



Motivational Interviewing for Health Behavior Change

West Virginia Academy of Nutrition and Dietetics

April 11, 2019

Motivational Interviewing is a directive, person-centered counseling style for increasing intrinsic motivation by helping clients explore and resolve ambivalence.

Dancing vs. Wrestling

Tapping vs. Pulling

Eliciting vs. Imparting

Consulting vs. Instructing

Guiding vs. Directing

Primary Goals:

- Minimize resistance (discord & sustain talk)
- Evoke change talk
- Explore and resolve ambivalence
- Create and amplify, from the client's perspective, a discrepancy between present behavior and his or her broader goals and values.
- Nurture hope and confidence

Primary Belief: The capacity and potential for change and adherence is within every person!

“People possess substantial personal expertise and wisdom regarding themselves, and tend to develop in a positive direction, given the proper conditions and support...” - Miller & Moyers, '06

Highlights of Motivational Interviewing

- ❖ The clinician does not assume an authoritarian role. One *avoids* the attitude: “I’m the expert and I’m going to tell you how to run your life.”
- ❖ Responsibility for change is left with the patient. The general message: “It is your choice if, when, and how to change, and nobody can make that decision for you.”
- ❖ Motivation for change is elicited from within the patient, rather than imposed from without.
- ❖ The client, rather than the clinician, is the one who presents reasons for change.
- ❖ A variety of client-tailored strategies are used to build motivation. The direction pursued by the clinician is based on the client’s “readiness to change.”
- ❖ The clinician employs an empathic helping style based on warmth, non-judgment, acceptance, and respect.
- ❖ Motivational interviewing combines elements of directive and nondirective approaches.
- ❖ The session is patient-centered, yet the clinician maintains a strong sense of purpose and direction.

Motivational Interviewing: Key Principles

Control and choice: People are more motivated to make change when it's based on their own decisions and choices, rather than an authority figure telling them what to do (Reactance theory: Brehm & Brehm, 1981; Self-determination theory: Deci, 1980).

“Change talk”: People are more persuaded by what they hear themselves say than by what someone tells them (Self-perception theory: Bem, 1972).

Hope and Possibility: A helping professional's belief in a client's ability to make behavior change can influence outcome (Self-efficacy theory: Bandura, 1994; Leake and King, 1977).

