

Motivational Interviewing

This slide set provides information for GPs about:

- MI – definitions and key principles
- obstacles and unhelpful assumptions
- effective MI approaches
- stages of change & clinician's tasks
- steps in MI
- recognising & reducing resistance
- exploring importance & building confidence.

Please adapt this slide set to meet the learning/information needs of your GP group(s).

Motivational Interviewing – MI

- A style of counselling that aims to facilitate patient-driven decisions to change harmful behaviour
- Can be readily incorporated in the general practice consultation
- MI may be useful during initial GP consultations with a person who is 'contemplating' changing their behaviour but may be experiencing ambivalence about these changes.

Motivational Interviewing

- For patients that are already highly motivated to change their behaviour, Motivational Interviewing can be used to help support them achieve their goals
- Motivational Interviewing techniques are relevant to any problematic behaviour and potential change.

Source: Jarvis, T., Tebutt, J. & Mattick, R. 1995, 'Motivational Interviewing', *Treatment Approaches for Alcohol and Drug Dependence, An Introductory Guide*, ch. 3, John Wiley & Sons Ltd., Chichester, England.

MI Techniques Are Useful Because...

- People present to GPs for all sorts of reasons
- Many patients see AOD use in ways that may or may not impact on their health or lifestyle
- Many patients don't link their use of AOD with issues they wish to discuss with their GP
- Once harms are uncovered by screening, MI can provide the motivation for people to contemplate their drug use or to come back for another consultation to discuss their drug use.

Motivational Interviewing

MI: 5 Key Principles

- Express Empathy
- Reduce Ambivalence & Develop Discrepancy
- Facilitate Self-motivational Statements
- Avoid or Roll with Resistance
- Use Counselling Micro-skills.

Motivational Interviewing

- **Express Empathy**
Use a style of listening in which your patients' comments are reflected back to them, like paraphrasing. This style builds a rapport with the patient. It involves acceptance and respect of the patient's position (often ambivalent) and skilful, reflective listening
- **Reduce Ambivalence/Develop Discrepancy**
Reduce the tension between the pleasure and benefits of the use and increase the desire to decrease the harms. These feelings often get stronger the closer the patient comes to a decision to change. Doing this will motivate change. Remember, the patient should drive strategies for change
- **Facilitate Self-motivational Statements**
The GP should assess the patient for:
 - willingness to receive information
 - acknowledgement of harms
 - a desire/need to change.Eliciting these statements from the patient is one goal of Motivational Interviewing. Patient belief in the possibility of change and in the range of alternatives is important. Remember, the patient is responsible for change and choices
- **Avoid or Roll with Resistance**
Reframing patient statements can increase motivation without eliciting resistance
- **Counselling Micro-skills**
Use:
 - open-ended questions
 - reflective listening
 - affirmations
 - summarising.In Motivational Interviewing these skills are used to direct the client to want to change.

Source: Jarvis, T., Tebutt, J. & Mattick, R. 1995, 'Motivational Interviewing', *Treatment Approaches for Alcohol and Drug Dependence, An Introductory Guide*, ch. 3, John Wiley & Sons Ltd., Chichester, England.

Miller, W. & Rollnick, S. 1991, 'Motivational Interviewing' *Preparing People to Change Addictive Behaviour*, The Guilford Press, New York, pp. 56–62.

Obstacles to Using MI

- Time
- Nature of relationship
- Expectations
- Skills
- Practice issues.

Motivational Interviewing

- **Time**

Although the amount of time available to the GP in the usual consultation is quite limited, there are elements of Motivational Interviewing that can be utilised even within short time frames. If keen to motivate patients, allocate the time required

- **Nature of relationship**

The GP setting is not like counselling where it is 100% about the patient's agenda, but it is also not like other medical settings where the patient is dependent on the doctor

- **Expectations**

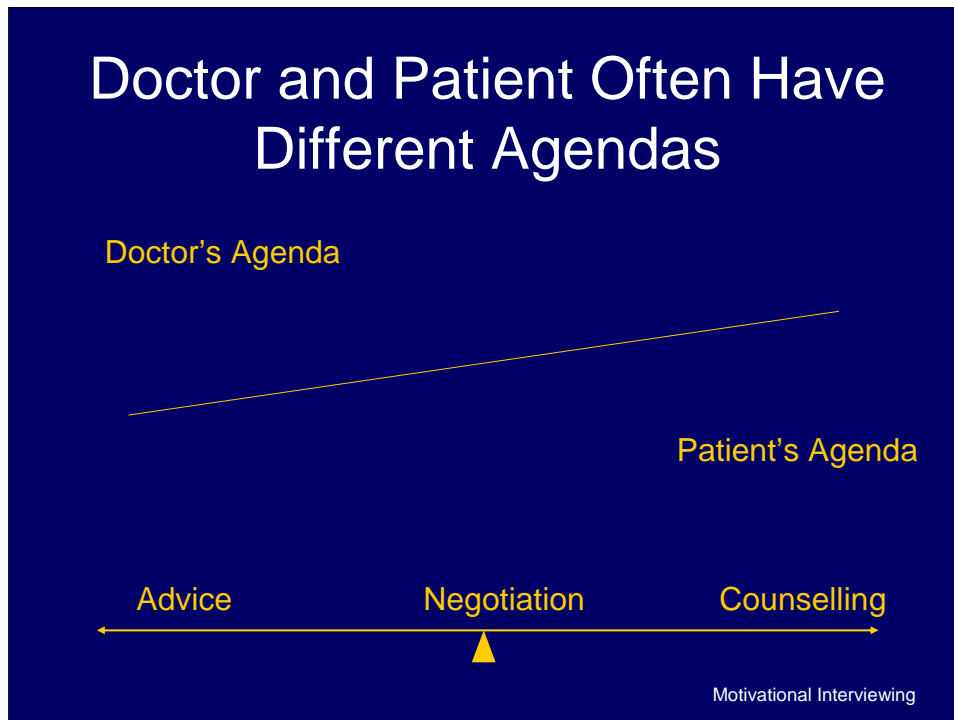
The GP and the patient may have different expectations. Nonetheless, there is considerable scope to apply Motivational Interviewing principles in the GP context

