

7.1

Motivational Interviewing

An introduction for healthcare workers

KEEP MOVING

7.1

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Session objectives

- Increase ability to build rapport with patients
- Increase understanding of the stages of behaviour change
- Increase understanding of effective communication strategies to encourage behaviour change
- Increase ability to guide patients towards self-management and making healthy changes on their own terms

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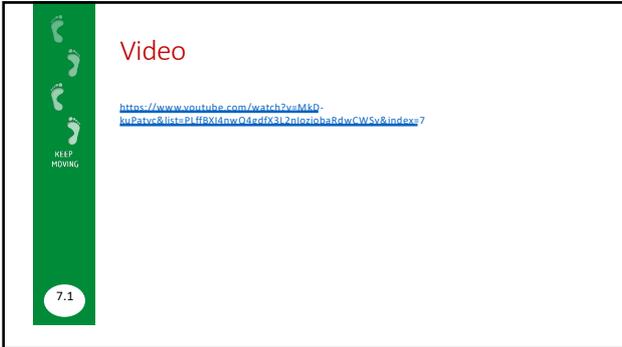
Something to Think About...

How many times have you seen a patient who, every time they come back to you, never seems to change their unhealthy habits, even when they've been educated on what to do and told they need to change?

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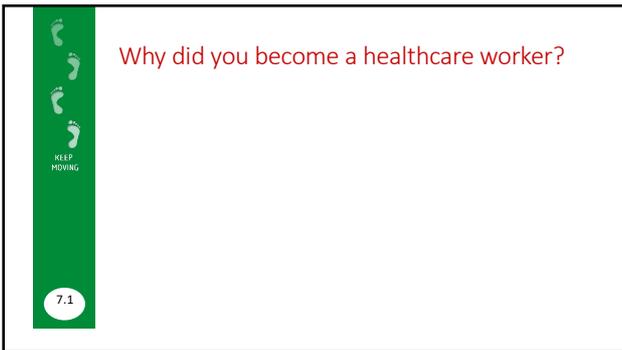
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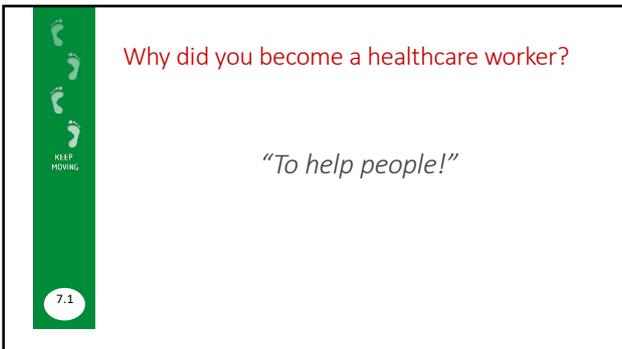
Slide 4 features a green vertical sidebar on the left with three white footprints and the text "KEEP MOVING" below them. At the bottom of the sidebar is a white circle containing the number "7.1". The main content area has the word "Video" in red at the top left, followed by a blue hyperlink: <https://www.youtube.com/watch?v=MLQ-kuPatev&list=PLfBxi6pw04edfX3l2nloxtobaRdwCWsv&index=7>

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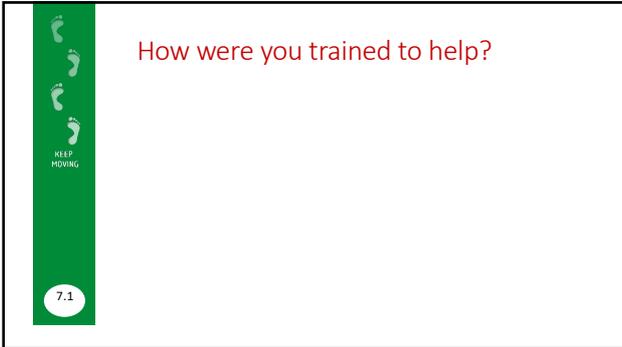
Slide 5 features a green vertical sidebar on the left with three white footprints and the text "KEEP MOVING" below them. At the bottom of the sidebar is a white circle containing the number "7.1". The main content area has the question "Why did you become a healthcare worker?" in red text.

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Slide 6 features a green vertical sidebar on the left with three white footprints and the text "KEEP MOVING" below them. At the bottom of the sidebar is a white circle containing the number "7.1". The main content area has the question "Why did you become a healthcare worker?" in red text at the top, and the answer "*To help people!*" in black italicized text below it.

