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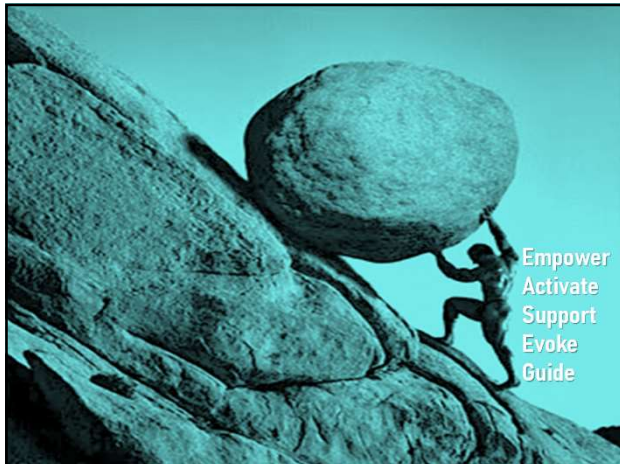
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## Supporting Autonomy & Activation

**MI practitioner:**

- This scale measures the extent to which the practitioner encourages and supports the client's autonomy and freedom to choose, as
- well as empowering, addressing and affirming the client's self-efficacy (confidence) and personal agency (belief in ability to effect
- change by their actions). The practitioner works from an assumption that individuals have an innate desire and capacity for evolution
- and growth. The practitioner operates from a strength-based approach that draws out and supports the client in putting their goals,
- values and choices into action. The practitioner moves beyond praise and actively provides meaningful affirmations that support and
- empower the client.

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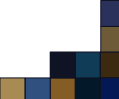
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**4500+ Studies on MI Effectiveness**

A systematic review that included 72 studies found that motivational interviewing outperformed traditional advice giving in 80% of studies.

"Providers who know how to effectively deal with resistance and ambivalence have adherence rates 5x higher than information giving."



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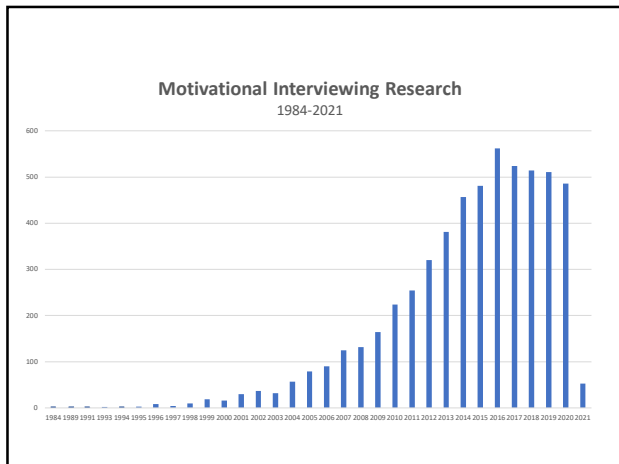
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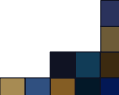
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**MI Stands Out for Health Coaching**

"...the **only technique** [in health coaching] to have been fully described and consistently demonstrated as casually and independently **associated with positive behavioral outcomes**."

- Susan Butterworth, PhD



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IFIOC

## Motivational Interviewing

- Effective for gathering accurate and comprehensive Information
- Supportive and additive to the assessment phase of CM process
- Readily uncover health and lifestyle needs of clients

<https://pubmed.ncbi.nlm.nih.gov/22660338/>

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IFIOC

## Objectives

1. Recognize communication roadblocks that hinder change in clients
2. Understand the overall Motivational Interviewing process and how it pertains to healthcare, nutrition and coaching
3. Identify how Equipoise affects the Motivational Interviewing process and change management
4. Recognize and decrease resistance with challenging clients/individuals
5. Deepen your empathy skills to help gain client engagement
6. Recognize resistance talk, sustain talk and change talk and learn strategies for navigating them
7. Operationalize a reliable way of discussing and practicing MI's heart-set and mindset

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IFIOC

## MI Mindset for Skills...



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**MI Spirit**

- Be curious of patient's/client's thoughts, ideas, and solutions more than your own
  - They are the expert in the context of their life
  - You are specialist in what's most likely based on EBP's
- **See if** they wish for some kind of happier and healthier motivation that relates to their physical/mental health
- IF SO, deepen/strengthen their own motives/sense of importance and confidence to align their behaviors with their values – waiting to give ideas/evidence/solutions until they are stuck or their motivation goals would be aided in having more informed choice.
- Explicitly support they get to choose whatever they wish, us calling out their strengths, abilities, & control

