

Motivational Interviewing and Stages of Change

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Psychotherapy, Psychiatry & Addiction Medicine Practice
East Bay and San Francisco

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Educational Objectives

At the end of this activity learner should be more competent in understanding and applying motivational interviewing and the stages of change to facilitate patients movement towards change, including:

- An introduction to motivational interviewing techniques and the Transtheoretical Model of Stages of Change
- Efficacy of MI/MET in various populations and substance use disorders, including discussion of the evidence base for treatment.
- Become familiar with MI strategies (OARS, change talk, etc.)
- Become familiar with what are the Stages of Change and evidence for effectiveness of assessing Readiness to Change in substance abuse.

Question #1

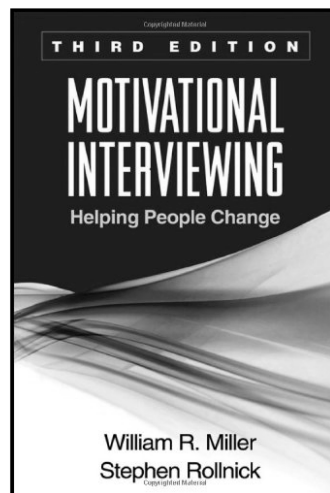
Which Project Match counseling modality showed significant improvement?

- A. Motivational Enhancement Therapy (MET)
- B. Cognitive Behavioral Therapy (CBT)
- C. Twelve-Step Facilitation Therapy (TSF)
- D. None of the above
- E. All of the above

Question #2

A smoker has cut back from 2 ppd to ½ ppd. What stage of change is he in?

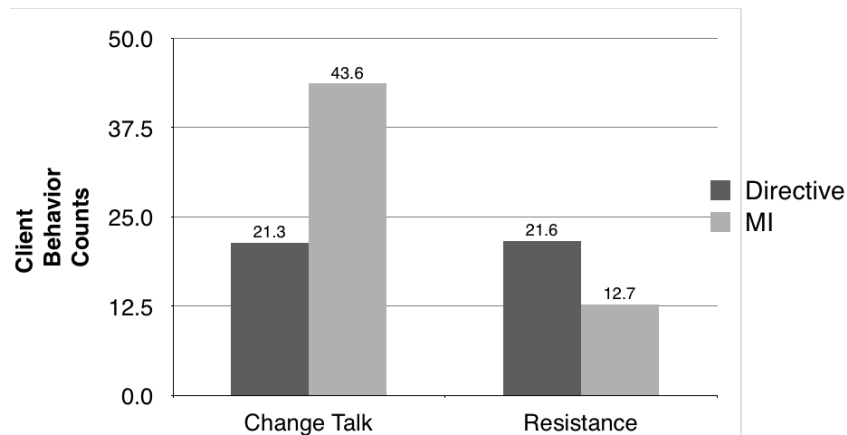
- A. Precontemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance



Motivational Interviewing

Therapist Style and Client Response

Miller, Benefield & Tonigan (1993) *JCCP* 61: 455-461



MI Influences

Carl Rogers: client-centered therapy (1959)

- Best vantage point for understanding behavior is from the individual's internal frame of reference
- Health behavior change conversations should be eliciting the patient's own arguments for change (not the clinician's)

Daryl Bem: self-perception theory (1972)

- People tend to become more committed to that which they hear themselves defend

Leon Festinger: cognitive dissonance (1956)

- People are motivated to reduce the uncomfortable feeling held by holding conflicting ideas simultaneously
- Help patients look at how their addictive behaviors conflict with their own values and goals

