Motivational Interviewing: Enhancing Motivation To Change Strategies
Learning Objectives

At the end of this session, you will be able to—

1. Describe the stages of change.

2. Demonstrate at least two methods to elicit change talk.

3. Use a decisional balance and readiness ruler.

4. Describe an overarching motivational interviewing (MI) strategy effective in brief intervention.
Stages of Change
Theoretical Framework Informing MI

Prochaska and DiClemente identified five stages of change your patient can experience:

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

Prochaska & DiClemente (1984)
1. Precontemplation

- The patient is not yet recognizing problem or considering change.
- Clinician’s goal is to build rapport and raise awareness.
- Clinician’s task is to inform and encourage.
MI Informed by Stages of Change (continued)

2. Contemplation

- The patient is evaluating reasons for and against change.
- Clinician’s goal is to build motivation.
- Clinician’s task is to explore and resolve ambivalence.
MI Informed by Stages of Change (continued)

3. Preparation

- The patient is planning for change.
- Clinician’s goal is to negotiate a plan.
- Clinician’s task is to facilitate decisionmaking.
MI Informed by Stages of Change (continued)

4. Action

- The patient is making the identified change(s).
- Clinician’s goal is to support implementation of the plan.
- Clinician’s task is to support self-efficacy.
MI Informed by Stages of Change (continued)

5. Maintenance

- The patient is working to sustain change(s).
- Clinician’s goal is to help maintain change.
- Clinician’s task is to prevent relapse.
MI Informed by Stages of Change (continued)

- Relapse
  - Event(s) trigger the individual to return to previous behaviors.
  - Reengage.
  - Review goals and strategies.
  - Recurrence does not equal failure.
Learning Exercise

At what stage does a patient consider the possibility of change?

a. Precontemplation
b. Contemplation
c. Preparation
d. Action
Remember

“Readiness to change”

- State
- Trait
Change Talk
Increasing Change Talk

Change talk is at the heart of MI. Through our conversations, we elicit—

- **Desire** – I wish/want to...
- **Ability** – I can/could...
- **Reasons** – It’s important because...
- **Need** – I have to...
What Is Change Talk?

Change talk

- Patient expresses motivation to change.
- Example

“I wish I could stop drinking so much because I don’t want that to be an example for my children.”
Learning Exercise

Identify the change talk statements:

a. I have to cut down on my drinking so I can make it to work on time.

b. My spouse wants me to give up cigarettes.

c. The doctor thinks it is important for me to decrease my alcohol intake.

d. I want to stop taking my pain meds, but the pain won’t go away.
MI Strategies
MI Strategies Most Commonly Used in Brief Intervention

- Decisional balance
- Readiness ruler
- Personalized reflective discussion
Decisional Balance: An Explanatory Model of Behavior Change

- Highlights the individual’s ambivalence (maintaining versus changing a behavior)
- Leverages the costs versus the benefits
Conducting a Decisional Balance Discussion

- Accept all answers.
- Explore answers.
- Note both the benefits and costs of current behavior and change.
- Explore costs/benefits with patient’s goals and values.
Exercise 3
The Decisional Balance

Camilla or Marcus, 24

- Accident
- Pain
- Loss of income
- Buys illegal drugs
- Drinks excessively
- Aggressive tendencies
Readiness Rulers: I-C-R

Readiness rulers can address—

- Importance
- Confidence
- Readiness
Readiness Ruler

On a scale of 1 to 10, how ready are you to make a change?

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[Image of a ruler with numbers 1 to 10, indicating readiness levels.]
MI strategies facilitate—

- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change
The Personalized Reflective Discussion

Uses screening/assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change.

Sampl & Kadden, 2001
Personalized Reflective Discussion

Enhancing motivation and commitment

- Negotiate commitment
- Initiate reflective discussion
- Provide feedback based on screening/assessment data
- Evoke personal meaning
- Enhance motivation
Initiating Reflective Discussion

- Start the reflective discussion asking permission of our patients to have the conversation.

  Example: “Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?”
## Providing Feedback

### Substance use risk
Based on your AUDIT screening—
Score: 27

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### Review
- Score
- Level of risk
- Risk behaviors
- Normative behavior
Evoking Personal Meaning

Reflective questions: From your perspective.....

- What relationship might there be between your drinking and ____?
- What are your concerns regarding use?
- What are the important reasons for you to choose to stop or decrease your use?
- What are the benefits you can see from stopping or cutting down?
Summarizing

- Acknowledges the patient’s perceived benefits of use
- Elicits the “personal and important” problems or concerns caused by use
- Elicits, affirms, and reinforces motivation to change
- Helps resolve ambivalence and reinforces motivation
# Enhancing Motivation

## Readiness Ruler

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Negotiating Commitment

- Simple
- Realistic
- Specific
- Attainable
- Followup time line
Personalized Reflective Discussion Demonstrated

Personalized Reflective Discussion Exercise
Summary: Benefits of Using MI

Evidence based
Patient centered
Provides structure
Readily adaptable
Summarizing Motivation for Change

- Motivation is an intrinsic process.
- Ambivalence is normal.
- Motivation arises out of resolving discrepancy.
- “Change talk” facilitates change.
What’s Next

In the next session, we’ll cover the brief negotiation interview, a semistructured brief intervention process based on MI that is a proven evidence-based practice.