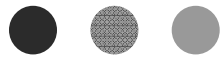# Promoting Health Behavior Change: An Introduction to Applying Motivational Interviewing Skills

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426 IPPE-2

Discussion 1

Objectives

- After completing the pre-reading and this tutorial, explain the READS principles of motivational interviewing and provide examples of each.

- Discuss how the components of readiness, scaling questions and the decisional balance sheet can be useful assessment techniques.

- Discuss when motivational interviewing skills are most useful during a patient encounter.

- Apply motivational interviewing skills to patient cases.
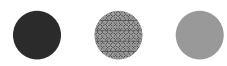
Consider your POPs Partner…

- What is 1 health-related goal have they set?
- What positive health behavior would they benefit from? *(Consider the 4 Pillars of Successful Aging)*
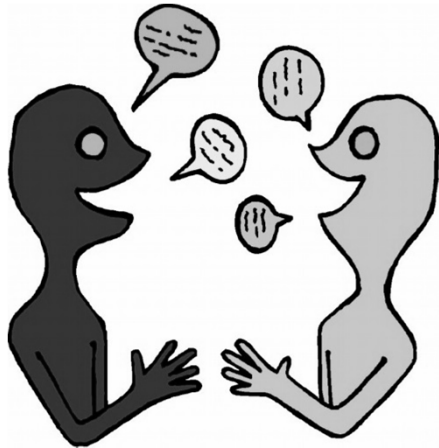
Increased physical activity

Improved balance

BP monitoring

Adherence to Meds

Lose 5 pounds

- How have those conversations gone before?
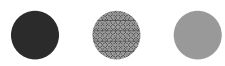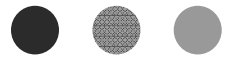
Motivational Interviewing is...

- … "a **collaborative, goal oriented style of communication** with particular attention to the **language of change**. It is designed to **strengthen personal motivation** for commitment to a specific goal by **eliciting and exploring a person's own reasons** for change within an atmosphere of acceptance and compassion."

Miller and Rollnick 2013

… "a **collaborative, person-centered form of information exchange** to facilitate constructive **patient sense-making about health**."
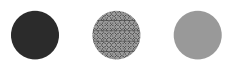
Berger and Villaume 2013

Motivational Interviewing

○ Motivational interviewing is:
- Person-centered
- Directive
- Method of communication for enhancing *intrinsic* motivation to change by exploring and resolving ambivalence

*Patients manage their illness,*
NOT healthcare providers

**Behavior is about decisional balance**

Concepts Associated with MI

- Decisional Balance – identify the pros and cons
- Ambivalence – pros = cons
- Resistance – cons of change > pros of change
- Dissonance – uncomfortable feeling
- Goals – patient centered
- Readiness – how ready
- Importance – how important is the change
- Confidence – that the patient can change
- Autonomy – choice must be the patient's
- Respect
- Face – face saving
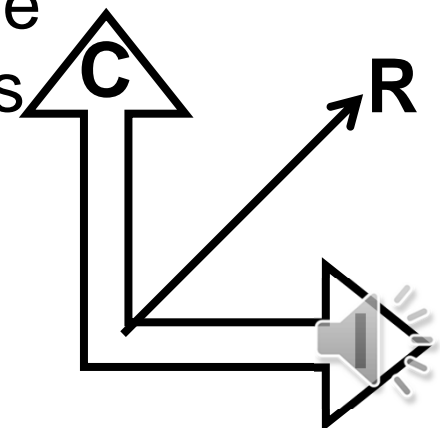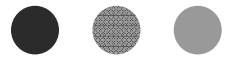
Biomedical vs Psychosocial

o Practitioner-centered	o Patient-centered
o Information giving	o Information exchange
o "Save" the patient	o Patient "saves" self
o Dictate behavior	o Negotiate behavior
o Motivates patient	o Assesses motivation
o Persuade, manipulate	o Understand, accept
o Resistance is bad	o Resistance is information
o Argue	o Confront – no ignore
o HCP respect expected	o HCP respect earned

MI is more about LISTENING than telling

Patients manage their illness, NOT healthcare providers

- **Value based**
 - Respect for **autonomy** and patient's choice
- **Skills**
  - Information exchange is a critical skill
  - **Importance, confidence and rapport** should be continually monitored and responded to
- **Roles**
  - The practitioner: provides direction, support, information; elicits and respects patient's views; assesses and addresses motivation for change; and negotiates change sensitively (*What would make this important? What would have to change?*)
 - The patient: is an active decision maker
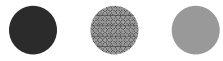
Why MI?