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**Motivational Interviewing**

Primary Goals of MI in Health & Nutrition Guidance:

- Reduce/Minimize resistance/discord
- Resolve ambivalence
- Elicit "change talk"
  - towards values-based, short-term vs. long-term informed choice

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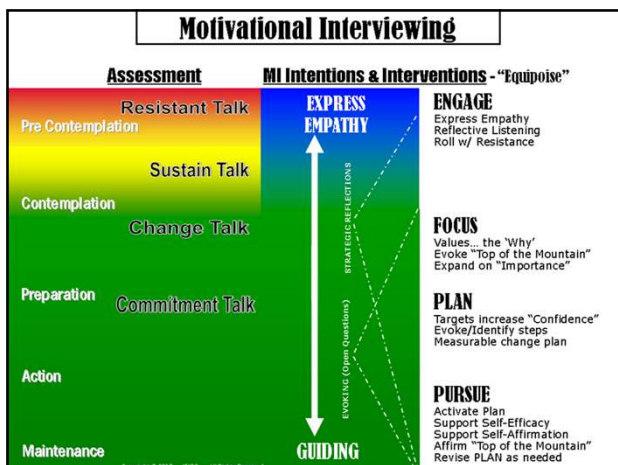
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**Listen with goal of understanding. DO NOT give advice.**  
**Ask these questions:**

- ❖ What is the reason that you picked this topic? (Listen) What else?
- ❖ How important is it for you to start doing this behavior? What's in it for you?
- ❖ If you did make a start now, how would your life be different in the future, say like six months?
- ❖ Again, not that you are going to start, but if you did, how would you start getting even the slightest bit of change started?
- ❖ Give a short summary/reflection of the speaker's motivations for change, then ask:  
 So what do you think you'll do? or "Where does that leave you?" or "What's your first step?" Listen with interest & provide affirmation

Credit: Susan Butterworth  
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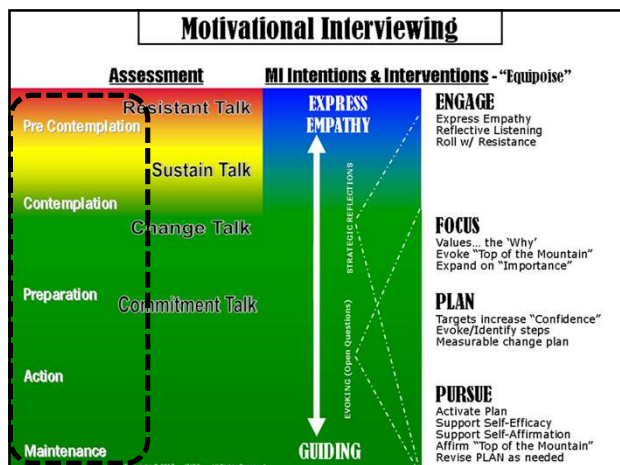
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IFIOC

## Realities of Change

*"He who would learn to fly one day must first learn to stand and walk and run and climb and dance; one cannot fly into flying."* Friedrich Nietzsche

- **Most change does not occur overnight**
- **People resist being pushed to change**
- **Contextual: H.A.L.T.**

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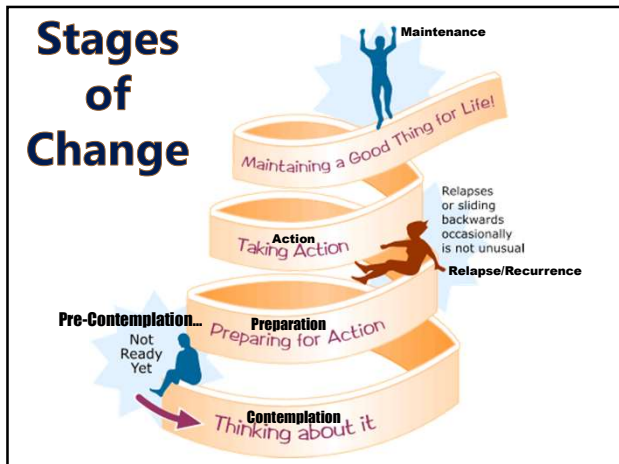
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## Cues for Pre-Contemplation

**Unaware that a problem exists**

**Does not intend to change**

**IGNORES/RESISTS EVIDENCE**

**Too discouraged to change**

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IFIOC

## Pre-Contemplation

**CHARACTERISTICS**  
 Appear to be hesitant,  
 argumentative, hopeless or  
 in "denial."

**TRAP**  
 Natural tendency is to try to  
 "convince" them or push into  
 action

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**'Righting Reflex'**

...corrects the orientation of the body when it is taken out of its normal position...

