Motivational Interviewing

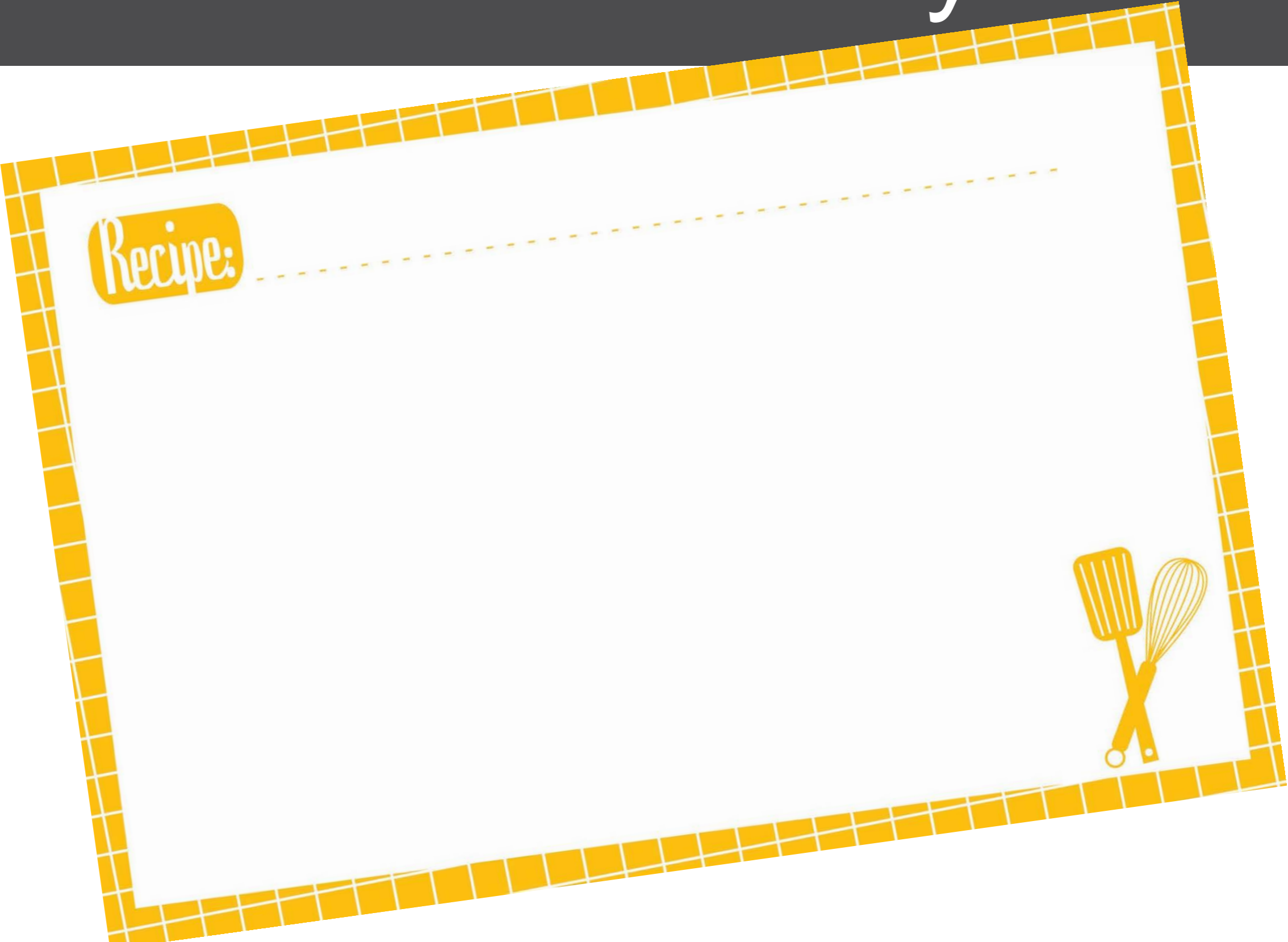## Advancing Your Practice

Objectives

- Deeper understanding of Motivational interviewing including the spirit/style, and core microskills: open-ended questions, affirmations, reflective listening, and effective summaries

- Increased ability to recognize, respond to, and differentially elicit change talk such that it is increased and strengthened

