How to use Motivational Interviewing to Promote Self-care for Wellness

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OUTLINE

PART 1: THE CONTEXT OF MOTIVATIONAL INTERVIEWING (MI)

A. Adopting a wholistic approach to health or wellness
B. Recognising barriers to behaviour change for wellness
C. Understanding the change process

PART 2: THE PRACTICE OF MOTIVATIONAL INTERVIEWING (MI)

D. The role of motivational interviewing
E. The spirit and principles of motivational interviewing for positive lifestyle change
F. The practice of motivational interviewing: methods and skills

PART 1: THE CONTEXT OF MI

A.

Adopting

a Wholistic Approach to

Health / Wellness

1. WELLNESS IS "WHOLE PERSON" HARMONY

HEALTH OR WELLNESS IS *WHOLENESS*
OR HARMONY BETWEEN:

1. **aspects of the self**

- (mind, body and spirit)

2. **self and others**

3. **self and the natural environment**

4. **self and God or a "Higher Power"**

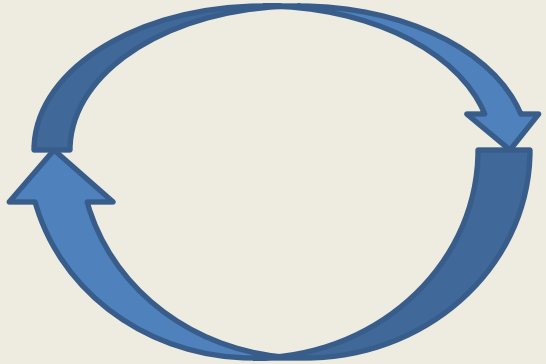
All these aspects of self and life *interact*. If one is affected, all are affected

2. HARMONY COMES FROM HEALTHY LIFESTYLES

WELLNESS = THE HARMONY OF SYNERGY

- *Any integrity in one dimension, through healthy lifestyles, strengthens the integrity of all others*

- This begins *a multidirectional virtuous cycle towards whole person harmonizing*



- *leading to an upward spiral of whole person healing*

This is called ***synergy***

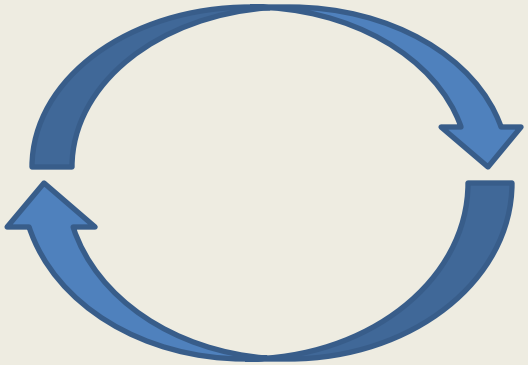
"The whole is greater than the sum of the parts"

THUS,

DISHARMONY = DISEASE

An ailment in any dimension of the person, through *lifestyle neglect*, negatively affects all other dimensions.

- *A multidirectional vicious cycle of disharmony (or disease development) occurs*



- *A cascade of deterioration results*

The Whole person is ill.

