



Motivational Interviewing

Nicotine Dependence Center
Mayo Clinic

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Behavior Change



Change is a process

Meet the patient
at his/her place
of readiness



“What are your thoughts about...”

Traditional Health Behavior Change

- Confrontational
- “Expert” driven

What makes an expert?

Client's Topic – Real Play

- Something about yourself that you
 - want to change
 - need to change
 - should change
 - have been thinking about changing

but you haven't changed yet.

In other words – something you're ambivalent about...

Professional: Find out what change the person is considering making, and then:

- **Explain *why*** the person **should** make this change
- **Give** at least three specific *benefits* that would result from making the change
- **Tell the person *how*** they could make the change
- Emphasize **how *important*** it is to change
- **Persuade** the person to do it.
- If you meet resistance, repeat the above.

P.S. This is *NOT* motivational interviewing

Practice

- Take 5 minutes to do this, then switch roles and do it for another 5 minutes.
- Again, this is a ***real play***, something that you actually want to change.
- Are the directions clear enough?

Feedback

- What was that experience like?
- What did you like about it?
- What did you not like about it?
- Did you feel encouraged to make the change?

Common Reactions

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable

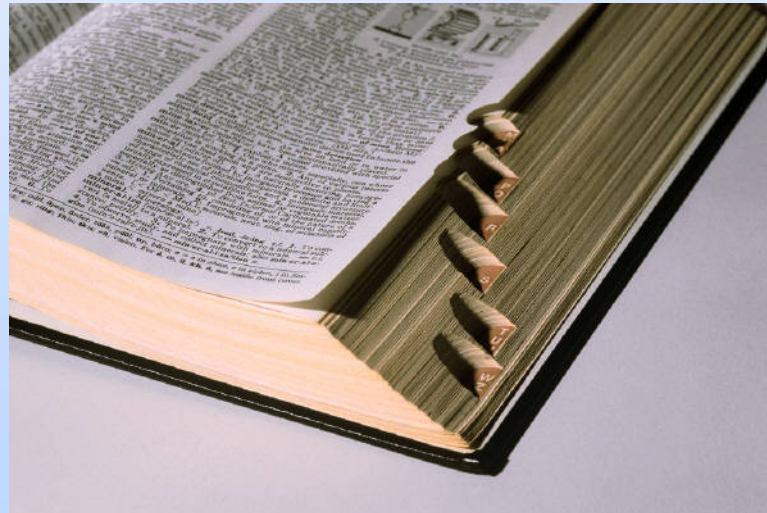
- People tend to resist that which is forced upon them
- People tend to support that which they helped to create

Vince Pfaff



What should be in a definition of MI?

- It's a conversation about “change”
- It's collaborative and not expert driven
- The interviewer uses skills to evoke



“Spirit”

