

# How To Enhance Motivation for Change

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# When you meet a friend who...

- Drinks too much, with no intention of quitting
- Smokes a pack per day
- Is obese
- Doesn't exercise
- Has high blood pressure
- But is unwilling to take your advice, change their lifestyle, or comply with medication recommendations by their doctor

*How do you feel?*

# When your adolescent, ADD son...

- Refuses to turn down the music and do his homework
- Smells of cigarette smoke
- Hangs out with friends who drink
- Stops participating in healthy activities

*How do you feel?*

# How do you feel?...

- Sad
- Helpless
- Scared
- Frustrated
- Irritated
- Unsure of how to help
- Defeated before I start

# So we respond with

- (Internal) Judgment
- Unwanted advice
- Scary stories of the risks they face
- (Oh so subtle...) Efforts to elicit or coerce a commitment to change their behavior
- Withhold validation or encouragement until they change their ways

... then repeat this *advise, convince, prescribe, mandate, and subtle shaming* approach at every opportunity

How's that been working  
for you?

# The Goal of This Session

To help you become more effective at facilitating  
**real behavioral** change in yourself, your family,  
and your patients

# How Will We Accomplish That?

Will teach you how to:

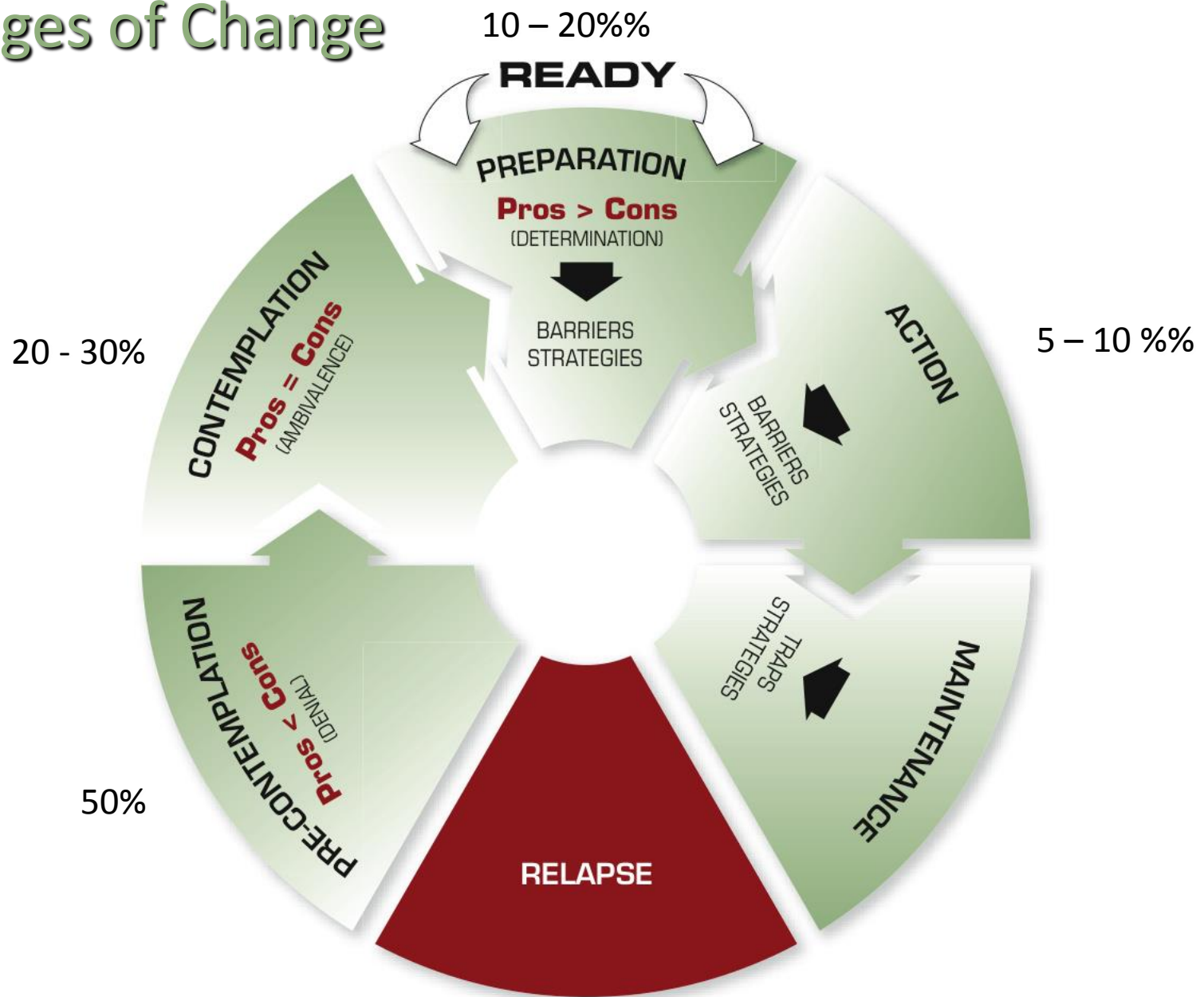
- Perform rapid assessments of ones' *readiness* for change
- Employ practical strategies to (a) *enhance your own and others' motivation* and (b) *overcome barriers to change*



