Motivational Interviewing

Presented by
Paula Ackerman, MS, RD, CDE
UPDON
www.diabetesinmichigan.org

Objectives
1. Define motivational interviewing.
2. State 3 goals of motivational interviewing.
3. Demonstrate 3 motivational interviewing techniques.

Communication & Counseling
- Does your communication with clients inspire motivation to change their lives?
- Change requires more than:
  - Knowledge
  - Competent skills
- The client needs to want to change behavior.
- The client needs motivation to change.

Behavioral Counseling Skills
- Promote behaviors and changes in behaviors that ultimately lead to:
  - Improved health
  - Development of self-efficacy
  - Accountability for self-management strategies
  - Improved outcomes

Educator Role
- Understand the psycho/social and behavioral factors that can influence a person’s self-care and their ability to change.
- Use counseling techniques to build trust, rapport, and relationships with our patients.
- Facilitate client motivation and empowerment.
  - Help them develop self-confidence
  - Promote autonomy

Why?
- Self-care behavior is important for the client to be able to attain & maintain physical and emotional health.
- Effective management of chronic disease
  - Depends on the person’s ability to make adjustments to their behavior.
- Self-management of chronic disease leads to a better quality of life.
Basic Communication Skills

- SOLER
  - S: Face your client SQUARELY
  - O: Adopt an OPEN posture
  - L: LEAN toward client at times
  - E: Maintain good EYE contact
  - R: Be RELAXED

Delivering the message

- 7% words we use
- 38% tone of voice
- 55% body language

The 4 Basic Interview Techniques that Promote Motivation

- OARS
  - O: OPEN ended questions
  - A: AFFIRMATIONS
  - R: REFLECTIVE LISTENING
  - S: SUMMARIZE

Open Ended Questions

- Questions that require more than a single answer response: “yes”, “no”
- Allows client to express concerns and feelings and clinician to understand where they’re coming from.
- Examples:
  - “What brings you here today”
  - “What makes you feel it might be time for a change?”

Other Interview Techniques that Promote Motivation

- Non-Verbal Listening
- Exchange information
- Reframing
- Shifting Focus
- Agreement with a twist
- Siding with the negative
- Have client provide solution
- Set goals

Affirmations

- Identify and acknowledge the client’s strengths.
- Good rapport builders must be genuine
- Examples:
  - “So you’ve started walking this past week!”
  - “You didn’t want to come today, but you did!”

Remember, most who need to make change have tried and are failed self-changers
Reflective Listening

- Listening and trying to understand the client’s point of view
  - Even if you disagree with it
- Communicating (to the client) your understanding of his/her experience, behavior and/or feelings from their point of view.

Types of Reflection

- Simple: repeating or paraphrasing client
- Amplified: interviewer amplifies or exaggerates the issue to the point where the client may disagree with it.
- Double-sided: Interviewer reflects both the current, resistant statement and a previous contradictory statement made by client.

Roadblocks to Reflective Listening

- Ordering, directing or commanding
- Warning, cautioning or threatening
- Giving advice, making suggestions or providing solutions
- Persuading with logic, arguing, lecturing
- Telling people what they should do
- Disagreeing, judging, criticizing or blaming

Roadblocks to Reflective Listening

- Agreeing, approving, praising
- Shaming, ridiculing or labeling
- Interpreting or analyzing
- Reassuring, sympathizing, consoling
- Questioning or probing
- Withdrawing, distracting, humoring or changing the subject

Ct: I just don’t know how I can lose weight.
In: You should do whatever you think is best.
Ct: But that just it. I don’t know what’s best.
In: Yes you do...in your heart.
Ct: Well, I feel trapped in my body.
In: You should exercise for 10 minutes 3 times a week and see how you feel.
Ct: But I don’t have time for that.
In: You should find the time. If you don’t you could suffer the complications of diabetes. Its what you need to do to take care of yourself.
Ct: I just don’t know how I can do it, how I’d manage.
In: I’m sure you’ll do fine.

Key to Motivation Interviewing (MI)

- Listen to what has worked before and what moves the client forward
- Focuses on client’s change talk
- “You’re not quite sure your ready to start and activity program, but you are aware of the health benefits.”
**Summarize**

- Reflect back what the client has told you.
- Help to build rapport and show your interest in the client.
- Allows you to shift attention/direction.
- Allows client to emphasize something you may have missed.

**Change: From a MI Perspective**

- Change occurs naturally.
- Formal interventions mirror natural change.
- Interpersonal interactions strongly influence whether change will occur.
- Clinician is a large determinant of treatment outcomes.

**Change: From a MI Perspective**

- The absence or presence of empathic interaction can facilitate or deter change.
- Self-efficacy and client belief in client efficacy to change does matter.
- What people say about change is important.

