Making Shift Happen: An Overview of Motivational Interviewing

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This Brief Overview

- Why Motivational Interviewing (MI)
- What is MI and why it works
- How MI is done
WHY Motivational Interviewing????
"All these years, and you haven't listened to a damn thing I've said, have you?"
Giving Expert Advice – How Well is That Working?

- Over half of patients in the US do not comply with provider recommendations.
- 40% of patients take medications incorrectly or not at all.
- 80% do not comply with lifestyle change modifications, esp. nutrition & exercise.
- A 2002 review of patients followed after myocardial infarction, only ½ had quit smoking.

Raise Your Hands If

1. You want to be more satisfied with the outcomes you’re having with your patients?

2. You want your patients to want to change more than you want them to change?

3. You would like to not work harder than your patients to improve their health?

4. And ...............
You would rather not look like this at the end of the day?
My Guarantee:

Motivational Interviewing will make your job less stressful and your encounters with your patients more pleasant, successful and rewarding.
Does MI Work?

- >700 controlled trials
- >1500 publications
- >40 books

75% improvement in retention, adherence and outcomes (Lundhal, 2010)

- Specifiable and verifiable and generalizable across cultures and populations
- Equal possibilities for proficiency
- Adoption with supervised practice
- Integrated into all patient communications
Results: Clinicians in the intervention clinics reported improvements in burnout scores, self-rated MI skills, and perceived cohesion whereas clinicians in the control clinic reported worse scores. Patient satisfaction improved in the intervention clinics more than in the control clinics.

Conclusion: This is the first study to find some benefit of training an entire clinic staff in MI via a coaching model.
“MI appears to be useful in clinical settings and as few as one MI session may be effective in enhancing readiness to change and action directed towards reaching health behavior change goals.”

A Practitioner’s Perspective:

“So much of the burden of illness with our patients can be improved through changes in behavior-eating better, quitting smoking, taking insulin consistently. Anyone in clinical practice knows how challenging it can be to bring about meaningful change. After learning some motivational interviewing strategies, I am empowered not only to facilitate change but to do so in a way that makes me feel that I am sitting beside my patient and we're working together rather than debating the issues from across the table. Not only do these strategies prove to be more effective, they are more fun and less work.”

- Dr. Lawrence Greenblatt
Associate Professor of Medicine and Medical Director, Chronic Care, Durham Community Health Network
“If MI were a medication we would prescribe it 100% of the time as it is effective, low cost, and has few to no side effects.”

- Sarah Armstrong, M.D.
  Director, Duke Healthy Lifestyles Program
An Opportunity to Learn An MI Technique: “Looking Back”

- Break into dyads
- Ask and answer in turn the following question:
  - “In the last 24 hours, what was one choice you made that you are glad you made? Why did you make that choice?”
“Looking Back” Outcomes

- Acknowledge and affirm the positive
  - build self efficacy and evoke hope and confidence
- Identify “what works”
  - to be able to plan for the future
- Discover what is important
  - to be able to discuss behavioral choices in context of personal values
What is Motivation?

“…motivation should not be thought of as a personality problem, or as a trait that a person carries through the counselor’s doorway. Rather motivation is a state of readiness or eagerness to change, which may fluctuate from one time or situation to another. This state is one that can be influenced.”

- William Miller, 1991
What is Motivational Interviewing?

“Motivational interviewing is a person-centered, goal-oriented method of communication for eliciting and strengthening intrinsic motivation for positive change.”

Miller & Rollnick, 2009
To Be Clear

“Motivational Interviewing is NOT a way of tricking others people into changing; it is a way of activating their own motivation and resources for change.”

Miller & Rollnick, 2013
Motivational Interviewing:

“Motivational Interviewing is about arranging conversations so that people talk themselves into change, based on their own values and interests.”

- Miller & Rollnick, 2013
What Is Motivational Interviewing? A Way of Being and A Way of Doing

- A Mindset about behavior change and how to influence it in others
  - Ambivalence and stages of change
  - Guiding vs. directing

- A Heart set
  - Spirit

- A Skill set
  - OARS
  - 4 Processes
Why Does MI Work?

“People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.”

- Blaise Pascal
Why Does MI Work?

