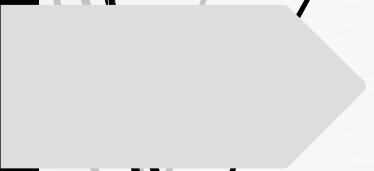


# Motivational Interviewing






# Outline



- × Motivation and MI
- × TTM stages of change
- × Principles and stages involved in Motivational Interviewing
- × Strategies for MI
- × FRAMES brief intervention approach
- × Clinical Study : Effectiveness of MI in excessive alcohol Use
- × MI and managed care
- × Summary



# What is Motivational Interviewing ?

- 
- × Motivation is the impetus that gives purpose or direction to behavior and operates in humans at a conscious or unconscious level [ American Psychology Association ]
  - × MI is a clinical strategy designed to enhance client motivation for change
  - × It can include counseling, client assessment, multiple sessions, or a 30-minute brief intervention
  - × Motivational interviewing builds on Carl Rogers' optimistic and humanistic theories about people's capabilities for exercising free choice and changing through a process of self-actualization

# Motivational Enhancement Therapy

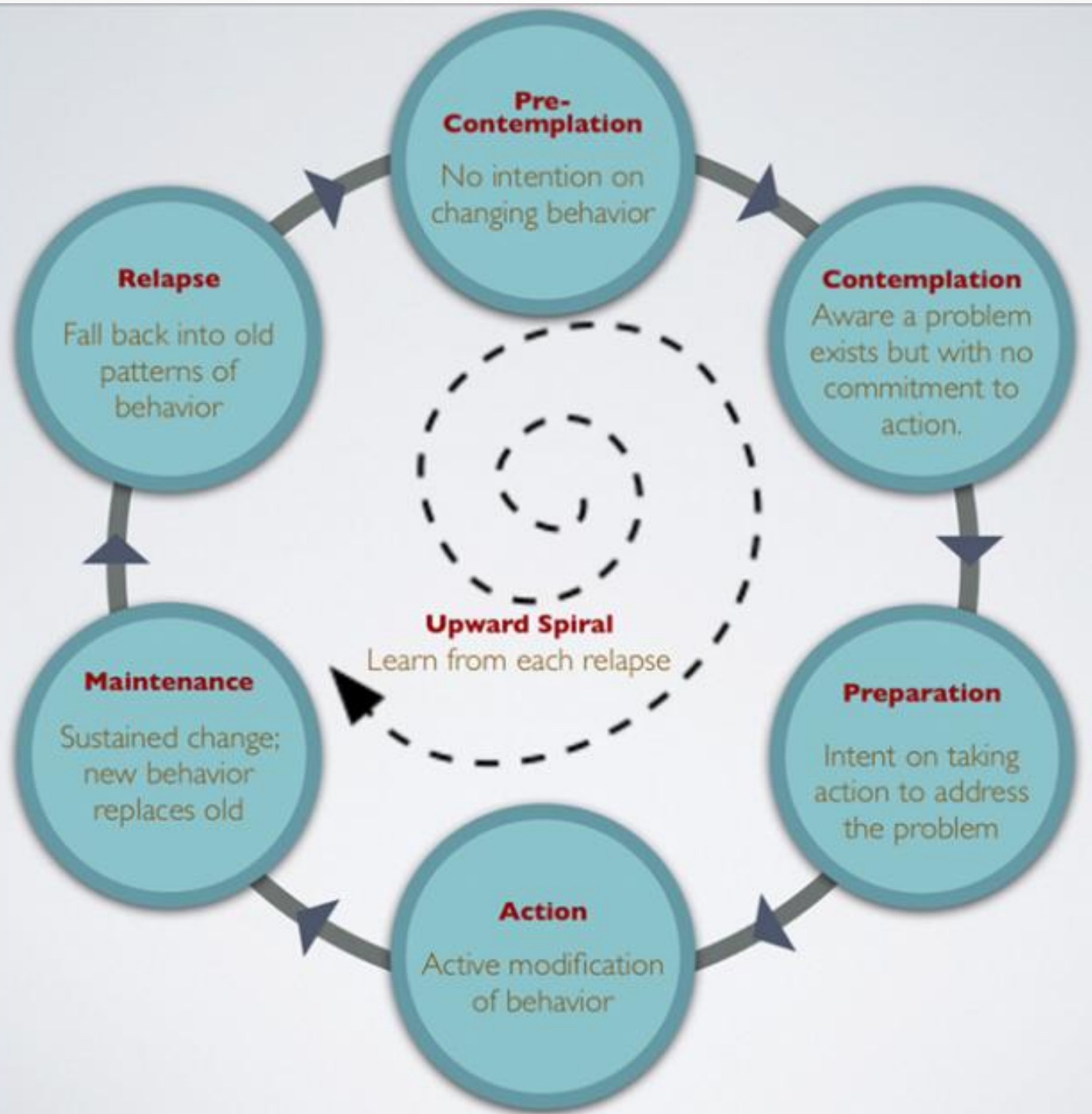
Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change. It is based on principles of motivational psychology, and is designed to produce rapid, internally-motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client's own change resources. It may be delivered as an intervention in itself, or may be used as a prelude to further treatment

