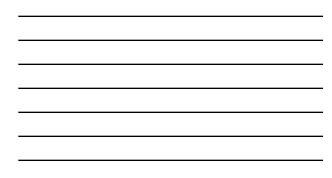


This program is funded wholly, or in part, by the Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

2









- Background
- What is Motivational Interviewing?
- Why and How MI WorksHow MI is Done



HealthHIV DC HEALTH

5



#### MI: Original Basic Concepts<sup>1</sup>

- Therapist Empathy=linked to success in SUD treatment
- Ambivalence about change is normal
- In terms of readiness to change: meet people where they <u>are</u> (rather than where they <u>need</u> to be)
- Using a directive style and arguing for change evokes the ambivalent person to argue against change
- Using a curious and guiding style will more likely elicit the person's own reasons and ideas about change

HealthHIV DC HEALTH

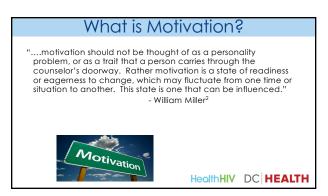
7

#### MI Timeline

- Miller's original paper 1983<sup>1</sup>
- Miller's sabbatical in England
- Motivational Interviewing 1st Edition 19912
- Nearly 2,000 publications/over 400 peer-review journal articles
- Initial primary focus was on addictive behavior
- Broad research base in health care, corrections, families and youth

HealthHIV DC HEALTH

8



#### Motivational Interviewing:

"Motivational Interviewing is about arranging conversations so that people talk themselves into change, based on their own values and interests."

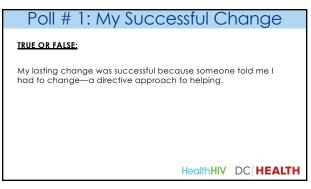
- Miller & Rollnick<sup>3</sup>

HealthHIV DC HEALTH

10



11



#### Why Does MI Work?

"People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others."

- Blaise Pascal



#### HealthHIV DC HEALTH

13

#### Why MI Works

- MI is intended to influence client factors associated with
   positive outcomes
- Instilling hope, supporting self-efficacy, active engagement
  MI may benefit from the contrast effect:
- Client may have experienced more directive and
  - confrontational approaches and fine MI relieving
- Cultural differences may exist:
  - There were more substantial effect sizes with racial/ethnic minority clients as compared to majority white population

HealthHIV DC HEALTH

14

#### Why MI Works

- Small to medium effect sized across a variety of behavioral outcomes—best with treatment manuals but impact of therapist attributes are key
- Taping, coding, and study CQI impact quality of MI
- Substantial effects on client outcome based on a relationship with and characteristics of the therapist
- Empathy, a key MI construct has been found to demonstrate positive client outcomes

HealthHIV DC HEALTH

A Relevant Study <sup>4</sup>	
• <u>The Study</u> : 891 diabetic patients between July, 20012 – June, 2013 treated by 29 physicians with measured levels of empathy per validated Jefferson Scale of Empathy. Patient control of hemoglobin and cholesterol levels evaluated by physician group.	
<ul> <li><u>Findings:</u> Patients of physicians with high empathy scores had good control while patients of physicians with low empathy scores had poor control.</li> </ul>	
<ul> <li><u>Conclusion</u>: Empathy is an important factor in patient outcomes.</li> </ul>	
HealthHIV DC HEALT	Ή





#### Motivational Interviewing<sup>3</sup>

MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reason for change within an atmosphere of acceptance and compassion.

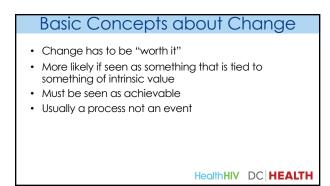
HealthHIV DC HEALTH

19

Poll # 2: Reasons I Struggle
<ul> <li>Not enough information</li> <li>Don't believe the consequences will happen</li> <li>Can't see the benefit being 'worth it'</li> <li>Lack of social support to do the healthy thing</li> <li>Need new skills</li> <li>Just can't do it NOW</li> </ul>

