

Motivational Interviewing: Enhancing Motivation To Change Strategies



Learning Objectives

At the end of this session, you will be able to—

- 1. Describe the stages of change.
- 2. Demonstrate at least two methods to elicit change talk.
- Use a decisional balance and readiness ruler.
- 4. Describe an overarching motivational interviewing (MI) strategy effective in brief intervention.



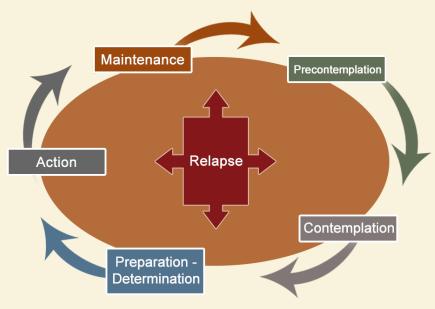
Stages of Change



Theoretical Framework Informing MI

Prochaska and DiClemente identified five stages of change your patient can experience:

- 1. Precontemplation
- 2. Contemplation
- 3. Preparation
- 4. Action
- 5. Maintenance

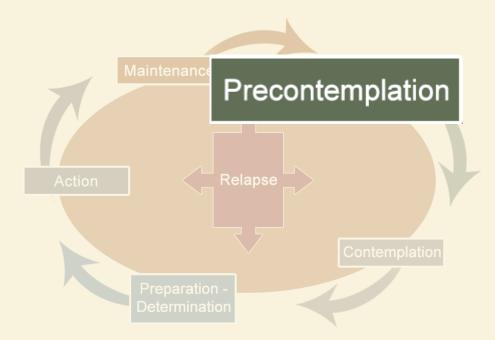


Prochaska & DiClemente (1984)



1. Precontemplation

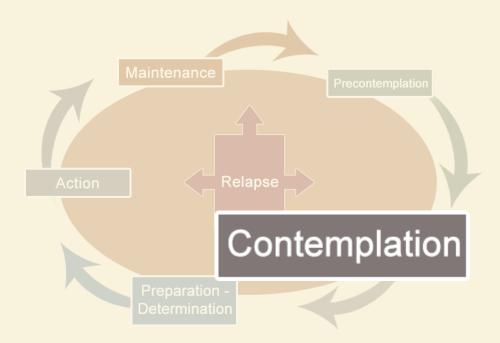
- The patient is not yet recognizing problem or considering change.
- Clinician's goal is to build rapport and raise awareness.
- Clinician's task is to inform and encourage.





2. Contemplation

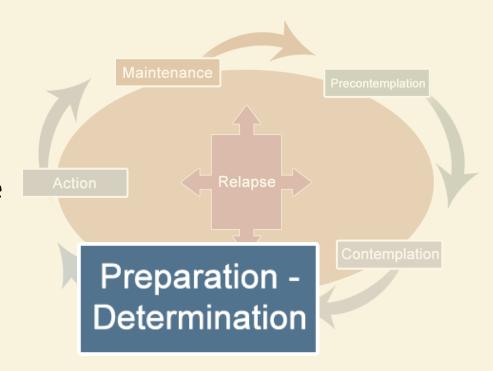
- The patient is evaluating reasons for and against change.
- Clinician's goal is to build motivation.
- Clinician's task is to explore and resolve ambivalence.





3. Preparation

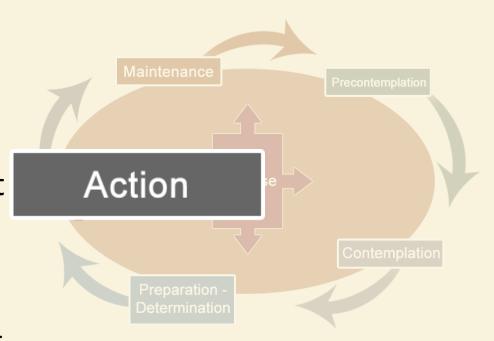
- The patient is planning for change.
- Clinician's goal is to negotiate a plan.
- Clinician's task is to facilitate decisionmaking.