Reaction people have to correct someone or something that is 'wrong'



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**'Righting Reflex'**

...corrects the orientation of the body when it is taken out of its normal position...

Reaction people have to correct someone or something that is 'wrong'



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# Equipoise


"Balance of forces or interests"

"Equally supported in a steady position"

"Internal state of equilibrium or balance"

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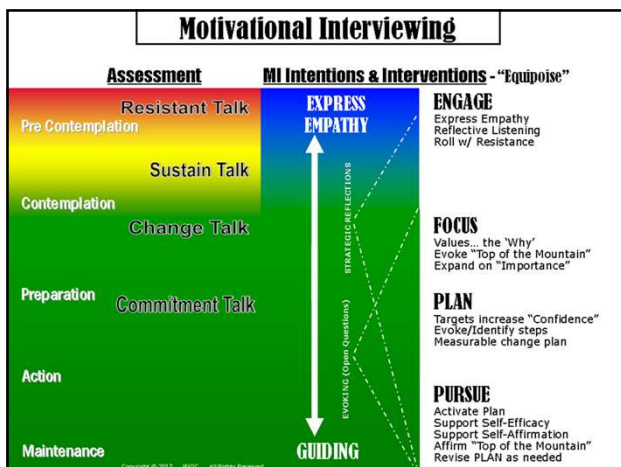


## Resistance

**"The force that opposes motion"**

- Not individual - *relationship* oriented
- Focusing outside the self
- Message that someone or something else is the problem
- Context of a relationship or system

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**IFIOC**

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## ENGAGE

**1<sup>st</sup> MI Process**

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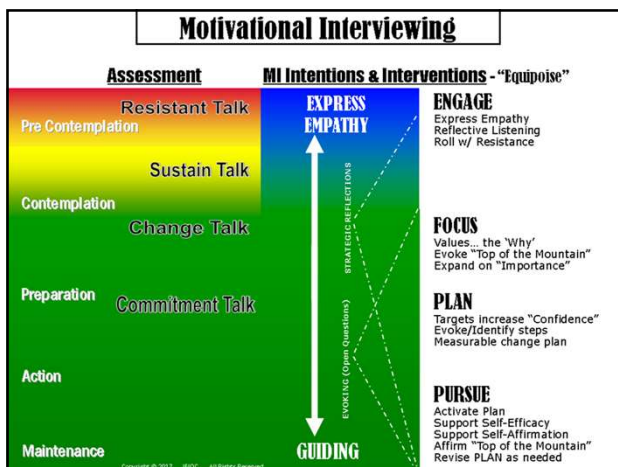
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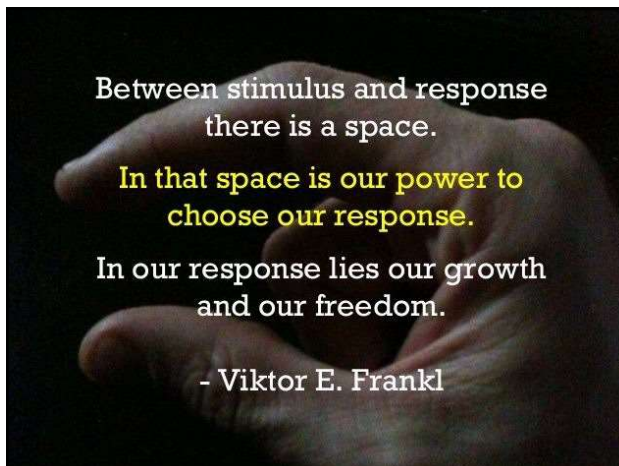
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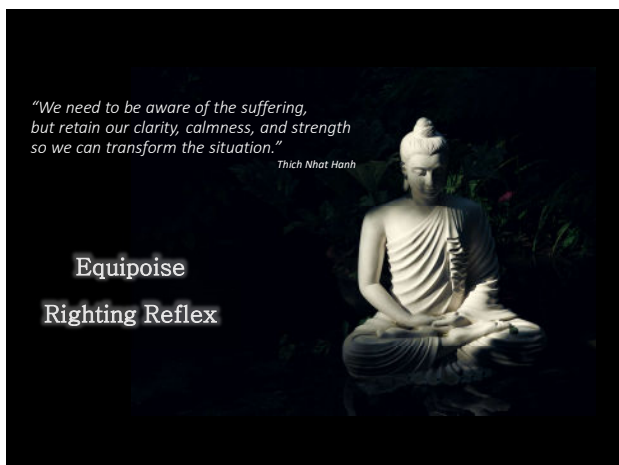
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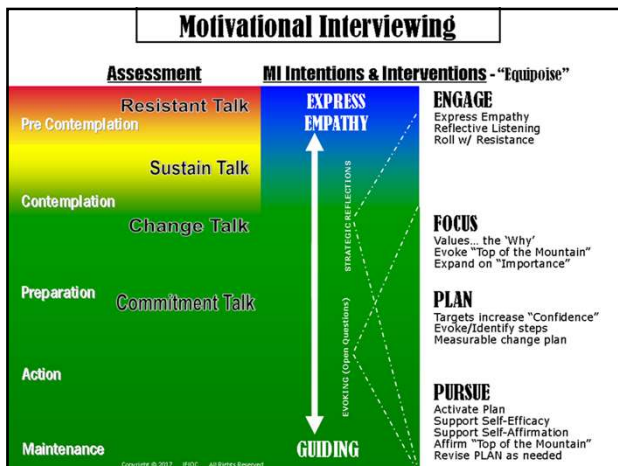
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**MICA**  
MOTIVATIONAL INTERVIEWING  
COMPETENCY ASSESSMENT

