Brief Intervention

Stages of Change and Motivational Interviewing

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InSight SBIRT Residency Training Program

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Learning Objectives

- Explain the Stages of Change Model for use in SBIRT
- Understand how to apply the stages of change in clinical practice
- Explain Motivational Interviewing as a method for effective physician – patient communication
- Discuss the processes of change

Stages of Change

- **The Transtheoretical Model**
- **Prochaska & DiClemente, 1984**
- **6 stages of change, leading to successful behavior change**
- **Non-linear process similar to stages of grief**
- **10 processes of change**
  - Experiential (5)
  - Behavioral (5)

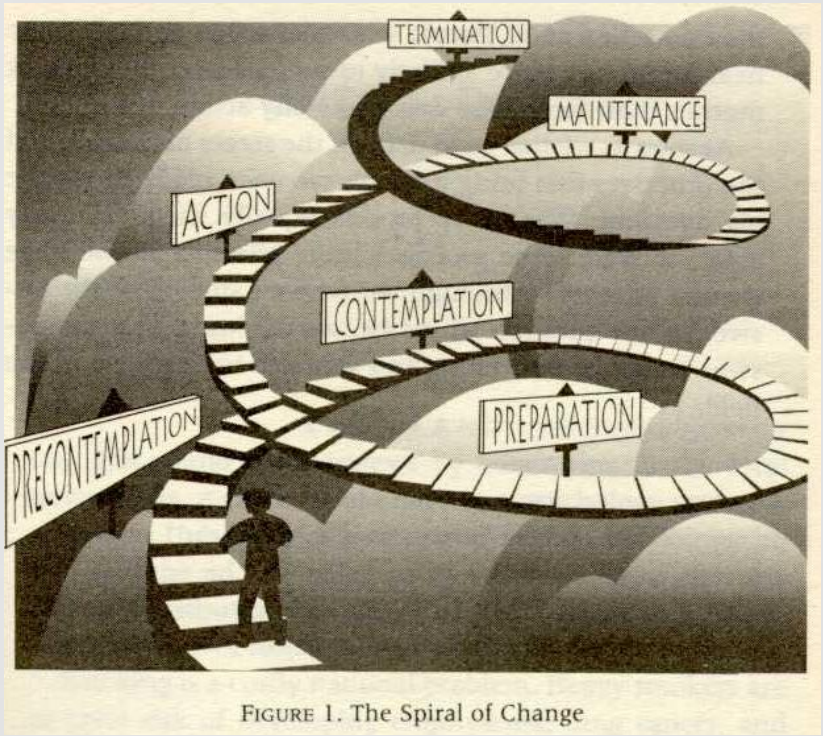
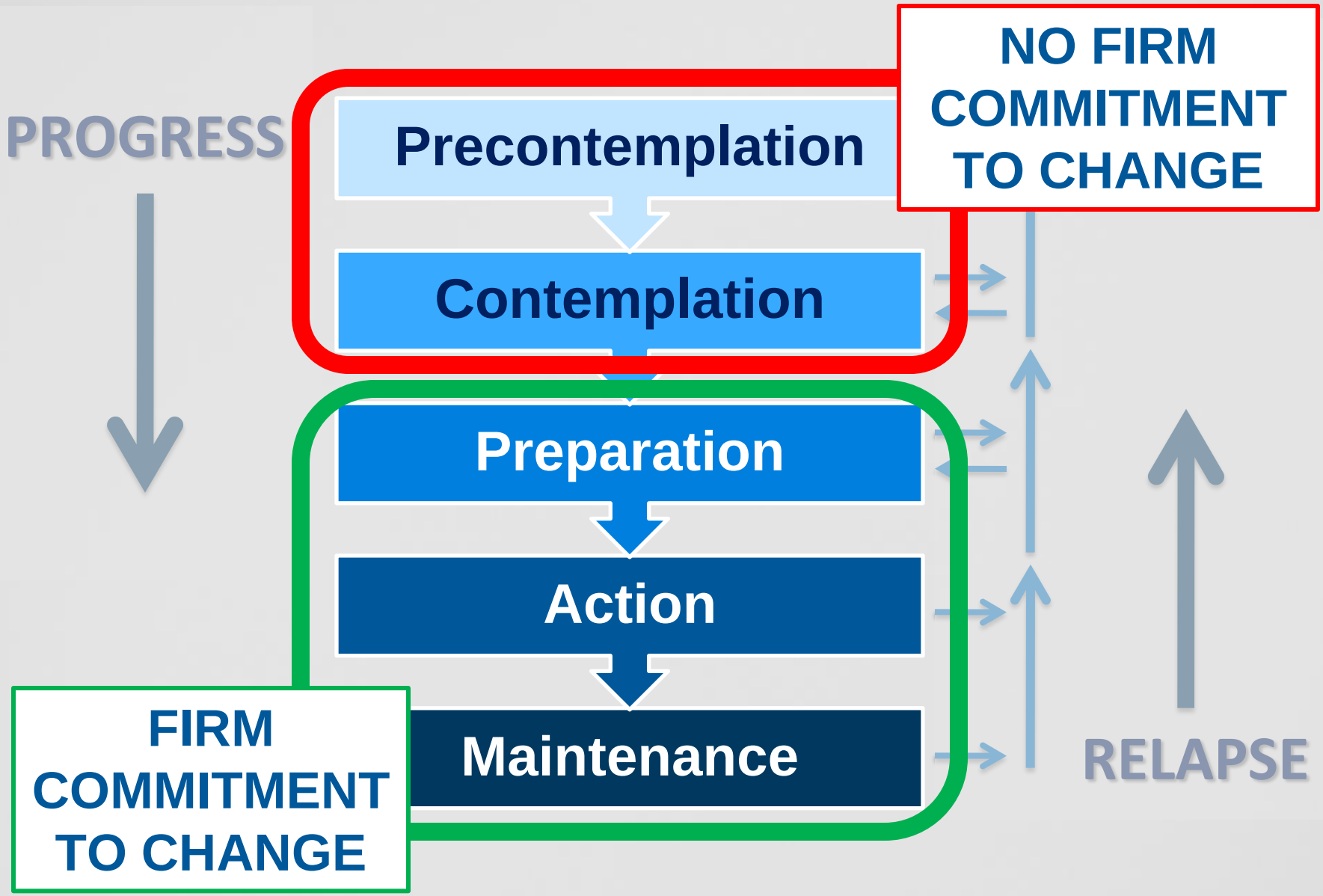


