Motivational Interviewing for Healthcare Professionals

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Presented By:
David R. Swann, MA, LCAS, CCS, LPC, NCC
Senior Integrated Healthcare Consultant
MTM Services
The National Council for Behavioral Healthcare
Phone: 336-710-3585
E-mail: david.swann@mtmservices.org
Motivational Interviewing

- A person centered goal orientated approach for facilitating change by exploring & resolving ambivalence (Miller 2006)

- A method of communication rather than a set of techniques. It is not a bag of tricks for getting people to do what they don’t want to do; rather, it is a fundamental *way of being with & for people* – a facilitative approach to communication that evokes change” (Miller & Rollnick 2002)
Simply……

It is an approach designed to help clients build commitment & reach a decision to change.
The Big Question Is

Why People Don’t Change
Different Reasons Why People Decide To Make A Change

- Natural Change
- External Pressure to change
- Faith/Hope Effects
- Counseling/Therapy Effects
- Intrinsic self-desire to change
Opioid Dependence involves both Psychological Dependence and Marked Physical Dependence on Opioid Compounds

The desire to change is not a common symptom

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What is Motivation and How is it Instilled?

Name several ideas of your definition of motivation & what motivates people to change
Cultural Competency

Motivational Interviewing is follows a cultural competency model of health care
Ambivalence – The Dilemma of Change

“I want to, and I don’t want to”

- Ambivalence is a normal aspect of human nature.
- Passing through ambivalence is a natural phase in the process of change.
- Ambivalence is a reasonable place to visit but you wouldn’t want to live there.
Many People are Slow To Change

Can be due to a **Decisional Balance**

- What are the **Benefits** for Change?
- What are the **Cost** for Change?
In Motivational Interviewing

- Direct persuasion is not very useful for resolving ambivalence
- Motivation is elicited from the patient and not imposed from without
- The patient is supported in identifying and resolving ambivalence
- Patient values and autonomy respected
- “Change talk” recognized & responded to
- Resistance is treated constructively
Motivational Interviewing Definition in Parts

- Client-centered – focus on persons present interest, concerns, experiences and values

- Directive method – responding to speech in a way that resolves ambivalence

- Communication – not techniques but develops natural change
Motivational Interviewing uses Style to Facilitate Change

- By changing the therapeutic style between confrontational to client-centered, the therapist can drive client resistance rates up & down. (Miller, Benefield & Tonigan, 1993)

- Client resistance behavior, in turn, is predictive of failure to change

- Empathy is associated with more favorable client outcomes
Motivational Interviewing Uses Strategies

- It is supportive, not argumentative
- Timing plays a crucial role
- Emphasis is on the reasons to change, rather than on how to change
Motivational Interviewing Goals

- Resolve ambivalence
- Develop discrepancy
- Increase intrinsic motivation
- Increase the client’s self-perception, regarding the ability to change
- Encourage the client to present the argument to change

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Ambivalence

- Paralyzing fear to do anything differently – change
- Conflict between two courses of action
- Unsure of the action one wants to take
- Ambivalence must be resolved to move forward with change and reduce the probability of relapse

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Resolving Ambivalence = Change

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Key Components of MI

- Client–centered
- Increases motivation
- Source of motivation comes FROM the client
- Explores “torn feelings”
- Seeks to resolve the tension
In Motivational Interviewing:

- Direct persuasion is **not** very useful for resolving ambivalence
- Motivation is elicited from the consumer
- The consumer is supported in identifying and resolving ambivalence
- Consumer values and autonomy respected
- “Change talk” recognized and responded to
- Resistance is treated constructively

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Brief Intervention Using MI

- Incorporate FRAMES
  - Feedback – screening results
  - Responsibility – discuss risks
  - Advice
  - Menu of strategies
  - Empathy
  - Self-efficacy

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Feedback and Advice Giving

Before giving advice or information...

Ask: “Would it be okay with you to share some information or advice I have about ____?”
Feedback and Advice Giving

Then...

