

# Using Motivational Interviewing to Promote Behavior Change

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HELP  
OTHERS

GET  
FIT

FIND  
NEW  
JOB

DRINK  
LESS

QUIT  
SMOKING

ENJOY  
LIFE

LOSE  
WEIGHT

FIND  
LOVE

SAVE  
MONEY

TAKE  
A TRIP

JOIN  
GYM





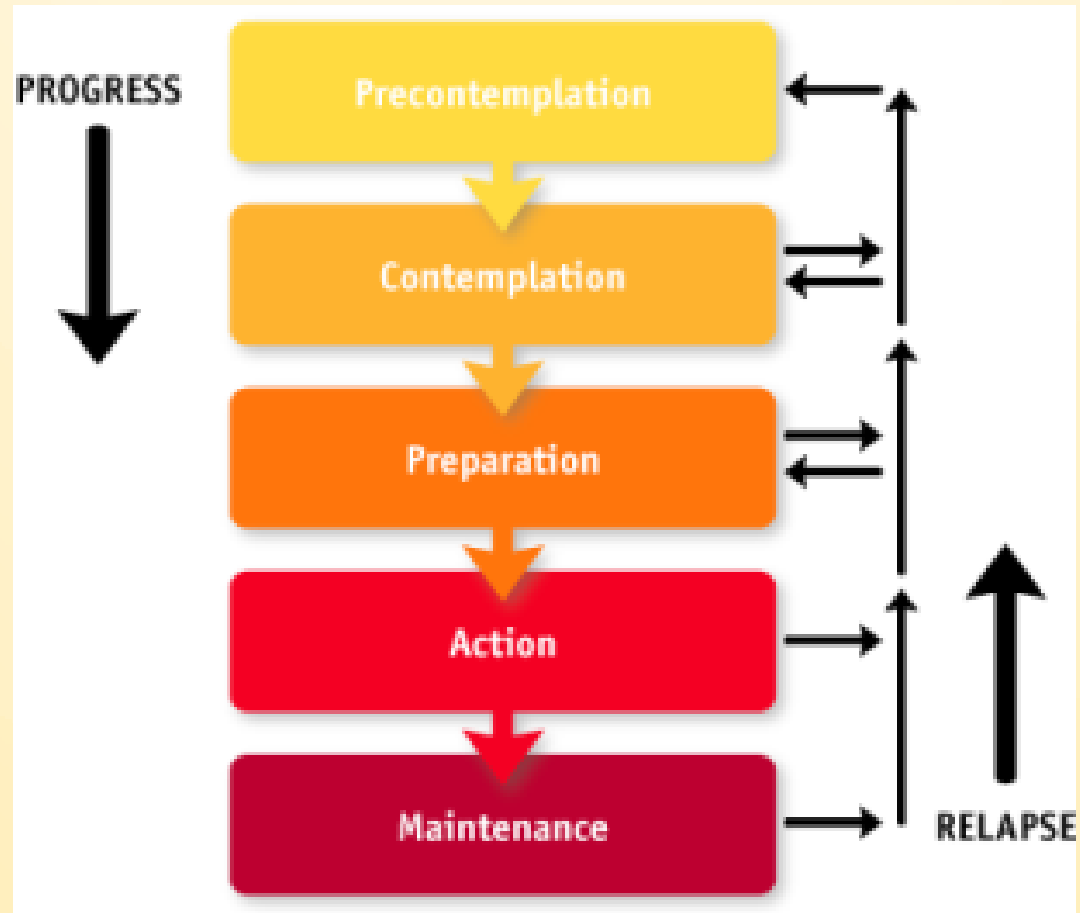
# Objectives

- Describe the core principles of motivational interviewing techniques.
- Teach multidisciplinary teams of providers to use an effective behavior change intervention with patients.

