



THE OHIO STATE UNIVERSITY

Motivational Interviewing

Lawrence Chan DO

**Compliance Summary**

Date Range	(30 days)
Days with Device Usage	30 days
Days without Device Usage	0 days
Percent Days with Device Usage	100.0%
Cumulative Usage	11 days 21 hrs. 53 mins. 46 secs.
Maximum Usage (1 Day)	11 hrs. 28 mins. 49 secs.
Average Usage (All Days)	9 hrs. 31 mins. 47 secs.
Average Usage (Days Used)	9 hrs. 31 mins. 47 secs.
Minimum Usage (1 Day)	8 hrs. 16 mins. 49 secs.
Percent of Days with Usage \geq 4 Hours	100.0%
Percent of Days with Usage $<$ 4 Hours	0.0%
Total Blower Time	11 days 23 hrs. 43 mins. 46 secs.

Bi-Level Summary

Average Time in Large Leak Per Day	20 secs.
Average AHI	4.2

**Compliance Summary**

Date Range	(30 days)
Days with Device Usage	14 days
Days without Device Usage	16 days
Percent Days with Device Usage	46.7%
Cumulative Usage	1 day 5 hrs. 36 mins. 21 secs.
Maximum Usage (1 Day)	5 hrs. 8 mins. 25 secs.
Average Usage (All Days)	59 mins. 12 secs.
Average Usage (Days Used)	2 hrs. 6 mins. 52 secs.
Minimum Usage (1 Day)	2 mins. 24 secs.
Percent of Days with Usage \geq 4 Hours	6.7%
Percent of Days with Usage $<$ 4 Hours	93.3%
Total Blower Time	1 day 5 hrs. 37 mins. 23 secs.

CPAP Summary

Average Time in Large Leak Per Day	9 secs.
Average AHI	5.9
CPAP	11.0 cmH2O



Compliance Summary

Date Range	(30 days)
Days with Device Usage	3 days
Days without Device Usage	27 days
Percent Days with Device Usage	10.0%
Cumulative Usage	4 mins. 2 secs.
Maximum Usage (1 Day)	2 mins. 18 secs.
Average Usage (All Days)	8 secs.
Average Usage (Days Used)	1 mins. 20 secs.
Minimum Usage (1 Day)	25 secs.
Percent of Days with Usage \geq 4 Hours	0.0%
Percent of Days with Usage $<$ 4 Hours	100.0%
Total Blower Time	4 mins. 2 secs.

CPAP Summary

Average Time in Large Leak Per Day	0 secs.
Average AHI	14.9
CPAP	9.0 cmH2O





Objectives

- Describe concepts behind Motivation Interviewing
- Recognize common misconceptions of Motivational Interviewing
- Apply approaches that may help promote patient behavior change



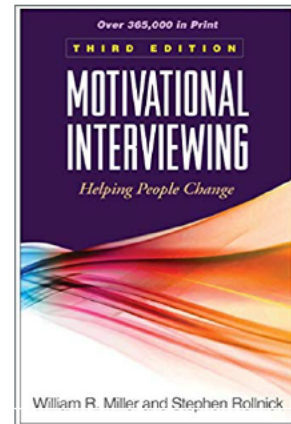
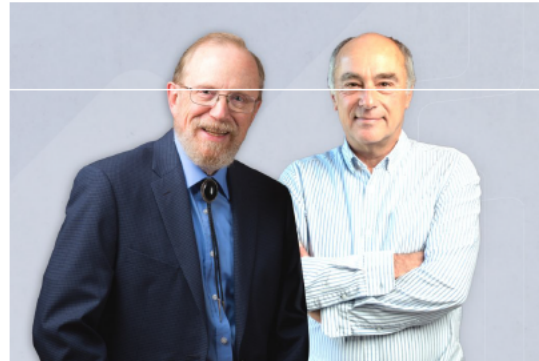
Outline

- Background
- Spirit of Motivational Interviewing
- Foundations of Motivational Interviewing
- Four Guiding Principles
- Basic Motivational Interviewing Skills
- Process of Motivational Interviewing



Motivational Interviewing

- Developed by psychologists Dr. William R. Miller and Stephen Rollnick
- Definition – Collaborative, person-centered form of guiding to elicit and strengthen motivation for change





Motivational interviewing (MINT) improves continuous positive airway pressure (CPAP) acceptance and adherence: A randomized controlled trial.

