

MOTIVATIONAL INTERVIEWING

A Patient-Centered, Collaborative Approach
To Effectively Communicating With The
People We Serve

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Presented February 2022*

LAND ACKNOWLEDGEMENT

Take a moment to connect with the physical land on which you stand.

In a spirit of truth and reconciliation, we acknowledge that we gather, occupy, and learn on the ancestral lands of the Dena'ina peoples who have persisted and stewarded this land since time immemorial. We acknowledge the painful history of genocide, forced removal, and the attempted erasure of Indigenous identities. We honor, respect, and thank the diverse Indigenous peoples still connected to the land on which we meet.

We acknowledge the painful legacy of racism in America against many groups, especially that of black Americans, and that many of our institutions exist due to the labor and talents of those who were enslaved and indentured. We recognize the collective human cost of structural racism and seek to dismantle systems that serve to perpetuate inequity.

OBJECTIVES

- 1 Recognize what is Motivational Interviewing (MI)
- 2 Identify the key principles and communication skills of MI within the context of the 4 foundational processes
- 3 Recognize the application of MI techniques within the stages of change model

REASONS WHY BEHAVIOR CHANGE DOES NOT OCCUR

Advantages outweigh the disadvantages

Shame

Low self-esteem

Low confidence

Previous failure

Mental Health

Lack of information

Modeled for them by family

Lack of Resources

Do not know where to acquire the necessary resources

Struggle with problem solving

Nagging/Harassment from others

**WHAT WORKS TO
HELP PEOPLE
CHANGE?**

NO.



**How sufficient are these
for change?**

RESOLVING AMBIVALENCE AND FIGHTING THE RIGHTING REFLEX

Ambivalence

- People are naturally ambivalent
- Ambivalence is the feeling of not being sure what you want; Feeling two ways about something
 - “On the one hand I _____, but on the other hand I _____.”
- Evoking patient’s own “change talk” facilitates behavior change



"Me, ambivalent?... Well, yes and no..."

“Individuals are more likely to accept & act upon that which they voice.”
-Bem, 1972

Righting Reflex

- Providers advocating change increases resistance (“righting reflex”)
- As patient argues on behalf of one position, they become more committed to it
- patient already ambivalent (can argue both positions)
 - So, when the provider makes a case for the patient to change
 - Then, it compels an ambivalent patient to argue for the other position

EXAMPLE OF THE RIGHTING REFLEX

- **Provider:** Quitting drinking is the single best thing you could do for your health and future.
- **patient:** I don't think I could quit.
- **Provider:** Naltrexone might help to block the craving.
- **patient:** I hear that naltrexone can cause liver damage.
- **Provider:** Well, drinking is harder on your liver than medications.
- **patient:** The last time I had my liver checked, it wasn't as bad as others.
- **Provider:** But if you don't stop drinking, your liver could get worse.
- **patient:** I'll cross that bridge when I get there.
- **Provider:** Think of all the money you will save.
- **patient:** I don't blow money on planes or snowmachines.
- **Provider:** Your wife will be proud of you if you quit.
- **patient:** I must quit for me, not for any one else.
- Etc., etc.

**FIRST, FOCUS
ON THE
“WANT TO”
THEN FOCUS
ON THE “HOW
TO”**



First pants,
THEN
your shoes

WHAT IS MOTIVATIONAL INTERVIEWING?

A collaborative, person-centered, goal-oriented approach for facilitating change by eliciting and strengthening motivation.

A guide for conversation to activate a person's own motivation and resources for change.

Motivational Interviewing is a style of communication with particular attention to the language of change. It:

- strengthens personal motivation
- strengthens commitment to a specific goal
- elicits and explores the person's own reasons for change
- provides an atmosphere of acceptance and compassion

