

Module One

Motivational Interviewing Philosophy and Principles



*Alcohol and Drug Education
for Prevention and Treatment*

V1.7.13.141031

Introduction to ADEPT Modules

Helping patients change behavior is an important role for health care providers.

Some providers feel that change is the patient's responsibility and the provider is only responsible for diagnosing, advising and providing appropriate treatment.

“Noncompliance” is often viewed as patient failure rather than as a natural and common aspect of human behavior that can be addressed in treatment.

Understanding the change process and helping patients develop motivation to change can improve outcomes and lower patient and physician frustration.

ADEPT online training includes the introductory video and the following four modules:

1. Motivational interviewing: Philosophy and Principles
2. Motivational Interviewing: Tools and Techniques
3. Screening and Assessment
4. Brief Intervention

Modules 1 and 2 focus on Motivational Interviewing which is a key element of brief interventions for substance misuse. It is one of the features that distinguishes it from treatment as usual and makes it so effective.

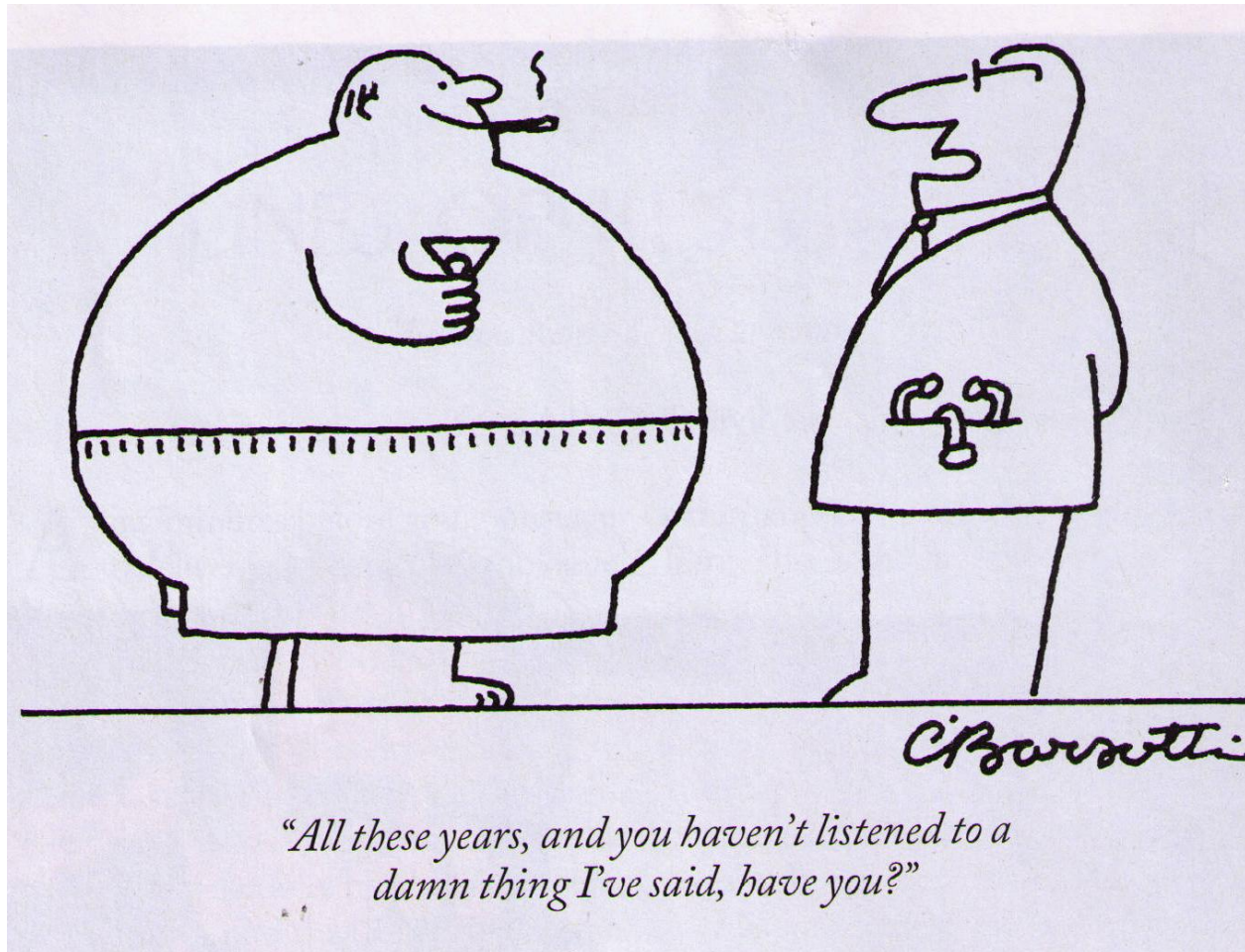
Treatment as usual tends to emphasize advice and prescription. Motivational Interviewing is a philosophy and set of skills designed to help patients develop their own **intrinsic motivation to change** health behaviors. Research supports the efficacy of Motivational Interviewing.

