The Motivational Preceptor:
How Motivational Interviewing skills can strengthen Patient, Provider, and Preceptor relationships

Catherine D. Serio, PhD
Member, Motivational Interviewing Network of Trainers
Disclosures

• Neither I, nor any member of my immediate family, have a significant financial interest in or affiliation with any commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of any commercial services discussed in this educational activity.

• The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
Agenda

An Introduction to MI
  – Why Now?
  – Definition
  – Evidence

Core MI Concepts
  – MI Spirit
  – Ambivalence & The Righting Reflex
  – OARS
  – Change Talk

Teaching Applications
An Introduction to MI
For the first time in human history, preventable chronic disease is killing more people worldwide than infectious disease.
70% of our health care dollars are due to consumer health behaviors.
Prediabetes

1 in 3 Americans have prediabetes today.

15 - 30% will develop chronic diabetes within 5 years.
The Why’s, What’s and How’s of MI

Why don’t people change?
You would think…

That having had a heart attack would be enough to persuade a man to change his diet, lose weight and exercise
That hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking more
You would think…

That the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate a woman to check her sugars
That coughing bouts and severe shortness of breath would dissuade those with COPD from smoking
So We Ask: “Why Don’t People Change?”

Motivation…

a central puzzle in behavior change
Four Traditional Notions
The problem with them is...

They don’t see
They don’t know
They don’t know how
They don’t care
If These Beliefs Are True…
Four Common Solutions

- They don’t see
  - Give them Insight
  - If you can make people see, then they will change

- They don’t know
  - Give them Knowledge
  - If people know enough, then they will change

- They don’t know how
  - Give them Skills
  - If you can teach people how to change, then they will do it

- They don’t care
  - Give them a HARD TIME
  - If you can make people feel bad or afraid enough, they will change
And yet it is not enough...
What do you know you ‘should’ be doing...but you’re not?

- Eating more fruits & veggies
- Managing weight better
- Exercising 30 minutes a day
- Getting 8 hours of sleep a night
- Taking a medication
- Getting surgery for a health condition
Find a partner and choose roles

**Someone who...**
- Wants to change
- Needs to change
- Have been told you “should” change
- Have been trying to change...
- *But you haven’t changed yet*

**Coach finds out what the issue is and then...**
- Explains *why* this change should be made
- Gives at least three *benefits* that would result from making the change
- Gives advice about *how* to do it
- Convince him/her about how *important* it is to change
- Summarize the plan and ask for agreement
Feedback

What was it like as the coach?

What was it like as the person being coached?

Interest in continuing the conversation (1 – 5)?
If These Beliefs Are True…
Four Common Solutions

- **They don’t see**
  - Give them **Insight**
  - If you can make people **see** enough, then they will change

- **They don’t know**
  - Give them **Knowledge**
  - If people **know** enough, then they will change

- **They don’t know how**
  - Give them **Skills**
  - If you can teach people **how** to change, then they will do it

- **They don’t care**
  - Give them a **HARD TIME**
  - If you can make people feel **bad or afraid** enough, then they will change
Behavior Change Science: Information is not enough
Behavior Change Science
Neither Are Well-intentioned Advice or Scolding or Scare Tactics

Non-MI Demonstration
The Why’s, What’s and How’s of MI

Why do people change?
Why do People Change?

Priorities and values (Values Theory)
Perceived benefits and consequences (Health Belief Model)
Verbalizing benefits of change (Self-Perception Theory)
Self-efficacy (Social Cognitive Theory)
Stages of change (Transtheoretical Model)
Activation (Patient Activation Model)
Drive for autonomy (Theory of Self Determination)
Planning (Implementation Intentions Model)
People Change Because…

- Their values support it
- They think it’s important
- They are ready for it
- They think they can
- They think the change will be worth it
- They have a good plan and adequate social support
- They verbalize the benefits of the change
- They believe they need to take charge of their health
- They value their independence
- They need to take charge of their health
A Different Approach

Coach finds out what the issue is and then...

Ask these questions. Listen with the goal of understanding. Give no advice.

– What is the reason that you picked this topic? (Listen) What else?
– How important is it for you to make this change?
– If you did make this change, how would your life be different in six months?
– If you did make this change, how would you do it?

