# Motivational Interviewing (MI) and Behavior Change Counseling

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# Disclosure

- There are no financial relationships relevant to this presenter and presentation

# Motivational Interviewing

# Objectives and Agenda

- Identify challenges in health behavior change conversations and communication roadblocks
- Learn about the principles and techniques of MI

  (spirit & method)
- Learn about the use of Open Questions and Reflective Listening
- Explore how MI can increase motivation for treatment adherence in primary care

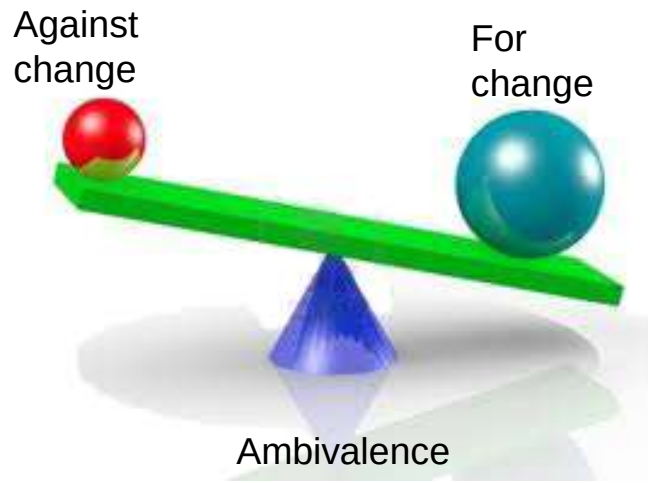
Pumariega, A. & Robert, M. (2015). Implementing Mental Health Screening Tools

# Statistics

- Counseling about health risk behaviors & health education = 18% of PCP visits[1]
- 40% of PCP visits are for chronic illness in which psychosocial factors play a major role in etiology and disease progression[2]
- PCPs are the sole physician managers of care for ~4 in 10 kids w/ ADHD & 1/3 with mental disorders overall[3]

# What is Motivational Interviewing?

- Collaborative, accepting conversational style
- Elicits and strengthens patient's own motivations
- Helps patient **talk** more about positive change
- Used when patient is ambivalent about change

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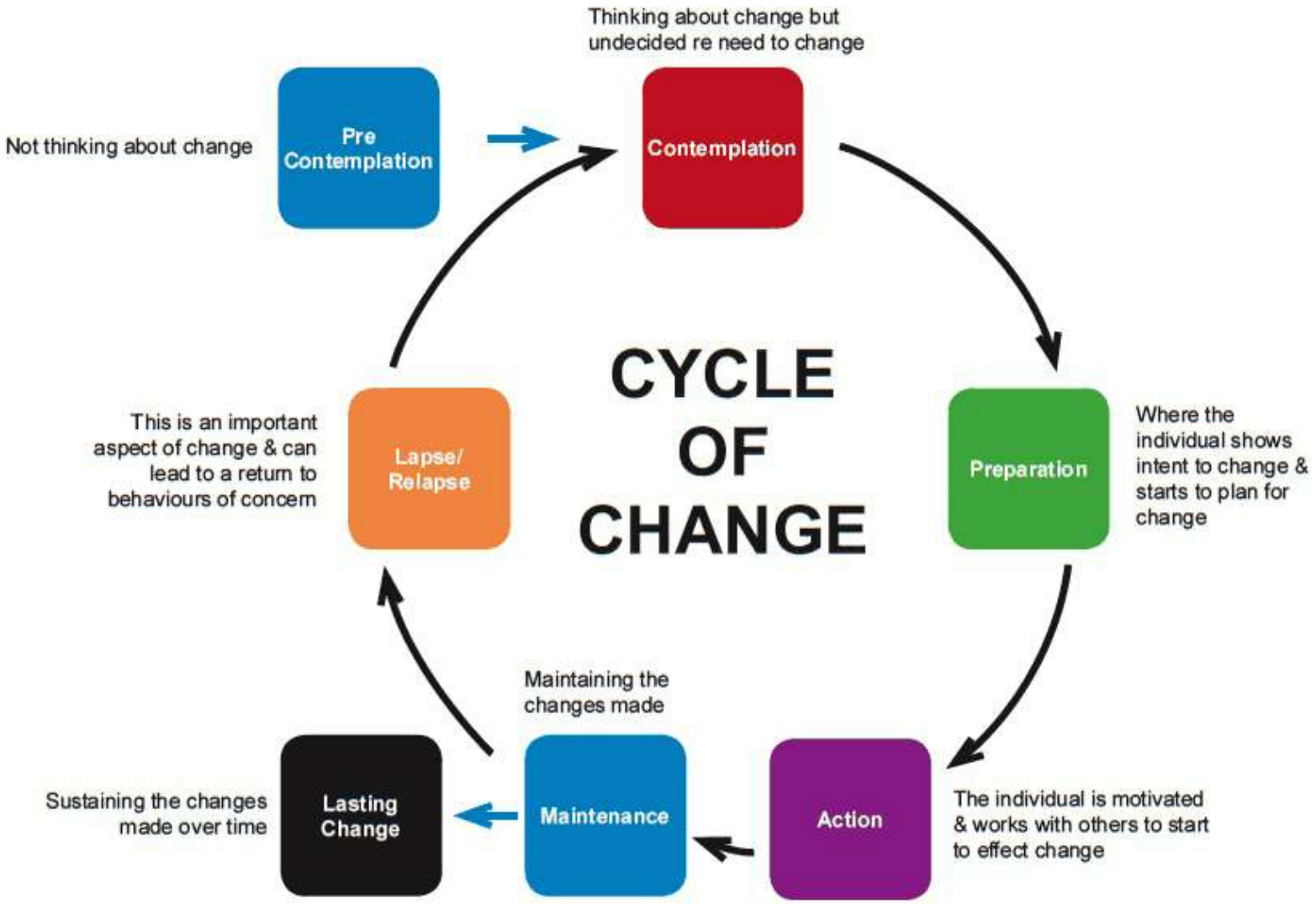
CYCLE OF CHANGE
Pre Contemplation
Not thinking about change
Contemplation
Thinking about change but undecided re need to change
Preparation
Where the individual shows intent to change & starts to plan for change
Action
The individual is motivated & works with others to start to effect change
Maintenance
Maintaining the changes made
Lasting Change
Sustaining the changes made over time
Lapse/ Relapse
This is an important aspect of change & can lead to a return to behaviours of concern

