

## Motivational interviewing

### Webinar



**Presented by**  
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**Facilitated by**  
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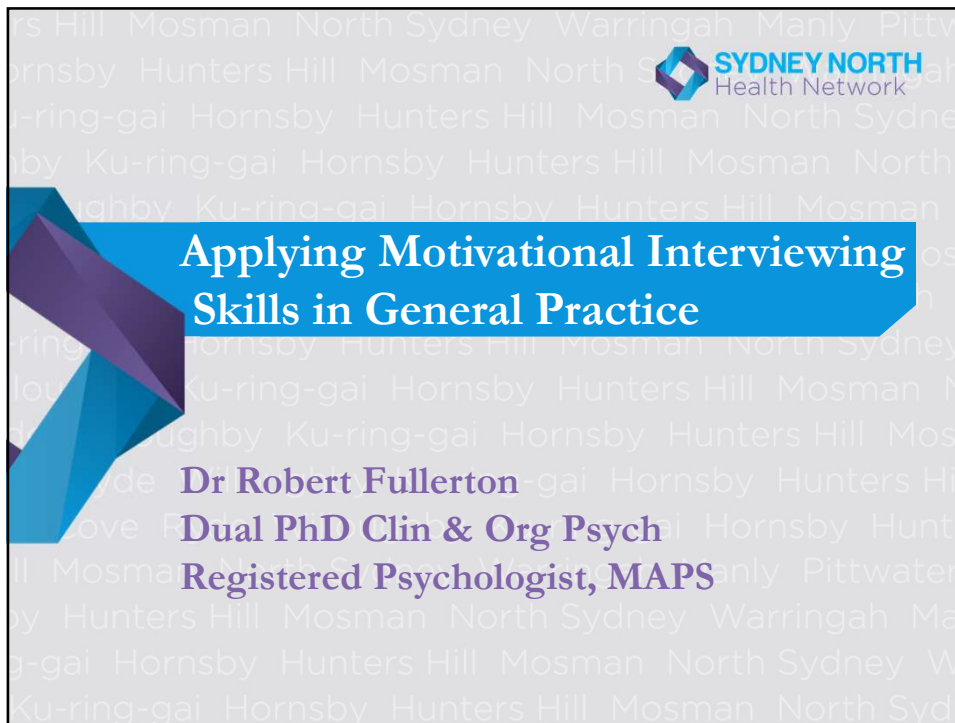
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## Before we get started...



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- ! Technical Support:
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## Applying Motivational Interviewing Skills in General Practice

**Dr Robert Fullerton**  
**Dual PhD Clin & Org Psych**  
**Registered Psychologist, MAPS**

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## Learning Objectives

- ◆ Understand motivation and change
- ◆ Understand what MI is and when it is useful
- ◆ Learn core MI skills
- ◆ Gain the ability to apply MI skills in your practice



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## Understanding Motivation

- ◆ Strong predictor of change
- ◆ Increases participation in treatment and yields positive treatment outcomes
- ◆ Desire to change is a continuous, not dichotomous, variable
- ◆ Practitioner and patient both contribute to the patient's motivation to change through the therapeutic partnership


 “Motivation is a fire from within. If someone else tries to light that fire under you, chances are it will burn very briefly.”  
 - Stephen R. Covey



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## Why MI?


Numerous controlled studies showing efficacy with:

- ◆ Substance misuse
- ◆ Smoking cessation
- ◆ Eating disorders
- ◆ Domestic violence situations
- ◆ Brain injury rehabilitation
- ◆ Pain management
- ◆ Cardiac rehabilitation
- ◆ Diabetes management
- ◆ Acute stroke aftercare
- ◆ Diet, BMI, blood lipid levels
- ◆ HIV/AIDS risk behaviours & medication management
- ◆ Physical activity for MS
- ◆ Dentistry – oral health maintenance
- ◆ Asthma medication adherence