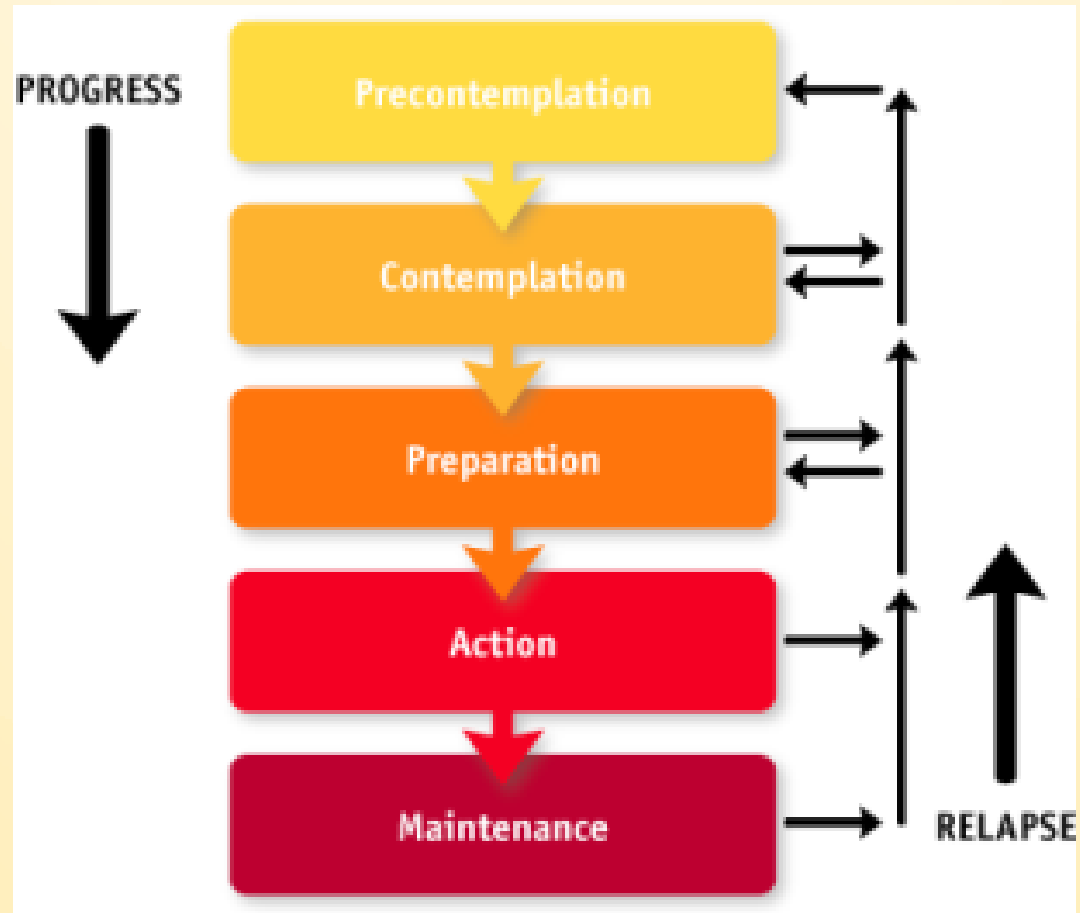
# Agenda

- What is Motivational Interviewing(MI)?
- The MI Approach
- The Principles of MI
- MI Interviewing Skills and Strategies
- The Making of an Effective Counselor

# Transtheoretical Model



# Transtheoretical Model



# What is Motivational Interviewing (MI)?

- MI is now established as an evidence-based principle in the treatment of individuals with substance use disorders.





# What is Motivational Interviewing (MI)?

- MI focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change.
- Does not impose change (that may be inconsistent with the person's own values, beliefs or wishes)
- Supports change in a manner congruent with the person's own values and concerns

# What is Motivational Interviewing (MI)?

“...a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”



# The Motivational Interviewing (MI) Approach

- Focus on building rapport in the initial stages of the counseling relationship.
- Must identify, examine, and resolve the ambivalence about changing behavior.

