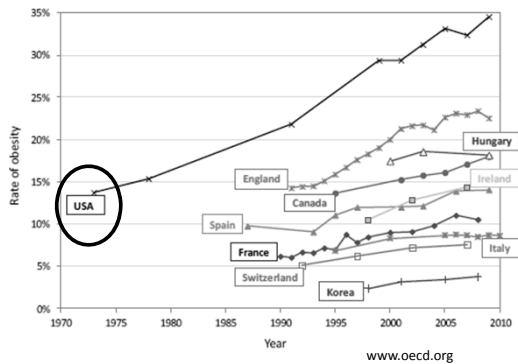


**Figure 1. Obesity rates**



## Consider Brianna....

- ▣ 26 year old female, G0P0; Tobacco use x 5 yrs
- ▣ Ht: 65 inches; Weight: 285 lbs
- ▣ **BMI: 47.4**
  - Normal: 20-25
  - Overweight: 25-29.9
  - Obese: 30-34.9
  - Severe Obesity: 35-39.9
  - Morbid Obesity: 40-44.9
  - **Super Obesity:  $\geq 45$**
- ▣ "I've tried everything & can't lose weight"
- ▣ You think: "I've tried everything too!!!!"

## What Is YOUR Next Step?

- ▣ Refer to Dietician
- ▣ Refer to Weight Watchers/Jenny Craig/etc.
- ▣ Offer Your Own Advice
- ▣ Prescribe a Medication
- ▣ Find HER Motivation

## Motivational Interviewing

Constructive communication about reducing health risks & changing behavior.

Designed to Enhance the **patient's own motivation** to change using strategies that are empathic and non-confrontational.

## Behavioral Problems Addressed by MI

- Lifestyle
- Chemical dependency
- Non-adherence to treatment
- Miscellaneous risky or unsafe behaviors

## Reasons for MI's Popularity

- ✓ Carefully defined and rigorously studied
- ✓ Is a *relatively* **brief** intervention.
- ✓ Positively impacts treatment and retention.

## Efficacy of MI in Obesity & Exercise

- Improved **weight control** program behavioral adherence, glucose control and weight loss outcomes among Type 2 diabetic patients.

Smith et al. *Diabetes Care*; 1997;20:52-4; Harland et al., *Brit Med J*. 1999;319:828-31.

- Increased **physical activity** and exercise energy expenditure among cardiac rehabilitation patients  
Scales R, Miller JH. *Current Sports Medicine Reports*. 2003;2:166-72.  
Bowen

## Efficacy of MI in Habits

- Increased fruit & vegetable consumption

Bowen et al. 2002; Resnicow et al. *Am J Pub Health*. 2001;91:1686-93;  
Resnicow et al. *Health Psych*. 2005;24:339-48;

- Motivational interviewing was **5 times** as effective as brief advice for achieving sustained smoking cessation.

Soria, R.; A randomised controlled trial of motivational interviewing for smoking cessation, *Br.J.Gen.Pract.*, 2006, 56, 531, 768-774

- Helped patients change behaviors related to hypertension.

Woollard J et al. *Clin Exp Pharm Phys*. 1995;23:466-8.

## Motivational Interviewing

- Establish rapport & Elicit *Change Talk*: OARS**
  - Open questions
  - Affirmations
  - Reflections
  - Summarize
- Develop Discrepancy using Rulers**
- Offer advice**
- End interview with a summary & plan**

## Motivational IV Theory:

- People change when they hear their own discussion of their *ambivalence*
- AMBIVALENCE must be resolved for change to occur.
- This discussion is called "*change talk*"
- Getting patients to engage in "*change talk*" is critical element of the MI process.

\*Glovsky and Rose, 2008

## Change Talk

- Desire- "I want to get back to the gym."
- Ability- "I have done it before."
- Reason- "My kids really want me to."
- Need- "I need to do it; I feel like a slug."
- Commitment- "I will do that 5K."

**GOAL: Have Patient Express THEIR Reason for Change**

## Brief MI in 4 Steps EXERCISE

- Establish rapport & Elicit Change Talk: OARS
  - Open questions
  - Affirmations
  - Reflections
  - Summarize
- Develop **Discrepancy** using Rulers
- Offer advice
- End the interview with a summary and plan

## **OAARS**

### Open-Ended Questions

“Would you like to lose weight?”

Vs.

**How do you feel about your weight?**

### Open-Ended Questions

“How much ice cream do you eat?”

Vs

**“Please tell me more about what you eat for dessert?”**

## **OAARS**

### Affirmations

- ▣ Support the patient
- ▣ Convey respect & understanding
- ▣ Help patients reveal *less positive* aspects of themselves

### Affirmations (continued)

- ▣ “Dealing with weight issues is difficult”
- ▣ You have worked so hard.”
- ▣ “I can understand why eating feels so good to you.”

## **OAARS**

### Reflective Listening

- ▣ *Restate* patient’s words in non judgmental manner
- ▣ Speak as statement, not a question:
- ▣ “I can eat an *entire bag* of chips at once”  
Vs.  
“sometimes you eat a bag of chips”

### Reflective Listening

“My boyfriend gets really angry when I eat French fries.”

