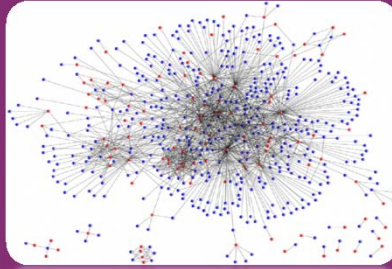


Motivational Interviewing: Guiding Positive Change in Patient Behaviors



Ann Landes, Ph.D.
November 6, 2013

The Heart of Motivational Interviewing

**is about allowing the patient to
guide us as we guide them...
to remain engaged in a dance.**



Benefits to you as the Healthcare Provider

- Establishes a firmer foundation for later work & collaboration
 - ✦ Saves time in the short and long term by establishing communications
- Strengthens provider-patient interaction
 - ✦ We're all on the same page, looking in the same direction
 - ✦ We know what respective "roles"/responsibilities
 - ✦ Helps manage burnout
- Provides good outcomes and is evidence-based

Learning Goals

1. Define Motivational Interviewing (MI) and state one to two applications to healthcare management of TB.
2. Identify the spirit of MI and its four primary processes
3. Identify at least one MI skill/tool that can be employed to guide and address patient ambivalence toward change

Polling the audience .



PLEASE MARK THE STATEMENT THAT DESCRIBES YOU:

- a) I have attended at least one other training in Motivational Interviewing.
- b) This is my first training in Motivational Interviewing (and I am ambivalent).
- c) This is my first training in Motivational Interviewing (and I am very excited).

Q1



When using any tool/intervention, exercising clinical judgment about when and how to best engage is the best practice. Such is the case with MI.

Some instances where it may be challenging or even inappropriate:

*** Dire cases that require immediate decision-making/actions ***

Imminent life-death issues
catastrophic consequences
emergencies

"OUTLIERS"

Getting Personal

- Relax and breathe deeply.
- Think about the type of patient or patient issue(s) that get you “stumped”.
- Have you got a clear picture?
 - *As we go through this class, try and apply MI to this patient/issue.*

Right now, at this moment in time ...

On a scale of 0-10 (0 = not at all; 10 = undoubtedly a lot!)

How **important** is it to you to learn skills in Motivational Interviewing that will assist with your practice of care?

0
1
2
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6
7
8
9
10




Q2

Right now, at this moment in time ...

On a scale of 0-10 (0 = not at all; 10 = undoubtedly a lot!)

How **confident** do you feel (at this very moment in time) in your ability to use Motivational Interviewing within your practice of care?

0
1
2
3
4
5
6
7
8
9
10



Q3



MI is

- ❖ an evidence-based clinical method found to be effective in promoting positive behavioral/lifestyle change(s), while addressing **patient ambivalence**.
- ❖ a **collaborative, person-centered** process of **guiding** patients toward **intrinsic motivation** for change.

(Miller WR, Rollnick S. (2009). Behavioural and Cognitive Psychotherapy 37:129-140.)

TB, Motivation, Change



Research

- TB is a disease that impacts the individual and his/her system
 - Medical and social dimensions (poverty, educational level, females)
- Patient's first reactions to diagnosis (Eram et al., 2006)
 - ✦ Tension/anxiety (30%)
 - ✦ Loss of interest/depression (26%)
 - ✦ Denial (6%)
 - ✦ Could not explain what they felt (20%)
 - ✦ Hopeful for a cure (18%)

Be watchful for suicidality and hopelessness.

