Motivational Interviewing; Overcoming Barriers

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PSYCHIATRIST
78TH UWI /BAMP CME CONFERENCE
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Objectives

1. Define and describe Motivational Interviewing (MI)

2. Share basic strategies which can be utilised in day-to-day practice

3. Summarise evidence base
Self management in Diabetes

1) HEALTHY EATING
2) BEING ACTIVE
3) MONITORING
4) MEDICATION
Behavioural Change is key
Multiple Barriers to change
Barriers

- Biological
- Social
- Psychological
No change
Given these multiple factors

- More flexible in our approaches
- Adjust to the individual’s needs
- Adjust to their inclination to change
Our approach as clinicians can also impede the process of change.
Modern approach
WRESTLING

Versus

DANCING
Alternative

Changes

NEXT EXIT
Origins of Motivational Interviewing (MI)

William Miller 1983
Stephen Rollnick 1991
Experience with problem drinkers
Research and theories developed over time
Origins of Motivational Interviewing (MI)

Non directive counselling (Carl Rogers 1953)

Cognitive Dissonance (Thesiger 1957)

Reformulation as self-perception theory (Bem 1972)

Transtheoretical model of change (Prochaska and DiClemente)
Origins of Motivational Interviewing (MI) 
“Readiness to change”

Cycle Of Change
Prochaska & DiClemente

- Pre-Contemplation
  - No intention on changing behavior

- Contemplation
  - Aware a problem exists but with no commitment to action

- Preparation
  - Intent on taking action to address the problem

- Action
  - Active modification of behavior

- Maintenance
  - Sustained change; new behavior replaces old

- Relapse
  - Fall back into old patterns of behavior

- Upward Spiral
  - Learn from each relapse
MI useful in early stages of change cycle
Origins of Motivational Interviewing (MI)

Components of change

- Confidence
- Importance
- Commitment
What is MI?

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

Motivational Interviewing: Helping People Change. William R Miller, PhD, Stephen Rollnick, PhD. Guilford Press, Sep 2012
What is MI?

A way of *TALKING with* people that promotes change

To help them to *TALK* themselves into doing things differently

“drawing out rather than putting into”
What is MI?

- Resolve ambivalence
- Strengthen motivation
- Encourage change talk
- Move in direction of positive change
What is MI?

A psychotherapeutic approach
Does not have to be formal
“MI moments” versus therapy sessions
It is Subtle and Strategic
The spirit of MI

Partnership
Acceptance
Compassion
Evocation
The Principles of MI

Express Empathy
Develop Discrepancy
Roll with Resistance
Support Self-efficacy
Express Empathy

Seeing the world through the eyes of another

Conveys understanding

Exploring the problem
Develop Discrepancy

Mismatch between where they are and where they want to be

Explore current behaviour, person’s values and future goals

Explore costs identified, pros and cons (decisional balance)
Roll with Resistance

Misalliance in the relationship

Accepting statements of resistance rather than confronting them directly

Avoiding argument

Avoid “righting reflex”
Support Self-efficacy

The expectation that one can succeed

The belief that change is possible instills hope

Increase a person’s perception that they have within themselves abilities to achieve their desired goal

Focus on past successes, skills, strengths

Optimism
Core skills

OARS
Open questions
Affirmations
Reflections
Summaries
Core skills
Open questions

Invites elaboration and deeper thoughts about an issue
Core skills
Affirmations

Statements about strengths
Something positive about the person and gives credit or acknowledgement
Might be a trait, behaviour, feeling or past or present accomplishment
Must be genuine
Can be used to reframe position
Core skills
Affirmations

“I really like the way you are approaching this problem, I can see that you are very organised and logical and I am sure this will help you to succeed in changing.”
Core skills

Reflections

Active listening
Restating in your own words content, feeling and meaning
A statement rather than a question

“You have been trying to keep your blood sugar down and you are upset by this set-back.”
Recap

“Let’s take a look at what we have talked about so far. You are not at all sure that you have a problem with your blood sugar but you do feel badly about the effect on your family. You said that your family is the most important thing to you and you would consider taking medication if you believed it was hurting them.”
Change talk
(components of change)

**DARN-CATS**

Desire – I want to do this

Ability – I can do this

Reasons - Specific reasons for change

Need – It is important for me to do this

Commitment – I will do it

Activating-By doing this...