Give a short summary/reflection of the speaker’s motivation for change, then ask:

– “So what do you think you’ll do?” or “Where does this leave you?” or “What is your first step?” Listen with interest and provide affirmation.
Feedback

What was it like as the coach?

What was it like as the person being coached?

Interest in continuing the conversation (1 – 5)?
Better Questions

What *does* motivate people?
Why *do* people change?
What *can* we do to help?
The Why’s, What’s and How’s of MI

**What** can we do to help?
Motivational Interviewing

“Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation for change.” (Rollnick & Miller, 2013)
Why the MI Approach?

Solid evidence base
   – www.motivationalinterview.net/library/biblio

Adapted for health care settings

Standardized way to teach it
   – Motivational Interviewing Network of Trainers (MINT)
   – www.motivationalinterviewing.org

Validated tools to measure fidelity
   – Motivational Interviewing Treatment Integrity (MITI)
   – Health Coaching Performance Assessment (HCPA)

Tested on diverse populations around the world

It works
   – “…the only health coaching technique to be fully described and consistently demonstrated as causally and independently associated with positive behavioral outcomes.” (Butterworth, Linden & McClay, 2007)
Snapshot of MI Literature
(Over 500 Clinical Trials)

- Corrections
- Public Health
- Primary Care Setting
- Addictions & Counseling
- Health Management Programs

- HIV
- Diet
- Alcohol
- Obesity
- Parenting
- Adherence
- Mental Health
- Physical Activity
- Drugs
- Safety
- Smoking
- Diabetes
- Chronic Pain
- Hypertension
- Domestic Abuse
- Eating disorders
Research supports MI as...

- Better than traditional member education but less time needed
- Effective in low doses (2-3 sessions)
- An enhancement for other treatments/programs
- The most effective approach for less motivated, less ready people
- Applicable in a wide range of situations for diverse populations
Core MI Concepts
Closed Fist

Partner Up

Choose Person #1, Person #2

Person #1
  – This is your fist and you will do with it what you want

Person #2
  – Get Person #1 to open their fist using only power of conversation. No bribes, threats or force allowed
Core MI Concepts

Spirit of MI
- Partnership, Acceptance, Compassion, Evocation
- Skills: OARS

Ambivalence
- Skills: Resisting “the Righting Reflex”
- Skills: Encouraging “Change Talk”
MI Spirit: PACE

Partnership
   – Work together – avoid the role of the expert.

Acceptance
   – Respect the patient’s autonomy.

Compassion
   – Keep the patient’s best interest in mind.

Evocation
   – The best ideas often come from the patient.
      • Strengths
      • Curiosity (WIIFY)
MI Interviewing Skills (OARS)

Open-Ended Questions
Affirmations
Reflections
Summaries
Open-Ended Questions

Usual question may be:
How much alcohol do you drink everyday?

Translated into MI speak:
What role does alcohol play in your life?
Affirmations

Words of Encouragement
Attempts
Hopes
Achievements
Accomplishments

Anything positive reflection about the person.

Affirmations ain't always easy
Affirmation Examples

“You really care about your family.”

“This is hard work that you are engaged in.”

“It took a lot of courage coming in today knowing how worried you were about your test results.”
Reflection

Understanding what the client is thinking & feeling and saying it back to the client.

No questions just reflection. In MI, the clinician uses reflection to convey empathy and understanding. To see the world through the eyes of the client.
Summary

A complex reflection of more than one patient statement:

_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

Reflect ambivalence

Reinforce patient’s motivation to change
Skills Demo

OARS
**Topic: How I decided to be a doctor.**

**Open-Ended Questions and Reflections:**
- Clarifying ambivalence
- Clarifying feelings
- Clarifying values
- Clarifying reactions to others
- Guessing at “what comes next”
- Giving voice to what the client is not saying

**Affirming:**
- That you can see person’s point of view
- The struggles or difficulties involved
- The successes the client has had
- The skills/strengths you perceive

**Summarizing (at one minute warning):**
- Persons mixed feelings, thoughts, values
- Person’s relationship to the issues, feelings about resolving
Practical Application

What do I do when I have a challenging or ‘non-compliant’ patient?
Examples

I know I’m supposed to lose weight for my blood pressure, but diets just don’t work for me. I do walk some.

This cold is really getting me down. I respect that you don’t like to give out antibiotics but I really need something to knock this thing out.

