



Motivational Interviewing for Health Behavior Change

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Motivation

Facilitating Behavior Change

*Helping people clarify, own and
achieve their goals*

You would think . . .

feeling sick all the time

losing a limb

being put on dialysis

the threat of dying, etc.

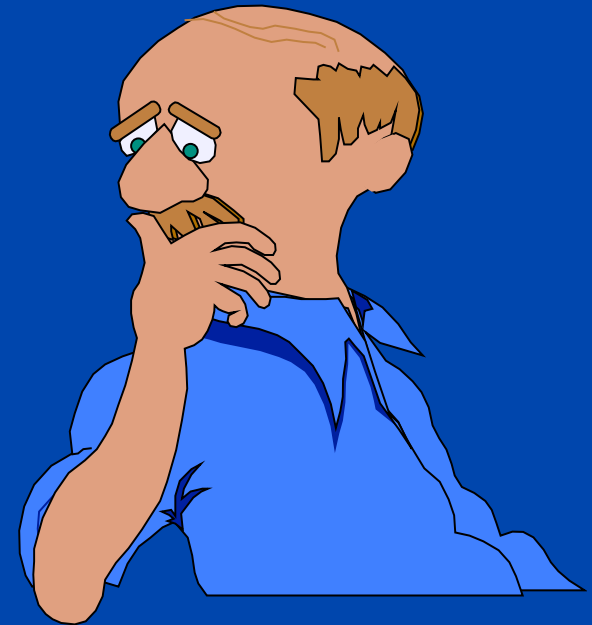
would make all diabetics

follow a strict diet!

But No...

Well, why not?

- They really don't know the repercussions
- They know but don't really care
- They want to eat better, and know the repercussions, but don't know how



How do we get people to change?

- Give them **Insight** - if we can just make people see, then they will change
- Give them **Knowledge** - if people just know enough, then they will change
- Give them **Skills** - if we can just teach people how to change, then they will do it
- Give them **Hell** - if we can just make people feel bad or afraid enough, they will change

Instruct, fix, problem-solve

What makes an Expert

- Achieved knowledge
- Acquired skill
 - Derived from experience and/or training



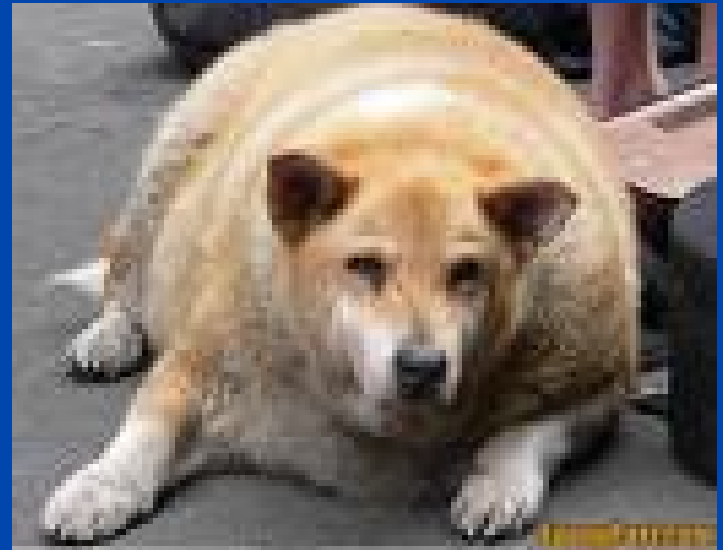
Misconception of Motivation by the Expert (Health Care Provider)

- My patient will be motivated once I:
 - give them knowledge (my expertise)
 - Give them skills (teach them how)
 - What else?



Misconception of Motivation by the Patient

- “You either have it or you don’t”



Getting Started

Exploring and enhancing motivation for a behavior change may be more important than giving a “how to” plan

What We've Learned

Old Method

- Instruct
- Fixed process
- Teachable moments

New Method

- Engage
- Individualized process
- Learning opportunities



-People tend to resist that which is forced upon them.

- People tend to support that which they helped to create.

- Vince Pfaff



“Spirit” A way of being with people

Collaboration



Autonomy



Evocation

The Spirit of Motivational Interviewing (MI) “The Dance”



- **COLLABORATION** Not Confrontation
- **EVOCAATION** Not Education/Advice
- **AUTONOMY** Not Authority

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

“Let’s look at this together.”

Vs.

“You need to lose 20 pounds.”

“What do you think gets in your way of exercising on a regular basis?”

Vs.

“I will tell you how to accomplish this.”

Behavior Change



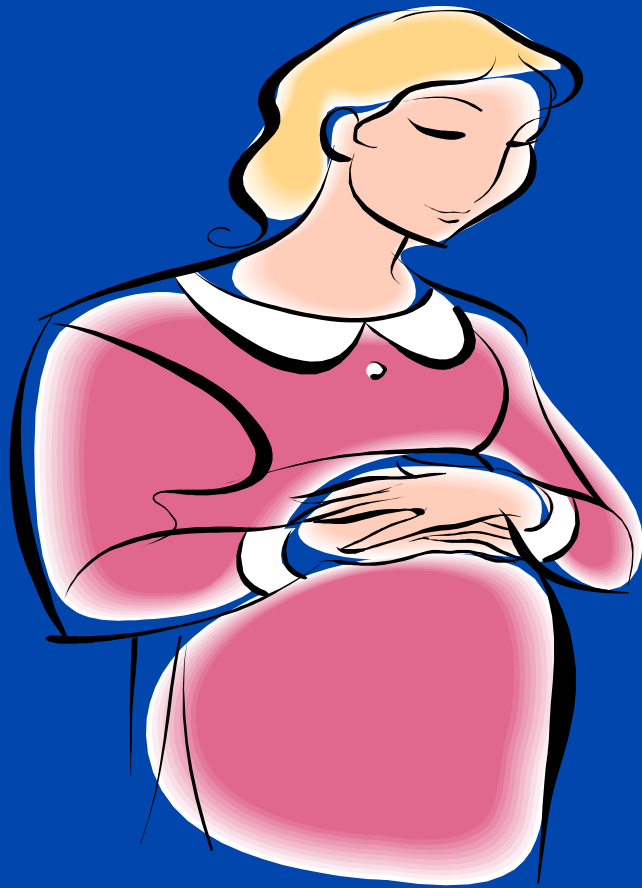
Change is a process

Motivation

- Importance of change
- Confidence in one's ability to change
- Readiness to change