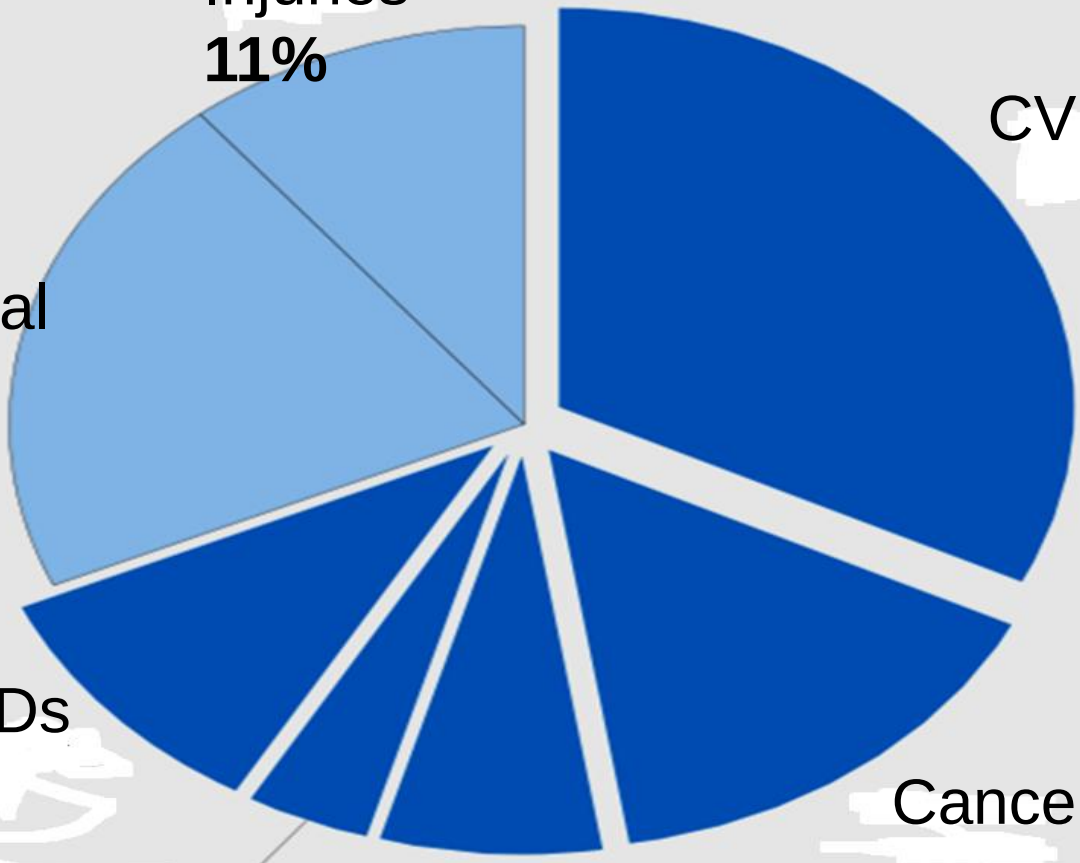
This is the principle of ***entropy*** (instead of synergy).

ENTROPY: The world is inherently active. Any inactivity leads to energy imbalance. Whenever an energy distribution is out of equilibrium, a force exists that the world act spontaneously to dissipate or minimise it.

LEADING CAUSES OF DEATH IN JAMAICA

(World Health organization – NCD Country Profiles, 2011)

Proportional mortality (% of total deaths, all ages)*



NCDs are estimated to account for 68% of all deaths.

THE LEADING CAUSES OF DEATH IN JAMAICA: RELATED LIFESTYLE NEGLECTS including:

1. Lack of exercise

2. Unhealthy nutrition

3. Smoking and alcohol

BEHAVIOURAL RISK FACTORS

(World Health organization – NCD Country Profiles, 2011)

Behavioural risk factors			
2008 estimated prevalence (%)	***males***	***females***	***total***
Current daily tobacco smoking	17.4	7.6	12.3
Physical inactivity	43.6	51.5	47.7

(2010). *NCD country profiles*. Geneva: World Health Organisation.

Vegetable and fruit consumption in Jamaica

VEGETABLES

"The vast majority *99% of Jamaica* are currently consuming below the daily recommended portion of vegetable"

FRUITS

"The consumption pattern for fruits was similar"

(Wilks, R., Novie , Y., & , (2008). *Jamaica health and lifestyle survey ii*. (p. 90). Mona: National Health Fund.)

HEALTHY LIFESTYLES WORK!

- Controlling these risk factors could prevent some *80 percent* of all heart attacks, strokes, and type 2 diabetes, as well as *40 percent* of cancers.

- Just *30 minutes* of exercise daily can cut one's risk of heart attack in half.

WE CAN LIVE BETTER AND LIVE LONGER !

1. Pan American Health Organization. *Chronic Diseases Information for Health Professionals.* Caribbean Wellness Day Fact Sheet.
2. Pan American Health Organization. *Chronic Diseases in the Caribbean Facts and Figures.* Caribbean Wellness Day Fact Sheet)

PART1: THE CONTEXT OF MI

B.

