Motivational interviewing

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What's MI?

- A collaborative, person-centred way of guiding the patient to elicit and strengthen motivation for change
- The goal is to increase intrinsic motivation rather than to impose it externally
- It involves a blend of informing, asking and listening to evoke the patient's own values, goals, insights, motivation and resources for change

Miller & Rollnick 2009

Behaviours are complex

- Ambivalence is human

Ambivalence

- Normal human condition: to want and not to want to change
- Normal to get stuck in ambivalence, often a long time

The exercise…

- Think of something you know you should change,
  - you want to change,
  - you need to change,
  - have been thinking about changing…
- but you're not quite ready to…

Pick something not too confidential

For the helper

- Find out what the person is thinking about changing
- Give at least 3 specific benefits that would result in that person making the change
- Give suggestions as to how they could make the change
- Emphasise how important it is to make the change
- Persuade the person to do it.
- If you meet resistance, repeat the above.
- PS. This is NOT motivational interviewing.

From MI workshop by Miller, Rollnick & Moyers 2010

Brief intervention

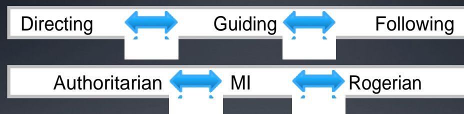
- It works
- Knowledge respected
- Role expected
- Effective at a population level
- In many cultures, with many issues
- But sometimes it doesn't work

Collision of worlds

The health professional's righting reflex

The patient's ambivalence

Continuum of styles



Situations

- patient needs to know how to take warfarin
- patient needs encouragement to exercise
- patient bursts into tears, love hurts

The spirit of MI

- Collaborative: sharing power
- Evocative: from patient
- Autonomy: the right not to change

Global rating of clinician's MI spirit is a strong predictor of patient behaviour change

Basic principles

Ambivalence carries the seeds of motivation

- Focus on understanding the patient's dilemma (ambivalence)
- Don't be the one arguing for change
- Evoke the patient's own argument for change
- Encourage realistic beliefs that change is possible

Back to the exercise

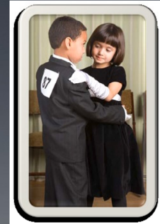
- Think of something you know you should change, you want to change, you need to change, have been thinking about changing…
- But you're not quite ready to…

For the listener

- Listen with interest, the goal is to understand the dilemma
- Give no advice
- 4 questions
  - Why are you considering this change?
  - If you wanted to succeed how might you go about doing this?
  - What are the 3 best reasons to do this?
  - On a scale from 0 to 10, how important is this change to you? And why not zero?
- Summarise, reflect the speaker's motivation for change
- What do you think you'll do? (And just listen and reflect back)

A different 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 in the beginning

- Developed by William Miller & Stephen Rollnick, described in 1983
- Evolved from work with alcohol problem drinkers
- An accident - surprise results

Resistance & therapist style

Miller, Benefield and Tonigan (1993)

problem drinkers were randomly assigned to two different therapist styles (given by the same therapists)

Confrontational Directive → Higher resistance; Less likely to acknowledge problem and need to change; Resistance pattern predictive of less long term change

Motivational Reflective

The evidence for MI Rubak et al. (2005)

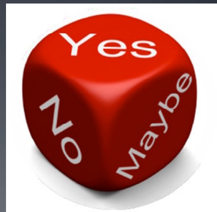
- Systematic review and meta-analysis of randomised controlled trials using MI as the intervention
- Many aspects of behaviour change from ranging from lifestyle and drug use to self-destructive behaviours involving the law
  - Alcohol and drug dependence
  - Smoking cessation
  - Weight loss
  - Increasing physical activity
  - Treatment of asthma and diabetes
  - Adherence to treatment and follow up
  - Criminal activity

The evidence for MI Rubak et al. (2005)

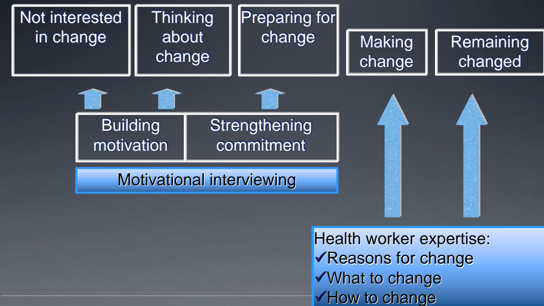
- Performed by clinical psychologist, doctors, nurses, midwives
- In 74% of trials, MI outperformed traditional advice
- Measures of clinical relevance
  - Body Mass Index (BMI), cholesterol, BP, blood alcohol concentration, blood glucose, length of hospital stay
- Number of encounters, duration, length of follow up
  - Number of encounters & length of follow up more important than length of encounter
  - Even brief encounters of 15 mins had an effect

The myth of the unmotivated patient

- Motivation and readiness to change
  - not personal traits
  - a fluctuating product of an interpersonal interaction
- Resistance and 'denial'
  - signals to modify strategies

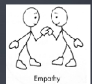


The role of MI



Principles of MI

- ☐Express empathy
- ☐Develop discrepancy
- ☐Amplify ambivalence
- ☐Roll with resistance
- ☐Support self-efficacy