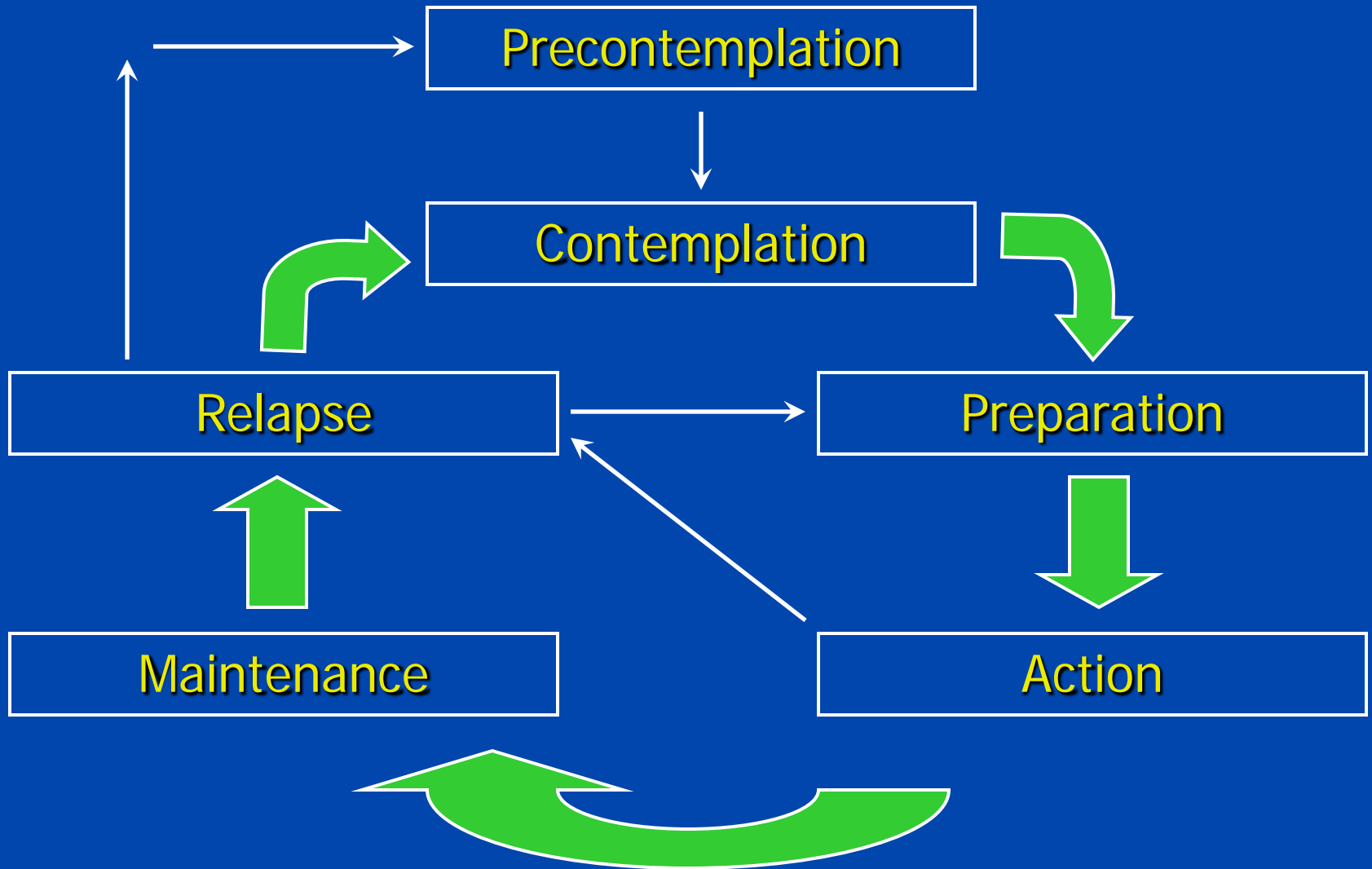


Motivation...



**Can be internal
or interpersonal**

Stages of Change Model



Meet the
person at
his/her place
of readiness



"What are your thoughts about..."

