming because you’re not sure where to start.”
- n “Most people I know would feel anxious in that situation.”
- n “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.

- q Interviewer: Interview your colleague about something he/she has been motivated to do
- q Interviewee: Tell your story
- q 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

- n “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)
- n Listen for where the patient’s desired behavior differs from their actual behavior
- n 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."*



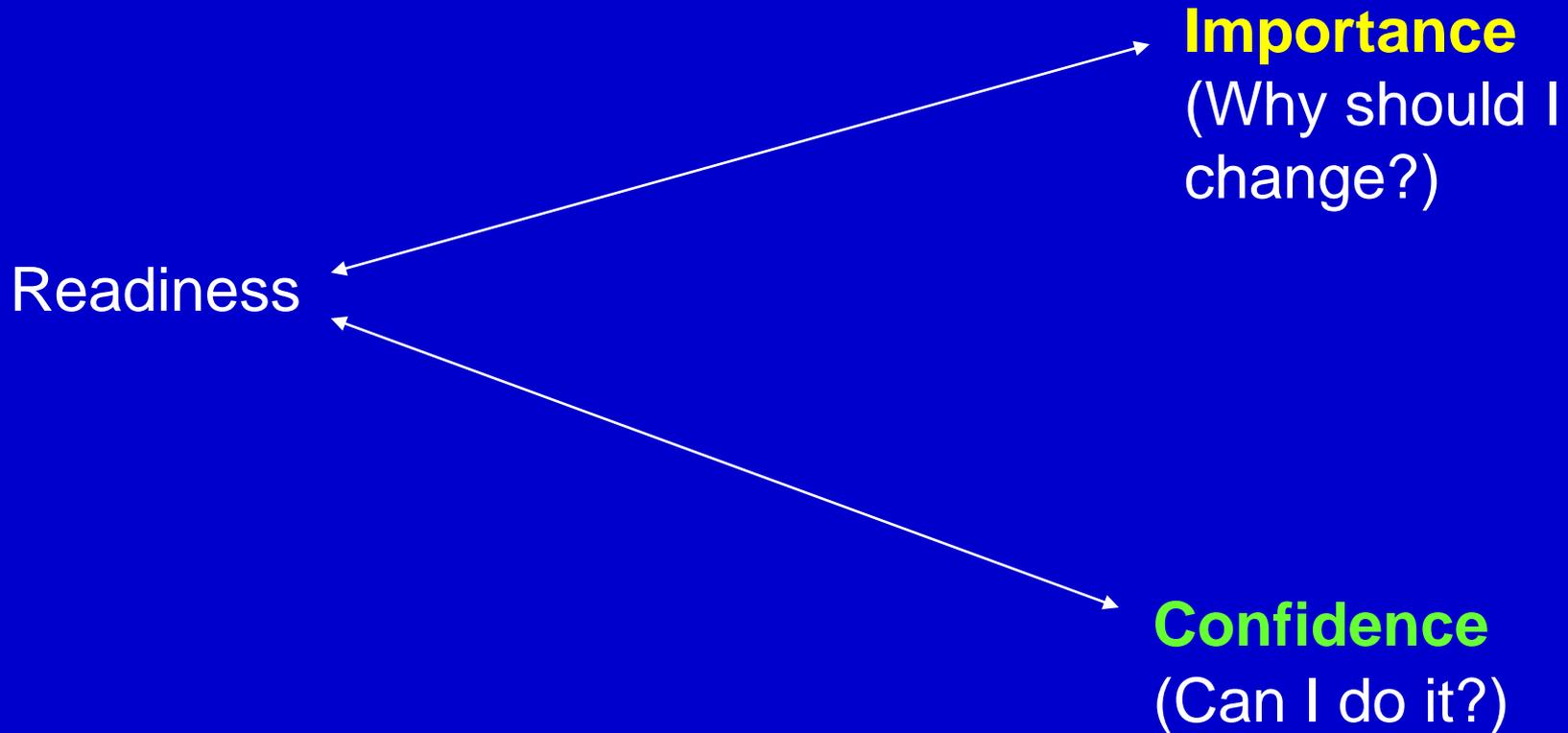
Tools for Developing Discrepancy: Examining Pros and Cons

