Motivational Strategies:
Starting the Conversation
Behavior Change
Change is a Process
Meet the Patient at His/Her Place of Readiness

“What are your thoughts about…”
Expect Resistance

• 80% of behavior change programs (substance abuse, weight loss, smoking cessation) are designed for only 20% of the population they are designed for—James Prochaska

• Designed for people who are in the “action” stage of change and most people are in the pre-contemplation or contemplation stage of change.

• Current treatment system does not work well for people who are not quite ready.
Traditional Health Behavior Change

- Confrontational
- “Expert” driven

What makes an “expert”?
Client’s Topic – Real Play

• Something about yourself that you
  • Want to change
  • Need to change
  • Should change
  • Have been thinking about changing

• But you haven’t changed yet

• In other words – something you’re ambivalent about…
Professional – Find Out What Change the Person is Considering Making, and Then

• Explain why the person should make this change
• Give at least three specific benefits that would result from making the change
• Tell the person how they could make the change
• Emphasize how important it is to change
• Persuade the person to do it
• If you meet resistance, repeat the above

P.S. This is NOT motivational interviewing
“People tend to **resist** that which is forced upon them”

“People tend to **support** what which they helped create”

- Vince Pfaff
People are more willing to change when they are completely free not to change
What Should Be in Definition of MI?

• It’s a conversation about “change”

• It’s collaborative and not expert driven

• The interviewer uses skills to evoke
A Taste of Motivational Interviewing
Processes for MI (Overlapping, Guiding Principles)

• Engagement
• Focusing
• Evoking
• Planning
Communication Methods

- **Open-ended questions**
- **Affirmations**
- **Reflections**
- **Summaries**
Let’s Practice

• Do you want to stop smoking?
• Are you interested in starting an exercise program?
• Do you eat fruits and vegetables?
• Isn’t your weight a concern for you?
• What about exercise, are you ready to start walking?
• Do you realize the health consequences from smoking?

Are you taking your medication daily?
Affirmations

- Statements of appreciation to nurture strengths
- Strategically designed
  - Anchor clients to their strengths, values and resources despite difficulties/challenges
Discouraged Patient

“I’ve tried sixteen times to quit smoking.”

Support self-efficacy

Counselor: “Wow, you’ve already showed your commitment to trying to stop smoking several times. That’s great! More importantly you’re willing to try again.”
“Yeah, But…” Syndrome

• I can’t afford those medications, but
• I’m afraid I’ll gain weight if I quit
• I don’t smoke nearly as much as some other people that I know
“Ambivalence”

Smoking helps me relax

I’m afraid I’m going to die young

I really enjoy it

I hate the way I smell
Types of Reflections

• **Repeating**: Repeats an element of what the speaker said

• **Rephrasing**: Stays close to what was said but, slightly rephrases what was offered

• **Paraphrasing**: Restatement, infer meaning in what was said and reflect back in new words—adds to or extends what was said

• **Reflection of feeling**: Paraphrase emotional dimension
Reflective Listening to Decrease Resistance

Simple reflection

• Acknowledges the patient, reflecting “here is what I heard you say”

Amplified reflection

• Reflect back the issue in an exaggerated way, usually the patient will back off

Double-sided reflection

• Reflect back the patient’s ambivalence, “both sides of the coin”
Summaries

• Reflecting elements that will aid the client in moving forward

• Selective judgment in what to include & what to exclude
Getting Started

Exploring and enhancing motivation for a behavior change may be more important than giving a "how to" plan
Exploring and Enhancing Motivation

Importance
Confidence
Elicit – Ask what the patient knows or would like to know.

“What do you know about nicotine and the effect that it may have on your ability to remain drug/alcohol free?”
Brief Intervention
Elicit-Provide-Elicit

Provide – Information in a neutral nonjudgmental fashion

“Research suggests that…”

VS . . .

“Your sobriety is being jeopardized every time you smoke.”
Brief Intervention
Elicit-Provide-Elicit

Elicit – The patient’s interpretation

“What does this mean to you? How can I help?”

VS . . .

“It’s obvious from this information that you have no choice and you must quit.”
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Listener

• Listen carefully with a **goal of understanding** the dilemma

• **Give no advice**

• Ask these open questions and *listen with interest*
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons to do it?

• Give a short summary/reflection of the speaker’s motivations for change

• Then ask: “So what do you think you’ll do?” *and just listen*
Feedback

• What was that experience like?
• What did you like about it?
• What did you not like about it?
• Did you feel encouraged to make the change?
Would you rather work with these people…

Common Human Reactions to Being Listened to

- Understood
- Wanting to talk more
- Liking the professional
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative
OR These?

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate

- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable
Motivational Interviewing Pocket Guide

**PARTNERSHIP, ACCEPTANCE, COMPASSION, EVOCATION**

Work together in the patient’s interest. Express empathy, honour autonomy, acknowledge strengths, and elicit the patient’s own motivation.

**Ask Open Questions**
- What...?
- Why...?
- How...?
- Tell me about...?

**Give the patient the good lines**
- D: I want to...I would like...
- A: I can...I am able to...
- R: I have reasons to...
- N: I need to...I have to...
- C: I will, I intend to...
- A: I am willing, I am ready to...
- T: I have, I am taking steps...

**Reflect what you hear**
- (especially change talk)
  - It’s like...
  - You feel...
  - It seems to you...
  - You would like to...

**Advice and Information**
**Elicit-Provide-Elicit**
- E: What do you know about...?
- What are your thoughts about...?
- P: May I provide some information/ideas?
- Where possible, suggest a range of options
- E: What do you make of that/what might be helpful for you?

**Assess Importance & Confidence**
- How important is it to you to...?
- How confident are you that you can...?
- What makes you a .... and not a (lower #)?
- What would it take to lift your confidence/importance to a (higher #)?

**Engage first**
**Explore options to find a focus**
**Evoke reasons, strengths and values**
**Plan together**