

CHANGE IS NOW

Principles of motivational interviewing

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Disclosures

I have no financial conflicts of interest to disclose

Change! ...

Yes but no!
 I know it's so hard....
 ear infections and their moms don't smoke....

A typical conversation about behavior change can quickly turn into an **argument**

I feel powerless
 I'm not being helpful
 This feels like a waste of time
 Frustrated
 I feel incompetent
 I don't like this
 I hate being so paternalistic

How do those conversations feel to you?

*reducing or stopping alcohol, drugs, or tobacco, changing dietary habits, exercising, taking medication, checking blood sugar, keeping appointments, going to psychotherapy, flossing, getting a colonoscopy...

You would rather

feel less frustrated
 and
be more effective
 in helping patients change

What is Motivational Interviewing?

A **guiding style** of communication

Particular focus on the **language** of change

Evoking the **patient's own reasons** for change



The Effectiveness and Applicability of Motivational Interviewing: A Practice-Friendly Review of Four Meta-Analyses

Brad Lundahl
University of Utah
Brian L. Burke
Ford Lewis College

	Weak Comparison groups		Strong Comparison groups	
	Effect Size	Difference in success rate (%)	Effect Size	Difference in success rate (%)
Burke et al 2003	0.35	17	0.04	2
Hettema et al 2005	0.27	13	0.32	15
Vasilaki et al 2006	0.40	19	0.27	13
Lundahl et al 2009	0.28	14	0.09	5

Lundahl and Burke J Clin Psychol 2009

Motivational Interviewing, Enhancement, and Brief Interventions Over the Last Decade: A Review of Reviews of Efficacy and Effectiveness

Carlo C. DiClemente, Catherine M. Conroy, Meagan M. Graydon, Alicia E. Wiprovnick, and Donald J. Karelchick
University of Maryland, Baltimore County

- 144 articles on MI for SUD, 34 review papers, 6 Cochrane reviews
- Reviews support the use of MI across of substance use, but strongest evidence for:
 - Alcohol
 - Tobacco
 - Marijuana
 - Gambling
- Not sufficient evidence for:
 - Methamphetamine
 - Opioids
- MI is better than no treatment and as good as other active treatments!

RESEARCH ARTICLE
Effectiveness of Motivational Interviewing on adult behaviour change in health and social care settings: A systematic review of reviews

Heleen Frost^{1,2*}, Pauline Campbell³, Margaret Maxwell⁴, Roman E. O'Carroll⁵, Stephen M. Dunne^{6,7}, Brian Williams⁸, Helen O'Hare⁹, Emma Conroy¹⁰, Aislinn Patten¹¹

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104 reviews

- 39 Meta-analyses
- Moderate quality evidence for mainly short-term (<6 months) statistically significant small beneficial effects
- Alcohol use, substance use, and increasing physical activities

Frost et al PLOS One 2018

But ultimately, patients themselves have to find the internal motivation to change

But we can't directly see internal motivation

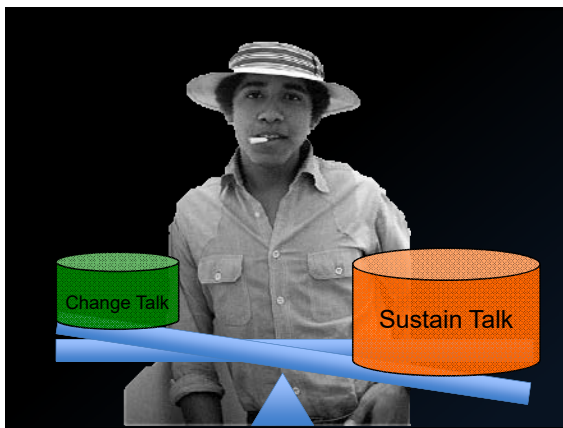
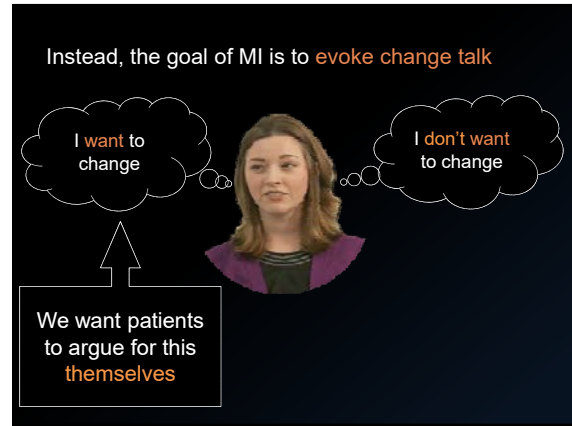
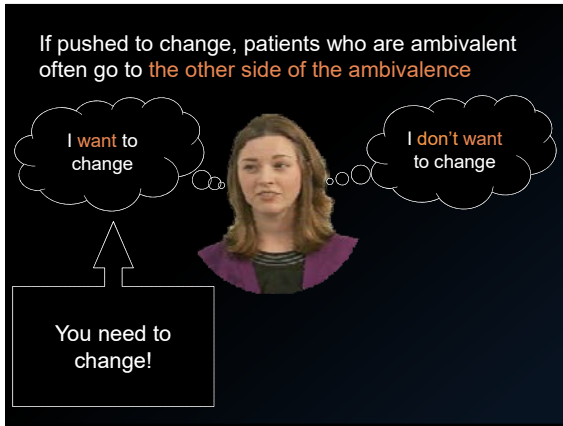
Most patients are ambivalent about most unhealthy behaviors.

