Colorado Colorectal Screening Program
Patient Navigator

Introduction to Motivational Interviewing
In Patient Navigation
Preview Webinar and
Workshop May 28 & 29, 2014

Facilitated by
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The MI Training Hand Book is adapted from the Body & Soul Peer Counselor Training, National Cancer Institute (2005) Bethesda, MD, the work of Bill Miller and Steve Rollnick 1991-present, and the collective wisdom and contributions of the Motivational Interviewing Network of Trainers (MINT) with special thanks to highly skilled MI trainer Kathleen Garrett, MA, NCC who is also a member of MINT.
Hello!

Welcome to this introductory webinar about Motivational Interviewing, also called MI. This will introduce quite a few concepts about MI. Don’t feel you have to master them, or figure out exactly how they fit all together. We will do more of that in the workshop training.

We’ll start our training by reviewing some of what has been covered here, including your reports from the exercises that you try. So please bring in your answers to these exercises, and write down any webinar-related questions. You should feel able to explain your sense of what MI is about at the end of this webinar, in a “rough draft” kind of way. (And many of you are likely familiar with some of this already.) Much of it is fun stuff, so enjoy that.

Note: Many of the slides are self-explanatory, and may not be further discussed in this workbook. If you are about to watch a video, check this workbook before you watch to make sure there are no instructions for you. Thank you; I look forward to meeting you!

Denise Barnes

LEARNING OBJECTIVES

At the conclusion of this webinar/workshop program you will be able to:

• Describe motivational interviewing (MI).
• Identify the four key MI processes and MI SPIRIT.
• Understand how conversation can facilitate change.
• Demonstrate the four MI Skills (OARS).
• Demonstrate basic strategies that will enhance patient readiness to change.

MI IN A NUTSHELL

Motivational interviewing is a client-centered, guiding communication style for enhancing a person’s intrinsic motivation for change. We emphasize that MI is a method of communication rather than a set of tricks for getting people to do what they don’t want to do. It is not something that one does to people, but rather, it is a fundamental way of being with and for people—a facilitative approach to communication that evokes natural changes (Miller & Rollnick, 2002).
This style of communication was developed by William Miller (University of New Mexico), Stephen Rollnick (University of Wales College of Medicine), and their colleagues over the past two decades.

The MI style of communication is based on the MI spirit of:

**Autonomy**
- Honoring and supporting client’s personal responsibility for change
- Sharing power and dual expertise

**Collaboration**
- Meeting of the client and professional’s hopes
- Sharing power and dual expertise

**Evocation**
- Drawing out client’s concerns, wishes, hopes, strengths, goals, values, and intentions.

**Compassion**
- Demonstrating genuine concern for the well-being of your client

### Uses of MI

MI is usually thought of as a brief intervention (1 – 4 sessions) that can be effective on its own as in cancer screening and other health screening tests. It can also be used to prepare clients for treatment as usual (e.g., in the case of alcohol, nicotine and other addiction treatments, weight management, medical adherence, etc.) In terms of age groups, MI was developed for use with adults and is starting to be used with adolescents but has not been studied in children.

**MI might be easy for you if . . .**

- You are a good listener
- You honor and hold a deep respect for clients
- You are warm and caring with clients
- You feel comfortable acting as an equal with clients
- You believe it is important to be genuine
- You believe that the answers and motivations lie within the client
- You accept and expect that clients will disagree with you and challenge you
• You understand that making a decision to change is often difficult
• You know that the process of change does not usually go smoothly, and often includes relapse
• You appreciate how complex people’s lives and motivations can be
• You are sensitive to the clients’ verbal and nonverbal behavior and are willing to change your behavior to see if that will help the client
• You are willing to take responsibility for your part in decreasing or increasing a client’s movement toward change in their drinking (not all of the responsibility


BASKETBALL PERCEPTION TEST – Slide 11

Carefully count the passes the white team makes. It’s said men make more passes than women, but we’ll see...