Recognising

Barriers to Behaviour Change for Wellness

1. The Addicted Mind

Our power of choice is undermined

as the

The Empowered Mind For Wellness

becomes an

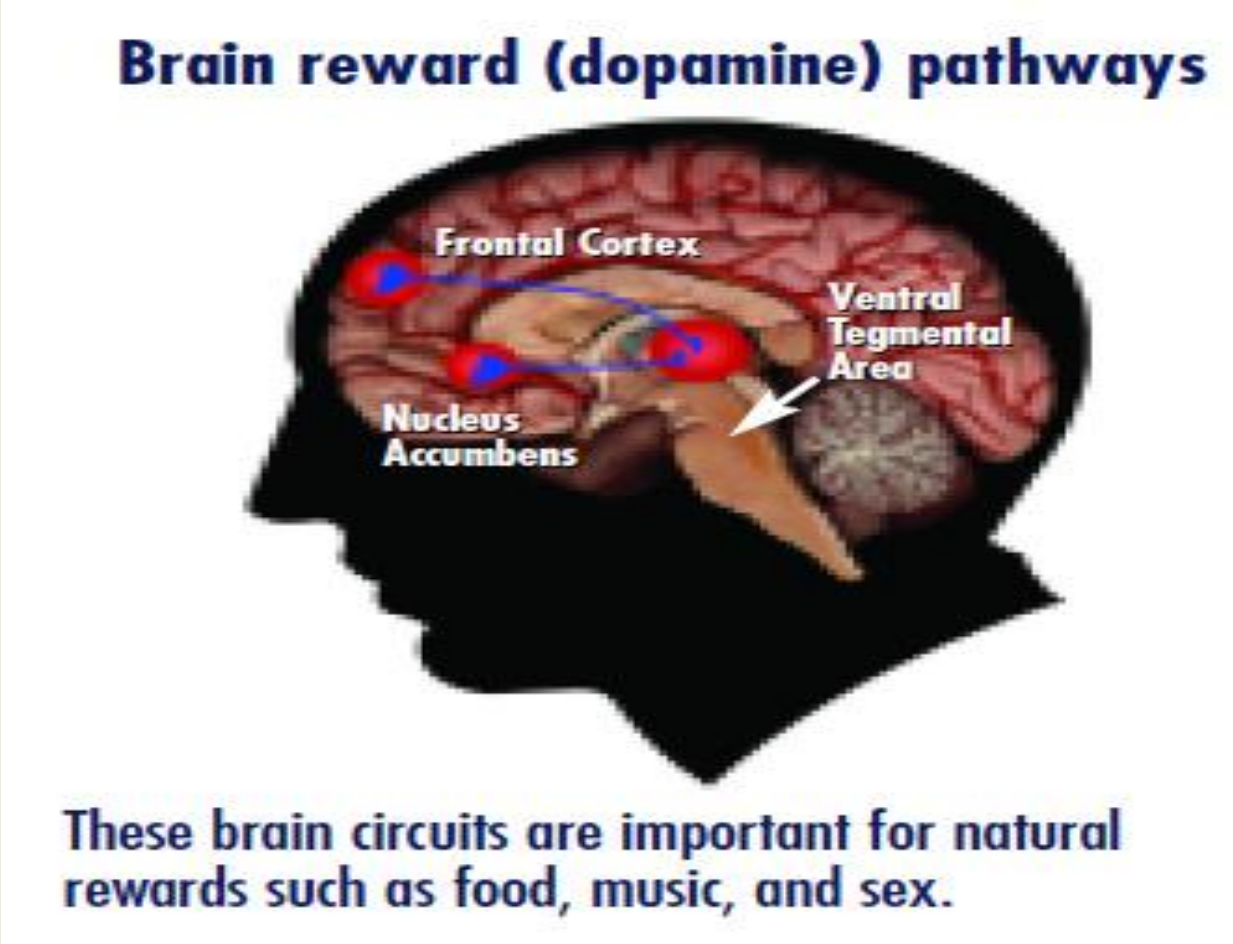
Addicted Mind

Stimulation of the brain's pleasure circuit teach us to keep drinking, smoking or eating fatty, sweet or salty food

Our brains are wired to ensure that **we will repeat life-sustaining activities by associating those activities with <u>pleasure</u> or reward.**

Because drugs and food stimulate the same circuit, *we learn to abuse them in the same way.*

Pleasure Center of the Brain: Light It Up!