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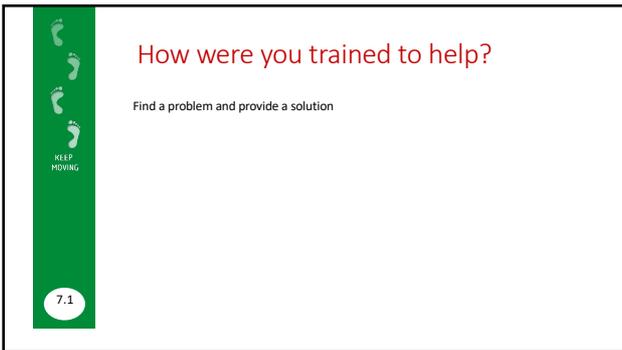


How were you trained to help?

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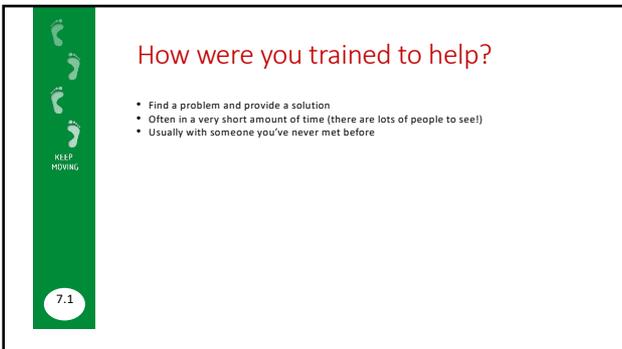
How were you trained to help?

Find a problem and provide a solution

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How were you trained to help?

- Find a problem and provide a solution
- Often in a very short amount of time (there are lots of people to see!)
- Usually with someone you've never met before

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A slide with a green vertical bar on the left containing three footprints and the text 'KEEP MOVING' and '7.1'. The main text is 'How were you trained to help?' followed by a bulleted list and a concluding sentence.

How were you trained to help?

- Find a problem and provide a solution
- Often in a very short amount of time (there are lots of people to see!)
- Usually with someone you've never met before

...This means we often end up quickly telling patients what to do to fix their problems

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A slide with a green vertical bar on the left containing three footprints and the text 'KEEP MOVING' and '7.1'. The main text is 'How were you trained to help?' followed by two explanatory sentences.

How were you trained to help?

This means we often end up quickly telling patients what to do to fix their problems

This works well- but only for patients who really want and are very ready to make changes

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A slide with a green vertical bar on the left containing three footprints and the text 'KEEP MOVING' and '7.1'. The main text is 'Effective Help' followed by three explanatory sentences.

Effective Help

Much more than just giving people the correct *knowledge*

Also needs to include some strategies for **behaviour change**

Strategies depend on the patient's 'stage of change'

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The Stages of Change

Pre-Contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
	 Fence				
No: Denial	Maybe: Ambivalence	0-3 Months Yes, Let's Go: Motivated	3-6 Months Doing It: Go	Over 6 months Living It	Ugh!!

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The Stages of Change

"Mixed feelings" = having different ideas on something and an unsure feeling

Pre-Contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
	 Fence				
No: Denial	Maybe: Ambivalence	0-3 Months Yes, Let's Go: Motivated	3-6 Months Doing It: Go	Over 6 months Living It	Ugh!!

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The Stages of Change

Challenging → Great! Easy!

Pre-Contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
	 Fence				
No: Denial	Maybe: Ambivalence	0-3 Months Yes, Let's Go: Motivated	3-6 Months Doing It: Go	Over 6 months Living It	Ugh!!

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The Stages of Change

Expectation: moving patients from pre-contemplation to action

Pre-Contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
					
No; Denial	Maybe; Ambivalence	0-3 Months Yes, Let's Go; Motivated	3-6 Months Doing It; Go	Over 6 months Living It	Ugh!!

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The Stages of Change

Influenced by:

- **importance** of change; and
- **confidence** to change

"If a change feels important to you and you feel confident to achieve it then you will feel more ready to have a go and you are more likely to succeed" (Rollnick et al, 2002, p18)

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Introducing Joseph...

"Apparently I have diabetes. My doctor said my sugar levels are too high and I need to go on a diet and start exercising to burn off the food or I'll be on insulin, and I definitely don't want to have to inject myself everyday... but I feel fine.

I can't exercise because I've got a bad back. Anyway I did enough exercise as a farmer before I retired... And I've tried diets before but they're too hard. My wife won't change what she cooks and healthy food is so boring. Don't tell me to eat vegetables or give up my cake for dessert because I won't."



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Introducing Joseph...

So what next?

We do our best...

"That's okay Joseph, you don't have to give up your cake completely. Maybe you can have it every second night or eat a smaller piece. And I'll bet there are some vegetables you do like! It's really important for you to take this seriously and make a change, your sugar levels are too high!"