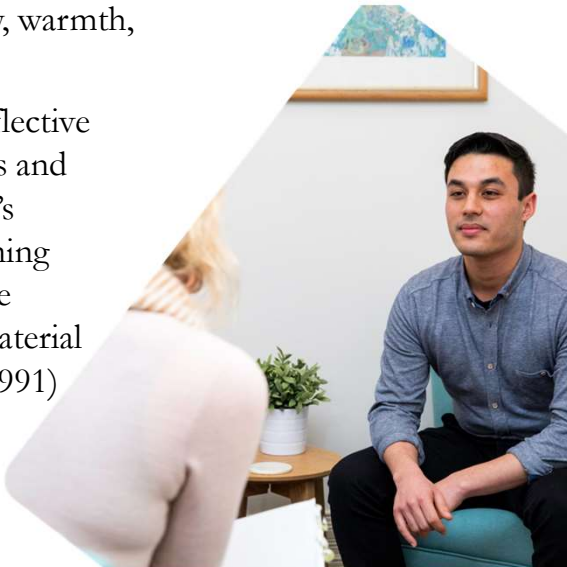

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## Practitioner Characteristics


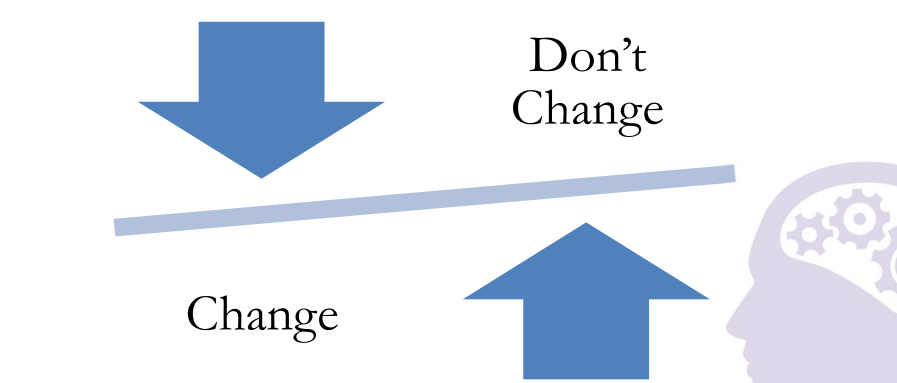



- ◆ Practitioner empathy, warmth, and genuineness
- ◆ Empathy: Skillful reflective listening that clarifies and amplifies the patient's experience and meaning without imposing the practitioner's own material (Miller & Rollnick, 1991)



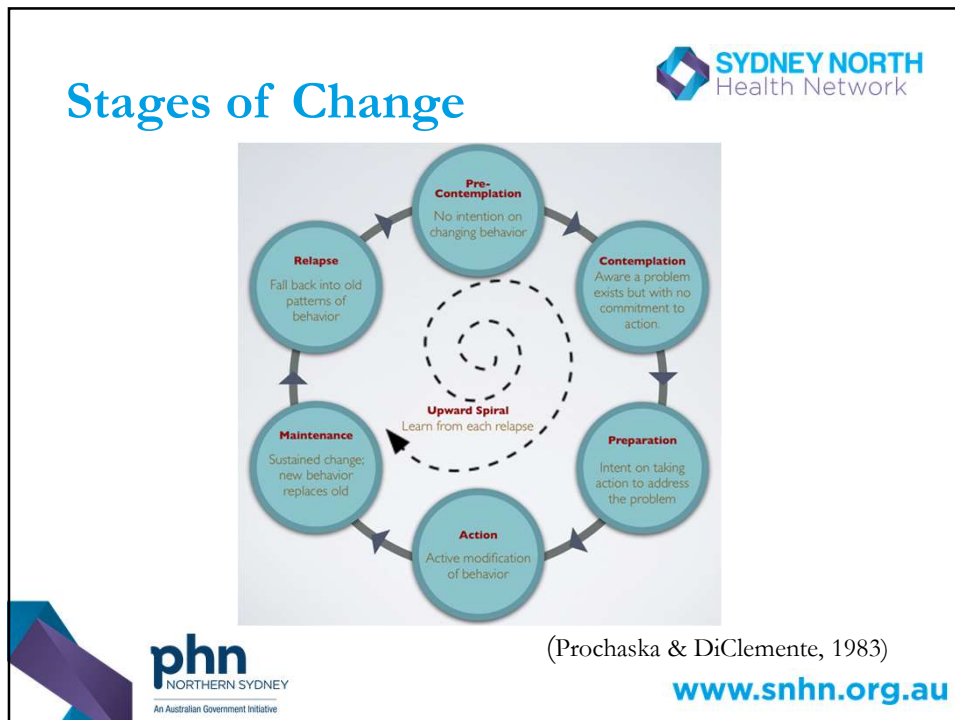
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## Ambivalence



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## Precontemplation


- ◆ Not yet considering change
- ◆ Little awareness of or concern for negative consequences
- ◆ “My blood pressure readings have been a bit high but I feel fine so I don’t think it’s a problem.”