Now, watch the video again. Do you notice anything else that stands out, when you just watch it without any instructions? Wow! What do you make of that? (we see what we expect at times).
A final note on the processes...

Note about MI processes and MI Spirit:
Using all of these processes together defines MI; Using only one or two of these processes will not necessarily be MI. For the best outcome, work toward using all of these processes with clients.

THE NON MI WAY, THE MI WAY VIDEOS

As you watch each of these, note the motivation of the client before and after the session, on a scale of 1-10, with 10 being the highest. Track what the M.D. does to influence her patient’s motivation, and how different types of conversations support change (or don’t!).

Not the MI Way – “The Ineffective Physician Video”
Group Discussion

- How motivated was this patient at the beginning of the session?
- How motivated was she at the end?
- What happened in between?
- What specifically did the health care provider do to increase or decrease motivation?

The MI Way “The Effective Physician Video”

Group Discussion

- How motivated was this patient at the beginning of the session?
- How motivated was she at the end?
- What happened in between?
- What specifically did the health care provider do to increase or decrease motivation?

CREATING A FOUNDATION – WHAT IS MOTIVATION ANYWAY?

- An ever changing state (not trait)
- Fundamental to change!
- Fluctuates in response to the influence of others, especially helping professionals and peers!
- Strongly influenced by the interpersonal “style” of helping professionals!
THE STAGES OF CHANGE MODEL

Note how Banksy the dog demonstrates the Stages of Change model... 😊

This section contains information about the Stages of Change model developed by James Prochaska and Carlo Di Clemente.


Stage 1: Precontemplation
Your patient hasn’t yet decided to get screened for colon cancer, even though her doctor is pressing her to do so. She is just not convinced that she needs a screening. Although colon cancer runs in her family, it is on her father’s side and she looks just like her Mother. She sees no reason to go through all the trouble.

Stage 2: Contemplation
Your patient is seriously considering getting a colonoscopy but may not be ready to start. At this stage, she is likely to feel stuck. She recognizes the importance of being screened, especially given a family history of cancer, but she’s afraid of what the doctors might find.

Stage 3: Preparation
Your patient has made a commitment to get a colonoscopy and she’s planning to take action soon, and will probably set an appointment within the next week.

**Stage 4: Action**
Now your patient is at the starting line. She not only has the desire and commitment to get a recommended colonoscopy, but she has the tools she needs as well. She’s created a plan for herself including having made the appointment and arranged a ride.!

**Stage 5: Maintenance**
Your patient has gotten a colonoscopy as prescribed and is aware of the recommended screening schedule. She is committed to following up with her doctor regularly and getting another colonoscopy in five years.

*This is not discussed in the slides, but may be of interest for you.*

**Patient Navigator’s Tasks Based on Patient’s Readiness**

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics</th>
<th>Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Not currently considering change: &quot;Ignorance is bliss.&quot;</td>
<td>Validate lack of readiness. Clarify decision is theirs. Encourage re-evaluation of current behavior. Encourage self-exploration, not action. Help personalize the importance of change.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Ambivalent about change: &quot;Sitting on the fence&quot;; Not considering change in the immediate future</td>
<td>Validate lack of readiness. Clarify: decision is theirs. Encourage evaluation of pros and cons of behavior change. Identify and promote new, positive outcome expectations.</td>
</tr>
<tr>
<td>Preparation</td>
<td>Some experience with change and are trying to change: &quot;Testing the waters.&quot; Planning to act within 1 month.</td>
<td>Identify and assist in problem solving regarding obstacles. Help patient identify social support. Verify that patient has underlying skills for behavior change. Encourage small initial steps.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Continued commitment to sustaining new behavior Post-6 months to 5 years.</td>
<td>Plan for follow-up support Reinforce internal rewards. Discuss coping with relapse.</td>
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**Ambivalence - Normal Part of Change**
Ambivalence is a normal part of the process of change. Successfully resolving ambivalence is a crucial part of MI work.

