An Introduction to

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Learning Objectives

- Know the basic aspect of the human experience that routinely shows up in clinical settings & supports the necessity of using MI
- Understand the Stages of Change Model
- Describe the fundamental spirit and principles of MI. Why is embracing the spirit fundamental?
- Describe the basic skills of MI (OARS+I)
- Understand how to recognize, highlight, and elicit change talk

WHAT IS MOTIVATIONAL INTERVIEWING?

A collaborative conversation style for strengthening another person's own motivation for and commitment to change.

10 THINGS MI IS NOT

1. The trans-theoretical model – although this underlies MI
2. A way of tricking people into doing what you want them to do
3. A technique or a tool used in isolation
4. A decisional balance (pros and cons, payoff matrix)
5. Assessment feedback
6. A form of CBT
7. Client-centered counseling (ala Carl Rogers)
8. Easy
9. What you were already doing
10. A panacea or cure-all

PRACTICE – WHY MI IS NECESSARY

- Need a volunteer please (everyone else play along at home)
- Volunteer (and those playing along at home) will be the speaker/client/person needing to change….
- Brief conversation

SPEAKER OR CLIENT POSITION

- Choose something about yourself that you want, need, or have been thinking about changing, but you haven't changed yet
- Some specific examples:
  - Increase: Exercise, Healthy Eating, Sleep
  - Decrease: Computer/TV time, coffee, sugar

HELPER

- Find out what change the person is considering.
- Explain *why* the person should *want to* make this change.
- Give at least three good *reasons* to make the change.
- Tell the person *how* it could be accomplished.
- Emphasize how *important* it is to change.
- Tell the person to do it.
- If you meet resistance, repeat the above.

Note: This is *NOT* motivational interviewing

HOW DID YOU FEEL AS THE SPEAKER AND/OR RECIPIENT OF HEALTH ADVICE?

NORMAL HUMAN REACTIONS TO THE RIGHTING REFLEX: NOW CALLED DISCORD

Resistant	Disrespected	Uncomfortable
Not respected	Arguing	Disengaged
Not understood	Discounting	Disliking
Not heard	Defensive	Inattentive
Angry	Oppositional	Passive
Ashamed	Denying	Avoid/Leave

THE RIGHTING REFLEX

AMBIVALENCE:
BASIC ASPECT OF HUMAN EXPERIENCE

BASIC CONCEPTS ABOUT READINESS AND CHANGE THAT UNDERLIE MI

- Ambivalence about change is normal and occurs throughout the change process
  - MI has moved away from the notion of resolving ambivalence : BOTH/AND
- Change is nonlinear.
  - There are initial steps, setbacks, and sometimes a return to old behaviors before change is accomplished
  - Many (if not most) clients will have attempted to change without our help, with more or less success. Understanding this is central.
- Readiness to Change is NOT STATIC or a part of someone's personality.
  - We, as helpers, can influence readiness both positively and negatively
- Effective clinicians attend to readiness in their work – ONE WAY is by using scaling questions to ask clients about the importance of this change, their readiness to make the change and their confidence in making the change.

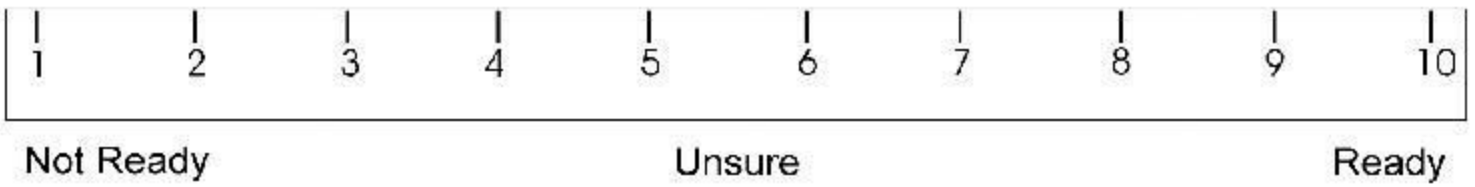
USING SCALING QUESTIONS

- Scores 0 – 10
- "On a scale of one to ten, how important is this change to you?"
- "On a scale of one to ten, how ready are you to make this change?"
- "On a scale of one to ten, how confident are you in making this change?"
- These elicit patient's motivation to change – KEY Follow-up
- Why a 5 and not a 2? – elicits change talk
- Why a 5 and not a 9? – identifies potential barriers

Readiness to Change Assessment

- Use a Readiness Ruler with a 1 to 10 scale
- Ask the client, "*How important is it for you to change*?" or "*How ready are you to change*?"
- NOT ready to change right now individuals will be at the lower end of the scale, generally between 0 and 3.