**Motivation**

- The mental process, function, or instinct that produces and sustains incentive or drive in human and animal behavior.

  **Components**
  - **Willing:** degree of discrepancy between current behavior and future values.
  - **Able:** confidence for change.
  - **Ready:** has to do with priorities.

**Counter-Motivation**

- Resistance.
- Hopelessness.
- Low self-efficacy.
- Excitement about problematic behaviors.

**Signs of Counter-Motivation**

- Interrupting.
- Ignoring.
- Arguing.
- Denying.
- Talking off subject.
- Daydreaming.
- Reminiscing.
- Wondering aloud.
**Dilemma of Change**

- **Ambivalence**
  - Feeling 2 or more ways about someone or something
  - First step of change
  - Normal aspect of human behavior
    - Approach-approach
    - Approach-avoidance
    - Double approach-avoidance

- **First step of change**
  - Normal aspect of human behavior

**Ambivalence**

- Best to id/explore what client wants
- Don’t assume you know the benefits/costs of change for client

- Resolving ambivalence is the key to change
  - First goal: increase the discrepancy between current status and desired goal
    - Avoid forcing a resolution
  - Second goal: increase change talk
    - Client needs to be the one voicing the argument for change.

**Change Talk**

- 4 Categories
  - Disadvantages of status quo
  - Advantages of change
  - Optimism for change
  - Intention to change

- Decisional balance

**Decisional Balance**

<table>
<thead>
<tr>
<th>Benefits of Smoking</th>
<th>Concerns with smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxation</td>
<td>Mother died of cancer</td>
</tr>
<tr>
<td>Wakes me up</td>
<td>Father died of emphysema</td>
</tr>
<tr>
<td>Enjoy it</td>
<td>Personal illness</td>
</tr>
<tr>
<td>Helps me think</td>
<td>My children will smoke</td>
</tr>
<tr>
<td></td>
<td>Cost, Smell, Cough</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concerns with quitting</th>
<th>Benefits of quitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wt gain</td>
<td>Breathe and feel better</td>
</tr>
<tr>
<td>Fail at quitting</td>
<td>Please my family</td>
</tr>
<tr>
<td>Life not as fun</td>
<td>Have more money</td>
</tr>
<tr>
<td>More stressed</td>
<td>Not embarrassed of smell</td>
</tr>
</tbody>
</table>

**Motivational Interviewing**

- Introduced by William Miller and Stephen Rollnick in 1990’s.
- Client centered counseling style for eliciting behavior change which helps clients explore and resolve ambivalence.
  - Acknowledges that people both want and don’t want to change.
  - Clients can perceive both the advantages and disadvantages of changing or continuing with current behavior.
- Promotes a safe and supportive rapport with the client.
**Transtheoretical Model of Change**

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

**Pre-contemplation**

**“What Problem”**

- Client doesn’t acknowledge problem.

**Goals:**
- Establish rapport
- Raise awareness of consequences, causes and cures for problem behavior
- Raise doubts or concerns in client about self-management – develop discrepancy

**4 Types of Pre-contemplators**

- **Reluctant:** lack knowledge or desire to consider change
- **Rebellious:** know a lot and don’t like to be told what to do.
- **Resigned:** have given up on change
- **Rationalizing:** have all the answers

**Contemplation**

**“Should I Change?”**

- Client acknowledges there’s a problem.
- Considering possibility of change within next 6 months.
- Most ambivalence and uncertainty.
  - Often focus on negative aspects of bad behavior

**Contemplation Goals**

- Help client tip the scale toward change
  - Increase confidence in client’s ability to change
  - Identify benefits of change – decisional balance
  - Encourage support networks
  - Elicit and summarize self-motivational statements of intent and commitment.
- Do best with specific results (labs, lung function tests, etc)
- Accentuate the positive

**Preparation**

**“Can I Change?”**

- Committed to change but still considering what to do.
  - Explore client’s expectations of role in self-management
  - Clarify the client’s own goals
  - Help them resolve ambivalence
  - Negotiate for change
  - Help them create an action plan and behavior contract
  - Consider and help lower barriers to change
  - Help client enlist social support.
**Action “How Can I Change?”**

- Client is actively taking steps to change but has not yet reached a stable state.
- Acknowledge difficulties and help client problem-solve barriers.
- Reinforce importance of self-management.
- Help client identify potential barriers to self-management.
- Help them create action plan and coping strategies to overcome these barriers
  - Identify support needed

**Maintenance “Is It Worth It?”**

- Support lifestyle changes.
- Affirm the client’s commitment.
- Help client practice and use coping strategies to prevent relapse.
- Develop relapse strategy.
- Review long term goals.

