Transforming Health an Inside Job:
Using Motivational Interviewing to Build Health Momentum

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Disclosures

None to report

Goal

To familiarize participants with Motivational Interviewing (MI), an evidence based practice, developed and refined to promote behavior change. To explore the application of this practice and how it can be used to identify and strengthen intrinsic motivation to change behaviors such as: high risk sexual activity, substance use and medication adherence.

Learning Objectives

o State the difference between 'directional' and 'directive' counseling

o Demonstrate the process of 'Focusing' and the mutual development of a 'Change Goal'

o List at least four "Discord Evoking", MI incongruent styles of interaction

Introductions

o First name

o Prior MI training, Yes or No

o On a scale of 1 – 10, how important to use MI in your work?

Ambivalence

"Uncertainty or fluctuation, especially when caused by inability to make a choice or by a simultaneous desire to say or do two opposite or conflicting things."

http://dictionary.reference.com/browse/ambivalence

MI Definition

A client-centered, guiding method of communication & counseling to elicit and strengthen intrinsic motivation for change by exploring and resolving ambivalence.

Primary goals include:

- o Minimize resistance (Sustain Talk & Discord)
- o Elicit change talk
- o Explore and resolve ambivalence
- o Nurture hope & confidence

Origins

Therapist Effects

"Therapist empathy during treatment predicted a surprising two-thirds of the variance in client drinking 6 months later (r = .82, p < .0001). Even 12 and 24 months after treatment, counselor empathy continued to account for one-half (r = .71) and one-quarter (r = .51) of the variance in behavioral outcomes, respectively

(Miller & Baca, 1983)…"

A Clinical Style

"An unanticipated product of interacting with a group of colleagues there. He had been invited to lecture on behavioral treatment for alcohol problems, and also was asked to meet regularly with a group of young psychologists. …"

Am Psychol. 2009 September; 64(6): 527–537.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759607/

Carl Rogers, American Psychologist

- Influenced the development of MI

- Rogerian Theory of client-centered counseling
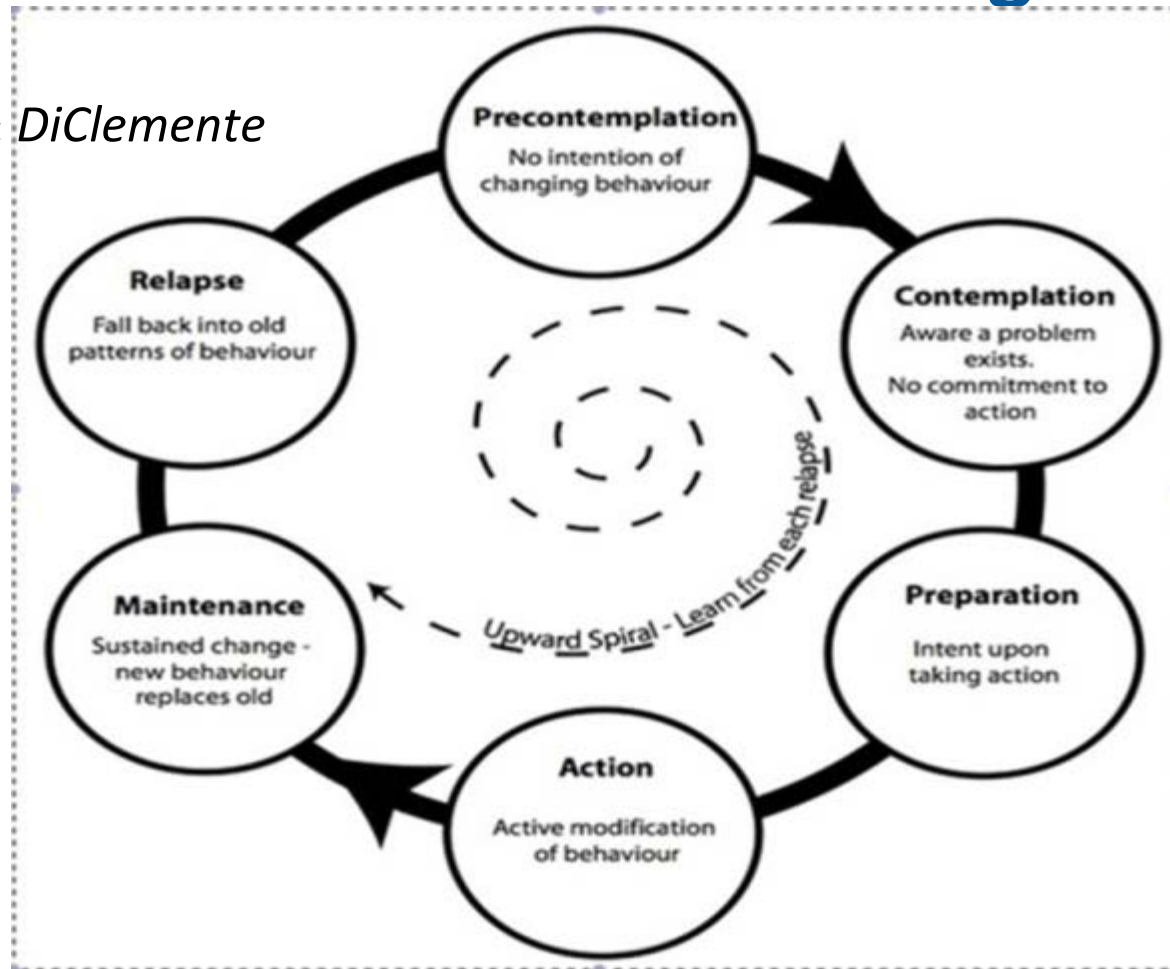
http://webspace.ship.edu/cgboer/rogers.html

