

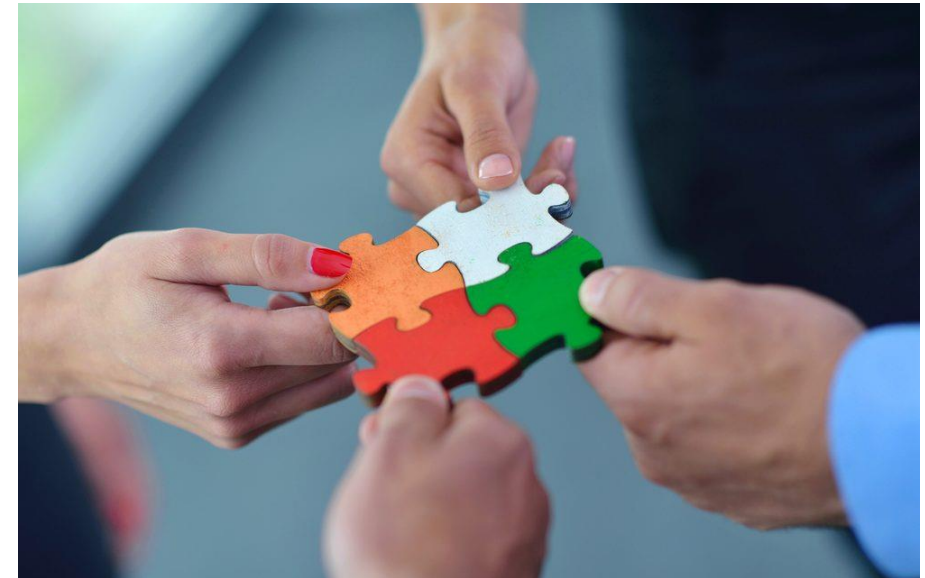


Helping Patients Change Behavior: A Motivational Interviewing (MI) Approach

Barbara L Beebe LMHC June 2020

Answer two of these questions with a partner:

- What is the most important fact you know about helping people with mental illness?
- What is something you are hoping to learn about motivational interviewing?
- What currently holds you back from addressing the challenges presented by individuals who struggle with accepting your help, support and suggestions?
- How do you think this training will affect your



Agenda

- 1** Motivational Interviewing in the Health Care Practice

- 2** Ambivalence

- 3** Stages of Change

- 4** Spirit of Motivational Interviewing (MI)

- 5** Process of MI

- 6** Readiness Ruler

How Motivational Interviewing fit into Health Care Practice

Styles of Communication

- Directing (take charge)
- Guiding (provide direction, support for patient to solve issue themselves)
- Following (go along with, trust patients wisdom about themselves)

