

Motivational Interviewing: An Introduction to Strategies to Facilitate Patient Behavior Change in Pediatric Primary Care



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Learning Objectives

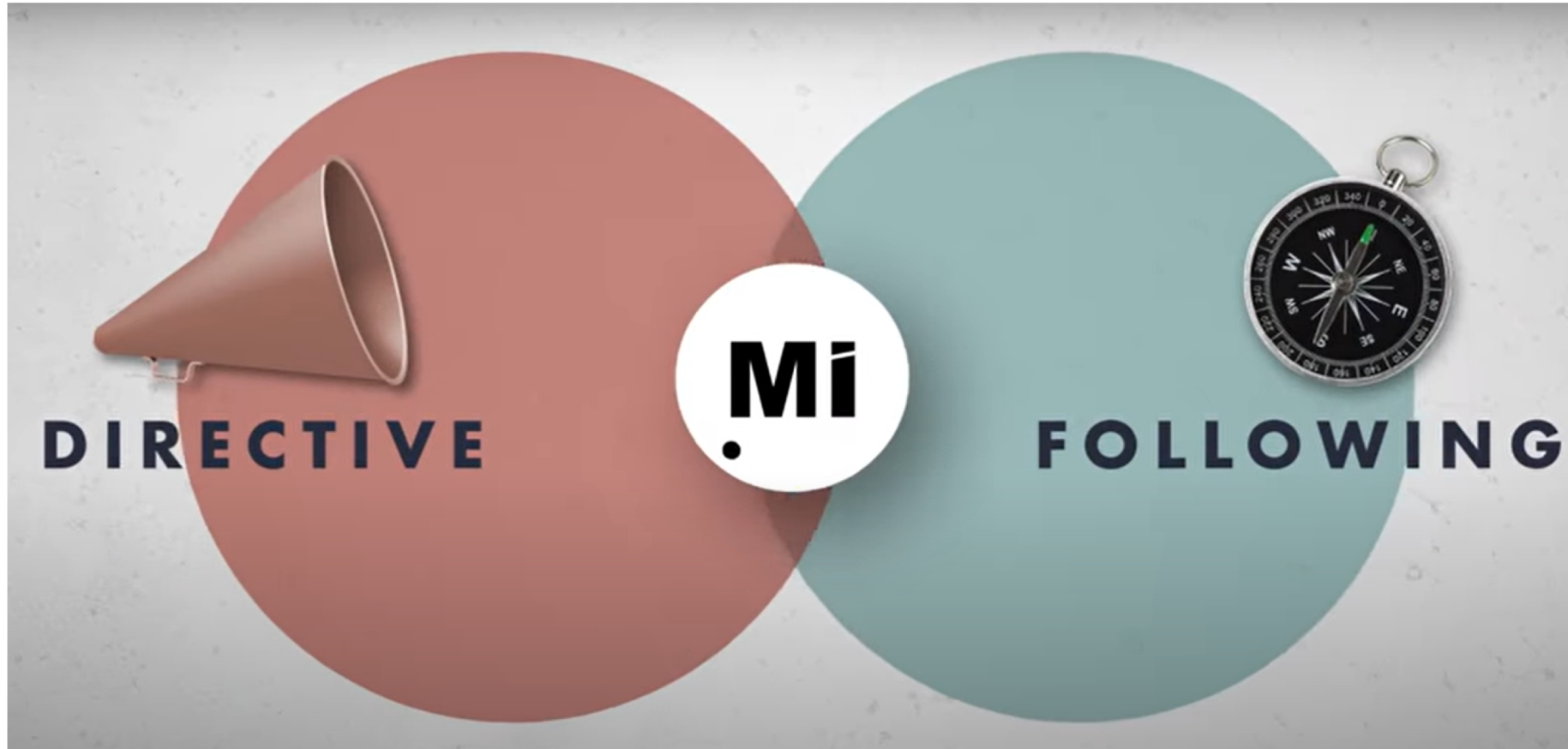
- Define Motivational Interviewing (MI)
- Identify the processes of MI
- Understand principles of MI
- Identify MI skills to help patients/youths/families engage in behavior change



Motivational Interviewing – what is it?

- Motivational Interviewing focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change.

