Empowering Change: Integrating Motivational Interviewing into Daily Physical Therapy Practice

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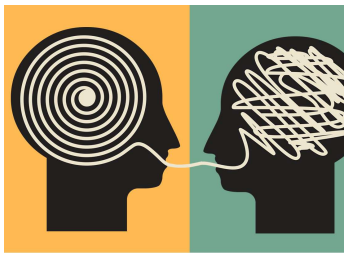

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OBJECTIVES

- Explain the core principles and techniques of motivational interviewing (MI) and distinguish it from other communication approaches.
- Identify the benefits of using MI in daily practice and its impact on patient care and outcomes.
- Demonstrate the application of MI techniques through live interactions and case study analysis.
- Analyze video examples to evaluate effective and ineffective uses of MI in clinical scenarios.

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NEEDS ASSESSMENT

- What setting do you work in and how long have you practiced?
- How familiar are you with the principles of motivational interviewing (MI)?
- How often do you incorporate motivational interviewing into your sessions with patients?
- What challenges or barriers do you encounter when trying to use motivational interviewing in your daily practice?
- On a scale from 1 to 10, how would you rate your confidence in using motivational interviewing techniques effectively?

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MEET STEVE: A BRIEF INTRODUCTION

- 51 y/o male
- Basal Ganglia CVA in 2018
- L hemiparesis
- Primary manual wheelchair user
- Primary goal: increase comfort with ambulation

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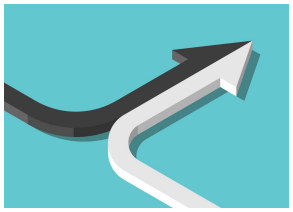
WHAT IS MOTIVATIONAL INTERVIEWING?



- **Fundamental spirit of MI is to encourage and strengthen a trusting relationship that can be characterized by:**
  - Partnership
  - Attitude of acceptance and empathy toward the patient's needs, experiences and point of view
  - Ensuring patient's autonomy
  - Compassion for the patient's life and experiences
  - Evoking motivation to change by exploring and reinforcing the patient's reasons for change
  - Develop discrepancy between current problem behavior and the patients goals[1]

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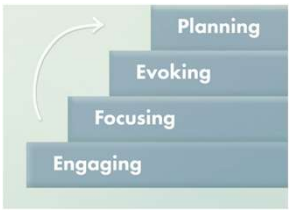
PROCESSES OF MI

- **Relationship building/Engaging**
  - Build therapeutic alliance
  - Nonjudgmental understanding of patient's views
  - Use OARS
- **Finding a direction**
  - Identify the area that takes priority for the patient
  - Use "ask-tell-ask" approach to educate
- **Goal orientation**
  - Transition to MI, interview changes page
  - Soften "sustain talk" & cultivate "change talk"
- **Creating action**
  - Depends if the patient decides for behavior change[1]
  - Collaborate on goals



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TECHNIQUES OF MI

Examples

- What concerns do you have regarding…
- I'd be interested in hearing some more about what you're thinking and feeling.
- Can you tell me more about what worries you?
- Is there anything you'd like to do for your health?

Open-ended questions

- MI is deemed to be good when at least 70% of the questions are open ended
- Builds trust and connection by encouraging patient to tell their story[1]
- Follow up your question with facilitating comments, questions or gestures[2]
  - "uh-huh", head nods, "can you tell me more about that", eye contact

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Patient Statements	Closed questioning (not preferred)	Open questioning (preferred)
"I got so out of breath… I could barely finish that test… I know I should start exercising again."	*"When did you stop exercising?*	*"Can you say some more?"*
"I got so out of breath…I could barely finish that test…I've gained so much weight."	*"How much have you gained?"*	*"What's been hard for you about weight management?"*
"I got so out of breath…I could barely finish that test…I know I should start exercising."	*Are you aware of the risks of not exercising?*	*"Would it be OK for us to talk about the risks of not exercising?"* [3]

