Using Motivational Interviewing to Promote Behavior Change

Susan Lupackino, MHS, RD, LDN
DaVita, Inc.
January

- Start!
- Drink less
- Help others
- Get fit
- Find new job
- 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

- Create a warm, supportive, patient-centered atmosphere.
- Emphatic, reflective listening is important.
- Remember that Acceptance facilities 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 to 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-