

Motivational Interviewing

Adapted from CCMI webinar 2017

Disclaimer

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No Disclosures

KEY POINTS

Read off slide

Objectives

You will be able to:

- 1. Define the spirit of MI
- 2. List the skills of MI
- 3. Describe the model of MI

Objectives:

The learner will be able to:

1. Define the spirit of MI
2. List the skills of MI
3. Describe the model of MI

This is a didactic presentation, not the best way to actually learn how to do MI; this is to give you an understanding of what MI is. The best way to learn how to do this and apply it to your work is to have a face-to-face workshop where the skills of MI are reintroduced and practiced.

Why MI?

What is Motivational Interviewing (MI)?

Motivational interviewing is a collaborative conversation style to strengthen a person's own motivation and commitment to change.

> Miller and Rollnick
Motivational Interviewing: Helping People Change
3 ed, 2012

KEY POINTS

Read off slide

MI is a technique or an approach to working with people who are in varying stages of wanting to change



Ambivalence

- One of the things that strongly influenced the development of MI is that ambivalence is common, ambivalence is normal.
 - We want to change and we don't want to change, like this child that can't decide what to do next.
 - It's normal to feel two ways about something.
- MI was designed to help people who are ambivalent find their own motivations to start making changes.
- People who are ready for change don't need motivational interviewing. Sometimes they can change on their own or sometimes they need a little help, like Brief Action Planning.
- People who you will help with MI need a bit more time to sort through their ambivalence until they are ready to make a plan. The more ambivalent they are, the longer this may take – it may be several conversations before there is a plan.

Another definition of MI



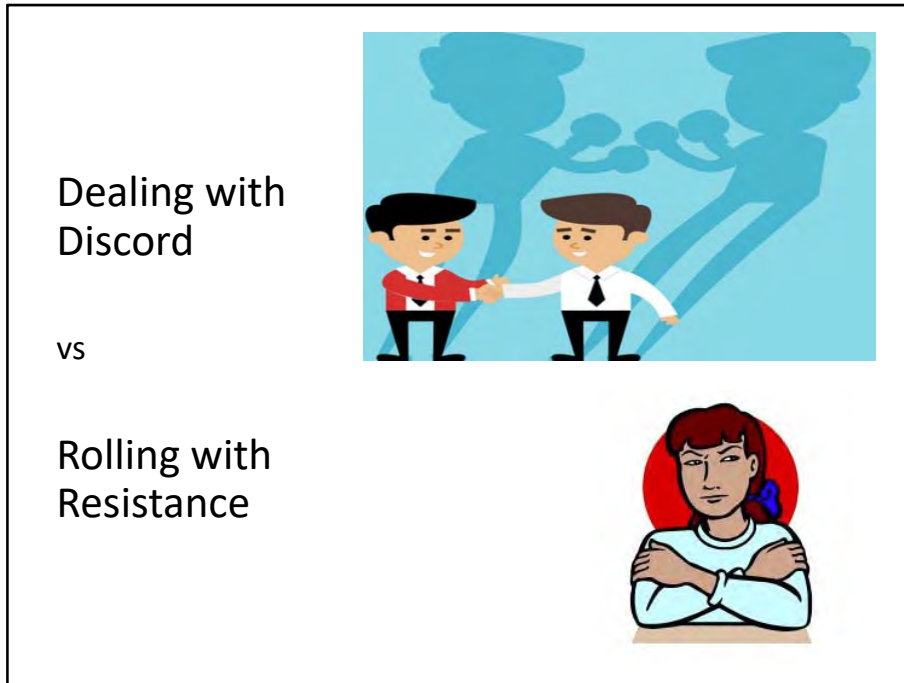
Dancing vs. Wrestling

MI Definition

Another way to think about MI is to think about Dancing vs. Wrestling.

- MI is like dancing with someone. You are moving together, working together to make something beautiful. Someone is guiding the partner in the dance without tripping or stepping on toes, similar to the art of MI.
- The other option is to wrestle with them, moving against them, pushing them around. Even if you do get them wrestled into what you want them to do, they are down and now you have to help them get back up and stand on their own feet. How likely is it for someone who has “lost” the wrestling match to feel motivated for change?
- **Physicians who may not follow through with a plan may be called "non-compliant". This relationship is frustrating for both the mentor and the mentee." Calling someone "non-compliant" is neither consistent with the Spirit of MI or what we know about helping people change.**
- MI is a very person-centered approach.

