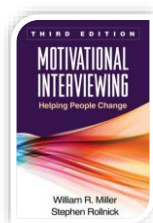
Motivational Interviewing – The Basics

Learning Objectives

1. Define motivational interviewing (MI).
2. Describe the spirit of MI.
3. Define the principles of MI.

Definition of Motivational Interviewing

"Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence."



Spirit of Motivational Interviewing

"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others."

—Blaise Pascal

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

Spirit of MI

A way of being with patients that is…

- Collaborative
- Evocative
- Respectful of autonomy
- Compassionate

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

Spirit of MI

Collaboration (not confrontation)

- Developing a partnership in which the patient's expertise, perspectives, and input are central to the consultation
- Fostering and encouraging power sharing in the interaction

Spirit of MI

Evocation (not education)

- Motivation for change resides within the patient
- Motivation is enhanced by eliciting and drawing on the patient's own perceptions, experiences, and goals
- Ask key open-ended questions

Spirit of MI

Autonomy (not authority)

- Respecting the patient's right to make informed choices facilitates change
- The patient is in charge of his/her choices and thus is responsible for the outcomes
- Emphasize patient control and choice

Spirit of MI

Compassion

- Empathy for the experience of others
- Desire to alleviate the suffering of others
- Belief and commitment to act in the best interests of the patient

What MI Is Not

- A way of tricking people into doing what you want them to do
- A specific technique
- Problem solving or skill building
- Just patient-centered therapy
- Easy to learn
- A panacea for every clinical challenge

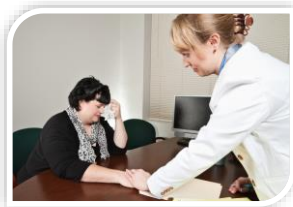
Motivational Interviewing Principles

MI Principles

MI is founded on four basic principles –

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

MI Principles: Empathy



Express Empathy

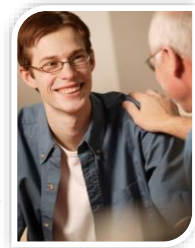
What is empathy?

- Reflects an accurate understanding
  - Assumes the person's perspectives are understandable, comprehensible, and valid
  - Seeks to understand the person's feelings and perspectives without judging

Express Empathy

Why is empathy important in MI?

- Communicates acceptance, which facilitates change
- Encourages a collaborative alliance, which also promotes change
- Leads to an understanding of each person's unique perspective, feelings, and values, which make up the material we need to facilitate change



Express Empathy

Tips…

- Good eye contact
- Responsive facial expression
- Body orientation
- Verbal and nonverbal "encouragers"
- Reflective listening/asking clarifying questions
- Avoid expressing doubt/passing judgment

Express Empathy

Empathy is distinct from…

- Agreement
- Warmth
- Approval or praise
- Reassurance, sympathy, or consolation
- Advocacy

Express Empathy

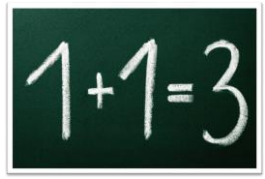
Empathy is not…

- Sharing common past experiences
- Giving advice, making suggestions, or providing solutions
- Demonstrated through a flurry of questions
- Demonstrated through self-disclosure

The Bottom Line on Empathy

- Ambivalence is normal
- Our acceptance facilitates change
- Skillful reflective listening is fundamental to expressing empathy

MI Principles: Develop Discrepancy



Develop Discrepancy

- Current behavior versus future goals

Example: *"Sometimes eating is the best way to make stress go away. But then you get on the scale, and feel uncomfortable in your clothes, and hate the way you look in the mirror. And the pain in your knees is a hard reminder of how your weight is affecting your enjoyment of life . . . "*

MI Principles: Roll with Resistance

Roll With Resistance

Examples

Patient: *I don't have time to exercise. I'm too busy already!*

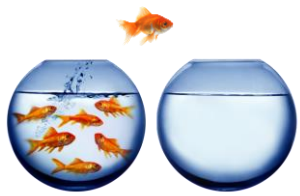
Clinician: *You don't think that finding time to exercise would work for you right now.*

Or

Patient: *My husband is always nagging me about taking my diabetes medication and watching what I eat. It really bugs me.*

Clinician: *It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry.*

MI Principles: Support Self-Efficacy



Support Self-Efficacy

- Patients are responsible for choosing and carrying out actions to change

Additional MI Principles

1. Resist the righting reflex
- If a patient is ambivalent about change, and the clinician champions the side of change…

Additional MI Principles

2. Understand your patient's motivations

- With limited consultation time, it is more productive asking patients what **their** reasons are and why they choose to change, rather than telling them they should.

