Motivational Interviewing (MI): An update on the research

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Learning Objectives

- At the end of this session, participants should be able to:
  - Discuss research on the effectiveness of MI in helping people change behaviors
  - Describe the different components of MI that can explain it's effectiveness
  - Name newer and evolving MI principles and practices
  - Identify training that can help practitioners develop competence in practicing MI

- No conflicts to disclose

Discussion of the evidence on the effectiveness of MI

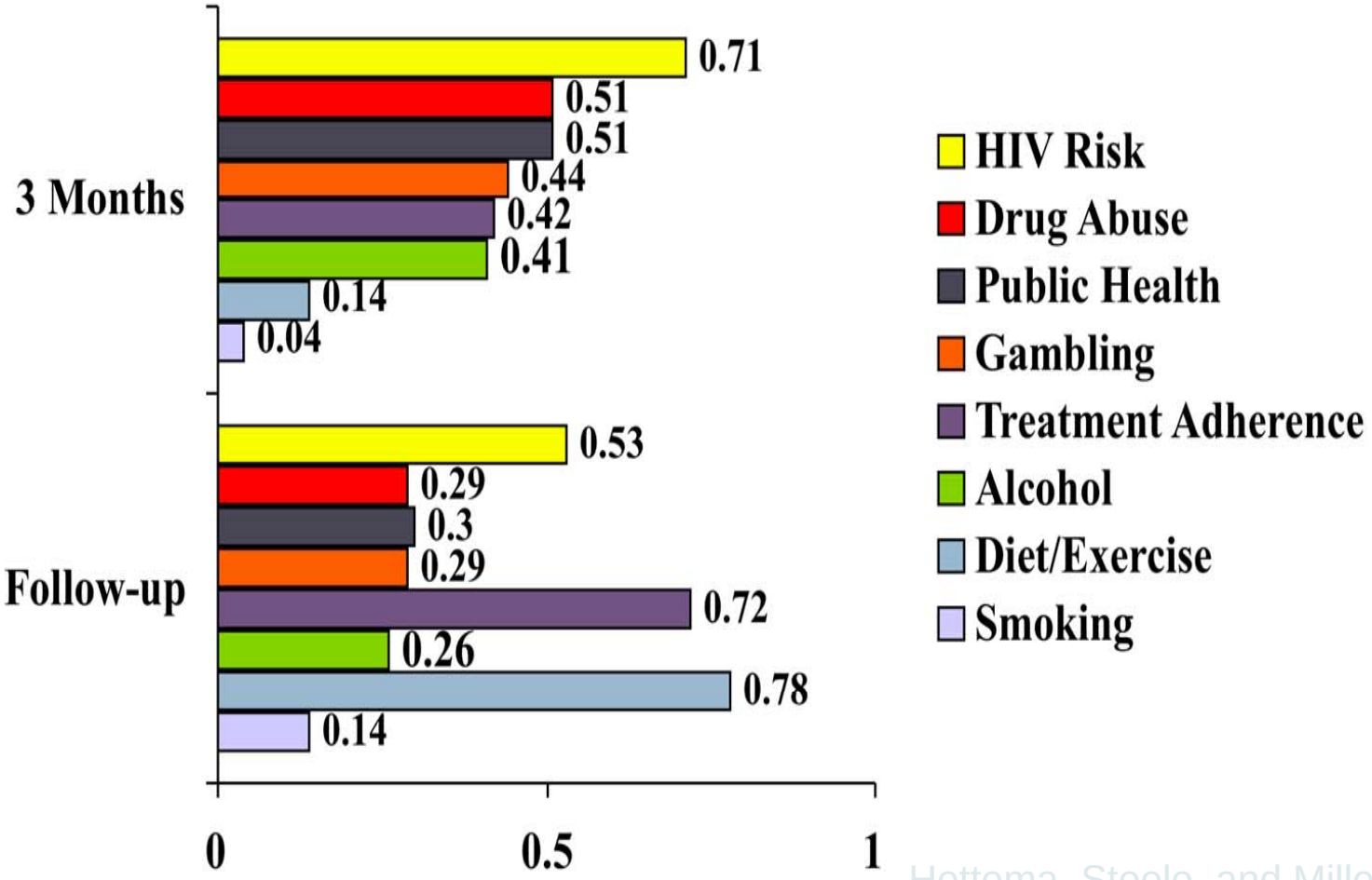
In general

- Across many studies and 10 reviews MI is strongly supported in that it shows a consistent, but usually moderate effect in promoting a variety of behavior change when compared with advice, and no treatment controls

Heterogeneity

- Type of intervention
- Focus of intervention
- Number of encounters
- Type of providers
- Extent of MI training
- Adherence to MI
- Outcome measurements

MI is shown to be effective for many health behaviors (Hettema et. Al. 2005)
(N=72 Clinical Trials)



Hettema, Steele, and Miller, 2005

MI: A systematic review and meta-analysis (Rubak et. Al. 2005)

- 71 Studies
  - Small but significant combined effect
    - Reducing BMI
    - Reducing systolic blood pressure
    - Improving total blood cholesterol
  - Non significant effect
    - Reducing number of cigarettes
    - HBA1c

MI In Promoting Health Behaviors (Martin and McNeill, 2009)

- Modifying diet and exercise (24 studies)
  - Overall but not ubiquitous positive effect
  - Both alone and has combined with other interventions
  - Increased self efficacy, decreased BMI, increased physical activity
- Diabetes (9 studies)
  - Effective in controlling glucose, decreasing weight, dietary changes
- Oral health (4 studies)
  - Small positive effect, more research needed

Does MI improve outcomes (Berkowitz and Johansen, 2012)

- Recent comment in Archives of Internal Medicine
  - Some significant effects different health behaviors
  - Additional and improved studies needed
  - Question about relative effectiveness of peer health counseling, automated technologies, and motivational strategies
- Solomon et. Al. (2012) Medication adherence
  - Large telephone MI study
  - 1000 each arm, average age 78
  - No significant effect from MI

USPHS Guidelines Treating Tobacco Use and Dependence

- Unclear if MI increases abstinence

- Does increase likelihood of a person making a quit attempt
  - With those unmotivated to make a quit attempt
  - Even people with schizophrenia (Steinberg et. Al.)