I want to change

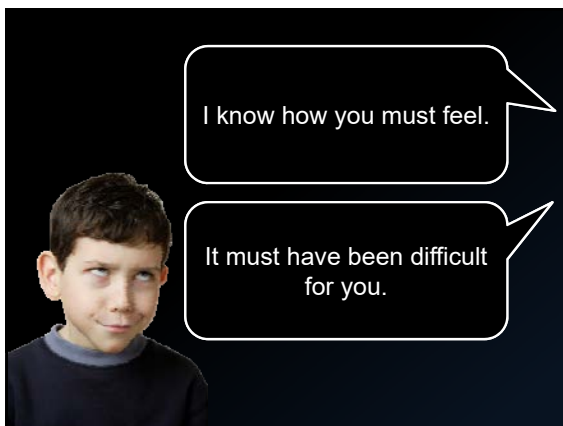
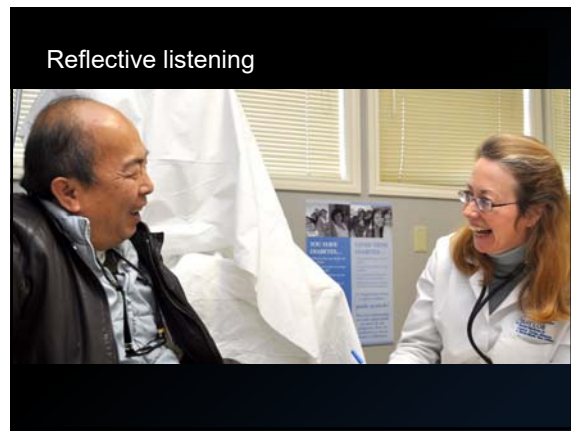
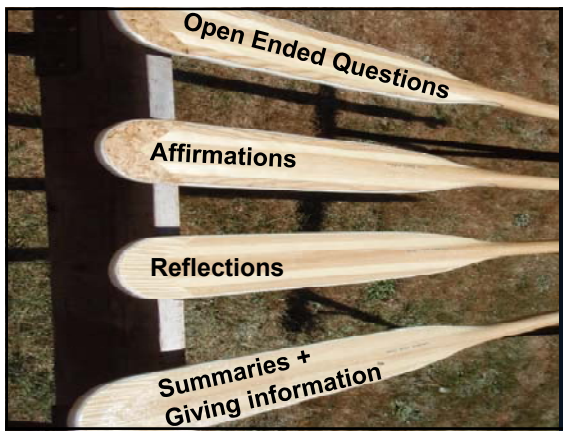
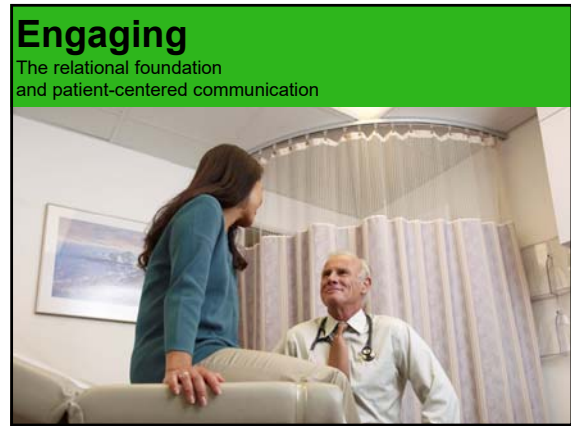
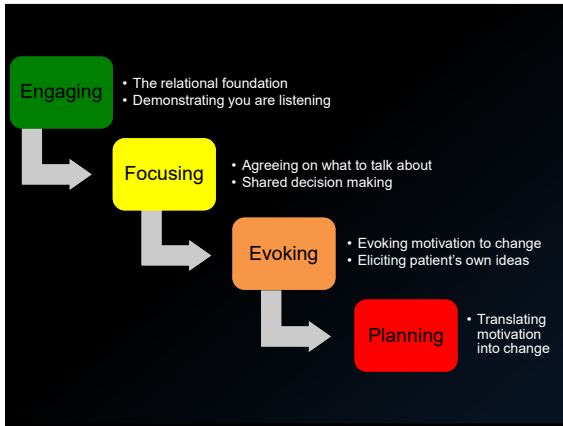
I don't want to change

