

Motivational Interviewing

WORKSHOP

OCFP CMHN

Monica Brewer

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Disclosure of Conflict of Interest

No pharmaceutical or other support

Objectives

- What is MI and importance for Family Physicians

RIC scales ; Readiness, Importance, Confidence

MI Skills that will anchor the therapy “O A R S “

- “ Stuck in Ambivalence” : “But Therapy”
- Reluctant Nancy

WHY CHANGE BEHAVIOUR

Diet; Smoking ; Alcohol; Sedentary; Compliance

DM

Obesity

HBP

Depression / Anxiety / Addictions

Chronic Conditions presenting daily to our offices

HEALTHIER BEHAVIOURS ARE NEEDED

Communication

- Tell Just so you know.....
- Warn This may kill you
- Advise If I were you
- Refer the dietitian will help you
- **Assumption that once patients have information healthier behaviours will follow, is often wrong**
- **MOTIVATIONAL INTERVIEWING IS NEEDED**

What is MI?

- Productive Guided COLLABORATIVE Clinical psychotherapy developed by Miller and Rollnick
- Activate patients to key into their own health values
- Elicit their own ideas and wisdom; EVOCATIVE
- Nudge them to change behaviour to be healthier when they are ready and with AUTONOMY
- Evidence based from over 200 RCT

COLLABORATIVE

Patient does most of the work

- **Navigator does not play expert**
- **Navigator asks permission to guide**
- **Navigator does not give advice**

EVOCATIVE the solutions come from the patient's own ideas **Thinking out loud**



- **Empower with HOPE and OPTIMISM**
- **Affirmations to build efficacy**

HONORING PATIENT'S AUTONOMY

how and when **Respect their rights to chose**

Empathy Curiosity

Accepting without judgement possibly not agreeeing

MI SKILLS

- **O** open ended questions : Tell me.....
- **A** Affirmations : positive statements that increase confidence
- **R** Reflections: repeating back though/feeling
- **S** Summaries: reflective list with meaning

RIC scales

- How **READY** are you to start using MI in your office?
- 1.....10 Why not higher? Why not lower?
- How **IMPORTANT** is to you to learn this?
- 1.....10 Why not higher? Why not lower?

- How **CONFIDENT** are you that you can do this?
- 1.....10 Why not higher? Why not lower?

AMBIVALENCE

- We all resist PERSUASION
- if it feels “PUSHY”... then yes doc, BUT....
- Acknowledging that the patient has the right “to not change” often leads to change
- Say: ” It is entirely up to you to change or not and I support you either way, but would you like me to give you some medical information to help you decide?”
- Say: “ on the one hand you really enjoy smoking a lot but on the other hand you want to live a long happy active life and see your grandchildren grow up.

Ambivalence

- Ambivalence is necessary for change
- It is diagnosed with the word : Yes doctor, BUT....
- It is uncomfortable and normal part of changing
- Ignorance is bliss but in health can be dangerous
- Goal is to help the patient reach their own fully informed decision which is in their own best interest.
- Explore both sides : negative to change (or staying the same) and positive to change, getting healthier

“But” Therapy

- 1 Engage;
- “You are Stuck in ambivalent ”
- “This is Normal and happens to most”
- “ I can help you help yourself”
- “We will need to agree on a clear goal”
- “We will explore negatives and positives
- Based on teachings from Dr Steve Hotz

“But” Therapy

- 2 Elicit reasons to not change (negatives)
 - Make a LIST What else? what else?
 - Make a SUMMARY of your understanding of the negatives to change.
 - Say “we will get back to these and work on problem solving some of these as BARRIERS to be overcome”

“But” Therapy

3 Elicit the reasons (POSITIVES) for change

- Make a LIST What else? What else?

Make a SUMMARY of the list but

- AMPLIFY the PERSONAL IMPORTANCE

by asking how life might be better with the change.

- “How would you feel if you got there? “What important things might you get to do? Imagine you wake up and you have arrived?”

“But” Therapy

- 1 Engage
- 2 Elicit negatives and summarize
- 3 Elicit positives, amplify and summarize
- 4 Work through some negatives by having the patient come up with solutions. Use affirmations to build self efficacy.
- 5 Ask RIC again and if improved ask
 - ”What are going to be your next steps?”

MI

- Takes some experience to become good
- It is rewarding and fun
- No need to have long appointments, use continuity
- Avoid wasting time on informing patients or suggesting solutions when they are not ready to change RIC
- Remember O A R S
- “But” therapy 5 steps

Resistance

- I completely understand and respect that you would never want to try some non medication strategies to control your pain.
- It is your body and you should be the one in control and you would rather be dead than experiment with new things

MI

- Credit to Dr Steve Hotz Ambivalence Approach
 - Thanks for coming and participating
 - QUESTIONS
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- mbrewer@toh.ca