Motivational Interviewing is effective in addressing a range of health behaviors such as substance misuse, diabetes, activity and diet, asthma and cardiovascular disease (see selected studies at the end of this module). So, it is worthwhile to spend some time to learn and practice it.

A fool takes no pleasure in understanding, but only in
expressing personal opinion.

—*Proverbs 18:2*

Treatment as Usual: Prescription and Adviceand a common outcome



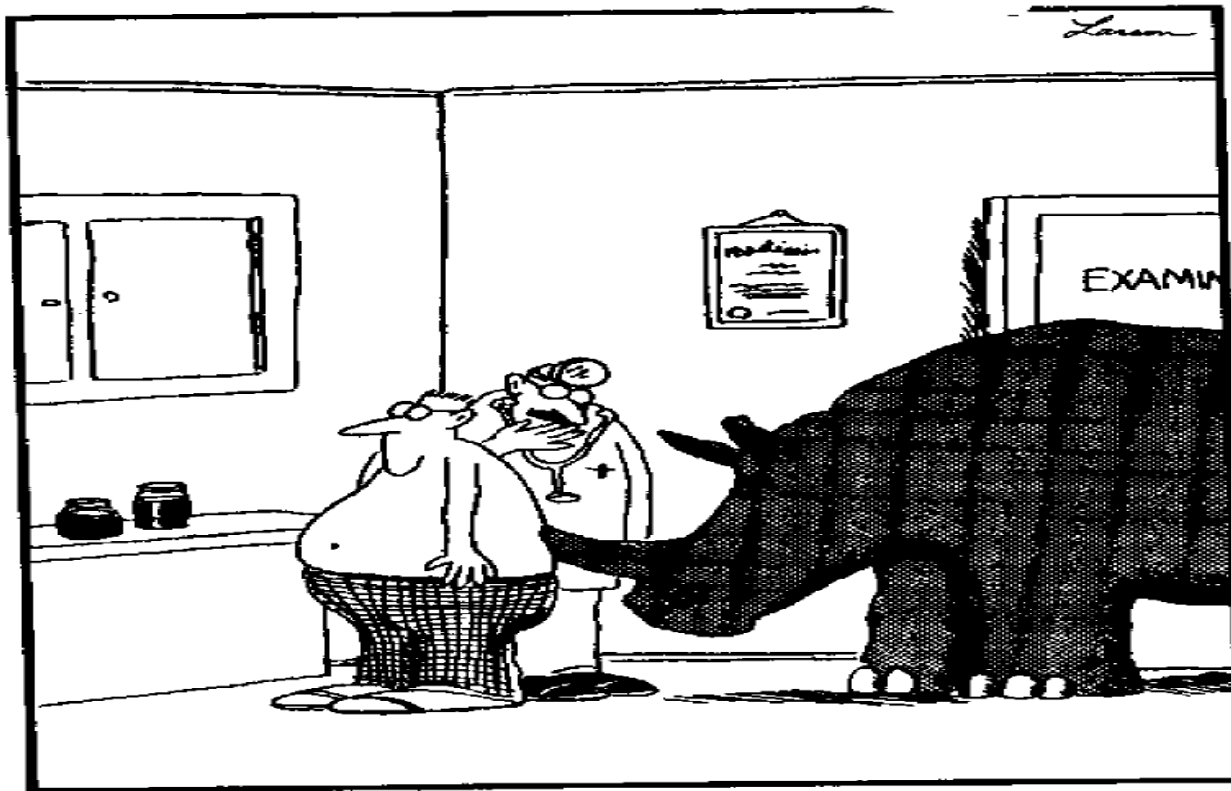
Old Joke

How many health care providers does it take to change a light bulb?