- Supporting Autonomy & Activation
- Partnering
- Evoking
- Expressing Empathy
- Guiding
- 

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**Expressing Empathy**

**MI practitioner:**

- Actively listen without judgment; grasp the client's thoughts, feelings, experiences, and perspective; and to convey that understanding to the client.
- Strategies include reflective listening, validation of the client's reality,
- and all of the efforts the practitioner makes to understand the client's inner experience and
- effectively communicate that to the client.
- NOTE: Do not include practitioner self-disclosure or agreement with client stance, sympathy, warmth or advocacy when assessing this measure.

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**MI Mindset for Skills...**



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**Strategic Reflections**



**Empathy**  
How he/she feels

**GUIDING**  
What he/she wants



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**Strategic Reflections**

- Verbalizing who they are and what they are about
  - "You..."
  - "It's..."
  - "So..."
- **Inferences** and implications regarding what he/she feels, wants, and seeks for goals
- Step inside their reality

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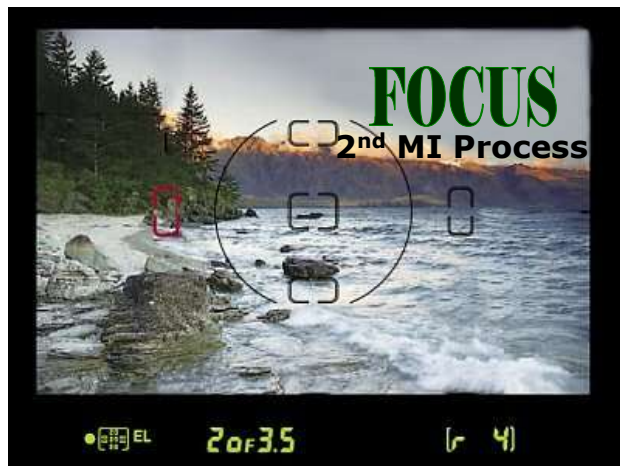
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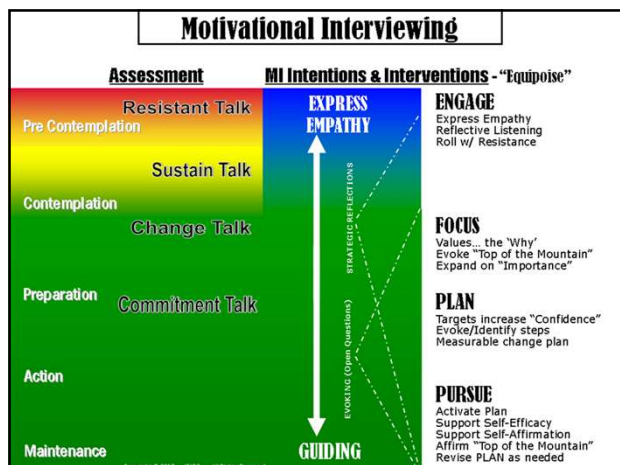
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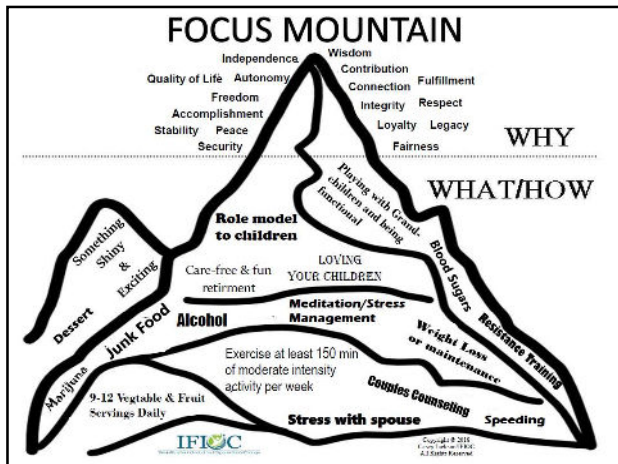
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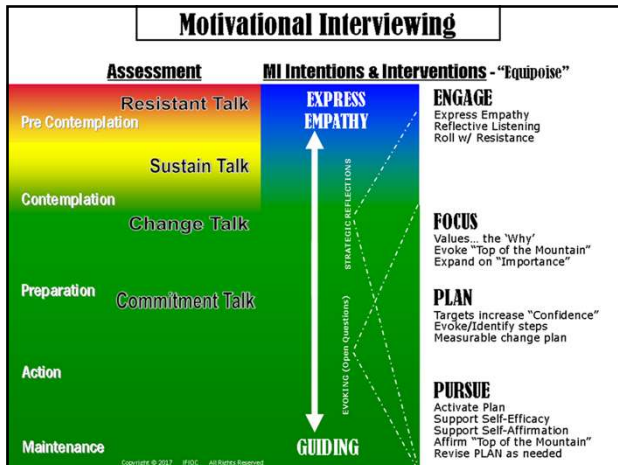
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## Eliciting Commitment Talk