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Introducing Joseph...

But Joseph isn't feeling understood or supported.
So he becomes more resistant to change...

"Yeah but..."
"I can't..."
"I've tried it all before..."
"My brother-in-law says..."
"I really don't want to..."



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Introducing Joseph...

What's going on here?

If we take a step back from seeing Joseph as 'resistant', we can consider our part in this unhelpful 'back and forth'

The first step in this shift is to understand where Joseph is in his stage of change and why he's experiencing mixed feelings



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The Stages of Change

Pre-Contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
					
No: Denial	Maybe: Ambivalence	Yes, Let's Go: Motivated	Doing It: Go	Living It	Ugh!!
	Fence	0-3 Months	3-6 Months	Over 6 months	

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Joseph...

Mixed feelings = balancing 2 different ideas

1. A desire to **change**
2. A desire to **maintain** their current patterns



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Joseph...

Mixed feelings = balancing 2 different ideas

1. A desire to **change**
2. A desire to **maintain** their current patterns

Example: "I don't want to have tooth problems"
AND
"I don't have time to brush and floss my teeth every day"



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Where is the Maintain and Change talk?

"Apparently I have diabetes. My doctor said my sugar levels are too high and I need to go on a diet and start exercising to burn off the food or I'll be on insulin, and I definitely don't want to have to inject myself everyday... but I feel fine. I can't exercise because I've got a bad back. Anyway I did enough exercise as a farmer before I retired... And I've tried diets before but they're too hard. My wife won't change what she cooks and healthy food is so boring. Don't tell me to eat vegetables or give up my cake for dessert because I won't."



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Joseph...

Mixed feelings = balancing 2 different ideas

1. A desire to **change**
2. A desire to **maintain** their current patterns

"I don't want to have to inject myself with insulin everyday"

AND

"Diets are too hard", "I won't eat vegetables or give up ice-cream", "I can't exercise"



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Joseph...

Mixed feelings = balancing 2 different ideas

When we try to argue for change, the patient with mixed feelings argues against change to keep their ideas balanced in their head

It is normal for our brains to work this way, and not a fault of the patient.



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Joseph...

Mixed feelings = balancing 2 different ideas

When patients tell us why they don't want to change and hear their own reasons, they're more likely to convince themselves to stay the same.

We are convinced by what we hear ourselves say.



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Joseph...

Mixed feelings = balancing 2 different ideas

Also, the patient feels that we are not understanding them, and the practitioner becomes frustrated... So no one is happy!



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Joseph...

Mixed feelings = balancing 2 different ideas

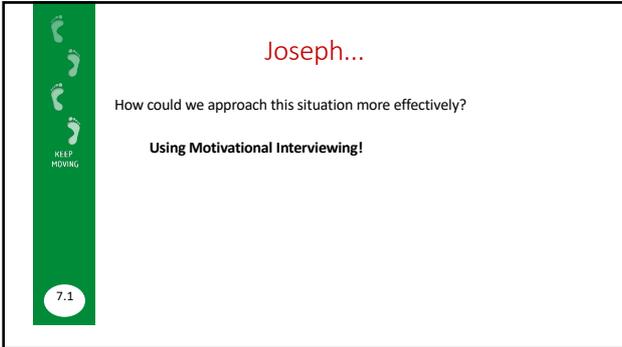
Sometimes patients may end up saying they agree with us just to avoid having a frustrating conversation.

"Yes I know"
"Okay I'll do that"

Once they've reached this stage they're even more unlikely to want to change.



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Joseph...

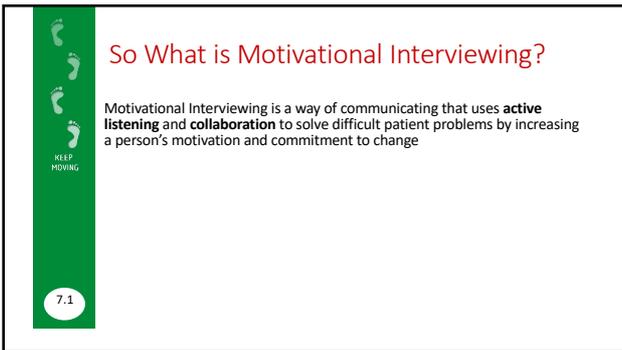
How could we approach this situation more effectively?

Using Motivational Interviewing!

