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*The Howard University Regional Partner
of the MidAtlantic AETC presents:*
Motivational Interviewing

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What is Motivational Interviewing?

- “... *client-centered...enhances motivation to change through exploring and resolving client ambivalence and discrepancy and increasing self-efficacy.*”

Motivational Interviewing:
Preparing People for Change
William R. Miller and Stephen
Rollnick, Guilford



Collaboration, Evocation, Autonomy



Draws out client's perspective rather than 'installing' one's own insights, advice, knowledge: a partnership



Allows the client to decide what changes they want to make: **they are the expert on themselves**



Puts the burden of change on client: they decide if, how, and when changes will occur



The "Spirit" of Motivational Interviewing is like dancing rather than wrestling...moving with patient, not against them

Motivational Interviewing Is Not...



Arguing with client



Giving direct advice



Pushing client in 'best' direction



Trying to convince/persuade client that they need to change



You deciding what client's priority is



You deciding what the best solution is for the client

What Is The Goal Of Motivational Interviewing?

- To elicit behavior change by helping clients explore and resolve ambivalence

“Working with ambivalence is working within the heart of the problem.”

-Miller and Rollnick



What Motivates Your Patient?



Learning the patient/clients' perspective on their issues while I suspend mine...



In motivational interviewing, we help patients to think about, explore, and surface their **AMBIVALENCE...**



Patients may be more persuaded by what they hear themselves say than by what another says

Where Is Motivational Interviewing Directive?

When helping a client move
past ambivalence

Ambivalence means...

- The clients has mixed feelings about doing/saying something
- They feel conflicted or uncertain
- They may be weighing their options, consequences
- Or they may not want to think about it because it's uncomfortable, anxiety producing (maybe because they know they can't do it)



Exploring Ambivalence

Cost vs. Benefit

Risk vs. Reward

Change comes from a place of discomfort



Exploring Ambivalence

Help the patient make the argument for change



Find out what has weight for the patient rather than just telling him/her the reasons it may be 'good', important, 'healthy', 'better' to take their pills to exercise, to take an HIV test, etc.

Motivational Interviewing Means Helping The Client Explore...

Interest in making a change

Confidence in doing so

Dissonance: Where they are now and where they want to be

The pros and the cons of 'unhealthy behavior' as well as the pros and cons of 'healthy behavior'

Consequences of continuing 'unhealthy' behavior...and what that means for the person

Remember...

It's okay for clients to struggle

Ask questions

Stir up dissonance and let them struggle

They might not resolve it right then and there but...

PLANT SEEDS

1

Express
Empathy

2

Develop
Discrepancy

3

Roll with
Resistance

4

Support
Self-Efficacy

Basic Principles of Motivational Interviewing

1. Express Empathy

- **Respectful listening with a desire to understand his or her perspective**
 - Suspend your belief/judgment to understand client's perspective
 - This is not agreement or approval
 - Acceptance facilitates change
- **Ambivalence seen as normal part of human experience**



2. Develop Discrepancy

Discrepancy is the perceived conflict between present behavior and important values or goals

**Focus on/amplify the gap
between where person is now
(behaviors, circumstances)
and
where are they want to be.**

**Without discrepancy (discomfort)
there is no motivation to change...**



3. Roll With Resistance

- **Resistance is normal- it is a signal for us to respond differently (to use skills to explore and help alter their perception)**
- **Telling client what to do fosters resistance, while allowing personal choice and control helps to minimize it**
- **Acceptance of client's perspective does not mean that we approve or agree**



4. Support Self-Efficacy

- **Do they believe they have the choice or ability to change or to carry out a task?**
- **We need to enhance patient's confidence in his/her capacity to cope with obstacles**
- **Self-efficacy is a Critical Determinant of Behavior Change:**
 - **If patient sees they have a major problem but perceives no hope or possibility for change...**
 - **W/o adequate s-e, one's not likely to experience long term success in changing a behavior**



4. Support Self-Efficacy

- **Stress that change is gradual**
(it's a process, not an event)
- **Focus on acquisition of new skills**
(vs. cessation of 'immoral' activity)
- **Provide timely and specific feedback regarding progress**
 - **Encourage use of support system**
 - 'Who could you check-in with/support you/be your cheerleader, etc?'*



4. Support Self-Efficacy

- ***‘Have there been other times you’ve been able to change a behavior? How could you use that experience/skill to...?’***
- ***‘What’s one example from your life that makes you think you may be able to do this?’***
- ***‘Who in your life would say you’ve been ‘successful’ at changing a behavior? What would make them say that?’***
- **Emphasize CONTROL:**
 - ‘You made that choice’.***
 - ‘It’s your decision to quit or not.’***



Main Skills Used In Motivational Interviewing

- OARS
 - Open ended questions
 - Affirmations
 - Reflective listening
 - Summaries



Open Ended Questions

- 1. What do you see as a disadvantage/ something that's not so great about doing this new [healthier] behavior?*
- 2. What do you see as an advantage/benefit about doing...?*
- 3. What are you liking about what you're doing now ? What's not so great about what you're doing now? How come?*
- 4. What might you miss about not doing this [present] behavior?
Not miss?*
- 5. What makes it more difficult for you to try the new behavior?/What might make it easier for you to try it? What would you like about that?*
- 6. What possible long term consequence of diabetes concerns you the most? If that happened, how might that effect...*



Open Ended Questions

7. *What do you like about using cocaine...What's the other side of that?*
8. *What do you want to do about your smoking?*
9. *What might it be like in 5 years if you continued doing this behavior? How would that be for you? For your.... Family, friends, job, etc?*
10. *What would you like to do from here/try doing in the next day or two?*
11. *Tell me what being a [good/responsible parent means for you]? How does that mesh with what you are doing now?*



Affirmations

- Shows support, appreciation, encouragement-positive reinforcement. Supports patient's strengths and efforts toward change.

Thanks for coming on time today

-Wow, that must've been hard.

-That sounds great.

-You seem like such a resourceful person

-It must've taken a lot of work to...

-By the way you handled that, you showed a lot of...

-You are really serious about trying this.

-With all the obstacles you have right now, its amazing you were able to...



Reflective Listening

- *So losing weight isn't a priority for you right now.*
- *Sounds like you're upset with her.*
- *So you drink at work because you feel anxious.*
- *On the one hand you'd like to start exercising, and on the other, you don't think you've time to start now.*
- *You are saying loud and clear that there's so much going on that you don't want to stop smoking right now.*
- *You don't like how you feel after you have sex w/o a condom, but you don't think about that during sex.*
- *So you assume the person must be HIV + (or HIV -) if they let you penetrate them without a condom.*



Summaries

- Giving 2 or 3 main points raised by the client; the gist or sense of what client said (to check your understanding, to show you've been listening)

To summarize what you've said...

-Let me just make sure I've heard you here:

-So this is what you've said so far...

-Is that right?

-Did I leave anything out?

-What would you like to add to that?