Evoke, explore, expand Change Talk... work to **strengthen** and elicit COMMITMENT to Change:

*I will, I'm going to, I plan on,  
I'm ready, I know I will*

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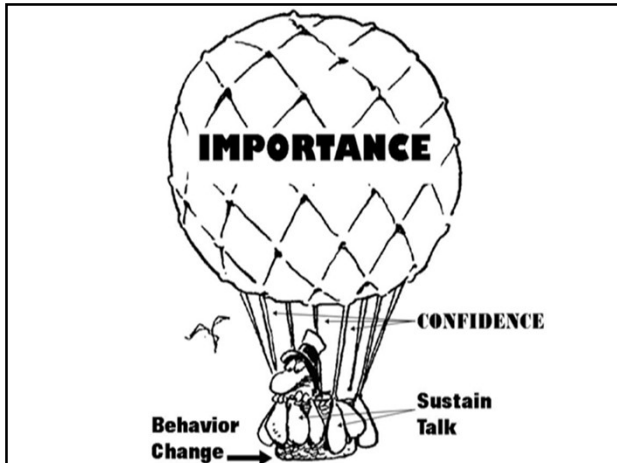
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**Change Balloon**

**Importance Balloon**

- ☐ Includes the WHY for the client
- ☐ Inflate balloon FULLY by evoking and elaborating on Change Talk

**Confidence Cables**

- ☐ Strengths, skills, abilities, past success
- ☐ What would be helpful to get you to that goal?

**Behavior Change Basket**

- ☐ Commitment Talk
- ☐ One thing sure you can do
- ☐ Steps and Plan for Change

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## Importance/Confidence Ruler

### IMPORTANCE SCALE:

How important is it for you right now to...? On a scale from 0 - 10... what number would you give yourself?

0 \_\_\_\_\_ 10

### CONFIDENCE SCALE:

If you did decide to change, how confident are you that you would succeed? On a scale from 0 -10... what number would you give yourself?

0 \_\_\_\_\_ 10

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## Importance/Confidence Ruler

### CONFIDENCE SCALE:

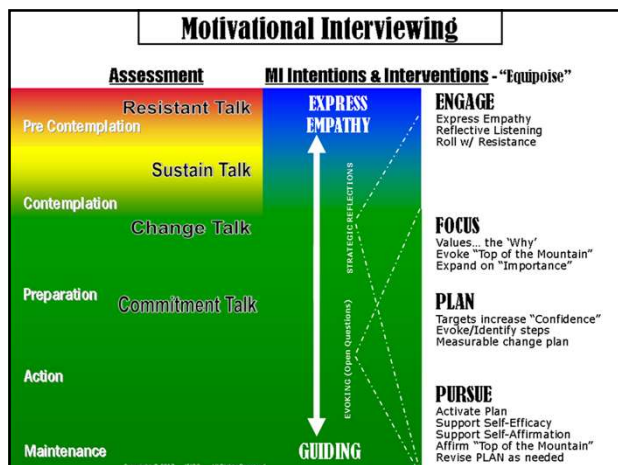
"You are at a six? What would it take for you to move from a six to a seven?"

