

Motivational Interviewing: Enhancing Motivation To Change Strategies

Learning Objectives

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

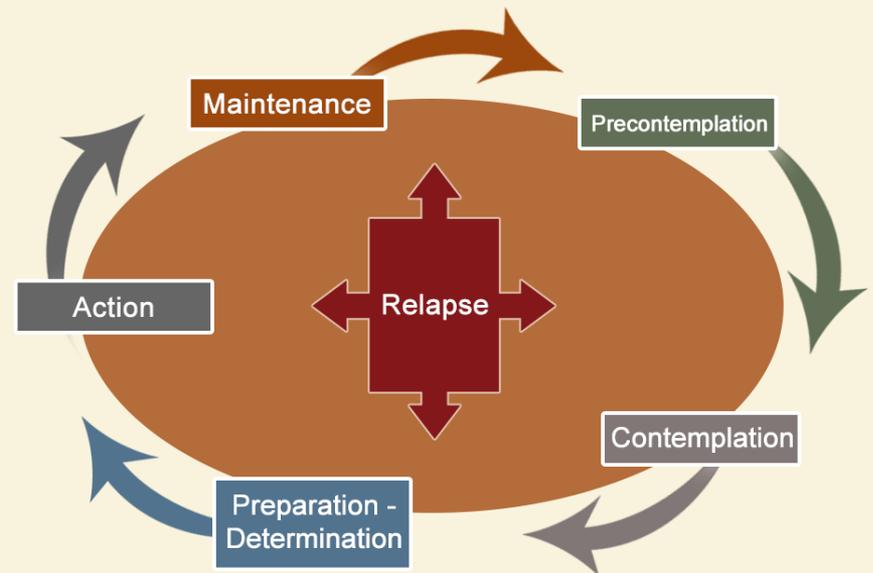
1. Describe the stages of change.
2. Demonstrate at least two methods to elicit change talk.
3. Use a decisional balance and readiness ruler.
4. Describe an overarching motivational interviewing (MI) strategy effective in brief intervention.

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

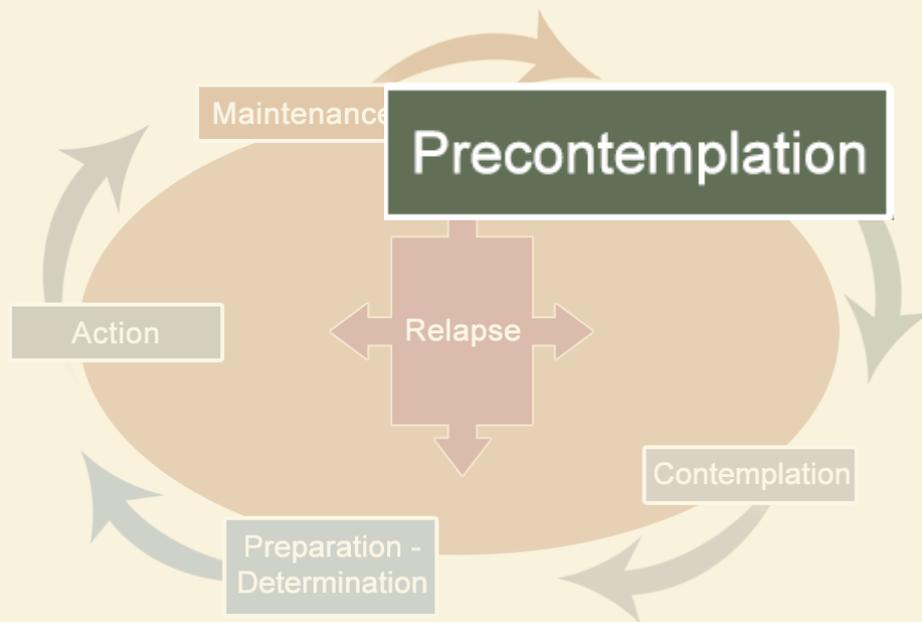


Prochaska & DiClemente (1984)

MI Informed by Stages of Change (continued)