Figure 8-2
Readiness Ruler

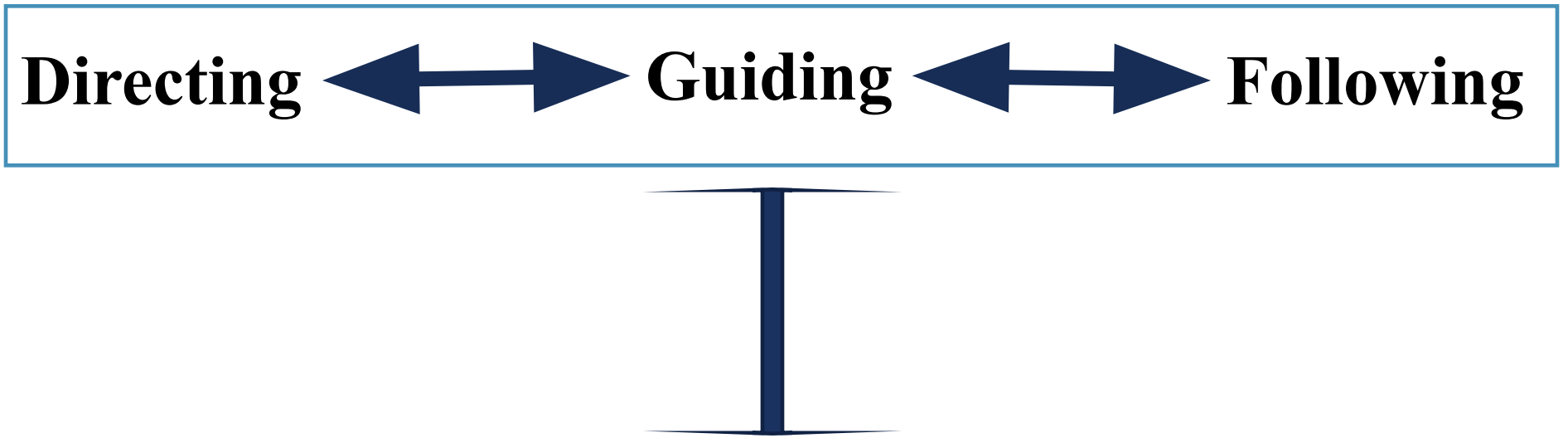


PRACTITIONER BEHAVIORS THAT INCREASE DISCORD: THE BIG FOUR AND THE SLEEPER WHAT WE DON'T DO…..

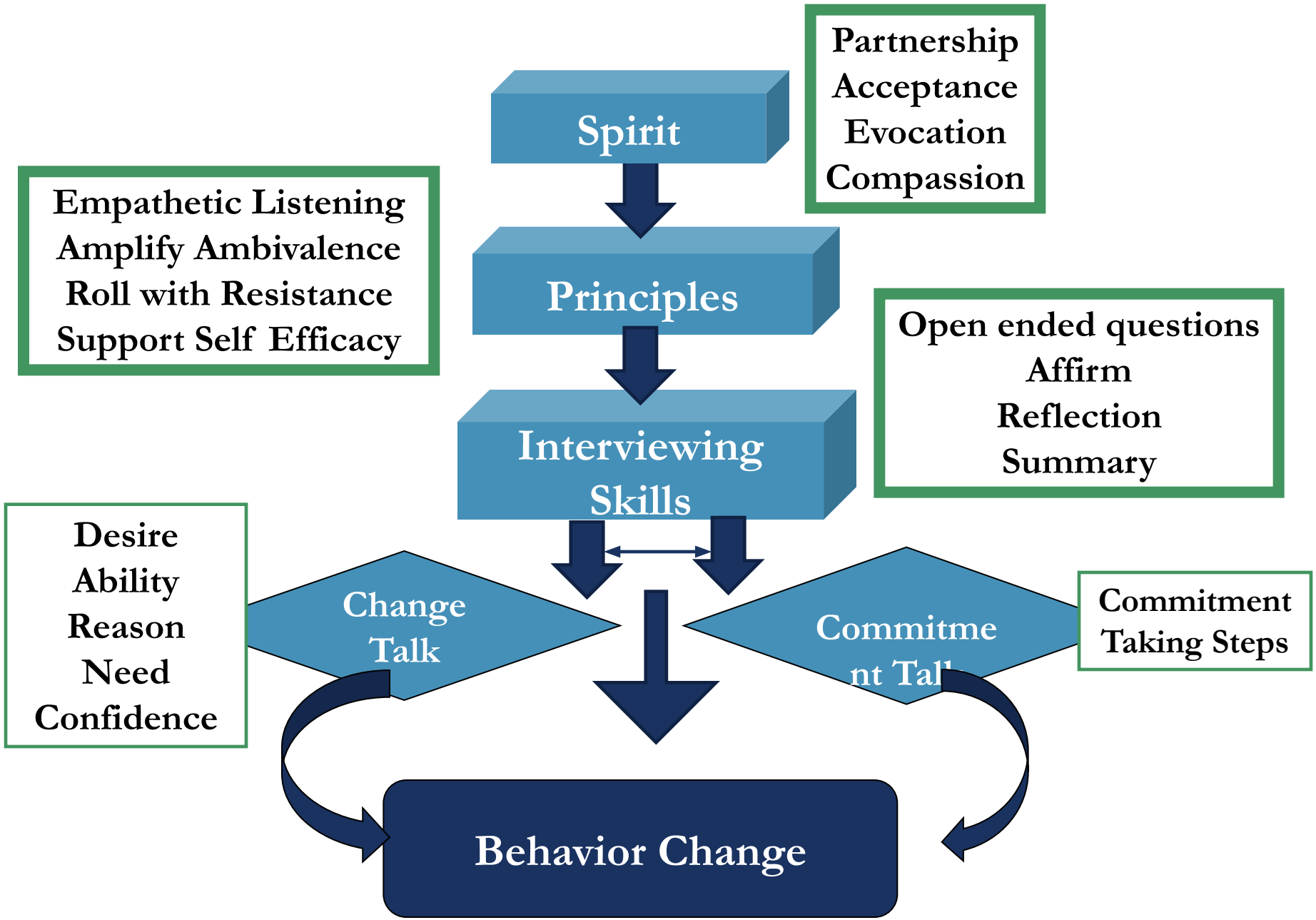
1. DON'T try to convince clients that they have a problem
2. DON'T argue for the benefits of change
3. DON'T tell clients how to change
4. DON'T warn clients of the consequences of not changing
5. DON'T give advice – believing that if clients just knew this one piece of information, then they would see!

SO WHAT DO WE DO INSTEAD??????