A way of being with people

Partnership



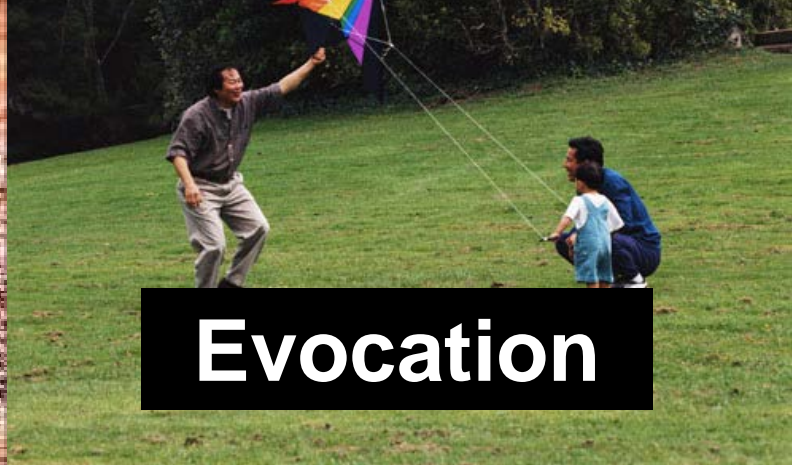
Acceptance



Compassion



Evocation

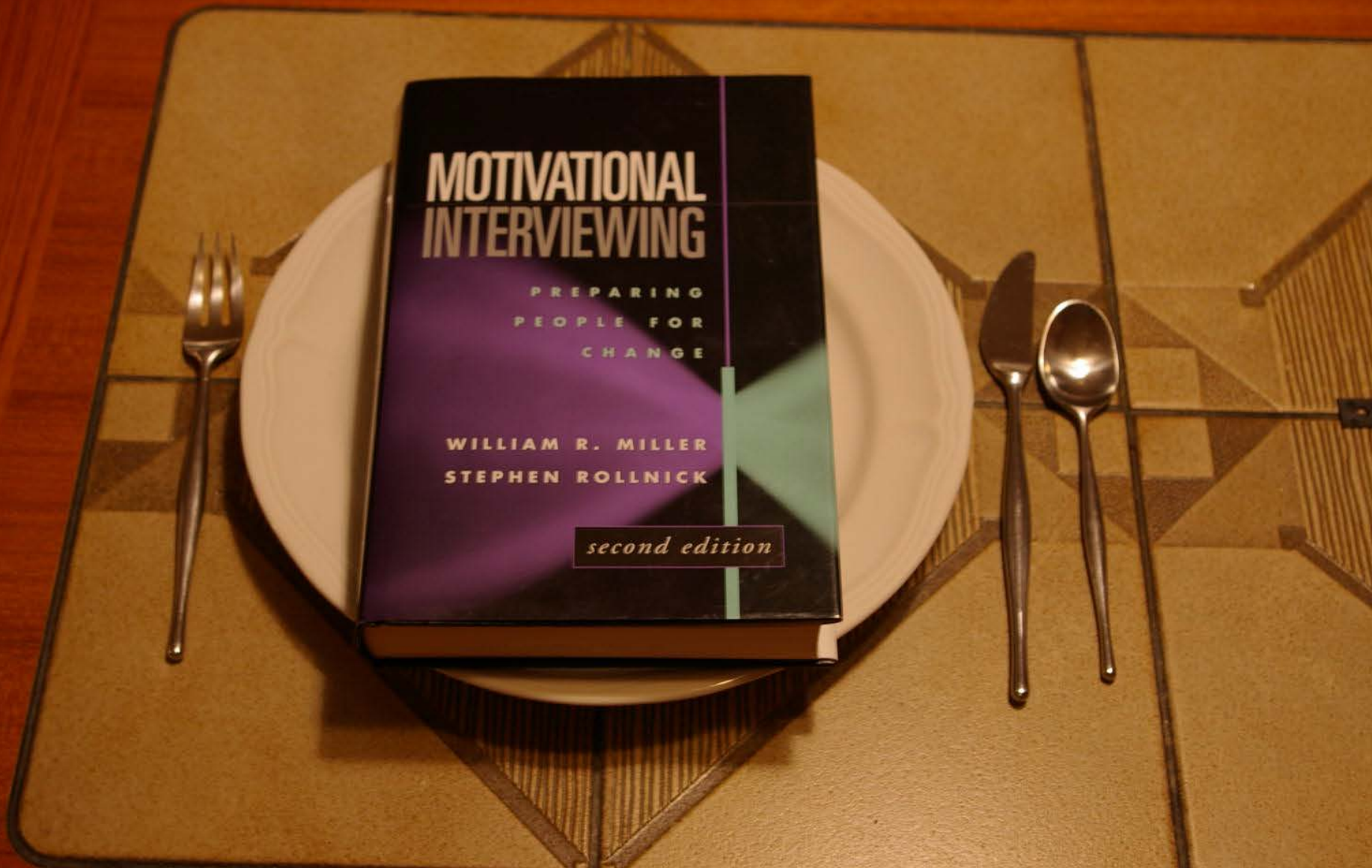


The Spirit of Motivational Interviewing (MI) “The Dance”



- Partnership - Not Confrontation
- Acceptance – Not Judgment
- Compassion – Not Indifference
- Evocation – Not Advice

Careful eliciting of the values, assumptions, fears, expectations and hopes of the client



MOTIVATIONAL INTERVIEWING

PREPARING
PEOPLE FOR
CHANGE

WILLIAM R. MILLER
STEPHEN ROLLNICK

second edition

A taste of Motivational Interviewing



A Taste of MI:

Conversation with one speaker and one listener

Client's Topic – Real Play

- Something about yourself that you
 - want to change
 - need to change
 - should change
 - have been thinking about changing

but you haven't changed yet.

In other words – something you're ambivalent about...

Listener

- Listen carefully with a **goal of understanding** the dilemma
- **Give no advice**
- Ask these open questions and **listen with interest**:
 - Why would you want to make this change?
 - How might you go about it, in order to succeed?
 - What are the three best reasons to do it?
- Give a short summary/reflection of the speaker's motivations for change

Practice

- Take 5 minutes to do this, then switch roles and do it for another 5 minutes.
- Have you received clear enough direction?
- If so, then go!

Feedback

- What was that experience like?
- What did you like about it?
- What did you not like about it?
- Did you feel encouraged to make the change?