1. Precontemplation

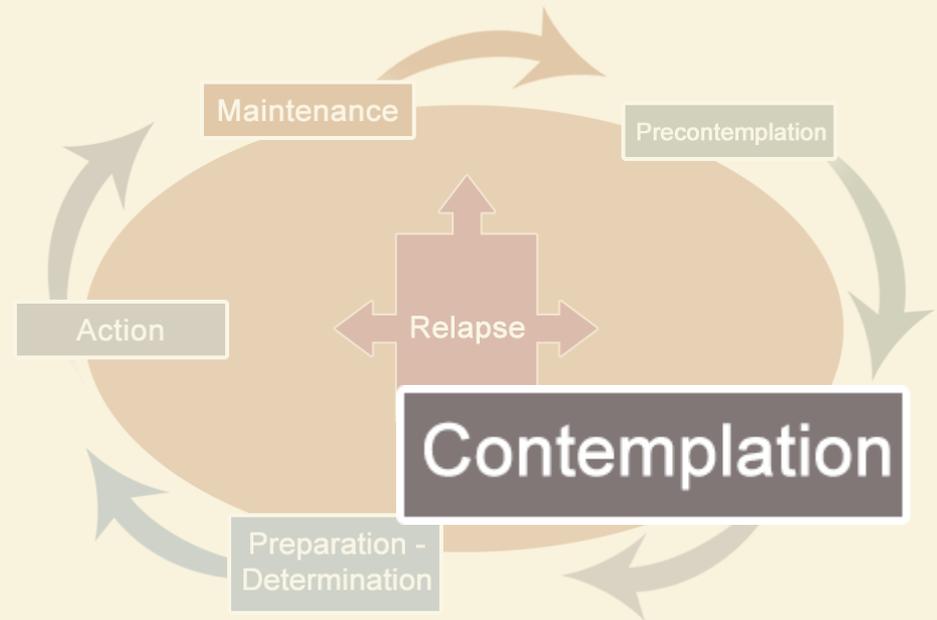
- The patient is not yet recognizing problem or considering change.
- Clinician's goal is to build rapport and raise awareness.
- Clinician's task is to inform and encourage.



MI Informed by Stages of Change (continued)

2. Contemplation

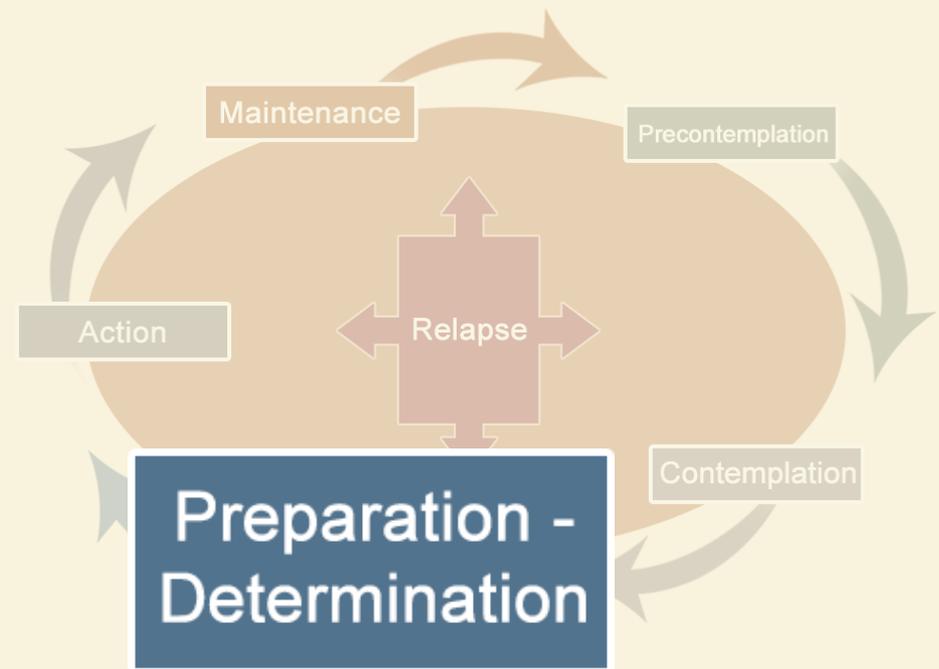
- The patient is evaluating reasons for and against change.
- Clinician's goal is to build motivation.
- Clinician's task is to explore and resolve ambivalence.