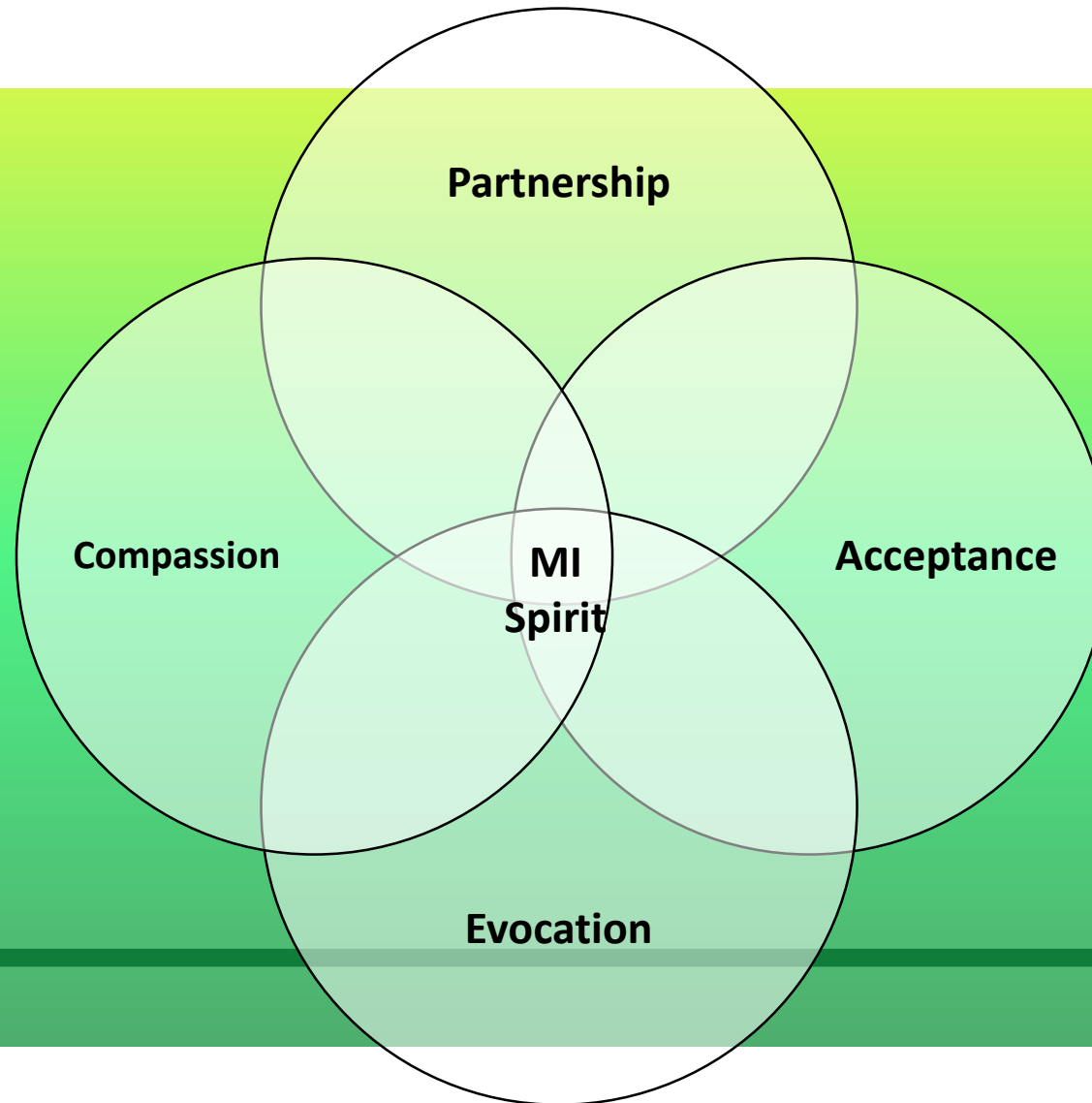
“There is something in human nature that resists being coerced and told what to do. Ironically, it is acknowledging the other's right to freedom not to change that makes change possible.”

MOTIVATIONAL INTERVIEWING

The foundation of MI
is the spirit, or our
way of being with the
people we serve.



UNDERLYING SPIRIT OF MI



“...being willing to entertain the possibility that the person has the answers and the wisdom . . . That makes change possible.”