What is MI? 3 Definitions

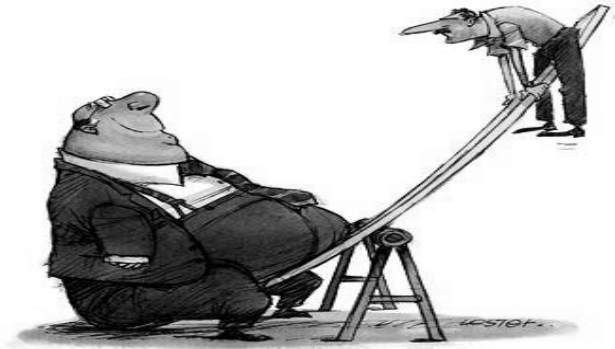
- o **Lay person:** a collaborative conversation to strengthen a person's motivation for & commitment to change
- o **Practitioner:** a person-centered counseling method for addressing the common problems of ambivalence and change
- o **Technical:** a collaborative, goal oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change

Miller & Rollnick, Motivational Interviewing, 3rd edition, 2013

Case: "Sarah"

Sarah is a 19 yo UC sophomore. She has gotten into the habit of drinking 10 Vodka shots or glasses of wine towards the end of her school week from about Thursday through Saturday. On Sunday she usually 'lays low' due to a hangover. She tries not to drink anything during her days of heavy classes. She is seeking help at Student Health because her roommate is concerned and a boyfriend just left her due to her sloppy behavior when binge drinking.





Ambivalence

normal stage in the change process

A Taste of Motivational Interviewing Pros and Cons

Imagine that you are a problem drinker:

- **What do you like about drinking?**
 - Is there anything else?
 - Reflect back putting into your own words using statements
- **What about the other side?**
 - Is there anything else?
 - Reflect back putting into your own words using statements
- **'Cons' always follow 'Pros'**
 - Always want to end with 'change talk'
- **END: Where do you want to go from here?**

Hearing The Music ... listen for ...

- **Change talk**
- **Sustain talk**
- **Discord**
 - “Yes, but”; silence; looking away; arguing
- **Importance vs Confidence**
 - 2 parts of motivation



Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials

Lundahl, et al *Pt Educ & Counseling* 2013

- **RESULTS:** Forty-eight studies (9618 participants). Statistically significant, modest advantage for MI: Odds ratio=1.55, $p<.001$. Promise in: HIV viral load, dental outcomes, death rate, body weight, alcohol and tobacco use, sedentary behavior, self-monitoring, confidence in change, and approach to treatment. MI was not particularly effective with eating disorder or self-care behaviors or some medical outcomes such as heart rate.
- **CONCLUSION:** MI was robust across moderators such as delivery location and patient characteristics, and appears efficacious when delivered in brief consultations.

TAKE HOME POINT: No matter what your professional training or where you work, if you can devote a small amount of extra time with your patients to build relationship and evoke change talk, you can expect 10–15% additional improvement across a wide variety of behaviors and medical outcomes.

Cochrane Reviews

Motivational interviewing for substance abuse

Smedslund, et al. Cochrane Review 2011

- **SELECTION CRITERIA :** 59 studies with total of 13,342 participants. RCTS with persons dependent or abusing substance. Interventions were MI or MET. All had ... adherence checks. The outcomes were extent of substance abuse, retention in treatment, motivation for change, repeat conviction.
- **MAIN RESULTS:** Compared to no treatment, MI showed a significant effect on substance use which was strongest at post-, and medium follow up. For long follow-up, the effect was not significant. MI did better than assessment and feedback for medium follow-up. For short follow-up, there was no significant effect. For other active intervention there were no significant effects for either follow-up.

AUTHOR'S CONCLUSIONS: MI can reduce the extent of substance abuse compared to no intervention. The evidence is mostly of low quality, so further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Motivational interviewing for smoking cessation

Lair, et al. Cochrane Review 2011

- **SELECTION CRITERIA:** RCTs in which motivational interviewing or its variants were offered to smokers to assist smoking cessation.
- **MAIN RESULTS:** 14 studies published between 1997 and 2008, involving over 10,000 smokers ... MI was generally compared with brief advice or usual care in the trials. Interventions were delivered by PCPs, hospital clinicians, nurses or counsellors. Our meta-analysis of MI versus brief advice or usual care yielded a modest but significant increase in quitting (RR 1.27; 95% CI 1.14 to 1.42).
- Subgroup analyses suggested that MI was effective when delivered by primary care physicians and by counsellors, and when it was conducted in longer sessions (more than 20 minutes per session) ...