Motivational Interviewing

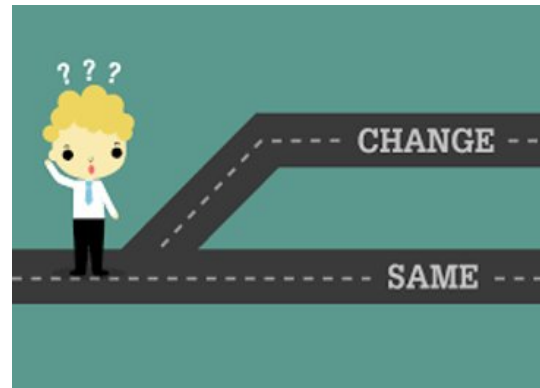


MI Overview

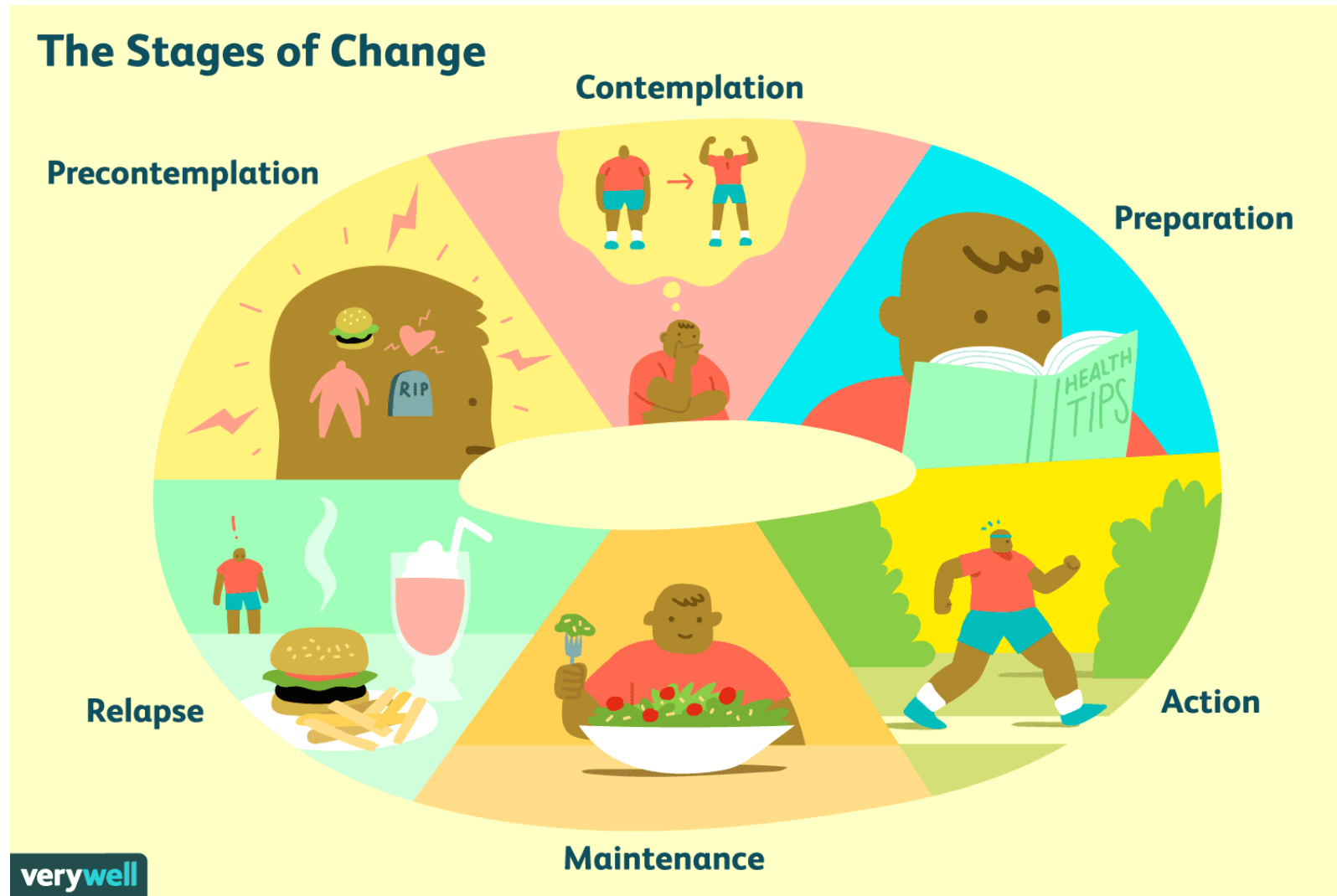
- A way of being with patients
- A way to reduce provider stress and burnout
- A way to improve behavior change outcomes
- Helps place responsibility for change on patients/families
- Can be stand alone or compliment more intensive treatment program

Why use MI?

- Interventions focused on changing behaviors can often be very stressful for providers and can cause provider burnout
- Unsolicited advice is not typically a successful strategy and might make individuals less likely to change
- Can help providers guide conversations around difficult topics like:
 - Corporal punishment
 - Social media
 - Weight management
 - Sex
 - Substance use



Why do people change? Why do people NOT change?