- Miller 2007

THE SPIRIT OF MI

Key Points

- MI is done *for* or *with* someone, not *on* or *to* them
- MI is an open to collaborative way of working together
- Honor patient’s autonomy and self-direction
- Willing to suspend authority/expert role
- Willing to explore patient strengths rather than weaknesses
- Genuine interest in patient’s experience and perspective
- MI is about evoking that which is already present, not instilling what is missing

PROVIDER-PATIENT RELATIONSHIP



Collaborative Relationship



Dual-Expertise Relationship



Respecting Patient Autonomy

FOUR KEY PRINCIPLES

Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental to expressing empathy
- Ambivalence is normal

Develop Discrepancy

- Help the patient identify own goals/values
- Identify small steps toward goals
- When substance use comes up explore impact of substance use on reaching goals and living values
- List pros and cons of for or against change (decisional balance)
- Allow patient to make own argument for change

Roll with Resistance

- Avoid argumentation
 - Human beings have a built-in desire to set things right
 - When the righting reflex collides with ambivalence, the patient begins defending the status quo
 - If a person argues on behalf of one position, he/she becomes more committed to it
- Resistance is a signal to change strategies

Support Self-Efficacy

- Express optimism that change is possible
- Review examples of past successes
- Use reflective listening, summaries, affirmations (OARS)
- Validate frustrations while remaining optimistic about the prospect of change

USING COMMUNICATION SKILLS TO DECREASE AMBIVALENCE AND INCREASE CHANGE TALK



Open questions

Affirmations

Reflections

Summaries

Use OARS

*“I know you think
you understand
what you thought I
said, but I’m not
sure you realize
that what you
heard is not what I
meant.”*

-Alan Greenspan

Examples of Closed vs. Open Questions

Do you want to quit drinking?

- What are your thoughts and feelings about quitting drinking?

Do you think you can quit drinking?

- What do you think might work for you if you really decide to quit drinking?

Do you think things will be better if you quit?

- What do you think might change if you stopped drinking?

WHAT ARE OPEN QUESTIONS?

- Cannot be answered in one word (not yes or no questions)
- Create forward moving momentum
- Encourage patient to talk and express self
- Facilitate trust and acceptance by allowing patient to do most of talking

Open Questions to Promote Change

Problem Recognition

- How do you feel about your current drinking?

Expression of Concern

- What worries do you have about your drinking?

Intention to Change

- What would you like to do about this?

Optimism

- Why do you feel now is a good time to start?

AFFIRMATIONS

Strengths-Based Approach

Build on patient's own strengths and abilities
Help patient feel "seen" as person capable of change

- *"You still try, even though you find it a struggle"*
- *"You managed to quit drinking for 3 weeks"*
- *"You didn't want to come today, but you did anyway"*
- *"You really care about your daughter"*

REFLECTIONS

- *"Sounds like ..."*
- *"What I hear you say is..."*
- *"You feel ..."*

Repetition

Rephrasing

Paraphrasing

Reflection of feeling

If stay too close to top, the conversation will start going in circles

LET'S PRACTICE

Ways to Reflect this Example

“I just can’t quit drinking right now. I’m a single mother trying to deal with a very active four-year-old. I have no money and can barely afford to live. On top of all that, I’m taking care of my sick father. Drinking is the only way I can cope right now.”

“Repeating” Reflection

- “You just can’t quit drinking now.”