Additional MI Principles

3. Listen to your patient

- When it comes to behavior change, the answers most likely will lie within the patient, and finding answers requires listening.

Additional MI Principles

4. Empower your patient

- A patient who is active in the discussion, thinking aloud about the why, what, and how of change, is more likely to do something about it.

Next Steps . . .

- Identify the basic steps in MI
- Review MI core skills

Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.

Grant #1H79TI025939-01

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

Motivational Interviewing – The Steps

Learning Objectives

1. Identify the basic steps in motivational interviewing (MI).
2. Identify MI core skills.

Four Steps of the MI Process

1. Engage
2. Focus
3. Evoke
4. Plan

Four Steps of the MI Process

Engage

- Express empathy
- Ask questions
- Use affirmations
- Support autonomy

Four Steps of the MI Process

Focus

- Reflecting
- Summarizing
- Developing discrepancies

Four Steps of the MI Process

Evoke

- Motivation
- Concerns

Four Steps of the MI Process

Plan

- Raise the subject
- Support self-efficacy
- Address elements of change

Motivational Interviewing Core Skills

Core MI

- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

OARS

Open-Ended Questions

Using open-ended questions—

- Enables the patient to convey more information
- Encourages engagement
- Opens the door for exploration

OARS

Open-Ended Questions

- Gather broad descriptive information
- Require more of a response than a simple yes/no or fill in the blank
- Often start with words such as—
  - ✓ "How…"
  - ✓ "What…"
  - ✓ "Tell me about…"
- Usually go from general to specific

Open-Ended Questions

Why open-ended questions?

- Avoid the question-answer trap
  - Puts patient in a passive role
  - No opportunity for patient to explore ambivalence

Open-Ended Questions

Why open-ended questions?

- Opportunity to explore ambivalence

Closed-Ended Questions Present Conversational Dead Ends

Closed-ended questions typically –

- Are for gathering very specific information
- Tend to solicit yes-or-no answers
- Convey impression that the agenda is not focused on the patient

Exercise

Turning a closed-ended question into an open-ended one

"Do you feel depressed or anxious?"

Exercise

Turning a closed-ended question into an open-ended one

"How has your mood been recently?"

"Can you tell me how you have been feeling?"

"How have you been feeling emotionally?"

Affirmations

What is an affirmation?

- Compliments or statements of appreciation and understanding
  - ✓Praise positive behaviors
  - ✓Support the person as they describe difficult situations

OARS

Affirmations

Why affirm?

- Support and promote self-efficacy, prevent discouragement
- Build rapport
- Reinforce open exploration (patient talk)

Caveat

- Must be done sincerely

Affirmations

- Commenting positively on an attribute
  - ✓ "You are determined to get your health back."
- A statement of appreciation
  - ✓ "I appreciate your efforts despite the discomfort you're in."
- A compliment
  - ✓ "Thank you for all your hard work today."

Reflective Listening

Reflective listening is one of the hardest skills to learn

"Reflective listening is a way of checking rather than assuming that you know what is meant."

(Miller and Rollnick, 2002)

OARS

Reflective Listening

- Involves listening and understanding the meaning of what the patient says
- Demonstrates that you have accurately heard and understood the person
- Encourages further exploration of problems and feelings

Levels of Reflection

Simple Reflection stays close: repeating, rephrasing

Person: "I hear what you are saying about my drinking, but I don't think it's such a big deal."

Clinician: "So, at this moment you are not too concerned about your drinking."

Levels of Reflection

Complex Reflection makes a guess: paraphrasing, inferring meaning, "continuing the paragraph"

Patient: "Who are you to be giving me advice? What do you know about drugs? You've probably never even smoked a joint!"

Clinician: "It's hard to imagine how I could possibly understand."

Levels of Reflection

Complex Reflection: reflects on feelings

Patient: "My wife decided not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of my using around her, now she wants immediate change and doesn't want to help me!"

Clinician: "Her choosing not to attend today's meeting was a big disappointment for you."

Levels of Reflection

Double-sided Reflection: reflects on both sides of the ambivalence the patient experiences

Patient: "But I can't quit drinking. I mean, all my friends drink!"

Clinician: "You can't imagine how you could not drink with your friends, and *at the same time* you're worried about how it's affecting you."

Patient: "Yes. I guess I have mixed feelings."

Communication Roadblocks

Examples of non-reflective listening

- Ordering, directing, commanding
- Warning, cautioning, threatening
- Giving advice, making suggestions, providing solutions
- Persuading with logic, arguing, lecturing
- Telling what to do, preaching
- Disagreeing, judging, criticizing, blaming

Summaries

- Periodically summarize what has occurred in the counseling session
- Summary usages
  - ✓ Begin a session
  - ✓ End a session
  - ✓ Transition

OARS

Summaries

Strategic summary—select what information should be included and what can be minimized or left out

Additional information can also be incorporated into summaries—for example, past conversations, assessment results, collateral reports

Summaries

- Examples
  - ✓ "So, let me see if I've got this right…"
  - ✓ "So, you're saying… is that correct?"
  - ✓ "To make sure I'm understanding exactly what you've been trying to tell me…"
- Double-sided reflections are effective as summaries to illustrate ambivalence

Next Steps . . .

