MOTIVATIONAL INTERVIEWING:

Evidence Based Strategies to Support Behavior Change

Lori Winchell DrPH, APRN-BC, CWP Associate Professor

HEALTHCARE PROVIDER:

I think your back pain is made much worse by your weight. Let's target a weight loss of 25 pounds over the next 6 months. Here is a 1,200-calorie diet for you to follow........

PATIENT RESPONSE:

Provider Assumptions

- ✓ **Expert knowledge** is required
- ✓ **Advice giving** is the method to deliver this expert knowledge.

Nurse practitioners' communication styles and their impact on patient outcomes: An integrated literature review

***Charlton, Dearing, Berry Johnson* (04 July 2008)**

Purpose: **T**o examine the published research from 1999 to 2005 describing Nurse Practitioner (NP)–patient interactions and to determine the best practice to enhance patient outcomes.

Conclusions: Two communication styles described (a) biomedical and (b) biopsychosocial.

Analysis of seven studies demonstrated that biopsychosocial (patient-centered) communication style positively influences patient outcomes evidenced by (a) improved patient satisfaction, (b) increased adherence to treatment plans, and (c) improved patient health.

Journal of the American Academy of Nurse Practitioners
Volume 20, Issue 7 https://doi.org/10.1111/j.1745-7599.2008.00336.

Motivational Interviewing

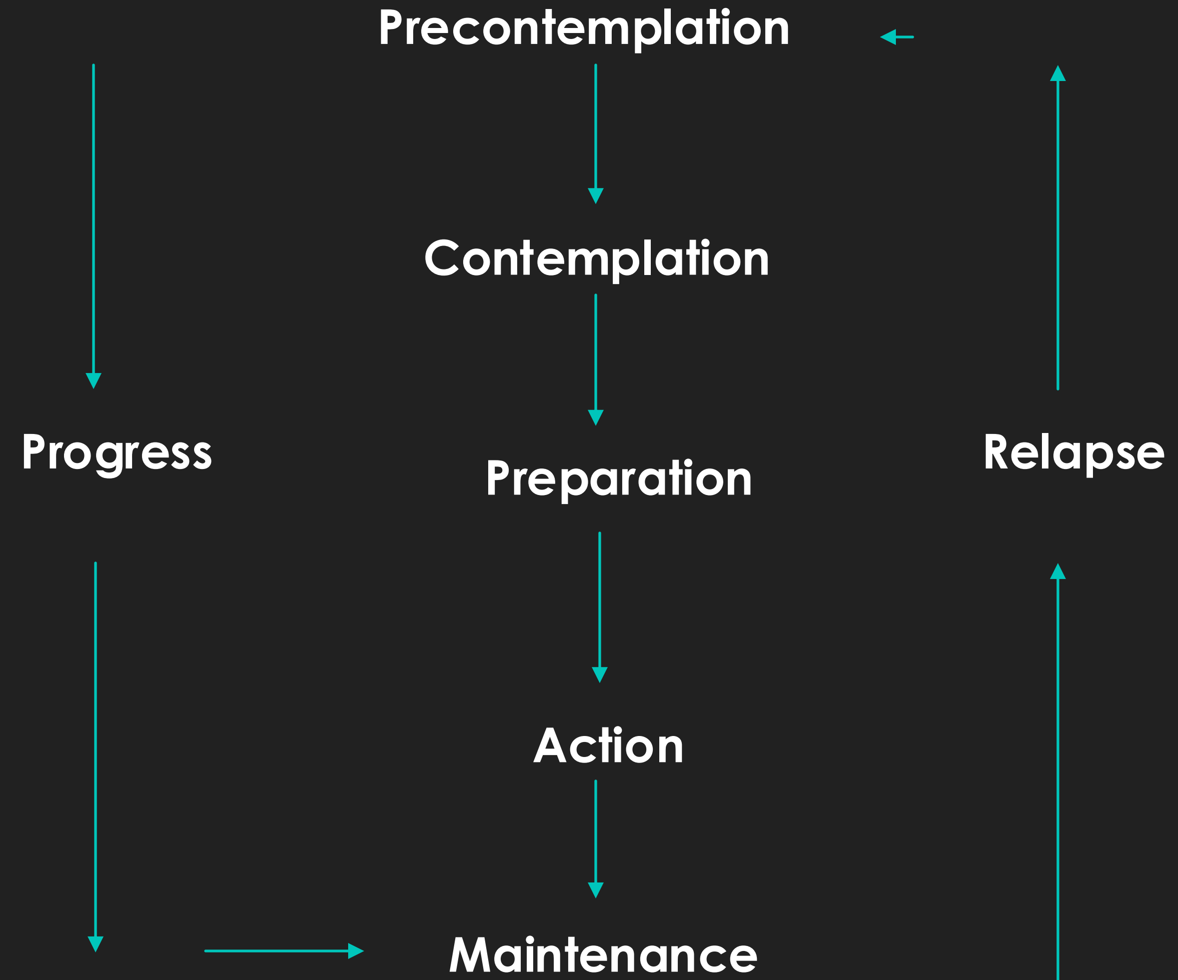
GOAL:
Patient empowerment by recognizing the patient's readiness for change and use of interviewing techniques to improve a patient's self management behaviors and outcomes