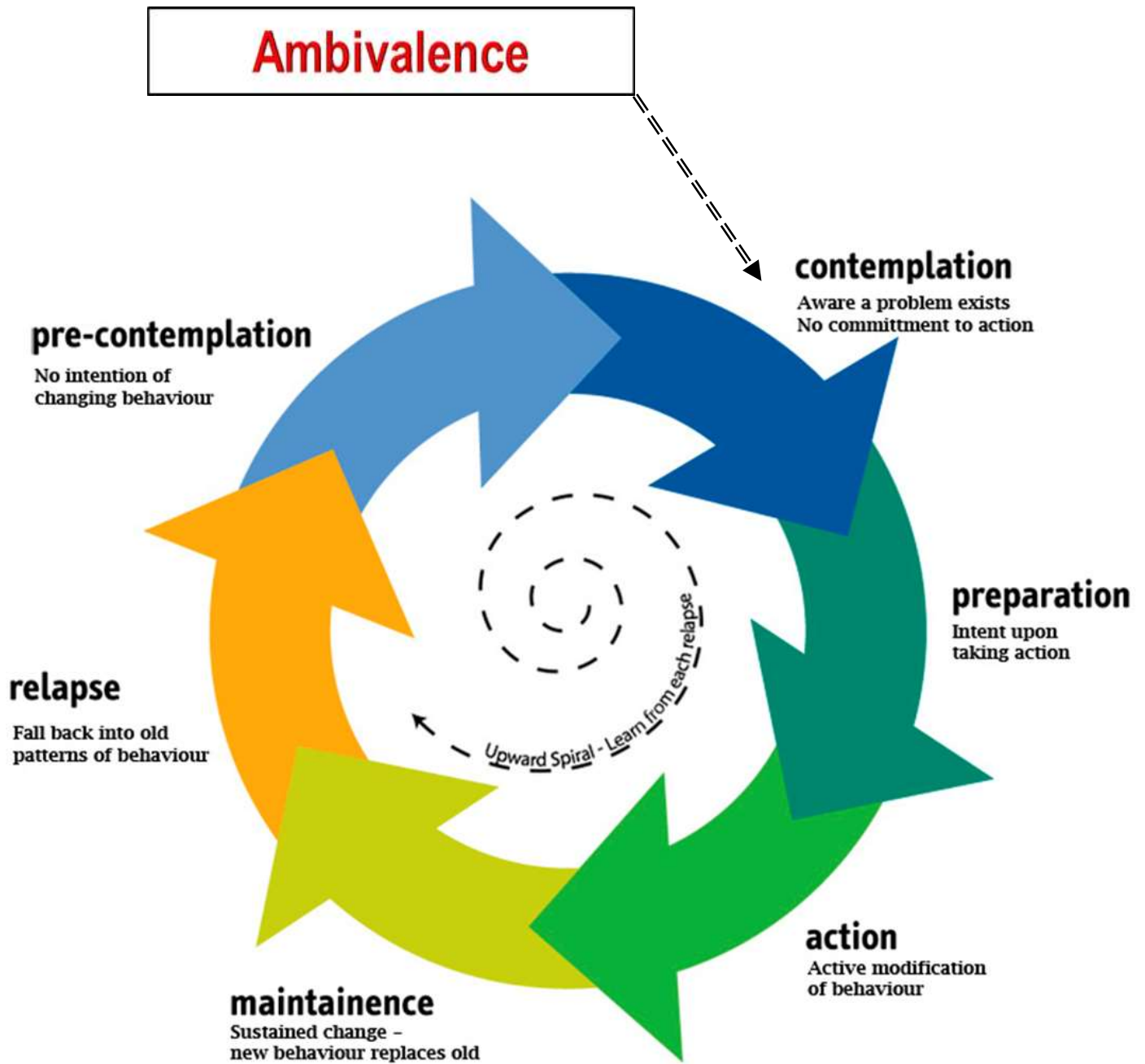
Acceptance: When a person feels accepted for who they are and what they do— no matter how unhealthy or destructive—it allows them the freedom to consider change rather than needing to resist it.

Committed Decisions: “Concerning all acts of initiative and creation, there is one elementary truth—that the moment one definitely commits oneself, then providence moves too.” - Goethe

Less is more: “... one of nature's most subtle and paradoxical laws.” - Huang & Lynch

Righting Reflex: Don't try to “fix” people!

Interpersonal style: motivation—and resistance—is powerfully influenced by the interpersonal style of the helping professional.
(Motivational Interviewing: Miller and Rollnick, 1991, 2002)



Transtheoretical Model of Change
Prochaska & DiClemente

The Four Processes of Motivational Interviewing

- Form the flow of MI
- Overlap, flow into each other, recur
- Each process builds on the one before it and remains as a foundation

***Engaging, Focusing and Evoking are the “Prep Steps”**

Planning: The bridge to change

Negotiating a change plan and consolidating commitment

Evoking:

Selective eliciting, responding and summarising to change talk

Focusing: The strategic focus

Agenda setting, finding a focus for change, information and advice

Engaging: The relational foundation

Client-centred skills, listen and understand using OARS

Ambivalence

Not pathology!

- A defining state of human experience
- A normal part of the process of change
- Here's what it can sound like....
 - I need to but I don't want to.
 - I'd like to, but don't think I can.
 - I know I'd worry less about my diabetes, but it's just too hard to eat that way.
 - I know my doctor wants me to take that medicine, but I don't like how it makes me feel.
 - I know I should get more exercise, but who has time for that??

Avoid the Righting Reflex: The “Taking Sides” Trap

Counselor

- “You must change”
- “You’ll be better off”
- “You can do it!!”
- “You’ll die...”

Client

- “I don’t want to change”
- “Things aren’t half bad.”
- “No I can’t!!”
- “No I won’t. That won’t happen to me.”

