

Motivational Interviewing in Respiratory Health Care: *A Knowledge Translation (KT) Initiative*

Acknowledgements

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Learning Objectives: One Day

1. Define Motivational Interviewing (MI) and its relevance to respiratory health care and health behaviour change
2. Operationalize the “spirit” of motivational interviewing in conversations with clients
3. Review and practice foundation skills in MI
4. Listen for and respond to client change/sustain talk
5. Apply agenda-setting as a strategy for working with clients with complex, co-occurring issues
6. Recognize and integrate MI spirit and skills in practice
7. Set objectives and access resources for continuing professional development in MI skills

Learning Objectives: Half Day

1. Define Motivational Interviewing (MI) and its relevance to respiratory health care and health behaviour change
2. Operationalize the “spirit” of motivational interviewing in conversations with clients
3. Review and practice foundation skills in MI
4. Set objectives and access resources for continuing professional development in MI skills

Learning Objectives: One Hour

1. Define Motivational Interviewing (MI) and its relevance to respiratory health care and health behaviour change
2. Operationalize the “spirit” of motivational interviewing in conversations with clients
3. Set objectives and access resources for continuing professional development in MI skills

Workshop Overview: One Day

- **What is Motivational Interviewing (MI)?**
- **Evidence Base for MI in respiratory health care**
- **The “spirit” of MI: Autonomy, Collaboration, Evocation**
- **Foundation Skills (O A R S)**
 - **Open-ended questions**
 - **Affirmations**
 - **Reflections**
 - **Summary statements**
- **Recognizing and eliciting client change/sustain talk**
- **Agenda-setting with clients with complex, co-occurring issues**
- **Pulling it all together**
- **Practice goals and additional resources**

Workshop Overview: Half Day

- **What is Motivational Interviewing (MI)?**
- **Evidence Base for MI in respiratory health care**
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Workshop Overview: One Hour

- **What is Motivational Interviewing (MI)?**
- **Evidence Base for MI in respiratory health care**
- **The “spirit” of MI: Autonomy, Collaboration, Evocation**
- **Practice goals and additional resources**

What is your level of familiarity with motivational interviewing?

- a. Never heard of this approach
- b. Heard about it from courses or articles, but never taken a full course or training
- c. Previous training, but not sure I remember much
- d. Previous training, but didn't really apply it to my practice
- e. Previous training, and using it actively in my practice



What is Motivational Interviewing (MI)?

Learning Objective:

Define Motivational Interviewing (MI) and its relevance to respiratory health care and health behaviour change

M

Motivational Interviewing



Home

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Search

Trainers

Treatment
Directors

Educators

Evaluation
Researchers

Clinicians

Clinical
Supervisors

Quick Links

- [MI Basics](#)
- [FAQ](#)
- [Manuals](#)
- [Multimedia](#)
- [The Library](#)
- [MI Training](#)
- [Case Studies](#)
- [Marketing Tools](#)
- [Bibliography](#)

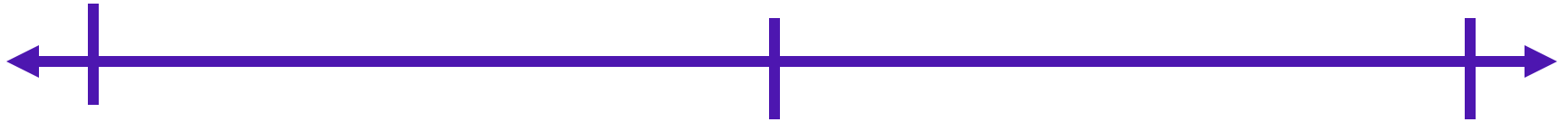
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Motivational Interviewing

Welcome to the Motivational Interviewing website. The materials included here are designed to facilitate the dissemination, adoption and implementation of MI among clinicians, supervisors, program managers and trainers, and improve treatment outcomes for clients with substance use disorders.

www.motivationalinterview.org

***Guiding:
(Asking)***



***Following:
(Listening)***

***Directing:
(Informing)***

Direction Language

- “Directing” as a counsellor behavior
- “Direction” as goal-orientation
- “Directional” rather than “directive” as a description of MI

Evidence base for MI in Respiratory Health Care



Motivational interviewing for smoking cessation (Review)

Lai DTC, Cahill K, Qin Y, Tang JL



**THE COCHRANE
COLLABORATION®**

Lai, D.T.C, Cahill, K., Qin, Y., & Tang, J.L. (2010). Motivational interviewing for smoking cessation. *Cochrane Database of Systematic Reviews*, (1), 40 pp.

Motivational interviewing for smoking cessation (Review)

Key points from the review of 14 studies:

- MI vs. brief advice or usual care yielded a modest but significant increase in quitting.
- Found that MI seems to be effective when given by general practitioners and by trained counsellors.
- Longer sessions (> 20 m) were more effective than shorter ones.
- Two or more sessions of treatment appeared to be marginally more successful than a single session treatment, but both delivered successful outcomes.

COLLABORATION[®]

Lai, D.T.C, Cahill, K., Qin, Y., & Tang, J.L. (2010). Motivational interviewing for smoking cessation. *Cochrane Database of Systematic Reviews*, (1), 40 pp.

Update review

Brief motivational interviewing as a clinical strategy to promote asthma medication adherence

Belinda Borrelli, PhD,^a Kristin A. Riekert, PhD,^b Andrew Weinstein, MD,^c and Lucille Rathier, PhD^d *Providence, RI, Baltimore, Md, and Philadelphia, Pa*

Patient-centered approaches are associated with better patient retention and treatment outcomes, without increased time and cost. Motivational interviewing (MI) is a patient-centered counseling approach that can be briefly integrated into patient encounters and is specifically designed to enhance motivation to change among patients not ready to change. Existing asthma management approaches (eg, education and self-management) increase resistance among patients not ready or willing to follow medical recommendations. MI helps patients resolve their ambivalence about behavior change and builds their intrinsic motivation before providing education. Although MI

Abbreviations used

HCP: Health care provider
ICS: Inhaled corticosteroid
MI: Motivational interviewing
OARS: Open-ended questions, affirmations, reflective listening, and summary statements

Borrelli, B., Riekert, K.A., Weinstein, A., & Rathier, L. (2007). Brief motivational interviewing as a clinical strategy to promote asthma medication adherence. *Journal of Allergy and Clinical Immunology*, 20(5),1023-30 pp.

Key points:

- Method and spirit of MI as applied to asthma management.
- MI strategies have been modified such that HCPs can readily incorporate them into regular clinical care.
- In 2007, there were 117 National Institutes of Health–funded trials on MI, 2 of which were on asthma management, one with low-income adults and the other with inner-city teens.
- Demonstrating to HCPs that patient-centered counseling serves their needs by reducing daily frustrations of nonadherent patients, decreasing adverse events, and improving the quality of care with minimal drain on time could motivate HCPs to learn and use these skills.

