

University of Massachusetts Medical School

eScholarship@UMMS

---

PEER Liberia Project

UMass Medical School Collaborations in Liberia

---

2020-09-17

## Motivational Interviewing (Part 2)

Elizabeth C. Dykhouse

*University of Massachusetts Medical School*

Let us know how access to this document benefits you.

Follow this and additional works at: [https://escholarship.umassmed.edu/liberia\\_peer](https://escholarship.umassmed.edu/liberia_peer)



Part of the Behavioral Medicine Commons, Clinical Psychology Commons, Family Medicine Commons, Health Psychology Commons, Health Services Administration Commons, Medical Education Commons, and the Psychiatry and Psychology Commons

---

### Repository Citation

Dykhouse EC. (2020). Motivational Interviewing (Part 2). PEER Liberia Project. <https://doi.org/10.13028/c648-z953>. Retrieved from [https://escholarship.umassmed.edu/liberia\\_peer/55](https://escholarship.umassmed.edu/liberia_peer/55)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in PEER Liberia Project by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).

# Motivational Interviewing (part 2)

Elizabeth C. Dykhouse, PhD

Director of Behavioral Science, Worcester Family Medicine Residency

Assistant Professor, Department of Family Medicine and Community Health, University of  
Massachusetts Medical School

# Agenda

- 45-60 minutes recorded lecture
  - Treatment adherence and behavior change
  - Review rationale of Motivational Interviewing
  - Counseling skills and interview structure
- 45-60 minutes for discussion
  - Questions
  - Case examples and consultation

# Objectives

- Identify the four core interviewing skills and their purpose
- Explain the difference between open and closed questions and rationale for using open-ended questions
- Explain the importance of empathy and use of reflections with patients
- Identify situations in which you might use Motivational Interviewing

What is something that you know  
you should do but you don't?