MET may be particularly useful in situations where contact with clients is limited to one or a few sessions. Treatment outcome research strongly supports MET strategies as effective in producing change in problem drinkers



# The Transtheoretical Model of Stages of Change

- × The TTM may be thought of as a cycle of distinct cognitive–behavioral indicators that describe six distinct stages of change
- × Prochaska, Norcross and Diclimente defined a change process as “any activity that you initiate to help modify your thinking, feeling, or behavior” [1994]
- × The processes of change are covert and overt activities and experiences that individuals engage in when they attempt change. Effective change depends on doing the right things (processes) at the right time






# Stages of Change



- × The initial stage in the course of change is precontemplation
- × This is the stage when the individual has no intention of changing behaviour in the foreseeable future
- × Resistance or ambivalence toward recognizing or modifying a problem is the hallmark of precontemplation
- × Others may even demonstrate change as long as real or perceived external pressure is placed on them; once pressure is removed, however, they typically quickly return to their old behavior patterns

# Stages of Change

- 
- × Contemplation is the second stage
  - × Pressures eventually lead a person to contemplate [marital/family/social/medical etc]
  - × Contemplation is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment
  - × This is the stage where the individual considers changing and is bolstering his or her intention of changing at some point in the future, typically within the next 3 months
  - × The individual is becoming aware of the negative impact of maintaining the status quo and the potential payoff of changing, but he or she must weigh the perceived benefits of change against the perceived costs and barriers



# Stages of Change



- × Preparation is the third stage and combines intention with behavioural criteria
- × Individuals in this stage tend to be focused on pursuing a change of behaviour in the immediate future, defined as within the next 30 days
- × They may or may not have made previous attempts to make this change
- × This is the stage where the person is most ready for change.
- × The tasks of this stage are for the person to bolster his or her determination, continue to increase his or her self-efficacy and commitment, and prepare for upcoming action

# Stages of Change



- × Action is the stage in which the individual modifies behavior, experiences, or environment to overcome his or her problems
- × The time frame is typically about 6 months and involves the individual achieving sufficient lifestyle modification
- × At this stage of change the individual should display a consistent pattern of cognitive, emotional, and/or behavior change, which is typically visible to others



# Stages of Change



- × Maintenance is the stage in which the individual works to prevent retrogressing to preexisting patterns [ old habits ]
- × Avoiding regressing, and consistently engaging in a new, incompatible behavior for more than 6 months, are criteria for realizing successful maintenance
- × This stage typically begins approximately 6 months after the action stage begins and typically extends for at least another 6 months
- × For some behaviors (e.g., addictive behaviors, such as alcoholism), maintenance can be considered to last a lifetime
- × Maintenance is a continuation, not an absence, of change