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Borrelli, B., Riekert, K.A., Weinstein, A., & Rathier, L. (2007). Brief motivational interviewing as a clinical strategy to promote asthma medication adherence. *Journal of Allergy and Clinical Immunology*, 20(5),1023-30 pp.

A Randomized Controlled Pilot Study of Motivational Interviewing to Change Attitudes about Adherence to Medications for Asthma

Karen B. Schmalings,^{1,2} Arthur W. Blume,¹ and Niloofar Afari¹

The day-to-day management of asthma relies on patient self-care practices; in particular, adherent use of asthma medications is fundamental for asthma management. However, most persons with asthma do not use their medications to clinically acceptable standards. The purpose of this study was to test the efficacy of a brief educational intervention to enhance knowledge and skills relevant to asthma self-care, and the efficacy of motivational interviewing to improve attitudes toward taking medications as prescribed. Twenty-five adults with asthma were randomly assigned to receive a brief educational intervention alone, or education plus motivational interviewing. Over time, all participants improved their knowledge of asthma and skills using a metered dose inhaler. Participants who received education alone showed a decreased level of readiness to adhere with their medications over time, whereas participants who received motivational interviewing were more likely to show a stable or increased level of readiness to adhere over time. Among participants who described themselves as not consistently adhering with their medications at the first evaluation, those who received motivational interviewing endorsed more positive attitudes toward taking medications over time. The results are supportive of the utility of motivational interviewing in enhancing participants' attitudes toward adherent medication use. Future research should test if attitude change is reflected in change in medication use.

KEY WORDS: adherence; asthma; motivational interviewing; education.

Schmalings, K., Blume, A., & Afari, N. (2001). A Randomized Controlled Pilot Study of Motivational Interviewing to Change Attitudes about Adherence to Medications for Asthma. *Journal of Clinical Psychology in Medical Settings*, 8(3), 167-72 pp.

A Randomized Controlled Pilot Study of Motivational Interviewing to Change Attitudes about Adherence to Medications for Asthma

Karen B. Schmalings,^{1,2} Arthur W. Blume,¹ and Niloofar Afari¹

Key points:

- Participants who received education alone showed a decreased level of readiness to adhere with their medications over time, whereas participants who received MI showed a stable or increased level of readiness.
- Among participants who described themselves as not consistently adhering with their medications at the first evaluation, those who received MI endorsed more positive attitudes toward taking medications over time.

reflected in change in medication use.

KEY WORDS: adherence; asthma; motivational interviewing; education.

Schmalings, K., Blume, A., & Afari, N. (2001). A Randomized Controlled Pilot Study of Motivational Interviewing to Change Attitudes about Adherence to Medications for Asthma. *Journal of Clinical Psychology in Medical Settings*, 8(3), 167-72 pp.

A Randomized Trial to Reduce Passive Smoke Exposure in Low-Income Households With Young Children

Karen M. Emmons, PhD*; S. Katharine Hammond, PhD‡; Joseph L. Fava, PhD§; Wayne F. Velicer, PhD§; Janet L. Evans, MA§; and Alicia D. Monroe, MD||

ABSTRACT. *Objective.* Passive smoke exposure among children is widespread in the United States; estimates suggest that almost 40% of children who are younger than 5 years live with a smoker. Few randomized studies of passive smoke exposure reduction among children have been conducted, and the impact of interventions that have been evaluated has been limited. The objective of this study was to determine whether a motivational intervention for smoking parents of young children will lead to reduced household passive smoke exposure.

Methods. Project KISS (Keeping Infants Safe From Smoke), a theory-driven exposure reduction intervention targeting low-income families with young children, was a randomized controlled study in which participants—smoking parents/caregivers ($N = 291$) who had children

who were younger than 5 years—were randomized to either a motivational intervention or a self-help intervention. These findings have important implications for pediatric health care providers, who play an important role in working with parents to protect children's health. Providers can help parents work toward reducing household passive smoke exposure using motivational strategies and providing a menu of approaches regardless of whether the parents are ready to quit. *Pediatrics* 2001;108:18–24; *passive smoke, nicotine levels, low income families.*

ABBREVIATIONS. Project KISS, (Keeping Infants Safe From Smoke); MI, motivational intervention; SH, self-help; ANOVA, analysis of variance; SD, standard deviation.

Degular exposure to passive smoke is associated

Emmons, K.M., Hammond, S.K., Fava, J.L., Velicer, W.F., Evans, J.L., & Monroe, A.D. (2001). A randomized trial to reduce passive smoke exposure in low-income households with young children.

Pediatrics, 108(1),18-24 pp.

A Randomized Trial to Reduce Passive Smoke Exposure in Low-Income Households With Young Children

Key points:

- Does a motivational intervention for smoking parents of young children lead to reduced household passive smoke exposure?
- MI vs. self-help. Follow-up's at 3 & 6 months. MI condition consisted of a 30-45 m MI session at the participant's home with a trained health educator and 4 follow-up counseling calls.
- 6 M nicotine levels were significantly lower in MI households.
- Providers can help parents work toward reducing household passive smoke exposure using MI and providing a menu of approaches regardless of whether the parents are ready to quit.

Karen M
ABSTRACT
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Method
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Regular exposure to passive smoke is associated

Emmons, K.M., Hammond, S.K., Fava, J.L., Velicer, W.F., Evans, J.L., & Monroe, A.D. (2001). A randomized trial to reduce passive smoke exposure in low-income households with young children. *Pediatrics*, 108(1),18-24 pp.

Environmental Tobacco Smoke Exposure in Pediatric Asthma: Overview and Recommendations for Practice

Elizabeth L. McQuaid, PhD
Natalie Walders, PhD
Belinda Borrelli, PhD

Overview and Recommendations for Practice

Asthma has become the most common pediatric chronic illness in the United States, affecting an esti-

ated 4.9 million children and adolescents. Of these factors, exposure to environmental tobacco smoke (ETS) is a critical clinical problem for many children with asthma. ETS not only triggers asthma episodes, but also has deleterious effects on airway reactivity,³ which makes the airways more respon-

sive to irritants. This article will discuss (outpatient and inpatient) as an opportunity to discuss the effects of ETS on childhood asthma and how to help motivate caregivers to reduce ETS exposure and accomplish smoking cessation.

ETS Exposure and

McQuaid, E., Walders, N., & Borrelli, B. (2003). Environmental Tobacco Smoke Exposure in Pediatric Asthma: Overview and Recommendations for Practice. *Clinical Pediatrics*, 42(9),775-787 pp.

Environmental Tobacco Smoke Exposure in Pediatric Asthma: Overview and

Key points:

- Reviews the empirical research regarding the effects of exposure on children with asthma and provides a brief overview of interventions to reduce ETS exposure.
- Health care providers (HCPs) can use medical encounters as "teachable moments" to advise parents to quit smoking and/or reduce ETS exposure in the home.
- Ask every caregiver of a child with asthma about their smoking status (& rest of 5 A's).
- With practice MI can be incorporated into an office visit with minimal effort.