Processes of MI

1. **Engaging** – process by which both parties establish a helpful connection and a working relationship
2. **Focusing** – focus on a particular agenda or what's important to the patient regarding their behavior, health, and welfare
3. **Evoking** – elicit the patient's own motivations for change
4. **Planning** – developing commitment to change and formulating a specific plan of action

Spirit of MI

- Collaborative (non confrontational)
- Evocation (not education)
- Respectful of autonomy (not authority)
- Compassionate



MI is not...

- A way of tricking people into doing what you want them to do
- A specific technique
- Problem solving or skill building
- Just patient-centered therapy
- Easy
- A panacea for every clinical challenge

Why MI for adolescents?

- Telling teens what to do = teen resistance
- Information alone is not enough to change behaviors
- MI allows the teen to drive the process – they tell you versus you tell them

MI Principles



MI Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Seeking to understand the person's frame of reference
 - “It sounds like ...”, or “It seems as if ...”.
- Ambivalence is normal



Develop Discrepancy

- The person (rather than the clinician) should present the arguments for change
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values

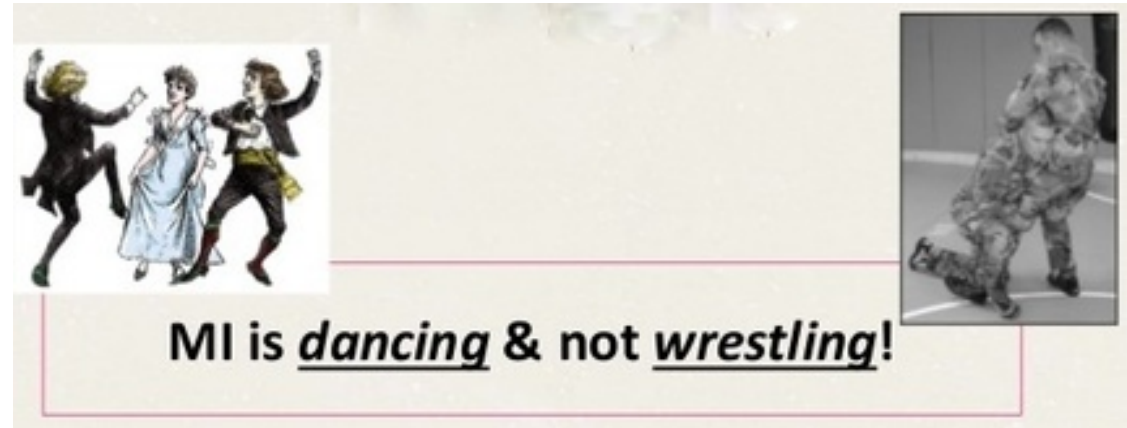
Motivational Interviewing Deploy Discrepancy

- How does your (medication use) fit in with your goals?
- How does the you as a medication user fit in with the you as... (their goals or positive self)?
- Is there anything about your medication use you need to change to get the things you want?
- How would things be in a year if you stayed the same? How... stayed the same?



Roll with Resistance

- Avoid arguing for change
 - resist the “righting reflex”
- Resistance is not directly opposed
- New perspectives are invited, not imposed
- Resistance is a signal to respond differently
- The person is a primary resource in finding answers and solutions



Support Self-Efficacy

- A person's belief in the possibility of change is an important motivator
- The person, not the clinician, is responsible for choosing and carrying out change
- Highlight previous success, skills, and strengths of the patient
 - Communicate optimism about patient's ability to change

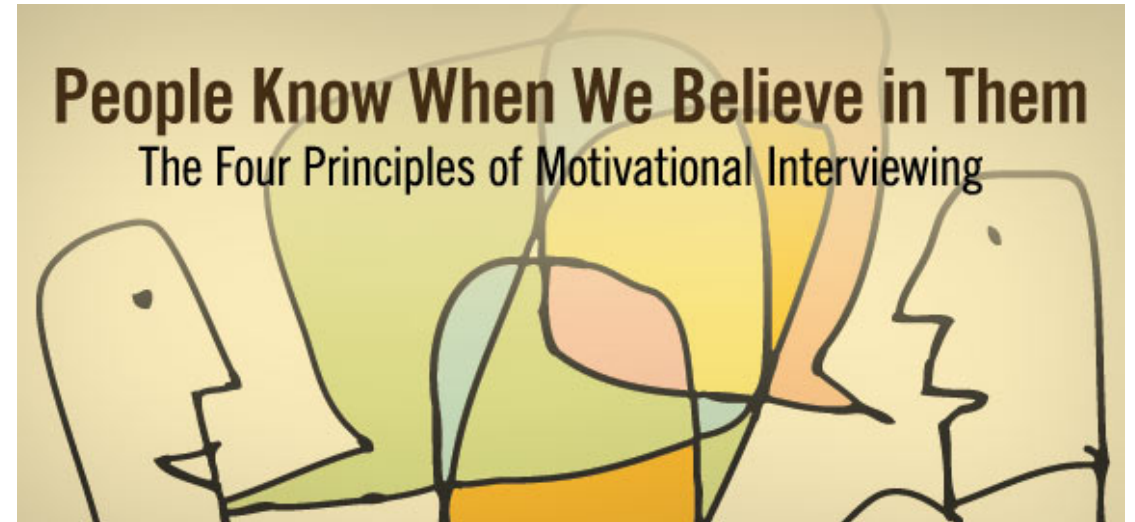


Table 1
Tips for initiating MI

Before You Begin the Conversation

Be aware of your own preconceptions about substance use, mental illness, and chronic health conditions

