

Motivational Interviewing: Changing the Conversation

BC Nephrology Days 2010

October 7, 2010
Vancouver, BC

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How ready, willing and able are you
to be here today?

0-----10
Not at all Totally

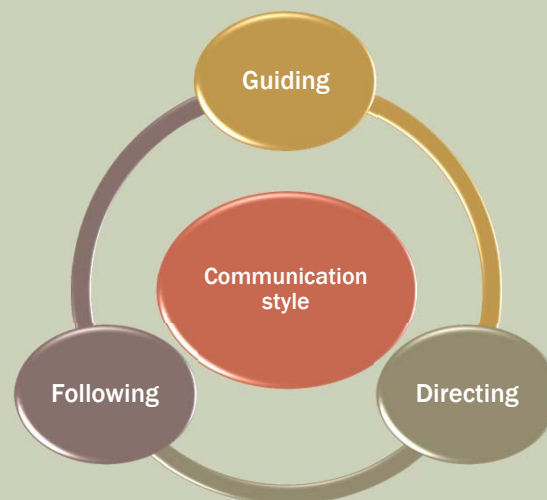
Definition of Motivational Interviewing (MI)

MI is a

- collaborative
- person-centered
- form of guiding
- to elicit and strengthen motivation for change.

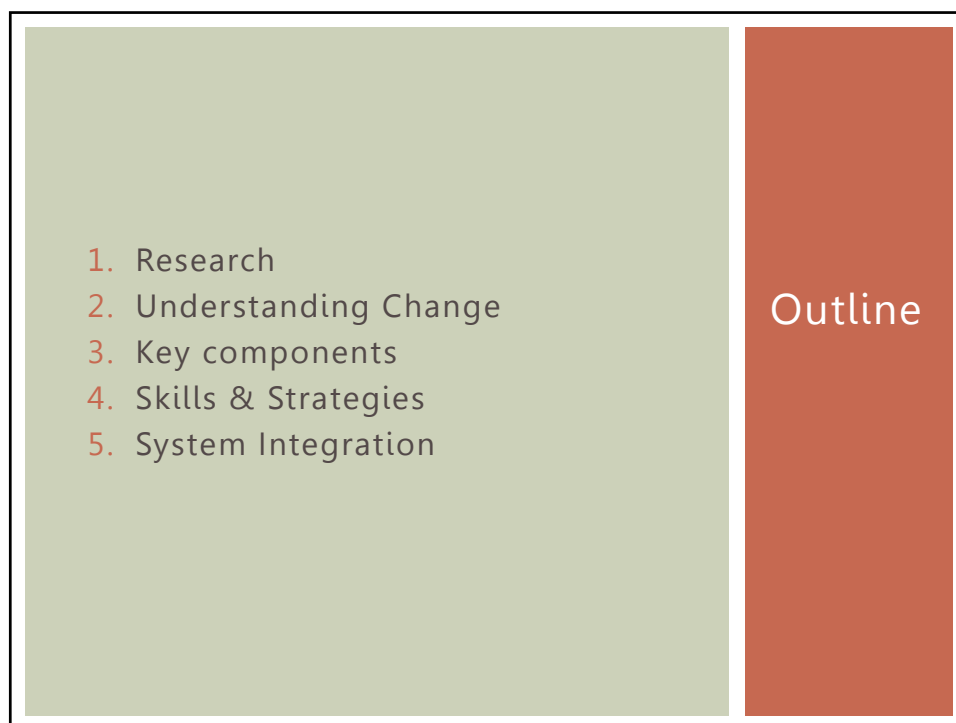
Miller, W.R. & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.

Communication Styles



Rollnick, S., Miller, W.R., Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guilford Press.

Rollnick et al. (2005). Consultations about changing behaviour. *British Medical Journal*, 331, 961-963.



