



# Listen: A Practical Guide to Motivational Interviewing

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# COURSE GOALS

Familiarity with spirit and principles of MI

Identify change talk

Reflective listening



# Helpful Responses Exercise

70 year-old patient:

“My kids keep saying that I can’t hear and that I should use my hearing aids. But when we go out to eat all I hear is a racket and the voices from all the other tables. I feel better when I take them out, but then they are on my back for not paying attention. I bet your new hearing aids wouldn’t help any more in that situation!”



# Positive influence and change

Think of change agent that had profound positive influence

List 3 behaviors that explain how they interacted with you



# The Verbal Blow

Even adults who recognize hearing loss and outwardly handle news of diagnosis well, internally have fears and hopes regarding the confirmation.



# AGENDA

## Part I

Introduction to MI

Four Principles of MI

Communication Styles and Skills

## Part II

OARS

## Part III

DARN

Asking

Listening



## What MI is NOT

NOT a technique to manipulate patients into doing something they don't want to do!



# Motivational Interviewing

## Definition of MI:

A person-centered, goal-oriented counseling method for helping people change by working through ambivalence.

## Purpose of MI:

Helping people move toward change by working through ambivalence.



## Spirit of MI

Mindset of clinician regarding patient behavior change

Has been described as:

Collaborative

Evocative

Honoring patient autonomy



## Collaborative

Collaboration between clinician and patient vital

Decision making a joint process

Unlike patient-centered counseling, MI is situation specific

Ultimately only patient can enact change



## Evocative

MI seeks to evoke patients own motivation and resources for change

Discover goals, values and aspirations

MI is to connect patient choices with values and aspirations



## Four Principles of MI

Resist

Understand

Listen

Empower



# Resist the Righting Reflex

Why are you in this profession?

People believe what they say to be true

Ambivalence is difficult to overcome when patient is defending status quo.



## Righting Reflex Example

PATIENT: I feel like I sometimes miss what people are saying especially when there is some background noise; and kids are just impossible to understand.

CLINICIAN: Hearing aids would allow you to hear better in those noisy situations like restaurants and at church socials. You would also understand your grandchildren more easily.

PATIENT: Well... I am not in restaurants that often and the grandkids talk so fast that making it louder wouldn't help.



## Persuasion Exercise

Choose partner or group of three

Choose roles : Clinician and Client

Choose something about yourself you:

- Want to change, or
- Need to change, or
- Have been told you should change, or
- Have been trying to change,

But you have not changed yet



## Persuasion Exercise

Clinician - Find out the issue, then:

1. Explain why this change should be made;
2. Give three benefits that would result from making change;
3. Give advice how to do it;
4. Convince client how important the change is;
5. Get agreement about the plan of action.



## Understand Patient's Motivation

Patient's reasons for change are most likely to trigger behavior change.

MI evokes and explores patient's perceptions about current situation and own motivation for change.

Limited consultation time need not be a hurdle.



# Empathy

Try to feel what client feels

Remain neutral

Empathy is antithesis of egocentrism



# Listen with Empathy

Good listening is a complex clinical skill involving:

- Empathic interest in understanding patient
- Making guesses about meaning



# Barriers to Empathy

## **Habituation**

“I’ve heard this all before”

## **Generalization**

All clients with this loss generally have same problems.

## **Comparing**

“Sounds like the previous patient.”

## **Being Right**

Having the solution to their problem.

## **Multi-Tasking**



# Empower the Patient

Clinician is facilitator

Patient becomes the consultant on their own situation

A patient who is active in consultation process is more likely to do something about the situation



# Communication Styles

Following

Directing

Guiding



# Guiding

Clinician helps patient find their way.

With regards to behavior change the guiding style communicates:

“I can help you solve this for yourself.”



## What is MI?

MI is a refined form of a guiding style that:

Is specifically goal-oriented

Pays attention to patient language and seeks to evoke patient's own arguments for change



# Communication Skills

## Asking

Develop an understanding of patient's situation and problem

## Listening

Good listening is active process; conveys interest in patient and builds rapport

## Informing

Conveyance of facts, diagnoses & recommendations



# Recap 1

## Spirit of MI

Mindset with which one approaches conversations with patient about behavior change.