# Listening for Language of Change

- Uphill: **D** esire – "I want to" / "I would like to"
  **A** bility – "I could" / "I can" / "I might be able to"
  **R** easons – "I need to feel better for the sake of …"
  **N** eed – "I ought to" / "I have to"

- Downhill: **C** ommitment – "I am going to" / "I will"
  **A** ctivation - "I am planning to …"
  **T** aking steps – "I actually went out and …"

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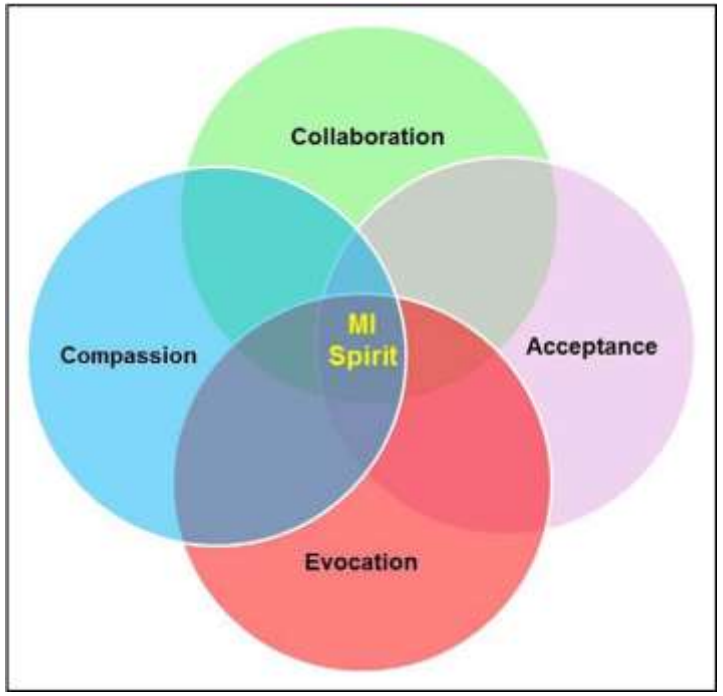
# Core MI Skills

- **O** pen questions vs. closed questions
- **A** ffirmations (acknowledging strengths)
- **R** eflections (simple/complex)
- **S** ummaries (transitional/linking)




- Involvement
- Cooperation
- Change Talk

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# Core MI Skills

- **O** pen questions vs. closed questions
  - "What" and "How", instead of closed-ended / yes and no questions
- **A** ffirmations
  - Acknowledging a patient's strengths, what are they good at, what have they already done to change or improve behavior
- **R** eflections
  - Statements communicating empathy / guessing at the meaning of what patient is saying
- **S** ummaries (Transitional/Linking)
  - Reflection of key points of patient's story

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# CHANGE Model

**STEP 1: BUILD RAPPORT/ELICIT STORY**

**C** heck patient's perspective about health related behavioral problems (Open-ended Questions)

**H** ear what the patient says (Reflective Listening, Summaries)

**A** void MI-inconsistent behaviors (Unsolicited advice / Direct confrontation)

- Reflect more than you ask - Listening saves time!