Good supervisor

vs

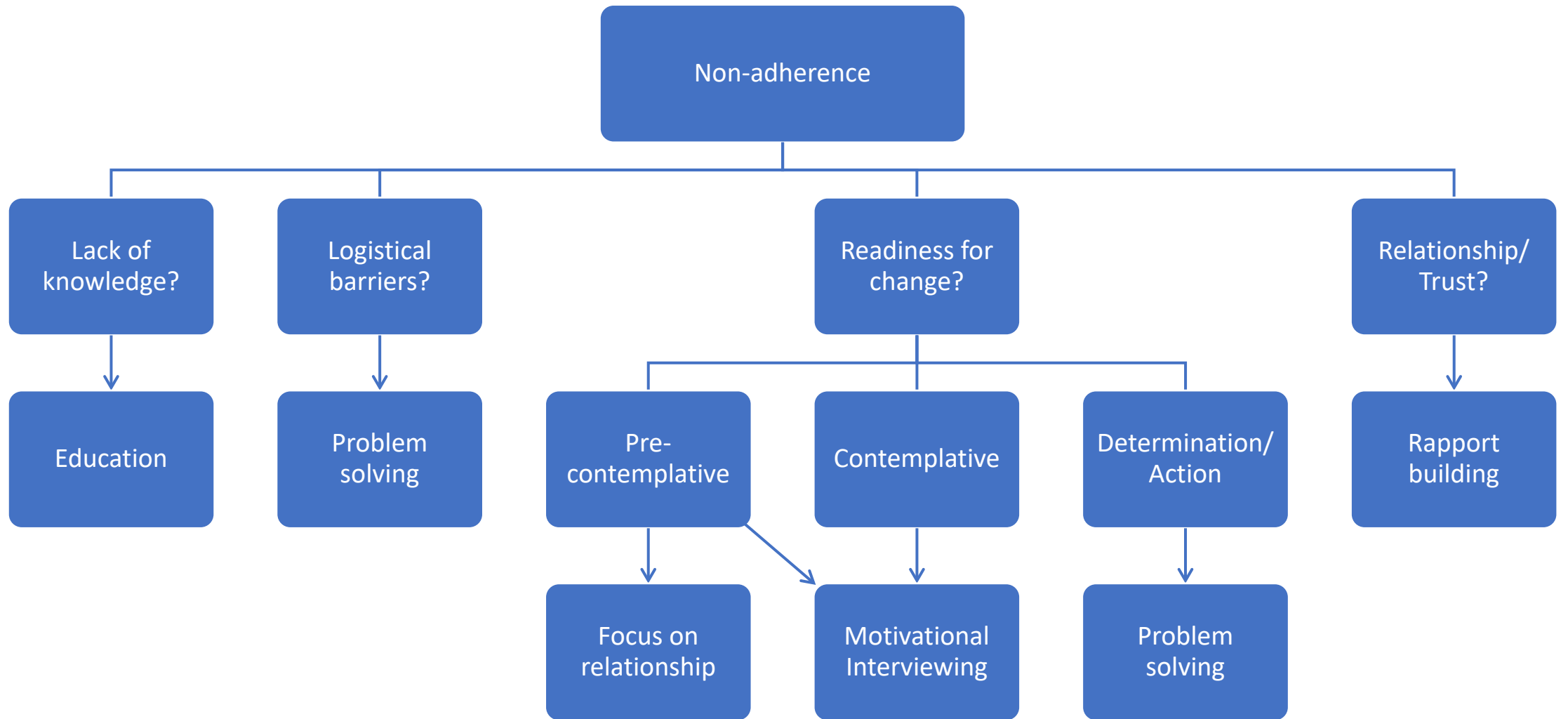
Bad supervisor

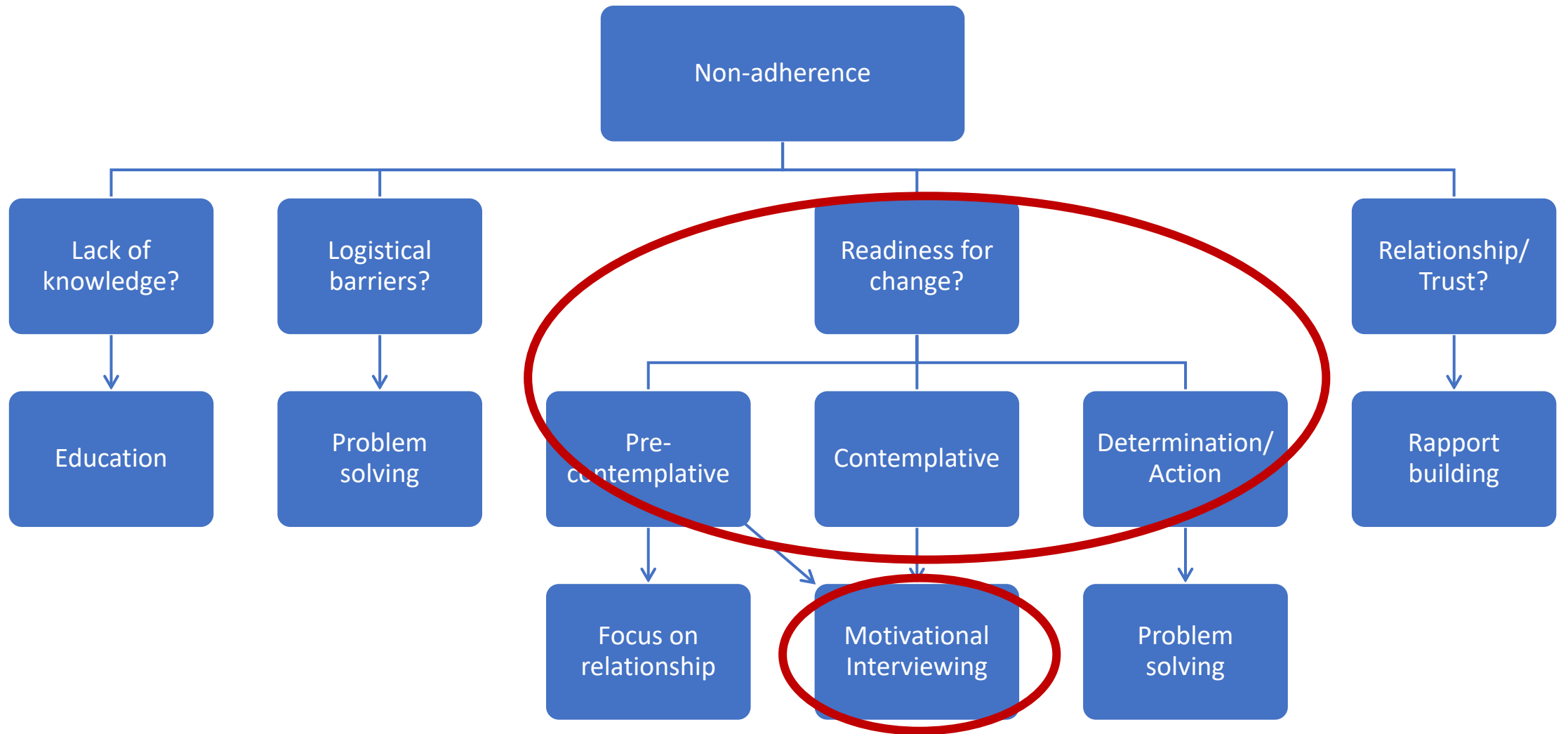
What are health conditions that are impacted by a patient's behavior?