- Review additional information and tools used in MI and Brief Interventions
- Discuss the change process – stages of change and readiness to change

Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.

Grant #1H79TI025939-01

Motivational Interviewing – Enhancing Motivation to Change Strategies

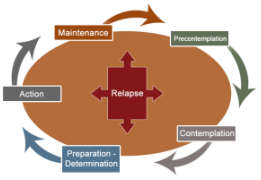
Learning Objectives

1. Describe the stages of change.
2. Identify ways to elicit change talk.
3. Describe decisional balance and using the readiness ruler.

Theoretical Framework Informing Motivational Interviewing (MI)

Prochaska and DiClemente identified five stages of change:

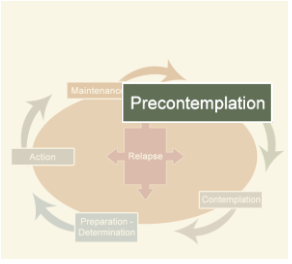
1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance



MI Informed by Stages of Change

1. Precontemplation

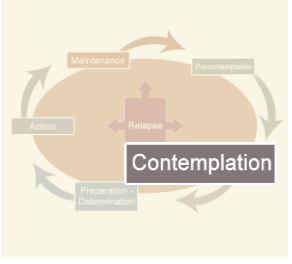
- The patient is not yet recognizing a problem or considering change.
- Clinician's goal is to build rapport and raise awareness.
- Clinician's task is to inform and encourage.



MI Informed by Stages of Change

2. Contemplation

- The patient is evaluating reasons for and against change.
- Clinician's goal is to build motivation.
- Clinician's task is to explore and resolve ambivalence.



MI Informed by Stages of Change

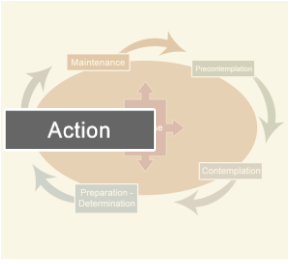
3. Preparation

- The patient is planning for change.
- Clinician's goal is to negotiate a plan.
- Clinician's task is to facilitate decision-making.

MI Informed by Stages of Change

4. Action

- The patient is making the identified change(s).
- Clinician's goal is to support implementation of the plan.
- Clinician's task is to support self-efficacy.



MI Informed by Stages of Change

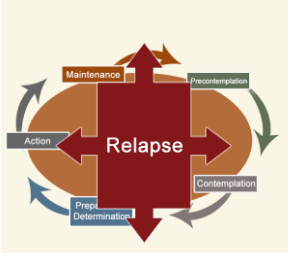
5. Maintenance

- The patient is working to sustain change(s).
- Clinician's goal is to help maintain change.
- Clinician's task is to prevent relapse.

MI Informed by Stages of Change

Relapse

- Event(s) trigger the individual to return to previous behaviors.
- Reengage.
- Review goals and strategies.
- Recurrence does not equal failure.



Remember

"Readiness to change"

- ✓ State
- ✗ Trait

Increasing Change Talk

Change talk is at the heart of MI. Through our conversations, we elicit—

- **D**esire – I wish/want to…
- **A**bility – I can/could…
- **R**easons – It's important because…
- **N**eed – I have to…

What Is Change Talk?

Change talk

- Patient expresses motivation to change
- Example

"I wish I could quit smoking because it's a really bad example for my kids and the cost is killing me!"

Change Talk

As change talk emerges, affirm and reinforce it

- Reflect and summarize consequences of the behavior identified by the patient
- Example: *"You are quite concerned about the effects your smoking may be having on your family. Being a good parent is important to you."*

Strategies in Brief Intervention

- Decisional balance
- Readiness ruler
- Personalized reflective discussion

Decisional Balance

- Highlights the individual's ambivalence (maintaining versus changing a behavior)
- Leverages the costs versus the benefits

Decisional Balance

- Accept all answers
- Explore answers
- Note both the benefits and costs of current behavior and change
- Explore costs/benefits with patient's goals and values

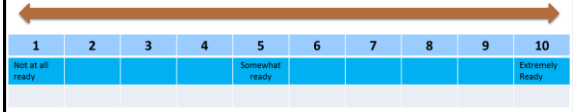
Readiness Rulers: I-C-R

Readiness rulers can address –

- Importance
- Confidence
- Readiness

Readiness Ruler

On a scale of 1 to 10, how ready are you to make a change?