- Increased ability to recognize and respond to discord such that it is reduced

- Increased competency in self-assessing own use of Motivation interviewing spirit, skills & techniques with greater objectivity

- Identification of personal and systemic barriers to full integration of Motivational interviewing into their practice and strategies to mitigate barriers

Definition

Motivational interviewing is a collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change

Review Activity

Recipe:

Review Activity

Share
your
experience

Practicing Reflections…

The ball is in YOUR court.
~ The Universe

simplereminders.com

- Expand
- Refine
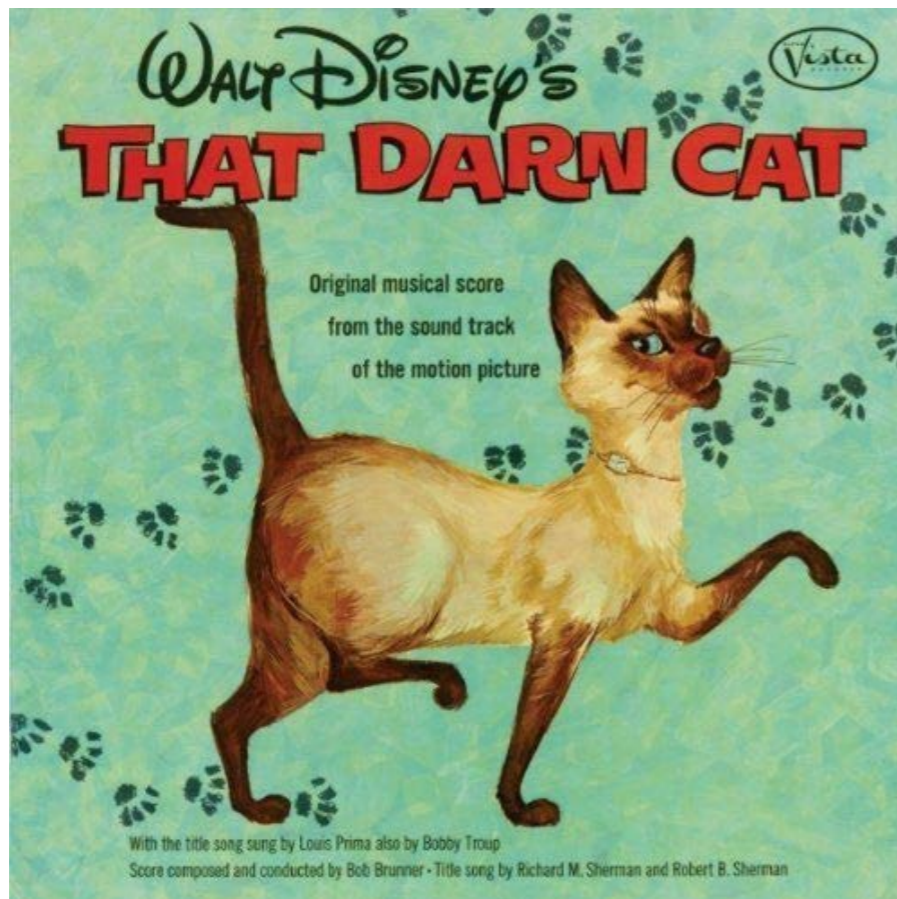- Correct
- Verify
- Etc…

Knowing what to listen for

Preparatory change talk

- Considering change
- Still some ambivalence

Desire

Ability

Reasons

Need

Mobilizing change talk

<u>C</u>ommitment

<u>A</u>ctivation

<u>T</u>aking steps

- Resolution of ambivalence
- Intention, decision, readiness

Questions Cost You

How come?

