A Brief Primer in Motivational Interviewing and Health Behavior Change Counseling

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Agenda

- Introduction
- Review of Evidence-base and Applications
- Spirit and Four Processes
- Communication Skills: OARS
- Recognizing Change Talk
- Addressing Sustain Talk
- Brief MI Techniques and Applications in Consultation Psychiatry
- Traps and Challenges
- Putting it All Together
- Questions and Feedback
Objectives

• Gain a better understanding of the fundamental aspects of motivational interviewing

• Learn and practice the use of skills that can be incorporated into health behavior change counseling

• Apply the principles, processes and microskills of motivational interviewing to Consultation-Liaison and Emergency Psychiatry settings
INTRODUCTION
Have you ever...

• considered making a behavior change?

• considered how you would make a change?

• attempted to make a change?

• struggled trying to maintain a change?
Introduction

- What are the barriers?
- What do you need to overcome these barriers?
- What skills are needed to succeed?
Introduction

A Different Approach...

- Patient–centered approach
- Works with, not at or on the patient (or family)
- Encourage movement towards behavior change
- Effects seen in a short time frame
- Wide applications:
  - Reducing health risk behaviors
  - Promoting positive health behaviors/wellness
  - Improving self-management
  - Enhancing treatment adherence
Motivational Interviewing is:

“A collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring a patient’s own reasons for change within an atmosphere of acceptance and compassion”

Miller WR et al. 2013
Introduction

*We may think...*

- They don’t see
- They don’t want to see
- They don’t know
- They don’t want to know
- They don’t know how
- They don’t care
We may try to...

- Give them **Insight** - if you can just make people see, then they will change
- Give them **Knowledge** - if people just know enough, then they will change
- Give them **Skills** - if you can just teach people how to change, then they will do it
- Give them **Hell** - if you can just make people feel bad or afraid enough, they will change
Righting Reflex

What is it?
- Inclination to make it better for the patient or "fix" them

What’s the danger?
- Tell clients what to do, how to do it, why they should do it.
- **Without** talking to them and learning what they know, think and could do.

Be aware of the Righting Reflex

- **Stop** and **Reset**
  - “Ms. Smith, I realize I have been just lecturing you about how you should make better food choices without finding out what you are thinking.”

- **Emphasize autonomy**
  - “You are the best judge about what you feel will work for successfully you. Tell me about that.”
Crossed Arms Dilemma
Exercise

- Partner in groups of two
  - One participant is a client, the other a counselor

- Counselor: Address client’s unhealthy arm-crossing behavior
  - Behavior is detrimental to health
  - Increases risk of clot formation and stroke

- Client: You have been crossing your arms this way since early childhood
  - Ambivalent about change
Debrief

Crossed Arms Dilemma
Hettema et al (2005) systematic meta analysis of 72 RCTs:

- alcohol abuse (31 studies)
- illicit drug abuse (14 studies)
- smoking (6 studies)
- HIV risk reduction (5 studies)
- treatment adherence (5 studies)
- diet/exercise (4 studies)
- water purification (4 studies)
- gambling (1 study)
- intimate relationships (1 study)
- eating disorders (1 study)
Motivational Interviewing and the Prevention of HIV among Adolescents

Larry K. Brown and Kevin J. Lourie

Mary Laudon Thomas, RN, MS, AOCN®, Janette E. Elliott, RN-BC, MS, AOCN®, Stephen M. Rao, PhD, Kathleen F. Fahey, RN, MS, CNS, Steven M. Paul, PhD, and Christine Miaskowski, RN, PhD, FAAN

American adolescents with asthma

Chapter 7

Motivational Interviewing for Alcohol-Involved Adolescents in the Emergency Room

Nancy P. Barnett, Peter M. Monti, and Mark D. Wood*
## Evidence-Based and Applications

