

What Triggers Behavior Change?

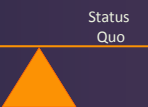
- Myths!
 - Confrontational style is needed
 - Knowledge is sufficient
 - Clients can be educated into change
- Truths!
 - connection to things valued
 - ambivalence is typical
 - exploring ambivalence to see what person truly values

Ambivalence

- Feeling two ways about something
- Very different from “unmotivated”
 - May look the same on the outside
- BUT
 - “Ambivalence is often experienced as first thinking of a reason to change, then thinking of a reason not to change, and then to stop thinking about it.”
- NORMAL
- COMMON

Behavior
Change

Status
Quo



Four Guiding Principles of MI

Resist the “Righting Reflex”

RULE Understand client’s own motivations

Listen with empathy

Empower client; encourage hope

Four Guiding Principles of MI

The Righting Reflex

- o Desire to set right that which is not right
 - Appropriate only for individuals ready to change
 - No good in presence of ambivalence!


Understanding Client's Motivations

- o How does client see the situation?
- o What does the client value?
- o **Client** – not provider – should voice reasons for change

Four Guiding Principles of MI

Listening (with empathy)

- o MI = at least as much listening as informing
- o Empathy is critical
- o Reflective Listening




Empowering Client

- o Help client take an active role in own healthcare
- o **Client** is the expert in his/her life
 - o They are YOUR consultant
- o Support client's hope

Motivation and the relationship

- o Change happens in the context of the relationship
- o Develop discrepancy
- o Elicit "change talk":
 - recognizing disadvantages of status quo
 - advantages of change
 - optimism for change
 - intention to change



MI "Spirit"

- Collaborative
 - It's a partnership not expert/recipient
- Evocative
 - elicit motivation, don't impose
 - direct *client* to examine and resolve ambivalence
 - quiet and eliciting style
- Honoring Client Autonomy
 - No persuasion!
 - *Client* articulates and resolves ambivalence

The BIG FOUR general principles

- Express empathy
 - through acceptance and reflective listening
- Develop discrepancy
 - between current behavior and important goals or values
- Roll with resistance
 - and avoid arguing
- Support self-efficacy
 - and optimism

The Basic Tools of MI

pen ended questions

O A R S

firmations

eflections

ummaries

Traps to Avoid

- Question – Answer
- Taking Sides
- Expert
- Labeling
- Premature Focus
- Blaming



Asking Permission

A seemingly small thing that can have major positive effects on communication & collaboration

- When Getting Started
- When Offering Advice or Information
- When suggesting behavior change

Reflective listening

- Statement, not a question
- Hypothesis testing
 - If I understand you correctly it sounds like...
- Affirms and validates
- Keeps the client thinking and talking
- Much more effective than questioning
- How has this been going for you?

Exercise: Forming Reflections

- Groups of 3 (1 speaker, 2 listeners)
- Speaker:
 - “One thing I’d like to change about myself is...”
- Listeners Alternate:
 - “Sounds like you feel....(make a STATEMENT)
- Speaker answers YES or NO and elaborates briefly
- Switch roles when speaker feels understood

Reflective listening levels

- Restate/Rephrase = What did you say?
- Paraphrase = What are you saying/What did you mean?
- Deduce = What are you going to say/What are you feeling?
- Summative = Where are we/Where are we going with this?



(Darn) Change Talk

- **D**esire
 - “want,” “like,” “wish”
- **A**bility
 - “can,” “could,” “able”
- **R**easons
- **N**eed
 - “need,” “have to,” “should,” “ought,” “must”
- Commitment
- Taking Steps
- We become more committed to that which we voice



Eliciting Change Talk (& developing discrepancy)

- Pros and Cons Matrix:

	Pros	Cons
If I don't change	A	B
If I do change	D	C

Eliciting Change Talk (& developing discrepancy)

Importance Ruler
On a scale of 1 to 10, how important is it to you to take your medications as prescribed everyday?

1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

Eliciting Change Talk (& developing discrepancy)

Importance Ruler
On a scale of 1 to 10, how important is it to you to take your medications as prescribed everyday?

1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

○ “You said a 3 - what makes you see it as that important?”
○ “What would need to happen for you to get from 3 to a 5 or 6?”