Branching Scripts

Motivational Interviewing Treatment Integrity Scale (MITI)

Purpose:

- Assesses how well a practitioner is using motivational interviewing (treatment integrity)

- Means of providing structured, formal feedback about ways to improve practice

Components

- Behavior Counts
- Global Scores

Behavior Counts

- Capture particular interviewer behaviors
  - Giving Information
  - Questions: Open, Closed
  - Reflections: Simple, Complex
  - MI adherent
  - MI non-adherent

Behavior Counts:
Giving Information

- Feedback from assessment
  - *You indicated that you typically drink about 18 standard drinks per week. This places you in the 96th percentile for men your age.*
- Personal feedback about the patient not already available
  - *Your doctor tells me you've been struggling with your glycemic control.*
- Explaining ideas or concepts relevant to the intervention
  - *This assignment on logging your cravings is important because we know that cravings can be a barrier for some people in staying clean. A craving is like a warning bell, telling you to do something different.*
- Educating about a topic
  - *Individuals who eat 5 fruits and vegetables each day reduce their cancer risk five fold.*
- **Should not be confused with giving advice, warning, confronting, or directing (MI non-adherent).**

Behavior Counts: Questions

- Code as either Open or Closed
- Closed – yes/no or question that specifies very restricted response range
- Open – question allows wide range of possible answers
  - "Stacked" questions (one open followed by a series of closed as examples) are coded as ONE open
  - Questions trying to be reflections – if your inflection goes UP at the end, it is coded as a question (either open or closed) not a reflection

Behavior Counts: Reflections

- Coded as Simple or Complex
- Simple – add little or no meaning or emphasis to what the patient said
- Complex – add substantial meaning or emphasis to what the patient said

- If you can't tell, then it gets coded as simple

Behavior Counts:
MI Adherent

- **Asking permission before** giving advice or information
  - asking what the patient already knows about a topic before giving advice or information.
  - inviting the patient to disregard the advice as appropriate
- **Affirming the patient** by saying something positive or complimentary
  - Commenting on patient's strengths, abilities, or efforts in any area
- **Emphasizing the patient's control**, freedom of choice, autonomy, ability to decide
- **Supporting the patient** with statements of compassion or sympathy
- **This code is used to capture the above behaviors only. Other examples of good MI practice impact global ratings and do <u>not</u> get this code**
- When in doubt, an alternate code is given

Behavior Counts:
MI non-adherent

- **Advising without permission** by making suggestions, offering solutions or possible actions without first obtaining permission from the patient
  - "should," "why don't you," "consider," "try," etc.
- **Confronting** the patient by directly and unambiguously disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, or questioning the patient's honesty
  - Restating negative information already known or disclosed by the patient can be either a confront or a reflection, depending on the tone and context
- **Directing** the client by giving orders, commands, or imperatives
- When in doubt, alternate code is given

Global Scores

- Overall impression of how the interviewer meets the intent of the scale
- Should reflect the holistic evaluation of the interviewer
- 5-point Likert scale
- Assume a beginning score of 3 and move up or down from there.

Global Scales: Evocation

- Measures the extent to which the clinician focuses efforts to elicit and expand the client's own motivation within the therapeutic interaction.

Global Scales: Collaboration (Partnership)

- Measures the extent to which the clinician treats the patient as an equal partner who has useful knowledge about the problem under consideration.

Global Scales: Autonomy/Support (Acceptance)

- Measures the extent to which the clinician supports and actively fosters patient's perception of choice. Scores on this scale include both the avoidance of behaviors that attempt to control the patient's choices and the use of strategies that enhance autonomy or support.

Global Scales: Direction

- Measures how well the clinician maintain appropriate focus on specific target behaviors.

- This scale does not in and of itself necessarily reflect better use of MI

- Does not contribute to the Global Spirit Average Rating

Global Scales: Empathy

- Measures the extent to which the clinician understands or makes an effort to understand the patient's perspective and feelings.

- Does not contribute to the Global Spirit Average Rating.

Scoring the MITI

- Global Spirit Rating

(Evocation + Collaboration + Autonomy/Support)/3

- Percent Complex Reflections

Rc/Total Reflections

- Percent Open Questions

OQ/(CQ+OQ)

- Reflection-to-Question Ratio

Total Reflections/(CQ+OQ)

- Percent MI Adherent

MiA/(MiA+MiNa)

Proficiency & Competency Thresholds

Behavior Count or Summary Score Thresholds	Beginning Proficiency	Competency
Global Spirit Ratings	Average of 3.5	Average of 4
Reflection to Question Ratio	1	2
Percent Open Questions	50%	70%
Percent Complex Reflections	40%	50%
Percent MI-Adherent	90%	100%