(based on Chris Dunn, PhD of UW and Deb Ward, RN, PhD)



In the past, when we spoke of the 'how' to do MI, we spoke of rolling with the resistance to change that many people exhibit. It implied that the problem lay with the person considering change and that it was something to be dealt with by the teacher/mentor/coach.

The spirit of MI suggests that the issue is not with the person considering change, it is a communication issue that needs to be addressed. MI is the approach to use to improve communication, understanding and to develop a relationship.



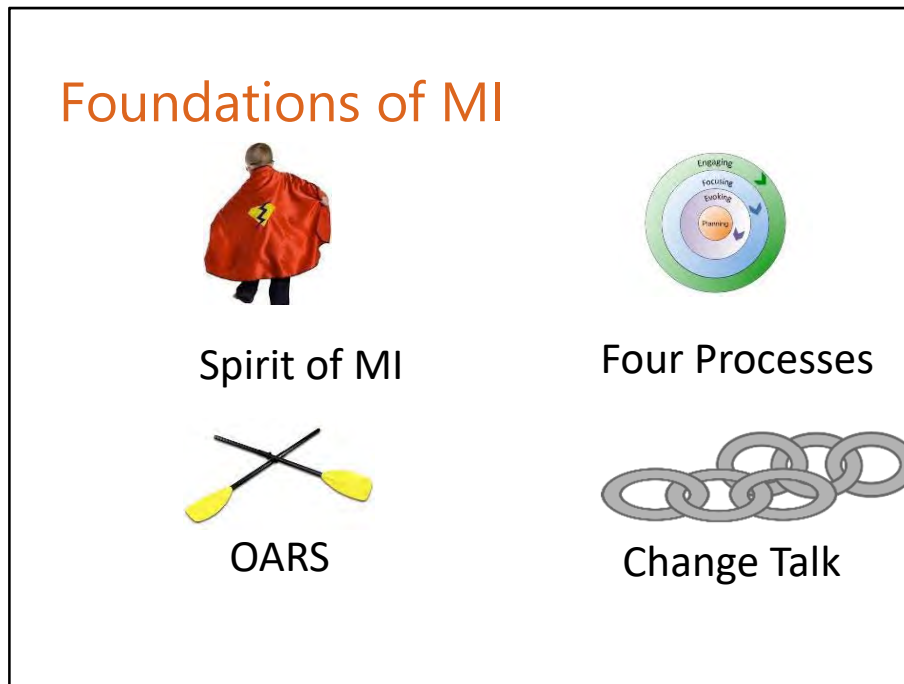
Styles

In the last slide, I mentioned teaching, mentoring and coaching. They describe roles or styles of interactions between two people in a learning situation.

There is a range of styles that you can use when interacting with people, none of these are wrong.

- **On the left side** of the range we have a more directive style where the guide or helper is providing information, instruction, and advice. This can be a very important and necessary part of practice, when we are teaching another or we have to lead in an emergency. It's appropriate to direct when someone's safety is at stake or they've asked us to.
- **On the far right** we have a non-directive style of following the person. The helper refrains from inserting their own ideas unless requested. This includes listening or just being with someone after a stressful situation or when they are coping with a difficult dilemma in which there is no right or wrong way to decide. An example might be someone who is trying to decide to be a living kidney donor or a couple is deciding whether or not to have children.

- **In the middle** is a guiding style. This is what MI is about. MI has a direction, but is not directive, it is based on the person's goals. It follows the person as they work through dilemmas, but with the person's goal in mind. If you've ever been on a tour with a really good guide, they will find out your interests and guide you in seeing what you wanted to see. If danger appeared, they would direct and protect you. That is what MI is about.



OVERVIEW OF MI

Now we will move into talking about the foundations of Motivational Interviewing. These include:

- Spirit of MI
- four processes
- OARS
- Change talk

Spirit of Motivational Interviewing

- **C**ompassion
- **A**cceptance
- **P**artnership
- **E**vocation



Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed, 2012

Spirit of MI

- Let's start with the Spirit of Motivational Interviewing as described by Miller and Rollnick, the founders and researchers who established this approach. There are four things that make up the Spirit of MI.
 - Compassion
 - Acceptance
 - Partnership
 - Evocation
- The acronym, CAPE, is a memory device. Capes can be a sign of respect, protect us from the elements and give us a sense of power as we know from watching children transform into superheroes.
- So when we use the Spirit of MI, we are protecting the person, creating a space for them to work on change, bringing out their own powers.
- The Spirit of MI as the foundation for Motivational Interviewing, is congruent

with Person Centered Support, improves mentee and mentor satisfaction, and ultimately leads to more successful outcomes.