MI Is Key to Change

MI strategies facilitate . . .

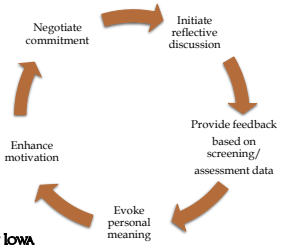
- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change

Personalized Reflective Discussion

Use screening/assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change.

Personalized Reflective Discussion

Enhancing motivation and commitment

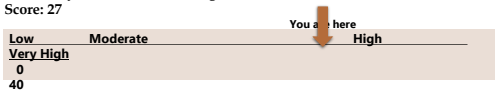


Initiating Reflective Discussion

- Start the reflective discussion asking permission of our patients to have the conversation
- Example: "Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?"

Providing Feedback

Substance use risk
Based on your AUDIT screening –
Score: 27



Review

- Score
- Level of risk
- Risk behaviors
- Normative behavior

Evoking Personal Meaning

Reflective questions: From your perspective…

- What relationship might there be between your drinking and ____?
- What are your concerns regarding use?
- What are the important reasons for you to choose to stop or decrease your use?
- What are the benefits you can see from stopping or cutting down?

Summarizing

- Acknowledges perceived benefits of their behavior
- Elicits the "personal and important" problems or concerns caused by their behavior
- Elicits, affirms, and reinforces motivation to change
- Helps resolve ambivalence and reinforces motivation

Enhancing Motivation

Readiness Ruler

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

Negotiating Commitment

- Simple
- Realistic
- Specific
- Attainable
- Follow-up timeline

Next Steps . . .

- Identify steps in the Brief Intervention
- Practice being the client, counselor, and observer

Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.

Grant #1H79TI025939-01

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

Motivational Interviewing and the Brief Intervention

Learning Objective

1. Apply steps of the Brief Intervention that is grounded in motivational interviewing.

MI in Daily Practice

- **Brief Intervention (BI)**
  - ✓Is a motivational and awareness-raising intervention used with risky or problematic substance users
  - ✓Uses motivational interviewing (MI) principles
  - ✓Follows the same basic steps each time it is used (semi-structured)
  - ✓Takes from 5 to 15 minutes

Brief Intervention

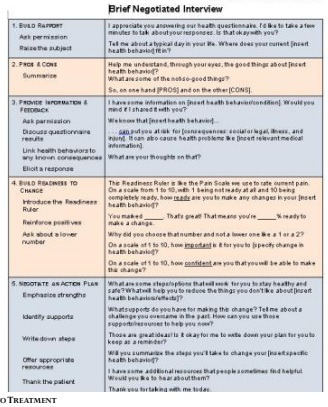
- Goals are fluid and depend on a variety of factors
  - ✓The person's primary concerns
  - ✓The person's **readiness** to change
  - ✓The person's specific needs
- Approaches are consistent with **Person-Centered Care**! Let the older adult guide discussion of how they can best be helped to make changes!

Steps in the Brief Intervention

- Build rapport—raise the subject
- Explore the pros and cons of use
- Provide information and feedback
- Assess readiness to change with the "readiness ruler"
- Negotiate an action plan

→ Use this form to guide the interview

→ The format is evidence-based, and helps providers apply the intervention in a 5- to 15-minute window



Brief Negotiated Interview

1. Build Rapport	I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your responses. Is that okay with you?
Ask permission	
Raise the subject	Tell me about a typical day in your life. Where does your current [insert health behavior] fit in?
2. Pros & Cons	Help me understand, through your eyes, the good things about [insert health behavior]?
Summarize	What are some of the not-so-good things?
	So, on one hand [PROS] and on the other [CONS].
3. Provide Information & Feedback	I have some information on [insert health behavior/condition]. Would you mind if I shared it with you?
Ask permission	We know that [insert health behavior]
Discuss questionnaire results	can put you at risk for [consequences: social or legal, illness, and injury]. It can also cause health problems like [insert relevant medical information].
Link health behaviors to any known consequences	What are your thoughts on that?
Elicit a response	
4. Build Readiness to Change	The Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how ready are you to make any changes in your [insert health behavior]?
Introduce the Readiness Ruler	You marked ____. That's great! That means you're ____% ready to make a change.
Reinforce positives	Why did you choose that number and not a lower one like a 1 or a 2?
Ask about a lower number	On a scale of 1 to 10, how important is it for you to [specify change in health behavior]?
	On a scale of 1 to 10, how confident are you that you will be able to make this change?
5. Negotiate an Action Plan	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about [insert health behavior/effects]?
Emphasize strengths	
Identify supports	What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?
Write down steps	Those are great ideas! Is it okay for me to write down your plan for you to keep as a reminder?
Offer appropriate resources	Will you summarize the steps you'll take to change your [insert specific health behavior]?
Thank the patient	I have some additional resources that people sometimes find helpful. Would you like to hear about them?
	Thank you for talking with me today.