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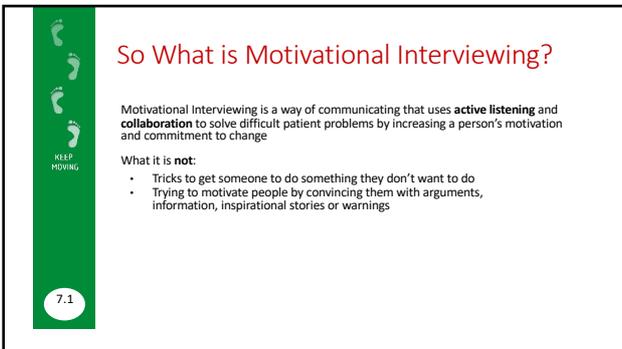
So What is Motivational Interviewing?

Motivational Interviewing is a way of communicating that uses **active listening** and **collaboration** to solve difficult patient problems by increasing a person's motivation and commitment to change

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So What is Motivational Interviewing?

Motivational Interviewing is a way of communicating that uses **active listening** and **collaboration** to solve difficult patient problems by increasing a person's motivation and commitment to change

What it is **not**:

- Tricks to get someone to do something they don't want to do
- Trying to motivate people by convincing them with arguments, information, inspirational stories or warnings

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So What is Motivational Interviewing?

Traditional	MI
Focuses on fixing problems	Focuses on patient's concern
Practitioner is the boss	Practitioner + patient are partners
Advises, warns, instructs	Strengthens patient's reasons to change and suggests strategies if given permission to
Mixed feelings = denial	Mixed feelings is normal
Resistance = non-compliance	Resistance is expected
Goals are prescribed	Goals are set collaboratively
Puts a time limit on when to change	Gives patient as much time as they need

http://www.impactbc.ca/files/documents/Motivational_Interviewing_Summary_-_VIHA_LS2.doc

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So What is Motivational Interviewing?

- Collaboration: Working **with** the patient
- Evocation: encourage the patient to talk about their story, concerns and (especially) their **own** reasons for change, to help them focus on making changes
- Autonomy: The patient provides the tools to change **on their own**

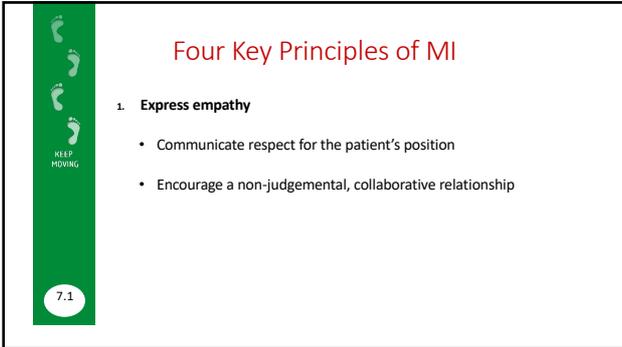
Lavensky ER et al, Am J Nursing, 2007;107:50-58

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Four Key Principles of MI

1. Express empathy
2. Move with the resistance
3. Understand barriers (discrepancy)
4. Support self-management

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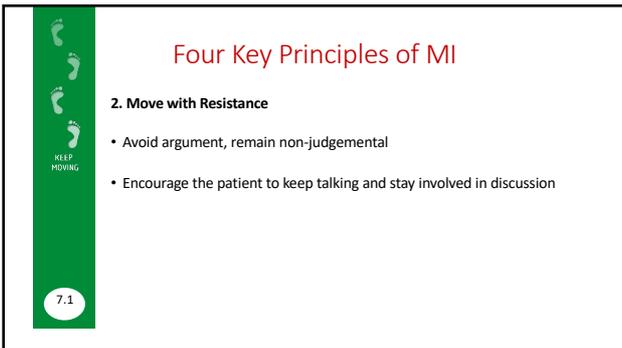
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Four Key Principles of MI

1. **Express empathy**

- Communicate respect for the patient's position
- Encourage a non-judgemental, collaborative relationship

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Four Key Principles of MI

2. **Move with Resistance**

- Avoid argument, remain non-judgemental
- Encourage the patient to keep talking and stay involved in discussion

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Four Key Principles of MI

3. **Understand barriers (discrepancy)**

- *Discrepancy = a lack of agreement or balance*
- Develop discrepancy between a patient's current behaviour and their own goals
- Explore pro's and con's of making the change

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Four Key Principles of MI

4. Support Self-efficacy

- *Self-efficacy = believing in your ability to succeed*
- Encourage the belief that a patient is able to make the change
- The stronger the patient's self-confidence, the more likely they are to make the change
- *How?*
- Look for 'change talk' and reflect it back...

