

Motivational Interviewing

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Disclosure

Speaker has no conflict of interest.



Objectives



- Understand how the principals of Motivational Interviewing apply to a family medicine practice
- Assess the three components of motivation: Importance, Confidence, Timing
- Give medical information strategically to effectively increase motivation for change

Context



- Respiratory diseases, cancers, diabetes, heart and liver diseases are all strongly linked to health behaviors and lifestyle.
- A majority of the illnesses that cause patients to seek treatment are largely preventable or remediable through behavior change.
- Physicians do their best to inform, persuade, counsel, and advise patients to make changes, but rarely receive training on how to promote change and foster motivation.

Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational interviewing in health care: Helping patient change behavior*. New York: Guilford Press.

What is MI?



- An evidence-based guiding method of communication
- Helps patients change a behavior
- Evokes patients' own reasons for change

Behavior Changes



What do you want your patients to do more of or less of to improve their health?

Behavior Changes

- smoking
- exercise
- diet
- alcohol
- drugs
- medication compliance
- monitoring blood sugar



MI's effectiveness

+ 200 randomized clinical trials

- | | |
|---|--|
| <ul style="list-style-type: none">• adhere to glucose monitoring• improve glycemic control• increase exercise• increase fruit and vegetable intake• reduce sodium intake• reduce unprotected sex | <ul style="list-style-type: none">• reduce needle sharing• improve medication adherence• decrease alcohol and drug use• quit smoking• have fewer injuries and hospitalizations |
|---|--|

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How do you
encourage
patient?

- TELL
- SUGGEST
- INFORM
- ADVISE
- PERSUADE
- WARN
- LECTURE
- CONVINCE
- SCARE
- THREATEN

Resistance



Reactance



- Theory of Reactance: Natural human tendency to resist persuasion
If you push, patients will push back
- When a physician take the side of change and voices reasons to change, the natural response for the patient is to argue the other side.
- “You should cut down on your drinking” ➡ “It’s not that bad, I’m fine.”

To minimize resistance and increase motivation, MI recommends:

- Shift in communication style
- Elicit change talk



3 styles of communication

Direct: instruct, advice, inform

Guide: lead, draw out, encourage

Follow: listen, understand, go along with

To encourage chance, MI advocates for a guiding style of communication



Convince

Argue

Persuade

Urge

Force

Convert

Dictate

Order

Prescribe



Motivational Interviewing suggest a shift from a directive and authoritative style...

Guide

Cooperate

Ally

Join

Collaborate

Build

Lead

Encourage



... to a guiding style of communication



Ambivalence

- Feeling torn between the status quo and change
- Ambivalence is normal and common

Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational interviewing in health care: Helping patient change behavior*. New York: Guilford Press.



Ambivalence

“I need to lose weight, but I hate exercising.”

“I want to get up, but it hurts.”

“I should quit smoking, but I just can’t seem to do it.”

“I mean to take my medicine, but I keep forgetting.”

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Ambivalence



What happens when physicians:

Take the side of change?

List the advantages of change?

Advocate for change?

Patients take the
other side and
argue
against change!

Self-Perception Theory

We become gradually more committed to that which we voice

We tend to believe what we say

We become more committed to what we verbalize

- The more patients verbalize the disadvantages of change, the more committed they become to the status quo and not changing
- A patient who tells you why and how they will change is more likely to do something afterwards
- Recommendation: Your patient should be voicing arguments for change

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Goal of MI

- Help patients voice pro-change arguments - the patients convince you why and how they will change
- Evoke patients' own reasons to change
- Talk about change in the context of what they care about, their values and their concerns
- Elicit change talk

Change talk: “I know I should quit smoking. It’s really bad for my asthma.”

Sustain talk: “With all the stress that I am under, I need to smoke.”

Motivation:
3 components



Importance, Confidence, Timing



- Is it worthwhile
- Why should I?
- How will I benefit?
- What will change?
- What will *that* cost?
- Do I really want to?
- Will it make a difference?

