

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



## SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

### Motivational Interviewing

June 21, 2016



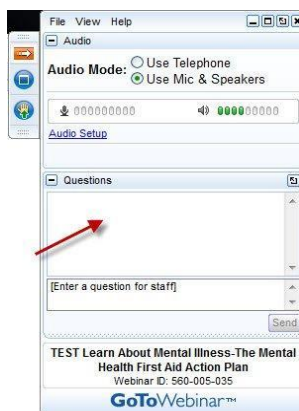
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## Today's webinar PPT are posted on the CIHS website:

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>



## How to ask a question during the webinar



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions.



## Agenda

- Identify the fundamental principles of Motivational Interviewing (MI).
- Identify the core MI communication skills and their role in the MI process.
- Describe the “spirit of MI.”
- Define self-efficacy and explain its role in behavior change and engaging patients in behavioral health treatment and care.
- Discuss the application of MI to person centered behavioral health treatment and engagement in care, in integrated care settings.

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Integration of HIV Services into Behavioral Health

# enhancing intrinsic motivation to change

an introduction to motivational interviewing

Adrienne Lindsey, MA, DBH  
**ASU** Center for Applied  
 Behavioral Health Policy

ARIZONA STATE UNIVERSITY

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## why MI?

- appropriate for **fast-paced** settings with brief interventions
- focus on specific, **health-related** behavior changes
- can be utilized by a wide variety of **provider types**
- evidence for the effectiveness of MI with **HIV/AIDS** patient populations
- stronger effect when utilized with **ethnic minority** clients/patients



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(Naar-King, Parsons, & Johnson, 2012; Hettema, Steele, & Miller, 2005)

## In 10 points - what MI is *not*...

- 1) based upon the transtheoretical model of change
- 2) manipulating clients into doing things they don't want to do
- 3) a 'technique'
- 4) a decisional balance exercise
- 5) an extensive assessment
- 6) CBT
- 7) simple or easy
- 8) what (most) people are already doing
- 9) a cure-all, end-all
- 10) merely a person-centered approach

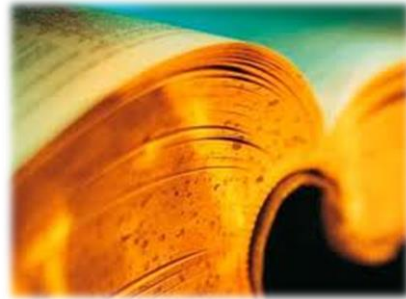
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(Miller & Rollnick, 2009)

## MI definition....

“*Motivational Interviewing is a **collaborative** conversation style for strengthening a person’s own **motivation** and **commitment** to change.*”

(Miller & Rollnick, 2013)



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## “righting reflex”

- our innate tendency to ‘correct’ other people’s behavior
- premise: *“I have the answer, if you just do things this way, things will get better for you.”*
- this is well-intended, the intent is to help
- in MI we try to repress this reflex



