

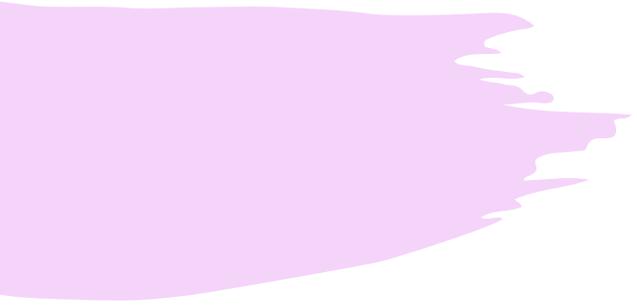


# Motivational Interviewing for Healthy Start Part I

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- I have no disclosures or conflicts of interest to report.

# ***Objectives***

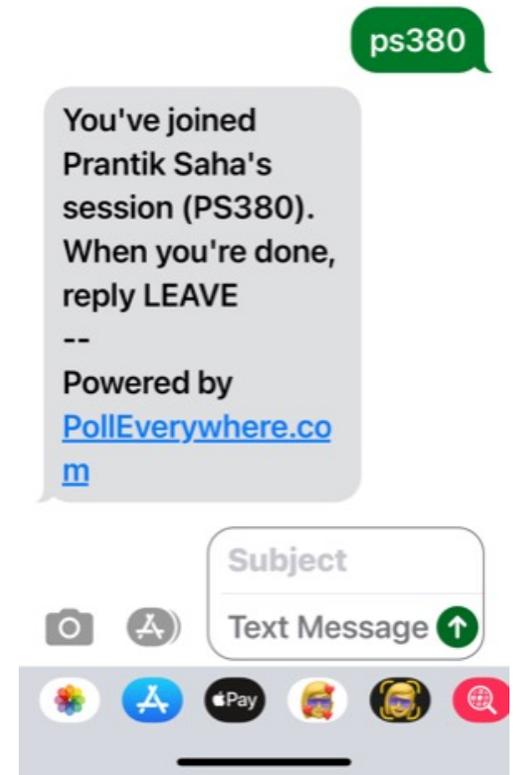
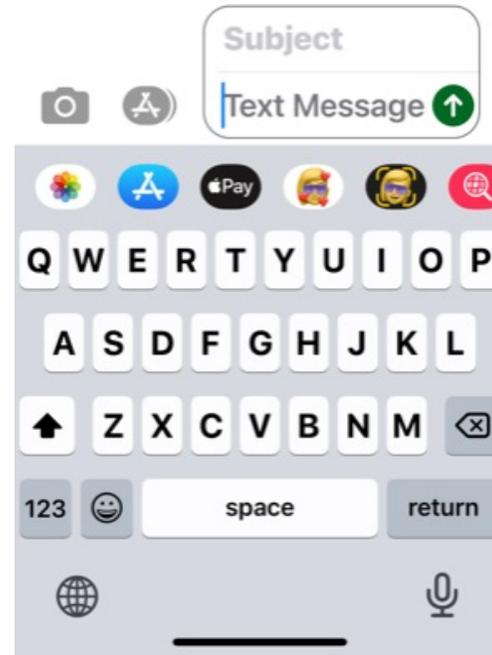
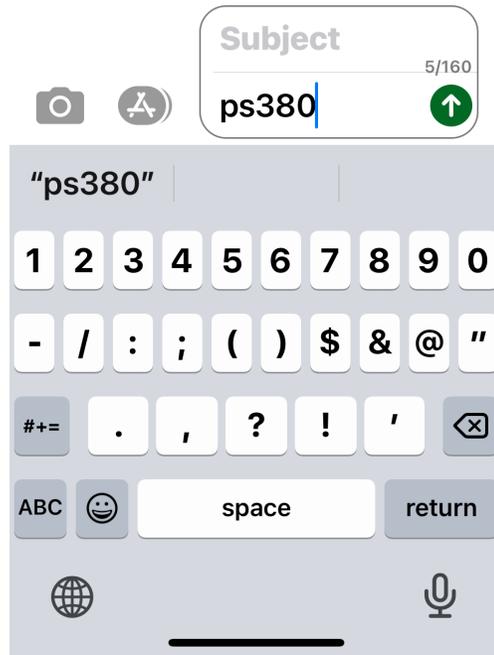
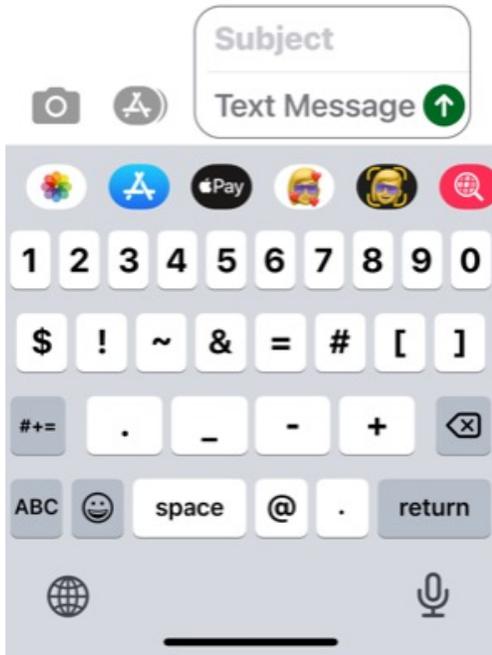
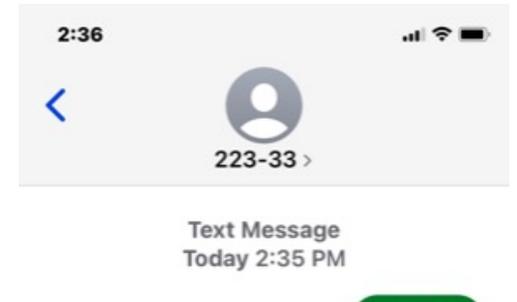
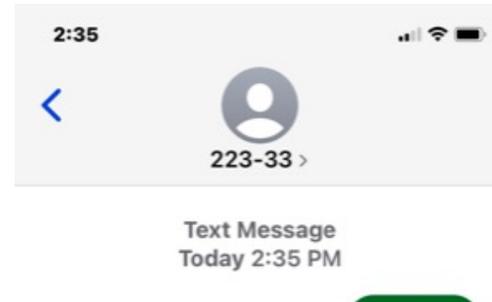
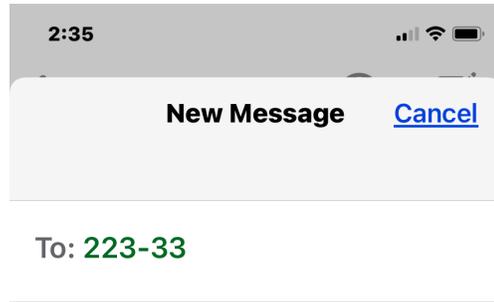
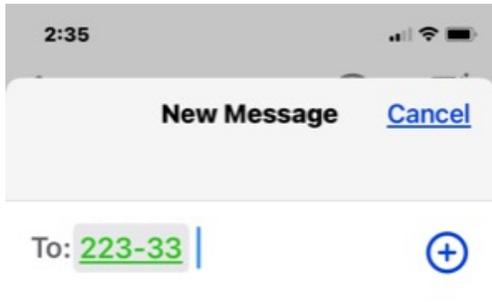
1. Understand the importance of empathy and the Stages of Change
2. Become acquainted with specific motivational interviewing (MI) tools and strategies
  - a. OARS (open questions, affirmations, reflections, summaries)
  - b. Eliciting change talk
  - c. Giving Information
  - d. Responding to resistance
3. Apply MI strategies in counseling parents with early childhood care
  - a. Vaccine hesitancy
  - b. Smoking
  - c. Postpartum follow up

# ***Agenda***

- Real Play group exercises
  - Persuasion versus Taste of MI in groups of 4
- Didactics with a case focusing upon vaccine hesitancy
- Smoking counseling
  - Two approaches
- We will review postpartum follow up in the 2<sup>nd</sup> workshop in August.