Motivational Interviewing

Drs. William Miller and Stephen Rollnick

First described by Dr. Miller in 1983 as a brief intervention for problem drinking

Over 200 clinical trials

Approx. 1000 publications on the MI website
www.motivationalinterview.org

For more research see www.motivationalinterview.org

Clinical Populations & Ongoing MI Research

Effective in supporting positive change in a number of health areas including:

- Nutrition
- Exercise
- Mental health
- Substance use
- Chronic disease management and prevention
- Maternal and child health (FASD prevention)
- Adolescents & high risk behaviours
- Cardiovascular health
- Medication adherence
- Probation
- Dentistry

Rollnick et al, 2008

Research Indicates that MI is:

- A brief intervention
- Effective in supporting patient engagement, retention and completion of treatment
- Shown to outperform traditional advice giving
- Learnable
- Effective cross-culturally
- Measurable
- Complimentary to other treatment approaches

Rubak et al. (2005). Motivational Interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, April, 305-312.

Hettema, J., Steele, J., Miller, W.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.

Review of MI in Promoting Health Behaviours

37 articles reviewed:

- diet and exercise (24): increased self-efficacy, physical activity, fruit and veggie; decreased caloric intake , BMI
- diabetes (9): increased control glucose levels, physical activity, self-efficacy; decreased weight
- dental health(4): increased caries prevention, keeping dental appointments

Martins, R. K. & McNeil, D.W. (2009). Review of Motivational Interviewing in promoting health behaviours. *Clinical Psychology Review*, 29, 283–293.

Self-Management: Barriers & Facilitators for Patients on CHD

- Barrier: Lack of motivation noted as most common psychological barrier to fluid restriction adherence for patient on chronic hemodialysis
- Facilitator: Respect for autonomy and belief that patients are personally responsible for their own fluid intake and capable of self-restriction

Smith et. al. (2010). Patient perspectives on fluid management in chronic hemodialysis. *Journal of Renal Nutrition*, 20(5), 334-341.

Self-Management, MI & CKD

- RCT to assess improvement in CKD Stage 3 &4 patients' self-management using a multifactorial, nurse-driven intervention including MI
- Emphasis on reducing cardiovascular risk
- 5 year f/u

van Zuilen, A.D. et.al. (2008). MASTERPLAN: study of the role of nurse practitioners in a multifactorial intervention to reduce cardiovascular risk in chronic kidney disease patients. *Journal of Nephrology*, 21, 261-267.

Childhood Obesity and MI

Dr. Ken Resnicow, University of Michigan School of Public Health

Developing evidenced-based intervention models to assist primary care practitioners to treat their overweight pediatric patients.



http://chcr.umich.edu/what_we_do/projects/project.2009-0701.2076357698/projects_page?status=active

What are the Limits?

"Everything to everybody and nothing to no one."
(Moyers, 2008, MINT Forum, Albuquerque, NM)