Resistance

Sustain Talk & Discord

Sustain Talk is about the target behavior

- I really don't want to stop smoking

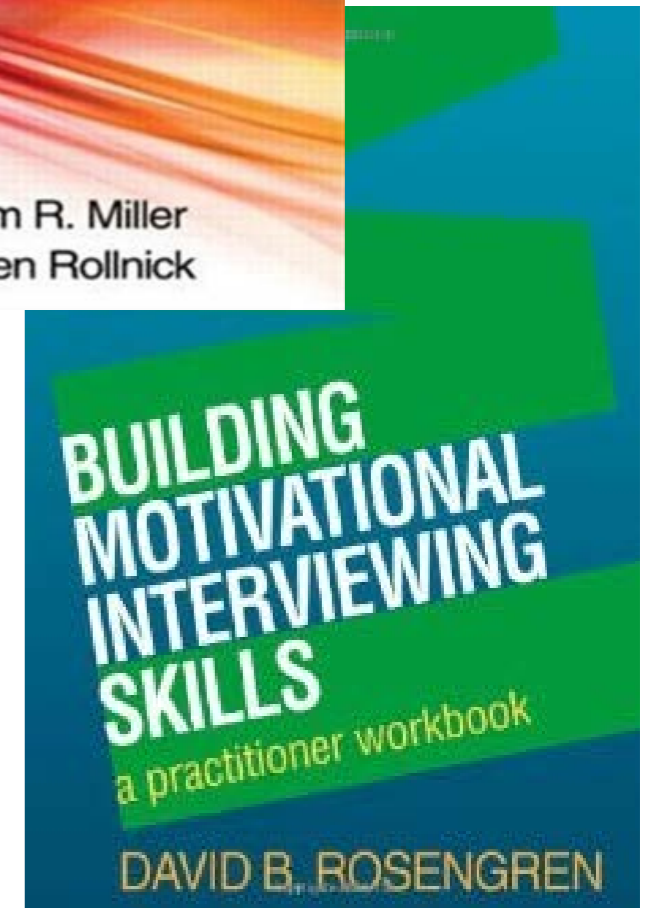- I have to have my pills to make it through the day
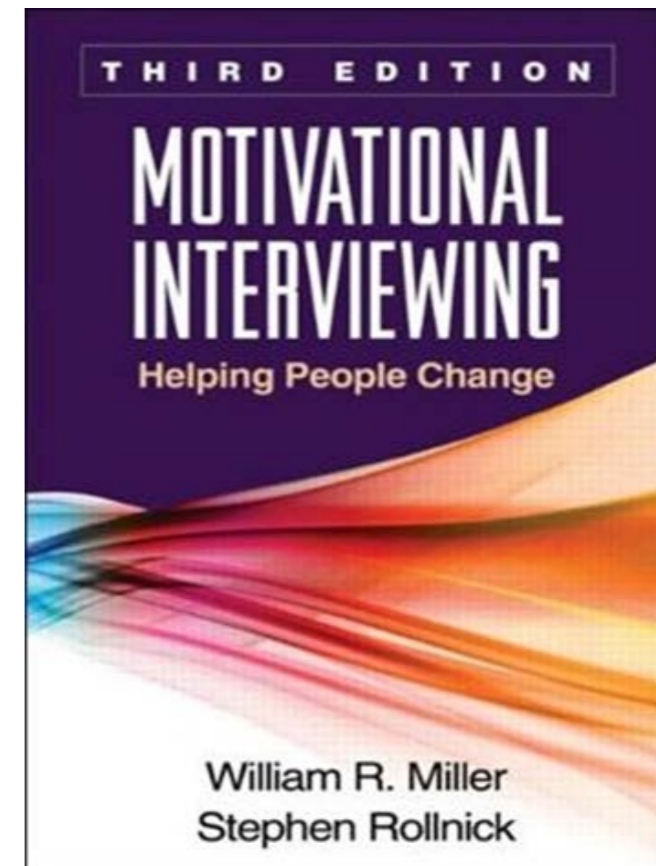
Discord is about your relationship

- You can't make me quit

- You don't understand how hard it is for me

Both are highly responsive to practitioner style

Resources for Learning MI

- Motivational Interviewing Network of Trainers
  www.motivationalinterviewing.org

- Guilford Press – Applications of Motivational Interviewing Series

miacroyle@gmail.com