## Four Principles of MI

**R**esist

**U**nderstand

**L**isten

**E**mpower

## Communication Styles & Skills

Following, Directing & Guiding

Asking, Listening & Informing



**O**pen Ended Questions

**A**ffirmations

**R**eflective Listening

**S**ummaries



## Open Ended Questions

Backbone of MI information gathering process

Avoid question-answer trap; it can become  
investigative rather than collaborative process

Questions tend to stop momentum

Sometimes close-ended questions work as well  
as open ones.



## Question Exercise

1. Are there any situations where you feel that you are struggling with your hearing?
2. Do you feel that hearing aids could help you hear your kids better?
3. Would you be open to wearing hearing aids if they could make it easier for you to understand TV and people in the restaurants?



## Asking Pros and Cons

Provides set of guiding questions useful if patient is uncertain about change

“What is the upside of not wearing hearing protection?”

“What is the upside of wearing hearing protection for you?”

Summarize and ask a “key question”



# Affirmations

Statements of appreciation for patients and their strengths

Take form of clear words of understanding and appreciation

Focus on specific behaviors

Avoid "I"

Compliments are not affirmations

# Resistant Behavior and Affirmations



Upset patient has tried amplification several times and has been unsuccessful. Commented on having spent too much money on hearing aids that haven't helped.

“Given your experiences with hearing aids, it makes sense that you might be concerned about coming here today. It must have taken a lot of determination to come here anyway.”



## Beyond Affirmations

Move patients beyond affirmations

Ask for elaborations

“How” and “What” Questions are good

“What made you decide to come in and try this again?”



## Finding Affirmations

Mr. M living alone in facility with available assisted care. Occasionally attends exercise groups and enjoys interacting with neighbors. Goes to family gatherings but has trouble hearing in groups and therefore feels isolated. Increasingly forgetful, needs repeated explanations. This is frustrating for him and his family.

**Affirmation:**

You are someone who really wants to be engaged with people, especially your family.



# Reflective Listening

Asking is not listening

Try for two reflections for every question asked



## Summaries

### Purpose:

Strengthens working relationship

Condenses and sorts information

Emphasis on important points

Time management

Keep them succinct



# Types of Summaries

## Collecting

Organization of patient's experiences expressed during discussion

## Linking

Connection of earlier statements with current ones. Develops discrepancy and explores ambivalence



# A Different Approach Exercise

Clinician – Listen with goal of understanding; give no advice; Ask:

1. Why might you want to \_\_\_\_\_? (listen) What else?
2. What are the three most important benefits for you to \_\_\_\_\_?
3. How important is it for you to make change?
4. If you decide to \_\_\_\_\_, how would you do it?

Give short summary of clients motivation for change, then ask:

“What do you think about that?” or “Where does that leave you?”

# Part III



Putting MI into practice.



# Ambivalence

Not a problem – normal part of change process!

“I know I should use hearing protection all the time in the shop, but it is a hassle to take them off and on all the time for such short time of noise.”

... is experienced as first thinking of reason for change, then not to change, and then to stop thinking of it.



# Ambivalence and Change Talk

Directing style with an ambivalent patient:

Clinician: *pro change*

“You really need to wear hearing protection all the time when you are using power tools.”

Patient: *against change*

“It is such a hassle to find them and put them in for a short cut with the saw.”



# Change Talk

What is change talk?

- I wish I could hear the lectures better
- I would try a hearing aid if I could afford it
- I'd consider a BTE if it would ...
- I'll promise to wear the aid more often...
- I guess I could use hearing protection...



## Change Talk - 2

On course?

Or arguing for change?



“It isn’t that they can’t see the solution, they can’t see the problem!”

G.K. Chesterton



# DARN – Six Kinds of Change Talk

## **D**esire

I want to hear better...

I wish I didn't have to worry about HA...

## **A**bility

I could do that...

## **R**eason

I could enjoy the kids visits better if...

## **N**eed

I must get help or I will loose my job.



## DARN - 2

DARN signals action in direction of change, but do not ensure behavior change.

### **Pre-commitment**

I want to...

I can...

I need to...

