Motivational Interviewing: An Overview for Primary Care

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Disclosures:
No financial disclosures.
Objectives

• Purpose
• Evidence Base
• Spirit (and practice)
• Definition
• Principles
• Demonstration
• Tools for your Practice
How do we understand...

• Parents who are desperate for help for their children, seek our advice, and don’t follow parenting recommendations?
• Kids with diabetes who have multiple visits to the emergency room due to ketoacidosis and continue not to follow medical recommendations?
• Teens who have lost relationships with their families, fail out of school, and experience physical effects of substance dependence and continue to use?
Could it be . . .

- That they are in denial?
- That they do not have sufficient information?
- That the consequences are not meaningful?

AMBIVALENCE
Stages of Change
(Prochaska & DiClemente, 1992)
Empirical Base of MI with Adolescents

- Improve substance use behaviors and consequences
  - Meta Analysis Substance Use (Jensen et al. 2014, Jensen et al. 2011)
  - Alcohol use (Bernstein et al., 2010; Walton et al., 2010)
  - Tobacco use (Audrain-McGovern et al., 2011; Colby et al., 2005; Horn et al., 2007).
  - Marijuana use (Martin & Copeland, 2008; Stein et al., 2011; Walker et al., 2006; Walker et al., 2011).

Empirical Base of MI with Adolescents

• Improve health behaviors and outcomes
  • Meta-analysis of adolescent health behaviors (Cushing et al. 2014, Gayes et al. 2014)
  • Condom use among at-risk and HIV positive youth (Bryan et al., 2009; Chen et al., 2011)
  • Reduce viral loads among HIV positive youth (Naar-King et al., 2009)
  • Reduce A1C levels among adolescents with Type I Diabetes (Channon, Huws-Thomas, & Rollnick et al., 2007)
  • Prevent childhood obesity (Schwartz et al. 2007, Resnicow et al. 2006)
Empirical Base of MI with Parents

• Parent training programs integrate MI components
  • Prevent behavior problems among young children (Dishion et al., 2008)
  • Improve middle school children’s substance use & antisocial trajectories (Stormshak et al., 2011)

*Caveat: MI component not isolated*
Real-Play #1

- Work with one other person
- One will be the speaker
- One will be the counselor
- Switch roles when I tell you to reverse
Exercise #1: Speaker’s Topic

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. – something that you’re ambivalent about
Exercise #1: Counselor’s Guide

- Explain *why* the person should make this change
- Give at least 3 specific *benefits* that would result from making the change
- Tell the person *how* they could make the change
- Emphasize how *important* it is to change
- Persuade the person to do it
- If you meet resistance, repeat the above

P.S. This is *NOT* motivational interviewing
No stealth reflective listening!
Persuasion: What goes wrong?

- Righting Reflex & Ambivalence
- Normal human response to the direct confrontation:

<table>
<thead>
<tr>
<th>Invalidated</th>
<th>Resist</th>
<th>Withdraw</th>
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<tbody>
<tr>
<td>Not respected</td>
<td>Arguing</td>
<td>Disengaging</td>
</tr>
<tr>
<td>Not understood</td>
<td>Discounting</td>
<td>Disliking</td>
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<tr>
<td>Not heard</td>
<td>Oppositional</td>
<td>Inattentive</td>
</tr>
<tr>
<td>Angry</td>
<td>Denying</td>
<td>Passive</td>
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<tr>
<td>Ashamed</td>
<td>Delaying</td>
<td>Avoid/leave</td>
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<tr>
<td>Uncomfortable</td>
<td>Justifying</td>
<td>Not return</td>
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Making people feel bad doesn’t lead them to change!
Real-Play #2: Switch Partners!!

