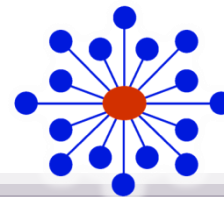




Motivational Interviewing in Clinical Trials

Presented by:

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Theresa Moyers, PhD



CTN WEB SEMINAR SERIES:
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Learning Objectives

- Understand what MI is
- Review how MI works
- Identify key elements used in MI
- Understand the efficacy and effectiveness of MI
- Identify strategies for learning MI



WHAT IS MOTIVATIONAL INTERVIEWING?

History

CLINICAL SECTION

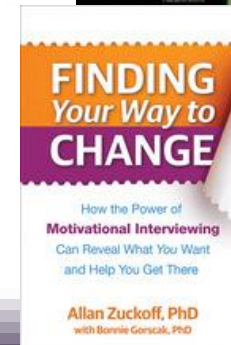
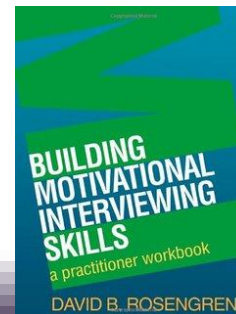
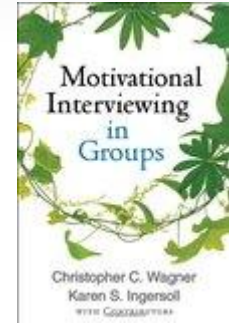
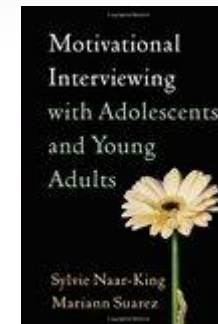
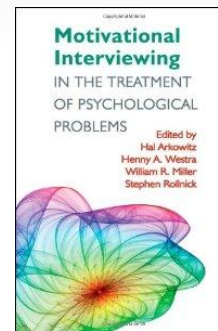
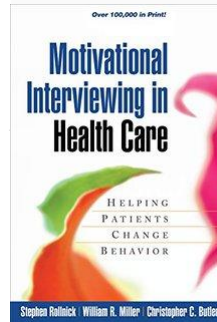
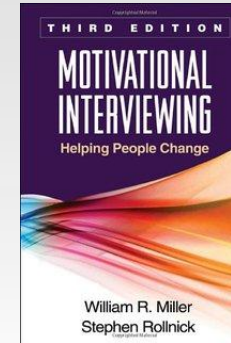
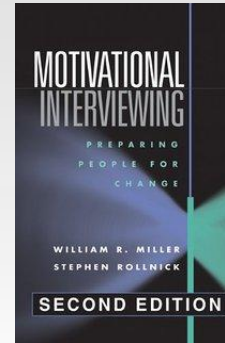
Behavioural Psychotherapy, 1983, 11, 147-172