# ***Introductions - Poll Everywhere***

- On your computer:
  - Go to [pollev.com/ps380](http://pollev.com/ps380)
  - Once a poll is active, you can respond
- On your phone:
  - Text this: PS380
  - TO this number: 22333
  - You should get a confirmation text.
  - Once the poll is active, you can respond



# ***Persuasion***

1. Breakout groups of 4
2. Decide which two of you will be the clients, and which two of you will be the counselors. Then decide how you will pair up (2 counselor/client pairs). Each of the clients should introduce to their counselors an issue that is real in their life that they are on the fence about, e.g. desiring a change but not feeling ready to do so, feeling like a change is important but not wanting to go through with it. Obviously it should be a topic that they are comfortable sharing, but that has important meaning for them.
3. One counselor/client pair will observe the other, and then reverse roles. The counselor should use the Persuasion script **ONLY** in counseling their client to change. It should take no longer than 3-4 minutes. Then reverse roles, and the counselor/client pair who were observing then does a counseling session with each other and the other pair will observe. You will be given a 1 minute warning, after which you will automatically be brought into the main room.
4. I am placing the script in the chat.

# Persuasion - how did it feel to be counseled?

# Persuasion - How did it feel to counsel?

## ***Taste of MI***

- Same groups, same instructions, same behaviors
- But with a different script!

# A Taste of MI - how did it feel to be counseled?

# A Taste of MI - how did it feel to counsel?

# *Take Home from Persuasion vs Taste of MI*



LESSONS LEARNED?



CHALLENGES  
ENCOUNTERED?

# ***Lessons Learned?***

- What's helpful? →
  - Acceptance/Nonjudgmental approach
  - Evocative (predominantly gathering information, not giving information)
    - Solutions are often within the patient
  - Collaborative – working as a team
- Challenges Encountered? →
  - Time?
  - Balancing other imperatives of your role
  - What else?

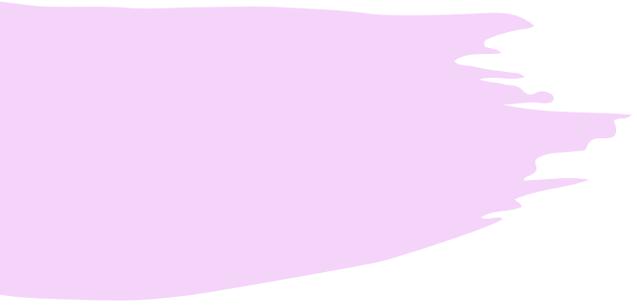
## ***Limitations to “Taste of MI”***

- No instructions for reflections (or affirmations)
- No chance to: share your perspective or your experience, provide data, convey your concern, etc. (otherwise known as “giving information”)

SO how do I



do motivational  
interviewing??



***What would be the first step in having a conversation about a change?***

- Engagement
- Focusing: introduce the topic
  - Unless the client asks to speak about the behavior, ask for permission: *“Would it be OK if we talked about \_\_\_\_\_?”*
- Find out the patient’s perspective on their behavior using open questions.

# ***OARS: Open ended questions***

- **Open-ended questions:**
- These are questions that **invite** the patient to elaborate and tell their story, and to say more than a yes, no, number or one word answer.
- **PEARLS**
  - Be mindful when you are about to ask a closed ended question and change it to an open question.
  - Be mindful of being **silent** after asking an open question – don't add close ended questions afterwards!

- Find out the patient's perspective on their behavior using open questions – examples:
  - *“In what ways are you taking care of your own health?”*
  - *“How are you feeling about getting the flu vaccine?”*
  - *“What are the positive things that smoking does for you? What are the no-so-positive things?”*
    - Generic: *“What are the pros? What are the cons?”*
- Regarding COVID vaccination
  - *“What are your thoughts about the COVID vaccine for your child?”*
  - *“How are you feeling about the COVID vaccine?”*
  - *“What are the concerns you have about the COVID vaccine? What might be the positive aspects of your child receiving the COVID vaccine?”*