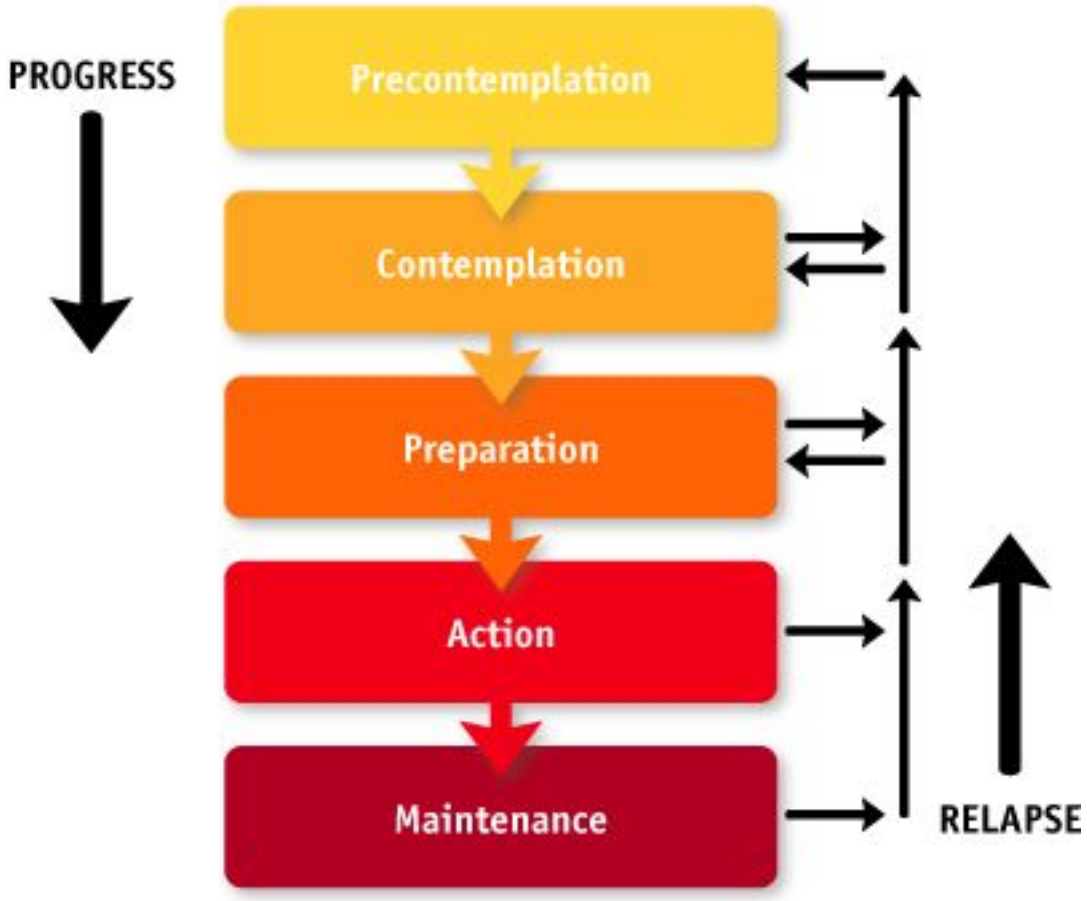
A continuum of conversation styles



The Flow of Motivational Interviewing



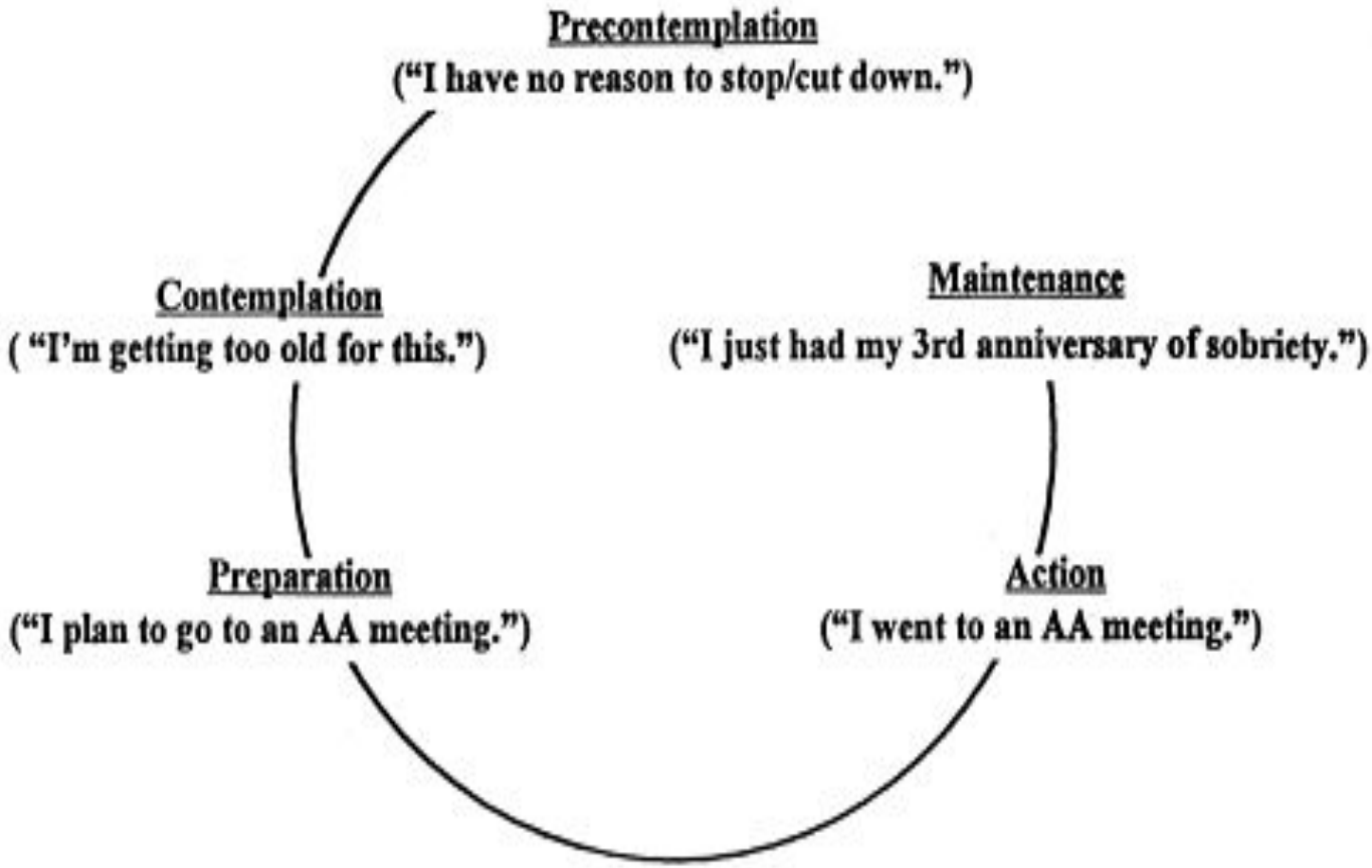
IT REALLY HELPS TO CONSIDER THE STAGES OF CHANGE MODEL



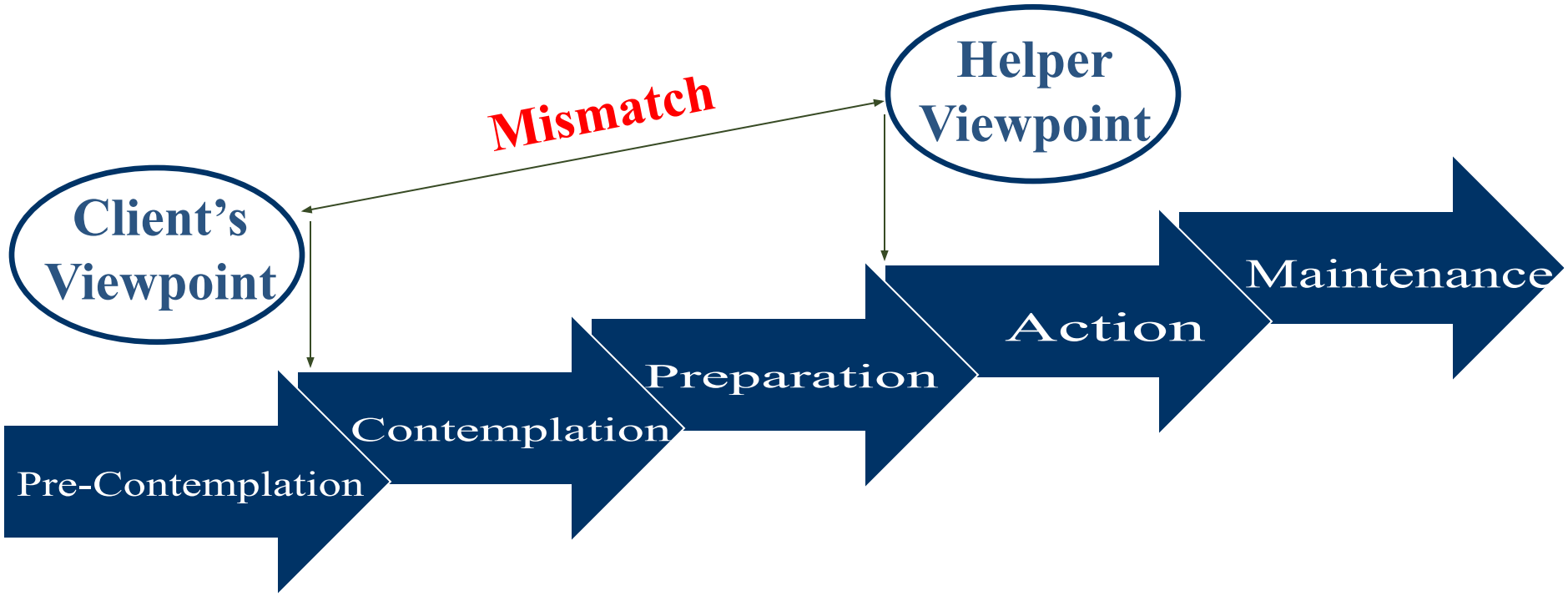
STAGES OF CHANGE MODEL

Pre-contemplation	Not considering change; may or may not know the health risks
Contemplation	May be aware of health risks but is ambivalent about change, just thinking and weighing options
Preparation	Decided to change and plans to take action
Action	Started to make changes but it may not be stable
Maintenance	Made sustainable changes in the health behavior

