

## What Motivates Change? Translating Theory into Practice

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are you ready to LOVE your work more than work?

### Objectives

- Describe the spirit of Motivational Interviewing.
- Identify motivation-enhancing and resistance-producing clinician behaviors.
- Use appropriate terminology when providing feedback, information or advice.

### Activity

*Imagine that you have a pressing problem that's keeping you awake at night and to imagine you've decided you need to talk through the problem with a friend.*

#### Make two lists:

1. Desirable characteristics in this friend
2. Characteristics that would make you feel angry, alienated, or disappointed

### Listen with...

- presence – undivided attention
- all your senses – use eyes, ears, etc
- acceptance and non-judgment
- curiosity
- delight
- no interruptions
- **silence!**
- **encouragers** (mm-hmm, I see, go on, oh, really, right, no way, what else, wow, **tell me more...**)

## What do you love about your work?

- What else?
- Tell me more.



### Common human reactions to being listened to:

- Understood
- Want to talk more
- Liking the clinician
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

### The way we listen affects the quality of:

- Our assessments
- Decision making
- Education
- Advice
- Behavior change counseling

### 72 year old male patient

- Vietnam War Vet
- On dialysis for 20 years secondary to diabetes
- Lives in a larger body
- “Non-compliant” written all over his chart
- Labs:
  - High potassium for months now
  - No problem with binder compliance
  - Some struggles with weight gain between treatments

### Effective Brief Interventions

- Feedback
- Responsibility
- Advice
- Menu of options
- Empathy
- Self-efficacy

### The Spirit: P-A-C-E

- Partnership
- Acceptance
- Compassion
- Evocation

### Key Principles

- Control & Choice
- Change Talk
- Hope & Possibility (Michelangelo Belief)
- Acceptance
- Committed Decisions
- Less is more
- **Style is everything!**
- **No fixin'!!!**

### The MI Shift

- **From...** giving information, advice and behavior change prescriptions
- **To...** exploring concerns, ambivalence, reasons for change and strategies for change.

## The MI Shift

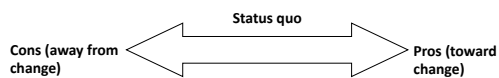
- From... feeling responsible for changing client's behavior
- To... supporting them in discovering, exploring, and talking about their own reasons and means for behavior change

## The Paradox of Change

When a person feels accepted for who they are and what they do  
 – no matter how unhealthy –  
 it allows them the freedom to consider change rather than needing to defend against it.

## Ambivalence

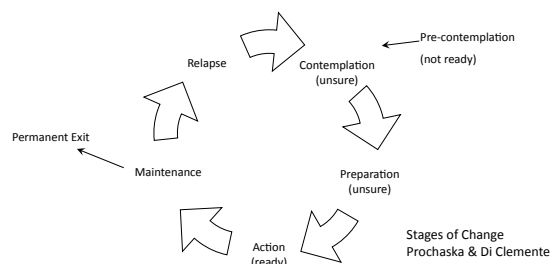
People can and do get stuck in ambivalence



When you take the side of change, your patients argue the other side and literally talk themselves out of changing.

Source: MI in Health Care

## Dancing



Embrace the different possibilities besides "action" for defining success

## Wrestling

How do you know when the conversation isn't going well?

What are the signs?

## Recognizing Resistance

- Arguing
- Interrupting
- Negating
- Ignoring
- Body language

*See resistance as a signal to change course.*

## Resistance Traps

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

## The “Righting Reflex”

The need to...

- Fix things
- Set someone right
- Get someone to face up to reality

## Elicit Change Talk

### Change Talk: Definition

A self-motivational statement in which the client expresses a thought supporting a change in current behavior.