TB: Factors that Impact Motivation

- ***Physical***
 - Lower energy, stamina, and strength
 - Healthy choices (diet, sleep, exercise, rxs)
 - Sleep issues
 - Co-morbid medical issues
 - Pain
- ***Psychological, Emotional, Cognitive***
 - Fear of stigma, discrimination
 - (lack of) Motivation (can lead to long term adherence barriers)
 - Lowered self-efficacy; sense of powerlessness/helplessness
 - Paranoia

Motivation Barriers (pg. 2)

- ***Psychological, emotional, cognitive***
 - Dependence and abuse of substances
 - Patient's perception of the disease
 - Depression, anxiety/stress, anger, change in identity
 - Reduced concentration, problem-solving, decision-making ability
 - Reduce quality-of-life
- ***Social, cultural, occupational/financial***
 - Isolation, lack of social supports
 - Cultural and religious beliefs, practices
 - Decreased ability/inability to work
 - Family emotional strains
 - Financial stressors

Areas to Consider for Change

Healthy choices (diet, exercise, stress management)

Coping and management of (depression, stress)

Adherence (physical, mental, emotional treatment)

Social connectedness

Remember Change

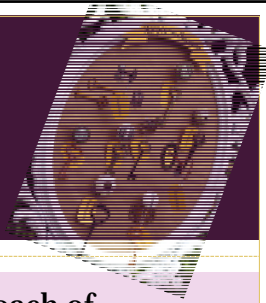


YES! YES! YES! YES! YES! YES! YES!

Quality communication and a positive relationship between patient and provider greatly impact patient adherence.

Widjanarko, B., Gompelman, M., Dijkers, M., & van der Werf, M. *Factors that influence treatment adherence of tuberculosis patients living in Java, Indonesia*. Patient Preference and Adherence 2009; 3 231-238

Keys to success.



The Spirit of MI focuses on our approach of
and stance towards the client.

- Be aware of “where the patient is” and
“where you are”.
- Be aware of “where the patient wants to
go” and “where you want them to go”.

Beware of the Monster.

The Spirit of MI



Autonomy

Focusing on patient
choice

Asking “permission” to
provide assistance ,
info.

Collaboration

Coming along side;
nonjudgmental, non-
confrontational

Viewing the patient as
“expert”

Evocation

Exploring what
motivates the patient

Making no assumptions

**Appreciation
of
Ambivalence**



Carry your own beach ball...