Rogers' requirements of the therapist... in order to be effective, must have three very special qualities:

1. Congruence — genuineness, honesty with the client

2. Empathy — the ability to feel what the client feels

3. Respect — acceptance, unconditional positive regard towards the client

Transtheoretical Model of Change - 1983

Prochaska & DiClemente

The Paradox of Change

When a person feels accepted for <u>who they are</u> & <u>what they do</u>, no matter how unhealthy, it allows them the **freedom to consider change** rather than needing to defend against it.

William Miller, PhD & Stephen Rollnick, PhD

o Motivational interviewing was developed in the late 1980s by William Miller, PhD and Stephen Rollnick, PhD. They published *Motivational Interviewing: Preparing People for Change* in 1991.

o Miller, WR, & Rollnick, S (2002). *Motivational Interviewing: Preparing People for Change 2nd ed*., New York: Guilford Press.

o Miller, WR, & Rollnick, S (2012). *Motivational Interviewing: Helping People Change 3rd ed*., New York: Guilford Press.

Michelangelo Belief

David within the stone

The capacity and potential for change & adherence is within every client

Miller & Moyers, 2006

"People possess substantial personal expertise and wisdom regarding themselves and tend to develop in a positive direction, given the **proper conditions** and **support**."

Helpful People - Activity

- **When you needed & received help, what did they say and do?**

  - *Small group discussion, focused on what they said and did, NOT why you needed help*

  - *Develop list*

Why DO People Change?

Their values support it	They think the change will be worth it	They think it's important
They think they can	They are ready for it	They believe they need to take charge of their health
They have a good plan	The pros outweigh the cons	They have adequate social support

