

Motivational Interviewing (MI) Skills to Enhance Motivation To Change



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Agenda

- I. Overview of MI: the Spirit of MI
- II. Essential MI Skills: OARS
- III. Brief Negotiated Interview (BNI) Algorithm
- IV. BNI in Action: Video and practice
- V. Wrap-up: Q&A



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.”

MI Demonstration in the ER

- How we can talk about alcohol/drug use quickly & effectively

<http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/>

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.

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?”

© ASACAL
“Of course I’m listening to your expression of alcohol craving. Don’t you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?”
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Motivational Interviewing (MI)

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

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

Motivational Interviewing (MI)

- assumes motivation is fluid and can be influenced in the context of a relationship
- Principle task: to guide conversation towards eliciting motivation for change
- Goal: to influence change in the direction of health

A Few MI Principles

- Ambivalence is normal to the change process
- Asking permission can decrease defensiveness and increase patients being more open
- The patient is the active decision-maker
- Reflective listening is key to helping a patient consider change

Five General Principles of MI

1. Express empathy
2. Resolve ambivalence
3. Avoid arguments
4. Support self-efficacy
5. Roll with resistance



Motivational Interviewing (MI)



NOT



The Skills: "OARS"

- O = open-ended questions**
- A = affirm**
- R = reflection**
- S = summarize**



Open Questions

CLOSED

- Are you worried about your current situation?
- Have you noticed changes?
- Do you care about your health?



OPEN

- What worries you most about your current situation?
- What changes have you noticed?
- How so?
- How important is your health to you?

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.



Reflections

The process of reflective listening involves hearing what the client says and

- **simple reflection:** either repeating or paraphrasing back to the client or...
- **complex reflection:** reflecting the feeling you believe is behind what the client says.

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 Exercise

- Divide into pairs. One person starts as the Speaker; the other as the Listener/reflector. Switch roles after completing the exercise.
- **Speaker:** Choose a statement about yourself-
 - *I don't like conflict*or
 - *I have a sense of humor*or
 - *I let things bother me more than they should*or
 - *I am loyal*or
 - *One thing I like about myself is that I...* (not on handout)
- **Listener** offers a reflection of what the speaker might mean
- **Speaker** tells the Listener whether the reflection is accurate after each reflection
- After the **Listener/Reflector** has offered 4-5 reflections, switch roles. New Speaker chooses a different statement.

Double-sided Reflection

Captures both sides of the ambivalence (...AND...)

"On one hand, you think everyone is over reacting and on the other hand you can understand why your family is so upset."

Practice:

"I'm not sure what I'll do. I really like drinking, but it's becoming a hassle now."

MI skill – Double Sided Reflection

Reflecting

- *I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work other than having a couple of drinks.*
- *In spite of the lack of success, you keep looking for ways to feel better besides drinking.*
- *You've been feeling down*
- *Drinking works in the short term*
- *You'd be happy to find something other than drinking to work.*

Summarize:



- Hypothesize with client:
 - "Let's see if I have this right..."*
 - "Here's what I heard. Tell me if I missed anything..."*
 - "Anything you want to add or change?"*
- Highlight statements indicating motivation to change
- Accomplishes 2 goals:
 - Communicates to patient that you are genuinely interested in what s/he is saying
 - Gives yourself a chance to get the facts straight!

The Art of Active Listening, (2005). National Aging Information & Referral Support Center, Washington D.C.

Activity: Reflection

- Take some time to think about a difficult change that you had to make in your life.
- How much time did it take you to move from considering that change to actually taking action.



Brief Negotiated Interview

*Client **Voice** and Choice*

A collaborative conversation about health promotion (Shared agenda)

- Clients as experts in their lives
- Listening, not telling
 - Practicing silence
 - Active listening skills



Active Listening Strategies

Silence

- Allow for comfortable silences to give person time to think and talk
- Slows conversation; no one feels rushed

Body language cues

- Eye contact, head nodding, empathic facial expressions
- Body opened (no crossed arms), turned towards person

The Art of Active Listening. (2005). National Aging Information & Referral Support Center, Washington D.C.

Brief Negotiated Interview (BNI) Algorithm: 5 Steps

1. Build Rapport
2. Pros & Cons
3. Feedback/Information
4. Readiness Ruler / Confidence Ruler
5. Action Plan



Step 1: Build Rapport

Ask permission	Would you mind taking a few minutes to talk about your [X] use? Before we go further, I'd like to learn a little more about you.
Day in the life	What is a typical day like for you?
Substance use	Where does your [X] use fit in?