Common Human Reactions to Being Listened to

- Understood
- Wanting to talk more
- Liking the professional
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

Would you rather work with these people

or these?

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
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Processes for MI

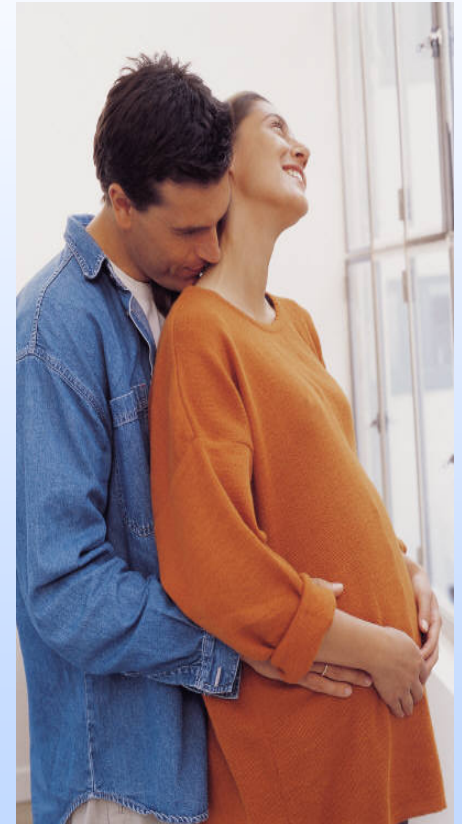
(Overlapping, Guiding Principles)

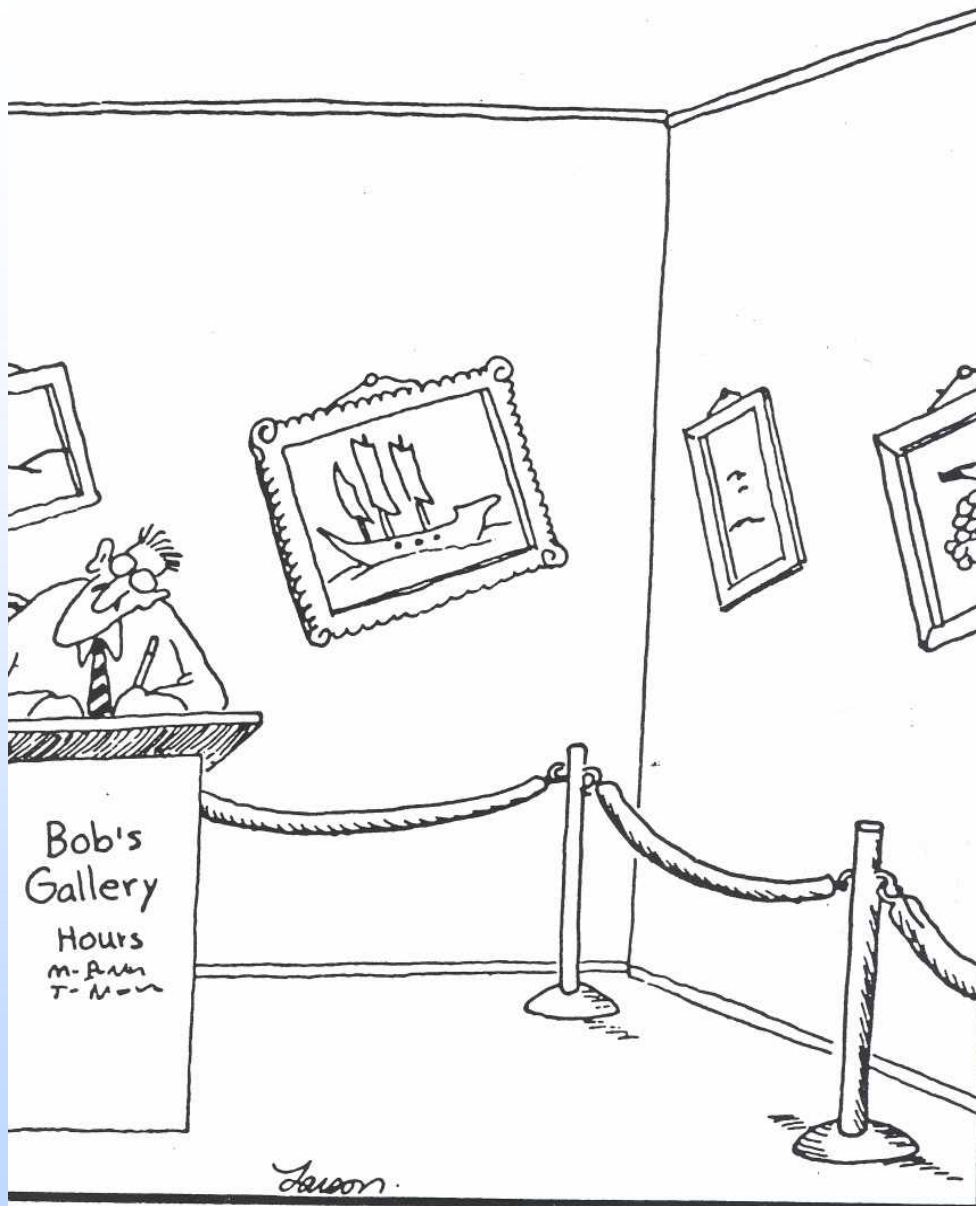
- Engagement
- Focusing
- Evoking
- Planning