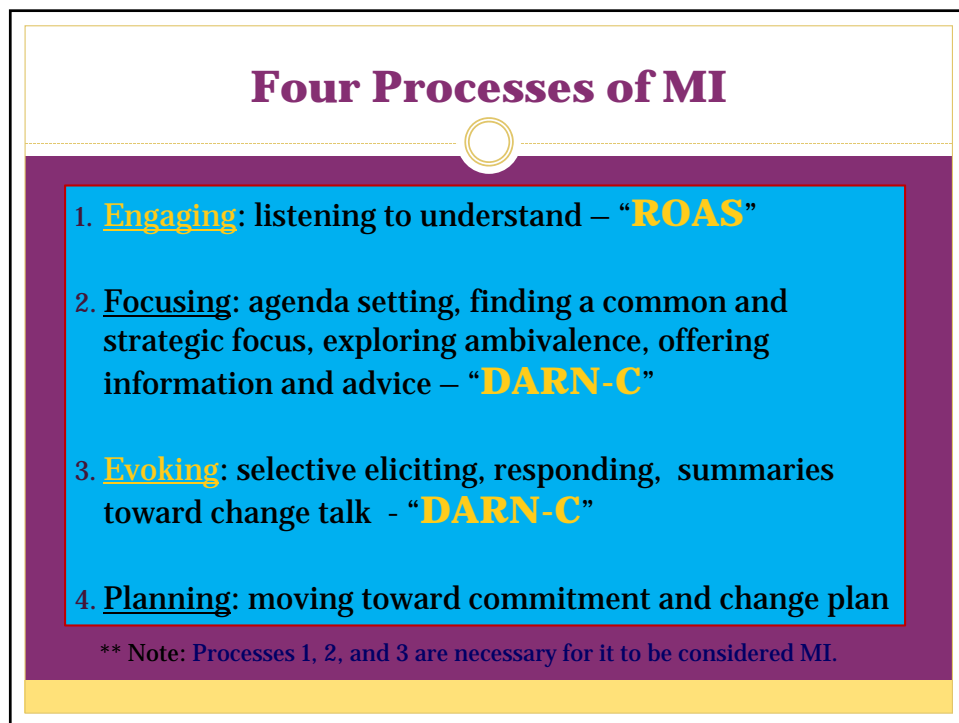
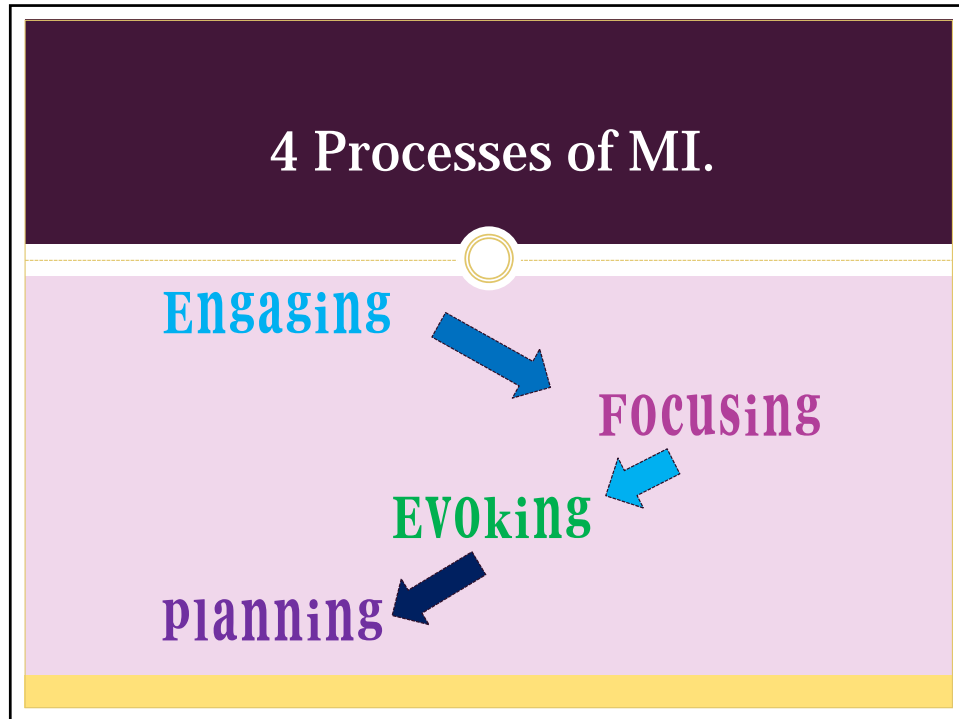
**Poll the
audience**



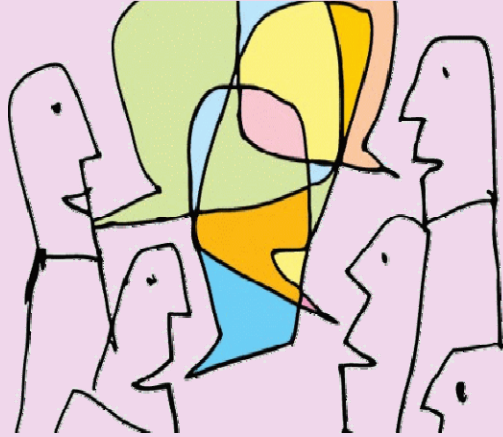
OF THE FOUR MI SPIRITS, WHICH
ONE DO YOU THINK IS MOST
IMPORTANT?

1. Nurturing Patient Autonomy
2. Collaborating with Patient
3. Practicing Evocation
4. Appreciating Patient (and own) Ambivalence

Q4



Process I: Engagement & Collaboration



Building a Foundation

- **Invite the story & practice mindfulness**
 - *Remain open to different views and opinions*
 - *Suspend judgment, conclusions, and advice giving*
- **Encourage dialogue- make it “safe”**
 - *Ask open-ended questions*
 - *Use empathic listening and responding*
 - *Connect through genuine affirmations*
- **Be on the same page**
 - *Check-in to be sure that patient is understanding and vice versa*
 - *Summarize **and highlight themes of change.***

LET THEM KNOW THEY ARE UNDERSTOOD.

