Motivational Interviewing for Healthcare Providers

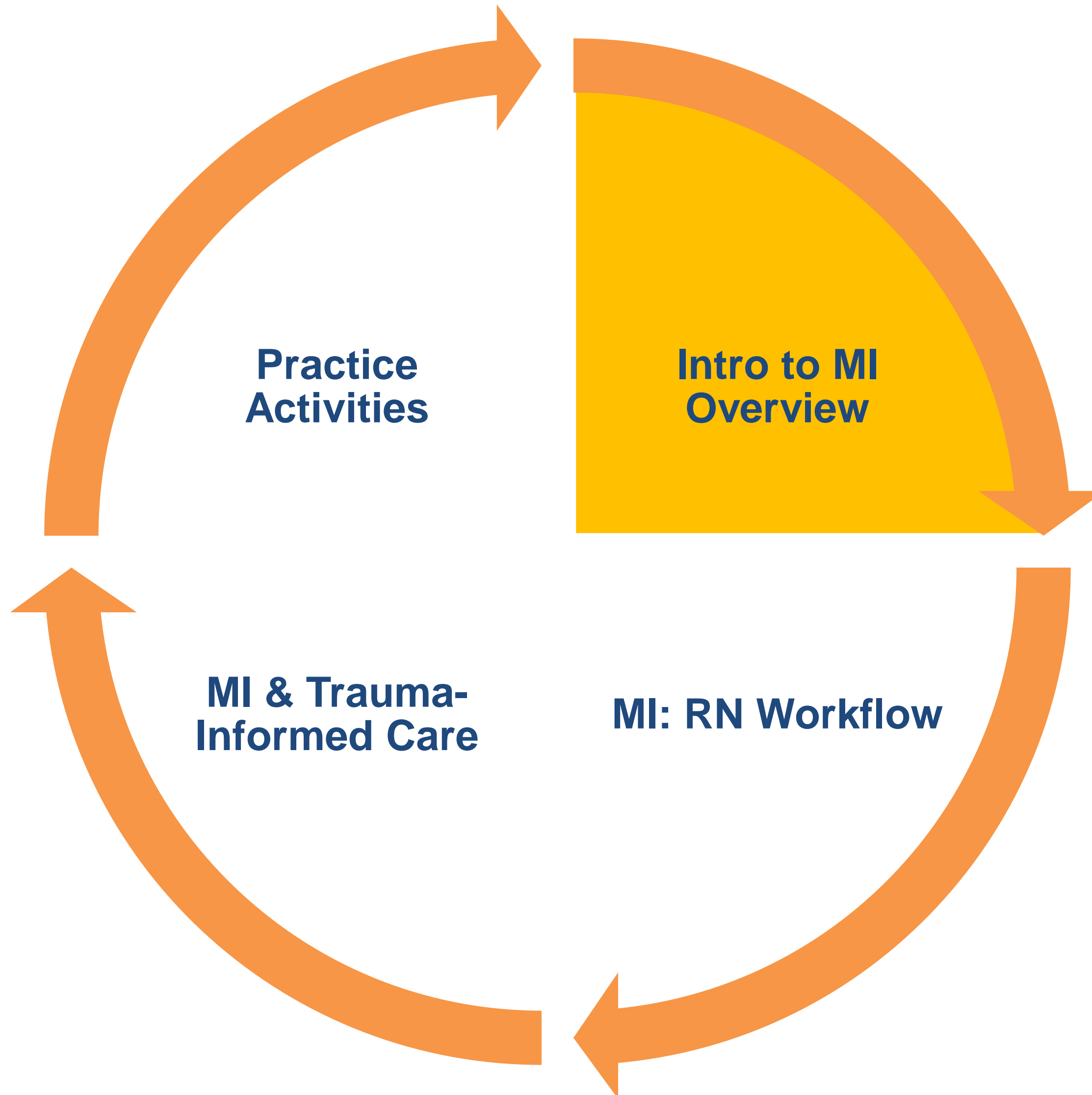
CareOregon Pharmacy

Today's Agenda

Introduction to MI	8:00 – 8:30 am
MI and RN Workflow	8:30 – 10:00 am
Break	**10:00 am – 10:15 am**
MI & Trauma-Informed Care	10:15 – 10:45 am
Practice Activities	10:45 – 11:45 pm
Closing	11:45 – 12:00pm

Learning Objectives

- Summarize the advantages Motivational Interviewing techniques have over traditional counseling techniques to elicit behavior change.
- Understand how MI is an effective communication tool for patients with a background of trauma.
- Demonstrate how to effectively incorporate MI techniques into a nurse's busy workflow.
- Practice applying MI principals to elicit positive behavior change within a variety of healthcare scenarios commonly experienced by healthcare practitioners.


Intro to MI Overview
MI: RN Workflow
MI & Trauma-Informed Care
Practice Activities