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Olsen, Sara Smith, Simon S. Qei, Tian P. S. Douglas, James



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Chest. 2016 Aug; 150(2): 337-345.

PMCID: PMC4980541

Published online 2016 Mar 24. doi: 10.1016/j.chest.2016.03.019

PMID: 27018174

Motivational Enhancement for Increasing Adherence to CPAP A Randomized Controlled Trial

Jessie P. Bakker, PhD,^{a,*} Rui Wang, PhD,^{a,b} Jia Weng, PhD,^a Mark S. Aloja, PhD,^{c,d} Claudia Toth, PsyD,^a Michael G. Morrical, BA,^a Kevin J. Gleason, BA,^a Michael Rueschman, MPH,^a Cynthia Dorsey, PhD,^e Sanjay R. Patel, MD,^a James H. Ware, PhD,^{b,†} Murray A. Mittleman, MD, DrPH,^f and Susan Redline, MD, MPH^a



ELSEVIER

Chest

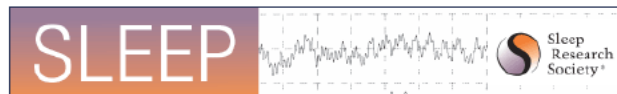
Volume 146, Issue 3, September 2014, Pages 600-610



Original Research: Sleep Disorders

The Efficacy of a Brief Motivational Enhancement Education Program on CPAP Adherence in OSA: A Randomized Controlled Trial

Agnes Y.K. Lai DN^{a,b}, Daniel Y.T. Fong PhD^b, Jamie C.M. Lam MD, FCCP^a, Terri E. Weaver PhD^d, Mary S.M. Ip MD, FCCP^{a,c}



Sleep. 2013 Nov 1; 36(11): 1655-1662

PMCID: PMC3792382

Published online 2013 Nov 1. doi: 10.5665/sleep.3120

PMID: 24179298

Motivational Enhancement to Improve Adherence to Positive Airway Pressure in Patients with Obstructive Sleep Apnea: A Randomized Controlled Trial

Mark S. Aloja, PhD,¹ J. Todd Arnedt, PhD,² Matthew Strand, PhD,¹ Richard P. Millman, MD,³ and Belinda Borrelli, PhD⁴



Misconceptions

- Method to manipulate clients into change they do not really want to make
- Not reverse psychology
- Not a script
- Not a panacea
- Not easy



Spirit of MI

- Collaboration
- Evocation
- Acceptance
- Compassion



Spirit of MI

- Collaboration
 - Clients are experts on themselves, their histories, circumstances and prior efforts at change
 - Partnership
 - Understand clients aspirations and goals
 - Create a relationship that is conducive, not coercive to change





Spirit of MI

- Evocation
 - Drawing out ideas and solutions from clients
 - Clients know best their challenges, and things that help and hinder their change
 - Establish a personal connection between the change focus and what the client values
 - Elicit change talk



Spirit of MI

- Acceptance
 - Genuine interest and desire to appreciate and understand the clients situation
 - Creating an environment that helps the client explore all aspects of change
 - Respecting client autonomy
 - Does NOT mean approval of the clients actions



Spirit of MI

- Compassion
 - Authentic desire to help
 - Genuinely care about their welfare
 - Give priority to patients needs