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Four Stages of MI

1. Engaging
2. Focusing
3. Drawing out
4. Planning

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Four Stages of MI

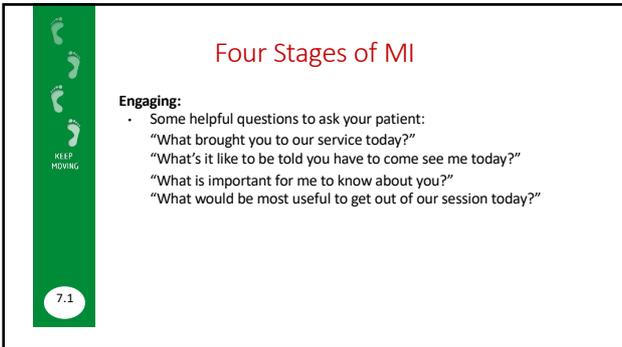
Engaging:

- Settle into a helpful conversation
- Understand your patient's situation and build a useful connection
- Imagine you were a tour guide taking your patient on a tour- you'd want to know who your traveller is

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Four Stages of MI

Engaging:

- Some helpful questions to ask your patient:
"What brought you to our service today?"
"What's it like to be told you have to come see me today?"
"What is important for me to know about you?"
"What would be most useful to get out of our session today?"

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Four Stages of MI

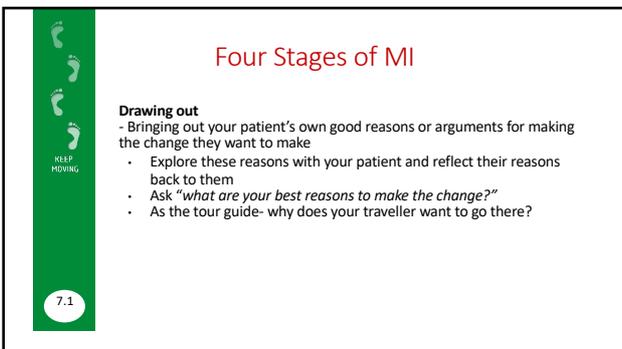
Focusing

- Finding a useful direction **together**
- What does **your patient** want to focus on?
- Is there anything **you** need to add?
- Sort out your patient's priorities to make things clear and more simple
- Ask "*what is the main focus of our time together today?*"
- As the tour guide- where is your traveller wanting to go?

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Four Stages of MI

Drawing out

- Bringing out your patient's own good reasons or arguments for making the change they want to make
- Explore these reasons with your patient and reflect their reasons back to them
- Ask "*what are your best reasons to make the change?*"
- As the tour guide- why does your traveller want to go there?

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Four Stages of MI

Planning
 - when the patient is willing to work out how to make the change

- Ask "What do you want to do next?" or "What ideas do you have to make this change?"
- Work together to create a manageable plan
- Avoid solving the problem for your patient!
- As the tour guide- collaborate with your traveller to work out a travel itinerary

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How to Use MI

"OARS"

1. Open-ended Questions
2. Affirmations
3. Reflections
4. Summaries



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How to Use MI

Open-ended Questions
 → Questions that require more than a 'yes' or 'no' answer

- Encourage change talk
- Get the patient to think

Examples...

"Can you tell me about your (alcohol) drinking?"
 "What do you know about food and it's effect on diabetes?"
 "How could you incorporate more vegetables into your day?"

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A slide with a green vertical bar on the left containing three footprints and the text "KEEP MOVING" and "7.1". The main text reads: "How to Use MI", "Your turn!", "Turning closed questions into open questions...", and "*'Did you feel better when you ate less at dinner?'*".

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How to Use MI

Your turn!

Turning closed questions into open questions...

'Did you feel better when you ate less at dinner?'

'What did you notice when you ate less at dinner?'

'How often did you take your medication in the past week?'

'Can you tell me more about your medication schedule?'

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How to Use MI

Your turn!

Turning closed questions into open questions...

'Did you feel better when you ate less at dinner?'

'What did you notice when you ate less at dinner?'

'How often did you take your medication in the past week?'

'Can you tell me more about your medication schedule?'

'Will you make sure you take your medication this time?'

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How to Use MI

Your turn!

Turning closed questions into open questions...

'Did you feel better when you ate less at dinner?'

'What did you notice when you ate less at dinner?'

'How often did you take your medication in the past week?'

'Can you tell me more about your medication schedule?'

'Will you make sure you take your medication this time?'

'How important is it to you to take your medication regularly?'

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How to Use MI

Encouragements

- Statements that recognise someone's strengths/values
- They must be genuine
- Avoid using 'I' - use lots of 'you' (make it about them, not you!)

Example...

'You stuck to your guns this week- you walked everyday just like you planned!'

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How to Use MI

Some examples of encouragement responses...

'When I think about my blood sugars, I worry. I don't want to lose a foot'

Response: **'You're concerned about your health'**

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How to Use MI

Some examples of encouragement responses...

