Moving From Wrestling to Dancing; Using Motivational Interviewing (MI) To Increase Motivation Towards Healthier Behaviors

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MASBIRT TTA (Training & Technical Assistance)

Supported by MA DPH: Bureau of Substance Abuse Services (BSAS) to build statewide SBIRT awareness and capacity to:

- implement and integrate SBIRT into diverse settings and organizations
- promote clinician SBIRT skills and competency

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Intro to MI Today’s Agenda

• Review
  o the “Spirit” of MI
  o skills to promote the MI Spirit & increase motivation to change

• Next Steps
Meta Analysis: Summary

- The evidence base for MI is extremely strong in addiction and now spans to education, corrections, mental health & health, probation, public health, etc.

- Evidence base is vast = More than 25,000 articles citing MI and 200 randomized clinical trials.

- Research on learning: Best Learned through practice.

- Both therapeutic relationship factors and specific proficiency contribute to the efficacy of MI.
Exercise

**Speaker:** chooses a specific behavior change that you are considering. Suggestions: stop smoking, eating healthier food, getting more sleep, exercising more, saving more money, etc.

**Helper:** follows instructions to be given out.
Take Home Message

When people can voice their own reasons for change aloud, they are more likely to make the change.
A Definition of MI

Motivational Interviewing:
A collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

- Stephen Rollnick and William R. Miller, Sheffield, UK Oct 2011
Core Beliefs of MI

- Worker style is a powerful determinant of client resistance and change.

- Motivation emerges from the interpersonal interaction between patient and provider.

- Argumentation is a poor method for inducing change.
Activity: Reflection

- Take some time to think about a difficult change that you had to or want to currently make in your life.

- How much time did it take/is it taking you to move from considering that change to actually taking action?

- What helped/is helping?
Core beliefs of MI: Change is a Process
Motivation or Readiness to change is not linear
The Change Process

Ambivalence is a *normal* part of the change process

*Change happens by resolving ambivalence.*
Ambivalence

- Macklemore
- https://www.youtube.com/watch?v=lBdATDCaHSg
When Ambivalence Collides...

What often happens when a well meaning practitioner meets ambivalence?

Our Righting Reflex kicks in......

We...

Prescribe a plan.
Jump in & try to fix the situation.
Instead,

Evoke the person’s:

• Goals/intentions
• Hopes/dreams
• Values
Four MI Processes

- Engaging
- Focusing
- Evoking
- Planning
Ask the Pros & Cons To Help Resolve Ambivalence

What do you like about smoking?
It makes me feel relaxed. It’s the first thing I turn to when I feel tense.

And what do you like less about smoking?
I know it’s not good for my health.
Ask the Pros & Cons To Help Resolve Ambivalence

Reflect back the ambivalence:

So on the one hand, smoking helps you relax
And
at the same time you’re concerned that it’s affecting your health.

Be sure to end on health, the hope.
MI Assumptions

- People have a desire to move toward health.

- Motivation is fluid and can be positively influenced.

- The worker’s task is to guide the conversation toward increased motivation for change by softening Sustain Talk and cultivating Change Talk.
Client resistance is

- a signal the provider is assuming greater readiness to change than is the case. It is a cue for the provider to modify motivational strategies

- OR it indicates discord in the relationship and rapport (re)building is needed.
The "Spirit" of Motivational Interviewing

These 4 principles are the basis of all MI conversations. They are the essence of MI.
Compassion, Acceptance, Partnership, Evocation

- Belief and commitment to act in the patient’s best interests

- Empathy for the experience of others; what the client feels in their own shoes
Reflections Communicate Understanding

Statements that hold a mirror up to the person’s words by repeating, paraphrasing or trying to get at the deeper meaning. They help test for accuracy and help to evoke more change talk.

- “You don’t think you’ll be successful with your diet.”
- “Your health is important to you.”
- “On the one hand, you like eating whatever you want and at the same time, you’re wanting to keep your blood sugar down and stay out of the hospital.
- “You’re hoping to find new ways to have a healthier diet.”
Compassion, **Acceptance**, Partnership, Evocation

**Absolute Worth**
Each person will grow if given optimal conditions.

**Accurate Empathy**
See the world through their eyes.

**Autonomy**
Honoring and respecting each person’s choice.

**Affirmation**
Seek and acknowledge the person’s strengths and efforts.
Favorite video: The Power of Empathy

- It’s Not About The Nail
Compassion, Acceptance, **Partnership**, Evocation

**Collaborate** vs. confront

- Develop a partnership in which the patient’s expertise, perspectives, and input are central to the interaction
- Recognize the person is the expert
- Foster and encourage power sharing in the interaction
Partnership: Resistance is an *Interpersonal* Process
Partnership:
Ask Permission Before Suggesting, Recommending

- Is it OK if we go over your answers on the questionnaire you just filled out?
- Is it OK we discuss your smoking?
- Is it OK if we talk about diet?
- Is it OK if I give you some ideas of what other patients have done to lose weight?
Use the Elicit-Provide-Elicit Model When Giving Feedback & Advice

**Ask permission:** Is it OK if we discuss your drinking / the results of the survey you completed?

**Elicit:** What do you know about the impact of high blood sugar level?

**Provide:** High blood sugar can increase your risk of heart problems.

**Elicit:** What do you think about that? What might you do?
The Spirit of MI: Compassion, Acceptance, Partnership, *Evocation*

*Evoke/Draw Out* the patient’s ideas about change

vs

Impose ideas on the patient

*Change is within the patient – to be discovered.*
**Evocation:** Open-Ended Questions Help Person Identify Own Reasons To Change

Open-Ended Questions keep a conversation going. The Patient THINKS about the answer, before answering. They allow people to tell their stories and do most of the talking.

“Have you been taking your meds?”

“Have you been checking your sugar?”
More Open-Ended Questions... includes “tell me more”

• “Do you think you have a problem with alcohol?”

• “Are you interested in talking with someone about your diet?”

• “What are your thoughts about talking with someone about your mood, lately?”
Evocation: The Readiness Ruler Evokes Change Talk

Given what we have been discussing, on a scale from 1-10, how ready are you to make a change regarding your smoking?

Why did you choose that # and not a lower one?

If zero: What would need to happen for you to consider making a change?
A Word or Two About Words

- Use person first language.

- Conditional language is fundamental to an MI information exchange.
  Instead of: “I think” or “You should”
  Try: “One option you might consider. . . .” or
        “Perhaps you could start with. . . .” (emphasize choice)

- Use the third person.
  Instead of: “I recommend,”
  Try: “Experts suggest. . . .”
        “Some of my patients have found. . . .”

Motivational Interviewing and Diabetes: What Is It, How Is It Used, and Does It Work?
Garry Welch, PhD; Gary Rose, PhD; and Denise Ernst, MA
References

- *Motivational Interviewing in Diabetes Care*. Steinberg, Miller. 2015.
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Questions? Comments?
How might you go forward with some of these ideas?

THANK YOU!