I know I’m killing myself every time I light up, but this just isn’t a good time to quit.

PT helped last time but the pain is much worse this time around; I think maybe surgery is a better route.
Ambivalence

When we feel two ways about something

Ambivalence normally precedes change
The “Righting Reflex”

Patient: presents as not ready to change, stuck, or with reasons why s/he can’t change

Practitioner: has well-intentioned desire to help or fix people
Reactions to “Righting Reflex”

When the practitioner takes on one side of the argument, the patient defends the other side.
People become more committed to the position they defend.
Challenging ambivalence can lead to decreased motivation.
Resisting the “Righting Reflex”

Bill Miller on the Righting Reflex
Discord is a predictor of poor clinical outcome (Miller & Rollnick, 2002)

Pushing against what we perceive as resistance tends to focus on and amplify it (Hettema, Steele & Miller, 2005)

Higher member discord led to increase in confrontational behaviors in health professionals (Francis, Rollnick, McCambridge et al., 2005)

A provider’s interactions can evoke counter-change talk or discord from the member (Moyers & Martin, 2006)
Resist the Righting Reflex

The **least desirable** situation is for the provider to argue for the change while the member argues against it.

By simply reducing discord, we increase the odds of a good clinical outcome *(Miller & Rollnick, 2002)*.
I know I should cut back on my portion sizes to lose weight. But we eat out a lot and all the restaurants serve so much tempting food.”

Response #1:
“Have you ever thought about not eating out so much or just eating half of what they bring you?”

Response #2:
“I understand it’s hard, but there are severe complications to proceed with surgery if you stay this overweight.”

Response #3:
“You’ve been thinking about this and have narrowed down the biggest issue for you.”
Your task is to elicit “change talk” from your patients rather than resistance.

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’re off course.

SO.....let’s look at it....What is “change talk”? 

When you are speaking with a patient about behavior change, there are seven different themes you may hear. Each type tells you something about the person’s motivation.
D A R N – C A T

- Desire: Why do you want to make this change?
- Ability: How might you be able to do it?
- Reason: What is one good reason for making the change?
- Need: How important is it, and why? (0-10)
- Commitment: What do you intend to do?
- Activation: What are you ready or willing to do?
- Taking Steps: What have you already done?
Desire: Preference for change

“I want to….” (I want to get rid of this pain)
“I would like to…” (I would like to play more with my grandkids)
“I wish…” (I wish I could lose some weight)

(Desire statements tell you about the person’s preferences either for change or for the status quo.)
Ability: Statements about capacity

“I could…” (I could probably take a walk before supper)
“I can….” (I can imagine making this change)
“I might be able to….” (I might be able to cut down a bit)

(The ability-related change talk also signals motivational strength. “I definitely can” reflects much stronger confidence than “I probably could” or “I might be able to”.)
Reasons: Arguments for Change

“I would probably feel better if I……”
“I’m sure I’d feel better if I exercised regularly.”
“I need to have more energy to play with my kids”
“This pain keeps me from playing the piano.”
“Quitting smoking would be good for my health.”

(Change talk can express specific reasons but reasons can occur along with desire verbs)
Need: Feeling compelled to Change

“\textit{I ought to…..}” (I ought to make better food choices)
“\textit{I have to…..}” ((I must get some sleep)
“\textit{I really should…..}” (I really should get more exercise)
Commitment:
“I will work toward this change.”
“I will start on Wednesday.”

Activation:
“I am ready to do this.”
“I budgeted for a gym membership.”

Taking Steps:
“I cut back on the number of cigarettes I smoke.”
“I started walking the stairs instead of using the elevator.”
Predictors of Behavior Change
2 Phases of MI: DARN-CAT
(Rollnick, Miller & Butler, 2008)

Natural Language Markers of Readiness

- Desire
- Ability
- Reasons
- Need
- Commitment
- Activation
- Taking Steps to Change

Phase I: Building Motivation
Preparatory Change Talk

Phase II: Strengthening Commitment to Change
Mobilizing Change Talk
Strategies for evoking Change Talk

1. Ask Evocative Questions
Ask open questions, the answer to which is change talk
- Why would you want to make this change? (Desire)
- How might you go about it, in order to succeed? (Ability)
- What are the three best reasons for you to do it? (Reasons)
- How important is it for you to make this change? (Need)
- So what do you think you’ll do? (Commitment)

2. Ask for Elaboration
When a change talk theme emerges, ask for more detail. In what ways?

3. Ask for Examples
When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?

4. Look Back
Ask about a time before the current concern emerged. How were things better, different?
Strategies for evoking Change Talk

5. **Look Forward**
If you were successful in making the changes you want, what would be different? How would you like your life to be five years from now?