MI "outperforms traditional advice giving in approximately 80% of studies…in many different areas of intervention." - Rubak et al (2005)

- MI helps us recognize ambivalence as an opportunity
- MI helps us listen for change talk & guide the patient
- MI allows us to use our communication skills in a refined and purposeful way
- **Bonus:** Saves health system money, improves patient satisfaction and improves practitioner job satisfaction!
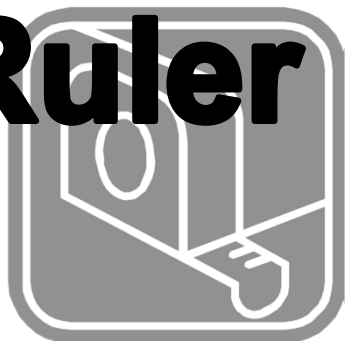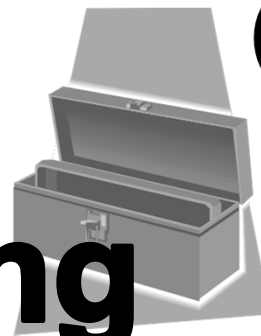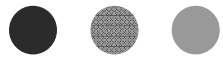
E-P-E
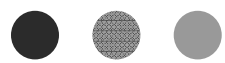
Typical Day

READS

Ruler

Good things &
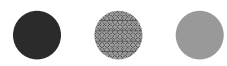less good things

GiST

Sense making

Getting Started

○ Set Agenda – Raise the Subject

- *I am concerned about your _____ (health condition or lifestyle) and its effect on your overall health. How do you feel about your _____? We could talk about… Perhaps you are more concerned about something else?*

Note: subject is raised for discussion only, with the question of change still open

Typical Day Strategy

○ *I really do not know a lot about you and your daily life. Perhaps we can spend a few minutes with you telling me about a typical day in your life, and as you go along, tell me where your ___ (behavior: medication use, self-monitoring, diet, exercise) fits in.*

○ *So you wake up and…. What happens then?... How do you usually feel?*

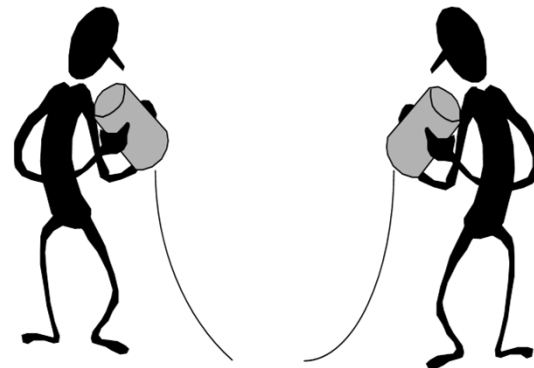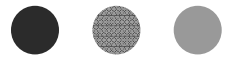Modified: *Considering a typical day 1-2 years ago, what is different about your life now?*
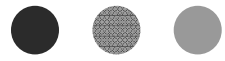
Elicit – Provide - Elicit

○ Elicit what the patient has already been told or already knows about the topic

○ ASK for permission to give advice

○ Provide advice with emphasis on patient's choice

○ Elicit patient's response to the information

RESULT:
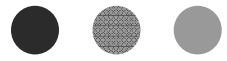   **Information**
   Exchange

Example

- Elicit:
  - *What is your understanding of an acceptable exercise plan for someone who has diabetes?*
- Provide
  - *May I share with you exercise strategies that my **other** patients with diabetes have used?*
- Elicit
  - *Which of those sounds like something **you'd** be willing to consider?*

Providing/Exchanging Information

- *How much do you already know about…?*
- *Would you like to know more about…?*
- *The lab value (test result, reading) is _x_, what do you make of this?*
- *May I share with you what happens to my other patients?*
- *Now that I have given you this information, how does it apply to you?*

Elicit expectations and knowledge about treatments

- **Elicit the patient's agenda and expectations up front**
  - *What concerns do you have about your medicines?*
  - *How do you feel about…?*
- **Elicit what they know**
  - *What have you been told about …?*
  - *What would you like to know more about…?*
  - *What do you make of this [lab value or symptom]?*

- **Describe your medication use**
  - *How do you remember to take your medicines?*
  - *How do you administer your medicine?*
  - *What problems have you had with your medicines?*
- **Identify how self-management fits in**
  - *Tell me about a typical day.*

