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## Integrating Motivational Interviewing (MI) Techniques for Brief Intervention into the Curriculum

27 April 2016

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National Screening, Brief Intervention & Referral to Treatment



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Funded by Substance Abuse and Mental Health Services Administration

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## The Team

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## Funding Acknowledgement

This project was supported in part by funds from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (DHHS) under grant numbers 1U79TI025365, "SBIRT Training for Nurse Practitioners Across the Lifespan" (PI: A. Mitchell) and 1H79TI025964-01, "Advancing and Sustaining SBIRT Nursing Curricula and SBIRT Education for Current RNs and Healthcare Providers" (PI: D. Finnell).

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## Learning Objectives

At the end of this session, you will be able to—

1. Associate MI approaches with series of tasks related to readiness to change.
2. Demonstrate at least two methods to elicit change talk.
3. Use decisional balance and rulers as tools with reflective discussion to promote behavior change.
4. Describe an overarching motivational interviewing (MI) strategy effective in brief intervention.

**Objective #1**

Associate MI approaches with series of tasks related to readiness to change.

**Stages of Change**

(Prochaska & DiClemente, 1992)

**Stages of Change**

- Reflect attitudes, intentions, and behaviors relevant to changing health-damaging problems.
- Convey that resolution of health-damaging problems does not occur all at once.
- Entail a series of tasks that must be completed before progressing to next stage. These tasks inform motivational interviewing approaches.
- Illustrate that the solution takes time, and changes over time.

**Stages of Change**

**Precontemplation**

- Have little or no awareness of the problem or intention to change.
- “As far as I’m concerned, I don’t have any problems that need changing.”
- “I guess I have faults, but there’s nothing I really need to change.”
- Task: Acknowledge the problem to move to the next stage.
- MI approach: Inform and encourage change.

**Contemplation**

- Seriously thinking about making a change in the near future (often operationalized as the next 6 months).
- Begin to weigh pros and cons of the problem.
- “I’ve been thinking that I might want to change something about myself.”
- “It might be worthwhile to work on my problems.”
- Task: Make a firm decision to take action and engage in decreasing problem behavior to move to the next stage.
- MI approach: Explore and resolve ambivalence.

**Preparation**

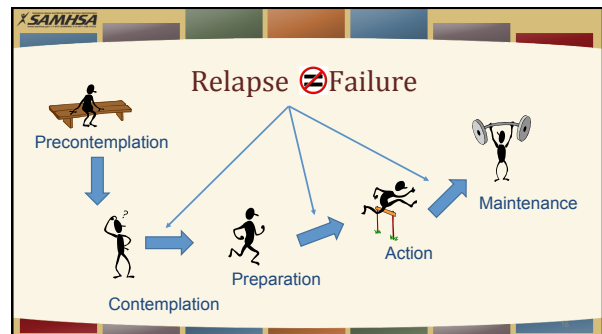
- Seriously thinking about quitting in the very near future (often conceptualized as the next month).
- May have begun to reduce problem behavior, but are not yet ready to stop entirely.
- Beginning to gather forces to prepare for action
- Individuals relate equally as strongly to statements on the stage survey for both Contemplation and Action.
- Task: Make firm commitment to move to the next stage.
- MI approach: Negotiate a plan and facilitate decisionmaking.

**Action**

- Has enacted the behavior (often operationalized from 1 day to 6 months).
- More visible changes are evident with considerable commitment of time and energy in continuing the behavior.
- "I am doing something about the problems that had been bothering me."
- "I am really working hard to change."
- Task: Sustaining efforts in maintaining changes to move to next stage.
- MI approach: Support self-efficacy and support implementation of the plan.

**Maintenance**

- Has maintained the behavior for a period of time (often operationalized as 6 + months).
- Working to prevent relapse and consolidate gains.
- "I'm working to prevent myself from having a relapse."
- For many behaviors, this stage extends to a lifetime.
- Task: Maintain behavior change.
- MI approach: Help maintain change, collaborate on developing relapse prevention plan.



**Learning Exercise**

At what stage does a patient consider the possibility of change?

- Precontemplation
- Contemplation
- Preparation
- Action

**Remember**

*"Readiness to change"*

✓ State

✗ Trait

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## Objective #2

Demonstrate at least two methods to elicit change talk.

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## Increasing Change Talk

Change talk is at the heart of MI. Through our conversations, we elicit—

- Desire – I wish/want to...
- Ability – I can/could...
- Reasons – It's important because...
- Need – I have to...

