Module Two

Motivational Interviewing
Tools and Techniques

ADEPT
Alcohol and Drug Education for Prevention and Treatment

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• Motivational Interviewing philosophy and principles offer a way of grounding and informing your interactions with patients. Incorporating them into your therapeutic style will have pervasive benefits for you and your patients.

• Motivational Interviewing also includes some general techniques and specific tools that help patients think about change.

• MI tools and techniques can also help you have a brief and focused conversation about change.

• Think of these tools and techniques as instruments that you select to achieve specific purposes, depending on the needs of the patient.
Motivational Interviewing: Tools

MI tools provide simple, structured and efficient ways to help your patients begin thinking about change.

Tools include:

- Self Evaluation Rulers
- Readiness Ruler
- Decisional Balance Exercise
TOOLS: Self Evaluation Rulers

Self evaluation rulers help patients think about change in a concrete and specific way. These can be presented verbally by asking the patient to rate importance and confidence on a scale of one to ten.

Some patients do better with visual cues; it may be helpful to have a laminated display card handy.

Draw an X at the point that shows how important it is for you to change your [target behavior].

0=Not Important  3  4  5  6  7  8  Very Important →10

Draw an X at the point that shows how confident you are that you can change your [target behavior].

0=Not Important  3  4  5  6  7  8  Very Important →10
TOOLS: Readiness Ruler

On the following scale, which point best reflects how ready you are right now to change your [target behavior]?

Not at all ready to change (Precontemplation)  Thinking about changing (Contemplation)  Planning and making a Commitment (Preparation)  Actively Changing (Action)
TOOLS: Self Evaluation Rulers

Self evaluation and readiness rulers can be used at various points in the intervention:

- Near the beginning, after health risks have been discussed, to help determine the patient’s stage of change:

  **On a scale of 1 to 10, how ready are you to make a change?**

- During the intervention to encourage the patient to talk about reasons for change. Asking a patient why they didn’t rate their readiness lower elicits talk about reasons to change:

  **You rated your readiness to change at 5. Why not a 2 or 3?**

- Towards the end of the intervention to solidify commitment:

  **On a scale of 1 to 10, how confident are you that you can make a change?**
Brief interventions using Motivational Interviewing are designed to shift the decisional balance in favor of change to healthier behavior.
**TOOLS: Decisional Balance Worksheet**

- Decisional Balance is a key MI tool in which the patient considers the pros and cons of their current behavior and the pros and cons of changing.

- Many patients have never stopped to think about the negative aspects of their behavior. Asking about pros and cons can foster internal motivation.

- Some patients benefit from actually filling out a worksheet and looking at the pros and cons in black and white. This can be done in the office if there is time or as “homework” in a continuing care situation. Others can just discuss the pros and cons.

- Note that the worksheet asks about the pros and cons of changing as well as the pros and cons of the behavior itself. Change has its own benefits and costs and it is helpful to think about those. For example, cutting down on drinking may improve health and save money but it also might mean missing out on the fun of evenings with friends at the bar!
<table>
<thead>
<tr>
<th>Good things about my current behavior:</th>
<th>Good things about changing my behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Not so good things about my current behavior:</td>
<td>Not so good things about changing my current behavior:</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Motivational Interviewing: Techniques

Motivational Interviewing techniques complement MI tools with more general approaches to facilitate change. Core MI techniques include:

- OARS
- Eliciting Change Talk
- Generating Commitment
**OARS** includes a set of four basic communication techniques that help accomplish two important goals in patient care – building rapport and understanding the issues.

1. **Ask** Open-ended questions rather than yes/no questions.

2. **Affirm** strengths and movement in a positive direction.

3. **Reflect** what the patient says to convey that you are listening and to confirm understanding.