### MI Outcome Studies by Time Period

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Dual Dx</th>
<th>Gambling</th>
<th>Offenders</th>
<th>Eating Dis</th>
<th>Adh/Retention</th>
<th>Smoking</th>
<th>HIV Risk</th>
<th>Cardiac</th>
<th>Diabetes</th>
<th>Psychiatric</th>
<th>Health Prom</th>
<th>Family</th>
<th>Violence</th>
<th>Asthma</th>
<th>Dental</th>
</tr>
</thead>
</table>
SPIRIT OF MI
The Spirit of MI

• **Basic tenets:** compassion, acceptance, evocation, collaboration

• **Potential for change** already exists in the person; our job is to draw it out of them

• Embrace and normalize **ambivalence** (not “resistance”)

• Emphasize **autonomy & self-efficacy**

• Use a “guiding” style

• Look for/emphasize **strengths, willingness, ability, readiness**

• Pay attention to specific types of **language**

• MI is a **style of being with people**, not just therapeutic skills (not just “pros and cons”)

• MI takes **time and practice** to learn and master
The Spirit of MI

Collaboration

Acceptance

Compassion

MI Spirit

Evocation

Not “to” or “on” but “for and “with” the client, an active collaboration between experts. People are the undisputed experts on themselves.

Actively promote the other’s welfare, to give priority to the other’s needs

Strength-focused premise: “You have what you need, and together we will find it”

Absolute worth
Affirmation
Autonomy
Accurate empathy
A continuum of communication styles

Directing  ←  Guiding  ←  Following

Enlighten, shepherd, encourage, motivate, support, lay before, look after, support, take along, accompany, awaken, promote autonomy, elicit solutions
Ambivalence

• Normal step in the change process.

• Simultaneously pushed or pulled in at least two opposite directions.

• Both motivations within them simultaneously.

• Ambivalence is uncomfortable. People often find themselves standing up for the status quo, avoid the topic or are apathetic about change.

"If you are arguing for change and your client is arguing against it, you've got it exactly backward."

(Miller & Rollnick, 2013, p. 9)
“Ready, Willing, and Able”

**Ready**
- **Commitment**
  - “I will...”
  - “I promise...”
  - “I swear...”
  - “I guarantee...”
- **Activation**
  - “I’m willing to...”
  - “I am ready to...”
  - “I’m prepared to...”
- **Taking Steps**
  - “I bought...”
  - “I took...”
  - “I called...”
  - “I practiced...”

**Willing**
- **Desire**
  - “I want to...”
  - “I would like to...”
  - “I wish I were...”
- **Reasons**
  - “I would probably have...”
  - “I might...”
  - “I want to be able to...”

**Able**
- **Ability**
  - “I can...”
  - “I am able to...”
  - “I would be able to if...”
  - “I could...”
- **Need**
  - “I need to...”
  - “I have to...”
  - “I must...”
  - “Something has to change.”
Stages of Learning MI

1. Spirit of MI (Collaboration, Evocation, Acceptance, Compassion)
2. Patient centered counseling skills (OARS)
3. Recognizing and reinforcing change talk
4. Eliciting and strengthening change talk
5. Rolling with resistance (i.e. rolling with sustain talk)
6. Negotiating change plans
7. Solidifying patient commitment
8. Shifting flexibly between MI and other intervention styles

Adapted from Miller & Moyers: 8 stages of learning MI
**Spirit of MI**

**Ask**: Open-ended questions

Asking questions to develop an understanding of client’s perspective

*Example: What would you like to do for your and your baby’s health?*

**Listen**: Reflectively and with purpose

Active process demonstrating you understand the client’s meaning correctly

*Example: Changing lifestyle habits takes time and commitment. You feel prepared to make the effort for the benefit of yourself and your children.*

**Inform**: With permission and choices

Convey knowledge about condition/treatment by providing facts and recommendations

*Example: I have some suggestions that might be helpful. Would it be alright if I shared them with you?*
Case: 17 yo male with anxiety disorder presenting to their PCP office for a medication check found to not be using their SSRI and instead smoking cannabis daily. You spend 15 minutes of the visit to counsel the patient on their SSRI use and THC use.
Debrief

Spirit of MI
FOUR PROCESSES
Four Processes of MI

• Four overlapping “processes,” instead of “phases” as in the first two editions of the MI text

• Often a sequence (e.g. deciding whether to change is a prerequisite for planning how to change), yet may overlap, flow into each other, and recur

• Each lower layer serves as foundation for the above layers

• One may go up and down the ‘staircases,’ “returning to a prior step that requires renewed attention.”