“Rephrasing” Reflection

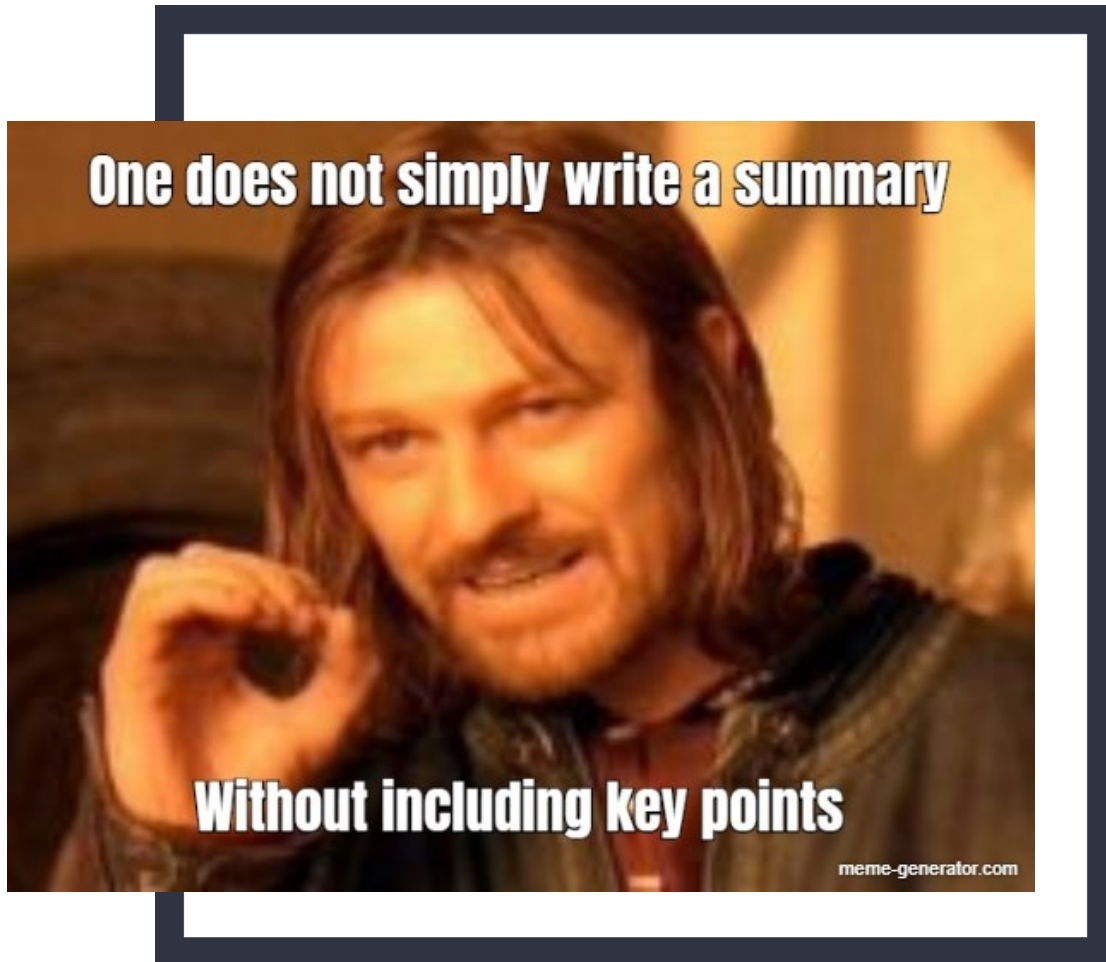
- “You’ve just got too much on your plate right now to try to quit drinking.”

“Paraphrasing” Reflection

- “You just don’t have energy for anything else right now.”

“Feeling” Reflection

- “You’re tired and pulled from all sides. Just thinking about quitting drinking makes you feel even more overwhelmed.”



SUMMARIES

- Several reflections combined to summarize
- Accuracy nice, but perfection is not necessary
- patient may add, expound, correct – but that is okay – in fact, good

TRAPS TO AVOID

Question-Answer Trap

- *“How many times did you drink last week?”*
- *“How many drinks did you have each time you drank?”*
- *“What kinds of drinks did you have?”*

Confrontation-Denial Trap

- *“Can’t you see how your drinking has hurt different parts of your life?”*
- *“You need to stop denying that you have a drinking problem!”*