Have a nonjudgmental attitude

Avoid using labels (addict, alcoholic) or diagnoses

Starting the Conversation

Ask permission to discuss a topic further

Assure parents that you ask everyone these questions so they do not feel singled out

Acknowledge that you recognize that some information is difficult to talk about

Try to provide as much privacy as possible and ensure confidentiality, but be honest about limitations

During the Conversation

Watch for nonverbal cues, such as:

- Eye contact
- Fluidity and tone of speech
- Posture
- Movements
- Affect



Core MI Skills



Core MI Skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries



Open-Ended Questions

- Allows patient to explore their own ambivalence about changing
- Puts patient in an active role versus a passive role in question-answer trap



Open-Ended Questions

- Close-ended questions
 - So, you are here because you are concerned about your mental health, correct?
 - How many children do you have?
 - Do you agree it would be a good idea for you to receive outpatient therapy?
 - Tell me about your depressive symptoms. Are you sad?
 - When do you plan to start therapy?

Table 2

Examples of replacing closed-ended with open-ended questions

Avoid

Use Instead

Closed-Ended Questions

Open-Ended Questions

Multiple choice

Will you decrease snacks, sodas, or portion sizes to help your child's weight?

What changes could you make in your child's diet to help your child's weight?

Dichotomous

Do you want to stay in this relationship?

How do you feel about this relationship?

Leading

You don't use corporal punishment, do you?

What forms of discipline do you use?

Specific information

Who takes care of your daughter when you're depressed and in bed?

Tell me how your depression affects your ability to care for your daughter



Affirmations

- Compliments or statements of appreciation and understanding
 - Praise positive behaviors
 - Support the person as they describe difficult situations



Why should we give affirmations?

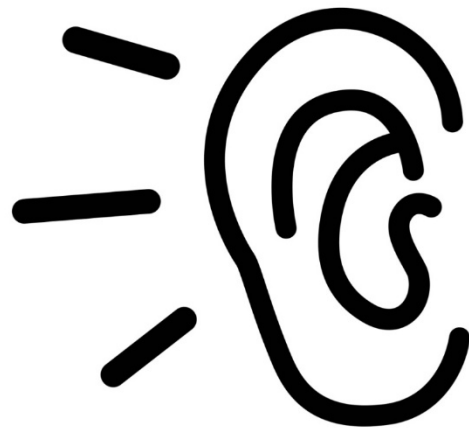
Examples of replacing nonaffirming statements with affirmations

Avoid	Use Instead
Nonaffirming Statements	Affirmations
Even if you smoke outside, your child can still be exposed to smoke	You have been making good efforts to reduce your child's exposure to smoke
Asthma controller medications really need to be taken every day	Even though you have had some challenges, it sounds like you've been trying hard to give your son his medications more regularly
You're really inconsistent with your use of time-outs	You've been using time-outs when you can, and trying hard to use effective disciplining techniques
It's good that you cut down to half a pack per day, so now you can work on quitting completely	It's good that you cut down to half a pack per day. Cutting down is difficult and you've done a great job!



Reflective Listening

- This is a way of checking rather than assuming that you know what is meant – Miller and Rollnick, 2002
- Why do it?



Forming Reflections

- Reflections act as hypotheses about the speaker's meaning
- They are presented as statements and not questions
 - Common reflection stems:
 - So you feel...
 - It sounds like you...
 - You're wondering if...
 - You...

Simple Reflections

Repeat: Adds little or no meaning or emphasis to what the client said.

- Client: “I want to start taking my medication again.”
- Provider: “You want start taking your medication again.”

Rephrase: Slightly alter what a client says.

- Client: “I really want to start taking my medication again.”
- Provider: “Taking your medication is very important to you.”