Ventral tegmental area - *actually releases* the dopamine
Nucleus accumbens - *controls the release* of dopamine
Excess dopamine hijacks the frontal lobe

1. The Addicted Mind

The *emotional hijacking* of the brain's frontal lobe reasoning leads to:

1.1. Tolerance for the unhealthy lifestyle

1.2 Changes in brain cells and circuits

1.3. Conditioning

1.4 Loss of Self Control

Ernest P. Noble, PhD

Department of Psychiatry and Biobehavioral Sciences and the Brain Research Institute, University of California

Established that the same gene anomalies regulating dopamine occur in both the obese and in addicts.

Don’t Binge and Drive

Other barriers to Lifestyle change ('Drivers' of the Addicted Mind)

2. Global Capitalism: Market, Media and Machines
3. Peer, Family and traditional Culture
4. Life Stressors and Mental Disorders
5. Boredom

PART1: THE CONTEXT OF MI

C.

Understanding

the Change Process

Disease prevention and recovery require

behaviour **change** programmes

involving self care

- Change is a **process**, *through stages,* not a single event.

- The stages move from **Attitudes Change** to **Behaviour Change**

Stages of Change and self-care

(From **Attitudes Change** to **Behaviour Change)**

- **PRECONTEMPLATION** (Not yet ready in attitude)

- **CONTEMPLATION** (Attitude is changing)

- **PREPARATION** (Behaviour change begins: e.g. planning and getting resources)

- **ACTION** (skill use and problem solving)

- **MAINTENANCE** (with follow-up)

  Relapse and Recycling are also involved.

BEHAVIOUR CHANGE PROGRAMMES FOR SELF-CARE ACTION: WHAT?

Intervention GOALS and RESOURCES include

1. **Exercise for fitness**

   Personal Training, Gymnasiums, Walking clubs, DVD/internet videos

2. **Healthy "tasty" nutrition**

   Nutrition consultations, Healthy Cooking classes, Fitness and Nutrition clubs

3. **Smoking, Alcohol and Gambling Cessation**

   Fresh Start Programme, Addiction Treatment Programmes, Alcoholics and Gamblers Anonymous

BEHAVIOUR CHANGE PROGRAMMES FOR SELF CARE ACTION: WHERE and by WHOM?

SETTINGS:

1. Primary health care
2. Specialist care
3. Employee assistance programs
4. Health Education
5. Vocational rehabilitation

AGE: * Adolescents

* Adults

* Senior Citizens

CASE MANAGEMENT:

Lifestyle Consultants or Coaches

Trainers, Nutritionists, Addiction Specialists,

Primary Health Professionals, Lay Health Promoters

Elements of a Lifestyle Behaviour Change Programme (e.g. Fresh Start for smoking cessation)

- TOOLS
  - Problem Solving/ Skill Training (Change And Coping)
  - Social Support
  - Pharmacotherapies

- SETTING (flexible)
  - Group sessions

- SESSIONS and Goals
  - Understanding the “Why’ of Addiction and “How” to Quit
  - Mastering the First Few Days
  - Mastering Obstacles
  - Staying Quit and Enjoying it Forever

Research has shown

(Miller, Rollinck & Conforti)

- Clinician-patient interactions influence the behavior change process.

- When given the tools to help motivate patients to change health behaviors, good doctors become even more effective.

