Motivational Interviewing in a Primary Care Setting

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Learning Objectives

• Learn about core theoretical tenets of motivational interviewing
• Learn about specific motivational interviewing techniques to use in medical family therapy settings
• Learn how to apply motivational interviewing techniques in treating common problems in primary care (e.g., obesity, smoking cessation)
• Learn about how to train medical family therapists and/or family practice residents in motivational interviewing
Assess Your Level of Confidence for Using Motivational Interviewing (MI)

• On a scale of 0-10, where 0 is not ready at all and 10 is completely ready, how confident are you to use MI with the people that you work with (or teach)?
• Why are you at a _____, instead of a 10?  
• Why are you at a ______, instead of a 0?
The Foundations of MI

• Original description based on implicit principles derived from intuitive practice
  – Alcohol addiction, smoking cessation

• MI principles were stated prior to empirical support or theory (1983)

• Elaboration of MI (1991) arose from Miller & Rollnick’s interactions

• 100s of studies have since been conducted
Motivational Interviewing

PREPARING PEOPLE FOR CHANGE
Ambivalence

The Dilemma of Change
Ambivalence

• State of having simultaneous, conflicting feelings toward a person or thing
  – “Mixed Feelings”
  – Uncertainty
  – Indecisiveness

• This state can lead to avoidance or procrastination, or to deliberate attempts to resolve the ambivalence that may result in success or failure
Ambivalence

• Ambivalence about proposed behavior change is NORMAL

• Direct persuasion or advice giving is NOT an effective method for resolving ambivalence for most patients
The Righting Reflex

Our desire to keep people from going down the wrong path, and to set things right
Advice Regarding Health Behavior Change

• We’re trained to do it
• We like to give it
• It’s not very effective
• We do it anyway
Problems With Standard Practice

• Unwelcome advice elicits resistance
• Knowledge weakly correlated with behavior (change)
• Variability in personal motivation
• Advice must match motivation
“Motivation to change is not a personality trait, but is affected by interpersonal interaction.”

Miller & Rollnick, 1991
Four Key Principles (Style)

• Express empathy
• Develop discrepancy
• Roll with resistance and avoid argumentation
• Support self-efficacy
Principles of MI

• Express Empathy
  – Acceptance facilitates change
  – Skillful “active” listening is fundamental
  – Ambivalence is normal
Principles of MI

• Develop Discrepancy
  – One of the main strategies to resolve ambivalence
  – Develop “discrepancy” between current behavior and core values
  – Allows you to label the “ambivalent” feelings the person is having so that they can start to move towards action
Principles of MI

• Roll with Resistance
  – Momentum can be used to good advantage
  – Perceptions can be shifted
  – New perspectives are invited but not imposed
  – The client is a valuable resource in finding solutions to problems
Principles of MI

• Support Self-efficacy
  – Belief in the possibility of change is an important motivator
  – The client is responsible for choosing and carrying out personal change
  – There is hope in the range of alternative approaches available
Assessing Readiness for Change
The Stages of Change
(Prochaska & Diclemente)

- Pre-Contemplation: No; Denial
- Contemplation: Maybe; Ambivalence
- Determination/Preparation: Yes, Let's Go; Motivated
- Action: Doing It; Go
- Maintenance: Living It
- Relapse/Recycle: Ugh!!
Contemplation: Cost-Benefit Balance

Costs of staying the same
Benefits of change

Costs of change
Benefits of staying the same
Stages of Change

- 80% Contemplation
- 20% Action
- Precontemplation
- Maintenance
- Preparation
IMPORTANT!

• Remember that your expectation of patient change should align with what stage of the change the patient is in…

• MISMATCH!!
Three Key Processes (Tools) used in Motivational Interviewing

- Following
- Guiding
- Directing
Motivational Interviewing
“Tools” for
FOLLOWING: OARS
Following

- Process by which both parties establish a helpful connection and a working relationship
- Joining at its best!
- Prerequisite for everything that follows
  - Research shows “Relationship” matters most
OARS

- O: Open Ended Questions
- A: Affirming
- R: Reflective Listening
- S: Summarizing
Ask Open-Ended Questions

• Can’t be answered with “yes” or “no”
• Ask one question at a time
• Use respondent’s own words, when possible

• Examples:
  – Tell me about…..?
  – Help me understand…..?
  – To what extent…..?
Affirming

• A combination of “reframing” and “validating”

Examples:
  – Provider: “That must have been really hard for you…” (validation)
  – Client: “I’m really embarrassed to tell you about that…”
    Provider: “You’re being really honest!!” (affirming)

• Accentuate the positive
Reflective Listening

• Affirms and validates your client
  – When clients feel understood, they are more likely to go deeper and say more
  – You are less likely to be judgmental

• The “heart” of the MI approach
  – Rule of thumb: five reflective statements for every question
Reflective Listening Phrases