Motivational Interviewing with Problem Drinkers

William R. Miller

University of New Mexico

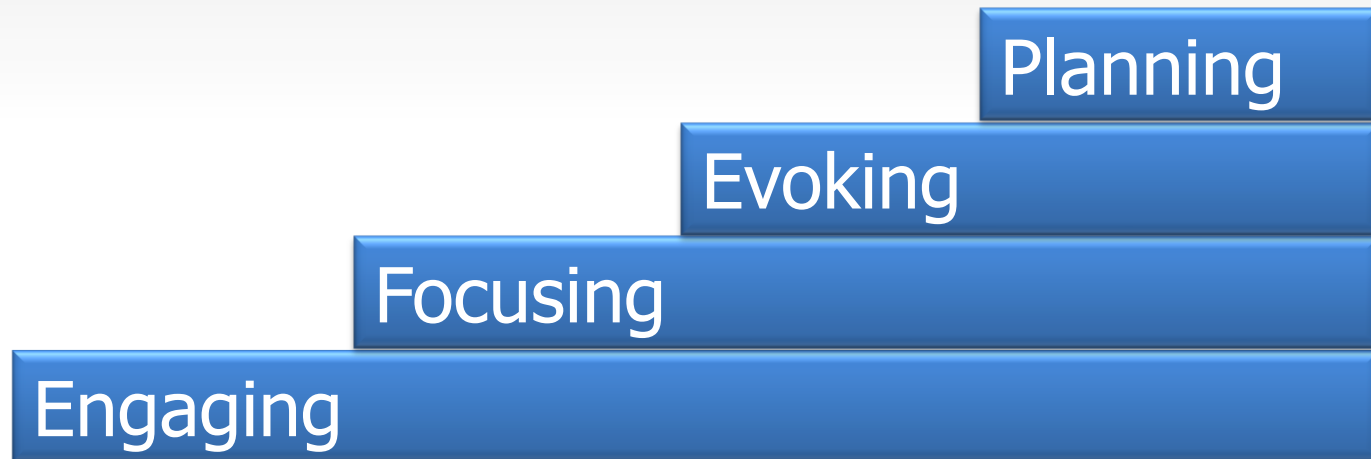
Motivational interviewing is an approach based upon principles of experimental social psychology, applying processes such as attribution, cognitive dissonance, and self-efficacy. Motivation is conceptualized not as a personality trait but as an interpersonal process. The model de-emphasizes labeling and places heavy emphasis on individual responsibility and internal attribution of change. Cognitive dissonance is created by contrasting the ongoing problem behavior with salient awareness of the behavior's negative consequences. Empathic processes from the methods of Carl Rogers, social psychological principles of motivation, and objective assessment feedback are employed to channel this dissonance toward a behavior change solution, avoiding the "short circuits" of low self-esteem, low self-efficacy, and denial. This motivational process is understood within a larger developmental model of change in which contemplation and determination are important early steps which can be influenced by therapist interventions. A schematic diagram of the motivational process and a six-step sequence for implementing motivational interviewing are suggested.