- **Skills**

The GP's reflective skills are crucial to Motivational Interviewing and may need to be honed

- **Practice Issues**

Busy clinics are not usually conducive to MI.



The GP and the patient will often have different agendas. From the GP's perspective the inclination is often to give 'Advice' and tell the patient what to do, whereas from the patient's perspective what is often a more appropriate and acceptable approach entails non-judgmental, non-directive counselling. The relationship balance often requires a degree of 'negotiation'.

Source: Mason, P. 1997, *Respecting Choice: Brief Motivational Interviewing*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

MI: 8 Unhelpful Assumptions

1. The patient ought to change behaviour
2. The patient wants to change behaviour
3. Health is the patient's primary motivator
4. The intervention has failed if the patient doesn't choose to change
5. Patients are either motivated to change or not
6. Now is the right time to choose to change
7. A tough approach is the best approach
8. I'm the expert; the patient must follow my advice.

Motivational Interviewing

Source: Mason, P. 1997, *Respecting Choice: Brief Motivational Interviewing*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

A Basic Tenet of Behaviour Change

*I learn what I believe as
I hear myself speak.*

Motivational Interviewing

- This statement is one of the foundations of motivational interviewing
- The doctor assists the patient to come to his or her own conclusion that change is necessary for them and has significant benefits.

Effective MI Approaches: A to H

A dvice:	Provide clear advice
B arriers:	Address barriers to change
C hoice:	Explore options for change
D esirability:	Reduce desirability of status quo
E mpathy:	Be empathic
F eedback:	Give feedback regarding progress
G oals:	Assist in setting and modifying goals
H elping:	Have an active helping attitude.

Motivational Interviewing

- Encourage GPs to employ each or all of the techniques outlined
- This is a dense slide. It will require some time to work through each of the items listed. **Do not rush through it.** Allow plenty of time for the trainees to respond to each item and encourage members of the group to give examples of how they have or could use these approaches.

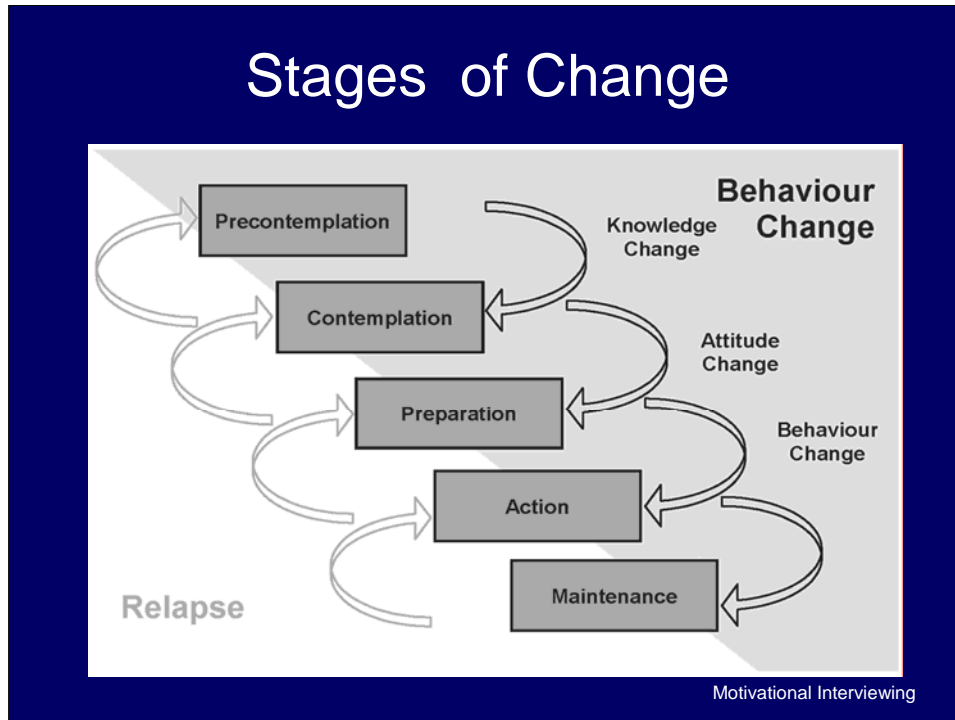
What to Do & When to Do It

Stages of Change	Clinician's tasks
Pre-contemplation	Raise doubt – increase the patient's perception of risks and problems associated with current behaviour
Contemplation	Tip the balance – evoke reasons to change and the risks of not changing; strengthen the patient's self-efficacy for change of behaviour
Determination	Help the patient to determine the best course of action to take in seeking change
Action	Help the patient to take steps toward change
Maintenance	Assist the patient to identify & use strategies to prevent relapse
Relapse	Help the patient to renew the stage of change, without becoming stuck or demoralised because of relapse