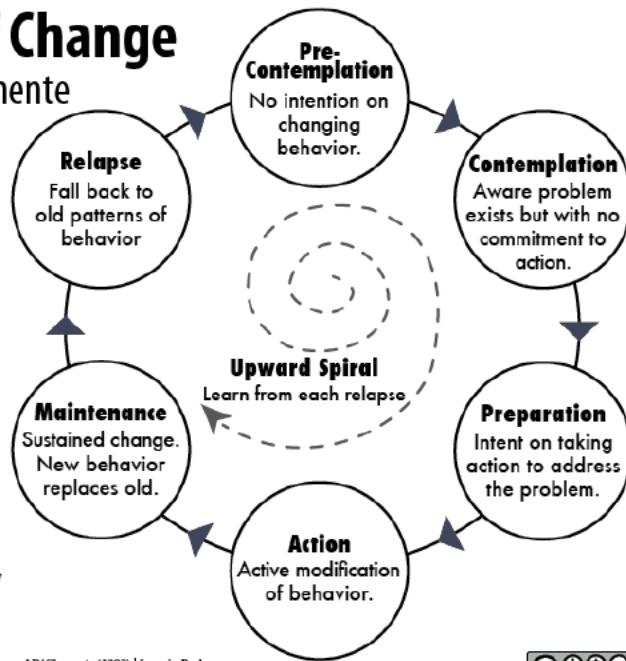


Foundations of MI

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change
 Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Padro
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Foundations of MI

- Ambivalence
 - Simultaneously wanting and not wanting something
 - Wanting two incompatible things
 - Discrepancy between an individuals values and actions
 - Normal, since change is difficult





Foundations of MI

- Change is often nonlinear
 - Initial steps, setbacks
- Readiness is not static
 - Practitioner can have influence



Foundations of MI

- Continuum of styles





Four Guiding Principles

- R - esist the righting reflex
- U - nderstand the Client's Motivations
- L - isten to the Client
- E - mpower the Client



Resist the Righting Reflex

- Righting Reflex - fixing patients problems
 - Trying to convince clients that they have a problem
 - Arguing for the benefits of change
 - Telling clients how to change
 - Warning of the consequences of not changing



Resist the Righting Reflex

- Ambivalence
 - Costs associated with change
 - “Yes, but” response
- Resistance
 - Active process of pushing against reasons for change



Understanding the Clients Motivation

- Practitioners cannot install motivation
- Elicits the patients own motivation.
- Increase their motivation to change.





Listening

- Create an supportive atmosphere
- Empathy
- Reflective Listening



Empowering

- Patients to take an active role
- Support belief that the patient can make a change
- Promote self-efficacy



Basic MI Skills

- Open Questions
- Affirmations
- Reflections
- Summaries



Open Questions

Which is an open question in response to “I can’t seem to remember to put on my CPAP”?

- A - Don’t you think it is important to use your CPAP?
- B - Can you wear it 70% of days for 4 hours?
- C - Have you thought about setting an alarm as a way to remind yourself?
- D - What concerns you about using and not using your CPAP?



Open Questions

- Closed
 - 1-2 word answer, used to gather specific information
- Open
 - Broad, requires more than a few words



Basic MI Skills

- Open Questions
- Affirmations
- Reflections
- Summaries



Affirmations

- Empowers the client
- Client begins to internalize positive attributes
- Boosts overall self-confidence
- Encourages persistence
- Decreases defensiveness
- Client feels supported
- Supports forward momentum toward change



Affirmations

- Uncover, recognize and discuss patients strengths
- Commenting on a strength, attribute, skill or action
- Reframe an action, situation, or attribute in a positive light
- Elicit affirmations from the client



Affirmations

- “You have great determination, despite setbacks, to make things different”
- “You must have a lot of resolve to come today, despite your strong reservations about treatment”
- “Looks like you have been making progress”
- “It is impressive how much you are sticking with this”



