



What Stimulates Change?

Translating Motivational Interviewing Theory into Practice

Dana Sturtevant, MS, RD



Influential Person Exercise

- Bring to mind someone in your life who isn't particularly helpful
 - What are their qualities?
 - What do/did they do?

- Bring to mind someone who is especially helpful
 - What are their qualities?
 - What do/did they do?



MI: What it is NOT

- **Not** arguing that a person has a problem and needs to change
- **Not** offering direct advice or giving a solution without the patient's permission
- **Not** taking an expert stance
- **Not** doing most of the talking

Shifting Focus



- From... giving information, advice and behavior change prescriptions
- To... exploring concerns, ambivalence, reasons for change and strategies for change.



Client: *I panic, I just feel so full of shakes that I take a drink before I leave the house.*

Counselor: Yes, it will be good to drink less. How much do you drink these days?

Client: Well, I'm not an alcoholic its just that I need it before I leave the house

Couns: How much would you say you drink each week, even if it is just a guess?

Client: Well you know, I don't know, I only drink wine so maybe just a few glasses a day, sometimes more, I need it to calm down really

Couns: Yes, I see that's probably at least around 20-30 glasses a week. Do you drink even when you go to pick up the children?

Client: I don't like to drink as much as I do, but when I am nervous, then I take a drink but its really not very much

Couns: Yes, and how often does this happen when you are with the children

Client: Well I don't always take wine before I go out to get the kids, but you have no idea how terrified I get, its like walking through a it out there. Today I had to hang on to a lamppost to keep steady, and not faint. Its just horrible.

Couns: and did you have a drink before you came out?

Client: Just a little one to be honest but I'm not an alcoholic you know.

Conversation A



- What is the counselor's style?
- Feelings - after the conversation: You? The client?
- What progress is the client making?



Client: *I panic, I just feel so full of shakes that I take a drink before I leave the house.*

Counselor: It helps to settle your nerves

Client: And I can go get the kids from school, shop, and then feed them

Couns: And you get quite a lot done

Client: Yes, those kids keep me going for hours after that, you know the food, the playing, going to bed and they are not easy, shouting all the time

Couns: You've told me about those panic attacks, how you work so hard to look after the kids, and about how you sometimes need a drink before you leave the house.

Client: Yes, that's exactly right

Couns: May I ask you, could we spend a few minutes talking about the alcohol, how it helps and what else you've noticed about it?

Client: Well as I said, it calms my nerves, but it can't go on like this forever

Couns: Although it helps, you're concerned about it

Client: Well I'm not an alcoholic you know but I can't be drinking while I am with the kids

Couns: You don't want your life to revolve around drinking

Client: Exactly, you know I must watch it

Conversation B - MI Consistent



- What is the counselor's style?
- Feelings - after the conversation: You? The client?
- What progress is the client making?

Why shift how we talk to patients about change?



- Health behaviors relate to deeper issues
- The counselor's role is to help clients explore the possibility of change, not to ensure change happens
- Behavior change is driven by motivation, not information
- Motivated clients solve their own barriers
- Almost every piece of advice you might offer has already been thought about, and rejected, by your clients
- Much can be covered in a 10-minute encounter

Ken Resnicow, PhD, MI Epiphanies

The Paradox of Change



When a person feels accepted for who they are
and what they do

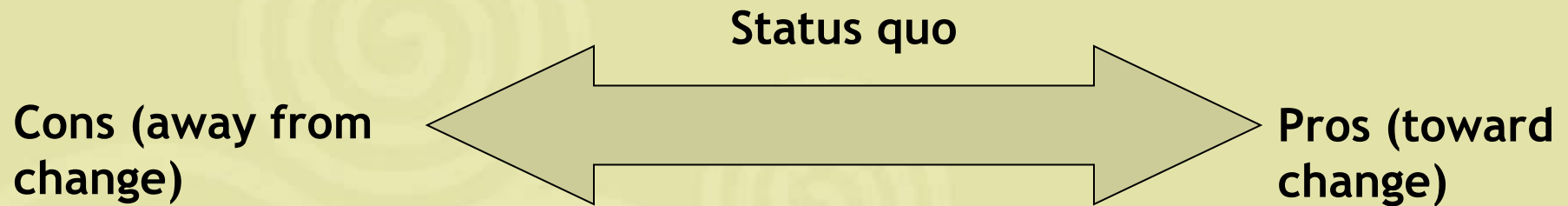
- no matter how unhealthy -

it allows them the freedom to consider change
rather than needing to defend against it.

Ambivalence



People can and do get stuck in ambivalence



When you take the side of change, your patients argue the other side and literally talk themselves out of changing.

Source: MI in Health Care

What motivates change?



- Ambivalence is a normal and natural part of the change process.
- *Provide a safe, supportive, empowering environment for the person to explore ambivalence.*
- *Ask open ended questions to get the patient to talk about the pros and cons of change.*

What motivates change?