THE TWO SIDES OF AMBIVALENCE

“Resistance”
“Advantages of Status quo”
“Disadvantages of change”
“Pessimism about change”
“Yes, but…”

“Change Talk”
“Disadvantages of Status quo”
“Advantages of change”
“Optimism about change”
“I want to do something different…”

Change Talk = Importance & Confidence

THE GOAL OF THE PATIENT NAVIGATOR IS TO REDUCE RESISTANCE AND ELICIT THE CLIENT’S CHANGE TALK. THIS IS HOW MI ALLOWS US TO BUILD MOTIVATION.

PRECONTemplATION EXERCISE

Let’s listen to this song of Amy Winehouse to listen for change talk. Keep the following questions in mind.

- Amy is your client. What are your goals based on SOC?
- What small seeds of change talk, if any, did you hear?
- How might you engage Amy and elicit change talk?
Extra notes about working with sustain talk or “resistance”.

RESISTANCE AND NON-CHANGE BEHAVIOR: WHEN CLIENTS PUT ON THE BRAKES

In MI, we see “resistance” behavior as a big stop sign:

RESISTANCE =

As mentioned before MI holds that it is normal for clients to show signs of resistance early in their contact with us and even as our work progresses. We believe that resistance is one way that client’s signal you that you two are not working well together and could be due to a number of reasons. Perhaps the client is not sure he or she needs screening or if that he wants to do anything about it. Your client may not be sure whether you can help him or her. Your client may be worried that he or she won’t be able to cope with a diagnosis of cancer should the test come back positive or he may have concerns about treatment. One thing you can do is try to do something different. We think using reflective listening skills is very helpful and we will be practicing them a little later in the training.

What to do when you encounter or sense resistance: just roll with it and remember to REFLECT...REFLECT...REFLECT.

THE POWER OF CHANGE TALK: HELPING CLIENTS MOVE TOWARD HARMONY

Change talk is talk from the client about:

Disadvantages of not getting screened: “I don’t want to get colon cancer like my Dad did.”
Advantages of getting screened: “I want to be alive for my children and grandchildren.
Reasons for Screening: “I want to stop worrying about the consequences of not taking care of myself.”
Need to be screened: “I need to get screened, I just can’t live with the uncertainty any more”
Commitment to be screened: “That’s it – I’m going to call my doctor and make an appointment today.”

A useful way to remember these signs of change is “DARN-C” which uses the first letter of each of the types of change talk.

BUILDING MOTIVATION

You can help your clients to increase motivation for change by using your conversational skills to decrease resistance (reflection) and some special techniques to increase “change talk.”

First let’s see if you can recognize change talk.

Lets Practice!

Change Talk Practice Exercise
CHANGE TALK QUIZ

1) I’ve been doing better on my blood sugars but I don’t know what my AIC is. Sometimes I cheat on my diet, so I know it’s not as good as it could be.

2) I don’t need to stop drinking soda. I need to cut down for sure, but I don’t need to stop.

3) This heart-healthy diet is too hard. I can’t figure out all these different kinds of oils and fats. It’s all grease to me.

4) What about exercise? Well, I used to swim every week and I liked it.

5) Yea, I know I need to get a pap smear but I’ve got a lot of other more important things to think about right now.

6) You might be good at helping some people, but not me. I need to help myself.

7) Yea, yea, yea … I know smoking is bad for my health. I feel it sometimes when I run to catch the bus. I can’t breathe like I used to. But cigarettes can be my best friend sometimes, like when I get in from a hard day. There’s nothing that settles me down like a cigarette.

8) Colonoscopies may detect cancer early but just the thought of getting one makes me sick. I’d much rather try another test, instead, or just take my chances.

9) If I had a symptom, I’d be screened; but I feel fine. I’m not the kind to go looking for trouble.

10) I like sweets but I’m not crazy about the weight gain.
Where is the change talk in these statements? Sometimes it can be more implied than explicitly stated.

You might use your empathy skills to try on the shoes of the speaker, to see what occurs to you about their situation, and if any additional aspects of change talk become clearer.