Motivational Interviewing: Principles, Steps and Core Skills

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Why Should We Be Interested in Patients’ Motivation for Behavior Change?
Contemplate:

What are some reasons that people change?

1. ?
2. ?
3. ?
4. ?
5. ?

What are some reasons that people *don’t* change?

1. ?
2. ?
3. ?
4. ?
5. ?
Definition of Motivational Interviewing

“Motivational interviewing is a patient-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

Miller & Rollnick, Motivational Interviewing: Helping People Change, 3rd edition, 2013
Video Demonstration

http://youtu.be/ZGETDcFcAbI
Discussion of video

- What were the strengths of this clinician’s approach?

- What was his goal?
How willing do you think this patient will be to change his drinking or reduce his risk as a result of this conversation?

Not willing

Very willing
Video Demonstration

http://youtu.be/uL8QyJF2wVw
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Motivational Interviewing

- MI is the foundation for delivering effective brief interventions related to alcohol and drug use.

- MI strategies facilitate—
  - Finding personal and compelling reasons to change
  - Building readiness to change
  - Making commitment to change
Four Principles of MI

• **Express Empathy**
  - The ability to accurately understand and reflect back to the patient his or her meaning without judging or stereotyping.

• **Highlight Discrepancies**
  - Reflect the difference between patient’s current behavior and goals for the future.

• **Support Self-Efficacy**
  - Because the patient is responsible for change.

• **Resist the “Righting Reflex”**
  - The reflex to ‘fix’ the patient and/or patient’s circumstances.
MI Principles: Empathy
Why is important?

- Empathy (different from sympathy):
  - Communicates acceptance of the person, which facilitates change.
  - Recognizes that everyone has strengths, and small strengths can pull us through bad times.
When expressing empathy, keep these tips in mind:

- Start conversation by asking permission
- Maintain good eye contact
- Responsive facial expression
- Body orientation
- Verbal and nonverbal “encouragers”
- Reflective listening/asking clarifying questions
- *Avoid* expressing doubt/passing judgment
MI Principles: Highlighting discrepancy between current behavior and future goals

An example:

“You enjoy your work, and doing well in your job is very important to you, and sometimes when you drink during the week, you can’t get out of bed to get to work. Last month, you said you missed 5 days.”
Two ways to highlight discrepancy

- Utilize rulers to explore issues such as patient’s Importance, Confidence and Readiness
- Decisional balance
Framework for Using Rulers

An example:

If 0 is not at all ready, and 10 is extremely ready, what number would you give yourself in terms of readiness to change?
Framework for Using Rulers, cont.

- Why have you placed yourself at 8 and not 6? (always begin with the higher number.)

- If the answer is 10: Why have you given yourself such a high number?

- What would have to happen to move your number higher on the scale?

- Reflect what the patient says
Decisional Balance

- What are some of the good things for you about ______ (your substance use)?

- What are some of the not so good things about ______ (your substance use)?

- Summarizing their ideas by saying, “On the one hand..., and on the other hand...” Where does that leave you?
MI Principles: Support self-efficacy

We help them build confidence and have a “can-do” attitude.
MI Principles: Resist the Righting Reflex

Resist the urge to fix

- If a patient is ambivalent about change, and the clinician champions the side of change...
In summarizing the principles of MI, consider this quote:

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”

—Blaise Pascal
The Steps of MI

- **Engage**, through having sensitive conversations with patients.
- **Focus** on what’s important to the patient regarding behavior, health, and welfare.
- **Evoke** the patient’s personal reasons and means for change.
- **Plan**, collaborating with patient and exploring options.

**Motivation often results from helping the patient resolve conflicting and ambivalent feelings and thoughts.**
Core MI skills for exploring values and moving through the steps

- Open-ended questions
- Affirmations
- Reflections
- Summaries

OARS
Open-Ended Questions

Using open-ended questions -

• Enables the patient to convey more information
• Encourages engagement
• Opens the door for exploration
• Require more of a response than a simple yes/no or fill in the blank
• Often start with words such as—
  • “How...”
  • “What...”
  • “Tell me about...”
Why Open-Ended Questions?

- Avoid the question-answer trap which:
  - Puts patient in a passive role.
  - Allows no opportunity for patient to explore ambivalence.
- Instead, open-ended questions provide an opportunity to explore the patient’s own ambivalence.
Closed Questions

• So, you are here because you are concerned about alcohol, correct?
• Do you feel depressed or anxious?
• How many children do you have?

Open Questions

• What is it that brings you here today?
• How have you been feeling?
• Tell me about your family.
Affirmations

Why affirm?