Speaker: Same Topic

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. – something you’re ambivalent about
Listener

- Listen carefully with a goal of understanding the dilemma. Give no advice.
- Ask these three open questions:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - On a scale from 0 to 10, how important would you say that it is for you to make the change?
    - Follow-up: “And why are you at ___ and not zero?”
- Give a short summary/reflection of the speaker’s motivations for change.
- Then ask: “So what do you think you’ll do?”
  - And just listen with interest
Response:

- Normal human response to listen/evoke/empathic style:

<table>
<thead>
<tr>
<th>Affirmed</th>
<th>Accept</th>
<th>Approach</th>
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<tbody>
<tr>
<td>Understood</td>
<td>Open</td>
<td>Talk more</td>
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<tr>
<td>Accepted</td>
<td>Undeceptive</td>
<td>Liking</td>
</tr>
<tr>
<td>Respected</td>
<td>Interested</td>
<td>Engaged</td>
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<tr>
<td>Heard</td>
<td>Cooperative</td>
<td>Activated</td>
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<tr>
<td>Comfortable</td>
<td>Listening</td>
<td>Come back</td>
</tr>
<tr>
<td>Empowered</td>
<td></td>
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<tr>
<td>Hopeful/able to change</td>
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A change of role

• You don’t have to *make* change happen
  • You can’t
• You don’t have to come up with all the answers
  • You probably don’t have the best ones
• You’re not wrestling
  • You’re dancing
MI Definition

• **MI is a particular kind of conversation about change**
  • Specific behavior or problem is targeted

• **MI is collaborative**
  • Partnership, respect others’ worth & autonomy

• **MI is evocative**
  • Elicit person’s own desires, abilities, reasons, needs, and commitments to change

(Miller, 2010)
Principles of MI: Summary

1. Express empathy
2. Develop discrepancy
3. Roll with resistance
4. Support self-efficacy
Principles of MI

1. Express empathy
   - Ambivalence is normal
   - Acceptance facilitates change
   - Reflective listening is fundamental
Principles of MI

2. Develop discrepancy
   - Patient rather than provider presents arguments for change
   - Change is motivated by perceived discrepancy between present behavior and goals or values

Principles of MI

3. Roll with resistance
   • Avoid arguing for change
   • New perspectives are invited but not imposed
   • Resistance is not directly opposed

4. Support self-efficacy
   • Patient is responsible for change
   • Patient’s belief in possibility of change is important factor

What makes MI?

- Engaging process
- Guiding process
- Evoking process
- Planning process
Engagement process: Relational Foundation

Listen to your patient
Roll with resistance

OARS: four basic skills
• Open ended questions
• Affirmations
• Reflections
• Summary statements
OARS

- Open ended questions
  - Broad latitude in how to respond
  - Do not invite short answers
  - Encourage a client to talk

- Which are open-ended
  - Don’t you think it’s time for a change?
  - What do you know about sertraline?
  - What do you like about cutting?
  - Is this an open question?
OARS: tips on questions

- Ask fewer questions
- Don’t ask 3 questions in a row
- Ask more open than closed questions
- Offer two reflections for every question asked
• **Affirmations:**
  • Appreciate a strength or positive action
  • Should be genuine
  • Express positive regard and caring
  • Strengthen therapeutic relationship
Reflections

• **Reflections:**
  • Are statements rather than questions
  • Make a guess about the client’s meaning (rather than asking)
  • Yield more information and better understanding than questions

• Often a question can be turned into a reflection:
  • First, *think* (but don’t speak) this question:
    • Do you mean that you __________________________?
  • Erase the words, “Do you mean that”
  • Make it a statement (inflect *down* at the end) and you’ve got a reflection
OARS

• **Summary statements**
  • Collect material that has been offered
  • Link something just said with something said before
  • Transition to a new task by drawing together what has happened
## Guiding/Focusing

### Decisional Balance Scale:

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<tbody>
<tr>
<td>1.</td>
<td>Reasons NOT to change</td>
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<tr>
<td>2.</td>
<td>Results of NOT changing</td>
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<tr>
<td>3.</td>
<td>Reasons to change</td>
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<tr>
<td>4.</td>
<td>Results of changing</td>
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Evoking: Eliciting Change Talk

Ask Evocative Questions/Listen For: DARN CATS

- DESIRE to change:
  I want to quit cutting.

- ABILITY to change:
  I’ve gone 2 months without cutting before.

- REASONS to change:
  I hate the way these scars looks and swimsuit season is just around the corner.

- NEED to change:
  I need to do this to be able to do roller derby.

- COMMITMENT (intention, decision, promise)
  I will not cut over the next week.