- It sounds like you are unsure about …
- It sounds like you have had a lot of success with…
- It’s been difficult for you to…
- You have been feeling discouraged about…
- You are embarrassed that …
- You are happy about…
- You believe that others view you negatively because…
Types of Reflective Listening

- Content Reflections
- Feeling Reflections
- Rolling with Resistance
- Amplified Negative Reflections
- Double Sided Reflections
- Action Reflections
Summarizing

• Focus on your client’s statements regarding
  – Problem recognition
  – Reasons for change
  – Optimism– confidence about change
• Example:
  – “Let me see if I understand what you’ve told me so far…”
• Ask for feedback about your summary:
  – “What have I missed?”
Motivational Interviewing
“Tools” for GUIDING
Guiding

• Collaborative search for direction
• Process by which you develop and maintain a specific direction in the conversation about change to create identifiable outcomes
• Elicit change talk and move the conversation towards the possibility of change
Elicit-Provide-Elicit (EPE)

- Three step process:
  1. Determine what they already know
  2. Reflect what they know and add information to help them understand more fully
  3. Ask what they want to know more about
Purpose of EPE

• Helps you to understand what the client/patient understands about a behavior before you impart information

• Allows you to provide information in a tailored way and then check back in to make sure the information has been interpreted/applied correctly
Step 1: Example Elicit

• “Tell me what you already know about the effects of high blood pressure on health”

• “What do you think would be the biggest benefits of more regular exercise?”

• “What would you be most interested in knowing about treatment for this condition?”
Step 2: Example Provide

• “Let me describe some of what people experience with depression and you can tell me what parts of this may fit for you…”

• “I wonder what you will think about this…”

• “See which of these you think might apply to you…”
Step 3: Example Elicit

- “What else would you like to know?”
- “What do you think is the next step for you?”
- “So what do you make of that?”
- “What do you think about that?”
- “What does all of this mean to you?”
- “How does that apply to you?”
Asking Permission

- Asking for permission before offering advice increases the likelihood that the client/patient will NOT be resistant to suggestions offered.
Asking Permission

• When getting started:
  – “I would like to spend a few minutes talking about… Is that okay with you?”

• When offering information or advice:
  – “I am aware of some strategies other people have found helpful in… Would you like to hear about some of these?”
Menu vs. Single Solutions

• Here are some things that have worked for other people…
  – “Which of these do you think might work for you?”

• Controlling your weight may involve several strategies, such as…
  – “Which of these do you think are most important for you to work on?”
  – “I’m wondering if there is anything on this list here that you might want to try.”
Motivational Interviewing “tools” for Directing
Directing

Change-Talk:
• Moving the person towards committing to change
• Focus on a particular change and harness the client’s own ideas and feelings about why and how they might change

Self-efficacy:
• Eliciting one’s own motivations for change
• Having the person voice the arguments for change themselves; “talk themselves into change”
Asking Evocative Questions

The goal is to elicit change talk:
- Confidence Ruler
- Querying Extremes
- Looking Back, Looking Forward Questions
- Discrepancy Questions
- Exploring Goals and Values
Assessing 1-10 Importance/Confidence

• Use importance/confidence ruler
  – Probe lower/higher

• Example:
  – “On a scale of 0-10, how confident are you that you can make this change?”
  – “Why are you a 5 vs. a 0?”
  – “Why are you a 5 vs. a 10?”
Querying Questions

• “What concerns you most about your high blood pressure in the long run?”
• “Suppose you continue on as you have been, without changing, what do you imagine are the worst things that could happen?”
• “How will you know when you are ready to change?”
• “What do you think would be the best results if you did make this change?”
Looking Back Questions

• Looking Back:
  – “Do you remember a time when things were going well for you? What has changed?”
  – “What is the difference between the person you were 10 years ago and the person you are today?”
  – “How has this problem stopped you from moving forward in your life?”
Looking Forward Questions

• Examples:
  – If you did decide to make this change, what would be different?”
  – If you were to have a week off from your symptoms/problems, what would you do first?”
Developing Discrepancy

• Develop “discrepancy” between current behavior and core values
• Allows you to label the “ambivalent” feelings the person is having so that they can start to move towards action
• Example:
  – “On the one hand I heard you say___________ (fill in the blank)... and, on the other hand I also heard you say...______________________.”
Exploring Values and Goals

• “Tell me what you care most about in life.”
• “How do you hope your life will be different a few years from now?”
• “What would you say are the rules you live by?”
• “Suppose I asked you to describe the goals that guide your life, the values you try to live by. What would you say are your five most important values?”
• Use Values List
HOW DO YOU KNOW IF YOU’RE DOING MI?
Markers of a Productive MI Encounter

- Client does most of the work
- Client accepts the possibility of change
- Client accepts responsibility for change
- Upward slope of commitment language within or between sessions
- Sessions are like dancing, not wrestling

Ken Resnicow
YOUR FINAL SELF-CHECK
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References

Books:


Website:

• www.motivationalinterview.org
  This website includes a full bibliography