What is your health condition keeping you from doing that you really wish you could do again?
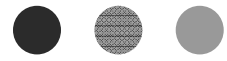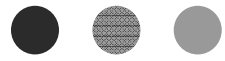
The Insurance Card

- Asking permission to share information when a patient's decision is based on erroneous information or can actually be harmful

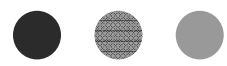*May I tell you what concerns me (about that plan)?*

READS Principles

- Roll with resistance
- Express empathy
- Avoid argumentation
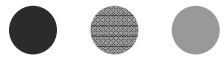- Develop discrepancy
- Support self-efficacy

READS: Roll with Resistance

○ Resistance occurs when we assume similar beliefs and values

○ Resistance is a signal to respond differently

○ Repeat back your understanding of what you heard using empathy and understanding
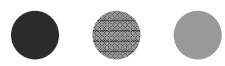
○ Seek clarification

Three Resistance Traps: Three Strategies to Resolve

| Trap	Strategy to Resolve
Take Control Away	*Emphasize personal choice and control.*
Misjudge Importance, Confidence, Readiness	*Reassess importance, confidence and readiness. Re-examine patient's feelings / issues.*
Meet Force with Force	*Back off and come alongside the patient – LISTEN.*

READS: Express Empathy

- An objective identification with the affective state of another (not their experience)
- Creates a climate for change and trust
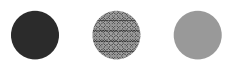- Requires *good listening skills*
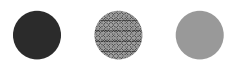
Empathic Responses

- "You seem_____"
- "You feel ___ because ___"
  - You felt very discouraged when you started smoking again.
- "It seems to you…"
- "You seem to be saying…"
- "You sound….."

NOT… "I understand"

READS: Avoid Argumentation

- Argumentation forces people to defend the behavior you are trying to change
- Feelings aren't arguable
- Don't add to the person's resistance
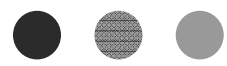- Confront, but don't argue

Patient: "Taking this medication makes me feel like I can't even control my own health."

Pharmacist: "You sound discouraged, Mr. Brown. I hope you will come to see the medicine as something that will allow you to actually do that. What are your thoughts?"

Curious George

REA<u>D</u>S: Develop Discrepancy

o **Change is motivated by a perceived discrepancy** between the present behavior and important personal goals or values

o **Create dissonance**

- **Dissonance is motivating**
  - Pros and cons
  - Good things and less good things about change

o **Restate the discrepancies heard**

- ask questions about behaviors that don't support goals set by patient
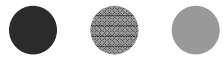
Three Behavior Change Topics
(Box 2.1; Health Behavior Change,1999)

Importance   *Why?*

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

Confidence *How? What?*

- Can I?
- How will I do it?
- How will I cope with x, y, and z?
- Will I succeed if...?
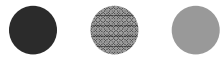- What change...?

Readiness   *When?*

- Should I do it now? What about other priorities?

Assess Importance, Confidence and Readiness

- Readiness "rulers" or scaling questions
  - *On a scale from 1 to 10 how*
    - *important is it for you to…*
    - *confident are you that…*
    - *ready are you to…*
  - *Why a 5 and not a 1?* (elicits change talk)
 - *What would have to happen for you to be a 6?* (The envelope)
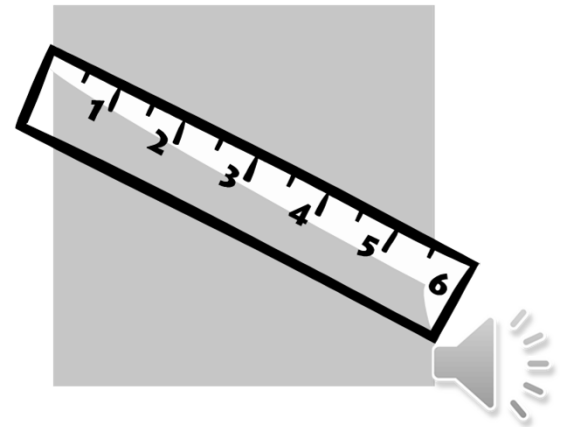
Example

○ *I am not really sure how you feel about [change]. Can you help me by answering 2 simple questions, and then we can see where to go from there?*

- *How **important** is it for you personally to [change] right now? If 1 was 'not at all important' and 10 was 'very important,' what number would you give yourself?*