FIGURE 1. The Spiral of Change

Stages of Change

Stage	Characteristic	Your Goal
Pre-contemplation	No intention to change behavior. Unaware or under-aware of problems	To get patient to consider they have a problem
Contemplation	Aware of the problem & seriously considering a change, but no commitment to take action	To raise awareness of problem by observation of behavior
Preparation	Patient intends to change and makes small behavioral changes	To encourage these steps and support change process; Commit to make change a top priority
Action	Patient decides to take decisive action to change	To make action plan suggestions, reinforce changes, provide support and guidance
Maintenance	Work to prevent relapse and consolidate gains	To support continued change and help with relapse prevention


NO FIRM COMMITMENT TO CHANGE
PROGRESS
Precontemplation
Contemplation
Preparation
Action
Maintenance
FIRM COMMITMENT TO CHANGE
RELAPSE

Goals by Stage

Relapse
Precontemplation
Contemplation

→ **Build commitment to change**

Preparation
Action
Maintenance

→ **Make a plan for change**

Motivational Interviewing (MI)

- Directive, client-centered style for eliciting behavior change by helping clients to explore and resolve ambivalence
- Miller & Rollnick (1991)
- Goal-directed
- Includes specific strategies, skills, approaches based on a general understanding of helpful interactions with patients (MI Spirit)

The MI Spirit

Collaboration	**Patient is own expert;** **Physician creates atmosphere that is conducive rather than coercive, and built on partnership**
Evocation	**Patient has resources and motivation to change within;** **Physician must evoke this from patient**
Autonomy	**Patient has right and capacity for self-direction;** **Physician respects and affirms this**

The Opposite

Confrontation (Collaboration)	Patient is seen as impaired, unable to understand situation; Physician imposes "reality" of situation
Education (Evocation)	Patient is assumed to lack knowledge necessary for change to occur; Physician enlightens patient by forcing education
Authority (Autonomy)	Patient is assumed to lack capacity for self-direction; Physician tells patient what he/she must do