# Treatment adherence and behavior change

- What works about what you do now?
- What *does not* work about what you do now?







# What is Motivational Interviewing?

- A tool to use when education and telling a patient what to do is not working

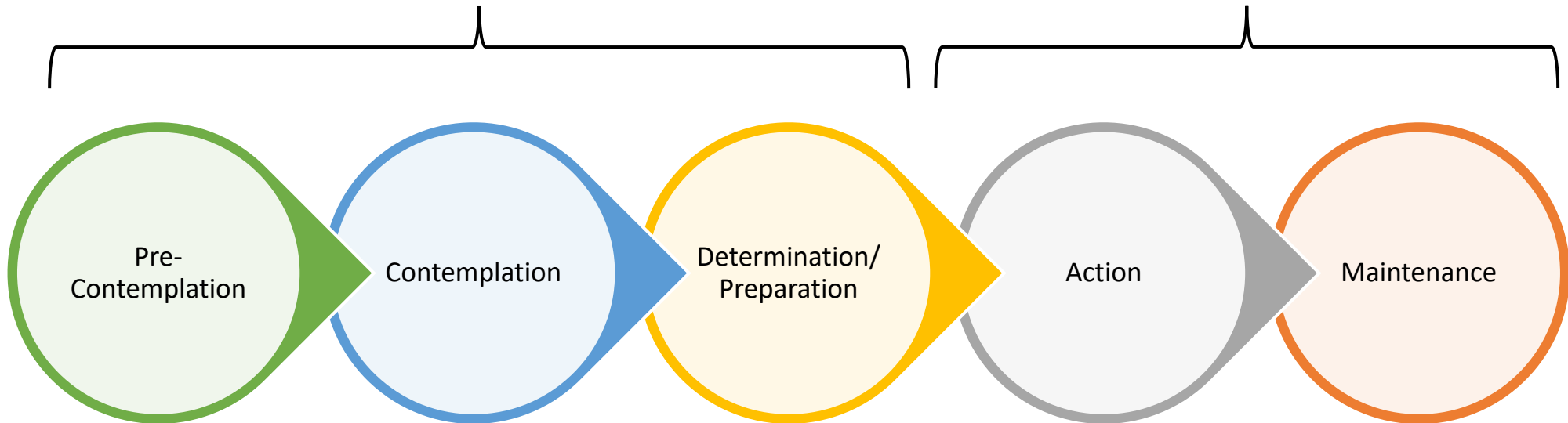
# Stages of Change



# Stages of Change

Motivational Interviewing

Education and problem solving



# Active ingredients of MI

1. Clinician Expression of Empathy
  - Listening and understanding the patient's perspective
2. Patient Expression of Change Talk
  - The patient's own reasons for change

Why should the patient  
change?