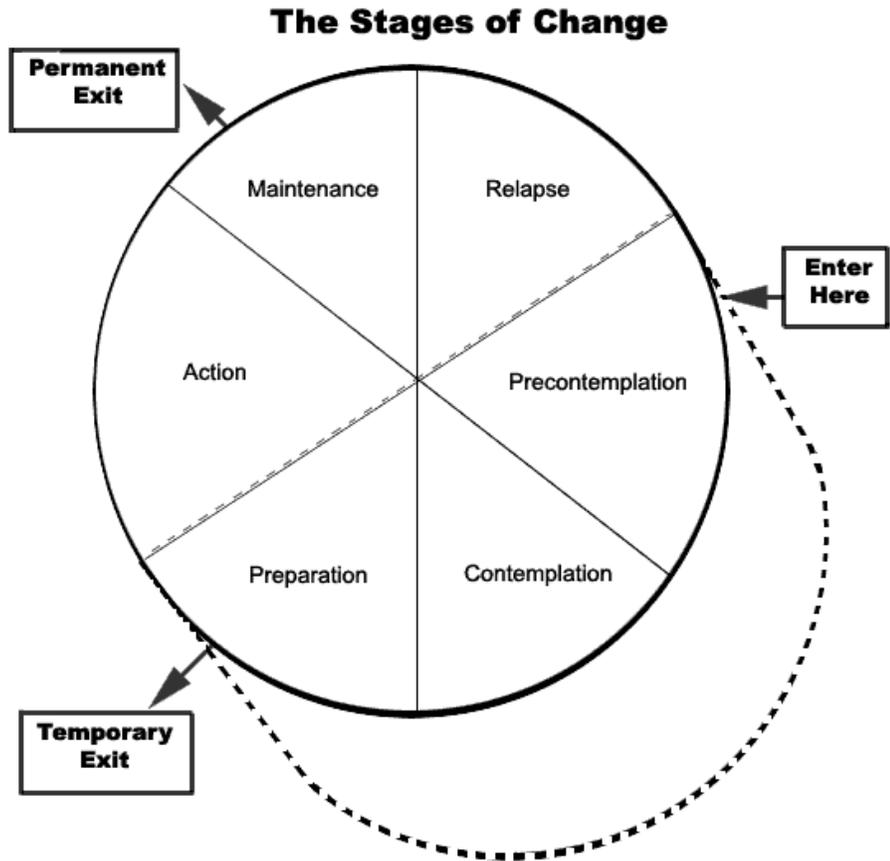
## ***Caveats...***

- Empathy
- Nonjudgmental
- Here is where we can discuss the Stages of Change.