Chronic illness in the United States, affecting an esti-

effects on airway reactivity,³ which makes the airways more respon-

ETS Exposure and

McQuaid, E., Walders, N., & Borrelli, B. (2003). Environmental Tobacco Smoke Exposure in Pediatric Asthma: Overview and Recommendations for Practice. *Clinical Pediatrics*, 42(9),775-787 pp.

Take away points:

- Still a lack of adequate research within the field of MI and respiratory health/asthma.
- However, MI strategies show positive results when working with clients facing various chronic health concerns.
- Most effective interventions involved multiple repeated contacts (office, in-home, phone, text messaging) with trained HCPs.
- HCP's office may be utilized as an effective channel for motivating behavior change among those facing respiratory conditions.

Other Relevant Sources:

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CAN  ADAPTT



Motivational interviewing is encouraged to support patients'/clients' willingness to engage in treatment now and in the future. (GR/LOR: 1B)

www.can-adaptt.net

The “Spirit” of Motivational Interviewing

Learning Objective:

Operationalize the “spirit” of motivational interviewing in conversations with clients



The Spirit of Motivational Interviewing

- **Partnership**
 - **Acceptance** →
 - **Compassion**
 - **Evocation**
- Absolute worth
 - Accurate empathy
 - Autonomy support
 - Affirmation

Partnership



You are the best judge of what is going to work for you.

Acceptance



*I am here to
help whatever
you decide to
do.*

Compassion

Guide me to be a patient companion, to listen with a heart as open as the sky. Grant me vision to see through his eyes, and eager ears to hear his story... Let me honour and respect his choosing of his own path.



Evocation



What are your thoughts about smoking and quitting?

**Understanding
– and Resisting –
The “Righting Reflex”**

Persuasion Exercise

- Choose one person near you to have a conversation with, and work together
- One will be the speaker, the other will be a counsellor

Speaker's Topic

- Something about yourself that you:
 - want to change
 - need to change
 - should change
 - have been thinking about changing

but you haven't changed yet...in other words – something you're ambivalent about

Counsellor: Find out what change the person is considering making, and then:

- Explain ***why*** the person should make this change
- Give at least three specific ***benefits*** that would result from making the change
- Tell the person ***how*** they could make the change
- Emphasize how ***important*** it is to change
- If you meet resistance, repeat the above.

P.S. This is ***NOT*** motivational interviewing



"Clients":

What were you thinking
or feeling during this
conversation?

Common Reactions to Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable

A Taste of MI:

Conversation with one speaker and one listener

Something about yourself that you

- want to change
 - need to change
 - should change
 - have been thinking about changing
-but you haven't changed yet

i.e. – something you're ambivalent about

Listener

- 1. Listen carefully with a goal of understanding the dilemma**
- 2. Give no advice.**
- 3. Ask these four open questions and listen with interest:**

- a) Why would you want to make this change?
- b) How might you go about it, in order to succeed?
- c) What are the three best reasons to do it?
- d) On a scale from 0 to 10, how important would you say it is for you to make this change?

Follow-up: And why are you at ___ and not zero?

- a) Give a short summary/reflection of the speaker's motivations for change
- b) Then ask: "So what do you think you'll do?" and just listen

"Clients":

What were you thinking
or feeling during this
conversation?

Common Human Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the counselor
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

Would you rather work with these people. . .

...or these?

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable

Summary of Skills

- “Spirit” of MI
 - Partnership
 - Acceptance
 - Compassion
 - Evocation
- Resist the “Righting Reflex”
 - Avoid rescuing or offering unsolicited advice/suggestions in response to a patient-articulated concern or problem
 - Allow the patient to articulate his or her own reasons for change and next steps

Break



FOUNDATION SKILLS – **OARS**

OPEN questions (to elicit client change talk)

AFFIRM the client appropriately (support, emphasize personal control)

REFLECT (try for complex reflections)

SUMMARIZE ambivalence, offer double-sided reflection

Learning Objective:

Review and practice foundation skills in MI

FOUR KEY STRATEGIES – **O A R S**

Open versus Closed Questions

Open versus Closed Questions

- CLOSED questions invite a “yes/no”, one- word or very limited answer
- OPEN questions encourage elaboration – they evoke the client’s ideas, opinions, hopes, concerns, etc.

Open versus Closed Questions

Read the following questions, and “vote” for whether each one is OPEN or CLOSED

“Would you say you are motivated to quit smoking in the next 30 days?”

- a. Open question
- b. Closed question

“Would you say you are motivated to quit smoking in the next 30 days?”

- a. Open question
- b. **Closed question**

“Tell me about how motivated you are to quit smoking in the near future – say, the next 30 days?”

- a. Open question
- b. Closed question

“Tell me about how motivated you are to quit smoking in the near future – say, the next 30 days?”

- a. **Open question**
- b. Closed question

“What made you decide to quit smoking
in the next 30 days?”

- a. Open question
- b. Closed question

“What made you decide to quit smoking
in the next 30 days?”

- a. **Open question**
- b. Closed question

How many cigarettes do you smoke in a typical day?"

- a. Open question
- b. Closed question

How many cigarettes do you smoke in a typical day?"

- a. Open question
- b. **Closed question**

“Can you describe a typical day, and how smoking fits in?”

- a. Open question
- b. Closed question

“Can you describe a typical day, and how smoking fits in?”

- a. Open question
- b. **Closed question**

FOUNDATION SKILLS – **OARS**

Affirmations

Praising versus Affirming

Affirmations:

- Go beyond “giving a good grade”
- Are not about the practitioner’s approval of the patient
- Acknowledge the client’s experience, struggle, expertise, efforts, etc.



Example of Praising:



I think it's great that you are planning to quit smoking!



Praising can lead to...

Thank you!

I really hope I
don't disappoint
you...



✓ Example of Affirming



You have really given this a lot of thought.

✓ Affirming can lead to...

Yes, and now that my grandson is older, I want to teach him it is never too late to change





Example of Praising:



Look how far you've come! I know you can do this.



Praising can lead to...

*I sure hope
so...*

But I am
actually not so
sure



✓ Example of Affirming



You have hung in there even though the cravings have been pretty bad.

✓ Affirming can lead to...

*Yes – I can't
believe how
far I've come*

Maybe I can
really do this!



Questions? Comments?

FOUNDATION SKILLS – **OARS**

Reflective Listening

Simple versus Complex Reflections

**Simple
reflection**



**Complex
reflection**



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

People are really on your case about this, even though smoking is not the only harmful thing out there.