Core Skills

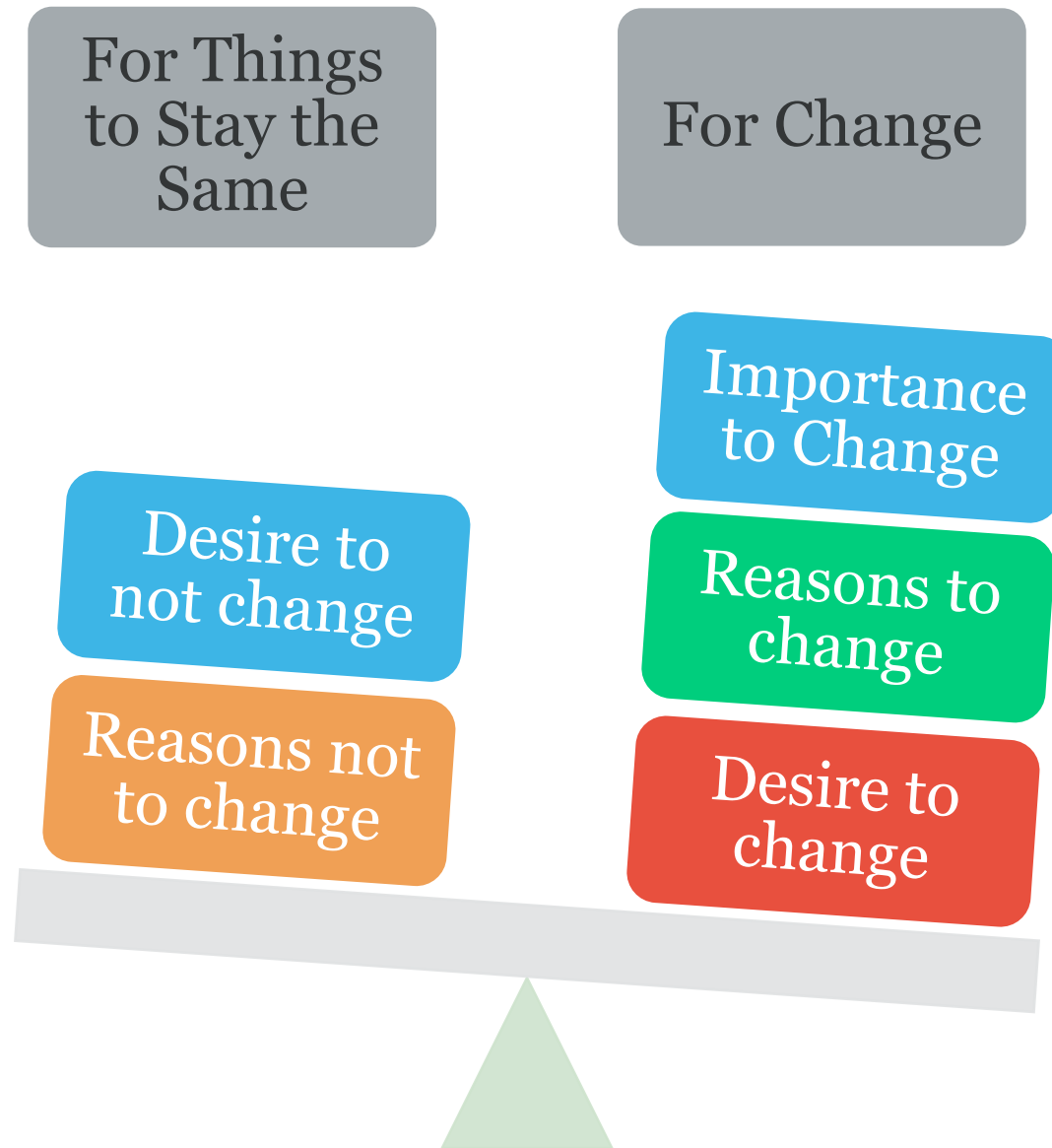
- Asking (listen to understand and ask options she has considered)
- Informing (a suggestion with clear rationale)
- Listening (sympathetic and supportive)