### **Commitment**

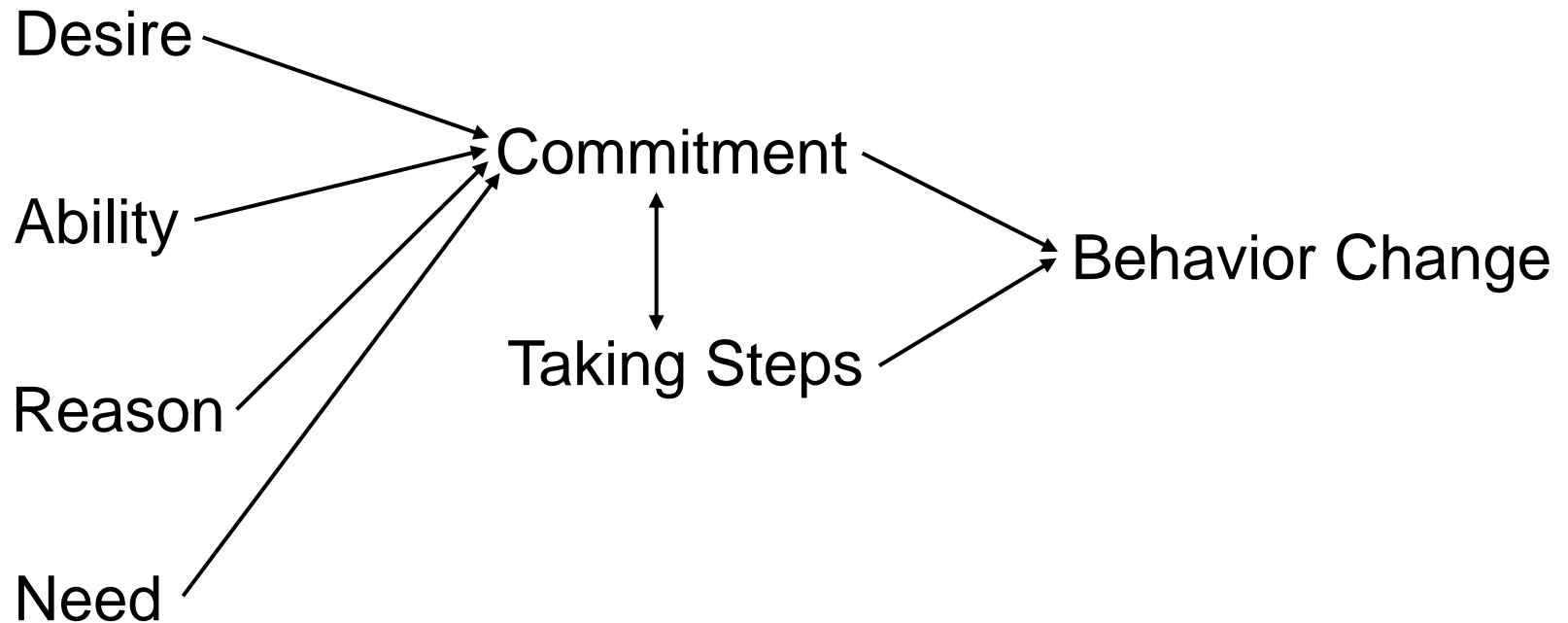
I am going to...

I will...

I intend to...



# Fitting it all together



From: Motivational Interviewing in Healthcare; Rollnick, Miller, Butler



## Asking in MI

A good guide finds out where the person wants to go.

“What would you like to accomplish today?”

Agenda Setting



## Asking and DARN

“How would you like to see the situation work with hearing protection use in your shop?”

*Desire*

“What are you able to do to insure that your hearing is protected?”

*Ability*

“Why would you wear hearing protection even for those short duration sawing noise?”

*Reasons*

“How important is protecting your ears from further damage to you?”

*Need*



# Eliciting Change Talk

## **Make opening statement:**

Introduction

State appointment length

Ask permission to discuss topic

## **Evoke change talk:**

Evocative questions

“What concerns do you have that brought you in today?”

Looking back

“What were things like before you had this hearing loss?”

Looking forward

“How might things be different for you if you made this change?”

Encourage elaboration!

“In what ways” “How much”

“When”

Ask for specifics

Always ask for more information!!!

“What else?”



## Eliciting Change Talk - 2

Summarize the change talk

Ask about next step:

“What are you thinking about at this point?”

“How does that fit into your plan of improving your hearing situation?”

“What do you see being the next step?”