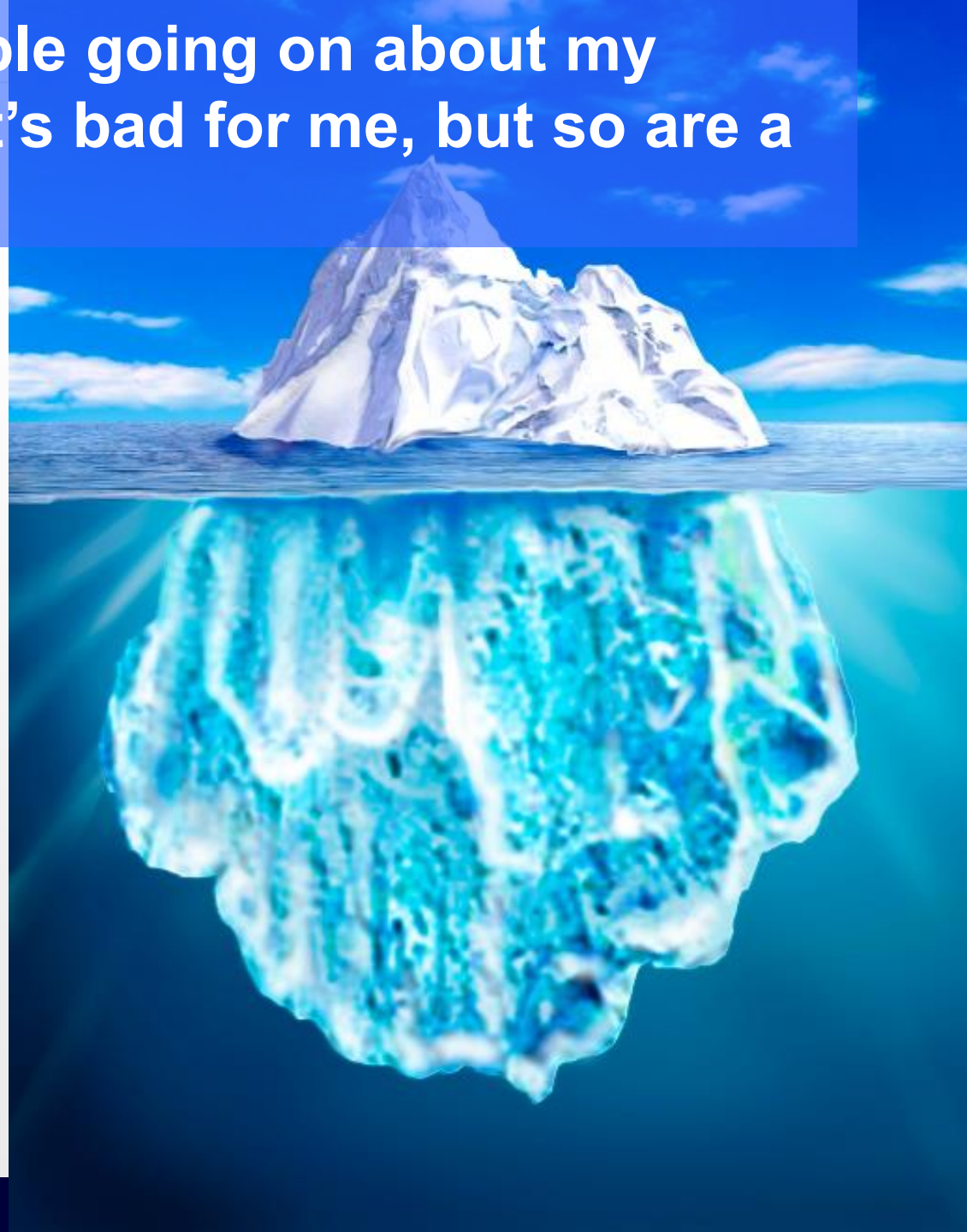
It is frustrating because it feels like “why pick on smoking”?



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

Smoking has some negative consequences, and so do other things.

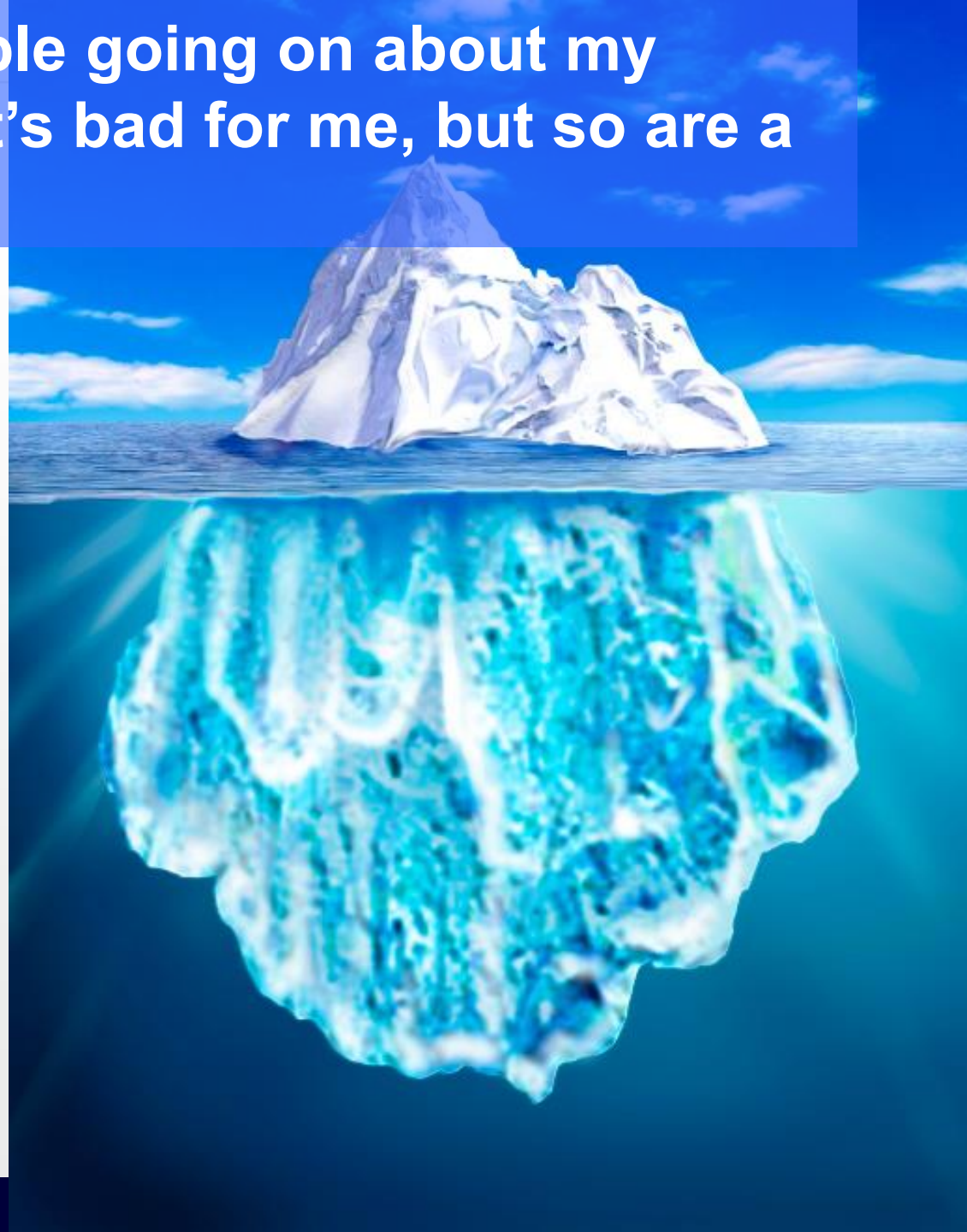
From your perspective, smoking is not the most harmful thing to be concerned about.