# Stages of Behavior Change

Transtheoretical Model of Change

Appendix 3

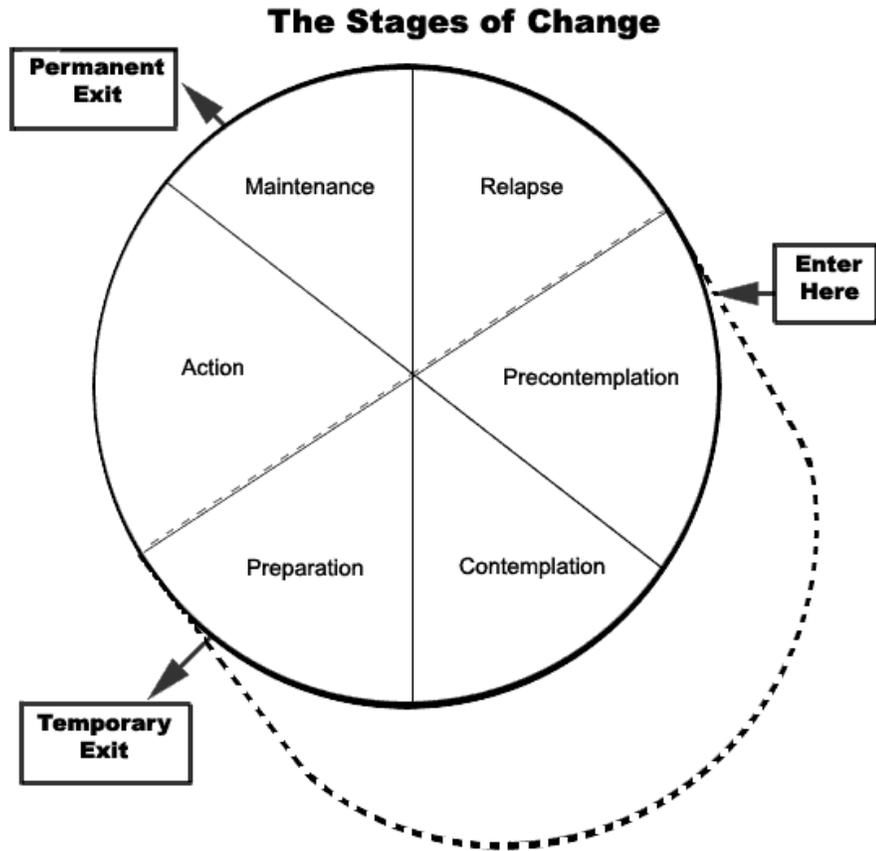


- Prochaska & Di Clemente: *Transtheoretical Model of Behavior Change*

# Stages of Behavior Change

Transtheoretical Model of Change

Appendix 3



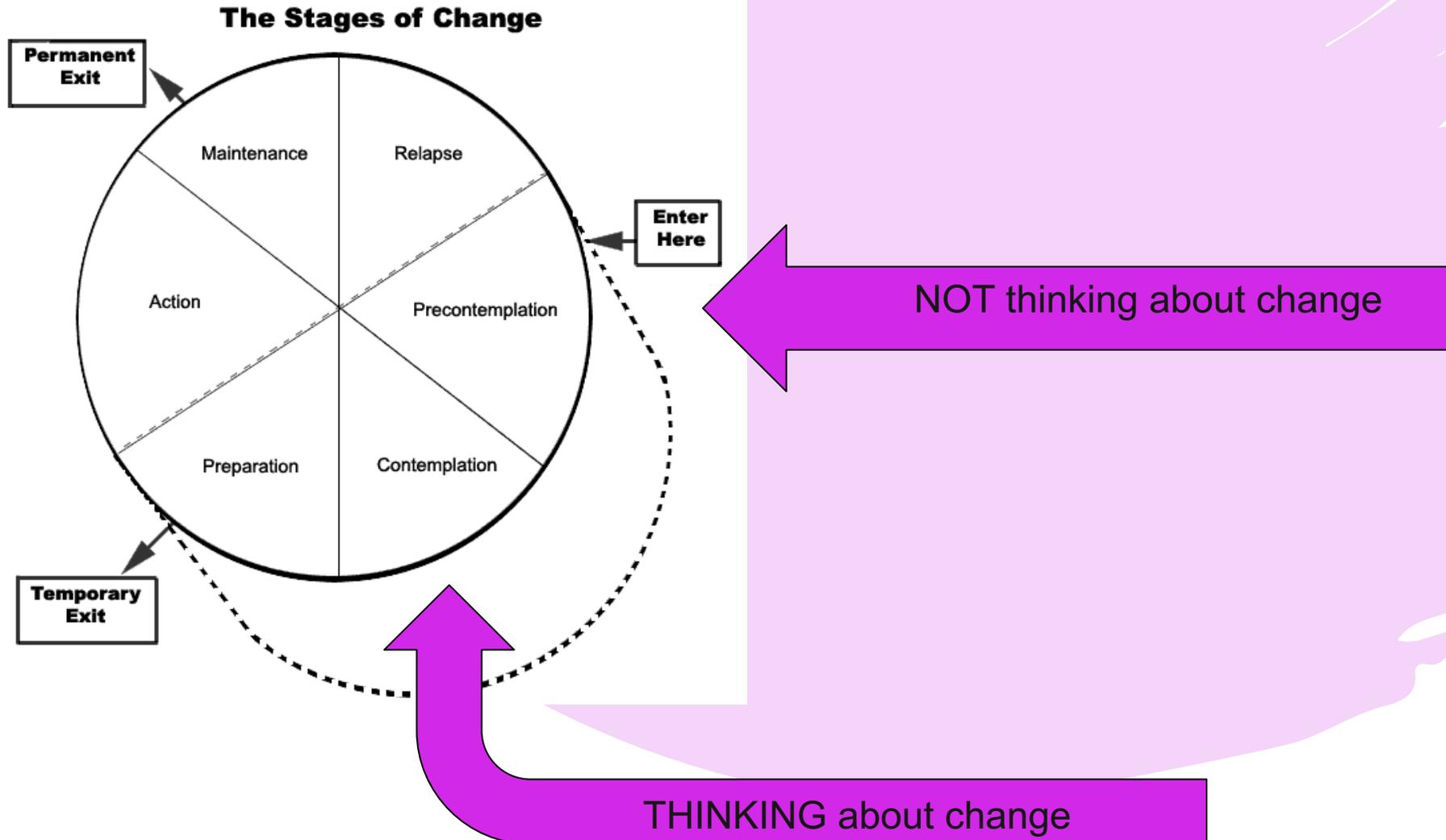
NOT thinking about change

- Prochaska & Di Clemente: *Transtheoretical Model of Behavior Change*

# Stages of Behavior Change

Transtheoretical Model of Change

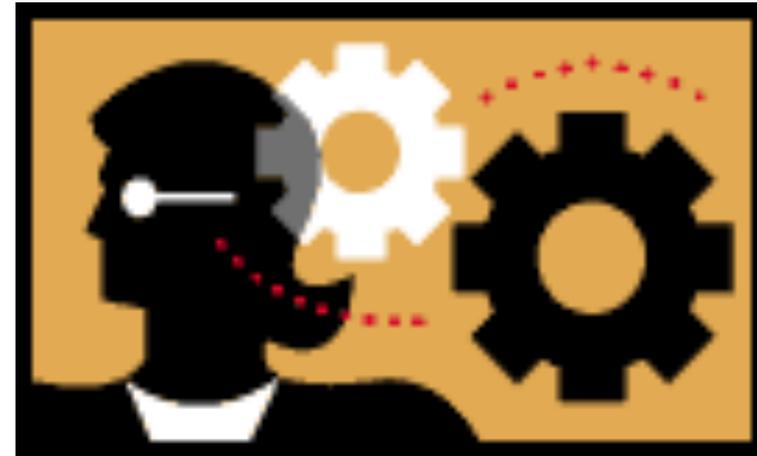
Appendix 3



- Prochaska & Di Clemente: *Transtheoretical Model of Behavior Change*

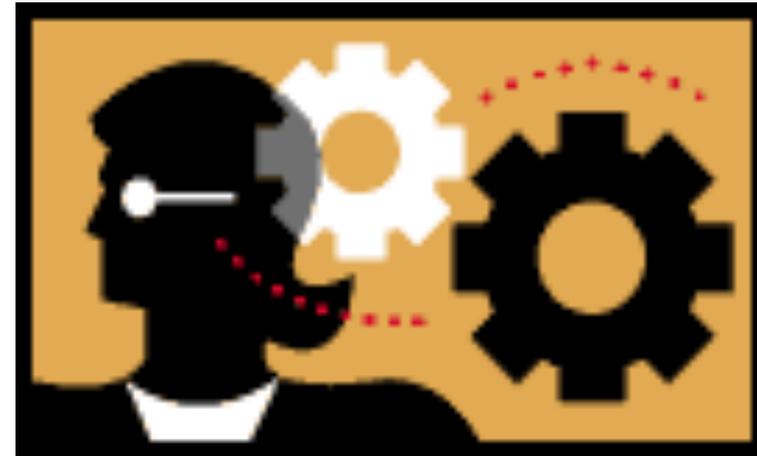
# *How do we think about or contemplate change?*

1. Identifying the behavior
2. Identifying a problem
3. Desiring a Change
4. Feeling confident/capable to change
5. Moving on to Preparation, Action, etc.



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## *How do we think about or contemplate the covid vaccine?*

1. Does not consider the COVID vaccine to be of benefit
2. Considers the COVID vaccine to be of benefit but possible/unknown side effects are unacceptable
3. Considers the COVID vaccine to be of benefit and is unsure about the side effects, wants more information
4. Considers the COVID vaccine to be of benefit, is for the most part not worried about the side effects but wants to wait “to be sure.”
5. Ready to get the COVID vaccine for their child.

# *Value of Stage of Change Models*

- Knowing where patients are stuck may help you narrow down the likely barriers.
- In the case of vaccination,
  - If the hurdle is whether there would be sufficient benefit, focus on that!
  - If the hurdle is whether there might be significant side effects, focus on that!
- Reminds us that Rome wasn't built in a day... You've done a good day's work if you can help someone go from not thinking about change to really thinking about it.
- **MOST IMPORTANTLY:** They can serve as a framework for empathy.

Keep in mind: The stages of change and MI are NOT the same.

**Case Example:**

*“Of course I don’t want to get COVID, and I need to be at my best after I give birth. But what about how new this vaccine is? I heard it could affect me in terms of not being able to have more children. And what if the vaccine might harm my baby inside of me?”*

- What stage?
  - stuck on confidence (concerned about safety)
- What would you do now?