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TECHNIQUES OF MI

Examples:

- You've done a great job with…
- It is really impressive that you've been able to sustain the effort to achieve this
- I hear the amount of effort that you have put into your progress

Active Listening/Affirmations

- To find out and focus on the patients concerns regarding their problem behavior.
- Comments that acknowledge and validate positive attributes, efforts, or behaviors of patients
- Reflecting back to the patient is essential
- 50% of reflection should be complex and go beyond simple repetition[1]
- Build rapport, patient self-efficacy and motivation
- Should be compassionate, genuine, commensurate with patients' actual efforts or positive attributes [2]

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TECHNIQUES OF MI

Examples:

- I see this upsets you…
- You are going through a difficult time right now.
- Well, I can understand that you are concerned about this side effect of …
- Lots of people feel the way you do… what troubles you the most about…

Reflective Listening

- Praise recognition and understanding
- Allows opportunities to facilitate and deepen connection and conversation
- Can be simple or complex reflections
- Double sided reflections
- Legitimation[2]

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"I GOT SO OUT OF BREATH ON THAT TEST… I COULD BARELY FINISH… I KNOW I NEED TO START EXERCISING; IT'S JUST SO HARD TO GET STARTED"

1. Simple reflection (restatement)
2. Complex reflection (emphasizing motivation)
3. Complex reflection (emphasizing emotional distress to drive change)
4. Complex reflection (intentionally "amplified" to build motivation)
5. Complex reflection ("Double-sided" conveys deep appreciation of both sides of a patient's ambivalence concluding with a "twist" suggesting readiness for active change)
6. Complex reflection (with legitimation & exploration)

1. I hear you…you know you need to start exercising.
2. I hear you…you got so out of breath you realize you really need to do something about it.
3. Sounds like that test got you worried about what could happen if you don't start exercising."
4. Sounds like something's going to have to change for you to get started on what you know you need to do. I wonder if that's ever going to be possible?
5. You're upset. You're more out of shape than you realized; at the same time, you realize this may be just the right time to get started building a more active lifestyle.
6. You're upset. Lots of people feel that way. What's the most troubling part about that?

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TECHNIQUES OF MI

Examples:

- Let me summarize what I heard you say; please let me know if it's correct
- Let me check to make sure I am understanding you correctly so far
- Did I miss anything?
- Is there anything that you would like to add or correct?
- What else concerns you?

Summarizing

- Content that was mentioned by the patient that are significant for motivation to change are reflected back to the patient[1]
- Can pull together and reinforce threads of change talk, with relative inattention to sustain talk
- Ensure clear communication
- Allow patients to bring up concerns and allow for input

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PROCESSES OF MI

✓ **Relationship building/Engaging**

- Build therapeutic alliance, nonjudgmental understanding of patient's views
- Use OARS

• **Finding a direction**

- Identify the area that takes priority for the patient
- Use "ask-tell-ask" approach to educate

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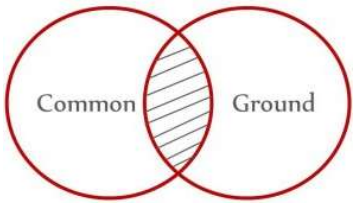
FINDING A DIRECTION



- **Find a common ground on where to start**
  - "You've mentioned several concerns; why don't we decide together where we'll start? What concerns you the most?"
  - "It sounds like several things are concerning you. Let's find a place to start together!"
- **Avoid the righting reflex**
  - Especially in patients who are ambivalent
- **Don't create a negative reaction**

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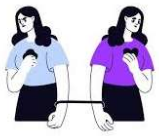
AMBIVALENT:



- Having mixed feelings or contradictory ideas about something or someone.
- Being unable to choose between two (usually opposing) courses of action

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NAVIGATING AMBIVALENCE

- **Sharing expertise: "Ask-tell-ask"**
  - Ask: "Is it okay if we discuss…"
    - Creates **collaboration, trust, safety**
    - "Yes" – Proceed!
    - "No" – Do not push it.
  - Tell: share your advice
  - Ask: "What do you think about that?"