Miller & Rollnick 1991

Talking - OARS

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries

Adapted from Miller and Rollnick, 1993 and D. Rosengren

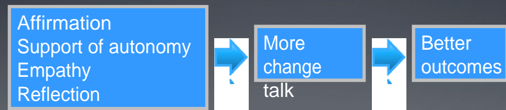
The impact of…

- Listening and reflecting

Types of talk
- Change talk
- Sustain talk

Impact of therapist on change talk and outcomes

- Therapists with MI-consistent strategies (affirm, support autonomy, empathy, reflection) are associated with increased levels of change talk
- Change talk predicts better treatment outcomes



Types of change talk (DARN-C)

- D: Desire
  - I want, I so want, I wish, I'd love to
- A: Ability
  - I can, I could, it's possible, I know I can, I think I could, maybe I could, I could try
- R: Reasons
  - Because, since, I'm sick of, I hate it, it pisses me off
- N: Need
  - I must, I need, important, got to, really have to, if I don't …
- C: Commitment
  - I will, I'm going to, it's time now, I'm going to seriously think about it

DARN-C and the earlier exercise

- 4 questions
  - Desire: Why are you considering this change?
  - Ability: If you wanted to succeed how might you go about doing this?
  - Reason: What are the 3 best reasons to do this?
  - Need: On a scale from 0 to 10, how important is this change to you? And why not zero?
- Summarise, reflect the speaker's motivation for change
- Commitment: What do you think you'll do? (And just listen and reflect)

How MI is directive

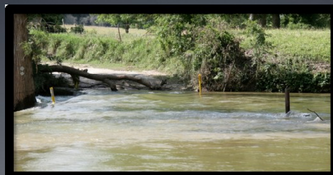
- Selective eliciting questions
- Selective reflection
- Selective elaboration
- Selective summarising
- Selective affirming

Talk and outcomes

- Resistance worsens outcomes
- Commitment talk predicted behaviour change

3 conditions for crossing over

- It's no good here
- It's going to be better on the other side
- I can get to the other side



Avoiding the traps

Avoid the righting reflex

Remember you don't have to:

- have a change plan
- sort things out
- sort things out today

Time and the therapeutic relationship you build is on your side

Summarise and hand it back

- Test the water with a summary and key question
  - "What will you do?"
  - "What now?"
  - "Where does that leave you?"
  - "Where do you go from here?"

Encouraging 'change talk'

Encouraging 'change talk'

Statements reflecting desire to, ability to, reasons for, need for and commitment to change

Harder 'uphill' work
Working against the status quo
Amplifying ambivalence
Care not to increase resistance

GRACE
Generate a gap
Roll with resistance
Avoid arguments
Can do
Express empathy

Easier 'downhill' ride
Elicit self-motivating statements, benefits & plans for change, commitments and concrete plans

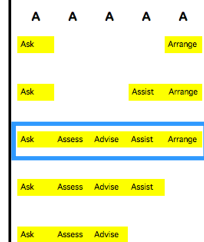
OARS
Open-ended questions
Affirmations
Reflections
Summarise

EARS
Elaborate
Affirmations
Reflections
Summarise

**Exploring ambivalence
Building motivation**

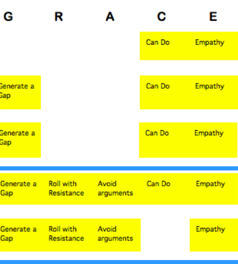
Strengthening commitment

Brief intervention using the 5As



Maintenance
Action
Preparation
Contemplation
Pre-contemplation

Motivational interviewing



n this brief intervention (BI) approach, all are screened by asking. If he unhealthy behaviour is identified the stage of change is assessed and advice is given to encourage behaviour change. Assistance is provided to those in the process of change (and this may involve using motivational interviewing techniques) and follow up is arranged to support ongoing change action. There is strong evidence to support the use of BI and fits well with the role of health professionals.

Motivational interviewing (MI) recognises that motivation to change is a fluctuating product of an interpersonal interaction. It involves listening with empathy to understand and explore the patient's values, goals, motivations, insights and resources; resisting giving advice or arguing; empowering the patient; and respecting the patient's autonomy. The goal is to increase intrinsic motivation by generating a gap (between what the patient wants and wha is) rather than to impose it externally. It is particularly useful for those who are reluctant to change. The patient is encouraged to vocalise the why and how of change using the OARS tools (open-ended questions, affirmations, reflective listening, summarise).

Questions & tools

- What do you like about?
- What don't you like about?
- Add your own concerns
- So where does that leave you?
- Summarise

- On a scale of 0-10 how much do you want to..?
  - Why so high?
- On a scale of 0-10 how confident are you..?
  - What can you do to succeed in this?
- Summarise, follow up

MI is not

- The transtheoretical model of change (cycle of change)
- A way of tricking people into what you want them to do
- A technique
- Decisional balance
- Assessment feedback
- CBT
- Client-centred therapy
- A panacea

Resources

- Motivational Interviewing http://www.motivationalinterview.org/
- Motivational Interviewing article in BMJ by Rollnick et al. 2010http://www.stephenrollnick.com/index.php/all-commentary/69-motivational-interviewing-article-published-in-the-british-medical-journal
- http://www.racgp.org.au/afp/200911/35799
- http://www.racgp.org.au/afp/200912/35067
- Motivational Interviewing in Health Care: Helping patients change behaviour. Rollnick, Miller & Butler. 2008. The Guilford Press.