The Four Principles of MI

Principle	Goal
I. Express Empathy	Build rapport
II. Develop Discrepancy	Elicit pros and cons
III. Roll with Resistance	Respect patient autonomy
IV. Support Self-Efficacy	Communicate that patient is capable of change

Principle I: Express Empathy

Acceptance facilitates change

Reflective listening is fundamental

Ambivalence is normal

Goal: build rapport

http://blog.bioethics.net/2009/03/what-are-doctors-asking-teen-patients-about/

Principle II: Develop Discrepancy

- Patient rather than physician should bring up reasons for behavior change
- Change is motivated by a discrepancy between patient's perceived goals and values versus current behavior

- Goal: Elicit pros and cons of behavior

Principle III: Roll with Resistance

- Physician avoids argumentation and persuasion, which pushes patient in opposite direction
- Patient invites new perspectives; physician does not impose them
- Client provides answers and solutions
- Resistance is a SIGNAL for physician to respond differently

- Goal: Respect patient autonomy

Principle IV: Support Self-Efficacy

- Patient's belief in possibility to change is key motivator
- Patient is responsible for achieving goal
- Physician asserts to patient this responsibility and thus supports them in their ability to achieve goal

- Goal: Communicate that patient is capable of change

MI: Key Skills

OARS

- Open-ended questions
- Affirming and supporting
- Reflective listening
- Summarizing

Open-Ended Questions

Allow patient to express own views while physician follows patient's perspective

Avoids yes/no answers

Example:

- "What negative consequences have you experienced as a result of your drinking?"

As opposed to:

- "Have you experienced negative consequences from drinking?"

Affirming and Supporting

Actively listen for patient strengths, values, aspirations, positive qualities

Reflect those to client in affirming manner

Example:

- "You were able to lose weight before because of your perseverance and determination. Those strengths can help you quit smoking."

As opposed to:

- "Realistically, its going to be hard for you to quit smoking."

Reflective Listening

Mirrors what patient says in non-threatening manner

Collaborative and nonjudgmental

Deepens the conversation

Helps patients understand themselves

Want to avoid overstating or understating

Use language of patient or similar language

Summarizing

Interim summaries used throughout

Meeting ends with strategic, collaborative summary

May

- Reinforce patient's motivation to change
- Highlight realizations
- Identify transitions, progress or themes

MI and Change

MI – evidenced-based approach to facilitating positive behavior change

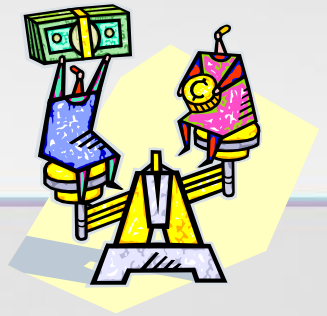
- Addiction
- Weight-management
- Diabetes
- Anger management
- Medication compliance

MI relies on Transtheoretical Model of Change

The Brief Intervention

- Perform the decisional balance
- Assess patient's readiness for change
- Match appropriate brief intervention based on readiness for change

Decisional Balance



Motivational tool

Start with

- "What do you like about drinking/using___?"

Then

- "What do you not like about drinking/using___?"

End with

- Summary of pros and cons
  - Use patient's terms to reflect back what they said
  - Start with pros, end with cons
  - Do not add your own cons

The Readiness Ruler

"On a scale of 0 to 10, how ready are you to stop drinking?"

Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action

Using the Readiness Ruler

Scores 0-3			
Elicit patient's perceived negative consequences	**Express concern**	**Offer information**	**Support and follow-up**
"What kinds of things have happened while drinking that you later regretted?"	**"I am concerned about how smoking is contributing to your asthma."**	**"Would you like more information about the effects of cocaine use on your health?"**	**"I understand you aren't ready to talk about your drinking and that's ok. I would like to ask about it again at our next appt. Is that ok? Please call if you have any questions."**

Using the Readiness Ruler

Scores 4-10

Elicit patient's motivation to change

Why a 5 and not a 2?

Why a 5 and not a 9?

