Motivational Interviewing Primer

Definition: a clinical style for eliciting patients own motivation for change; using good rapport to help the patient explore and resolve ambivalence about change. The overall spirit is collaborative, evocative, and honors patient autonomy.

To connect behavior change to the patients own values and concerns.

Why is this important? 40% don't follow preventative regimens, 50% on long term regimens don't adhere, and 50% requiring life style changes don't do them.

3 common Styles (attitude and approach)

Guide-(coach) ask about options help them find their way, pros and cons

Follow-no agenda, by listening are helping them to voice and clarify their own issues

Direct-advise, tell, manage (patient is passive)

MI- differs from Dr. has the answers and tells patient what they should do
MI- has a specific behavioral goal, understands why they would want to make a change, and how they might do that; use the patients own arguments for change

3 Skills

Asking-open ended questions=interest and caring=rapport. A story, not an answer, tells the meaning of the issue to the patient, not facts about the patient.

Listening- is *active listening* (use enhancers=um hum, I see, head nod)

Informing- pleasant and clear, small bits of information.

Remember: people resist being coerced, and don't like persuasion. Whatever you present they'll argue the opposite. Why is this a problem? Because we believe what we say. The more patients verbalize the disadvantages of change, the more they want to keep the status quo.

RULE: Resist- resist in yourself the 'righting' reflex = the urge to correct another's course
Understand-the *patients* reasons, (not *your* reasons)
Listen-at least as much as you inform
Empower-help them explore how they can make the needed changes

Ambivalence- behavior is a comfortable and familiar routine thus has substantial inertia. Default = no change. Remember status quo can be enjoyable, and there could be downsides to change. *yes, BUT* lack of change usually not due to lack of facts.

Traps: directing, persuading, overloading with information

Instead of asking why *haven't* they done x,
Ask: What would make them want to x
How they would do x
What their reasons for doing x is
How important is it to do x

6 types of change talk

Desire- preference for change = I want to, I would like to, I wish
Ability- capability for change = I could, I can, I might be able to
Reasons-specific arguments = I would probably feel better if I x
Need-obligated = I ought to, I have to, I should
Commitment-likelihood of change = I'm going to, I will
Talking steps-action = I went to x, this week I started x

Note: DARN = *pre* commitment forms = I want to is not I'm going to
I can is not I will
I need to is not I intend to

Look for DARN talk:
D-what do you want, like, wish, hope?
A-what are you able to do?
R-what would cause you to make this change? What would be some of the benefits? what risks would you like to decrease?
N-how important is this change? How much do you need to do this?

***Don't ask why they *haven't* done x, = defensive - it reinforces status quo argument**

Assess Importance to patient and Confidence that they can do it

Use a Ruler a 1-10 scale
"How strongly do you want to x? 1 = not at all, 10 = very much"
"Where would you place yourself now?"
'How ready do you feel to make a change about x? 1 = not at all, 10 = completely ready"
"How important is it for you to x? 1 = not at all, 10 = extremely important"

"What makes it a 5 and **not lower**? don't ask why not higher = people will get defensive

The order of questioning is important.
#1. “What is good about the way things are now? argues for *not* changing
#2. “What’s the downside?” argues *for* changing

“What would get you to a higher score?”
“How can I help you move higher up the scale?”

<u>Summarize:</u> shows respect, patient feel heard, and builds rapport.

* reflection is a statement = voice down at end of sentence vs. a question voice up at end of sentence.

“let me see if I’ve heard you right”
“let me see if I understand what you’ve been telling me and let me know if I’ve missed anything”
“where does this leave you now?”
“what’s next?” or “what else?”

<u>Elicit-provide-elicit method:</u> = collaborative

“what would you like to know about x?’
“what does this mean for you?”
“what more would you like to know about x?”

“would you like for me to tell you a bit about x?”
“what do you make of this?”
“what does this mean for you?”
“what more would you like to know?”

<u>Ask permission,</u> polite, respectful- like knocking on the door before going into the room.
“many people is your situation find it hard to x”
“what’s the best way for you to x?”
“may I make a suggestion?”
“would it be alright if I mention a concern I have about x?”
“can I tell you what some patients do?”
“would you be interested in knowing what other patients with x do for that?”
“so what are you thinking at this point?”

*When you offer options, offer several (pick a card, any card) =empowers patient

<u>Agenda setting-</u> if you get stuck, pause and regroup.
Start with what you *both agree* on, then what patient wants, and what you want

"Lets take a step back for a minute (let's stop for a minute, let's pause at this point)
We both want you to x, and you'd like to x, I have some concerns about that and would prefer" (I would suggest x or I think it would be healthier for you to x)
"So where do we go from here?" or "Did I miss something?"

Some suggestions: <u>ask permission</u>- builds rapport, polite and respectful
* Eye contact is important*

"May I ask you about x?"

"How do you see yourself succeeding this time?"
"What's going to be the best regimen for you?"
"What do you feel most confused about?"
'In what ways has this interfered in you life?"
"Tell me a little more about that"
"What do you do then?"
"How are you getting on with this?"
"How can I be most helpful to you today?"
'What's worrying you most about x?"
"What concerns do you have about x?"
"What *exactly* happens when you x?"
(the word *exactly* signals intention to get to the bottom of the patients problem)

"What did you first *notice* about x?"
(the word notice invites the patient to be the expert)

"tell me more about x"
"What happens when"
"if you like, we can talk about some changes you could make to improve your health"
"what would be a first step for you?"
"what do you think you'll do?"

<u>use hypotheticals, not as threatening</u>

"what might it take to x?"
"how would you like things to be different?"
"if things could be perfect, what would that look like for you?"