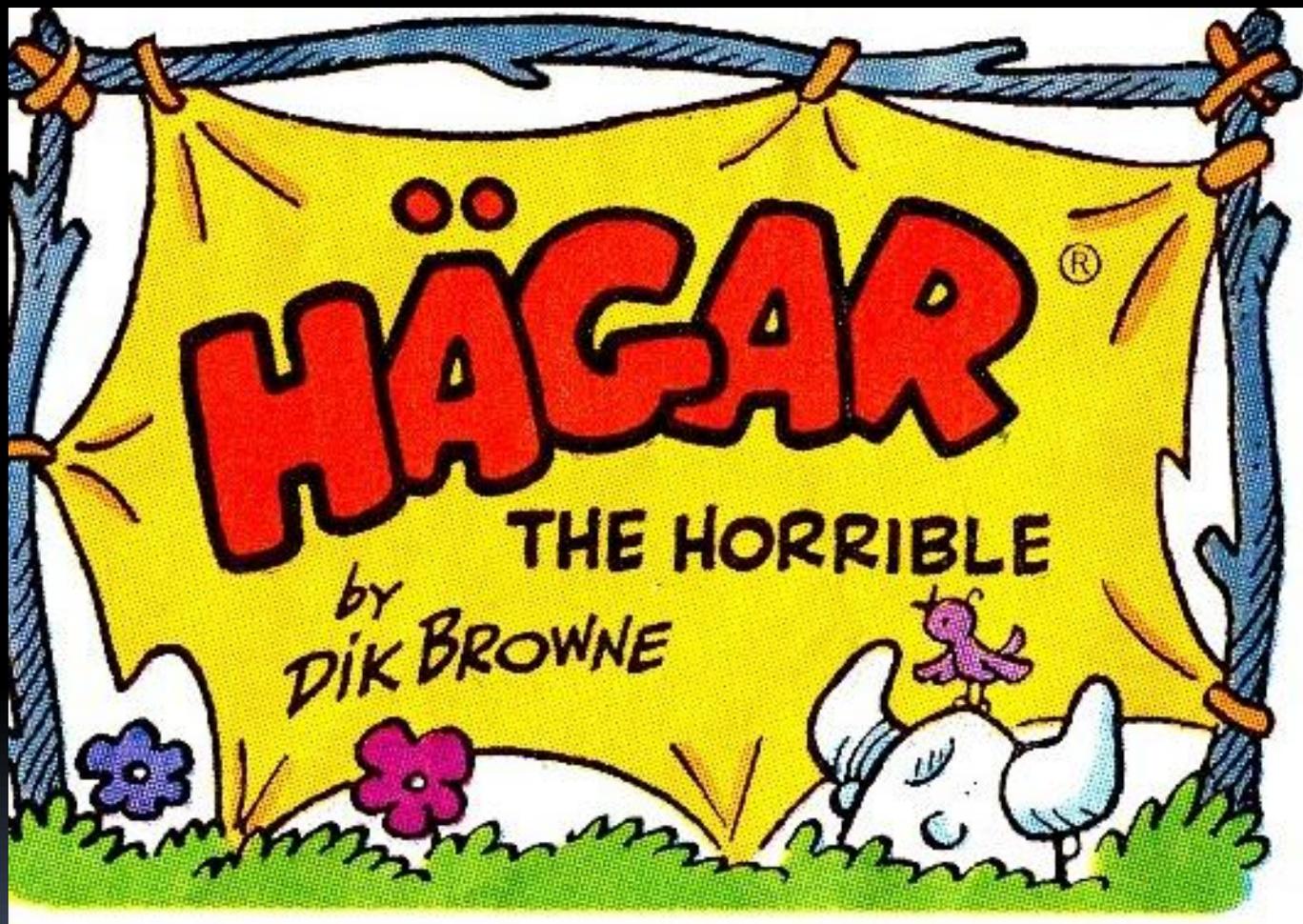


Motivational Interviewing and Brief Negotiation

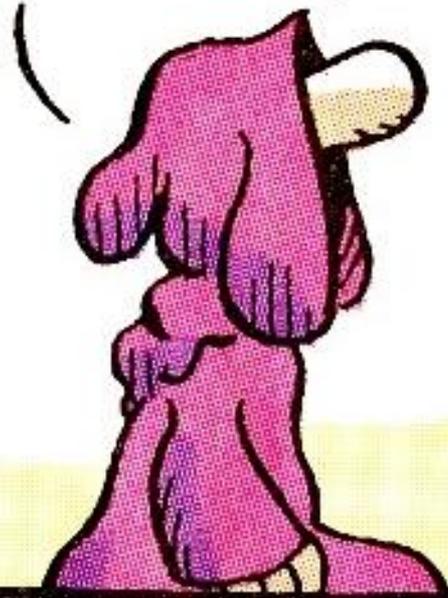
Thad R. Leffingwell, Ph.D.