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# CHANGE Model

## STEP 2: ASSESS & DEVELOP MOTIVATION

**N** ote patient's behavior change priorities and commitments using:

- Importance level
- Confidence and/or readiness ruler strategies
- Determine the patient's change commitments

- Evoke change talk with open questions:
  - "What would have to happen to make this change more important for you?"
  - "Of all the areas we discussed, which ones do you feel are most important?"

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*measures how willing a person is to take an action*


*measures how confident a person is in his / her ability to perform or take the action*


*measures how ready the person is to take the action*

# CHANGE Model

**STEP 3: END WITH SUMMARY AND PLAN (IF READY)**

- G ive advice / feedback only when solicited or with patient's permission
- E nd the interview with a summary of patient's plans for change and medical follow-up

**4 PROCESSES IN A CHANGE CONVERSATION:**

Engaging, Focusing, Evoking, Planning

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# Motivational Interviewing and Primary Care

How might motivational interviewing be effective in primary care?

- Improving follow-through for behavioral health recommendations
- Improving treatment adherence


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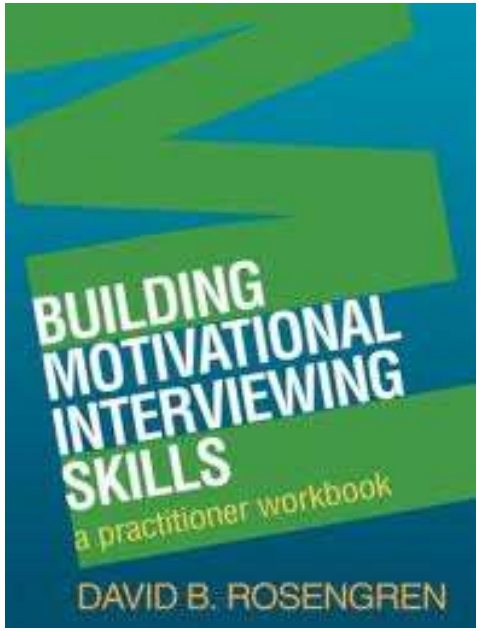
# BATHE: How to Elicit Psychosocial Context

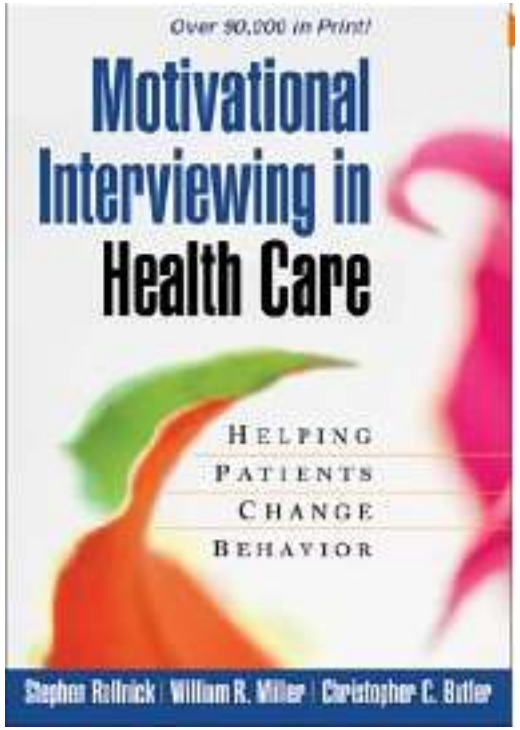
- B ackground
- A ffect
- T roubles
- H andling
- E mpathy

- Use when psychosocial problems are interfering with their physical health
- Building rapport is key

Adapted from: Pumariega, A. & Robert, M. (2015). Implementing Mental Health Screening Tools

# MI Resources

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# Questions?

