Motivational Interviewing and Brief Negotiation

Thad R. Leffingwell, Ph.D.
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...
YOU MUST STOP SMOKING IMMEDIATELY!!!
Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
Who do we encounter?

- Precontemplation: 59%
- Contemplation: 33%
- Preparation: 8%

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.

- Ask about tobacco
- Advise 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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PHS Clinical Practice Guideline
Treating Tobacco Use and Dependence: 2008 Update
Brief Motivational Interviewing Example

Ineffective Physician Smoking Consultation
Motivational Interviewing and Smoking Cessation

What does the evidence say?

3 Months
- HIV Risk: 0.71
- Drug Abuse: 0.51
- Public Health: 0.44
- Gambling: 0.42
- Treatment Adherence: 0.41
- Alcohol: 0.14
- Smoking: 0.04

Follow-up
- HIV Risk: 0.53
- Drug Abuse: 0.29
- Public Health: 0.3
- Gambling: 0.29
- Treatment Adherence: 0.26
- Alcohol: 0.14
- Smoking: 0.14

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

a Go to www.surgeongeneral.gov/tobacco/gdlrefs.htm for the articles used in this meta-analysis.
Why don’t people change?

- procrastination
- behavioral economics
- avoidance
- self-affirmation biases
- habit-driven
- reactance
- biases toward downward comparison
- reject labels
- negative affect
How do people change?

Style & Spirit

Skills & Strategies

↑ Change talk
↓ Resistance

Commitment/Intrinsic Motivation

Behavior 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 Gillaspy, Ph.D., PI)
- Pediatric Primary Care Electronic Intervention
  - Pilot project with OUHSC (Stephen Gillaspy, 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

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

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