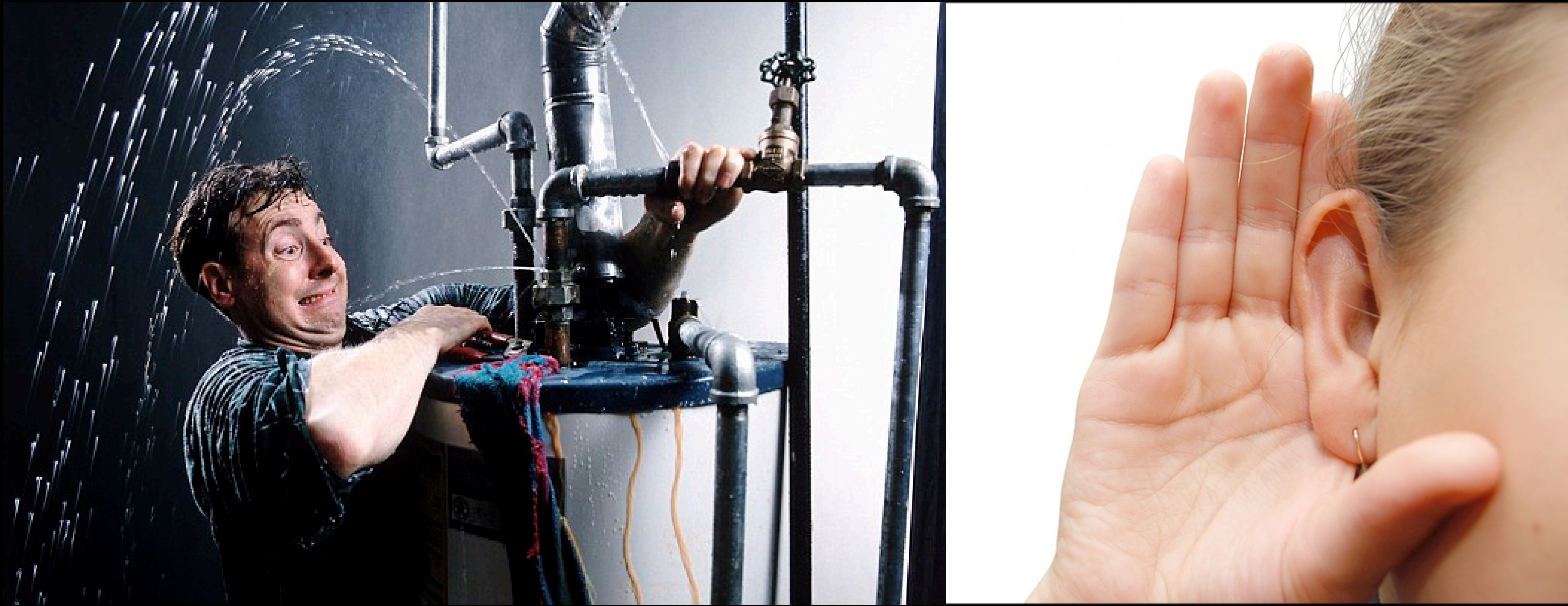
Overview

Motivational Interviewing Basics

Paul Carson
BA, Training & Development Specialist
CareOregon

Sit On Your Superpowers

The Righting Reflex



**Overcome your inclinations to fix.
It's a reversal. Let it come from the person.**

In MI, you are less the problem-solver figuring things out, and more the guide.

Equipoise

Equipoise is a conscious, intentional decision *not* to use one's professional presence and skills to influence a person toward making a specific choice or change.

Maintaining neutrality even when you might have a strong opinion; reminding oneself of that neutrality.

Change

When Change is hard

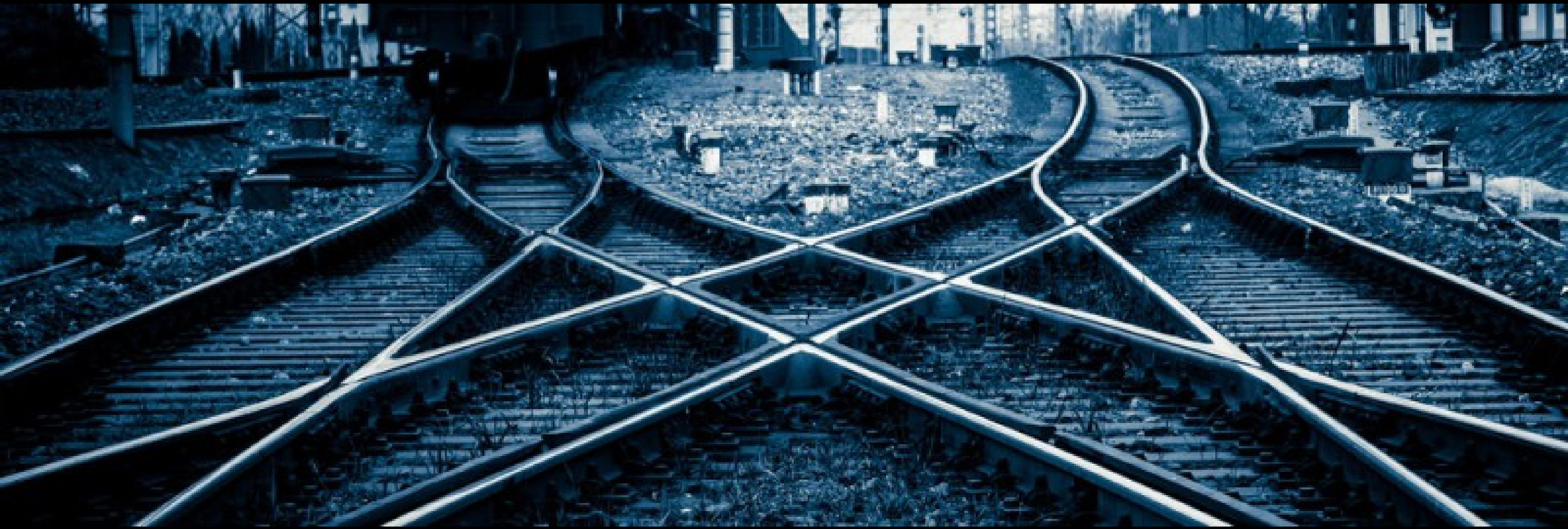
Not because of…

- Lack of information
- Laziness
- Denial
- Oppositional personality

Often a motivational issue

- Ambivalence
- Stuck in ambivalent stage – wanting/not wanting, or wanting incompatible things at the same time
- Ambivalence is uncomfortable – leads to anxiety
- To avoid anxiety, we procrastinate

