

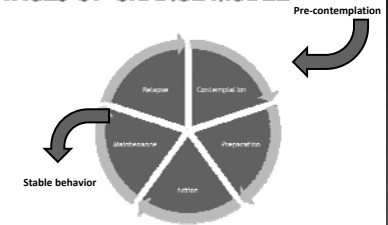
MOTIVATIONAL COUNSELING: AN APPROACH TO ENCOURAGE BEHAVIOR CHANGE

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BASIC ASSUMPTIONS

- It is easier to keep doing what you have been doing than to do something new
- ONLY the client can change their own behaviors
- ONLY the client can prioritize which behaviors to change
- Change is difficult
- Change is incremental
- You can build on success but not on failure

STAGES OF CHANGE MODEL



Kern, 2005

MOTIVATIONAL INTERVIEWING

- Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence
- *Motivational counseling (AKA Client-Centered Counseling) utilizes many of the approaches of motivational interviewing but is more goal-directed*

MOTIVATIONAL INTERVIEWING APPROACHES

- Motivation to change is elicited from the client, and not imposed from without
- It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence
- Direct persuasion is not an effective method for resolving ambivalence
 - Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334

MOTIVATIONAL INTERVIEWING APPROACHES

- The counseling style is generally a quiet and eliciting one
- The counselor is directive in helping the client to examine and resolve ambivalence
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction
 - Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334

FRAMES: A WAY TO SUPPORT THE CLIENT IN THINKING ABOUT CHANGE

- Feedback
- Responsibility for change lying with the individual
- Advice-giving
- Menu of change options
- Empathic counseling style
- Self-efficacy enhancement
 - Bien et al., 1993; Miller and Rollnick, 1991

FRAMES: FEEDBACK

- Solicited feedback
- Incongruency feedback
- Expression of concern
- Information regarding risk



FRAMES: RESPONSIBILITY

- Client's ownership of issue/problem
- Client's responsibility to choose to engage in change



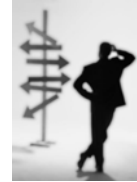
FRAMES: ADVICE

- Responding to an “in”
- General statement encouraging client to engage in change, NOT telling them what to do



FRAMES: MENU OF OPTIONS

- Offering options
- Do not suggest any particular approach over any other
- Client ownership of choice



FRAMES: EMPATHY

- Acceptance = Confidence
- Confidence = Change



FRAMES: SELF-EFFICACY

- Positive sense of self - a.k.a. “You are a good & worthy person”
- Belief in client’s ability to change
- Building on past successes



GUIDING PRINCIPLES OF CLIENT-CENTERED COUNSELING

- Client-centered counseling (CCC) refers to counseling conducted in an *interactive manner* through the use of open-ended questions and active listening, so the session is responsive to individual client needs.



GUIDING PRINCIPLES

- The focus in a client centered interaction is on developing prevention objectives and strategies *with* the client rather than simply providing information or advice
 - adapted from: Centers for Disease Control and Prevention (CDC) HIV Prevention Case Management Guidelines, 1997

GOAL OF CLIENT CENTERED COUNSELING

- To facilitate a simple client-generated plan to reduce the frequency of high-risk behaviors for unplanned pregnancy and STDs/HIV.



KEY ELEMENTS OF CLIENT CENTERED COUNSELING

- establish rapport/maintain non-judgmental attitude
- ask open-ended questions to gain understanding of client’s risk
- facilitate risk reduction on client terms (i.e.: what they can realistically do)
- limit information giving to essential facts in order to reduce misinformation
- encourage client to actively participate in session

STEPS IN COUNSELING: A CLIENT CENTERED APPROACH

- Conduct a personalized risk assessment (open ended questions)
 - “Actual” (provider assessed) risk
 - Self perceived (client assessed) risk
- Support client-initiated behavior change
 - *Listen* with an open mind, in a non-judgmental manner

STEPS IN COUNSELING: A CLIENT CENTERED APPROACH

- Help the client to recognize barriers to risk reduction (active listening)
- Negotiate an acceptable and achievable risk reduction plan
- Refer client to other specialized services, if needed, such as partner services, couples or family counseling, substance abuse treatment

CAN COUNSELING MAKE A REAL DIFFERENCE?

- There is a considerable body of research that supports that counseling can *reduce risky behaviors*
- There is now evidence supporting that *brief client-centered counseling* can prevent new sexually transmitted infections among high risk persons

PROJECT RESPECT: RESEARCH TO EVALUATE COUNSELING

- Randomized controlled trial
- Multi-center (5 sites nationwide)
- Evaluated efficacy of HIV/STD prevention counseling in
 - Changing risky sexual behaviors
 - Preventing new sexually transmitted diseases
- 3 groups
 - "typical" interaction with provider giving information
 - Brief client-centered counseling (two 20 min sessions)
 - Enhanced Counseling (4 sessions totally 200 min)

PROJECT RESPECT: FINDINGS

- *Both* enhanced and brief counseling participants reported significantly higher condom use and fewer sexual partners than information only participants
- *Both* enhanced and brief counseling participants had significantly fewer new STDs than the information only participants- a more than 20% reduction over 12 months

PROJECT RESPECT: FINDINGS

- Highest risk clients responded best to BRIEF counseling interventions
 - Adolescents who received counseling had a 40% reduction in new STDs
 - Participants who had an STD at baseline and received counseling had a 43% reduction in new STDs

