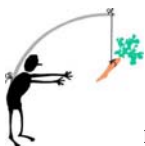


Applying Motivational Interviewing Skills to Older Adults



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Objectives:

1. Describe motivational interviewing (MI).
2. Understand how MI skills can reframe health care communication.
3. Utilize principles of MI with older adults.

Definitions:

- A directive, client-centered counseling style for eliciting behavior change by helping clients to explore & resolve ambivalence (Rollnick & Miller, 1995, p. 325)
- Method for encouraging people to make behavioral changes to improve health outcomes (Lundahl et al., 2013)
- A collaborative conversation style for strengthening a person's own motivation & commitment to change (Miller & Rollnick, 2013)

- Person-centered interpersonal communication skill
- Used to elicit behavior change when internal motivation is lacking
- Evidence-based
- Psychotherapeutic approach to health behavior change
- Acceptable approach to use with adults
- Can lead to health behavior change
- Short time frame



- Promotes motivation to change
- Explores & resolves ambivalence
- Looks at the persons function today
- Addresses readiness for change
- Nonjudgmental
- Non-confrontational
- Non-adversarial
- Empathetic *versus* sympathetic
- An effective way to talk to people about change

IT'S NOT THAT SOME PEOPLE HAVE
WILLPOWER AND SOME DON'T
IT'S THAT SOME PEOPLE ARE READY
TO CHANGE AND OTHERS ARE NOT
DR. LINDSEY

A Philosophy of Treatment



The SPIRIT of MI



- **Partnership**

- Collaborating to promote respect & trust
- Facilitates the helping relationship
- No “expert” role
- With & for; not on or to!



- **Acceptance**

- Respecting autonomy, potential strengths & perspective while eliciting ideas about changing
- No single right way to change

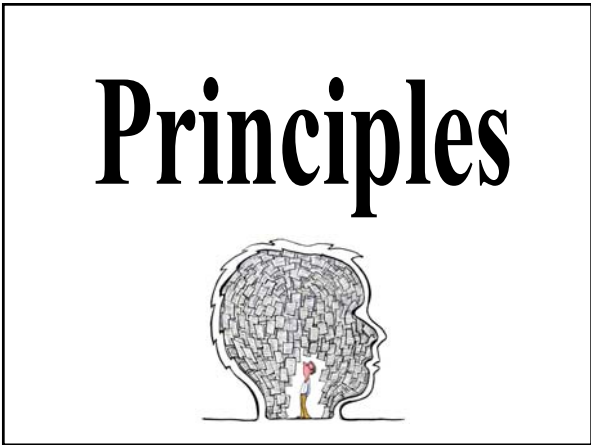
- **Compassion**

- Keeping the person’s best interests in mind
- Person-centered approach
- Actively promote the other’s welfare
- Understanding everyone strives toward a fulfilling life

- **Evocation**

- Understanding the best ideas come from the unique individual
- Drawing out, rather than imposing ideas on

- **Collaboration (Partnership):** *“We are going to work together”*
- **Autonomy (Acceptance):** *“I value you and am delighted to talk with you”*
- **Evocation:** *“I am going to create a space for you to share yourself and your story with me”*
- **Compassion:** *“I want to understand and respect you and your experience”*



- **Expressing empathy**
 - Showing warmth, caring & understanding
- **Supporting self-efficacy**
 - Promote self-awareness; embrace autonomy; positive praise; encourage choices; instill confidence
 - Do not impose own beliefs onto others
 - Do WITH – not TO!

Empathy - being aware of and sharing another person's feelings, experiences, and emotions.



- **Indicating/developing discrepancy**
 - Assist person to develop goals; help to compare/contrast present to hoped for future; explore & identify discrepancies between current life situation & hopes; evoke reasons for & against change

Change is Difficult

- **Rolling with resistance**
 - Natural process, not pathologic; allow exploration of perceived barriers without challenging; maintain person-centered focus; encourage examination of new ideas; listen more than telling



Key Communication Skills & Strategies / Techniques



4 CORE Skills

- **Open-ended questions**
 - Avoid questions with yes/no answers
 - Use *what, who, how, tell me about*
 - Avoid asking why questions
 - Discover what is on the persons mind
 - Probe for more information
- **Affirming**
 - Introduce & end with thanks
 - Noticing the positive



- **Reflection**
 - Most important
 - Skilled listening
- **Summarizing**
 - Clarification
 - Provide opportunities to guide the person to effective behavior change
 - “What I heard is...”
 - “The picture I see is...”
 - “What I am seeing is...”