AUTHOR'S CONCLUSIONS: MI may assist smokers to quit. However, the results should be interpreted with caution due to variations in study quality, treatment fidelity and the possibility of publication or selective reporting bias.

Project Match

MI compared to other behavioral therapies

- Multisite NIAAA study (1997, 1998), n=1,726 patients
 - One of the largest psychotherapy outcome studies
- Investigated which types of alcoholics respond best to which forms manual-based, individual counseling treatments
 - Cognitive Behavioral Coping Skills Therapy (CBT)
 - 12 sessions
 - Twelve-Step Facilitation Therapy (TSF)
 - 12 sessions
 - Motivational Enhancement Therapy (MET)
 - 4 sessions
- No non-treatment control group

Project Match

MI compared to other behavioral therapies

- All groups showed significant improvement with no consistent differences between treatment groups
 - 4 session MET=12 session TSF & CBT
- Treatment efficacy was not enhanced by matching clients to particular treatments
 - e.g., stage of change, self-efficacy, antisocial personality failed to predict outcome for various treatments
- Readiness-to-change and self-efficacy were the strongest predictors of long-term drinking outcome

MI and Patient Ethnicity

- **The client-centered, supportive, and non-confrontational style of MI may represent a more culturally respectful form of psychotherapy for some ethnic groups**
- Effect size of MI was doubled when the recipients were predominantly from minority populations, as compared with White non-Hispanic Americans (Hettema, Steele & Miller, 2005)
- Project MATCH data found that Native Americans responded differentially well to MET, as compared with CBT or TSF (Villanueva, Tonigan & Miller, 1007).