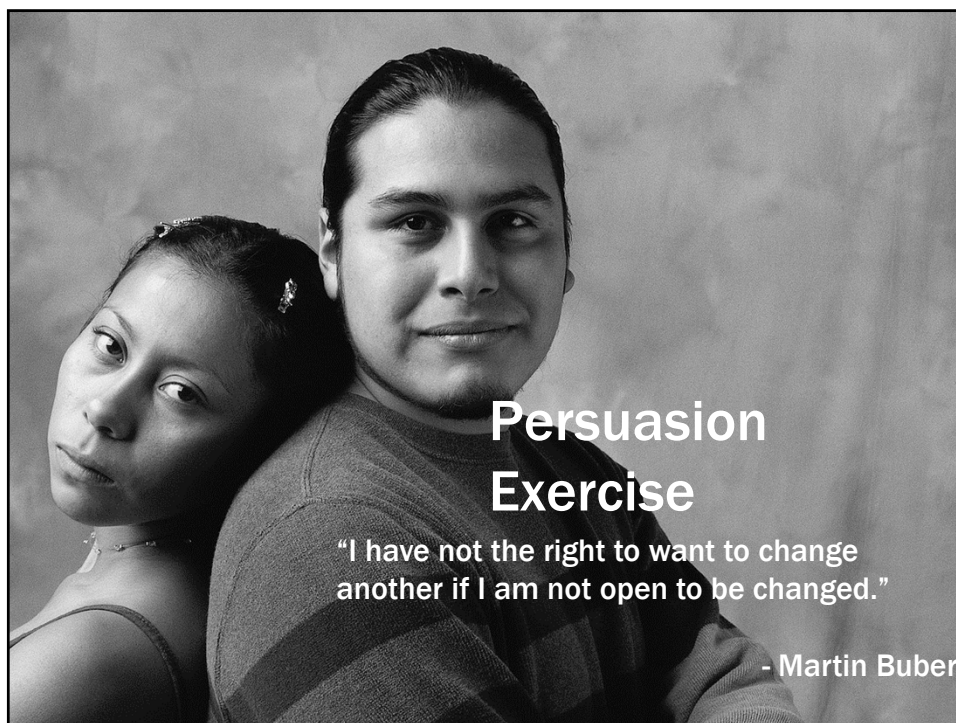
Not a panacea

Those already ready for change





"Ambivalence" is a wonderful tune to dance to. It has a rhythm all its own." - Erica Jong, 1942



Persuasion Exercise

"I have not the right to want to change
another if I am not open to be changed."

- Martin Buber

You would think . . .

- that knowing you will eventually need a transplant, you would do everything necessary to stay as healthy as possible, for as long as possible
- that having had a heart attack would be enough to persuade you to quit smoking, change your diet, exercise more and take your medication

What do we do to try to make people change?

Give them **Insight** - if you can just make people *see*, then they will change

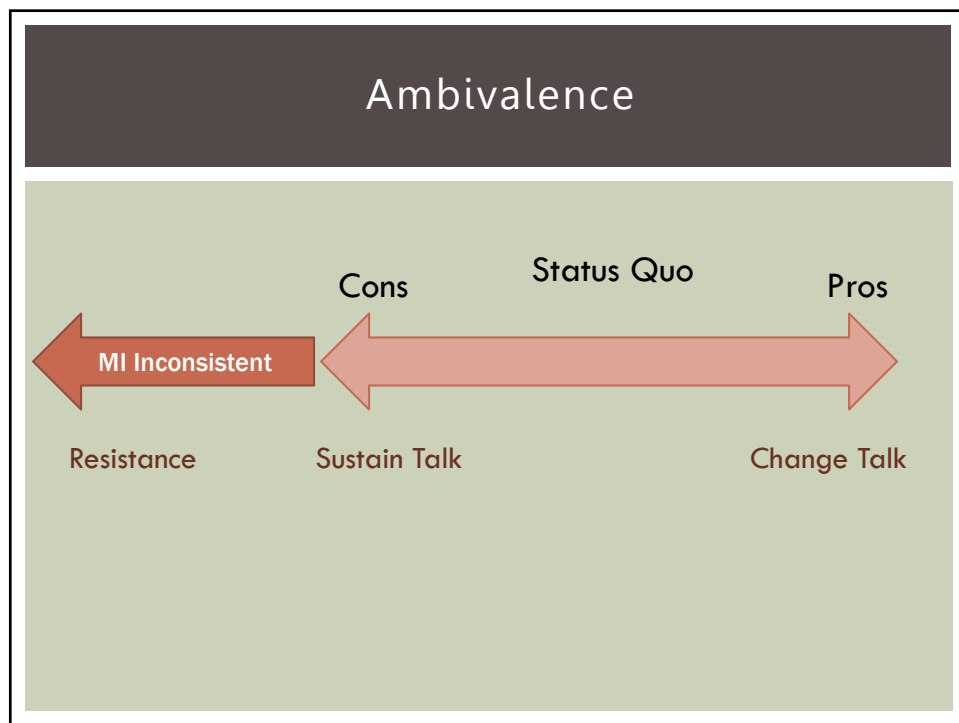
Give them **Knowledge** - if people just *know* enough, then they will change

Give them **Skills** - if you can just teach people *how* to change, then they will do it

Give them **Hell** - if you can just make people feel *bad or afraid* enough, they will change

In MI, lack of change is not denial,
stubbornness, or stupidity but often...
Ambivalence.

Ambivalence is when you feel two ways about something.