1. Ambivalence

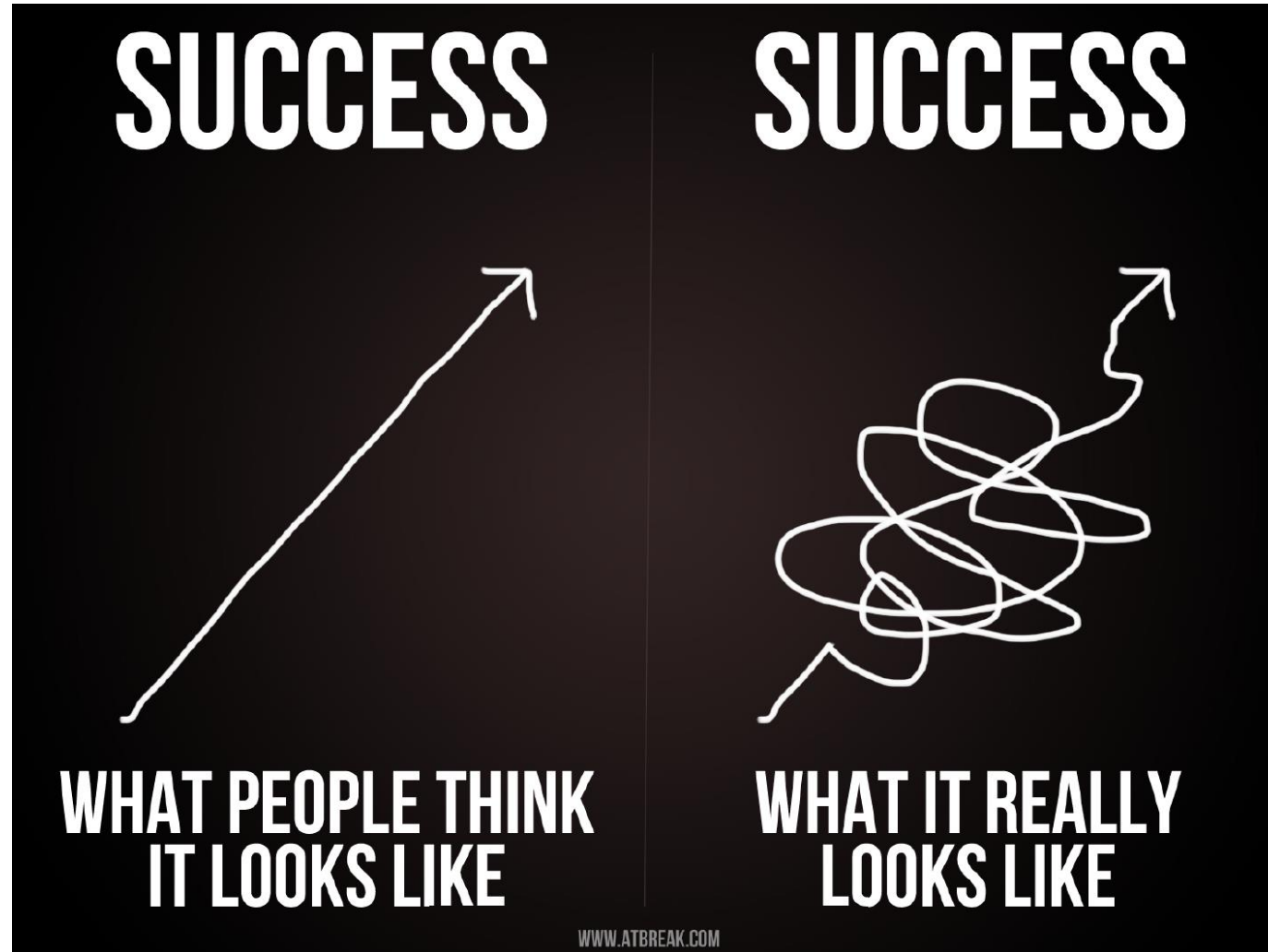


Motivational Interviewing , an evidence based practice, for making changes regarding: use of alcohol, tobacco, and other substances, criminal behaviors, family violence, eating disorders, conduct issues with youth, amount of television viewing in children, dietary changes, study skills, pain-related disability with cancer, diabetes management, physical therapy, dropout rates from school or treatment, oral health practices, secondhand smoke, weight loss, and more.

1. Ambivalence (continued)



3. Introduction to Stages of Change



Prochaska and DiClemente's Stages of Change



Zooming in on the Stages of Change

Precontemplation

Characterized by: Not being interested in stopping substance use;
Rejects new information

Your objective:
Introduce Ambivalence

Contemplation

Characterized by:
Ambivalence;
Willing to receive new information

Your objective:
Resolve ambivalence in favor of changing substance use

Zooming in on the Stages of Change

Preparation

Characterized by: Wants to reduce use;
Requests advice and information

Your objective:
Aid in finding strategies for reducing use

Action

Characterized by: Frequently wants to use again;
Accepts new information

Your objective:
Eliminate relapse triggers

Zooming in on the Stages of Change

Maintenance

Characterized by:
Occasionally wants to use;
Gives Information to others

Your objective:
Promote emotional and spiritual growth

Relapse/
Recycle

Characterized by:
Re-entering the cycle

Your objective:
(depends on the stage entering in)

A Continuation of Communication Styles

Directing	Guiding	Following
Characterized by providing information, instruction, and advice	Characterized by being a good listener and also offering expertise where needed	Characterized by listening, seeking to understand, respectfully refraining (at least temporarily) from sharing their own perspective
“I know what you should do, and here’s how to do it.”	“I hear you describe where you want to go, and I would like to help you consider how to get there.”	“I trust your own wisdom, will stay with you, and will let you work this out in your own way.”
Recipient is expected to obey, adhere, and comply	Recipient is an active participant, and needs assistance to reach his/her goals	Recipient has the role to lead fully
ex. A physician explaining how to take medication properly or a probation officer explaining the consequences imposed by the court	ex. On a trip in another country, a skillful guide will match activities you wouldn’t know about otherwise with your interest	ex. To listen as a dying patient for whom everything necessary has been done, or a client who enters a session with strong emotion

