Accelerating Practice Transformation: Using Motivational Interviewing to Promote Behavior Change

Yuriko A. De La Cruz MPH  
*Lehigh Valley Health Network*, Yuriko_A.DeLaCruz@lvhn.org

Kristie M. Knouse BA  
*Lehigh Valley Health Network*, Kristie_M.Knouse@lvhn.org

Jean D'Aversa BSN, RN  
*Lehigh Valley Health Network*, Jean.DAversa@lvhn.org

Follow this and additional works at: [https://scholarlyworks.lvhn.org/family-medicine](https://scholarlyworks.lvhn.org/family-medicine)

Published In/Presented At  
Accelerating Practice Transformation: Using Motivational Interviewing to Promote Behavior Change

International Conference on Practice Facilitation
December 10, 2018 - Tampa, FL

Yuriko de la Cruz, MPH, Kristie Knouse, BA, and Jean D’Aversa, BSN, RN
Practice Facilitators, Lehigh Valley Health Network
Learning Objectives

By the end of the workshop, the learner will:

• Understand motivational interviewing theory and principles
• Identify what behaviors may occur throughout the stages of change
• Describe the tools and strategies used in motivational interviewing
Let’s hear from you

- Scenarios or examples of resistance in the practice
- Challenges of when practices are stuck
Working through Ambivalence

- This is natural as people navigate their behavior change journeys.
- It is important to understand and accept your client's ambivalence because it is often the central problem--and lack of motivation can be a manifestation of this ambivalence (Miller and Rollnick, 1991).
- If you interpret ambivalence as denial or resistance, friction between you and your client tends to occur.

“I see the importance of this but I just don’t have the time for this.”

“My practice tried this before but we didn’t have success with this in the past”
When teams get stuck

- **Just Do It**: this approach works when you know the problem and the answer(s) to the problem. (Lean concept)
- When a practice is stuck in ambivalence, using an MI approach at the beginning of a change effort can facilitate change.
What is Motivational Interviewing?

- An **evidence-based** approach to overcoming the ambivalence that keeps many people from making desired changes in their lives, even after being referred to professional treatment.
- Motivational Interviewing is a client-centered counseling style that strategically directs clients to examine, explore, and resolve ambivalence to change certain behaviors.

*Motivational Interviewing: Preparing People for Change*
*William R. Miller and Stephen. Rollnick*
Goal of Motivational Interviewing

To elicit self-motivational statements from the client about change and to direct these statements towards change. 

The change the client wants to make!

Motivational interviewing is a successful tool to use in practice transformation!
Why Use Motivational Interviewing?

- MI recognizes the importance of the fact that staff are the ones who articulate the need to change and are able to attribute the change to themselves.
- Create a safe space to have an in-depth conversation about change where they can express concerns, challenges, failures, successes, motivations, etc.
- Allows staff to work through conflicting emotions and thoughts about making behavior change. *This is known as ambivalence.*
- MI utilizes a guiding style in which the colleagues are steering the conversation as opposed to directing or following styles.
Spirit

Principles

Micro Skills

Change talk

Commitment

Sustainable Behavior Change

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

- Open-ended questions
- Affirmations
- Reflections
- Summaries

- Commitment (intention, decision)
- Activation (ready, prepared)
- Taking Steps

Desires
Ability
Reason
Need

Autonomy
Collaboration
Evocation

Activation (ready, prepared)

Taking Steps
The Spirit of Motivational Interviewing

**Autonomy:** affirms the client’s right & capacity for self-direction

**Collaboration:** counseling involves a counselor-client partnership

**Evocation:** resources & motivation for change reside within the client

**Authority:** counselor tells the client what to do

**Confrontation:** involves overriding the client’s impaired perspectives

**Education:** client is presumed to lack knowledge and/or skills
Trauma Informed Care and MI – What’s the Connection?

- **Trauma Informed Care**
  - Safety
  - Trust
  - Choice
  - Activation
  - Collaboration

- **Motivational Interviewing**
  - Collaboration
  - Acceptance
  - Absolute Worth
  - Autonomy
  - Compassion
  - Evocation
Five Clinical Principles

1. Express Empathy
2. Develop Discrepancy
3. Avoid Argumentation
4. Roll with Resistance
5. Support Self-Efficacy
Stages of Change

Figure 1 – The Change Curve

<table>
<thead>
<tr>
<th>Stage</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Status Quo</td>
<td>Disruption</td>
<td>Exploration</td>
<td>Rebuilding</td>
</tr>
<tr>
<td>Reaction</td>
<td>Shock, Denial</td>
<td>Anger, Fear</td>
<td>Acceptance</td>
<td>Commitment</td>
</tr>
</tbody>
</table>