Engaging

- Establishing a connection
 - Either party can become disengaged
- Exploring strengths, values & goals
- Key is “listening”
 - To understand dilemma and values





Focusing

- Develop a direction
 - The Client's direction
 - The Setting (agency)
 - Clinical Expertise
- Agenda Mapping – look at options & move to agreed upon focus



Focusing

Giving Information & Advice

1. The client asks for advice
2. You ask permission to give advice
3. You qualify your advice to emphasize autonomy

Evoking

- Eliciting client's own motivation
- Let client show the argument for change



Planning

- Developing commitment to change
- Formulating a specific plan of action



Planning

- The bridge to change
- Strengthening commitment
- Involves negotiating (goals & plans)
- Implementing & adjusting



Planning

Utilizing MI, when do you negotiate a specific change plan?

If and when the client is ready!

Signs of Readiness for Planning

- Increased change talk
- Taking steps
- Diminished sustain talk
- Resolve
- Envisioning
- Questioning - “What happens here in this Tx program?”

It's Motivational Interviewing when...

1. The person-centered communication involves empathic listening (ENGAGE)
2. There is a specific target for change that is the topic of conversation (FOCUS)
3. The interviewer is evoking the client's own motivations for change (EVOKE)

What is Unique to MI?

- Attuned to and guided by certain types of language (change talk)
- Intentional, differential evoking and strengthening of change talk
- Strategic-directional use of client-centered methods (reflections, affirmations, summaries)

What gets people to change?

Factors of Motivation:

- Importance
- Confidence

Change Talk

- Any speech that favors movement in direction of change
- Linked to a particular behavior change target
- DARN-CAT

Preparatory Change Talk

What to look for:

- Desire - “I really want to...”
- Ability - “I’ve done it before.”
- Reason - “I would have more energy if I lost weight.”
- Need - “I can’t go through life like this. I have to...”

Mobilizing Change Talk

What to look for:

- Commitment – I will make changes
- Activation – I'm ready, prepared, or willing to make changes
- Taking Steps – I am taking specific action to change

DARN-CAT

Change Talk & Sustain Talk

(Opposite Sides of the Coin)

- Sustain Talk:
 - I really like eating desserts (Desire)
 - I don't see how I could give up sugar (Ability)
 - I eat because I'm surrounded by a family who also eats hearty meals (Reason)
 - I don't think I need to lose weight (Need)
 - I'm not willing to do this (Activation)
 - I intend to stay the way I am (Commitment)

Find the “Mobilizing” Language

1. I want to quit smoking
2. I quit drinking, so I probably could do this too
3. I’m going to quit
4. I’d have more money if I quit

Which question would you ask to evoke mobilizing language?

- So what will be your first step?
- How confident are you that you can do it?
- What makes this important to you?
- Why do you want to make this change?

Discrepancy

- Change is motivated by a perceived discrepancy between present behaviors and personal goals or values
- Use strategies to assist client in identifying discrepancy and move toward change

Patient: *“I want to be a good role model for my children.”*

Developing Discrepancy

“Let’s put aside the ‘how to do it,’ for right now, and just talk about how you would like things to be different.”