4. Action

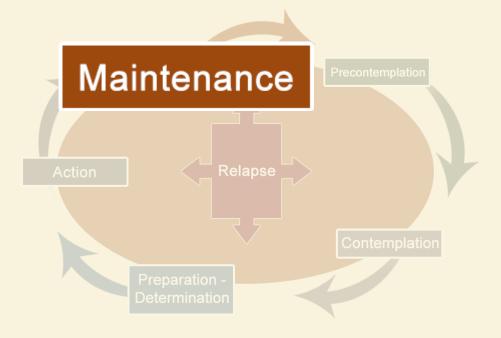
- The patient is making the identified change(s).
- Clinician's goal is to support implementation of the plan.
- Clinician's task is to support self-efficacy.





5. Maintenance

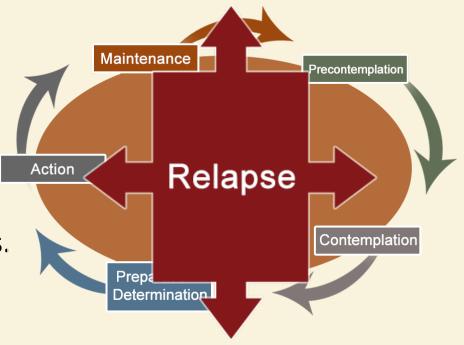
- The patient is working to sustain change(s).
- Clinician's goal is to help maintain change.
- Clinician's task is to prevent relapse.





Relapse

- Event(s) trigger the individual to return to previous behaviors.
- Reengage.
- Review goals and strategies.
- Recurrence does not equal failure.





Learning Exercise

At what stage does a patient consider the possibility of change?

- a. Precontemplation
- b. Contemplation
- c. Preparation
- d. Action



Remember

"Readiness to change"







Change Talk



Increasing Change Talk

Change talk is at the heart of MI. Through our conversations, we elicit—

- Desire I wish/want to...
- Ability I can/could...
- Reasons It's important because...
- Need I have to...



What Is Change Talk?

Change talk

 Patient expresses motivation to change.



Example



"I wish I could stop drinking so much because I don't want that to be an example for my children."



Learning Exercise

Identify the change talk statements:

- I have to cut down on my drinking so I can make it to work on time.
- b. My spouse wants me to give up cigarettes.
- The doctor thinks it is important for me to decrease my alcohol intake.
- d. I want to stop taking my pain meds, but the pain won't go away.



MI Strategies



MI Strategies Most Commonly Used in Brief Intervention

Decisional balance

Readiness ruler

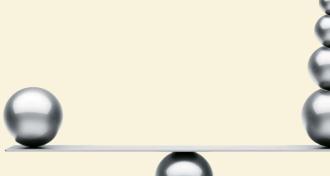
Personalized reflective discussion





Decisional Balance: An Explanatory Model of Behavior Change

- Highlights the individual's ambivalence (maintaining versus changing a behavior)
- Leverages the costs versus the benefits





Conducting a Decisional Balance Discussion

- Accept all answers.
- Explore answers.
- Note both the benefits and costs of current behavior and change.
- Explore costs/benefits with patient's goals and values.





Exercise 3 The Decisional Balance

Camilla or Marcus, 24

- Accident
- Pain
- Loss of income
- Buys illegal drugs
- Drinks excessively
- Aggressive tendencies



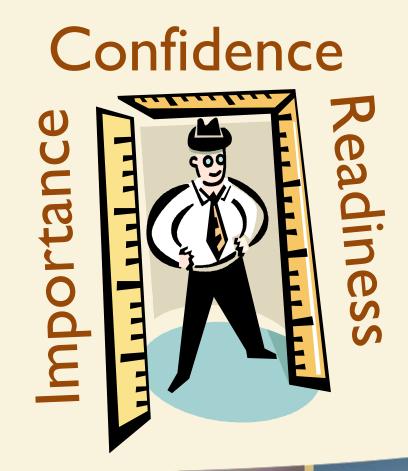




Readiness Rulers: I-C-R

Readiness rulers can address—

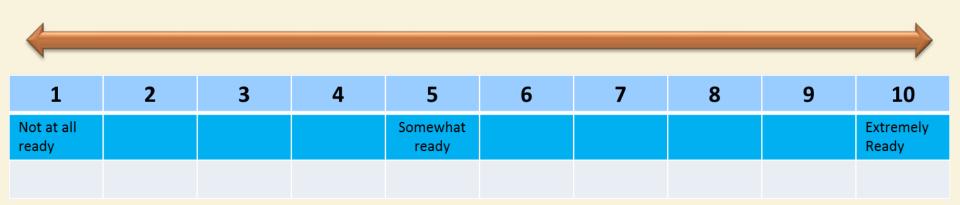
- Importance
- Confidence
- Readiness





Readiness Ruler

On a scale of 1 to 10, how ready are you to make a change?





