

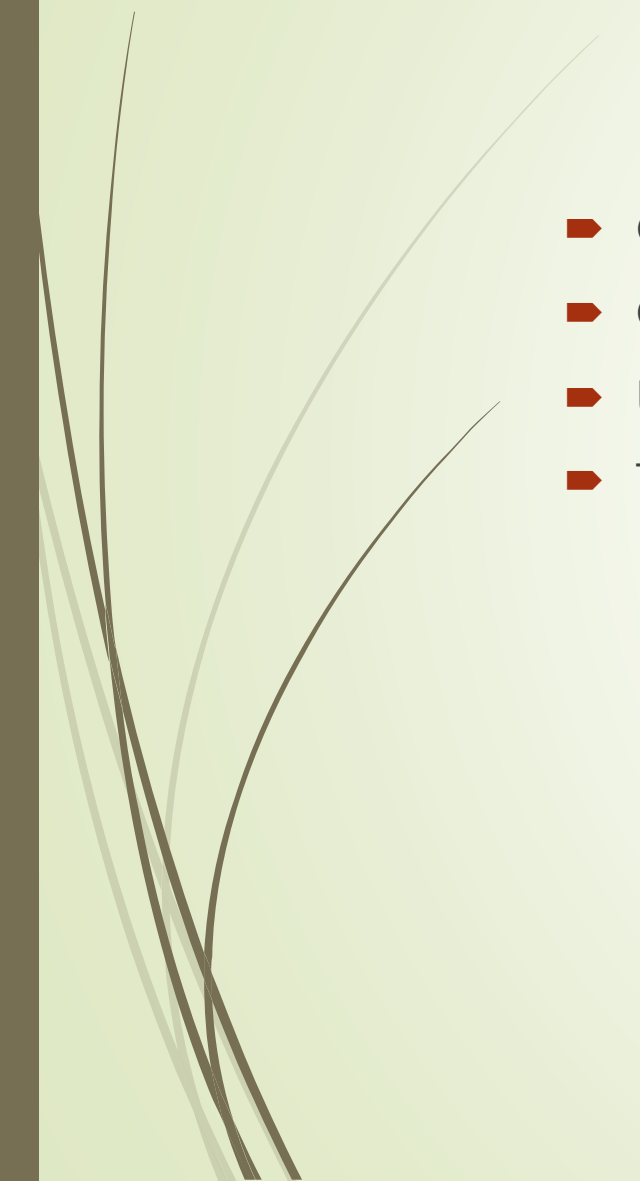


Motivational interviewing

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Educational objectives

- Origins
 - Characteristics and spirit of MI
 - Understand terms- ambivalence, change talk, sustain talk
 - Techniques and skills
- 



Disclosures



- ▶ I have limited formal training and am in no way an expert in Motivational Interviewing
- ▶ My experience in use of Motivational interviewing is also limited.
- ▶ I am, however, interested in learning and implementing the use in my medical practice



Motivational interviewing origins

- 1. William R. Miller and Stephen Rollnick
- 2. Originated as a counseling approach for alcohol use disorders
- 3. In 1991, William R. Miller and Stephen Rollnick wrote a book titled *Motivational Interviewing: Preparing People to Change Addictive Behavior*.
- 4. 2003 edition- broadened use to healthcare, mental health, correctional and school settings
- 5. 2013 edition- explained new processes in MI- engaging, focusing, evoking, planning



Motivational interviewing

What it is:

- ▶ Empathetic
- ▶ Non-confrontational
- ▶ A collaborative conversation
- ▶ Goal is to strengthen a patients' own commitment and self-motivation to change
- ▶ Uses "you" statements
- ▶ Supports self efficacy and empowerment

What it is not:

- ▶ Judgmental
- ▶ "In your face"
- ▶ Power differential
- ▶ About the provider motivating the patient
- ▶ Does not use "I" statements
- ▶ a way of tricking people into doing what you want them to do
- ▶ "righting reflex"- burden is on the provider to fix everything



Spirit of MI

- Partnership
- Acceptance
- Compassion
- Evocation
- *The spirit of MI is growth*
- *“Dancing vs Wrestling”, walking with vs. leading*



Ambivalence

- ▶ Normal
- ▶ Obstacle to recovery
- ▶ Examples-
 - Recognizes dangers of drug use but continues to use
 - Wants to stop using but also does not want to stop using
 - Seeks help but also minimizes their substance use problems



Facilitating change

- ▶ Change talk- statements a patient makes indicating they are considering or are committed to some (positive) behavior change.
- ▶ Sustain talk- statements made by a patient that indicates the desire to keep engaging in some negative behavior, expressing feelings of being unable to change, expressing reasons for keeping things the same



DARN-CAT

- ▶ Desire- I want to change
- ▶ Ability- I can change
- ▶ Reasons- It is important to change because...
- ▶ Need- I should change
- ▶ Commitment- I will make a change
- ▶ Activation- I am ready, willing, prepared to change
- ▶ Taking steps- I am going to "x"