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THE EVIDENCE: INTEGRATED MI WITH PAIN NEUROSCIENCE EDUCATION IN LBP[3]

	Baseline	8th Week	6-Month Follow-Up
NPRS score (SD)			
Group 1 (Combined Therapy)	5.90 (1.14)	2.30 (1.26)	2.55 (1.19)
Group 2 (Manual Therapy)	6.00 (1.29)	3.30 (1.08)	3.65 (1.26)
Group 3 (Control)	6.15 (1.13)	5.50 (1.14)	5.45 (1.43)
p-Value (Interaction)		<0.001	
p-Value (between groups)	$p^{Abc} = 0.05$	p^{Abc}	p^{Abc}
RMDQ score (SD)			
Group 1 (Combined Therapy)	10.60 (3.10)	4.65 (1.42)	5.70 (1.52)
Group 2 (Manual Therapy)	9.95 (3.41)	7.00 (2.49)	8.00 (2.36)
Group 3 (Control)	10.50 (2.43)	8.75 (2.46)	10.35 (2.58)
p-Value (Interaction)		<0.001	
p-Value (between groups)	$p^{Abc} = 0.05$	p^{Abc}	p^{Abc}
TSK score (SD)			
Group 1 (Combined Therapy)	44.50 (4.68)	32.35 (3.32)	34.60 (2.79)
Group 2 (Manual Therapy)	43.00 (5.32)	36.75 (4.76)	38.25 (4.77)
Group 3 (Control)	42.25 (4.27)	40.70 (3.84)	41.10 (4.07)
p-Value (Interaction)		<0.001	
p-Value (between groups)	$p^{Abc} = 0.05$	p^{Abc}	p^{Abc}
PCS score (SD)			
Group 1 (Combined Therapy)	34.55 (5.12)	22.60 (3.21)	21.30 (2.88)
Group 2 (Manual Therapy)	33.10 (5.07)	26.45 (4.05)	29.45 (4.66)
Group 3 (Control)	34.45 (4.53)	30.55 (4.33)	30.55 (4.33)

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THE EVIDENCE: REHAB ON CHRONIC MSK DISORDERS[4]

Outcome Variables	Time	Treatment Group	Mean ± SD	Mean Difference	P-Value
Age (Years)		MI & PT	50.10 ± 10.35	-0.08	0.97
		PT	50.18 ± 11.58		
Pain Intensity at VAS	1st Day	MI & PT	7.18 ± 0.866	0.35	0.11
		PT	6.83 ± 1.26		
	14th Day	MI & PT	1.67 ± 0.59	-0.73	< 0.001
		PT	2.39 ± 0.76		
Functional Status at PSFS	1st Day	MI & PT	3.22 ± 1.15	0.06	0.77
		PT	3.16 ± 0.93		
	14th Day	MI & PT	8.75 ± 0.93	1.13	< 0.001
		PT	7.62 ± 0.76		
Exercise Compliance	1st week	MI & PT	12.89 ± 1.58	3.42	< 0.001
		PT	9.47 ± 1.48		
	2nd week	MI & PT	13.93 ± 0.93	3.60	< 0.001
		PT	10.33 ± 1.22		

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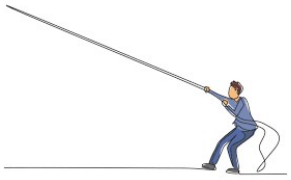
THE PATIENT RESPONSE[2]

- **Braking Point**
  - If your patient declines or only half-heartedly agrees, you need to pull back from the conversation
  - Reluctance will impede progress
- **Launching Point**
  - Actively listen to your patient's response
  - This creates the ingredients to "evoke motivation"



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PROCESSES OF MI

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- **Goal orientation**
  - Transition to MI, interview changes page
  - Soften "sustain talk" & cultivate "change talk"