“Easier to change the course of a river than a person’s natural habit.”
- Chinese Saying

- Ambivalence is normal and can be explored and resolved with help
- More likely if seen as something that is tied to something of intrinsic value and perceived as “worth it”
- Must be seen as achievable
  - Self efficacy
- Usually a process vs. an event
“I am disappointed by the past 45 days of sobriety. Having heard that law students quit alcohol for a month before taking the LSATs, I expected to develop razor sharp thinking. Instead, all I have managed is to save money and stay out of legal trouble. Where is the bright new leaf? Where are the clarity and contentment, the joyous mornings and healthy relationships?”

Anonymous, Independent Weekly, 2009
The Trans-theoretical (Stages of Change) Model

1. Pre-Contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse

(Prochaska & DiClemente, 1981)
Precontemplation

- Defined: Patient not yet aware of a need or desire for change. May not see a problem as a problem and if he does, doesn’t want to address it right now.

- Described: Patient not willing to “think about change” at this stage and may express “sustain talk” as well as show annoyance or anger when talking about it.

- Goal: Raise doubt and awareness by exploring patient’s reasons for not changing and elicit change talk when possible. Reducing discord and planning seeds is also considered an outcome at this stage.
“I started smoking in 1939. I have no plans to quit smoking. I can’t quit. What’s more, I don’t want to quit, and I don’t want people around me telling me I should quit.”

- Johnny Carson
Contemplation

**Defined:** Patient shows awareness of a need for change as well as expresses a desire for and against it. Is open to “thinking about thinking about it” or exploring any ambivalence.

**Described:** Change or ambivalence talk is evident. Patient expresses awareness of potential benefits even if not ready. Doesn’t plan to make the change anytime in the near future but is willing to discuss.

**Goal:** Shift the decisional balance toward change.
“The first step toward getting somewhere is to decide that you are not going to stay where you are.”

J. Pierpont Morgan
Preparation

- Defined: Has decided to change but is not ready to initiate the change right now. Is open to developing a plan toward action.

- Described: A specific goal is identified and a desire to achieve it has been expressed. Patient is curious to know their options and how to succeed.

- Goal: Determine best course of action including timeline and steps toward getting started. Address confidence or other barriers that are identified. Discuss available resources and steps to achieving goal. Develop any skills or needed supports.
Action

- Defined: Person is ready to go to WAR (Willing, Able and Ready) to initiate a change RIGHT NOW.

- Described: Patient expresses strong commitment and confidence language.

- Goal: Develop a SMART plan and re-assess and re-focus as needed.
Maintenance

- Defined: Sustaining successful change for several months or more.

- Described: Patient feels positive about progress and evidence of measured change has been recognized.

- Goal: Provide support and continue to identify barriers as well as re-assess focus and plan.
Pre-Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Relapse/Recurrence

Returns to behaviors and may or may not decide what to do next. Opportunity for helping patient maintain perspective and reassess their focus and plan.
Establish an agreement with the patient to follow the Thomas Edison Rule:

"I HAVE NOT FAILED. I'VE JUST FOUND 10,000 WAYS THAT WON'T WORK."

Thomas Edison
ADDICTED2SUCCESS.COM
Letter to Cigarettes

Dear Cigarettes,

“Thanks for giving me something compulsive to do to focus my nervous energy and anxiety. You have always been there for me. Though keeping the relationship with you has become more inconvenient in the past few years (keeping it secret, smoking only in certain places, and fighting off or ignoring advice and nagging from people who care about me as well as health experts). We have always managed to keep the relationship going even through cancer. At first you got me high and helped me escape, just when I needed it most in my freshman year at college. Then you gave me a sense of independence and being grown up and relating to my peers. These reasons are gone now, replaced by a solitary sense of comfort I get when I’m with you. You gave me an excuse to take a break, be contemplative, think about the broader view of life, especially mine. However, my relationship with you has had its costs. My health has suffered, my breathing and lungs don’t work as well. At an average of $1.25 per day my direct cost for you in the last 44.5 years has been $20,000 with interest about double that. But I guess it’s been worth it.”

Yours truly, John
“Change isn’t easy. But if we’re in enough pain, then the idea of making changes may seem more attractive. Part of the benefit of pain is to get our attention, to help us make the connection between when we suffer and why, so we can make choices that are more joyful and healthful. It’s very hard to motivate most people to make even simple change in their behavior such as altering their diet or exercising when they feel depressed, lonely or fearful....