Complex Reflections

Examples: "I want to smoke less"

- **Paraphrasing**—"it's time to decrease marijuana use"
- **Reflection of feeling**—"you are unhappy with your marijuana use"
- **Double-sided**—"you want to be social with your friends, and yet you want to be healthier"

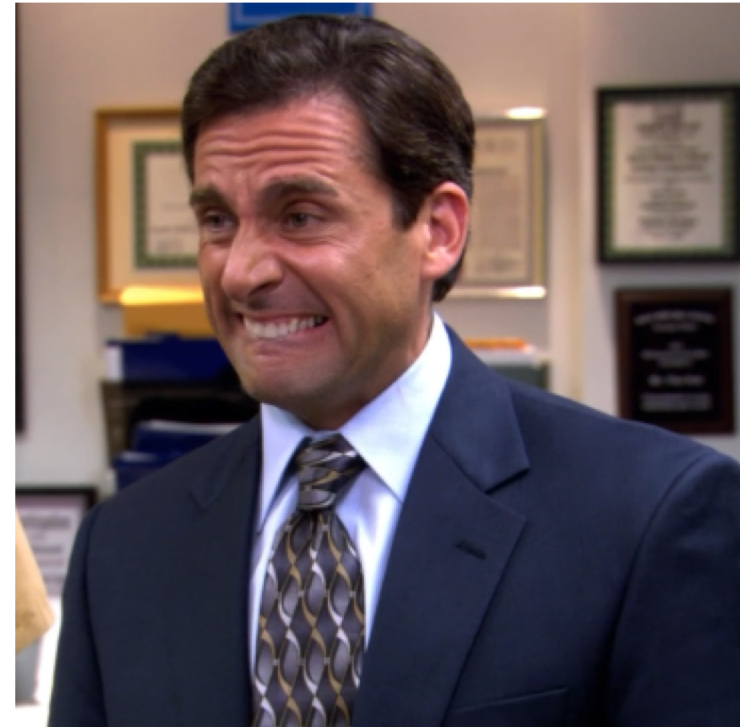
Table 4

Examples of replacing provider's perspective with reflections

Avoid	Use Instead
Provider's Perspective	Reflections
It really would be best for you and your kids if you got out of this violent relationship	It sounds like there are still a lot of good parts to this relationship that you don't want to lose
I really think you will only get better if you take medications	Although your depressive symptoms are upsetting and you think medication may help, you are concerned that the side effects of medication will make you feel worse
Even though the insulin shots hurt, it is important to give them to your son to prevent health problems	It is difficult to give your son shots when you know they hurt him AND you also don't want him to have the long-term effects of uncontrolled diabetes
The amount that you're drinking really could affect your children's health	Right now, you feel like the amount you're drinking won't hurt your children's health

Disclaimer

- It might feel strange to make a statement instead of asking a question. It might feel like you are telling the person what they feel.



Summaries

- Summaries can be used to begin and end a session, as well as transition between topics
- Strategic summary –select what information should be included and what can be minimized or left out
- Double-sided reflections can also be used as summaries
- DO NOT try to problem solve, give advice, or add/change anything you heard. Just summarize what you hear and maybe add what you think is the underlying meaning or feeling (complex reflections)

Table 5
Examples of replacing directing with summarizing

Avoid	Use Instead
Directing	Summarizing
How about you try using time-outs instead of spanking?	You don't feel that your spanking will get out of control, AND you'll consider using time-outs if you get really angry
So it sounds like there are a lot of reasons for you to quit drinking	On 1 hand, alcohol helps you socialize and relieve stress, and you don't want to stop drinking right now. On the other hand, you feel like it can lead to problems
The plan should be take your son to the playground for exercise and replace the processed snacks with options like cut-up vegetables and fruits	It sounds like you're interested in finding ways for your son to get more exercise through play, and you're thinking about trying healthier snacks, AND you'd like to brainstorm some ways to accomplish these goals
If you don't take care of yourself, you won't be able to take care of your children	You would like to get treatment for yourself, and you will try, AND you're not sure if you'll find the time

End on change!

Change Talk

- When a patient expresses motivation to change
- The conversations, we try to elicit:
 - **D**esire
 - **A**bility
 - **R**easons
 - **N**eed
 - **C**ommitment
 - **A**ctivation
 - **T**aking Steps



