



# MOTIVATIONAL INTERVIEWING:

*the art of advice giving, and  
asking questions  
to support behaviour change*

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**PhD Candidate  
Motivational Interviewing and Multimorbidity**

**MI Trainer Training – Ohio, 2008**

**MI Trainer Training**  
**-Fort Wayne (2012)- support trainer**  
**-Krakow (2013)- lead trainer**  
**-Atlanta (2014) – lead trainer**  
**- Melbourne (2015) – lead trainer**

**Training provided to:**  
**-- APS, RACGP, Hospitals, health professionals**

**Parent, cricket scorer, triathlon/fun run participant, GP's nightmare**

# Overview

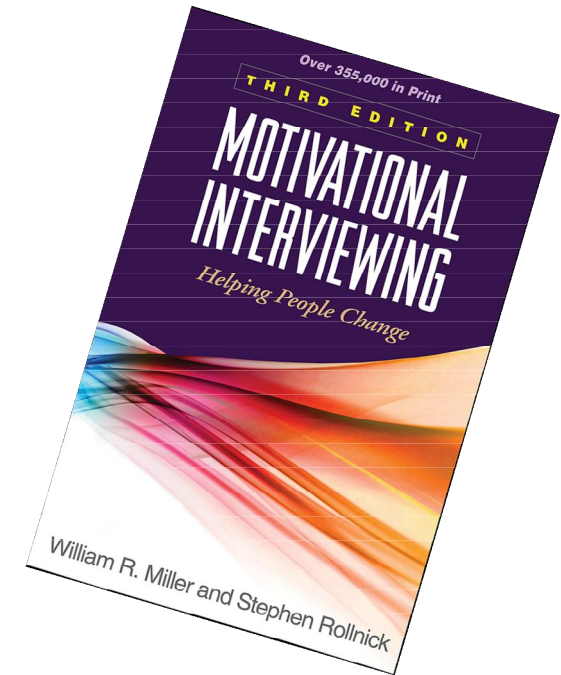
- What is MI?
- Why is it helpful in health care?
  
- SKILL: Open questions
- SKILL: Advice giving



Ballarat **Health** Services  
Putting your health first

# Motivational Interviewing

“ ... way of helping people find *their own* motivation for change...”  
(Bill Miller, 2010)



Motivational Interviewing is a form of collaborative conversation for strengthening a *person's own motivation* and commitment to change.

(Miller & Rollnick, 2013)

# *Spirit of Motivational Interviewing*

## **Partnership**

*Work together as equals.*

## **Acceptance**

*Honour the person's worth and autonomy with accurate empathy and affirmation.*

## **Compassion**

*Work in the person's interest.*

## **Evocation**

*Draw out what already lies within the person.*





On a scale from 0-10, where 0 is not at all important, and 10 is very important, how important is it to you to...?

What makes you a ... and not a (lower #)?

What would it take to increase the importance to a (higher #)?



On a scale from 0-10, where 0 is not at all confident, and 10 is very confident, how confident are you that you can...?

What makes you a ... and not a (lower #)?

What would it take to lift your confidence to a (higher #)?

# MI in healthcare...the research

- Emerging evidence-base in health care settings, health promotion and chronic disease prevention  
*(Britt, et al., 2004; Resnicow et al, 2005; Rollnick, Miller & Butler, 2007).*
- Recent systematic review and metaanalysis of 48 studies in medical care settings showed a statistically significant, modest advantage for MI for a wide range of behavioral issues in health care, including body weight, sedentary behaviour, self-monitoring, alcohol and tobacco use *(Lundahl et al., 2013)*
- Outperforms traditional advice giving *(Rubak, et al, 2005).*
- Core skill for the health workforce *(Battersby & Lawn, 2009).*
- Workshop training alone is not sufficient to integrate skills into routine clinical practice *(Battersby & Lawn, 2009; Miller & Mount, 2001; Miller et al., 2004; Mitcheson et al., 2009)*