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## Contemplation

- ◆ Considers change and rejects it
- ◆ Characterized by ambivalence
- ◆ Seesaw between reasons to change and reasons to stay the same
- ◆ “I can see that it would be better for my health if I quit smoking, but it’s my only break in the day when I get some quiet, alone time.”




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## Preparation

- ◆ Window of opportunity where the balance has tipped
- ◆ “I really want to lower my cholesterol, I just don’t know how to go about it.”




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## Action

- ◆ Engage in particular behaviour designed to bring about change
- ◆ May happen with or without assistance
- ◆ Determination to produce change in the area
- ◆ “After our last visit, I actually did book in to see the psychologist for my anxiety, like we talked about.”



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## Maintenance

- ◆ Sustain the Change
- ◆ Prevent Relapse
- ◆ “The last few months on these medications have helped but I’m wondering if I really need to keep taking them.”



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## Lapse/Recurrence

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- ◆ Having a lapse is a normal and expected part of the process
- ◆ Avoid discouragement, demoralization, judgment
- ◆ Help re-start the stages of change and avoid getting stuck in this stage
- ◆ “I slipped up over the holidays and had a few drinks at a work Christmas party.”

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## Stage of Change Exercise

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**Pre-Contemplation**  
No intention on changing behavior

**Contemplation**  
Aware a problem exists but with no commitment to action.

**Preparation**  
Intent on taking action to address the problem

**Action**  
Active modification of behavior

**Maintenance**  
Sustained change; new behavior replaces old

**Relapse**  
Fall back into old patterns of behavior

**Upward Spiral**  
Learn from each relapse

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## Stage of Change Exercise

“I think I will book in to see that psychologist you recommended”

“Over the summer I started going to Zumba classes on Wednesday nights and I’m really liking it!”

“My weight isn’t a problem” (BMI 31, waist 100cm)

“I’ve started using nicotine patches to help me quit smoking”

“I slipped up and have gone back to drinking since the Easter holidays”

“I know my sugar levels will be better if I stick to the diet, but I don’t think I can give up sweets”

Pre-contemplative

Contemplative

Preparation

Action


Maintenance

Lapse

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## What is MI?

- ◆ A person-centered, evidence-based treatment that elicits behaviour change by helping patients explore ambivalence
- ◆ An empathic, supportive, yet directive counselling style that provides the conditions in which change can occur
- ◆ It is collaborative and honours the patient’s autonomy
- ◆ The aim is to support patients in exploring their own reasons for change and strengthen their intrinsic motivation so change arises from within
- ◆ Can be used by itself or with other treatment modalities

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## Basis of MI?

- ◆ Ambivalence about change is natural
- ◆ Ambivalence can be resolved by exploring the patient's intrinsic motivations and values
- ◆ The alliance between the patient and practitioner is a collaborative partnership to which each brings important expertise



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## The Spirit of MI

- ◆ Collaboration (vs. Confrontation): “We are going to work together”
- ◆ Evocation: “I am going to create a space for you to share about yourself and your story with me”
- ◆ Autonomy (vs Authority): “I value you and respect your decisions”
- ◆ Compassion: “I want to understand and respect you and your experience”



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## The 5 Principles of MI




- ◆ Express Empathy
- ◆ Develop Discrepancy
- ◆ Avoid Argument
- ◆ Roll with Resistance
- ◆ Support Self-Efficacy




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## Express Empathy




- ◆ “Skill for understanding another’s meaning through the use of reflective listening... It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning” (Miller & Rollnick, 1991, p. 20)
  - Listen and reflect rather than tell
  - Communicate respect for and acceptance of patients and their feelings
  - Encourage a non-judgmental, collaborative relationship
  - Be a supportive and knowledgeable consultant




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## Develop Discrepancy

- ◆ “So on the one hand you haven’t noticed any consequences of your drinking, and yet on the other we see your blood pressure has been quite high which could lead to more serious health issues.”
- ◆ “I understand that you’ve had bad experiences on the pill and I’m also aware that falling pregnant at this time would pose a big problem for you. How do you make sense of this?”
- ◆ “On the one hand you’re coughing and are out breath, and on the other hand you are saying cigarettes are not causing you any problems. What do you think is causing your breathing difficulties?”