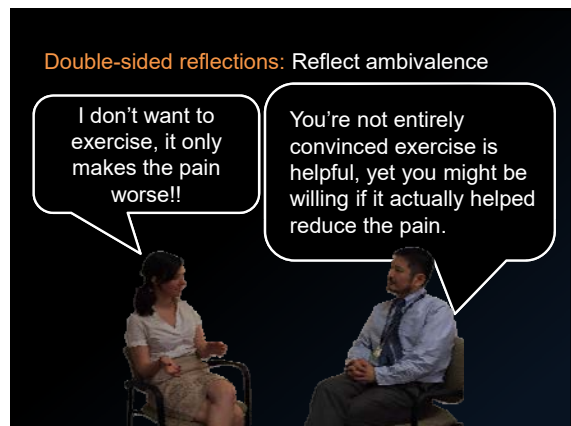
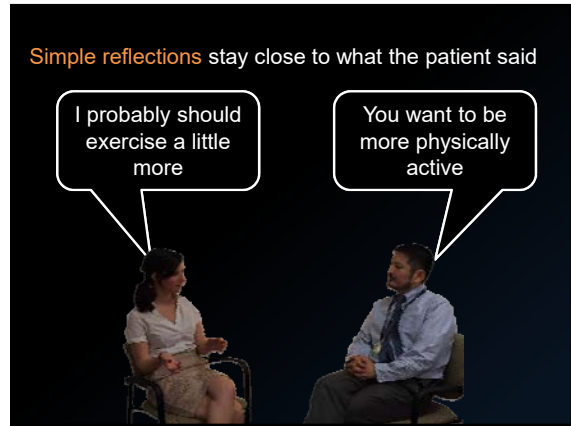
This side of the ambivalence is called Change Talk

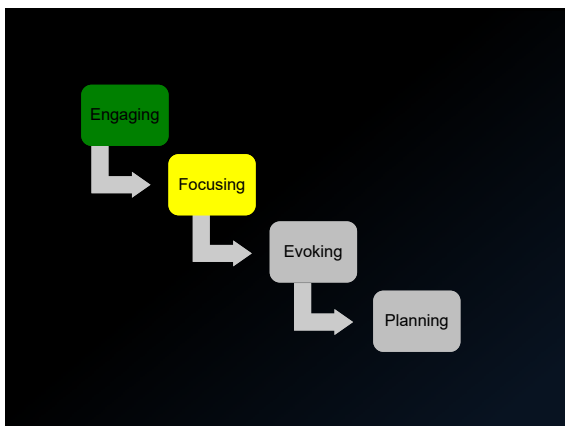
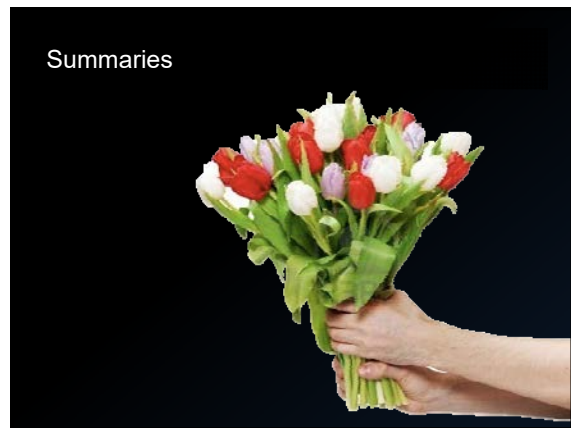
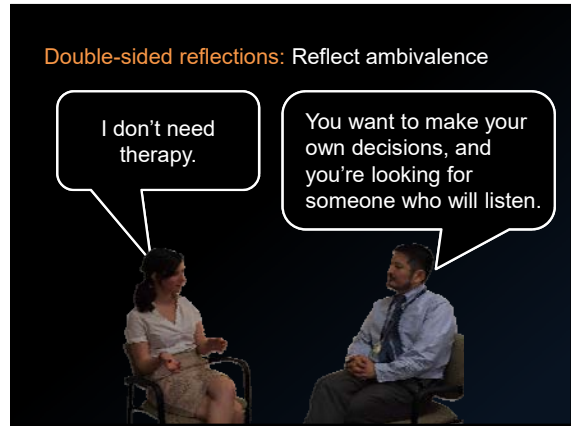
This side of the ambivalence is called Sustain Talk