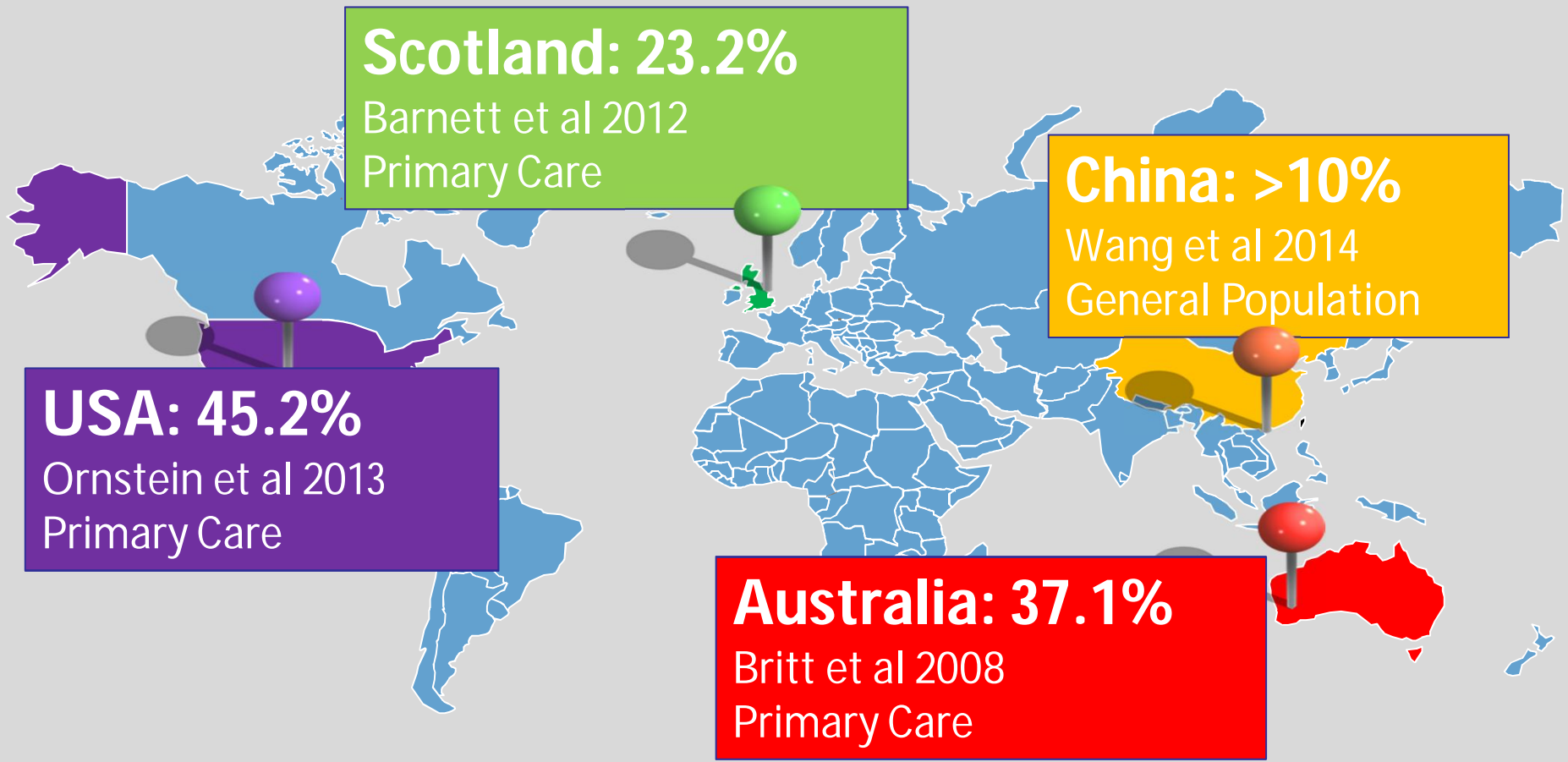
## MULTIMORBIDITY:

More than one long-term condition

(Violan et al 2014)



# Prevalence of multimorbidity



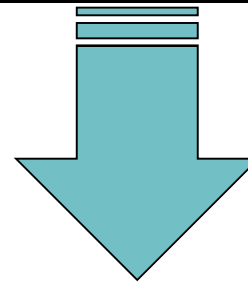
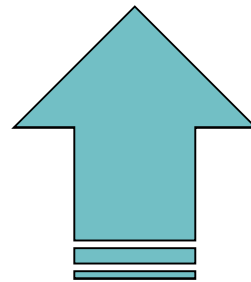
# **MULTIMORBIDITY** is associated with:

**Referral to specialist care**

**Health costs**

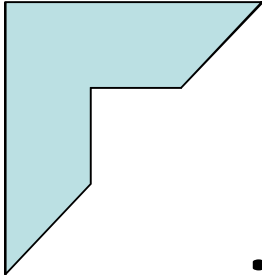
**Use of services**

**treatment burden**

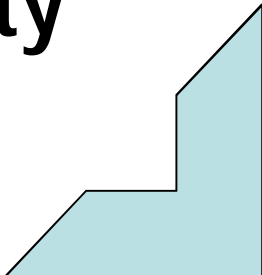


**Poorer physical  
outcomes**

(van Oostrom et al. 2014, Teljeur et al 2013, and France et al 2012)

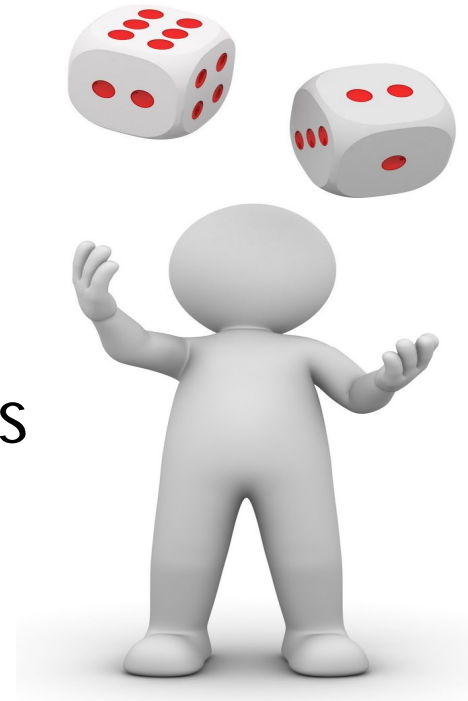


**Multimorbidity is common and  
increases the cost and complexity  
of health care.**



Clinicians working with multimorbid patients have little guidance...

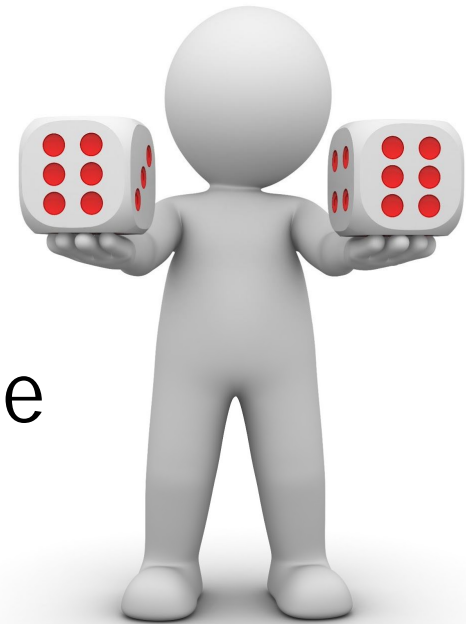
- Proliferation of single disease guidelines
- Contraindicated recommendations



(Barnett et al, 2012, Bayliss, et al. 2007)

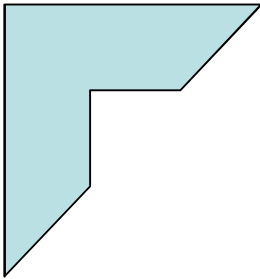
## Recommendations for multimorbidity intervention...

- Patient-centred
- Focused on health behaviour change
- Address lifestyle factors
- Integrated into routine care
- Focused on communication skills

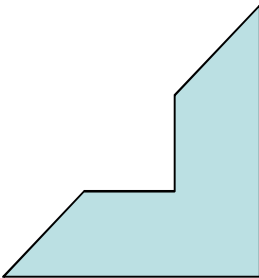


(WHO 2005, Smith et al 2013, Fortin et al 2014, Lewis et al 2016)





**Can motivational interviewing  
offer a foundation  
for multimorbidity intervention?**



(Fortin et al, 2014, Lewis et al,2016)

# SYSTEMATIC REVIEW

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McKenzie, Pierce and Gunn (2015)

Potential of motivational interviewing to address the lifestyle factors relevant to multimorbidity