he tate's ni versi ty



HAGAR, DO
YOU THINK I'M
A GOOD
DOCTOR ?



OF
COURSE !



GOOD! THEN WILL
YOU ANSWER THE
FOLLOWING
QUESTIONS VERY
CAREFULLY?

OF
COURSE
!



DO YOU AGREE THAT I'VE
DEDICATED YEARS OF STUDY
TO THE FIELD OF
MEDICINE ?

YES,
DOCTOR
!



AND DO YOU AGREE
THAT I'M A HIGHLY
QUALIFIED
PHYSICIAN ?

YES,
DOCTOR



AND DO YOU AGREE
THAT YOU SHOULD
FOLLOW THE ADVICE
I'M ABOUT TO GIVE
YOU ?

YES,
DOCTOR

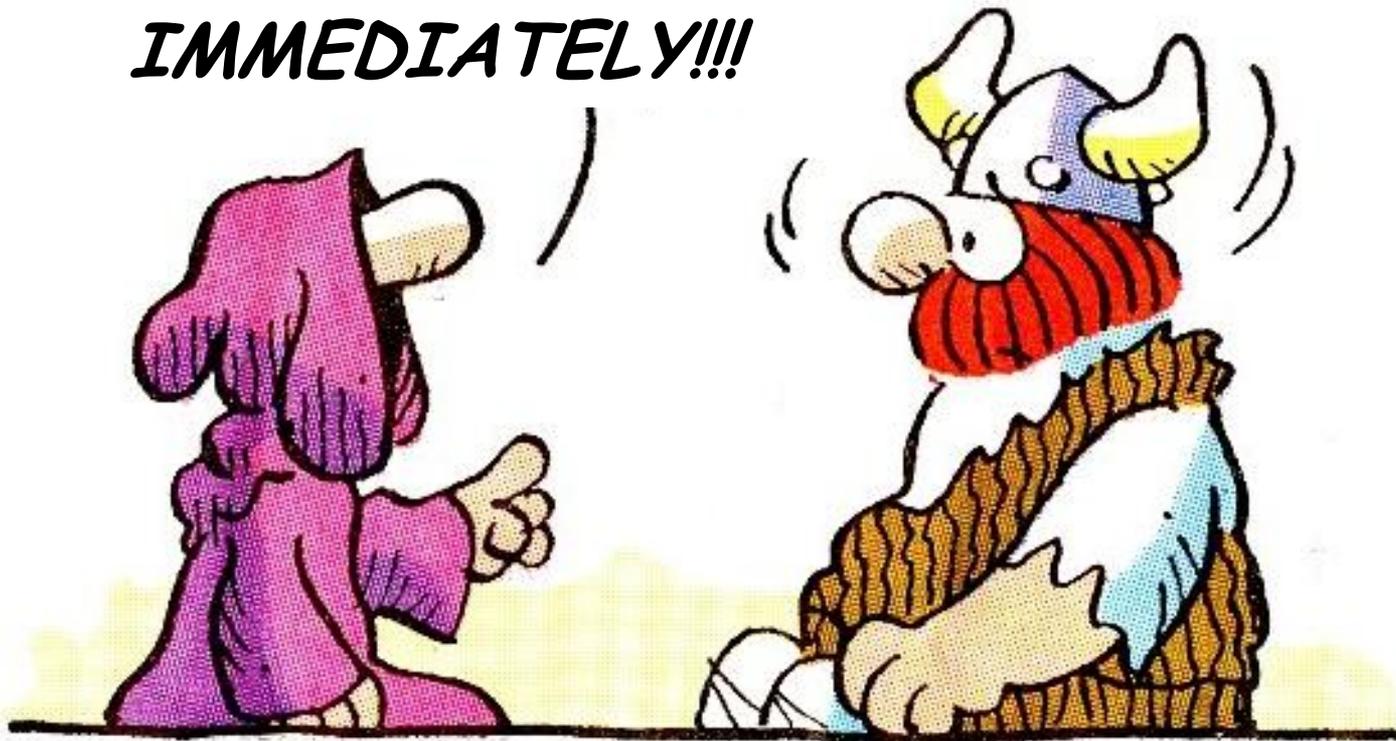


GOOD! THIS IS
MY
ADVICE...