- If you are told what to do, there is a good chance that you will do the opposite.
- *People want to feel in control.*

What motivates change?



- Your beliefs are more influenced by what you hear yourself say than by what others say to you.
- *Encourage patients to say the kinds of things we usually tell them.*

What motivates change?



- Knowledge about the risks and benefits is an important element in deciding to change.
- *Provide personal feedback, advice, and/or education in a neutral manner.*

What motivates change?



- People who express motivation to change are more likely to change (change talk)
- Those who argue against change are less likely to change (resistance)
- *Listen to your patients. See resistance as a signal to change course.*

What motivates change?



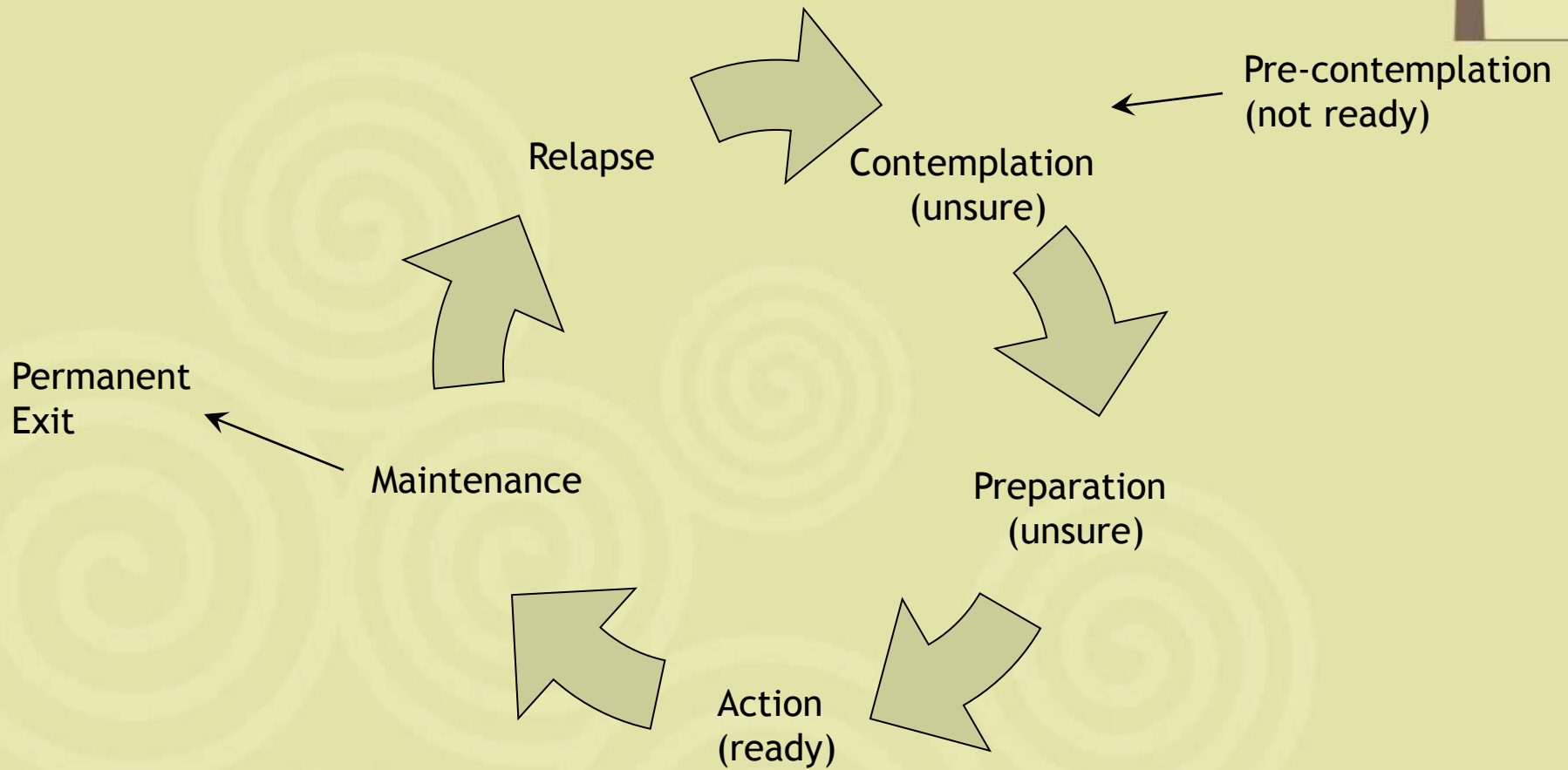
- The interaction between counselor and patient powerfully influences the patient's resistance, compliance and change.
- *Never underestimate the power of relationship.*

What motivates change?



