Motivational Strategies: Starting the Conversation
Reflections
Behavior Change
Change is a Process
Meet the Patient at His/Her Place of Readiness

“What are your thoughts about…”
Expect Resistance

• 80% of behavior change programs (substance abuse, weight loss, smoking cessation) are designed for only 20% of the population they are designed for—James Prochaska

• Designed for people who are in the “action” stage of change and most people are in the pre-contemplation or contemplation stage of change.

• Current treatment system does not work well for people who are not quite ready
Traditional Health Behavior Change

• Confrontational
• “Expert” driven

What makes an “expert”? 
“People tend to resist that which is forced upon them”

“People tend to support what which they helped create”

- Vince Pfaff
People are more willing to change when they are completely free not to change.
“Ambivalence”

Smoking helps me relax

I’m afraid
I’m going to die young

I really enjoy it

I hate the way I smell
Change Talk

• Any speech that favors movement in direction of change
• Linked to a particular behavior change target
• DARN-CAT
Preparatory Change Talk

• What to look for
  • **Desire**  – “I really want to…”
  • **Ability**  – “I’ve done it before.”
  • **Reason**  – “I would have more energy if I lost weight.”
  • **Need**  – “I can’t go through life like this. I have to…”
Mobilizing Change Talk

• What to look for
  • Commitment – “I will make changes”
  • Activation – “I’m ready, prepared, or willing to make changes”
  • Taking Steps – “I am taking specific action to change”

DARN-CAT
Sustain Talk

• Previously called “resistance”
• A reflection of the benefits or acceptance of the “status quo”
• Respond with reflections
Reflective Listening to Decrease Resistance

Simple(surface) reflection

- Acknowledges the patient, reflecting “here is what I heard you say”
- **Deeper**- below the surface

Amplified reflection

- Reflect back the issue in an exaggerated way, usually the patient will back off

Double-sided reflection

- Reflect back the patient’s ambivalence, “both sides of the coin”
PRACTICE REFLECTIONS

• “I thought e-cigarettes were better for you than smoking. I am now using them every day. “

• “I don’t think those meds helped me much, and I don’t like how they made me feel.”

• “I have tried all those things , and none of them worked. Don’t you get it ?”

• “I have lived a good life. I don’t want to spend the rest of my life working on quitting. I want to enjoy what I have left”
Reflecting Feeling
I don’t know
Exercising empathy for “I don’t know”
Possible underlying emotions

• Unsure  
• Confused  
• Distrust  
• Suspicious  
• Anger  
• Fear  

• Avoidance  
• Discomfort  
• Overwhelmed  
• Shame  
• Hopeless

What Else???
Practice:

For the Assigned Emotion write a few Corresponding Thoughts

Next, write a few reflections based on the possible thoughts

Let's do the first one together
Group Practice

• Person 1 – says “I don’t know” conveying the assigned emotion (tone, body language)
• Person 2 - responds with one of the written complex reflections
• Person 1 – responds to the reflection

• Everyone else – Imagine how the conversation might continue
DODGE BALL
10 on 10
Client team/ Response team
Exploring and Enhancing Motivation

Importance
Confidence
<table>
<thead>
<tr>
<th>Importance</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all Important</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>(Importance)</td>
</tr>
<tr>
<td>Very Important</td>
<td>(Confidence)</td>
</tr>
<tr>
<td>Extremely Important</td>
<td></td>
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</table>
Brief Intervention
Elicit-Provide-Elicit

Elicit – Ask what the patient knows or would like to know.

“What do you know about nicotine and the effect that it may have on your ability to remain drug/alcohol free?”
Brief Intervention
Elicit-Provide-Elicit

**Provide** – Information in a neutral nonjudgmental fashion

“Research suggests that…”

**VS** . . .

“Your sobriety is being jeopardized every time you smoke.”
Brief Intervention
Elicit-Provide-Elicit

**Elicit** – The patient’s interpretation

“What does this mean to you? How can I help?”

**VS . . .

“It’s obvious from this information that you have no choice and you must quit.”
Motivational Interviewing Pocket Guide

Ask Open Questions
- What...?
- Why...?
- How...?
- Tell me about...?

PARTNERSHIP, ACCEPTANCE, COMPASSION, EVOCATION

Work together in the patient's interest. Express empathy, honour autonomy, acknowledge strengths, and elicit the patient's own motivation.

Give the patient the good lines
D: I want to... I would like...
A: I can... I am able to...
R: I have reasons to...
N: I need to... I have to...
C: I will, I intend to...
A: I am willing, I am ready to...
T: I have, I am taking steps...

Reflect what you hear
-especially change talk
- It's like...
- You feel...
- It seems to you...
- You would like to...

Advice and Information
Elicit-Provide-Elicit
E: What do you know about...?
What are your thoughts about...?
P: May I provide some information/ideas?
Where possible, suggest a range of options
E: What do you make of that/what might be helpful for you?

Assess Importance & Confidence
- How important is it to you to...?
- How confident are you that you can...?
- What makes you a .... and not a (lower #)?
- What would it take to lift your confidence/importance to a (higher #)?