- n Examining pros and cons gives a lot of information about how the patient views the issue
 - Example: all cons and no pros
 - n Patients often experience ambivalence about the value of change
 - q There are costs and benefits to changing as well as staying the same
 - q New behaviors can be hard to do
 - n There are 2 ways of examining pros/cons:
 - q Look at the current behavior
 - q Look at change
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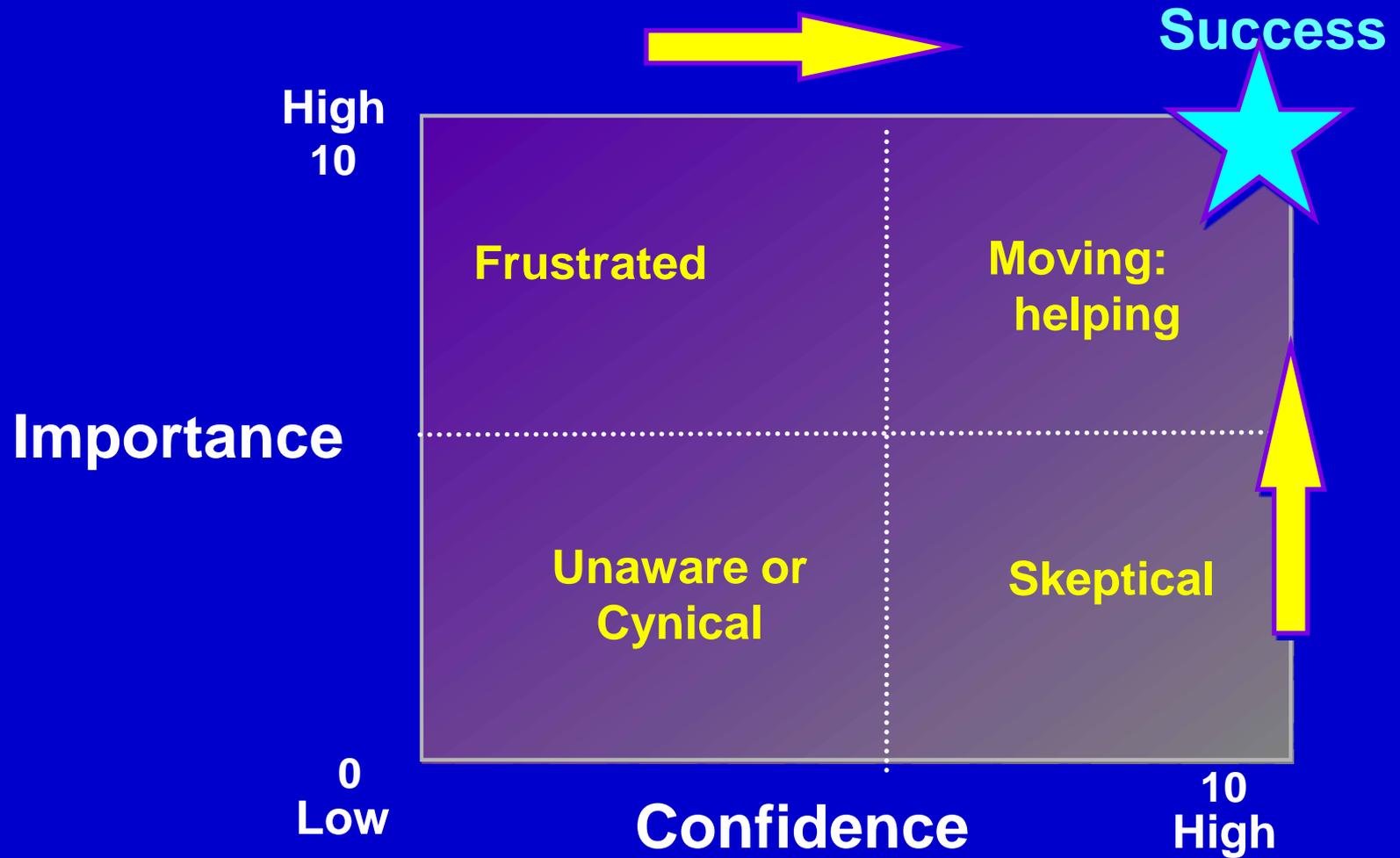
Current Behavior	Change
<p><u>Pros</u></p> <p><i>“What are some of the good things about eating so much junk food?”</i></p> <p>I like how it tastes</p> <p>Going out with my friends-we like to hang out at McDonalds</p>	<p><u>Pros</u></p> <p><i>“What are some of the good things about changing the way you eat?”</i></p> <p>If lose weight, will feel more attractive</p> <p>It would be easier to fit into the kinds of clothes I want to wear</p> <p>I’d feel good about accomplishing it</p>
<p><u>Cons</u></p> <p><i>“What are the not so good things about eating junk food?”</i></p> <p>I don’t like how I look-I think its making me heavy and it also make my skin greasy</p> <p>I can’t run as well as I used to, so I’m doing badly on my field hockey team</p>	<p><u>Cons</u></p> <p><i>“What are some of the not so good things about changing the way you eat?”</i></p> <p>I’d have to think about what I can and can’t eat all of the time</p> <p>I’d have to give up my favorite junk food</p> <p>It would be hard to go out with my friends</p>

