

Partnering with Patients for Behavior Change: A Motivational Interviewing Toolkit

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Session Outline

Segment I (Dave):

Session Overview

The Challenge of Behavior Change

Self-Reflection Exercise

Segment II (Peter):

Overview of MI and its Evidence Base

Beginning Well and Reflective Listening

Demonstration

Hands-On Practice

Segment III (Kristy):

Choosing what to reflect (DARN talk)

Motivational Rulers

Demonstration

Hands-On Practice

Segment IV (Dave):

Addressing Resistance

Providing Advice

Segment V (Peter):

Specifying Next Steps and Ending Well

Hands-On Practice


Personal Action Plan

Q&A / Session Evaluations



**Partnering with Patients for Behavior Change:
a Motivational Interviewing toolkit**

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Who are you?

I am primarily involved in

- A. Medical student or resident education
- B. Direct patient care (outpatient)
- C. Direct patient care (inpatient)
- D. Medical administration
- E. Other

Session Overview

- Examine why behavior change is often difficult
- Learn core principles of Motivational Interviewing (MI)
- Review the evidence base for MI
- Practice MI skills

Problem Behaviors: Lifestyle Habits

- Diet
- Exercise
- Tobacco
- Alcohol
- Sleep habits
- TV
- Computer

Think of something you have tried to change in the last 6-12 months.

Rate your success from 0 – 10.

Why Don't People Change?

What if:

- Change would ONLY be beneficial?
 - The Approach stimulus
- Not Changing could ONLY be worse?
 - The Avoidance stimulus



- Extremes are easy, and we act quickly.



[*I should Exercise more*]



Decisional Balance

[Motivational Interviewing]



A **patient-centered** directive method for **enhancing intrinsic motivation** for change by **exploring and resolving ambivalence**




[**ADVISING**]



GUIDING

I care about my health and don't want to burden my children...I'm trying to watch my diet and remember my medication.... it's not easy...

We've talked about the importance of controlling your blood sugar....now I'd like to hear your thoughts....



Maybe this doctor can help me...at least she listens

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Listening

MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

Evidence Base for MI

- Behavioral health and addiction
- General Medical Settings
 - 9 of 12 RCTS demonstrate MI more effective than control for medical conditions and substance use

Diet, exercise, medication adherence, smoking, alcohol (SBIRT), other substance use, sexual behavior

Core skills

1. *Beginning well: Asking Permission*
2. *OARS*
3. *Rulers: importance & confidence*
4. *Roll with resistance*
5. *Providing information*
6. *Specify next step*
7. *Seal the deal*
8. *Ending well*

Skill #1: Begin Well: Ask for Permission

- *Would it be OK if we take a few minutes to talk about your smoking?*
- *I know drinking is a sensitive topic, but I would like to put it on our agenda for today. OK?*
- *Of the lifestyle changes that would be good for your health, which would you like to talk about today?*

Skill # 2: OARS

- **O**pen questions: *Tell me about....*
- **A**ffirmations:
- **R**eflections:
- **S**ummary:



Reflective Listening

- Summarizes what a person said
- Makes a guess as to meaning
- Is a statement, not a question
- Helps move the patient forward in the discussion



Working with personal goals

- Choose something in your own life that you would like to work on changing over the next 6 months.
- Why do you choose this?
- Why is it important to you?
- Something you feel comfortable talking about with a colleague.

Practice: Skills #1 and #2

• Ask Permission:

"If it's Ok with you, I'd like to hear about a behavior you would like to work on changing over the next 6 months including why it's important to you"

• OARS:

- open-ended questions
- affirmations
- reflections
- summary ("Let me see if I have this right...")

• Refrain from making suggestions or fixing

• Switch roles in 3 minutes



“To help a man travel where he needs to go, meet him where he is now.”

Kierkegaard



[Change Talk: “DARN”]

- Desire to change (want, like, wish...)
- Ability to change (can, could...)
- Reasons to change (if...then)
- Need to change (need, have to, must...)