- by lifestyle factors
- by clinician type



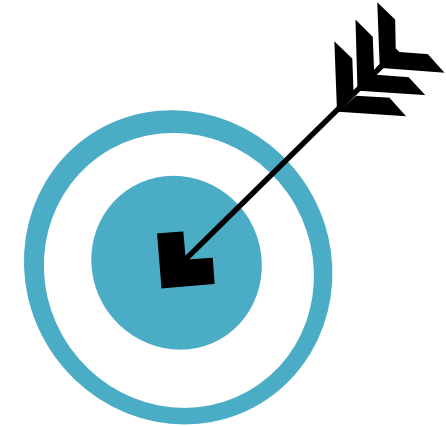
# SYSTEMATIC REVIEW

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12

ARTICLES

MOTIVATIONAL INTERVIEW\*  
meta-analysis  
SYSTEMATIC REVIEW



2003  
to  
2013

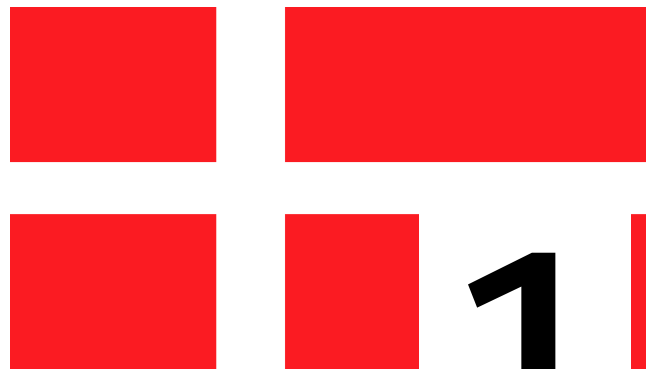
STUDIES & PARTICIPANTS PER REVIEW

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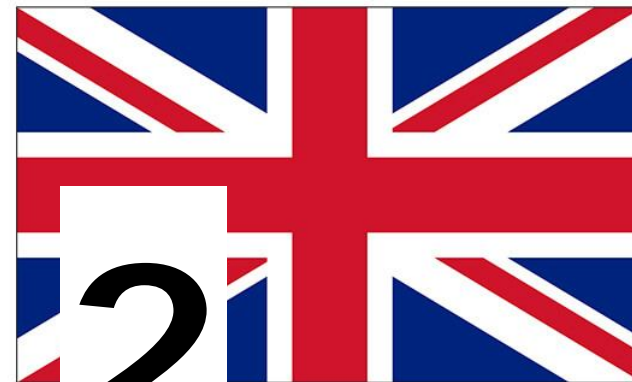
11-119 STUDIES