STAGES OF CHANGE MODEL

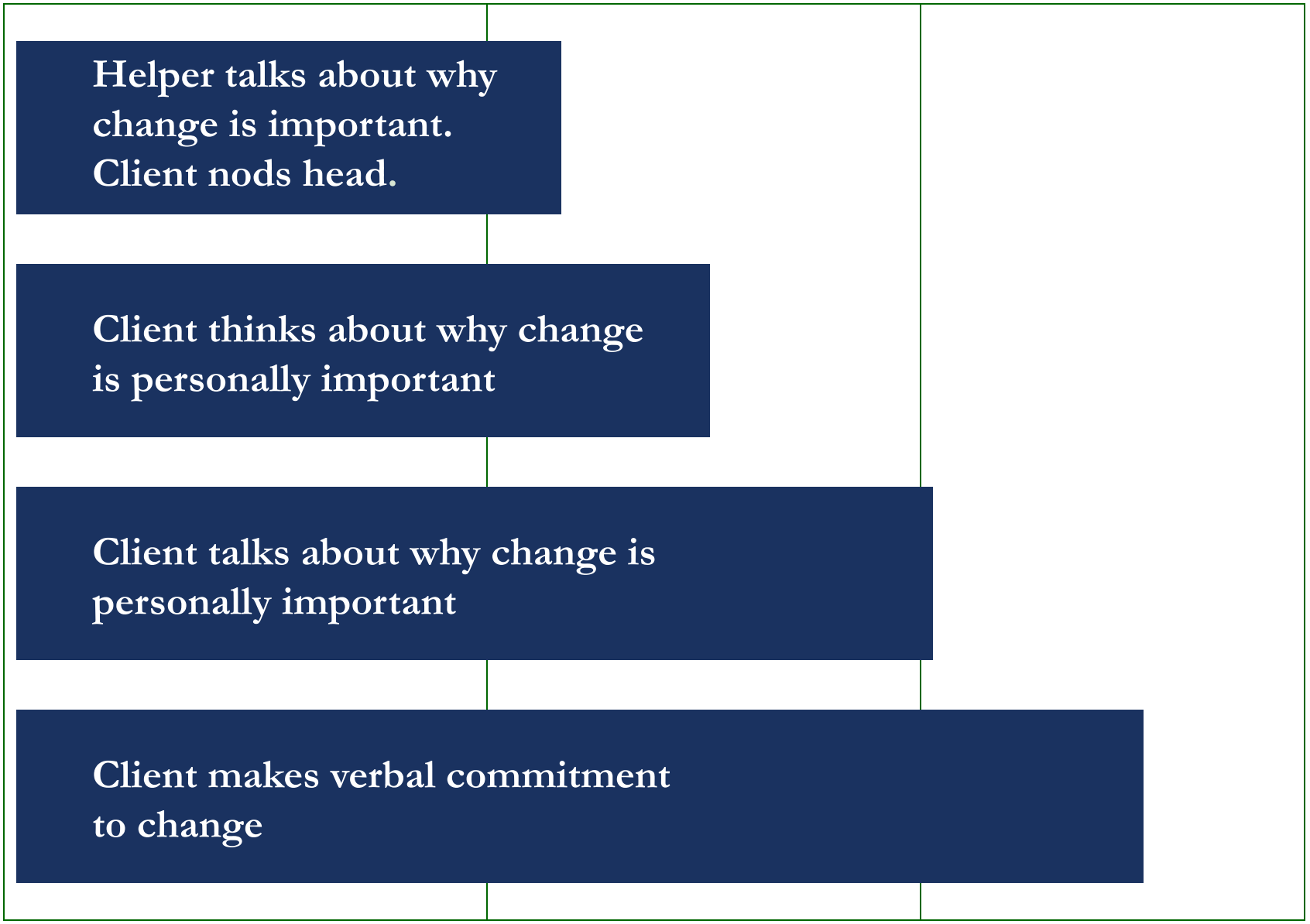


Mismatching your intervention to the client's stage of change fosters **RESISTANCE/DISCORD**.



Warning!