How should the patient  
change?

*What are the patient's answers to these questions?*

# Core counseling skills of Motivational Interviewing: OARS

Open-ended  
Questions

Affirmations

Reflections

Summaries



# Zoom quiz

- Which is an open-ended question?
- Which is an affirmation?

# Open-ended questions

- Answer is not a “yes” or a “no”
- Encourages the patient to talk more
- Practice:
  - Have you been taking your medication regularly?
  - Does the medication help?
  - Do you understand what you’re supposed to do next?
  - Have you been getting regular exercise?
  - Have you tried walked for activity?
  - Have you been eating healthier foods?

(Rosengren, 2009)

# Open-ended questions

- Examples:
  - How can we/I help you today?
  - Tell me about the time when this problem began.
  - What's different for you this time?
  - Tell me more about this.

# Affirmations

- Statements of appreciation
  - Highlighting strengths
  - Highlighting progress
  - Patient-focused
- Examples:
    - “Thanks for coming today.”
    - “I appreciate that you are willing to talk to me about your substance use.”
    - “That’s a good idea.”
    - “That’s great that you’ve been able to take your medication sometimes.”

# Reflective Responses

- Simple Reflection – keep the statement the same
  - Repeat – simply restate what was said again
  - Rephrase – replace one or more words with a synonym

# Reflective Responses

- Complex Reflection – change the statement but keep the meaning
  - Amplify – exaggerate, increase the intensity
  - Double-sided reflection – contains both sides of ambivalence
  - Continuing the paragraph – anticipate next statement not yet expressed
  - Metaphor and simile
  - Reflection of feeling – identifying a feeling that might not have been expressed
  - Reframe – suggest a different meaning, shifting from negative to positive

“The review has shown that motivational interviewing can be effective even in brief encounters of only **15 minutes** and that **more than one encounter** with a patient increases the likelihood of effect.”

(Rubak et al., 2005)

# Five “A”s

- Ask
  - What is the current pattern of behavior
- Advise
  - What you recommend the patient to do
- Assess
  - Patient’s stage of change
  - Understanding of the problem
- Assist
  - Problem solving
  - Motivational Interviewing
- Arrange
  - Follow up
  - Resources



# Readiness Ruler

- Like the pain scale but a measurement of a patient's stage of change
- “On a scale of 1 to 10, with 1 being not ready and 10 being very ready, how ready are you to change this behavior?”

# Brief Negotiated Interview

## BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

1) <b>BUILD RAPPORT</b>	Tell me about a typical day in your life. Where does your current [X] use fit in?
2) <b>PROS &amp; CONS</b>  <b>Summarize</b>	Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]?  So, on the one hand [PROS], and on the other hand [CONS].
3) <b>INFORMATION &amp; FEEDBACK</b>  <b>Elicit</b>  <b>Provide</b>  <b>Elicit</b>	I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you?  We know that <b>drinking...</b> <ul style="list-style-type: none"> <li>• 4 or more (F) / 5 or more (M) drinks in 2 hrs</li> <li>• or more than 7 (F) / 14 (M) drinks in a week</li> <li>• having a BAC of ____</li> </ul> ...and/or use of <b>illicit drugs</b> such as ____  ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information].  What are your thoughts on that?
4) <b>READINESS RULER</b>  <b>Reinforce positives</b>  <b>Ask about lower #</b>	This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?  You marked _____. That's great. That means you are _____ % ready to make a change.  Why did you choose that number and not a lower one like a 1 or a 2?
5) <b>ACTION PLAN</b>  <b>Identify strengths &amp; supports</b>  <b>Write down steps</b>  <b>Offer appropriate resources</b>  <b>Thank patient</b>	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]?  What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?  Those are great ideas! Is it okay for me to write down your plan, your own <b>prescription for change</b> , to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use?  I have some additional resources that people sometimes find helpful; would you like to hear about them? <ul style="list-style-type: none"> <li>• Primary Care, Outpatient counseling, Mental Health</li> <li>• Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation</li> <li>• Shelter, Insurance, Community Programs</li> <li>• Handouts and information</li> </ul> Thank you for talking with me today.