**You respond:**

**“So, when else does he gets mad about your eating?”**

## Reflective Listening

“I can’t control myself if I am stressed out”

**You Say:**

**“It must be hard to control your eating when you are worried”**

## **OARS** **Summarize**

▣ Goal: Designate transition point w/your added suggestions

- ▣ “This is what I hear you saying”
- ▣ “What you’ve said is important.”
- ▣ “We covered that well. Now let's talk about..”

## **Brief MI in 4 Steps**

1. Establish rapport & Elicit Change Talk:  
OARS
  - Open questions
  - Affirmations
  - Reflections
  - Summarize
2. **Develop Discrepancy using Rulers**
3. Offer advice
4. End the interview with a summary and plan

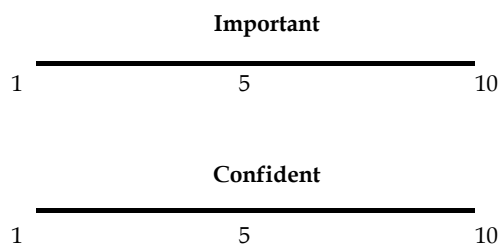
## **2. Discrepancy Rulers**

Ambivalence → Discrepancy:

On a scale of 1 – 10, how **IMPORTANT** is it for you to lose weight?

On a scale of 1 – 10, how **CONFIDENT** are your ability to lose weight?

## **Discrepancy Rulers**



## **2. Discrepancy Rulers**

Discrepancy:

On a scale of 1 – 10, how IMPORTANT is it for you to lose weight? **“8”**

**“GREAT! sounds like losing weight is important to you”**

On a scale of 1 – 10, how CONFIDENT are you in your ability to lose weight? **“3”**

## 2. Discrepancy Ruler

Ambivalence: 8 vs 3

"Really.., I thought you would have said a lower number."

"What can you do TODAY to move you up 1-2 points?"

"Well, I guess I could get all of the bad foods out of the house"

## Other Questions to Build Discrepancy

- ▣ "What do you like about \_\_\_\_\_?"
- ▣ "How does \_\_\_\_\_ help you or make your life easier?"
- ▣ "Why has it been hard to STOP/NOT \_\_\_\_\_?"

### 2 x 2 MI Tool Pro/Con Behavior vs Change

		<u>CHANGE</u>	
B E H A V I O R	<u>CON</u>	<u>PRO</u>	
	<u>Likes about behavior</u>	<u>Like about change</u>	
	<u>Dislikes about behavior</u>	<u>Dislike about change (Barriers)</u>	

### 2 x 2 MI Tool Pro/Con Behavior vs Change

		<u>CHANGE</u>	
B E H A V I O	<u>CON</u>	<u>PRO</u>	
	<u>Likes about behavior</u>	<u>Like about change</u>	
	"eating make me" "feel less sad"	"will ultimately feel happy with self"	
	<u>Dislikes</u>	<u>Dislike about change</u>	
	"feel terrible"	(Barriers) "Its hard"	

## Brief MI in 4 Steps

1. Establish rapport & *Ambivalence*  
Discussion: OARS
  - Open questions
  - Affirmations
  - Reflections
  - Summarize
2. Develop *Discrepancy* using Rulers
3. Offer advice
4. End the interview with a summary and plan

## 3. Advice

- ▣ Advice:
  - Very few specifics: Give OPTIONS based upon Patient's ideas
  - Limit: "top down" statements
  - Have patient decide what they want to do, then support and offer related advice.

#### 4. Action Plan

- Based upon patient's suggestion
- Be open to whatever they suggest
- ALWAYS schedule Follow up with agreed upon Goal
- CONTINUITY

#### Goal Setting

- **GOAL SETTING:** "Let me see you back in a month. How much weight will you try lost by then?"
- 0.5 - 1.0 Lb/Week
- Exercise plan

#### 3/4: Advice & Action Plan

- "That is terrific! Getting all of the snacks out of the house is a great start.
- What will you do when you get the urge to snack? Do you know what snacks are low in calories?"
- "Kind of..."
- "Well, we have a few options; I can give you a few ideas, or refer you to a dietician, or would you consider a group like Weight Watchers?"

#### Motivational Interviewing

1. **Establish rapport & Elicit *Change Talk*: OARS**
  - Open questions
  - Affirmations
  - Reflections
  - Summarize
2. **Develop Discrepancy using Rulers**
3. **Offer advice**
4. **End interview with a summary & plan**

#### Why YOU Must Counsel for Weight Loss

- ▣ Meta-analysis of 12 studies of Weight Loss Advice.
- ▣ Weight loss advice → (OR)=3.85 (95% (CI) 2.71, 5.49; P<0.01) for weight loss.
- ▣ PCP advice on weight loss has a significant impact on patient change of behaviors related to their weight.
- ▣ "Providers should address weight loss with their overweight and obese patients"

Int J Obes (Lond). 2013 Jan;37(1):118-28

#### Words Work! Motivational Interviewing for Healthy Lifestyles

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