Eliciting Change Talk (& developing discrepancy)

Values Discrepancy

- How, if at all, is your current behavior related to these?
- I'm curious... Do you see any connection between your ____ behavior and these goals?
- Do you see any connection between your health and these goals? Do you see any connection between your ____ behavior and your health?
- How might losing your health affect these goals?
- If you changed your _____ behavior how might your ability to achieve these goals be affected?



Responding to change talk

- This is the directive part of MI
- Goal is to reinforce and encourage *more* change talk
- Balance cons with pros

- Elaborate
- Reflect
- Summarize
- Affirm



Rolling with resistance


- Simple reflection
- Amplified reflections
- Double-sided reflections
- Agreement with a twist
- Siding with the negative/coming alongside
- Shift focus

- Find the crack in the door

Rolling with resistance

- o **Finding the crack in the door**


I know it's risky to drink and drive, but what in life isn't risky? You take your chances crossing the street. I want to enjoy myself while I can.



Rolling with resistance

- o **Finding the crack in the door**

Smoking is a way of life for me. I can't imagine not smoking. I'd have to give up all my family interactions and then where would I be?



Exercise: Rolling with Resistance

- o **Group Batting Practice**
- o Volunteer makes a resistant statement
 - *"I'm afraid to tell my friends I want to quit drinking."*
- o Volunteer rolls with resistance
 - *"You worry about their reaction."*
- o Repeat



Enhancing Confidence

- Confidence is different than motivation or importance
 - Low motivation, high confidence
 - High motivation, high confidence
 - Low motivation, *low confidence*
 - High motivation, *low confidence*
- Asking evocative questions
- Reviewing past successes
- Identifying personal strengths and supports
- Reframing
- Exploring hypothetical change

Enhancing Confidence

Confidence Ruler
On a scale of 1 to 10, how confident are you that you can take your medications as prescribed everyday?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very


- "You said a 6, so you've got some confidence – what gives you that confidence?"
- "What would need to happen for you to get from a 6 to say an 8 or 9?"

Recognizing readiness

- Decreased resistance, discussion about *"the problem"*
 - Resolve (more calm or settled)
 - Change talk increases
 - Questions about change
 - Envisioning (both problems & benefits)
 - Experimenting (baby-steps)

Cautions!

- Underestimating ambivalence
- Overprescription
- Insufficient Direction



Giving information and advice

- Ask permission
- Emphasize autonomy, diminish expert role
 - This may or may not fit your situation but...
- Give menu of options
- Elicit, Provide, Elicit sandwich
- Summarize discussion and invite questions



Negotiating a plan for change

- Three steps
 - Set goals
 - Develop plan
 - Elicit commitment
- Draw ideas from client
- Provide a menu of options
- Summarize the plan
- Explore ambivalence
- Encourage public commitment
- Don't press!





Questions?








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- Becoming a Better Guide
- Directing works for clients ready to change
 - Promotes resistance in ambivalent clients
 - Try in easy situations
 - client is engaged
 - Have time
 - Then move on to more difficult ones
 - Recall learning to drive
 - Imagine if you gave up because it was hard
 - Imagine the role of the instructor



Becoming a Better Guide

Three aspects of the guiding process


- As the skills become more natural, frees you to monitor the process
- 1. Watching the Relationship
 - How's discussion going?
 - How's client reacting?
 - Am I pushing too hard?
- 2. Staying in the Present
 - Put aside own aspirations, feelings & rxns
 - Focus full attention on client experience
- 3. Looking Ahead



Becoming a Better Guide

Three aspects of the guiding process

1. Watching the Relationship
2. Staying in the Present
3. Looking Ahead
 - Consider the route ahead
 - Watch for obstacles
 - Learn to find short cuts to be most helpful to client
 - "nudge, listen, summarize...repeat"



Becoming a Better Guide

- Letting go of responsibility
 - "I have a job to do. I have to raise these subjects." etc.
 - Beware of either-or thinking: directing or following
 - You are the guardian of the journey
 - client is guardian of motives and strategies for behavior change
 - Provide freedom of choice w/ support & advice

Moving Forward with MI

- o Recall 3 core communication skills

sk
isten **ALI**
nform

Moving Forward with MI

Agenda setting

- o Asking, then listening
 - Then, more limited is informing – with permission
 - Health-threatening behaviors tend to cluster
 - o Provide a menu or bubble sheet

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Diet


Keeping Appts.