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📱 Text **PS380** to **22333** once to join

# What would be your first response?

A - There is no evidence that the COVID vaccine causes infertility.

B - There is no harm to the baby, and you could get very sick, so I think you should get the vaccine.

C - I can reassure you that the vaccine will not have any side effects in this pregnancy or on your ability to get pregnant in the future.

D - None of the above

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# ***OARS: Reflections***

- **Reflections**: These are statements in which the provider repeats what the client has said (exact words or very slight rewording), called **simple** reflections, or paraphrases what the client has said (e.g., amplifying the thought or feeling, use of analogy, making inferences), called **complex reflections**.
- An example:
  - Pt. says, *“Lately, I’ve been thinking about our eating habits as a family because I’m worried my child will end up having health problems like me”*.
  - Provider says, *“As a parent, you’re especially conscientious of having your child get off to the right start”*.

# ***Why Reflections?***

- Explicitly demonstrating to your client that you
  - hear,
  - understand,
  - and most importantly, accept them

is very powerful in establishing trust as well as in their own process towards change

# ***OARS: Affirmations***

- **Affirmations:**
- These are statements that reinforce and convey recognition of the patient's strengths, abilities, efforts, as well as past and current successes.
- An example
  - *"You were able to accomplish what you set out to do."*
  - *"You're putting a lot of effort into this."*
- **PEARL**
  - You have to be very deliberate about providing affirmations and reflections. They are the skill that takes the most practice. If you're thinking it – say it; the patient may not be sure of what you're thinking.

# ***A Case Example***

- You are visiting a young pregnant woman (in her 3<sup>rd</sup> trimester) who recently declined the COVID vaccine at her last visit to the OB/Gyn.
- She's not generally against all vaccines, and she did get the Tdap vaccine as recommended; however, she did decline the flu vaccine.
- She is worried about getting COVID, but she also is a little distrustful of the safety of the vaccine.

**Case Example:**

*“Of course I don’t want to get COVID, and I need to be at my best after I give birth. But what about how new this vaccine is? I heard it could affect me in terms of not being able to have more children. And what if the vaccine might harm my baby inside of me?”*

- Stage: ~ stuck at confidence (concerned about safety)
- Reflection (empathic)?

*“On the one hand you want to be sure what you put inside of your body is safe for your baby, and on the other hand, you’re trying to keep yourself healthy to take care of them after you give birth.”*
- Affirmation?

*“Like any parent would, you are determined to do your very best in protecting you and your family’s health.”*

## CHANGE TALK

### “Change” Talk

Consists of the patient’s expression of their own desires, ability, reasons, and need for behavior change. Example: *“I was able to wean him off juice”*.

### “Sustain” Talk

This is in contrast to “sustain talk”, which is the patient’s expression of their own desires, reasons and need to *stay the same*, and includes the *inability* to change.

# Eliciting “Change Talk” using Open Questions

- Advantages of Change:

*“In what ways would you like for things to be different with your \_\_\_\_\_?”, “What are some things that might concern you about your \_\_\_\_\_?”*

*“How would you like for things to be different in the way you are feeling? ”*

*“What would be the advantage of making this (or a) change? ”*

*“It is difficult to start making these kinds of changes. Let’s say you were able to overcome the hurdles and you were successful at making the change. What would be the positive things you might see in your child’s life? In you or your family?”*

- Disadvantages of the status quo:

*“What worries you about your current situation? ”*

*“In what ways does this concern you? ”*

## *Eliciting “Change Talk” using Open Questions*

- Imagining the future

*“If you did make a change, what would your life look like?”*

*IF NEEDED: “What would be the negative aspects? What might be the positive aspects?”*

- Exploring the past

*“Tell me about a time when you had made that change - what was it like for you?”*

*IF NEEDED: “What were the particularly negative aspects? What were the particularly positive aspects?”*

- Exploring the patient’s own motivations

*“Sometimes there can be a lot of “chefs in the kitchen”, people telling you what to do and why. I’m curious, what might be your own reasons to make a change?”*

# Eliciting Change talk using scales

- Importance

*“How important is it for you right now to change?”*

*On a scale of 0-10, what number would you give yourself?”*

0.....10  
*Not at all* *Extremely*  
*Important* *important*

*“Patient says 6”*

Then what do you next?

That’s great! Why is it a 6 and not a 3?

