Motivational Interviewing (MI) for Brief Encounters

Making an impact in 15 min. or less!

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NSHC
NATIONAL SOCIETY OF HEALTH COACHES

History of MI

Began in Psychiatry/Behavioral Health for the treatment of alcohol addiction in the early 80s

MI Defined

A collaborative, person-centered form of guiding to elicit and strengthen motivation for change. (Rollnick et al, 2008)

MI helps to…

- Identify ambivalence and drill down to the dilemma
- Understand how a person feels about change (readiness for change)
- Develop clinician/client rapport
- Establish a partner relationship
- Evoke and reinforce change talk

MI is Both:

Client-centered - whereas the client's thoughts, feelings, culture, birth generation and perceptions are acknowledged….and

Directive – clinician's use of specific strategies, concepts and interventions to guide client toward exploration, self-discovery, resolving ambivalence or the decision to change.

Rollnick, Miller & Butler (2008) state clients exposed to MI versus “treatment as usual” in various clinical trials were found to be more likely to:

- Improve medication adherence
- Have fewer hospitalizations
- Increase exercise
- Reduce stress
- Reduce sodium intake
- Keep food diaries
- Increase fruit and vege intake
- Improve glycemic control

Spirit of MI

"How I am with people, what I say, and what I help them to say makes a difference in whether behavior change happens."

Dr. William Miller, PhD

Originator of MI

Its all about

SKILLFUL CONVERSATION

Using MI with clients

Evidence-based Health Coaching (EBHC)®

The vehicle through which MI is implemented into the clinical engagement.

EBHC is Not

- Counseling
- Directing
- Managing

Premise of EBHC

- Individual is the “real” change agent.
- Values, beliefs, culture, faith, and birth generation affect an individual’s healthcare decisions.
- A paradigm shift from “director” role to “partner” can change the dynamics of the provider/individual relationship and foster behavior change.

Why EBHC has Emerged?

- Traditional methods not working very well
- Attention focused heavily on the patient/family engagement
- It improves outcomes

CAUTION!

A Paradigm Shift in Thinking REQUIRED!

Traditional Approach vs. Health Coaching w/ MI

Telling-Directing-Managing

What Things?

- Preventative Screenings
- Vaccinations
- Medications
- Exercise
- Diet

And if you don’t “Do these things”….

We have a label for you……..


Non-Compliant

“Non-compliance”

- 5% declare vaccine exemptions
- 10% of all hospital admits
- 14.5% of all ER visits
- Medication non-compliance= $300billion/yr
- Med use- 50% take as prescribed
- Med use- 50% never start their regimen
- 30-60% of pts don’t follow tx plans as ordered

Why People Don’t Change Behavior?

- Their values don’t support it.
- They don’t think it’s important.
- They don’t think they can.
- They haven’t worked through their ambivalence about it.
- They aren’t ready for it.
- They don’t have a good plan.
- They don’t have adequate social support.

Butterworth, S. (2007). Health Intelligence Network.

Center for Advancing Health , 2010 Engagement & Self-management Support

A person's involvement in their healthcare where professional information & advice is in concert with the client's needs and preferences.

Traditional vs. Health Coaching w/ MI

Directing/Managing

Guiding/Facilitating

"What is the greatest concern <u>you</u> have?"

Example:

Client: “I’ll never be able to stay on this diabetic diet.”

Traditional Response:

“Sure you will! I have lots of information for you to take with you and I’ll be here to help you.”

Health Coaching w/ MI:

“What’s concerns you most about it?

Differences…

Guiding/Facilitating

- Actively listens
- Empowers
- Non-judgmental
- Patient's concerns

Directing/Managing

- Gives advice
- Diagnosis-driven
- "Does the talking"
- Provider's agenda

NSHC's Clinical Model

Health Behavior Outcomes

How well is the patient managing him/herself today?

Health Teaching

≠

Self-management or Compliance!

"I'm taking better care of my heart. I've started using aspirin as one of my pizza toppings."

4 Guiding Principles
Miller & Rollnick's "RULE"

- **R**esist the *Righting Reflex*
- **U**nderstand patient's dilemma/motivation
- **L**isten
- **E**mpower

Ambivalence

- The “BUT” in the middle
- Feeling two ways about something (conflicting thoughts & feelings about a behavior change)
- Not to be confused with defiance or resistance

Ambivalence

We are them!

Something about yourself that you

- Want to change?
- Need to change
- Should change
- Have been thinking about changing