Dancing vs. Wrestling

o Tapping vs. Pulling

o Eliciting vs. Imparting

o Consulting vs. Instructing

o Guiding vs. Directing

Direction Language

o   Directing - as a counseling behavior

o   Direction - as goal-oriented

o   **Directional** - rather than '~~DIRECTIVE~~'
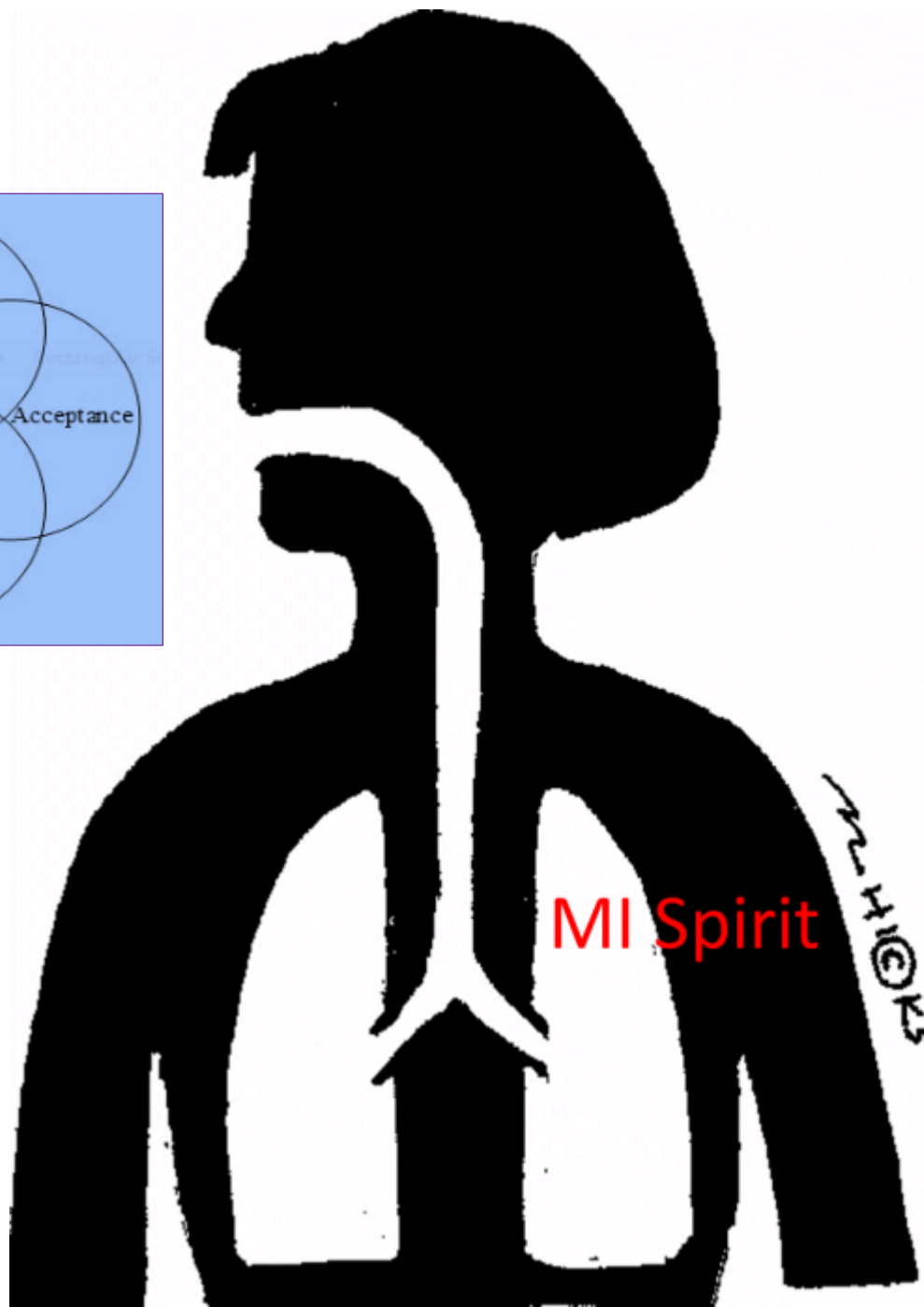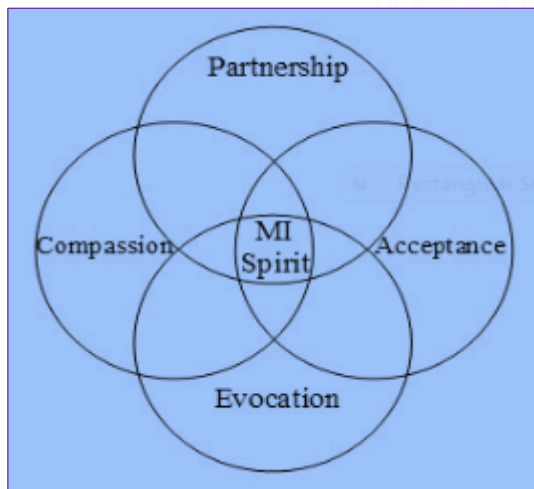
MI sometimes described as...