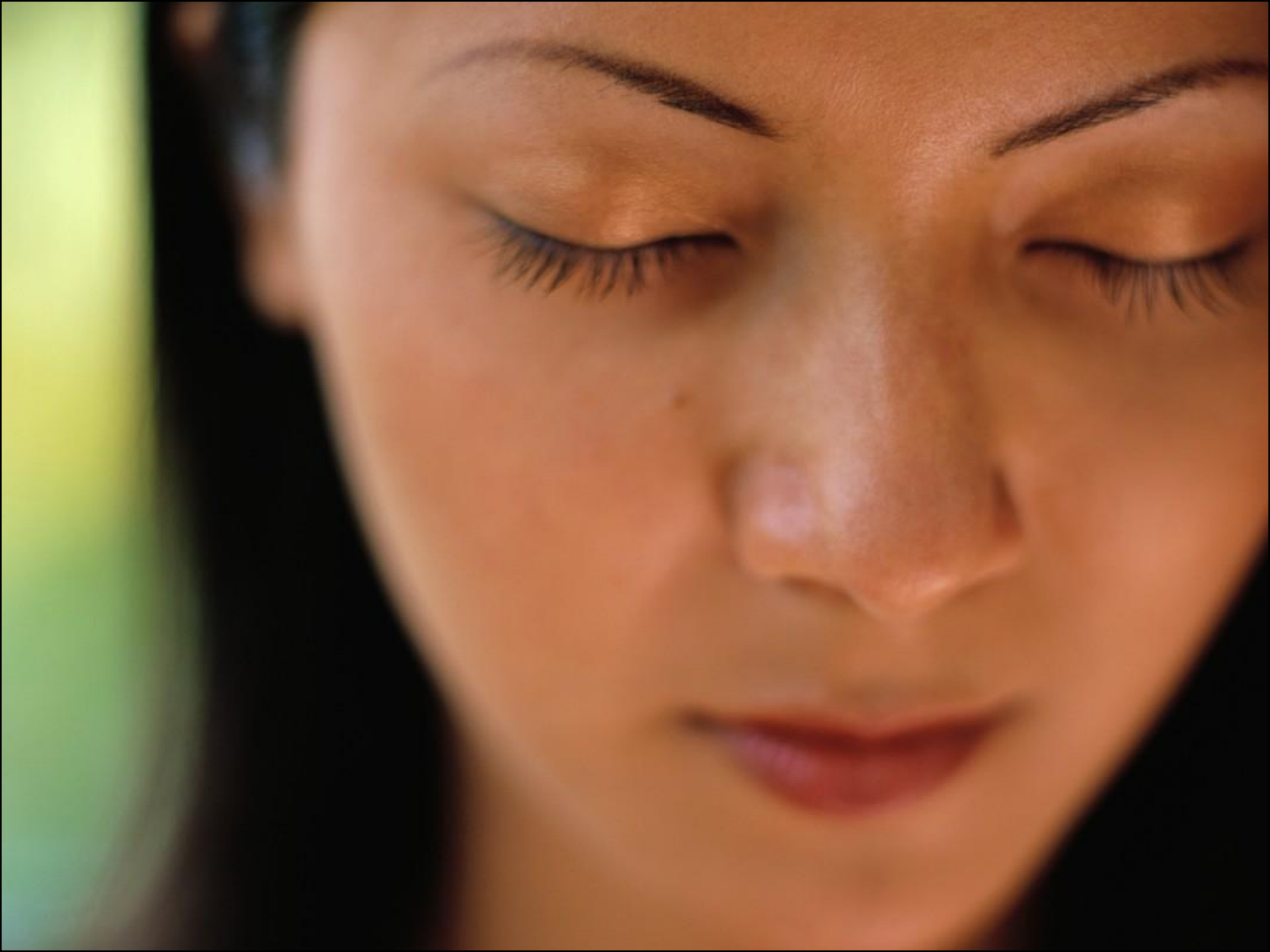


Definition

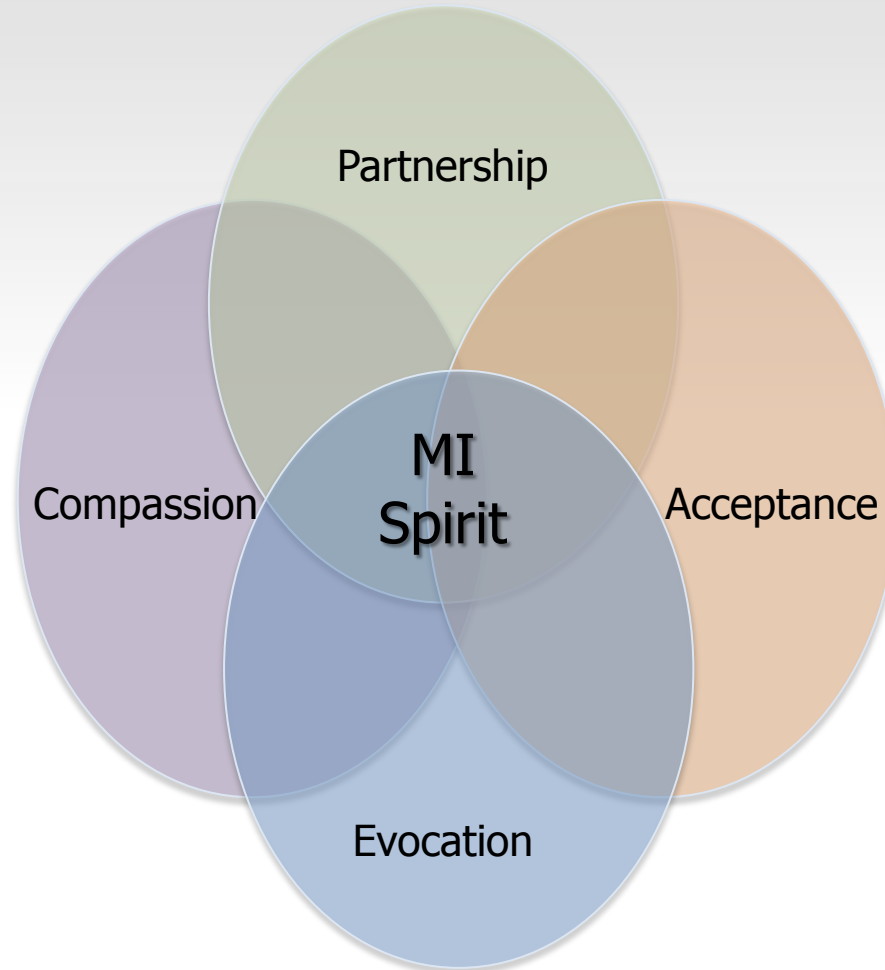
- *“a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion” (Miller & Rollnick, 2013).*