# Stages of Change

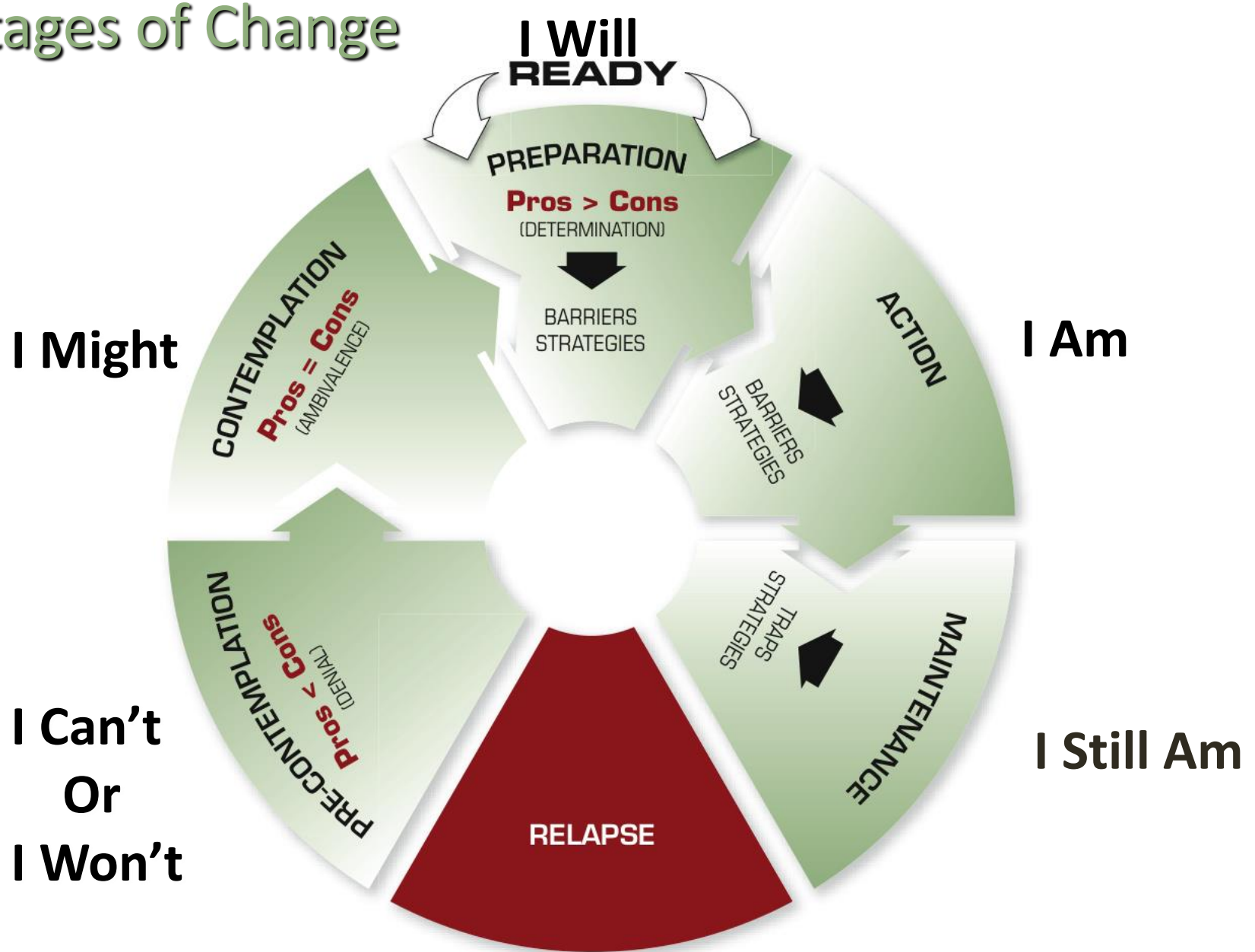
- The decision to make a lifestyle change is the result of a **NATURAL** process that takes place in **STAGES** over a certain period of time
- We're going to talk about how to **recognize, reinforce, and accelerate the *natural* process** throughout these stages