Linking Screening and Brief Intervention

MI strategies facilitate—

- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change





The Personalized Reflective Discussion

Uses screening/assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change

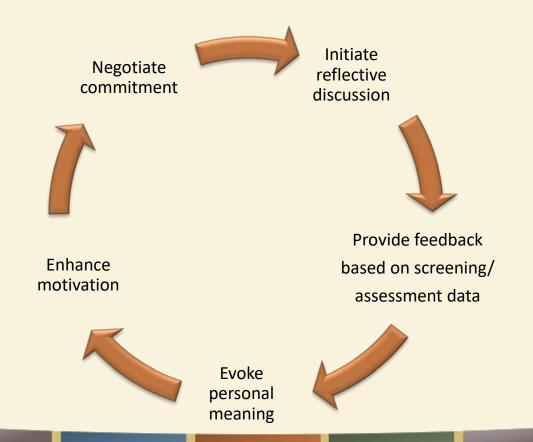


Sampl & Kadden, 2001



Personalized Reflective Discussion

Enhancing motivation and commitment





Initiating Reflective Discussion

- Start the reflective discussion asking permission of our patients to have the conversation.
- Example: "Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?"



Providing Feedback

Substance use risk
Based on your AUDIT screening—
Score: 27

		You are here	-	
Low	Moderate		High	
Very High				
0				40

Review

- Score
- Level of risk
- Risk behaviors
- Normative behavior



Evoking Personal Meaning

Reflective questions: From your perspective.....

- What relationship might there be between your drinking and _____?
- What are your concerns regarding use?
- What are the important reasons for you to choose to stop or decrease your use?
- What are the benefits you can see from stopping or cutting down?



Summarizing

- Acknowledges the patient's perceived benefits of use
- Elicits the "personal and important" problems or concerns caused by use
- Elicits, affirms, and reinforces motivation to change
- Helps resolve ambivalence and reinforces motivation



Enhancing Motivation

Readiness Ruler

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready





Negotiating Commitment

- Simple
- Realistic
- Specific
- Attainable
- Followup time line



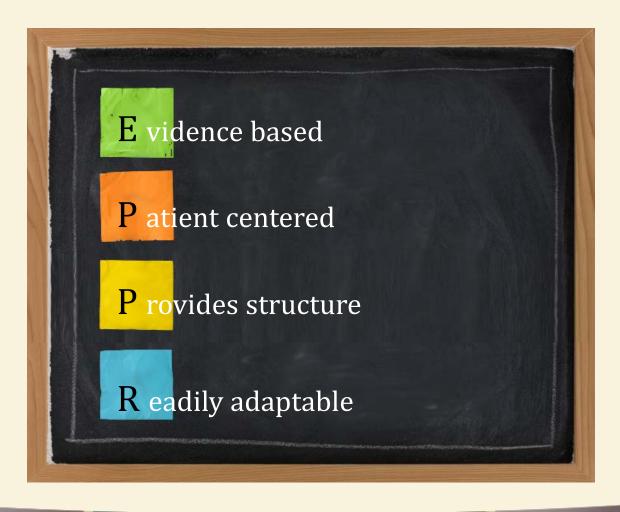


Personalized Reflective Discussion Demonstrated

Personalized Reflective Discussion Exercise



Summary: Benefits of Using MI





Summarizing Motivation for Change

- Motivation is an intrinsic process.
- Ambivalence is normal.
- Motivation arises out of resolving discrepancy.
- "Change talk" facilitates change.





What's Next

In the next session, we'll cover the brief negotiation interview, a semistructured brief intervention process based on MI that is a proven evidence-based practice.