TALKING IS NOT COUNSELING

- Talking tends to be information-giving
- If the voice you hear resounding in your ears is your own, you probably aren't counseling

TALKING IS NOT COUNSELING

- Many people already *know* a lot of information about STD and HIV prevention
- Information is essential but not sufficient to effect behavior change

PLANNING FOR BEHAVIOR CHANGE

- The best plan in the world is ineffective if it is not implemented
- A less than "perfect" plan which can impact on risk will reduce risk if it is followed
- There is no such thing as risk elimination, the goal is *risk reduction*

PLANNING FOR BEHAVIOR CHANGE

- People are more likely to make changes that:
 - they believe they can make
 - they have a personal commitment to making
 - make sense in their own context
 - they have participated in planning

MOTIVATING THE RESISTANT CLIENT







- ## DARES
- Develop Discrepancy
 - Change is motivated by perceived discrepancy between present behavior and personal goals or values
 - The client (not the clinician) should present the arguments for change
 - Avoid argumentation
 - Arguing causes the client to take the "other side" and leads to resistance

- ## DARES
- Roll with Resistance
 - The client needs to find their own answers and solutions
 - The clinician may PROPOSE new perspectives, not IMPOSE them
 - Resistance is a signal to respond differently

- ## DARES
- Express Empathy
 - Acceptance facilitates change
 - Ambivalence is normal
 - Support Self-Efficacy
 - Belief in the client's ability to change (by the client AND the clinician) is an important motivator
 - ONLY the client can change their own behavior

TOOLS TO TRY OUT

COUNSELING FOR BEHAVIOR CHANGE

Pre-contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
					
No: Denial	Maybe: Ambivalence	Yes, let's go: Motivated	Doing it: Go	Living it	Start over: Ugh!
	Force	0-3 months	3-6 months	over 6 months	over 6 months

Adapted from UCSF AIDS Health Project, 1998.

Readiness to Change Ruler

How ready are you to make a change? (0 = Not ready at all, 10 = Ready to make a change)

0 1 2 3 4 5 6 7 8 9 10

Not ready at all Ready to make a change

What are you thinking about making a change to?

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READINESS RULER: WILLINGNESS/IMPORTANCE

On a scale of 0-10, how willing/important is it to you to make a change toward a healthier lifestyle?

0 1 2 3 4 5 6 7 8 9 10

Not willing/Not Important Somewhat Very Willing/Very Important

Why did you choose [lower #]? Why didn't you choose [higher #]? What would make you more willing?

READINESS RULER: CONFIDENCE

Confidence?
On a scale of 0-10, how confident are you that you can succeed?

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
No Confidence ————— *Confident* ————— *Very Confident*

What would you like to change? ————— What might your next steps be? ————— What is your plan?

USING THE READINESS RULER

- “...How *important* is it for you right now to...?”
 - “Why did you say 3 and not 0?”
 - “What would it take to get you from 3 to 6?”
- “If you did decide to change, how *confident* are you that you would succeed?”
 - “You’ve decided to change, and think you could succeed—When will you do it?”

WHERE DO YOU START?

	Low Importance	High Importance
Low Confidence	Change is not a priority AND There is little confidence it can happen	Change is a priority BUT There is little confidence it can happen
High Confidence	Change is not a priority BUT There is high confidence it can happen	Change is a priority AND There is high confidence it can happen

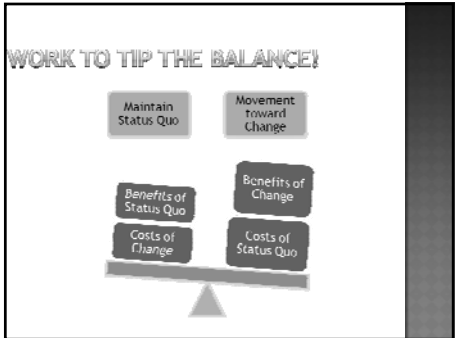
TAILOR CHANGE TO THE INDIVIDUAL

NOT READY (0-3) PRECONTEMPLATION	UNSURE (4-6) CONTEMPLATION	READY (7-10) PREPARATION
Advise & Encourage	Explore Ambivalence	Strengthen and Facilitate Action
<ul style="list-style-type: none"> Would you like to have more information? How can I help? Encourage and emphasize confidence. 	<ul style="list-style-type: none"> What are the things you like about your behavior? What are the things you don't like? What are the advantages of your behavior? What are the disadvantages? Where does that leave you? Summarize. 	<ul style="list-style-type: none"> Why is this important to you now? What are your ideas for making this work? What might get in the way? How might you deal with those barriers? How confident are you? How will you know you've reached your goal? How might you reward yourself along the way? Make sure the plan is specific, measurable, and achievable.
<ul style="list-style-type: none"> MOVE ONE STAGE AT A TIME ENSURE ENOUGH TIME TO ACHIEVE GOALS 		

Decisional Balance Worksheet

When we think about making changes, most of us don't realize all "value" is a comparison. Instead, we think about the "value" of the current situation or the "value" of the change we are considering. This worksheet is designed to help you think about the "value" of the current situation and the "value" of the change you are considering. It is designed to help you think about the "value" of the current situation and the "value" of the change you are considering. It is designed to help you think about the "value" of the current situation and the "value" of the change you are considering.

	Benefits/Pros	Costs/Cons
Maintain a Status Quo		
Move toward Change		



Applying the Principles and Using the Tools

CASES FOR DISCUSSION