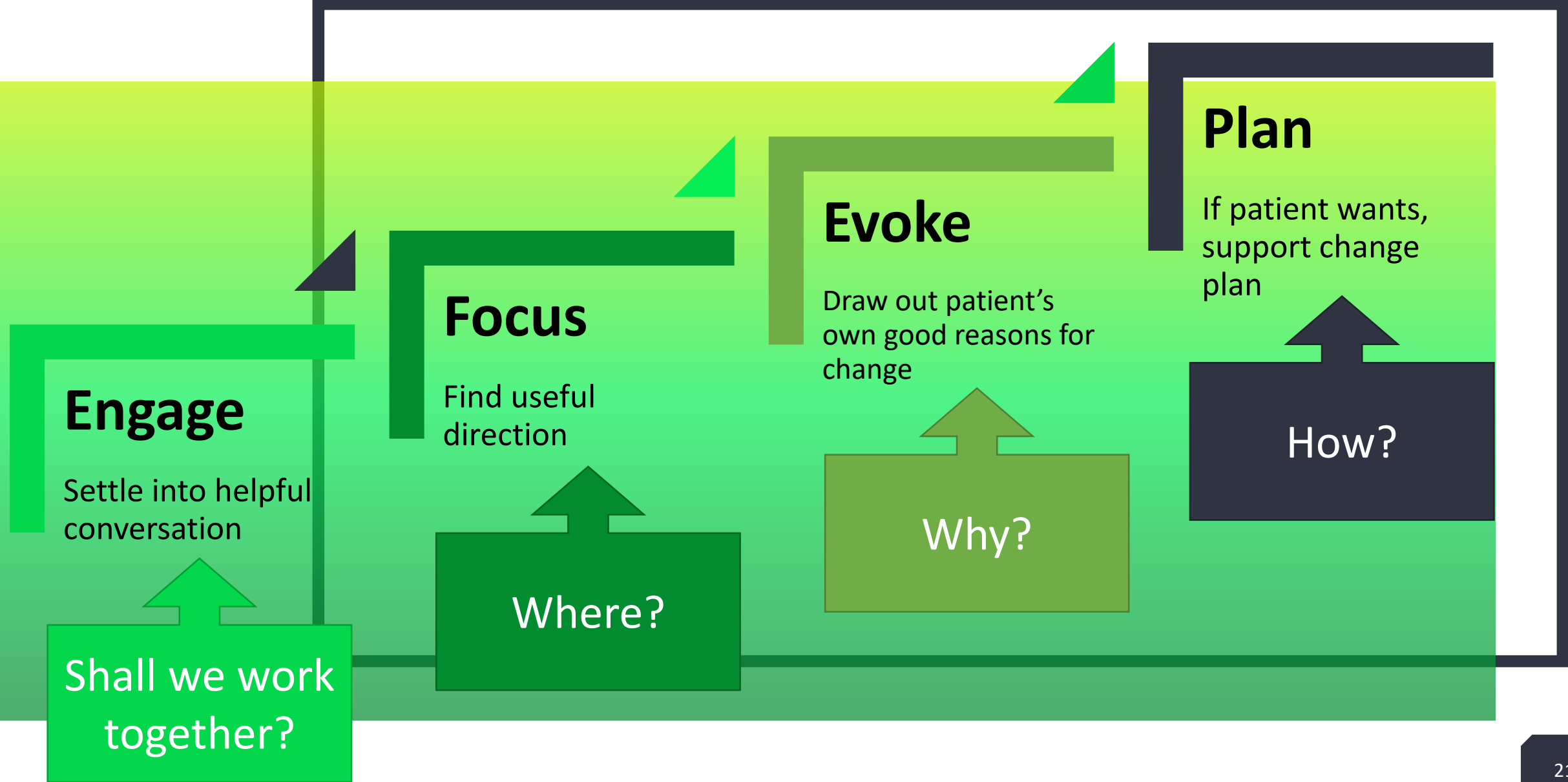
Expert Trap

- *“You don’t realize how bad your life is going to look in a few years if you keep up this drinking.”*
- *“I know what you need to do to get better.”*

Labeling Trap

- *“The way you are drinking makes you an alcoholic.”*
- *“You have alcohol dependence.”*