3-9

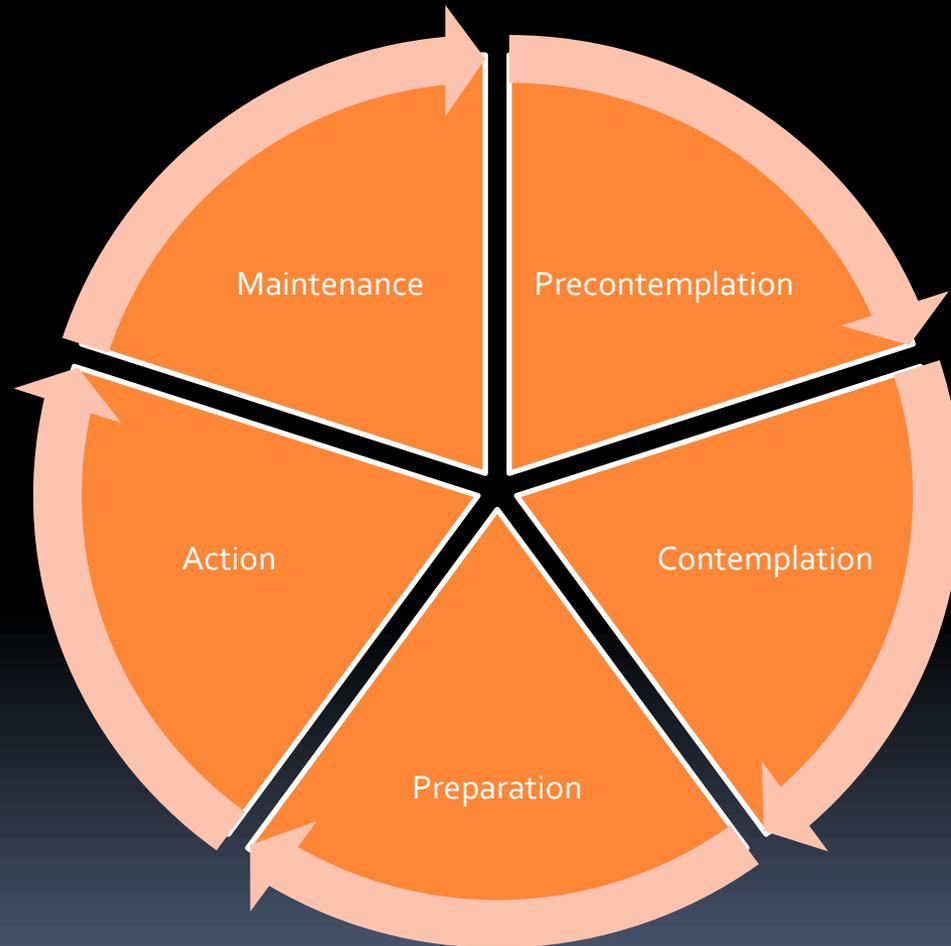
***YOU MUST STOP
SMOKING
IMMEDIATELY!!!***