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

A lot of people are pressuring you about something you already know is unhealthy.

It is like nagging, and that doesn’t feel very supportive or helpful.

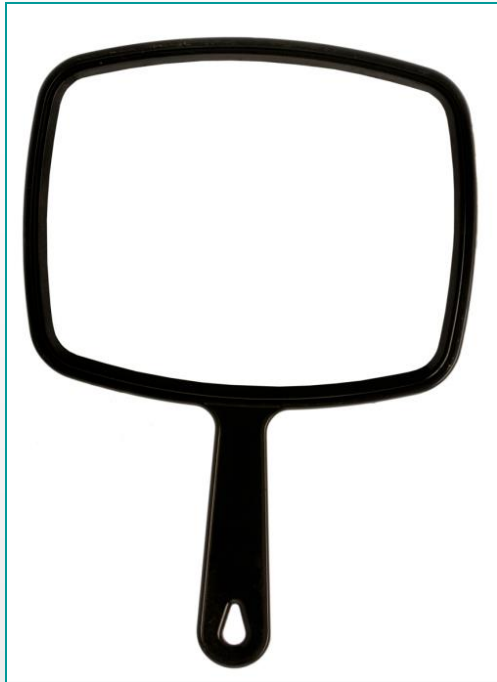


Practicing Reflective Listening

Individually, take a moment to write down an example of a simple and a complex reflection for the following statement (coming up – next slide).

Then compare what you wrote with others at your table. As a group, choose the best examples to share with the larger group.

Practicing Reflective Listening (1)



“How I live my life is my own business.”

“How I live my life is my own business.”

Simple Reflection:

Complex (Enhanced) Reflection:

“How I live my life is my own business.”

Simple Reflection:

You are the only one to decide how to live your life.

Complex (Enhanced) Reflection:

Quitting smoking is not a concern for you, and it feels intrusive for me to bring it up.

Practicing Reflective Listening (2)



“I know you mean well, but I don’t need this medication any more.”

“I know you mean well, but I don’t need this medication any more.”

Simple Reflection:

Complex (Enhanced) Reflection:

“I know you mean well, but I don’t need this medication any more.”

Simple Reflection:

You see that I am concerned, but you are ready to stop taking the medication.

Complex (Enhanced) Reflection:

I can share my concerns, but in the end you are the expert in what will work and what will not work.

FOUNDATION SKILLS – **OARS**

Summary Statements

“Bouquets of Change Talk with Sprigs of Sustain Talk”

Why use summary statements?

- To check your understanding of the person's situation as a whole
- To reflect back key components of what the person has discussed
- To signal a transition to another topic or the end of the session/consultation
- To highlight change talk

Example of OARS (including Summary Statement)

“Angry Bob”

The screenshot displays the YouTube interface for the channel 'teachproject's Channel'. The channel name is in the top left, with a 'Subscribe' button. Navigation tabs for 'All', 'Uploads', and 'Favorites' are visible. A search bar is located in the top right. The main video player shows a man with a mustache, identified as 'Angry Bob' in the title. Below the player are controls for play/pause, volume, and progress (0:10 / 5:19). The video title is 'Dr. Marilyn Herie - MI Skills - Tobacco Cessation - Angry Client' with the URL 'www.teachproject.ca'. It has 1,478 views and was uploaded on Jun 28, 2010. To the right, a list of related videos is shown, including 'Dr. Peter Selby - Tobacco Cessation', 'Rosa Dragonetti - Tobacco Cessation', 'Dr. Peter Selby - MI Skills - Tobacco', 'Dr. Peter Selby - MI Skills - Tobacco', 'Dr. Marilyn Herie - MI Skills - Tobacco', and 'Dr. Marilyn Herie - MI Skills - Tobacco'.

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Dr. Peter Selby - Tobacco Cessation -
783 views - 1 year ago

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Dr. Marilyn Herie - MI Skills - Tobacco Cessation - Angry Client
www.teachproject.ca
From: teachproject | Jun 28, 2010 | 1,478 views

Summary of Skills: **O A R S**

- Open-ended questions
- Affirmations (versus praise)
- Reflections (simple and complex)
- Summary statements

Lunch

Recognizing & Responding to Change/Sustain Talk

Learning Objective:

Listen for and respond to client change talk

Change Talk

- Any speech moving in the direction of change
- We don't know if it's change talk unless we know what the goal is

“If I don't quit smoking I know I will be back in the hospital.”

Change Talk and Sustain Talk

“Opposite Sides of a Coin”

DARN CAT

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

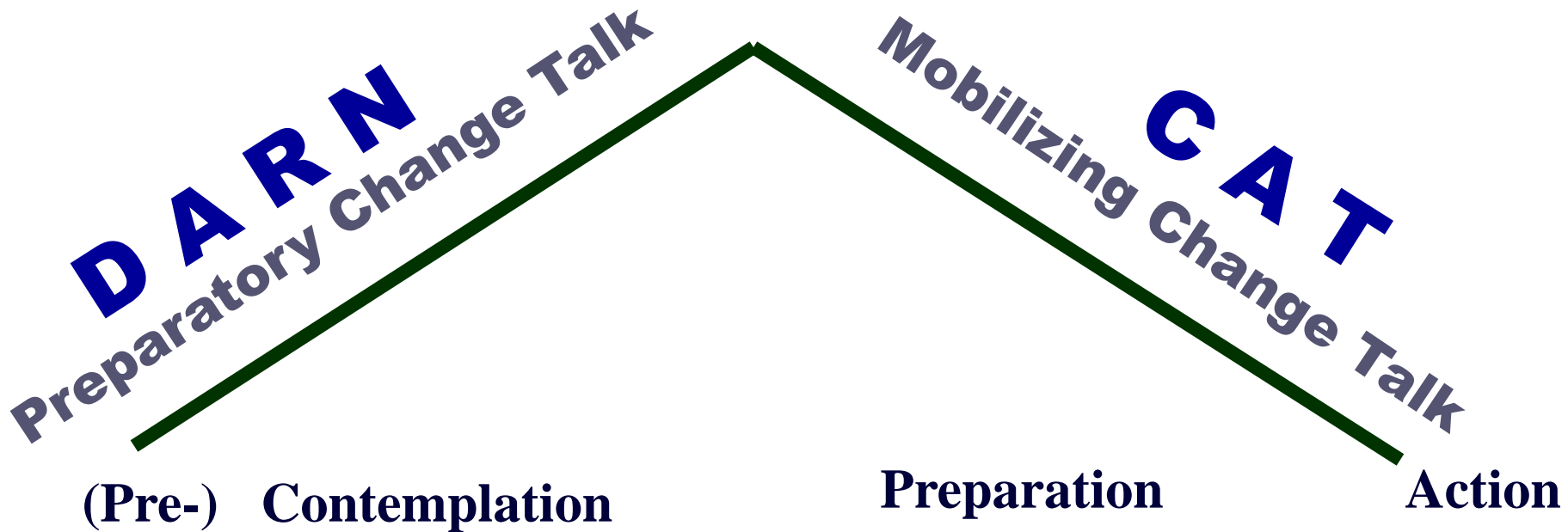
☞ **A**ction

☞ **T**aking Steps



Yet another metaphor

MI Hill



Discord and Sustain Talk

- Both highly related to practitioner style
- Respond to both in the same way (OARS)

