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# Overview

- Motivation is a primary issue
- Motivation Interviewing (MI) increases participation in pain self-management
- Brief overview of MI, including evidence
- Taste of MI

# Motivation is a primary issue

How well people do in pain management depends on what they do

We ask patients to make significant changes in their behavior

- Participate fully in therapies, despite pain
- Learn new complicated skills
- Practice skills daily
- Despite pain, discomfort, grief, slow rate of improvement

**Pain management is hard work!**

# Motivation is a primary issue

**The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not**

**- Mark Twain**

# What is Motivation?

Motivation is the probability that a person will change*

Motivation is not a trait; does not reside inside the person

Motivation is *interpersonal*; influenced by clinician responses

*Miller & Rollnick, Motivational Interviewing: Preparing people to change addictive behavior. New York: Guilford Press, 1991.

# What is Motivational Interviewing?

- Motivational Interviewing is a *general approach* and a set of specific *responses* that address ambivalence about adaptive change (adaptive pain management; return to work)
- Designed to lead to an increased probability that the person will change

# The Spirit and Elements of MI

<u>Collaboration</u>

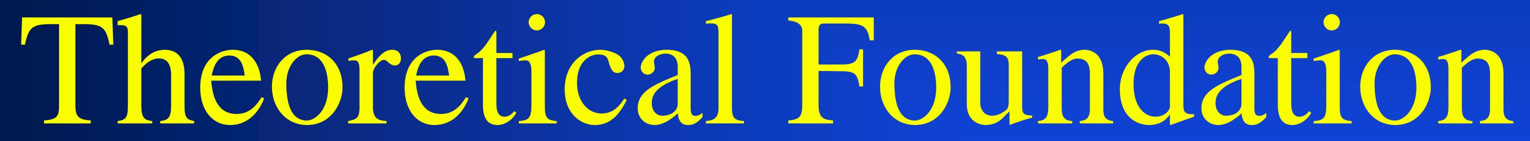
- Exploration vs. exhortation
- Support vs. persuasion

<u>Evocation</u>

- Eliciting vs. lecturing
- Coach vs. expert

<u>Autonomy</u>

- Responsibility lies with the patient


Theoretical Foundation

# Inhibitors of Change

- Patterson-therapist teaching and confronting increase client resistant behaviors.

- Therefore, we avoid confronting clients with information or giving unsolicited advice. We ask for permission before giving advice. We reflect rather than confront resistive statements.

# Facilitators of Change

- Rogers-Accurate empathy promotes change.

- Therefore, we use reflective listening to demonstrate understanding and acceptance of the client's subjective situation

# Facilitators of Change

- Rokeach-Awareness of a discrepancy between behavior and core values creates change

- Therefore, we *elicit* the person's core values or goals and then clarify how their behavior fits or does not fit with these important ideas. What are some common patient values that you can harness for change?

# Facilitators of Change

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

Paschal's Pensees (17th century)

# Facilitators of Change

- Bem/Self Perception Theory: As I hear myself talk, I learn what I believe.
- Festinger/Cognitive Dissonance Theory: If I say it and no one has forced me to say, I must believe it.

- Therefore, we use reflections and open-ended questions to *elicit* from the person "change talk" …. AND
- **Avoid** the reverse….eliciting resistive statements

# Facilitators of Change

- Sanchez-Craig - Choice enhances adherence.
- Brehm/Theory of Reactance - Threats to freedom elicit resistance.

- Therefore, we try to give the client choices and explicitly emphasize their autonomy and right to choose or even refuse.

Empirical Foundation

# Efficacy of MI: Meta-analysis

- Alcohol abuse
  - N=13; ES 0.26 (0.18-0.33)
  - reduced drinking and re-injury (Gentilello et al., 1999)
  - lower frequency and problems (Marlatt et al., 1998)
  - fewer drinks and drinking days (Miller et al., 1993)
  - less risky driving (Monti et al., 1999)
- Drug use
  - N=13; ES 0.29 (0.15, 0.43)

Hettema, Steele, Miller Ann Rev Clin Psychol 2005

# Efficacy of MI: Meta-analysis

- HIV risk reduction
  - 5 studies ES 0.53 (0.24, 0.81)
- Diet and exercise
  - N=4; ES 0.78 (0.41-1.16)
  - increased physical activity (Harlan, 1999)
  - better treatment adherence (Smith, 1997)
- Treatment compliance
  - N=5; ES 0.72 (0.56, 0.89)

Hettema, Steele, Miller Ann Rev Clin Psychol 2005

# Conclusions from Meta-analysis

- 72 clinical trials; average dose 2.24 hours
- Average short-term between group ES = 0.77; long term ES=0.30
- Effect sizes were larger with ethnic minorities and when treatment was not manual guided
- Larger more durable effects were associated with adding MI at the outset of another treatment program

Hettema, Steele, Miller Ann Rev Clin Psychol 2005

# The Persuasion Exercise

Speaker: Think of something you are considering changing, but still have some ambivalence about: something related to a health habit (smoking, diet, exercise), recreation (TV watching, hobby), or work.

