Motivational Interviewing in Primary Care: Helping Students Change Behaviors
Patricia Ellis, MSN, FNP-C and Susan Knowles, MSN, FNP-C

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Disclosure of Financial Relationships

We have no financial relationships to disclose with regard to this presentation. This talk is free of commercial bias.

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Learning Objectives

- Describe how Motivational Interviewing techniques can be incorporated into a Student Health Service visit
- List basic elements of Motivational Interviewing.

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The Frustrated Provider

- "I keep telling my patients what to do, but they choose not do it."
- "I am not a counselor. I diagnose and manage medical conditions"
- " It's my job to educate students about their illness and that is about all I can do."
- "Some students are in complete denial"

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Why is the college aged student at a unique developmental period for behavioral change?

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Emerging Adulthood

- Roughly between 18-25 years of age
- Exists under certain conditions and cultures
- Lengthened period of higher education, prolonged job instability and delayed marriage and parenthood
- Distinct from the adolescence and young adult stages of development
- Experience new life roles and shifting identities
- Continued experimentation with unhealthy behaviors
- Increased adult responsibilities and decreased familial support

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Five Main Features of Emerging Adulthood

- The age of *identity explorations*, of trying out various possibilities, especially in love and work
- The age of *instability*
- The most *self-focused* age of life
- The age of *feeling in-between*, in transition, neither adolescent nor adult
- The age of *possibilities*, when hopes flourish, and unparalleled opportunity to transform lives[1]

[1]Arnett, J.J. (2004) Emerging Adulthood: The winding road from the late teens through the twenties New York: Oxford University Press.

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Moving Toward Adulthood

- Accept responsibility for one's self
- Make independent decisions
- Become financially independent[1]

All three criteria are gradual and incremental

[1]Arnett, J.J. (2004) Emerging Adulthood: The winding road from the late teens through the twenties New York: Oxford University Press.

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What is Motivational Interviewing?

- "MI is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (Miller & Rollnick, 2009)
- MI is *not* a technique, trick, or something to be done to people to make them change.
- MI *is* a gentle, respectful method for communicating with others about their difficulties with change and the possibilities to engage in different, healthier behaviors in accord with their own goal and values. (Naar-King, Suarez 2011)

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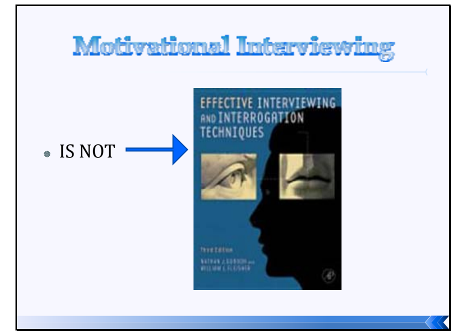
Motivational Interviewing

- IS NOT



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Evidence for MI

- 1983 MI was first used formally used as a brief intervention for problem drinking
- 1990 MI began being used with other health problems that required behavior changes
- Positive research trials using MI with such conditions as cardiovascular disease, diabetes, diet, HTN, psychosis, smoking cessation

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Adults – Health care populations

- Rubak, Sandbaek, Lauritzen , & Christenson (2005):Systematic review & meta-analyses for MI in health care populations.
  - Examined delivery setting, duration of intervention, number of intervention encounters, practicing counselor, design of study, adherence to lifestyle versus specific diseases, and direct/indirect outcome measures.
  - The meta-analyses showed significant effects for BMI, cholesterol, BP and alcohol, but not HbA1c in diabetes.
- Conclusions: MI is effective for brief encounters with multiple types of providers.

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Health Care Population (continued)

- Knight, McGowan, Dickens, & Bundy (2006) – Systematic Review of literature on effectiveness of interventions in health care settings.
  - 2 adequately powered RCTs showed MI was effective, but could not do meta-analyses.
- Conclusions: MI has high face validity and generalizability and has the potential to be an effective intervention, but more evaluation is needed, especially around levels of MI training, skills, and duration of interventions.

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Child/Adolescent – Non-health care populations

Sindelar, Abrantes, Hart, Lewander, & Spirito (2004):

- Review of literature and concluded that for substance abuse (alcohol, cannabis, and smoking).
  - MI reduces substance use and is an effective treatment.
  - For other problematic behaviors, it is still under investigation.
  - The focus is on reduction of problematic behaviors, not necessarily cessation or abstinence.
- Pros of MI research: there were at least improvements in secondary outcomes (i.e., behavioral changes).
- Cons of MI research: few have developed standardized interventions through the use of manuals or integrity checks, so it's difficult to make comparisons across studies on efficacy.