- ACTIVATION (willing, ready, preparing)
  I’m ready to throw out my razors.

- TAKING STEPS
  I threw out my razors and told my mother about them.
What is wrong with me?

- Listen to this adolescent with focus on picking up on language in favor of change in dieting, exercise

- Change Talk=Desire, Ability, Reasons, Needs Commitment, Action, Taking Steps

- CHANGE TALK VIDEO
  - https://www.youtube.com/watch?v=SnFIR6KBsAo
  - (start at 0:50-3:40 min)
Eliciting Change Talk

• Explore Goals and Values
  • What do you want to be doing in 3 months? 1 year?
  • First step towards that?
  • How does that fit or not fit so well with (target behavior)?

• Looking Back & Looking Forward
  • How will life look in 5 years if you continue down this path?
  • What was life like before started/stopped (related to target behavior)?

• Query Extremes
  • What are the best things that might happen if you do make this change?
Eliciting Change talk

- Address Ability to Increase Self-Efficacy
  - How would you go about making this change, if you wanted?
  - Tell me about a time that you did something hard and you weren’t sure you would be able to accomplish it?

- **Change Ruler**: Ask them to estimate ability to change behavior on a 0-10 point scale
  - Importance
  - Confidence
  - Likelihood
Evoking: Responding to Change Talk

• Evocative questions
• Affirm
• Reflect
• Summarize
• (Reinforcement)
Responding to Change Talk

• Whenever 5th grade was, was when I started. From there I’d smoke every so often, or whatever. Then come my freshman year was when it got really heavy. Since then I’ve been smoking every day or every other day. And the longest I’ve gone since then is a week.

• Possible responses:
  1. You’ve smoked for a long time and at the same time you have been able to go with out it.
  2. You started much earlier than other kids. 5th grade is early.
I haven’t really, like, tried quitting. But, I say I’d quit, or I’m going to quit, but whatever. I never succeed in it. I always end up smoking.

Responses:
1. Quitting is tough and especially for people the first few times.
2. You’ve tried to quit many times so it’s something that’s been on your mind.
Responding to Change Talk

• *I can’t say I’m ever gonna quit in the future, or whatever. But, there’s always that chance. Or I can, or I will.*

• Responses:
  1. You’re not sure what’s going to happen. It’s hard to predict from here.
  2. You’re not making any big statements. There’s just a possibility you may want to quit or cut back.
Every so often it’ll get to the point where I need to cut (marijuana) off for awhile. Fix what I need to fix. And if it’s still an issue, then yeah, I’ll keep (quit) for a little bit longer. But I know eventually (marijuana) will come back.

Responses?
Responding to Change Talk

• Marijuana has been helpful in school for focusing. I guess that’s what’s stuck in my head right now. That if I quit (marijuana) I’d get behind in school. But I kinda want to take that chance and just do it. Just to see.

• Responses?
Demonstration

• MI: Teen weight loss
  • https://www.youtube.com/watch?v=4z5D7660ols
  • Start at 2:00
Tools for your practice

Write down four statements about some change that you are thinking about making within the next 6 months

• D: Why you WANT to make the change?
• A: How you COULD do it?
• R: A good REASON for making the change?
• N: How IMPORTANT is it and why?
  • “On a scale of 1-10...”
Tools for your practice

- **Decisional Balance Scale:**

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MI Resources: Sites

  - Link here to a PDF of the Decisional Balance Scale if you want to use it with patients.


- [https://www.motivationalinterviewing.org](https://www.motivationalinterviewing.org)


- [https://kphealtheducation.org/roadmap/roadmap.html](https://kphealtheducation.org/roadmap/roadmap.html)
  - A web-based training for providers on a program called “Brief Negotiation”, which uses MI principles and techniques to encourage behavior change in primary care.
MI Resources: Books

- *Motivational Interviewing: Preparing People for Change, 3rd Edition* by Bill Miller & Steve Rollnick

- Motivational Interviewing with Adolescents and Young Adults by Sylvi Naar-King and Marianne Suarez. 2013.

- *Building Motivational Interviewing Skills: A Practitioner Workbook* by David Rosengren
Thank you to Dr. Hillary Mead for her expertise and content on Motivational Interviewing