



Motivational Interviewing: Facilitating Behavior Change

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Traditional Health Behavior Change

- Confrontational
- “Expert” driven

What makes an expert?

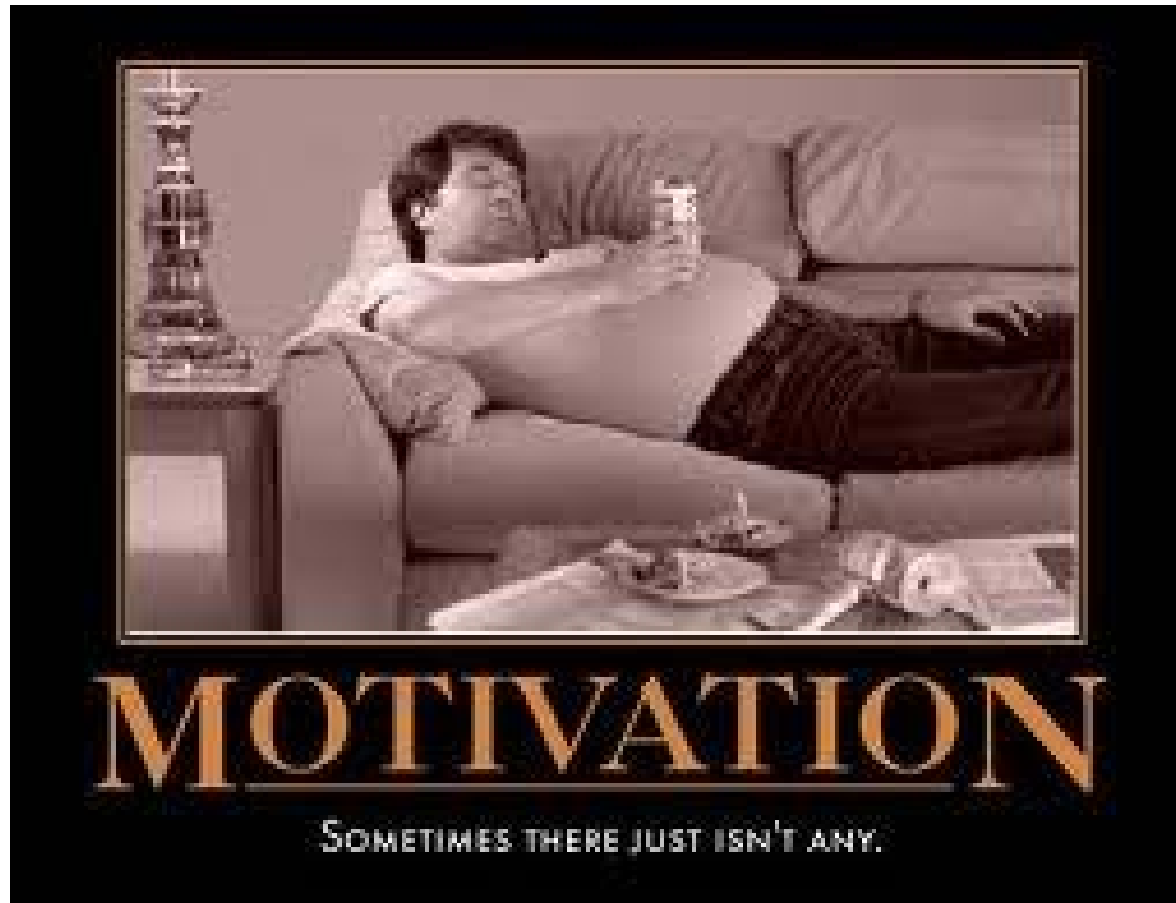


Misconception of “Expert” (Health Care Provider)

- My patient will be motivated once I share my knowledge (expertise)



Misconception of Patient



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”

A way of being with people



Partnership



Acceptance



Compassion



Evocation

The Spirit of Motivational Interviewing (MI)

“The Dance”



- Partnership - Not Confrontation
- Acceptance – Not Judgment
- Compassion – Not Indifference
- Evocation – Not Advice

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

Applying the “Spirit” of MI to People with Disabilities

Achieving balance between

- Risk
- Protection
- Autonomy

(Requires long-term knowledge and deep understanding of the individual. Crucial to engage supporters who have the appropriate knowledge and understanding.)