2

The Righting Reflex

- The clinician’s urge/need to FIX
- Making someone “right”
- Making the client “face up to reality”
- Breaking down “denial”
- Comes from *clinician’s need*, not what the client needs

Strategies for Evoking Change Talk

1. Ask Evocative Questions

- Reasons for change: -
 - *Why would you want to make a change in this part of your life?*
 - *If nothing changes, what might happen?*
 - *What's at stake? - What are other people worried about?*
 - *How has _____ stopped you from doing what you want to do?*
 - *What are some of your concerns about _____?*
- Change in the abstract (hypothetical):
 - *If you decided to make a change in your diet, how might that benefit you and your family?*
 - *Suppose that you did succeed and are looking back on it now: What most likely is it that worked? How did it happen?*
 - *If you wanted to, how would you do it? –*
 - *Suppose that this one big obstacle weren't there. If that obstacle were removed, then how might you go about making this change?*
 - *If you were to try again, what might be the best way to do it?*
 - *If you could make this change immediately, like magic, how might things be better?*
- Miracle question:
 - *Suppose a miracle happened and you lost 15-20 pounds in the next six months. What would your life be like then? How do you think your family and friend would respond?*
 - *Exception question: How did you stop yourself from overeating on an occasion when you felt depressed?*

2. Explore pros and cons

- *What are some of the advantages for keeping things just the way they are? On the other hand, what are some of the reasons for making a change?*
- *What do you like about _____? On the other hand, what don't you like?*

3. Ask for more detail: *When a change talk theme emerges, ask for more detail.*

4. Ask for an example: *When a change talk theme emerges, ask for specific examples.*

- *When was the last time that happened? Give me an example. What else?*

5. Looking Back

- *What were things like before _____?*
- *What were you like back then?*
- *How has _____ stopped you from growing, from moving forward?*
- *Way back then, what was inspiring you to _____?*

6. Looking Forward

- *How would you like things to turn out for you?*
- *Where are you now? Where would you like to be?*
- *If you could make this change immediately, by magic, how might things be better?*
- *What would be the best results you could imagine if you made a change?*
- *If you were to gaze into a crystal ball after you _____, what kinds of things would you see yourself doing? What's your vision?*
- *How might your life be different if you _____?*
- *How might it impact your relationships and other aspects of your life (e.g., work, free time)?*

7. Querying Extremes

- *What is the worst thing that could happen if you stayed this way?*
- *What are your worst fears about what might happen if you don't make a change?*
- *What concerns you the most about _____?*

8. Use Change Rulers

- How ready are you...?
- How interested are you...?
- How important is it to you to...?
- How motivated are you...?
- How committed are you...?
- How much energy do you have to...?
- How confident are you...?
- How hopeful are you...?

9. Explore Goals & Values:

- Ask what the person's guiding values are.
- What do you want in life?

10. Come Alongside: Explicitly side with the negative (status quo) side of ambivalence.

- Perhaps _____ is so important to you that you won't give it up, no matter what the cost.

11. Not ready for change:

- What might need to be different for you to think about changing?
- What would need to happen for you to think about changing?
- If you _____, how would your life be different?
- What would be the first sign you _____.
- If you were to decide one day to change, how do you think you might do it?
- What is stopping you from putting _____ at the top of your list?

Pros and Cons of Change

Pros: What would be good about change?	Cons: What would be “not-so-good” or make it difficult to change?

Decisional Matrix of Change Worksheet

When we think about making changes, most of us don't really consider all sides in a complete way. Instead, we often do what we think we "should" do, avoid doing things we don't feel like doing, or just feel confused or overwhelmed and give up thinking about it at all. Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to "hand on" to our plan in times of stress or temptation.

Below, write in the reasons that you can think of in each of the boxes.

