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Featherstone, Valerie A.

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An introduction to Motivational Interviewing (MI)

Dr Val Featherstone (CPsychol)
Health Psychologist (HPC)

Research Fellow, Honorary lecturer

Plan for today

Overview of MI

- What is MI?
- What MI is not
- Spirit of MI
- Guiding principles of MI
- Studies in dentistry



Health Psychology theory behind MI

- Behaviour Change
- Self efficacy

Practical exercise

- Ideas
- Feedback

Aims and objectives

Aims

- To understand the spirit of MI
- To understand health psychology theory
- To understand the practice

Objectives

- To learn and understand the key concepts of MI
- To understand how MI can be used in everyday work
- To practice MI in a safe environment

Motivational Interviewing: **Conversations** with clients to increase readiness to change

MI interviewing is a directive, structured, client-centred counselling style for eliciting behaviour change.

It helps clients recognise and overcome their ambivalence in order to change their attitudes and behaviour

(Rollnick & Miller, 1995)



MI

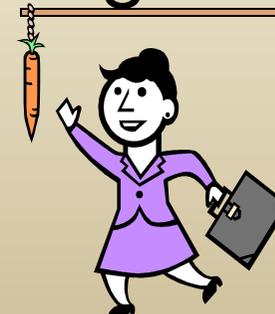
- Addresses a specific situation for which behaviour change is preferable



- Explores people's own reasons for changing or not changing their behaviour



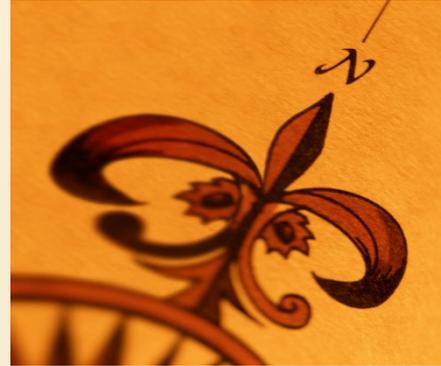
- Activates their motivation to change



The spirit of MI

- The client is the expert in their own life
- The counsellors job is to facilitate exploration and decision making
- Facing up to and verbalising inner conflict helps a person resolve this
- If given good information and space and time to think it through, people are inclined, and able, to make good decisions
- **Confrontation elicits denial and resistance**
- **Trying to push people into lifestyle changes will be counter productive**

4 guiding principles in MI

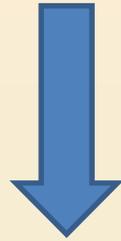


- Not about telling patients what to do
- Connect with, and be guided by, the patient
- Curiosity - discovering what would make it easy (or difficult) to change their behaviour
- Helping people to do something differently

What MI is not.....

- Telling a person they have a problem and need to change
- Offering direct advice or give solutions to the problem without a person's permission or without actively encouraging them to make own choices
- Using an 'expert' stance, whilst the person is passive
- The therapist doing most of the talking
- The therapist behaving in a coercive manner

Examples of how MI can work in dentistry



- **Establishing good oral health in babies and young children**



- **Behaviour change**

US study (Weinstein, 2006)

MI 'interviews' included;

- General questions about mother and child health
- Who else cares for child
- Elicited dental desires for child
- Elicited opinions of 'baby teeth'
- Rationale for good dental behaviour
- Items on a 'menu'.
- Mother could select one or more on the menu that she thought she could achieve

Menu of changes

Clean your baby's teeth as soon as they appear

Clean last thing at night

Do not give your child snacks between meals

Limit sugary drinks

Do not give water or milk after brushing

Limit sugary foods



Explore the menu items

Mother's task:

To choose which she was most comfortable with as an expert on her own children and family

Interviewers task:

To identify;

Her main interest

Whether she feels she can commit to this

Whether she needs support for chosen behaviour

Potential problems

If she could not choose any, accept this choice and let her think it over

Further visit



Study findings

Group 1

120 mothers received a leaflet and watched a video tape about preventing tooth decay

They also received one 45 minute session of MI

Group 2

120 mothers received the leaflet and watched the video tape

After 2 years

Group 1

35.2% of children had new carious lesions

Group 2

52% of children had new carious lesions

More MI in dentistry

Freudenthal (2010)

- 40 mothers received one session of MI, follow up telephone calls
- 32 mothers – no MI

Modest impact on some high risk parental behaviours which contribute to EEC.

They cleaned or brushed their child's teeth more and stopped using shared eating utensils

Both groups, cariogenic feeding practices and use of sweets as rewards or to modify behaviour not affected.