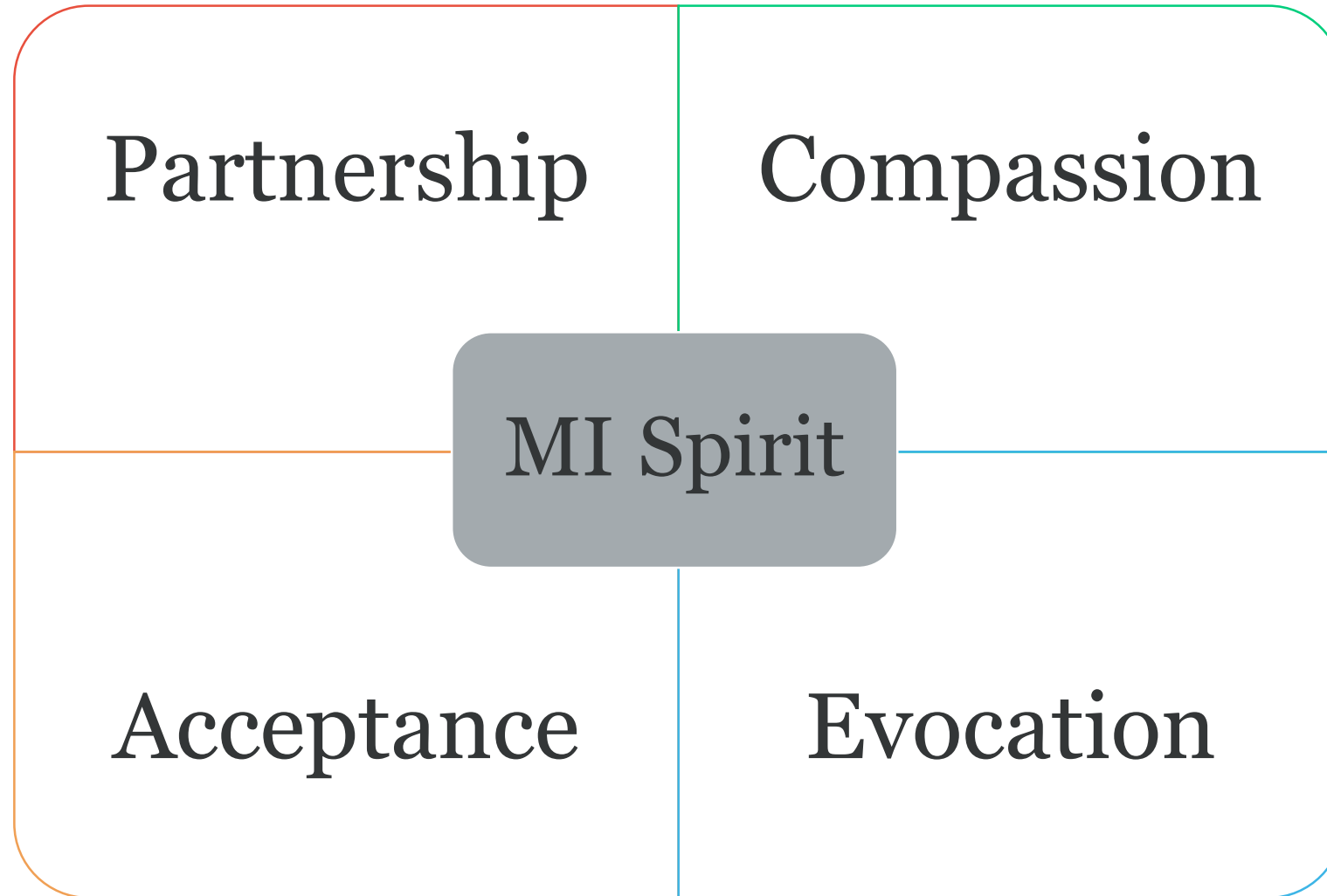
Stage of Change: Sm Gr Activity

Mr. C, a man in his early 60s, has been unable to work for 5 years following complications of a heart attack and heart disease. He completed an intake with a behavioral health clinician a few years ago due to symptoms of depression, but stopped attending after 8 sessions when his therapist left the agency. He says he has thought about returning to treatment but he doesn't know if it will help.