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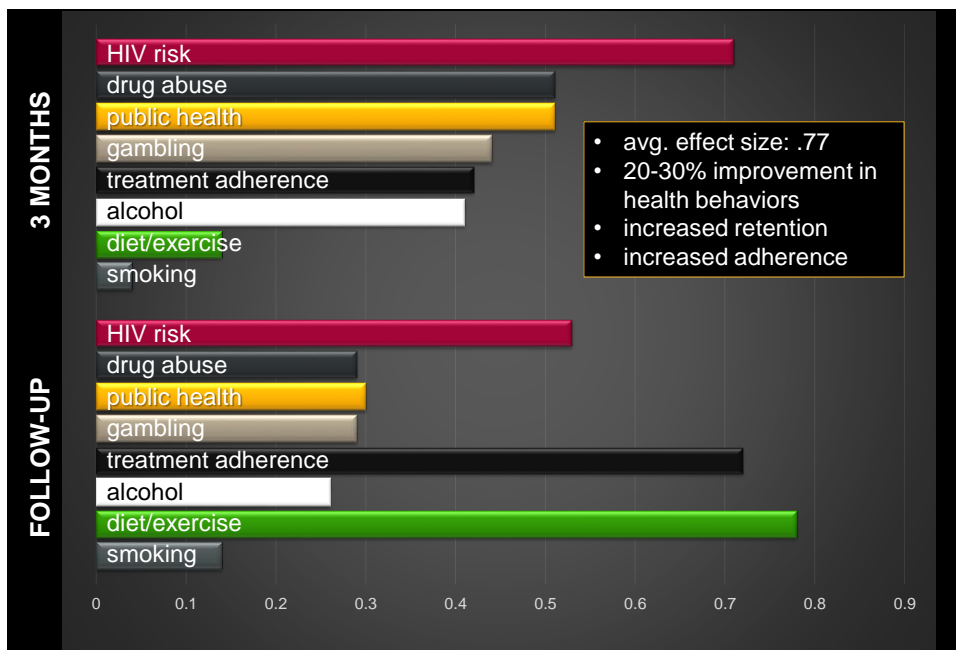
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## MI explained...

“MI is one style of helping others make changes in their behavior. It contrasts with the more typical directing helping style where the health care provider tries to install knowledge or motivation. It is similar to a **guiding helping style** where the health care provider collaborates with the client to explore and experiment with changes. However, a health care practitioner who uses an MI style goes beyond just guiding when he or she tries to solicit from the client his or her desires and reasons for engaging in the health promoting behavior. There are two aspects of MI that are significant and often overlooked. One is responding to the client as a person who is **competent** rather than someone who needs to be rescued or is incapable of making health promoting decisions. The second is **compassion**; motivational interviewing is not something one does to someone, does in order to get to some goal of the health care provider, or does as part of selling the client on something. MI is intended to help the client.”

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(Miller & Rollnick, 2010)



Hettema, J., Steele, J. & Miller, W. (2005). A meta-analysis of research on motivational interviewing treatment effectiveness (MARMITE). *Annual Review of Clinical Psychology, 1*, 91-111.

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# MI was **2-3 times** as effective with ethnic minorities

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*(Hettema, Steele, & Miller, 2005)*

## the evidence (cont'd)

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- large meta-analysis of 119 MI studies
- results:
  - 3/4's of the sample (75%) demonstrated improvement
  - resulted in improvement across many change goals (treatment retention, reduced substance use, etc.)
  - **MI took less time**, but produced equivalent results to CBT, 12-Step, etc.
  - MI improved one's intention to change
  - stronger effect for ethnic minorities (inconclusive for African-Americans)
  - effects often maintained over time (up to two years after intervention)

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*(Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010)*



attending appointments

eating nutritiously

increasing exercise

accepting referrals

safe sex

**target behaviors**

reducing substance use

medication adherence

HIV testing

## the key to MI

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- we believe what we say, not what we hear
- our job is to arrange conversations so that clients talk themselves into changing
- we do this by bringing out more “change talk” and cutting out “sustain talk”

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## change talk

anything the client says that indicates they're moving toward the behavior we want them to engage in...

examples:

- I'm willing to make some changes if it helps me feel better.
- I use a condom sometimes.
- I could probably manage to take my meds for the next 2 weeks.
- My partner wants me to get tested.

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## sustain talk

anything the client says that indicates they're moving away from the target behavior...

examples:

- This is so hard. Everyone expects too much out of me.
- I don't know why I can't do it.
- I haven't succeeded at anything in the past.
- The meds make me tired.
- It's hard to get here on time; I have to take two buses.