HealthHIV DC HEALTH

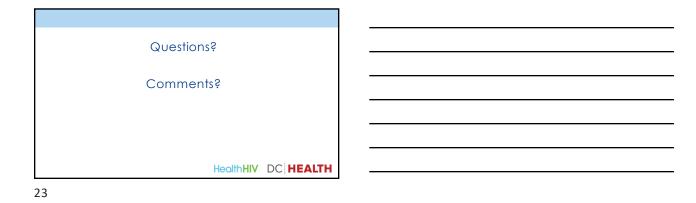
20

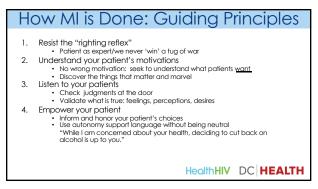


# Ambivalence About Change Always Makes Sense Competing or conflicting desires May not believe it needs to be done May not know what to do May not know how to do it May doubt their ability to do it

#### HealthHIV DC HEALTH

22





#### Evoking Consumer Perspective

- Assess readiness for change
- If not ready seek to understand reasons/barriers
   Plant seeds if not now, when?
- Explore ambivalence
- Identify barriers
- Elicit patient's ideas
- Focus on patient's strengths
   and accomplishments



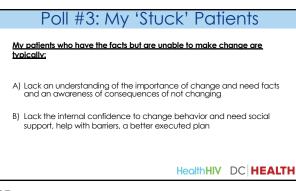
#### HealthHIV DC HEALTH

25

### Dealing with Discrepancy: Exploring the Distance Between Expressed Desires and Action Curiosity without judgment Choice, confusion or capacity? Resolve any ambivalence Change the goal

HealthHIV DC HEALTH

26



#### Four Questions to Begin a Patient Encounter

- Which health issues are you most concerned about?
- Which of those do you believe can be improved with changes you can make?
- What would be the chief benefit to you if you made those changes?
- What is one specific thing you are willing to do (to try to do?) between now and your next visit?

HealthHIV DC HEALTH

28

#### Am I Doing MI?

- Do I seek to understand my patients' concerns and desires?
- Do I ask and actively listen to my patients more than I talk?
- Do I partner with and guide vs. direct my patients?
- Do I have a clear sense of focus with my patients?
- Do I ask my patients their own reasons for changing rather than try to persuade them of mine?

HealthHIV DC HEALTH

29

Am I Doing MI?
<ul> <li>Do I elicit, listen for and reflect change talk?</li> <li>Do I honor and respect my patients' choices with understanding and without judgment?</li> <li>Do I ask permission before giving information or advice?</li> <li>Do I reassure my patients that ambivalence is normal?</li> <li>Do I assist my patients to recognize their successes?</li> </ul>
HealthHIV DC HEALTH



 Next Steps

 • Supervisors

 • Get READY

 • Invite the System to Get READY

 • Skill Building Participants

 • Start Listening Differently

 • Focus on Empathy

 • Bring a webcam, full attention, and willingness to learn

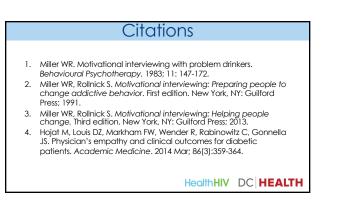
 • Schedule for Skill Building participants

 • Intro Webinar

 • Three skill building session

 • Final session

32



#### Some Recommended Resources

Miller W. Rollnick S. Motivational Interviewing: Helping People Change. Third Edition. New York, NY: Guilford Press; 2012.

Prochaska J, Norcross J, DiClemente C. Changing for Good. New York, NY: Harper and Collins; 1994.

Rollnick S, Miller W, Butler C. Motivational Interviewing in Health Care, New York, NY: Guilford Press; 2008.

Rosengren, D., Building Mativational Skills: A Practitioner Workbook. New York, NY: Guilford Press; 2009.

www.motivationalinterview.org

HealthHIV DC HEALTH

34

4-Part Learning Collabor	ative
<ul> <li>Registration forthcoming!</li> <li>Each session accredited</li> <li>Dates <ul> <li>Monday, August 10 at 10:30AM-12:30PM</li> <li>Monday, August 24 at 10:30AM-12:30PM</li> <li>Monday, September 14 at 10:30AM-12:30PM</li> <li>Monday, September 28 at 10:30AM-12:30PM</li> </ul> </li> </ul>	
HealthHIV [	DC <b>HEALTH</b>

35

Thanks — I look forward to continuing this conversation!!

-Jim

HealthHIV DC HEALTH

## Claim Continuing Education Credits If you wish to claim continuing education credits this activity, please complete the evaluation at: www.cmeuniversity.com On the navigation menu, click on "Find Post-test/Evaluation by Course" and search by course ID 15669. Upon registering and completing the activity evaluation, your certificate will be made available immediately.

HealthHIV DC HEALTH