Opposite sides of ambivalence



Understanding the person's perspective

Decisional Balance Target Behaviour: Limiting Fluid Intake			
No Change	Benefits	Costs	
	<ul style="list-style-type: none"> • Eat what I want (don't have to worry about salt) • Make own decisions • Not thirsty • Feel normal with friends 	<ul style="list-style-type: none"> • Hard to breathe • Lectured each time I come for treatment • Don't feel well even after treatment • Weight gain 	
Change	Benefits	Costs	
	<ul style="list-style-type: none"> • Feel better overall • Reduce weight gain • Dialysis runs are easier and sometimes shorter • Able to go back to work 	<ul style="list-style-type: none"> • Constantly reminded of how sick I am • Impact on family – eat/drink differently • Tired of feeling different • Exhausted by all of the rules • Cost of special diet 	

The Myth of the Unmotivated Person	
<ul style="list-style-type: none"> ■ No person is completely unmotivated ■ When we argue one side, the person takes the other ■ Service providers influence motivation for change ■ Resistance happens in relationship 	
<p>Rollnick, S., Miller, W.R., Butler, C.C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behaviour. New York: Guilford Press.</p>	

A Shift in Thinking...

Shift from: "Why isn't this person motivated?"

To: "For what is this person motivated?"

Change Talk

What we say about change influences
whether or not it will happen.

Who will tell the truth?

"Do you swear to tell the truth, the whole
truth and nothing but the truth?"

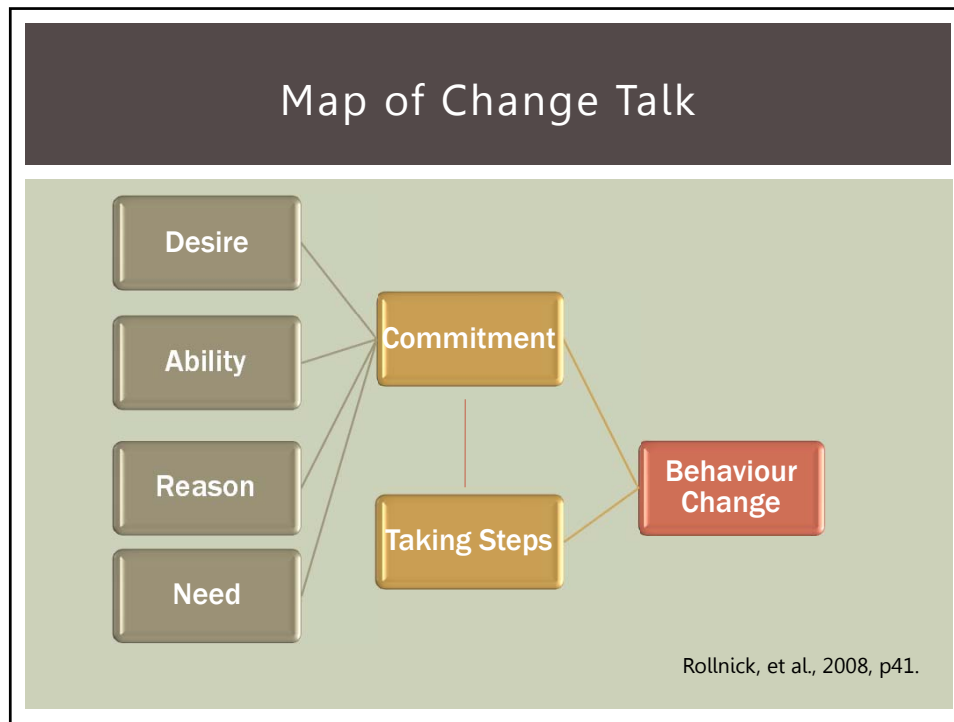
"I want to."

"I could."

"I have good reason."

"I need to."

"I will."



Research Shows:

- Commitment language is predictive of behaviour change
- Clinicians can purposefully influence clients/patients to speak more favourably about the possibility of change

Amrhein et al. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting & Clinical Psychology*, 71, 862-878.

Glynn, L.H. & Moyers, T.B. (2010). Chasing the talk: The clinician's role in evoking client language about change. *Journal of Substance Abuse Treatment*, 39, 65-70.

