An Introduction to Motivational Interviewing

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Learning objectives

At the end of this session, participants should be able to:

• Name the two factors of motivation and the key skills for assessing and enhancing motivation for any health behavior change

• Elicit and respond to “change talk”

• Describe two strategies for responding to resistance
Traditional Health Behavior Change

• Confrontational
• “Expert” driven

What makes an expert?
Misconception of “Expert” (Health Care Provider)

• My patient will be motivated once I share my knowledge (expertise)
Misconception of Patient
Discrepancy

• Change is motivated by a perceived discrepancy between present behaviors and personal goals or values

• Use strategies to assist patients in identifying discrepancy and move toward change

Patient: "I want to be a good role model for my children."
Human Behavior

• People believe what they hear themselves say
• People resist that which is forced upon them
• People support that which they help create
• People like to be heard and validated
• People are empowered when they’re built up, and disempowered when they’re put to shame
Let me introduce you to Howard…
“Spirit” of Motivational Interviewing
A way of being with people

Collaboration
Acceptance
Compassion
Evocation
The Spirit of Motivational Interviewing (MI) “The Dance”

- COLLABORATION
  Not Confrontation

- EVOCATION
  Not Education/Advice

- ACCEPTANCE/AUTONOMY
  Not Authority

Careful eliciting of the values, assumptions, fears, expectations and hopes of the patient
Getting Motivated

The Patient must:

- Identify the benefits of changing
  - How important are these to me?
- Explore the challenges
  - Am I capable of managing this?
Factors of Motivation

• Importance of change

• Confidence in one’s ability to change
Motivation…

Can be internal or interpersonal
“Let’s put aside the ‘how to do it,’ for right now, and just talk about how you would like things to be different.”

Discrepancy leads to ambivalence...
Ambivalence

I don’t have the time to eat right

I really enjoy sweets

I’m afraid I’m going to die young

I hate the way I feel
Group Activity for People who Smoke
"Running Start"

Good things about...

Not so good things about...

Resolve ambivalence in favor of change

Good things about...

Not so good things about...
“Preparatory” Change Talk

Listen for self-motivating statements…

“I’d like to quit.”

“I’m a determined person and can usually do anything I set my mind to.”

“I know I’d breathe a lot easier if I quit.”

“I need to do this.”
Change Talk

Desire, Ability, Reason, Need
leads to
“Mobilizing Change Talk”

Commitment, Activation, Taking Steps

“I’m going to quit.”
“I’m willing to try.”
“I’ve already thrown out my lighters.”

DARN-CAT
Responding to Change Talk

Evoke in a way that patients will keep talking

Desire, Ability, Reason, Need

“Tell me more about that…”

“What else…”

Eventually, evoke

Commitment, Activation, Taking Steps

“How will you go about that?”
Identifying Change Talk
Find the “Mobilizing” Language

1. I want to be quit smoking
2. I can do anything I set my mind to
3. I’m going to quit
4. I’d feel so much better about myself if I quit
Which (open-ended) question would you ask to evoke mobilizing language?

- So what will be your first step?
- How confident are you that you can do it?
- What makes this important to you?
- Why do you want to make this change?
Recognize Resistance

“I’m just too stressed out to even think about quitting right now.”
“Yeah, but…” syndrome

I can’t afford the medications.

I’m afraid I’ll gain weight if I quit.

I don’t smoke nearly as much as some other people that I know.
“I just can’t quit smoking 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.”
Types of Reflections

- **Repeating**: repeats an element of what the speaker said
- **Rephrasing**: stays close to what was said but, slightly rephrases what was offered
- **Reflection of feeling**: paraphrase emotional dimension
- **Paraphrasing**: restatement, infer meaning in what was said and reflect back in new words- adds to or extends what was said
Back to Howard…
Resistance

• “Sustain Talk”

• Discord

• RESPONSE:
  • Reflect
  • Emphasize Personal Choice & Control
Practice Reflective Listening
Communication Strategies

• Open-ended questions
• Affirmations
• Reflective Listening Statements
• Summaries
Communication Strategies

- Open-ended questions
- Affirmations
- Reflective Listening Statements
- Summaries
Gentle Guidance

- Selective responding
- Patient-centered
- Directional
Ending a Session

1. Reassess Readiness
2. Summarize
3. Reach agreement
Nancy – Real Estate Agent, Age 38
Smokes 2 ppd

• Importance = 10
  • Doesn’t want to get wrinkles
  • Wants to be a good role model to her son
  • Doesn’t want to be 40 and still smoking

• Confidence = 4
  • Several serious quit attempts
    • Tried the patch “That doesn’t work”
    • Tried hypnotism – lasted 3 days
Bill – College Sophomore, Age 20
Smokes 2 ppd

• Importance = 1
  • “I’m not an addict or anything like that.”

• Confidence = 10
  • “I can do anything I set my mind to.”

Running Start:

“It helps me concentrate when I study.”
Strategies

• Develop Discrepancy (Bill)

• Support Self-Efficacy (Nancy)
Summary

• Assess & Enhance Motivation
  • Importance & Confidence

• Skills for Responding to “Resistance”
  • Reflective Listening Statement
  • Emphasize Personal Choice & Control

• Utilize Open-Ended Questions
  • Elicit and Respond to “Change Talk”
Advice & Education

Information Exchange
E-P-E
Elicit – Provide – Elicit

• **Elicit**
  “What do you already know…”
  “Is it okay if I share with you what I know?”

• **Provide**
  “Research has shown…”
  “This is what we know…”
  “Some folks have found…”

• **Elicit**
  “What are your thoughts…”
Questions