Closing statement:

Acknowledge and appreciate client’s willingness, and transition to the next step



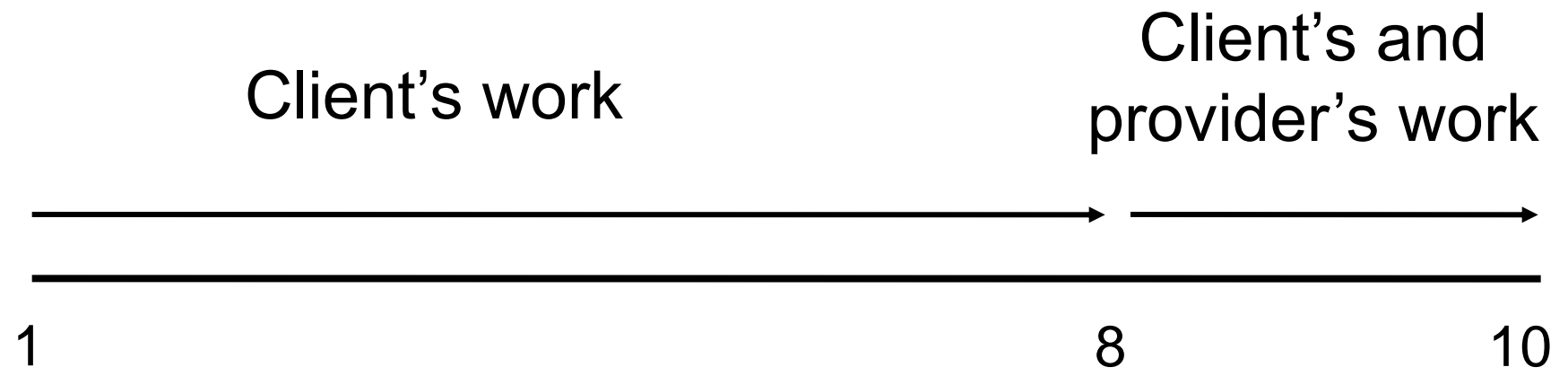
## Asking the Right Question

“Why might you want to wear your hearing protection, even for those short times of noise?”

“Why don’t you want to wear your hearing protection, even for those short times of noise?”



# Readiness Scale





# Assessing Importance & Confidence

## Importance

Use scale of 1-10 to determine importance for change

Backward question

Forward question

## Confidence

Use scale of 1-10 to assess confidence of making change

Backward question

Forward question

## Summarize

“Did I get it all?” “Do I understand your situation?”

## Next step?

“Where does that leave you now?”



# Listening and Rapport

When to listen...

- beginning of the consultation
- after you ask a question

Try to avoid roadblocks



## Questions vs. Statements

Questions derail the patient and slow down momentum of their thought process or explanations of situation

Statements made as reflections of the patient's words maintain momentum, even if incorrect



## Over- and Understatements

Overstatement (amplified reflection) may cause patient to back away from absolute position

Clinician has to be genuine

Understatement often lead to continuation and deepening of ideas

**SITUATION:** Elderly patient is in the office because her children insist that she needs hearing aids. She is annoyed by her children's action and doesn't think that her hearing is bad enough to warrant amplification.

**PATIENT:** "They keep insisting that I can't hear them, meanwhile they are talking to me from the other room while the TV is on. Who could hear anything with all of the racket that their kids are making; and the teenager just mumble every single word."

**OVERSTATEMENT:** "So from your perspective everything is great with your hearing, as long as the grandkids don't make noise or mumble."

**UNDERSTATEMENT:** "You are confused that your children brought you here today since you feel that your hearing ability is not affecting you."



# Hypothesis Testing

What patient is saying may not be what they really mean.