MI Informed by Stages of Change (continued)

3. Preparation

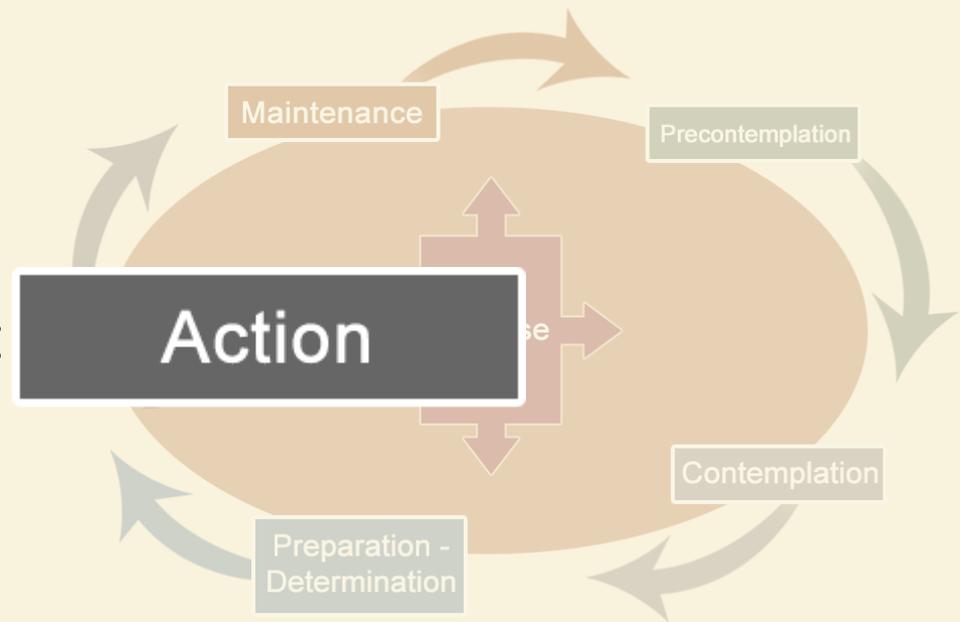
- The patient is planning for change.
- Clinician's goal is to negotiate a plan.
- Clinician's task is to facilitate decisionmaking.



MI Informed by Stages of Change (continued)

4. Action

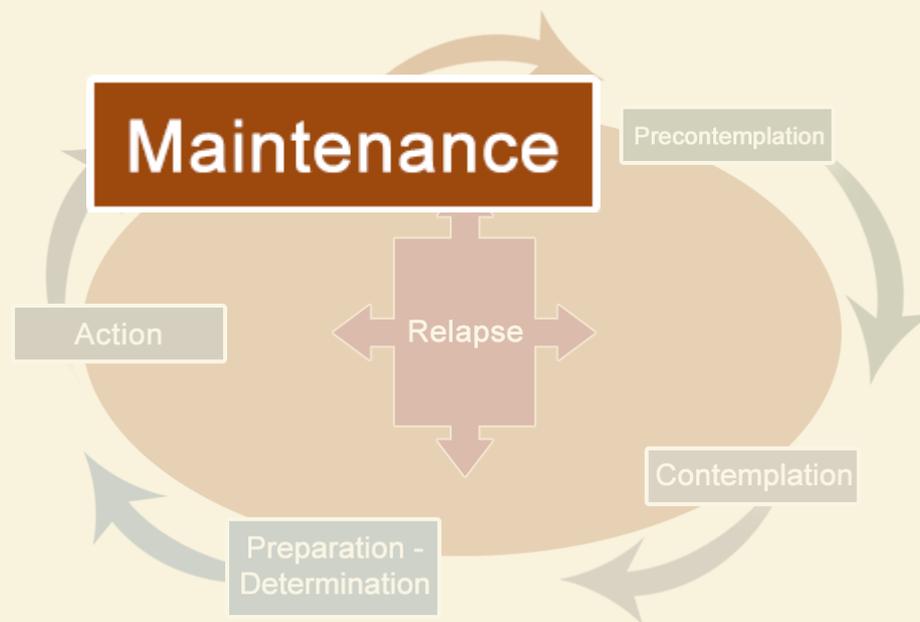
- The patient is making the identified change(s).
- Clinician's goal is to support implementation of the plan.
- Clinician's task is to support self-efficacy.