Overlapping Processes

- Engaging
- Focusing
- Evoking
- Planning



Engaging

- Establishing a connection
- Exploring strengths, values & goals



Focusing

- Develop a direction
 - The Individual's direction
 - The Setting (agency)
 - Clinical Expertise
- Agenda Mapping – look at options & move to agreed-upon focus



Evoking

- Eliciting individual's own motivation
- Let individual show the argument for change



Planning

- Developing commitment to change
- Formulating a specific plan of action



Planning

- Foster self-determination
- Plan is created “with” the individual and not “for” the individual



What gets people to change?

Factors of Motivation:

- Importance
- Confidence

Motivation...



**Can be internal
or interpersonal**

Discrepancy

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

Individual: *“I’ve been working hard on some things, because I want to be healthy.”*

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.”

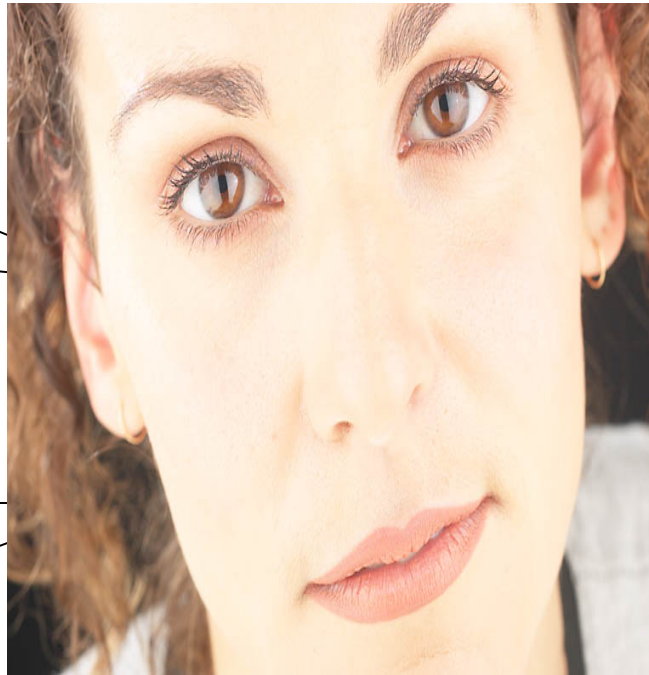


Discrepancy leads to ambivalence...

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

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?

Communication Methods

- Open-ended questions
- Affirmations
- Reflections
- Summaries
- (Informing & Advising)

Change to Open-Ended Question

- Do you like most fruits and vegetables?
- Can you walk for exercise?
- Will your mother support your efforts?

Affirmations

- Statements of appreciation to nurture strengths
- Strategically designed
 - Anchor individuals to their strengths, values and resources despite difficulties/challenges

Affirmations

“I’ve completed all the goals we discussed last week. I ate fruits and vegetables every single day, and I worked out three times this week”

Strengths: Completion of goals, practiced healthy behaviors including diet and exercise

Affirmation: *“You really follow through when you put your mind to something.”*

Affirmations

Jane – Goal is to become more active and eat healthier. She is known as a procrastinator. She believes she is perceived as lazy when in fact she feels she is simply unorganized.

“I made notes for myself all last week to keep track of some things. I didn’t do so good with every single thing though.”

STRENGTHS:

AFFIRMATION: “You...”

Strength Based Considerations for People with Disabilities

- Provide opportunities for pointing out strengths vs. deficits
- Provide opportunities for choices
- Consider environmental changes to minimize future problematic behavior vs. responding to the individual only for problematic behavior (PBS approach)
- Utilize a “Person-first” approach - focusing on the person and not the disability

Fits with philosophy of Lexington

Reflections convey:

I am interested

It's important to me to understand you

I want to hear more

What you say is important to me

Reflections

“I am an organized person.”

You mean that...

You like to have things orderly

You tend to rely on routines

*You don't like it when things change
unexpectedly*

Reflections

“I don’t like conflict”

You mean that...

It makes you uncomfortable when people argue

You work hard to resolve differences

You avoid confrontation

Anger scares you

Reflections (Also effective with parents and family members)

Mary: *“I’m afraid that my daughter is going to be obese because she sees my bad eating habits.”*

You mean that...

You’re worried about how the things that you do might impact your daughter.

Back to Jane:

“I made notes for myself all last week to keep track of some things. I didn’t do so good with every single thing though.”

I admire your creativity.

It’s important to you to maintain your commitments, and you found ways last week to manage some of your tasks.

You find creative ways to manage your tasks despite the difficulties for you in maintaining organization

You find creative ways to manage your tasks because it’s important to you to maintain your commitments and be seen as the reliable person that you are.