Clinician views of patient change

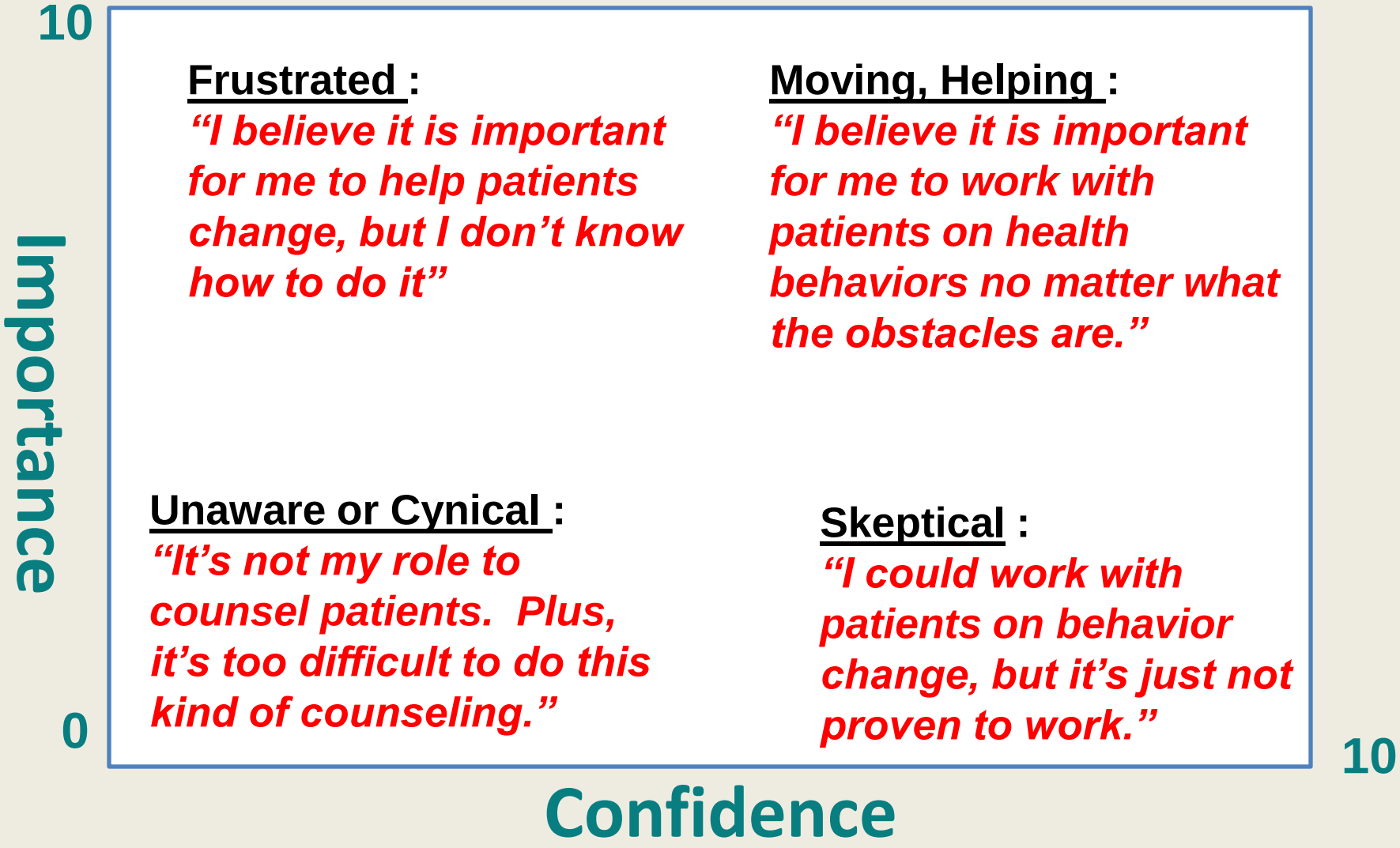
A clinician views patient health behaviour change from two perspectives:

1. **Importance:** a clinician has beliefs about health behavior change counselling and his or her role in the process

2. **Confidence:** a clinician has expectations about the power of his or her skills to promote health behavior change

This produces a matrix of clinician attitudes.

Importance - Confidence



Miller W, Rollnick S, Conforti K. *Motivational Interviewing, Second Edition: Preparing People for Change*. 2nd ed. New York, NY: Guilford Press; 2002

The Challenge we face

- People do not follow physicians' advice and recommendations
  - 50% don't follow long term medication regimens
  - Many don't follow advice to change health behaviour
- Patients often do not recall anticipatory advice given
- So how can we be confident of what is important?

We can empower clients for winning the behaviour change struggle against barriers

through

Motivational Interviewing

In Motivational Interviewing The clinician:

- Puts the patient at the centre
- Follows the patient wherever they are
- Becomes a “mirror” as he/she “seeks change”

PART 2: THE PRACTICE OF MI

D.