MI Informed by Stages of Change (continued)

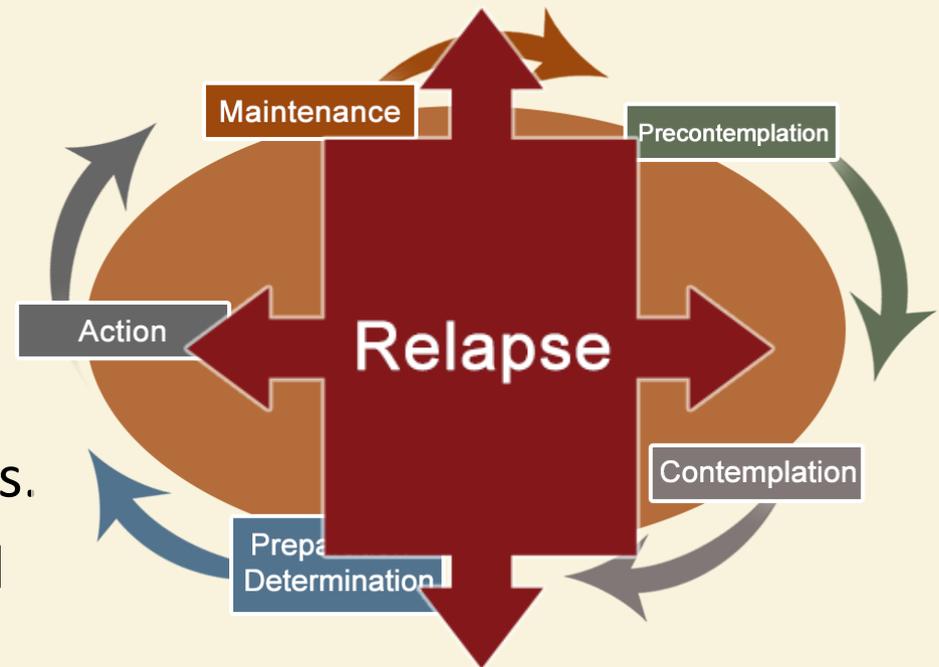
5. Maintenance

- 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—

- **D**esire – I wish/want to...
- **A**bility – I can/could...
- **R**easons – It's important because...
- **N**eed – 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

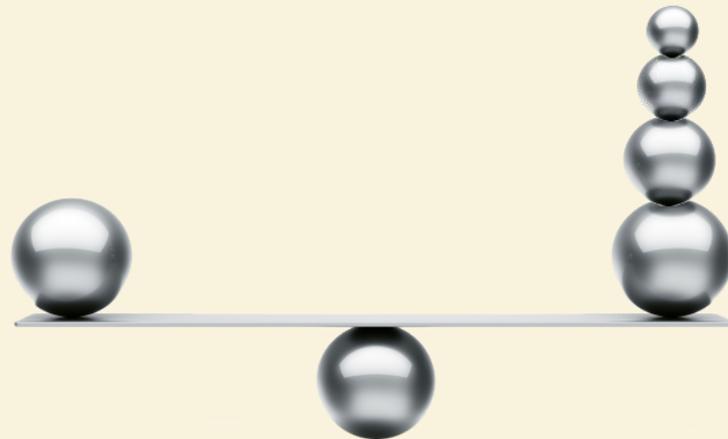
MI Strategies Most Commonly Used in Brief Intervention