'When I think about my blood sugars, I worry. I don't want to lose a foot'

Response: **'You're concerned about your health'**

'I'll really try to stick to healthier meals this week'

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How to Use MI

Some examples of encouragement responses...

'When I think about my blood sugars, I worry. I don't want to lose a foot'

Response: **'You're concerned about your health'**

'I'll really try to stick to healthier meals this week'

Response: **'You're committed to this change'**

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How to Use MI

Some examples of encouragement responses...

'When I think about my blood sugars, I worry. I don't want to lose a foot'

Response: **'You're concerned about your health'**

'I'll really try to stick to healthier meals this week'

Response: **'You're committed to this change'**

'I finally cut down on the smoking! I'm feeling better already'

Response: **'Well done! You're determined!'**

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How to Use MI

Some examples of encouragement responses...

'When I think about my blood sugars, I worry. I don't want to lose a foot'

Response: **'You're concerned about your health'**

'I'll really try to stick to healthier meals this week'

Response: **'You're committed to this change'**

'I finally cut down on the smoking! I'm feeling better already'

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How to Use MI

Reflections
→ Listening to what the patient says and repeating or rewording back what you've understood

- Encourages more sharing
- Helps patients to come up with their own ideas
- The most important way to engage
- Use these the most!

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How to Use MI

Reflections
Examples:
'Swimming is my favourite exercise. Nice and low impact'

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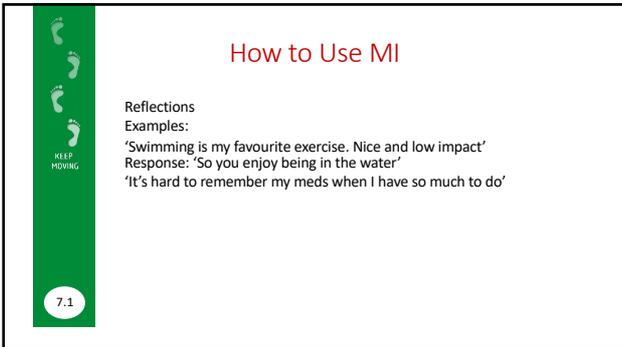
How to Use MI

Reflections
Examples:
'Swimming is my favourite exercise. Nice and low impact'
Response: 'So you enjoy being in the water'

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How to Use MI

Reflections

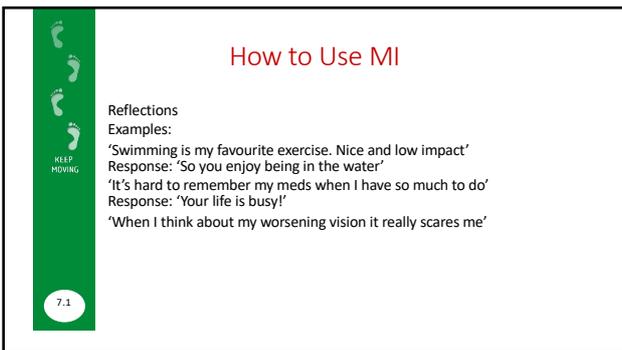
Examples:

'Swimming is my favourite exercise. Nice and low impact'

Response: 'So you enjoy being in the water'

'It's hard to remember my meds when I have so much to do'

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How to Use MI

Reflections

Examples:

'Swimming is my favourite exercise. Nice and low impact'

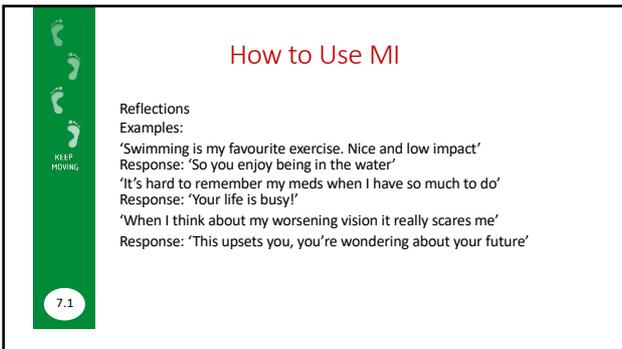
Response: 'So you enjoy being in the water'

'It's hard to remember my meds when I have so much to do'

Response: 'Your life is busy!'

'When I think about my worsening vision it really scares me'

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How to Use MI

Reflections

Examples:

'Swimming is my favourite exercise. Nice and low impact'

Response: 'So you enjoy being in the water'

'It's hard to remember my meds when I have so much to do'

Response: 'Your life is busy!'

'When I think about my worsening vision it really scares me'

Response: 'This upsets you, you're wondering about your future'

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How to Use MI

Reflections
Examples:
'It's only 4 beers a night- within the recommended amount!'