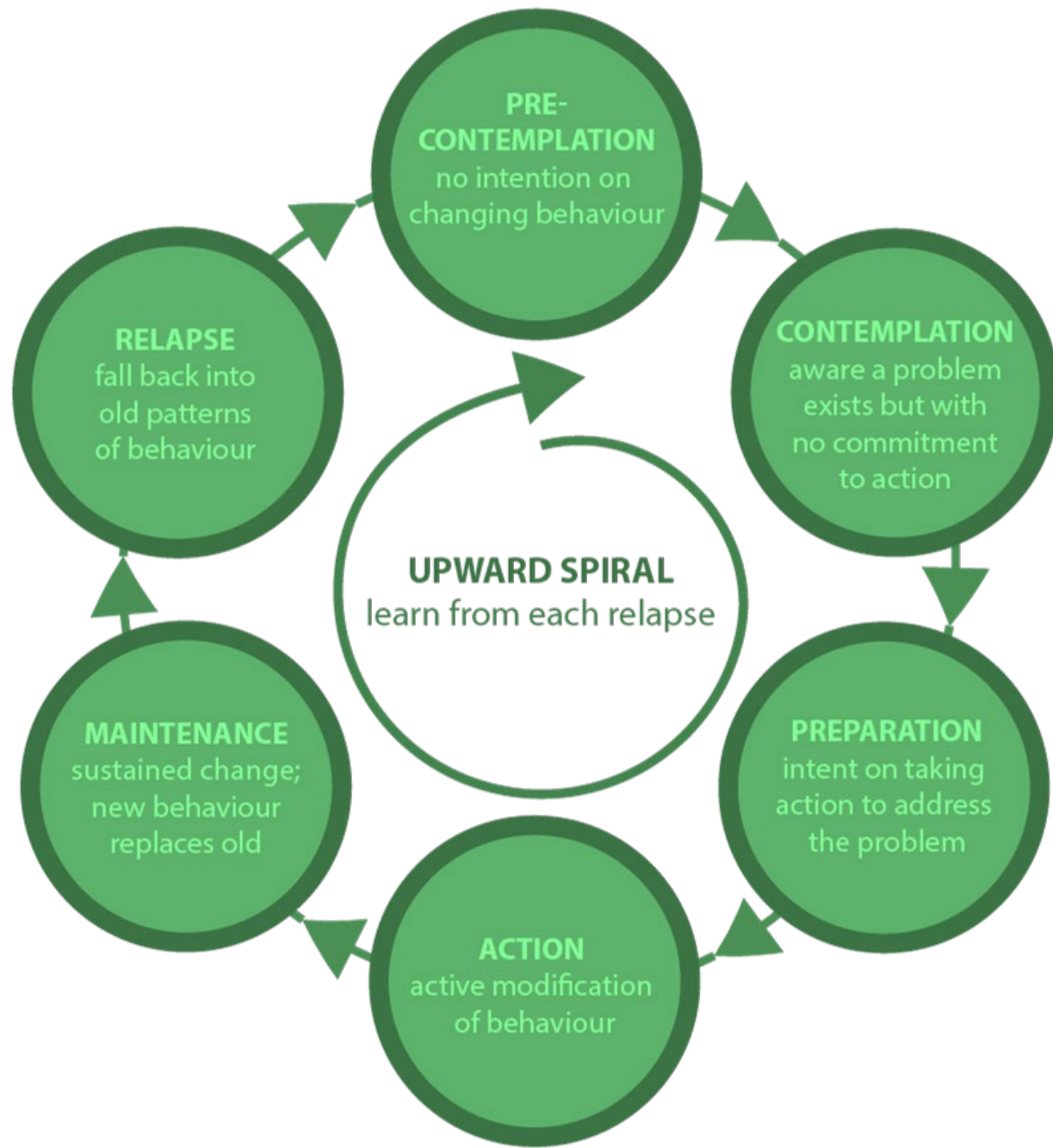
THE FOUR FOUNDATIONAL PROCESSES OF MI





INTEGRATING MI AND STAGES OF CHANGE





Stages of Change

Remember, MI is based on the understanding that patients are in varying stages of readiness for change.

It is important to use “stage-appropriate” strategies when engaging patients in making healthy changes.

(Prochaska & DiClemente, 1983)

STAGES OF CHANGE

Stage	Feeling	Example
Precontemplation	Change? Why?	"I don't need to stop drinking, it's nobody's business what I do."
Contemplation	Maybe I'll change	"I'm thinking about quitting drinking, but it seems so hard to do."
Preparation	How do I change?	"I'm wondering if maybe you can help me learn ways to say no when my friends try to get me to drink."
Action	I have changed	"I haven't had a drink for 1 whole month!"
Maintenance	I'm going to keep living this new way	"I haven't had a drink for 11 months and I know most of my triggers and can manage them well."
Relapse	I am falling back into old behaviors	"My friend passed away and I had a really hard time, I figured one drink would take the edge off and then I ended up on a 2-week binge."