- It has been shown in studies that when mentors demonstrate the Spirit of MI in their interactions, the people they are working with are more likely to change (*Miller and Rose, 2009; Miller et al 1993, Patterson et al, 1985*).

Compassion

Caring about what is important to another person and feeling moved to help.



based on Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed. Guilford Press, 2013

Compassion

Now we'll look at each part in detail.

- The first part of the Spirit of MI is COMPASSION.
- Compassion is caring about what is good for another person and letting it become important to you too.
- The interaction is done with heart.
- Receiving compassionate care is linked to greater satisfaction with care.
- Miller and Rollnick have defined it in this way, "To be compassionate is to actively promote the other's welfare, to give priority to the other's needs."

Acceptance

Respecting another person and their right to change or not to change.



Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed.
Guilford Press, 2013

Acceptance

- Acceptance means you respect the other person and their right to change or not. It does not mean you have to agree with the person's behaviour or beliefs.
- People who are competent have the right to make choices. Sometimes we may find these choices puzzling but it is not our place to decide what is right for another person. We can help people make choices that better fit their goals (not our goals).
- Sometimes as clinicians we do work with people whose competence to make decisions is compromised. We aren't talking about that situation here, but respecting their autonomy as much as possible is still important.
- Miller and Rollnick define acceptance in this way,
 - to honor each person's **absolute worth**: prizing the inherent worth and potential of every human being and potential as a human being,
 - To recognize and support the person's irrevocable **autonomy**: honoring and respecting each person's right and capacity for self-direction to choose his or her own way
 - To provide **accurate empathy**: an active interest in and effort to understand the other's internal perspective, to see the world through her or his eyes and to
 - To **affirm** the person's strengths and efforts.

- Empathy is considered as part of acceptance in MI. Physician empathy ratings predict average blood sugar control of their patients. (Hojat, 2011)

Partnership

Working together with another person and recognizing them as equal.



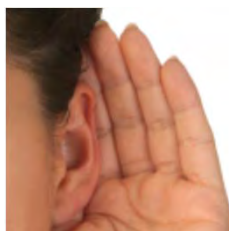
Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed.
Guilford Press, 2013

Partnership

- Partnership is working together with another person and recognizing them as an equal.
- We avoid the expert role as clinician, recognizing people have expertise about themselves.
- MI is not done “to” or “on” someone, even if it is done with the best of intentions. MI is done “with” a person.
- In the Heisler study (2002, J Gen Inter Med) of people with diabetes, the researchers found that people are more likely to change behaviors when they participated in the decision about the behaviour.

Evocation

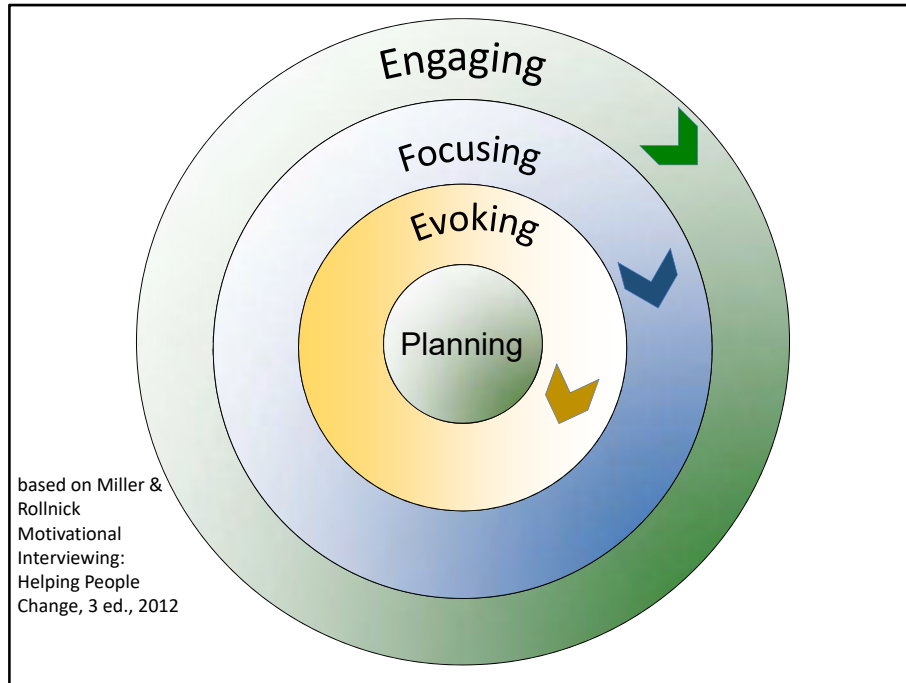
Bringing out another's strengths and knowledge about the situation and themselves.



Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed. Guilford Press, 2013

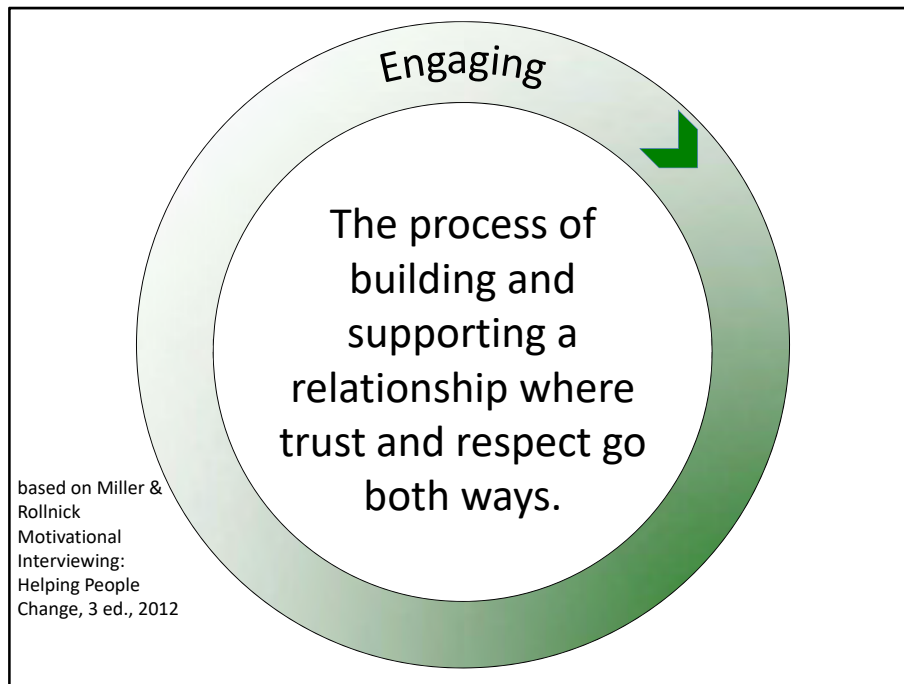
Evocation

- Evocation means bringing out another's strengths and knowledge about the situation and themselves.
- **People already have within them much of what is needed, and our task is to evoke or call it forth.**
- The ideas come from the person, and our job is to help draw them out.
- Adults mostly don't like being told what to do in their personal lives. Most people's initial reaction to being told what to do is put up resistance.
- **Miller and Rollnick define it in this way, "The spirit of MI starts from a very different strengths-focused premise, that people already have within them much of what is needed, and your task is to evoke it, to call it forth. The implicit message is 'You have what you need, and together we will find it.'"**
- Studies in alcohol treatment have shown that clients working with counselors who are directive talk less about change and are more resistant to change (Miller et al 1993, JCCP 61:455-461; Patterson et al JCCP 1985 53:846-851).