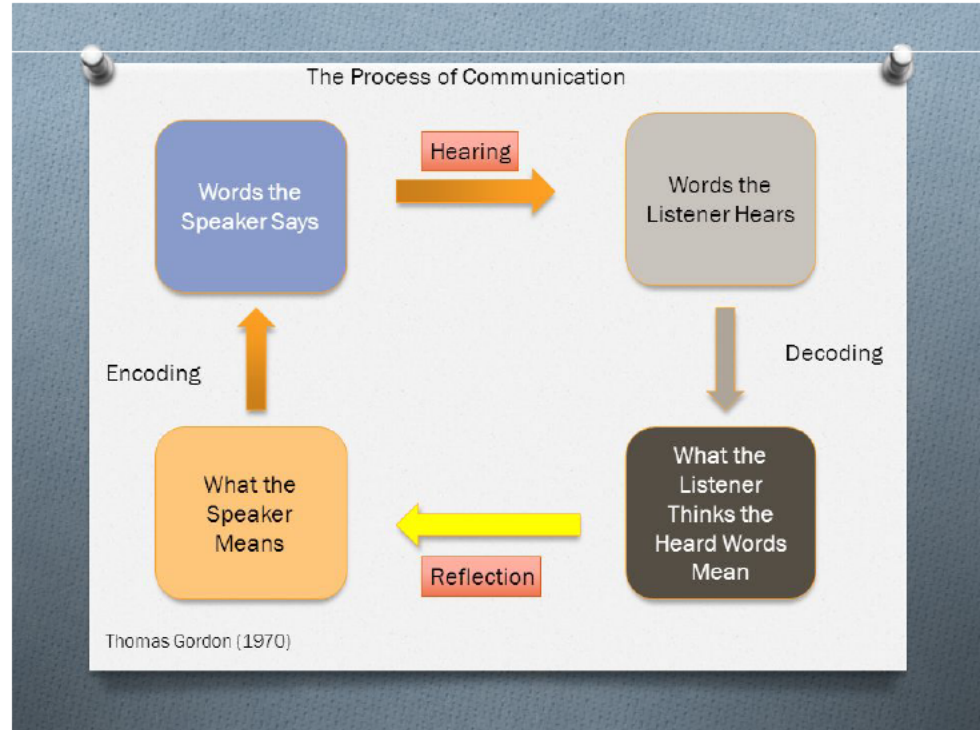
Basic MI Skills

- Open Questions
- Affirmations
- Reflections
- Summaries



Reflections

- Primary skill in MI
- Helps in communication





Reflections

- Demonstrates listening, interest, and understanding
- Expresses empathy
- Strategically reflect sustain, change talk and discord
- Guides the client toward change talk
- Tone – down-inflection



Reflections

- Simple
 - Close to what the patient said
- Complex
 - Expand on the discussion
 - Substantial emphasis
 - Added meaning



Reflections

- Double-sided Reflection
 - Captures both sides of ambivalence
 - Brings awareness without siding one way or the other



Reflections

- Which one of these reflections would be more effective?
- A -You are aware that your family is concerned about your health, and at the same time you are not quite ready to use a CPAP.
- B -You are not quite ready to use a CPAP and at the same time you are aware that your family is concerned about your health.



Reflections

- Metaphor/Analogy
 - Word or phrase denoting one object or action used in place of another
- Example -
 - “Using your CPAP is like a chore, you hate it, but you do it anyway”



Reflections

- Amplified Reflection,
 - Restates, but stronger or extreme fashion
 - Addresses sustain talk without directly confronting or challenging.
- Example - “I don’t understand why my family is so concerned about my sleep apnea.”
 - “Your family is worrying needlessly about your apnea.”
 - “This concern about your apnea is an overreaction.”



Basic MI Skills

- Open Questions
- Affirmations
- Reflections
- Summaries



Summaries

- Pull together and synthesize patient statements
- Transition to a different topic
- Reinforce change talk
- Wrap up a session



Summaries

- Example –
 - “So one thing you hope would be different a year from now is that you have made some improvements in your health. You have been watching your diet and started exercising. Now you want to address your sleep.”



Types of Talk

- Change Talk
- Sustain Talk
- Discord



Change Talk

- Wanting to change
- Perceived ability to change
- Identified reasons to change
- Importance of that change
- Two types –preparatory and mobilizing



<https://www.growthengineering.co.uk/three-challenges-facing-behaviour-change/>



Change Talk

- Preparatory
 - “I wish my health was better” - Desire
 - “I could try to keep a regular sleep schedule” – Ability
 - “It seems like I will have more energy if I get more sleep” – Reasons
 - “I have got to start using my CPAP again” - Need



Change Talk

- Mobilizing
 - “I will try waking up at the same time in the morning” – commitment
 - “I’ll look into getting additional alarm clocks” – activating
 - “I have purchased a rolling alarm clock” – taking steps



Change Talk

- Eliciting
 - Open Questions – “What might you need to do differently about your sleep?”
 - Affirmations – “Although CPAP has been a struggle, you are here to try again.”
 - Reflecting – “You want to feel better.”
 - Summarizing – “What you seem to be saying here is that there are several reasons, you need to change your sleep.”