2,767-17,173 PARTICIPANTS

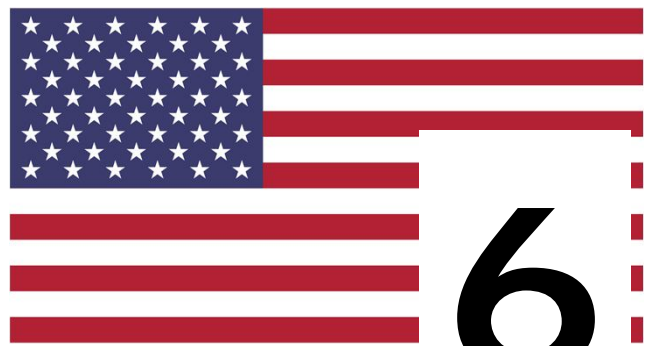




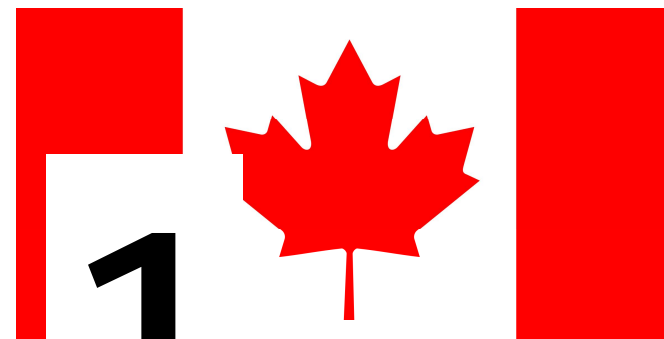
1



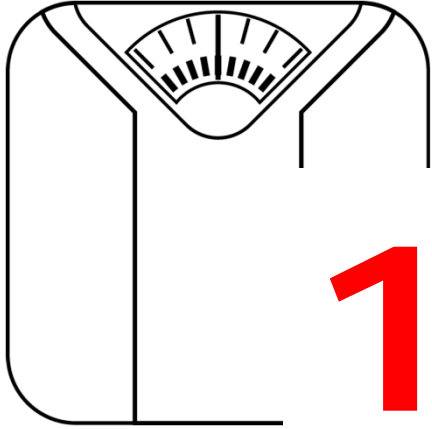
2



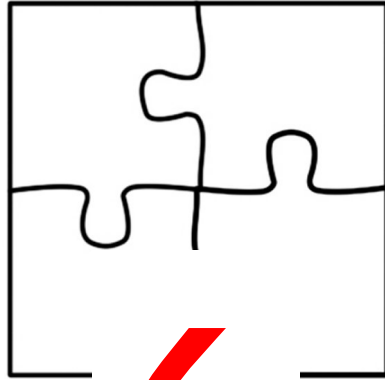
6



1



1



6



1



1



3

# Disease

## Unique references by disease type

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ASTHMA 1

HYPERLIPIDAEMIA 2

CANCER 3

Hypertension 4

COPD 1

Cardiac 3

Multiple Sclerosis 1

Diabetes 12

Osteoporosis 1

epilepsy 1

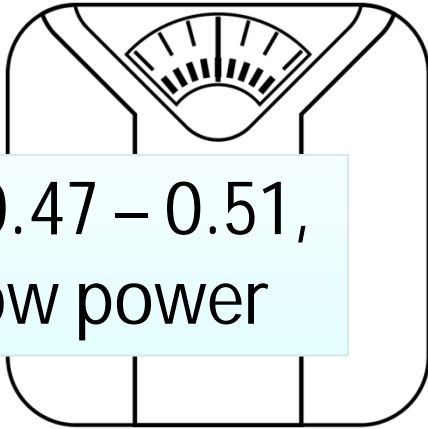
PAIN 2

Gastrointestinal 1

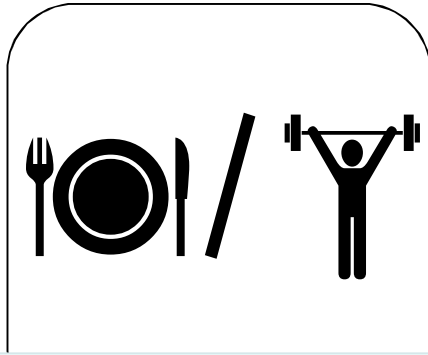
psychiatric illness 16

HIV 15

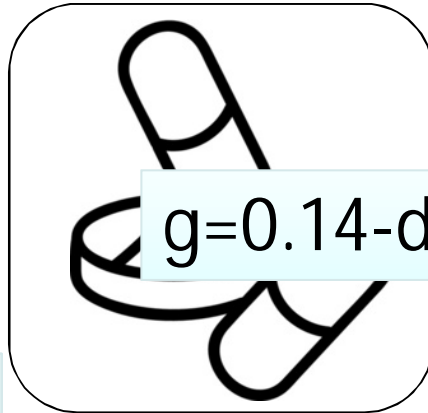
STROKE 2



$d=0.47 - 0.51,$   
low power



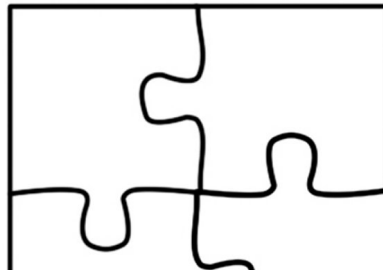
$d=0.07 - d=0.78^*$



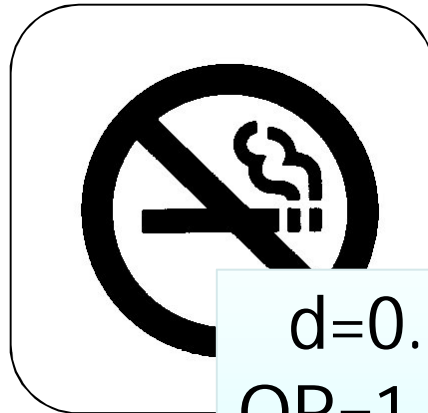
$g=0.14 - d=0.72^*$



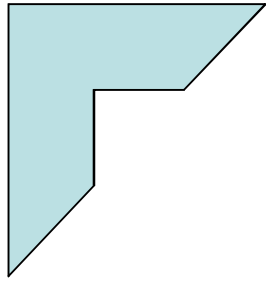
$d=0.18^* - 0.26^*$



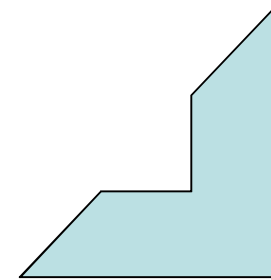
$d=0.18^* - 0.77^*,$   
 $OR=1.55^*$



$d=0.11$   
 $OR=1.45^*$



**MI may be helpful across a range of  
single disease and lifestyle factors,  
but ...**



**... who can deliver it?**

**What type of clinician?**

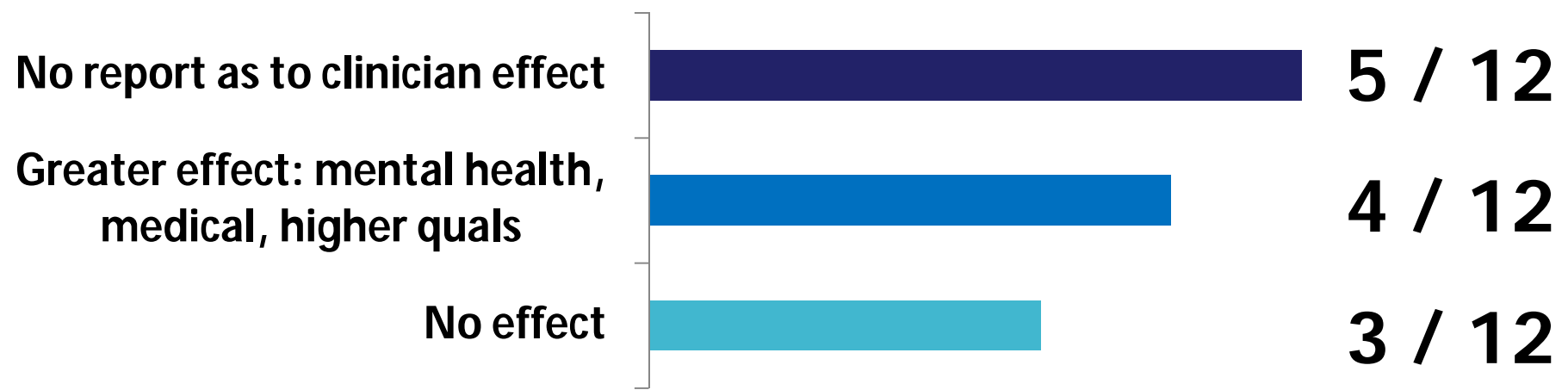


# CLINICIAN EFFECT

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**11**  
REVIEWS

REPORTED MIXED  
PROVIDER TYPES



## What do we conclude about MI?

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mostly small to medium effect sizes



better than no intervention  
as good as other interventions



broad applicability, may be additive to standard care  
has been used by a variety of clinicians



# Where do we start?

- What outcomes do you want for your patients?
- What are some of the frustrations of working with patients, especially those with complex presentations or multimorbidity?



# The Righting Reflex: what triggers yours?



<http://vimeo.com/18469694>

# Change Talk

"...the good lines..."

Any speech that favours movement **towards** change.

*"So you're telling me I should get the patients to make the arguments for change."*



# *Preparatory Change Talk*

**Desire**

**I want/wish/prefer to, like**

**Ability**

**I can, could, able, possible**

**Reason**

**If...then..., specific arguments for change**

**Need**

**Important, have to, must, got to**

# Implementing Change Talk (CAT)

**Commitment**

**intention, decision, readiness**

*“I will, intend to, am going to...”*

**Activation**

**ready, prepared, willing**

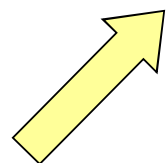
*“I am ready to, willing to...”*

**Taking Steps**

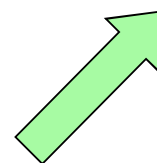
**reporting recent specific action toward change**