- Brief visits have the potential to produce similar outcomes to longer, more intense visits.
- *Spending even a few minutes with a patient can lead to behavior change.*

Stages of Change



MI Spirit: key components



- Understanding
- Patient-centered
- Collaborative
- Individualized
- Emphasizes freedom of choice
- Respectful/accepting

Spirit v Skills



The **spirit** is far more important than any of the key skills associated with MI

Dancing v. Wrestling

Tapping v. Pulling

Consulting v. Instructing

Eliciting v. Imparting

Advantages



- Reduce patient resistance
- Increase long-term behavior change
- Increase patient and provider satisfaction
- Reduces burnout
- Reduce malpractice litigation



How do you know when the conversation
isn't going well?

What are the signs?

Recognizing Resistance



- Arguing
- Interrupting
- Negating
- Ignoring
- Body language

See resistance as a signal to change course.

Resistance can be generated by:



- Using a judgmental or confrontational approach
- Talking down to a client
- Discounting the person's feelings and thoughts
- Telling a person what to do
- Assuming an 'expert' stance
- Appearing cold or distant (lacking empathy)

Resistance Traps



The “Righting Reflex”

The need to....

- Fix things
- Set someone right
- Get someone to face up to reality



Three Traps/Three Strategies

Trap	Strategy
1. Take control away	Emphasize personal choice and control
2. Assume patient wants to change	Ask open-ended questions to better understand patient's thoughts and concerns about the behavior in question
3. Meet force with force	Back off and come alongside the patient - seek to understand how he or she is feeling

Guiding Principles



- To resist the righting reflex
- To understand and explore the patient's own motivations
- To listen with empathy
- To empower the patient and encourage hope

OPEN EARS



- **O**pen-ended questions
- **E**ncourage; empathize
- **P**ermission first
- **A**ffirm
- **E**licit change talk
- **R**eflectively listen
- **N**urture confidence
- **S**ummarize

Providing Information, Feedback, and Advice



Ask permission first

- Directly
 - “Can I share some information with you?”
 - “I have a handout you might find helpful. Would you like to go over it together?”

- Indirectly
 - “You can take or leave what I am about to say. As your dietitian, I strongly encourage you to start testing your blood sugar daily.”
 - “This may or may not work for you - some patients find that ...”



Providing Feedback

- Be clear, brief, and non-judgmental
 - Avoid using words of judgment - “*too big,*” “*too much*”
- Use visual materials, when possible
- Compare to norms, standards, historical data and other clinical benchmarks
- Elicit patient’s response or interpretation

Feedback



- “Your cholesterol is 240. Last year it was 220. The recommendation is to keep it below 200.”
- “Here is a copy of your recent lab report. When you see this, what comments or questions do you have?”
- “This graph shows your weight change over time. When you look at it, what comments do you have?”

Exchanging Information



- Let go of educating on every risk, concern, or issue.
- Avoid overwhelming clients with too much information
 - pick one or two areas to focus on

Giving Advice



- Avoid overly restrictive language
 - “you have to...” “you must...” “you can’t keep...”
- Emphasize freedom of choice and personal responsibility
- Voice confidence in the client’s ability to change/adhere

Let go of statements like:



You should...

You must...

You have to...

It's important that you...

You really need to...

You can't keep...

You

shouldn't...

Try using:



- *Research shows...*
- *What we've noticed here is...*
- *Many patients say that... others find that...*
- *You might consider...*
- *I strongly encourage you to...*
- *We believe that...*



Exchanging information: EOE

- **Explore** what the patient knows or what they would like to know
- **Offer** information in a neutral, non-judgmental tone
 - Options and Choice
 - *Some of what I say may differ from what you've heard.*
- **Explore** the patient's thoughts, feelings, and reactions to what you've shared

Handouts the MI Way



- Ask permission to provide
- Limit to one or two key items
- Review key points with the patient
- Have the patient interact with the information
 - *“What are your thoughts after looking at this?”*
 - *“What comments or questions do you have?”*



Practice Activity

- What is one change you'd like to make to your lifestyle?
- Partner up - Speaker and Listener
- Listener asks:
 1. *Can we talk about this for a minute?*
 2. *What are some reasons for wanting to make this change?*
 3. *What else?*
 4. *What do you think the next step might be?*
 5. *Summarize*

Key Points



- Resist the urge to fix things
- Dance with your patients
- See resistance as a signal to change course
- Listen more, talk less

Key Points



- Support autonomy and respect freedom of choice
- Embrace the different possibilities besides “action” for defining a successful encounter
- Remember your relationship is your most powerful tool!



Next Steps

- Take a few minutes to reflect on this presentation
- Identify 2-3 things you plan to do differently:
 - What do you want to do *MORE* of?
 - What do you want to do *LESS* of?

Thank You!



Dana Sturtevant, MS, RD
www.motivatingchange.org
www.benourished.org
dana@benourished.org
503-288-4104

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