“I’m not going to quit.” (sustain talk)

***“You don’t understand how hard it is for me.”
(resistance)***

DARN CAT

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps

Snap fingers = DARN

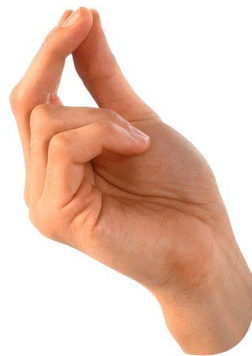
Clap = CAT

Silence = No change talk

Listening for Change Talk

“I want to be around to see my kids grow up.”

☞ **D**esire
☞ **A**bility
☞ **R**easons
☞ **N**eed

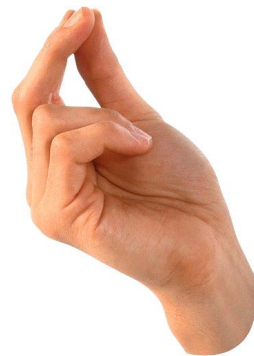


☞ **C**ommitment
☞ **A**ction
☞ **T**aking Steps



“I don’t have a problem with cigarettes – I can quit anytime I want.”

- ☞ **D**esire
- ☞ **A**bility
- ☞ **R**easons
- ☞ **N**eed



- ☞ **C**ommitment
- ☞ **A**ction
- ☞ **T**aking Steps



**“I have been abstinent all week,
but the cravings were REALLY
bad!”**

- ☞ **D**esire
- ☞ **A**bility
- ☞ **R**easons
- ☞ **N**eed



- ☞ **C**ommitment
- ☞ **A**ction
- ☞ **T**aking Steps



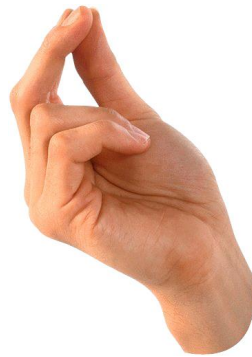
“I am not here because I want to be here. My doctor told me that I won’t be able to get on the transplant list unless I quit smoking.”

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed



☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps



“I am going to keep trying for as long as it takes – one day at a time.”

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed



☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps



Responding to Change Talk

- ☞ Use O A R S strategies to elicit:
 - Open questions: Ask for elaboration
 - Affirmations: Affirm “DARN CAT” statements
 - Reflect examples of change talk back to clients
 - Summarize change talk

Example

"I know I should use my inhalers, but I am always forgetting where I put them."

What kind of change talk is this?

Example





"I know I should use my inhalers, but I am always forgetting where I put them."

What kind of change talk is this?

**Preparatory change talk –
“DARN” statement
(NEED)**

Example

"I know I should use my inhalers, but I am always forgetting where I put them."

- O**  What are some of the reasons you think it's important to use the medication?
- A**  You have been working hard to manage your asthma in spite of how hard it can be.
- R**  You know that using the medication every day is very important.
- S**  Let me make sure I understand what you've said so far: You've been having a lot of coughing at night; you came today to see me because you are worried about the symptoms you're experiencing; you know what you should be doing – it's just hard to actually put it into practice. Does that capture it, or did I miss anything?

Practice Exercise

"I have tried asking my partner to smoke outside, but she doesn't listen."

What kind of change talk is this?

Practice Exercise

"I have tried asking my partner to smoke outside, but she doesn't listen."

What kind of change talk is this?

**Commitment Language –
"CAT" statement
(TAKING STEPS)**

Practice Exercise

"I have tried asking my partner to smoke outside, but she doesn't listen."

O

A

R

S

Practice Exercise: Possible Responses

"I have tried asking my partner to smoke outside, but she doesn't listen."

- O** What made you decide to ask your partner to do this?
- A** You are trying to make your home safer and healthier.
- R** It sounds like your partner doesn't understand how important this is.
- S** I'd like to summarize what you've shared to make sure I understand: You mentioned your concern about your asthma and how hard you are trying to manage the symptoms. You see the second-hand smoke as the biggest issue, and you've tried to raise it with your partner more than once. Now you're wondering what else you can do. What did I miss?

Agenda-Mapping

Learning Objective:

Apply agenda-setting as a strategy for working with clients with complex, co-occurring issues

Agenda-Mapping

- ☞ A brief discussion with the client, where he/she has the most decision-making freedom possible
- ☞ The client chooses what area toward better health they want to discuss
- ☞ No topic is off limits – success in one area can lead to success in another

Tips for Agenda-Mapping

- ☞ Start with understanding the patient's perspectives and preferences
- ☞ Try not to 'trap' the person by suggesting a lifestyle change (or focusing too soon on change) once the person raises a lifestyle area