Summarize both sides of what you hear...

The Ingredients of Readiness to Change



Importance & Confidence Reflect Commitment to Change



Teen interest, importance and confidence

		If interested:	
	Interest	Important	Confidence
§Change eating			
Ÿ11-14	58%	90%	84%
Ÿ15-19	62%	89%	84%
§Increase Exercise			
Ÿ11-14	71%	83%	90%
Ÿ15-19	70%	79%	82%
§Quit Tobacco			
Ÿ11-14	22%	50%	67%
Ÿ15-19	21%	73%	90%
§Change Drinking			
Ÿ11-14	36%	63%	100%
Ÿ15-19	8%	87%	87%
§Change Drugs			
Ÿ11-14	33%	100%	100%
Ÿ15-19	30%	75%	100%

Tools for Developing Discrepancy: Exploring Importance and Confidence

- n MI seeks to increase the patient's perceived importance of making a change and enhance their belief that they can make change.
- n Strategy: Scaling questions
- n In order to move toward change, the patient may need to:
 - q Further explore the importance of change
 - q Build the confidence to undertake change
 - q Enhance both importance and confidence

Assessing **Importance**

Not at all
important

0 1 2 3 4 5 6 7 8 9 10

Extremely
important

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

Assessing Confidence

Not at all
confident

0 1 2 3 4 5 6 7 8 9 10

Totally
confident

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

Strategies for Increasing Importance

n Exchange information

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

n Explore and respond to ambivalence

- q Return to a reflective statement
- q Try a double-sided reflection:

“So, on the one hand...while on the other hand...”

q Roll with resistance

- n 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!”*
- n 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

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

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

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



Redefining the Successful Counseling Encounter

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

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

Ready for Action?

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

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

 - n Ready for Action
 - q Goal: Agree on action steps and strategies
 - q Explore if confidence or importance are barriers
 - q Task: Help patient come up with their own ideas for change
-

Not Ready-Inform & Encourage

- n Always ask permission before giving information

- n Elicit-Provide-Elicit Process
 - q ELICIT interest
 - n *“Would you like to know more about...?”*
 - q PROVIDE feedback neutrally
 - n *“What happens to some people is... Other people find...”*
 - q ELICIT the patient’s interpretation and follow it
 - n *“What do you make of this?”*
 - n *“How do you see the connection between smoking and your health?”*

Unsure-Explore Ambivalence

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

Unsure-Explore Ambivalence (continued)

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

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

Cues for your interviews:

Ask permission

Try pros/cons inquiry

- q Ask, summarize both sides

Open door to consider a next step

Respect patient being in charge

- q Show appreciation for having discussion
 - q Confidence can make change when chooses
-

Ready-Turning Interest into Actions

- n Many people need help picking one do-able step that's not too big
 - n People are more likely to be successful if they come up with the options rather than you
 - q You can prime the pump if they are stuck
 - n Show appreciation
 - n Convey optimism and belief in their strengths
 - n 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

- n Beginning a process of change
 - n Need to monitor, reinforce
 - n Why are we so reluctant to schedule follow-up visits?
 - q Don't want to hear bad results
 - q Don't know what to do with the visit
 - q Billing
-

Conversation Flow

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

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

Questions?

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CECH network
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