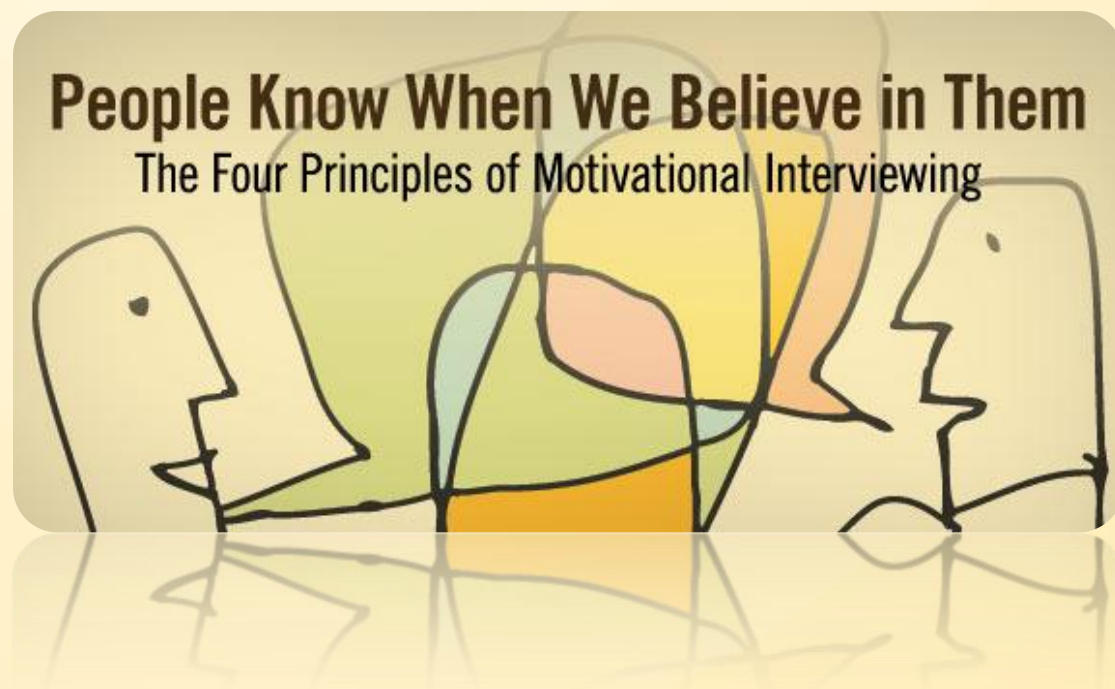


# The Motivational Interviewing (MI) Approach

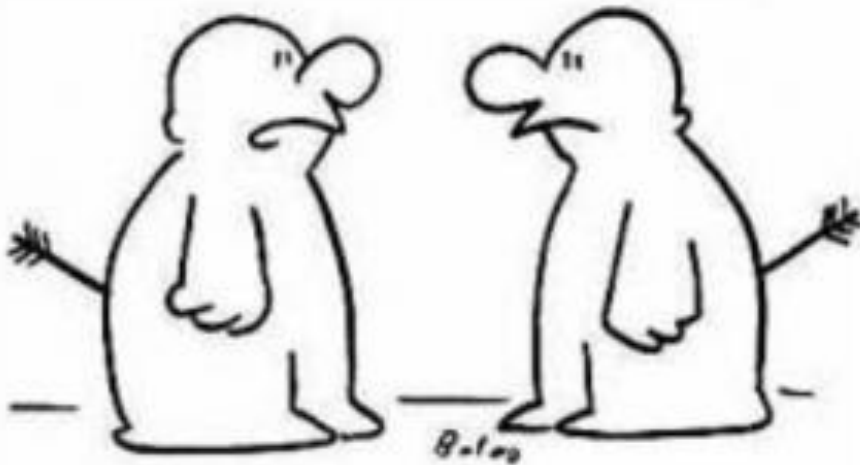
- Ambivalence is seen as a natural part of the change process
- Skilled MI practitioner is attuned to client ambivalence and “readiness to change”
  - Utilizes techniques and strategies that are responsive to the client.

# The Principles of Motivational Interviewing

1. Empathy
2. Support self-sufficiency
3. Roll with resistance
4. Develop Discrepancy



# Expressing Empathy



"I know exactly how you feel."

„I know exactly how you feel.“

- Create a warm, supportive, patient-centered atmosphere.
- Emphatic, reflective listening is important.
- Remember that *Acceptance* facilitates change, *Pressure* to change blocks it.