Developing Discrepancy Using Reflective Listening

Back to Mary...

“I’m afraid that my daughter is going to be obese because she sees my bad eating habits.”

You’re worried about the impact your lifestyle behavior might have on your daughter.

Being a good role model is important to you, and it worries you that your lifestyle choices could have an impact on your daughter.

What is a “resistive” individual?

**How we respond
matters**

Sustain
Talk
& Discord



Sustain Talk or Discord?

“I’m just not sure I’ll be able to do it.”

“I hate you and I don’t want to do exercise today.”

“I’m tired of you. You’re mean.”

“I really don’t have any problems from being overweight. I feel good, and I think I look good.”

“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.



Types of Reflections

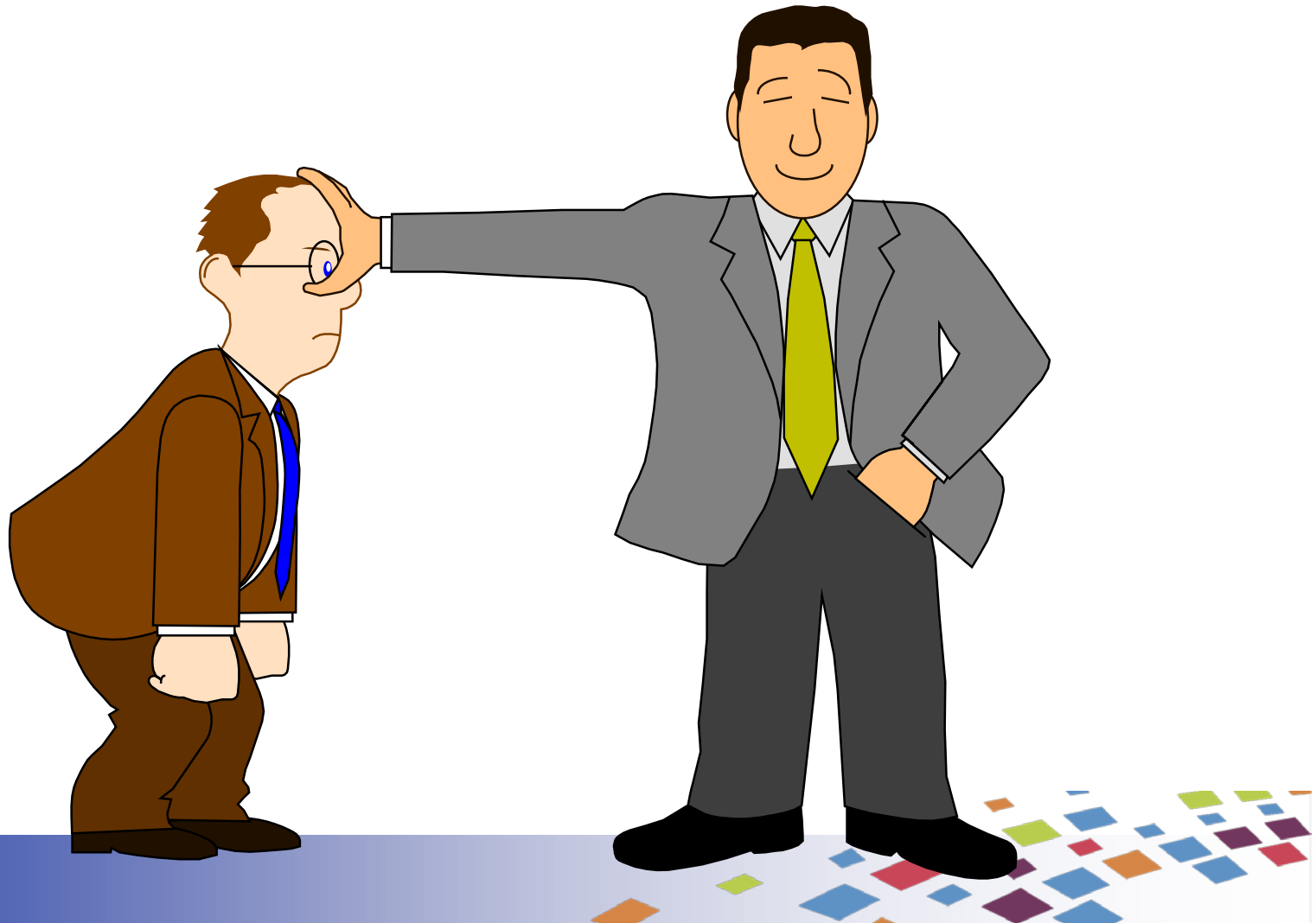
- **Repeating**: repeats an element of what the speaker said
- **Rephrasing**: stays close to what was said but, slightly rephrases what was offered
- **Reflection of feeling**: paraphrase emotional dimension
- **Paraphrasing**: restatement, infer meaning in what was said and reflect back in new words-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

Sheila's patient: "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."