MI is Based on 4 Micro-skills: OARS

Open-ended questions

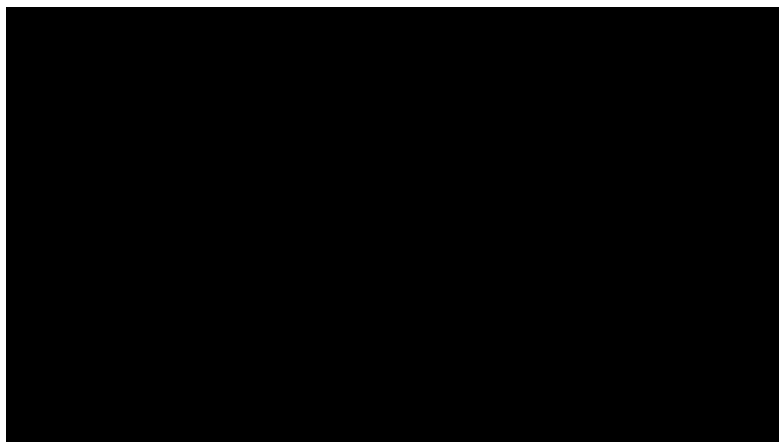
Affirmations

Reflective statements

Summarizations



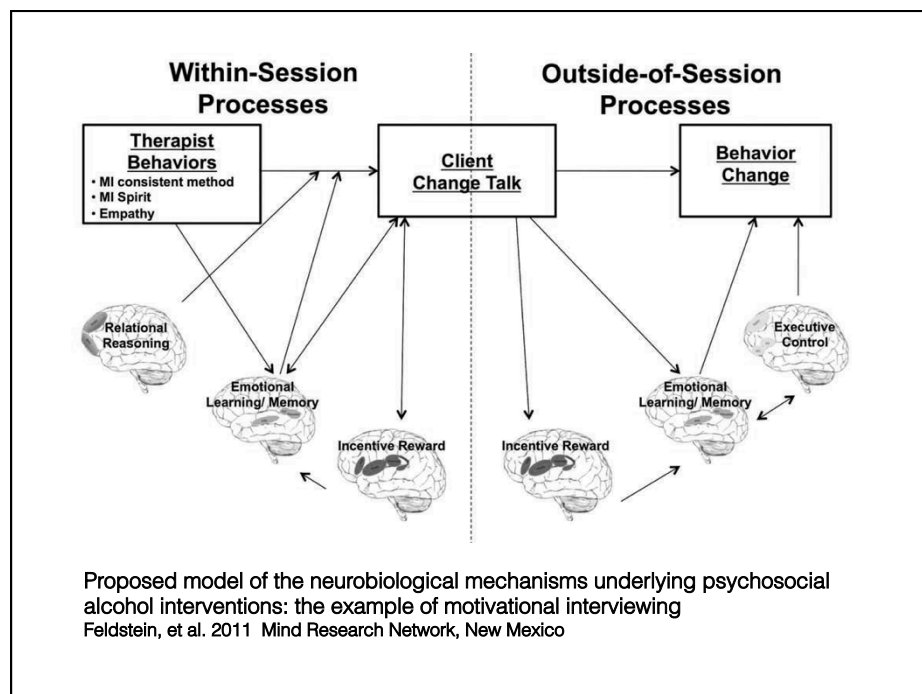
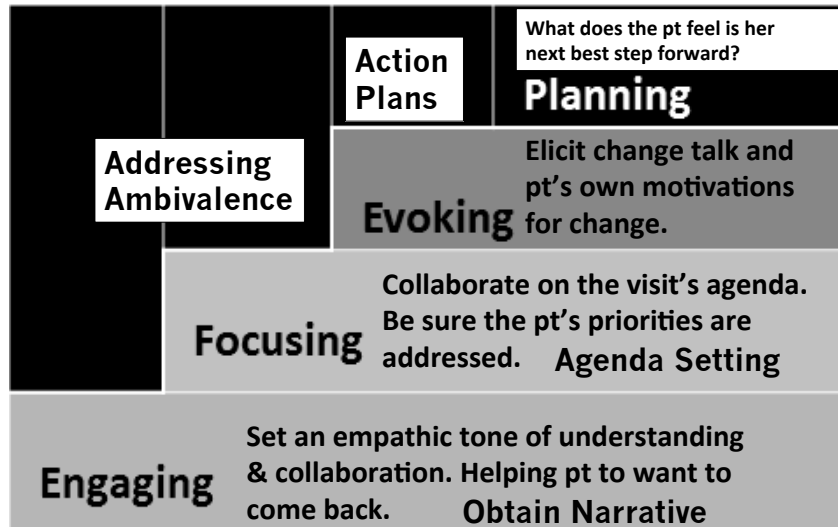
Cathy Cole LCSW MI demo with 'Sarah'