Buttaro 5th pp 20; Buttaro 6th pp 1431

Motivation
A patient’s degree of readiness to change

Prochaska & DiClemente (1998) Stages of Change; rollnick, Miller, Butler (2008) pp 60-61

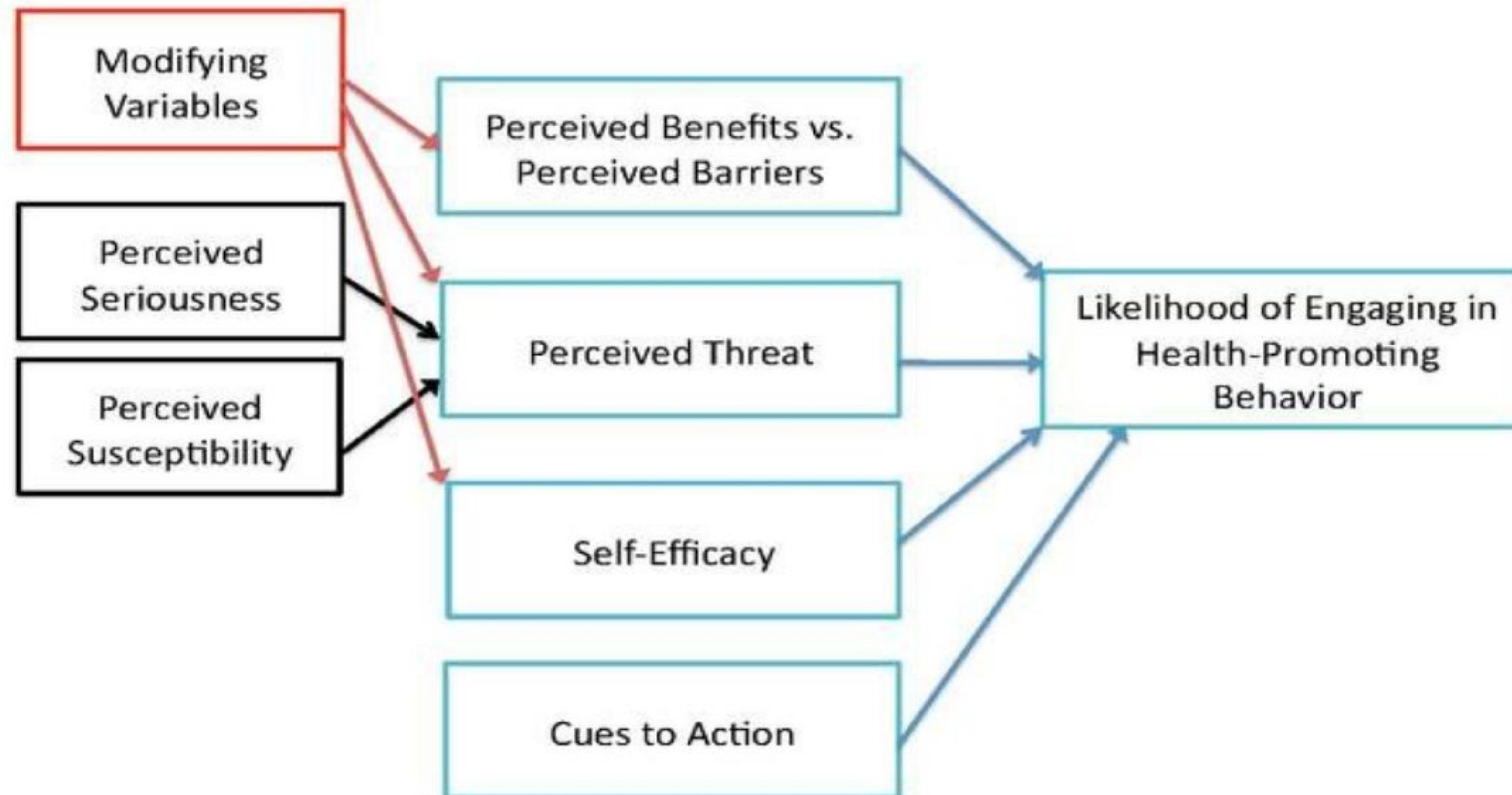
STAGES OF CHANGE
Transtheoretical Model (TMM)
Prochaska & DiClemente (1998)