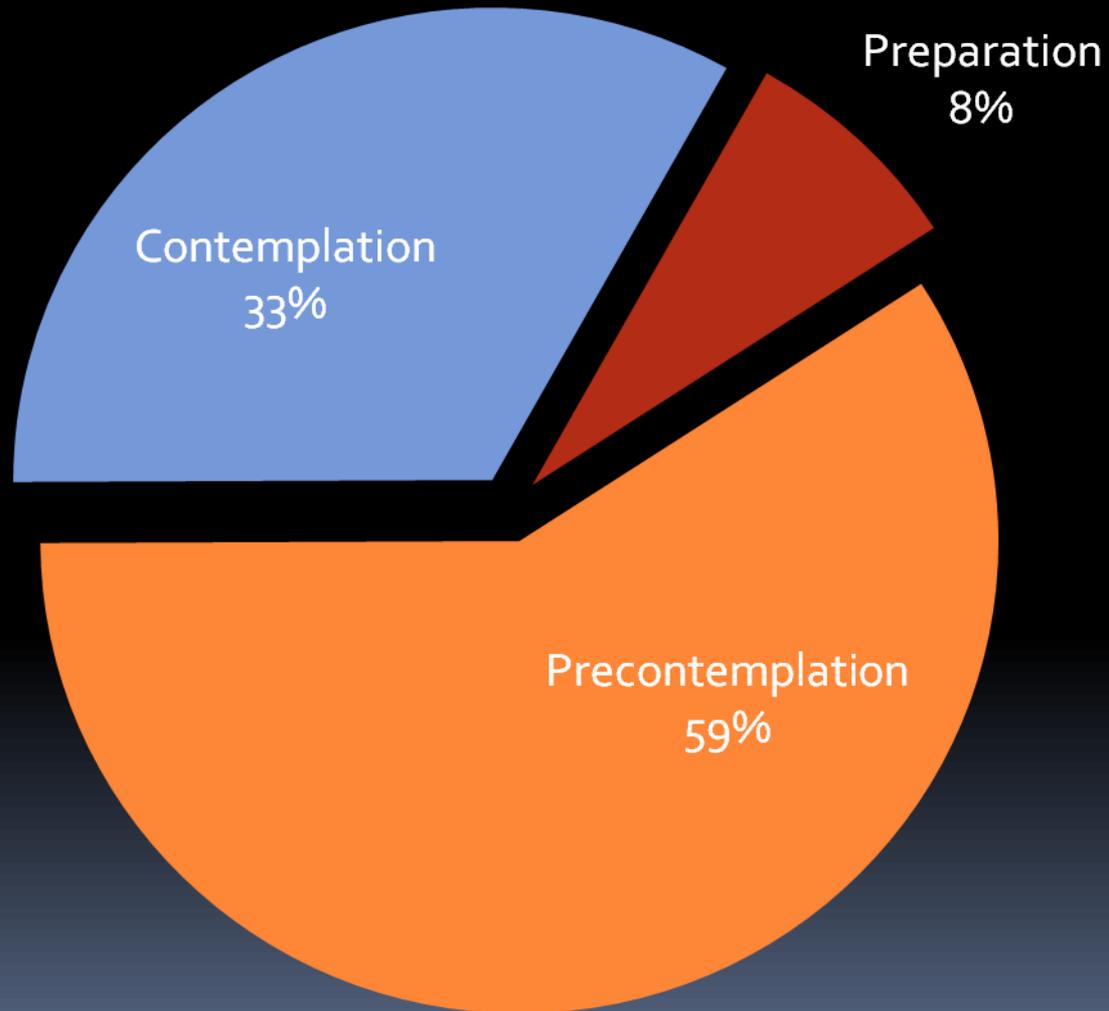
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Stages of Change



Who do we encounter?





Helping Smokers Quit

A Guide for Clinicians

National Quitline

1-800-QUIT NOW



U.S. Department of Health and Human Services
Public Health Service

Revised May 2008

**Even brief tobacco dependence treatment
is effective and should be offered to every
patient who uses tobacco.**

PHS Clinical Practice Guideline
Treating Tobacco Use and Dependence: 2008 Update

- Ask about tobacco
- Advice quitting
- Assess readiness to quit
 - *If unwilling to quit at this time, help motivate the patient*
- Assist with quit attempt
- Arrange for follow-up