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How to Use MI

Reflections
Examples:
'It's only 4 beers a night- within the recommended amount!'
Response: 'Sounds like you've been thinking about how your intake compares to the recommendations...
(ask to provide advice) would you be interested in knowing how the recommendations have changed?'

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How to Use MI

Summaries



7.1



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Back to Joseph...

"Apparently I have diabetes. My doctor said my sugar levels are too high and I need to go on a diet and start exercising to burn off the food or I'll be on insulin, and I definitely don't want to have to inject myself everyday... but I feel fine. I can't exercise because I've got a bad back. Anyway I did enough exercise as a farmer before I retired... And I've tried diets before but they're too hard. My wife won't change what she cooks and healthy food is so boring. Don't tell me to eat vegetables or give up my cake for dessert because I won't."



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Back to Joseph...

"Apparently I have diabetes. My doctor said my sugar levels are too high and I need to go on a diet and start exercising to burn off the food or I'll be on insulin, and I definitely don't want to have to inject myself everyday... but I feel fine. I can't exercise because I've got a bad back. Anyway I did enough exercise as a farmer before I retired... And I've tried diets before but they're too hard. My wife won't change what she cooks and healthy food is so boring. Don't tell me to eat vegetables or give up my cake for dessert because I won't."



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Back to Joseph...

Practitioner:
"On the one hand you're feeling fine, and on the other hand something about injecting insulin concerns you"
 (Drawing out - Reflection, acknowledges the mixed feelings)



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Back to Joseph...

Practitioner:
"On the one hand you're feeling fine, and on the other hand something about injecting insulin concerns you"
 (Evoking - Reflection, acknowledges mixed feelings)

Joseph:
"Yeah... but what am I supposed to do? I just don't want to have to eat boring vegetables for the rest of my life"



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Back to Joseph...

Practitioner:
"You're unsure about what to do next-
 (Reflection)
- For you to want to eat vegetables they have to be tasty and enjoyable to eat... I'm curious, what are your best reasons for finding enjoyable healthy foods to avoid the need for insulin?"
 (Drawing out - Open question)



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Back to Joseph...

Practitioner:
"You're unsure about what to do next. For you to want to eat vegetables they have to be tasty and enjoyable to eat... I'm curious, what are your best reasons for finding tasty vegetable dishes to avoid the need for insulin?"

Joseph:
"Well going on insulin would make life harder not only for me but also my wife since she takes care of me. I don't want to burden her any more! And I have a 4 year old grandkid who I want to keep up with"



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Back to Joseph...

Practitioner:
"Being a grandpa really matters to you and you don't want your wife to have her own stresses if you don't get on top of this"
(Engaging - Reflection, encouragement)



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Back to Joseph...

Practitioner:
"Being a grandpa really matters to you and you don't want your wife to have her own stresses if you don't get on top of this"
(Engaging - Reflection, affirmation)

Joseph:
"Yes. It gets me upset thinking about the effect this would have on her. I just don't want to think about it"



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Back to Joseph...

Practitioner:
"Being a grandpa really matters to you and you don't want your wife to have her own stresses if you don't get on top of this"
(Drawing out - Reflection, affirmation)



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Back to Joseph...

Practitioner:
"It's something that's easier to block out. What got you coming in today to face it all?"
(Drawing out - Reflection, open question)

Joseph:
"I only came because my doctor told me to. But talking like this has got me thinking about things more..."



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Back to Joseph...

Practitioner:
"You might be considering different ideas as we talk about it. I'm interested to explore any ideas you might have on where you could start if you were to eat more healthy foods in a way that you enjoyed?"
(Planning - Reflection, open question)



7.1

KEEP MOVING

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Back to Joseph...

Practitioner:
"You might be considering different ideas as we talk about it. I'm interested to explore any ideas you might have on where you could start if you were to eat more healthy foods in a way that you enjoyed?"

Joseph:
"Hmmm... I saw this recipe on Facebook the other day for stuffed mushrooms and it looked pretty good. Mushrooms are one vegetable I don't mind but I don't think I could eat them everyday"



7.1

KEEP MOVING

81

Back to Joseph...

Practitioner:
"Finding recipes based on vegetables you like the most would make this much more enjoyable for you."
 (Reflection)
"Would you be interested in looking at some other ways people enjoy incorporating more vegetables into their day?"
 (Asking permission before providing information)



7.1

KEEP MOVING

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Back to Joseph...

Practitioner:
"Finding recipes based on vegetables you like the most would make this much more enjoyable for you. Would you be interested in looking at some other ways people enjoy incorporating more vegetables into their day?"