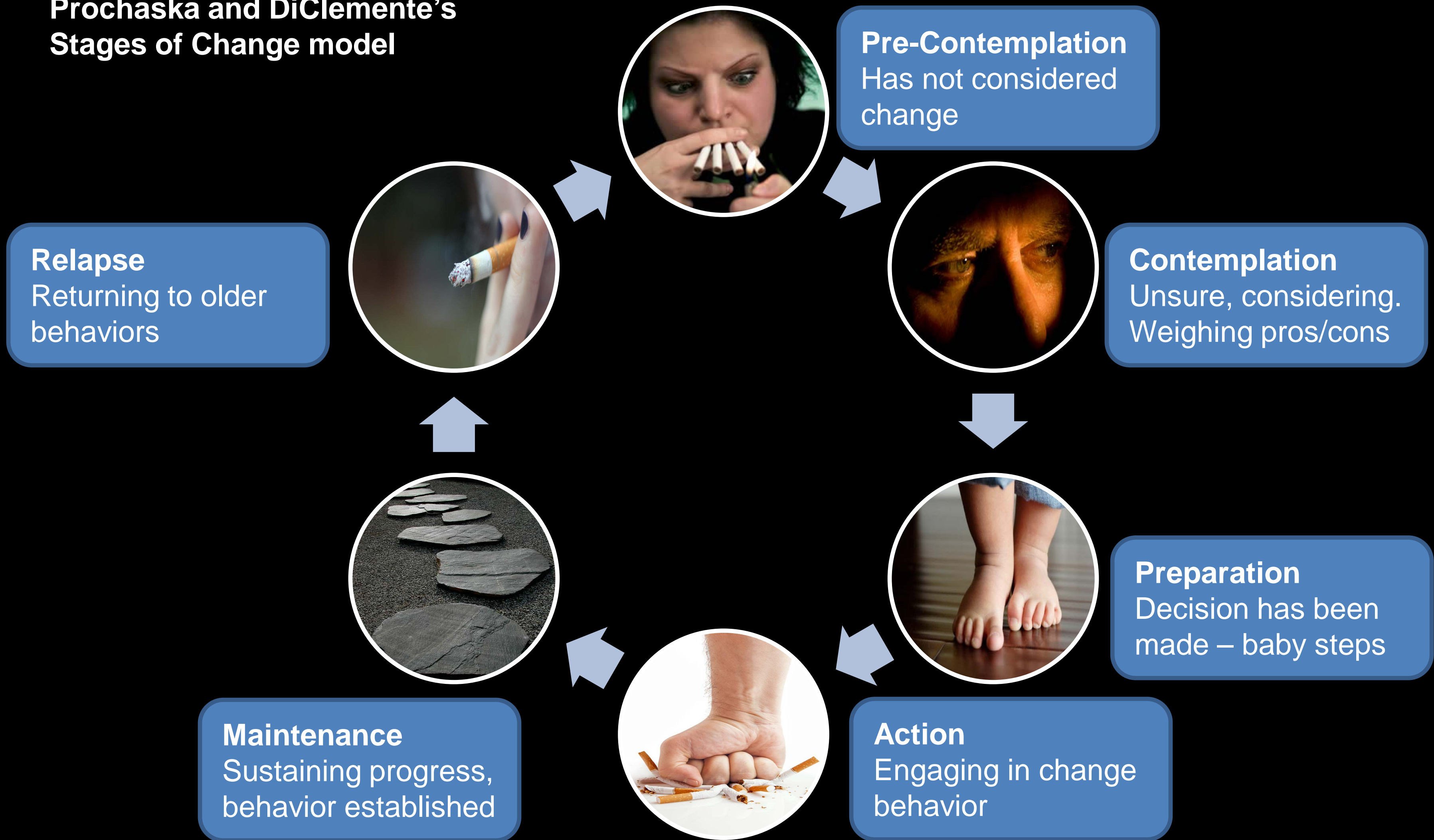
MI helps <u>resolve</u> ambivalence…



…helping elicit a person's own motivation to change

Behavior Change Cycle

Prochaska and DiClemente's Stages of Change model



What is MI?

An effective way of talking with people about change.

Smoking cessation

Medication adherence

Dieting

Corrections

Exercise

Addiction

School counseling

Weight loss

The Purpose of MI

A collaborative conversation style for strengthening a person's own motivation and commitment to change.

Miller & Rollnick, 2013

Traditional Counseling

- Advice given, patient expected to listen, follow instructions.
- Can increase resistance to change.
- Makes patient defensive.

Motivational Interviewing

- Patient does most of the talking.
- Help patient understand their own motivation for change.
- Patient is the expert on their personal circumstances.

Core Skills

"OARS" skills

- **O**pen (ended) Questions
- **A**ffirmations – anything positive that the you notice about the person. Attempts, achievements, accomplishments, prior successes
- **R**eflections
- **S**ummaries

Open **Q**uestions

Open-ended Questions

- Can't be answered with "yes" or "no."
- Who, What, Where, When, How.
- Encourage patients to share information.

"What do your friends and family think about your smoking?"

Close-ended

- Do you have any questions about your medications today?
- Do you realize that smoking threatens your health?
- Do you think you can make this change?

Open-ended

- What questions can I answer for you about your medicine today?
- What do you think it would be like if you weren't a smoker anymore?
- Why do you think it might be time to quit?

“Are you in pain?”

“How do you feel?”

"Don't you want to quit smoking?"

"What are the advantages that you see in quitting?"

“How’s it going with taking your medications?”

Affirmations

The Purpose of Affirmations

To build a sense of self-confidence or self-efficacy.

“You really care a lot about your family.”

“This is hard work you are doing.”

“It took a lot of courage coming in today.”

“You’ve been successful changing before.”

The Purpose of Affirmations

“I'm impressed with your ability to take your medicine with all the other things you have going on in your life.”

“I appreciate your honesty sharing that you don't want to give up cigarettes.”

Reflective
Listening

The most important skill

Reflections

Understanding what the person is **thinking** and **feeling** then saying it back to them.

Reflections are statements, **not questions.**

“I don’t think that I have high blood pressure. I feel fine.”

“You have some concerns and questions about your diagnosis.”

"I feel worse on this medication. I don't want to take it anymore."

"You're worried about this side effect keeping you from taking your medication."

"It's hard for me to remember to take my meds. I forget things easily by nature."

"It sounds like it's challenging to remember to take your medications all the time."

The Purpose of Reflections

- To express empathy and understanding.
- To see the world through their eyes.
- **Use twice as many reflections as questions.**
- Reflections are the foundation.

“As I hear myself talk, I learn my beliefs.”

Summaries

Summaries

Long reflections of more than one statement.

- Provide an opportunity for you to become strategic, and guide the person toward healthy behavior change by selectively summarizing their own reasons for change.
- Summary Statements also demonstrate you've been listening.

“I don’t want to move.”

“I like my house.”

“I’m worried about falling.”

“I’d have to change doctors.”

“I could move closer to my grandchildren.”

“I might be safer in senior housing.”

“If I understand you correctly, you’ve been thinking of moving to senior housing. There is a downside in that you’d have to find new doctors and it would be unfamiliar. You also think you’d be safer in senior housing and could be closer to your grandchildren.”

Change Talk

What is Change Talk?

"I wish I could"

"I want to change"

"The reasons are…"

"I can"

"It would solve problems"

"I will"

Evoking Change Talk

Speech that favors movement in the direction of change.

Any of these kinds of conversation or statements.

Why Change Talk?

“I wish I could”

“I want to change”

Change Talk

When we get it we reinforce it – we encourage it. The more a person argues for change themselves, the more likely it is that they’re going to change their behavior.

What is Change Talk?

Change Talk

Contains not only reasons and benefits that the person sees for making the change, but also ways they could make the change and be successful at it.

Encouraging Change Talk

“Why do you want to make a change?”

“What are the reasons to change?

“What would some of the benefits be?”

“What would be your first step?”

You can ask questions to generate change talk.

Recognize Change Talk

When patients verbalize their own thoughts about change.

- **Desire** – "I wish I could exercise more often."
- **Ability** – "I can walk around the block 2x/ day."
- **Reasons** – "I know quitting smoking will lower my risk of getting cancer."
- **Need** – "I need to quit smoking or my relationship with my kids will be ruined."
- **Commitment** – "I **will** use a pillbox so I can make sure to take my meds twice a day."
- **Taking Steps –**

  "I actually went out and…"

  "This week I started…"

  "I walked up the stairs today instead of taking the elevator."

  "I went all last week without stopping by McDonalds."

Develop Discrepancy

- Ambivalence – feelings of both wanting to change and not wanting to change.
- Discrepancy helps people see the gap between where they are and where they want to be.
- Seeing a discrepancy between their values/beliefs and the reality of their current behavior, they are more likely to want to resolve that discrepancy.

Current Behavior

Values Beliefs

Practice Activities
Intro to MI Overview
MI & Trauma-Informed Care
MI: RN Workflow

Motivational Interviewing in Practice

A Nurse's Perspective

Erin Lemon

BSN, RN, CCDS

Adventist Health Clinics

Everyday examples

Message
He needs help with his diet. Please call him. Thank you.