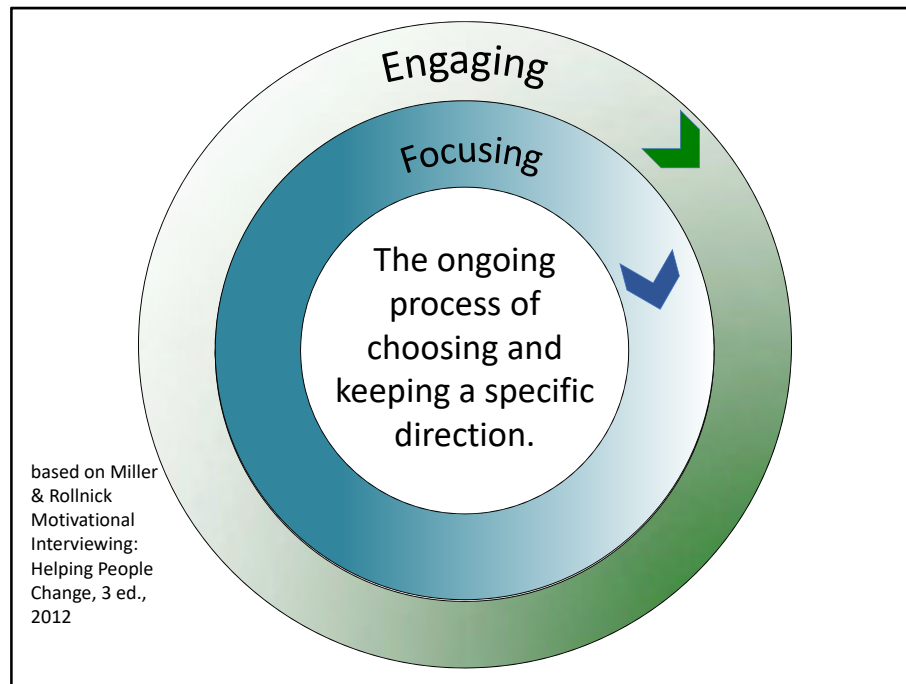
Visualizing the model

Here is another way to think about the four processes and we will go through each part in more detail.



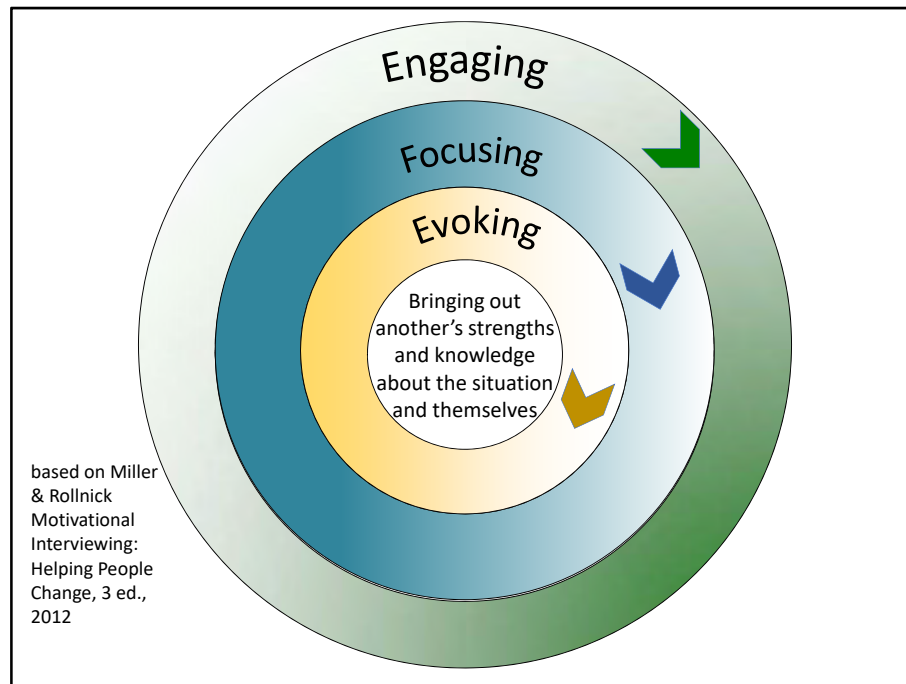
Engaging

- Sometimes the reason that no change is happening is that the person isn't engaged in their health, the visit, or the relationship with you, the helper.
- Engagement isn't just the first part of the interaction when you "establish rapport" and trust. Engagement happens throughout the visit or relationship, as represented by a circle.
- When we introduce ourselves and "establish rapport" with another, we are ENGAGING them in the interaction or relationship. It is about learning about the other person, their situation, what matters to them so that you can connect on a fundamental level. For example, we know that a physician values his/her patients and community relationships and wants to pass on his/her knowledge and use his/her skills.