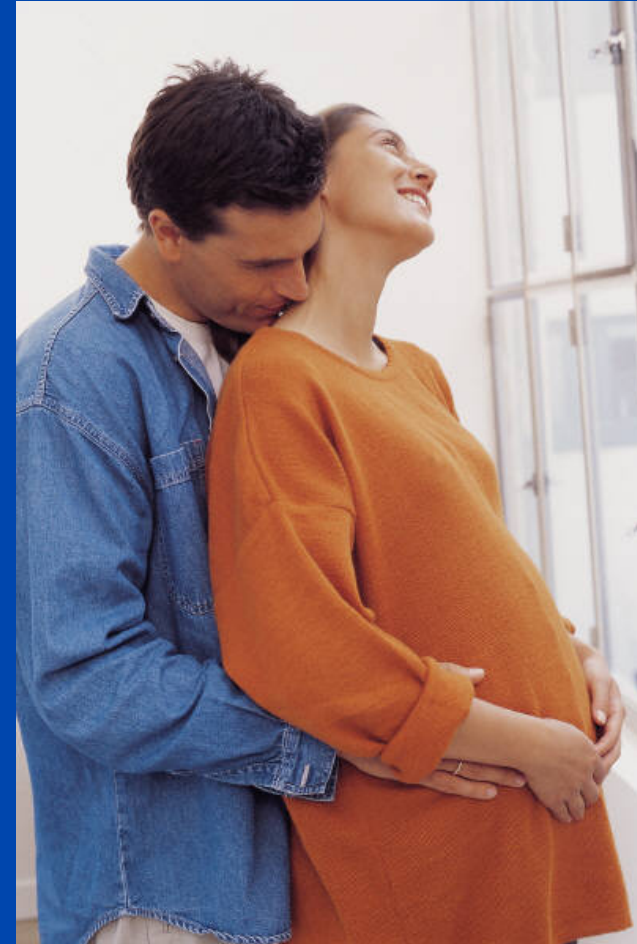
Principle of MI

- Express Empathy



How Do You Express Empathy?

- Understanding without judging, criticizing or blaming
 - Willingness to accept “where” a person is
 - A desire to understand the person’s perspectives
- (Does not mean that you agree)



Principles of MI

- **Express Empathy**
- **Support Self-Efficacy**



Support Self-Efficacy

- Enhance the person's confidence in his/her capability to succeed with change.
- Show the person that you see the potential for change. Believe in them!



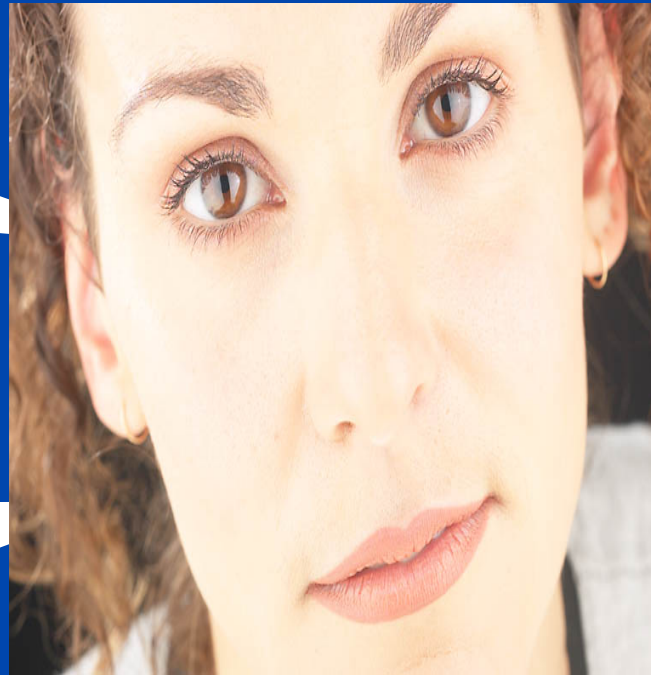
Principles of MI

- **Express Empathy**
- **Support Self-Efficacy**
- **Develop Discrepancy**



Ambivalence

I love
sweets



I want to
be thin

I'm hungry
all of the
time

I want to be
a healthy
weight

The pros and cons of quitting

Looking at the pros and cons of quitting can help sort out your feelings.
Write down your thoughts in each of the four categories below.

Good things
about smoking

Not so good things
about smoking

Not so good things
about quitting smoking

Good things
about quitting smoking

Resolve ambivalence in favor of quitting

Adapted from *Health Behavior Change: A Guide for Practitioners*, by S. Rollnick, P. Mason and C. Butler, 1999

After looking at the "good things" and "not so good things," where does this leave you now?

Examining the Pros and Cons

Good things about...

Not so good things about...

Group Activity

Not so good things about...

Good things about...



Ambivalence

- Ambivalence is common and a stage in the process of change
- Getting stuck in ambivalence is normal



Ambivalence leads to discrepancy

Discrepancy

- Change is motivated by a perceived discrepancy between present behaviors and personal goals or values
- Use strategies to assist patient in identifying discrepancy and move toward change

Patient: *“I want to be a good role model for my children.”*

Developing Discrepancy

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

future?

VALUES

DISCUSSION

What happens when you begin your session?

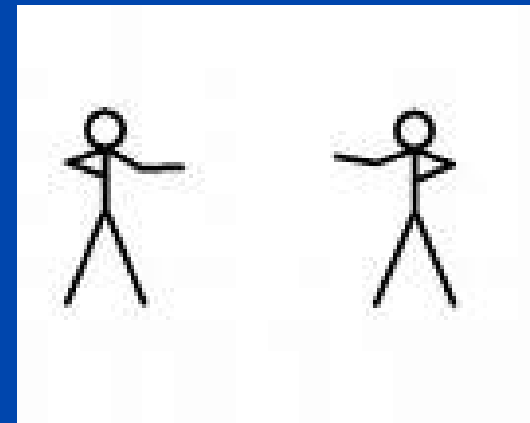
Resistance is an interpersonal phenomenon



How we respond
matters

Principles of MI

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



“Yeah, but...” syndrome
I haven’t exercised regularly in 20 years.