# Brief Negotiated Interview

## BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

<b>1) BUILD RAPPORT</b>	Tell me about a typical day in your life. Where does your current [X] use fit in?
<b>2) PROS &amp; CONS</b>  <b>Summarize</b>	Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]?  So, on the one hand [PROS], and on the other hand [CONS].
<b>3) INFORMATION &amp; FEEDBACK</b>  <b>Elicit</b>  <b>Provide</b>  <b>Elicit</b>	I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you?  We know that <b>drinking...</b> <ul style="list-style-type: none"><li>• 4 or more (F) / 5 or more (M) drinks in 2 hrs</li><li>• or more than 7 (F) / 14 (M) drinks in a week</li><li>• having a BAC of ____</li></ul> ...and/or use of <b>illicit drugs</b> such as _____  ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information].  What are your thoughts on that?

# Brief Negotiated Interview

<p>4) <b>READINESS RULER</b></p> <p><b>Reinforce positives</b></p> <p><b>Ask about lower #</b></p>	<p>This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?</p> <p>You marked _____. That's great. That means you are _____ % ready to make a change.</p> <p>Why did you choose that number and not a lower one like a 1 or a 2?</p>
<p>5) <b>ACTION PLAN</b></p> <p><b>Identify strengths &amp; supports</b></p> <p><b>Write down steps</b></p> <p><b>Offer appropriate resources</b></p> <p><b>Thank patient</b></p>	<p>What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]?</p> <p>What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?</p> <p>Those are great ideas! Is it okay for me to write down your plan, your own <b>prescription for change</b>, to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use?</p> <p>I have some additional resources that people sometimes find helpful; would you like to hear about them?</p> <ul style="list-style-type: none"> <li>• Primary Care, Outpatient counseling, Mental Health</li> <li>• Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation</li> <li>• Shelter, Insurance, Community Programs</li> <li>• Handouts and information</li> </ul> <p>Thank you for talking with me today.</p>

# 5 Principles of MI: DEARS

- Develop Discrepancy
- Express Empathy
- Avoid Argumentation
- Roll with Resistance
- Support Self-Efficacy

(Miller & Rollnick, 2002)

# 5 Principles of MI: DEARS

- **Develop Discrepancy**

- Highlighting the difference between where the patient wants to be and where they are

- Express Empathy

- Avoid Argumentation

- Roll with Resistance

- Support Self-Efficacy

(Miller & Rollnick, 2002)

# 5 Principles of MI: DEARS

- Develop Discrepancy
- **Express Empathy**
  - Building trust, ambivalence is to be expected
- Avoid Argumentation
- Roll with Resistance
- Support Self-Efficacy

(Miller & Rollnick, 2002)

# 5 Principles of MI: DEARS

- Develop Discrepancy
- Express Empathy
- **Avoid Argumentation**
  - Confrontation is counterproductive, patients reasons for change are more important than ours
- Roll with Resistance
- Support Self-Efficacy

(Miller & Rollnick, 2002)



# 5 Principles of MI: DEARS

- Develop Discrepancy
- Express Empathy
- Avoid Argumentation
- **Roll with Resistance**
  - Points of resistance indicate barriers to change, pushing against resistance strengthens it
- Support Self-Efficacy

(Miller & Rollnick, 2002)

# 5 Principles of MI: DEARS

- Develop Discrepancy
- Express Empathy
- Avoid Argumentation
- Roll with Resistance
- **Support Self-Efficacy**
  - Hope is essential to change

(Miller & Rollnick, 2002)

# Change talk

- The goal is to get patients to say it themselves.
- We are more likely to believe something or engage in an action if *we say it ourselves*.