[Where is the nugget of change talk?]

“I tried and tried to quit smoking, but it just hasn’t happened.”

- A. You’ve tried hard, but it just isn’t working for you.
- B. You really want to quit smoking.
- C. It’s hard to imagine what will work for you.

Where is the nugget of change talk?

"I don't like to control what I drink. I suppose I should, but I don't like to feel restricted."

- A. You feel like you should change your drinking.
- B. You don't like to feel boxed in.
- C. This is a change you aren't excited to make.

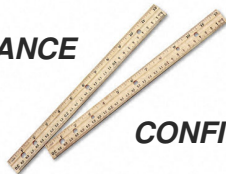
Where is the nugget of change talk?

"I lost 20 pounds last year, but then I gained it all back."

- A. Not gaining the weight back is the hard part for you.
- B. You really were able to lose a lot of weight in the past.
- C. It's frustrating when you work hard and then see yourself slipping back.

Skill #3:
Rulers to assess Motivation

IMPORTANCE



CONFIDENCE

RULERS

- “How important is it for you to change this behavior?”
- “How confident are you that you will succeed?”
- 1 - 10 scale on the ruler
- “Why did you not choose a score of N-2?”
- “What would it take for you to move to N+2?”

PRACTICE USING RULERS

- “How important is it for you to change this behavior?”
- “How confident are you that you will succeed?”
- “Why not (n-2)?”



Signs of Resistance

- Interrupting
- Arguing
- Any sentence with “but”
- Off-track responses/change topic
- Negative body language
- Passivity

Skill #4: Roll with Resistance



- Resistance is a signal to respond differently
- Avoid arguing for change
- Use reflective statements
- New perspectives are invited, not imposed
- Patient is the source of answers and solutions

Smoking Cessation Discussion



Smoking Cessation Discussion



“My granddad smokes and he’s 92...”
How would you respond?

- A. Your grandfather may have been lucky, but most people aren’t.
- B. So it would take quite a lot for you before you decided to give it up.
- C. I’d like to focus on you and not your grandfather. Quitting smoking would be the best thing you could do.

Smoking Cessation Discussion



Smoking Cessation Discussion



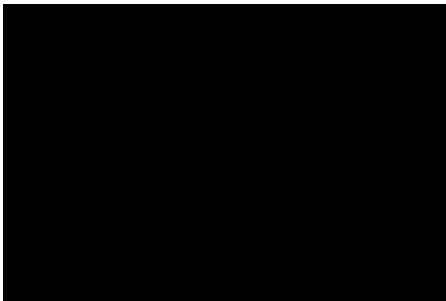
“I just can’t see me doing it?”
How would you respond?

- A. Call me if you change your mind. I’m here to help.
- B. If you put your mind to it, I’m sure you can quit.
- C. It’s something you probably will do for the rest of your days.

Smoking Cessation Discussion



Double-sided Reflection



“Reflections are our Friends”



Skill #5: Providing Information
(MI and the role of the "Expert")

- Patients EXPECT advice from a physician, so how does this fit with MI??
- Suggestions for giving advice
 - Ask permission
 - Qualify as advice and honor autonomy
 - Ask – Provide – Ask framework
 - Offer several suggestions – not just one

Skill #5: Providing Information
(MI and the role of the "Expert")

- Present information as just that . . .
 - "As your doctor, I feel it is important for me to tell you"
 - "Let me give you some information just for you to hear and do what you want with . . ."
 - "Here are some things I can offer. These are just so you know what I can offer, but the choice is yours."
 - "Would you be interested in hearing what some of my other patients have found helpful?"

*How does that sound to you?
You've heard my ideas, but what's most important is what you think will work best.*

Skill #6: Specify Next Steps

"If you were to make a change, what would your next step be?"

