MORE ABOUT MOTIVATIONAL INTERVIEWING

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Half the world is composed of people who have something to say and can't, and the other half who have nothing to say and keep on saying it.

-Robert Frost
OBJECTIVES

- Use **reflective listening techniques** with children and families to clarify and strengthen weight management goals and strategies.
- Describe and use communication techniques with children and families that elicit and **strengthen motivation and commitment to change** unhealthy eating and physical activity patterns or behaviors.
- Compare and contrast patient education that employs motivational techniques with traditional patient education approaches.
PROVIDING HEALTHCARE ON A CONTINUUM

Directing ........ Guiding ........ Following
• Is done “for” and “with” a patient
• Not “to” and “on”
DOES IT MATTER HOW YOUR PATIENTS “FEEL” WHEN THEY LEAVE YOUR OFFICE?

How do you want them to feel?

Discuss for 3 minutes…
How did the patient feel?

The mother?

Are they likely to do what was asked of them? Why/Why not?
YOU ARE A PING-PONG PADDLE

...And so is everyone else.
OUR UNIQUENESS IMPACTS OUR INTERACTIONS

- Age
- Gender
- Personality
- Body weight
- Appearance
- Sense of humor
Our communication style is defined by the skills we use and how we use them.
COMMUNICATION SKILLS

Asking
Listening
Informing
• Open ended questions.
• Don’t spoil open ended questions with a follow-up closed ended question—What sort of things have you been doing to be more aware of your eating? Have you been keeping a food journal everyday?
• Fit the assessment into the interview, not the interview into the assessment
• Be aware of premature focus/action
• Listening allows us to quickly determine the patient's concerns.
• The goal is to simply understand the person's perspective and experience.
• Listening by reflecting (in somewhat different words)
• Summaries
• Acknowledge barriers
• Reflect change talk

LISTENING
• It’s a person not an information receptacle.
• What does the patient care about, and how is this information related to it?
• Framing the message in a positive way (the good things that will happen if you do it, instead of the bad things that will happen if you don’t).
• Talk about what other people do.
• Elicit-Provide-Elicit
How did the patient and mother feel at the end of the appointment?

How was this different than the other scenario?
• Identify asking, listening and informing.
• What was the balance?
• What principles were used with each skill?
• Resist the “righting reflex”
• Understand your patient’s motivations
• Listen
• Empower
Desire
Ability
Reason
Need
Commitment
Activation
Taking Steps
How well did the clinician follow the RULE principle?
What was the balance between asking, listening and informing?
Did the clinician evoke change talk?
What general suggestions would make this session more consistent with MI principles?
IMPROVED ASTHMA SCENARIO

- Point out some examples where the clinician followed the RULE principle?
- What was the balance between asking, listening and informing?
- How did the clinician evoke change talk?
- Would you have approached things any differently?
WHAT IF PARENT AND PATIENT ARE MOTIVATED?

- Continue to use skills in balanced fashion (perhaps less informing).
- Informing may be related to realistic expectations, common pitfalls, etc.

Would it be okay if we talked about some of the challenges you are likely to encounter?

Why do you think so many people get to this point and then fall off track?
• Discussion may be related to strengthening commitment.

  Remind me why this is so important to you?
  How are you feeling about your progress?

• May spend less time on engaging, focusing and evoking; more time on planning.
What would be a good approach to address how the home environment affects Bethany?

How can we discuss Mom and Bethany’s motivation that will allow for collaboration between them?

What are some other approaches to this scenario?
• Age of child is a consideration
• Understand/Reflect differing concerns
• Encouraging choices within the plan (especially for the child)
• Engagement of child in the process (choosing foods, preparing meals or other reinforcement)
• Empowering authoritative parenting (vs. permissive and authoritarian)
How could you get Jake engaged in this appointment?

What sort of information would you like to provide to Jake and his mother before they leave your office? How would you go about this?

What are some other approaches to this scenario?

PARENT IS MOTIVATED...CHILD IS NOT
Listening to all individuals is important, parent should be primary focus with younger children.

Resist the righting reflex

Respect autonomy of parent (exceptions: neglect, abuse)

Has anyone expressed concern?

What do you think about these concerns?

Teenagers expressed views about weight can rapidly shift.

At times it is important to side with their resistance.
How would you engage and elicit change talk with this defensive parent?

What sort of statements would be best to reflect to this family?

How would you go about providing education to this child and her mother?

What are some other approaches to this scenario?
Motivational interviewing is 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.

MI elicits and explores the person’s own reasons for change within an atmosphere of acceptance and compassion.
THANKS!