6. **Query Extremes**
What are the worst things that might happen if you don’t make this change? What are the best things that might happen if you do make this change?

7. **Use Change Rulers**
Ask, “On a scale from zero to ten, how important is it to you to [target change] - where zero is not at all important, and ten is extremely important? Follow up: And why are you at ____ and not zero? What might happen that could move you from ____ to [higher score].

8. **Explore Goals and Values**
Ask what the person’s guiding values are. What do they want in life? If there is a “problem” behavior, ask how that behavior fits in with the person’s goals or values.
Drumming for Change Talk
Teaching Applications
Pollak et al 2010 Project CHAT

Use of MI consistent behaviors associated with weight loss
MI Non-Adherent (MINAs) associated with weight gain

- 40 Physicians, 426 encounters

Even small changes may be helpful in promoting positive outcomes
# Project CHAT MD Behaviors

## MI Adherent

1. Open questions
2. Complex reflections (conveys understanding and adds substantial meaning)
3. Motivational *Interviewing*—consistent behaviors
   - a. Asking permission
   - b. Affirming
   - c. Supportive statements
   - d. Emphasizing autonomy

## MI Non-Adherent

1. Closed questions
2. Motivational *Interviewing*—*inconsistent* behaviors (MINAs)
   - a. Advising without permission
   - b. Confronting
   - c. Directing
<table>
<thead>
<tr>
<th>MI Adherent</th>
<th>MI Non-Adherent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Righting Reflex

What patients (like Mr. Smith) trigger your Righting Reflex?
Less helpful

• The battery of questions
• Constant Advice
• Giving Information+++ 
• Interrupting
• Ignoring emotional content
• Being distracted
• Confronting
• Absence of reflection
More helpful...making a start

- Engaged
- Open questions
- Elicit-Provide-Elicit
- Permission for advice
- Acknowledgement of emotion
- Even one or two reflections in a session
How do you share these strategies with your trainees?

1) Help them distinguish between a medical consultation and a behavior change consultation;
2) Be transparent about the shift in strategies;
3) Initial goal is not MI proficiency – it is eliminating the MINAs and being more patient-centered;
4) Ultimate goal (with more training and feedback) is cultivating Change Talk.
MI Precepting Opportunities

Describe a typical case presentation by a trainee that where a behavior change conversation may be helpful? (Groups of 3 – 4)

- Patient
  - Diagnosis
  - History
  - Behaviors

- Resident
  - How do they describe the patient?
  - What do they ask for?
  - How are they feeling?
Group Report Out

- Patient
  - Diagnosis
  - History
  - Behaviors

- Resident
  - How do they describe the patient?
  - What do they ask for?
  - How are they feeling?
Motivational Precepting

Focus on one scenario. Ask the trainee’s permission to explore the patient’s perspective:

– What has gone well in the patient’s life lately? (Reinforce strengths)
– Are there ways to reflect the ambivalence and support autonomy?
– What are pros and cons of behavior
– How important is the change to the patient (1-10)?
– How confident are they in their ability to change (1 – 10)?
**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.

**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…

**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
Where does this leave you?

I’m curious to learn more about…

As a clinician, I might want to try …

As I teacher, I might want to try…
Resources
Resources

Miller & Rolnick (2013). Motivational interviewing: Helping People Change (3rd Ed.)

MI Network of Trainers www.motivationalinterviewing.org

Intro to MI

– https://www.youtube.com/watch?v=s3MCJZ7OGRk

MI Smoking Demonstrations

– Smoking (Non-MI): https://www.youtube.com/watch?v=80XyNE89eCs
– Smoking (MI): https://www.youtube.com/watch?v=URiKA7CKtfc

MI Roll with Resistance

– The Rounder https://www.youtube.com/watch?v=3PS-Xvpt9gc

Motivational Interviewing in Primary Care

– https://www.youtube.com/watch?v=0z65EppMfHk&feature=em-share_video_user
Thank You!