4

Processes



- **Evoking**
 - Eliciting a person’s own motivation for change
 - **Change talk: speech that favors movement in the direction of change**
 - *“I can”*; *“I wish”*; *“I want”*; *“The reasons are...”*; *“It would solve problems”*; *“I will”*
 - Reinforce when hear it
 - Ask questions!



- **Planning**
 - Developing a specific change plan that the person agrees to & is willing to implement
 - Done after engaging, focusing, evoking & change talk
 - Process of going from general concept to specific
 - Needs to be a smart plan:
 - Specific, measurable, relevant, achievable, timed



Change Talk



- Person explains reasons for change
- Rationale for changes is personally important
- Can be used to address differences between words & actions
- Focus is on being supportive during struggles
- Leads to successful outcomes



- Reflective listening
 - Understanding what the person is thinking & feeling
 - Saying it back to them
 - Statements – no questions
 - Convey empathy & understanding
 - See the world through the person’s eyes
 - Levels of reflection:
 - Rephrase; paraphrase; double-sided; amplified



- Empathetic listening
 - An emotional understanding of the other
 - Compassion, feeling, insight
 - Seek to understand before being understood
 - Elicit
 - “Tell me how you make good food choices for yourself & family”
 - Reflect
 - “Your husband has a lot of influence on your decisions”

Why is MI a good technique/strategy to use with older adults?



- **Health promotion & wellness**
 - Healthy lifestyles
- **Disease prevention**
- **Management of chronic disease**
 - 7 – 10 US deaths every year (50%)
 - Tx is ~ 80% of total US health care costs/yr
 - PATH programs (Area Offices on Aging)
- **Elicit behavior change**
- **Support & encouragement**



May Be Useful For:

- **Discussing lifestyle changes**
 - Nutrition, physical activity, weight control
- **Setting behavioral goals**
 - Diabetes, obesity, hypertension, arthritis, COPD, substance use/misuse, smoking cessation, oral health, heart failure, chronic pain, depression, cognitive impairment
- **Discussing medication use & adherence**
- **Developing collaborative plans of care**
- **Incorporating health promotion**



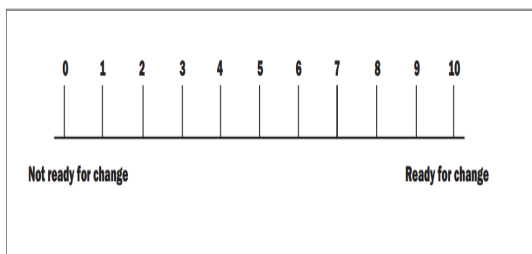
Determining: Readiness Importance Confidence



- Accumulated grief/loss/bereavement
- Fear of:
 - Physical illness
 - Loss of function; independence; self
 - Death
- Guilt over past events



Can have a negative impact on self-efficacy
& can impede treatment adherence
& needed behavior change



- On a scale of 0-10, how ready are you to think about _____?

0 1 2 3 4 5 6 7 8 9 10

- Backward question: Why a 5 & not a 3?
- Straight question: Why a 5?
- Forward question: What would it take for you to move from a 5 to 7?

What is it that
YOU
can do?



- Learn how to use MI
 - Flexible
 - Collaborative
 - Moment-to-moment
 - Systematic method
 - Listen more than talk or give advice
 - Guiding rather than directing style
 - Encourage change talk
 - Personal coaching
 - Practice



PRACTICE
makes
PROGRESS.
NOT
PERFECT.

- Engage the person
- Ask permission to discuss
- Listen reflectively (*make a guess about what the person means*)
- Assess readiness/importance/confidence
- Ask open ended questions (*opening a door*)
- Use **AND** versus **BUT** statements
- Give affirmation (*accentuate the positive*)
- Summary (*collecting, linking, transitional*)



Potential Outcomes:

- Older adult
 - Meaning & purpose
 - Improved quality of life
 - Longevity
- Health care professional
 - Satisfaction
 - Meaning & purpose
- Health care system
 - Cut costs for chronic disease management



Thank You!

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