MI and Smoking (Lai et. Al. 2010)

- 14 Studies included involving 10,000 smokers
  - Modest but significant effect relative to usual care
    - Quit rates relatively low
      - 11.5% compared with 7.5% control
  - Longer, > 20 minutes seems more effective

Change

- It is hard – ‘ breaking habits takes an application of energy’

- Persistence, energy, and direction of behavior toward a goal
  - Choice of goal
  - Volition toward goal
  - Capacity, energy, strategies
  - Reward from effort

Ambivalence is normal

- Ambivalence refers to feeling two ways about a behavior
- Getting stuck in ambivalence is common and should be expected

MI A pragmatic definition (Miller, 2010)

- MI is a person-centered counseling method for addressing the common problem of ambivalence about behavior change

MI A technical definition (Miller, 2010)

- MI is a collaborative goal-oriented method of communication with particular attention to the language of change. It is intended to strengthen personal motivation for and commitment to a target behavior change by eliciting and exploring an individual's own arguments for change

Essential elements

- What is and isn't MI

- Can it be MI without
- Engaging No
- Guiding No
- Evoking No
- Planning Yes

Why is MI?

- Relational aspect
  - Ambivalence is resolved through empathy and a spirit that instills capability
- Technical aspect
  - Ambivalence is resolved through the selective reinforcement of a client's thoughts and commitment for change

Why does it work

- Relationship accounts for change (thesis A)
- Increasing change talk accounts for change (thesis B)

Evidence for Thesis A

Findings that preceded MI:

- The work of Carl Rogers
- Counselors are a major determinant of client change
- Counselor empathy predicts client change outside MI
- Small acts of caring (a phone call, a note) can strongly impact outcomes

Aesop

- http://www.youtube.com/watch?v=PhQTCU8nr-U

Evidence for Thesis A: Readiness Occurs in Relationship

Without teaching directive MI:

- Working alliance predicts client change
- Unilateral family intervention works
- Counselor empathy predicts client change in behavior therapy
- Eliciting specific implementation intentions predicts behavior change

Support for Thesis B

- Increasing client change talk (particularly *commitment language*) promotes behavior change
- Stated *implementation intentions* predict behavior (Gollwitzer)
- Client resistance fosters no change

- Thus: Elicit and reinforce change talk, not resistance

A Synthesis

- *The resolution of ambivalence is promoted by accurate empathy*

  and

- *Resolution of ambivalence in a particular direction is influenced by the counselor's differential reinforcement of client speech*

Three elements to the spirit of MI: collaboration, evocation, autonomy

…there are 4 General Principles that are evolving in MI 3

Principles

- Express Empathy
- Support Self Efficacy
- Develop Discrepancy
- Roll with Resistance

Principles of MI are evolving: RULE

- Resist the righting reflex
- Understand your client's motivation
- Listen to your client
- Empower your client

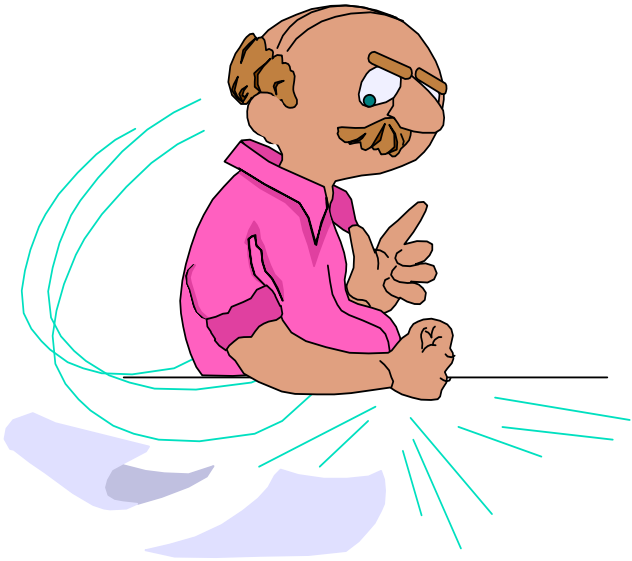
The power of the provider's response….

How we react to resistance and ambivalence

determines

whether it will increase or resolve

What I represent to the patient is based upon the patient's expectations and past experiences in similar circumstances



Create a relationship where we look at things together

Behaviors that increase resistance

- Convince client about ‘problem’
- Argue for benefits of change
- Telling client how to change
- Warning about consequences of not changing

Battling Assumptions: Hypothesis testing and reflective listening

- I don't like structure
- You mean that…..
  - You like things free flowing
  - You don't like being told what to do
  - You enjoy free time
  - You don't want to be in a program
  - You feel too confined here

- I am a friendly person
  - You make friends easily
  - People don’t see how warm you really are
  - You’re not sure why people sometimes don’t like you
  - You try your best to be friendly to others
  - You like people

Reflective listening

- Sometimes I get too down on myself
- You mean that
  - You are overly critical of yourself
  - There are times that you are very discouraged
  - You're wanting to change how self critical you are of yourself
  - You could be more fair to yourself

Methods for Evoking Change Talk

- Asking evocative questions
- Elaborating
- Looking forward or back
- Exploring goals and values

Training in MI

- What are the key elements
- Minimal requirements
- Fidelity

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- **Reviews and Meta analysis**

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