The Role of Motivational Interviewing in change for self-care

Motivational Interviewing

- Developed by William R. Miller and Stephen Rollnick
- Based on Carl Rogers' client-centered approach

Role of Motivational Interviewing:

To help individuals bridge the gap between the need for lifestyle change intervention and taking responsible / accountable action.

End Goals for M. I.

in Lifestyle Behaviour Change Intervention

- Accepting Engagement with the existing health professional or Referral for Self Care

  (contemplation & preparation stages of change)

- Achieving Compliance (maintenance stage)

What is Motivational Interviewing?

Definition:

WHAT? : *"**A client-centered, collaborative conversation** for enhancing the persons **own motivation** to change …*

(It involves using the patients' energy, instead of yours, to help themselves)

HOW?*: … by exploring and resolving **ambivalence** about change".*

WHY?: *It is aimed at the person developing **their own 'change talk'** or arguments for change and eventual goal oriented **commitment***

Remember … **Stages of Change**

Change is a **process**, through stages, not an event.

Moves from **Attitudes Change** to **Behaviour Change**

- **PRECONTEMPLATION**

  (A good time for **factual information.** But overcoming ambivalence through **motivational interviewing** makes the difference for contemplation and eventual ACTION)

- **CONTEMPLATION**

- **PREPARATION** (e.g. planning and getting resources)

- **ACTION** (skill use and problem solving)

- **MAINTENANCE** (with follow-up)

  Relapse and Recycling are also involved.

Remember, also ….

- Change is natural though hard. We all have a built in capacity to handle life's constant changes

- Don't talk about the "unmotivated patient" Everybody is motivated for something

- Persons do face the consequences of not changing. IF ENABLED, they prefer not to.

- *When patients arrive at action plans that fit within their personal goals and values, change is more likely.*

The bridge to cross is Ambivalence

- Ambivalence is normal.
- *Ambivalence* occurs when we try to escape negative lifestyle consequences yet still "love our economic conditioning and brain pleasure. This stifles change
- It needs to be resolved; no one loves living with it
- It can be resolved when there is enough space to do so
- It needs to be normalized and explored not confronted
- Resolving ambivalence is the "key" and "heart" of the change process

Resolving Ambivalence to Facilitate Change

- We all literally talk ourselves into (or out of) things.
- As a person comes to argue on behalf of one position, he or she becomes more committed to it.
- This may explain why the more resistance is evoked through confrontation and coercion during a counseling session, the more likely that the person will continue to use current lifestyle patterns.

Facilitating Change

- Motivation Interviewing is an interpersonal process
- Motivational Interviewing is like dancing rather than struggling against each other
- It is an “inter-view”, a looking together at something (such as the patient’s ‘life picture album’).
- A way of being with another person. It is *accepting them unconditionally* and *starting where they are*

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.

PART 2: THE PRACTICE OF MI

E.

The Spirit and Principles of Motivational Interviewing for Positive Lifestyle Change

MOTIVATIONAL INTERVIEWING – OUTLINE

SPIRIT (ACE)	PRINCIPLES (REDS)	METHODS: PHASES	METHODS: SKILLS	STAGES OF CHANGE
Collaboration	Roll with Resistance	PHASE 1: Building Motivation for Change	1. OARS Ask Open Questions Affirm Reflect Summarize	1. Pre-contemplation
Evocation	Express Empathy		2. Elicit Change Talk	2. Contemplation
Autonomy	Develop Discrepancy Awareness	PHASE 2: Strengthening Commitment and Developing a Plan	3. Ask the Key Question	3. Preparation
	Support Self-Efficacy		4. Give Information and Advice	4. Action
			5. Negotiate a Plan	5. Maintenance

THE SPIRIT AND PRINCIPLES OF MOTIVATIONAL INTERVIEWING

SPIRIT

Have a greater emphasis on spirit and less emphasis on techniques

Remember: ACE

Spirit of MI:	As opposed to:
Autonomy	**A**uthority
Collaboration	**C**onfrontation
Evocation (drawing out)	**E**ducation


Autonomy vs. Confronting

Collaborating VS Confronting


Drawing out vs. Imposing Ideas

THE SPIRIT AND PRINCIPLES OF MOTIVATIONAL INTERVIEWING

PRINCIPLES

Remember "R.E.D.S"

- ☐ **R**oll with Resistance
- ☐ **E**xpress Empathy
- ☐ **D**evelop Discrepancy Awareness
- ☐ **S**upport Self-Efficacy

…and avoid arguing

Principles

Remember "**R**.E.D.S"

ROLL WITH RESISTANCE

- Resistance is a barometer of ambivalence.