Miller & Rollnick: Motivational Interviewing: Helping People Change, 3rd edition, pp.25-26
Four Processes of MI

1) Engaging: listening to understand the dilemma

2) Focusing: agenda setting, finding a common and strategic focus, exploring ambivalence, use of information and advice

3) Evoking: selective eliciting and responding, selective summaries toward change talk

4) Planning: moving to a change plan, obtaining commitment
Four processes in MI

**Engaging**
- How comfortable is this person in talking to me?
- How supportive and helpful am I being?
- Do I understand this person’s perspective and concerns?
- How comfortable do I feel in this conversation?
- Does this feel like a collaborative partnership?

**Focusing**
- What goals for change does this person really have?
- Do I have different aspirations for change for this person?
- Are we working together with a common purpose?
- Does it feel like we are moving together, not in different directions?
- Do I have a clear sense of where we are going?
- Does this feel more like dancing, or wrestling?

**Evoking**
- What are this person’s own reasons for change?
- Is reluctance more about confidence or importance of change?
- What change talk am I hearing?
- Am I steering too far or too far in a particular direction?
- Is the righting reflex pulling me to be the one arguing for change?

**Planning**
- What would be a reasonable next step toward change?
- What would help this person to move forward?
- Am I remembering to evoke rather than prescribe a plan?
- Am I offering needed information or advice with permission?
- Am I retaining a sense of quiet curiosity about what will work best for this person?
OARS
OARS

O: Open-ended questions

A: Affirmations

R: Reflections

S: Summarizing
O: Open-ended questions
Invites client to do the talking, while gaining understanding of client’s perspective
“What has your experience been like in the past with vaccinations?”
OARS: Affirmations

A: Affirmations
Provides support, validation and enhances rapport through validation. Must be congruent and sincere, so avoid cheerleading.

“It must have been hard for you to come in today and talk about your diabetes.”
**A: Affirmations**

- Focus on ability and movement forward
  - Support the patient’s strengths and resilience
- Don’t focus too much on static characteristics that may not guide patient along the process of change
R: Reflections

Hypothesis testing in a concise statement with a vocal tone that is welcoming. It clarifies understanding and shows active listening. Shorter better then longer

“You are frustrated that everyone is on your back about your asthma treatment.”

Simple reflections
– Paraphrasing

Complex reflections
– Add meaning
– Add feeling
OARS: Reflections

State hypotheses about the patient’s experience:

Patient makes a statement

Repeat or rephrase content

YOU

feel

think

Guess at underlying feeling

Guess at underlying meaning
OARS: Reflections

Advanced complex reflections

– Double-sided (end on the side of change)
  – “You can't imagine how you could not drink with your friends, and at the same time you're worried about how it's affecting you.”

– Amplified reflection
  – “So there is really no way that you could quit smoking”
OARS: Summary Statements

**S:** Summarizing

Draws together change talk linking together connected ideas for reflection transitioning

“You are here today, because your mother was concerned about you not taking your anti-rejection medication. It's annoying for you to remember to take the medication, yet you also realize that by not taking it you do not feel as well and it's putting you at a significant risk for recurrence of your cancer and that scares you.”
1. One person from the group shouts out a client statement

2. Others respond with reflections. Try to do three reflections for each question and use different types of reflections.
Debrief