ROAS



I. Listen and Reflect back what you hear

Pt (yells): "I hate these drugs!"

- *Simple reflection:* You don't like taking the medications.
- *Complex (has an emotion added):* You feel very angry about having to take these medications.

What is it about Reflections?

- Serve as an **invitation to tell their story, to participate**
- **Generate more change talk** than responses to open-ended questions
- Help maintain a **focus on collaboration, versus you taking charge**
- Great **for addressing ambivalence**
- Suggested ratio: best practice = **2 reflections to 1 question**

ROAS



II. **P**ose open-ended questions

- How do you feel about receiving a diagnosis of TB?
- What difficulties do you face in adhering to the treatment?

III. **P**rovide affirmations

- You have done so well attending your appointments.
- You look more at peace since deciding to tell your family about your medical condition.

ROAS



IV. Summary

Pt: My life has changed too much already. Now, you're telling me I have to quit smoking and drinking. No!

Summary:

You're upset because so much has had to change in life since your TB diagnosis. And, you don't want to give up yet another thing, especially something you enjoy.

Open-ended Q's to Promote Change



- **Disadvantages of the Status Quo**

- *How do you feel about _____?*
 - ✦ *What do you feel when you consider your current quality-of-life?*

- **Advantages of Change**

- *What would the benefits be for you, if you were to _____ ?*
 - ✦ *What benefits might there be for you, if you were to complete the full treatment?*
- *How might things be different for you, if you did make a change?*
 - ✦ *How might your life be different, if you reduced your drinking?*

Open-ended Q's to Promote Change



- **Optimism for Change**

- *What makes you feel that **now** is a good time to try something different? (may not be applicable at this time)*
- *How would you know if now is the time to change?*

- **Intention to Change**

- *What would **you** like to see happen?*

Knowledge Check



In MI when we engage the client we:

- a) ask a lot of closed ended questions and give out our best advice
- b) make sure to be judgmental and critical of the patient's experiences
- c) reflect what client says, ask open-ended questions, provide affirmations, and summarize what client has shared
- d) summarize and highlight themes of change
- e) C & D

Q5

Process II - Focusing

- **Setting an Agenda** ➡ identifying a **strategic focus**
- **Exploring ambivalence** ➡ understanding client's motivation & listening for **change talk**
- **Offering and sharing information** (*not covered today*)

open-ended Q's for Agenda Setting

- *“What would you like to make sure we take care of today?”*
 - *“What else?”*
- *“What are your primary concerns?”*
- *“What is most important for us to work on?”*
- *“What would you like to change?”*
- *“Where would you like to start?”*

DARN-C “Listening”

Tool for **Listening for** and **Evoking** Change Talk

D- Desire: “I want to learn/manage _____ better.”

A- Ability: “It’ll take a lot, but I can do it.”

R- Reason: “I can’t go on upsetting my family; I know it’s important that I complete the round of treatment .”

N- Need: “I’m always in pain and I don’t like the way the medication makes me feel. Something needs to happen.”

C- Commitment: “I will look into childcare options so that I can attend my medical sessions.”

DARN-C

- Listen for client motivation (energy)
- Gather information about what is important to the client
- Identify what ...
 - “barriers may exist” (internal and external)
 - questions to ask in order to move toward the client’s “acceptable” solutions

“What have you done to this point that has helped? What can be done to help move you forward?”

Listen to the statements and decide if you hear D-A-R-N-C

1. I do want to feel better so that I can spend more time with my daughter. I just have to find the time again to attend my appointments.

Desire
Ability
Reason
Need
Commitment
No change talk



Q6

Listen to the statements and decide if you hear D-A-R-N-C

1. I've done everything you told me to. Nothing's helped.

Desire

Ability

Reason

Need

Commitment

No change talk



Q7

Practice: Scenario 1

"I've been consistently taking my medications and coming to appointments during the past 6 months and I feel great. I feel cured. It's a relief really and I've decided to stop taking the medications. They made me sick anyways."

What do you hear?