- 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



Linking Screening and Brief Intervention

MI strategies facilitate—

- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change



The Personalized Reflective Discussion

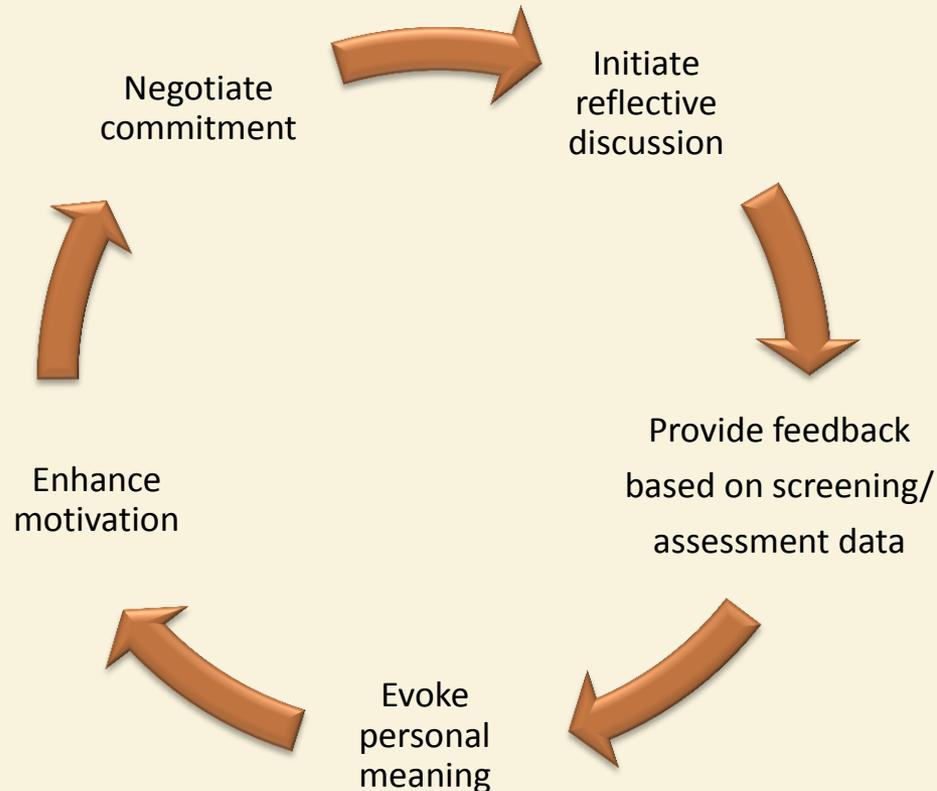
Uses screening/assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change



Sampl & Kadden, 2001

Personalized Reflective Discussion

Enhancing motivation and commitment



Initiating Reflective Discussion

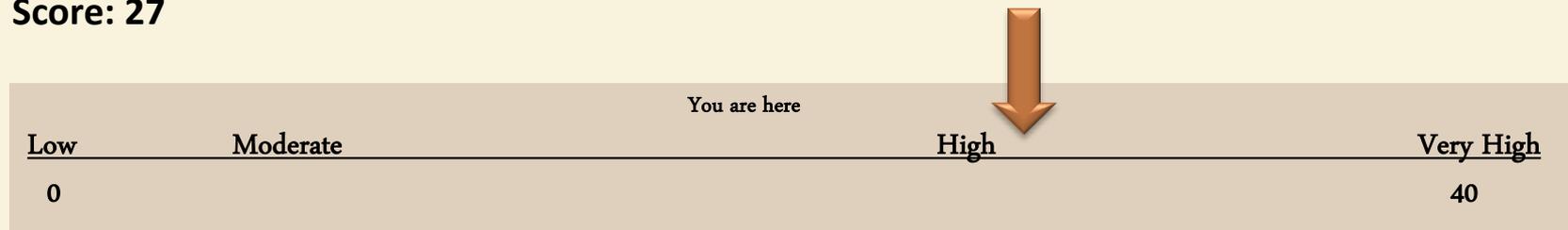
- Start the reflective discussion asking permission of our patients to have the conversation.
- Example: “Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?”