Message
Erin, Please read my note and see the results. She did not know her meds and I have the feeling that she is not taking them right. Her cholesterol should be much better if she was taking the Atorvastatin as rx. Can you please call her.

Message
This pt struggles with diet and exercise. His sugars are running in the 200s. Thank you

Message
Poorly control DM Poor compliance. Please call him

Message
Erin, I think I already talk to you about this pt. Poor compliance. Needs help. I told him that you would call him

Message
Erin, This pt might need some minor adjustments to his diet. He is doing well already but could do a little better. Do you mind calling him and setting a time to meet with him. Thank you.

Message
Erin, Did you get my message about this pt. Poor compliance with his diet.

Message
Erin, Please look at his labs. He will need some help. I asked him to see me later this month. I will add a second DM medicine and increase his Statin, However, he will need help with compliance and diet.

Message
Erin, Please read my note. She will need help with compliance with Mirtazapine. However, I thinks it is working

Chronic Disease and Behavior

- A majority of the maladies today
  - Preventable *or can be fixed* through health behavior change
- Patients typically expect
  - The practitioner to ask a series of questions
  - Do a physical assessment
  - Prescribe a treatment

    - Rollnick, Miller, and Butler 2008

Chronic Disease and Lifestyle

Table 44.1 Convincing and Probable Relationships between Dietary and Lifestyle Factors and Chronic Diseases

Dietary and lifestyle factors	CVD	Type 2 diabetes	Cancer	Dental disease	Fracture	Cataract	Birth defects	Obesity	Metabolic syndrome	Depression	Sexual dysfunction
Avoid smoking	↓	↓	↓	↓	↓	↓		↑			↓
Pursue physical activity	↓	↓	↓		↓			↓	↓	↓	↓
Avoid overweight	↓	↓	↓		↑	↓			↓		↓
Diet											
Consume healthy types of fats[a]	↓	↓							↓		
Eat plenty of fruits and vegetables	↓		↓		↓	↓	↓	↓			
Replace refined grains with whole grains	↓	↓						↓	↓		
Limit sugar intake[b]	↓	↓		↓				↓	↓		
Limit excessive calories								↓	↓		
Limit sodium intake	↓										

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Common Chronic Conditions

- CVD
  - CHF, CAD, HTN, Hyperlipidemia
- Obesity
- Diabetes
- Depression/Anxiety
- COPD
- Chronic pain

Related Lifestyle Factors

- Diet (High fat, sugar, salt, processed food)
- Exercise
- Smoking, Alcoholism, other drug abuse
- Medication adherence
- Failure to follow through with the treatment regimen
  - Often includes much more than medications alone

  **Also Lack of information/education, poor social support, lack of desire to achieve improved health, lack of motivation for change

How do we “get” patients adherent?

- What works when people get/tell YOU to do something?
- Thoughts?
- Experiences?
- What has worked for you?

- **Patients have the right to refuse treatment**
- Do we leave it at that?
- Do we have an ethical obligation in healthcare to educate ourselves on how to relate to patients to provide good outcomes? Something that is evidence-based and works?

Traditional Approach (Widely used today)

- Explain what patients could do differently in the interest of their health
- Advise and persuade them to change behavior
- Warn them what will happen if they don't change
- Take time to counsel them about how to change
- Refer them to a specialist

- Rollnick, Miller, and Butler 2008

All well-meaning and with the best of intentions

Exercise 1

Brief Activity – Find a Partner

- Person A is the interviewer and Person B is the interviewee/patient
- Person B choose 1 thing you would like to change
- Person A is the ultimate giver of advice
    1. **Let Person B know how badly they need to change**
    2. **Give reasons for changing**
    3. **Offer solutions**

Switch Roles

Exercise 2

Redo

- Try again with the same roles and same change
- Person A asks four key questions:
  1. **Why do you want to make this change?**
  2. **What are the 3 best reasons to make this change?**
  3. **How important is it for you to make this change? Why?**
  4. **How might you go about it in order to succeed?**

Switch Roles

Debrief

Exercise 1

How did it feel to be the patient?

How did it feel to be the coach?

Exercise 2

How did it feel to be the patient?

How did it feel to be the coach?

What is MI?

- MI is an **evidence-based**, client-centered style of counseling that addresses the common problem of ambivalence about change characterized by recognizing and reflecting back the language of change.
- It is an **effective** method to increase motivation for change and modify health behaviors.

Evidence Based Practice – Recent Studies

- Patients with gambling disorders and risky alcohol habits are likely to be best helped if they are referred to MI…
  - Josephson, Carlbring, Forsberg, and Rosendahl 2016
- One evidence-based method to help engage and motivate patients is motivational interviewing, a client-centered and goal-oriented style of counseling used extensively to increase autonomous motivation and modify health behaviors.
  - Resnicow, Harris, Wasserman, Schwartz, Perez-Rosas, Mihalcea, and Snetselaar 2016
- MI has been shown to have a positive effect in promotion and modification of health habits and to increase treatment engagement.
  - Tuccero, Railey, Briggs, and Hull 2016

Spirit and Intent

MI is intended to be **collaborative, evocative**, and **honoring** of patient autonomy

Collaborative

- Spirit of Partnership
- Active collaborative conversation
- Joint decision-making process
- **Instead of an uneven power relationship with an expert clinician and a passive patient**

Evocative

- Find out goals, values, concerns, aspirations, what the patient cares about
- Evoke their own good reasons and arguments for change
- Our tendency is to "give them what they lack"
  - Medication, knowledge, insight, or skills
  - These must be given skillfully
    - Explore knowledge, values, concerns before offering
    - Always ask permission

Honoring of Patient Autonomy

- Effective MI involves detachment from outcomes
  - “You are in control”
  - “This has worked for others, but you can decide for yourself”
- Accept that people have the right to choose
  - Explore values and motivation
    - “What values are important to you?”
    - “What are the reasons you would want to do this?”

Resist the "Righting Reflex"

- Let go of the need for results
- Check in with your own motivation
  - Breathe, let it go
- Ask questions
- LISTEN
  - Take notes on change talk
  - Keep attention open and interested
  - When you hear change talk, ask more questions about it

Example

- Lifelong smoker
- “Don’t even try, I don’t want to hear the smoking speech”
- RN did not push for change
  - “I know you don’t want to talk about quitting, would it be ok if we just talked about smoking?”
  - “Tell me about your relationship with smoking. When did you start? What do you like about it? What don’t you like about it?”
    - No reasons for sustaining
    - Multiple reasons to quit
- Next interaction (2 months later)
  - “I’m ready to quit”

Key Principle of MI

- People generally **already have** the motivation for change
- It is often not what we expect
- They also have reasons not to change

So when we feel two ways about something, it is called….