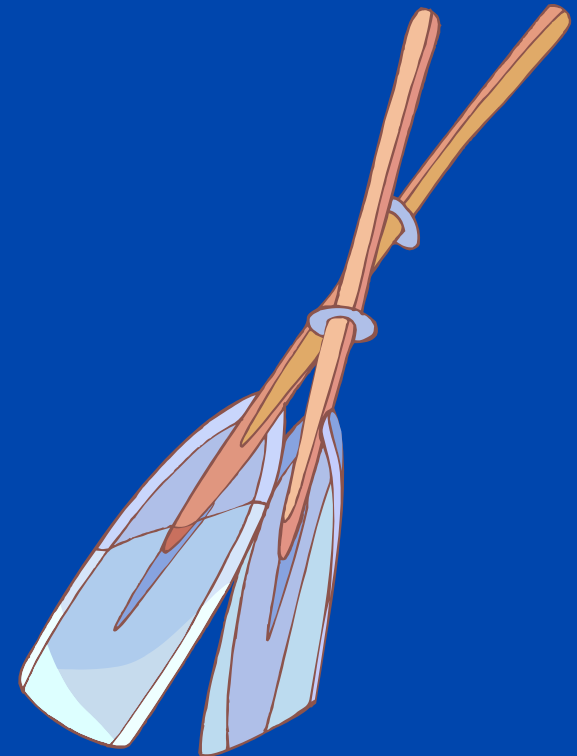
What if I hurt myself?

I don’t even know how to begin.



Communication Methods

- **O**pen-ended questions
- **A**ffirm
- **R**eflective Listening
- **S**ummarize



Open-Ended Questions

Client Benefits

- Allows client to express themselves
- Client verbalizes what is important to them at the moment

“How do you feel about incorporating more exercise into your lifestyle?”

“What do you see as your biggest challenge?”

“Tell me more about that.”

Counselor Benefits

- Learn more about the client
- Sets a positive tone for the session

Open-Ended Questions Exercise



Affirm

- A supportive, appreciative statement that conveys respect
- Useful throughout the entire session to build and maintain rapport

“I admire your strength and can appreciate how difficult it must have been for you during that time in your life.”

Affirm

“You are very brave to be so revealing about this.”

“I admire your perseverance.”

“You’ve accomplished a great deal in a very short time.”

Reflective Listening

- Making a statement to clarify meaning and to encourage continued exploration of content

Patient: *“It is stressful to think about how my poor eating habits affect my 12-year old. I want her to learn healthy eating habits.”*

Counselor: *“You’re worried about the impact of your current diet on your child.”*

Reflective Listening

By utilizing the skill of reflective listening, the counselor is conveying:

- *“I am listening.”*
- *“This is important to you.”*
- *“I would like to hear more.”*
- *“I am not judging you.”*
- *“I can understand why you might feel this way.”*

Simple Reflections

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

“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.”

Summarize

Gather what you've heard and give it back by highlighting important aspects


Summarizing conveys to the patient:

- *“I am listening carefully to what you tell me.”*
- *“Did I understand you correctly?”*
- *“I value what you say.”*
- *“Here are the salient points.”*

Summarize

- Can be used to gather more information
(“...*what else?*”)
- Can be used to move into a new direction
(“...*now can we talk about...?*”)
- Can be used to link both sides of ambivalence
(“*On the one hand... on the other hand...*”)

EXAMPLE



“I’ve tried so hard to keep my blood sugar in check. I just don’t think I have it in me to manage it.”

- Affirmation
- Reflective Listening Statement

Roll with Resistance

Reflective Listening

SIMPLE REFLECTION: An acknowledgment of the person's disagreement, feelings or perception.

Patient: *“I’m trying the best I can to at least cut back on fatty foods. Geez, I’ve already made a lot of other changes in my life too, like exercising.”*

Practitioner: *“You’re working hard on the changes you need to make.”*

Reflective Listening

AMPLIFIED REFLECTION: Exaggerate to encourage the person to back off a bit and talk about the other side of the argument.

Patient: *“My mother is a worrier. She drives me crazy, hounding me all the time about my drinking.”*

Practitioner: *“Your mother really has no business to be concerned about your health.”*

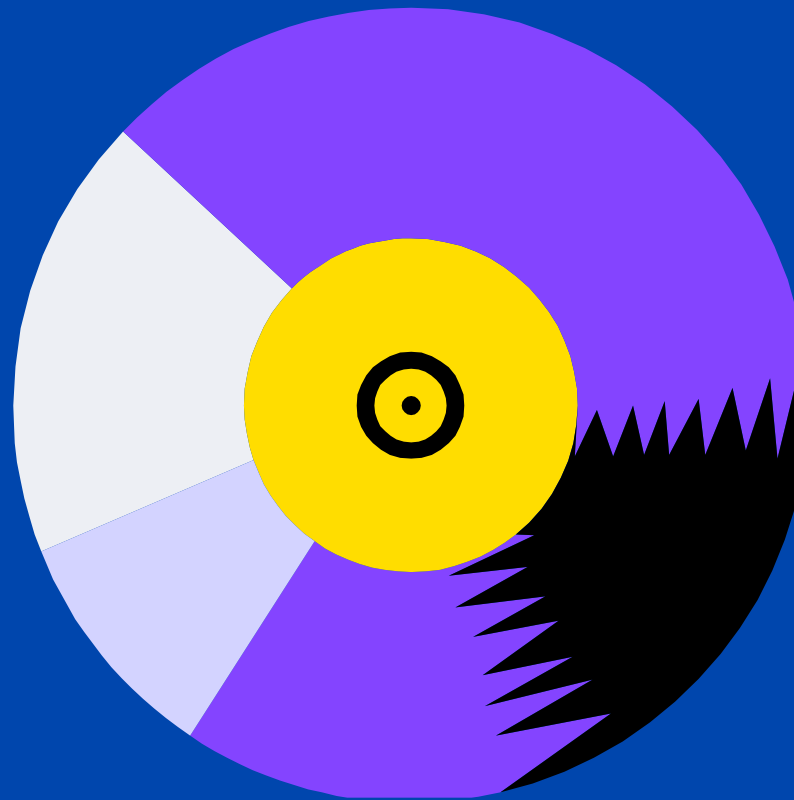
Reflective Listening

DOUBLE-SIDED REFLECTION: Capture both sides of the patient's stated ambivalence.