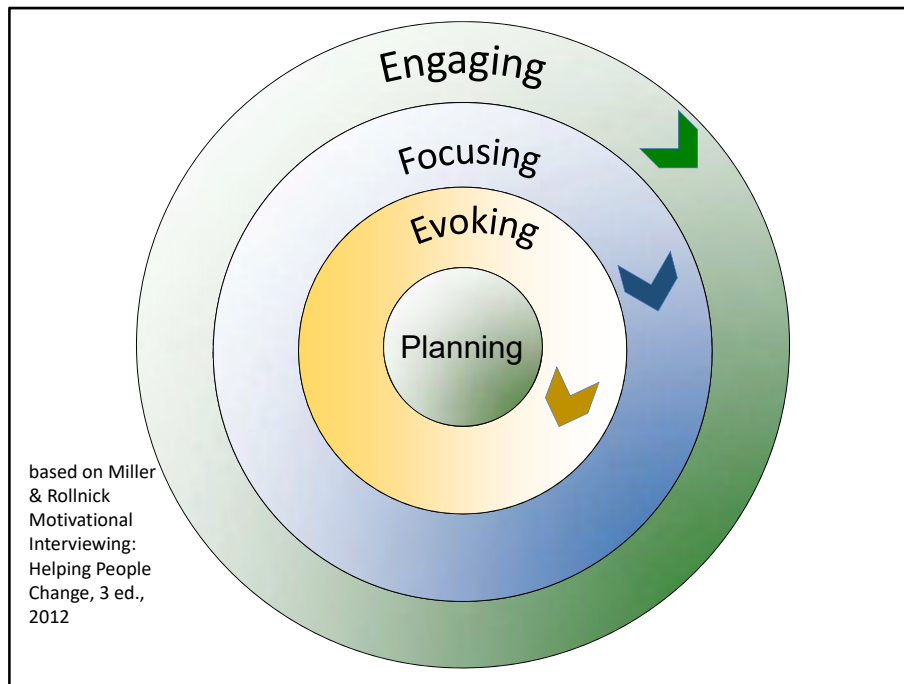
Focusing

- When we talk about the purpose of the conversation, we are FOCUSING. In motivational interviewing, it is necessary for the conversation to eventually focus on one thing, typically a behaviour, like quitting smoking, getting more sleep or starting to exercise.
- We know that a physician is trying to cut down on his patient waiting time but there may be other issues that he wants to work on, like staying on top of CPD regularly or getting out into the woods with his grandchildren or something else that he has not yet talked about.



Evoking

- When we talk more about the topic that is the focus of the conversation, we are **EVOKE** the other's thoughts and ideas. Another way to think of this is "Encourage to Explore."
- We might ask the physician about some of the successes and changes he/she has made in the past.
- We might find out more about his/her reasons to want to make a change – being around to teach his/her residents about doing a procedure.



Planning

- The definition of planning is "being with someone while they form specific actions to take".
- A physician may decide to move forward with changing his/her behavior or any of the other things that concern him/her or he/she may just make a plan to meet with us again.
- These are the four processes of Motivational Interviewing. There are ways we can talk with people that increase the chance they will be successful with the changes they want to make. Remember, not all conversations end in a concrete plan.
- These are displayed as circles within circles because in every interaction or relationship, we go back and forth between engaging, focusing, evoking and planning. They are circular processes, being monitored, revisited and revised as needed

Skills of MI: What do you use to row a boat?

Using OARS

- Open-ended questions
- Affirmations
- Reflections
- Summaries



Skills of MI

We have talked about the processes of MI and now we want to talk about the foundational skills we use in an MI conversation through all of the processes

- Reflections can be simple or complex
 - Simple reflections are just that—we repeat or rephrase what we heard. “You have 5 grandchildren”
 - A complex reflection adds meaning or emphasis to what the person has said making a guess on the unspoken content or feeling. “You have 5 grandchildren and being there for them is very important to you”
- Summaries - A summary is a way to gather up what someone said and present it back to them, kind of like a bouquet. “You really want to start looking after your blood pressure so that you can be around for your grandchildren. You want to figure out how you can do that.”

Just like with the CAPE acronym, if you like a memory device, you can remember OARS

Questions in MI

Open-ended questions

- Can't be answered by yes or no, or a one word response
- Invite the person to reflect and elaborate
- Help you understand another

Questions in MI

- Open questions can't be answered with yes or no. They invite the other person to do the talking. Examples include: What brings you here today? and the request "Tell me more about...."
- We might ask a physician to tell us more about his/her community involvement or his/her skills and experience with working on the EMR.

Affirmations

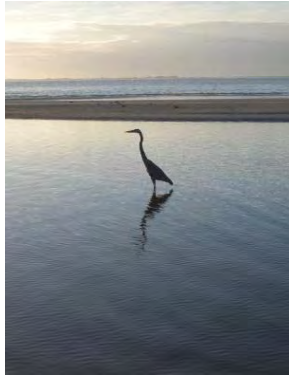
- a statement of the existence or truth of something
- recognize that which is good, including the person's worth as a fellow human being
- often starts with "you"

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Affirmations

- Affirmations communicate that you recognize strengths in the other person.
- With a physician we might affirm him/her by saying: "You're really working on changing your scheduling patterns." "You want to make things work better for your patients" "It brings up frustrating memories about your patients going to the walk-in clinic and then following up with appointments about the treatment."

