Motivational Interviewing: Effective Communication Skills for Treating Clients in Early Stages of Readiness for Change

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HOW TO GO FROM BEING A GOOD PHYSICAL THERAPIST TO A GREAT PHYSICAL THERAPIST.
Objectives

- Introduction
- Stages of change
- Definitions and models
- Effective strategies for counter-acting patient’s low motivation for change
Introduction
Distinction between your therapy and how you deliver it
What type of provider are you?
When? or with whom?
Acute Medical Model vs Rehabilitation Model

- Cure, ‘quick fix’
- Return to premorbid functioning
- Provider responsible for care/outcome
- Expert-passive recipient of care
- Diminishing returns

- Incremental change
- Self-management, ‘move on’
- Patient responsible for outcome
- Coach-athlete
- More you do, better you get
Change Processes
Stages of change

Precontemplation
Contemplation
Preparing
Action
Maintenance
Precontemplation

- Is not considering change at the present time
  - “I’ve been to PT, and it hurt too much!”
- Might recognize problems associated with current behaviors but is not concerned by these problems
  - “That’s what everyone says.” [minimizes the concern]
- More or less comfortable with an unhealthy behavior
Precontemplation (contd)

- Typically won’t take ownership of why they are coming to you
  - “My doctor thought it would be a good idea…”
  - “I was wondering that too.”
- Looking for an external fix
  - “Why won’t the surgeon just do something?”
  - “I’m still in pain…”
- Doesn’t tolerate feedback
  - Sensitive, defensive, ‘yes, but…’
- Comes late, unprepared or not at all
Contemplation

- Has begun to consider making changes, considering that maybe they should do something different
- Able to engage in a relationship with you
- Takes ownership of their ambivalence
  - “I know I should…. But I really don’t want to.”
- Exhibits or expresses that they are thinking about what you have said
Contemplation (contd)

- Might be anxious or upset about having to do what you are motivating them to do but stays in it with you.
Action

- Patient is motivated for change
- Accepts feedback from you
- Practices exercises at home
- Takes ownership of their care
  - Might still be anxious or upset about doing what you are recommending, but they are choosing to do it, no longer see it as ‘they have to’
Interventions
Distinction between your therapy and how you deliver it - REVISITED

- How you deliver care is itself an intervention!
The thing that accounts for the greatest amount of change (i.e. outcome) is the therapeutic relationship.

It’s not the type of intervention that you do!
Qualities of therapeutic relationship

**Do**
- Positive regard: Exhibit an attitude of interest in the pt’s well-being
- Passion: be passionate about what you do
- Empathy: be perceptive
- Respect pt’s autonomy: constantly exhibit attitude that it’s up to the patient

**Don’t**
- Expect your patients to be motivated to do what you recommend
- A lot of directing, prescribing
- Take responsibility for the outcome
- Do a lot of self-disclosure
- Be codependent
Motivational interviewing: Briefly defined

- A client-centered, directive approach to enhance intrinsic motivation for behavior change by working with and resolving ambivalence.
- Its spirit is to be collaborative, evocative, and respectful of the patient’s autonomy.
- An intentional use of the therapeutic relationship to elicit in the patient a commitment to some type of health behavior.
- Tailoring your intervention to the motivational stage a patient is at.
Precontemplation Stage
Interventions

- Establish rapport, therapeutic alliance
- Educate re difference betw acute medical & rehab models of care
- Ask permission
- Evoke change talk
- Reflective listening/reframing
- Identify discrepancies
- Affirmations
Establish therapeutic relationship

- Positive regard: Exhibit an attitude of interest in the pt’s well-being
- Passion: be passionate about what you do
- Empathy: be perceptive
- Respect pt’s autonomy: constantly exhibit attitude that it’s up to the patient
- Use a matter-of-fact tone
- Be responsible for the quality of your intervention, not the outcome!
Educate patient re acute versus rehab models of care

- Discuss it with them.
  - Use examples of other chronic conditions & how patients get better – diabetes or heart disease
  - Use examples of other tx’s – “Physical therapy isn’t like how an antibiotic cures strep throat…”

- Provide them with the handout.