It is only when these deeper issues are addressed that many people become willing to make lifestyle choices that are life enhancing rather than ones that are self-destructive. Abundance is sustainable, deprivation is not. Joy of living is sustainable, fear of dying is not. ‘It’s fun for me’ is sustainable; ‘it’s good for me’ is not. Instead of resolving to make changes in our lives out of a sense of austerity, deprivation, and asceticism, I find it to be much more effective to be motivated by feelings of love, joy and ecstasy.”
The ♥ of MI
MI Spirit: A Way of “Being”

Partnership
Acceptance
Compassion
Evocation
“People respond to benevolent intentions to a greater degree than they do to competence when reacting to authorities.”
How is MI Done?
Applying the RULE of MI

- Resist the “righting reflex”
  - Patient as expert and competent

- Seek to understand and work with the patient’s desires and motivations
  - “Beginner’s mind”

- Listen to your patient with validation and without judgment

- Empower and evoke hope by identifying a patient’s strengths and clarifying their choices
MY WIFE WANTS ME TO DO THIS FOR MY HEALTH...

BUT I WANT TO DO IT SO I CAN LOOK BETTER THAN OTHER PEOPLE MY AGE.

I FIND I'M MUCH MORE MOTIVATED BY SHALLOW REASONS.
MI is MI When:

- The communication style (OARS) and spirit incorporates person centered, empathic listening (engage)
- There is a particular target for change and topic of conversation (focus)
- The interviewer evokes the person’s own reasons and ideas for change (evoke)
- The interviewer guides and assists the person in making a change (planning)

(Miller and Rollnick, 2013)
HOW MI Is Done: OARS

- Open ended questions
- Affirmations
- Reflective listening
- Summaries
How MI is Done: The 4 Processes of Motivational Interviewing (Contributions by Katie Loebner, Duke University)

1) Engaging – The relational foundation
2) Focusing – Identifying strategic direction
3) Evoking – Preparing for change
4) Planning – Getting to change
Engaging: The Relational Foundation

The Engaging Process is intended to develop rapport and establish a positive working relationship with the patient.

We approach the encounter with a "beginner’s mind" intending to identify the client’s agenda rather than impose ours. It is also oriented to getting to know the client particularly the things that matter and that they enjoy and desire.
Engaging: Goals

- Relationship and rapport building
- Clarify roles and responsibilities
- Comfort
- Safety
- Empathy and understanding
- Get to focusing
Engaging Skills and Techniques

- Rapport building
- Review role and responsibilities
- Agenda setting
- Ask for permission
- Open ended questions
- Reflective listening
- Client-centered communication
- Avoid “righting reflex,” “expert trap” and “chat trap”
- Explore values and general desires
Engaging: Sample Questions

- "I am here to ____ and hoping to get to know you today as well as Know what you might want to get from your visit with us today."
- “Today we have about 15 minutes to work with. While I’m here I’d like to _____and want to be sure we talk about what’s most important to you for this visit.
- "How would you like today's discussion to go?"
- "Is there something you want to be sure we touch on today?"
- "Is there anything you know you don't to discuss today?"
- "How will you know if this visit goes well today?"
- "What is one way we can work together today so that you know this session went well?"
Engaging: Measurable Outcomes

- How authentic, honest and open are you with the patient?
- How authentic, honest and open is the patient with you?
- Do you feel like you have a good understanding of what is important and meaningful to the patient?
- Did we address and resolve any discord?
- Is there a willingness to develop a partnership?
- Is the patient willing to discuss a focus?
Focusing: The Strategic Direction

Focusing is intended to identify the client’s goals by discovering the direction the client wants to go in order to achieve these goals. Focusing should lead to a target behavior the client is open to explore or consider changing. As the goal oriented foundation of motivational interviewing the target behavior is based on an expressed vision the client has for a better life.
Focusing: Goals

- Explore what important to the client and why it is important
- Identify, clarify and explore a target behavior that can support this value
- Identifying and problem solve barriers
- Developing discrepancy
- Exploring ambivalence
Focusing Techniques

- Agenda setting
- Agenda mapping (zooming in)
- Assessment with feedback
- Values clarification
- Informing (Elicit-Provide-Elicit)
- Autonomy support language
- Menu of options
- Looking back
- Looking forward
- Self-disclosure
- Avoid premature focus trap
- Teach back
“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”
Focusing: Measurable Outcomes

- A vision for the patient’s life has been expressed
- The patient and I know where we are going together
- Agreement to collaborate on a clear set of priorities and topics for conversation
- Patient readiness and ideas are ready to be explored (evoking)
Focusing: Sample Questions