D

A

R

N

C

No change talk



Q8

"I've been consistently taking my medications and coming to appointments during the past 6 months and I feel great. I feel cured. It's a relief really and I've decided to stop taking the medications. They made me sick anyways."

Reflection:

- a) "What I hear you saying is that you feel better after 6 mths. and now you want to quit the medications."
- b) "You're feeling hopeful about your improved physical health and because of that you think it's time to stop taking the meds."
- c) "You think you're cured."



Q9

"I've been consistently taking my medications and coming to appointments during the past 6 months and I feel great. I feel cured. It's a relief really and I've decided to stop taking the medications. They made me sick anyways."

Open-ended question:

- a) "What might be some possible benefits to completing your treatment?"
- b) "How do you know what's best for you at this time?"
- c) "How would you feel if you found out that quitting your medications could lead to a quick death?"



Q10

"I've been consistently taking my medications and coming to appointments during the past 6 months and I feel great. I feel cured. It's a relief really and I've decided to stop taking the medications. They made me sick anyways."

Affirmation:

- a) "You really don't see any need to finish treatment?"
- b) "You want someone to applaud you."
- c) "I can tell you've worked really hard to attend to your health and it's paying off."



Q11

"I've been consistently taking my medications and coming to appointments during the past 6 months and I feel great. I feel cured. It's a relief really and I've decided to stop taking the medications. They made me sick anyways."

Summary:

- a) "You are excited about being cured."
- b) "You have been committed to your health and are seeing definite benefits from the medications and medical appointments. You actually feel so good that you believe it would be OK to not complete the treatment. There is a sense of relief because you feel that now is the time to stop taking the medications that are causing side effects."
- c) "I can see how hopeful you are and I now I understand why you're trying so hard to convince me about your reasons for wanting to stop treatment."



Q12

Process III: Evoking

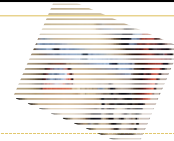


***Eliciting, asking – in order to encourage change talk
Maintain an “open stance”***



DARN-C

“Evoking” with Open-ended questions



- “What are some reasons you want to work on clearing up your infection?” (**desire**)
- “How might you go about increasing your physical activity?” (**ability**)
- “What do you see as benefits to being honest with your medical team?” (**reasons**)
- “How important is it for you to adhere to your treatment plan?” (**need**)
- “What might you do to help in remembering to take your medications?” (**commitment**)

Evoking Change Talk

- Exploring where the main emphasis should be:

use the *ruler exercise (scale of 0-10)*

- On a scale of 0-10, how **important** do you feel it is to follow the treatment protocol?
- On a scale of 0-10, how **confident** are you in your ability and motivation follow the plan to completion?

Follow-up Questions

To illicit further patient engagement & thinking about what can be done to increase the chances for positive change.

If number is below “8”

You provided a rating of “#”. What was the reason you stated “#” and not _____ (state *a lower number*)?

Listen and reflect, then ask ...

... then ask ...

- What could you do/can be done to increase this number to _____ (state a higher number, +1 or +2 of the original number)?

Example:

You provided a rating of 7 in confidence. What was the reason you stated 7 and **not a 5** (state a lower number)?

Listen, reflect, and ask...

What can you do/can be done to increase your confidence to an **8 or 9**?

Evoking Change Talk

Highlighting ambivalence

Double sided reflection: Highlights how we can have competing feelings and thoughts. Typically ends with querying statement:

- “On the one hand... **And** on the other hand...; where does this leave you?”

“On the one hand you understand the need to be tested and on the other hand you are scared about what the results may be. Where does that leave you?”

Evoking Change Talk

- When motivation is low: Querying extremes

“What are the worst things that could happen if you don’t make this change?” “What’s the best thing that could happen if you make this change?”

- When importance is low: Hypothetical questions about change

“So let’s just pretend you were going to make some changes, remembering that only you can decide if you want to do this.....what would you do? Where would you begin?”

Evoking Change Talk

- When the person is caught in the loop of indecision:
Looking forward: “If you look ahead say several months, how will things be for you if you do not make these changes? How will things be for you if you do make these changes?”