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SELF-MOTIVATIONAL STATEMENTS

- **Change talk**
  - Words that make a behavior change more likely because the patient names reasons and intentions for change
  - Encouraged by asking specific questions by affirming or by selective reflection
  - Uses acronym "DARNCATS"
- **Sustain talk**
  - Stabilization of the status quo[1]
  - Includes expression of emotional difficulties to change, denial, or references to prior failures and doubts[2]

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DARNCATS

1. Reflecting a desire for change
2. Reflecting self-capability
3. Providing reasons for change
4. Reflecting feeling an obligation to change
5. Reflecting actions that will be taken
6. Indication movement toward action
7. Indicating steps already taken to change

1. I would like to start an exercise program
2. I know when I start exercises, I'll be able to to walk 3 blocks to the library without much trouble
3. I know my SOB will go way if I start exercising regularly
4. I need to get into shape before my son's wedding
5. I plan to join my local gym and will hire a trainer before my next medical appointment
6. I feel ready to get started with this program
7. I called the trainer yesterday and we are ready to start next week.

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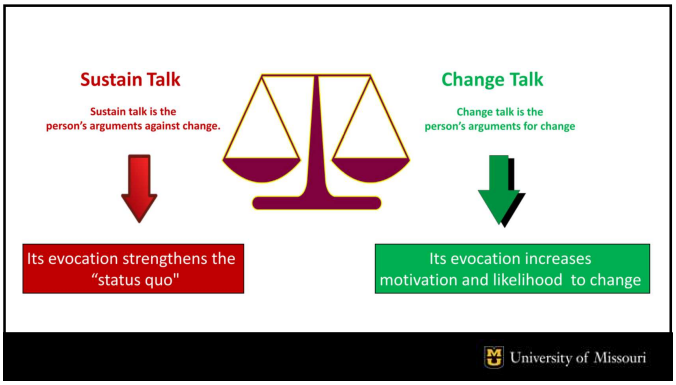

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EXAMPLE

- She said, "I know I need to do the exercises to get my shoulder stronger, but sometimes it feels like it's just not improving fast enough. I really want to get back to lifting weights, but the pain is still there."
  - This statement reflects change talk, where Sarah recognizes the need to change and improve, but she's also feeling frustrated and uncertain.
- Later, she added, "I've been sticking with the exercises I was given, and even though it's slow, I can tell my range of motion is getting a little better each week."
  - This is sustain talk, where Sarah acknowledges her ongoing efforts and the small improvements she's noticed, even if they don't meet her full expectations yet.

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1ST STEP: RECOGNITION

"I've been thinking about getting physical therapy for my back pain, but the last time I tried it, it was really difficult and discouraging. I didn't see much improvement and ended up giving up. I really want to get stronger, but the exercises and consistency feel overwhelming. I also avoid certain movements because I'm scared of making the pain worse. My mom struggled with mobility as she got older, and I don't want that for myself. But at the same time, I don't feel ready to commit to therapy again. I'm stuck, and I need to find a way to make progress."

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BLUE: CHANGE TALK **RED: SUSTAIN TALK**

"I've been thinking about getting physical therapy for my back pain, but the last time I tried it, it was really difficult and discouraging. I didn't see much improvement and ended up giving up. I really want to get stronger, but the exercises and consistency feel overwhelming. I also avoid certain movements because I'm scared of making the pain worse. My mom struggled with mobility as she got older, and I don't want that for myself. But at the same time, I don't feel ready to commit to therapy again. I'm stuck, and I need to find a way to make progress."

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CULTIVATE CHANGE TALK[2]

- **OARS!**
  - "You mentioned you don't want to struggle with mobility like your mom. (reflection)
  - What do you want to be able to do?" (open-ended question)
- **"Looking forward"**
  - "If you're able to move with less back pain, what activities might you be able to return to?"
- **Importance Ruler...**

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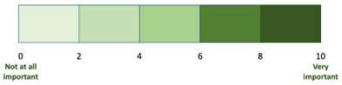
IMPORTANCE RULER[2]

On a scale of 0 to 10, 10 being completely important, and 0 being not at all important, how important is it for you to change?