Simple Reflections



Great Blue Heron, Fort Myers, FL by C Davis

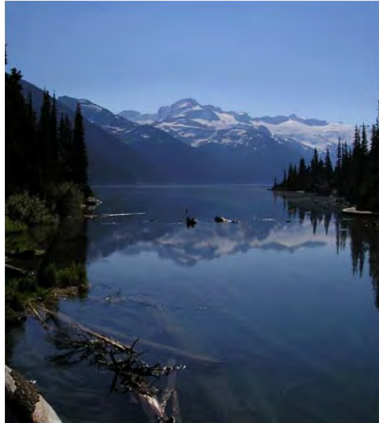
Stays close to the speaker's words

- repetition
- rephrase
- voice doesn't rise

Simple Reflections

- Reflections are the way we try and understand the person we are working with.
- They may be the most fundamental skill of MI.
- With humility, we explore what we think they are meaning by what they are saying.
- Simple reflections are just that—we repeat or rephrase what we heard. With a physician we might say, “Your typing skills aren’t very good.”
- But if that is all we do and we do it a lot, people may feel frustrated or it might feel false. So an option is to use complex reflections.

Complex Reflections



Garibaldi Lake, BC by C Davis

- May reflect feeling
- May use a metaphor
- May be double-sided

Complex Reflections

- A complex reflection adds meaning or emphasis to what the person has said making a guess on the unspoken content. More complex reflections tend to move the conversation forward.
- When someone says that have 1200 patients, we might say, “You have 1200 patients and being available for them is very important to you”
- If the same person talks about their EMR and says: “I’m having a hard time using my EMR”. We might respond with:
 - “You’re having a hard time using your EMR and you are worried about keeping up with your documentation.”
 - “You’re having a hard time with your EMR and you’re not sure how to find your way through this patch of the woods”
 - “On the one hand, you really don’t want to go back to paper, but on the other hand, you know that how you’re using your EMR isn’t the way you’d like to use it”.

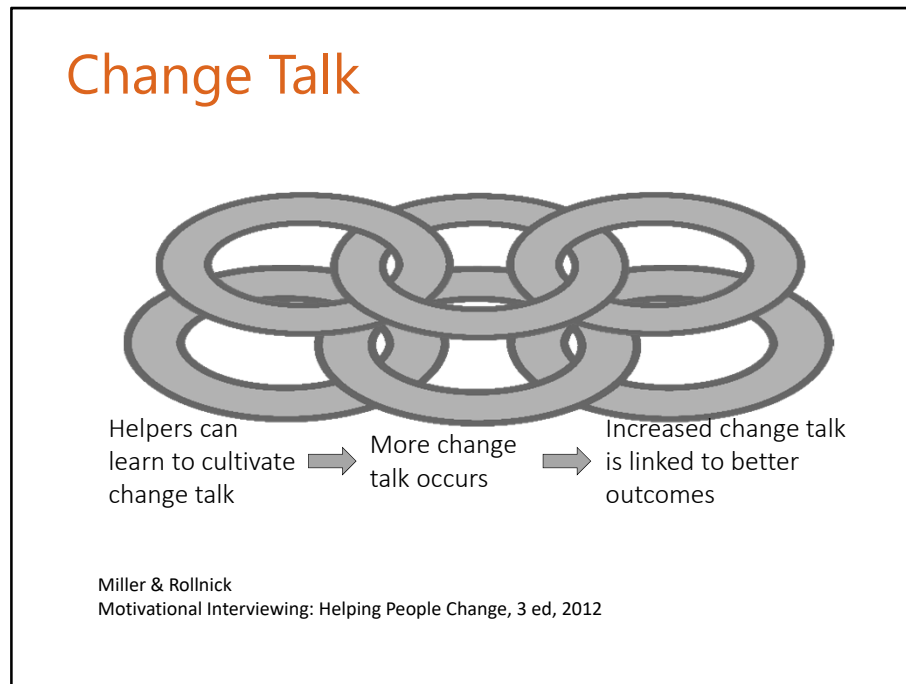
Summaries

- Listen for key messages
- Gather them up and hand them back
- You can gather up the different conversation topics or different aspects of a single topic
- Then end with a question.



Summaries

- A summary is a way to gather up what someone said and present it back to them, kind of like a bouquet.
- It is impossible (and not desirable) to summarize everything the person says.
- You get to choose what is in the bouquet, that is the art of a summary.
- And when you give it back, you are saying, this is a bouquet you grew in your own garden.
- Summaries are used in many ways in MI. Early in a conversation, during engagement, a summary can simply be a way of reflecting your understanding. It can be used to move the conversation forward during focusing, or to evoke talk about change later in a conversation.
- So in a way, a summary is an extended reflection, may include affirmations, and often ends with an open ended question so it combines all of our OARS in one helpful package.
- After a conversation with someone we might say: “We’ve talked about a lot of things today, your office issues, your patients and work load, your love of practicing medicine. What would you like to focus on in our work together?”



