

Clinical Addiction Research and Education

How to increase motivation

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EXCEPTIONAL CARE. WITHOUT EXCEPTION.



School of Medicine

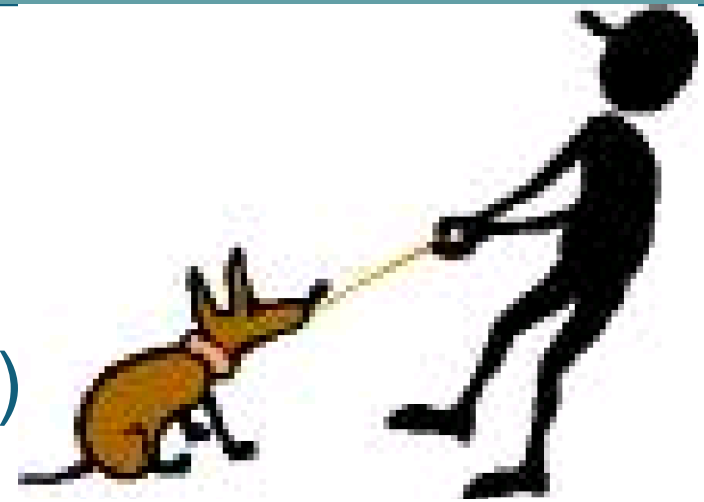
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WHAT IS MOTIVATION? (OR LACK OF MOTIVATION?)

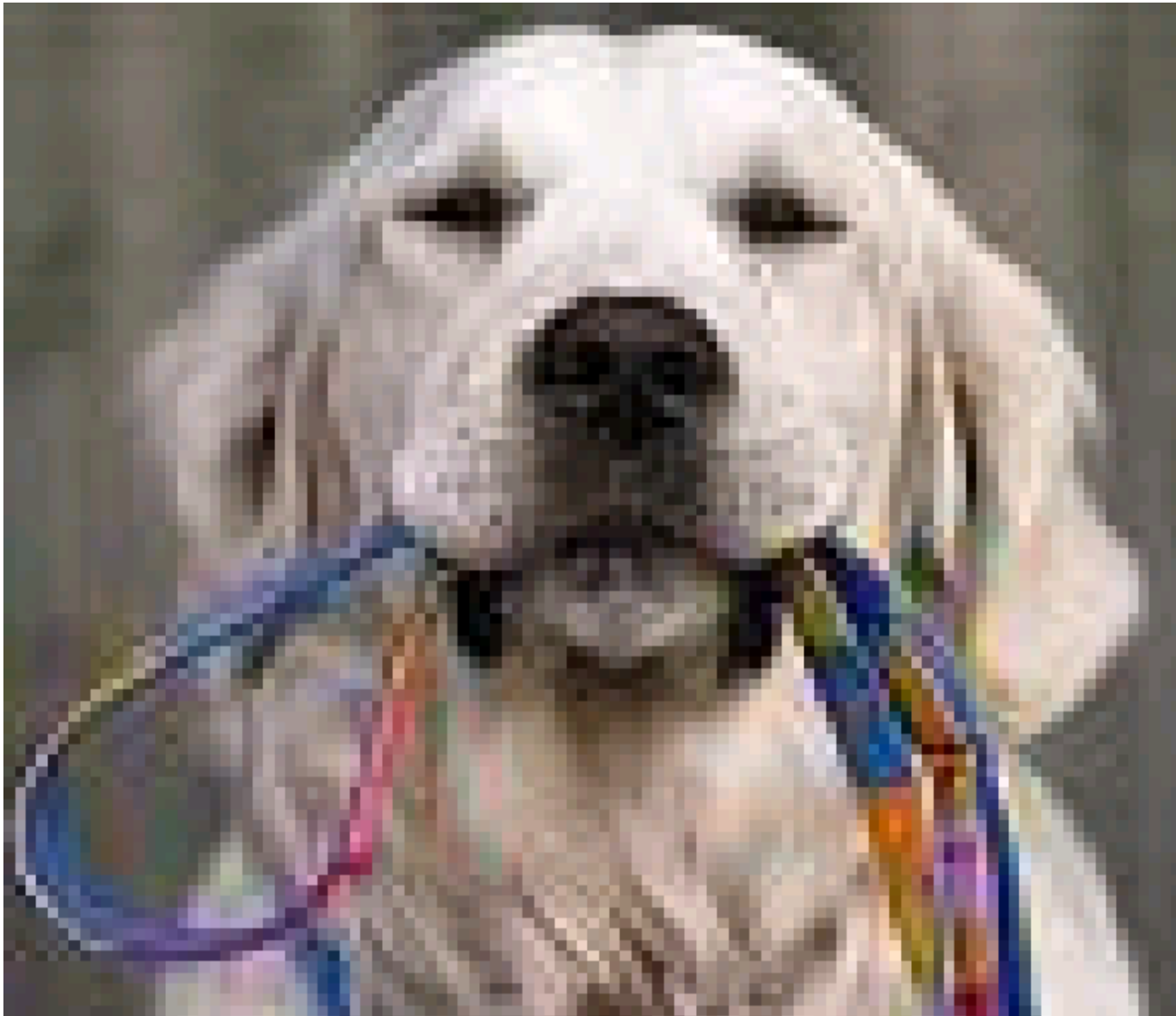
- A personality trait?



