Brief Motivational Interviewing Tool Box

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Motivational Interviewing Network of Trainers since 2002
www.MIforMDs.com
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MI Tools
1. Typical Day
2. Pros & Cons
3. Summarizing
4. Importance & Confidence Scales
5. Ask-Tell-Ask
6. Agenda Setting
7. Action Planning
8. Decisional Balance

OARS
- Open ended questions
- Affirmations
- Reflective statements
- Summarizations

Assessing Stages of Change
Clinical Empathy

• The cornerstone of both SMS & MI is empathy
  – Engaging patients where they are at
• Triple function of “clinical empathy”
  – 1. Tool of observation
  – 2. Therapeutic function
  – 3. Engagement function

• How ‘to do’ empathy: OARS
  – Open-ended questions
  – Affirmations
  – Reflective statements
  – Summarizations
Stages of Change

- **Pre-contemplation**
  - Denial, Minimization
- **Contemplation**
  - Ambivalence
- **Preparation**
  - New Years resolution
- **Action**
  - Less than 6 months
- **Maintenance**
  - More than 6 months
- **Relapse**
  - Can occur any time; learning opportunity

Assessing Stage of Change
(strategy #1)

Using Open Ended Qs

Open ended assessment Q: “Where are you at with your ... ?” or, “Tell me about your ...?”

- **Pre-contemplation**: “My grandfather lived until 85 and he smoked like a chimney.” (denial or minimization of problem)
- **Contemplation**: “I know my drinking can sometimes get out of hand, but I work so hard and its how I let off steam.” (ambivalence)
- **Action**: “I just started walking a ½ hr day.” (<6 months)
- **Maintenance**: “I stopped using cocaine 2 years ago.” (>6 months)
- **Relapse**: “I was really good about eating well for a couple of months, but I just couldn’t cook at home like I intended.” (can occur at any time)
Assessing Stage of Change  
(strategy #2)  

A Typical Day

- **(ask permission)** “I want to get a sense of your diet. Would it be okay if you run me through a typical day? How about yesterday?”
- **(review what you want to hear about)** “Include meals, snacks, anything you drink. I’d also like to hear about your physical activities and socializing.”
- “Let’s start with the morning …”
- **(summarize what you’ve heard)** “So let me see if I got this right, in the morning you eat …”
- End: **(confirm)** “Did I get that right?”
BRIEF MI TOOLS

EVOKING

OARS: Open Ended Questions
ex. chronic pain pts

- How are they relating to the health behavior
  - “How are you managing your chronic pain?”

- Assessing for current coping strategies to build off
  - “What are you doing now to cope with your pain? How is this working for you?”

- Eliciting possible motivations to change
  - “What concerns you most about your Vicodin use?”
  - “Looking backward” question
    - “What do you miss most about your life before you had this pain problem?”
  - “Looking forward” question
    - “How would you like your life to look in 2 years?”
OARS: Affirmations
Building on Affirmations

• Affirm pt’s accomplishments, prior behavioral changes, knowledge, etc.

• Build on affirmations
  – Using open-ended Qs & reflections (putting in your own words):
    • Affirm
    • Why?
    • How?
    • “What happened, because you made the change?”

OARS
Reflective Statements

• Offers a hypothesis, in your own words, about what the speaker means (thinks & feels).

• A good reflective listening response is a statement. Its inflection turns down at the end. (question may sound judgmental)
  = ”You had a heart attack & you’re using cocaine?” (up) vs “You had a heart attack & you’re using cocaine.” (down)
Reflective Statement Levels Examples

I'm cutting back my drinking, but my liver tests aren't any better.

Rephrasing  Substitutes synonyms or slightly rephrases what was offered:
- "Your liver isn't improving, despite drinking less."

Reflection of thoughts  Listener infers the meaning. Continues the paragraph:
- "Even though you're drinking less, you can't figure out why your health isn't improving."

Reflection of feeling  Deepest, emphasizes emotional dimension through feeling statements:
- "You're frustrated, because you're drinking less to help your liver, but it's not paying off."

OARS: Summarizing Statement

- Special form of reflection
- Pick a bouquet of change talk & underlying dilemmas
- Reassures pts that they were heard
- Moves along the conversation
  - "MJ relaxes you & its a way to socialize with your friends. But you want to limit your MJ use, because its interfering with school and it takes a big bite out of your budget."