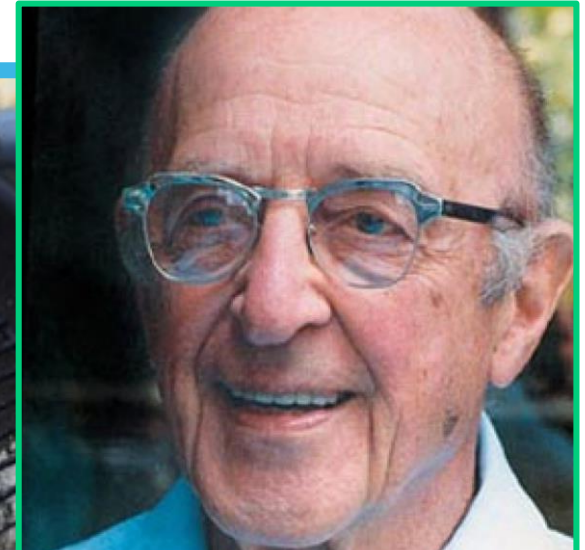
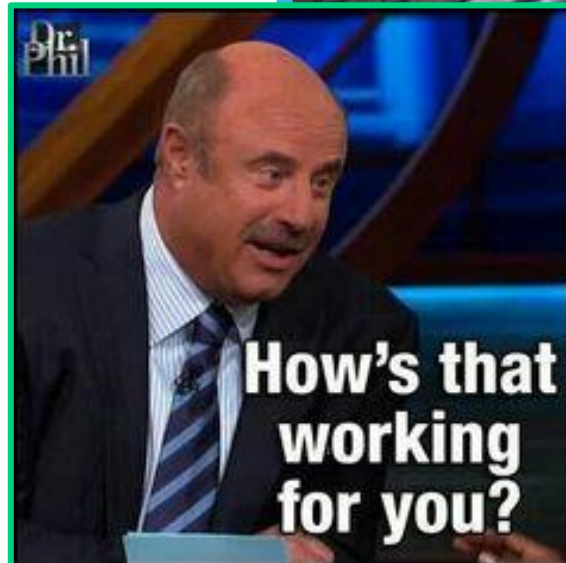
- **What stage of change is Mr. C in?**
- **What is your goal in this stage?**
- **What approach might you take?**



“Spirit of MI”



Approaching Change Conversations



“

The curious paradox is that when I accept myself just as I am, then I can change.

Carl Rogers

”

Approaching Change Conversations



E. Process of Motivational Interviewing

Engage: Helpful connection



Focus: Useful direction

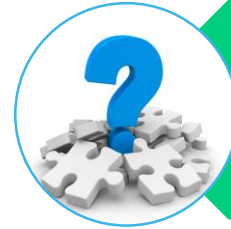


Evoke: Draw out reasons



Plan: Support change, if desired

Engaging in a Helpful Conversation: OARS



Open Questions



Affirm



Reflect



Summary

Evoking: Drawing out Intrinsic Motivation

Extrinsic Motivation

- Reward or Punishment
- Can work to motivate for routine tasks

Intrinsic Motivation

- Autonomy, Mastery, Purpose
- Needed for creative, complex, hard work

Case Example

Member:

Ms. A, a woman in her early 70s, is troubled, as she is most nights, by intense feelings of sadness and despair, accompanied by crying spells lasting long into the night.

Ms. A typically spends the morning lying in bed exhausted but unable to drift off. When she does get out of bed, she moves quite slowly and finds it difficult to muster enough energy to get dressed. She also has a great deal of difficulty eating regularly, and has lost weight as a result.

Ms. A explains to you that even reading or watching television can seem like too much effort, but she still attempts to distract herself from her low mood with various activities.

Case Example – Catching the Flickers of Hope

Member conveyed *wanting* to distract from low mood and even *identified* some coping mechanisms

You respond with reflection: “It’s challenging, yet it seems you’d like to sort this out.”