"...a way of helping people talk *themselves* into changing"

30 Years of Research

o Evidence-based >200 clinical trials
o Relatively brief
o Specifiable (but be careful with manuals)
o Grounded in a testable theory
o With specifiable mechanisms of action
o Verifiable – Is it being delivered properly?
o Generalizable across problem areas
o Complementary to other treatment methods
o Learnable by a broad range of providers

The Elements

o MI Spirit

o MI Processes

o OARS

o Change Talk

Partnership

Compassion   MI Spirit   Acceptance

Evocation

MI Spirit

Four Processes of MI

Engaging – Establish helpful connection & working relationship

Focusing – Particular agenda the client came to discuss

Evoking – Client's own motivation for change

Planning – Developing commitment to change, forming specific plan of action

Four Processes of MI
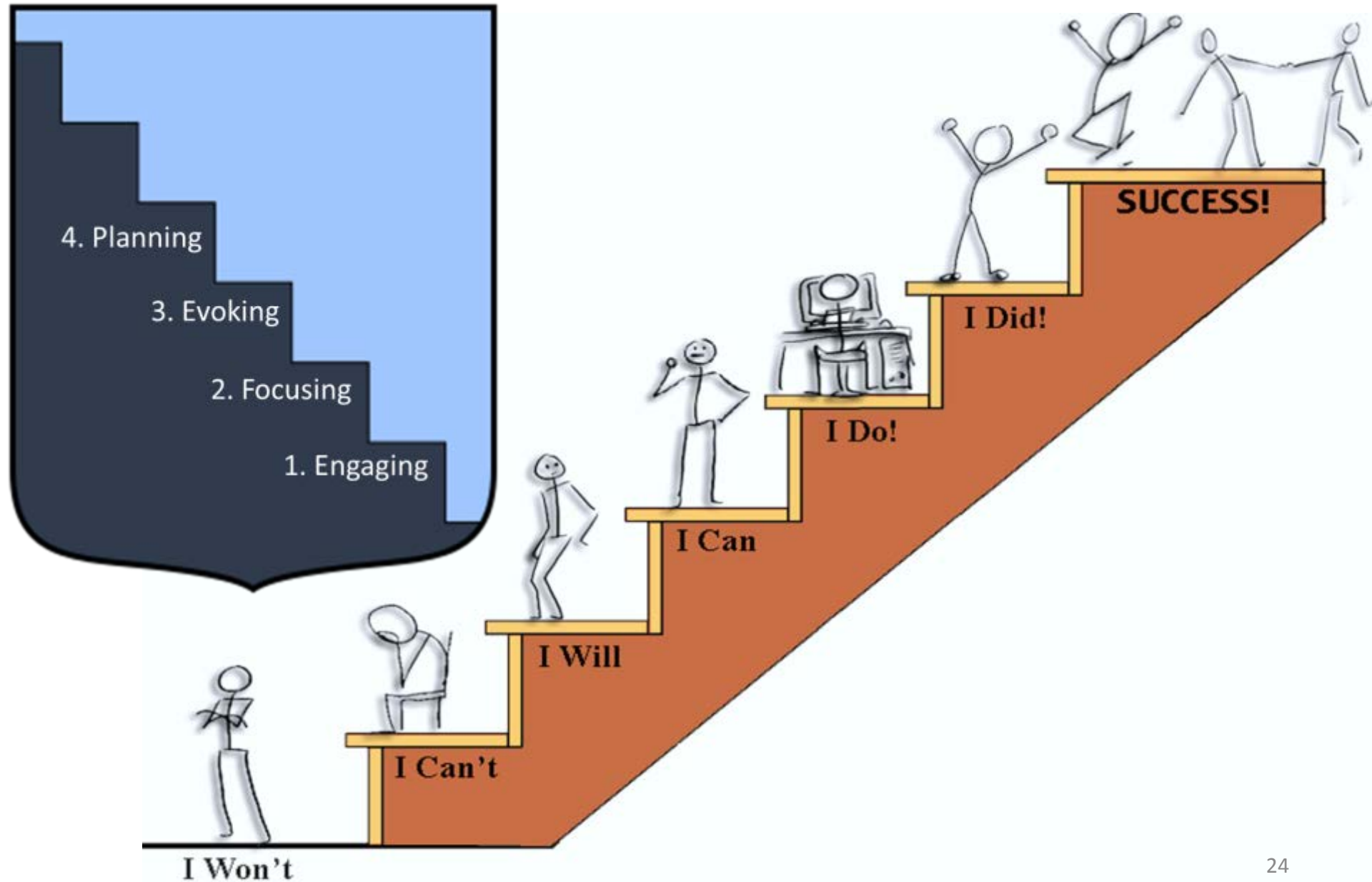
Focusing - Activity