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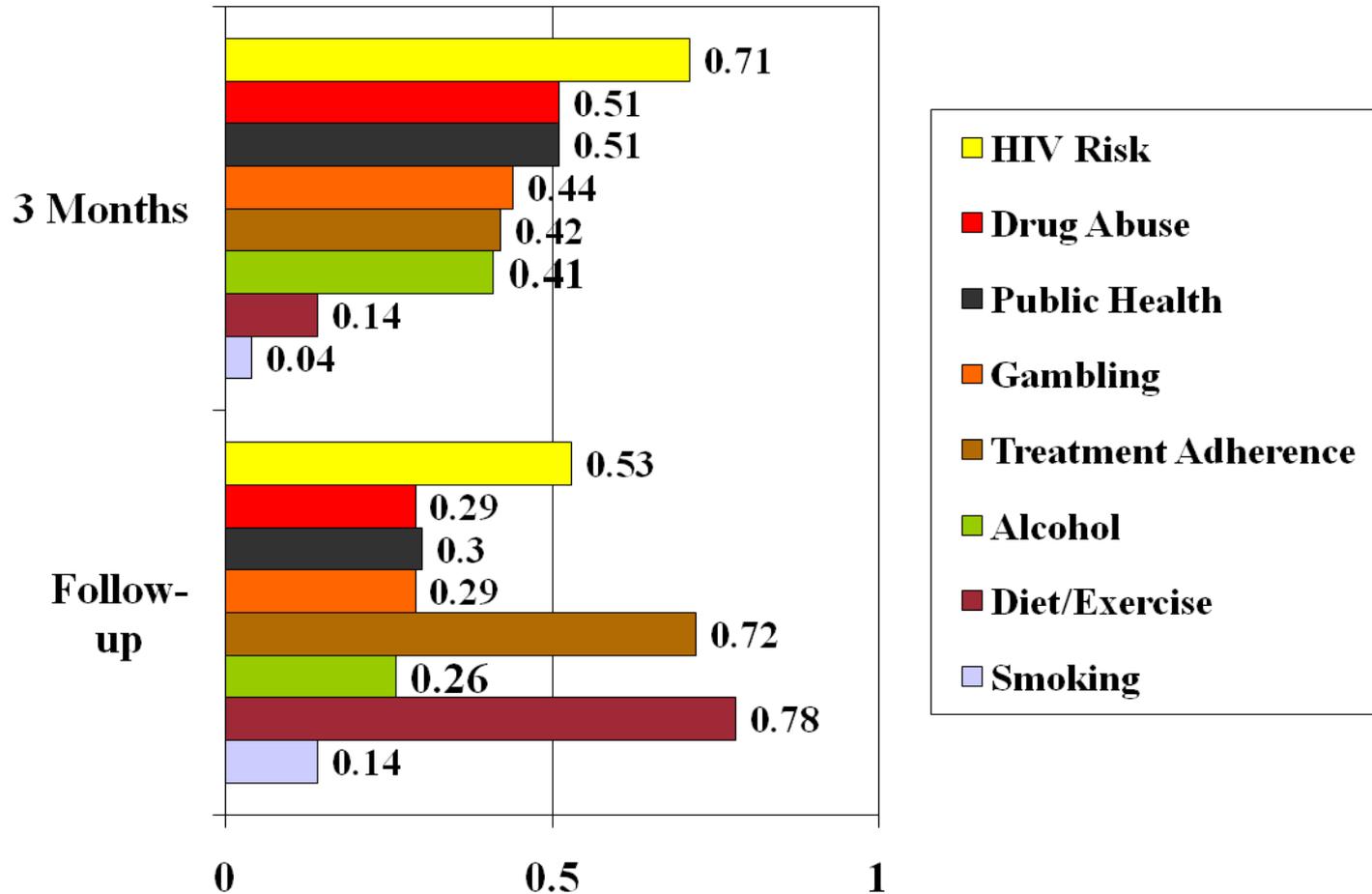
Brief Motivational Interviewing Example

Ineffective Physician Smoking Consultation

Motivational Interviewing and Smoking Cessation

What does the evidence say?

Hettema, Steele, & Miller (2004) Meta-Analysis of MI



More Recent Meta-Analyses

▣ Hettema & Hendricks (2010)

- "...MI generally outperforms or does as well as comparison conditions for the treatment of tobacco dependence..."
- "...the magnitude of MI's effect was modest..."
- "...if MI were provided to each of the United State's 45 million smokers, approximately 5.8 would be expected to achieve long-term abstinence, as compared to 4.7 million..with the aid of a comparison treatment." (+1.1 million new non-smokers annually)

More Recent Meta-Analyses

- ▣ Heckman, Egleston & Hofmann (2010)
 - "...current MI smoking cessation approaches can be effective for adolescents and adults."
- ▣ Lai, Cahill, Qin, & Tang (2010)
 - "Motivational Interviewing may assist smokers to quit."