Step 1: Pros & Cons

Pros	Help me understand through your eyes the <u>good things</u> about using [X]?
<ul style="list-style-type: none"> • "good things" • "things it does for you" • "things you like about it" 	
Cons	What are some of the not so <u>good</u> things about using [X]?
<ul style="list-style-type: none"> • "not so good things" • "things you don't like as much" • "the downsides, or drawbacks" 	
Summary	So, on the one hand you said [PROS], and on the other hand [CONS].

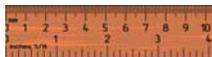
Step 3: Feedback & Information

Ask permission	I have some information on [X] use—would you mind if I shared it with you?
Provide information	We know that drinking / using... [insert alcohol / drug information here] ...can put you at risk for illness and injury. It can also cause health problems like... [insert relevant health issues here].
Ask for thoughts	What are your thoughts on that?

Step 4: Readiness/Importance Ruler

Ruler	Given what you mentioned, on a 1-10 scale, with one being not ready/important at all and 10 being completely ready/important to make any change about your use of X, where would you put yourself?
	
Affirmation	You marked ____. That's great.
• Reinforce positives	That means you're ____% ready to make a change.
Lower number	Why did you choose that number and not a lower number, like a 1 or 2? What would it take to go from 4 to 7?

Confidence Ruler



- On that 1-10 scale, how confident are you that you could?
- How come you are a ___ and not a ___? What would it take to go from ___ to ___?

Step 5: Action Plan

Create action plan

- Ask client for ideas first

What are some options/steps that will work for you?

What do you think you can do to stay healthy and safe?

What will help you to reduce the things you don't like about using [X]?

Tell me about a time when you overcame challenges in the past.

Identify strengths & supports

What kinds of resources did you call upon then?

Which of those are available to you now?

Step 4: Readiness/Importance Ruler

Affirm ideas

- Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?

Ask permission

Write down action plan

- Will you summarize the steps you will take to change your [X] use?

Summary of action steps / ideas

- I've written down your plan, a prescription for change, to keep with you as a reminder.

Step 5: Action Plan (continued)

Seal the Deal

- Suggest other services that might be useful
- Make an "active referral"

Give referrals if appropriate:

Thank client

Thank you for sharing with me today.

Establishing a Drinking Goal

- Patients are more likely to change their drinking behavior when they are involved in goal setting.
- The drinking goal is negotiated between the patient and clinician and may be presented in writing as a prescription or as a contract signed by the patient.

Video Demonstration

www.MASBIRT.org Video

- follow-up visit to see PCP following ER visit several days ago, due to fall in kitchen after drinking, hit head
- husband recently retired
- increased drinking: 1-2 glasses of wine/night, more on w/e's
- hx of cutting back when sons were in the house
- hypertension

What is the goal?

- Not to eliminate resistance, but to *minimize it*.
- Less resistance → more likely to change
- Turn a wrestling match into a dance



Practicing the BNI

1. **Patient:** be as “real” as you can; don’t be mute or refuse to answer any questions
2. **Practitioner:** take a risk. Try something you might not ordinarily say
3. **Observer /Coach:** note what goes well as well as opportunities for improvement. Help the provider, if s/he gets stuck

Brief Negotiated Interview

TASK	Suggested Script
Introduction: Get to know the pt.	Thanks for answering all of those questions. In order to get to you know better, would you tell me what a typical day is like for you?
Explore PROS & CONS	“I’d like to know more about your use of [X]. Help me to understand what you enjoy about using [X]?” “Now tell me what you enjoy less about [X] or regret about your use.” “So, on the one hand you say you enjoy [X] because... and on the other hand you said...Where does this leave you?”
Develop discrepancy	Summarize negative consequences
Feedback / Safety risks	“Are you aware of health/safety concerns related to using X?” If YES: “What do you think about it in terms of your own use?” If NO: indicate any general medical problems associated with unhealthy substance use
Explore readiness to change & confidence to change	On a 1-10 scale: “How ready are you to change your use of X?” “Why did you choose X and not a lower number?” “If you were to make a change, how confident are you that you would be successful?” “What needs to happen to help you feel more confident?” “How have you made changes in the past?” 1 2 3 4 5 6 7 8 9 10
Negotiate goal/plan	“Where do you go from here?” “What can you do to stay healthy & safe?”
Seal the deal	“What challenges can you anticipate/imagine?”

Adapted from the SAM Institute’s SBIRT and the Yale Brief Negotiated Interview Manual, by Chaffin, et al. New Haven CT: Yale Univ. School of Med. 2006.

Summary

- Motivational interviewing is an evidence-based, non-confrontational approach to behavior change counseling.
- Empathic partnership is essential. (OARS)
- Meet the patient where he/she is at.
- Elicit Change Talk
- Roll with Resistance, Avoid Argumentation

Thank you!