# Stages of Change



PROCHASKA'S STAGES

# Stages of Change



PROCHASKA'S STAGES

# STAGES OF BEHAVIOURAL CHANGE EXERCISES:

1. “I have tried walking every day. The temperature is horrible in Buffalo! Do you think a stationary bike or a treadmill would be better?”
2. “I’ve lost 3 pounds in two months! On bad weather days, I go walking at the shopping mall...”
3. “I am always alone; all my children live far away. Smoking is all I have left!”



# STAGES OF BEHAVIOURAL CHANGE EXERCISES:

3. “My grandfather died at the age of 94. He drank like a fish and smoked like a chimney!”
4. “It’s not good to smoke, but if I quit, I gain weight. I’m replacing one problem with another!”
5. “Drinking Scotch may not be good for my high blood pressure but It relaxes me coming back from work.”

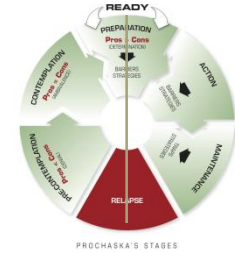


# Determining the Stage

Stages are evaluated by using the open-ended question: “***What would you think about...?***”

- Quitting smoking?
- Getting more exercise?
- Changing your eating habits?
- Cutting down or abstaining from alcohol?

# After Determining Stage:



Assess whether your immediate goal is to increase:

- **CONVICTION:** Perceiving the *benefits* that would result from a behavior change
- **CONFIDENCE:** Feeling *capable* of changing a behavior

## “CONVICTION”:

Recognizing the benefits  
of changing a behavior.

Q: “If you decided to... how would  
that benefit you?”

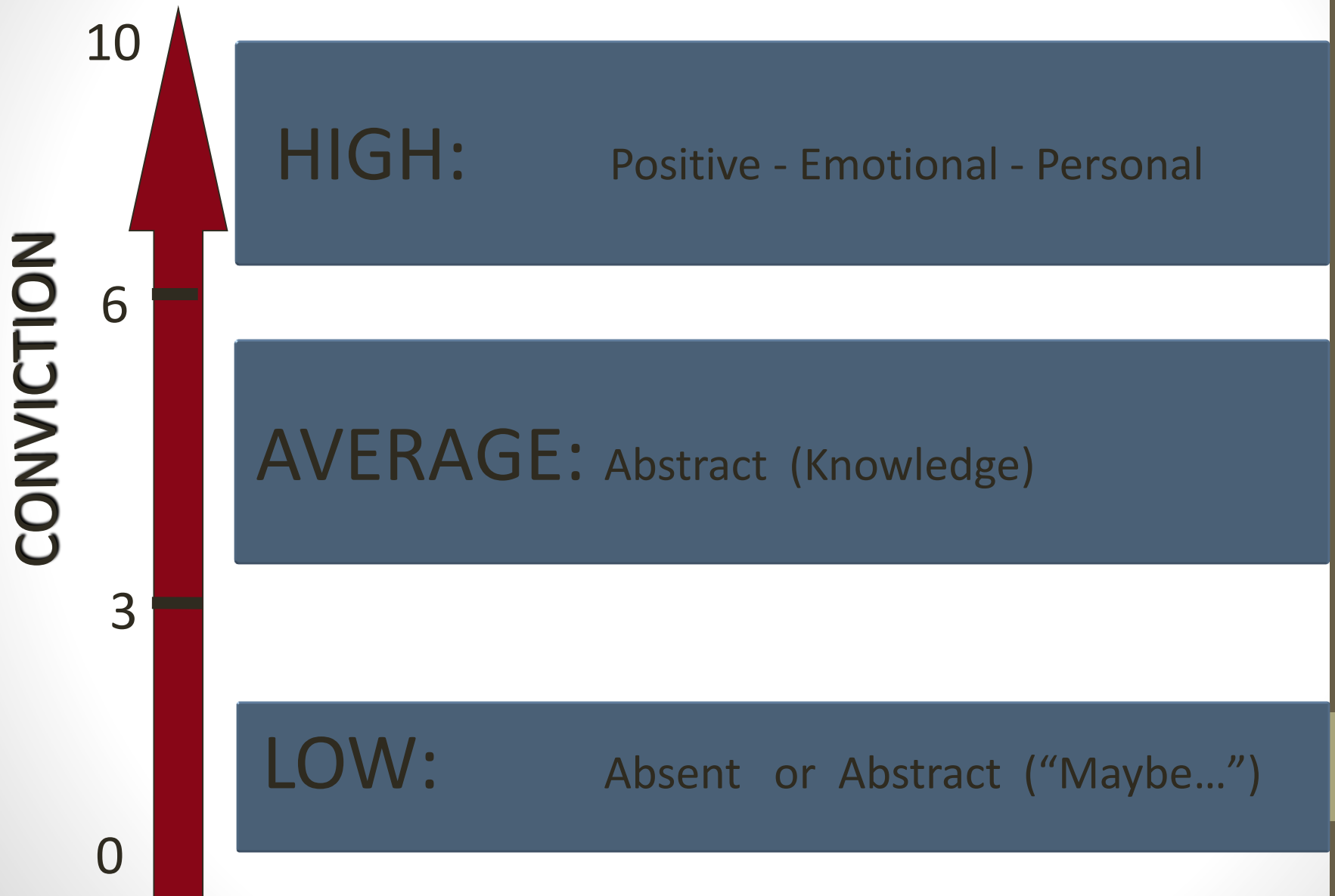
## “CONFIDENCE”:

Sense of our ability  
to modify a behavior.

Q: *“If you really decided to...  
do you think you could do it?”*



# Conviction: “How would that benefit you?”



# “Confidence”

**“If you really decided to...  
do you think you could?”**

**LOW:** Powerless feeling

**HIGH:** Unwavering confidence



**CONFIDENCE**

EVALUATION  
INTERVENTION TARGET

# CONVICTION – CONFIDENCE

MILLER & ROLLNICK'S MODEL

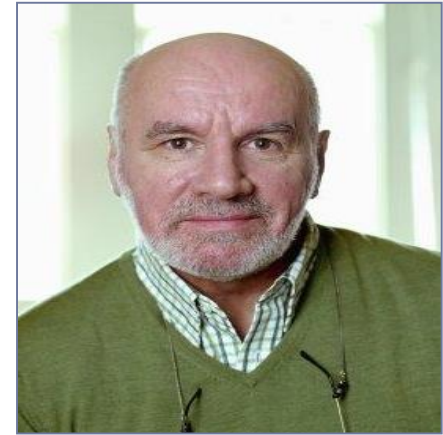


# Integration of the Models

CONVICTION-CONFIDENCE MODEL  
IN STAGES OF CHANGE MODEL



# Your Patient, Dan

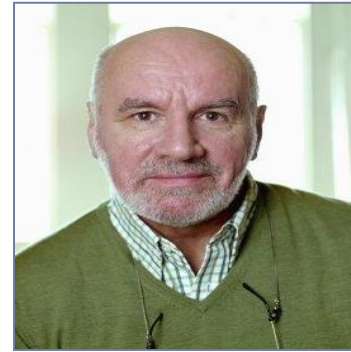


- 1) 54 years old
- 2) Obese
- 3) Myocardial infarction 2005
- 4) Cholesterol and lipids elevated
- 5) Chronic obstructive pulmonary disease (COPD)

Has smoked since age 12, and has never tried to quit

Quit drinking 4 years ago

# Dan

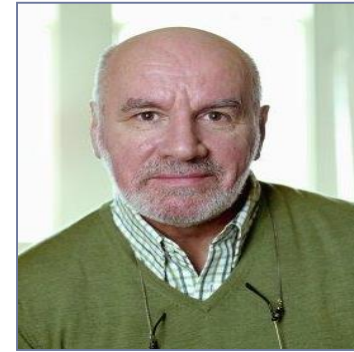


## **STAGE:**

**You:** “Have you ever thought about doing something about your smoking habit?”

**Dan:** “I’ll probably quit someday, but I’m not ready now.”

# Dan

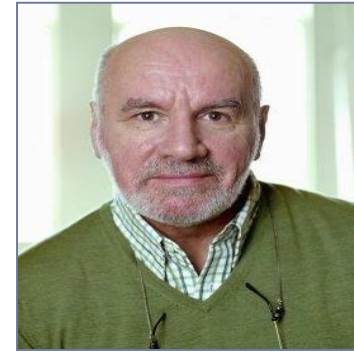


## **STAGE: Contemplation**

**You:** “Have you ever thought about doing something about your smoking habit?”

**Dan:** “I’ll probably quit someday, but I’m not ready now.”

# Dan



**You:** “How do you think quitting smoking would benefit you?”

**Dan:** “I think I’d be healthier.”

**Conviction: Moderate and Impersonal**

**You:** “If you decided to quit smoking, do you think you could do it?”

**Dan:** “If I decided to quit, I wouldn’t have any problem. I quit drinking four years ago and I’ve never fallen off the wagon.”