1. Build Rapport → Raise the Subject

- Begin with a general conversation
- Ask permission to talk about alcohol or drugs/score on the scale
- Be prepared: They may not want to talk about their use. *What then?*

2. Discuss the Pros and Cons

"Help me understand through your eyes . . . "

- What are the good things about [key issue]?
- What are some of the not-so-good things about [key issue]?

2. Discuss the Pros and Cons

Use open-ended questions

- Requires more than a simple yes/no response
- Gathers broad descriptive information
- Encourages engagement
- Opens the door for exploration
- *You learn more about the person's view about their use – which helps in making any plans for change!*

2. Discuss the Pros and Cons

Summarize

- Reinforces what has been said
  - ✓Double checks your understanding
  - ✓Puts information in a balance→ "On the one hand, you enjoy . . . But on the other hand, drinking is causing some problems with . . ."
- Shows careful listening

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

3. Provide Information & Feedback

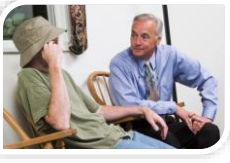
Main tasks . . .

- Ask permission to give information
- Discuss screening/ health findings
- Link current behaviors to any known consequences
- Check perceptions/view

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

3. Provide Information & Feedback

- **Ask:** "I have some information on [problem/issue]. Would you mind if I shared it with you?"
- **Explain:** Talk about risks, using educational handouts or other supportive materials



The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

3. Provide Information & Feedback

Explain:

- Discuss issues (e.g., lab results, weight, scale scores)
- Link risks to the person

We know that drinking can put you at risk for falling, plus it can complicate problems with your heart.

Ask: "What are your thoughts on that?"

4. Use a Readiness Ruler

- On a scale from 1 to 10…
  - ✓How **ready** are you to make a change?
  - ✓How **important** is it?
  - ✓How **confident** are you?

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

4. Use a Readiness Ruler

- **Ask:** "Could we talk for a few minutes about your interest in making a change?"
- **Explain:**
  - ✓"This Readiness Ruler is like the Pain scale that we use to rate pain . . ."
  - ✓"On a scale from 1 to 10 . . ."

- Reinforce positives "You marked __. That's great!"

5. Negotiate an Action Plan

- A plan for reducing use to low-risk levels

OR

- An agreement to follow-up with specialty treatment services
- Note: It's also possible that help is not wanted at this time and they "turn you down" on making changes

5. Negotiate an Action Plan

Main steps:

- Introduce change
  - ✓"What are some steps/ options that will work for you to stay healthy?"
  - ✓"What will help you reduce the things you don't like about drinking [effects of drugs]?"
- Emphasize strengths
  - ✓"From our conversation I believe you . . . [list strengths]. What do you think will most help you make this change?"

5. Negotiate an Action Plan

- Identify supports
  - ✓"What supports do you have for making this change?"
  - ✓"Tell me about a challenge you overcame in the past. What most helped in that situation?"
- Write down steps
  - ✓"Those are great ideas! Is it okay for me to write down your plan, to keep with you as a reminder?"

5. Negotiate an Action Plan

- Offer appropriate resources
  - ✓"I have some additional resources that people sometimes find helpful. Would you like to hear about them?"
- Thank the patient

Use OARS Throughout!

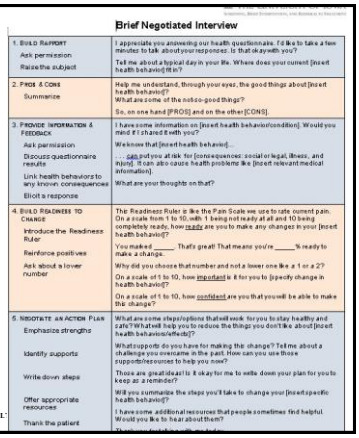
- Open-ended questions
  - ✓Generate ideas
- Affirmations
  - ✓Support ideas
  - ✓Focus on strengths
  - ✓Thank the patient
- Reflective listening
  - ✓Shows you're engaged
  - ✓Can stimulate additional ideas
- Summaries
  - ✓Pros and cons
  - ✓Action plan
  - ✓Overall session

Summary

- **Brief Intervention** relies on
  - ✓Building the relationship
  - ✓Being non-judgmental
  - ✓Listening carefully
  - ✓Asking permission to discuss, share information
  - ✓Showing care, compassion, interest
  - ✓Giving advice in limited situations (e.g., if the person refuses to engage; asks for your thoughts)

Follows a structure, but there is rarely ONE "right" way!!