- “Is there anything you’re concerned about?”
- “If life were to be as you’d like it, what one thing within your control would be different?”
- “Do you want to be more satisfied with your life?”
  If so, “What does that look like?”
- “Would you like to have a full and sustainable recovery when you leave the hospital?”
- “Do you want to be sure you know all there is to know about how you can contribute to a good outcome?”
- “Is there anything you’d like to be sure doesn’t happen?”
- “If you were to feel better a month from now, what would have changed?”
- “Has there been a time in life when you were happier? What was different then?”
- “Would you be willing to discuss some possibilities?”
Evoking – Preparing for Change

Based on the MI principle that people will be motivated by their own reasons and desires for change as well as that they are the experts on themselves. The purpose of evoking is to draw out a person’s own internal motivations for change and to reinforce these to help build their overall motivation to work on the focused target behavior. At this stage, the strategic and directional components of MI such as eliciting change talk and building on it to strengthen commitment are applied.
Evoke Goals

- Eliciting and reinforcing change talk
- Increasing the amount and strength of change talk
- Be curious about their motivation
- Develop internal motivation
- Mobilize toward action
Evoking Skills and Techniques

- Explore ambivalence
- Developing discrepancy
- Decisional balance
- Querying extremes
- Explore values
- Elicit self-motivational statements
- Bouquet of Flowers
- Avoid expert trap

- Elicit-provide-elic it
- Hypotheticals
- Evoke hope and confidence
- Looking back
- Looking forward
- E-A-R-S (Elaborating, affirming, reflecting and summarizing)
- D-A-R-N-C-A-T
- Readiness Rulers
Evoking Change Talk: DARN

- **D-esire to Change** (want, like, wish...)
- **A-ibility to Change** (can, could...)
- **R-easons to Change** (if...then...)
- **N-eed to Change** (need, have to, got to...)

**Sample DARN Questions**

- “Have you ever considered_________?”
- “Is this something you could do if you decided to?”
- “What would be a good reason to ______?”
- “Do you see any benefits to ________?”
- “Would life be better for you if you were to_______?”
- “Knowing yourself the best, how and when would you know that you want to make this change?”
Mobilizing Commitment: CAT

- C-commitment (intention, decision)
- Action (building motivation for change)
- Taking Steps

Sample CAT Questions:

- “Do you see yourself initiating this change anytime within the next 3 months?”
- “What needs to happen to get ready for you to get ready for this change?”
- “Knowing yourself as you do, how do you see yourself getting this change done?”
- “What is one thing you can do between now and ____ to make movement toward this change?”
- “What steps have you taken in the last 2 weeks toward this change?” “How did it go?”
- “What did you learn works for you to be successful?”
Evoking Readiness and Enhancing Motivation Using Readiness Rulers

Importance/Confidence/Readiness ruler

On a scale of 1–10…

• How important is it for you to make this change?
• How confident are you that you can make this change?
• How ready are you to make this change?

For each ask…

• Why didn’t you give it a lower number?
• What would it take to raise that number?
Sample Evoking Questions

- “How might life be better for you if you ____?”
- “What changes would you like to make and what is your reason for wanting to make this change?”
- “Do you want to be confident in your recovery?”
- “Knowing yourself as you do, what can you see yourself doing to stay healthy?”
- “How do you think ____ would work?”
- “How do you see yourself getting this done?”
- “If someone who knows you well were to have an idea about what would work for you what would they say?”
Evoking: Measurable Outcomes

- Patient has expressed his reasons and importance for change
- Patient has resolved any ambivalence
- Diminished “sustain” talk
- Patient is expressing change talk
- Expressed motivations are primarily intrinsic
- Patient asks questions about change
- Patient has expressed confidence and commitment to change
- Patient has begun to identify ways and steps to take to make the change
Planning: Getting to Change

Change is more likely to happen with a roadmap toward a goal as well as a specific and measurable plan that is recognized as achievable. During planning we are less involved in discussing reasons and importance but rather in negotiating and implementing a plan for achieving targeted change.
Planning Goals

- Be optimistic and planful
- Evoke hope
- Enhance efficacy

Identify a SMART goal and plan:
- Specific
- Measurable
- Achievable
- Realistic
- Timely

