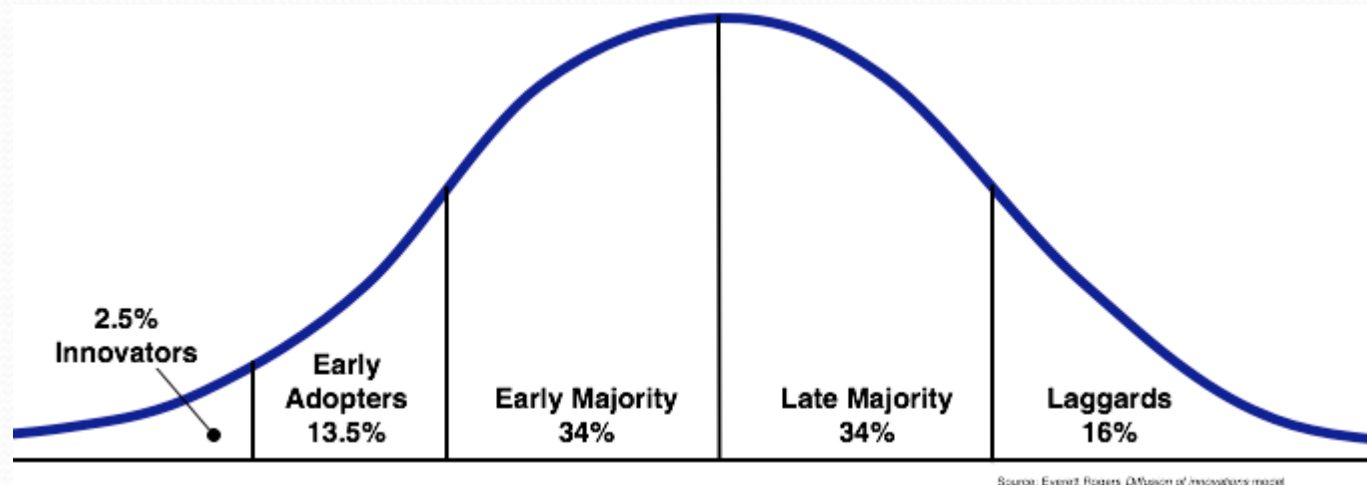


Motivational Interviewing or “Do as you say, not as I say”

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Objectives

- To provide participants with a starting ground and tried and tested strategies to incorporate MI into daily practice.
- To peak your interest in MI as a counseling approach.
- To help provide more reward and less frustration for both you and the patients!



Source: Everett Rogers, Diffusion of Innovations model

Outline

- About my background in MI
- What is it?
- What does the research show?
- The typical patient
- 5 strategies for 1-1
- Strategies for groups
- Troubleshooting
- What's next?
- Questions

About me...how did I stumble across MI?

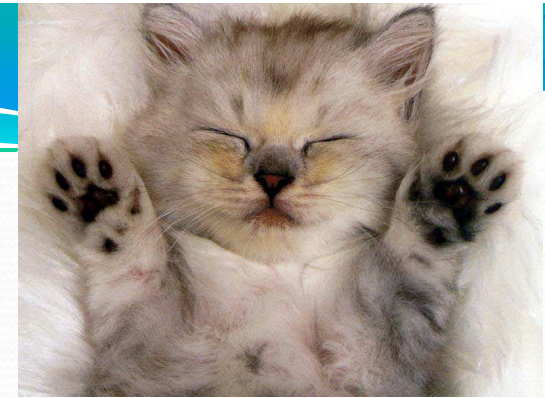


- Internship thesis.... What the heck is a “life coach!?”
- First year practice..... why aren't they doing what I tell them to do??
- Motivational interviewing workshop #1
- ... lets try this MI stuff out.
- More workshops on MI, books on MI
- Still learning and practicing, enjoying my job so much more!

What is it?

- Coaching rather than leading
- Guiding, rather than dictating (or following!)
- Client centered way of practicing
- Resisting the “righting reflex”
- Dancing rather than push/pull.
- The client is working harder than the practitioner
- A proven way of helping patients make behavior changes
- Just for Dietitians?

MI for everybody!



- Research proving benefits for behavior change in; Alcohol and drug abuse, ashtma/COPD, brain injury, cardiovascular health/hypertension, dentistry, diabetes, diet/lipids, domestic violence, substance use disorder and mental illness, eating disorders/obesity, emergency departments/trauma/injury prevention, family/relationships, gambling, health promotion/exercise/fitness, hiv/aids, medical adherence, mental health, offenders, pain, sexual behaviour, speech/vocal therapy, smoking...