Patient: *"I only have a few cigarettes a day."*

Practitioner: *"On the one hand, you've told me how you're concerned about smoking while you're pregnant, and on the other hand, it seems to you that you don't really smoke that much anyway."*

Reflections: Responding to Resistance



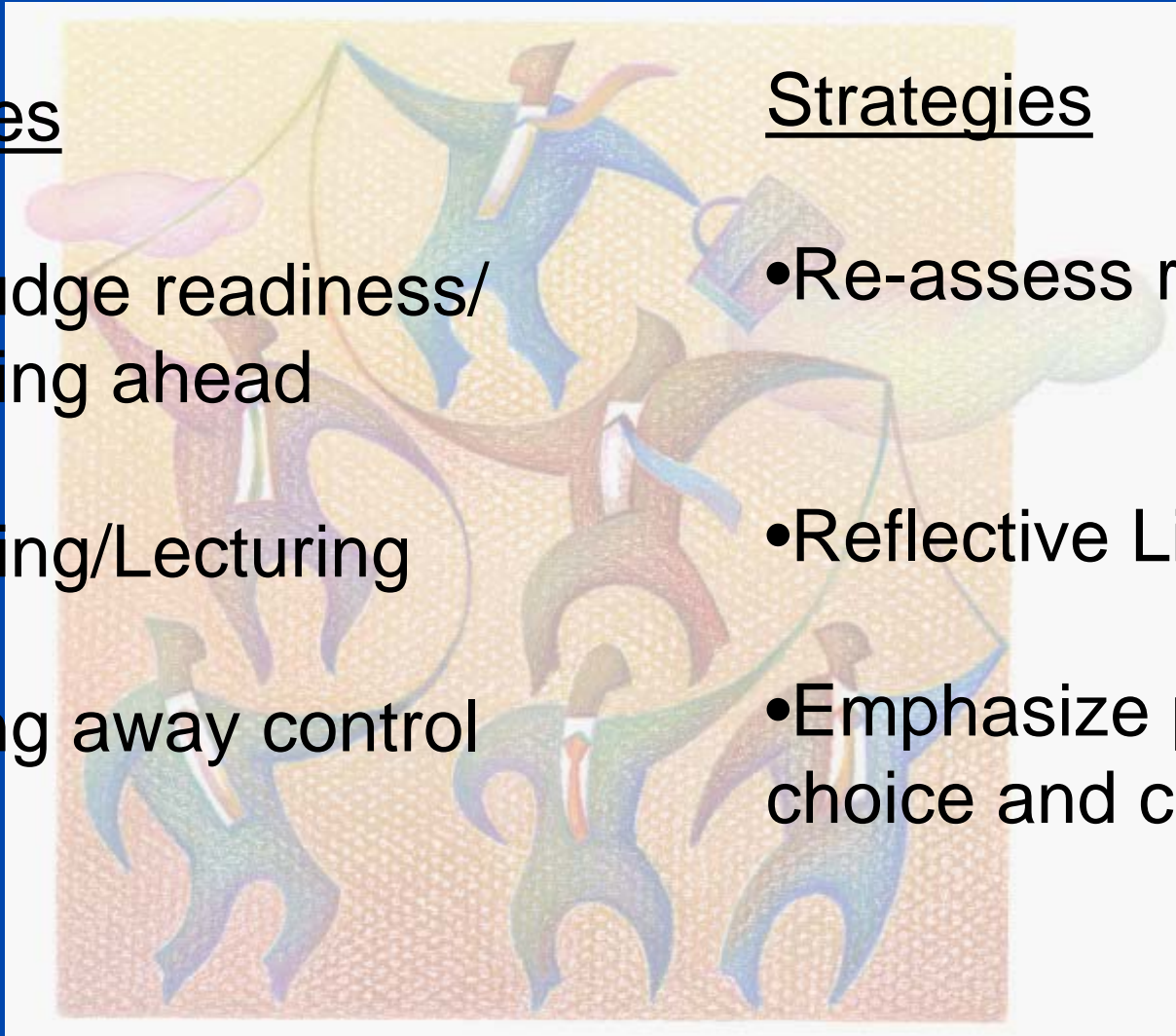