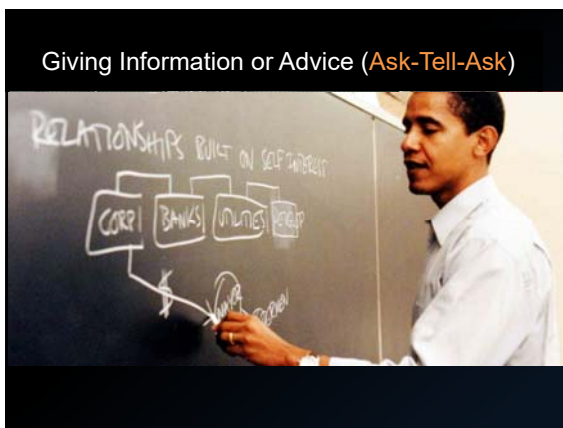
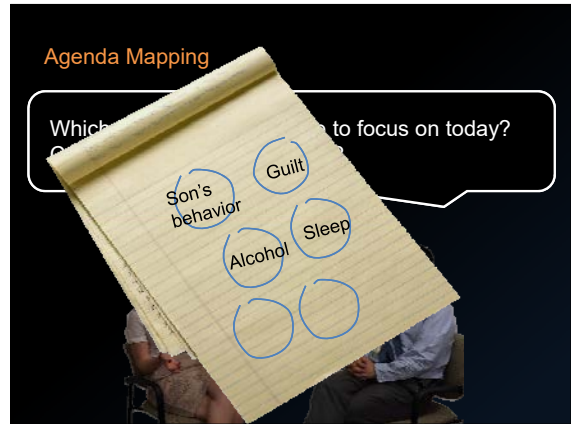
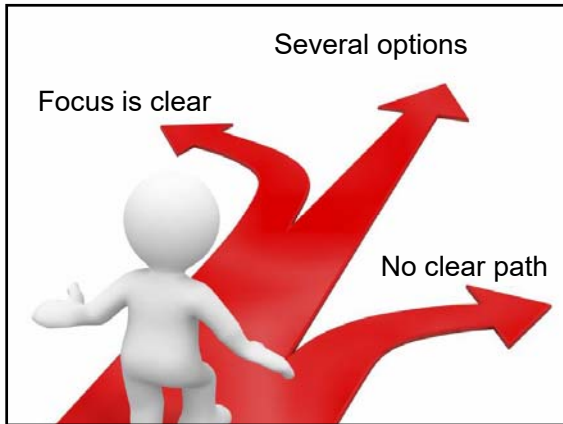


- The spirit of MI must be demonstrated
- Setting agendas together
 - Asking permission (or ask what they already know) before giving advice or information (ask-tell-ask)
 - Demonstrating you are listening to what the patient is saying
 - Respecting patient's ability to make decisions, even if you disagree
 - Reinforcing personal choice and responsibility
 - Affirming positive qualities and efforts to change
 - Treating patients as experts about their own lives
 - Avoiding:
 - Threats of negative consequences
 - Arguing for change
 - Use of judgments
 - Giving advice without first asking permission or asking what they know
- Respecting patient's choice does NOT mean you agree!!!









Giving Information or Advice (Ask-Tell-Ask)

- Ask** 1) Ask permission, or what they already know
- Tell** 2) Provide information or give advice
- Ask** 3) Ask what they think of that information

Giving Information or Advice (Ask-Tell-Ask)

- Ask** 1) "Would it be ok if I shared some thoughts I have about drinking?"
- Tell** 2) "For a man, drinking more than 14 beers a week on average can be harmful to your health."
- Ask** 3) "What are your thoughts about that?"

Giving Information or Advice (Ask-Tell-Ask)