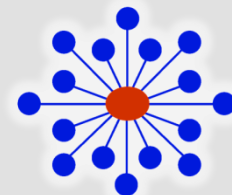
Four Processes of MI



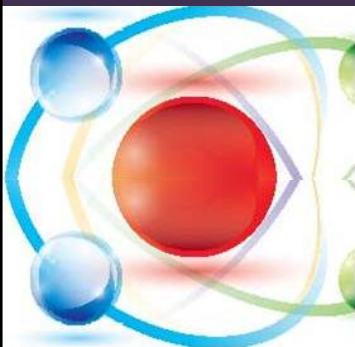


The Underlying Spirit of MI

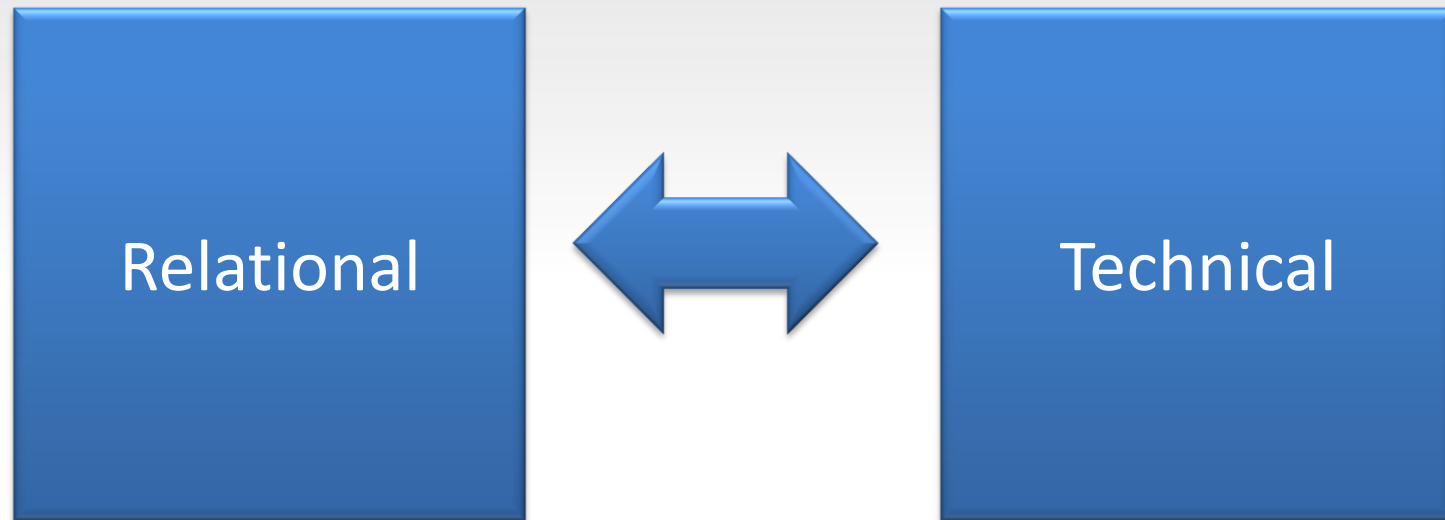




HOW DOES MI WORK?



Relational and Technical Components



Relational Component

- Client-centered foundation
 - Clients have inherent “righting” resources
 - Clinician’s job is to enhance the client’s motivation, not create it from scratch
 - Therapists are useful to the extent that they create an experience in their interaction with the client that creates an opportunity for motivation to flourish
 - This is most likely when therapists are empathic, supportive of autonomy, collaborative, compassionate, and accepting