### PLAN:

The answer is the new **TARGET** as part of the overall PLAN

**CONTINUE...** "What else would move it..."

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IFIOC

## 4 Types of Talk

- Resistance Talk**
- Sustain Talk**
- Change Talk**
- Commitment Talk**

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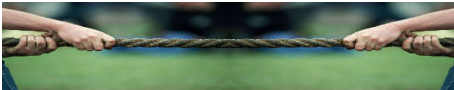
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## Resistance Talk



- Focusing attention outside of self
- Any message that someone or something else is the problem
- Making it personal towards you
- 'Fight' or 'Blame' talk

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## Sustain Talk

- Any rationale for why behavior is not going to change
- Any message of being stuck or planning on staying the same
- One side of the coin of ambivalence



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IFIOC



## Sustain Talk

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Commitment to Status Quo

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No Behavior Change

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IFIOC

## Resistance vs. Sustain

<h3><u>RESISTANCE Talk</u></h3> <ul style="list-style-type: none"> <li>✓ Focusing outside self</li> <li>✓ Relationally oriented</li> <li>✓ Fight Talk</li> <li>✓ Lightning Rod language</li> <li>✓ Making it personal</li> </ul>	<h3><u>SUSTAIN Talk</u></h3> <ul style="list-style-type: none"> <li>✓ Focusing internally</li> <li>✓ Staying the same</li> <li>✓ Stuck talk</li> <li>✓ Status quo</li> <li>✓ About his/her behavior</li> <li>✓ Natural w/ ambivalence</li> </ul>
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## Resistance vs. Sustain

<h3><u>RESISTANCE Talk</u></h3> <ul style="list-style-type: none"> <li>✓ Focusing outside self</li> <li>✓ Relationally oriented</li> <li>✓ Fight Talk</li> <li>✓ Lightning Rod language</li> <li>✓ Making it personal</li> </ul> <p><b>RESPONSE:</b> Empathic Reflection "You feel..."</p>	<h3><u>SUSTAIN Talk</u></h3> <ul style="list-style-type: none"> <li>✓ Focusing internally</li> <li>✓ Staying the same</li> <li>✓ Stuck talk</li> <li>✓ Status quo</li> <li>✓ About his/her behavior</li> <li>✓ Natural w/ ambivalence</li> </ul> <p><b>RESPONSE:</b> Rescue change talk "You want..."</p>
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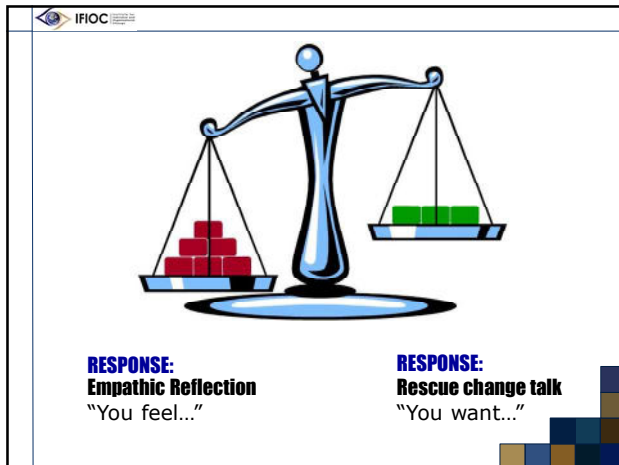
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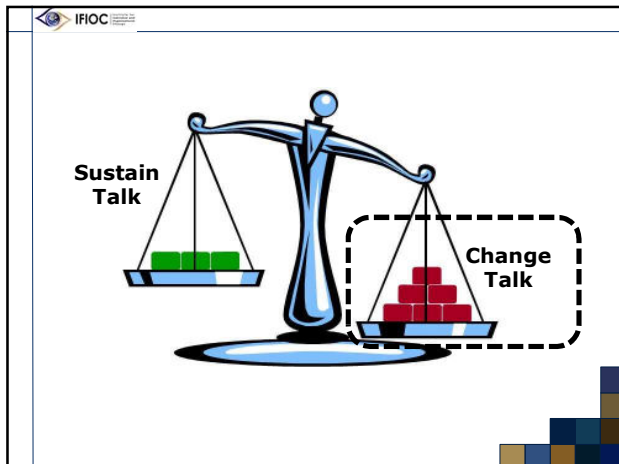
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## Change Talk