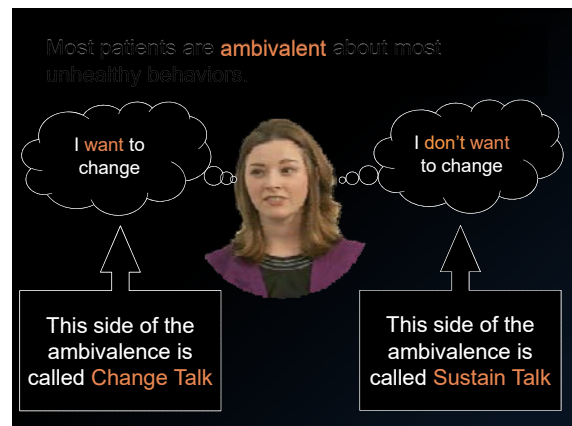
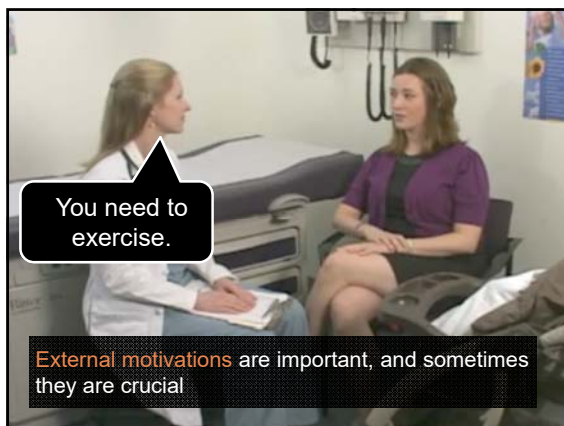
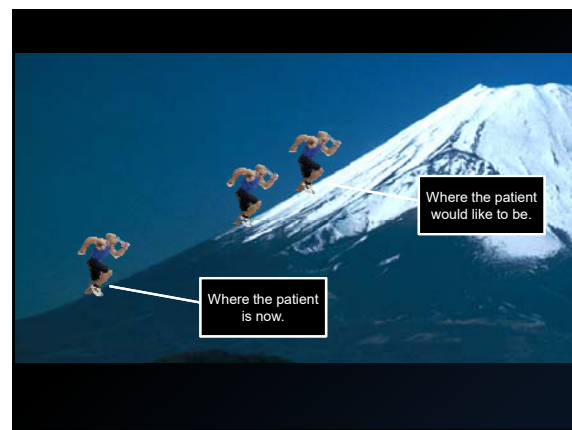
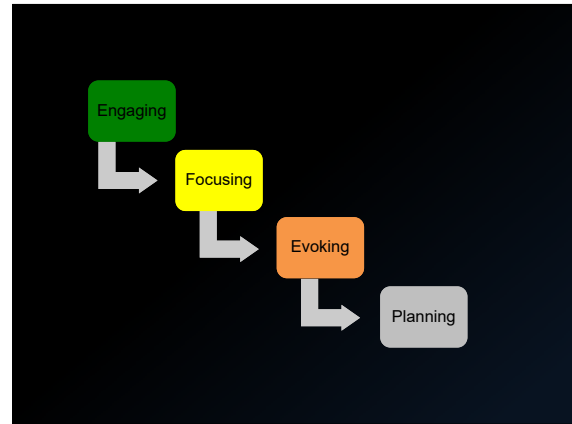
- Ask** 1) "May I share with you my approach to therapy?"
- Tell** 2) "I like to work collaboratively with my patients, and our time together is going to be about what you need."
- Ask** 3) "What are thoughts about that?"

Giving Information or Advice (Ask-Tell-Ask)

Ask 1) "What is the most important issue for us to discuss today?"

Tell 2) "Great, we will definitely address your concerns about the pain. I also want to make sure we have a chance to discuss your blood test from last visit."

Ask 3) "Would that be ok with you?"



If pushed to change, patients who are ambivalent often go to the other side of the ambivalence

I want to change

I don't want to change

You need to change!

Instead, the goal of MI is to evoke change talk

I want to change

I don't want to change

We want patients to argue for this themselves

Change Talk (DARN-CAT)

D: **Desire** → I want to..., I wish..., I'd like to....

A: **Ability** → I could..., I know I can..., I could try....

R: **Reason** → I want to change because.....

N: **Need** → I should..., I need to..., I must....

C: **Commitment** → I will..., I promise to..., I guarantee...

A: **Activating** → I am ready to..., I am willing to...

T: **Steps Taken** → I've tried...

Exercise

- 1) You will hear a statement
- 2) Applaud if you think it was "Change talk"
- 3) Keep silent if you think it was "Sustain talk"

Change Talk

D: **Desire** → I want to stop smoking

A: **Ability** → I could lose weight if I tried

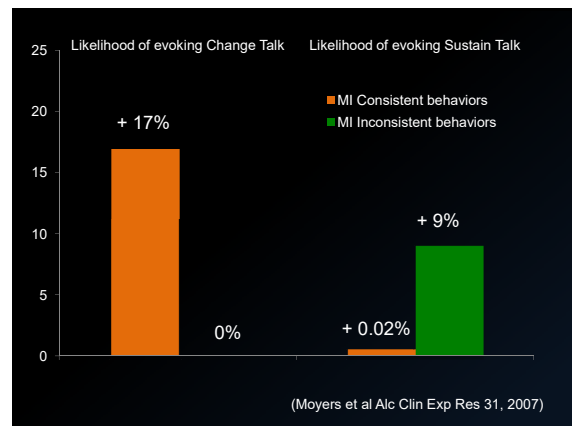
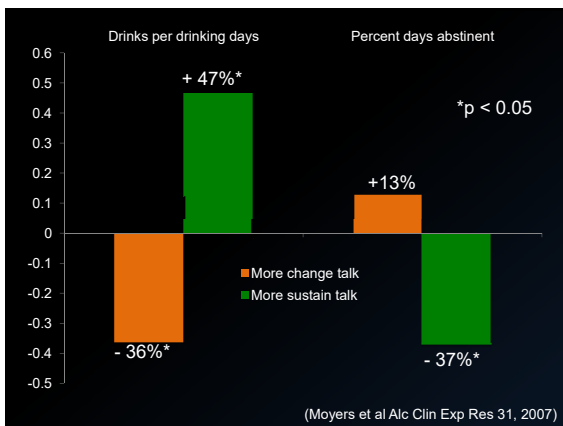
R: **Reason** → I want to be healthier