Make sure it is:

- Specific
- Measurable
- Achievable



Skill # 7: "Seal the Deal"

- Agree on next steps
- Teach back
- Plans for follow-up



Skill #8: End Well

- Something encouraging
- Emphasize successes
- Respectful
- Hopeful
- Supportive

Final Practice

- Begin with summary reflection
- Specify next steps
- Review partner's plans: seal the deal
- End well:
 - Be encouraging
 - Be supportive

Skills Menu

- #1 Beginning well: ask permission
- #2 OARS
- #3 Rulers to assess importance and confidence
- #4 Roll with resistance
- #5 Providing information
- #6 Specify next steps
- #7 Seal the deal: review plans
- #8 Ending well: encouraging and supportive

Take Home Messages
(your commitment)

What MI skill will you try next week?
(3x5 cards)

Talk about it with your colleague

Thank you

Comments and Questions

Motivational Interviewing Reference List

Society of General Internal Medicine

April 2014

Motivational Interviewing in Health Care: Helping Patients Change Behavior. Rollnick S, Miller WR, Butler CC. Guilford Press. New York. 2008.

A bare-bones guide to motivational interviewing with skills that can be applied in any primary care setting and interaction.

Health Behavior Change. A Guide for Practitioners. 2nd edition. Mason P, Butler CC. Churchill Livingstone. New York. 2010.

Provides guidance for using motivational interviewing in common clinical encounters

Motivational Interviewing: Helping People Change. Miler WR, Rollnick S. 3rd edition. New York. Guilford Press. 2013

A comprehensive text book providing a foundation in the theory and applications of motivational interviewing across a broad spectrum of patients and clinical settings.

Building Motivational Interviewing Skills: a Practitioner Workbook. Rosengren DB. New York. Guilford Press. 2009.

Works through how to conduct motivational interviews with a wide variety of patients and provides suggestions about how to respond to patient statements.

Rollnick S, Butler CC, Kinnersley P, Gregory J, Mash B. Motivational interviewing. BMJ. 2010; 340:1242-45

A succinct and high yield introduction to the core skills of motivational interviewing. This is the one to pick if you have time for only one reference.

Ogedegbe G, Chaplin W, Schoenthaler A, Statman D, Berger D, Richardson T, Phillips E, Spencer J, Allegrante JP. A practice-based trial of motivational interviewing and adherence in hypertensive African Americans. Am J Hypertension. 2008;21(10):1137-43.

A study of 190 hypertensive African American patients from two urban community primary care practices showing that practice-based motivational interviewing led to steady maintenance of medication adherence over time compared with a significant decline in patients receiving usual care.

VanBuskirk KA, Wetherell JL. Motivational interviewing with primary care population: a systematic review and meta-analysis. J Behav Med. 2013 Aug 11 (on line)

Twelve studies utilizing motivational interviewing with primary care populations fulfilled all inclusion criteria. Seven targeted substance use-related outcomes; five targeted diet and exercise, medication adherence and colorectal screening. Across all 12 studies, 9 demonstrated that MI was more effective than control. Change was noted with a little as one MI session and with MI conducted by telephone.

Lundahl B, Moleni T, Burke BL, Butters R, Tollefson D, Butler C, Rollnick S. Motivation interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trial. Pat Educ and Counseling 2013; 93(2): 157-68

Forty-eight studies (9618 participants) of patients presenting for general medical conditions found modest advantage for MI: Odd ratio = 1.55 (CI: 1.40-1.71). Particular promise was noted in HIV viral load, dental outcomes, body weight, alcohol and tobacco use, sedentary behavior, self-monitoring and confidence in change.

Motivational Interviewing Website: www.motivationalinterview.org/

We highly recommend this website for its broad array of resources and tools for teaching and practicing motivational interviewing.

MINT: Motivational Interviewing Network of Trainers Website:
www.motivationalinterviewing.org/

This site includes highly useful background information about motivational interviewing and links to training resources along with links to reprints and recent research.