*“I have done...”*

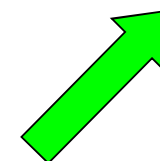
**Clinician  
Communication**



**Client's  
Change Talk:  
Desire  
Ability  
Reasons  
Need**



**Commitment**



**CHANGE**

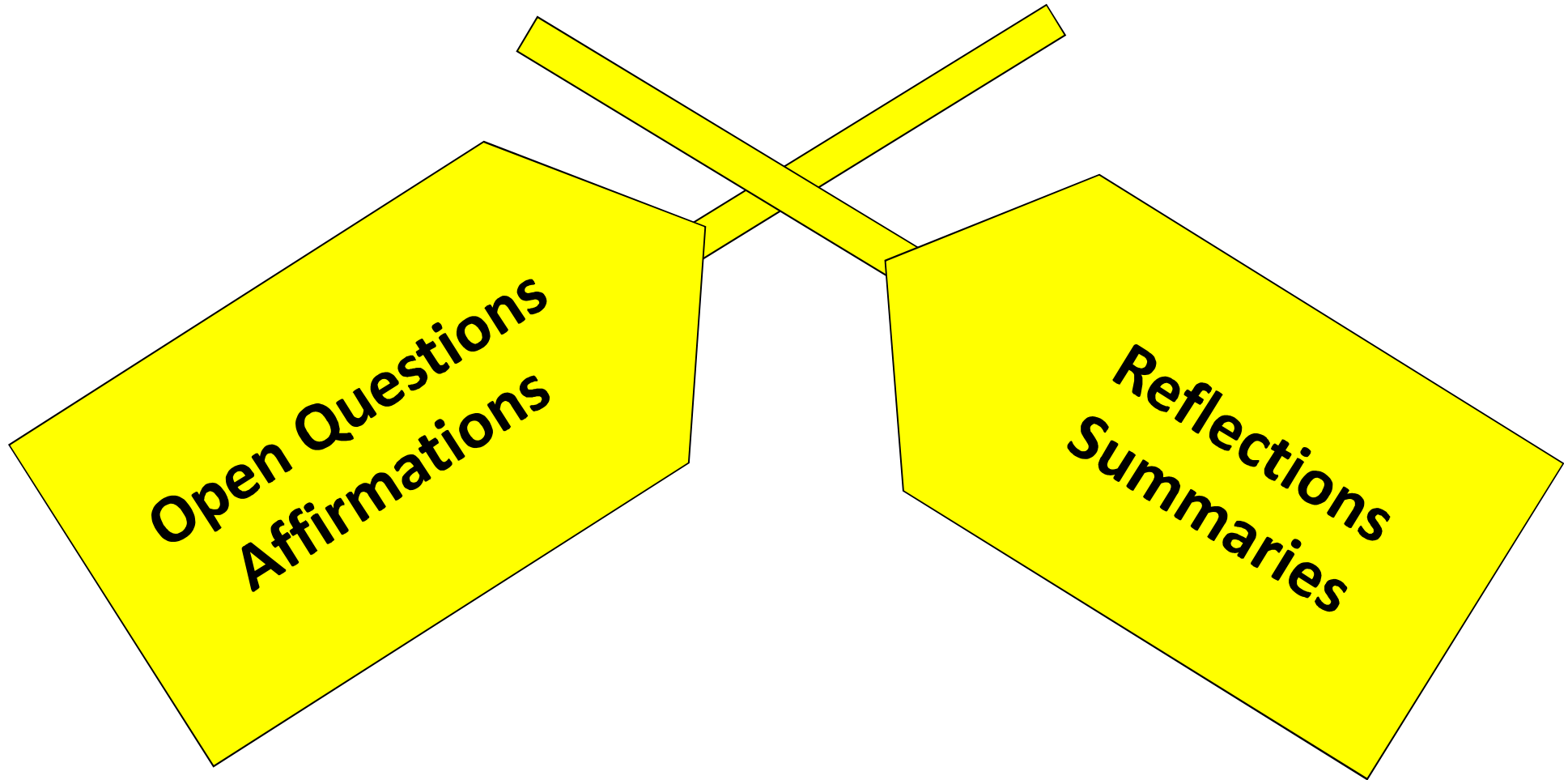
**References:**

- Amrhein, P. C., Miller, W. R., Yahne, C., Knipsky, A., & Hochstein, D. (2004). Strength of client commitment language improves with therapist training in motivational interviewing. *Alcoholism: Clinical and Experimental Research, 28*(5), 74A.
- Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*, 862–878.



***How do I guide a conversation in the direction of change?***

# Microskills - OARS





## Ask more open than closed questions

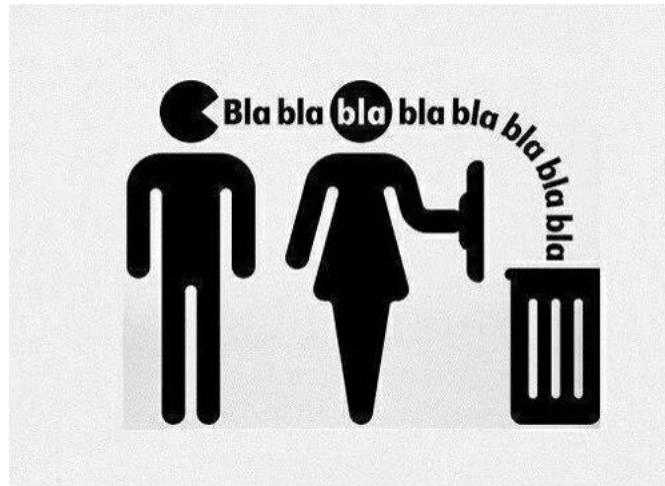
Which...?  
When...?  
Can you...?  
Do you...?