WHY did you pick that number and not a lower number?

Fig. 5. Having patients scale the importance of behavioral intentions can be used as tool for help patients augment their intrinsic motivation to change.

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- **Provide a rating of how important something is to a patient**
  - "You mentioned several reasons why you want to reduce your back pain. On a scale of 0-10 with 0 being not important and 10 being the most important thing to you, how important is this to you?"
- ***No matter the answer*:**
  - Follow up with, "why didn't you rate that lower?"
  - This sparks change thoughts!

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PROCESSES OF MI

- ✓ **Relationship building/Engaging**
  - Build therapeutic alliance, nonjudgmental understanding of patient's views
  - Use OARS
- ✓ **Finding a direction**
  - Identify the area that takes priority for the patient
  - Use "ask-tell-ask" approach to educate
- ✓ **Goal orientation**
  - Transition to MI, interview changes page
  - Soften "sustain talk" & cultivate "change talk"
- **Creating action**
  - Depends if the patient decides for behavior change[1]
  - Collaborate on goals

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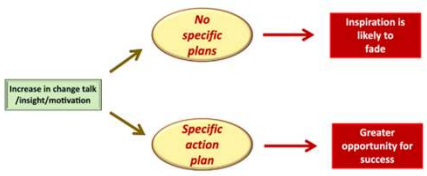
WINDOW OF OPPORTUNITY



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ACTION PLANNING[2]

- Time can be an issue for the clinician and the patient
- Brief action planning offers a more feasible option for an action plan

Table 4
Basic questions and steps of brief action planning.

QUESTIONS	STEPS
1. **Elicit a behavior goal by asking:** *"Is there anything you would like to do for your health in the next week or two?"*	• If "yes", agree on a "SMART" goal. • If "unsure", offer a behavioral menu. • If "no", ask if you can check back with the patient next time.
2. **Elicit a commitment by asking:** *"Just to make sure I understand your plan, would you repeat back to me what you have decided to do?"*	• Eliciting a commitment in the first person predicts subsequent behavior • This question is only asked if patient has agreed to a plan during first step
3. **Assess confidence by asking:** *"How confident do you feel in carrying out this plan on a scale from 0 to 10, where 0 is not confident at all and 10 is totally confident?"*	• Confidence of 7 associated w/ success • If <7, seek collaboration with patient to increase confidence (e.g. ask if patient has ideas or w/permission, suggest ideas).
4. **Arrange accountability by asking:** *"Would you like to set a specific time to check in about your plan and see how things are going?"*	• Establishing follow-up (with patients collaboration) improves outcomes.

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CONSIDERATIONS

- **Behavioral Menu**
  - Patients may be hesitant to develop a specific plan
  - This gives them options
  - Leaves the door open for further conversation
- **Eliciting Commitment**
  - "I will" > "I will try"

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IS THIS THE PERFECT SOLUTION?[5]

- Unfortunately, no
- What's the difference?

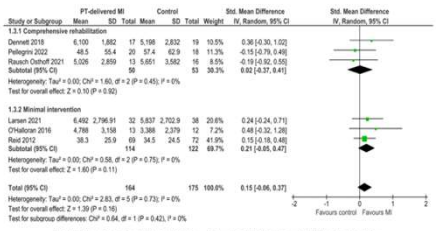

Fig. 2. Meta-analysis of the effect of physical therapy-delivered motivational interviewing (MI) on physical activity.

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CREATING A PLAN FOR INTEGRATION

- How might this be integrated into your clinical practice?
- What factors support successful implementation?
- Do you perceive any obstacles to implementation?

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QUESTIONS AND DISCUSSION

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RESOURCES

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