No Change		Change	
Good		Pros	
Not So Good		Cons	

OARS

- ❖ Asks mostly **open-ended** versus close-ended **questions**, yet questions are used sparingly and appropriately
- ❖ **Affirms** the client by saying things that are positive or complimentary, focusing on strengths, abilities or efforts
- ❖ **Reflective Listening**
 - Listens carefully, without judgment and interruption
 - Allows for silence
 - Effectively uses “encourages” to invite client dialogue
 - Reflect, Reflect, Reflect
- ❖ Provides frequent brief **summaries**

Non-verbal Body Language

- Establishes—and maintains—eye contact
- Facial expression is pleasant, open
- Body posture is open, forward
- Voice tone is warm, pleasant
- Rate of speech is not too slow or too fast
- Spatial proximity is not too close or too distant

Forming Open-Ended Questions*

Most of us think we are asking open-ended questions, but we are not. Open-ended questions are typically started with the following words and phrases:

- How....?
- What....?
- Why...?
- Tell me...? (not really a question, but functions that way)
 - *Be careful with “why” questions, as they can sound judgmental:
 - Why don’t you want to do it?
 - Why can’t you....?
 - Why haven’t you...?
 - Why do you need to....?
 - Why don’t you....?

Closed-ended questions are typically started with the following words or phrases:

- Do you....?
- Have you...?
- Are you....?
- Will you....?
- Is it...?
- Can you...?

*From Clifford, D. and Curtis, L. *Motivational Interviewing in Nutrition and Fitness*, 2016

Affirmations

Seek every opportunity to affirm, appreciate & reinforce:

- Strengths and attributes
- Past successes, future hopes
- Struggles and desires
- Current or past efforts to improve things
- The humanity and character of the client

Benefits:

- Strengthens the working relationship
- Enhances an attitude of self-responsibility and empowerment
- Reinforces effort and change talk
- Supports self-esteem

General Guideline:

*Avoid using the word “I”

*Try to use “you” language

Examples:

Thank you for listening so carefully today!

You clearly have the insight to recognize the risk here, and the courage to do something before it gets more serious.

You are committed to finding a way to make these changes permanent!

You really have some good ideas for how you might make this change.

You’ve taken a big step today, and clearly have a lot of determination.

You are a loyal friend; willing to defend others, even when it causes you trouble.

By the way you handled that, you showed a lot of strength.

You are the kind of person who cares a lot about other people.

You must have a lot of resolve to come in today, despite your strong reservations.

Top 10 Reasons for Using Affirmative Statements with Clients*

- 1)** Empowers the client to believe in him- or herself in a specific area.
- 2)** The client begins to internalize the positive attributes.
- 3)** Boosts overall self-confidence.
- 4)** Encourages persistence.
- 5)** Decreases defensiveness.
- 6)** Opens people up to considering discrepancies and the possibility of change.
- 7)** Strengthens or helps to repair the client-practitioner relationship.
- 8)** The client feels supported.
- 9)** Creates an atmosphere of positivity.
- 10)** Supports forward momentum toward change.

*From Clifford, D and Curtis, L. *Motivational Interviewing in Nutrition and Fitness, 2016.*

Forming Reflective Listening Statements

Reflections have the effect of encouraging the other person to elaborate, amplify, confirm, or correct.

When making a reflective statement, your voice turns down at the end.

- **Ways to open:**

*So you feel... It sounds like you...
You're wondering if... It seems to you that...
You're feeling... So you...*

- **Levels of reflection**

Simple

1. Repeating (repeats an element of what the speaker said).
2. Rephrasing (uses new words).

Complex

3. Paraphrasing (makes a guess to unspoken meaning).
4. Reflection of feeling (deepest form; a paraphrase that emphasizes the emotional dimension through feeling statements).

In general, simpler (1 & 2) reflections are used at first, when meaning is less clear. Deeper reflections are ventured as understanding increases. Jumping too far beyond what was said, however, can turn into a roadblock. It is better to understate a feeling than overstate it (overstating can stop dialogue, understating continues it).

- **Metaphors and similes**

Kind of like... It's as though...

- **Continuing the Paragraph**

Reflections ideally move forward rather than simply repeating what the client has said. In essence, the counselor is venturing the next sentence in the client's paragraph, instead of merely echoing the last one.

Summaries Can....

- **Collect material that has been offered**

We've talked about your blood pressure and the amount of salt you eat, as well as your concern about your blood sugar. We've decided.....Did I miss anything?