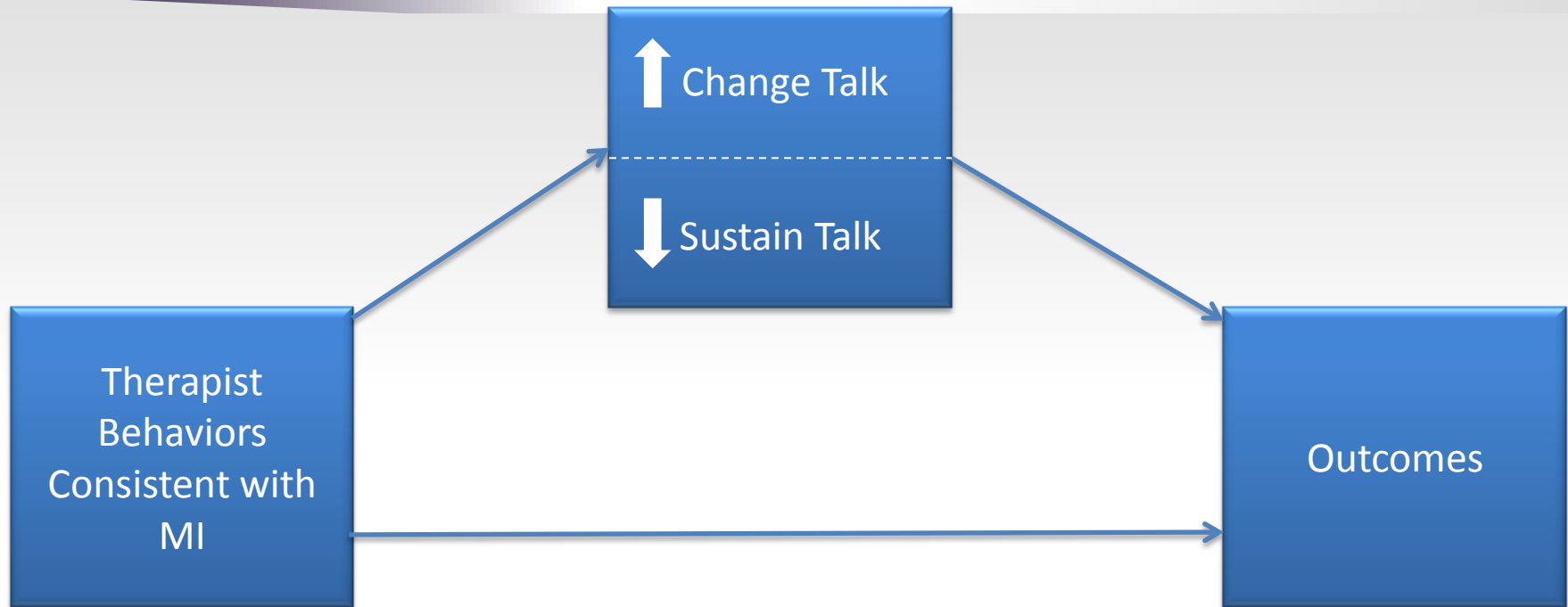
- Client: “No offense, but why do I have to talk to you about this? You seem like a nice person, but I don’t think you have an idea how hard it is for me to give up drinking right now.”
- Therapist: “You’re wondering if I can understand what things are really like for you.”
(High Empathy)

- Client: “No offense, but why do I have to talk to you about this? You seem like a nice person, but I don’t think you have an idea how hard it is for me to give up drinking right now.”
- Therapist: “It might be hard for you to quit, but look at all you would gain. You only have one DUI – sometimes people don’t stop until they have 4 or 5. In some ways you are lucky.”
(Low Empathy)

Technical Component

- Language Focus in MI
 - Human beings often create intentions and motivation to change through their social interactions with others
 - Language can create and consolidate intention when it occurs spontaneously in an empathic interaction with another person
 - It is the public, spontaneous, and interpersonal nature of this language that matters
 - In MI, we help people talk themselves into change

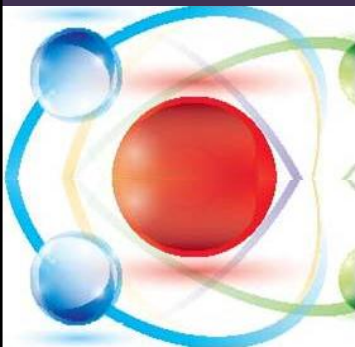
Language Focus in MI



Interviewers attempt to increase and strengthen client language in favor of change (Change Talk) and decrease and weaken language in favor of the status quo (Sustain Talk)

- ***Client:*** “I’m not an alcoholic but I do see some problems with my drinking. Like this DUI – I could have killed someone and ruined my own life. But I don’t intend to give up cold beer for the rest of my life.”
- ***Therapist:*** “Well, you are the only one who can decide what you might change about your drinking. No one can decide that for you. And as you think about it, you are finding some concerns.”