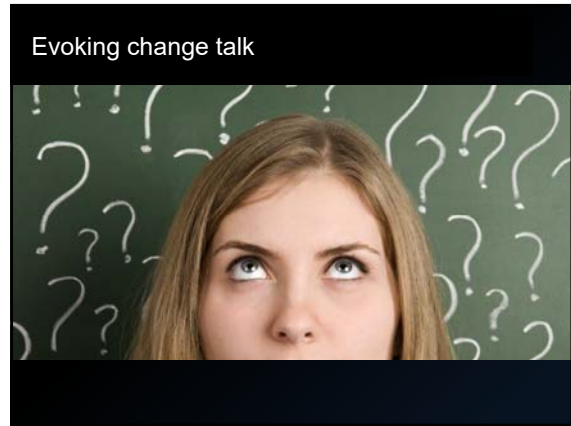
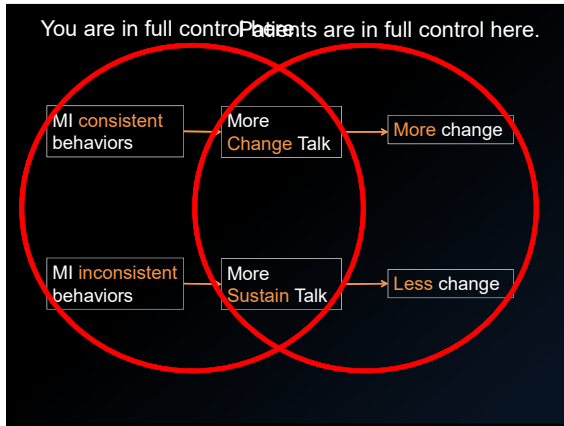
N: **Need** → I need to stop heroin

C: **Commitment** → I will exercise more

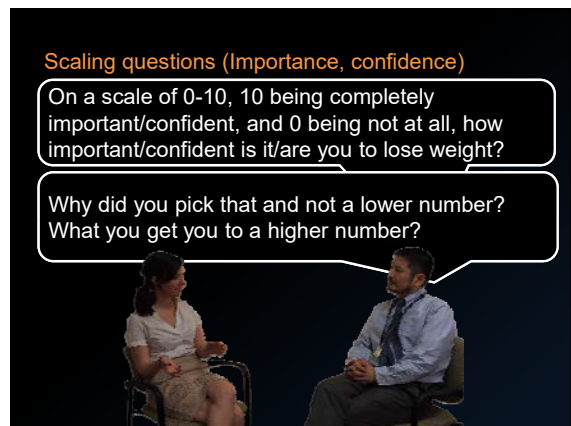
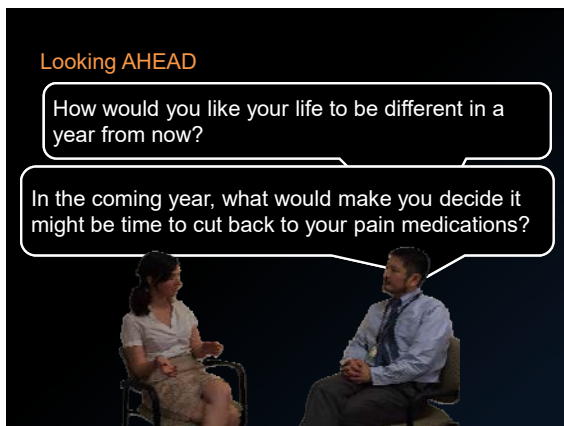
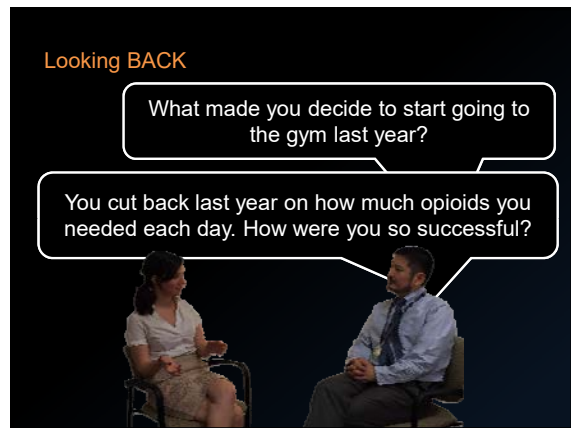
A: **Activating** → I am ready to quit