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## 4 strategies for decreasing sustain talk

- 1) ask about extreme situations:
  - “What if this problem continued on the current trajectory? What would things look like a few years from now?”
- 2) inquire about the past
  - “How have you been successful making changes in the past? Can you think of something challenging you've overcome in the past?”
- 3) ask about the future
  - “If you quit drinking, what do you think your life would look like 3 years from now?”
- 4) bring their values into the conversation

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## DANCR Steps

**D** – Desire

**A** – Ability

**N** – Needs

**C** – Commitment

**R** – Reasons

**Steps**



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there is evidence  
that **reflective  
listening** alone is  
insufficient to  
produce change

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*(Sellman et al., 2001)*

helper **style**  
*predicts* change  
talk

change talk is  
*strongly*  
*correlated* with  
**change**

(Sellman et al., 2001)

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## core components of MI

- **O**-open-ended questions
- **A**-affirmations
- **R**-reflections
- **S**-summaries



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## the impact of closed-ended questions

- leave the client waiting for the next question
- feel more like an interrogation
- don't expand the conversation
- if you don't ask the right question, you might miss something

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## open questions

**Client/Patient says:** *"I hate my medication. It makes me tired. All I do is lay around all day."*

**Helper says:** *"There are some unpleasant side-effects with your medication. In what ways is your medication working for you?"*

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## affirmations

- praising or affirming the client
- support autonomy & empathy
- build the therapeutic relationship

examples:

- “You were pretty scared to get tested. I admire that you did the right thing for your health.”
- “I appreciate that you really make an effort to get to all of your appointments early.”
- “You’ve been abstaining from alcohol for quite a long time now; I can’t imagine that’s been easy. Congratulations.”



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## simple reflections

**Client/Patient says:** *“I’ve been using heroin for about 7 years.”*

**Helper says:** *“You’ve been using heroin a long time.”*

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## simple reflections

**Client/Patient says:** *“I’ve tried to quit so many times.”*

**Helper says:** *“You’ve tried this before.”*

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## complex reflections

**Client/Patient says:** *“I just feel so down all the time; I feel like I can’t snap out of it.”*

**Helper says:** *“This depression thing is really weighing on you and you’d like to do something about it.”*

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## complex reflections (cont'd)

**Client/Patient says:** *“I don’t think my drinking is really a problem. No one has ever brought my up drinking.”*

**Helper says:** *“You’re concerned about your score on the screening tool and that the rate you at which you currently drink might be classified as ‘risky drinking.’”*

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## ruined reflections

ruined reflections

- meant to be a reflection, however, inflection at end sounds like question
- example: “You’re seeing that your drinking is having some real consequences now, right?”



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## summaries & key questions

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- summarize key points (snippets of change talk) from the conversation (this is akin to a long reflection)
- use the summary to direct the session toward the target behavior or transition
- end with a key question (open) that evokes change talk and moves the client into a planning phase

*example: "You were very shocked by your test results and were feeling very overwhelmed. As we talked more you saw there may be some treatment options available to you that would make this more manageable for you. You also mentioned two people who are very supportive of you who can help walk you through this. What might be a comfortable first step for you in beginning to engage in treatment and how can I help with that process?"*

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## applied example

Twenty-two-year-old (22 YO) African American and Hispanic man comes into the clinic for STD/STI testing. Apprehensive to have conversation about what led up to his concerns. After some encouragement reveals he often has unprotected sex if he has been drinking heavily. Reports he consistently uses protection during non-drinking episodes. This is his first time in the clinic.

### MI:

- use nonjudgmental tone to encourage rapport
- use open-ended questions and reflections to enhance motivation to consistently engage in safe sex practices
- use open-ended questions and reflections to enhance motivation to reduce binge drinking
- may be single encounter with this patient

### MI + Stages of Change:

- assess for stage of change: precontemplation
- assess for previous attempts at change
- explore his ambivalence
- may utilize MI to move patient from precontemplation to contemplation
- may continue to work with the patient to progress through the stages