Resistance Interpersonal Phenomenon

Causes

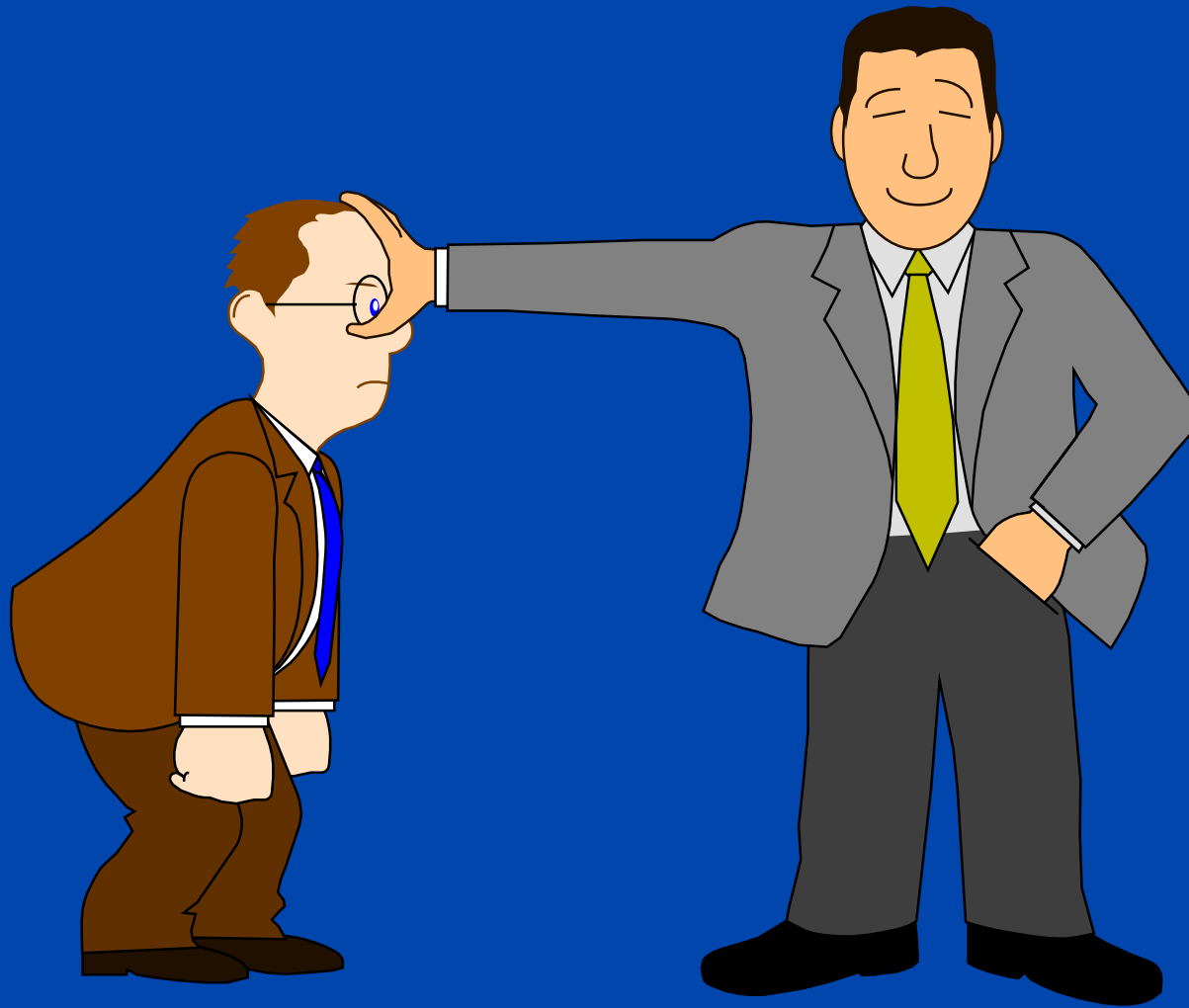
- Misjudge readiness/
Jumping ahead
- Arguing/Lecturing
- Taking away control

Strategies

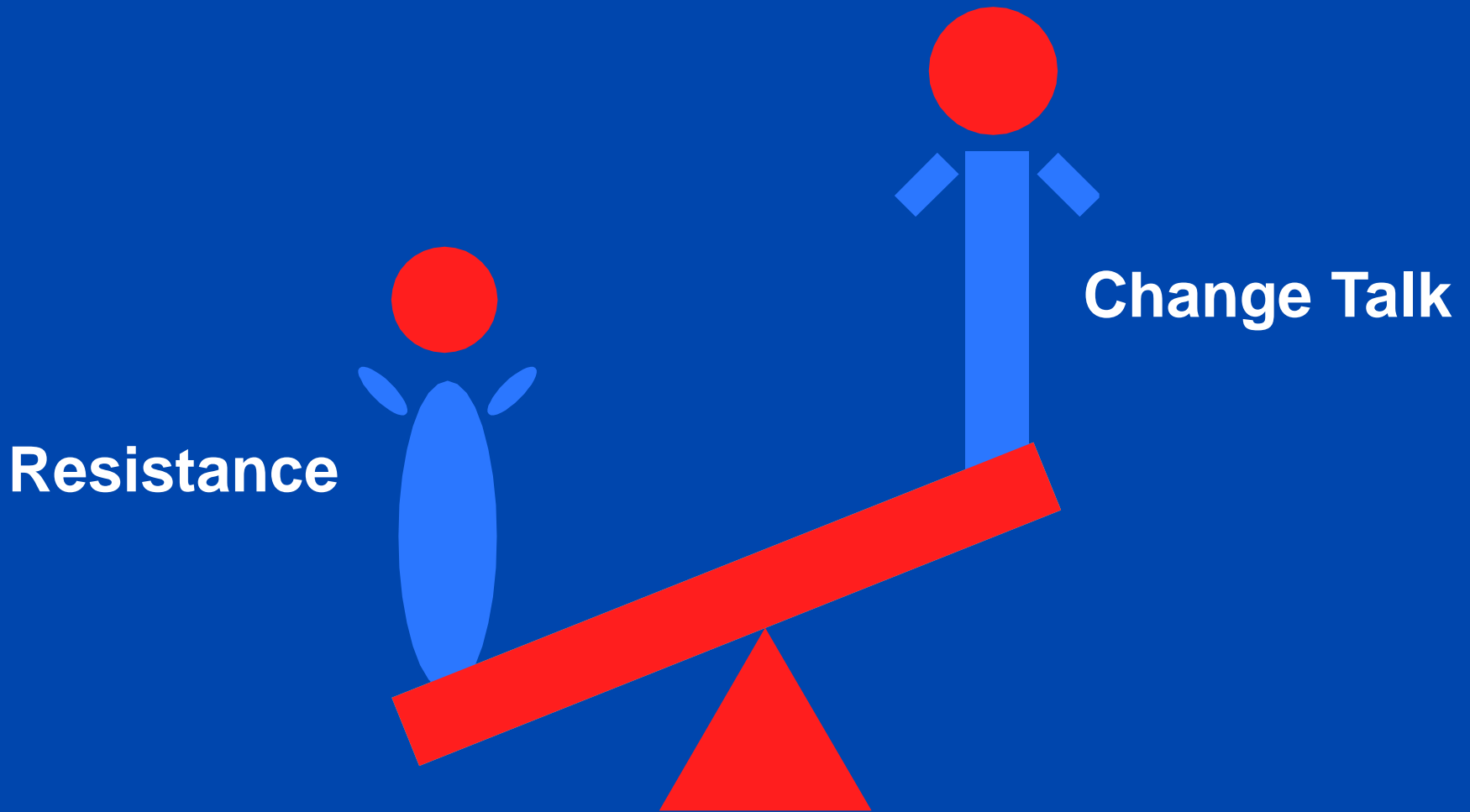
- Re-assess readiness
- Reflective Listening
- Emphasize personal
choice and control