- How is it evocative?
  - Provides a way to get better when there’s no cure.
  - Manages expectations
  - Begins to delineate what you are responsible for and what the patient is responsible for
Ask permission

- Communicates respect; more likely to participate in discussion than when being lectured to
- “Would it be okay to talk about… ?”
  - “… to ask you about how you did with the home exercises when you come back next week?”
  - “… what gets in your way of you doing your home exercises?”
  - “… your weight?” [or some other sensitive issue]
  - “… what you think about these exercises?”
Elicit change talk

- Assist a patient in giving voice to the need for changing, their difficulties, or their ideals
- Open-ended questions about their beliefs
  - “Do you have thoughts about what you have to do to get better?”
  - “How do you want to be a year from now?”
- Use of the subjunctive
  - “If you were to do these exercises every other day, what would that be like for you?”
  - “Suppose you don’t do these exercises, what do you think would happen?”
Reflective listening/reframing

- Repeating back to the patient what you heard in your own terms
  - “So, it sounds like you got frustrated and then sort of said, ‘what’s the use?’”
  - “What I hear you saying is…”
  - “I get the sense that…”
- Communicates empathy, understanding
- Patients feel heard and validated
- These are things that motivate people
Identifying discrepancies

- Open acknowledgement of a contradiction between a patient’s behavior and their beliefs, desires or ideals
- Non-confrontational, non-judgmental, non-critical
- Intentional intervention to increase distress over an unhealthy behavior that the pt is comfortable with at the present time
- End with the positive end of the discrepancy
Identifying discrepancies (contd)

- Say it with a matter-of-fact tone, smile or have a lightness in your style – Columbo approach
- Use ‘seems like,’ ‘on the one hand… and on the other hand,’ ‘… and yet…’ ‘I’m not sure I understand…’
  - “Sometimes it seems like you avoid using your arm, even though you want to be able to use it more.” (to the CVA patient)
  - “I’m not sure if I understand… You struggle with not having enough to do, and you don’t get out of the house enough, and yet there are also those women in the neighborhood who walk each morning that you told me about.”
Identifying discrepancies (contd)

- Then… Don’t rescue! Stay with the silence if the patient can tolerate.
- Readjust as needed, for example, if the patient gets sensitive, defensive or irritable.
- It’s the quality of the therapeutic alliance/relationship that allows you to be gently directive.
Affirmations

- Statements that acknowledge and recognize their efforts to change
- Must sound genuine, as can easily sound ingratiating or patronizing
  - E.g., don’t say “Good job!”
- Use of a matter-of-fact tone
  - “Despite what happened this morning, you still came for your appointment this afternoon.”
  - “Even though you often seem not so sure about what we are doing, it’s admirable that you keep coming back.”
Contemplation Stage Interventions

- Continue to foster and maintain therapeutic alliance
- Emphasize patient’s free choice, but also that getting better is dependent on them
- Normalize ambivalence
- Affirmations
Therapeutic relationship - revisited

- Positive regard: Appreciate that all behavior has meaning and reasons; be curious & interested in them
- Passion: believe in what you do
- Empathy: be sensitive to how you come across
- Use a matter-of-fact tone
- Know what you are responsible for and what the patient is responsible for – don’t rescue
- Your evocative challenges are only allowable because of the collaborative alliance you have established with your patient!
Emphasize the patient’s autonomy

- Openly discuss the limits of your power to get patients better
- Emphasize that they can get better but it is up to them
- Frequent use of the metaphor that you are like the coach and the patient is like the athlete; and getting better is dependent on practicing
- Paradoxical intervention: Remind patient’s that they don’t have to change
Normalize ambivalence

- Identify the patient’s ambivalence
- Often requires you to define what ambivalence is
- Reframe their ambivalence as common and normal; they are not alone
  - “It’s common to feel like you want to be able to do it, but not want to have to practice it.”
Action Stage Interventions

- Do what you do!
Discussion