- It reflects the current interpersonal process. Don't challenge. Stop. Think. Take a new approach. 'Dance' with the patient.

- Reflect statements and gain the patient's own perspective. (e.g.. How do you see this? Where would you yourself want to go with this?). Accept strategic postponements

Principles

Remember "R.**E**.D.S"

EXPRESS EMPATHY

When persons feel understood they more easily open up and share their lifestyle experiences and explore feelings of ambivalence. They are more willing to consider goals

Principles

Remember "R.E.**D**.S"

DEVELOP DISCREPANCY AWARENESS

- Motivation is spurred on when persons begin to be aware of a discrepancy between where they are and want to be. Even forgotten dreams can be revived.

- They can now *look forward*, *want* and set goals

Principles

Remember "R.E.D.**S**"

SUPPORT SELF-EFFICACY

- A belief in one's universal inner potential for self-directed change increases motivation.
- It enables the self-responsibility of "taking ones wellness in one's own hands"
- It fulfils the principle that "My health and longevity, and quality of life is up to me and not my doctor".

PART 2: THE PRACTICE OF MI

F.

The Practice of Motivational Interviewing:

Methods and Skills

METHODS (in Phases) and related SKILLS

- Phase 1 – Building **Motivation** for Change

- Phase 2 – Strengthening **Commitment** to Change and Developing a **Plan**

Methods (in Phase1)

Phase 1. BUILDING MOTIVATION for Change

i. Using listening skills (OARS)

- ✓**O**pen Questions
- ✓**A**ffirming
- ✓**R**eflecting
- ✓**S**ummarizing

and

ii. **E**liciting Change Talk

Methods (in Phase1.)

Phase 1. BUILDING MOTIVATION for Change

i) Using listening skills. Remember **O**ARS

OPEN QUESTIONS (not requiring “yes” or “no” answer))

E.g. “Tell me how your exercise is at this time”

Use throughout and when ambivalence occurs. E.g. “tell me more” about that” “what else?” MI is about inviting perspectives!

- Ask “what” not “why”
- Keep on and the discussion, information and self-reflection will flow.

Methods (in Phase1.)

- Phase 1. BUILDING MOTIVATION for Change

1. Using *listening skills*. Remember O**A**RS

✓ **A**FFIRMING (Indicates a non-judgemental attitude)

e.g.. It is good to see that you are aware of your need to change even though you don't feel very motivated right now. Affirm the smallest of insufficient efforts.

Methods (in Phases)

- Phase 1. BUILDING MOTIVATION for Change

i) Using listening skills. Remember OA**R**S

REFLECTING (feeding back content and feelings)

Paraphrasing

E.g. "I hear you saying that you find it very difficult to afford fruits and vegetables and that this is very frustrating"

This Indicates listening and interest. It keeps the story going. When stuck or in doubt, reflect. It enables the person hearing one's self and one's ambivalence!

– An 'Elicit- Provide feedback- Elicit' process

THE MOST IMPORTANT THING TO DO IN MI !

Methods (in Phase1)

- Phase 1. BUILDING MOTIVATION for Change

i) Using listening skills. Remember OAR**S**

SUMMARISING

Pulling things together to sharpen perspectives and to move ahead.

This is a ‘mega reflection’ - reflecting the various things expressed so far.

Methods (in Phase 1.)