Practice: Responding to Resistance



Resistance vs. Change Talk



*PEOPLE BELIEVE
WHAT THEY HEAR
THEMSELVES SAY!*



Change Talk and Moving Towards Change

- Counsel in a way that invites the patient to make arguments for change
 - Desire
 - Ability
 - Reason
 - Need
 - Commitment language



Change Talk

What to look for:

- Desire - “I really want to eat better.”
- Ability - “I’ve done it before, so I guess I can do it again.”
- Reason - “I’d have whiter teeth if I quit smoking.”
- Need - “I can’t go through life like this. I have to lose weight.”
- Commitment - “I’m going to do this!”

CHANGE TALK ACTIVITY

Desire, Ability, Reason, Need, Commitment

Change Talk

What to look for:

- Taking Steps - “I threw out my lighters.”
- Action - “I quit smoking last week.”



Change Talk Methods

- Evocative Statements

“What worries you most about your smoking?”

- Ask for Elaboration

“Tell me more about that.”

Change Talk Methods

Looking Forward

- Helping the patient envision a changed future

“How would you like things to be different?”

“What would you like your life to be like in five years?”



Change Talk Methods

Looking Back

- Highlights the discrepancy between how things are at present and the possibility of life being better

“How has the weight gain changed you?”

Change Talk Methods

Looking Back

- Helpful when patient has a period of success in the past

“What was it like for you when you were smoke-free for those six months?”



Responding to Change Talk

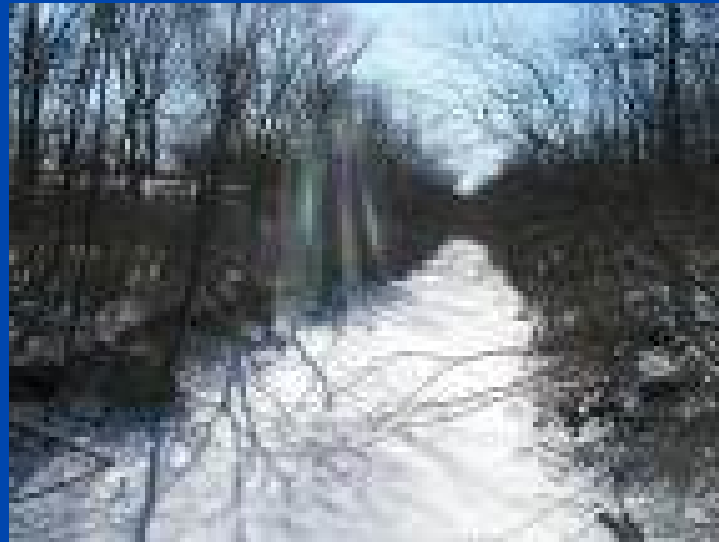
- Open-ended questions to elaborate –
 - *“Why else...”*
 - *“In what ways...”*
 - *“Tell me more about that..”*
- Affirm to reinforce it –
 - *“That sounds like a great idea.”*
- Reflective Listening to clarify & encourage more.
- Summarize

Exploring and Enhancing Motivation

Importance

Confidence

Readiness



0 1 2 3 4 5 6 7 8 9 10

Not At All
Important

Somewhat
Important

Very
Important

Extremely
Important

(Importance)

0 1 2 3 4 5 6 7 8 9 10

Not At All
Confident

Somewhat
Confident

Very
Confident

Extremely
Confident

(Confidence)