Ambivalence: Yes, "But…"

- "I need to lose some weight, **but** I really like eating things that I enjoy."
- "I want to go for walks, **but** I have too much pain."
- "I know I need to quit smoking, **but** I've tried so many times and it is just too hard."
- "I should take my medications everyday, **but** I just can't seem to remember."

Moving from the Non-Adherent Label to using the term Ambivalent

Isn’t this true?

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”

Pascal – *Pensées*, #10, written in 1660

The Secret

- **People tend to BELIEVE what they say** themselves (positive OR negative)
  - (Not the same as repeating something)
- If we interact in the traditional way
  - MORE LIKELY to make objections/ state reasons NOT to change
  - **And they BELIEVE the objections**/ pro status quo talk
- If we interact in a motivational way
  - More likely to state reasons for change
  - **And they BELIEVE the reasons to change**

What we are trying to do

- Use the tools of MI to open the patient up to ***stating why they want to change***
  - Ask questions in a way that gets them to look inside themselves (OARS)
    - Keep asking more questions
    - Offer suggestions with permission
    - Several attempts
      - If they are doing a lot of pausing and thinking, you are doing it right
    - Example of coworker (Wants to go to the gym, ultimately doesn't want to feel guilty)
- Repeat these reasons back to them to reinforce
  - Ask more questions to explore motivation deeper
    - "So I hear that you would like to do this because.."
    - "It sounds like you really would like to.."
    - "Did I get it all?"

What do you do with sustain talk?

Reflect previous change talk, let status quo talk fizzle out/acknowledge

- “On one hand (status quo), and on the other hand (change talk)”

Watering seeds

- Using MI is like giving water and sun to the seed of motivation
  - **The seed is already there**
    - **Core MI principle**
  - The only real water and sun is what the patient says and believes
  - When they leave, the seed sprouts
- A non motivational, directive approach stamps dry dirt down over the seed, suffocating it
  - Natural tendency to push back
  - Status quo statements are believed

Example

- Lifelong alcoholic
- Only one MI interaction
  - "Why am I talking so much?"
  - RN did not push for change, asked a lot of "what if" questions
    - "What things would be better if I waved my magic wand?"
    - " You are in control"
  - 6 months later, check in, patient had miraculously quit drinking

Let Go of Immediate Expectations

- Remember that this actually helps their chances of success
- Moving one stage on the spectrum IS SUCCESS

Change is a process, not an event

- Each stage is a preparation for the following one
  - you mustn't hurry through or skip stages (Harvard Health Publications)
- Relapse and recycling are common, perhaps inevitable
  - you usually don't go back to square one
- Relapse provides opportunity to learn what didn't work and make new plans
- It can take a few rounds through the cycle
  - Ongoing clinician support is vital
  - Recognize ambivalence over non-adherence
  - Continued MI (let go of need for results)

Information Exchange

- The Dilemma
  - Education is essential
  - If done traditionally, we can unintentionally create resistance
- Explore, Offer, Explore (Elicit, Provide, Elicit)
  - "Tell me what you know about ___________ so far"
  - "Would it be ok if I share some info with you?"
    - De-emphasize yourself as the expert
    - Emphasize autonomy "You are in control of what you do with this info"
    - "What has worked well for others"
  - "Now that you have learned some new info, what do you know about _____?

No Time?

- If time is limited (Mini MI session)
  - **Ask why** they would want to make a change **and how** they might do it
  - Offer education and ideas **with permission**

How it really goes

- First meeting/planned MI
  - Schedule time to go through full planned MI
  - Template (handout)
  - Make notes of reasons for change
  - Smart phrase in epic
    - Motivational Interviewing today revealed reasons to _ _ _ _ which include _ _ _ _ .
- Follow up meetings
  - Shorter, more focused
  - Recap reasons for change, use more OARS
  - Refer to template as needed

MI Template

- See Handout
- Readiness Ruler is included
  - Rate Importance
  - Rate Confidence
  - Evaluate which is in need of an increase on the scale

READINESS RULERS									
Readiness rulers are a tool designed to elicit change talk. Use them to explore the importance clients attach to changing, and their confidence and readiness to change (on a scale of 1 to 10). “On a scale of 1 through 10, how important is it for you to quit smoking?” “On the same scale, how confident are you feeling about your ability to quit?”									
1	2	3	4	5	6	7	8	9	10
Low importantance/confidence:							Extremely important/confident		

Dealing With Discord

- When patients are “difficult”
  - Breathe, manage your own reaction
  - There is likely an underlying cause of the discord
  - Reflect back and validate the patient’s feelings
  - Allow silence
  - Resistance takes energy to sustain
  - Keep the door open
- Example: Patient s/p stroke, diabetes, amputation
  - Upset about bringing pills
  - Manage reaction, reflect/validate feelings

Do No Harm

- Goal: positive patient outcomes
- **Simply reducing resistance** increases the odds of a good outcome

Pearls

- People typically already have the motivation for change
- Change is more likely to occur when people voice their own reasons
- Ability to change can be ***profoundly affected*** by their interactions with health professionals
- Ambivalence is normal (reasons for and against change)
  - Our job is to find the reasons for change and have the patient voice them
  - We then reflect this back and have them voice it again
  - This solidifies their own convictions
    - Remember that if they voice the status quo, this will solidify as well

Recap:4 Guiding Principles of MI

- **Resist the righting reflex**
  - It is a natural human tendency to resist persuasion
  - It is the practitioner's tendency to right them (learn your tendencies!)
- **Understand and explore the patient's own motivations**
  - We tend to believe what we hear ourselves day
  - If *we tell them* why to change, and they tell us *why they shouldn't*..
- **Listen with empathy**
  - Be interested in their own values and motivations
  - Listen *at least* as much as you inform
- **Empower the patient, encourage hope and optimism**
  - Help them explore how they CAN make a change
    - *Rollnick, Miller, and Butler 2008*

Culture Change

- Current healthcare culture is directive, educational
- MI is evidence based and brings good outcomes
- Not using MI is less likely to bring good outcomes
- Practice is necessary
- Discussing with peers is necessary
- Sharing stories is necessary

Results from Exercise

How do you become good at MI?

- Practice, Practice, Practice – Use the template
- Remember OARS in conversations
  - Open-ended questions (ask specific questions to find change talk)
    - **Tell me some of the reasons you want to...**Tell me more about… How do you feel about… Reflect Affirmations
    - You have been making some great changes… You really are a fighter…It is important to you to be a good role model
  - Reflections (Change Talk)
    - On the one hand this is really hard, on the other hand you are determined to succeed…
  - Summaries
    - So it sounds like you are motivated, you have made this and that change, and you would like to take it to the next level. What's next?

It may feel awkward

- But just like anything, you get better with practice
  - Practice with friends and family
  - Practice with patients
  - Practice with yourself

Use the template

Come up with some phrases you can use often in many different scenarios

“So it sounds like..”

“Lets pretend I wave my magic wand and its 1 year from now..”