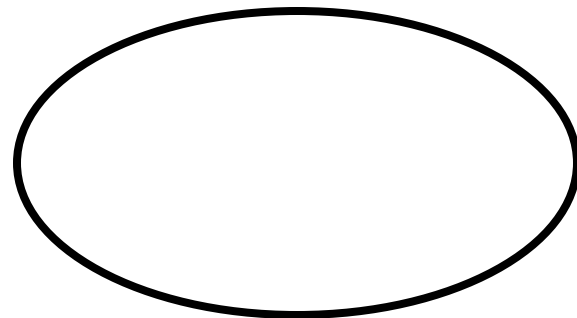
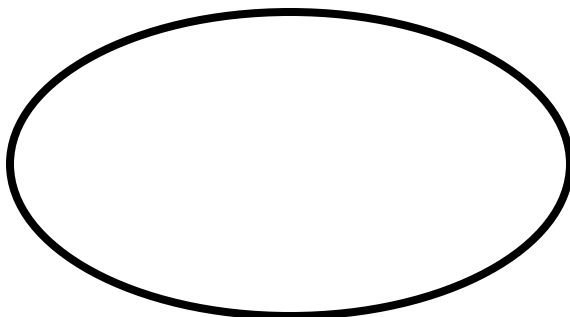
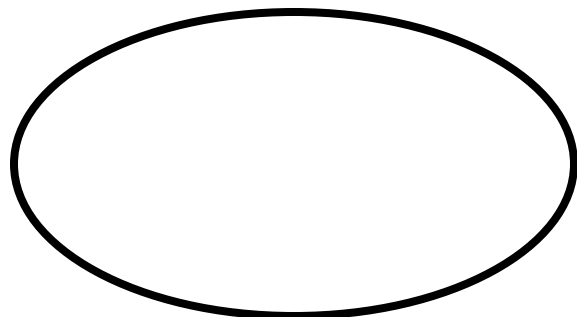
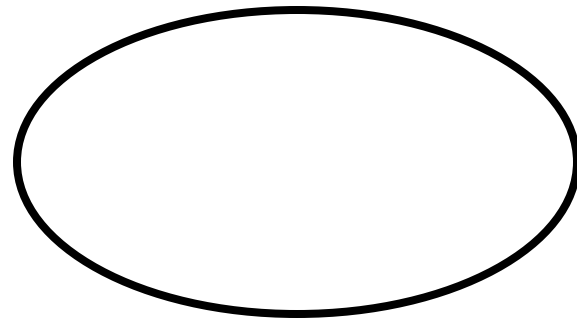
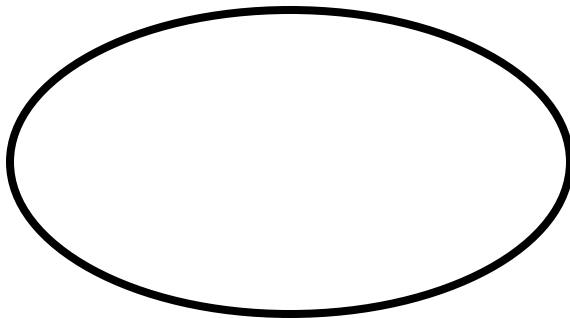
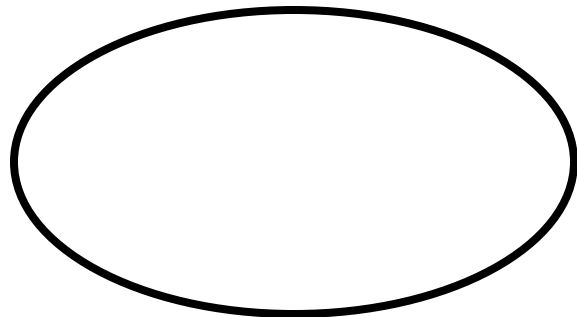
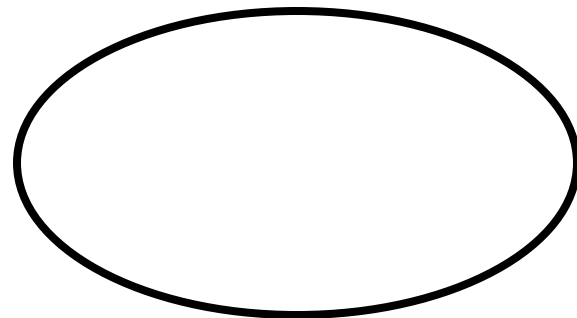
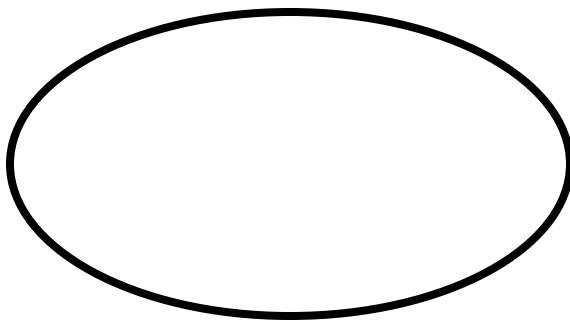
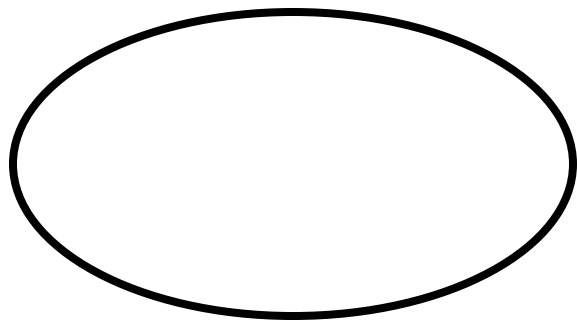
Tips for Agenda-Mapping

- ☞ Consider providing the patient with a finite list of topics to choose from, and asking them if any of the areas they want to discuss are included in that list
- ☞ After the patient responds, feel free to mention topics that you want to talk about

Strategies Include...

- ☞ Asking for elaboration
- ☞ Reflective listening
- ☞ Emphasizing personal choice and control
- ☞ Asking permission before making suggestions
- ☞ Summary statements

Setting an Agenda for Change



Setting an Agenda for Change

Asthma

Medication

Smoking

Diabetes

Alcohol

Setting an Agenda for Change

Asthma

**Healthy
Eating**

Medication

Smoking

Stress

Finances

Diabetes

Family

Alcohol

“Given these possible areas to focus, what would you like to talk about in our time together today?”

Setting an Agenda for Change

Asthma

Healthy
Eating

Medication

Smoking

Stress

Finances

Diabetes

Family

Alcohol

Video Demonstration

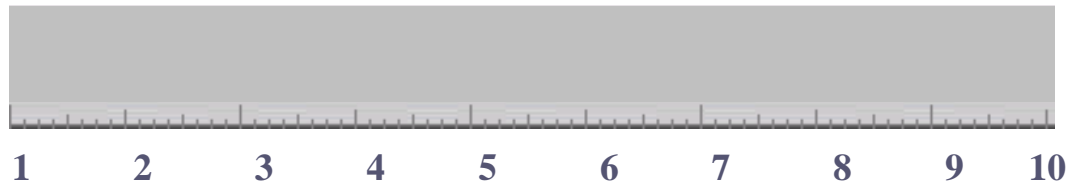


Agenda setting conversation with "Sal"

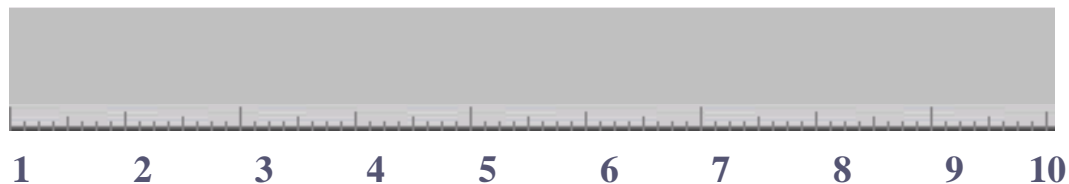
“Readiness Ruler”

People usually have several things they would like to change in their lives – this may be only one of those things. Answer the following three questions with respect to your goal for this week.