In training, here is how we may imagine the typical patient



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- Compliant
- Wants your help



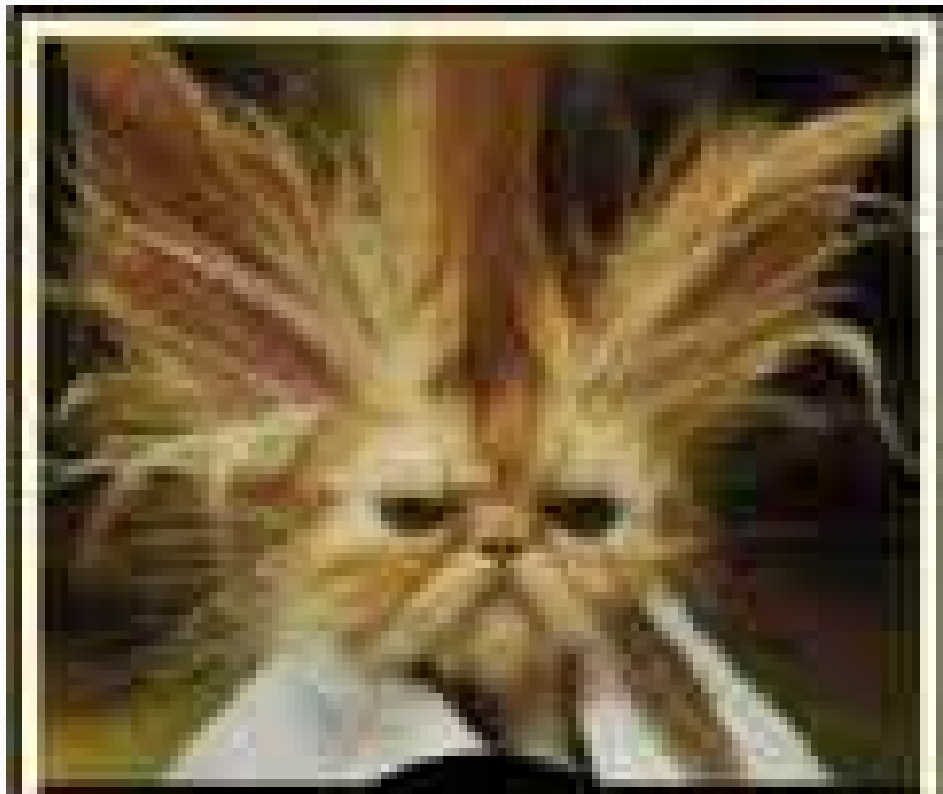
- Comes in with a paper and pen to take notes
- A passive vehicle, ready and waiting for you to fill them with your expert knowledge.....

How many of your patients are like this?

The other 300 or so....



....which leaves us feeling like this



Here is where MI comes in handy!

Specific Strategies/ways to incorporate into visit;

- 1. Develop an action plan with patient
- 2. Brainstorm problem solving
- 3. Using a confidence scale
- 4. Link goals to benefits
- 5. Consider agenda setting

1. Develop an Action plan

- **What?** The patient presents with a behavior that requires changing.
- **How?** Patient comes up with the how/when/where/how often etc. Check for confidence (1-10) problem solve barriers. Follow up.
- **Why?** Patients know what works best for them!

Example; Homer presents with high cholesterol



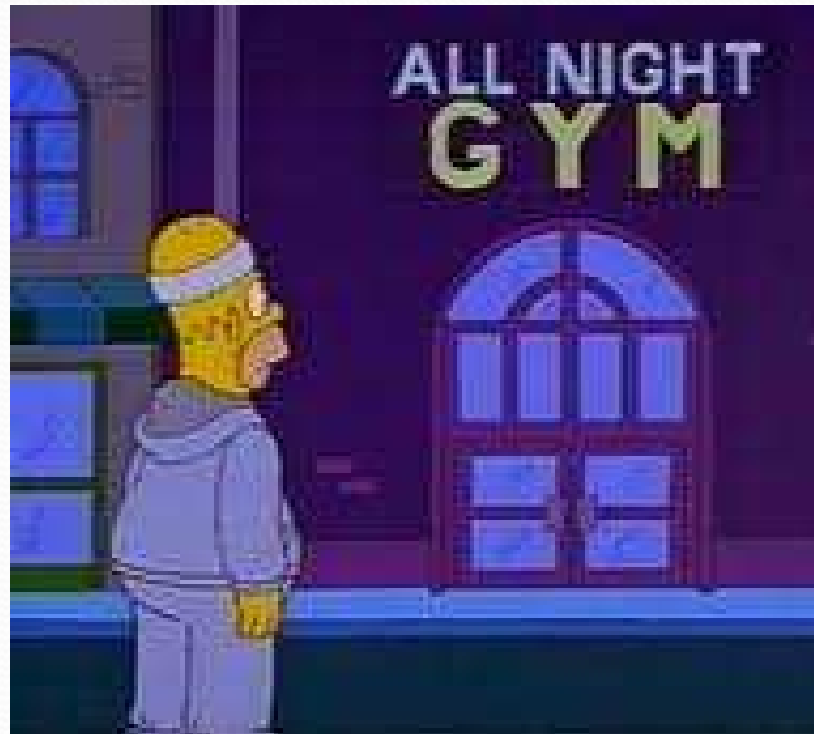
2. Brainstorm problem solving

- **What?** Patient presents with a problem.
- **How?** Patients lists all possible solutions. Patient chooses 1. Try for x # weeks. Set follow up.
- **Why?** A quicker way to develop an action plan. The patient is the one doing most of the problem solving, they feel they have choices.