- Support and promote self-efficacy, prevent discouragement
- Build rapport
- Reinforce open exploration (patient talk)

Caveats

- Must be done sincerely, without exaggeration
- Be specific, not vague (“You made a good choice” rather than “Great!”)
Affirmations May Include:

- Commenting positively on an attribute
  – “You are determined to get your health back.”

- A statement of appreciation
  – “I appreciate your efforts despite the discomfort you’re in.”

- A supportive statement
  – “You worked hard today.”

**Example:**

- Patient: I’ve tried to quit drinking and get my job back. I really liked the work I was doing, and I want to earn my own living.

- Clinician: You are a person with a strong sense of ethics that includes working and earning your own living.
Reflective Listening

“Good reflective listening tends to keep the person talking, exploring, and considering.”

(Miller and Rollnick, 2013)
Reflective Listening

- Involves listening and understanding the meaning of what the patient says.
- Has the effect of encouraging the patient to elaborate, amplify, confirm or correct.
- There are two categories of reflections: Simple and Complex.
Simple Reflections

Stay close to the content spoken by patient by

- Repeating
- Rephrasing (substitutes synonyms)

Example

- **Patient:** I hear what you are saying about my drinking, but I don’t think it’s such a big deal.
- **Clinician:** So, at this moment you are not too concerned about your drinking.
Complex Reflections

Make a guess or paraphrase becoming a major restatement, infer meaning

**Patient:** Who are you to be giving me advice? What do you know about drugs? You’ve probably never even smoked a joint!

**Clinician:** It’s hard to imagine how I could possibly understand.

**Patient:** I just don’t want to take pills. I ought to be able to handle this on my own.

**Clinician:** You don’t want to rely on a drug. It seems to you like a crutch.
Complex – Reflection of feeling

Reflection of feeling is the deepest form of empathic reflection

**Patient:** My wife decided not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of my using around her, now she wants immediate change and doesn’t want to help me!

**Clinician:** Her choosing not to attend today’s meeting was a big disappointment for you.
Complex – Reflection that is Double-Sided

Attempts to reflect back both sides of the ambivalence the patient experiences.

Patient: But I can't quit smoking. I mean, maybe I should, but all my friends smoke!

Clinician: You can't imagine how you could not smoke with your friends, and at the same time you're worried about how it's affecting you.
Summaries

- Examples
  - “So, let me see if I’ve got this right...”
  - “So, let me summarize what we’ve talked about”
  - “I’d like to make sure I’m understanding exactly what you’ve been trying to tell me...”

- Double sided reflections are often highly effective as summaries to illustrate ambivalence.
  - “On the one hand, you like x, y, z about your drug use, but on the other hand, you don’t like p, d, and q.”
Summaries

- Periodically summarize the discussion.

- Additional information can also be incorporated into summaries—for example, past conversations, assessment results, collateral reports, etc.

- Strategize summaries - select what information should be included (CHANGE TALK) and what can be minimized or left out (SUSTAIN TALK).
What Is Change Talk?

Change talk

• Patient expresses motivation to change.
• Example:

  “I wish I could stop drinking so much because I don’t want that to be an example for my children.”
Stuck in the Middle with You
Ambivalence

- **Change talk** often comes intertwined with **sustain talk**.

- That’s the nature of **ambivalence**.
The summary is like a bouquet of flowers (change talk) that we collect and give to the patient.
Learning Exercise

Motivational Interviewing In Practice

OARS

Changes
NEXT EXIT

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A taste of MI

Divide into pairs.

**Speaker:**

In a minute you will have the opportunity to talk about something that you have been thinking of changing; something you either want to change, need to change, or should change, but haven't changed yet (i.e., something you're ambivalent about.)
APRN: Listen carefully with a goal of understanding the dilemma. Give no advice. Ask these three questions and reflect the answers:

1. Why would you want to make this change?
2. How might you go about it, in order to succeed?
3. What are the three best reasons to do it?

Give a short summary/reflection of the speaker's motivations for change.

Then ask, "So what do you think you'll do?" and just listen with interest.
DEBRIEF:

**Speaker:** What was your experience of talking about your potential change goal?

**APRN:** What was your experience? What were the difficult parts? The easy parts? What might you try again?
Motivation arises out of exploring, amplifying and resolving discrepancy.

Ambivalence is normal.

Empathy is the basis for a compassionate conversation.
What’s Next

In the next session, we’ll cover the brief negotiated interview, a semi-structured evidence-based brief intervention based on MI

QUESTIONS?