- Phase 1. BUILDING MOTIVATION for Change

ii. Use skills for **E**LICITING "CHANGE TALK"

Remember **"D.A.R.N. C.A.T."**

Change Talk

DARN CAT

Preparation to Change	Implementing Change
Desire	**C**ommitment
Ability	**A**ctivation
Reason	**T**aking Steps
Need	

Skills for ELICITING "CHANGE TALK"

(Use concurrently with listening skills)

Discuss the stages of change

Use Skills:

1. **R**eadiness ruler
2. **G**ood things and less good things
3. **D**ecisional balance
4. **V**alues and goals exploration
5. **L**ooking forward

1. The Readiness Ruler

How ready are you to make a change

1 2 3 4 5 6 7 8 9 10

Importance (Why)	Confidence (How)	Readiness (When)
Question: On a scale of 1 – 10, how important is it for you right now to reduce or stop smoking?	Question: On a scale of 1 – 10, how confident are you to succeed at reducing your smoking?	Question: On a scale of 1 – 10, how ready are you to start making a change at reducing smoking ?

- “What makes you say a 5?”
- “What led you to say 5 and not zero?”
- “What would it take to move it to a 6 or a 7?”
- “What could I do to help you make it a 6 or 7?”

2. Good Things and Less Good Things

This strategy is simply to review what is “good” about the behaviour alongside a review of what is “not-so-good” about the behaviour

Avoids labeling a behaviour as a problem when a client is not using that language

Clients may become willing to acknowledge that there are less good things about a behaviour

Use the:

3. Decision Balance Box

No Change **Costs of Not Changing**	**Change** **Costs of Changing**
1. **2.** **3.**	**1.** **2.** **3.**
No Change Benefits of Not Changing	Change Benefits of Changing
1. 2. 3.	1. 2. 3.

4. Values and Goals Exploration

What is their vision for their life?

Does their behaviour help them achieve their goals?

Scaling questions

1 2 3 4 5 6 7 8 9 10

4. Values and Goals Exploration

Values

Family

Friends

Faith

Function (Job Role)

Football

4. Values and Goals Exploration

Goals exploration

SMART GOALS

- Specific
- Measurable
- Achievable
- Relevant
- Time Limited

MAP GOALS

- Measurable
- Attainable
- Passionate

5. Looking Forward

Looking Forward has a similar focus to Looking Back. It causes the client to envision <u>two features.</u>

The first future is if they continue on the same path without any changes – where they might be five or ten years from now.

The second future is if – and the emphasis is on if – they decided to make a change in their behaviour, what that future might look like.

Query extremes and come alongside

Methods (in Phase2)

- Phase 1 Building motivation for Change
- PHASE 2 – STRENGTHENING **COMMITMENT** TO CHANGE AND DEVELOPING A **PLAN**

Methods (in Phase2)

STRENGTHENING COMMITMENT TO CHANGE AND DEVELOPING A PLAN

SKILLS

- Ask the **key question**

  "So what do you want to do?"

- Give **information** and **advice**

  (about resources, 'how to' etc.)

  (Seek permission and be respectful (not "now this is the way you must do it or die"))

- **Negotiate a plan** (e.g. what, how much, when, where)

Use a problem solving approach involving:

#goals and exploring #options

Practical Remarks

- Listen > ask > give advice
- Talk less than the patient
- Don't not ask more than 3 consecutive questions
- Avoid wordiness
- Avoid interrupting
- Cooperate, do not force knowledge
- Relax and trust the process !

Still not ready?

- *Accept* (Roll with Resistance)
- *Reflect*
- *Be available* for further dialogue as the patient wishes

REFERRAL FOR PSYCHOLOGICAL COUNSELLING MAY BE INDICATED

Cognitive Behaviour Therapy for stress management is very helpful.

It is based on principles of learning. It provides understanding and homework exercises to help patients discover contributary habitual maladaptive or unhealthy patterns of behaving and thinking and replace them with opposites.

It works well with the evocative style of Motivational interviewing.

Techniques are particularly useful during the **Action Phase** of Change to transform maladaptive behaviours.

PUTTING IT TOGETHER

- The challenge of the patient care professional is to help all patients bridge the gap between need for a lifestyle change intervention programme and action in accepting it

- This is the role of Motivational Interviewing

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YES WE CAN !

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- Levounis P, Arnaout B: Handbook of Motivation and Change: A Practical Guide for Clinicians. American Psychiatric Publishing Inc., 2010

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