Sustain Talk

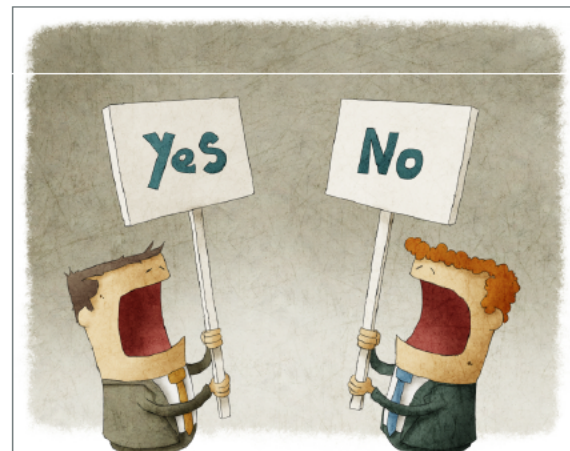
- Expresses desire, reasons and need to remain the same
- Patients telling you why they should not change.

- Examples –
 - “Yeah, but I just can’t wear my CPAP every single night”
 - “My (bed partner) uses her phone in bed”



Discord

- Rift in the working alliance
- Cues to try a different approach



<https://fs.blog/2014/10/the-ten-golden-rules-of-argument/>



Discord

- Defending
 - “It’s not my fault” - Blaming
 - “It’s not that bad” - Minimizing
 - “What I’m doing makes sense” - Justifying
- Squaring Off
 - “You have no idea what it is like for me”
 - “You are wrong about that”
 - “You are not hearing me”



Processes of MI

- Engaging
- Focusing
- Evoking
- Planning



Engaging

- Develop a solid working relationship
- Help clients feel welcome, comfortable and safe to explore their questions and concerns
- Signs of disengagement - short or vague responses, passively agreeing, interrupting or not saying anything



Engaging

- Exploring goals and values
- Patients are more likely to work toward a goal that is valued
- Examples -
 - “How would you like your life to be 5 yrs from now?”
 - “What matters most to you?”
 - “So being healthy and active around for your children is very important to you”



Engaging

- Traps to avoid
 - Question and answer: Asking too many closed questions
 - Premature Focus: Narrowing in too quickly on what to change
 - Taking sides: Identifying a problem and prescribing a solution
 - Expert: Communicating that you have all of the answers



Focusing

- Guiding the client to identify what is the change target
- Without prescribing or forcing a particular focus
- Examples
 - What changes might you like to make?
 - What is worrying you most about this?
 - Some common things I discuss are _____, would any of these be helpful for you?



Evoking

- Eliciting change talk
- Client talking themselves into changing
- Examples
 - “What do you hope will be different?”
 - “Why might you want to make this change?”
 - “If you decided to make this change, how would you do it?”
 - “What are the three most important benefits you see from making this change?”



Evoking

- Readiness Ruler
 - “How strongly do you feel about using your CPAP?”
 - “How important would you say it is for you to reduce your daytime naps”
 - “On a scale from 1 to 10, how committed are you to your plan?”
- Key component is questioning why they rated a particular number.



Evoking

- Which would be NOT be an ideal follow up question to a readiness ruler?
 - A - “What makes it an 8 not a 5?”
 - B - “What makes it a 5 not an 8?”
 - C - “What would it take to move you from a 5 to an 8?”



Evoking

- Careful about evoking sustain talk
 - Why don't you...
 - Why can't you...
 - Why won't you...
 - Why are you at a 5 not a 10?



Evoking

- What about patients that are not ambivalent?
 - Instill Discrepancy
 - Exchanging Information
 - Exploring Other's Concerns
 - Exploring Goals and Values
 - Honoring Autonomy



Evoking

- Exchanging Information
 - Temptation – lecture, educate, and persuade
 - “What do you know about sleep apnea and your health?” - Elicit
 - “Could I fill in a piece or two that I notice you didn’t mention?” – Provide
 - “I don’t know if this applies to you or not...” – Provide
 - “What do you think?, Does that make any sense?” - Elicit



Evoking

- Exploring Others Concerns
 - “Why do you think your wife wanted to you to come?”
 - “Why do you think our PCP referred you?”
- Exploring Goals and Values
 - May find some unwanted consequences that the patient sees as unrelated



Evoking

- Honoring Autonomy
 - Acceptance, that the patient ultimately decides on change
 - Hopefully seeds have been planted
 - Leave the door open
 - “I recognize that you don’t want to treat you sleep apnea now and that is your choice. If anytime in the future you are thinking more about it, the door is open and I will be glad to talk to you.”