Importance, Confidence, Timing



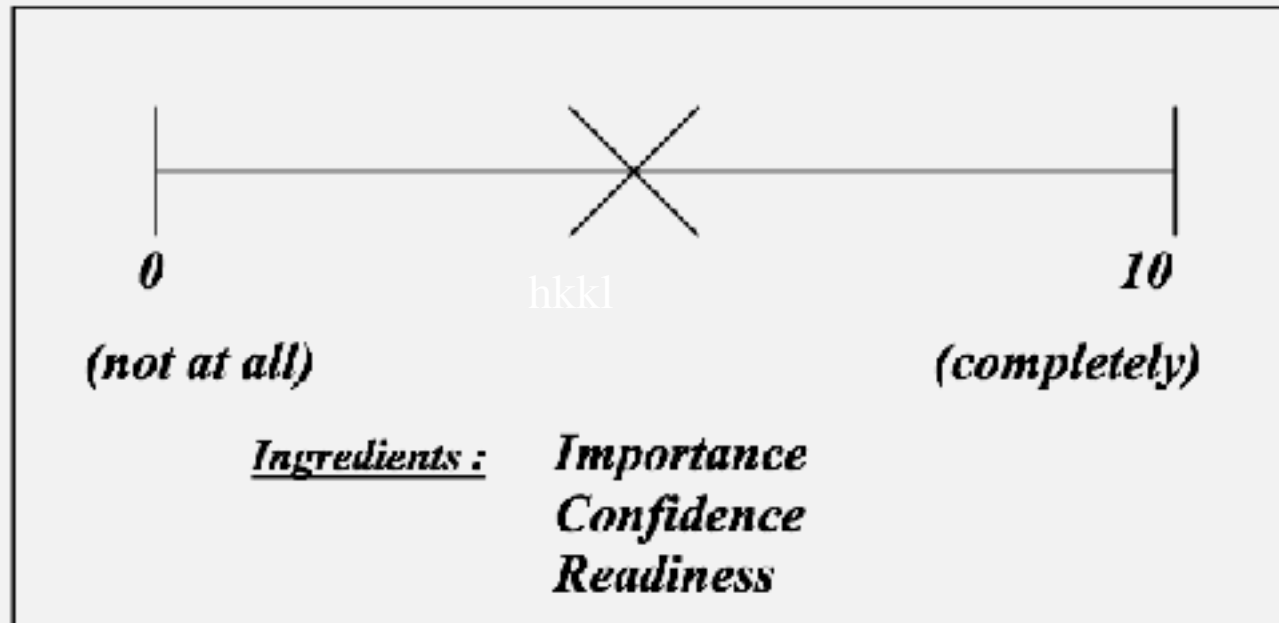
- Can I do it? Do I have the competencies?
- Do I have what it takes? The skills and abilities?
- How will I do it?
- Do I have the resources?
- How will I cope if.....(x) happens?

Importance, Confidence, Timing!



- Right timing?
- Is now the time?
- Is it my priority now compared to other issues in my life?
- Is my current situation/environment conducive to change?

3 Rulers



Demonstration

Assessing the 3 components of motivation



Assessing the 3 components of motivation

- ◆ From 0 to 10, how important is it for you to change this behavior? 0 means that it's not at all important. 10 means that it's extremely important to change.
- ◆ From 0 to 10, how confident are you that you have the skills, the abilities and the resources to change this behavior? 0 means that you feel that you can't do it at all. 10 means that you feel confident in yourself that you can be successful at changing.
- ◆ From 0 to 10, how is the timing to change given what's going on in your life? 0 means that it's a horrible time to change because there are so many stressors and limiting circumstances. 10 means that it's a good time to change and this change should be a priority.

Eliciting Change talk vs Sustain talk



- Don't ask why their rating so low or why it's not higher
- Don't ask about obstacles or reasons they don't want to change
- If it's not 0, get excited!
- Ask more questions to understand why it is important, why they do have confidence and why it is a good time

Practice:

Assessment of motivation using the 3 rulers



- Engage in a 5 minute conversation (each participant will have a turn to be a clinician and themselves)
- As the clinician, start the conversation with: *“What have you been thinking about changing that would improve your health or your quality of life?”*
- As yourself, talk about a real, concrete and observable behavior that you have been thinking about changing.
- Goal of the clinician: Assess importance, confidence, timing to change
- Rule for the clinician: No advice, no suggestions, no opinions

Your Interventions

Are you targeting Importance or Confidence?

- A patient needs to lose weight; you give them a consult for a nutritionist
- A patient needs to quit smoking, you explain the risks of smoking
- A patient is not taking their medications as prescribed; you suggest a pill box to organize their medications
- A patient needs to monitor their blood sugar, you inform them of the potential consequences if their sugar levels remain high.

What if both the importance and confidence is low?

Which do you target first?

Which do you try to increase first?



Recommendations for sharing information

1. Make sure the patient does not know the information you are providing
2. Ask permission before sharing information

“Can I tell you about..., Are you interested in hearing..., Would you like to know..., May I make a suggestion?”
3. Assess the impact of the information on their commitment to change

“What will you do? What are you going to do? What are you prepared to do? What do you need to do?”

Video

Asking
permission to
give a suggestion



Practice:

Providing information,
suggestions, advice



- Based on your previous conversation, give your colleague a suggestion that may be helpful:
- Ask permission: “When I was listening to you, I had an idea. Maybe you’ve already heard this or thought about this yourself... but are you interested in hearing my suggestion?”
- Assess how helpful your suggestion is for your colleague

MI is not...

- It's not a technique for tricking patients into doing what they don't want to do or what they would not otherwise do
 - * It's a conversation about why they want to change
 - * It's a way to elicit from patients their own reasons for change
 - * It's connecting the change to what they care about, their values and their concerns

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Do's and Don't

- | | |
|---|---|
| <ul style="list-style-type: none">• You evoke the person's own reasons to change• You ask how the change fits with their values and concerns• You sow the seeds for future change• You believe that patients have the strength and abilities to change | <ul style="list-style-type: none">• You don't present the arguments for change• You don't push or pull according to your agenda• You don't <i>make</i> change happen - you can't• You don't come up with all the answers - you probably don't have the best ones |
|---|---|

Ressources

- Website: <https://motivationalinterviewing.org>
- Book: Rollnick, S., Miller, W.R., & Butler, C.C. (2008). Motivational interviewing in health care: Helping patient change behavior. New York: Guilford Press.
- Videos:
 1. Consultation for smoking - <https://vimeo.com/18577370>
 2. Consultation for DUI and alcohol use - <https://www.youtube.com/watch?v=b8C1jQe0FZE&t=297s>

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