Let's be REALISTIC!



- ▣ AB: 5146
- ▣ Hits: 1717
- ▣ Avg: .334
- ▣ HR: 366
- ▣ XB: 401
- ▣ SO: 570

Do brief interventions make a difference?

Table 6.8. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various intensity levels of session length (n = 43 studies)^a

Level of contact	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
No contact	30	1.0	10.9
Minimal counseling (< 3 minutes)	19	1.3 (1.01–1.6)	13.4 (10.9–16.1)
Low-intensity counseling (3–10 minutes)	16	1.6 (1.2–2.0)	16.0 (12.8–19.2)
Higher intensity counseling (> 10 minutes)	55	2.3 (2.0–2.7)	22.1 (19.4–24.7)

^a Go to www.surgeongeneral.gov/tobacco/gdlnrefs.htm for the articles used in this meta-analysis.

Why don't people change?

procrastination

behavioral economics

avoidance

self-affirmation biases

habit-driven

biases toward downward
comparison



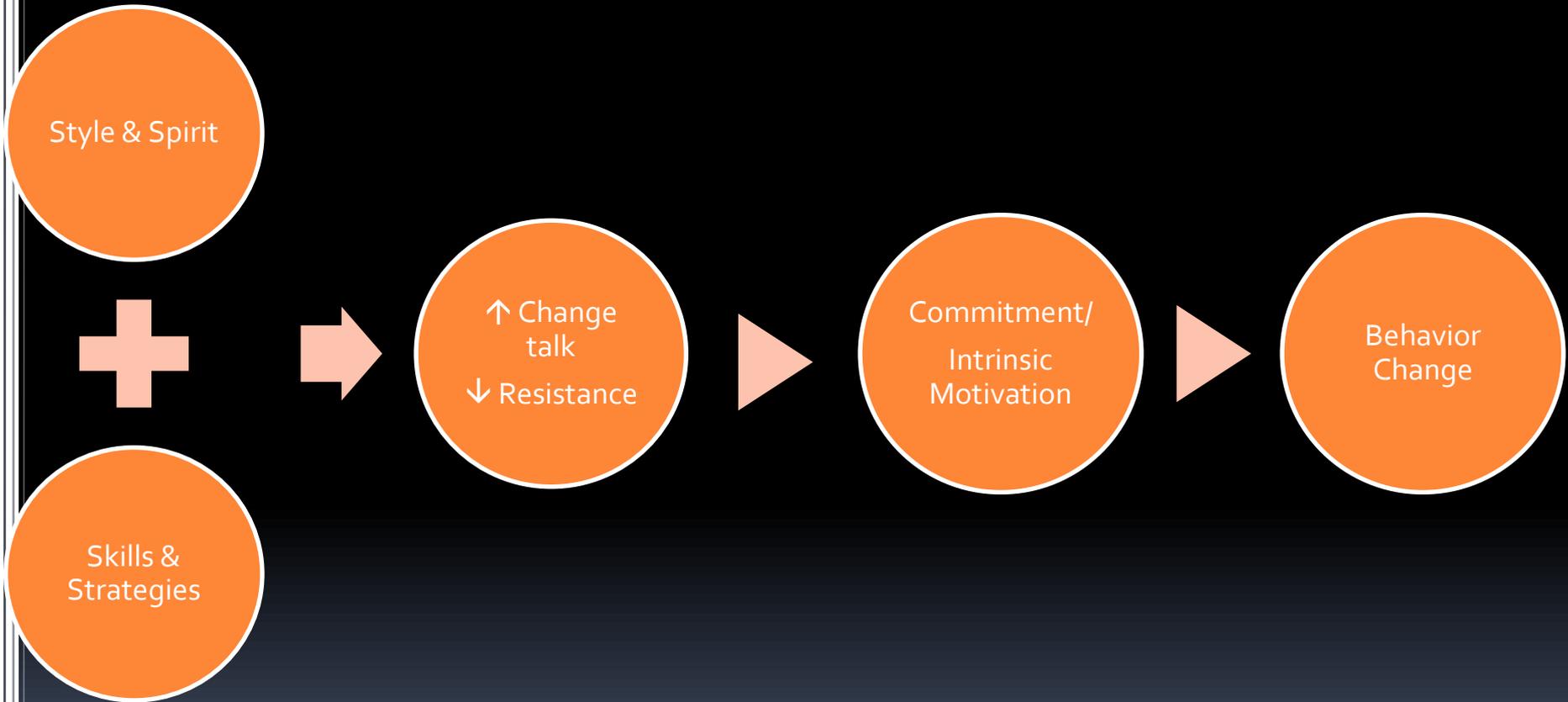
reactance

reject labels

negative affect



How do people change?