“What would need to change to feel like it is time to start?”

We Should Be Talking About MI

- Do you discuss MI?
  - Coworkers, providers, friends?
- Have you tried to use it?
  - How did it go?
- Any stories?
- Obstacles?

References

- Josephson, H., Carlbring, P., Forsberg, L., & Rosendahl, I. (2016). People with gambling disorder and risky alcohol habits benefit more from motivational interviewing than from cognitive behavioral group therapy. *Peer J*, 2016(4). Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4824888/

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Questions?

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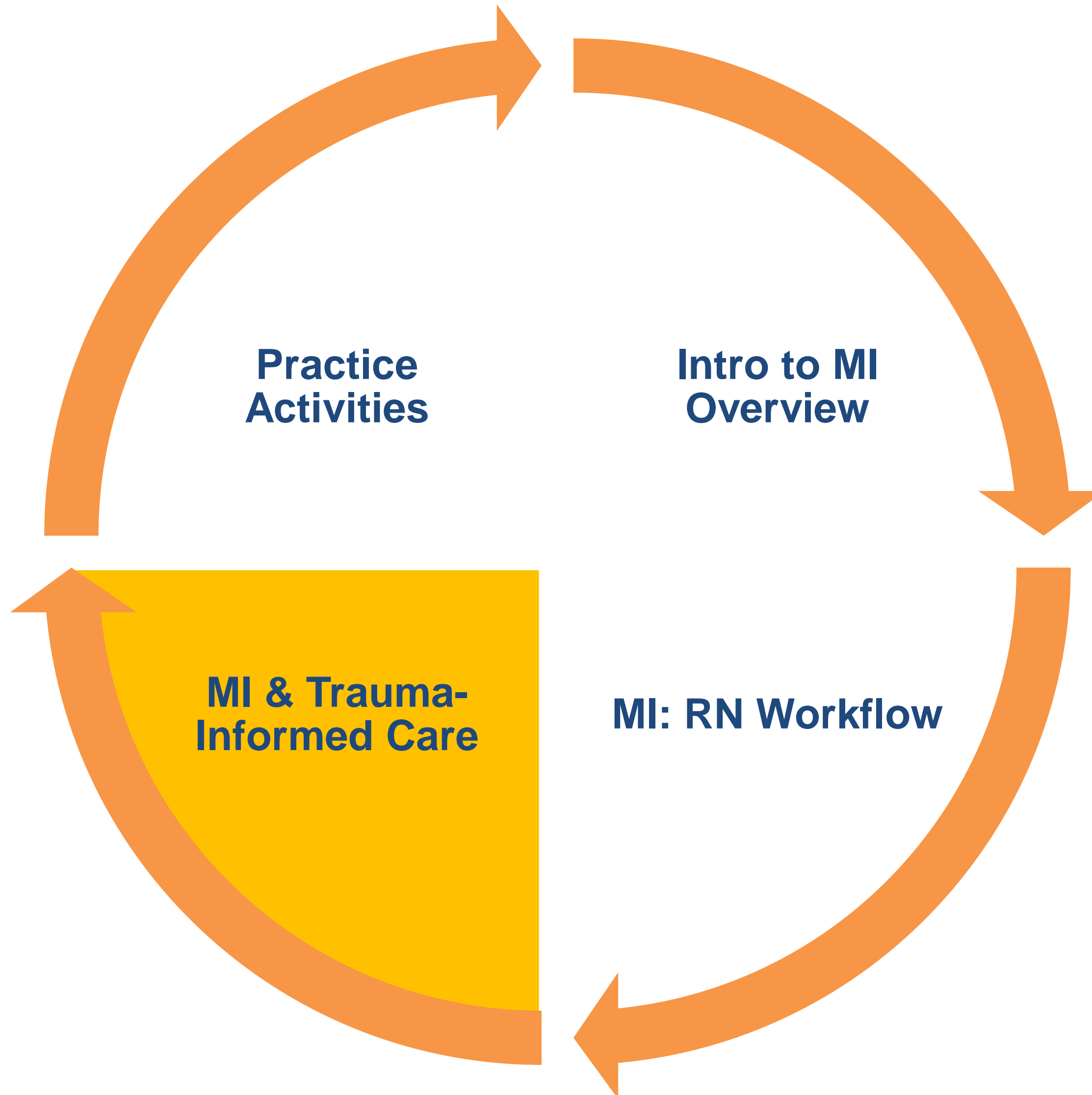
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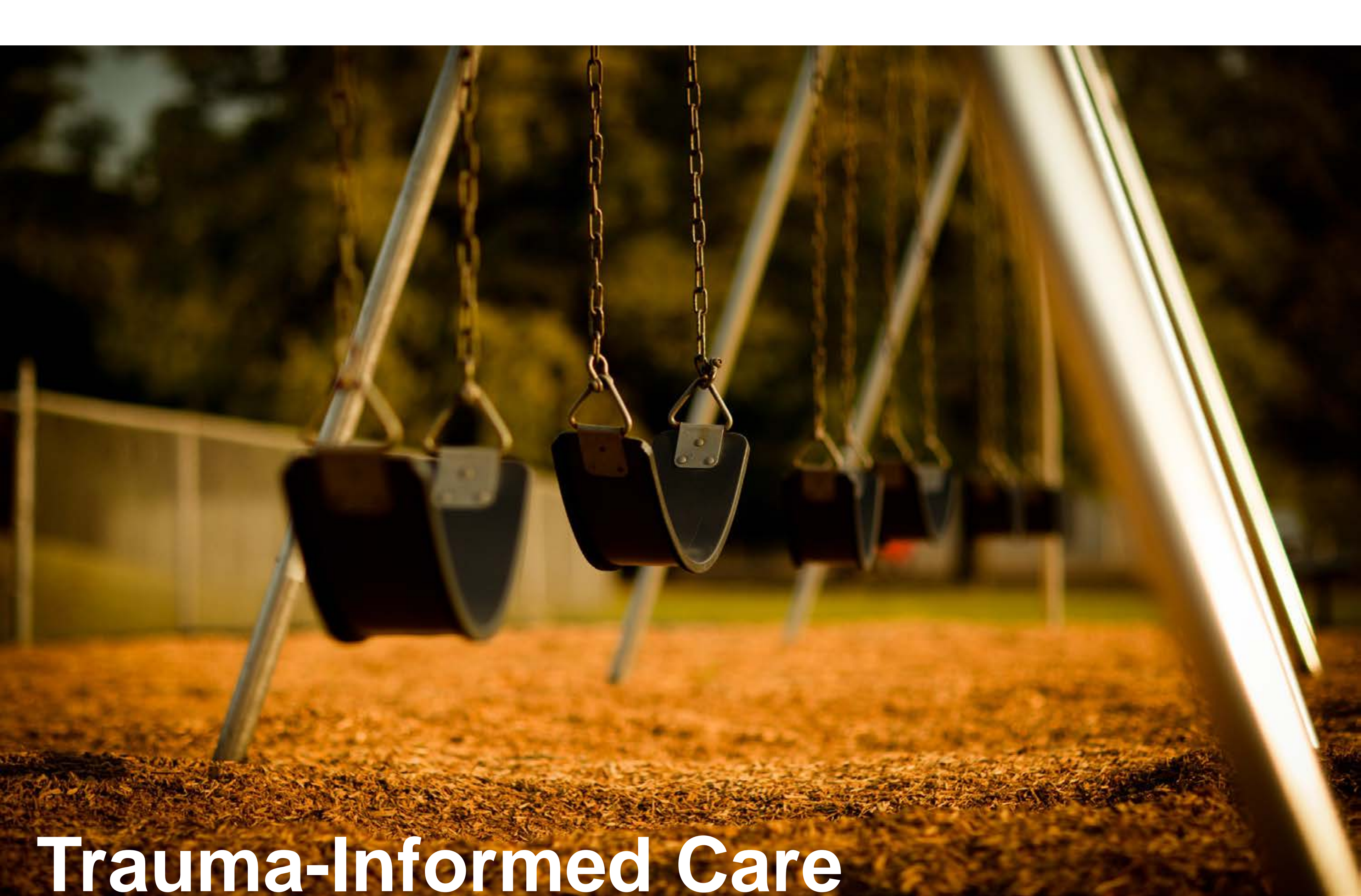