→ As before, the form is designed to help you move through the steps in a timely manner!



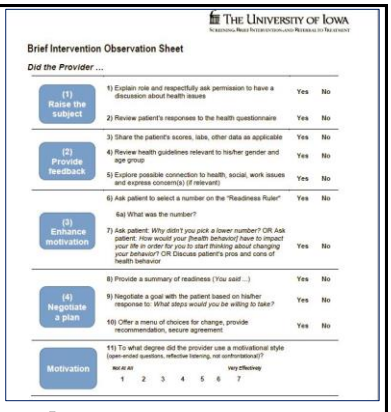
Brief Negotiated Interview

1. Build Rapport	I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your responses. Is that okay with you?
Ask permission	
Raise the subject	Tell me about a typical day in your life. Where does your current [insert health behavior] fit in?
2. Pros & Cons	Help me understand, through your eyes, the good things about [insert health behavior]? What are some of the not-so-good things?
Summarize	So, on one hand [PROS] and on the other [CONS].
3. Provide Information & Feedback	I have some information on [insert health behavior/condition]. Would you mind if I shared it with you?
Ask permission	We know that [insert health behavior]...
Discuss questionnaire results	... can put you at risk for [consequences: social or legal, illness, and injury]. It can also cause health problems like [insert relevant medical information].
Link health behaviors to why known consequences	What are your thoughts on that?
Elicit a response	
4. Build Readiness to Change	The Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how ready are you to make any changes in your [insert health behavior]?
Introduce the Readiness Ruler	You marked _____. That's great! That means you're _____% ready to make a change.
Reinforce positives	Why did you choose that number and not a lower one like a 1 or a 2?
Ask about a lower number	On a scale of 1 to 10, how important is it for you to [specify change in health behavior]?
	On a scale of 1 to 10, how confident are you that you will be able to make this change?
5. Negotiate an Action Plan	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about [insert health behaviors/effects]?
Emphasize strengths	
Identify supports	What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?
Write down steps	Those are great ideas! Is it okay for me to write down your plan for you to keep as a reminder?
Offer appropriate resources	Will you summarize the steps you'll take to change your [insert specific health behavior]?
Thank the patient	I have some additional resources that people sometimes find helpful. Would you like to hear about them?

→ This observation form is included in your packet and is for use as you practice.

The numbering and categories don't follow the BNI form exactly, but you can still track whether the main approaches were used or not.

Remember! The focus is on gaining skills, so practice being non-judgmental!



The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

Brief Intervention Observation Sheet

Did the Provider ...

(1) Raise the subject	1) Explain role and respectfully ask permission to have a discussion about health issues	Yes	No
	2) Review patient's responses to the health questionnaire	Yes	No
(2) Provide feedback	3) Share the patient's scores, labs, other data as applicable	Yes	No
	4) Review health guidelines relevant to his/her gender and age group	Yes	No
	5) Explore possible connection to health, social, work issues and express concern(s) (if relevant)	Yes	No
(3) Enhance motivation	6) Ask patient to select a number on the "Readiness Ruler"	Yes	No
	6a) What was the number?		
	7) Ask patient: *Why didn't you pick a lower number?* OR Ask patient: *How would your [health behavior] have to impact your life in order for you to start thinking about changing your behavior?* OR Discuss patient's pros and cons of health behavior	Yes	No
(4) Negotiate a plan	8) Provide a summary of readiness (*You said ...*)	Yes	No
	9) Negotiate a goal with the patient based on his/her response to: *What steps would you be willing to take?*	Yes	No
	10) Offer a menu of choices for change, provide recommendation, secure agreement	Yes	No
Motivation	11) To what degree did the provider use a motivational style (open-ended questions, reflective listening, not confrontational)? Not at All 1 2 3 4 5 6 7 Very Effectively		

Practice: Brief Intervention

- Three roles →
  - ✓Client: Connie, Jean, or Robert
    - Play the "part" based on the description
  - ✓Counselor
    - Explore problems/issues based on "referral"
    - Use the BNI form to guide the discussion
  - ✓Observer
    - Monitor the interaction; be the "time keeper"
    - Provide feedback on strengths/ideas for improvement

Practice: Brief Intervention

- Break into groups of 3
- Take turns being the client, counselor and observer
- No more than 10 minutes for each

Acknowledgment

Content in this educational program was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under grant to the University of Iowa with permission to adapt and use in training.