T: **Steps Taken** → I've been to detox





- Taste of MI questions**
- 1) What do you want to change?
 - 2) How would you go about changing?
 - 3) What are the 3 most important reasons to change?
 - 4) On a scale of 1 to 10, 10 being completely ready, 1 being not at all ready, how ready are you to change?
- Followup with: Why did you pick that, and not a lower number?



Selective responding to strengthen change talk

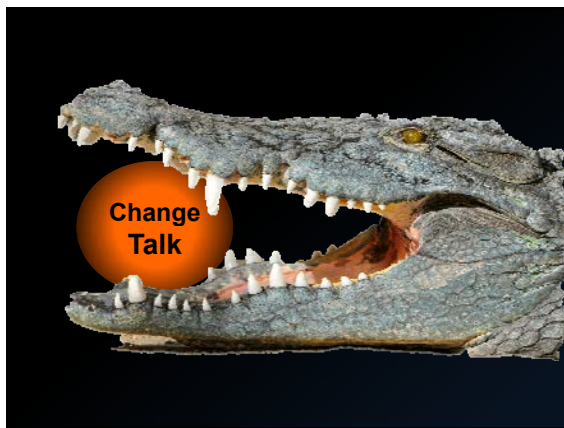
I only use take the oxycodone once in a while, it makes my head foggy, but it's pretty harmless.

You are worried about how it makes you feel. What else have you noticed when you use oxycodone?

Selective responding to strengthen change talk

I know I need to exercise and eat better. But I'm so tired to cook by the time I get home, gym membership is really expensive. Besides, I'm not that upset about my weight anyway.

You've given a lot of thought on what you could be doing. What would it take for you to be successful?



Elaboration

- "Tell me more."
- "Why did you decide to make that change?"
- "What are some examples?"

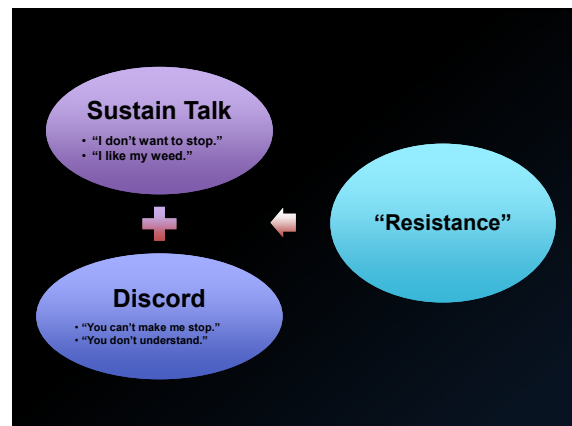
Affirm

- "You want to set a good example to your daughter."
- "It takes a lot of strength to make those changes."
- "You are committed to making these changes."

Reflect

- "It sounds like you are ready to stop using heroin."
- "You're going to try jogging again."
- "The recent heart attack really opened your eyes."

Responding to Discord and Sustain Talk



- Back up**
 - Reflections, reflections, reflections!!
 - Find out where the patient is
 - Work with the patient at the appropriate state of readiness
- Normalize**
 - It can be normal during an encounter
 - Many patients come ready to "fight" because of prior experiences
- Be mindful**
 - How you respond will determine whether it will persist, escalate or abate
 - Pay attention to how the patient is responding to you

Rolling with "resistance": Simple reflection to avoid arguing, but showing you are listening

You can't make me stop drinking.

You don't want to stop drinking. That's not a priority for you right now.

Rolling with resistance: Emphasize personal choice

Who are you to tell me I can't smoke weed???

You like to smoke, and no one can force you to give that up. It's your choice whether to smoke or not.

Amplified reflection exaggerates the sustain talk

Pain meds is not a problem.

You don't think your use of pain meds is even remotely a problem, and you will keep using it the way you are for a very long time.