Rollnick, s, Mason, P, Butler C, (2008).Health Behavior Change, pp 35-41

Stage of READINESS for behavior change needs to be determined.

Depending on a patient's stage of readiness different needs are identified



Becker 1974

HEALTH BELIEF MODEL

Concept	Definition	Application
Perceived Susceptibility	A patient's opinion of the chance of actually getting the condition	Define population(s) at risk and risk levels Personalize risk based on a person's characteristics/behavior Make perceived susceptibility more consistent with patient's actual risk
Perceived Severity	Patient's opinion of how serious a condition and its sequelae are	Specify consequences of risk and the condition
Perceived Benefits	Patient's opinion of the efficacy of advised action to reduce risk or seriousness impact	Define action to take, how, where, when, clarify the positive effects expected
Perceived Barriers	Patient's opinion of the tangible and psychological costs of the advised action	Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, assistance
Cues to Action	Strategies to activate a patient's readiness	Provide how to information, promote awareness, employ reminder systems
Self Efficacy	Patient's confidence in their ability to take action	Provide training, guidance in performing action Use progressive goal setting Give verbal reinforcement Demonstrate desired behaviors Reduce anxiety

Assessing Importance Determines Readiness

- Answer 7 or higher health issue is important to patient
- Answer lower than 7, ask patent, "why did you give yourself ------ and not a lower score such as ----?"
- What would make that score higher?

Rollnick et al 2008 pp58-61

On a scale of 0-10, where
1 is NOT important and 10 is very important,
How important is it to you to change?

Acknowledge score:
What made you give yourself a ___ and not a zero?

EXPLORE IMPORTANCE

A self score of less than 7 or 8 means importance not high enough to attempt a change

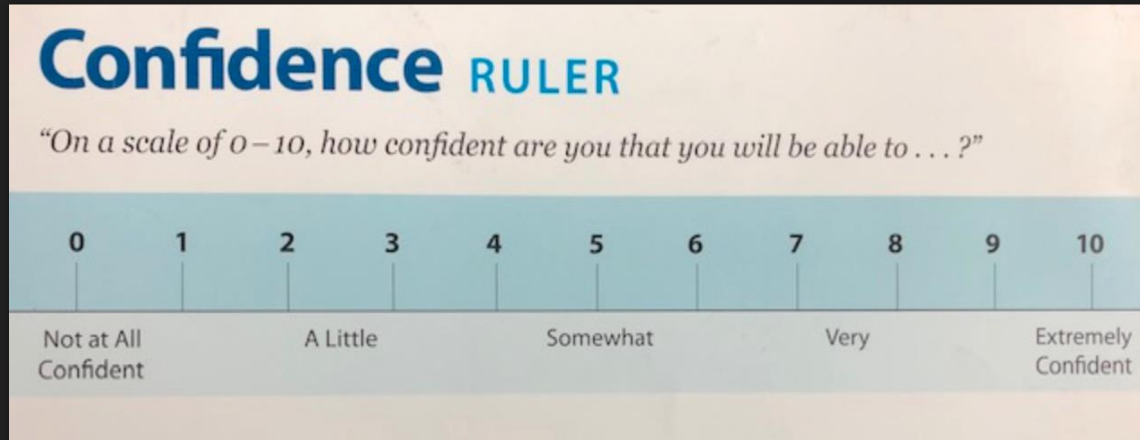
What would it take to move your rating of importance higher, to a__?

(1-2 points higher)

Is there anything I can do to help you with that?

EXPLORE IMPORTANCE

Assessing CONFIDENCE assesses ability and skills to change behavior



- Answer 7 or higher health issue is important to patient
- Answer lower than 7, ask patent, "why did you give yourself ------ and not a lower score such as ----?"
- What would make that score higher?