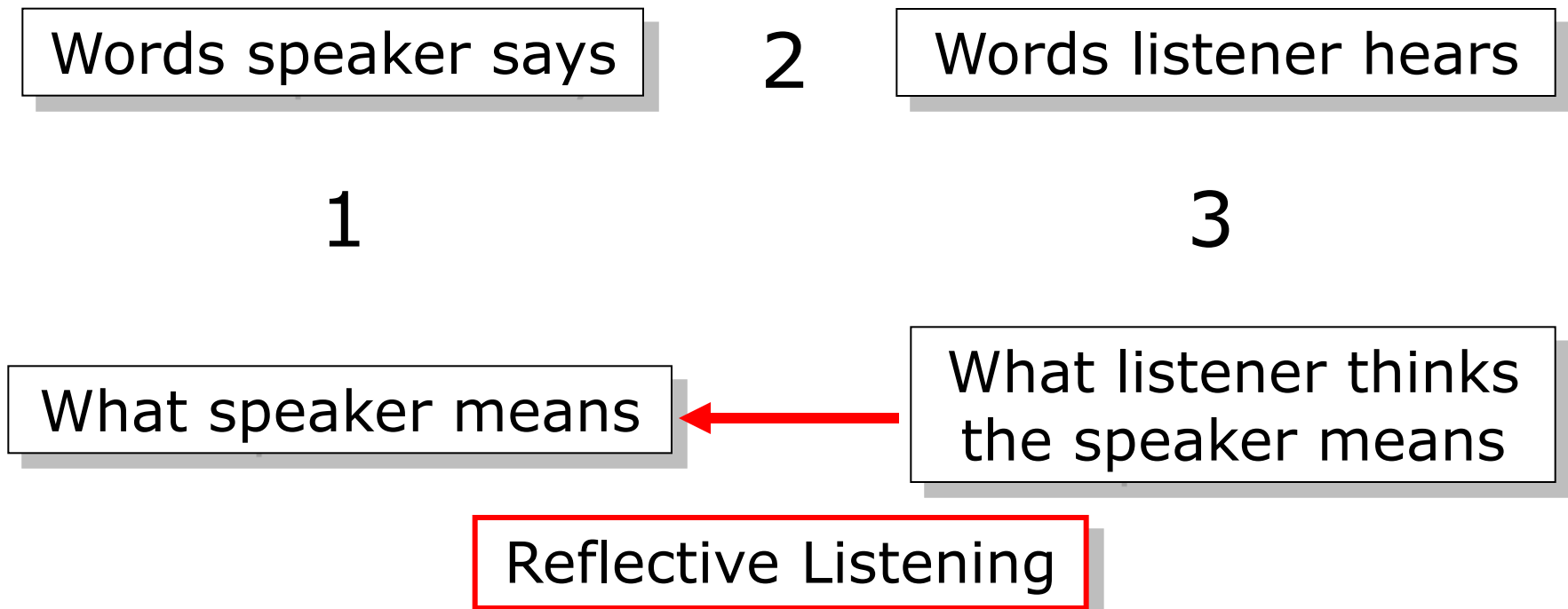
Reflecting their points can provide you with insight into their motivations.

It is acceptable to draw incorrect conclusions of their points if done in a reflection.

“Is this what you mean!”



# Thomas Gordon Model





# Reflective Listening

Reflective listening is primary skill on which MI is built!



# Reflective Listening Types

Repeating

Rephrasing

Paraphrasing



## Repeating

Simplest reflection just repeats an element of what the speaker has said.

Be cautious of “parroting”

Used to emphasize certain points



## Rephrasing

Reflections stays close to what was said, but a synonym is substituted or a slight rephrasing of idea that was offered.



# Paraphrasing

Major restatement of idea

Meaning is inferred by clinician and reflected in new words.

Continuing the idea – saying the next sentence rather than repeating the last.



## Simple Reflections

Words are very close to what patient said.

Mark important emotions but don't go far beyond original intent.

Stabilize patient

Keep conversation alive



## Simple Reflections

*"I have a sense of humor."*

You mean that...

you like to laugh.

you find things funny.

humor helps you lighten the load.

laughing is something you do easily.

you don't take yourself too seriously.



## Reflections

Using you previous team member have Client make statement.

Clinician then using only reflections keep conversation going.

Change roles and do it again.



## Complex Reflections

Go beyond the words used by patient

Include more depth, affect or direction than patient voiced

Adds to patient self-understanding



## Complex Reflections

*"I know I don't hear everything, but why does she always have to yell at me when she wants me to do something. I'm not deaf!"*

Sometimes you make mistakes.

It bothers you when she shouts at you.

You feel like you are treated like you don't hear anything.



## Double-Sided Reflections

Highlights ambivalence in patient's statements

Start with element favoring status quo

End with dimension favoring change

"and" versus "but"



## Double-Sided Reflections

*"I know I don't hear everything, but why does she always have to yell at me when she wants me to do something. I'm not deaf!"*

It feels like she is coming down pretty hard on you for not hearing her, **and**, at the same time, you know that hearing better would help.



## Helpful Responses Exercise -2

70 year-old patient:

“My kids keep saying that I can’t hear and that I should use my hearing aids. But when we go out to eat all I hear is a racket and the voices from all the other tables. I feel better when I take them out, but then they are on my back for not paying attention. I bet your new hearing aids wouldn’t help any more in that situation!”



## Take Home Information

MI requires constant practice

Elicit and identify change talk

Empower the patient to embrace change



59<sup>th</sup>  
Annual **IHS**  
CONVENTION  
& EXPO

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**Thank you!**