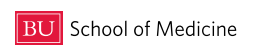
WHAT IS MOTIVATION? (OR LACK OF MOTIVATION?)



- A result of a confrontational counseling style
- Ambivalence is normal
- The probability that a person will enter into, continue, and adhere to a specific change strategy
- A state of readiness to change



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Ready, Willing, and Able

- Willing: The importance of change
- Able: Confidence for change
- Ready: A matter of priorities

IMPORTANCE AND CONFIDENCE

- Unwilling and Unable (Low/Low)
- Unwilling though Able (Low/High)
- Willing but Unable (High/Low)
- Willing and Able (High/High)

Willing, Able but not Ready...

Readiness: A “Quick” Version

“On a scale from 1 to 10...”

- “...How important is it for you right now to...?”
 - “Why did you say 3 and not 0?”
 - “What would it take to get you from 3 to 6?”
- “If you did decide to change, how confident are you that you would succeed?”
- “You’ve decided to change, and think you could succeed--when will you do it?”

A WAY TO COUNSEL TO INCREASE MOTIVATION?

- Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
- Accurate empathy is a key skill
- “Spirit” of MI: collaboration (partnership), evocation (listening and eliciting), autonomy (ability to choose)

NOTE RE: MOTIVATIONAL INTERVIEWING

- In medical practice, usually brief motivational counseling (brief advice or intervention) informed by motivational interviewing skills

PRINCIPLES OF MOTIVATIONAL INTERVIEWING (DARES)

- Develop Discrepancy
- Avoid Argumentation
- Roll with Resistance
- Express Empathy
- Support Self-efficacy

Miller WR, Rollnick S. *Motivational Interviewing, Second Edition: Preparing People for Change*. New York: Guilford Press; 2002.

Develop Discrepancy

- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values
- The person rather than the counselor should present the arguments for change

AVOID ARGUMENTATION

- Arguing is not listening
- Arguing is counterproductive
- Arguing leads the patient to take the other side
- Arguing causes resistance

Roll with Resistance

- The person is a primary resource in finding answers and solutions
- Avoid arguing for change
- Resistance is not directly opposed
- New perspectives are invited, not imposed
- Resistance is a signal to respond differently

Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

SUPPORT SELF-EFFICACY

- A person's belief in the possibility of change is an important motivator
- The person, not the counselor, is responsible for choosing and carrying out change
- The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy

ROADMAP OF A MOTIVATIONAL INTERVIEW

- Building motivation for change (Part I)
 - Enhancing alliance and autonomy
- Negotiating change and strengthening commitment (Part II)
 - Providing information while creating dialogue

Five Early Methods

1. Ask Open Questions
2. Listen Reflectively
3. Affirm
4. Summarize
5. Elicit Change Talk

Change Talk

Self-Motivating Speech

- Disadvantages of Status Quo
- Advantages of Change
- Optimism for Change
- Intention to Change

CHANGE TALK

DARN-C

- Desire
- Ability
- Reasons
- Need
- **Commitment**

REFLECTIVE LISTENING

- SIMPLE (repeat, rephrase)
- PARAPHRASE (infers meaning)
- REFLECT FEELING (emphasizes underlying emotion)
- Variations: Amplified, Double-sided

STRENGTHENING COMMITMENT

- Recapitulation
- Key Question
- Advice
- Negotiate a plan
- “Endgame” (elicit commitment)

See www.motivationalinterview.org