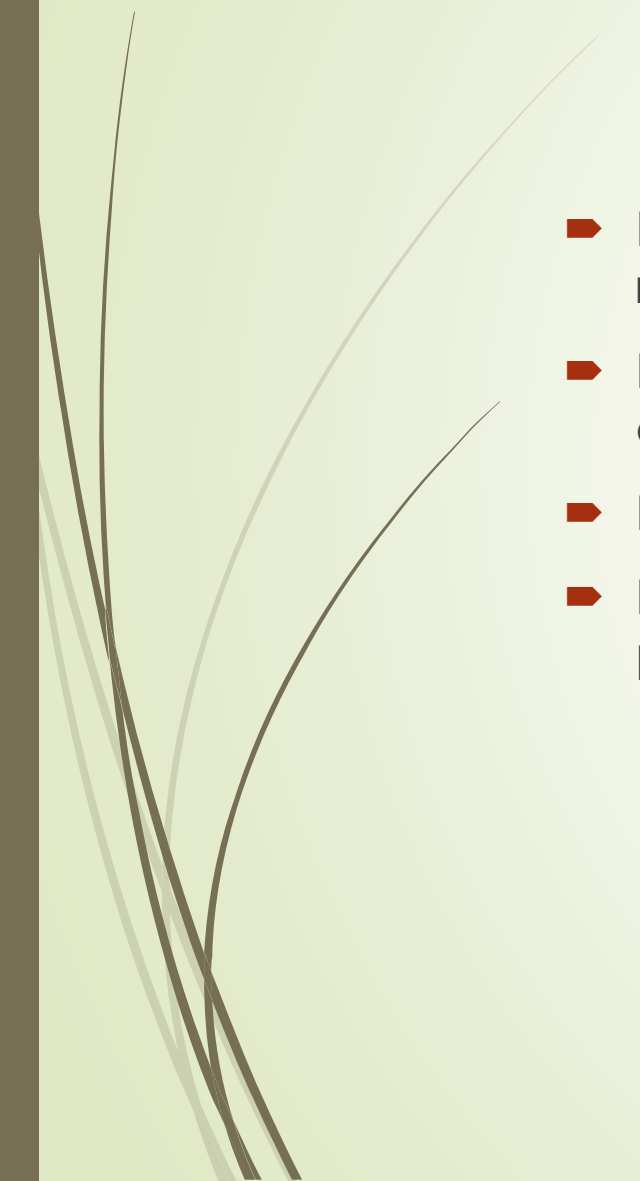


How to encourage/evoke change talk?

- ▶ Ask evocative questions
- ▶ Ask for elaboration
- ▶ Ask for examples
- ▶ Ask about a different time before the problem emerged

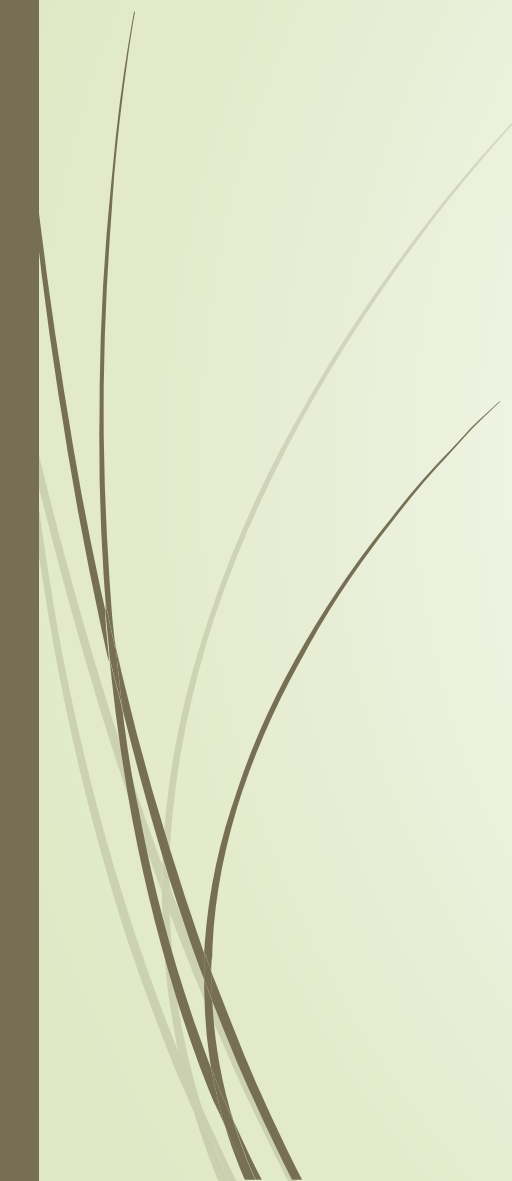


Foundations of MI

- ▶ Engaging- developing rapport, reducing resistance/defensiveness, and resolving some ambivalence
 - ▶ Evoking- listening for change talk/patients' internal motivations for change, and to reinforce it to help build their overall motivation
 - ▶ Focusing- finding a clear goal
 - ▶ Planning- developing a commitment to a behavior change and a specific plan of action
- 



Core skills for MI

- **O**pen ended questions
 - **A**ffirming
 - **R**eflecting (simple and complex)
 - **S**ummarizing
 - **I**nforming and **A**dvising
- 



Summarizing steps/process of MI

- ▶ Remember the *Spirit* of Motivational Interviewing (PACE)
- ▶ Step one- Engaging- uses OARS
 - Open questions, Affirm, Reflect Summarize
- ▶ Step two- Focusing- going from general goals to a specific goal. Develop discrepancy, may give advice (w/ permission)
- ▶ Step three- Evoking- eliciting *change talk*, use rulers (importance ruler, confidence ruler). Follow each with two questions (“Why X and not X-3?” and “What would it take to go from X to X + 3?”)
- ▶ Planning- solidifying a commitment to a specific goal