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Child/Adolescent – Health care populations

- Suarez & Mullins (2008)
  - 15 studies included: 9 RCTs/6 non-RCTs
  - 9 RCTs: showed promising impact of MI
- 7 RCTs: MI was better than control groups
- 1 RCT :mixed results
- 1 RCT: had no differences

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Counseling Outcomes Meta-Analysis

- Lundahl, Kunz, Brownell, Tollefson & Brownell (2011)
- Reviewed 119 studies over past 25 years
- Targeted outcomes included substance use (tobacco, alcohol drugs, marijuana), health-related behaviors (diet, exercise, safe sex), gambling, and engagement in treatment
- MI is successful in motivation clients to change
- MI is very likely to produce a statistically significant and positive advantage and may do so in less time.

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Strengths of current use of MI with health care populations

- Variety of settings
- Variety of cultures
- Variety of disease populations
- Secondary outcome changes are strong
- Can be used in conjunction with other therapies
- Holds considerable promise
- Works in small doses with large effects
- The AODA research literature on MI is stronger, but there is not enough data to judge effects in other domains, yet. (Jessica C. Kichler, Ph.D., C.D.E. "Review of Motivational Interviewing Research Outcomes")

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The Spirit of Motivational Interviewing

- MI was initially developed for counselors, especially for alcohol and substance abuse issues (AODA)
- Rollnick, Mason, & Butler (1999) developed a book of MI strategies for health care settings, but didn't mention MI in the book.
  - Useful, practical strategies that adhered to the SPIRIT of MI
  - the use of good rapport to help explore and resolve ambivalence about change.
  - Evoke patients' own motivation for change. The aim is for a shift in patients' perceptions.
- Rollnick, Miller, & Butler (2008) wrote a book entitled, Motivational Interviewing in the Health Care Setting
  - Provides additional tools to professional staff to utilize as health counselors.
  - Learn how to manage and direct encounters with patients to put the responsibility for change on them.
  - Empower patients to achieve greater success

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The Spirit of Motivational Interviewing continued

- Few practitioners have the time, need, or inclination to become counselors. The goal of Miller & Rollnick (2008) was to convey just enough of the essential method of MI to make it accessible, learnable, useful, and effective in health care practice.
- The "Spirit" or "way of being" of MI is to be collaborative, evocative, and honoring of the patient's autonomy.

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Collaborative (vs. Confrontation)

- Collaborative. Cooperative and collaborative partnership between student and clinician.
- An equal relationship in which the student is an active partner
- Helps build rapport and facilitate trust which can be a challenging with students.

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Evocative (draw out vs. imposing ideas)

- Often health care seems to involve giving students what they lack, be it medication, knowledge, insight or skills.
- MI instead seeks to evoke from students that which they already have.

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Autonomy (vs. Authority)

- Recognizes that the power for change rests within the student
- There is something in human nature that resists being coerced and told what to do. Ironically, it is acknowledging the other's right and freedom not to change that sometimes makes change possible.

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Three Communication Styles

- Directing (Advice only)
- Following (Empathetic listening only)
- Guiding (Listen & encourage ideas)
- Practitioners often need to use a combination of styles in any one student visit.

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Directing

- Practitioner takes charge
- Tells a person what to do, with or without explaining the rationale
- Works well in situations where a student depends on you for decisions, actions and/or advice
- Some students expect this type of approach from practitioners
- When in a hurry often this seems to be the most efficient for practitioners

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Following

- Listening predominates
- Attention to understanding the student's experience
- Follow the student's lead
- Helps practitioners understand the student's symptoms and how they are impacting their lives

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Guiding

- Helps a student find their own way
- Knows what is possible and what alternative are available
- Helps students decide how to solve a problem themselves.
- Well suited for helping students solve behavior-change problems

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An Effective Guide Will

- Ask where the person wants to go and get to know him/her a bit
- Inform the person about options and see what makes sense to them
- Listen to and respect what the person wants to do and offer help accordingly

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MI is a Form of Guiding

- Goal directed
- Pays attention to certain aspects of student's language
- Involves a set of clinical skills and strategies

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Motivational Interviewing

A patient-centered, therapeutic style that incorporates:

- Patient-provider relationship:
  - collaborative, empathetic & non-judgmental
  - quiet and eliciting responses from provider
- Self-efficacy:
  - Change is internally, not externally, motivated
  - Maintains patient's autonomy
- Creating and resolving discrepancies:
  - Between current behavior and future goals
- Advice giving:
  - In a non-confrontational style

(Miller & Rollnick, 1991)

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MI Elements

MI spirit
Skills (OARS)
MI
Change talk
MI principles

(Rosengren, 2009)

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Four Guiding Principles of MI (RULE)

- Resist
- Understand
- Listen
- Empower

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Resist the Righting Reflex

- We often have a powerful desire to "set things right", to heal, to prevent harm and promote well-being
- Persons often have a tendency to resist persuasion
- When a provider takes the "good" side of an argument (I think you are drinking too much), the patient often argues the other (I am doing fine)

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Understand the Student's Motivation

- Be interested in the student's own concerns, values, and motivations
- It is the student rather than provider who should voice the arguments for change
- Behavior changes occur because of student's own reasons, not ours.
- Student should tell the practitioner why and how change should happen

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Listen to the Student

- MI involves as much listening as informing
- Clarify to make sure you understand the issues
- Change the mindset that the practitioners have all the answers and will dispense them to students
- Works on the precept that acceptance facilitates change, whereas attempts to pressure change provokes resistance

(Rosengren, 2009)

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Empower the Student

- There are generally better outcomes when patients take an active role in their own health care, so they then become the provider's consultants.

(Rollnick, Miller, & Butler, 2008)

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OARS

- The acronym used for the set of "microskills" used in MI
- **Open-ended questions:** set a nonjudgemental tone to explore a problem
- **Affirmations:** help build on student's strengths for a "can do" attitude
- **Reflective listening:** a mechanism for practitioners to express interest, empathy and understanding of students
- **Summaries:** helps students organize and focus thoughts

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Three Core Communication Skills

- Asking
- Listening
- Informing
- Use of these skills well, enhances student interactions in a time-efficient and productive manner

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Three core communication skills

- Asking: The practitioner's intent in asking questions is to develop an understanding of the student's problem.
- Listening: Good listening is an active process. It is a check on whether you understand the student's meaning correctly and communicated that what is said is important to the listener
- Informing: The principal vehicle for conveying knowledge to a student

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Flexibility Within a Student Visit

- The shifting of styles can take place a number of times within a visit and this is one marker of good practice
- Flexible shifting among styles is a reflection of the desire to use your expertise effectively and to get the best out of the student you are serving

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Ambivalence

- People usually feel somewhat ambivalent about changing a habit or behavior
- Most students already know some reasons for change
- Students also receive some positive reinforcement to the status quo and anticipate a downside to change
- Conflicting motivations
- Telltale sign of ambivalence is the "but" in the middle of a statement.

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Ambivalent statements

- "I need to lose some weight but I hate exercising."
- "I intend to take but medicine, but I keep forgetting."
- "I want to exercise but I have no time."
- "I what to cut down on drinking but I drink to be social."

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Ambivalent Statements

- When you take a directing style with an ambivalent student you are taking one side of their ambivalence usually the student will take the other.
- What you want instead is for students to talk themselves into changing, if it is compatible with their values and aspirations
- Elicit "change talk" rather than resistance

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Listening for Change Talk

- "When you hear change talk, you are doing it right. When you find yourself arguing for change and the patient defending status quo, you know you are off course." (Rollick, Miller, & Butler, 2008)

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Six different themes of change talk

- Desire
- Ability
- Reasons
- Need
- Commitment
- Taking steps.

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Desire

- Desire statements tell you about the person's preferences either for change or for the status quo.
- Statement about preference for change
  - "I *wish*…"
  - "I *want* to…"
  - "I *would like* to…"

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Ability

- Ability-related change talk also signals motivational strength
- Statements of capability
- "I *could…*"
- "I *can…*"
- "I *might be able* to…"

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Reasons

- Specific arguments for change
- "I would probably feel better if I…"
- "I need to have more energy to play sports."