Motivational Interviewing

Conversations about behaviour change led
by the person you are talking to



Different kinds of 'Talk' in MI

- **Resistance**
- **Ambivalence**
- **Change**
- **Action**
- **Commitment**



Different kinds of 'Talk' in MI

- **Resistance**



- **Ambivalence**



- **Change**



Talk in MI

RESISTANCE TALK

Resistance to change and talk of sustaining present behaviour

'I don't think there is any need for me to change'.

'I can't face the prospect of changing'.



Don't argue with them. Acknowledge the resistance, let them talk about it, and WAIT FOR THEM TO PUT OVER THE OTHER POINT OF VIEW.

ROLL WITH RESISTANCE

AMBIVALENCE TALK

A core concept in MI
someone wants to
change AND stay as
they are



Ambivalence talk. (Feeling two ways about changing behaviour)

'I ought to change. But it will be too hard'.

Stay neutral and listen to both sides of the dilemma
Explore a person's ambivalence

CHANGE TALK

Change talk

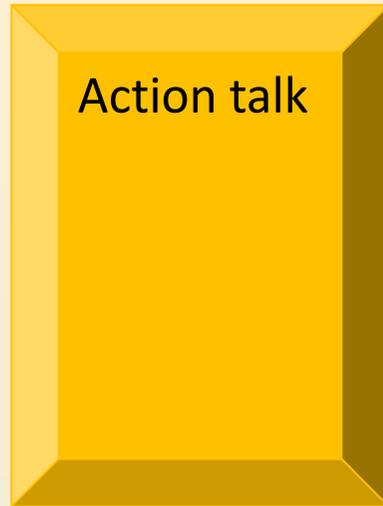
‘It’s certainly something I should think about’.

- **wanting to change**
- **feeling optimistic about changing**
- **having an intention to change**

ELICIT CHANGE TALK

- Discussing with the patient the different values of pros and cons
- Discussing conflicts arising about changing the behaviour
- Reflect and explore change with client





Stage 2



A shift from **whether** to do it to **how** to do it

When client is ready to make a realistic plan, support their self efficacy.

- What are you already doing?

Ask for commitment to a plan

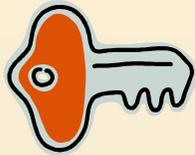
- What will you do?

Written plan

- Client will hear themselves say 'I am going to do this'.

QUIZ





KEY IN MI

The client should be talking about change and/or their confidence to do so

Someone who begins to consider change out loud is one who is more likely to change after an MI interview



Health Psychology and behaviour change



Explore, beliefs, understandings, explanations which people give for changing or not changing their behaviour. Examine factors which may account for behaviours.

How serious a person considers a condition to be	Tooth decay is not immediately obvious
Whether they consider they are responsible for it	Or - is it the dentist 's responsibility
Whether they feel they can control it	Can they actually control their own level of decay
What the consequences of the particular disease/behaviour are	Bad teeth, fillings, extractions, pain, bad breath

Stages of change

Five stages of change



Stage 1	Not thinking seriously of changing behaviour
Stage 2	Thinking seriously of changing behaviour but not before a month and/or no attempts to do so
Stage 3	Thinking seriously of changing behaviour within a month and made at least one attempt to do so lasting over a day within last year
Stage 4	Behaviour has changed but for less than 6 months
Stage 5	Behaviour change has been maintained for over 6 months

Self efficacy (S/E) and motivation to change

MI focuses on S/E with regard to the behaviour in question

S/E is a person's belief in their ability to do a specific thing

Most people can identify goals they want to accomplish, things they would like to change, and things they would like to achieve

However, people also realize that putting these plans into action is not quite so simple

Levels of S/E depends on a person's attitudes, abilities, and cognitive skills

An individual's self-efficacy plays a major role in how goals, tasks, and challenges are approached and whether they are achieved

$$I + C = M$$

Importance (Why should I? What will I gain/lose?)

+

Confidence (How will I be able to? How will I cope in situations
x, y, z?)

=

Motivation



The internal drive to do something
Affected by a person's beliefs, feelings and thoughts

”

**The best thing to say to someone is
‘I know if we try hard enough, you
will find a solution’.**

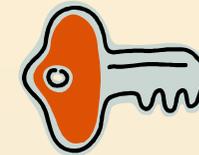


Motivational Interviewing: **Conversations** to increase readiness to change

MI interviewing is a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. (Rollnick & Miller, 1995)



KEY SKILLS



- Empathic listening – let person TALK
- Affirm what the person has told you
- Reflective listening
- Reflect back what you have heard
- Summarising
- Exploring ambivalence
- Keeping in mind ambivalence and potential for the client to change
- Eliciting change talk
- Reinforcing this self motivation/self efficacy
- Focus in and encourage changes necessary