4. **Summarize** the interaction to bring closure, confirm mutual understanding and next steps.
OARS: **Open Ended Questions**

- Cannot be answered yes or no or with one or two words
- Are not rhetorical
- Probe widely for information
- Help uncover the individual’s priorities and values
- Avoid socially desirable responses
- Draw people out
Closed vs. Open Ended Questions

<table>
<thead>
<tr>
<th>Closed ended</th>
<th>Open ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like to quit smoking?</td>
<td>What are your thoughts about smoking?</td>
</tr>
<tr>
<td>How much pot do you smoke?</td>
<td>Tell me about your pot use.</td>
</tr>
<tr>
<td>Have you had problems with your alcohol use?</td>
<td>How has your alcohol use affected you?</td>
</tr>
</tbody>
</table>

- Providers tend to ask close-ended questions to collect specific information and also because they are often pressed for time and concerned about getting into a time consuming discussion.

- Open-ended questions may seem more time consuming but can actually be more efficient because they elicit more reliable and complete information and, when skillfully managed, do not have to lead to lengthy discussions.
OARS: Affirmations

Affirmations help your patients feel more comfortable, forthcoming and open to feedback. Affirmations can be brief but powerful in building a therapeutic alliance:

• Affirm a person’s struggles, achievements, values and feelings

• Emphasize a strength

• Notice and appreciate a positive action, even a small one

• It takes courage to face such difficult problems.

• You quit before. That took a lot of strength.

• I know you didn’t come here today to talk about your alcohol use so I think it is great that you are willing to work with me.
OARS: Reflections

Reflections repeat or rephrase what the patient has said.

Reflections:

- Communicate that you have listened
- Serve as check that you correctly understood what the patient said
- Can be an effective, non-confrontational way to reduce resistance
- Can also expand on the meaning of what the patient has said

<table>
<thead>
<tr>
<th>Patient:</th>
<th>But I can't quit drinking. I mean, all of my friends drink!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider:</td>
<td>Quitting drinking seems nearly impossible because you spend so much time with others who drink.</td>
</tr>
<tr>
<td>Patient:</td>
<td>Right.... But maybe I should cut down a little.</td>
</tr>
</tbody>
</table>
Universal Safe Reflections

- It sounds like you are feeling........
- It sounds like you are not happy with....
- It sounds like you are having trouble with.....
- So you feel like..
- You’re wondering if...
- In other words, you’re saying....
- Let me see if I heard you correctly....
- What I hear you saying is...
OARS: Summarization

Summarization brings closure and consensus to what has been discussed and sets the stage for next steps.

- *What you’ve said is important and I want to make sure I have it right.*
- *So, what I think you are saying is..... Did I hear you correctly?*
TECHNIQUES: Eliciting Change Talk

• Change talk is patient speech that favors movement in the direction of change such as when the patient:
  - Recognizes the problem
  - Expresses concern
  - Expresses awareness
  - Sees the benefits of change
  - Sees the cost of not changing

• Change talk increases the chances that your patient will make actual changes.
How to Elicit Change Talk

Change talk can be elicited with strategic questions:

- What are some of the pros and cons of your current eating habits?
- You have cut down on your drinking before. What made that work for you then?

By probing for elaboration and examples:

- Tell me more about how this is affecting your family life.
- You mentioned that shortness of breath is one negative consequence of your weight. Can you think of any more negatives?
Techniques: Generating Commitment

- Generating commitment should follow closely after a patient begins to talk about change.

- Formulating an action plan – even if the first steps are small – helps to translate thought into commitment and actual behavior change.
• Help the patient formulate **SMART** goals based on his/her readiness to change. **SMART** goals are:

  - **S**pecific
  - **M**easurable
  - **A**ttainable
  - **R**ealistic
  - **T**ime limited

• Ambitious goals – “**Doc, I am going to quit!**” – may seem like success but not if they are a set up for failure. Sustainable success is more likely with smaller, specific goals that can be achieved quickly.

• The goals could be as simple as counting calories or reading. The important thing is that the patient do something that will raise awareness and build commitment.

• In continuing care situations, make a plan to follow up and check with the patient on how they are doing. Document goals in the patient’s record. Accountability helps build commitment.
Motivational Interviewing tools and techniques provide structured and efficient ways to help patients develop internal motivation to change.

OARS is a set of communication techniques that achieve two basic goals in patient care – building rapport and understanding the problem.

Thinking and talking about change pave the way for change.

SMART goals – small and achievable steps – help the patient transition from talk to action.

View demonstration videos on Key MI Techniques.