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Need

- Statements about feelings obliged to change
  - " I *ought* to…"
  - "I *have* to…"
  - "I really *should…*"

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Commitment

- Statements about the likelihood of change
  - "I am *going* to…"
  - " I *will*…"
  - "I *intend* to…"

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Taking steps

- Statements about action taken
  - "I actually went out and…"
  - "This week I started…"

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How change talk fits together

- The point is to attune your ears to change talk, to recognize and affirm it when you hear it.
- Process begins with precommitment types (DARN)
- People first talk about **what** they want to do (desire)
- **How** they could do it (ability)
- **Why** they would change (reasons)
- **How** important it is (need)

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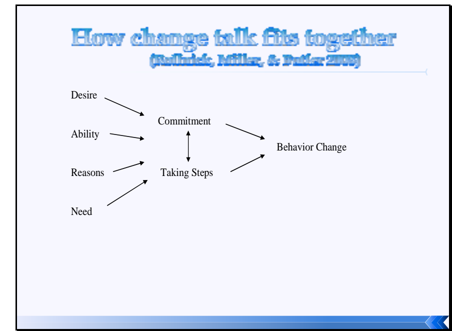

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Asking

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Asking

- Closed questions are an efficient way to gather specific information
- Open questions allow more room to respond
- Skillful practitioners ask open questions appears to be taking lots of time yet can actually be making efficient progress
- Open questions allow patients to tell you things that you have not asked about but that are potentially important.

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Some Useful Open Questions

- "What's worrying you most today about this illness?"
- "What concerns you most about these medicines?"
- "What exactly happens when you get that pain?"
- "Tell me more about…."

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DARN Questions

- DARN questions are a simple guideline to ask open questions that can be answered with change talk.
- Questions such as these tend to activate the patient toward change, eliciting his or her own motivations and creative ideas.
- Patients tend to move in healthy directions when offered these guiding type questions.

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DARN

- **Desire:** (I want to change) "What do you want, like, wish, hope etc.?"
- **Ability:** (I can change) "What is possible? What can or could you do? What are you able to do?"
- **Reasons:** It's important to change) " Why would you make this change? What would be some specific benefits? What risks would you like to decrease?"
- **Need:** (I need to change) " How important is this change? How much do you need to do it?"

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Measure Desire for Change

- Measurement not only tell you about the student's motivation but can also elicit change talk
- Start by asking questions such as: "How strongly do you feel about wanting to ..... One a scale of 1 to 10 where 1 is 'not at all' and 10 is 'very much' where would you please yourself now?"
- Second step is to ask the student who he or she has given you one particular number and not a lower number.

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Assessing Importance and Confidence

- Among the most productive questions are two simple ones about the importance of change and his/her confidence in succeeding.
- These questions allow the practitioner to use the limited time in a way that is most consistent with a student's greatest need.

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Implementing Change Talk (CAT)

- **Commitment:** I will make changes
- **Activation:** I am ready, prepared, willing to change
- **Taking Steps:** I am taking specific actions to change

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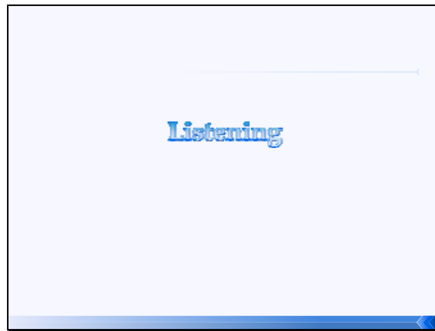

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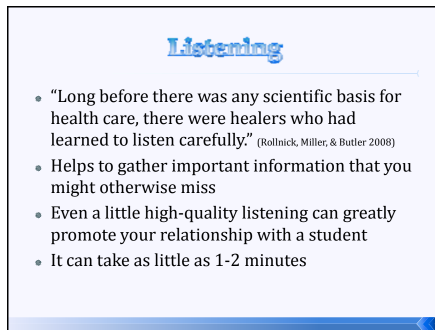

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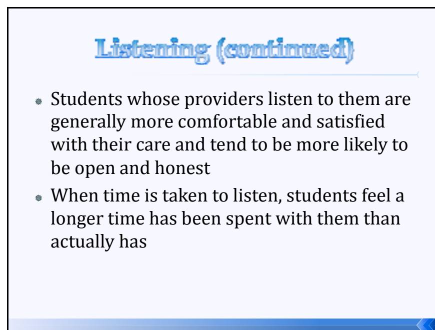

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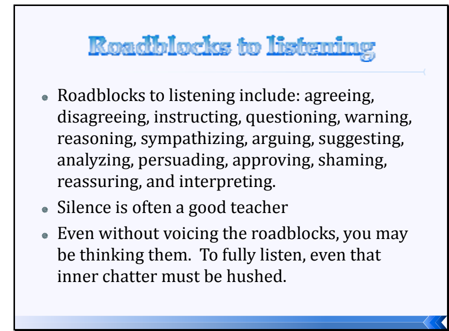