# Stages of Change




- × Termination, the final phase in the change process, is reached when the individual has permanently achieved lifestyle change
- × she or he has ceased a self-defeating behaviour and replaced it with a more desirable, healthier lifestyle
- × This stage is defined by 100% self-efficacy for maintaining the changed lifestyle with absolutely no temptations for retrogression
- × For some conditions, such as addictive behaviours, a more realistic goal may be to obtain lifelong maintenance, because acquiring 100% self-efficacy and no temptation to relapse may be unrealistic
- × When change becomes completely integrated into a new lifestyle, the individual can successfully exit from or terminate the overall change process and if person regresses to former habits it is a relapse which may cause the cycle to begin all over again




# Motivational Interviewing

It has 4 stages

- × **Engaging the patient**
  - × **Focusing on a desired behaviour change**
  - × **Evoking the patients ideas, commitments, values, motivation**
  - × **Planning how the patient can go enacting the change succesfully**
- 



# Five principles of Motivational Interviewing



The clinician should practice motivational interviewing with five general principles

Express empathy through reflective listening

Develop discrepancy between clients' goals or values and their current behavior

Avoid argument and direct confrontation

Adjust to client resistance rather than opposing it directly

Support self-efficacy and optimism

# Steps involved in Motivational Interviewing



Expressing empathy involves seeing the world through the client's eyes

Supporting self-efficacy means that clients are held responsible for choosing and carrying out actions to change

Rolling with resistance, means that the counsellor does not fight client resistance, but “rolls with it.” Statements demonstrating resistance are not challenged. Instead the counsellor uses the client's “momentum” to further explore the client's views

Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be

MI counsellors work to develop this situation through helping clients examine the discrepancies between their current behavior and future goals

# Strategies for MI

Clinicians who adopt motivational interviewing as a preferred style have found that the following strategies useful in the early stages of treatment

- × Ask open-ended questions: Open-ended questions cannot be answered with a single word or phrase. For example, rather than asking, “Do you like to drink?” ask, “What are some of the things that you like about drinking?”
- × Listen Reflectively: Demonstrate that you have heard and understood the client by reflecting what the client said
- × Summarize: It is useful to summarize periodically what has transpired up to that point in a counseling session
- × Affirm: Support and comment on the client’s strengths, motivation, intentions, and progress
- × Elicit self- motivational statements: Have the client voice personal concerns and intentions, rather than try to persuade the client that change is necessary



# Strategies for MI

## Agenda setting (what to change?)

- × In agenda setting, rather than impose your priority on patients, you conduct an overview by inviting them to select an issue or behaviour that they are most ready and able to tackle, feeling free also to express your own views
- × For example, to reach agreement about what to deal with in the consultation you might say: “That’s very helpful. Are you more ready to focus on exercise or on increased activity? Or is there some other topic that you would prefer to talk about? I’d like to talk about those test results at some point, but what makes sense to you right now?”



# Strategies for MI

## Pros and cons (why change?)

- × It is normal and common for patients to feel in two minds about both the status quo and change. It can be helpful to invite them to say how they see the pros and cons of a situation. Then your next step is to ask them to clarify whether change is a possibility

# Strategies for MI


## Pros and Cons

- × “I want to try to understand your smoking better from your perspective, both the benefits for you and the drawbacks. Can I ask you firstly what you like about your smoking?”
- × “Now can I ask you what you don’t like about your smoking?”
- × “OK, so let’s see if I have this right? You like the fact that smoking helps you unwind and, addicted or not, you like that first smoke in the morning.
- × On the other hand, your main concern is about its effect on your health. Is that about right
- × “So where does that leave you now?”



# Strategies for MI

Assess importance (why) and confidence (how)

- × To be efficient you need to spend time where it is most needed
  - × Those who are not convinced of the importance of change are unlikely to benefit from advice about how to change, and a focus on the why of change is pointless if the main issue is how to achieve it
- 



# Strategies for MI

## Exchange information

- × One of the first successful studies of motivational interviewing placed listening at the centre during feedback of test results
- × This gave rise to the “elicit-provide-elicit” strategy in which a guiding style is used to encourage patients to clarify the personal implications of information that you provide.



