

Motivational Interviewing

Advanced Workshop



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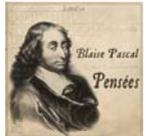


Motivational Interviewing

Motivational Interviewing was developed from the rather simple notion that the way clients are spoken to about changing behavior affects their willingness to talk freely about why and how they might change.

Stephen Rollnick, PhD Addiction 2001; 96:1769-70.

Blaise Pascal reminds us...



"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others."

Styles of Communication (cont'd)

Directing	Guiding	Following
<ul style="list-style-type: none"> •Manage •Prescribe •Lead •Tell •Take command 	<ul style="list-style-type: none"> •Encourage •Motivate •Shepherd •Support •Accompany 	<ul style="list-style-type: none"> •Listening •Permit •Let be •Allow •Understand
<ul style="list-style-type: none"> •Explaining information 	<ul style="list-style-type: none"> •Exploring reasons & options for change 	<ul style="list-style-type: none"> •Hearing the story

Motivational Interviewing (MI)

- Client-centered
- Goal-directed (behavior change)
- Helps resolve ambivalence

A-C-E

- Affirms client's Autonomy
- Collaboration between pt & practitioner
- Elicits client's intrinsic motivation & reasons for change



Miller & Rollnick, 2002.

Core Skills in Motivational Interviewing: The O.A.R.S.

- Open Questions
- Affirmations
- Reflective Listening
- Summaries

Open Questions

<p>CLOSED</p> <ul style="list-style-type: none">Are you worried about your current situation?Have you noticed changes?Do you care about your health?		<p>OPEN</p> <ul style="list-style-type: none">What worries you most about your current situation?What changes have you noticed?Why do you care about your health?
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Affirmations



- Statements and gestures that recognize strengths and acknowledge behaviors that lead in the direction of positive change
 - I am really impressed with the way you....
 - That's great how you've reached your goal of cutting back on your drug use.
 - Using protection shows that you have real respect for yourself and your partners.
- Be genuine and specific
 - Only say it when you really mean it.

Reflective Listening

- Hypothesis-testing; make guesses about what the speaker means
- Statements rather than questions
 - Speaker: I enjoy going to the beach.
 - Partner 1: Do you mean that you like to swim?
 - Partner 2: You like to swim. (reflection)
 - Speaker: No, I can't swim. But, I enjoy laying in the sun with a good book.

Engagement Skill: Reflecting



- Goes beyond what they said
- Hypothesis (guess) to capture what patient meant
- Intonation down (statement; not question)
- Deepens understanding
- Forward movement

Reflective Listening

- Repeat: restate using the same words
- Rephrase: use synonyms
- Paraphrase: infer meaning behind the words or emphasize emotional aspects

Types of Reflections

"I have been to treatment six times. Nothing is going to work for me. I just can't stop drinking."

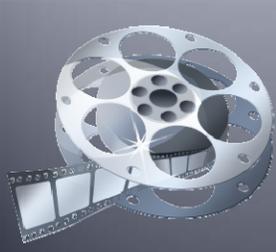
Simple Reflection:

- "You've been to treatment before and it hasn't worked."

Complex Reflection:

- "You've tried to quit drinking in the past and it hasn't worked. You're wondering if it's going to be different this time."

Reflective Listening in Action



Reflective Listening

Repeat

Client: "I had to come because I've been having problems."

Dr. Miller: "So, you're here because of some problems you've been having and someone has made you come here."

Reflective Listening

Rephrase

Client: "She's got the kids. She's got a job."

Dr. Miller: "She already has enough to keep her busy."

Reflective Listening

Paraphrase

Client: "I'm worried that she'll go back to school and flunk out or she might decide that she don't want nothing no more. That she don't want no family."

Dr. Miller: "So, in a way it's not her getting the education that troubles you. It's how that might affect your relationship."

The Brief Negotiated Interview : A Brief MI

1. Builds Rapport
2. Explores Pros & Cons
3. Provides Information & Feedback
4. Assesses Readiness to Change
5. Negotiates a Prescription for Change

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1. Build Rapport

Would you mind if we talked a bit about your [X] use?

What's a typical day look like for you?...

How does [X] fit in?

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2. Pros & Cons

What are some of the things you like about using [X]?

What are some of the things you like less about using [X]?

Summarize

So on the one hand you said <PROS>, **and** on the other hand <CONS>.

3. Information/Feedback

Ask permission I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? First, What are your thoughts on safe drinking?

Give information We know that drinking

- 4 or more (F)/ 5 or more (M) in 2-3hrs/occasion
- more than 7(F)/14(M) in a week
- Having a BAC of $\geq .080$
- use of illicit drugs such as

can put you at risk for **illness and injury**. It can also cause health problems like [insert medical information].

Elicit reaction What are your thoughts on that?

4. Readiness Ruler

This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with one being not ready at all and 10 being completely ready, **how ready are you to change your [X] use?**

Reinforce positives

You marked _____. That's great. That means you're _____% ready to make a change.

Why did you choose that number and **not a lower** one like a 1 or 2?

1 2 3 4 5 6 7 8 9 10

5. Prescription for Change

What are some steps that will help reduce the things you like less about using?

What ideas do you have to keep yourself safe and healthy while using [X]?

Write Prescription for Change/discharge plan

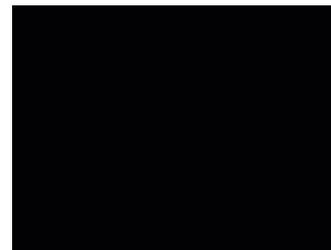
Great ideas! Would you mind if I jotted those down? You can take this with you, a prescription for change, as a reminder of the steps you're planning to take to be safe & healthy.

Activity: O.A.R.S. Tally



Can you identify the open questions, affirmations, reflections, and summaries used in this conversation about alcohol use?

Conversation with a Heroin Addict



BNI Practice

- Turn to the person next to you and practice a Brief Negotiated Interview
 - Participant A = PATIENT
 - Use a patient case
 - Participant B = PROVIDER
 - Use Screening, BNI, action plan
- Debrief with the scoring sheet, then switch roles and repeat.

Communication Style Scoring (0 – 5 points)

- **Language appropriate**
Not appropriate → Appropriate
- **Active Listening**
Not active → Active
- **% talking by client (Voice)**
0% → 80%
- **Respect**
Disrespectful → Respectful
- **Negotiation (Choice)**
One-sided agenda → Shared agenda
- **Affirmations**
Not Encouraging → Encouraging
- **Knowledge of facts**
Low → High
- **Knowledge of resources**
Low → High
- **Allowing for silence/pauses**
No pause → Uses silence effectively
- **Listening for cues**
Missed opportunities → Uses opportunities to go deeper

Motivational Interviewing

Motivational Interviewing is not easy, not what we naturally do in medicine nor a manipulative technique but rather a respectful conversation to promote change talk and change commitment and is best conducted with compassionate curiosity

Authenticity Is Important



"Of course I'm listening ...
Don't you see me making eye contact, striking an open posture, leaning towards you, and nodding empathetically?"

"Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?"

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