- Can also let the pt speak for a couple of minutes without you saying anything. Then use a summarizing statement after to let s/he know what you heard.
**Pros and Cons**

**Pre-contemplation or Contemplation**

- **What do you like about alcohol?**
  - Is there anything else?
  - Reflect back putting into your own words using statements

- **What about the other side?**
  - Is there anything else?
  - Reflect back putting into your own words using statements

- **Summarize:** first the pros (sustain talk) & then the cons (change talk)

- **Ask:** Where do you want to go from here?
Ask-Tell-Ask
(Elicit-Provide-Elicit)
Collaborative Information Exchange

Pre-contemplation or Contemplation

- A brief MI tool popular in SMS coaching, because it provides information by collaborating with patient self-expertise
- Goal is to specifically link health problems with health behavior, in order to move from minimization towards considering change
- **Ask**: A) Permission to discuss the topic, B) Elicit what patient knows about a behavior and its link to specific health issues
- **Tell**: A) Affirm pt’s knowledge, B) Build off what the pt knows & provide further information
- **Ask**: “What do you make of this?” (elicit pt’s reactions to the new info)

Importance & Confidence Scales

Contemplation

- “From 0-10, How Important is It for You To …?”
  - What made you choose this (number) and not a (lower number)?
  - What would have to happen for this # to go to 8 or 9?
- “From 0-10, How Confident Do You Feel that You can …?”
  - What made you choose this (number) and not a (lower number)?
  - What would have to happen for this # to go to 8 or 9?
- Summarize what you just heard
Importance & Confidence Scales
Contemplation

• “From 0-10, How Important is It for You To . . . ?”
  – What made you choose this (number) and not a
    (lower number)?
  – What would have to happen for this # to go to 8
    or 9?
• “From 0-10, How Confident Do You Feel that You can . . . ?”
  – What made you choose this (number) and not a
    (lower number)?
  – What would have to happen for this # to go to 8 or 9?
• Summarize what you just heard

Decisional Balance Worksheet
When we think about making changes, most of us don’t really consider all “sides” in a complete way. Instead, we often do what we think we “should” do, avoid doing things we don’t feel like doing, or just feel confused or overwhelmed and give up thinking about it at all. Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to “hang on” to our plan in times of stress or temptation. Below, write in the reasons that you can think of in each of the boxes. For most people, “making a change” will probably mean quitting alcohol and drugs, but it is important that you consider what specific change you might want to make, which may be something else.

<table>
<thead>
<tr>
<th>Benefits/Pros</th>
<th>Costs/Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a change</td>
<td></td>
</tr>
<tr>
<td>Not changing</td>
<td></td>
</tr>
</tbody>
</table>
**Decisional Balance**

**Contemplation**

Joanne brought daughter in for asthma exacerbations. J smokes 15 cigs/d x 15 yrs. She has no overt smoking related health problems. Tried 'cold turkey' for 2 mths & then relapsed.

<table>
<thead>
<tr>
<th>Likes</th>
<th>Dislikes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continues smoking</td>
<td></td>
</tr>
<tr>
<td>Gives her a break from the children, a sense of time out</td>
<td>Cost of a packet of cigarettes does get to her</td>
</tr>
<tr>
<td>Most of her friends smoke</td>
<td>It is becoming increasingly difficult as the cost of cigarettes rise (it costs her $1800 a year)</td>
</tr>
<tr>
<td>It definitely helps with stress when she gets uptight</td>
<td>She is often nagged by her children who have seen anti-smoking ads on television</td>
</tr>
<tr>
<td>It is one of the few things she has to look forward to</td>
<td>She had not been aware that it may worsen asthma or that it could contribute to ear infections (otitis media)</td>
</tr>
<tr>
<td>She enjoys it</td>
<td></td>
</tr>
<tr>
<td>She sees it as her 'one pleasure'</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likes</th>
<th>Dislikes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quit smoking</td>
<td></td>
</tr>
<tr>
<td>Her children wouldn't get sick as often</td>
<td>Increased stress and she would be concerned how she would cope, ie. It would be harder to deal with the children and cope generally</td>
</tr>
<tr>
<td>Would save some money</td>
<td>It would take away one of her only social activities with her friends</td>
</tr>
<tr>
<td>Would make the children happy</td>
<td>She would lose her only 'treat'; it's the only thing she does for herself and not the children</td>
</tr>
<tr>
<td>Sets a good example for the children (who may otherwise take up smoking)</td>
<td>She would put on weight</td>
</tr>
</tbody>
</table>

*Australian Family Physician 2005*
Collaborative Planning
Agenda Setting
Preparation

• Assists patients in choosing behavior specific achievable self-management goals
  • e.g. walking 1/2 hour every other day
• Builds skills in health behavior change
ACTION PLANNING

Preparation

- Keep it simple & realistic
- If bite of more than they can chew, will fail.
- What, where, and how?
- Write down the specifics
- Have pt predict obstacles
- What might get in the way?
- Address these obstacles
- Ask: How confident do you feel that you can do this from 0-10?
- <7, probably won’t happen
- Set-up a follow-up plan
- “May I call you next week to see how it’s going?”
- “Close the loop”