When a provider's approach does not match the patient's stage of change, the product is **RESISTANCE**

CORRESPONDING TASKS



Pre-contemplation

Show understanding and raise awareness



Contemplation

Resolve ambivalence



Preparation

Identify Change Strategies



Action

Increase self-efficacy and reinforce



Maintenance

Reinforce & develop new strategies



Relapse

Empathize, normalize, problem solve

PRECONTEMPLATION STAGE



Respect Patient Autonomy

Resist Righting Reflex



Provide Factual Information

Review Recommended Limits



Explore Events that Brought Patient to Appointment

CONTEMPLATION STAGE



Listen for Change Talk

DARN-CATS



Use Screening Measure to Begin the Conversation

"I noticed you marked a five for question three. Would you mind telling me more about that?"



Ask Permission

"Would you mind if we discussed how you feel about [behavior]?"



Use Readiness Ruler/Decisional Balance

To assess motivation and barriers

Preparation

Desire

- I want to quit drinking

Ability

- I could probably cut down

Reason

- I could make better decisions

Need

- I've got to quit

RECOGNIZE CHANGE TALK WITH DARN-CATS

Mobilizing

Commitment

- I'm going to quit drinking

Activation

- I'm ready to . . .

Taking Steps

- I started attending a self help group last Saturday

READINESS TO CHANGE

Assess readiness to change to help understand –from patient’s perspective:

- How important this change is
- How confident the patient feels in his or her ability to change
- How ready the patients feels to make the change

Use a readiness ruler >

Assessment of Readiness to Change

On a scale from 0-10, how important is it to you to quit drinking now?

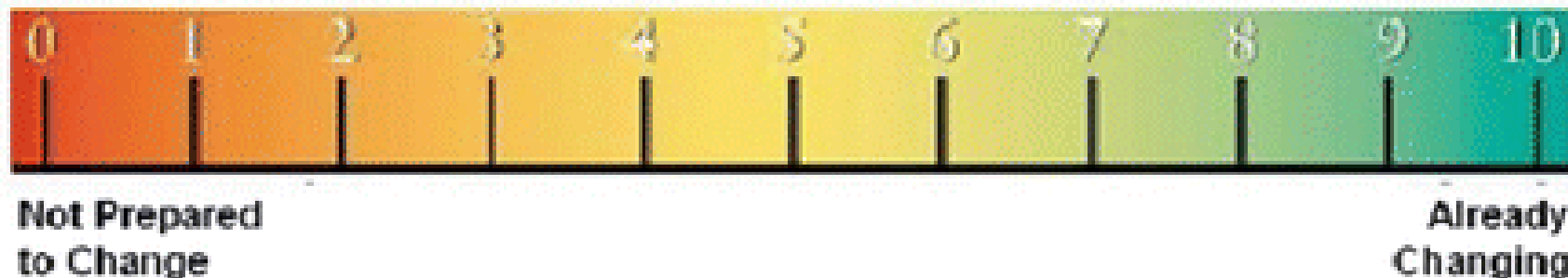
- If you are at 5, why not 3?
- What would move you to 7?

If you decide to quit now, how confident are you that you could quit, where 0 is not confident at all and 10 is very confident?