# Change Talk: DARN-CAT

- Desire
- Ability
- Reasons
- Need
- Commitment
- Activation
- Taking steps

# Change Talk: DARN-CAT

- **Desire**

- Ability
- Reasons
- Need
- Commitment
- Activation
- Taking steps

- I wish things were different.
- I am hoping things will get better.
- I want to stop drinking alcohol.
- I wish I could lose weight.
- I would like to take my medication.

# Change Talk: DARN-CAT

- Desire
  - **Ability**
  - Reasons
  - Need
  - Commitment
  - Activation
  - Taking steps
- I know what I have to do – I just need to do it.
  - I was able to eat healthier in the past.
  - I can exercise sometimes.
  - I could reduce my drinking.
  - I am able to manage my anger.

# Change Talk: DARN-CAT

- Desire
  - Ability
  - **Reasons**
  - Need
  - Commitment
  - Activation
  - Taking steps
- Maybe I would have more energy if I was in better health.
  - I want to see my children.
  - I would be able to sleep better.
  - I would be better able to take care of my family.

# Change Talk: DARN-CAT

- Desire
  - Ability
  - Reasons
  - **Need**
  - Commitment
  - Activation
  - Taking steps
- I need to take care of my health.
  - My blood sugar cannot stay at these levels.
  - I must do something about this.
  - I cannot keep living like this.



# Change Talk: DARN-CAT

- Desire
  - Ability
  - Reasons
  - Need
  - **Commitment**
  - Activation
  - Taking steps
- I am going to remember to take my medication this week.
  - I promise to keep the appointment.
  - I will work on these changes to my diet.

# Change Talk: DARN-CAT

- Desire
  - Ability
  - Reasons
  - Need
  - Commitment
  - **Activation**
  - Taking steps
- I am going to the pharmacy when I leave here to pick up my medication.
  - I am going to talk to my family about these changes when I get home.

# Change Talk: DARN-CAT

- Desire
  - Ability
  - Reasons
  - Need
  - Commitment
  - Activation
  - **Taking steps**
- I took my medication every day this week.
  - I talked to my family about my health.

# References

- Chipidza, F. E., Wallwork, R. S., & Stern, T. A. (2015). Impact of the doctor-patient relationship. *The primary care companion for CNS disorders, 17*(5).
- Beutler, L. E., Moleiro, C., & Talebi, H. (2002). How practitioners can systematically use empirical evidence in treatment selection. *Journal of Clinical Psychology, 58*(10), 1199-1212.
- Matthys, J., Elwyn, G., Van Nuland, M., Van Maele, G., De Sutter, A., De Meyere, M., & Deveugele, M. (2009). Patients' ideas, concerns, and expectations (ICE) in general practice: impact on prescribing. *British Journal of General Practice, 59*(558), 29-36.
- Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.
- Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York: The Guilford Press.
- Rosengren, D. B. (2009). *Building motivational interviewing skills: A practitioner workbook*. New York: The Guilford Press.
- Rubak, S., Sandbæk, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract, 55*(513), 305-312.
- Stewart, D. (2013). *Motivational interviewing and related tools for guiding behavior change* [PowerPoint slides]. Personal Collection of D. Stewart, Seattle Pacific University, Seattle, WA.
- Weinberger, J. (1995). Common factors aren't so common: The common factors dilemma. *Clinical Psychology: Science and Practice, 2*(1), 45-69.