Grant #1H79TI025939-01

The University of Iowa
Screening, Brief Intervention, and Referral to Treatment

THE UNIVERSITY OF IOWA
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Brief Negotiated Interview

1. **BUILD RAPPORT** **Ask permission** **Raise the subject**	I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your responses. Is that okay with you? Tell me about a typical day in your life. Where does your current [insert health behavior] fit in?
2. **PROS & CONS** **Summarize**	Help me understand, through your eyes, the good things about [insert health behavior]? What are some of the not-so-good things? So, on one hand [PROS] and on the other [CONS].
3. **PROVIDE INFORMATION & FEEDBACK** **Ask permission** **Discuss questionnaire results** **Link health behaviors to any known consequences** **Elicit a response**	I have some information on [insert health behavior/condition]. Would you mind if I shared it with you? We know that [insert health behavior]… . . . can put you at risk for [consequences: social or legal, illness, and injury]. It can also cause health problems like [insert relevant medical information]. What are your thoughts on that?
4. **BUILD READINESS TO CHANGE** **Introduce the Readiness Ruler** **Reinforce positives** **Ask about a lower number**	This Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how ready are you to make any changes in your [insert health behavior]? You marked _____. That's great! That means you're _____% ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2? On a scale of 1 to 10, how important is it for you to [specify change in health behavior]? On a scale of 1 to 10, how confident are you that you will be able to make this change?
5. **NEGOTIATE AN ACTION PLAN** **Emphasize strengths** **Identify supports** **Write down steps** **Offer appropriate resources** **Thank the patient**	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about [insert health behaviors/effects]? What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? Those are great ideas! Is it okay for me to write down your plan for you to keep as a reminder? Will you summarize the steps you'll take to change your [insert specific health behavior]? I have some additional resources that people sometimes find helpful. Would you like to hear about them? Thank you for talking with me today.

Adapted from BNI-ART Institute, www.bu.edu/bniart/

THE UNIVERSITY OF IOWA
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Brief Intervention Observation Sheet

Did the Provider …

(1) Raise the subject	**1)** Explain role and respectfully ask permission to have a discussion about health issues	**Yes**	**No**
	2) Review patient's responses to the health questionnaire	**Yes**	**No**
(2) Provide feedback	**3)** Share the patient's scores, labs, other data as applicable	**Yes**	**No**
	4) Review health guidelines relevant to his/her gender and age group	**Yes**	**No**
	5) Explore possible connection to health, social, work issues and express concern(s) (if relevant)	**Yes**	**No**
(3) Enhance motivation	**6)** Ask patient to select a number on the "Readiness Ruler"	**Yes**	**No**
	6a) What was the number?		
	7) Ask patient: *Why didn't you pick a lower number?* OR Ask patient: *How would your [health behavior] have to impact your life in order for you to start thinking about changing your behavior*? OR Discuss patient's pros and cons of health behavior	**Yes**	**No**
(4) Negotiate a plan	**8)** Provide a summary of readiness (*You said ...*)	**Yes**	**No**
	9) Negotiate a goal with the patient based on his/her response to: *What steps would you be willing to take?*	**Yes**	**No**
	10) Offer a menu of choices for change, provide recommendation, secure agreement	**Yes**	**No**
Motivation	**11)** To what degree did the provider use a motivational style (open-ended questions, reflective listening, not confrontational)? *Not At All* **1 2 3 4 5 6 7** *Very Effectively*		

Adapted from the BI Adherence/Competence Scale and the Oregon Brief Observation Sheet.

12) Additional comments about provider performance:

Behavioral Issue Case for Motivational Interviewing
Connie Jones

For the Practitioner/Interviewer:

Connie Jones, a 68-year-old female, was referred to you for assessment and possible referral to community services needed to help her maintain function at home. The primary care provider notes that she presented in clinic requesting pain medication other than Tylenol for her knee pain.

She currently weighs 250 pounds and is 5 feet 3 inches tall. Pain has been intermittent with physical activities, like gardening, for several years. More recently she is having pain with most IADLs, particularly housework, and some ADLs, like movement during bathing and dressing. Acute pain on movement is reducing her activity level, and she has gained 10 additional pounds over the last month. She has had two episodes of "near injury" related to unexpected pain on movement, suggesting home modifications might be needed. She is exceptionally healthy otherwise, has been faithful in completing routine preventive health visits, and has no acute or chronic health-related diagnoses except obesity. She takes Tylenol for pain, but it doesn't seem to be enough to be pain-free. This is why she was seeking another medication choice. Weight loss was recommended in the recent health visit, along with increased exercise.

For the person playing Connie's part:

- You know you are very overweight and that this probably contributes to stress and pain in your knees. At the same time, you're not really excited about "dieting" again.

- You've lost and gained weight over your life – starting in your youth. Your lowest weight was 110 pounds and your highest is your current weight, with an average being between 150 and 160 pounds.

- Losing weight successfully was nearly always due to an "event" that made you want to look your best. You often kept it off for years, but then reverted to habits that led to weight gain.