# Behavior Change Counseling

“Activities delivered by primary care clinicians and related health care staff to assist patients in adopting, changing, or maintaining bxs proven to affect health outcomes and health status.” (Whitlock, Orleans, Pender, & Allan, 2002, M-51)

# What Does Behavioral Change Counseling Involve?

- Assessment of health risks
- Short interventions
  - Follow-up too

# Why is This Important?

- Primary care physicians are the front-line of healthcare
- Many behavior/lifestyle changes can be addressed in primary care
- Recommendations seen as less stigmatizing when they come from the pediatrician[4]
- Can be done in 10-20 min.

# Factors Influencing Effective Communication

- Cultural beliefs/ attitudes
- Trust/Mistrust
- Low Health Literacy
- Language Access
- Spiritual and Religious beliefs
- Sexual Orientation/Gender Identity/Gender Expression
- Disabilities and Other Special Needs
- Bias and Stereotyping (esp. when clinicians project our own biases; see Institute of Medicine, 2002)

Pumariega, A. & Robert, M. (2015). Implementing Mental Health Screening Tools

# HELP- An acronym for building a strong alliance

- H ope
- E mpathy
- L anguage, loyalty
- P ermission, partnership, plan

# Basic Communication Strategies

- Active listening
- Use the patient's own words
- Don't be aggressive
- Non-critical, non-judgmental tone
- Spirit of curiosity
- Give them a menu of options
- Put things down in writing
- Continue asking for permission
- Reflect back what you heard to confirm you understand them
- Ask for their own ideas
- Ask open-ended questions
- Pay attention to your non-verbal communication
- Good eye contact
- Consider things through the family's lens
- Acknowledge their feelings
- Keeping the door open through invitations (tell me more) and active listening

Foy, et al., 2019; Searight, 2018; Whitlock et al., 2002

# Working with Parents

- Validate their concerns about their teen's behavior
- Emphasize that aggressively telling the teen to do/stop a behavior is going to make them more resistant to change
- Encourage them to praise their teen for positive behaviors and behavior change
- Remain calm if they escalate

# Working with Teens

- Want them to be engaged in their own care
- DO NOT counsel aggressively
  - → more resistance
- Meet without the parent in the room (for parts)
- Listen to their perspective—show genuine care and interest
  - Gives them a voice
- Speak in a factual, nonjudgmental tone
- Provide choices
- Meet them where they're at

# Do's and Don'ts

- Establish a realistic plan
- Individualize options/plan
- Incorporate the family's values
- Collaborate
- Make connections to how their current behavior affects other areas of their life
- Capitalize on teachable moments
- Emphasize your confidence in their ability to change

- Be too aggressive
- Make assumptions
- Ignore discussing potential barriers/obstacles
- Dismiss the teen's input

# Common Brief Interventions

- Relaxation & other self-regulation therapies for managing stress
- Time-out for disruptive behavior
- Special time
- Contingency contracts/token economy
- Self-help resources (online resources, books, etc.)
- Encouraging healthy habits
  - E.g., good sleep, family meals, active play, limits on screen time, prosocial activities with peers

Foy, Green, & Earls. 2019. Mental health competencies for pediatric practice

# Behavioral Principles

- Authoritative parenting
- Positive attending & praise
  - "Catch them being good"
- Active ignoring
- Extinction bursts
- BE CONSISTENT
- Specific
- Developmentally appropriate expectations

Barkley, 2013; Barkley & Robin, 2014; Eyberg & Funderburk, 2011

# Relaxation & Self-Regulation

- Engage in short, relaxation exercises
- Activates parasympathetic nervous system
- Examples:
  - Deep breathing
  - Visualization/imagery
  - PMR
  - Grounding
- Model the behavior
- Try the activities together
- Lots of apps/YouTube

# Time-Out

- BE CONSISTENT
  - Same procedure/words each time
- In a boring location
  - No access to toys, TV, siblings, etc.
- Walk away, do not respond
  - Be within ear shot for safety concerns
- Time-limit:
  - PCIT: 3 minutes, plus 5 seconds of quiet
  - Others: 1 minute for each year of age
- Active ignoring
- Neutral tone of voice