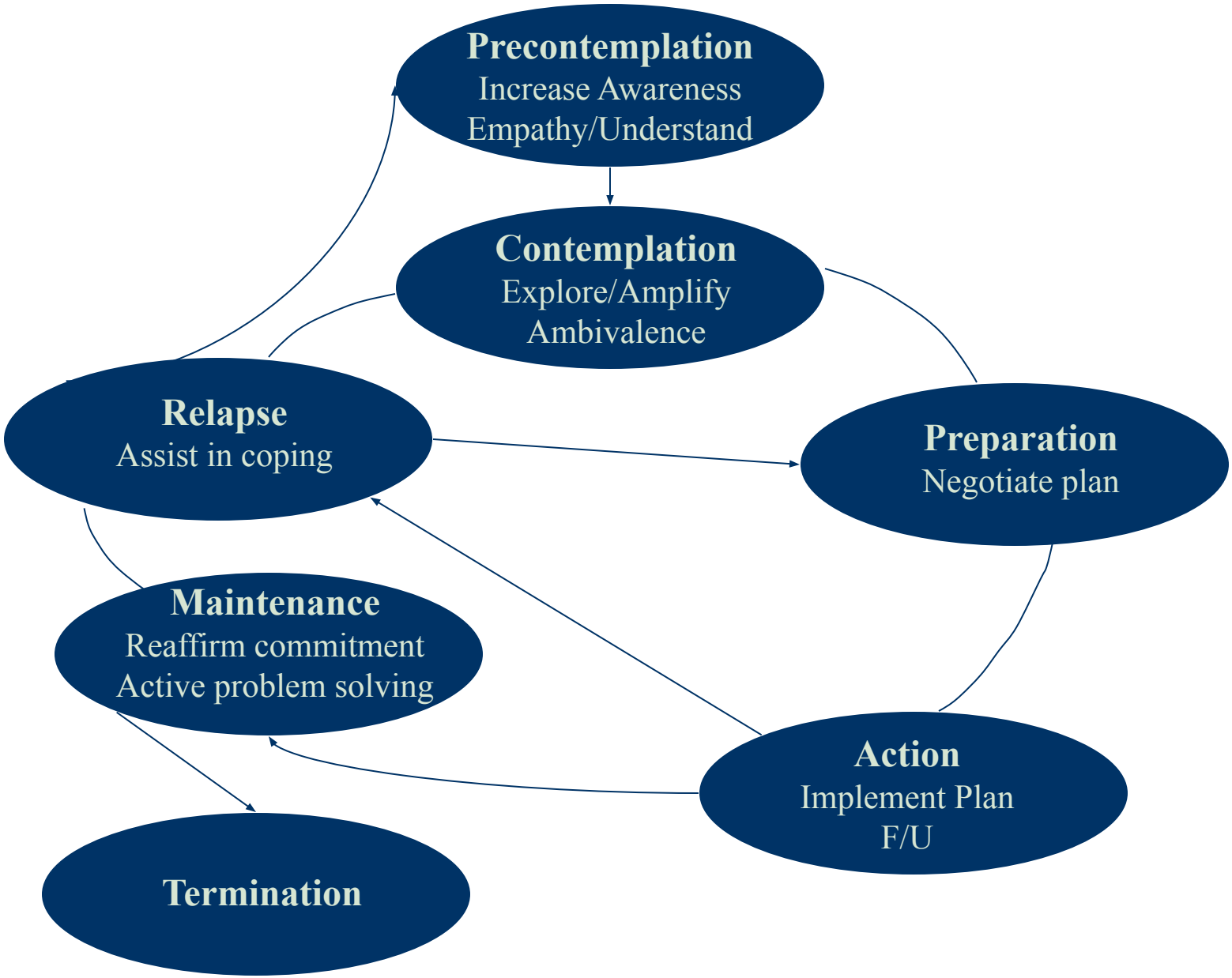
Probability of Behavior Change



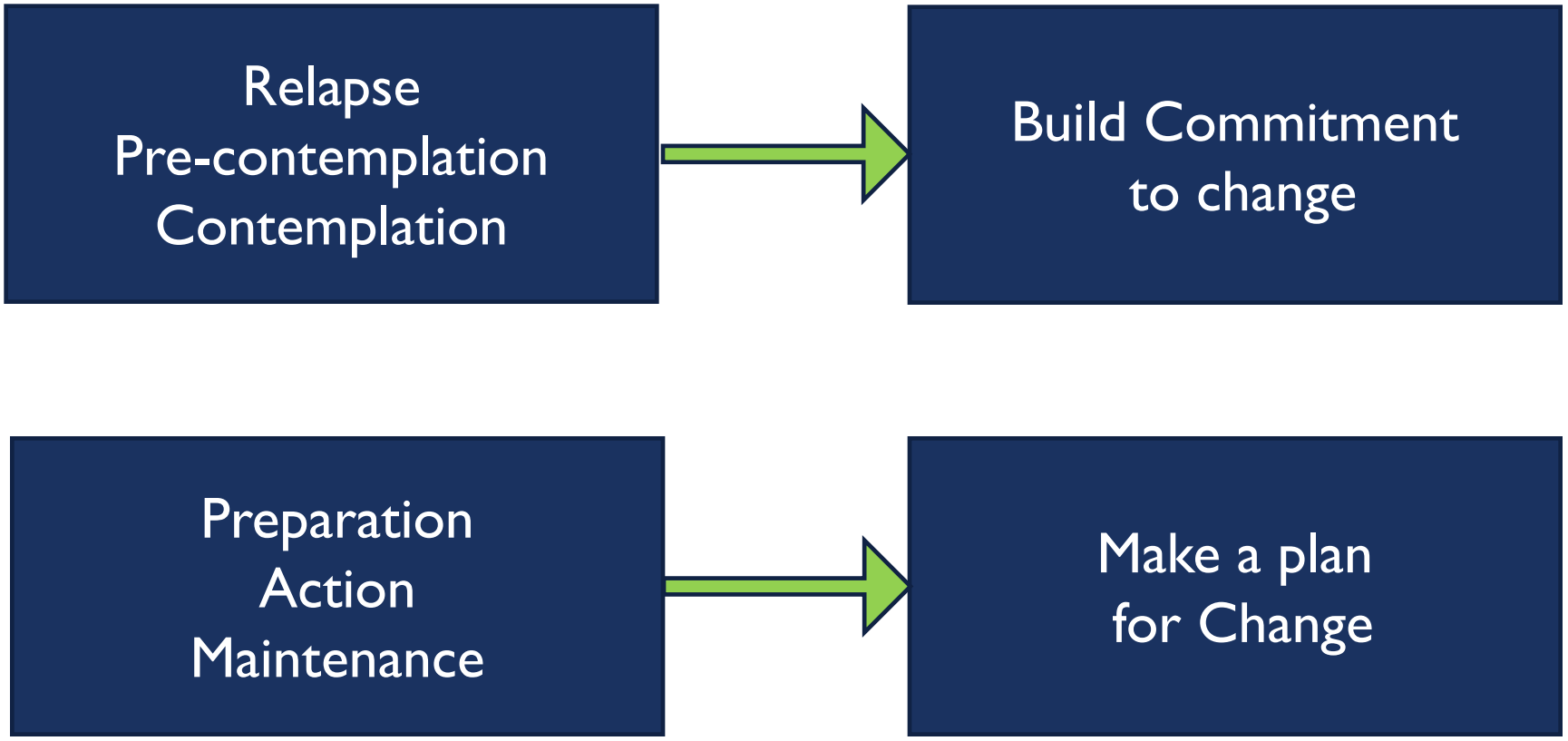
READINESS: HOW READY ARE YOU TO MAKE THIS CHANGE? ON A SCALE OF 0-10, WHAT NUMBER WOULD YOU GIVE YOURSELF?

Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action

Stage Matching Interventions



STAGES OF CHANGE MODEL GOALS



Pre-contemplation

- May be referred due to “non-compliance”
- Often seen as argumentative, hopeless or in denial.
- May even seem like they are “anti-change”
- Urge is to try to "convince" them to get them to see the light and the error of their ways- DON’T
- Instead – use Motivational Interviewing!
  - Key to this type of client is to express EMPATHY

THE UNDERLYING SPIRIT OF MI

Partnership	Working with the client as a **team**. Knowing that the **client is the expert in their life** and an active partner in change rather than a passive recipient of your expertise. We actively elicit the client's aspirations and goals and create a positive environment in which change is possible. Common Factor is HOPE.
Acceptance	M and R (2013) – there are four components to acceptance: **Absolute worth** – each person has value and potential **Autonomy** - they choose (we can influence but they choose) **Accurate empathy** – ability and desire to see the world as they do **Affirmation** – must see that change is possible – look for and identify strengths and resources
Compassion	Actively promoting the welfare of your patients and **giving priority to their needs.**
Evocation	Eliciting the **patient's own reasons for change** rather than imposing yours. Drawing out ideas and solutions from the client; they are the expert on themselves!