- Take a step away from the current issue and focus on goals and values: “Let’s, for a moment, focus on the things that are important to you in life, such as family, religion, being a parent....tell me the most important areas for you.” Listen, then say: “So it’s important to you to be _____. How does the way you manage your pain fit in with that goal/desire?”

Practice Skills



**I WILL READ SOME PATIENT
STATEMENTS/SCENARIOS.**

**PLEASE CHOOSE WHICH “TOOL”
WOULD BE BEST TO USE.**

Practice: Scenario 2

A 22-year-old woman, in her first trimester of pregnancy, presents to clinic for routine care. After counseling she volunteers for HIV testing and was found to be HIV positive. She is now enrolled in the pregnancy HIV clinic for antenatal care specific to her medical needs.

On History

This is Patient's first pregnancy: it was unplanned and occurred due to unprotected sexual intercourse. She denies use of oral contraceptives and safe sex practices. She complains of unexplainable weight loss and a persistent cough.

On examination

- Underweight
- No lymphadenopathy (disease of lymph nodes)
- Crackles in upper lobe, left lung
- Positive smear test for TB

Based on MI , how might you start?

- a) Start planning, problem-solving, information giving
- b) Focus on engagement & collaboration- listen to understand
- c) Provide an affirmation



Q13

Engagement with Open-ended Question

- Clinician: **“How do you feel about being diagnosed with HIV and TB?”**
- The Patient says tearfully, “I don’t think it’s all that serious. I’m just pregnant. It’s impossible that I have HIV or TB, I’m too young...”

The Patient says tearfully, “I don’t think it’s all that serious. I’m just pregnant. It’s impossible that I have HIV or TB, I’m too young...”

Using MI, how would you respond?

- a) Provide a simple reflection
- b) Set agenda by saying, “What’s your primary concern?”
- c) Start planning, problem-solving, giving info
- d) Provide a complex reflection

Q14

Provide a Complex Reflection

Choose the best MI - complex reflection

- a) You are in denial and you need to listen to me and read these brochures.
- b) You think that you are too young to be ill.
- c) You are upset and scared over the news of your condition.

Q15

Complex Response

- Clinician: **You are upset and scared over the news of your condition.**
- Patient responds with more crying, “Yeah. I don’t even know what TB is. Will my baby die from AIDS? Is there anything I can do for the baby?”

“Yeah. I don’t even know what TB is. Will my baby die from AIDS? Is there anything I can do for the baby?”

Do you hear Change Talk? Choose a letter.

D

A

R

N

C

No change talk

Q16

Additional Steps

- Summarize main points and concerns
- Provide simple and complex reflections
- Use open ended questions to evoking change talk
 - Ruler (importance and confidence)

Take Home Message



MI is about ...

- Engagement and collaboration
- Honoring patient autonomy
- Appreciating ambivalence to change

Tools

ROAS

DARN-C

Now, at the end of the webinar ...

On a scale of 0-10 (0 = not at all; 10 = undoubtedly a lot!)

How **important** is it to you to learn skills in Motivational Interviewing that will assist with your practice of care?

0
1
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5
6
7
8
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10



Q17

Now, at the end of the webinar ...

On a scale of 0-10 (0 = not at all; 10 = undoubtedly a lot!)

How **confident** do you feel (at this very moment in time) in your ability to use Motivational Interviewing within your practice of care?

0
1
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9
10



Q18

Thank you!



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Resources

- 2002: Second text: Motivational Interviewing: Preparing People for Change; Miller and Rollnick, Guilford Press
- 2007: Motivational Interviewing in Health Care; Rollnick, Miller and Butler, Guilford Press
- 2007: Motivational Interviewing in the Treatment of Psychological Problems; Ed: Arkowitz, Westra, Miller and Rollnick, Guilford Press
- 2009: Building Motivational Interviewing Skills, A Practitioner Workbook, Rosengren, Guilford Press (to reinforce skills once trained)
- <http://www.motivationalinterview.org>: bibliography; training resources