- ❖ Change talk is speech that favors the direction of the change
- ❖ Natural with ambivalence – opposite side of Sustain Talk
- ❖ What the client really wants... underlying goals &/or values

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IFIOC

## Listening for Change Talk



DESIRE: *want, wish, like*  
 ABILITY: *how could, might, can*  
 REASONS: *should, because*  
 NEED: *have to, need, important*

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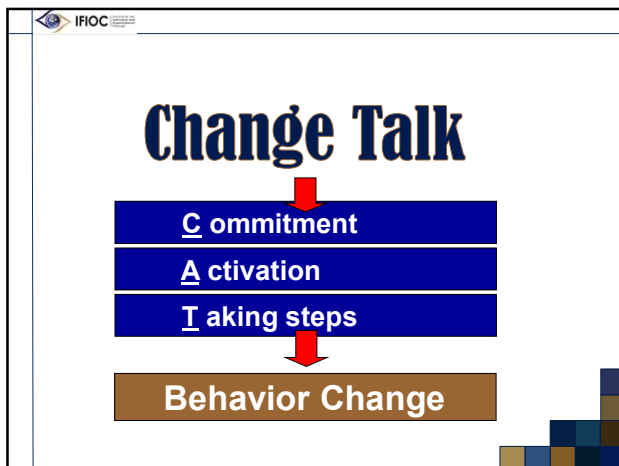
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IFIOC

## Listening for Change Talk

- ❖ Your sense of the "Top of the Mountain"
- ❖ Vision of happier and/or healthier
- ❖ Hypothetical statements about change
- ❖ Problem recognition
- ❖ Stating the case or virtues of changing
- ❖ Identity (I'm not THAT person)
- ❖ "Should" statements

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**Strategically Responding to Sustain Talk**

**MI practitioner:**

- understands the role of ST in the change process
- honors the client's reluctance to change, obstacles related to change, concerns regarding change, stuckness, or desire for status quo.
- responds to ST to express empathy, provide validation, or build rapport so the client feels heard, seen, and understood.
- uses core of ST to identify and generate CT

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**Strategically Responding to Change Talk**

**MI practitioner:**

- strategically **evokes**, **listens for**, **responds** to CT
- strengthens client statements of desire, ability, reasons, need, commitment, or movement toward change
- **increases**, **strengthens**, and **deepens** CT over the course of the conversation.
- increases the exploration of, readiness for, and, possibly, commitment to change.

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**Strategically Responding...**

<p><b>SUSTAIN TALK</b></p> <p><i>"I haven't taken my meds for three months because mental health excluded me for some stupid reason."</i></p>	<p>to ST</p>	<p>"What would it take for you to reconnect with mental health services?"</p> <p>"And there is part of you that really wants to get back on your meds."</p> <p>"Are there other reasons you haven't been taking your meds?"</p> <p>"Mostly it's because you don't like taking your meds."</p>
<p><b>CHANGE TALK</b></p> <p><i>"I got sick and rescheduled my med appointment which is what they told me to do."</i></p>	<p>to CT</p>	<p>"How have you thought about following up on that?"</p> <p>"You are working to hold up your end of the deal."</p> <p>"So why didn't you follow-up after that?"</p> <p>"You got sick, that's why you cancelled."</p>
<p><b>CHANGE TALK &amp; SUSTAIN TALK</b></p> <p><i>"I would love to stop smoking weed, but for some reason I just can't get away from it."</i></p>	<p>to CT</p>	<p>"What are some of the reasons you'd like to quit?"</p> <p>"Getting away from it is still important to you."</p> <p>"So why won't you just give it another shot?"</p> <p>"It feels almost impossible to not have it in your life."</p>

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**Strategic Reflections**

MI does roughly **double the rate of change talk** and **halve the rate of resistance**, relative to action-focused counseling or confrontation<sup>35</sup>