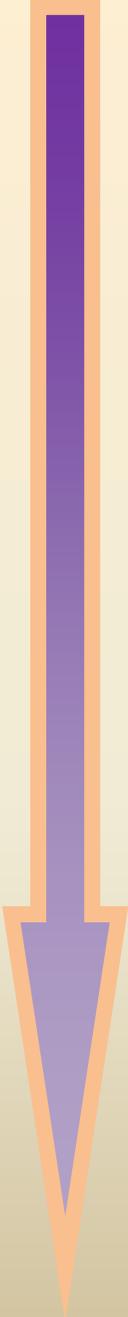
QUIZ



Scenario

First - think of something you would like to change in your life;





Practical exercise

- Establish rapport/empathise

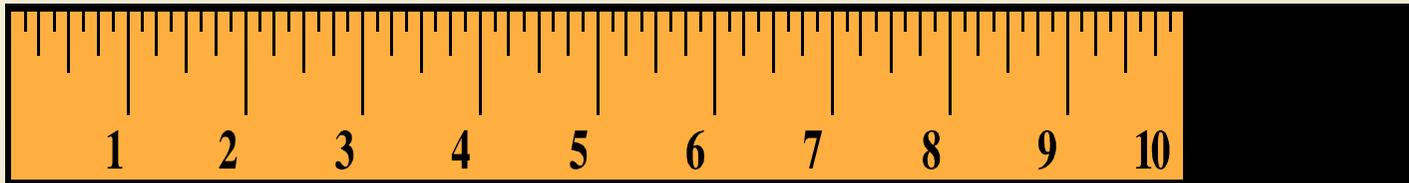
LISTEN!

- To both sides of the dilemma (pros and cons)
- Explore these together
- Honour the other's views/decisions/autonomy – Roll with resistance
- Identify/Clarify/Summarise any ambivalence
- Notice levels of Self efficacy – empower people
- Notice any **change** talk flickering in what they are saying – and sharpen the focus in on these

Begin an MI conversation

How important is this change on a scale of 1 to 10?

1 being not important at all, 10 being very important.



Why this is important/not important?

Think how you feel about this?

Decision matrix

- What could you do about it?
- How important is it to make changes?
- What are the consequences if you don't change?
- What would make changes difficult?
- What would be consequences if you did change?
- What would make change easier?

Cards on the table



**Resistance
talk**

**Ambivalence
talk**

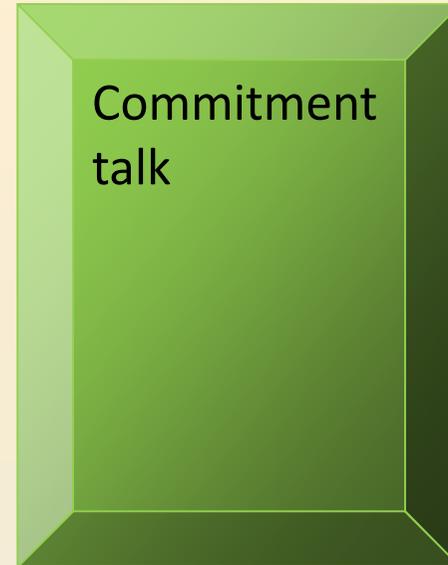
**Action
talk**

**Change
talk**

**Commitment
talk**



Stage 2



A shift from **whether** to do it to **how** to do it

When client is ready to make a realistic plan, support their self efficacy.

- What are you already doing?

Ask for commitment to a plan

- What will you do?

Written plan

- Client will hear themselves say 'I am going to do this'.

Training for MI

- 2 Day initial training: theory and practical exercises
- Books
- On line training DVDs and CD ROMs
- Follow on supervision, guidance and advice
- On going peer supervision
- Updating courses

Various MI trainers. Pip Mason.
<http://www.pipmason.com/>

Pip Mason. MI courses

- 03/07/2012 to 04/07/2012
£199.00 ex VAT
(£238.80 inc VAT)
- 04/09/2012 to 05/09/2012
£199.00 ex VAT
(£238.80 inc VAT)
- 08/11/2012 to 09/11/2012
(9.30 - 4.30) £199.00 ex VAT
(£238.80 inc VAT) 06/10/2012

**Motivational Interviewing in Health Care
Helping patients change behaviour.**

Stephen Rollnick, William R. Miller. Christopher C. Butler

2008. The Guilford Press.

Dentistry

Motivating Parents to prevent caries in young children

Weinstein, et al
Freudenthal

Thank you to Pip Mason for ideas for some of the materials

valfeatherstone53@gmail.com

Thank you for listening