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## Avoid Argument

- ◆ You may be tempted to argue, especially if the client is defiant or provocative, but trying to convince the client that a problem exists or that change is needed could precipitate even more resistance
  - Can turn into a power struggle
  - Goal is to “walk with” clients, not drag them



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## Types of Resistance

- ◆ Arguing
- ◆ Interrupting
- ◆ Denying
- ◆ Ignoring




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## Rolling with Resistance

- ◆ **Simple reflection**
  - Patient: “I don’t have time to exercise.”
  - Practitioner: “Your life is too busy at the moment to make time for exercise.”
  - Patient: “I really want to start taking my medication again.”
  - Practitioner: “Taking your medication is very important to you.”
- ◆ **Amplified reflection**
  - Patient: “I don’t know why my wife is so worried. I don’t drink any more than any of my friends.”
  - Practitioner: “So there is no need for your wife to be concerned about you.”




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## Rolling with Resistance

- ◆ **Double-sided reflection: Reflect both sides of the ambivalence**
  - Patient: “I know how bad it is to keep smoking with my COPD, but I just don’t know what else to do when I get stressed out.”
  - Practitioner: “So you can see how smoking can make matters worse for you yet it has also been a source of comfort and it is difficult to imagine how to manage your stress without it.”
- ◆ **Agreement with a twist**
  - Patient: “I can’t picture myself not drinking. It’s a part of who I am, it’s how I escape, and it helps me get through the day.”
  - Practitioner: “You can’t live your life without drinking. It’s such a part of who you are you will keep drinking no matter what the cost.”




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## Rolling with Resistance

- ◆ **Shifting Focus: Aligning and diffusing discord**
  - Patient: “What do you know about depression? I feel like a failure all the time. You’re a doctor; everything turned out great for you.”
  - Practitioner: “It’s hard to imagine how I could possibly understand how much pain you’re in and what you’re struggling with.”
- ◆ **Reframing**
  - Patient: “I’ve tried to keep to my diet so many times, but I always slip up.”
  - Practitioner: “You are very persistent, even in the face of discouragement. This change must be really important to you.”




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## Rolling with Resistance

- ◆ **Metaphor: Paint a picture for the client**
  - Patient: “I can’t take too much more of this anxiety.”
  - Practitioner: “You want to be in a better space.”
- ◆ **Reflection of feeling: The deepest form**
  - Patient: “If I don’t stop drinking, I won’t be able to qualify for a transplant and I could die from this.”
  - Practitioner: “You’re scared; your drinking could be a matter of life and death for you at this point.”




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## Support Self-Efficacy

- ◆ Believe in your patient
- ◆ Optimistic empowerment is engendered in the patient to encourage change
- ◆ Foster hope and enhance your patient’s belief in his or her ability to change
- ◆ Identify your patient’s strengths and bring them to the forefront whenever possible




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## Core MI Skills (OARS)

- ◆ (Asking) **O**pen-ended questions
  - Facilitates dialogue and encourages client to do most of the talking
- ◆ **A**ffirming
  - Supports and promotes self-efficacy
- ◆ **R**eflective listening
  - Check in rather than assume you know what is meant
- ◆ **S**ummarizing
  - Reinforce what has been said, shows you're listening carefully, and helps to organise your patient's thoughts



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## Open-ended Questions


- ◆ “Tell me what you like about alcohol.”
- ◆ “What’s happened since we last met?”
- ◆ “Why do you think now is a good time to change?”
- ◆ “What brought you here today?”
- ◆ “What happens when you miss your medications?”
- ◆ “How were you able to stick to your diet for 3 weeks?”
- ◆ “Tell me more about when this first began.”
- ◆ “What’s different for you this time?”
- ◆ “What was that like for you?”



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## Affirmations

- ◆ “Your commitment really shows by how regularly you’re coming to see me.
- ◆ “You showed a lot of determination by doing that.”
- ◆ “It’s clear that you’re really trying.”
- ◆ “By the way you handled that situation, you showed a lot of strength.”
- ◆ “With all the obstacles you have right now, it’s impressive that you’ve been able to maintain your progress.”




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## Reflective Listening

- ◆ Reflective listening promotes reflective thinking
- ◆ “It sounds like...”
- ◆ “What I hear you saying...”
- ◆ “So on the one hand it sounds like... And, yet on the other hand...”
- ◆ “It seems as if...”
- ◆ “I get the sense that...”
- ◆ “It feels as though...”