**~100%↑ Change Talk**

**~50%↓ Sustain Talk**



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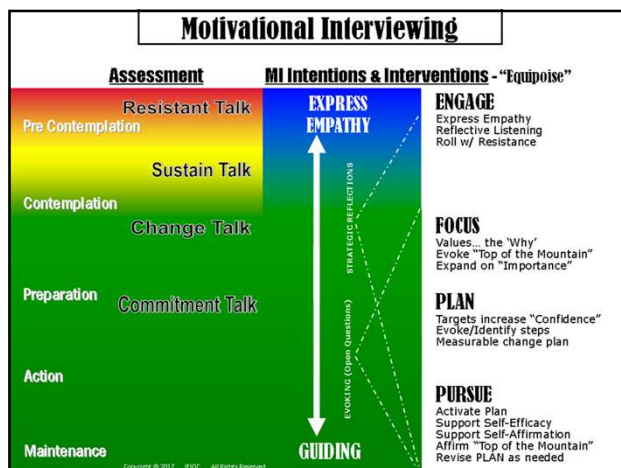
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### SAME Discussion Topic

Ambivalence

Use these open questions, and then...

- ✓ **Actively listen** w/ genuine interest to understand the dilemma...
- ✓ **Practice Reflections:** critical elements, change talk, empathy, direction
- ✓ **Ask** "Anything else?" "What else?" "Tell me more about that"

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### Elicit – Provide - Elicit

*"What would you most like to know about \_\_\_\_"*

*"What do you already know about \_\_\_\_"*

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### Elicit – Provide - Elicit

*"What would you most like to know about \_\_\_\_"*

*"What do you already know about \_\_\_\_"*

**PROVIDE** information... fill in gaps... connect the dots...

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IFIOC

## Elicit – Provide - Elicit

*“What would you most like to know about \_\_\_\_\_”*

*“What do you already know about \_\_\_\_\_”*

**PROVIDE** information... fill in gaps... connect the dots...

*“What do you make of that?”*

*“What does this mean for you?”*

*“What more would you like to know?”*

*“What would be most helpful from here?”*

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IFIOC

## Menu of Options

- Making Fiber-Full-Foods/Plants Tasty & eating more
- Moderating less healthy foods & eating less
- Tracking foods

You've tried to evoke solutions but patient is stuck. **“If you would like, I can share some techniques that have been helpful to other patients. How does that sound?”**

[After pt agrees] Some people find that figuring out ways to make foods that have fiber tasty so they can fill themselves up and feel better conveniently, some people try moderating their portion size of foods they know aren't as healthy, while others track what they are eating in food journals, counting calories with different apps, or working with points systems like Weight Watchers. Which of these would you like to explore?”

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IFIOC

## Support Choice &/or Inform Respectfully

This is just one option of many...

Feel free to disregard...

It's really up to you with what would be most worth it to do...

No one can make you do anything you don't want to do, with these being some options if you'd like...

It's really your life and your choice. So would it be helpful to discuss other ways...?

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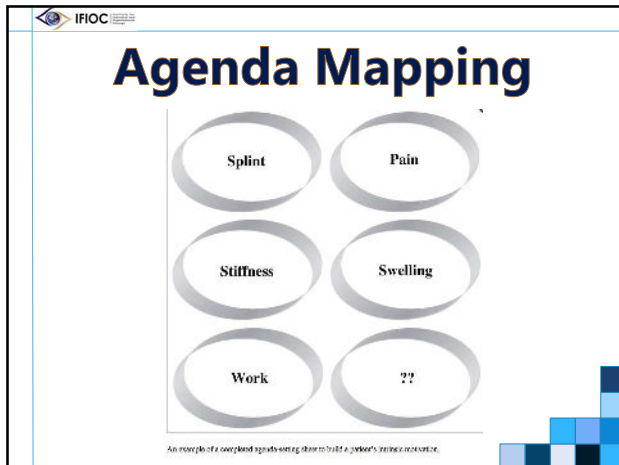
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IFIOC

## Why to Ensure Learning MI with Fidelity

*"Unless MI proficiency can be developed, measured and sustained, it will simply **not be possible for organizations to achieve the types of improvements in patient-level outcomes** demonstrated in MI clinical research trials."*

- Butterworth S., Anderson B., 2011

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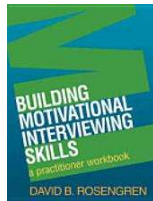
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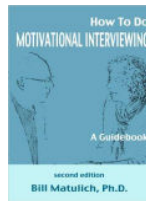
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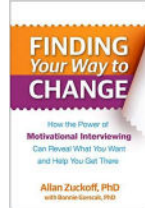
## Motivational Interviewing



Building Motivational Interviewing Skills  
by David Rosengren



How To Do Motivational Interviewing  
by Bill Matulich



Finding Your Way to Change  
by Allan Zuckoff

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**Additional Resources**

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