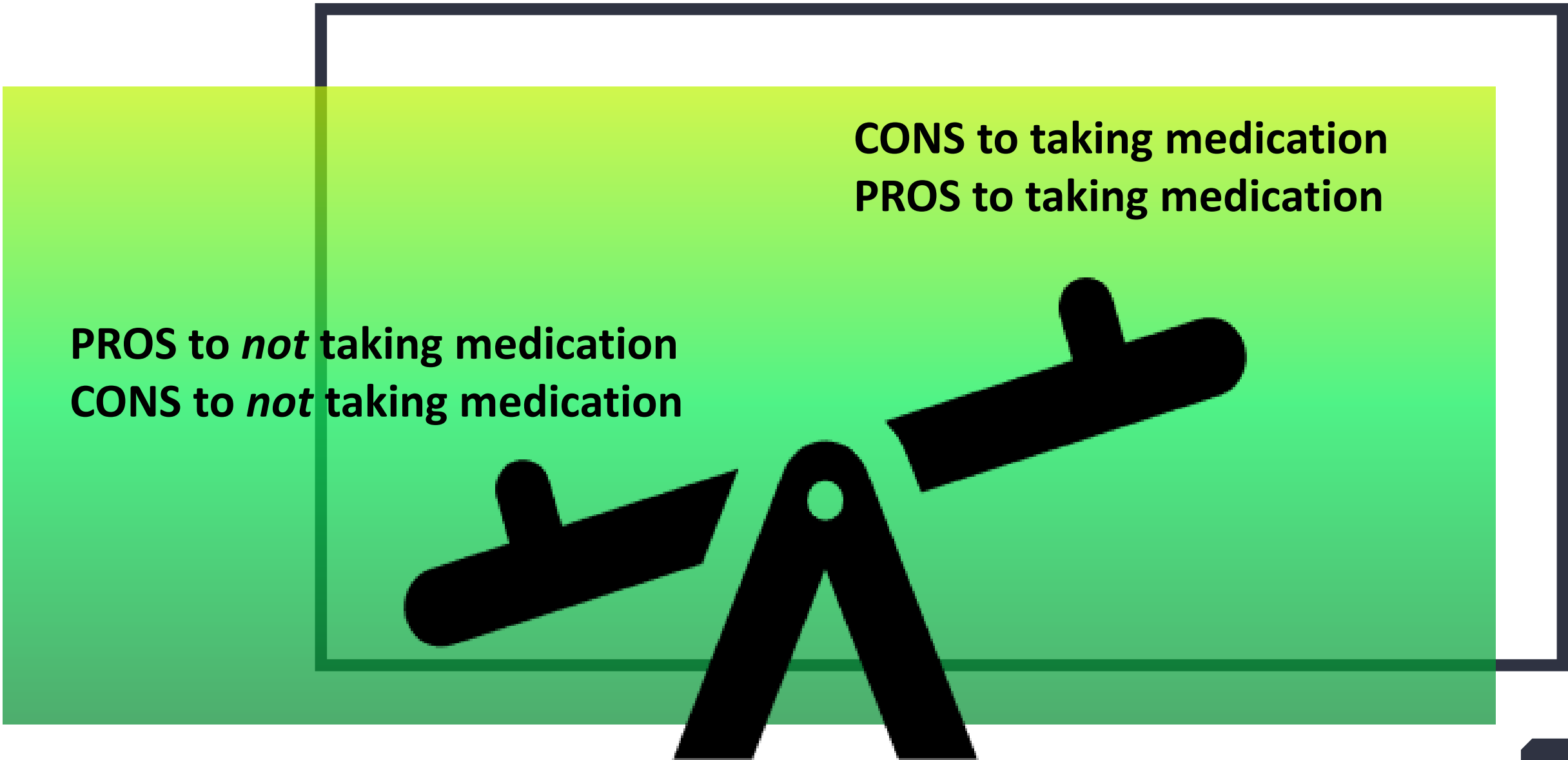
- Why 3 and not 1?
- What would take your confidence to say 5 ?

On a scale from 0-10, how ready are to start making a change in your drinking?

- Why 4 and not 2?
- What would move your readiness to a 6?



DECISIONAL BALANCE



PREPARATION STAGE



Offer Menu of Options



Identify and Lower Barriers



Help with Goal Setting

*Specific, Measurable, Attainable,
Realistic, Timely (SMART Goals)*

ACTION & MAINTENANCE STAGE



Provide Positive Reinforcement



Identify New Strategies (if need be)

RELAPSE STAGE



Frame Reoccurrence as Learning Opportunity & Normalize



Explore Antecedents



Instill Hope



Maintain Supportive Contact



SUMMARY

Motivational Interviewing is a set of skills and spirit of how you interact with patients

Respect patient choice

Meet the patient where they are at

Gently and respectfully try to highlight patient's own motivations to change

MI helps us collaborate with our patients to make their own decisions.

MI frees us from the burden and frustration of trying to make them change

Do what we can to help them be successful in the planning, execution, and maintenance of their behavior change

QUESTIONS?

Thank you.

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