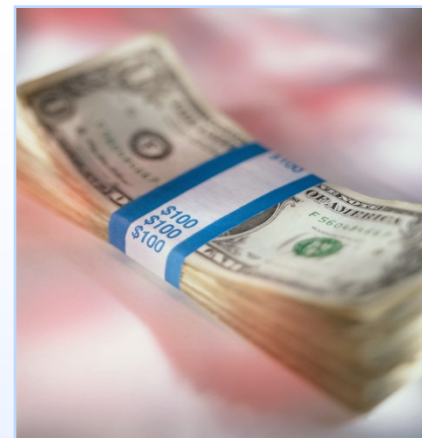
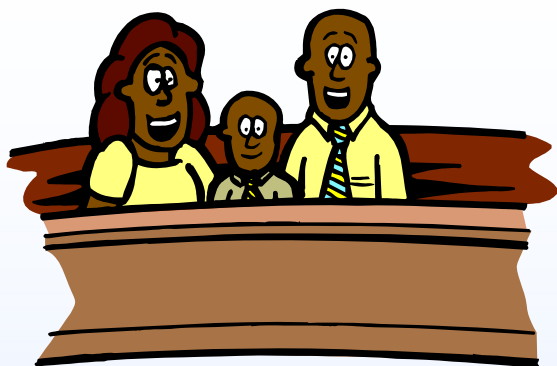


future?

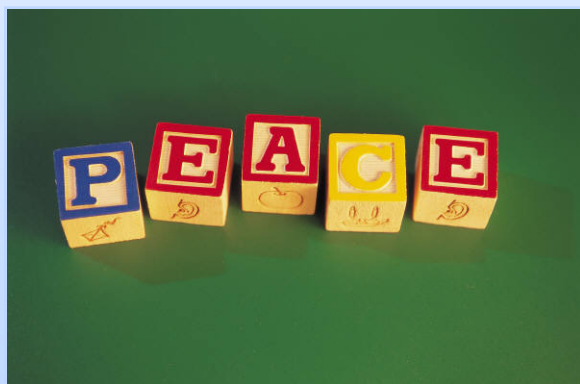


values

Discrepancy leads to ambivalence...



Values Activity



“Ambivalence”

Smoking
helps me
relax

I really enjoy
it

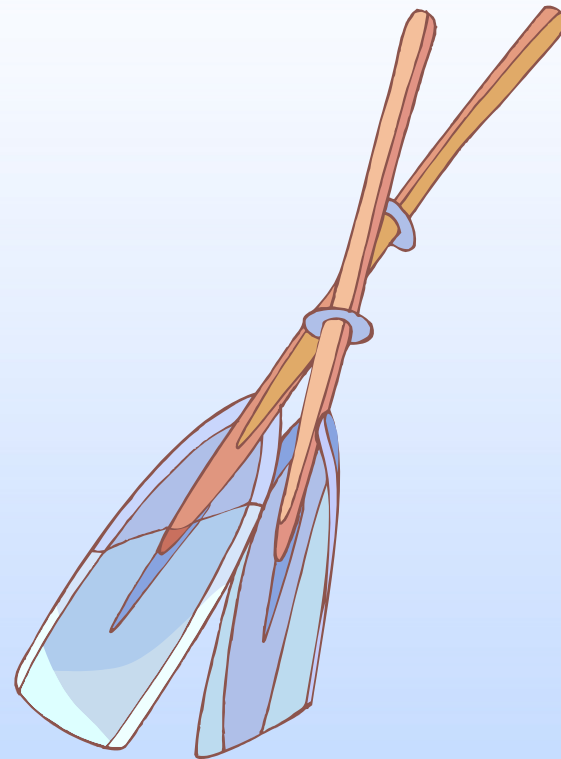


I'm afraid
I'm going
to die
young

I hate the
way I smell

Communication Methods

- Open-ended questions
- Affirmations
- Reflections
- Summaries



Open-Ended Questions

Patient Benefits

- Allows patient to express himself
- Patient verbalizes what is important to him at the moment

Counselor Benefits

- Learn more about the patient
- Sets a positive tone for the session

“How would you do that?”

“What do you see as your biggest challenge?”

“Tell me more about that.”

Open-Ended Questions

Exercise



Affirmations

- Statements of appreciation to nurture strengths
- Strategically designed
 - Anchor clients to their strengths, values and resources despite difficulties/challenges

Discouraged Patient

“I’ve tried sixteen times to quit smoking.”



**Support self-
efficacy**

Counselor: “Wow, you’ve already showed your commitment to trying to stop smoking several times. That’s great! More importantly you’re willing to try again.”

Affirmations

“I’ve completed all the goals we discussed last week. I ate fruits and vegetables every single day, and I worked out three times this week”

Strengths: Completion of goals, practiced healthy behaviors including diet and exercise

Affirmation: *“You really follow through when you put your mind to something.”*

Reflections convey:

I am interested

It's important to me to understand you

I want to hear more

What you say is important to me

Reflections

Mary: *“I’m afraid that my daughter is going to smoke because she sees me smoke.”*

You mean that...

You’re worried about how the things that you do like smoking, might impact your daughter.