What is Motivational Interviewing?

- "...a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." (Miller &

Rollnick, 2002, p. 25)

- ***In MI, we attempt to:***

- 1. observe, respect, and avoid opposing sustain talk and;*
- 2. elicit, amplify, and affirm change talk*

- Brief Negotiation is a term sometimes used to describe very brief (<10 minutes) applications of MI principles.

Style and Spirit of MI

- Relentlessly, radically patient-centered
- A way of *being with* people, characterized by:

Collaboration (vs. one-up, authoritarian relationship)

Evocation (vs. imparting or inserting knowledge)

Autonomy-supportive (vs. controlling)

Direction (vs. avoidant, distracted)

Empathy (vs. dismissive, disrespectful)

Specific Skills & Strategies

- ▣ Microskills – operationalize spirit
- ▣ MI-Adherent (Prescribed) Behaviors:
 - Seek permission to add target behavior to agenda
 - Evocative questioning
 - Empathic reflective listening
 - Other MI-consistent behaviors
- ▣ MI Non-Adherent Behaviors
 - Confronting
 - Advising
 - Over-directing

Seek permission

- ▣ Demonstrate respect for autonomy and desire for collaboration immediately
- ▣ Ask for permission before transitioning to discussion of target behavior
 - *Do you mind if we spend a few minutes today talking about smoking?*

Evocative Questioning

- ▣ Use more open-ended questions than closed questions
 - Open-ended questions require elaboration, not quite sure where answer might lead.
 - ▣ *Can you tell me more about that?*
 - ▣ *How did you make that decision in the past?*
 - Closed-ended questions require a simple answer and leave direction in the hands of the asker.
 - ▣ *How many cigarettes do you smoke per day?*

Evocative Questioning (cont.)

- ▣ Scaled questions are very useful and highly recommended
- ▣ Can ask about readiness, importance, or confidence
 - *On a 1-10 scale, how ready would you say you are today to quit smoking?*
 - *On a 1-10 scale, how important is it to you today to get Johnny's weight under control?*
- ▣ Most important questions are follow-up questions
 - *Why did you say "3" and not "1"?*
 - *What would it take to move from "5" to "9" or "10"?*

Empathic, Reflective Listening

- ▣ Respond to patient statement and ideas with reflective statements
 - Can include restatement, rephrasing, metaphor, summary, etc.
 - Try to reflect true meaning of patient expression
- ▣ Important for building rapport and enacting spirit of collaboration, empathy, autonomy support, and evocation

Other MI-Consistent Behaviors

- ▣ Advise and educate, with permission
 - Ask for permission explicitly
 - ▣ *Do you mind if I share with you some information...*
 - Give permission to disregard
 - ▣ *I'm not sure if this would work for you or not, but my advice would be to...*
- ▣ Collaborate on potential solutions or plans
 - Offer a menu of options for addressing the problem
 - Explore patient's ideas for "goodness of fit" or "next steps"

Other (cont.)

- ▣ Affirm and support the patient
 - Reinforce good choices, ideas with praise and encouragement
 - Offer statements of compassion or sympathy
- ▣ Emphasize choice, autonomy, or control
 - Be explicit about your respect for the patient's choice
 - ▣ *It is up to you, nobody can make this decision for you.*
 - ▣ *You know yourself better than anyone.*

MI Non-Adherent Behaviors

▣ Confrontation

- Avoid disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, moralizing, ridiculing, etc.
- Often turn conversation into a wrestling match

▣ Advising (without permission)

- Language usually includes words such as: should, why don't you, consider, try, how about, etc.

▣ Over-directing

- Commands, orders, imperatives
- You should, you must, etc.