Planning

- Developing a specific plan for change
- Client guided
- Supplement information
- Elicit-Provide-Elicit
- Menu of Options



<https://www.socialtables.com/blog/event-planning/problems-and-solutions/>



Planning

- Examples
 - “What do you think you’ll do?”
 - “What would be a first step for you?”
 - “What, if anything, do you plan to do?”



Planning

- Elicit
 - Ask the client what they already know about the topic
 - Ask what else they would like to know about the topic
 - Ask permission to provide information
- Provide
 - Share only relevant information
 - Keep it short
- Elicit
 - Invite the client to respond
 - “What are your thoughts on that?”
 - “How do you think this would work in your life?”
 - “Which of these ideas, if any, interest you?”



Planning

- Developing a Plan for Change – concrete road map
 - Behavior to be changed
 - Reminders of the motivational factors
 - Change Goals
 - Action plan, in manageable steps
 - Potential barriers
 - Steps to overcome those barriers



Table 3.4. SAMPLE ROAD MAP FOR THE FOUR PROCESSES

Engaging	<ul style="list-style-type: none">• Ask: <i>How are you doing today?</i>• Reflect the client's response
Focusing	<ul style="list-style-type: none">• If you have an a priori target behavior, ask permission to focus on it: <i>If it's okay with you, I'd like to spend a few minutes talking about _____.</i>• If you don't have an a priori target behavior, ask: <i>What brings you here today?</i>

Schumacher J.A., Madson M.B. 2015 Fundamentals of Motivational Interviewing: Tips and Strategies for Addressing Common Clinical Challenges



Evoking	<ul style="list-style-type: none">• Ask: <i>What are the three best reasons for you to _____?</i>• Reflect all the reasons you have been given• Ask: <i>What other reasons might you _____?</i>• Reflect the response you are given• Ask: <i>How do you imagine your life would be different if you were successful in _____?</i>• Reflect the response you are given• Ask: <i>On a scale of 1 to 10, how important is it for you to _____?</i>• Reflect the response you are given• Ask: <i>Why is it a _____ and not a _____?</i>• Reflect the response you are given• Ask: <i>On a scale of 1 to 10, how confident are you that you can _____?</i>• Reflect the response you are given• Ask: <i>Why is it a _____ and not a _____?</i>• Summarize ALL the reasons for change you have heard (use a double-sided reflection if there is some discussion of reasons for not changing)
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Planning	<ul style="list-style-type: none">• Ask: <i>What is the next step for you? or What do you think you will do?</i>• Reflect the response you are given• Ask: <i>I know we've talked about this quite a bit already, but what would you say are the main reasons you want to make this change?</i>• Reflect the response you are given• Ask: <i>What are the steps you plan to take in making this change?</i>• Reflect the response you are given• Ask: <i>What are the ways other people can help you make this change?</i>• Reflect the response you are given
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- Ask: *How will you know if your plan is working?*
- Reflect the response you are given
- Ask: *What are some things that could interfere with your plan?*
- Reflect the response you are given
- Ask: *What will you do if the plan isn't working?*
- Reflect the response you are given
- Summarize EVERYTHING you have written on your change plan
- Ask: *On a scale of 1 to 10 how committed are you to following this plan?*
- Reflect the response you are given
- Ask: *Why are you at a _____ and not a _____ (lower number)?*
- Reflect the response you are given
- Summarize the entire MI session



Summary

- Motivational Interviewing
 - Collaborative process
 - Guiding style to elicit and enhance patients own motivation
 - Ambivalence is a normal part of change
 - OARS to evoke change talk
 - Resist the righting reflex
 - Trying to increase the likelihood of behavior change



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<https://www.youtube.com/watch?v=bTRRNWrwRCo>

<https://www.dentalcare.com/en-us/professional-education/ce-courses/ce381/clinical-case-1-james>