Motivational Interviewing: Connecting to Your Clients & Connecting Them to Their Core

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Frustrations in Helping Professions

- *"If only I could get him to quit smoking...."*
- *"If only she would lose some excess weight...."*
- *"If only he would eat better & exercise more...."*
- *"I'm mainly seeing lifestyle –related diseases."*
- *"I can't help him if he won't follow my advice."*
- *"Come back when you're motivated to change."*

"The rise in chronic [lifestyle] diseases attributed to physical inactivity and unhealthy diets are a clear and present danger to our health and health care system, our cities, our nation, and our future" *ACSM Report 2006*

Human Behavior is Complex and Unique

- Not always **Rational** - thus **education** is often insufficient.
- Is generally **Emotional** –thus **Therapeutic Relationships** are essential for behavior change.
- **Motivators differ**: personality, gender, age, status, stage of life...
- No "**one way"** to change behavior
- Common theme: "***It was time!"***

The Need for "Change"

(in Health Care Delivery, not just in Economics!)

- **Chronic Disease > Acute Diseases**.
- Shift in "**clinical power**"-MD to Patient
- Trad. "**Advise Giving**" is Ineffective.
- **Motivation>education** (pre-requisite)
- **Provider-Pt Relationship-**Imperative
- Old methods: **shame/blame**, **fear/guilt** are Ineffective or Harmful.
- Need methods that are both **MD/Pt-Friendly & Effective** (MI is both!)

Motivational Interviewing

- Principles derived from clinical work with **Problem Drinkers** (Miller, 1983)
- Success spread to any **Substance abuse**, most **Psychological problems** and most **Diseases**
- Increases **Adherence** to all med. treatment plans
- A **Stand-alone** intervention or prelude to others
- Used by full range of **Health Care Professionals**

MI is Evidence-Based Medicine

Motivational Interviewing research findings:

- Confirmed by **>160 randomized clinical trials**
- Publications double every **3 yrs.** (Miller et al, '08)
- Motivation is not a **Static trait**, but a **Dynamic quality,** dependent on **Importance** &**Confidence** of the change**, &** influenced by the **Relationship.**
- Best if **Elicited > Imposed**
- **Collaboration > Confrontation**
- **Asking > Advising**
- **Guiding > Directing**

MI: A Systematic Review & Meta-Analysis (Rubak et al, BJGP, 2005)

- Clinically relevant effect in **3 of 4 studies**
- Equal effect on **Psychological (75%)** and **Physiological (72%)** diseases
- **Physicians & psychologists** have pos. effect in **80%** of studies (other HCP's pos. in **48%**)
- **MI > advice giving** in **80%** of studies
- **Brief MI encounters** (15 min.) **64%** had effect
- Effective with teens, yg. adults and minorities.

M.I.: Teens and Young Adults

- Most studies show pos. effects with age >12.
- Their change journey is differ't from adults.
  (Respect that they are more unique and less predictable)
- Consider where they are developmentally:
  Biologically, cognitively, socially, relationship w fam./peers
- Empath. with ambivalence/expect shifts in perspective
- Accept opposition to authority as a normal dev. stage.
- Help parents see rebellion as part of identity format.
- Challenge them with lofty,goals and keep "tough love"

Use of M.I. in General Practice
(Rubak et al, BJGP 2006)

- MI is **usable and suitable** in General Practice
- **More effective** than "traditional advice giving"
- No more **time consuming** than trad. advice giving
- Improved **MD-Pt Relationship**
- Training helps, but **Proficiency** comes from practice

Definition of Motivational Interviewing

- ***"A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence"***

Wm. Miller, 02

Contrasting Style of Mot. Int.

Approach of Mot. Int.

- **Collaboration/Partnership** -Honor clients expertise and perspectives. Create atmosphere-accept.
- **Evocation**-draw upon the clients own goals, values, and motivation.
- **Autonomy**- affirm personal responsibility, self-direction

Approach of Trad. Med

- **Confrontation/Authority** -Impose awareness and acceptance of "reality" that client can not or will not see
- **Education**-address client's deficits of knowledge, insight &/or skill
- **Authority**-tell the client what he/she "should" do

Theories Underlying Mot. Int.