Summarize

- Can be used to gather more information (“...what else?”)
- Can be used to move into a new direction (“...now can we talk about...?”)
- Can be used to link both sides of ambivalence (“On the one hand... on the other hand...”) (Linking Summary)

Summaries

- Reflecting elements that will aid the client in moving forward
- Selective judgment in what to include & what to exclude



Is there such a thing as a “resistive” client?

How we respond
matters



Sustain
Talk
& Discord

Deconstructing Resistance

- Sustain Talk
 - About the target behavior
- Discord
 - A breakdown in working alliance
 - May be present when clients are “defending” to keep their integrity, autonomy or self-esteem
 - May be a power struggle - “Who are you to tell me?”
 - May be interrupting to say, “You don’t get it... you don’t understand”

Sustain Talk or Discord?

“I’m just not sure I’d be able to manage the diet that the doctor recommends.”

“You people get a thrill by telling others what to do.”

“I’m tired of people like you taking my rights away.”

“I really don’t have any problems from being overweight. My blood pressure is good and my cholesterol is good.”

“Yeah, but...” syndrome

I can't afford the medications.

I'm afraid I'll gain weight if I quit.

I don't smoke nearly as much as some other people that I know.



Types of Reflections

- **Repeating**: repeats an element of what the speaker said
- **Rephrasing**: stays close to what was said but, slightly rephrases what was offered
- **Paraphrasing**: restatement, infer meaning in what was said and reflect back in new words- adds to or extends what was said
- **Reflection of feeling**: paraphrase emotional dimension

Reflective Listening to Decrease Sustain Talk

- Simple reflection
 - Acknowledges the patient, reflecting “here is what I heard you say”
- Amplified reflection
 - Reflect back the issue in an exaggerated way, usually the patient will back off
- Double-sided reflection
 - Reflect back the patient’s ambivalence, “both sides of the coin”

Reflective Listening

Simple reflection: An acknowledgment of the person's disagreement, feelings or perception.

Patient: "I'm trying the best I can to at least cut back on smoking. Geez, I've already made a lot of other changes in my life too, like dieting and exercise."

Practitioner: "You're working hard on the changes you need to make."

Reflective Listening

Amplified reflection: Exaggerate to encourage the person to back off a bit and talk about the other side of the argument.

Patient: “My mother is a worrier. She drives me crazy, hounding me all the time about my smoking.

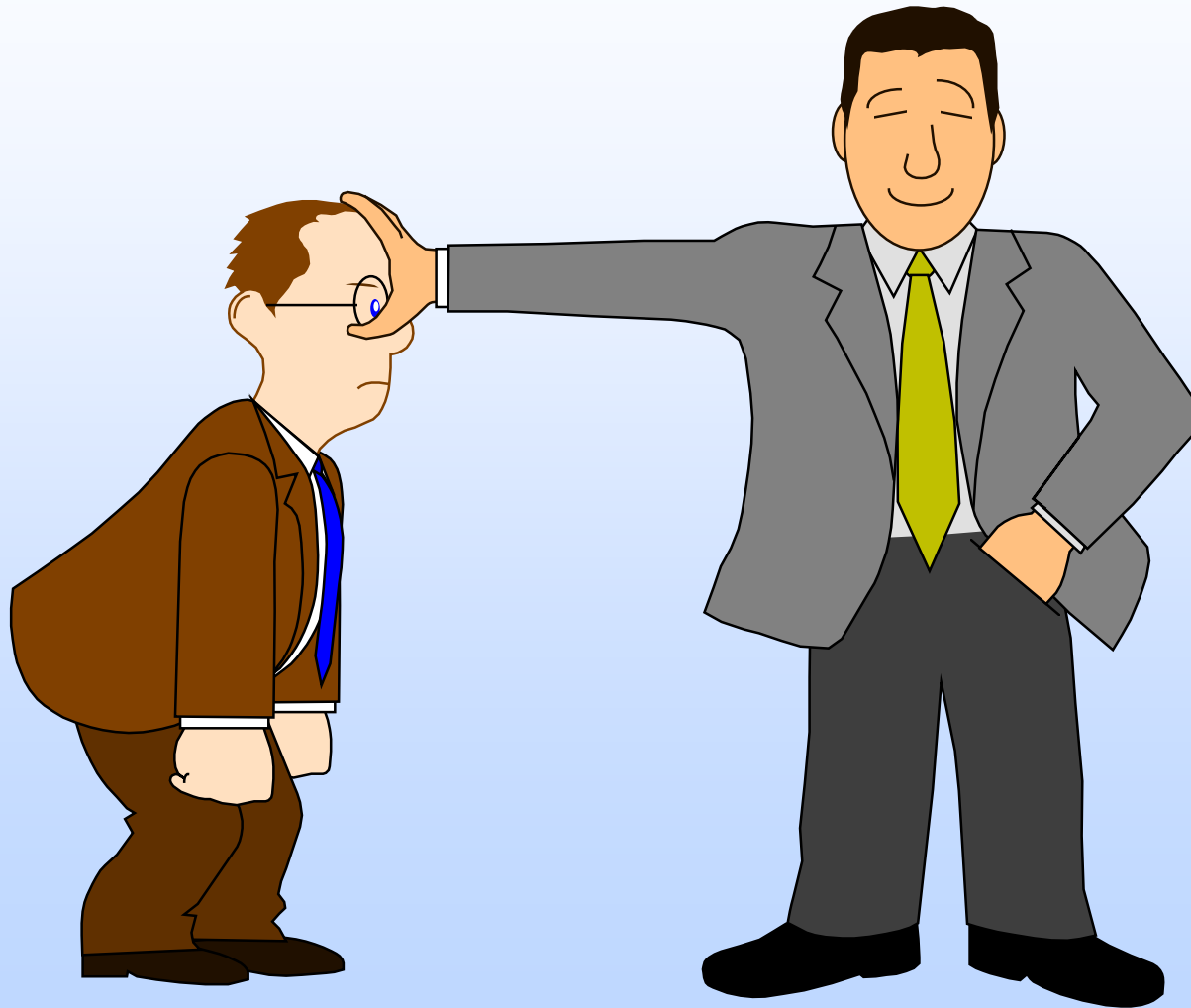
Practitioner: “Your current health is really none of your mother’s business.”