Joseph:
"Yes please. That'd be great"



7.1

KEEP MOVING

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Back to Joseph...

Practitioner:
"Well some people like to try x... Or you might enjoy this..."
 (Provide a few options)
"What do you think, are there any options here that you'd be open to trying Joseph?"
 (Open question)

Joseph:
"Maybe this one..."



7.1

KEEP MOVING

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Back to Joseph...

Practitioner:
"After coming in just because the doctor told you to, you've started to consider what next steps you could take to avoid starting insulin. Some of the ideas I shared about ways to enjoy eating vegetables looked interesting to you."
 (Summary)
"So now I'm wondering- where would you like to start with turning this into a plan?"
 (Open question)



7.1

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The Stages of Change

Expectation: moving patients from pre-contemplation to action

Pre-Contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
	 Fence				
No: Denial	Maybe: Ambivalence	0-3 Months Yes, Let's Go: Motivated	3-6 Months Doing It: Go	Over 6 months Living It	Ugh!!

7.1

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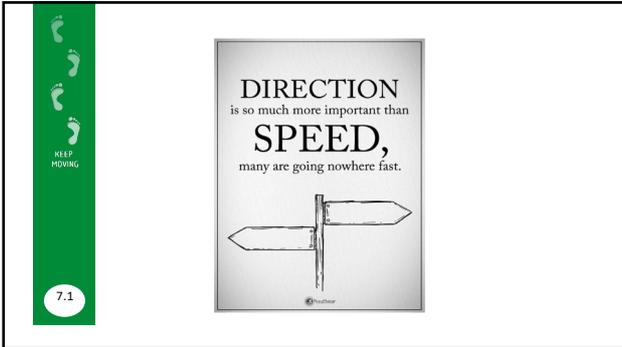
The Stages of Change

A move from pre-contemplation to contemplation itself is huge!

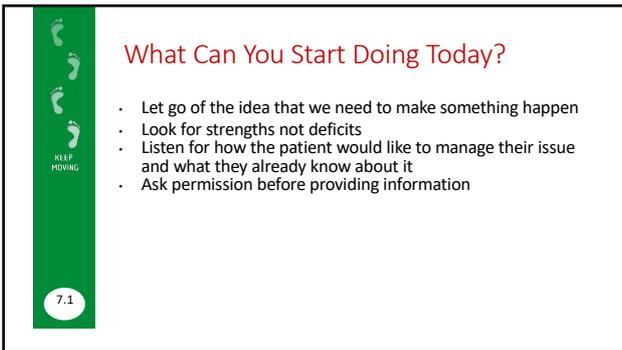
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7.1

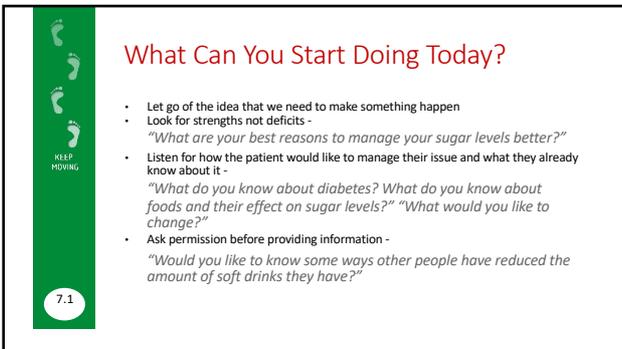
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Self-Management

Clinicians must Begin to Support Self-Management

This is what I think You should do!

I LIVE with this condition, what matters to me is...

No Sp. High Blood Cholesterol

KEEP MOVING

7.1

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MI in Action

The ineffective physician:
<https://www.youtube.com/watch?v=80XvNE89eCs&t=1s>

The effective physician:
<https://www.youtube.com/watch?v=URiKA7CKtc&feature=related>

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7.1

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More Resources...

Books: 'Motivational

Videos:

Podcasts:

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7.1

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Quiz

What would be the best MI response to a patient saying "I don't know why my sugar levels won't come down. I thought when I started the new medication it would get better. My doctor wants to increase my medication dose now?"

- a) "What are you eating that might be causing high sugar levels?"
- b) "If you want to avoid going blind or losing a leg, you'll need to increase that medication dose"
- c) "It's easy to feel frustrated when we think we are doing all the right things and the numbers don't change. What can you tell me about the causes of high sugar levels?"
- d) "You should be trying harder and being more careful"

What would be the best MI question to ask a patient when they're returning to see you?

- a) What did you notice about your behaviours or actions since our last chat?
- b) Did you make the changes we discussed last time?
- c) How did you go making that change you planned to make?
- d) None

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Questions



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