Rollnick et al 2008 pp58-61

Confidence

Ask: *On a scale of 1-10 where 1 is not at all confident and 10 is very confident, how confident are you that you can meet your goal?*

Acknowledge score: *what made you give yourself a ___ and not zero?*

Self-score <7 or 8 usually means confidence not high enough to meet goal

Explore Confidence

- *What would it take to move your level of confidence higher, to a __?* (1 or 2 points higher)

- *Is there anything I can do to help you with that?*

IMPORTANCE
(Why should I change?)
Personal values and expectations of the importance of change

CONFIDENCE
How will I do It?
Self-efficacy

Rollnick et al 2008 pp58-61

The way a Provider talks with patients about their health can substantially influence their personal motivation for behavior change

Rollnick et al (2008) Health Behavior Change page 7-10

BARRIERS TO HEALTH BEHAVIOR CHANGE

FEAR: ROLE PLAY

FEAR

- Validate patient’s feelings
- Describe specific and concrete actions that can be taken
- Build confidence

RESISTANCE: Role Play

Resistance to Behavior Change

Rollnick et al (2008) pp 148-149

RESISTANCE

- Denial (blaming, disagreeing, minimizing)
- Arguing (Challenging, hostility, discounting)
- Putting up objections (interrupting, inattention)
- Quiet reluctance (non-answer, ignoring)

CAUSES OF RESISTANCE

Patient's resistance

vs

Confrontational interviewing by provider

Vs

Combination of both

PATIENT IS PARTICULARLY SENSITIVE TO THE WAY THEY ARE SPOKEN TO BY THE PROVIDER

RESISTANCE OCCURS IN THE INTERPERSONAL CONTEXT BETWEEN CLINICIAN AND PATIENT

THE CLINICIAN HAS THE POTENTIAL TO RAISE OR LOWER THE LEVEL Of RESISTANCE

RESISTANCE: WHAT TO DO

- Emphasize personal choice and control
- Re-assess readiness: importance and confidence
- Back off and come along side the patient

AMBIVELENCE: Role Play

AMBIVALENCE

Rollnick et al, Motivational Interviewing in Health Care, page 14-15

EXAMPLES

- **I need to lose some weight, BUT I hate exercising**
- **I want to walk BUT it hurts**
- **I should quit smoking BUT it helps me to relax**
- **I intend to take my medication BUT I get distracted**

Rollnick et al 2008 pp 34-35-61, pp 116-120, pp 83

AMBIVALENCE

- Internal conflict about changing or not changing
- Feeling more then one way about the behavior
- Pros and Cons associated with changing and not changing

AMBIVALENCE
What *TO* do

- Assess the patient's level of importance and confidence in changing behavior
- Examine Pros & Cons of changing or not changing
- Explore concerns about the current behavior
- Ask patient, Where does this leave you now?

”If a change feels important to a patient and the patient has the confidence to achieve it, the patient will feel more motivated to try and more likely to succeed.”

Prochaska & DiClemente (2000) Health Behavior Change pp 18

Provider's Role
FOUR GUIDING PRINCIPLES

R	***Resist*** the righting reflex	The paradoxical effect of trying to set things right, to heal, prevent harm, promote wellbeing
U	***Understand*** your patient's motivation	Ask the patient why they would want to change and how they might do it
L	***Listen*** to your patient	Good listening is a complex clinical skill. More than asking questions and keeping quiet
E	***Empower*** your patient	A patient active in the consultation and talking about the why and how of change is more likely to do something about it

Rollnick et al (2000) Health Behavior Change page 7-10

Active Listening and Reflection

Listen between the lines to what is not being said in addition to what is being said

Simple reflection: Simply restating back what the client says

- Patient: I haven’t lost any weight since my last visit
- Provider: You haven’t lost any weight since your last visit

More Complex Reflection: mirror back the unspoken emotions that are between the patient’s words, unspoken feelings or thoughts

- Patent: I haven’t lost any weight since my last visit
- Provider: You are frustrated because you haven’t lost any weight since your last visit

OARS

These techniques can be used to clear up patient ambivalence

O	***Open-ended questions*** They are "How" and "What" questions and require more then a yes or no answer
A	***Affirmations*** Statements a provider can use to recognize client strengths and behaviors that have supported their wins, big or small. Designed to build confidence
R	***Reflections*** Mirror or reflect back statements the patient has made. Can be a restating, paraphrasing or feelings/thoughts not overtly expressed
S	***Summaries*** Allow Provider to interrupt patient to clarify what is being heard from patient

Motivational Interviewing

Definition:

Client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Goal directed- Provider has a specific behavior change goal and gently guides the patient to consider why and how to pursue the goal.