- **Client:** “I’m not an alcoholic but I do see some problems with my drinking. Like this DUI – I could have killed someone and ruined my own life. (**Change Talk**) But I don’t intend to give up cold beer for the rest of my life.” (**Sustain Talk**)
- **Therapist:** “Well, you are the only one who can decide what you might change about your drinking. No one can decide that for you. (**Emphasize Autonomy**). And as you think about it, you are finding some things that worry you.” (**Reflect Change Talk**)



**WHAT THERAPEUTIC
ELEMENTS ARE USED IN MI?**

Recognizing Change & Sustain Talk

Open Questions

Evocative Questions & Reflections

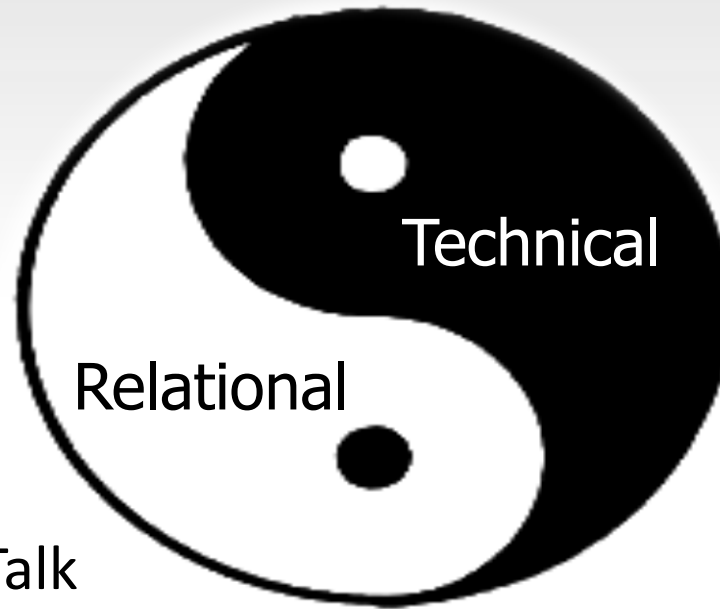
Affirmations

Importance &
Confidence Rulers

Reflections

Exploring Goals
and Values

Summaries



Personal Strengths

Responding to Discord

Past Successes

Responding to Sustain Talk

Change Planning

Agenda Mapping

Looking Back/Forward

Expert Advice and Information Giving

Emphasizing Choice/Autonomy

Examples

1. I know I should come to see you more often. It's just that most of the time I can't get a ride.
2. I don't need to stop drinking. I need to cut down on my drinking, for sure. But I don't need to stop.
3. I don't want to go off on her. She just keeps going on about the past and shoving it in my face as if she wants me to hit her again.
4. That program might be good at helping some people, but not me. I can change by myself.





DOES MOTIVATIONAL INTERVIEWING WORK?

Meta-Analyses

- MI is one of the most researched psychotherapeutic approaches
- Consistently shows small to moderate clinically significant effects
- Effects generalize across a range of targeted behaviors
- Effectiveness trials show smaller effects than efficacy trials
- When performed well, it works well



HOW DO I LEARN MI?