Reflect and ask: Guiding to change talk

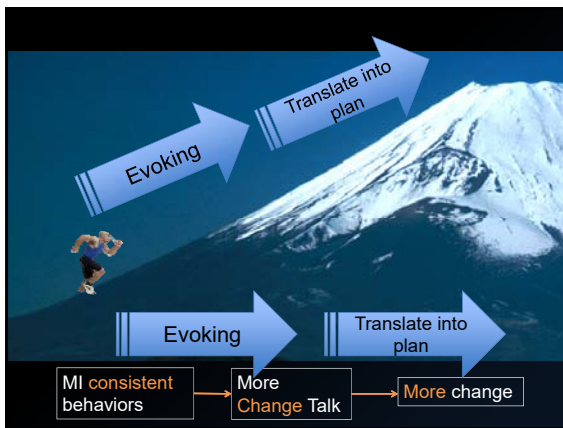
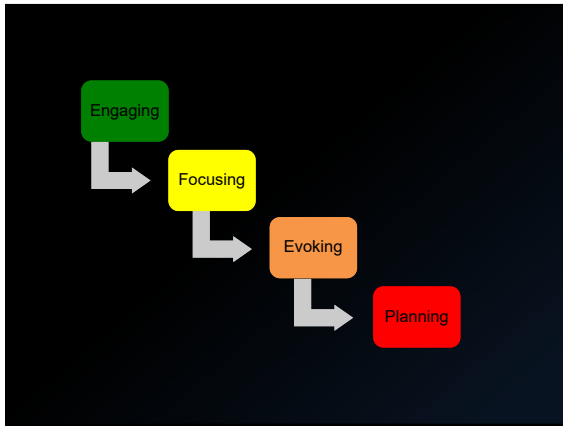
I don't care about exercising.

You're not ready to make changes right now, I hear you loud and clear. I wonder if you imagine yourself at the same weight one year from now?

Siding with the negative: Like an amplified reflection

I like my smoke breaks. I get a chance to relax. I don't want to give that up.

For some folks it's just too hard to give it up. Maybe it's worth it, even though it may be hurting your body.



Change Talk bouquet	You are tired of being so out of breath, and you're confident you can stop smoking because you've done it before. Not to mention cigarettes are costing you a fortune.
KEY Question	So where does that leave you?
Change Talk bouquet	You're beginning to worry that your weight is actually a major problem, and the fall last week was a real wake-up call. You've tried exercising and changing your diet, and you've been successful in the past.
KEY Question	Where should we go from here?
Change Talk bouquet	Your use oxycodone has escalated substantially and you're worried it might cause an overdose. The withdrawal is horrible when you run out, and you're thinking about safer ways to manage the pain.
KEY Question	What will you do?

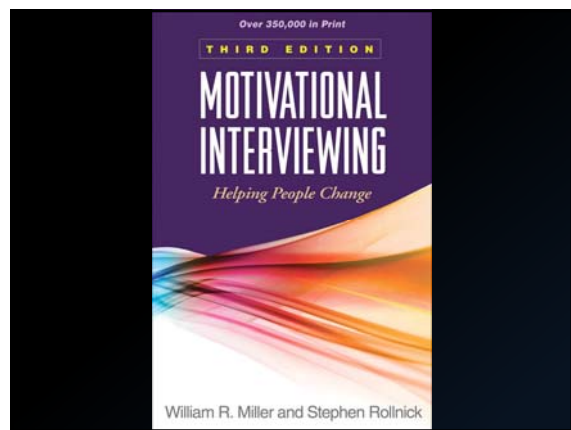
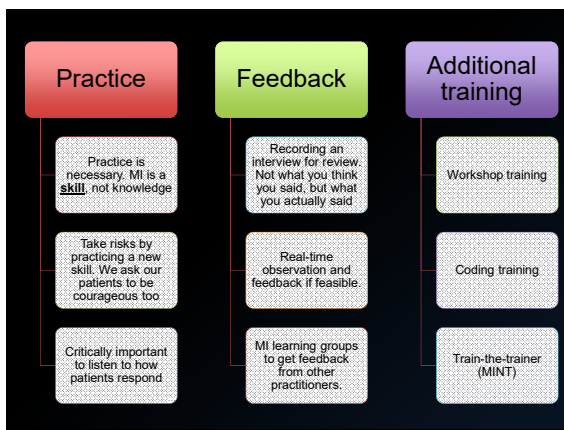
SMART Planning

- Specific** (Target icon) What will you do?
- Measurable** (Bar chart icon) For how long? How much? How many?
- Achievable** (Checkmark icon) What have you done before that's worked?
- Realistic** (Clock icon) When will you start?

SMART Planning

Specific	Walk to the park and back in the evenings, Mondays and Wednesdays
Measurable	Walk for 10 minutes
Achievable	
Realistic	Has done this before, and confident about succeeding with plan
Timely	Start tonight

You would rather
 feel less frustrated
 and
 be more effective
 in helping patients change



<http://www.motivationalinterviewing.org/>



- MI Learning Group
- Does not have to be run by an expert, just a committed group of people!
 - Monthly or bimonthly meetings
 - Focus on skill development through practice, audiotape review, or case discussions
 - Rosengren's MI skill workbook

Be a champion for your organization or group



How will you sustain your practice?

References

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