Change Talk

With our MI spirit and understanding of the processes and OARS, our goal is to converse with people in a way that helps them become less ambivalent and increases “change talk”.

- Helpers can learn to evoke or cultivate change talk.
- People respond with more change talk
- More change talk is linked to better outcomes.



Change Talk

- Change talk is any speech from the other person in favour of making the change.
- There is a flip side of course. The other side of the coin (and they are inseparable like a coin) is sustain talk.
- Any speech from the other person that favours the status quo is sustain talk. The presence of sustain talk in excess of change talk predicts lack of success in making a change.
- Remember, ambivalence is normal. It's normal to feel two ways about something. "I want to spend more time with my patients but sometimes its hard to find the energy"
- In MI, we are listening for the side that favours change, and helping people hear it to build their own motivation for change.
- OARS are used to evoke or "cultivate" change talk and to "soften" or decrease the attention to sustain talk.
- When we hear the physician say things like "I have to be around to show my grandchildren how to hunt and fish" or "I don't want to end up like my old partner", that is change talk. As our MI skills progress, we can learn to respond to this change talk in ways that increase or evoke more change talk.
- When we hear the physician say things like "I just don't have the energy" or "My paper charts are so much easier", that is sustain talk. As our MI skills progress, we can learn to

pay less attention to sustain talk and help evoke more change talk.

- Listening for and recognizing change talk and learning how to encourage/evoke more change talk is a skill that can be developed with practice.
- Once the people we work with are energized about change they are ready to move into making a plan for change which is the last of the four processes.
- People are the experts about themselves and any plan that they make for change is much more likely to succeed than any plan we might think of for them.

MI Research summary

- Better outcomes are associated with
 - Spirit of MI
 - Softening sustain talk
 - Cultivating change talk
- Lack of outcome is associated with
 - Poor fidelity to MI
 - Inflexible approaches that don't build on what is being said



Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed, 2012

MI Research Summary

- There are several things known about what does and does not work in MI. Some of it is described by the developers, Drs. Bill Miller and Steve Rollnick, in the most recent edition of the Motivational Interviewing Book.
- New research continues to add to what we know about MI. There are over 200 studies about MI.
- Better outcomes are associated with three things:
 1. The first is the The Spirit of MI. It's an underlying helping attitude.
 2. The second is softening sustain talk. This means that you always focus on maintaining engagement or the relationship while simultaneously focusing more on the desired change instead of barriers to change.
 3. The third is called cultivating change talk. When people are talking about change, the best thing to do is build up hope and help them think about the future and next steps.
- There are negative trials of MI (trials that showed no improvement.) What was going on there? If you review those studies carefully, a few things are clear:
 1. In some studies, there is no way to tell if the clinicians were actually using MI. The authors don't report any monitoring of what the clinicians actually did during the

study, or there were no attempts to see how skilled the clinicians were. These studies may not have worked because MI was not actually happening. It's hard to say.

2. There a couple of studies where it is known that the clinicians were using MI, but it didn't work. What seems to have happened was that MI had been put into a manual so strictly that the clinicians had to go through every step of a scripted approach. In some cases, the people were ready to change, but the helpers were required to talk about barriers. This was found to actually decrease the chance of the person changing. The conclusion from these studies is that MI needs to be a flexible approach so that the clinician can respond to where the person is at and build naturally from the conversation.
- Since 1990 the number of scientific publications on MI has been doubling every 3 years. There are currently more than 1200 publications, including more than 250 randomized clinical trials reflecting a wide array of problems, professions, practice settings, and nations.(MI 3rd edition, pg 379)

Summary

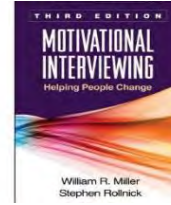
- MI is an advanced approach for helping people address their ambivalence about change.
- MI includes: the “Spirit”, four processes, OARS, and cultivating change talk.
- MI is a skill set that can be learned and developed with practice.

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In the Stepped Care Self-Management support model,

Read off slide

Resources



- CMI - www.centrecmi.ca
- [BC Community of MI Practice](#)
- Miller W, Rollnick S. Motivational Interviewing: Helping People Change, 3ed, 2012
- <http://www.selfmanagementbc.ca/motivationalinterviewing>

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