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## Summarising

- ◆ Draw out the most pertinent points – arguments both for and against change that the patient has said
- ◆ Clarify with patient – is this correct? Have I missed out anything?
- ◆ Can ask the patient – so what do you think you'll do about it?



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## Using your OARS


### Video Exercise

<https://www.youtube.com/watch?v=URiKA7CKtfc>




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## Motivational Strategies

- ◆ **Precontemplation**
  - Establish rapport, ask permission, build trust
  - Raise concern in the patient about behavioural patterns (feedback)
- ◆ **Contemplation**
  - Normalise ambivalence (reflect)
  - Elicit change talk, self-motivational statements of commitment
- ◆ **Preparation**
  - Clarify goals and strategies for change (affirm)
  - With permission, offer information and guidance
- ◆ **Action**
  - Reinforce the importance of changing / remaining in recovery
- ◆ **Maintenance**
  - Affirm the patient's resolve and self-efficacy
  - Develop a relapse prevention plan
- ◆ **Lapse/Recurrence**
  - Explore meaning



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## Types of Change Talk

- ◆ **Desire**
  - “I would like to...,” “I wish...,” “I really want to...”
- ◆ **Ability**
  - “I can cut down to two glasses a night”
- ◆ **Reasons**
  - “I know my health would improve if I stopped smoking”
  - “I would have more energy if I stopped using”
- ◆ **Need**
  - “I should do this for my children”
- ◆ **Commitment**
  - “I would like to...,” “I plan to...”




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## Eliciting Change Talk

- ◆ **Affirming/Weighting Discrepancy (Decisional Balance)**
  - “What are some of the good things about...?”
  - “What are some of the not so good things about...?”
- ◆ **Evaluation of Values**
  - How is the behaviour aligned or misaligned with the patient’s values?
  - Connect responses to their core values
- ◆ **Write a letter to yourself (or envision) 5 years in the future**
  - “What did you change? How did you do it?”




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## Change Rulers

- ◆ **Importance Continuum**
  - “On a scale of 1-10, how important is it for you to make a change?” “Why not one (or number just below their answer)?”
- ◆ **Readiness Ruler**
  - “On a scale of 1-10, how ready are you to make a change?”
- ◆ **Confidence (Ability)**
  - “On a scale of 1-10, how confident are you that you could make this change?” “What would have to happen to make it a 9?”
- ◆ **Commitment**
  - “If willing to make a change, on a scale of 1-10, how committed are you to that change?”



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## AOD Resources


- ◆ **Drug & Alcohol Specialist Service (DASAS)**
  - DASAS is a free telephone service for healthcare professionals only, funded by NSW Health and managed by St Vincent’s Hospital AOD Service in Sydney

<b>Sydney Metro</b> (02) 9361 8006	<b>Regional/Rural NSW</b> 1800 023 687
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- ◆ **Alcohol Drug Information Service (ADIS)**
  - 24/7 support hotline offering information, counselling, and referrals to AOD services in NSW


<b>Sydney Metro</b> 02 9361 8000	<b>Regional/Rural NSW</b> 1800 422 599
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## Mental Health Triage



Multiple Referral Points



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MENTAL HEALTH TRIAGE





**Low Intensity Mental Health Service**  
Telephone coaching for mild mental illness including low mood, stress and mild anxiety.

**Psychological Support Services**  
One to one and group psychological therapies delivered by mental health clinicians.

**Suicide Prevention Services**  
Support to maintain safety, access services and improve wellbeing.

**Aboriginal Mental Health Services**  
Service coordination and capacity building.

**Mental Health Services for people with Severe and Complex Mental Illness**  
Case management services delivered by mental health professionals including mental health nurses and social workers.

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## HealthPathways


### A WAY FORWARD

HealthPathways is an online health information website which supports GPs, hospital doctors, allied health, and other clinicians

**HealthPathways supports:**

- ✓ Condition management
- ✓ Service navigation
- ✓ Referral to specialists, facilities, public and private services
- ✓ Access to reference materials
- ✓ Access to patient educational resources





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## HealthPathways

### BENEFITS

**Patient benefits**


- ◆ Improved coordination of care
- ◆ Referral to specialists when appropriate


**Clinician benefits**


- ◆ Better communication with primary care and hospital services
- ◆ Clearer management options

**Local Health District benefits**

- ◆ Hospital avoidance due to better managed care in the community
- ◆ Appropriate use of tertiary resources






  
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Log into Sydney North HealthPathways

Username

Password

[Login](#)

[Request Access](#) [Forgot Password](#)

**How to access Sydney North HealthPathways**

If you are a health professional in the Northern Sydney region and would like to access the Sydney North HealthPathways website, please use the "Request Access" link (above) to contact the Sydney North HealthPathways team. We will then send you a username and password.