EXAMPLE #1

- *Tanya:* I need to come up with some sort of plan to help me get back on track now. This health crisis has thrown me for a loop. I can't think about anything else. What do you think I should do?

  Practitioner: Well, I have some ideas about what might help, but first let me hear what you've already considered.

  Thumbs up_____ Thumbs down_____

  Why?

EXAMPLE #2

- *Arthur:* I'm not going to keep that stupid thought journal. How does it help me to monitor my "loser" thinking? I'm coming here to feel better and paying attention to all that makes me feel worse.

  Practitioner: OK, Arthur, you might be right. This works for many folks but not everyone. Maybe we need to try a different way to approach this. We've talked about other ways to address this issue. What makes sense to you to practice instead?

  Thumbs up_____ Thumbs down_____

  Why?

EXAMPLE #3

- *Tanya:* They told me I have to have this surgery right away. But I don't trust them, so I haven't scheduled them yet.

  Practitioner: Why take the chance? They're the experts after all. Let's call from this phone right now-maybe you can get it in this week.

  Thumbs up_____ Thumbs down_____

  Why?

The Basic Principles of Motivational Interviewing

- Empathetic Listening – ENGAGE, relationship is the foundation
- Roll with Resistance = No righting reflexes
- Amplify Ambivalence – REALLY GET IT
- Develop the Discrepancy – Eliciting Change Talk
- Support Self Efficacy and Affirm Autonomy

Build the Relationship: Empathetic Listening

- As helpers, we want to see the world from the patient's perspective with a **non-judgmental attitude.**
  - Acceptance facilitates change
  - Ambivalence is normal – so capture their real thoughts and feelings
- **Goal: build rapport**
- *I can see how drinking and relaxing with your friends would be hard to give up.*
- *Being a single parent can really be stressful.*

ENGAGE: DON'T ASSUME A RELATIONSHIP, BUILD IT!

Practitioner Behavior that Disengages	ISSUE
Assessment	Too focused on gathering information
Expert	Too focused on getting the solution right
Premature Focus	Miss big picture
Labelling	Diagnosis focus
Chatting	Confuse small talk with work

Practitioner Behavior that Engages	Key questions
Identify Goals	What are client's goals for this encounter?
Importance	How important is the presenting prob. to client?
Positivity	Does this encounter generate hope?
Safety, Asking & Listening, Permission	Clear expectations for working together

O.A.R.S.
The Core Skills of MI

Open-ended Questions

Affirmations

Reflective Listening

Summaries

Develop the Discrepancy: Elicit Change Talk

- The discrepancy between the patients' present behaviors and his/her values is where they find motivation or the real and the ideal….
- Increasing awareness of the discrepancy can motivate change.
- **Elicit pros & cons of behavior, in service of values….**

  e.g. *You really care about your job, but your drinking sometimes seems to impact your performance.*

EVOKING CHANGE TALK WITH OPEN ENDED QUESTIONS….

- "What do you think you might be *able* to change?"
- "How *confident* are you that you could _____ if you made up your mind?"
- "Why would you want to get more exercise?"
- "What could be some advantages of _____?"
- "What might be the three best reasons for _____?"
- "What do you think *has* to change?"

Open-Ended Questions

- Allow patient to express own views while you follow the patient's perspective
- Avoids yes/no answers
- Example:
  - *"What negative consequences have you experienced as a result of your drinking?"*
  - As opposed to:
  - *"Have you experienced negative consequences from drinking?"*

Affirmations

- Actively listen for patient strengths, values, aspirations, positive qualities
- Reflect those to client in affirming manner
- Support autonomy – they have choice, voice.
- Example:
  - *"You were able to lose weight before because of your perseverance and determination. Those strengths can help you quit smoking."*
  - As opposed to:
  - *"Realistically, its going to be hard for you to quit smoking."*

RECOGNIZING CHANGE TALK

Moving toward a change goal

ONE PART OF ATTENDING TO READINESS = LISTENING FOR CHANGE TALK! R, M, & B (2008)

Kind of Change Talk	Description: Statements about	Example	Example	Example
Desire	Preference for	I want to	I would like to	I wish
Ability	Capability of	I could	I can	I might be able to
Reasons	Specific Arguments for	I would feel better if I	I need to have more energy to	I don't want to go back to the hospital
Need	Feeling Obligated to	I ought to	I have to	I really should
Commitment	Likelihood of	I am going to	I will	I intend to
Activation Taking Steps	Action Taken	I actually went out and …	This week I started	Yesterday I didn't drink

DARN CAT

- **D**esire
- **A**bility
- **R**easons
- **N**eed

- **C**ommitment
- **A**ctivation
- **T**aking Steps

Change Talk

- **Preparatory change talk.**
- **DARN** (Desire, Ability Reasons and Need)

- They are leading in the direction of change, but by themselves, they do not trigger behavior change.
  - To say "I want to" isn't to say "I am going to."

Change Talk

- **Mobilizing Change Talk**
- **CAT** (Commitment, Activation, Taking Steps)
  - Best predictor of a positive behavioral change outcome.

- "I will…." "I am ready to…."
- "I actually went out and….." "This week I started……"
- "I quit smoking for a week, but then started up again."
- "I walked up the stairs today instead of taking the elevator."
- "I went all last week without stopping by McDonalds."

Listen with your E.A.R.S.
Responding to Change Talk

Elaborate change talk

Affirm change talk

Reflect change talk

Summarize change talk

Reflective Listening

- **Key skill in expressing empathy.**
- Helps the client explore their ambivalence.
- Forming a "reasonable guess" as to the meaning behind the client's words.
- In the form of a STATEMENT, not a question – voice inflection down, not up, at the end of the response.
- Less likely to evoke resistance, and more likely to promote engagement, as it is more of a statement of understanding, rather than a question.

Reflective Listening

- Reflective responses build rapport ("hey, this person is paying attention, and trying to understand me!")
- Even if they are wrong, they tend to aid forward momentum
- Even skilled clinicians benefit from practicing these A LOT!