- **Link something just said with something discussed earlier.**

In the past you have worried about your weight, but now it seems like you're more focused on what you eat and how that affects your blood sugar. Did I get that right?

- **Draw together what has happened and *transition* to a new task.**

Let me summarize what you've told me so far and see if I've missed anything important.

So far we've talked about and, now I'd like to turn to(new topic).

I've heard your concerns about and, We have another 10 minutes together and I'm wondering what would be most helpful to you now.

Resistance (Sustain Talk/Discord) Producing Style

- | | | |
|----------------------|-------------------|--------------------|
| -Confronting | - Showing the way | - Pressuring |
| - Persuading | - Taking charge | - Criticizing |
| - Nagging | - Directing | - Scaring |
| - Interrupting | - Talking down to | - Rescuing |
| - Ordering | - Shaming | - Judging |
| - Exerting authority | - Scolding | - Setting straight |

Resistance Traps:

- The question-answer trap
- The taking sides trap
- The expert trap
- The labeling trap
- The scare tactics trap
- The pouncing trap
- The information overload trap
- The premature action planning trap ?

The “righting reflex”: The need to...

Fix things

Set someone right

Get someone to face up to reality Break down “denial”

Roll With Resistance

Key Elements:

- **Recognize resistance behaviors as a signal to change strategies:**
 - Arguing (challenging, discounting, hostility)
 - Interrupting (talking over, cutting off)
 - Negativity/denial (blaming, disagreeing, excusing, claiming impunity, minimizing, pessimism, reluctance, unwillingness to change, nonanswer)
 - Withdrawal/Ignoring (inattention, nonanswer)

The helping professional can generate resistance by:

- Using a judgmental or confrontational approach
- Insisting on change
- Jumping ahead of where the client actually is on the readiness-to-change continuum
- Mis-assessing the client's readiness to change
- Discounting the client's feelings and thoughts

The helping professional can prevent or minimize resistance by:

- Using reflective listening
- Emphasizing personal choice and control,,
- Acknowledging and accepting the client's decisions and choices
- Presenting clients with options and possibilities for change,,
- Offering support and guidance if client desires
- Encouraging clients to be as active as possible in making decisions about health behavior change
- Expressing confidence in the client's ability to make a change when ready

When you encounter resistance, step back, listen, and try to understand things from the client's perspective!

Support the Transition to Planning

- **Recognize readiness**
 - Decreased resistance
 - Decreased discussion about the problem
 - Change talk - Questions about change
 - Thinking about how change might happen

- **Summarize the big picture**

- **Ask a key transition question**
 - Where does cutting back fit into your future?
 - At this point, what are you thinking about doing or not doing?
 - What's the next step, if any?
 - What happens next?
 - Where does this leave you now?
 - What are you thinking at this point?
 - What changes, if any, are you thinking about making?
 - Based on our conversation, what are you going to do?
 - How would you like things to turn out?
 - Where do we go from here?
 - I'm wondering, where does this leave you in terms of a goal you might want to set?

Exchange Information: Explore --- Offer --- Explore

Explore: Ask what the client knows, would like to know, or if it's okay to offer them information.

- *"What are some things you've heard about high blood pressure and what you eat?"*
- *"Do you mind if I share my concerns?"*
- *"Can I share some information with you?"*
- *"Is it okay with you if I tell you what we know?"*

Offer: Offer information in a neutral, nonjudgmental fashion.

"Research suggests..."

- *"Studies have shown..."*
- *"Others have benefited from..."*
- *"Folks have found..."*
- *"What we know is..."*
- *"What we generally recommend at WIC..."*

Explore: Ask about the client's thoughts and feelings.

- *"What does this mean to you?"*
- *"How can I help?"*
- *"What do you think about this information?"*
- *"Where does this leave you?"*

Tips for using Explore--Offer--Explore:

- Use conditional words rather than concrete words: *"might" "perhaps" "consider"* VERSUS *"should" "must" "need to"*
- Use neutral language as much as possible
 - *"Folks have found..."*
 - *"What we know is..."*
 - *"Others have benefited..."*

Facilitate Action Planning

- Brainstorm ideas and options

- Negotiate a plan of action (SMART):
 - S: Specific
 - M: Measurable
 - A: Action-oriented
 - R: Realistic
 - T: Time-limited

- Explore barriers
 - What might get in the way?
 - What barriers or roadblocks might you run up against?