Homer presents again, this time with weight gain, he has stopped exercising



Example; what works



Brainstorming Problem Solving; what works



3. Generate Discussion About Behavior.

- **What?** Patient presents with a behavior and you are trying to elicit change talk.
- **How?** Patient rates behavior out of 10. Ask patient why they are at this number, and what they can do to bring that number up one. Proceed to SMART goal setting .
- **Why?** Encourages patient to self-reflect. Its one way to work with the patient where they are at, and elicit change talk.

Generate Discussion about Behavior;

Homer presents with fatty liver,
he admits to drinking too much



4. Link Goals to Patients Values

- **What?** Give the patient a reason for your recommendation that is important to them.
- **How?** Ask a patient what is important to them about their health/illness/etc. and link your recommendation to their value.
- **Why?** Studies show when people are given a reason, they are more likely to make a change. If that reason is something that they value/is important to them, it further increases their motivation to change.

Link Goals to Benefits;

Homer presents as non-compliant for taking medications



Another example

- Your patient indicates not having a stroke is something that is important to them. Would you advise them;
 - A) Stop adding salt to your foods
 - B) Stop adding salt to your foods because it can raise your blood pressure
 - C) Stop adding salt to your foods to help reduce the risk that you will have a stroke.

Another Example; patient handout

Goal/Recommendation	Reason;
✓ <i>Take your metformin every day with breakfast</i>	<i>Can help keep blood sugars down which is helpful in preventing long term problems with diabetes.</i>

5. Agenda setting

- **What?** Finding out where the patient wants to go, when there are multiple potential paths.
- **How?** Provide a set of topics from which a patient can choose. Can be in the form of a “bubble sheet”
- **Why?** Starting with the patients own concerns, often increases their willingness to listen to yours. Success in one area = progress in another.

Example



Smoking

Medications

Exercise

?

Diet

?

Stress
Management

Alcohol

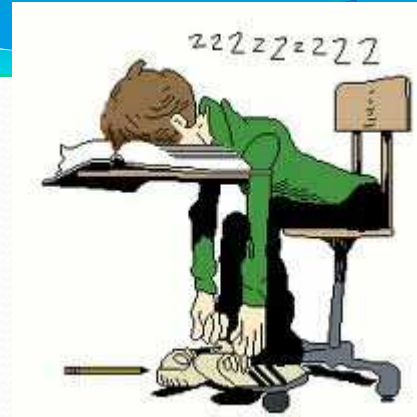
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Conversation maps



Using MI in groups- tips

- Avoid Q and A sessions
- Let group answer any questions that arise.
- When providing a suggestion, ask the group “who is doing this/how are you doing this”.
- Advise participants to provide suggestions in the form of “what has worked for me”
- Encourage participants to set small goals on paper either in groups or on their own.



Feedback on groups utilizing MI theories



“What did you enjoy most about the group?”

- “discussions with others very useful”
- “group interactions”
- “group session sharing”
- “the group discussion”
- “that is wasn’t a lecture”
- “the feedback from everybody”
- “helpful hints from others because it was a group session”
- “group interaction”
- “sharing ideas with others”
- “hearing comments from the group”
- “sharing stories and experiences”
- “sharing ideas and recipes”

Troubleshooting

“I have all this information to provide to them and a set of questions that need to be asked.... I can't possibly let them lead the interview. “

Solutions;

- Typical day
- Let them lead the teaching/prioritize the order
- Provide a list of possible teaching topics, they choose where to start
- Ask for permission

Summary/Random Thoughts

- People love to talk about themselves!
- People love to be listened to!
- Patients often know and can come up with their own solutions,
- Guilting/threatening/begging/pleading isn't working.... Try out some new tools!



Whats next?

- <http://monarchsystem.com>
- <http://www.optimizinghealth.org/>
- www.motivationalinterview.org
- Try out some of these strategies
- Take a workshop- flyers at front
- Training in conversation maps?

Whats next.. Cont....

- Pfizer; 3 minute empowerment
- Motivational interviewing workshops
- Health Coaching workshops
- Training in conversation maps
- Books, websites, etc.

References/Resources

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Questions/comments?