- In the dynamics of language, a question requires a response. Reflections, in MI, are statements NOT questions.

- Asking about meaning, through questioning, seems to distance people from experiencing it. They step back and begin to ask whether they really do or should feel what they have expressed.

TYPES OF REFLECTIONS

Type of Reflection	
Surface	Very close to client's words
Below the waterline	Well beyond the client's words and presents info in new light
Amplified	Deliberately increases intensity
Double-sided	Both sides of ambivalence, and, last is change
Continuing the paragraph	What would this mean if carried further

TYPES OF REFLECTIONS

Type of Reflection	EXAMPLE
Continuing the paragraph – leading the client	Moves client in a new and maybe unrecognized direction
Example of leading	You are confused why are you here and that is information you would like to find out
Metaphor	Provides an organizational scheme for info and moves forward too

EXAMPLE #1

- *I don't like conflict.*
- *(to develop reflection first turn the I to you, as in you don't like conflict)*
- You mean that …
  - it makes you uncomfortable when people disagree
  - you work hard to resolve differences
  - you avoid confrontations
  - you look for ways to work together
  - anger scares you

EXAMPLE #2

- *I have a sense of humor.*
- *(first change the I to you and go from there)*
- You mean that…
  - you like to laugh
  - you find humor in daily life
  - humor helps you lighten the load
  - laughing is something you do easily
  - you don't take yourself too seriously

LISTENERS

- First, *think* (but don't speak) this question:
  - Do you mean that you _____?
- Erase the words that make it a question.
  - ("Do you mean that . . . .")
- With your voice tone, make it a statement.
- **And you've got a reflection!!**
- It makes a *guess* about what the person means
- The speaker then replies: essentially yes or no, and elaborate a bit what you do mean
- And now the listeners reflect the new information

Summaries

- Summaries are used throughout the session
- Meeting ends with strategic, collaborative summary
  - Reinforce patient's motivation to change
  - Highlight realizations
  - Capture both sides of ambivalence
- End with an invitation for patient to respond:
  - *-How did I do?*
  - *-What have I missed?*
  - *-What else would you like to add?*

PUTTING IT ALL TOGETHER QUICKLY KEEP PACE – MI PROVIDER BEHAVIORS

- Listen carefully with a goal of understanding the dilemma; give no advice
- Ask these open questions and listen:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons for you to do it?
  - On a scale from 0 to 10, how important would you say that it is for you to make this change?
    - Follow-up: And why are you at __ and not at _____?
- Give a short summary/reflection of the speaker's motivations for change
- Then ask: "So what do you think you'll do?" and just listen with interest

THANK YOU!
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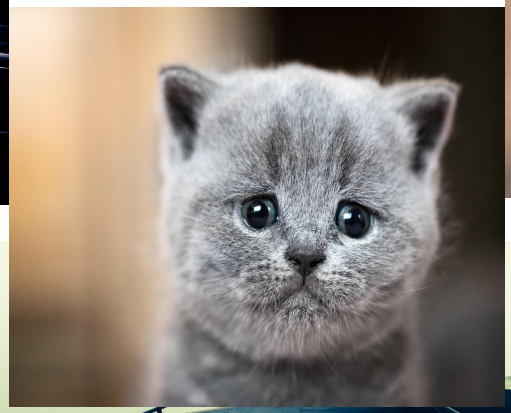
PUTTING IT ALL TOGETHER….



LET'S REVIEW: HOW TO ELICIT AND EVOKE CHANGE TALK

Moving toward a change goal

WAYS TO ELICIT AND EVOKE CHANGE TALK: (*WHERE MI BECOMES DIRECTIVE!)*

- **Asking Evocative Questions
- **Scaling Questions
- Exploring Pros and Cons
- Looking Back / Looking Forward
- Exploring Goals and Values

EVOCATIVE QUESTIONS

- "What warning signs would let you know that this is a problem?"
- "On a scale of 1 – 10 how serious is your _?"

- "How would you *like* for things to change?"
- "How do you *want* your life to be different a year from now?"
- "How important is it for you to _____ ?"
- "What do you think *has* to change?"
- "If you did really decide you want to lose weight, how *could* you do it?"

EVOCATIVE QUESTIONS

- "What do you think you might be *able* to change?"
- "How *confident* are you that you could _____ if you made up your mind?"
- "Why would you want to get more exercise?"
- "What could be some advantages of _____?"
- "What might be the three best reasons for _____?"
- "What do you think *has* to change?"

WHEN DO YOU NEGOTIATE A SPECIFIC CHANGE PLAN?

WHEN THE PERSON IS READY!

RECOGNIZING READINESS

- Increased change talk
- Mobilizing Change talk
- Questions about Change

PREPARING FOR A CHANGE PLAN

- **Final Summarization**
- Asking Key Questions
  - **Where do we go from here?**
  - What do you want to happen?
  - What's the next step?
- Provide information/Advise with permission
  - May I offer some possibilities/options?
  - **Are you interested in some suggestions?**
- **Negotiate a Change Plan**

NEGOTIATING A CHANGE PLAN

- Set Specific Goals
- Consider Change Options – brainstorm different ways to reach health goal
- Arrive at a Plan
- Evoke Change Talk
- Elicit Commitment
- Identify high-risk situations and possible obstacles to change
- Identify strategies and people who can offer support

So when *do you* give advice?

"Lose some weight, quit smoking, move around more, and eat the carrot."

GIVING INFORMATION AND ADVICE: *3 KINDS OF PERMISSION*

- The person asks for advice.
- You ask permission to give advice.
- **You qualify your advice to emphasize autonomy.**

GIVING INFORMATION AND ADVICE

- Use sparingly
- Get permission
- Ask – Provide – Ask
- Offer a menu of options
- Emphasize personal choice