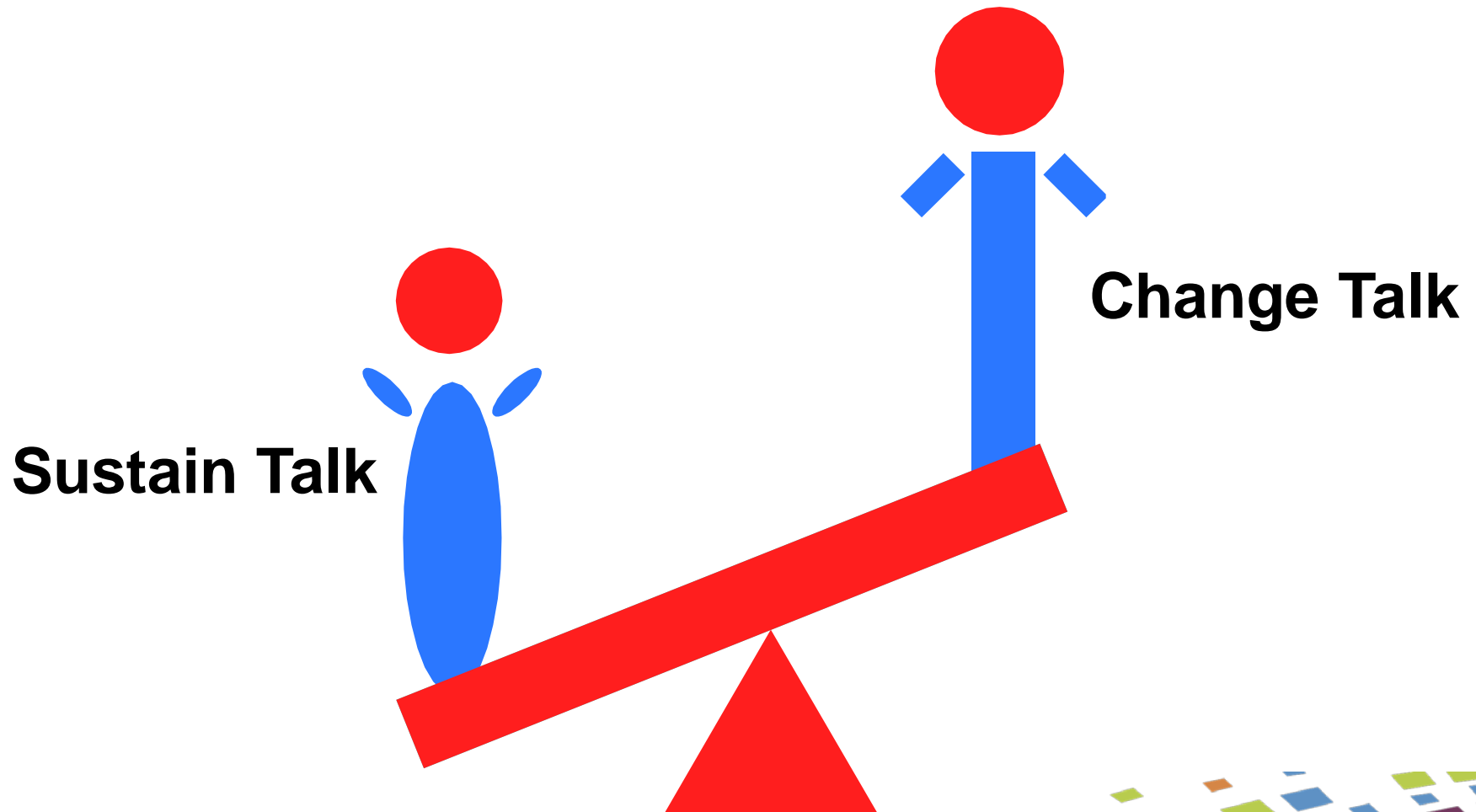
Back to Howard...



Responding to Sustain Talk & Discord



Sustain Talk vs. Change Talk



Preparatory Change Talk

What to look for:

- Desire - “I really want to...”
- Ability - “I’ve done it before.”
- Reason - “I would have more energy if I lost weight.”
- Need - “I can’t go through life like this. I have to...”