Only one but the light bulb has to really want to change!

As it turns out, it is not a joke!

Eventually, we get the point! Patients don't change because they're *told* to change. They change when they find their own reasons to change.



**"Wait a minute here, Mr. Crumbley. ...
Maybe it isn't kidney stones after all."**

Key Concepts in Behavior Change

- **Stages of Change**

Many people go through various stages before they are ready to make important changes in their behavior. Recognizing and addressing where patients are in the process is critical to facilitating behavior change.

- **Motivational Interviewing**

MI is an evidence based set of intervention techniques to help patients move through the stages of change and develop their own internal motivation to change. It is also a philosophy of care that recognizes and respects individual autonomy and self determination.

Trans-theoretical Model of Behavior Change

The Trans-theoretical Model identifies 5 **stages of change** people may go through in the process of changing problem behavior:

Pre-contemplation	Not considering change; may or may not know the health risks
Contemplation	May be aware of health risks but is ambivalent about change
Preparation	Decided to change and plans to take action
Action	Started to make changes but it may not be stable
Maintenance	Made sustainable changes in the health behavior

- Change is understood as a process rather than an event; as a series of changes, not just one.
- Interventions are most effective when they are geared to the patient's current stage.

One size does not fit all Patients!



A patient in the pre-contemplation stage would probably not be receptive to talking about cutting back on substance misuse. He might be willing to read or think about it.

A patient in the preparation stage might merely need some encouragement and suggestions about strategies, e.g., small, specific and achievable goals.

What is Motivational Interviewing?

- Motivational Interviewing (MI) is a collaborative, patient-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence about change.
- MI recognizes that patients may be at different stages of awareness and readiness to change and facilitates their progress through those stages.
- The central goal of MI is to increase the intrinsic motivation to change that arises from internal forces rather than external pressures.

The Righting Reflex and Ambivalence

- The Righting Reflex: The desire to fix what seems wrong and to set patients promptly on a better course, often using a prescriptive approach. It is a common characteristic of health care providers .
- The problem: Patients are typically ambivalent about change. They often know the arguments for change and will react to one sided arguments by taking up the other side and giving you reasons not to change. How often do you hear responses like:
 - *Yes, but....*
 - *I guess I am just genetically fat!*
 - *I've already tried that.*
- Motivational Interviewing philosophy and techniques can act as a counterbalance to the righting reflex and help patients resolve ambivalence.

Walk a mile in your patient's shoes

(Really do this. It may enhance your empathy for your patients.)

- Think about a problem behavior that you have been successful at changing.
- How long did it take you to decide it was a problem? A month? Six months? A year? Longer??
- How much time passed between the first time you had a negative consequence and first made an attempt to change the behavior?
- After you first made an effort to change the behavior, did you start the behavior again (relapse)?
- How much time passed between that first attempt and when you actually were successful in changing?

Conclusions about behavior change?

Behavioral issues are common. We all have them.

Change often takes a long time and the pace of change is variable.

Knowledge is usually not sufficient to motivate change.

Recurrence or relapse is the rule.

Our expectations of others regarding behavior change are often unrealistic and those can lead to frustration and burn-out for both the patient and the provider.

Virtual Exercise

(This is harder, but really - do it too!)