Pays attention to certain aspects of patient language and actively seeks to evoke the patient's own arguments for change

Involves competence in a defined set of clinical skills and strategies to evoke patient behavior change

PROCESS OF HEALTH COACHING
TEN STEPS

Establish a positive relationship with the patient

Develop a partnership with the patient

STEP 1

Elicit the patient’s concerns and issues:

Use Active Listening skills

Express empathy

STEP 2

Set an agenda with the patient for this session

You said you were concerned about several things, what would you like to get out of today's appointment?

STEP 3

Connect the coaching topic to the patient’s life goals and values

Focus on the whole person and not just a specific diagnosis or behavior

STEP 4

Acknowledge the patient’s likes, dislikes, and preferences

Empower the patient by reminding the patient that the choices are theirs to make

Offer to help the patient to find the answers that will work best for them

STEP 5

ASK BEFORE TELLING

Ask what the patient already knows and what the patient wants to know
Provide new information and clarify misperceptions as needed

STEP 6

ASK THE PATIENT HOW IMPORTANT THEY THINK IT IS TO CHANGE

Key aspect of readiness to change

STEP 7

ENHANCE IMPORTANCE

- Ask the patient if they would like you to provide information that may be new to the patient
- Point out discrepancies between the patient's values and life goal and current behavior
- Encourage the patient to think about the need for change
- Respect the patient's priorities and choices
- Express empathy
- Keep the door open-offer support when the patient is ready

Help the patient set a goal

**** Ask the patient what they are already doing***

****Ask the patient to identify something they can do to improve their health***

STEP 8

Enhance Confidence

- Skills mastery- both cognitive and psycho-motor aspects
- Actual tasks needs to be in small, manageable chunks
- Modeling-observing or talking with others in similar situations who are actively working on changing the behavior
- Provide encouragement and support
- Re-interpretation of health beliefs or physiological state

Help the patient create a behavior change action plan using a SMART goal

Ask patient how confident they are to reach their goal
If patient believes they cannot do something, they may not even try
If patient believes they can do something they will try and most likely succeed

STEP 9

Goal Setting Tips

- Focus on behavior, not the outcome
- Start small and build up over time
- Start with a one or two-week time frame
- Use SMART goal
  - Specific
  - Measurable
  - Action-oriented
  - Realistic
  - Timetable to complete

- Provide clarity of where a patient wants to be and how to get there
- Helps to identify specific concrete things the patient can do to improve their health
- Focuses on behaviors and NOT outcomes
- Encourages the patient to start small then build on the goal over time
- Starts with a short time frame 1-2 weeks to review and modify behavior as necessary

SMART GOALS are a roadmap for success

SMART GOALS = ACTION PLAN

- **SPECIFIC** - the PATIENT chooses the actions to help reach their goal
- **MEASURABLE** – the PATIENT chooses how much will be done and how they will know the goal has been reached
- **ACTION ORIENTED** – the PATIENT commits to take action(s) to reach their goal
- **REALISTIC** – The PATIENT goal is achievable given the time and resources
- **TIME BASED** - the PATIENT goal can be completed within a a specified time frame

Develop a follow-up plan with the patient

Follow up initially in one to two weeks and assess for barriers and plan modification if necessary

STEP 10

Baca-Dieta, D, Wojar, DM, Espina, CR., Journal of the American Association of Nurse Practitioners. July 2021 Vol 33 #7 pp 529-536

Buttaro 5th pp 20; Buttaro 6th pp 1431

Charlton, Dearing, Berry Johnson (04 July 2008) Journal of the American Academy of Nurse Practitioners
Volume 20, Issue 7 https://doi.org/10.1111/j.1745-7599.2008.00336

Coviello, J. (2020). Health promotion and disease prevention in clinical practice. 3rd ed. alters Kluwer

Grande, SW, (2015) Reciprocity of shared decisions across the spectrum. American Journal of Bioethics. Sept Vol 15 #9

Hartasanchez, SA, Grande, SW, Montori, VM, Kunnemo , M., Brito, JP, McCarthy, s., Hargraves, IG,(2022) . Shared decision making process
measures and patient problems.. Patient education and counseling 105 : pp 2457-2465. https://doi.org/10.1016/j.pec.2021.11.001

Rippe, 3rd edition chapter 25 pp 193-196; Chap 16 pp197-200; Chap. 17 pp207-218

Rollnick, S., Miller, W. R. & Butler, C. C. (2008). Motivational interviewing in health care: Helping patients change behavior. New York: Guilford Press.

References