If you manage a practice and want open access (without the need for a password) for your team, please provide your practice's IP address, or discuss other options with our team.

Alternatively, please contact the Sydney North HealthPathways Team who will provide you with a username and password. The Team can be contacted via [email](#) or telephone (02) 9432 8250 (Monday to Friday).

**Disclaimer**

Please read [this disclaimer](#) before using the information on this site.

**What is HealthPathways?**

HealthPathways is an online local health information portal. It is a resource for General Practice, but could be used by other hospital and primary care clinicians in the community. Information in the portal is peer reviewed and region specific.

HealthPathways supports:

- Service navigation
- Condition management
- Referral to specialists when appropriate
- Access to reference materials
- Access to patient educational resources

HealthPathways are developed and agreed by general practitioners, hospital clinicians, and a wide range of other health professionals involved in local patient care. HealthPathways is a collaboration between the Sydney North Primary Health Network (SNPHN) and the Northern Sydney Local Health District (NSLHD).

HealthPathways is dynamic, with new pathways constantly under development and existing pathways regularly reviewed in light of changing evidence, technology, and local circumstances.

**HealthPathways is not designed to be used by the public or by patients.**

For further information on HealthPathways visit the [Sydney North Project Management website](#).

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**SNHN HealthPathways** **SYDNEY NORTH HealthPathways**

alcohol and drug

139 results found containing all search terms.

**Drug and Alcohol Counselling**

**Request**

**ACON Substance Support Service**  
 About [ACON Substance Support Service](#).  
 1. Check the [criteria](#).  
 2. [Contact the service](#).

**NSLHD Drug and Alcohol Counselling Services**  
 About [NSLHD drug and alcohol counselling](#).  
 1. Check the [criteria](#).  
 2. [Contact the service](#).  
 • If patient is not ready for counselling, give them a service phone number [and](#) referral letter for later use.  
 3. Inform the patient:  
 • Ensure the patient wants to attend counselling for their [drug and alcohol](#) problem.

**Odyssey House Community Services**  
 About [Odyssey House Community Services](#).  
 1. Check the [criteria](#).  
 2. [Contact the service](#).  
 3. Inform the patient:  
 • Ensure they are aware of the referral [and](#) the reason for being referred.  
 • Encourage the patient to sign the referral form. This gives the assessment team permission to contact the patient [and](#) provide feedback to the referrer.

[Link to HealthPathways: Drug and Alcohol Counselling](#)

Primary care username: [healthpathways](#)  
 Primary Care Password: [gateway](#)

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# HealthPathways




## NEXT STEPS

- ◆ Log in to the HealthPathways website and available localised pathways
- ◆ Install the HealthPathways desktop icon:
- ◆ Start using HealthPathways in your practice




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# Q & A



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## Additional Resources



- ◆ Substance Abuse and Mental Health Services Administration:  
Enhancing Motivation For Change in Substance Abuse Treatment
  - [https://www.drugsandalcohol.ie/20320/1/Enhancing\\_motivation\\_for\\_change\\_in\\_substance\\_abuse\\_treatment.pdf](https://www.drugsandalcohol.ie/20320/1/Enhancing_motivation_for_change_in_substance_abuse_treatment.pdf)
  
- ◆ Motivational Interviewing Strategies and Techniques: Rationales and Examples
  - [https://ucedd.georgetown.edu/DDA/documents/mi\\_rationale\\_techniques.pdf](https://ucedd.georgetown.edu/DDA/documents/mi_rationale_techniques.pdf)




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## Further info



- 📍 For video recording and handouts of this webinar, visit <https://sydney.edu.au/research/centres/matilda-centre.html> and click on 'Workforce Training'
- 🏆 To complete CPD assessment (available until 28 November 2019): <https://www.surveymonkey.com/r/WQ5HHZD>

**Next Webinar**

 **Wednesday 10 July 2019, 7.30pm**  
*Substance use and young people*  
Speaker TBC

Register: [https://zoom.us/webinar/register/WN\\_UFxcogJSbKorwOGqN\\_f5g](https://zoom.us/webinar/register/WN_UFxcogJSbKorwOGqN_f5g)

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