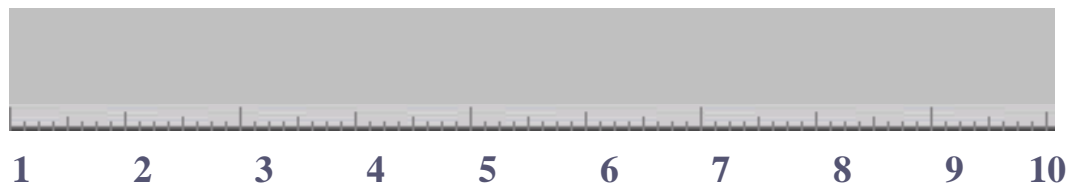
☞ How **important** is it to change this behaviour?



☞ How **confident** are you that you could make this change?



☞ How **ready** are you to make this change?



Summary of Skills

- Recognizing change talk
 - DARN CAT
- Eliciting Change Talk
 - OARS
- Agenda-setting
 - Worksheet
 - Readiness Ruler
 - Follow-up questions

Break

Putting It All Together

The Effective and Ineffective Practitioner



How NOT to do Motivational Interviewing: A conversation with "Sal" about managing his asthma

Learning Objective:

Recognize and integrate MI spirit and skills in practice

Motivational Interviewing Coding Sheet

- Number of closed questions: _____
- Number of open questions: _____
- Number of simple reflections: _____
- Number of complex reflections: _____
- Change statements by client: _____
- Sustain statements by client: _____
- Therapist talk time (approx.): _____ %

Targets:

Twice as many reflections as questions

At least 50% complex reflections

No more than 50% therapist talk time

MI “Spirit”	(low)			(high)		
Partnership	1	2	3	4	5	
Acceptance	1	2	3	4	5	
Compassion	1	2	3	4	5	
Evocation	1	2	3	4	5	

The Effective Practitioner

“Sal”



Motivational Interviewing Coding Sheet

- Number of closed questions: _____
- Number of open questions: _____
- Number of simple reflections: _____
- Number of complex reflections: _____
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MI “Spirit”	(low)			(high)		
Partnership	1	2	3	4	5	
Acceptance	1	2	3	4	5	
Compassion	1	2	3	4	5	
Evocation	1	2	3	4	5	

Motivational Interviewing Coding Sheet

	Ineffective Practitioner	Effective Practitioner
Closed Questions	2	0
Open Questions	0	3
Simple Reflections	0	1
Complex Reflections	1	6
Change Statements	1	7
Sustain Statements	8	8
Therapist Talk Time	70%	50%

Targets:

Twice as many reflections as questions

At least 50% complex reflections

No more than 50% therapist talk time

MI "Spirit"

(low)

(high)

Autonomy

1

2

3

4

5

Collaboration

1

2

3

4

5

Evocation

1

2

3

4

5

INEFFECTIVE

EFFECTIVE

Hands-on Practice

- In groups of three, take three roles:
 - Person “A” describe a change you are thinking of making in the next 6 months – 1 year
 - Person “B” respond using motivational strategies
 - Person “C” observe and give feedback

Each “Real Play” will take 5 minutes.

After each turn, rotate the roles so that everyone has a chance to practice and receive feedback.

Please HOLD your feedback until everyone has had a chance to practice – you will have an opportunity to debrief as a small group at the end of this exercise

Motivational Interviewing Coding Sheet

- Number of closed questions: _____
- Number of open questions: _____
- Number of simple reflections: _____
- Number of complex reflections: _____
- Change statements by client: _____
- Sustain statements by client: _____
- Therapist talk time (approx.): _____ %

Targets:

Twice as many reflections as questions

At least 50% complex reflections

No more than 50% therapist talk time

MI “Spirit”

(low)

(high)

Partnership

1

2

3

4

5

Acceptance

1

2

3

4

5

Compassion

1

2

3

4

5

Evocation

1

2

3

4

5

Questions and Discussion

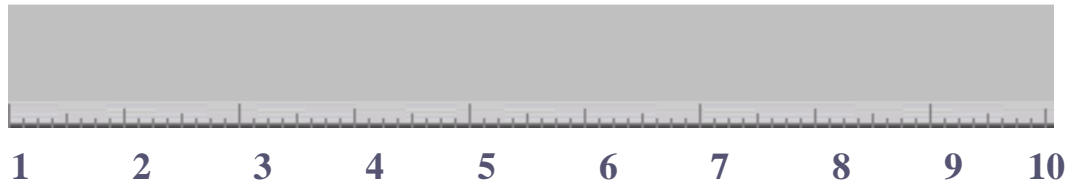
Continuing Professional Development in Motivational Interviewing

Learning Objective:

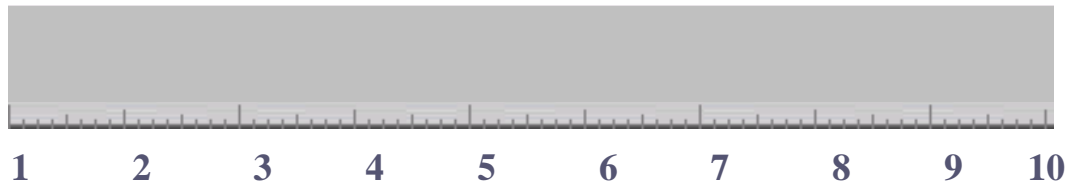
Set objectives and access resources for continuing professional development in MI skills

“Readiness Ruler”

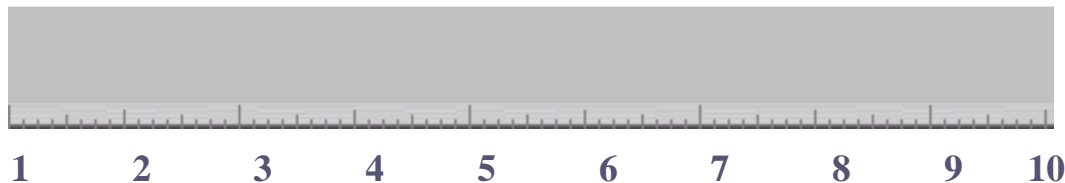
- How **important** is it to start using some of these strategies/tools?



- How **confident** are you that you could apply them in your practice?



- How **ready** are you to actually use them?



Practice Goals

What is one thing you will commit to practicing with your clients this week?

Recommended Resources for Motivational Interviewing Skills Development

Martino, S., Ball, S.A., Gallon, S.L., Hall, D., Garcia, M., Ceperich, S., Farentinos, C., Hamilton, J., and Hausotter, W. (2006). *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA STEP)*. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University.

<http://www.motivationalinterview.org/Documents//MIA-STEP.pdf>

Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change 3rd Edition*. New York: The Guilford Press.

Miller, W.R. & Rollnick, S. (2009). Ten things that Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5318416>

Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: The Guildford Press.

First chapter and table of contents available at www.motivationalinterview.org

Rosengren, D.B. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford.

Useful Websites

Motivational Interviewing Website

<http://www.motivationalinterview.net/>

Motivational Interviewing Network of Trainers (MINT) Website

www.motivationalinterviewing.org

Examples of Motivational Interviewing Videos on YouTube

<http://www.youtube.com/user/teachproject#p/u>