But you haven’t changed yet…i.e- you’re ambivalent about…

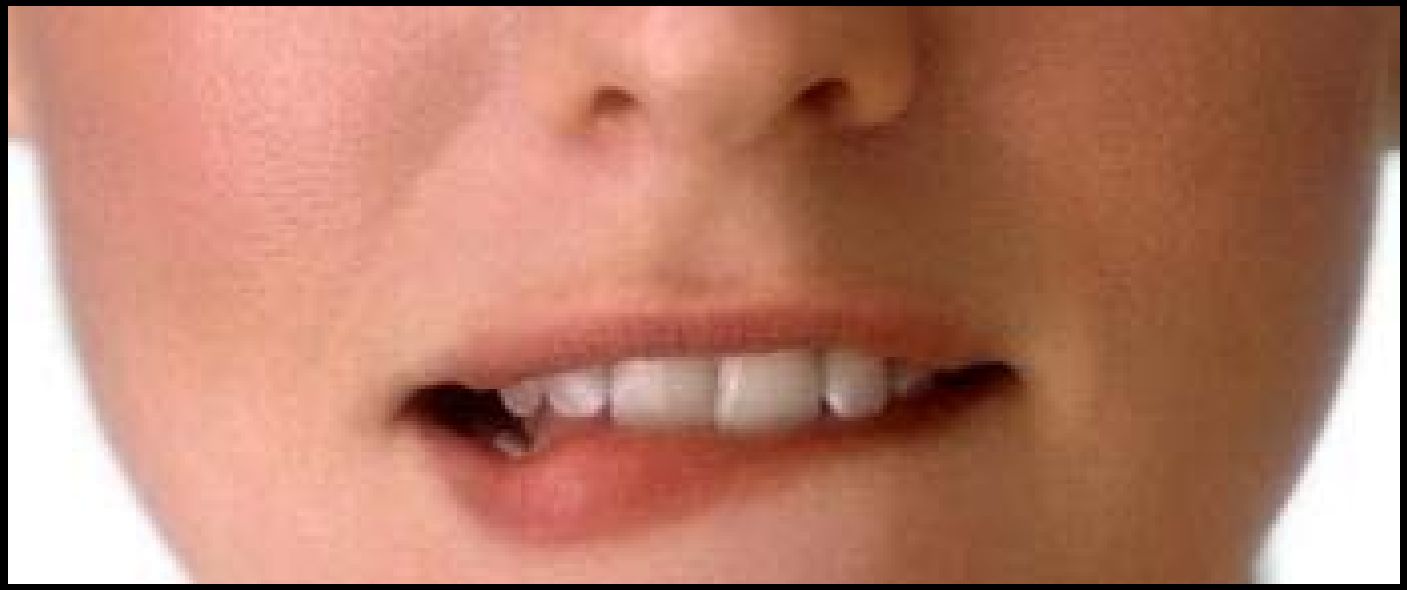
Ambivalence

"I've tried losing weight before, BUT I just can't stay on my diet."

"My doctor gave me a prescription, BUT I don't know that it's going to help that much. I'm not sure I really need to fill it."

Ambivalence

Understand the client's Dilemma & Motivation



Drilling Down Ambivalence

Reasons for staying the same

&

Reasons to change

Listen ….Actively

Strive to be interested……..

NOT interesting!

Listen for certain cues about the client's change readiness….and respond accordingly!

"I might…" "I've thought about.."

" I can't…" "I'm considering…"

"I don't think I can…"

"I plan to…"

"I'm really not interested in…"

We tend to believe what we hear ourselves say…

- The more one talks about reasons for change, the more likely one is to change.
- The more one talks about the disadvantages of change, the more one is committed to sustaining the status quo.
- If we continually talk in a way that causes one to “defend” where he/she is, change is LESS likely to occur.

Open-ended Questions

- Requires thought to formulate a response.
- Allows time for one to expound upon a response.
- Allows one to reflect upon feelings, concerns, values about the real issue(s).
- Provides the means for the clinician to drill down to the real dilemma(s)

Examples:
Open-ended Questions/Responses

- Tell me what concerns you most about _____.
- How will this change affect your lifestyle?
- Explain what you understand about _____.

More….Open-ended

- Tell me (more) about….
- How might you….?
- Explain what's hindering about _____?
- What will you need to do so that…….?
- How might _____ affect your family, your work?

AVOID Creating Resistance

Actions that usually create resistance:

- Convince one they have a problem
- Argue for benefits of change
- Tell someone how to change
- Sternly warn them of consequences

Empowering the client

- Ask permission

“Would you be willing to consider…..?”
“Would you be interested in some information about…?”
“Do you have any objection to……?”
“May I give you some reading material about……?”

2. **Giving information (Elicit – Provide – Elicit)**
Respect what the patient already knows, by finding out.

Affirming Strengths

Examples:

Client: “I tried everything I can to stay on this diabetic diet and frankly, I feel like giving up.”

Clinician Response: “You’ve worked very hard on this.”

Client: “I moved my morning medicine to the kitchen table, where hopefully I will remember to take it when I eat breakfast.”

Clinician Response: “You’ve had a great idea! Remembering to take medication is not always easy.

Summarizing

- Provide a brief synopsis of the conversation
- Identifies key elements
- Restates commitments
- Helps establish accountability
- Provides an opportunity for the client to correct or clarify what they have said.

How to Start?

- Invite the client to talk

"I understand Dr. White wants to get your weight down to help lower your blood pressure blood. Tell me your thoughts on this."

- Listen Carefully with the goal of understanding the dilemma (ambivalence) - **Give no advice!**

- Use Open-ended responses/questions

Group Practice

“Its too hard to stay on this low-fat, low salt diet.”

“I’m really not sure if I can quit smoking. I’ve tried quitting more than once.”

“I doubt that I will ever be able to fit exercise into my day with my crazy work schedule.”

Change is similar to an iceberg.

15% is visible above the water.

The driving force is deep below the surface where 85% of the iceberg is susceptible to different currents and flow.

Readiness for Change Tools

1. Importance of making the change

1. Confidence level for change

“Importance of Change” Tool

On a scale from 0-10, where 0 is not at all important and 10 is extremely important, how important would you say it is for you to _____?

0	1	2	3	4	5	6	7	8	9	10
Not at all Important									*Extremely Important*	

(Miller, W. & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change)*

“Confidence to Change” Tool

On a scale from 0-10, where 0 is not at all confident and 10 is extremely confident, how confident are you, that if you decide to _____, you could do it?

0 1 2 3 4 5 6 7 8 9 10

Not at all Confident *Extremely Confident*

- (Miller, W. & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change)*

MI for Brief Encounters

3 Take-A-Ways:

1. What concerns you most about…?
2. Open-ended questions
3. Readiness for change…?

“It is the truth we ourselves speak rather than the treatment we receive that heals us.”

O. Hobart Mowrer, 1966

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