10 Strategies for Change Talk

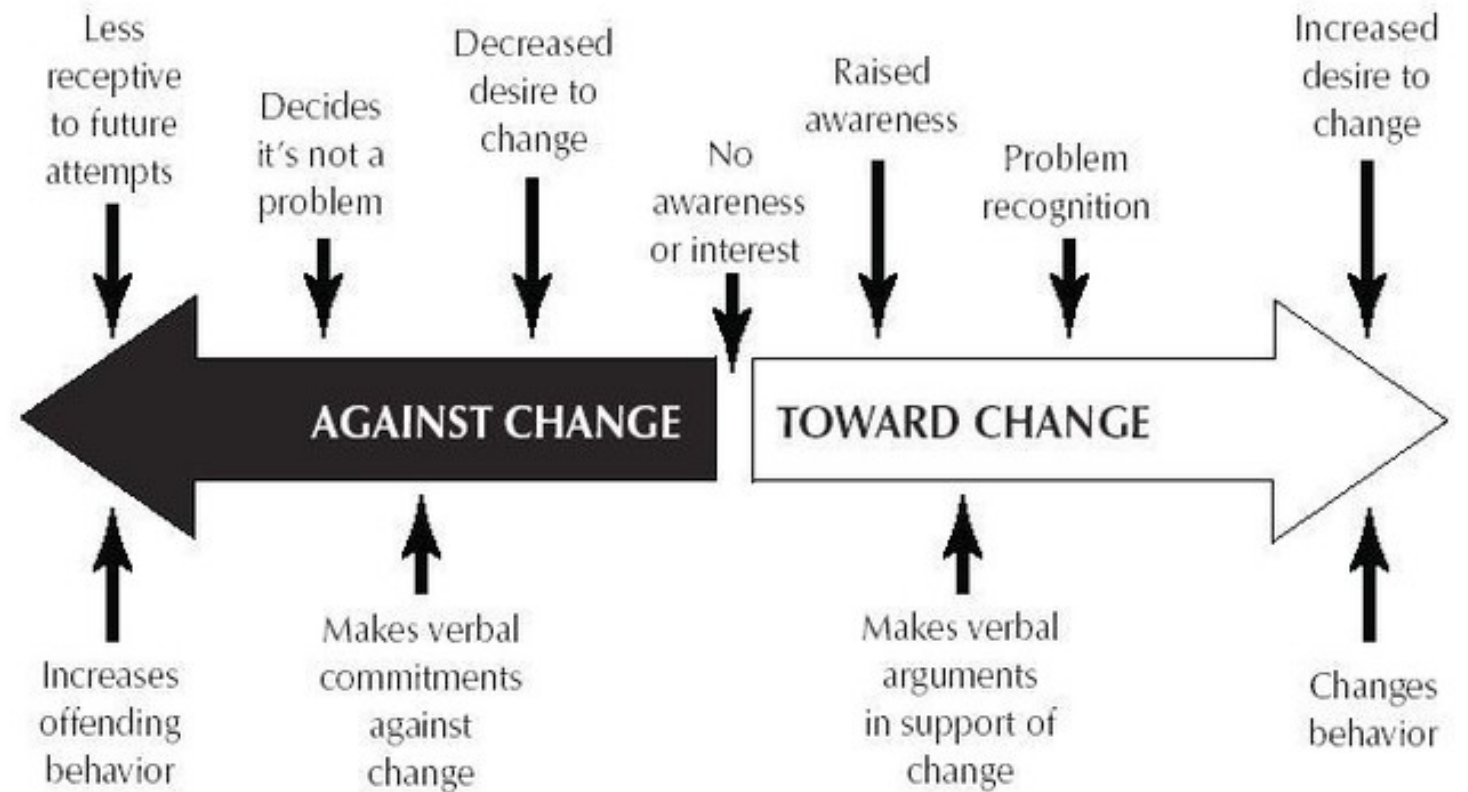
1. Ask evocative questions

- What concerns you about...?
- Why are you thinking about making a change?
- And why would you do that?



10 Strategies for Change Talk

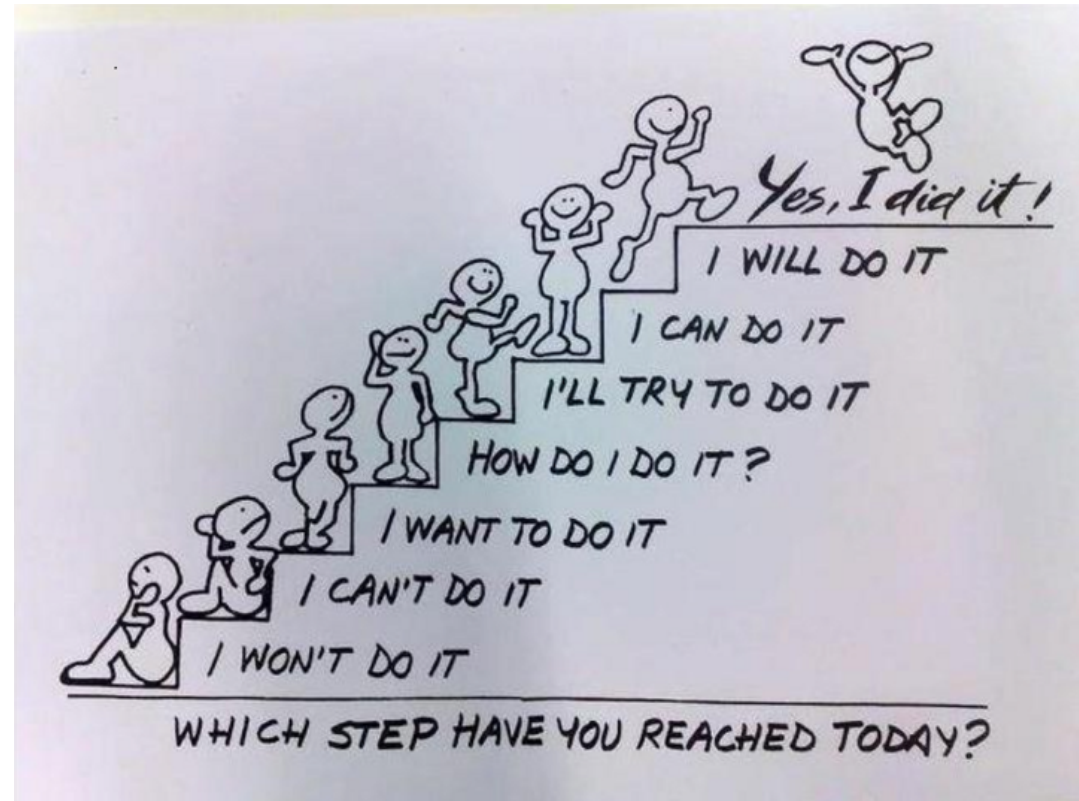
2. Ask for Elaboration
3. Ask for Examples
4. Look Back
5. Look Forward