Using the Readiness Ruler

Scores 4-7

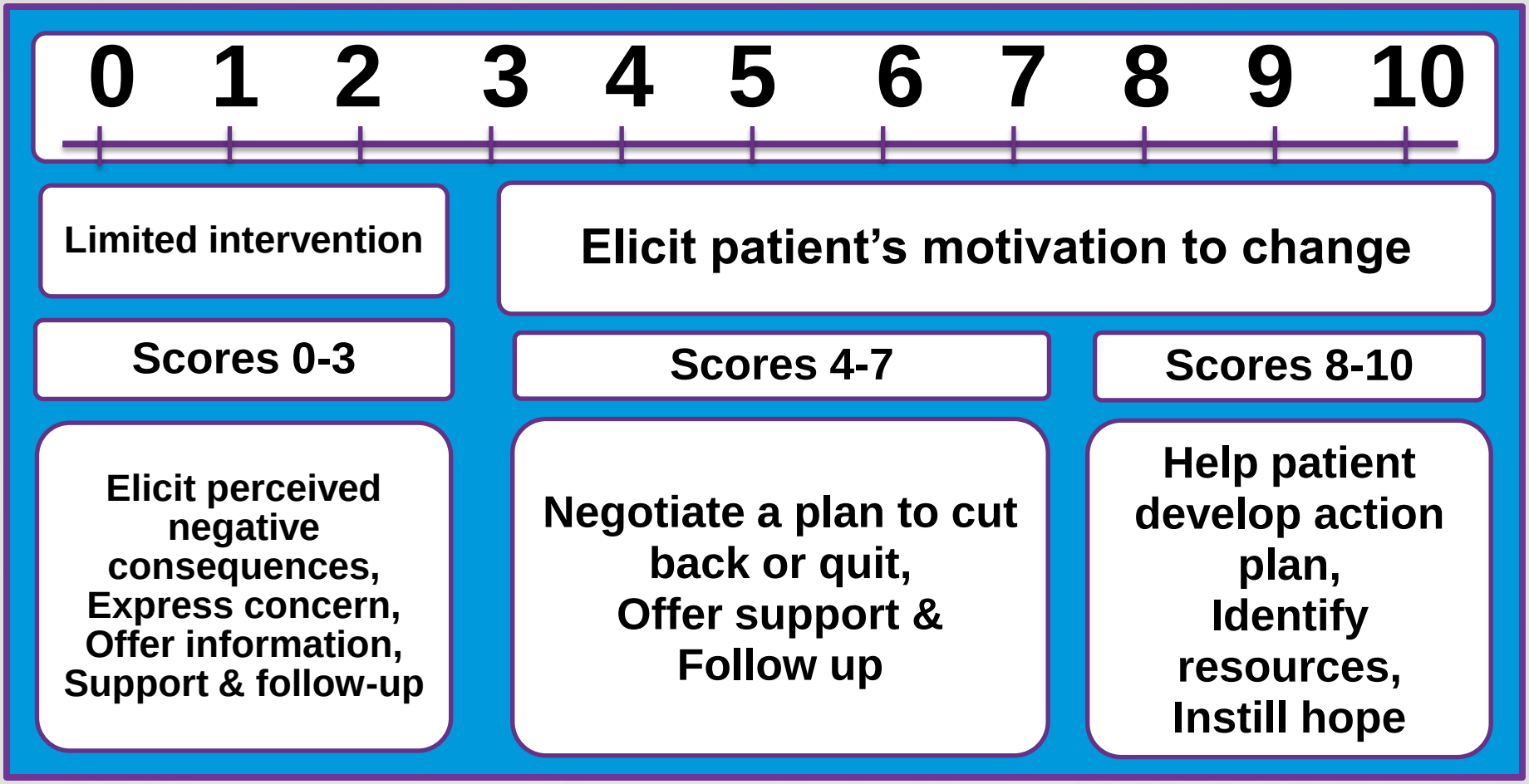
Negotiate a plan to cut back or quit	**Offer support & Follow-up**
"What are some steps you think you could take to start cutting back?"	**Support patient's autonomy and ask about following up.**

Using the Readiness Ruler

Scores 8-10

Help patient develop action plan	Identify resources	Instill hope
"What would change look like for you?" "Let's identify the steps necessary to help you stop smoking. What would be your first step?"	"Who's been supportive of you before? How can he or she help you stop drinking?	"You've been successful in getting your diabetes under control, so you have the ability to stop using cocaine."