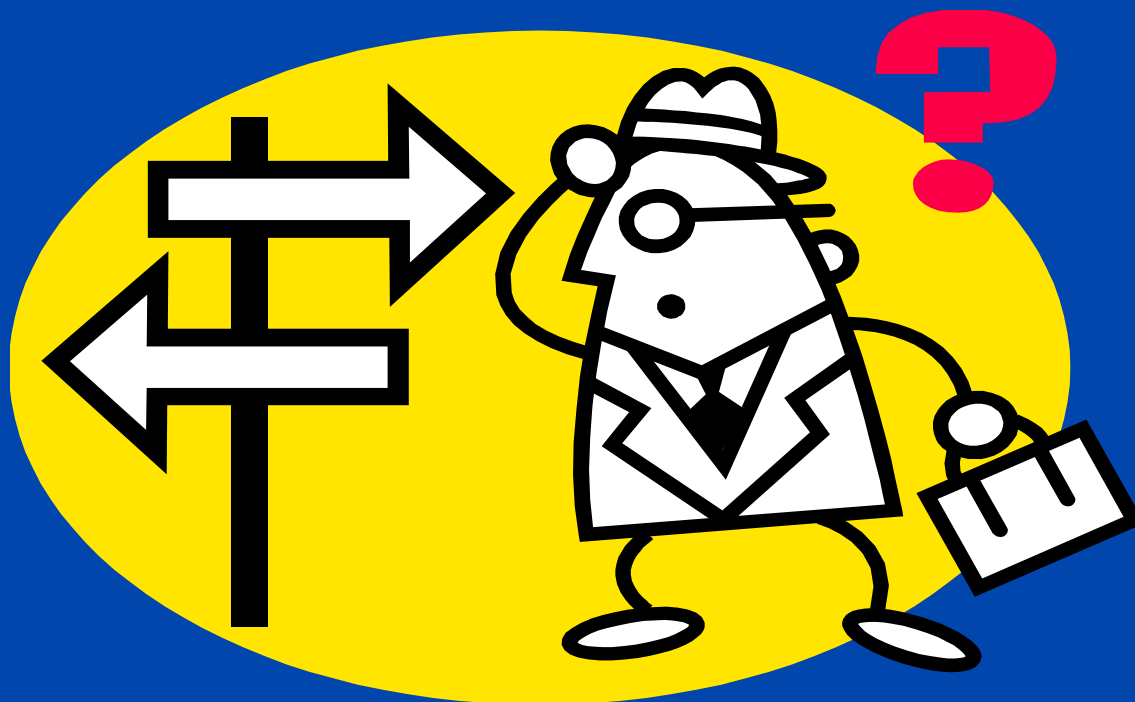
PRACTICE SCALING





What to address first...

Importance or Confidence?

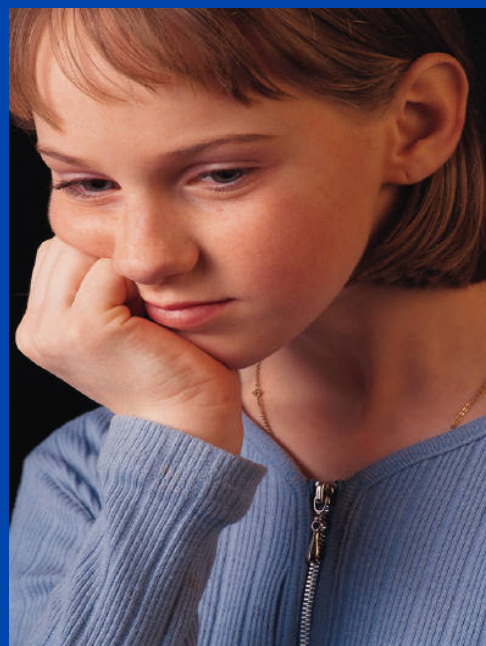




Re-assess Readiness

"Where does this leave you now?"

Next steps...



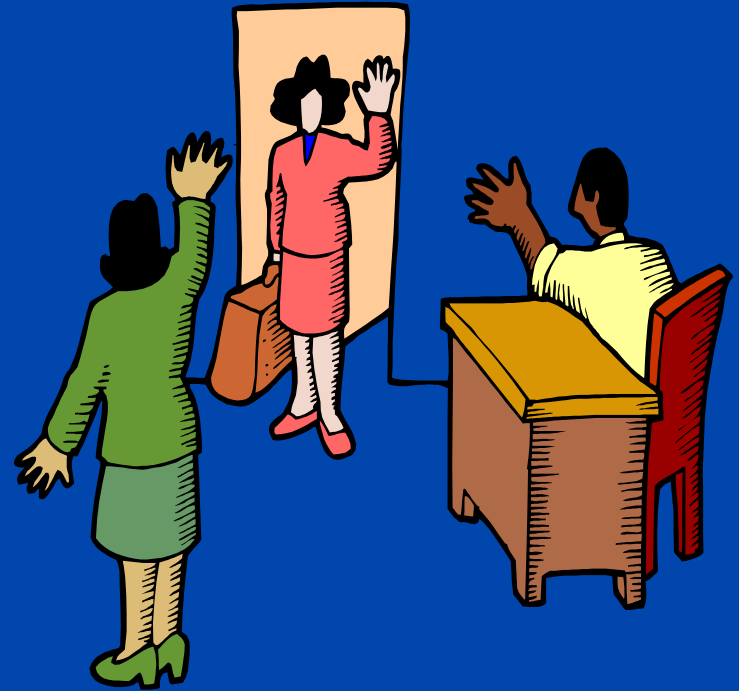
Reach Agreement

- Think about it
- Read brochures
- Bring it up at next visit
- Take one small step
- Follow-up



Closing the Session

- Summarize
- Praise
- Review the Agreement



BRIEF INTERVENTIONS



Brief Intervention Elicit-Provide-Elicit

Elicit - Ask what the patient knows or would like to know

“What do you know about gestational diabetes and the importance of following a good diet?”



Brief Intervention Elicit-Provide-Elicit

Provide - Information in a neutral nonjudgmental fashion

“Research suggests that...”

VS

“You’re putting your fetus at risk every time you decide to eat sugar...”

Brief Intervention Elicit-Provide-Elicit

Elicit - The patient's interpretation

“What does this mean to you? How can I help?”

VS

“It's obvious from this information that you have no choice and you must follow this diet.”

Summary

- Importance, Confidence & Readiness=Motivation
- OARS – Listen for “Change Talk”
- Scaling – understand and encourage importance and confidence
- Decisional Balance – Examine pros and cons
- “Spirit” – Collaboration, Evocation & Autonomy

References/Resources

Miller, W. R., Rollnick, S., & Butler, C.C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York: The Guildford Press.

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