# Support Self-Sufficiency



- Provide hope and enhance confidence that change is possible despite the obstacles.
- Belief and confidence in one's ability to change is KEY to motivating change.
- Remember, it is ALWAYS the patient's choice whether or not to change.

# Support Self-Sufficiency



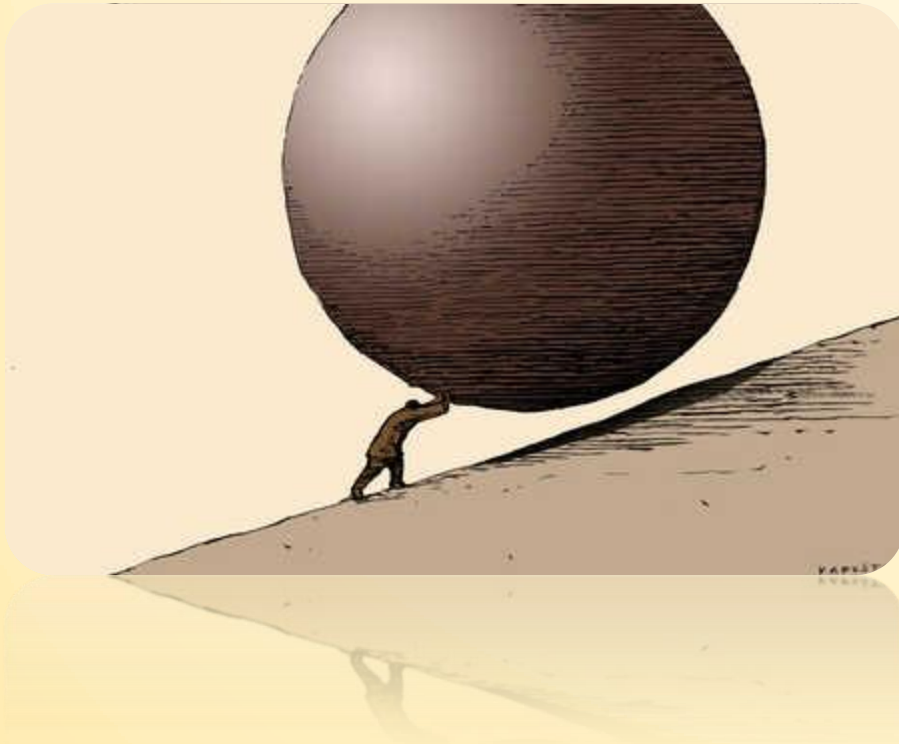
- We can help people increase self-efficacy by helping them to see the strengths they already have .
- People know when we believe in them – can be a self-fulfilling prophecy.
- Do not underestimate the provider's own believe in a person's ability to change.

# Support Self-Sufficiency



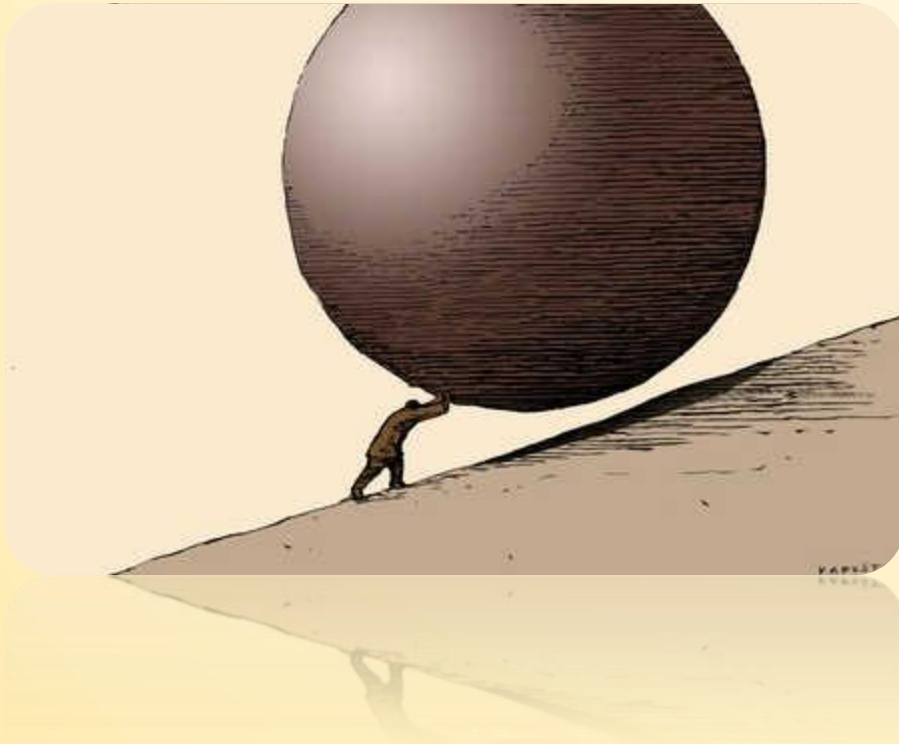
- Providers need to see people through a lens of hope and expectation that the person might change.