Providing Feedback

Substance use risk

Based on your AUDIT screening—

Score: 27



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



1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready



Negotiating Commitment

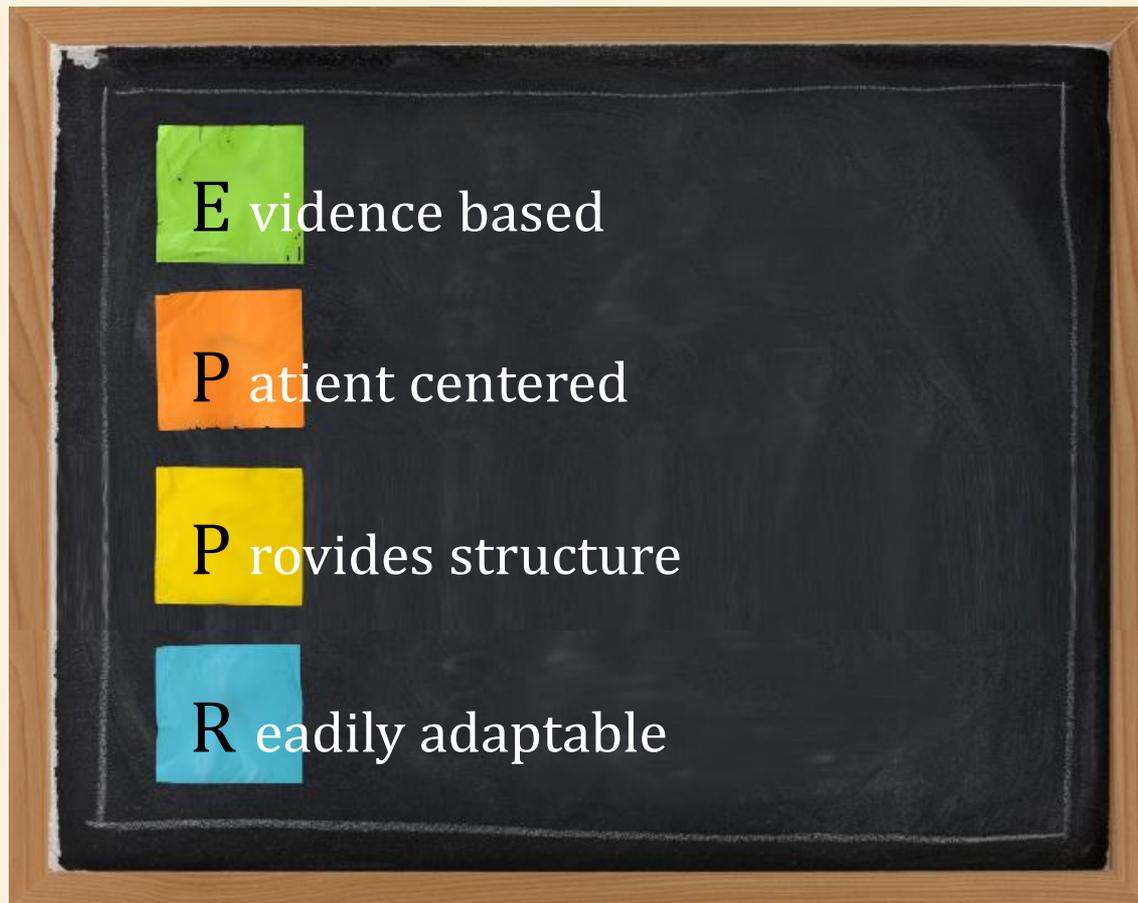
- Simple
- Realistic
- Specific
- Attainable
- Followup time line



Personalized Reflective Discussion Demonstrated

Personalized Reflective Discussion Exercise

Summary: Benefits of Using MI



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.