What would make you go from 6 to 9?

- Confidence

*“If you did decide to change, how confident are you that you will be able to? On a scale of 0-10, what number would you give yourself?”*

0.....10  
*Not at all* *Extremely*  
*confident* *confident*

- Can also use “problematic”, readiness, etc. scales

**Case Example:**

*“Of course I don’t want to get COVID, and I need to be at my best after I give birth. But what about how new this vaccine is? I heard it could affect me in terms of not being able to have more children. And what if the vaccine might harm my baby inside of me?”*

- Eliciting Change Talk?

- After this reflection:

*“On the one hand you want to be sure what you put inside of your body is safe for your baby, and on the other hand, you’re trying to keep yourself healthy to take care of them after you give birth.”*

- You can say:

*“Let’s say you did get sick from COVID - what would it be like to take care of your baby?”*

- Also:

*“What would make you feel more optimistic about getting the vaccine?”*

# ***OARS: Summaries***

- **Summaries**: These are statements in which the provider reviews patient's stance on the behavior at the current moment and can be a useful tool to then elicit the "next steps" with an open question.
- **PEARL**
  - Focus on the patient's strengths as well as look at the glass half full for what the patient thinks of as "failure"; "tried to quit but failed" is a way of "practicing quitting".

### Case Example:

*“Of course I don’t want to get COVID, and I need to be at my best after I give birth. But what about how new this vaccine is? I heard it could affect me in terms of not being able to have more children. And what if the vaccine might harm my baby inside of me?”*

- Stage - ~ stuck at confidence (concerned about safety)
- Reflections/Affirmations
- Eliciting Change Talk
- Finally – a summary...

*“In general, you believe in vaccines, and that’s why you accepted the whopping cough vaccine – you care about the health of your family, and that includes keeping yourself healthy. You are a little concerned about how new the COVID vaccine is, but you also realize you can’t afford to be sick while taking care of a newborn. What do you think would be your next steps at this point?”*

## *But what if.....*

- Your client says: *“ I don’t know – I am feeling confused. I honestly don’t know what to do.”*
- What should we do now?

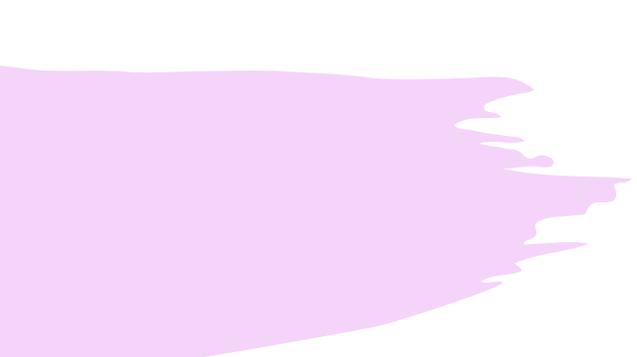
- If you want to **give information** (express your perspective, provide data about the behavior in general or the behavior's consequences, convey your concern, relate clinical experiences that might be relevant, etc.), then:
  - **Elicit** permission to share the information
  - **Provide** a digestible chunk of information
  - **Elicit** feedback ***“What do you think of that?”***
- This is called the EPE format: Elicit, Provide, Elicit

- What would you say?
  - E - *“Would it be OK if I share some information with you?”*
  - P - *“It turns out when we look a little closer, there is no connection between the COVID vaccine and not being able to become pregnant.”*
  - E – *“What do you think of that?”*

# ***Video Examples***

- The non-MI approach first, then MI approach
- Courtesy of Lisa Merlo, PhD



- 
- Feedback?
  - What about this approach?



# Resources

1. Miller WR and Rollnick S. (2013). *Motivational Interviewing: Helping People Change*. New York: Guilford Press. (This is the 3<sup>rd</sup> and most current edition of their seminal text)
2. Rollnick S, Miller WR, and Butler CC. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press. (This is a shorter text which we use in our curriculum at Columbia University P & S)
3. Rosengren, D. (2018). *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford Press. (An excellent resource for learning on your own).
4. <https://go.kognito.com/changetalk> - (Change Talk App designed by Kognito and the American Academy of Pediatrics – an excellent free app offered in both the Android and iPhone/iPad platforms in which you can “practice” MI in an avatar case scenario involving childhood obesity)