Terms reprinted with the permission of Scribner Publishing Group from "On Death and Dying" by Dr Elisabeth Kubler-Ross. Copyright © 1969 by Elisabeth Kubler-Ross; copyright renewed © 1997 by Elisabeth Kubler-Ross. All rights reserved.
### Support through the Stages of Change (Prochaska & DiClemente)

<table>
<thead>
<tr>
<th>Stage</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Increase perception of risks and problems with current behavior; listen; identify barriers; and, focus benefits</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Tip the balance – evoke reasons for change and risks of not changing; help with barriers; emotional support</td>
</tr>
<tr>
<td>Preparation</td>
<td>Help staff determine best course of action; goal-setting; praising readiness; enlisting support</td>
</tr>
<tr>
<td>Action</td>
<td>Reinforce positive behaviors; appropriate resources; provide stimulus control (identify triggers for relapse)</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Help identify and use strategies to prevent relapse; emotional support; discuss risks and barriers</td>
</tr>
<tr>
<td>Relapse</td>
<td>Acknowledge that returning to a previous stage is a normal and natural; extinguish feelings of failure or inadequacy; remind them of successes</td>
</tr>
</tbody>
</table>
Micro Skills: Using OARS to move ahead!

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries
Using OARS to move ahead!

- **Open-ended questions**
  - Open-ended questions facilitate dialog; they cannot be answered with a single word or phrase and do not require any particular response. They are a means to solicit additional information in a neutral way.

- **Affirmations**
  - When it is done sincerely, affirming your client supports and promotes self-efficacy. More broadly, your affirmation acknowledges the difficulties the client has experienced. By affirming, you are saying, "I hear; I understand," and validating the client's experiences and feelings. Affirming helps clients feel confident about pulling together their inner resources to take action and change behavior.
Using OARS to move ahead!

- **Reflective listening**
  - Reflective listening is a challenging skill in which you demonstrate that you have accurately heard and understood a client's communication by restating its meaning. "Reflective listening is a way of checking rather than assuming that you know what is meant" *(Miller and Rollnick, 1991, p. 75).*

- **Summaries**
  - Summarizing consists of distilling the essence of what a client has expressed and communicating it back. "Summaries reinforce what has been said, show that you have been listening carefully, and prepare the client to move on" *(Miller and Rollnick, 1991, p. 78).* A summary that links the client's positive and negative feelings about substance use can facilitate an understanding of initial ambivalence and promote the perception of discrepancy.
Gordon’s Twelve Roadblocks to Listening

- First 5 categories take away a person’s autonomy
- Roadblocks 6-8 point inadequacies and faults
- Messages in 9 & 10 try to make a person feel better or deny there’s a problem
- Roadblock 11 tries to solve the problem for the person
- The last one diverts the person or avoids it
Using Ruler – Readiness, Willingness, Importance, and Confidence

- Why are you at the number you selected and not lower (at zero)?
  - This approach identifies what resources, knowledge, skills, etc. they already have

- What would have to change for you to be higher on this scale (at 10)?
  - This approach identifies the needs of the client
The Decisional Balance: A Review

- Weighing the ‘pros’ and ‘cons’ of behavior
- Elicit and discuss perceived consequences of Action and Inaction
- Write a list of “pros” and “cons” – POWERFUL!
- Develop discrepancy

Note: MI aims to increase the Pros of changing and the Cons of not changing the behavior.
Giving Information and Advice

- Get permission
  - Person asks for advice
  - You ask permission to give advice
- Qualify, honoring autonomy
- Ask – Provide – Ask
- For suggestions, offer several, not one
Motivational interviewing approach is most powerful during the initial phases of working with a practice.
Phase 1: Engaging

- This is the relational foundation
- *Listen* to understand the client’s dilemma
- *OARS* core skills – learn these first!
- Values exploration may occur here

*MI is always person-centered in style but not all person-centered coaching is MI*
Phase 2: Guiding

- The strategic (directional) focus of MI
- Finding a direction (change goal)
- Agenda setting
- Giving information and advice

MI is a guiding style, but not all guiding is MI
Engaging and Guiding are MI-consistent practice

Center for Substance Abuse Treatment (1999). *Enhancing Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) 35. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.


Questions?

Yuriko de la Cruz, MPH
Yuriko_A.Delacruz@lvhn.org
Cell: 484-951-3828

Kristie Knouse, BA
Kristie_M.Knouse@lvhn.org
Phone: 484-862-3322

Jean D’Aversa, BSN, RN
Jean.DAversa@lvhn.org
Phone: 484-862-3539