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## What Is Change Talk?

Change talk

- Patient expresses motivation to change.
- Example




"I wish I could stop drinking so much because I don't want that to be an example for my children."

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## Learning Exercise

Identify the change talk statements:

- a. I have to cut down on my drinking so I can make it to work on time.
- b. My spouse wants me to give up cigarettes.
- c. The doctor thinks it is important for me to decrease my alcohol intake.
- d. I want to stop taking my pain meds, but the pain won't go away.

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## Objective #3

Use decisional balance and rulers as tools with reflective discussion to promote behavior change.

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## MI Strategies Most Commonly Used in Brief Intervention

- Decisional balance
- Readiness ruler
- Personalized reflective discussion

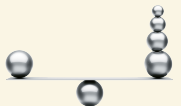




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## Decisional Balance: An Explanatory Model of Behavior Change


- Highlights the individual's ambivalence (maintaining versus changing a behavior)
- Leverages the costs versus the benefits



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## Conducting a Decisional Balance Discussion

- Accept all answers.
- Explore answers.
- Note both the benefits and costs of current behavior and change.
- Explore costs/benefits with patient's goals and values.




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## Exercise 3 The Decisional Balance

Camilla or Marcus, 24

- Accident
- Pain
- Loss of income
- Buys illegal drugs
- Drinks excessively
- Aggressive tendencies




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## Rulers: I-C-R

1-10 scaled rulers can address—

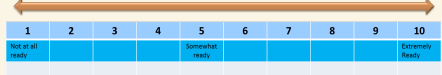
- Importance
- Confidence
- Readiness



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## Readiness Ruler

On a scale of 1 to 10, how ready are you to make a change?



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## Linking Screening and Brief Intervention


MI strategies facilitate—

- Finding personal and compelling reasons to change
- Building readiness to change
- Making commitment to change



**The Personalized Reflective Discussion**

Uses screening / assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change.



*The strongest relationship identified in both the outpatient and aftercare samples (in Project MATCH) is that between clients' motivational readiness to change and their ratings of the alliance (Connors et al., 2000).*

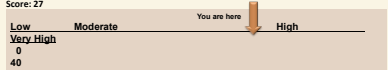


**Initiating Reflective Discussion**

- Start the reflective discussion asking permission of our patients to have the conversation.
- Example: "Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?"

**Providing Feedback**

Substance use risk  
Based on your AUDIT screening—  
Score: 27



Review

- Score
- Level of risk
- Risk behaviors
- Normative behavior

**Evoking Personal Meaning**

Reflective questions: From your perspective.....

- What relationship might there be between your drinking and \_\_\_?
- What are your concerns regarding use?
- What are the important reasons for you to choose to stop or decrease your use?
- What are the benefits you can see from stopping or cutting down?

**Summarizing**

- Acknowledges the patient's perceived benefits of use
- Elicits the "personal and important" problems or concerns caused by use
- Elicits, affirms, and reinforces motivation to change
- Helps resolve ambivalence and reinforces motivation

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## Enhancing Motivation

Readiness Ruler

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely ready

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## Negotiating Commitment

- Simple
- Realistic
- Specific
- Attainable
- Follow-up time line

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## Summary: Benefits of Using MI

- Evidence based
- Patient centered
- Provides structure
- Readily adaptable

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## Summarizing Motivation for Change

- Motivation is an intrinsic process.
- Ambivalence is normal.
- Motivation arises out of resolving discrepancy.
- "Change talk" facilitates change.

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## Curriculum Infusion

The process of integrating content into courses across the curriculum

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## Infusion into the curriculum

- Not one and done
- In many courses
- Multiple opportunities to learn and to practice
- Knowledge building content – within lectures and class assignments
- Skill building content – clinical rotations and simulation
- Faculty – training-of-trainers
- Clinical faculty & Community Preceptors – training opportunities


 **Examples of Placement in Curriculum**

- Health Assessment - communication skills
- Health Promotion –models of behavior change, harm reduction approaches
- Skills Lab – acquisition of interviewing skills
- Clinical Courses – stepped approach from simple to complex health conditions
- Simulations – demonstration of interviewing skills in safe environment
- Clinical practicums – application of skills in patient care setting


 Join Us for Part 5 of this Webinar Series  
on May 4, 2016

Using Case Studies for Integrating  
SBIRT into Curriculum

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