Taking Steps-I got started on...
Change talk
(start to shift)

DARN-C

Desire - Want, wish, like

Ability - Can, could, able

Reasons - Specific reason for change

Need - Need to, have to, must, important…

Commitment - Will, intend to, going to…
Other techniques for eliciting change talk

Good things/not so good things
Looking backward
Looking forward
Consider importance
Importance/Confidence Ruler
The processes of MI

Engaging
Focussing
Evoking
Planning
Evidence for MI
Motivational interviewing to improve weight loss in overweight and/or obese patients: a systematic review of randomized controlled trials  *Obesity Reviews* 2011:12;709-23
### Evidence for MI

**Systematic review and meta-analysis of RCTs using MI CVD risk factors**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Pooled sample size</th>
<th>Pooled effect size</th>
<th>P value</th>
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<tbody>
<tr>
<td>Body mass index</td>
<td>1140</td>
<td>0.72</td>
<td>0.0001</td>
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<tr>
<td>HbA1c</td>
<td>243</td>
<td>0.43</td>
<td>0.15</td>
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<tr>
<td>Cholesterol</td>
<td>1358</td>
<td>0.27</td>
<td>0.0001</td>
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<tr>
<td>Systolic blood pressure</td>
<td>316</td>
<td>4.22</td>
<td>0.38</td>
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<tr>
<td>No of cigarettes/day</td>
<td>190</td>
<td>1.32</td>
<td>0.099</td>
</tr>
<tr>
<td>Standard ethanol content</td>
<td>648</td>
<td>14.64</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

Rubak et al. Br J Gen Pract 2005:55;305-12
Evidence for MI

MI out performs traditional advice giving in the treatment of a broad range of behavioural problems and diseases.

Applicable in the management of lifestyle problems and diseases.

Mental and Physical health

Rubak et al. Br J Gen Pract 2005:55;305-12
Evidence for MI

Eating disorders
Psychosis
Alcohol abuse
Drug addiction
Smoking cessation
Weight loss
Adherence to treatment and follow-up
Increasing physical activity
Asthma
Diabetes
HIV
Evidence for MI

Used by various healthcare providers
Psychiatrists
Psychologists
Doctors
Nurses
Midwives
Dieticians
Other
Evidence for MI

MI can be effective even in brief encounters of only 15 minutes

More than one encounter increases the likelihood of effect

Rubak et al. Br J Gen Pract 2005:55;305-12
Evidence for MI

Project MATCH Research Group, 1997
Concluded that MI is a cost-effective technique to facilitate change in patients who might be resistant to treatment.
Summary

A way of relating which promotes change

A way of TALKING WITH

To help them to TALK themselves into doing things differently

It is Subtle and Strategic

“drawing out rather than putting into”
Summary
Summary
Janet Treasure 2004

Increasing the importance of change

The therapist holds a mirror that reflects the client’s discrepancies between the current and the ideal and elicits talk of change

Clients gain the ability to see themselves as they would like others to see them

BoLstering confidence in change

The therapist holds a positive view of the client’s efficacy and esteem

This is shown by:
• empathy
• acceptance
• interest
• sidestepping of hostility

This positiveness:
• supports the client’s autonomy
• offers feedback
• fosters self-reflection
• gives choice
• reinforces commitment to change
• encourages small steps

Fig. 1 How motivational therapy works.
Summary

MI is effective for a broad range of conditions
Can be used by all health professionals
Repeated brief moments improves effectiveness
Summary

A psychotherapeutic approach
We have the skills to DANCE with our patients
Consider different styles
MI in action

Video clip

BMJ e-learning


Thank You! Happy Dancing!!