10 Strategies for Change Talk

- 6. Query Extremes
- 7. Explore Goals and Values
- 8. Come Alongside
- 9. Decisional Balance

	Pros	Cons
Change		
No change		



10 Strategies for Change Talk

10. Change Ruler

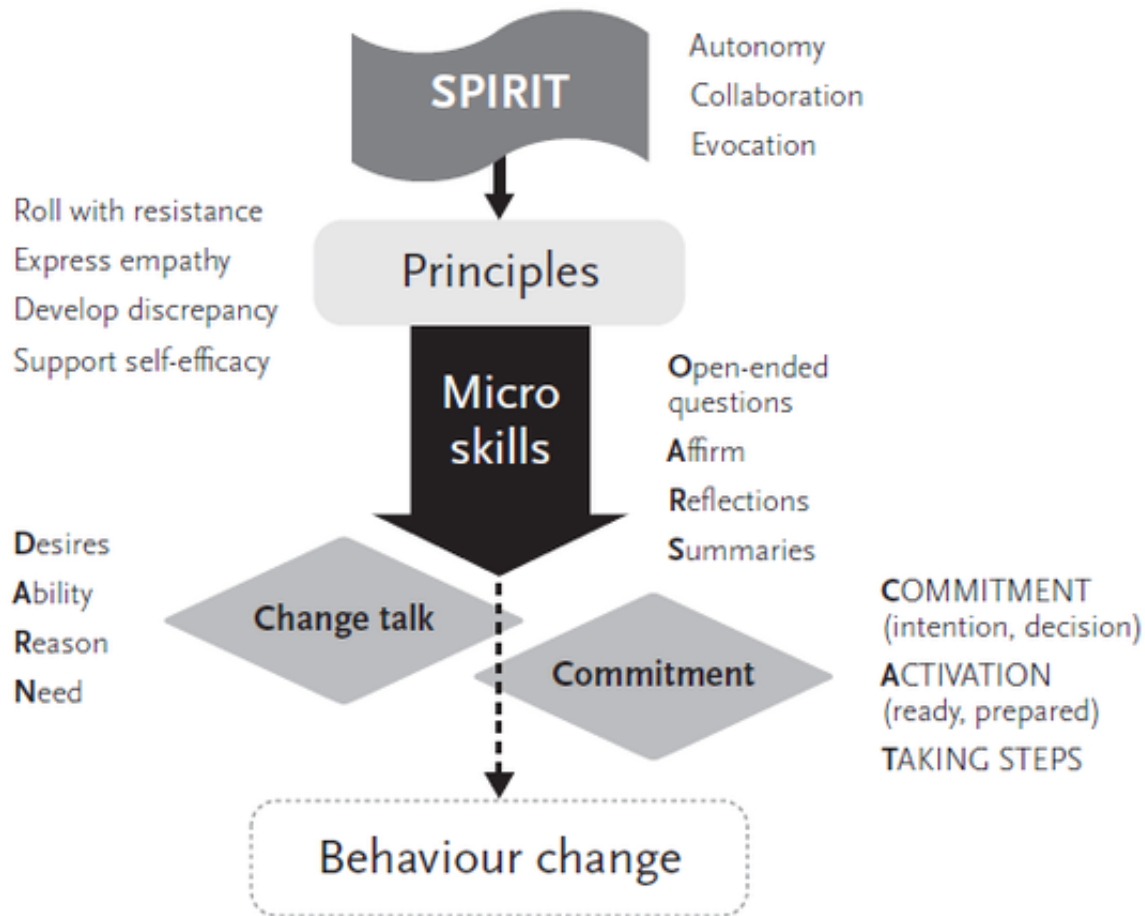
- Importance, Confidence, Readiness
 - What made you say a 5 and not a 3?
 - What would need to happen to move you from a 5 to a 7?