REFLECTION BATTING PRACTICE
CHANGE AND SUSTAIN TALK
## Change Talk

### “I WANT TO CHANGE, BUT…”

<table>
<thead>
<tr>
<th>Change Talk</th>
<th>Sustain talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I really want to make changes for our whole family’s benefit.</td>
<td>1. I really can’t see our entire family taking on these changes.</td>
</tr>
<tr>
<td>2. I can walk to my friend, Jimmy’s house, everyday after school.</td>
<td>2. The weather is getting colder and I hate being outside in the cold.</td>
</tr>
<tr>
<td>3. We need to start packing lunches a few days per week.</td>
<td>3. I really don’t like packing lunches, especially when Sara can buy it.</td>
</tr>
<tr>
<td>4. Diabetes runs in our family so we have good reason to make changes.</td>
<td>4. Eventhough diabetes runs in our family, I can’t imagine Evan getting diabetes at such a young age.</td>
</tr>
</tbody>
</table>

*When you hear change talk, capture and reflect change talk. “Tell me more.” “What else?”*

*When you hear sustain talk, resist the “righting reflex.”*
Change Talk
DARN - CATs

- Desire to change – I want to...
- Ability to change – I can ..... 
- Reasons for change are.....
- Need for change – I need to change because...
- Commitment to change – I will...... 
- Activation language – I am willing to....
- Taking steps towards change – So far I have already ......
Change Talk

Questions to Elicit DARN - CATs

- Desire— What do you want to...
- Ability— How can or could you successfully ..... 
- Reasons— What are the reasons you ..... 
- Need— What do you need to change to... 
- Commitment— What will you do...... 
- Activation— What are you willing to or intend to do .... 
- Taking steps— What have you done so far....
Will you marry me?

D: I’d like to.
A: I think I can.
R: I should.
N: I need to.

C: I will.
Change-Sustain Identification Game
CHANGE-SUSTAIN IDENTIFICATION

- **Desire**: I’ve got to do something or I’ll just end up coming back into the hospital again.
- **Ability**: I love the way weed just calms me down.
- **Reasons**: I’m too busy to check my blood sugars every day.
- **Need**: I think I could start checking my blood sugars more regularly.
- **Commitment**: If I could get my sugars under control, I would have more energy to do things I enjoy.
- **Activation**: I’m fine with how I feel right now.
- **Taking steps**: My parents don’t trust me anymore and something has to change. I will start checking my urine ketones every night.
  
  I am going to program reminders in my phone.
  
  I really don’t need anyone’s help, I’m fine.
  
  I have started cutting out sugary foods.
Listen for change talk and sustain talk

Create a list of each on a sheet of paper

Also be aware: Which processes are occurring?
III. Evoking: Preparation for Change

• The goal of evoking is to strengthen motivation for change.

• Evoking is what makes MI distinct from other counseling techniques.

• Using the foundational skills in the first two processes, evoking is the art of responding strategically to different parts of the client’s speech, especially change talk, to make change more likely.
• Change tends to occur when a person perceives a significant discrepancy between important goals or values and the status quo.

• In order to be motivating, a discrepancy needs to be large enough to encourage change but not so large as to be demoralizing.

• A variety of MI strategies can be used to instill discrepancy within the bounds of the person’s own values.

• Exploring values in an open-ended way, promoting autonomy, is an important part of this process.
**Rulers: Measuring motivation**
Rulers help assess where your patient is in terms of ability, confidence, importance or desire for change.

**Example:** "On a scale of 1-10, how important is it to stop smoking right now?"

**Probe 1:** What made you choose a___, and not a lower number?

**Probe 2:** What would it take to get you to a higher number?

**TIP:** Reflect, then ask "what else?, reflect, ask "what else?, etc. until exhaust all reasons.
Evoking Change Talk with Open-ended Questions:

- About **Desire, Ability, Reasons, Need** (related to change target)
- Goals and Values (try to “develop discrepancy” between goals/values and status quo)
- Querying Extremes: e.g.: “How does this most interfere with your life aims?”
- Looking back and looking forward: Look back to uncover hidden strengths and solutions through past experiences; look forward to elicit goals and values
- Importance ruler: “On a scale of 0-10, 10 being very important, how important is this to you?... Why is it a 5 and not a 2?”
- Confidence ruler: “On a scale of 0-10, 10 being very confident, how confident are you that you can achieve this?... Why is it a 5 and not a 2?”