Member is more likely to respond with more change talk: “The first step I need to do is figure out what coping skills are going to be the most mood boosting, then I can start to focus on my physical health.”

Evoking: Listening for and Strengthening Change Talk (DARN-C)

Desire

- I want to... I would like to ...
- I wish... I hope...

Ability

- I can ... I am able to...
- I could... I would be able to...

Reasons

- I would probably... I might...
- It would help me... I'd be...

Need

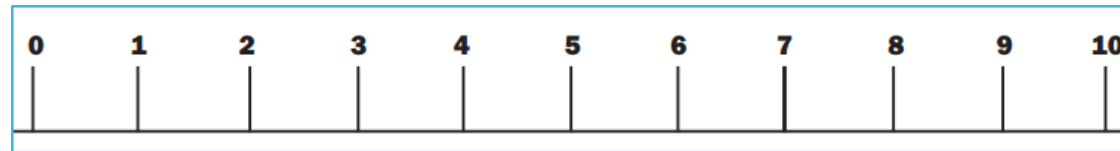
- I need to... I have to... I must...
- I can't keep on like this

Commitment

- I will ...
- I intend to...

Readiness Ruler

- How **important** is it for you to make a change around _____?
- If you wanted to, how **confident** are you that you would be successful in achieving your goals?



- (4 or less) “Wow! Why is it at _____ and not at _____ (a number slightly lower)?”
- (5 or greater) “Wow! It looks like this is a somewhat/very important issue for you!” or “Wow! It looks like you are somewhat/very confident you can make this change!”
- (0) It looks like this is NOT an issue that you feel needs any change at this time. Do I have this correct? or Is there anything that would ever make the number on this scale increase?
- What would you need to help you move that number from a _____ (i.e. 4) to a _____ (i.e. 6)? (Use small increments)



Take a minute to consider one thing you will take away from this training?

Summary

- MI is an evidence-based practice
- Ambivalence is a normal part of the change process
- Consider a person's Stage of Change
- Your goal is to move the person to the next Stage of Change
- MI spirit: Partnership, Compassion, Acceptance, Evocation
- MI Process: Engaging, Focusing, Evoking, Planning
- Listen for DARN-C
- Try out the Readiness Ruler

Bibliography

American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders (5th ed.) Arlington, VA: American Psychiatric Publishing.

Clifford, D., and Curtis, L. (2016). Motivational interviewing in nutrition and fitness. New York: Guilford Press.

Connors, G., Donovan, D., and DiClemente, C. (2001). Substance abuse treatment and the stages of change: Selecting and planning interventions. New York: Guilford Press.

Furst, L. & Madra, N. (n.d.) Depression in older adults. Relias Learning. REL-HHS-MHA-DAOA-V2. (Retrieved March 9, 2019).

Johnson, S. (1998). Who moved my cheese? New York: G.P. Putnam's Sons.

Miller, W. R. and Rollnick, S. (2013). *Motivational interviewing* (3rd Ed.) New York: Guilford Press.

Miller, W. R. and Rollnick, S. (n.d.). *Reflection questions for Motivational Interviewing* (3rd Ed.) Retrieved on 6/3/17 from <https://www.guilford.com/companion-site/Motivational-Interviewing-Third-Edition/9781609182274>.

Motivational interviewing network of trainers (MINT). 2014. Motivational interviewing training new trainer's manual. Retrieved on 5/6/17 from http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf

Patterson, K., Grenny, J., McMillian, R., and Switzler, A. (2012). Crucial conversations: Tools for talking when stakes are high (2nd Ed.). New York: McGraw Hill.

Pink, D. (2009). Drive: The surprising truth about what motivates us. New York: Riverhead Books.

Rollnick, S. (2/5/17). Motivational interviewing. Presentation at MPS. Retrieved on 5/6/17 from <http://www.stephenrollnick.com/mps-workshop.php#>

Rollnick, S., Miller, W. R., Butler, C. C. (2008). Motivational interviewing in health care: Helping patients change behavior. New York: Guilford Press.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). Treatment improvement protocol (TIP) 35: Enhancing motivation for change in substance abuse treatment. Rockville, MD: US department of health and human services. Retrieved on 5/6/17 from <http://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Abuse-Treatment/SMA13-4212>