Elicit the patient's own ideas and knowledge on the subject.

Provide the information/advice.

Ask: “What do you make of that?”
Solution MUST Come from Client

- People naturally resist what they are told to do
- People often know best what will work for them
- People are most likely to change if the plan comes from them

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Key Tools of MI

- Open-ended questions
- Reflective listening
- Eliciting change talk
- Rolling with resistance (avoid arguing)
- Strengthening commitment to change
Open Ended Questions

- Tell me what you know about.....
- I wonder how much do these challenges affect you?
- Tell me more about what choices you have
- This is a good way to introduce the need for change in behavior
- This will explore the motivation to change
- Allows exploration into lifestyle issues and stressors in the person’s life

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Reflective Listening

- Is a statement, NOT a question
- Summarizes what a person means
- Makes a guess as to meaning
- Helps move the patient forward in the discussion
- Listen actively with the goal of understanding
Types of Reflections

- **Simple:** repeats what the patient said
- **Complex:** adds meaning, picking up on subtleties of patient’s delivery (focused on feelings; e.g., “You’re angry about XYZ”)
- **Amplified:** slightly exaggerates patient’s statement (e.g., “You’re furious about XYZ”)
- **Summary:** combines 2 or 3 statements into a summary (e.g., on the one hand you like the way things are and on the other hand there’s part of you that would like a change.”)
5 Specific Types of Reflective Listening

1. **Repeating** – The simplest form of reflection, the listener repeats a portion of what was said.

2. **Rephrasing** - The listener stays close to what the person said but substitutes synonyms or slightly rephrases what was said.

3. **Paraphrasing** – Major restatement. The listener infers the meaning in what was said and reflects this back in new words. This adds to and extends what was actually stated.
5 Specific Types of Reflective Listening

4. Reflection of Feeling - The deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

5. Summarizing – Major summaries made to pull together what has taken place to that point. Allows another opportunity for the staff to check the understanding of what the person was saying and to hear their own words again.
Reflection Examples

“I want to quit smoking because I don’t want another heart attack. I want to see my kids grow up.”

Content:
“You seen a connection between your smoking and your heart disease and You’re ready to take action.”

Feelings:
“You’re scared you might have another heart attack and die prematurely.”

Meaning:
“Your children mean a lot to you and you want to be there for them.”
Benefits of Reflective Listening

- Helps with expression of empathy
- Makes patient feel understood
- Builds trust
- Moves patient to next step

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Listen for the person’s Desire, Ability, Reason and Need to CHANGE.
Using these questions can help to elicit change talk.
Desire: Why would you want to make this change?
Ability: How would you do it if you decided?
Reason: What are the two best reasons?
Need: How important is it? and why?

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Reluctance and resistance are to be acknowledged (and even respected) and not confronted directly.

The patient is the primary resource in finding answers and solutions.

Explicit permission is given to disregard what the professional is saying.

Resistance supplies energy which can be used to motivate.
Strengthening Commitment to Change

The goal of Motivational Interviewing is to increase *change talk* and decrease *resistance talk*.

- What do you think you will do about changing?
- What ideas do you have for yourself?
Motivational Interviewing: An Essential Element of the Health Home

- Improves the health of chronically ill patients
- Encourages self-management of symptoms, treatment and related changes in patients' life
- Increases patient skills and confidence
- Effective with resistance patients

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Building Self-Efficacy

A Person's Belief in His or Her Ability to Carry Out and Succeed On Specific Goals
Motivational Interviewing

An Essential Skill and Tool to help People with Opioid Addiction and Treatment Needs
MI Helps Prevent Opioid Misuse Among Older Patients

- Research involving older-adult pain patients at risk of opioid misuse has found that Motivational Interviewing (MI) techniques that physicians could implement rapidly can reduce that risk while also improving other outcomes. In a noteworthy aspect of the study, only the first in a series of MI sessions was actually conducted face-to-face, with the others occurring over the telephone.

Questions

Discussion

Next Steps