*For all stages, maintain contact between visits.*

---

**Goals of Motivational Interviewing**

- Help person explore behavior for themselves.
- Analyze cost/benefit ratio of status quo.
- Decrease potential resistance to change.
- Help individual move toward being more ready to discuss and potentially begin to make changes in behavior.

**Motivational Interviewing (MI)**

- A directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence.

---

**MI**

- Method of communication (vs set of techniques)
- Doesn’t teach new coping skills or looking at one’s past.
  - Assist clients in developing realistic strategies to facilitate change.
- Goals:
  - To elicit and reinforce change talk
  - Minimize resistance/resolve ambivalence
  - Explore discrepancies between clients experiences and values in a non-threatening environment.

---

“If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.”

---

--Johann Wolfgang Von Goethe
**Express Empathy**
- Empathy is the most powerful skill to promote behavior change.
- Show curiosity and caring in truly understanding the client’s experiences.
  - Use open ended questions to draw out the client’s feelings.
  - Avoid “why” questions as they imply judgment.
- Show unconditional positive regard

**Develop Discrepancy**
- Help client see that some behaviors do not jive with their ultimate goals that are truly valuable to them.
  - Define their MOST important goals.
  - What is the person doing now that is contrary to those goals?
- Change will not occur without discrepancy

**Roll with Resistance**
- Resistance often stems from fear of change
  - Normal
  - Need to acknowledge and respect person’s concerns.
- Explore both positive and negative consequences of change or continuing the current behavior.
  - Explore importance and confidence
    - Scale the questions

**Build Confidence**
- Believe in your client, and their ability to change.
- Promote self-esteem.
  - Their attitudes are shaped by their words not ours.
- Promote belief in the client’s ability to do skill needed.
  - Focus on client’s skills that show they can do the behavior

**Roll with Resistance**
- Confront the problem NOT the client.
- Client may:
  - Argue
  - Interrupt
  - Deny
  - Ignore
- Increasing resistance is a signal to change interviewing technique.
- Invite new perspectives.
“FRAMES” Counseling Technique (20 second Interview)

- F = Feedback (direct, factual input)
- R = Responsibility (you decide)
- A = Advice (concrete recommendations)
- M = Menu (Provide options for change)
- E = Empathy (works from client’s agenda)
- S = Self-Efficacy (empowerment, hope)

What if Client Doesn’t Acknowledge a Problem

- Play role of consultant
- Help client evaluate new input and decide whether there’s a need to change
- Allow client to be ambivalent about change
- Allow client to define the problem

Reinforce the Clients Statement of Change

- Desire for change
- Ability to change
- Reasons to change
- Need to change
- Commitment to change

Assess Readiness

- Use readiness scale
- How important is it to the client to change.
- How confident is the client about making the change.

Readiness Scale

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
<td>Unsure</td>
<td>Somewhat Ready</td>
<td>Very Ready</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre-contemplation | Contemplation | Contemplation | Preparation | Action |

How important is it for you to make the change?

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>Very Important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How confident are you that you can make the change?

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Not confident</td>
<td>Very Confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Building Motivation for Change

- Group A: Low importance, low confidence
- Group B: Low importance, high confidence
- Group C: High importance, low confidence
- Group D: High importance, high confidence

Questions to elicit change talk:
- "Why are you at a ____ and not a zero?"
- "What would it take for you to go from ___ to a (higher number)?"

What To Do?

- Provide an opening structure
  - How much time do you have to talk
  - Explain your role and goals
  - Describe clients role
  - Open-ended questions
- Set an agenda
- OARS
- Elicit Change Talk

Eliciting Change Talk

- Ask evocative questions
  - Don’t ask if they have a problem, rather ask: “What would be an advantage of you changing your meal plan?”
- Use readiness to change scale
- Explore decisional balance
- Look back
  - “What was it like when DM not controlled?”
- Look forward
  - “What does your future look like with DM controlled?”
- Explore goals and values

Responding to Change Talk

- Elaborate
  - Verbally and non-verbally
- Reflect
  - To elicit further elaboration and exploration
- Summarize
  - Allows client to hear own change talk
- Affirm
  - Positive comments: “I think sounds like a good idea.”

General Guidelines

- Talk less than your client. Listen more.
- Offer 2-3 reflections for every question you ask
- Ask twice as many open-ended questions as closed
- Overall goal of MI is to diminish resistance, resolve ambivalence, develop discrepancy and trigger behavior change.

Write down one thing you plan to (or will try to) do differently when discussing behavior change with your clients.
Motivational Interviewing

QUESTIONS

What technique will you try next week?

References

- Rosen, Craig, PhD. Stanford University School of Medicine via Miller, Rollnick. (1991) Motivational Interviewing.
- Rosengren, David B. PhD. Handouts from presentation Diabetes and Motivational Interviewing: A Real Conversation, presented Mid Michigan Medical Center, Spring 2005.