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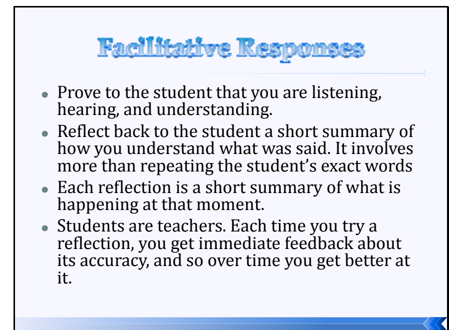

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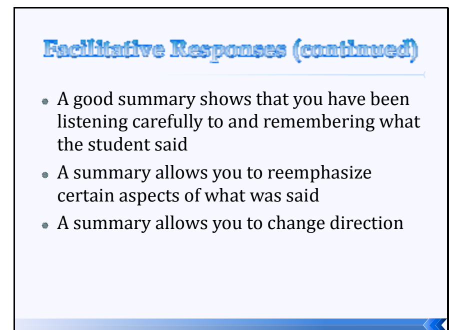

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Listening in MI

- What you choose to reflect back to a student can make a difference
- Reflect resistance: Students who feel ambivalent have both sides of the argument within them, and they will often back away from resistance when you reflect.
- Reflect change talk: When you hear change talk, pick it out and reflect it back to the student
- Work through ambivalence: When listening is used within a guiding style, behavior change is more likely to occur.

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Listening in MI (continued)

- Summaries: When listening, periodically draw together what the student has said into a summary. In MI these summaries have a particularly important function, because they contain the person's own motivations for change
- You need to be able to recognize change talk when you see it.

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Informing

- Telling what has happened
- Explaining what is going to happen or what may happen
- Clarifying what something means
- Sharing evidence
- Obtaining informed consent
- Mastering a task such as using a medical device
- Giving advice

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Informing

- Things can and do go wrong with the informing process. You may give what seem to be perfectly clear instructions, yet the student does not fill a prescription or follow through with the next appointment.
- Students are affected by many different forces such as stress, anxiety, culture, background, differences in priorities and other distractions such as cell phones

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Forces may include

- Bewilderment
- Passivity
- Anger
- Mood and distraction

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Working Within a Relationship

- Slow down and progress can be quicker: The more hurried, the less likely it is that you will be able to understand and respond to the challenges posed by students. No "automatic pilot"
- Practitioners need to provide information closely tailored to the student's personal needs
- Consider the broader priorities of the student: What may be straightforward information to you may not be so to the student.

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Working Within a Relationship (continued)

- Positive messages matter: Including truthful positive messages, can actually increase a student's receptiveness to hard facts.
- Consider the amount of information given in one visit
- Deliver information with care: use informing in combination with asking and listening to be clarify how your message is received.

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Informing within MI

- Offer choices: When you discuss options, offer several simultaneously
- Talk about what others do: Avoid the "righting reflex" by talking about how the information has affected other students, and avoid suggesting what the student should do. This leaves you in a position of neutrality. In other words, you provide information and the student interprets.

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Two Strategies for Informing

- Chunk-Check-Chunk: provide a chunk of information, check student's understanding, provide another chunk. Its value lies in respectful checking before moving on to the next chunk
- Elicit-Provide-Elicit: (better) Focus initially on information more than your own interpretation of what it means for this patient. You may talk about other student's experience as part of this information-providing step.

(Miller & Rollnick 2008)

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EPE

- Elicit: First ask students open ended questions to focus your informing
  - "What would you most like to know about ___?"
  - "What do you already know about ___?"
- Provide: Provide information in a manageable chunk
  - "Would you like for me to tell you a bit about ___?"
- Elicit: Ask an open question to elicit the student's response to the chunk of information you provided
  - "What does that mean for you?"
  - "What more would you like to know?"
  - "What do you make of that?"

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Let's Practice

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Elicit-Provide-Elicit

- Elicit: "What to you know about the effects of smoking on your asthma?"
- Provide: "Research suggests that….
- Elicit: "How can I help?"

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Elicit-Provide-Elicit

- Elicit: “Can I share some information with you about how sleep affects academic performance?”
- Provide:
- Elicit:

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Practice Scenario

- A 19 year old female comes in for the third time this fall with complaints of fatigue and cold symptoms.

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