# Roll with Resistance



- Concept of resistance in MI is understood to be relational.
- Healthcare professionals have the ability influence people's motivation to change – good or bad.
- Opposing resistance reinforces it, DON'T PUSH!
- Roll with the momentum with a goal of shifting patient's perceptions.

# Roll with Resistance



- “being told what to do.”
- Work in a collaborative manner by helping the patient develop own arguments for change.
- Client resistance is likely to diminish.
- If all else fails, change strategies.

# Develop Discrepancy

- Likely to change when they recognize that their behavior is a direct conflict with their own personal values and goals.
- Help by “amplifying discrepancy.”
- Shine a light on the difference between what the patient says they want and what they are doing.
- Motivate discrepancy in the patient.
- **Research shows that people come to know what they believe by hearing themselves say it.**





# Develop Discrepancy

- Motivate discrepancy in the patient.



- Patient should present arguments for change.

# MI Skills and Strategies

Remember OARS

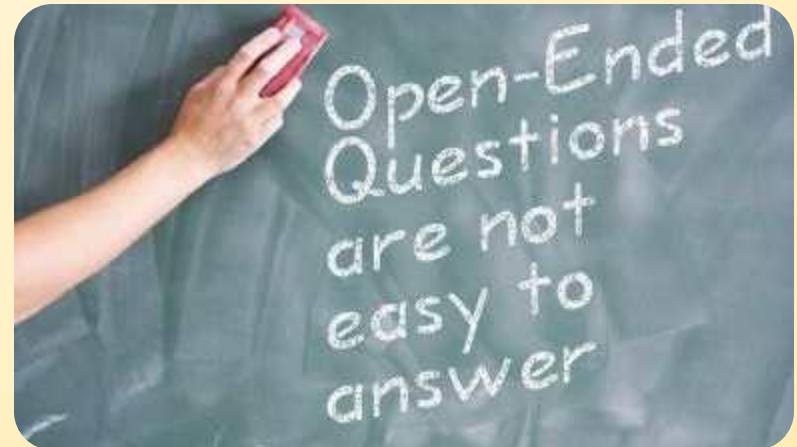
- Open Ended Questions
- Affirmations
- Reflections
- Summaries



# MI Skills and Strategies

## Open Ended Questions

- Invite the patient to elaborate and think more deeply about an issue.
- Create forward momentum used to help the patient explore the reasons for and possibility of change.



# MI Skills and Strategies

## Affirmations

- Statements that recognize clients strengths.
- Help in building rapport and in helping the client see themselves in a different, more positive light.



# MI Skills and Strategies

## Reflections

- Reflective listening, most crucial skill in MI
- Bring to life the principle of expressing empathy
- Core intervention toward guiding the client toward change.



# MI Skills and Strategies

## Summaries

- Clinician recaps what has occurred in all or part of the counseling session (s).





# Change Talk

- Defined as statements by the patient revealing consideration of, motivation for, or commitment to change.
- In MI, the clinician seeks to guide the patient to expressions of change talk as the pathway to change.



