

THE EFFI BARRY

TRAINING INSTITUTE

Motivational Interviewing: New Tools for HIV Prevention and Care

Jim Sacco, M.S.W., L.C.S.W.

Wednesday, July 29, 2020

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WHAT IS IT?

HOW?

• Regional trainings

• Individualized technical assistance

• Current & prospective HAHSTA grantees

• Community-based organizations

• Group-level trainings

• Boot camps

• Community forums

• Individual consultation

• Fee-for-Service business process

• Basic HIV service competencies

• Advanced skills in health care systems

• Data and health informatics

• High-impact prevention programs

AUDIENCE

TOPICS

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# The Effi Barry Training Institute

[EffiBarryInstitute.org](http://EffiBarryInstitute.org)

- Training and Capacity Building Resources
- DC Provider Directory
- DC HIV/AIDS Non-Profit Jobs
- Administration Policies and Epidemiology



COMING SOON: CONTINUOUS LEARNING SERIES

Modules for HIV/AIDS Providers

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# This Overview

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



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# Relevant Background

- Principles of Humanistic Psychology
  - Unconditional positive regard
  - Empathy
  - Free will and desire for self-actualization
  - Belief in patient's worth and capacity for insight
- Miller's work in Addiction Treatment
- Connection to Trauma-Informed Care

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## 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 are (rather than where they need 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

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## MI Timeline

- Miller's original paper - 1983<sup>1</sup>
- Miller's sabbatical in England
- Motivational Interviewing, 1<sup>st</sup> Edition - 1991<sup>2</sup>
- 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

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## What is Motivation?

"....motivation should not be thought of as a personality problem, or as a trait that a person carries through the counselor's doorway. Rather motivation is a state of readiness or eagerness to change, which may fluctuate from one time or situation to another. This state is one that can be influenced."  
- William Miller<sup>2</sup>



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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>

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First, to be clear...

"Motivational Interviewing is NOT a way of tricking others people into changing; it is a way of activating their own motivation and resources for change."  
- Miller & Rollnick, 2013

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Poll # 1: My Successful Change

**TRUE OR FALSE:**  
  
My lasting change was successful because someone told me I had to change—a directive approach to helping.

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### 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



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### 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 find MI relieving
- Cultural differences may exist:
  - There were more substantial effect sizes with racial/ethnic minority clients as compared to majority white population

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### 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

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### A Relevant Study<sup>4</sup>

- The Study: 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.
- Findings: Patients of physicians with high empathy scores had good control while patients of physicians with low empathy scores had poor control.
- Conclusion: Empathy is an important factor in patient outcomes.

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Questions?

Comments?

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### Role of Training and Language

- Training in MI may help suppress counter-therapeutic responses
  - Findings suggests it takes few directive and confrontational responses by the counselor to lead to resistance and self-defensiveness in the client
- Effectiveness of MI is linked to aspects of language:
  - Specific forms of language presage great behavior change and can be demonstrated as directly related to counselor responses:

**Change Talk** is the precursor of change  
**Sustain Talk** is the hallmark of ambivalence—maintaining the status quo

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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.

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Poll # 2: Reasons I Struggle

- Not enough information
- Don't believe the consequences will happen
- Can't see the benefit being 'worth it'
- Lack of social support to do the healthy thing
- Need new skills
- Just can't do it NOW

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Basic Concepts about Change

- Change has to be "worth it"
- More likely if seen as something that is tied to something of intrinsic value
- Must be seen as achievable
- Usually a process not an event

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### 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

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Questions?

Comments?

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### How MI is Done: Guiding Principles

1. Resist the "righting reflex"
  - Patient as expert/we never "win" a tug of war
2. Understand your patient's motivations
  - No wrong motivation: seek to understand what patients want
  - Discover the things that matter and marvel
3. Listen to your patients
  - Check judgments at the door
  - Validate what is true: feelings, perceptions, desires
4. Empower your patient
  - Inform and honor your patient's choices
  - Use autonomy support language without being neutral
  - "While I am concerned about your health, deciding to cut back on alcohol is up to you."

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### 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



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### Dealing with Discrepancy: Exploring the Distance Between Expressed Desires and Action

- Curiosity without judgment
- Choice, confusion or capacity?
- Resolve any ambivalence
- Change the goal

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### Poll #3: My 'Stuck' Patients

My patients who have the facts but are unable to make change are typically:

- A) Lack an understanding of the importance of change and need facts and an awareness of consequences of not changing
- B) Lack the internal confidence to change behavior and need social support, help with barriers, a better executed plan

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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?

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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?

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Am I Doing MI?

- Do I elicit, listen for and reflect change talk?
- Do I honor and respect my patients' choices with understanding and without judgment?
- Do I ask permission before giving information or advice?
- Do I reassure my patients that ambivalence is normal?
- Do I assist my patients to recognize their successes?

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Questions?

Comments?



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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



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Citations

1. Miller WR. Motivational interviewing with problem drinkers. *Behavioural Psychotherapy*. 1983; 11: 147-172.
2. Miller WR, Rollnick S. *Motivational interviewing: Preparing people to change addictive behavior*. First edition. New York, NY: Guilford Press; 1991.
3. Miller WR, Rollnick S. *Motivational interviewing: Helping people change*. Third edition. New York, NY: Guilford Press; 2013.
4. Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. Physician's empathy and clinical outcomes for diabetic patients. *Academic Medicine*. 2014 Mar; 86(3):359-364.



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### 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 Motivational Skills: A Practitioner Workbook*. New York, NY: Guilford Press; 2009.

[www.motivationalinterview.org](http://www.motivationalinterview.org)

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### 4-Part Learning Collaborative

- Registration forthcoming!
- Each session accredited

- Dates

- Monday, August 10 at 10:30AM-12:30PM
- Monday, August 24 at 10:30AM-12:30PM
- Monday, September 14 at 10:30AM-12:30PM
- Monday, September 28 at 10:30AM-12:30PM

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Thanks — I look forward to continuing  
this conversation!!

**-Jim**

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### Claim Continuing Education Credits

If you wish to claim continuing education credits this activity,  
please complete the evaluation at:  
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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.

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