Focusing – Particular agenda the *client* came to discuss

- Review 'Steps' next slide

- Follow trainers instructions

Focusing Steps

1. Acknowledge your own agenda:
"I'd like to talk about how things are going with taking your blood pressure medication..."

2. Find out what matters to the patient:
"...and I would also like to know what is on your mind today relating to your health or your medications..."

3. Use a menu of options to explore possible focus areas:
"...some key areas we've identified to discuss are your concerns about your food assistance, your questions about your foot and the thing about your blood pressure medication..."

4. Agree upon an agenda for your time together:
"...we have about 15 minutes to talk today, would it be ok if we start with either your foot or your questions about food assistance and also be sure to keep enough time to check in on how you are doing with you blood pressures meds?"

OARS (CORE Skills)

O – Open ended questions

A – Affirmations

R – Reflective listening

S – Summarizing listening

Motivational Interviewing: Helping People Change 3rd Ed. (Miller & Rollnick)

Change Talk

GOLD

Change Talk

Any speech that favors movement in the direction of change, linked to a particular behavior change target.

Previously called "self-motivational statements" (Miller & Rollnick, 1991)

Sustain Talk & Discord

Resistance

Roadblocks to Listening

- Giving information
- Giving advice
- Giving solutions
- Giving logical reasoning
- Asking questions
- Reassuring, Agreeing
- Praising
- Telling people what to do
- Warning

- Changing the subject
- Interpreting
- Analyzing
- Withdrawing
- Humoring
- Judging
- Shaming
- Labeling
- Blaming
- Threatening

Sustain Talk

Any speech that favors maintaining the status quo (behavior).

Discord

Sustain Talk - about target behavior

- I really don't want to stop smoking
- I have to have my pills to make it through the day

Resistance - about your relationship

- ***You*** can't make me quit
- ***You*** don't understand how hard it is for me

Both are highly responsive to 'interactive' style

Discord Evoking – 'Interactive Styles'

Confronting - Showing the way – Pressuring

Persuading - Taking charge – Criticizing

Nagging - Directing - Scaring

Interrupting - Talking down to - Rescuing

Ordering - Shaming - Judging

Exerting authority - Scolding

Productive Responses to Discord

o **Breathe**
  o Manage your own reaction
  o Use simple reflections if you are feeling flustered

o **Resistance takes energy to sustain**

o **Support autonomy & personal choice**
  o "It's up to you what to do when you leave here today…."
  o "It's always your choice to make…"

o **Shift focus**
  o Open-ended questions
  o Collaborative agenda mapping

Thank You

- Please fill out the evaluation

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