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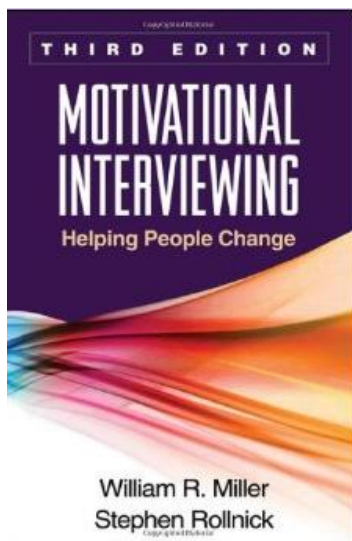
## implementation challenges

- misunderstandings around MI uses (“I don’t do therapy”)
- perceived time constraints in integrated care settings
- falling back on a directing helping style when stuck
- inconsistent styles between clinical supervisor and provider
- lack of ongoing MI supervision or coaching
- staff turnover
- relying on an MI “manual” or using only a manualized approach
- knowing when to transition to tool/model



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## additional resources

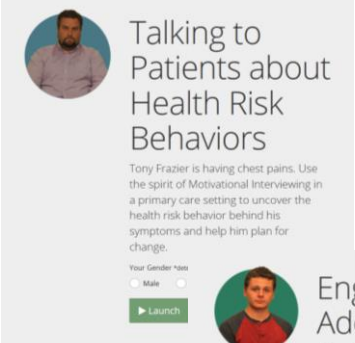


Miller & Rollnick

*Motivational  
Interviewing: Helping  
People Change*  
(3<sup>rd</sup> edition, 2012)

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# patient simulations




**Talking to Patients about Health Risk Behaviors**

Tony Frazier is having chest pains. Use the spirit of Motivational Interviewing in a primary care setting to uncover the health risk behavior behind his symptoms and help him plan for change.

Your Gender \*sex  
 Male  
 Female

<https://training.simmersion.com/Launch/Free/3f9f4dde-c68c-44d3-a143-041e6604aaf5>



**Engaging Adolescent Patients About Marijuana Use**

David Martin, 15, shared on his intake form that he smokes marijuana. As his primary care provider, practice a Motivational Interviewing (MI) approach to engage David and explore the reasons for change that resonate with him.

Your Gender \*assesses gender of patient  
 Male  
 Female

<https://training.simmersion.com/Launch/Free/e2011ae6-0e5b-4ed6-87d1-ed0ce9db0e4>

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**Thank you!**

**Adrienne Lindsey, MA, DBH**  
**Research Specialist Senior; Faculty Associate**  
**520.884.5507x20605**  
**[Adrienne.Lindsey@asu.edu](mailto:Adrienne.Lindsey@asu.edu)**

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**Questions?**

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## Additional Questions?

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**Center for Integrated Health Solutions**  
[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

**MAI-CoC Training and Technical Assistance**  
[MAI-CoC-TA@mayatech.com](mailto:MAI-CoC-TA@mayatech.com)



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## NEW ONSITE TRAINING AVAILABLE FOR MAI-CoC GRANTEES

- Motivational Interviewing
- SBIRT
- GPRA/TRAC Data for Program Sustainability
- Trauma Informed Care
- Integrated Practice Assessment Tool (IPAT) Consultation and Planning
- Achieving Cultural Competence in Behavioral Health and HIV Service Delivery
- Medication Assisted Treatment 101
- Case to Care Management
- Whole Health Action Management (WHAM)

- **Additional Information:**

[http://www.integration.samhsa.gov/mai-coc-grantees-online-community/Onsite\\_Training\\_Menu.pdf](http://www.integration.samhsa.gov/mai-coc-grantees-online-community/Onsite_Training_Menu.pdf)

- **To request training:**

• <https://form.jotform.com/61464941543963>



## **SAVE THE DATE!** **MAI-CoC Virtual Grantee Meeting**

Wednesday, July 20 and Thursday, July 21

1:00 – 5:00 PM ET  
(10:00 AM – 2:00 PM PT)



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## **UPCOMING WEBINARS**

### **July**

- No webinar

### **August 9**

- Access and Support for Housing Resources and/or Employment

### **August 16**

- Including Consumers/Peers in Process, Planning and Evaluation

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