

NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Improving Adherence: Motivational Interviewing

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What is Motivational Interviewing?

MI is a type of conversation which attempts to elicit and strengthen motivation for change

- Designed to draw out a patient's ambivalence about an activity, and by highlighting the ambivalence, allow the patient to think through his/her decisions and motivations.
- Based on the premise that a patient's own motivations for change are more powerful than trying to impose the clinician's views and reasons for change on the patient.
- Goal is to guide the conversation in such a way that the client is likely to start talking about change



Setting the Stage

- Spend time normalizing adherence issues
- For clients who are starting HAART, talk to them about your expectations about how he/she should answer adherence questions
- For established clients, it's OK to re-address how you'll be talking to them about adherence moving forward



O.A.R.S

- Open-ended questions
- Affirmations
- Reflective Listening
- Summaries



Open-Ended questions

What types of questions should I be asking?

- --Open ended
- -- Ask for pros/cons of not taking meds
- --Ask for elaboration and/or examples
- --What happens if things continue as they are?
- --What would be different if you took your meds?
- --If stuck, explicitly side with the negative aspects of making a change



Affirmations

Behavioral change can be difficult, and many patients believe that they are "failed changers" and cannot be successful.

Highlight the small successes someone has had making change in the area you are discussing. "You stopped using meth for 4 days last year, and I'm sure that wasn't easy. What was going on that made that work?"

Affirmations, when genuine and not overdone, can be very helpful in helping patients see themselves differently



Role Play Example



Affirmations

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Reflections

- Refers to your restatements about what you are hearing (both spoken & emotional content) back to the client, who can then agree or disagree
- Clients know what works best—if we listen carefully, and help the client hear what they are saying, the path to change is possible



Summaries

- Summarize any ambivalence you've heard
- Ask patient to correct anything you might have heard wrong
- End with an open ended question. "What do you make of all this?"
- You can summarize as you go along—doesn't have to only be at the end of the conversation



Things to keep in mind

- MI works best when you hold back on telling the patient why he/she needs to change, no matter how difficult this may be to do. The patient needs to develop his/her own reasons & motivations for changing.
- MI is a process, and many patients may be very reluctant to consider any change at all. This does not mean that your MI techniques are not worth continuing.
- MI does not have to take a huge amount of time.



Interested in learning more?

In person training:

http://c4c.uwc4c.com/express license technologies/motivational-interviewing

Online training:

http://www.naadac.org/education/online-courses/motivational-interviewing-clinical-practice-with-pharmacotherapy?

option=com_continued&view=frontmatter&Itemid=151&course=14

Book:

Rosengren, David. <u>Building Motivational Interviewing</u>
<u>Skills: A Practitioner Workbook (Applications of</u>
<u>Motivational Interviewing)</u>



Resources

Miller W. R., Rollnick, S. (2002). Motivational Interviewing: Preparing people for change. 2nd Edition. New York: Guilford Press.

http://www.motivationalinterview.org/index.html

http://www.ncbi.nlm.nih.gov/books/NBK64964/