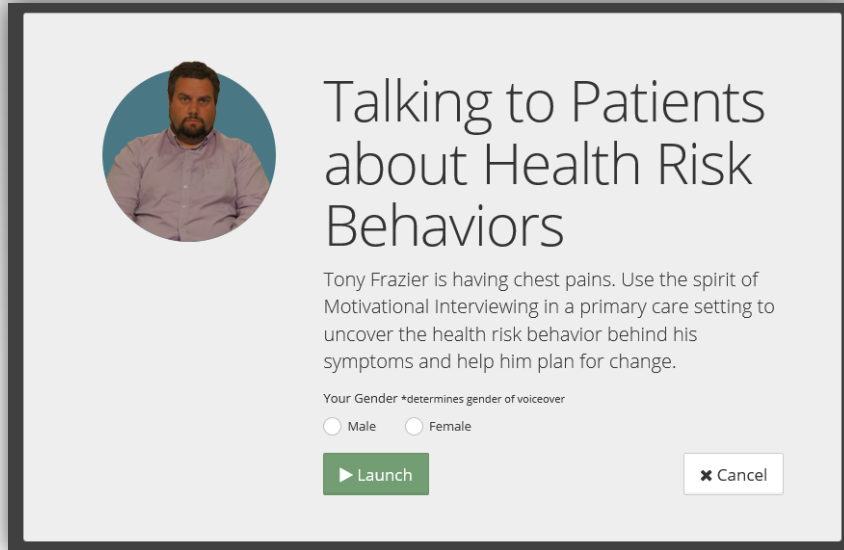


On average, 3-4 feedback/coaching sessions totaling at least 5 hours of contact time over a 6-month period sustain skills among learners of MI (Schwalbe et al., 2014).

MI Integrity Rating Scales

- Motivational Interviewing Treatment Integrity (MITI 4.0) coding system
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP)
- Recent innovations under development
 - Client Evaluation of Motivational Interviewing (CEMI)
 - Computer program-based natural language processing models to replicate human coding

Online Learning



The screenshot shows a user interface for a simulation. On the left is a circular profile picture of a man with a beard. To the right of the picture is the title 'Talking to Patients about Health Risk Behaviors'. Below the title is a paragraph of text: '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.' Below this text are two radio buttons for 'Male' and 'Female', with the label 'Your Gender *determines gender of voiceover' above them. At the bottom left is a green 'Launch' button with a play icon, and at the bottom right is a white 'Cancel' button with an 'x' icon.

- Medscape Education
- SIMmersion Training Center
- ATTC Tour of MI

Click here for sample simulation:

<https://training.simmersion.com/Launch/Free/e2011ae6-0e5b-4ed6-87d1-ede0ce9db0e4>

Credentialing?

- There are no empirically based benchmarks of MI performance directly linked to client outcomes
- MINT Practitioner Certification Committee

- Motivational Interviewing Network of Trainers
(www.motivationalinterviewing.org)
- Established 1993
- Over 800 individuals “minted”
- Representing over 20 countries
- Training of Trainers
- Annual Forums

Books



- Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change* 3rd edition (New York, Guilford Press).
- Arkowitz, H., Westra, H. A., Miller, W. R., & Rollnick, S. (2008). *Motivational Interviewing in the Treatment of Psychological Problems*. Guilford Press, New York.
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- Rosengren, D. B. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook*. Guilford Press, New York.
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- Schwalbe, C. S., Hans, Y. Oh, & Zweben, A. Sustaining motivational interviewing: A meta-analysis of training studies. *Addiction, 109*, 1287-1294.

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
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Lessons Learned for Follow-up Phone Booster Counseling Calls with Substance Abusing Emergency Department Patients by Donovan, Hatch-Maillette, Phares, et al. *J Subst Abuse Treat* 2014 (in press).



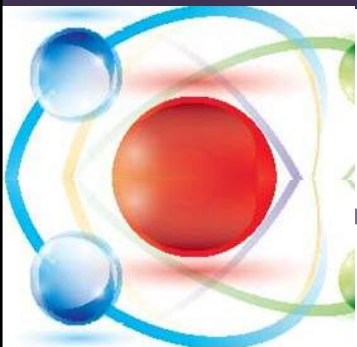
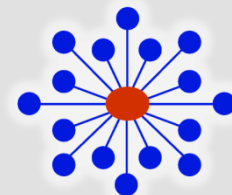
Client and Provider Views on Access to Care for Substance-Using American Indians: Perspectives from a Northern Plains Urban Clinic by Kropp, Lilleskov, Richards, et al. *Am Indian Alsk Native Ment Health Res* 2014;21(2):43-65.



Blending Initiative Motivational Interviewing CME/CE & Patient Simulation *NEW!*
 The newest **NIDA/SAMHSA-ATTC Blending Team Product** has just been released. It combines a CME course and interactive online Patient Simulation to provide practical guidance for physicians, nurses, and other practitioners in effective MI techniques. ***Check it out!***



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