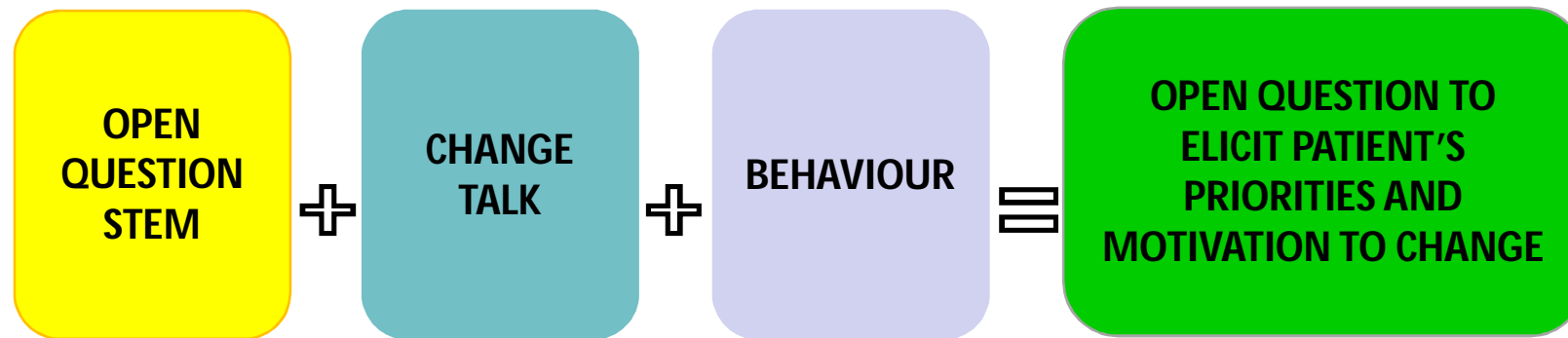
vs

How...?  
What...?  
Why...?  
Tell me about.



# What worries you about open questions?





What do you want to be able to do?

Tell me about what you've done in the past that's helped when you've been down?

How can you build on the walking that you do now?

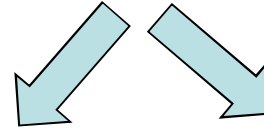
Why is it important to you to be healthier?

What can you do to get to the gym?

What ideas do you have to increase your family's veggie intake?

# Exercise: Questions with Purpose

## What am I hearing?



### Change Talk:

Statements that support change:

- I want to...
- I could change
- I need to..
- I'm ready to.

### Discord

Interpersonal difficulties between helper and client:

- defensiveness
- arguing
- interrupting
- disengaging
- challenging

### Sustain Talk

Statements that support the status quo:

- I don't want to...
- I don't see how I could change
- I don't need to..
- I'm not ready

**Facts and Info**



**RESISTANCE DECONSTRUCTED**

# What do I do with change talk when I hear it?

- **Elaborate**
- **Affirm**
- **Reflect**
- **Summarise**



# When, in MI, do you give information and advice?

## With permission

1. The person asks for advice.
  2. You ask permission to give advice.
  3. You qualify your advice to emphasise autonomy.
-

**Elicit: what patient knows**



**Provide: information**

**Confirm, adjust, provide options**



**Elicit: what patient thinks, feels, might do**

*What would you most like to know about...?*  
*What do you understand about...?*

*Given all we've discussed, what are your thoughts now?*  
*What might you do... ?"*

# What might be helpful?

**Something new that I am going to focus on in my clinical work is...**

**I am interested in learning more about...**





# References and Resources

- Motivational Interviewing (Miller & Rollnick, 2013)
- Motivational Interviewing in Health Care (Rollnick, Miller, & Butler, 2008)
- Motivational Interviewing in the Treatment of Psychological Problems (Arkowitz, Westra, Miller, & Rollnick, 2007)

(see Guilford Press for introductory chapters)

- <http://www.motivationalinterviewing.org>
- <http://www.stephenrollnick.com>