# Strategies for MI


## Exchange Information

- × OK so can I check your understanding of the situation? What do you know about the risks of being overweight? [ Elicit understanding ]
- × “Well you are right about it being very common and that people are generally living longer, but as you say it does put an extra strain on the heart and causes diabetes, which again affects the heart, kidney, and so on. It also causes high blood pressure [Provide info]
- × “OK, now can I ask, how do you think this information applies to you?” (Elicit patient’s interpretation.)



# Strategies for MI

Make decisions about change (setting goals)

- × Goals and targets for change that come only from your side are often met with “Yes, but. . .” explanations about why they will not work from the patient
- 



# Strategies for MI

## Making Decisions

- × “It sounds like you really want to try quitting smoking, but you’re struggling with imagining how you can do it.” (Summarising the patient’s situation.)
- × “It will be up to you to decide when and how to do it (emphasising the patient’s freedom of choice) but I am wondering how do you see yourself succeeding with this?” (Inviting the patient to envision change. Patient responds, usually identifying main challenges.)





# Strategies for MI

## Making decisions [ contd ]

- × “So you are hoping you can find a way of breaking through the withdrawal period. (Listening, in response to what patient has said.)
- × There are all sorts of quitting aids that others have found useful, but what makes sense to you? (Inviting patient to clarify what will be helpful.)
- × Or maybe you want to bring your husband down to talk with us so we can all make a plan together?” (Patient clarifies what will be helpful, and the discussion narrows down in favour of a plan that is agreed jointly.)

# FRAMES Approach



- × Feedback

- × Responsibility

- × Advice

- × Menu

- × Empathy

- × Self Efficacy



# Feedback



- × Providing constructive, non- confrontational feedback about a client's degree and type of impairment based on information from structured and objective assessments is particularly valuable
- × The point is to present information in a manner that **helps the client recognize the existence of a substance use problem and the need for change**
- × Reflective listening and an empathic style help the client understand the feedback, interpret the meaning, gain a new perspective



# Responsibility



- × A motivational approach allows clients to be active rather than passive by insisting that they choose their treatment and take responsibility for changing
- × Do not impose views or goals on clients; instead, ask clients for permission to talk about substance use and invite them to consider information



# Advice



- × The simple act of giving gentle advice can promote positive behavioral change. As already discussed, research shows that short sessions in which you offer suggestions can be effective in changing behaviors such as smoking, drinking alcohol, and other substance use
- × Any advice you give should be simple, not overwhelming, and matched to the client's level of understanding and readiness, the urgency of the situation, and her culture



# Options-Menu



- × Compliance with change strategies is enhanced when clients choose—or perceive that they can choose—from a menu of options
- × Offering a menu of options helps decrease dropout rates and resistance to treatment and increases overall treatment effectiveness
- × Providing a menu of options is consistent with the motivational principle that clients must choose and take responsibility for their choices



# Empathy



- × Empathy during counseling has been interpreted in terms of such therapist characteristics as warmth, respect, caring, commitment, and active interest
- × Empathy usually entails reflective listening—listening attentively to each client statement and reflecting it back in different words so that the client knows you understand the meaning



# Self Efficacy




- × To succeed in changing, clients must believe they are capable of undertaking specific tasks and must have the necessary skills and confidence
- × One of your most important roles is to foster hope and optimism by reinforcing your clients' beliefs in their own capacities and capabilities
- × Once you identify strengths, you can help clients build on past successes





# Effectiveness of MI

- × Effectiveness of MI has been most widely studied in alcohol abusing and dependent populations: At least 32 trials show that MI effectively improves treatment adherence and drinking outcomes and the results from these show a small to medium effect size with variability across settings and providers
  - × A meta-analysis of studies reviewed the evidence for the efficacy of MI as a BI for excessive drinking and found that MI was an effective treatment modality for reducing hazardous alcohol consumption, particularly in the short-term (within the first 3 months of treatment)
- 



# Effect of Motivational Interviewing on Reduction of Alcohol Use

- × Methadone-Maintained (MM) clients who engage in excessive alcohol use are at high risk for HIV and Hepatitis B virus (HBV) infection.
- × Nurse-led Hepatitis Health Promotion (HHP) may be one strategy to decrease alcohol use in this population
- × A three arm randomized controlled trial compared the impact of HHP and MI on the reduction of alcohol use
- × 256 MM adults attending one of five MM outpatient clinics were included in this study