Eyberg & Funderburk, 2011

# Special Time

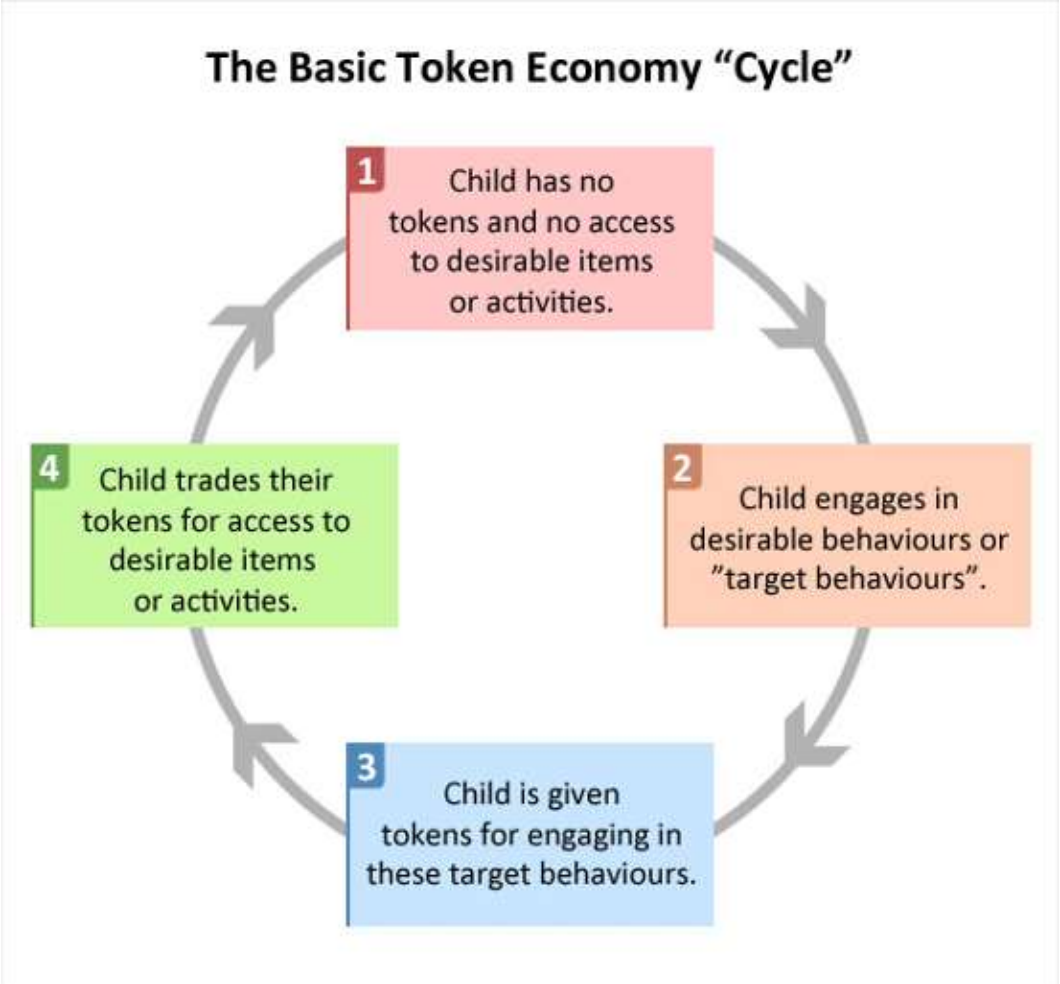
- 5 minutes per day (kids); 10 minutes per day (adolescents)
- Child/adolescent gets individual time with a parent
- Child-led activity
  - But avoid rule-based, competitive, and aggressive activities
- Engage positively
- Don't criticize or talk negatively
- Show enjoyment!

Eyberg & Funderburk, 2011

# Token Economies

- Child/adolescent earns rewards for engaging in appropriate behaviors
- Not bribery
- Similar to a job
  - You wouldn't go to work if you didn't get paid
- Developmentally appropriate tasks
- Not too many target behaviors
- Rewards that matter
- BE CONSISTENT


Barkley, 2013


The Basic Token Economy "Cycle"
1
Child has no tokens and no access to desirable items or activities.
2
Child engages in desirable behaviours or "target behaviours".
3
Child is given tokens for engaging in these target behaviours.
4
Child trades their tokens for access to desirable items or activities.

# Contingency Contracts


- For addressing unacceptable behaviors
- ~14 years and older
- Specifically define the target behavior
- Meaningful rewards for engaging in appropriate behaviors
- Consequences for engaging in the unacceptable behaviors
  - Specific, immediate, non-emotional, minimal attention
  - Developmentally appropriate
  - Meaningful
- Write it all down
- BE CONSISTENT

Barkley & Robin, 2014


# Sleep Hygiene

- Establish a consistent routine
- Security object
- If check on them, make it short

Seattle Children's, 2020

# QUESTIONS?

# Resources


- Barkley, R. A. (2013). *Defiant children: A clinician's manual for assessment and parent training* (3rd ed.). Guilford Press.
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