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- Remember that because motivation comes and goes, the patient is likely to move back and forth through the stages of change. To avoid frustration, focus on the fact that this is a normal, expected process. It is not an indication of your failure, or that of the patient
- The patient must be reminded and be conscious of:
 - what they *want* to do (Importance)
 - that they *can* do it! (Confidence).

Source: Mason, P. 1997, *Respecting Choice: Brief Motivational Interviewing*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.



Source: McDonald, J., Roche, A.M., Durbridge, M. & Skinner, N. 2003, *Peer Education: From Evidence to Practice. An Alcohol and Other Drugs Primer*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

Pre-Contemplation Stage

- Patient is
 - ‘happy’ using
 - unconcerned
 - not aware of a problem
 - not showing any indication of wanting to change
 - doesn’t want to consider change
- Intervention strategy
 - harm reduction
 - raise doubts
 - increase patient perception of potential risks and problems.

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A ‘happy’ user is generally described as a person who does not link any problems with his or her use of AOD, and is generally unconcerned by the use or related behaviours.

Source: Mason, P. 1997, *Respecting Choice: Brief Motivational Interviewing*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

Preparation Stage

- Patient is
 - intending to take action
 - making small behavioural changes
 - considering options to assist change
- Intervention strategy
 - make patient aware of benefits and consequences of behaviour change
 - patient requires strategies to cope with consequences
 - provide practical advice on how to change.

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Maintenance Stage

- Patient
 - has changed / stopped unwanted behaviour for a relatively long period (over six weeks)
 - is working to prevent relapse
 - is consolidating gains
- Intervention strategy
 - prepare the patient for the possibility of lapse / relapse
 - reinforce the benefits of continued change.

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Steps in MI

1. Assess the patient	<ul style="list-style-type: none">• Establish rapport• Take a history (use, typical day)• Provide results & feedback (objective & what it means)
2. Explore the good & less good	<ul style="list-style-type: none">• Explore & summarise• Present & future concerns• Provide information
3. Help with the decision	<ul style="list-style-type: none">• Summarise & give unbiased information
4. Help set goals	<ul style="list-style-type: none">• Don't take over• Give information & examples• Discuss ability to achieve goals

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The 5-minute Assessment

1. How important is your... use to you?

On a scale of 1–10
(1 = not important, 10 = very important)

2. How confident are you about changing?

On a scale of 1–10
(1 = not confident, 10 = very confident)

3. Why did you score yourself so high / low?

4. What would help to move you higher on the scale?

5. How high on the scale would you need to be to change?

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- Question 4 encourages self-motivating statements
- This question process helps set the agenda for the patient and the GP.

The Best Scenario Is...

- When the GP & patient are working together on the problematic behaviour
- When minimal resistance is elicited in the patient
- When the GP helps to increase patient motivation.

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Recognise Resistance

When patients:

- argue
- interrupt
- fail to link (problems to use)
- ignore problems
- fail to engage.

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Reduce Resistance

- Shift the focus
- Express empathy
- Emphasise personal choice and control
- Summarise
- Stop providing solutions.

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- If a particular point or topic elicits resistance, move on to another issue or change the focus of that issue/topic
- One strategy is to increase patient motivation. Encourage patients to find their own solutions and control their own behaviour. The GP has to stop providing the solutions.

Explore Importance

1. What are the *good* things about... (behaviour)?
– e.g., Tell me about your use of...?
2. What are the *less good* things?
3. Summarise
4. Where does this leave you now?

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- Point 4 is very important. The patient evaluates his or her position on the given behaviour, and is then in a position to decide whether he or she wants to change the behaviour and discuss strategies to achieve this
- Motivational Interviewing strategies can be useful for any other potentially harmful behaviour, e.g.:
 - Eating chocolate (behaviour) – Diabetic or Overweight (harm)
 - Not wearing condoms (behaviour) – STDs or HIV (harm).

Build Confidence

Ask the patient:

- What things have you found helpful in any previous attempts to change?
- Is there anything you can learn from any problems you had last time you tried to change?
- Are there things you know about that have worked for other people?

Motivational Interviewing

Remember

- Leave the door open.....

'In summary, it seems that at the moment you don't want to change this behaviour but if you want to talk about it further at some stage or do decide that it starts to cause you problems please feel free to come and see me again, and we can discuss this further...'

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More Information

For more information about
Motivational Interviewing
visit:

www.motivationalinterview.org

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