# Effect of Motivational Interviewing on Reduction of Alcohol Use

- × Moderate-to-heavy alcohol-using MM participants were randomized into one of three conditions
  - 1) Nurse-led hepatitis health promotion group sessions (n=87)
  - 2) MI delivered in group sessions (MI-group;n=90), or
  - 3) MI delivered one-on-one sessions (MI-single, n=79)
  
- × **Self-reported alcohol use was reduced from a median of 90 drinks/month at baseline to 60 drinks/month at six month follow-up**




# Effect of Motivational Interviewing on Reduction of Alcohol Use

- MI, delivered by trained therapists, either in group sessions or via one-on-one sessions did not differ in effectiveness from each other, and neither were more effective than a nurse-led HHP program
  - Employing nurse-led programs may not only allow cost savings as well but also allow a greater integration of alcohol reduction counseling along with a more comprehensive focus on general health-related issues
- 




# Motivational Interviewing and Managed Care

- × MI is beneficial as it can be easily applied in a managed care setting
  - × **Low Cost** - MI was designed from the outset to be a brief intervention and is normally delivered in two to four outpatient sessions
  - × **Efficacy** - There is strong evidence that motivational interviewing triggers change in high-risk lifestyle behaviors
- 




# Motivational Interviewing and Managed Care

- × ***Effectiveness*** - Large effects from brief motivational counseling have held up across a wide variety of real-life clinical settings
  - × ***Mobilizing client resources*** - MI focuses on mobilizing the client's own resources for change
- 




# Motivational Interviewing and Managed Care

- 
- × ***Compatibility with health care delivery*** - MI does not assume a long-term client–therapist relationship. Even a single session has been found to invoke behavior change, and motivational interviewing can be delivered within the context of larger health care delivery systems
  - × **Emphasizing client motivation** - Client motivation is a strong predictor of change, and this approach puts primary emphasis on first building client motivation for change. Thus, even if clients do not stay for a long course of treatment, they have been given something will help them within the first few sessions



# Motivational Interviewing and Managed Care

- × **Enhancing adherence** - MI is also a sensible prelude to other health care interventions because it increases adherence, which in turn improves treatment outcomes
- 



# Maintaining Motivation

- × Enhancing motivation has a place not only at onset but throughout the clinical contact
- × RCT: Motivation enhancement > traditional supportive therapy
- × Pts coerced into treatment have medium-term outcomes similar to those who attend voluntarily
- × **Reduce the client's fear and distrust of treatment** programs and thereby encourage the client to continue attending treatment and follow-up appointments



# Maintaining Motivation



- × It is not expected that counselling alone is sufficient to change the drinking behavior of most clients.
- × Rather, the goal of counselling is to develop a relationship between the clinician and the client, which supports **implementing specific strategies** designed to combat the drinking problem.

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# Summary

- × Motivational interviewing approach reduced substance in most people
- × This approach could be combined with other therapies for treating substance abuse for improved outcomes
- × Clinicians should follow certain strategies for the MI approach
- × MI approach can be used in managed care settings since it offers various advantages (e.g. cost effectiveness)

# References

- × Miller WR, Rollnick S. Motivational interviewing: Helping people change. Guilford press; 2012 Sep 1.
- × Nyamathi A, Shoptaw S, Cohen A, Greengold B, Nyamathi K, Marfisee M, De Castro V, Khalilifard F, George D, Leake B. Effect of motivational interviewing on reduction of alcohol use. Drug and Alcohol Dependence. 2010 Feb 1;107(1):23-30.
- × Vasilaki EI, Hosier SG, Cox WM. The efficacy of motivational interviewing as a brief intervention for excessive drinking: a meta-analytic review. Alcohol and Alcoholism. 2006 May 1;41(3):328-35.
- × Moore MJ. The transtheoretical model of the stages of change and the phases of transformative learning: Comparing two theories of transformational change. Journal of Transformative Education. 2005 Oct;3(4):394-415.