This “*change talk*” may be evidenced in various ways:

- problem recognition
- concern
- intention to change
- optimism about change

## Types of Change Talk

|              |  |
|--------------|--|
| Desire       | <i>I want to... I wish... I would like to...</i>         |
| Ability      | <i>I can... I could... I might be able to...</i>         |
| Reasons      | <i>I would probably feel better if I...</i>              |
| Need         | <i>I need to... I have to... I really should...</i>      |
| Commitment   | <i>I'm going to ... I will...</i>                        |
| Taking Steps | <i>I actually went out and... This week I started...</i> |

## Ask Change Talk Focused Questions

- *What steps have you already taken?*
- *What concerns, if any, do you have about \_\_\_\_\_?*
- *If nothing changes, what's at stake?*
- *If and when you decided to, how would you go about it?*
- *When it comes to \_\_\_\_, what would be helpful to know more about?*
- Explore importance, readiness, confidence
  - *On a scale of 0-10, how important is it for you to consider...?*
  - *Why not a lower number?*
  - *What would need to change or happen for you to pick a higher number 3 months from now?*

## Offering Information

- Let go of educating on every risk, concern, or issue.
- Avoid overwhelming clients with too much information
  - pick one or two areas to focus on

### Let go of statements like:

*You should...*

*You must...*

*You have to...*

*It's important that you...*

*You really need to...*

*You can't keep...*

*You shouldn't...*

### Try using:

- *Many patients say that... others find that...*
- *You might consider...*
- *What we've noticed here is...*
- *I strongly encourage you to...*
- *We believe that...*
- *Research shows...*

### Motivational Interviewing

*Motivational Interviewing (MI) is a person-centered, **guiding** method of communication and counseling to elicit and strengthen motivation for change.*

### Motivational Interviewing

- Evidence-based (>200 randomized controlled trials)
- Particularly effective
  - Not ready to change
  - Minority populations
  - Added to another active treatment
- Deceptively simple

### A Meta-Analysis of MI: 25 Years of Empirical Studies

- Overall 75% of subjects improve; 50% make small but meaningful changes; 25% make moderate to large changes
- Tends to produce comparable effects to other interventions in less time
- Stronger effects are observed with the addition of individualized relevant feedback
- Effects are durable at 3, 12, 24 months
- Effects are similar across gender, age, race, ethnicity (may be better for minority persons)

Research on Social Work Practice, 2010, 20 (2), 137-160

### MI: A systematic review and meta-analysis

- 72 randomised controlled trials
- Traditional advice giving was used as control
- Significant clinical effect in 3 out of 4 studies
- Equal effect on physiological (72%) and psychological (75%) diseases
- Significant effects for total blood cholesterol, blood pressure, blood alcohol concentration, increased physical activity, smoking cessation

British Journal of General Practice, Rubak et al, April 2005

## MI: A systematic review and meta-analysis

- Can be effective in brief encounters (15 min)
  - 64% showed an effect
- More than one encounter increases likelihood of effect
- Outperforms traditional advice giving in ~80% of studies
- Effect was not related to counselor's educational background as MD or Psychologist

British Journal of General Practice, Rubak et al, April 2005

*"Developing proficiency in MI is like learning to play a musical instrument. Some initial instruction is helpful, but real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. As with other complex skills, gaining proficiency in MI is a **lifelong process.**"*

- William Miller, 2008

## MI Standards

|                                    | Beginning Proficiency | Competency |
|------------------------------------|-----------------------|------------|
| Percent Open-Ended Questions       | 50%                   | 70%        |
| Reflection to Question Ratio (R:Q) | 1:1                   | 2:1        |
| Percent Complex Reflections        | 40%                   | 50%        |
| MI Non-Adherent                    | 0                     | 0          |

*"If we make satisfying conversations and human connection the focus of our health care delivery development, if we make connecting people and having them talk to each other the single most important metric by which we judge all of our efforts, we will get everything else we want our health care system to be. Rich conversation is the pathway to quality, to efficiency, to affordability."*

- Maggie Breslin, Mayo Clinic Center for Innovation

## What's next?

- Top three takeaways
- One next step

## Thank You!

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