- Identify support
 - Where could your support come from?
 - What resources do you need?

- Summarize the client's decision and ask if it is what s/he intends to do.

- Assess confidence

General Guideline:

If the client is ready, forward the action! Ask for movement!

References

Arkowitz, H., Westra, H, Miller, W., & Rollnick, S. (2008). Motivational interviewing in the treatment of psychological problems. New York: Guilford Press.

Bandura A (1994). Self-Efficacy: The exercise of control. New York: Freeman.

Bem D (1972). Self-perception theory. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 6, pp. 2-62). New York: Academic Press.

Brehm S & Brehm W (1981). *Psychological Reactance: A theory of Freedom and Control*. New York: Academic Press.

Britt, E., Hudson, SM (2004) Motivational Interviewing in health settings: A Review . *Patient Education and Counseling* 53 147–155.

Clifford, D and Curtis, L. *Motivational Interviewing in Nutrition and Fitness*. Guilford Press, 2016.

Deci E (1980) *Self-determination*. Lexington, MA: Lexington Books.

Glovsky, ER (2013) *Wellness, Not Weight: Health At Every Size and Motivational Interviewing*, Cognella Academic Press, 2013. Available aorg www.wellnessnotweight.com.

Glovsky, ER. (2012) *Introduction to Motivational Interviewing and Motivational Interviewing and a Non-Diet Approach*, DVDs available at www.wellnessnotweight.org.

Dunn C & Rollnick S (2003). *Lifestyle Change*. London: Mosby.

Hohman, M. (2011). *Motivational Interviewing in Social Work Practice*. New York: Guilford Press.

Kimiecik J (2002). *The Intrinsic Exerciser*. Boston: Houghton Mifflin Company.

Matulich,W. *How To Do Motivational Interviewing*. Available at <http://www.motivationalinterviewingonline.com/ebook.html>

Miller W & Rollnick S (2002, 2012) *Motivational Interviewing: Preparing People for Change* (2nd and 3rd Edition). New York: Guilford Press.

Miller, W, Moyers, T and Rollnick, S. *Motivational Interviewing: Helping People Change*. DVD set available at www.changecompanies.net/motivational_interviewing.php

Naar-King, S. & Suarez, M. (2011). *Motivational Interviewing with Adolescents*. New York: Guilford Press.

Prochaska J, DiClemente C (1986). Toward a comprehensive model of change, in: Miller WR, Heather N (eds) Treating Addictive Behaviors: Processes of Change, pp 3-27. New York, Plenum.

Resnicow K, Dilorio C, Soet J, Borrelli B, Hecht J, Ernst D (2002). Motivational Interviewing in health promotion: It sounds like something is change. Health Psychology; 21(5): 444-451.

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

Rosengren, D. (2009, 2018). Building Motivational Interviewing Skills: A Practitioner Workbook. New York: Guilford Press

Wagner, C and Ingersoll, K. (2012) Motivational Interviewing in Groups. Guilford Press.

Wilcox, J, Kersh, BC, Jenkins, E. (2017) Motivational Interviewing for Leadership. Gray Beach Publishing.

Yahne C, Miller W (1999). Enhancing motivation for treatment and change. In McCrady BS, Epstein EE (eds) Addictions: A Comprehensive Guidebook for Practitioners. Oxford University Press, 235-249.

Zucoff, A. (2015) Finding Your Way to Change: How the Power of Motivational Interviewing Can Reveal What You Want and Help You Get There. Guilford Press.

Websites

www.motivationalinterviewing.org . The Motivational Interviewing Page: Resources on motivational interviewing, including general information, links, discussion board, training resources, and information on reprints and the latest in MI.

www.trainingwithdellen.com

DVDs

Miller, W, Moyers, T and Rollnick, S. Motivational Interviewing: Helping People Change. DVD set available at www.changecompanies.net/motivational_interviewing.ph