# Change Talk – DARN-CAT

## Preparatory Change Talk

Desire (I want to change)

Ability (I can change)

Reason (It's important to change)

Need (I should change)



# Change Talk – DARN-CAT

## Implementing Change Talk

- *Most predictive of positive outcome*

Commitment (I will make changes)

Activation (I am ready, prepared, willing to change)

Taking steps (I am taking specific actions to change)



# Change Talk – DARN-CAT

- Strategies for Evoking Change Talk

1. **Ask Evocative Questions:** As an open-ended question, the answer to which is likely to change talk.
2. **Explore Decisional Balance:** Ask for the pros and cons of both changing and staying the same.
3. **Good Things/Not-So-Good Things:** Ask about the positive and negatives of the target behavior.
4. **Ask for Elaboration/Examples:** When a change talk emerges, ask for more details. “In what ways?” “Tell me more?” “What does that look like?” “When was the last time that happened?”

# Change Talk – DARN-CAT

- Strategies for Evoking Change Talk

5. **Look back:** Ask about a time before the target behavior emerged. How were things better, different?
6. **Look forward:** Ask what may happen if things continue as they are. Try the miracle question: If you were 100% successful in making the changes you want, what would be different?
7. **Query extremes:** What are the worst things that might happen if you don't make this change? What are the best things?
8. **Explore goals and values:** What do they want in life?

# The Making of an Effective Counselor



- Demands a practitioner who is willing to shed stereotyped roles and be a real person in a relationship.
- It is through our own genuineness and our aliveness that we can significantly touch our clients.



# The Making of an Effective Counselor



- Does not mean that we are self-actualized persons who have “made it” or that we are without our problems.
- Implies that we are willing to look at our lives and make the changes we want.

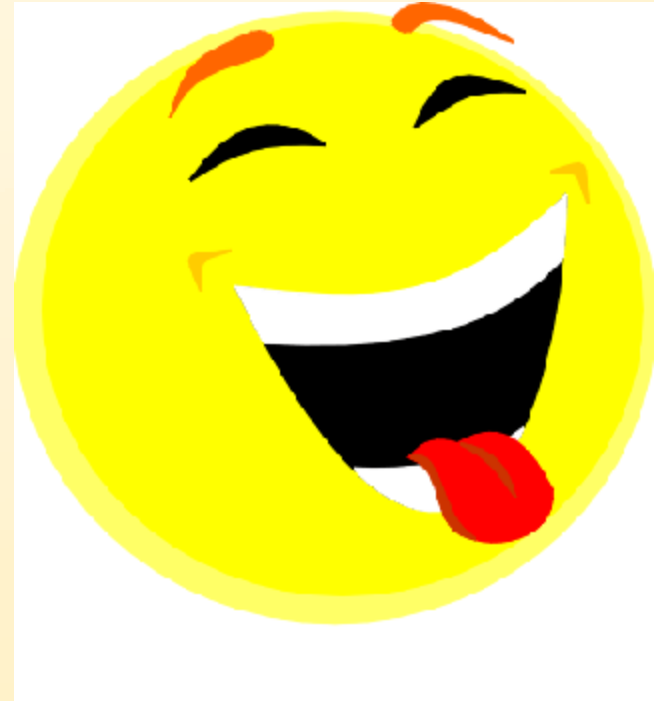
# The Making of an Effective Counselor



- Patients can become more of what they are capable of becoming, or they can become less than they might be.
- The counselor is the crucial variable that determines the outcome.

# The Making of an Effective Counselor

- They live in the present.
- They have a sense of humor.
- Effective counselors have an identity.
- They are able to recognize and accept their own power.
- They are open to change.
- They are able to maintain healthy boundaries.



# The Making of an Effective Counselor



- They feel alive, and their choices are life-oriented.
- They are authentic, sincere, and honest.
- They make mistakes and are willing to admit them.
- They appreciate the influence of culture.
- They have a sincere interest in the welfare of others.

there are two primary  
choices in life:

to accept conditions as  
they exist

or accept the  
responsibility for  
changing them.

-denis waitley-