- **Client-centered Therapy**: The patient will tell you what you need to know. (Carl Rogers, '51)
- **S-Perception Theory**: People tend to become more committed to that which they hear themselves defend. (D.J. Bem, '67)
- **S-Efficacy Theory:** People succeed in the specific areas where they feel competent. (A. Bandura, '77)
- **S- Determination Theory:** Motivation & maintain. of physical activity is based on how an activity meets a person's basic psychological needs for **autonomy, competence** & **relatedness.** (U. of Rochester, '02)
- **Stages of Change Theory:** We cycle thru distinct stages B/4 successful behav. change (Prochaska '70's)

Overview of Motivational Interviewing

- Pt's are **Ambivalent** re: health behavior change
- **Education** is insuf., **Advice** can be counterprod.
- All pts. have some level of **Intrinsic Motivation**
- Our job: **Activate this Int. Mot. to change**
- Find what's **Important** to them, now & in future
- Connect **Current Behavior** to their **Core Values**
- Show discrepancy between **Real self** and **Ideal self**
- Support their **Timing**, **Method**, & **Accountability**
- Strive to build **Motivation** & increase **Commitment**

6 General Principles of MI

- **Express Empathy**
- **Develop Discrepancy**
- **Affirm Attributes**
- **Avoid Argumentation**
- **Roll with Resistance**
- **Support Self-efficacy**

The patient doesn't care what the professional knows, until they know that the profes. cares!

Express Empathy

- Underlying attitude of **Acceptance** of **them**, their **Values/Feelings/Perspectives**, & their **Situation**.
- **Validates** them, yet allows for your different view
- **Reflective Listening** shows understanding/empathy
- **Ambivalence & Fear** are normal/expected reactions
- **Empathy/Acceptance:** frees patient to get "unstuck"
- **"Acceptance Paradox":** invites re-thinking/progress

"You'll know when & how to best tackle this issue"

Develop Discrepancy

- Create & amplify the **discrepancy** between **present behavior & important life goals**. (Cog. Dissonance)
- Explore the "gap" between where client **is now** (real self) & where they **want to be** (ideal self)
- Increase their awareness of the **personal benefits of change**,& the **personal costs** of their present behavior
- Have **patient** (not you) present the reasons to change

"You mentioned how you want to "be there" for your family, how do you think the ___might impact that?"

Affirm Attributes

- Note pt's **Positive Character Traits & effort**
- Acknowledge how you "respect" their **commitments**
- Best done in "**summary**" near end of consult
- Your acknowledgement leads to even **greater effort**
- People are mot'd by/thrive on **genuine affirmations**
- Use "**Referent power**" of your health care profession

"I know it's not easy to quit smoking. I appreciate your efforts to work on this difficult issue."

Avoid Argumentation

- **Confrontation / labels** elicit **resistance / opposition**
- **"Guiding"** style is "kinder and gentler" > "**Directing**"
- **Resistance** predicts failure to change
- **Resistance** is a signal to **change strategies**, ie. express empathy, summarize, restate common ground.
- Ask if you're **pushing ahead** of the client. Slow down.

"I don't want to push you to do anything you're not ready to do. I trust that you'll know if and when it's the right time for you to …"

Roll with Resistance

- Resistance & ambivalence are **normal & underst'ble**
- If resistance (fire) is sensed: **Stop, Drop, and Roll**.
- Don't argue your point, express your understanding of theirs & emphasize their personal choice: *It's up to you.*
- We want them to **hear themselves** argue for change

"No time for exercise? I get it! It must be frustra'g to be that busy. Can you think of any time in your day where you can add 10 min. of physical activity?"

Support Self-Efficacy

- The belief in one's ability to **succeed in a specific task**
- **S-Efficacy** varies with **Activity, Situation** and even **Season**
- Important in **Adaptation and Maintenance** of new behavior
- Influenced by: **1. Past performance, 2. Vicarious experiences, 3. Verbal persuasion, 4. Physiological cues**
- Increased by **Goal setting, S-monitoring, & Problem solving**
- **Past failures** are: "*Not having found a right **Time & / or Method***"
- Our unending **Support, Hope, & Optimism** are vital to change.