Double-sided Reflection

- Mirrors Ambivalence

“On the one hand... at the same time...”

Responding to Sustain Talk & Discord



Discussion

What happens when you begin your session?

Change Talk Methods

- Evocative Statements
 - “What worries you about your smoking?”
- Ask for Elaboration
 - “Tell me more about that.”

Change Talk Methods

- Looking Forward
 - Helping the patient envision a changed future

“How would you like things to be different?”

“How would you like your life to be like in five years?”



Change Talk Methods

- Highlights the discrepancy between how things are at present and the possibility of life being better

“How has your life changed since you started smoking?”

Change Talk Methods

- Looking back
 - Helpful when patient has a period of success in the past

“What was is like for you when you quit for six months?”



Responding to Change Talk

- Open-ended questions to elaborate
 - “Why else... ”
 - “In what ways...”
 - “Tell me more about that..”
- Affirm to reinforce it
 - “That sounds like a great idea.”
- Reflective Listening to clarify & encourage more
- Summarize

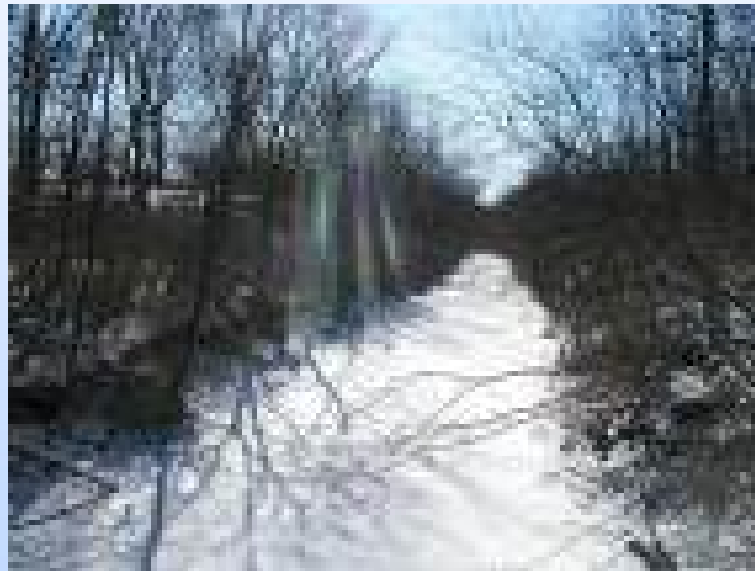
Getting Started

Exploring and enhancing motivation for a behavior change may be more important than giving a “how to” plan

Exploring and Enhancing Motivation

Importance

Confidence



0 1 2 3 4 5 6 7 8 9 10

Not At All
Important

Somewhat
Important

Very
Important

Extremely
Important

(Importance)

0 1 2 3 4 5 6 7 8 9 10

Not At All
Confident

Somewhat
Confident

Very
Confident

Extremely
Confident

(Confidence)

Re-assess Readiness

“Where does this leave you now?”