Trauma-Informed Care

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MEDS Ed

Adverse Childhood Experiences (ACE) study

- Study of over 17,000 Kaiser Permanente members to learn how stressful or traumatic experiences during childhood affect adult health, establishing associations between childhood maltreatment and later-life health/well-being

- Findings suggest certain experiences are major risk factors for the leading causes of illness, death and poor quality of life in the United States. Trauma is far more prevalent than previously recognized.

Dube SR, et al. *JAMA*. 2001 Dec 26;286(24):3089-96.

QUESTION 1 OF 10

Before your 18th birthday, did a parent or other adult in the household often or very often...
swear at you, insult you, put you down, or humiliate you?
or
act in a way that made you afraid that you might be physically hurt?

YES NO

QUESTION 6 OF 10

Before your 18th birthday, was a biological parent ever lost to you through divorce, abandonment, or other reason?

YES NO

QUESTION 7 OF 10

Before your 18th birthday, was your mother or stepmother:
often or very often pushed, grabbed, slapped, or had something thrown at her?
or
sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

YES NO

Adverse Childhood Experiences

63% of participants had at least one category of childhood trauma – over 20% experienced 3 or more categories of trauma.

28%	experienced physical abuse.
27%	grew up with someone in the household using alcohol and/or drugs.
23%	lost a parent due to separation or divorce.
21%	experienced sexual abuse.
19%	grew up with a mentally-ill person in the household.
15%	experienced emotional neglect.
13%	witnessed their mothers being treated violently.
11%	experienced emotional abuse.
10%	experienced physical neglect.
5%	grew up with a household member in jail or prison.

Adverse Childhood Experiences

The more categories of trauma experiences in childhood, the greater the likelihood of experiencing:

Alcoholism/Alcohol abuse	**Liver disease**
COPD	**Suicide attempts**
Depression	**Multiple sexual partners**
Fetal death	**Unintended pregnancies**
Illicit drug use	**STDs**
Ischemic Heart Disease	**Smoking**
Poor health-related quality of life	**Obesity**
Risk for intimate partner violence	

What is Trauma?

“Trauma is an event that is extremely upsetting and at least temporarily overwhelms internal resources.”

Christine Heyen, MA
Oregon Department of Justice

Briere, J. (2006). Dissociative symptoms and trauma exposure: Specificity, affect dysregulation, and posttraumatic stress. *Journal of Nervous and Mental Disease, 194*, 78-82.

Trauma

Traumatic events include **personal/private** experiences and **public** experiences.

Personal/Private	Public
• Sexual Assault/Abuse • Domestic Violence • Personal Violence	• Natural Disasters • War • Community Violence

Interpersonal violence tends to be more traumatic than natural disasters because it is more disruptive to our fundamental sense of trust and attachment, and is typically experienced as intentional rather than as “an accident of nature.”

Trauma Informed Insight

- Patient often:
  - Is navigating trauma
  - has a trust issue
  - Is in a **fight, flight or fear** (FFF) state
  - Has a low threshold/many triggers for FFF.
- Once FFF is triggered, it will be very hard to:
  - Retain information
  - Process information correctly
  - Follow through on medical, behavioral or drug therapy

Trauma Informed Insight

Prolonged exposure to trauma and/or repetitive traumatic events may:

- Cause an individual's natural alarm system to no longer function as it should.
- Create emotional and physical responses to stress.
- Result in emotional numbing and psychological avoidance.
- Affect an individual's sense of safety.
- Diminish an individual's capacity to trust others

Impact of Trauma

The following responses to trauma/traumatic events are components of Posttraumatic Stress Disorder (PTSD):

- **Hyperarousal:**
  nervousness, jumpiness, quickness to startle.
- **Re-experiencing**: intrusive images, sensations, dreams, memories
- **Avoidance and Withdrawal:**
  feeling numb, shutdown or separated from normal life.
  pulling away from relationships & activities.
  avoiding things that trigger memories of trauma.

When a member walks into a provider's office…

It’s just as important to know what <u>not</u> to do

Dis-engaging

Avoid over-assessing. If we ask too many questions right off the bat, it’s off-putting. It can make it hard for the person to engage with you.

It's just as important to know what <u>not</u> to do

Telling

Telling them how to fix their problem. Making a quick diagnosis, then offers a solution, this can also work against engagement.

It’s just as important to know what <u>not</u> to do

Power

The power differential may turn them off. If you come across as an authority figure, it can interfere with engagement.

The Four Processes

The Four Processes

The Four Processes

1.

Engaging

The process of establishing a trusting and mutually respectful relationship. You need a connection before you can start talking about changing their behavior.

The Four Processes

Engaging

- Feeling welcome
- Feeling comfortable
- Feeling understood
- Exceeding expectations
- Having mutual goals
- Leaves feeling hopeful
- Feeling UNDERSTOOD

The Four Processes

2.

Focusing

An ongoing process of seeking and maintaining direction. Agreeing on an agenda. Considering everyone's goals and priorities.

The Four Processes

2.

Focusing

PURPOSE: To create a clear direction for ultimately developing a change plan. By listening carefully and by use of the four basic OARS skills.

The Four Processes

3.

Evoking

Eliciting a person's own motivation for change.

This is where CHANGE TALK happens – where we try to evoke it.

The Four Processes

4.

Planning

Developing a specific change plan that the person agrees to and is willing to implement.