- In your younger years, you were quite physically active and loved outdoor activities like gardening, hiking, and biking. In mid-life, you joined a health club to exercise, since family and work demands prevented you from engaging in your preferred outdoor activities. You eventually gave up on that due to time constraints with work, and over the years your weight just increased.

- Your job is sedentary, as you work on a computer in an office that doesn't support walking on breaks or even standing at the computer.

- You increasingly find that you're just too tired to do what you "know is right," like dieting or exercise. Your work is demanding and you prefer to just relax and eat at the end of the day.

- Your husband is supportive, but he is also obese and physically inactive. Your three children all live at a distance, stay in touch by phone, but visit irregularly. Two of the three struggle with weight.

Behavioral Issue Case for Motivational Interviewing
Jean Green

For the Practitioner/Interviewer:

Jean Green is an 85-year-old female that was referred to you for assessment and possible referral to community services needed to help her maintain function at home. The primary care provider notes that she presented in clinic with symptoms of loss of interest in usual activities, no appetite, weight loss, fatigue, and sleep problems that she blamed on being a caregiver for her 89-year-old husband, John, who has dementia. The provider diagnosed Jean with clinical depression, started her on an antidepressant, and suggested she get respite care or take John to the adult day health program a few days a week so she "gets a break." However, she says "no one can care for John but me."

Jean and John live in the country, about 15 miles from the nearest town with services. Jean drives and has few health-related issues other than the stress of caring for her husband. Their adult children all live in communities that are three or more hours away. Although they call regularly, they don't visit on a regular basis. The couple has few remaining friends, and most struggle with their own medical and social problems. Formal support services are available, but Jean has not been interested in the past.

For the person playing Jean's part:

- You and John have been married for 60 years and have never been apart.
- You have five children, including three daughters who call weekly to check on you and John. They offer to come help, but you don't want to be a "burden" to them.
- People in your church have also offered to come stay with John so you can go out by yourself, but you have not decided you want to try this. However, the burden of taking John with you everywhere, and constantly supervising him, is wearing you down.
- You have been physically tired, slowed down, and out of energy to do much of anything. The Nurse Practitioner said this is partly because of "clinical depression" and started you on medicine, but you can't tell that it is really helping you.
- Sleeping through the night is hard because John gets up and wanders around the house. You've been worried he will go outside and get lost in the cornfield – which you heard happened to a man like him.
- You know you need some personal time, and you also know services are available to help, but you don't like the thought of "strangers" taking care of John OR being in your house when you aren't home.
- You try to be grateful for what you have, including your home, enough money to do mostly what you want, and your ability to drive and manage John's care. However, it's all been much harder over the last two months and you are feeling overwhelmed and exhausted by everything right now.

Behavioral Issue Case for Motivational Interviewing

Robert Owens

For the Practitioner/Interviewer:

Robert is a 75-year-old retired farmer who recently moved to town after his wife died after a long course of illness. His children urged him to move in order to be around people and closer to services, so he relocated to an independent living apartment that houses 24 older adults. Robert was referred to you for assessment and possible referral to community services needed to help him maintain function at his new apartment.

The primary care provider (PCP) notes that he presented in clinic for a routine check-up. Concerns leading to the referral included 15-pound weight loss over three months (without intent); labs suggesting poor control of diabetes, which has been regulated by diet and oral medications until this time; higher than usual blood pressure; report of socializing with “the guys” at the local tavern, but only drinking “a couple” over the course of a week; and possible relocation stress issues suggested by Robert’s complaints about having nothing interesting to do in town and wishing he were still on the farm.

For the person playing Robert's part:

- Although your wife was sick a long time before she died, she continued to take care of most of the household chores. She also took care of you, including your diet and diabetes management.

- Since moving to the apartment, which everyone – including you – thought was a good idea, you feel more alone than when you were on the farm. At least there you had farm animals and "tinkering" to fill the days.

- The apartment building is filled with older people, but you don't know any of them. Also, they seem to have "cliques" at the common meals served at breakfast and lunch. You quit going because it just didn't "feel right."

- You know you aren't eating the way you should, and you keep forgetting to take your pills – which you also know is a problem. At the same time, you aren't sure you really care anymore. You miss your wife and the farm, and are sorry things have turned out like this.

- You started going to the tavern to play cards and shoot pool, which are both enjoyable. At first you just drank sodas, but then started having beers since that's what the other guys were drinking.

- You've never been a "drinker," but you have found that after a few drinks you laugh and joke more and don't worry so much about being alone in life.

- You and your wife used to do lots of things with other couples, like dancing, playing cards, going to church, and volunteering for the 4-H club. But as her health failed, you did less of everything and spent more time at home just tending the property and trying to take care of her.