Initiate change
Re-assess focus and plan
A Sample SMART Plan

- The change I want to make is ____ by ____
- The primary reason for this change is ____
- The first steps I will take to get started will be ____
- How my progress will be monitored and measured ____
- These people can support me in these ways ____
- Things that could interfere with my plan ____
- How I will deal with these challenges or setbacks ____
- This will be my alternative plan ____
- How I will celebrate my success ____
Not so SMART Goals

- Cut back on drinking
- Reduce A1C level by 3 points
- Maintain weight at less than 200 lbs.
- Drink more water
- Increase amount of exercise
- Eat healthier
- Improve mood
SMART Goals

- Drink no more than 2 glasses of wine with dinner on Fridays and Saturdays and abstain the day after any day when I drink more.
- Eat 1 carrot along with each candy bar except on weekends.
- Drink unsweet tea every other night instead of Hawaiian Punch.
- Walk the dog after the evening news at 7:00 p.m. on weeknights.
- Post my medication reminder on the refrigerator with tape when I leave this appointment.
- Ask to hold the MSG when I order Kung Pao Chicken.
- Establish an agreement with my wife that I will do the grocery shopping every other week.
- Take my breaks at work in the employee lounge instead of outside in the smoking area.
Planning Skills and Techniques

- Menu of choices
- Identify client’s preferences
- Brainstorming
- Change sampling
- Problem solving
- Re-assessing and re-focussing
- Modifying the plan
- Involving others to provide support, encouragement and feedback
Planning: Measurable Outcomes

- Patient has clearly expressed an intention and commitment to a change plan
- Patient has identified a specific, measurable and achievable goal
- Patient has the personal and external resources to implement their plan
- Supports have been identified and engaged
- Possible outcomes have been anticipated and explored
- Barriers have been identified and addressed
- Back-up plans have been developed
- Ways to recognize and celebrate accomplishments have been discussed
4 Questions That Could Be Asked in Advance of the Patient Encounter

- Which health issues are you most concerned about today?
- Which of those do you believe can be improved with changes you can make?
- What would be the chief benefit to you if you made those changes?
- What is one specific thing you are willing to do (to try to do?) between now and your next visit?
Questions that Can Be Asked During a Hospital Discharge

1. Do you want to have a full and sustainable recovery?
2. What would be the main benefits of a good outcome for you?
3. Do you want to be confident in your recovery?
4. Do you want to be sure you know all there is to know about how you can contribute to a good outcome?
5. Knowing yourself as you do, what can you see yourself doing when you return home to stay healthy?
6. If we call you a month from now, what will you tell us you have done to stay out of the hospital?
7. On a scale of 1 to 10 how committed are you to ____
8. What might threaten your motivation and plan?
9. How can you respond if that happens?
10. Who supports your recovery and how can they help you be successful?
Learning MI

- “One and done” training = least effect (Miller & Mount, 2001; Walters et al., 2005)
- Coaching and observed practice = best effect
- Expert facilitated case and practice based learning
- Peer based discussion, practice and feedback
- Patient based learning – performance based feedback
- Self evaluation
Am I Doing MI?

- Do I seek to understand my patients' concerns and desires?
- Do I ask and actively listen to my patients more than talk?
- Do I partner with and guide vs. direct my patients?
- Do I have a clear sense of focus with my patients?
- Do I ask my patients their own reasons for changing rather than try to persuade them of mine?
- Do I elicit, listen for and reflect change talk?
- Do I honor and respect my patients' choices with understanding and without judgment?
- Do I ask permission before giving information or advice?
- Do I reassure my patients that ambivalence is normal?
- Do I assist my patients to recognize their successes?
MI Adoption: Some Examples

- Lincoln Community Health Center, Durham, N.C.
  - Monthly lunch and learn:
    - Possibilities with “impossible cases”
- Alliance Behavioral Health MCO Care Coordination staff teaching case conference and skills development series and MI medical record documentation project
- Duke University Department of Population Health monthly MI case learning and skills development series with Champions
- Duke Department of Pediatrics – Observed practice with coaching and feedback
- Duke Department of Speech and Audiology – Monthly MI Club meetings
Goal Setting Exercise: What is One MI principle or skill you will practice?

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MI Processes:
- Engaging
  - Discover patient’s desires
- Focusing
  - Identify target of change
- Evoking
  - Assess patient’s readiness and ideas
- Planning
  - SMART goals
Some Recommended Resources


- Rollnick, Stephen, Miller, William, and Butler, Christopher, Motivational Interviewing in Health Care, New York, Guilford Press, 2008.


- Also see - www.motivationalinterview.org
That's all Folks!