Thinking About Change										
What change(s) are you considering?										
How important is it that you make this change?										
How confident are you that you are able to make this change?										
How ready are you to make this change?										

Readiness Ruler

Not at all										Very
0	1	2	3	4	5	6	7	8	9	10

Summary



Encouraging Motivation to Change Am I Doing this Right?

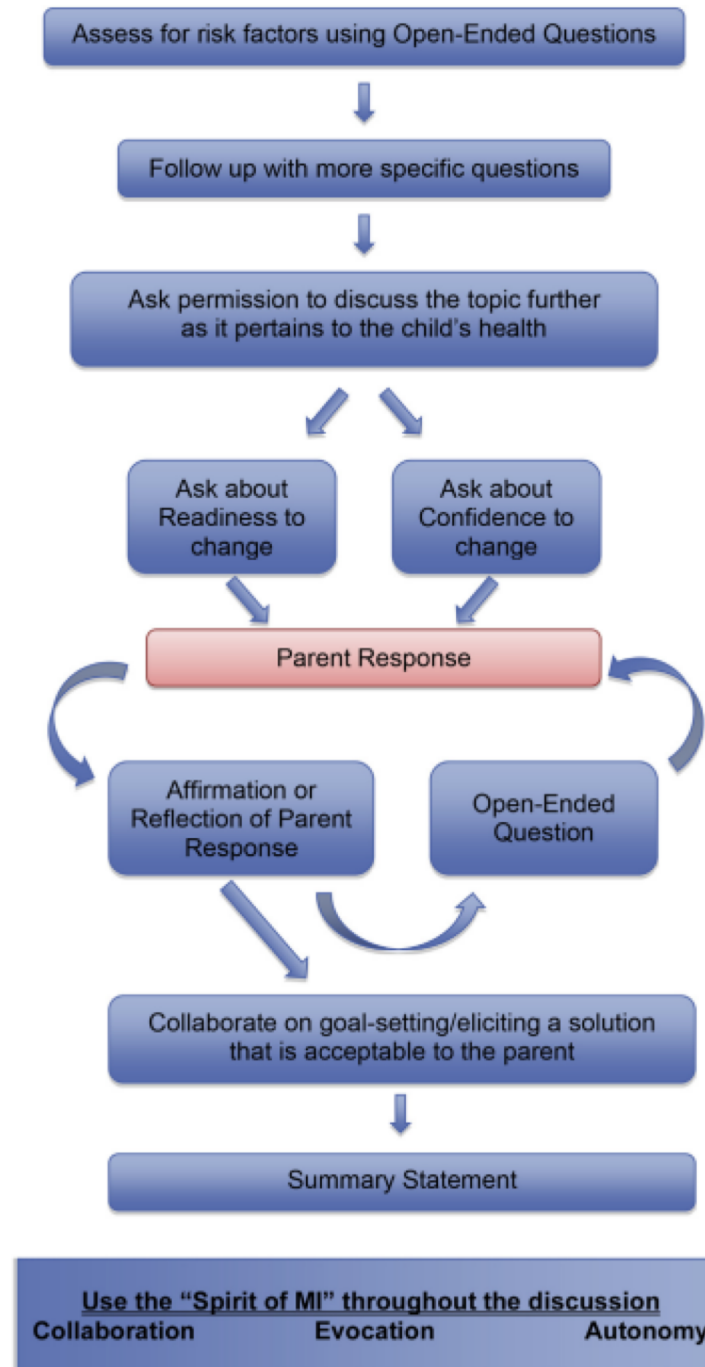
1. ✓ Do I listen more than I talk?
X Or am I talking more than I listen?
2. ✓ Do I keep myself sensitive and open to this person's issues, whatever they may be?
X Or am I talking about what I think the problem is?
3. ✓ Do I invite this person to talk about and explore his/her own ideas for change?
X Or am I jumping to conclusions and possible solutions?
4. ✓ Do I encourage this person to talk about his/her reasons for *not* changing?
X Or am I forcing him/her to talk only about change?
5. ✓ Do I ask permission to give my feedback?
X Or am I presuming that my ideas are what he/she really needs to hear?
6. ✓ Do I reassure this person that ambivalence to change is normal?
X Or am I telling him/her to take action and push ahead for a solution?
7. ✓ Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?
X Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✓ Do I seek to understand this person?
X Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✓ Do I summarize for this person what I am hearing?
X Or am I just summarizing what I think?
10. ✓ Do I value this person's opinion more than my own?
X Or am I giving more value to my viewpoint?
11. ✓ Do I remind myself that this person is capable of making his/her own choices?
X Or am I assuming that he/she is not capable of making good choices?

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Example Session



Questions?