CHANGE TALK ACTIVITY

“DARN”
Desire, Ability, Reason, Need

Mobilizing Change Talk

What to look for:

- Commitment – I will make changes
- Activation – I'm ready, prepared, or willing to make changes
- Taking Steps – I am taking specific action to change

DARN-CAT

Change Talk Methods

- Evocative Statements

“What things worry you most about your current situation?”

- Ask for Elaboration

“Tell me more about that.”

Change Talk Methods

Looking Forward

- Helping the individual envision a changed future

“How would life be different for you if you did lose 50 pounds?”



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?”

Find the “Mobilizing” Language

1. I want to be thinner
2. I can do anything I set my mind to
3. I’m going to lose weight
4. I’d feel so much better about myself if I lost weight

Which (open-ended) question would you ask to evoke mobilizing language?

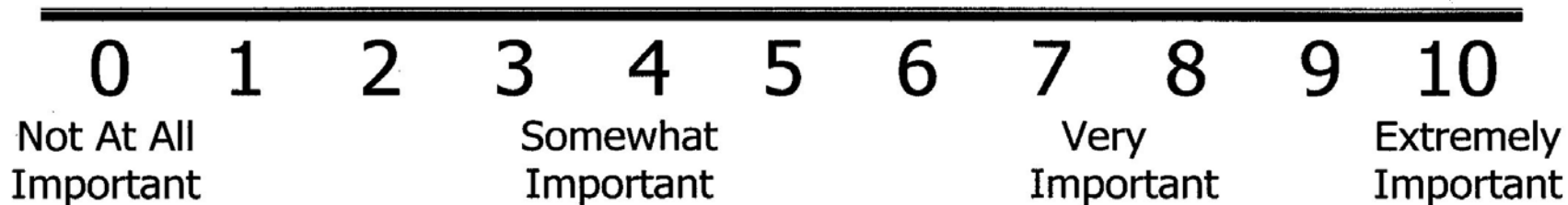
- So what will be your first step?
- How confident are you that you can do it?
- What makes this important to you?
- Why do you want to make this change?

Responding to Change Talk

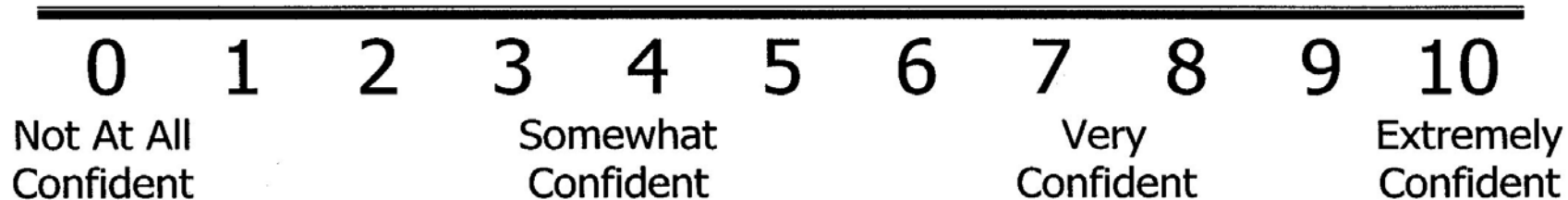
- Open-ended questions to elaborate –
 - “*Why else...*”
 - “*In what ways...*”
 - “*Tell me more about that..*”
- Reflective Listening to clarify & encourage more.

Getting Started

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



(Importance)



(Confidence)

PRACTICE SCALING



Summary Statements

- **Open-ended questions**
- **Affirmations**
- **Reflective Listening**
- **Summary Statements**
 - **Collection**
 - **Transition**



Information Exchange

Elicit – Provide – Elicit

- **Elicit** (What the individual knows) or Ask permission to share information
- **Provide** (Information in a neutral, nonjudgmental manner)
- **Elicit** (Individual's interpretation or next steps)

Challenges

- **Balance between what is important to the individual and what is important for the individual**
- **Integrating Developmental Disability and Mental Health Services**

Other Important Concepts

- Asking permission
- “Checking in”
- Reaching agreement

References

Hillman, A., et al. Experiencing rights within positive, person-centered support networks of people with intellectual disability in Australia. (2012). Journal of Intellectual Disability Research, 56, 1065-1075.

Miller, W. R., & Rollnick, S. (2013). Motivational interviewing helping people change (3rd ed.). New York: Guildford Press.