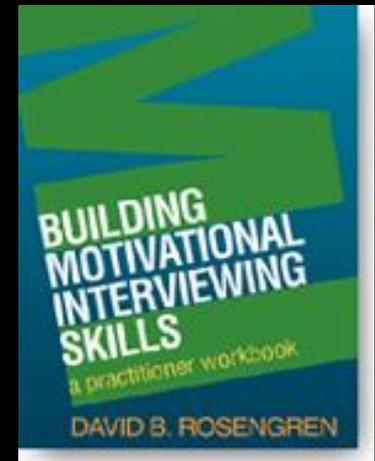
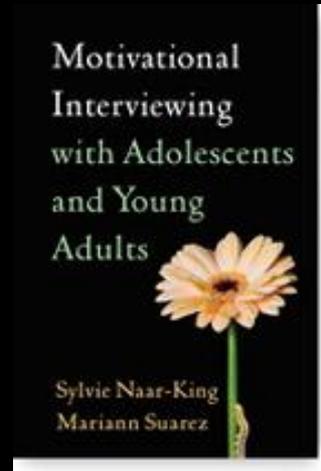
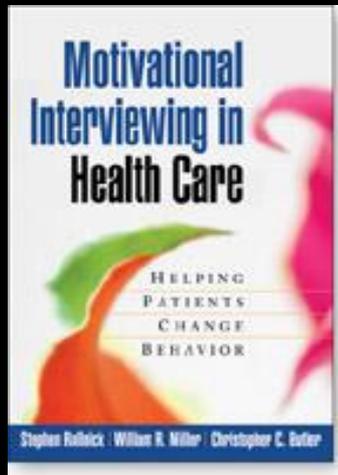
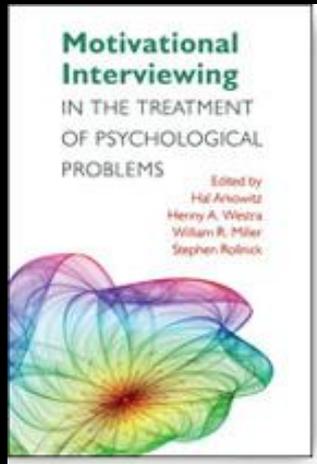
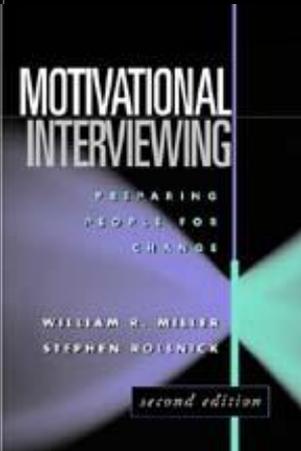
Brief Motivational Interviewing Example

Effective Physician Smoking Consultation

MI and Smoking in Oklahoma

- ▣ Head Start Smoking Interventions to reduce secondhand smoke exposure
 - Collaboration with Oklahoma Department of Health
- ▣ Pediatric Resident Training Project
 - Collaboration with OUHSC (Stephen Gillaspay, Ph.D., PI)
- ▣ Pediatric Primary Care Electronic Intervention
 - Pilot project with OUHSC (Stephen Gillaspay, Ph.D., PI)

MI Resources



www.guilford.com
www.motivationalinterview.org

Training in MI

Table 4.2 Miller's Proposed Tiered System for Levels of Training in Motivational Interviewing

<i>Type of Training</i>	<i>Goals</i>	<i>Approximate Length</i>
Introduction to motivational interviewing	Learn about the basics of motivational interviewing and decide level of interest in learning more.	2 hours to 1 day
Application of motivational interviewing	Learn about more specific applications of motivational interviewing, including direct practice with a particular application.	1 hour to 1 day
Clinical training	Learn basic style of motivational interviewing, including extended practice. Strengthen empathic listening skills. Learn to recognize client cues for resistance and change talk.	2 to 3 days or several 4- to 8-hour seminars
Advanced training	Learn advanced clinical usefulness of motivational interviewing. Receive individual feedback on intensive practice. Learn methods of evaluating motivational interviewing. Update knowledge of research developments.	2 to 3 days (plus prior minimum proficiency)
Training for trainers	Learn a flexible range of skills for helping others learn motivational interviewing. Learn to assess needs of trainees and adapt accordingly. Update knowledge of research developments.	3 days

SOURCE: Miller (2002). Reprinted with permission.

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