- Think about a behavior you would like to change.
- Imagine discussing this with your doctor and her responding by:
 - Telling you all the reasons to change
 - Telling you about the importance of changing
 - Telling you how to go about change
- Repeat but this time imagine that your doctor:
 - Asks you why you want to make this change
 - Asks what your three best reasons are to change
 - Asks how important it is for you to change
 - Asks how you might go about it to succeed

Summary

- The preceding are extreme examples that capture the essential difference between Motivational Interviewing and treatment as usual.
- Motivational Interviewing (MI) shifts the balance toward **more asking and less telling, more listening and less talking**.
- The evidence favors this approach:
 - Research shows that patients are more likely to consider change when they can generate their own reasons to change.
 - Research shows that patient talk about change is correlated with actual change.

Motivational Interviewing: Philosophy

Motivational Interviewing is both a philosophy and set of techniques and skills. The philosophy is embodied in MI Spirit which includes four core values:

Partnership	The patient is the expert in their life and an active partner in change rather than a passive recipient of your expertise.
Evocation	Elicit the patient's own reasons for change rather than imposing yours.
Acceptance	Respect the absolute value of your patients. Affirm strengths and autonomy and offer accurate empathy for their feelings.
Compassion	Actively promote the welfare of your patients and give priority to their needs.

Embracing these values will make MI techniques and skills easier to perfect.

Motivational Interviewing: Key Principles

- 1. Express Empathy**
- 2. Develop Discrepancy**
- 3. Roll with Resistance**
- 4. Support Self-Efficacy**

Express Empathy

See the world from the patient's perspective with a nonjudgmental attitude.

- *I can see how drinking and relaxing with your friends would be hard to give up.*
- *Being a single parent can really be stressful.*

Develop Discrepancy

- Motivation is a function of the discrepancy between the patients' present behaviors and his/her values. Increasing your patient's awareness of the discrepancy can motivate change.
- The provider elicits and explores the patient's own arguments for change as a path out of ambivalence.

- *You really care about your job but your drinking sometimes seems to impact your performance.*
- *You really want to be a good role model for your kids but you sometimes wonder what they think about your weight.*

Roll with Resistance

- Resistance to change is viewed as normal and expected. Ambivalence is common and sometimes expressed as resistance.
- The provider tries to understand and respect both sides of ambivalence. Arguments against change are met with acceptance and empathy.
- Remember: Change is a process and rolling with resistance can leave the door open for future conversations about change.

- *If you would rather not talk about your alcohol use right now, let's just focus on why you came in today. Maybe we can discuss it another time.*
- *I know this is difficult to talk about and change is hard.*

Support Self-Efficacy

- Acknowledge the patient's capacity to change and reinforce their ability to be successful in making positive behavior change.
- Acknowledge and support the patient's autonomy in the change process.

- ***You have accomplished a lot in your life. I think you are up to this challenge.***
- ***I have shared my concerns about the health risks but whether or not you cut back on your drinking is up to you.***



Take Home Points

- Behavior problems are common (we all have them from time to time) and change is hard (we have all experienced setbacks).
- Motivational Interviewing is an evidence based approach to help patients develop internal motivation to change.
- Change is a process that can go through various stages from pre-contemplation to action. Interventions are most effective when they are geared to where the patient is in that process.
- Patients are often ambivalent about change and Motivational Interviewing can help tip the balance in favor of change.

Selected Studies

Diabetes	A Randomized Controlled Pilot Study of Motivational Interviewing to Change Attitudes about Adherence to Medications for Asthma <i>Journal of Clinical Psychology in Medical Settings, 8, 167-172</i>	MI + education > education only in increasing medication compliance for asthma.
Cardiovascular Health	Motivational interviewing to promote physical activity for people with chronic heart failure <i>Journal of Advanced Nursing, 50, 51-527</i>	MI increased physical activity compared to TAU
Diabetes	Motivational Interviewing improves weight loss with Type 2 diabetes <i>Diabetes Care, 30, 1081-1087</i>	RCT demonstrated > weight loss and < A1C for MI + education vs education only
Diverse Health Behaviors	Motivational Interviewing in Health Care: Helping Patients Change Behavior <i>Rollnick, Miller and Butler</i>	Extensive references for the efficacy of MI
	Motivational interviewing: a systematic review and meta-analysis <i>British Journal of General Practice, 55(513): 305-312</i>	MI is more effective than TAU for a broad range of health behaviors.