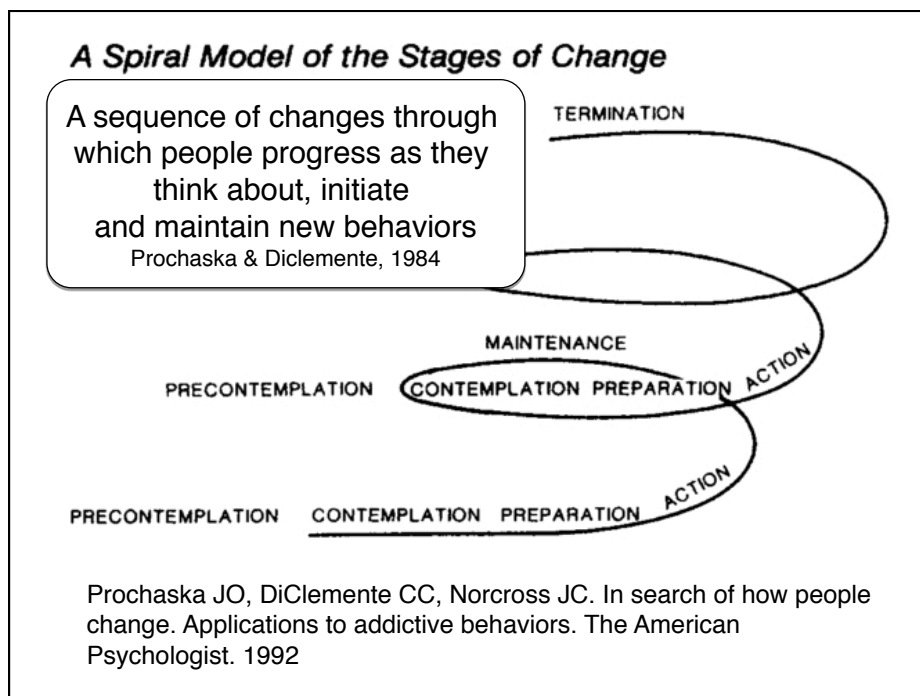
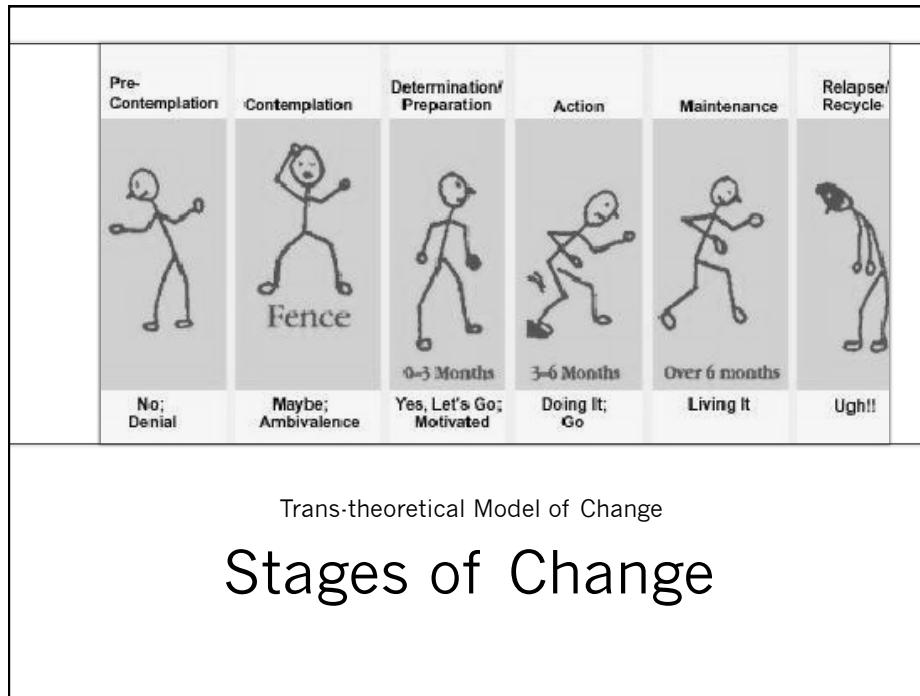
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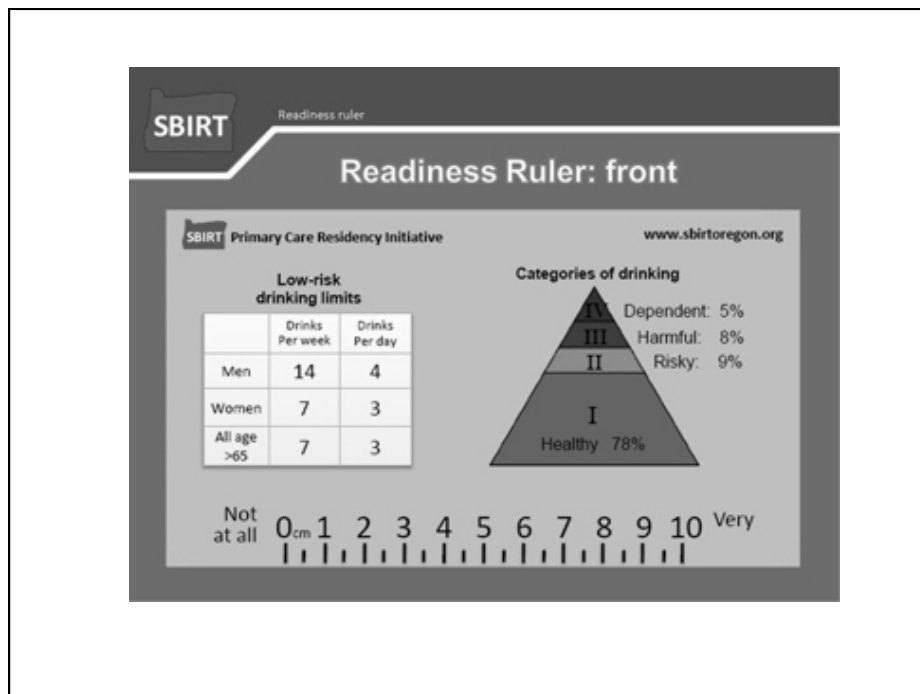
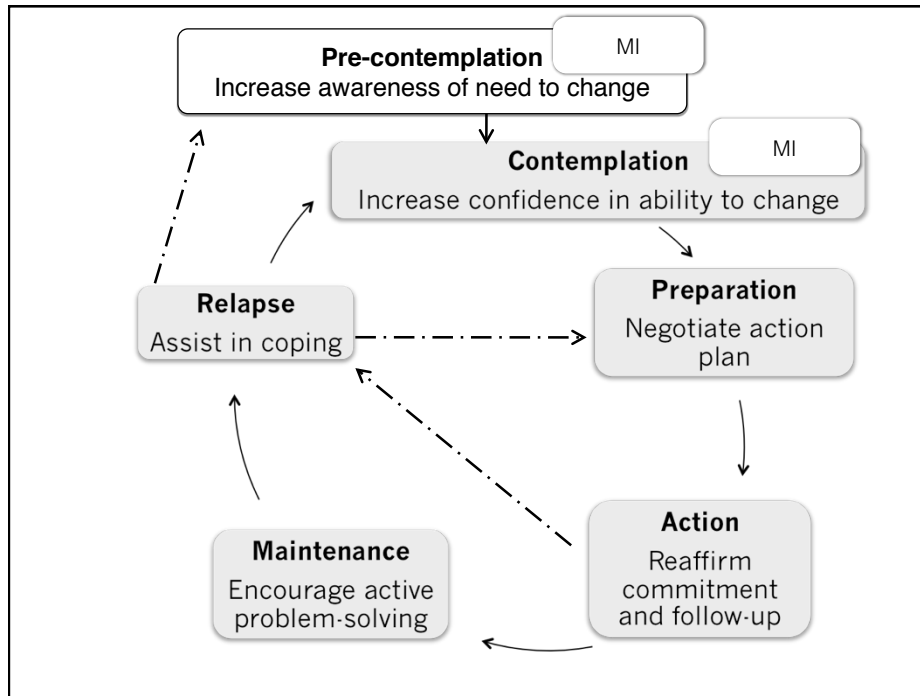
Four Foundational Processes



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All groups showed significant improvement with no consistent differences between treatment groups. But MET was only 4 sessions vs 12 sessions for TSF & CBT

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“Cutting back” may mean the smoker has moved from early to late contemplation. However by continuing to smoke, he remains ambivalent about quitting (not smoking at all is the behavior that is most likely to prevent disease).

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Key Motivational Interviewing References

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