Clinician: You have a good understanding of your client's problem, and you know what he/she needs to do to address the problem.

# Persuasion Exercise

The clinician's task: Persuade the speaker to change!

Try these strategies:

- Agree that it is important to change.
- Ask probing questions.
- Explain why it is important to change.
- Warn of the consequences of not changing.
- Reassure that change is possible.
- Disagree if the client argues against change (confront denial).
- Try to make the client feel guilty
- At the end, direct the client what to do.

# Persuasion Exercise: Debrief

- What was it like as the clinician/persuader?
- What percentage of the time did the clinician talk? What percentage of the time did the speaker talk?
- Did the clinician observe movement in the direction of positive change?
- What was it like as the speaker?
- Did the speaker feel like making positive change?
- What are the underlying messages conveyed by advice giving and lecturing?

# Four MI Strategies

- Open questions to elicit "change talk"
- Reflective listening
- Affirmations
- Rolling with resistance

# Four MI Strategies

- Open questions to elicit "change talk"
- **Reflective listening**
- Affirmations
- Rolling with resistance

# Reflective Listening

Reflective listening involves being interested in what the person has to say and respect for the person's inner wisdom.

Key element is hypothesis testing. A reflective statement tests a hypothesis: Is this what you mean?

# Forming Simple Reflections

An effective reflective listening response is a statement, not a question. With questions inflection goes *up* at the end. With statements, inflection stays *down* at the end.

Example:

- You' re angry about what I said?
- You' re angry about what I said.

What is the effect of questions versus statements?

# Tips on reflective listening

- Guess at what they mean
- Make a statement not a question
  - "So, you think…"
  - "Your are wondering if…"
  - "It sounds like …"
- Repeat an element
- Paraphrase with synonyms
- Reflect the content or reflect a feeling

# Reflections-Batting Practice

- I will throw out some statements
- Reflect the **<u>content</u>** or **<u>feelings</u>** expressed in the statement
- Okay to be imperfect

# Practicing Reflections

1. Patient running out of opioids: *"Sometimes my pain is so bad that I take more than I am supposed to."*
2. Patient not following exercise program: *"Those exercises are not improving my pain."*
3. Patient with major depression offered Celexa: *"I'm on too many meds already."*
4. Obese person trying to diet: *"I ordered grilled chicken rather than fettuccini alfredo last night for dinner."*
5. Person with chronic pain referred for pain management: *"The pain is not in my head."*

# Forming Reflections: Practice in Dyads

- Think of something you feel two ways about.
- Divide into groups of two: speaker and listener.
- Speaker starts, "I feel two ways about…"
- Listener reflects back what the speaker says.
- The speaker keeps talking, allowing time for the listener to reflect i.e., speaker—reflection—speaker—reflection…etc.
- Goal: String together <u>three or more</u> reflective listening statements in a row.

# Forming Reflections-Debrief

Experience of listeners?

Experience of speakers?

Was it necessary for the listener to get it “right” every time?

# When do you know it is working?

- You are speaking slowly
- The client keeps talking
- The client is talking more than you
- You are following and understanding
- The client is working hard and seeming to come to new realizations
- The client is asking for information or advice

(Rollnick et al., 1999)

# Additional issues not covered

- Traps to avoid
- Enhancing confidence
- Strengthening commitment to change
  - Asking key (transition) questions
  - Giving information and advice
  - Negotiating change plans
- Summarizing

# Next steps

Where do you want to go from here?

- Forget about it.
- Experiment with reflective listening and non-listening; watch how workers respond.
- Read Miller and Rollnick's book on MI.
- Read Rollnick's book on health behavior change.
- Attend more complete MI training (usually 2 days).

# For more information...

Miller W. & Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change, 2nd Edition. Guilford Press: New York.

Rollnick, S., & Miller, W. (2007). Motivational Interviewing in Health Care: Helping Patients Change Behavior. Guildford Press: New York.

Rollnick, S., Mason, P & Butler, C. (1999). Health Behavior Change. Churchill Livingston: London.

www.motivationalinterviewing.org

# Thank You!

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