Medication Adherence

?

Moving Forward with MI


- o Resolving ambivalence
 - Sometimes don't know it's happened
- o Listening for Commitment
 - Language matters...a lot
 - o What do you *want* to do? *could* you do? *need* to do?
 - DARN, not commitment
 - o What *will* you do? *going* to do? *willing* to do? *prepared* to do?
 - Commitment!
 - o Don't push for it! Provide opportunities



Overcoming Obstacles

Client Struggles


- o "I can't see why I need to change."
 - "He/she is in complete denial."
 - Directing can freeze change process
 - Agenda setting
 - Denial ≠ fixed property
 - Denial = reaction to communication
 - o Often due to threatened self-esteem



Overcoming Obstacles

Client Struggles


- o "I can see what you mean, but...."
 - Movement fro change to defensiveness
 - Ambivalence: COMMON, NORMAL
 - Reflect both sides of the ambivalence
 - Remain calm



Overcoming Obstacles

Client Struggles


- o "Just tell me what you think I should do."
 - Okay to use a guiding style to offer suggestions
 - Follow up with, how will this work for client



Overcoming Obstacles

Client Struggles


- "I really can't cope at all."
 - Empathy, listening are key
 - Focused agenda setting on ways to increase control



Overcoming Obstacles

Provider Feelings


- Aspirations for Behavior Change
 - ABCs
 - Mindfulness about feelings before & during consultations is key to effectiveness
 - Potential conflict
 - Wanting clients to change
 - Respecting autonomy
 - "I want to get this person to control her blood sugars."
 - "But you can't **get** her to do anything."
 - Monitor your DARN change (1-10)



Overcoming Obstacles

ABCs and Common Traps

- Descending into Directing
 - Based on **your** sense of importance
 - Time pressures
- Persuading Too Hard
 - Persuasion-resistance trap
 - A good guide never gets too far in front



Overcoming Obstacles

ABCs and Common Traps

- Rescuing the Client
 - Excessive enthusiasm, urging, pleading
 - Extra support
 - May be reinforcing victim role
- Just Following the Client & Getting Lost
 - Desire to be empathic, hear struggles
 - Can go on for months, years
 - Use guiding questions
 - Agenda setting

Overcoming Obstacles

ABCs and Common Traps

- Overloading the Client with Information
 - Time pressures, strong desire for change
 - Overwhelms passive client
- Pursuing Problems and Weaknesses
 - Lose focus on client's view
 - Lose attention to strengths and affirmations

Overcoming Obstacles


The Relationship: Differing Agendas

Your Aspirations for Behavior Change (ABCs)

Client's Aspirations

	High	Low
High		⊘
Low	⊘	


- Agenda setting becomes critical



Overcoming Obstacles

More on agenda setting


- Can be done formally or informally
 - Can also be done in the middle of a consultation
 - Summarize client's feelings and aspirations
 - "Let's take a step back."



Overcoming Obstacles

When Directing Seems Essential

- Role or judgment requires directing
 - Conflicting duties (e.g., child welfare)
 - Assessments
 - Dangerous behaviors (e.g., DUI)
- Work harder on establishing rapport
- Clarify the challenge ASAP
- Summarize, step back & address the px
- Be explicit about changing roles
- If possible, start w/ client's concerns

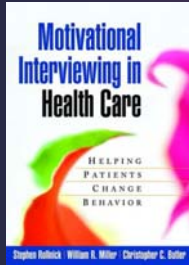


Overcoming Obstacles

- Monitor your own health
 - Let go of responsibility for making change
 - Come closer to client experiences
 - Image of the "burning bush"
- Look at your own work
 - Recordings with permission
 - Peer consultation
- Practice in Everyday Life
- Consider Systems Changes when Possible

Reference

Rollnick, S., Miller, W.R., & Butler, C. (2008). *Motivational Interviewing in Health Care*. New York: Guilford



Reference

Rosengren, D.B. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford.