"You've made some healthy changes in the past, I bet you'll feel even better about yourself if you can…"

The "**Spirit**" of Motiv. Interviewing

- MI is **not a Technique** for tricking or manipul.'g patients.
- It is a skillful **Clinical style** of interacting used to activate the **patient's own motivations** for making change.
- **Motivation** is seen as a **variable commodity** (which can be increased by our interaction).
- **Ambivalence** is seen as a **normal human trait,** (which can be resolved by our discussion).

*We strive to create and atmosphere of non-possessive **warmth and acceptance** that frees the client to **explore and resolve their ambivalence**.*

4 Guiding Principles (RULE)

- 1. **R: Resist the "Righting Reflex"** – *we all have this!*
- 2. **U: Understand the Patient's Persp. / Motivation**
  Why might they want to make a change? How?
- 3. **L: Listen to Your Patient** – *they have the sol'ns*
  Listen for & Reflect back the 1. Content, 2. Feeling & 3. Commitment that they expressed to you.
- 4. **E: Empower Your Patient** –*Affirm pt's own ideas.*

*We support their hope that such change is possible, and will "make a difference" in their **qual. of life.***

4 Steps in Mot. Intervention

1. **Ask Permission** *to discuss a Lifestyle issue*
2. **Engage in "Change Talk":** *Use the Change Ruler, Decisional Balance, Reflective Listening, Posssibility*
3. **Negotiate the Change:** *Support pt's goals and action steps; explore support, obstacles, rewards.*
4. **Conclude the intervention** *(close the deal)*
   Summarize, give affirmations, estab. Account'y/F-U.

The "Change Ruler": A tool to keep the emphasis on the Client & the Change Process

- *On a scale of 0-10, how **Important** is it for you to …"*
  *"Why did you choose **that number**? Why not a **higher #**? **(obstacles),** A **lower # ?(motivators)"***
  *" **What would it take** to move this number ^ a little?"*
- Same questions for how ***Confident*** that they would be successful if they were to make this change at this time.
- If both aren't >6, they aren't ready. (Pos'ble. **Depression)**
- We ^ **importance** with education/emotional engagem't.
- We ^ **confidence** with successes - their own &/or others'.

The Decisional Balance-A tool to weigh the **pros and cons of change**

Most useful for a behavior they're **not** ready to change

1. *What do you **Enjoy** about _____? What else?*
2. *What are some of the "**Not so enjoyable**" aspects of _____? What else?*
3. *If you were to **Change**, what might you **miss**?*
4. *If you were to **Change**, what **benefits** might you enjoy? If you **Don't change**, what **problems - result**?*

Enhance Motivation: "**FRAMES**"

- **F**: Give **F**eedback on their personal risks, disease processes, and future liabilities.
- **R**: Keep Personal **R**esponsibility w them
- **A**: **A**dvocate for them to consider change
- **M**: Offer a **M**enu of alternative methods
- **E**: Stay **E**mpathic-feel **with** them,>**for** them
- **S**: Facilitate **S**elf-Efficacy. **They can do it**.

Make Progress With "**OARS**"

- Ask **Open-ended Questions**
- Give honest **Affirmations**
- Use **Reflective Listening**
- State **Summaries**

Build **Motivation** with the 4 R's

- 1. **Relevance**- How important is it to them?
- 2. **Risks**- What if they don't do it? What costs?
- 3. **Reward**s-What if they do it? What benefits?
- 4. **Road-blocks**- What obstacles do they see?

Don't "**PART**" with Your Patients

- **P**: **P**roblem solve (let them figure it out)
- **A**: **A**divse (creates psychic distance)
- **R**: Give **R**eassurance (it undermines)
- **T**: Give **T**estimonials (it isn't their way)

Negotiate the Change

- The HCP has done his job by getting the pt. to **Commit to change**. Referrals to other HCP's can then be made.
- For HCP's who want to continue the MI process, the **Negotiation** part can be both enjoyable and rewarding.
- **Goals** are **SMART**:
  Specific, Measurable, Attainable, Realistic, & Timed
- Actions steps include: **When, Where, How, & With Whom? "*What do you need, How Can I help?"***
- What are they "***Ready, Willing, & Able***" to do now?