Next steps...



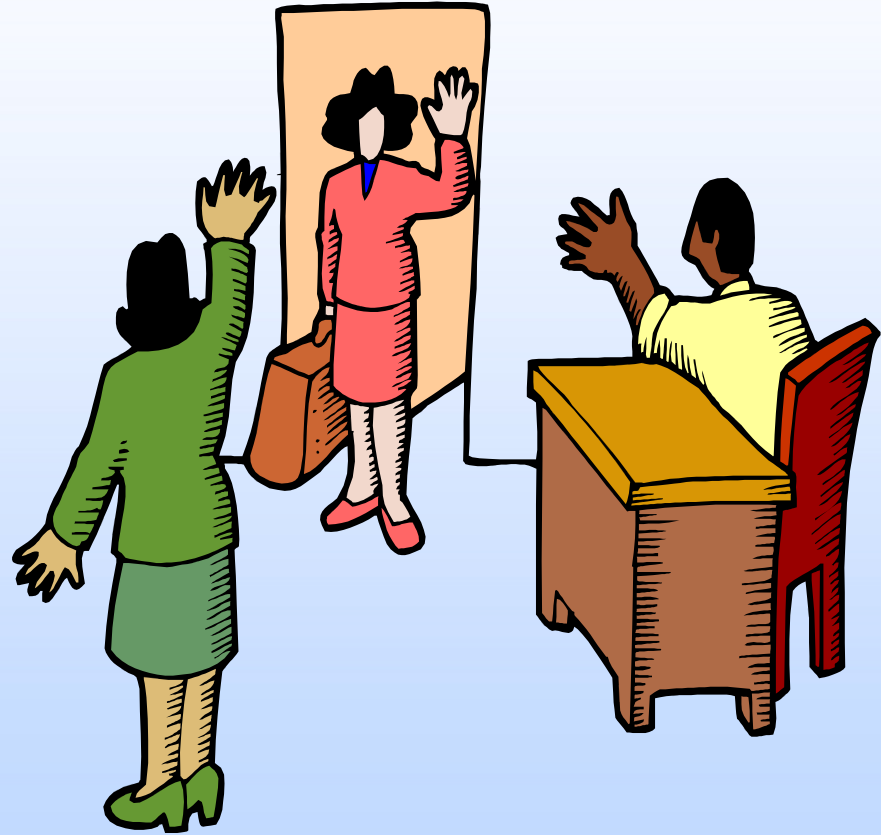
Reach Agreement

- Think about it
- Read brochures
- Bring it up at next visit
- Take one small step
- Follow-up



Closing the Session

- Summarize
- Praise
- Review the agreement



Brief Interventions



Brief Intervention Elicit-Provide-Elicit

Elicit - Ask what the patient knows or would like to know

“What do you know about the effects of smoking on the unborn fetus?”



Brief Intervention Elicit-Provide-Elicit

Provide - Information in a neutral nonjudgmental
fashion

“Research suggests that...”

VS

*“You’re putting your fetus at risk every time you take a
puff off that cigarette.”*

Brief Intervention Elicit-Provide-Elicit

Elicit - The patient's interpretation

“What does this mean to you? How can I help?”

VS

“It's obvious from this information that you have no choice and you must quit.”

Summary

- Importance, Confidence & Readiness = Motivation
- OARS – Listen for “Change Talk”
- Scaling – understand and encourage importance and confidence
- Decisional Balance – examine pros & cons
- “Spirit” – Collaboration, Evocation & Autonomy

Research on MI

2008 Clinical Practice Guideline

- Study of 137 smokers with cancer, found MI significantly increased quit attempts, compared to advice component.
- Study of a brief MI session with smokers with schizophrenia found: more likely to contact tobacco counselor and attend initial session than those who got brief psychoeducational or advice

Research on MI

2008 Clinical Practice Guideline

- “... evidence of the reviewed motivational interventions, such as MI, increase quit attempts...” with those less motivated to quit.
- However, not find ... “higher long-term abstinence rates.”
- Studies are difficult to compare, since the adherence to MI principles can vary widely in the studies.

Research on Effectiveness of Motivational Interviewing

- Meta-analysis of controlled studies:
 - Demonstrate 10-20% more effective than no treatment
 - And at least as effective as other treatments up to one year post treatment

Meta-analysis (cont)

- Shows a dose effect (although MI is typically used as brief treatment)
- Effective regardless of problem severity, age, gender, or ethnic minority clients
- Equally learnable by practitioners of diverse professions, optimally in 2-day workshops with follow-up supervision

References/Resources

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