Readiness to Change & Intervention



Video & Discussion

Badgecard

Readiness Ruler

Referral phone numbers

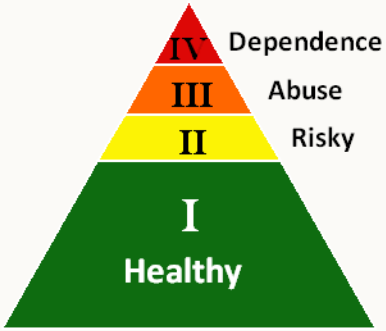
AA Houston:
713 – 686 – 6300

VA Intake Appointment:
713 – 794 – 8700

Low-risk drinking limits

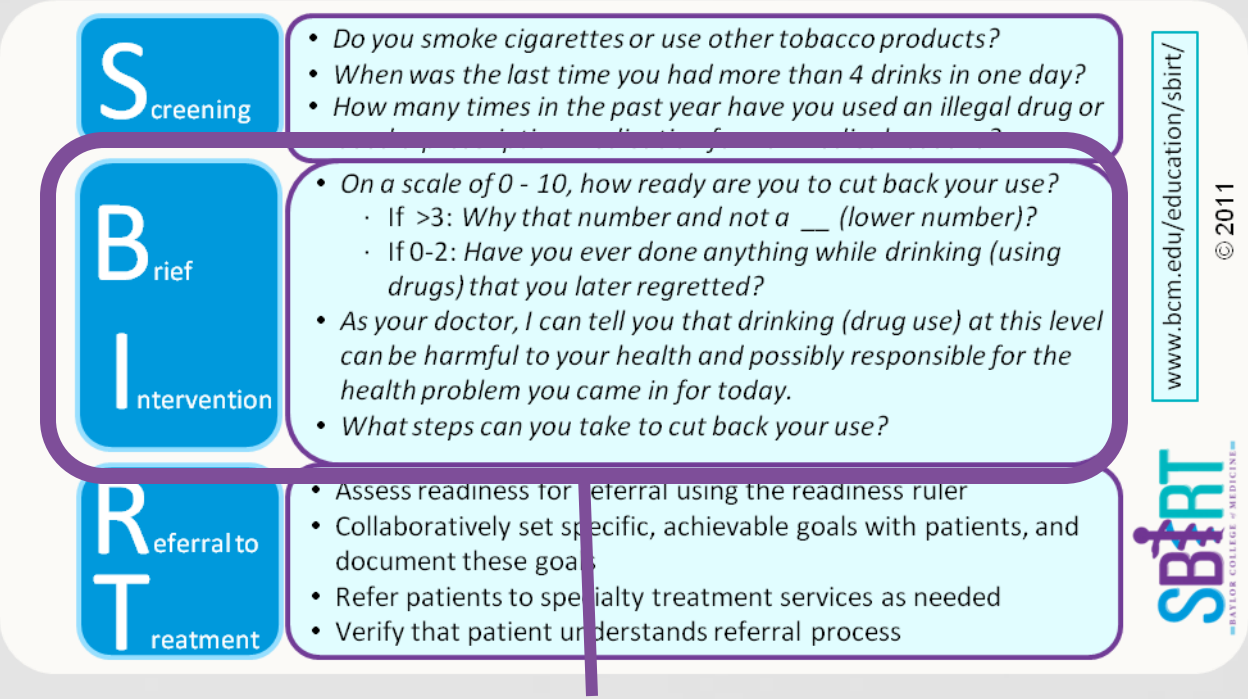
	Drinks/week	Drinks/day
♂	14	4
♀	7	3
ALL > 65	7	3
ALL < 21	0	0

Categories of drinking



I Healthy	II Risky	III Abuse	IV Dependence
AUDIT: 0–7 DAST: 0	AUDIT: 8–15 DAST: 1-2	AUDIT: 16-19 DAST: 3-5	AUDIT: 20+ DAST: 6+

Badgecard - Scripts



Brief Intervention

Let's Practice

1 Patient	1 Provider
• Each card has 1 alcohol (front) and 1 drug case (back) • Pick one case • All patient specifics are on card	• Follow instructions 1-5 on case card

InSight SBIRT Residency Training Program

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