**Responding to Change Talk**

- Open-ended questions: ask more more details
- Affirmations: find strengths and reflect them, especially when they are related to hard work, resilience, effectiveness, etc.
- Reflections: straight or complex, sometimes double-sided, but less often amplified
- Summaries: pull together all of the change talk and affirmations to create a narrative

**Responding to Sustain Talk**

- Straight or complex reflections
- Double-sided and amplified reflections
- Emphasize autonomy: “Ultimately it’s up to you, no matter what anyone else says.”
- Reframe: especially emphasize strengths and challenges (“You feel like making this change would be really hard work”)
- Agreeing with a twist: “You just wouldn’t be you without your smoking! It’s so important that you may just have to keep on smoking no matter what the cost.”
- Come alongside: validate and accept completely the sustain talk, often with amplification to potentially elicit change talk
- Running head start: start by emphasizing arguments for the status quo, and then move toward arguments for change

Note: Do not attempt to purposely evoke sustain talk; just respond to it effectively.
Giving Information: Ask-Tell-Ask (“Elicit-Provide-Elicit”)

Exchanging Information or advice:

Ask: “Would you be interested in hearing some things that have worked for some of my patients in the past?”

Tell: “They have found using resource X to be very helpful. They have also found A and B to be informative as well.”

Ask: “What do you make of those ideas? How well might those work for you?”

Always include the patient as a partner in the information and advice exchange as an active recipient in the process.
*Note different elements from the “Evoking Summary Sheet” to discuss in the debrief.
Debrief
Traps and Challenges

Challenging Perceptions of MI:
- Time intensive
- Allows patients to talk too much and take over
- Reduces medical professionals role in providing knowledge and expertise
- It's just a bunch of psychobabble...
Traps and Challenges

Potential Traps:

- Righting Reflex
- Premature Focus
- Question and Answer Session
- Assuming the Expert Role
- Labeling
- Blaming
- Confrontation-Denial
- Arguing
- Excess focus on problems/limitations
Putting it all together

Beginning to Practice MI

- Avoid the overly-directive expert role
- Provide a more collaborative atmosphere
- Practice exchanging information by asking permission
- Ask open-ended questions and reflective listening to explore ambivalence and elicit change talk.
Putting it all together

How will you know how you are doing?

- Patient is doing most of the talking
- Patient is making statements about change
- Resistance is minimized
- Patient is doing most of the work toward change
Exercise: Putting it all together!

Exercise
1. Find a partner and decide first who will be “client” and who will be “therapist”

2. “Client:” Pick a simple behavior change about which you feel ambivalent (exercising more, diet, time management issue, etc.). Try not to pick anything too “deep” for now, since we don’t have a lot of time.

3. Therapist: use OARS skills and think about how to evoke more change talk and respond effectively to sustain talk

4. Don’t try to solve the problem! Focus on OARS and evoking change talk/responding to sustain talk

5. After 10 minutes, elicit feedback for 5 minutes

6. Switch roles
Post Course Reflection

- One thing I learned today was...

- One thing that surprised me today was...

- One thing I am going to do is ...
REFERENCES


• Rosengren, D. *Building Motivational Interviewing Skills: A practitioner workbook*

• MI Page: [www.motivationalinterview.org](http://www.motivationalinterview.org)

• Naar-King S and Suarez M. *Motivational Interviewing with Adolescents and Young Adults.* New York: Guilford Press, 2011.
REFERENCES


What Questions Do You Have?
Appendix

- Developed by Dr. William Miller and Dr. Stephen Rollnick
- Based on foundation laid by Carl Rogers and Person-Centered Care
- Roots in substance use counseling
Appendix

In MI, patients are not taught “how to.” Rather, the MI approach relies on the patient’s own natural change processes and resources.