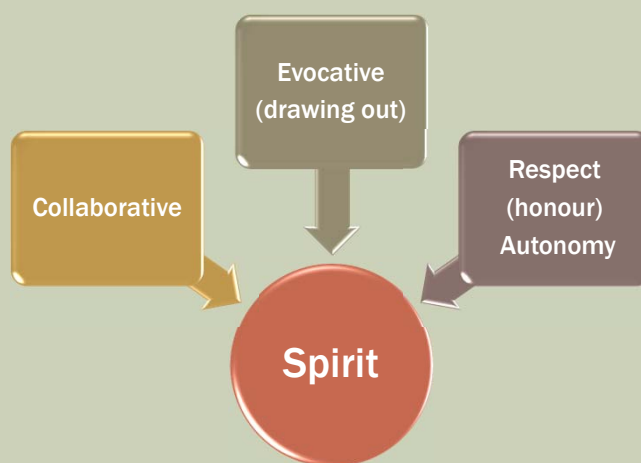
Change Talk or Sustain Talk?

Identify the following statements as change talk or sustain talk.

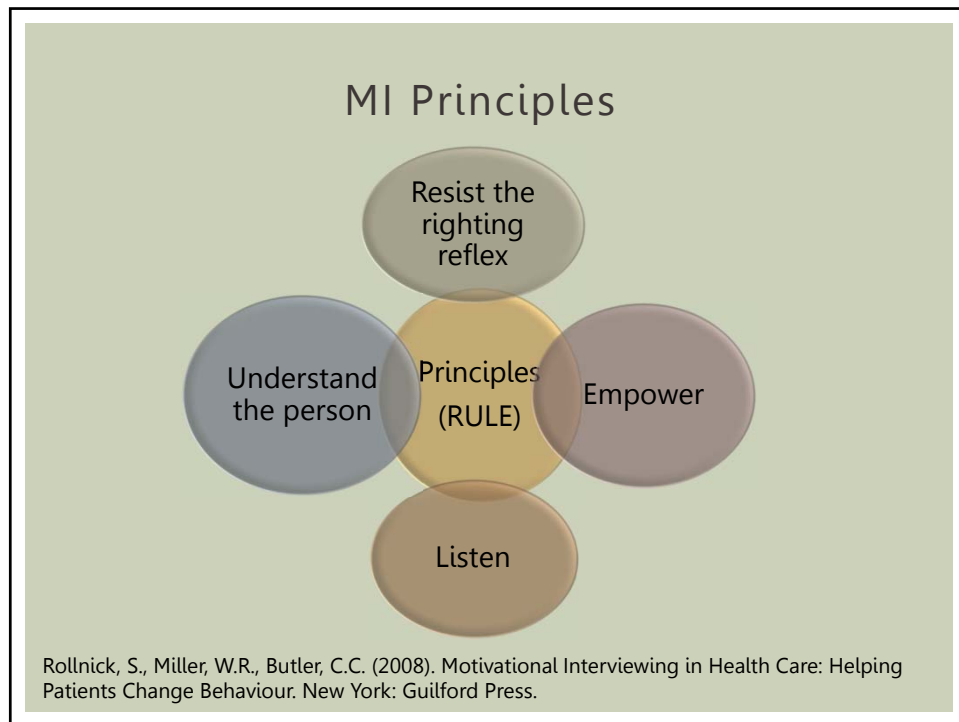
1. *"I wish I didn't feel so sick all of the time."*
2. *"My friends and I go to McDonald's for lunch a couple times a week."*
3. *"I will be around for my grandchildren."*