MI: Follow-up Visits

- Reinforce all **Successes**: *How difficult? Keep it up?*
- Reframe all **Failures**: *What did you learn? Try again?*
- Check level of **Motivation**: Remember, it fluctuates!!
- If **doing well**, are they ready for a more chal.'g goal?
- If **not doing so well**, give an empowering statement:

"Perhaps this wasn't the best time or technique for this change. With what you've learned, I know that when you try again, you'll be better prepared to make it work for you."

Concluding the Intervention

- Try to avoid both **Premature** & **Delayed Closure**
  We don't have to get it now-Behavior change is a process.
- **Summarize** their plans using pt.'s own words/phrases
- Give a positive character &/or effort **Affirmation**
- **Follow-up/Accountability** is critical- by you or staff

Pre-Requisites for Motivational Interviewing

- **Supportive** office system/management, partners.
- **Physically Strong HCP**: rested, able to listen/focus, balanced lifestyle, ^self-care to meet **phys**. needs.
- **Emotionally Strong HCP**: Mentally healthy, focused balanced lifestyle, ^self-care to meet **emot**. needs.
- Belief that **Prevention matters** ,& is > treatment.
- Willing to **Serve /make a difference** in people's lives

The only thing > treating disease is preventing it!!

Benefits of Using Mot. Interv.

- Most "customers" will be **Highly Satisfied**.
- **Outcomes** will be positive: results and rapport.
- You have a deep **Satisfaction** knowing that:
  1. You made a **Positive Difference**, &
  2. You have a high level of **Cognitive Consonance**.
- You are creating possibilities for **Transformation.**
- You are grow.'g in **Open-Mindedness/Tolerance.**
- You are growing in **Character,** becoming your best.
- You are enjoying "**Serving**" your clients (best selves) and life. (It beats "**fixing**" or even "**helping**" them).

Mot. Interv. & Personal Growth

- We start with an **Intention** to serve others.
- We stay with **respect** for our fellow H. Being.
- We **ask** permission, and powerful questions.
- We **listen** to **understand,** to be **empathetic.**
- We **negotiate** changes they're R, W, & A to do
- We ask: "*How can I **support** your change*?"
- We stay in **Service** Mode: "*How can I help*"?
- Our behavior is consistent w our core values

Summary of Motivational Interventions in Chronic Disease

- Chronic diseases are a "*whole new ball game*" in H. Care
- Behavior change is **difficult**, but we have a **powerful tool (MI)** to help empower pts. to make the lifestyle changes that will make a difference in their health/lives.
- Once you know the **basics**, use it, and your clients will enhance your **competence** with their ongoing feedback
- Your patients will bond w you for **listening,** you'll bond w them for **sharing**, & you'll **grow** in compas.'n/empathy

People are like butterflies, we are all in different stages of our growth to our true beauty.

Bibliography and References

- Rollnick S, Mason P, Butler C. ***Behavior Change: A Guide for Practioners***, London, UK, Churchill Livingston, 1999.
- Miller WR, Rollnick S. ***Motivational Interviewing: Preparing People to Change***, 2nd Edition, The Guilford Press, NY, 2002.
- Rollnick S, Miller W, Butler C. ***Motivational Interviewing in Health Care: Helping Patients Change Behavior,*** The Guilford Press, NY, 2008.
- Eileen Britt et al. ***Motivational Interviewing in the health setting: a review***, Pt. Ed. & Counseling. 53 (2004) 147-155.
- Motivational Interviewing, Hettema, Steele, and Miller, Annu. Rev. Clin. Psychol. 2005. 1:91-111
- Motivational Interviewing: A Systemic Review and Metra-analysis Rubak, Sandbaek, Lauritizen, Christensen, Britishg Journal of General Practice 2005;55 305-312
- An Education and training courfsed in Motivational Interviewing influence: GP's professional behavior- ADDITION Denmark, Rubak, et al, British Journal of General Practice 2006;56: 429-436
- Motivation for Exercise: Applying Theory to Make A Difference in Adoption and Adherence, Mears and Kilpatrick ACSM's Health and Fitness Journal Vol. 12 No.1
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