A SMART Plan

Planning

Specific

Measurable

Achievable

Relevant

Timed

The Four Processes

Recap:

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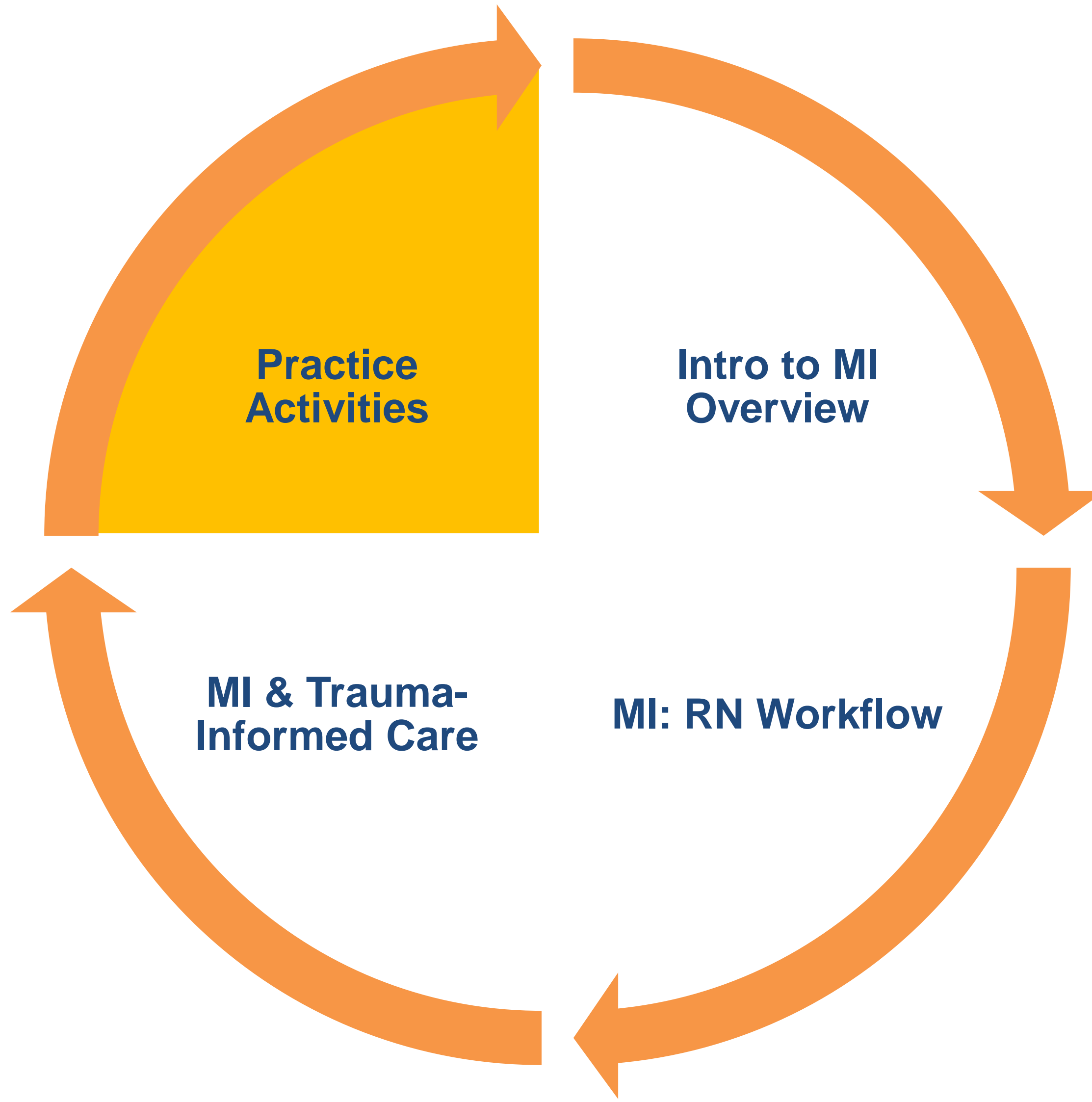
Practice Activities
Intro to MI Overview
MI: RN Workflow
MI & Trauma-Informed Care

Activities

Putting your OARS in the water

Activity 1 – Listening to Understand

Listening carefully, form a reflection so the person feels not only heard, but understood. This exercise involves understanding the meaning of what the other person says:

- Divide into groups of three, taking turns.

First Speaker:

"If a relative of mine had permission to brag about me, they would say: ____."

Choose something that requires some exploration.

Speakers to answer using only YES or NO.
Do not elaborate!

- **Listeners** take turns responding, beginning reflections with:
  - "So you feel ____"
  - "It sounds like you ___"
  - "You're wondering if ___"
  - "You ___"

Activity 2 – Forming Reflections

Reflections offers a hypothesis about what the speaker means.

In groups of three, take turns speaking and listening (providing reflections).

First Speaker:

"One thing I would like to change about myself is ____________________."

- **Listeners** take turns responding, using reflections with beginnings like:
  - "So you feel ____"
  - "It sounds like you ___"
  - "You're wondering if ___"
  - "You ___"

Remember that reflections are typically **statements,** not questions**.**

Speakers are now free to elaborate more!

Activity 3 – Evoking Change Talk

Speaker uses the "One thing I would like to change about myself" example. **Listeners** take turns trying to elicit and recognize Change Talk.

- Encourage speech that favors movement in the direction of change. These kinds of conversation or statements:

Change Talk
"I wish I could"
"I want to change"
"The reasons are…"
"I can"
"It would solve problems"
"I will"

You can ask questions to generate and elicit Change Talk.

Learning Objective Review

Learning Objective 1

Which is an advantage MI has over traditional counseling?

It avoids potential for relapse

Helps patient understand their own motivations for change

It's faster than traditional counseling

Provider has more authority/control

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Learning Objective 2

Why is MI helpful for individuals with a background of trauma?

MI developed by military trauma team

Often used in corrections facilities

Patient feels like an equal partner, less a subordinate to authority figure

Recommended by ACE Study

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Learning Objective 3

If time is limited, what can be effective for a “mini” MI session?

Repetition of Reflections

Ask why they would want to make a change and how they might do it.

Watching Motivational video series

Using a pre-visit questionnaire

Learning Objective 3

If time is limited, what can be effective for a "mini" MI session?

- Repetition of Reflections
- **Ask why they would want to make a change and how they might do it.**
- Watching Motivational video series
- Using a pre-visit questionnaire

Learning Objective 4

Were you able to participate in all 3 practice activities?

- No
- I was in the bathroom
- I never asked for permission
- Yes!

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Bonus Learning Objective 1

When we feel two ways about something, it's called:

- Equipoise
- Ambivalence
- An Affirmation
- Marriage

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Bonus Learning Objective 2

Which is the most important skill in motivational interviewing?

- Open-ended questions
- Affirmations
- Reflective Listening
- Summaries

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Next Session…?

Diabetes

August 25th 2016

Closing

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Thank you!