MI Core Elements

Spirit of Motivational Interviewing



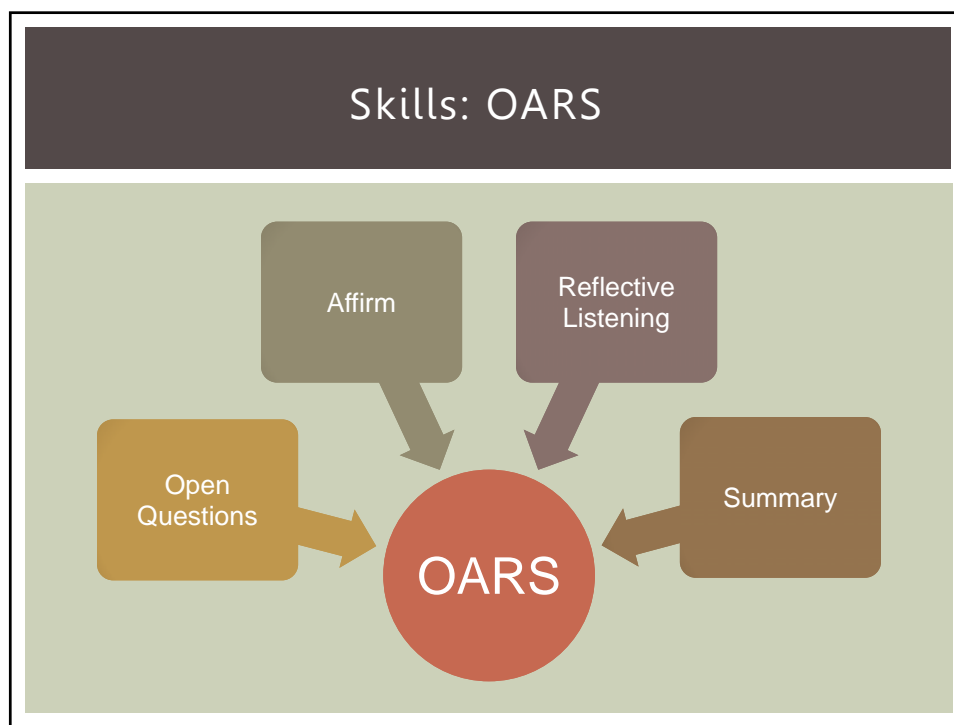
Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change* (2nd ed.). New York, NY: The Guilford Press.



4 Fundamental Processes in MI

- Engaging – the relational foundation, listening to understand
- Guiding – strategic focusing, finding a goal
- Evoking – with an identified change goal, evoke, respond, and summarize Change Talk
- Planning – the bridge to change

Miller & Rollnick. (June 8, 2010). What's new since MI-2? Second International Conference on Motivational Interviewing. Stockholm, Sweden.





DVD Clips

Segment 5: Agenda Setting - How not to do it.
 Segment 7: Agenda Setting - How to do it.

Health Behaviour Change. (2001). Cardiff University, Cardiff. To order please see the Jeff Allison Training Consultancy website: www.jeffallison.co.uk

Strategy: Assessing Readiness to Change

Importance

(Why should I change?
Personal values and
expectations of the
importance of change)

Confidence

(How will I do it?
Self-efficacy)

Readiness



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graph LR; Importance --> Readiness; Confidence --> Readiness;
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Rollnick et al. (1999). Health Behaviour Change: A Guide for Practitioners. Edinburgh: Churchill Livingstone.