- *If you decided right now to [change] how **confident** do you feel about succeeding?*
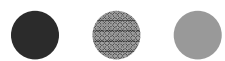
Decisional Balance Sheet

Continue Current Behavior		Change or Improve Behavior	
Pros	Cons	Pros	Cons

- **Explore the "good things" and "less good things"**

- **Restate the discrepancies heard.** *"On the one hand…and on the other hand…"*
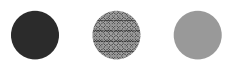
- **Elicit:** *"So what do you make of all of this now?"*

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"
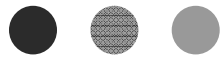
READS: Support Self-Efficacy

- Self-efficacy: A person's belief or confidence in their ability to make a specific change
  - Self-efficacy varies across situations

- Value in:
  - Role models, social support
  - "Doing" & skill building enhance self-efficacy
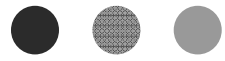 - Supporting self-efficacy throughout process
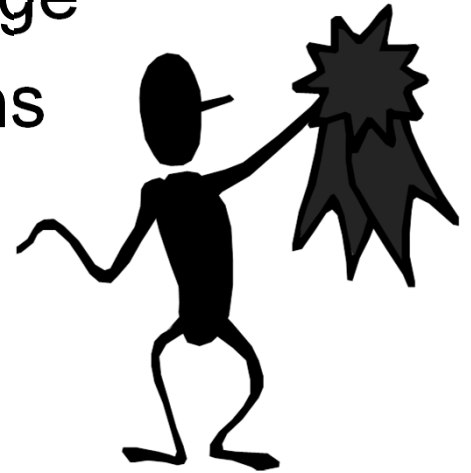
Examples

1. *"Mr. Simmons, it's great that you take your diabetes medicine every day as you planned. Keep it up! What things do you do to stay on track?"*

2. *"I really believe you're on your way to better health since you are thinking about ways to incorporate more exercise into your weekly activities."*

Brainstorming Strategy
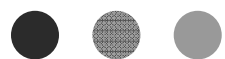
1. **Emphasize the principles**
   - *There are usually many possible courses of action.*
   - *I can tell you about what has worked for other people.*
   - *You will be the best judge of what works for you.*
   - *Let's go through some of the options together.*
2. **Go through the options** (*…what else could you do?*)
3. **Let patient select most suitable option**
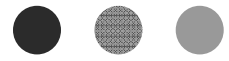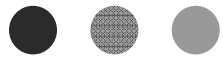4. **Convey optimism and willingness to re-examine**

Get the "GiST" of it!

Goal ⟶	Strategy ⟶	Target
Lose weight **= 5 lb**	1. Eat less fat 2. Keep food diary 3. Eat new foods 4. Get more exercise	1. Cut out fried potatoes 2. No whole milk 1 Monitor x 1 wk 1. Fruit once a day 2. Walk the grounds once a day

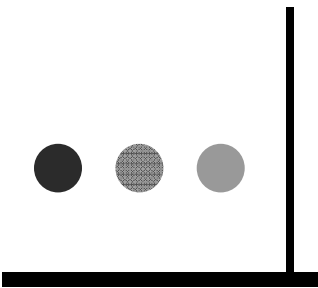# Many little steps make one big step.

Sense making

I feel ok, therefore I am ok. I don't need to do anything.

So **you've been wondering**, if you feel ok, why do you need this medicine. (Yeah.) **That's a good question!** Can I share with you ...

What information can I provide to help the patient make sense of things and reconsider their behavior (medicine/lifestyle) & NOT lose face?

When faced with ambivalence or resistance, *explore* the patient's issues or sense making.

- I know that smoking is bad for me. I know I should quit.
- Reflect back
  - So you know smoking is bad for you, it has risks. And you are having a difficult time making the decision to quit.
- Good things and less good things (create dissonance)
- Explore
  - What would make quitting important to you?
  - What barriers have to be removed?
  - What do you think you might be able to do?
- A look over the fence
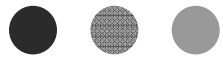
MI Summary

- *How do you know when you've got it right?*
  - Patient is doing more talking than you
  - You are listening very carefully and gently directing the interview at appropriate moments
  - Patient appears to be 'working hard,' often realizing things for the first time
  - Patient is actively asking for information and advice
  - Patient is actively talking about change
  - It feels as if you are holding up a canvas, and the patient is filling it with paint, in places sometimes selected by you, and sometimes by the patient