Importance & Confidence

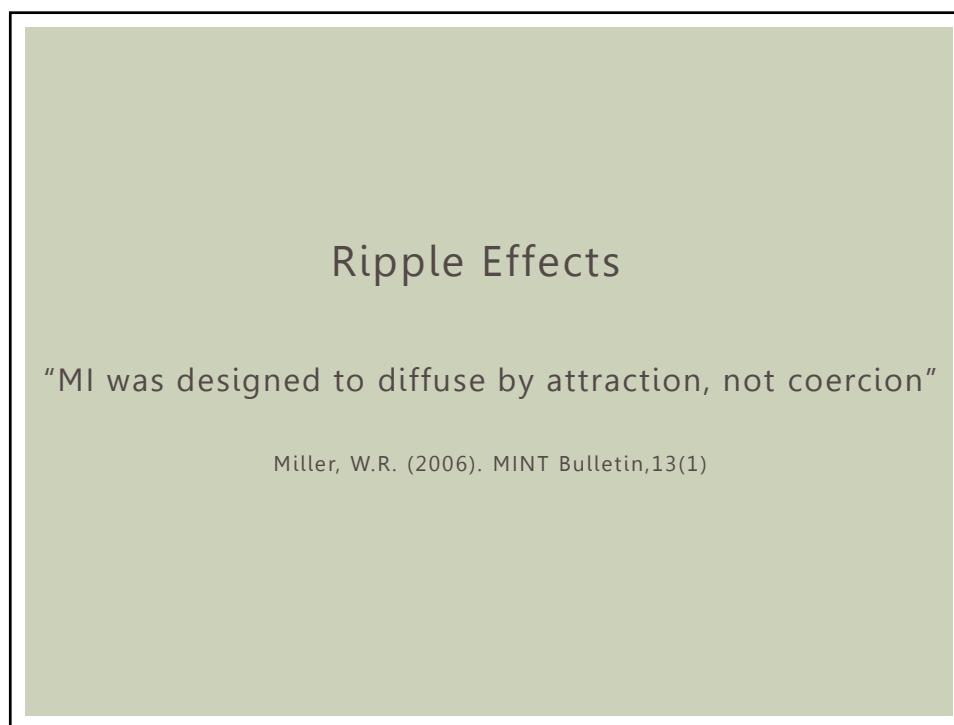
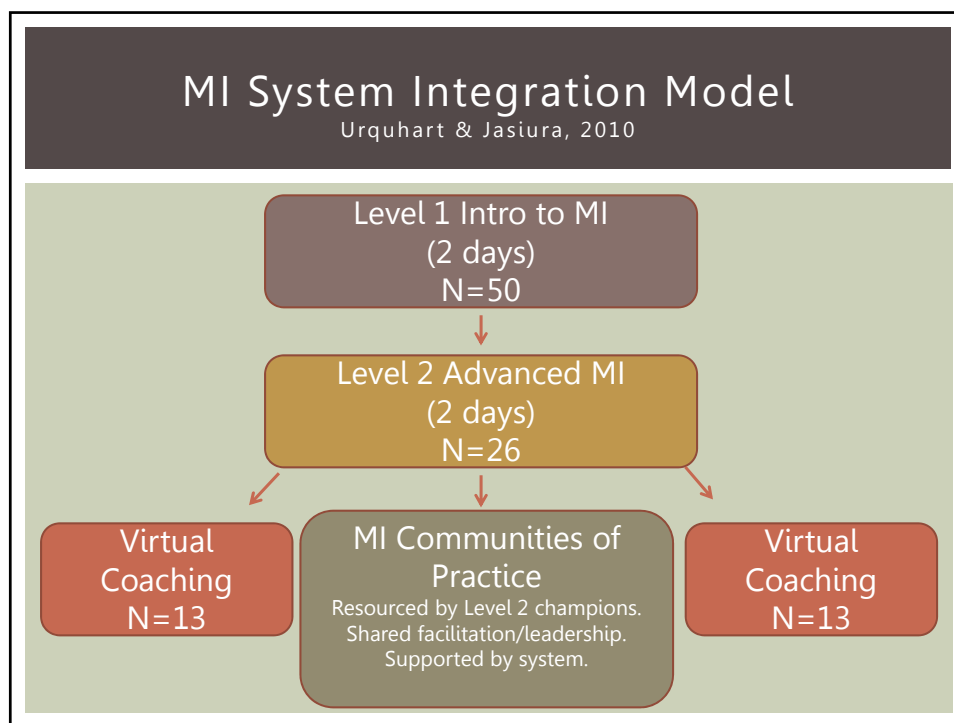
Think about something real to you that you want to change, should change, need to change, but haven't done it yet. Now consider the following questions...

System Integration

Four Levels of MI Training

- Awareness Building (1-3 hrs)
- Knowledge-focused training (6-10 hrs)
- Skills-based training (14-16 hrs)
- Abilities training (coaching and feedback)

Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency.
(MIA-STEP) www.motivationalinterview.org



Supporting Integrated Care

Motivational Interviewing can support health systems deliver integrated care:

Passive patients → Active participants

Expert → Collaborator

Siloed services → Integrated care

Anstiss, T. (2009). Motivational interviewing in primary care. *Journal of Clinical Psychology in Medical Settings*. DOI 10.1007/s10880-009-9155-x

Upcoming UBC MI Courses

- November 5,6, 2010, **Intro** to MI in Health Care
- February 4,5, 2011, **Intro** to MI in Health Care
- April 15,16, 2011, **Advanced** MI in Health Care

A supportive, compassionate, empathic
practitioner is the most effective in
inspiring change.

Rollnick, et al, 2008

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