**Confidence: High and Personal**



# Dan

- “I’ll stop smoking eventually but I’m not ready yet.”
  - **Stage: Contemplation**
- “My health would be better.”
  - **Conviction: Moderate and Impersonal**
- “Hey, I quit drinking 4 years ago. I know I could do it if I set my mind to it.”
  - **Confidence: High and Personal**

**Goal:** Dan is at the Contemplation stage with moderate conviction and high confidence. so **the goal for the intervention should be to increase his level of motivation, in order to get him to the Preparation stage.**

# Integration of the Models

CONVICTION-CONFIDENCE MODEL  
IN STAGES OF CHANGE MODEL

I Will



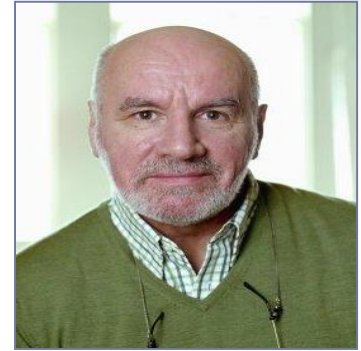
## INTEGRATED MODELS

# CONVICTION – CONFIDENCE

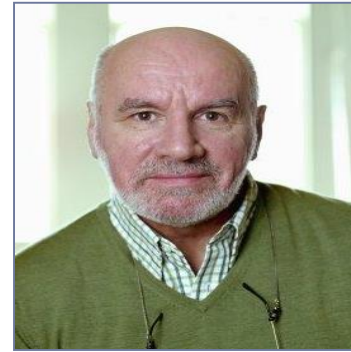


# Dan

**Intervention:** What do you do now?



# Dan

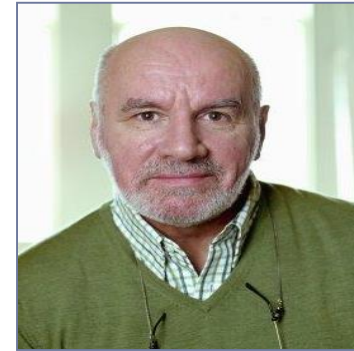


## Intervention

Ask **open-ended** questions that encourage your brother to express himself about the benefits of changing his behavior (don't try to answer for him).

Then mirror back Dan's responses to lead him to talk about ***personal advantages***, with an ***emotional*** content

# Dan



## Intervention

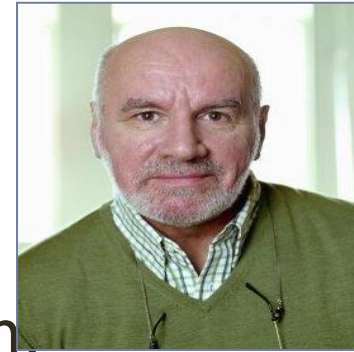
**You:** “How do you think quitting smoking would benefit you?”

**Dan:** “I think I’d be healthier.” (**abstract benefit: low conviction**)

**You:** “How specifically would it improve?”

**Dan:** “I wouldn’t cough as much and I wouldn’t be so short of breath” (**Benefits are more personal. Pain and discomfort are not abstract concepts: moderate conviction**)

# Dan

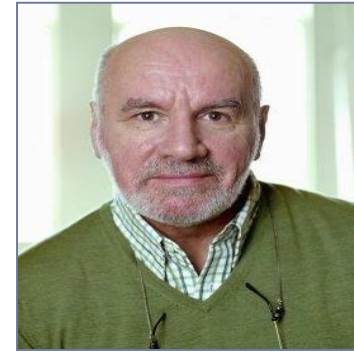


**You:** “If you weren’t so short of breath, what else could you do?”

**Dan:** “My quality of life would be much better. For instance, just the other day I tried to play with my grandchildren. I had to stop after 30 seconds because I was just so short of breath. I could be much closer to my grandchildren. I could do more things with them, maybe take them on trips.”

**(The benefits are now very personal and highly emotionally charged. “Play with grandchildren”: high conviction)**

# Dan



## Reinforcement

**You:** “So, it would be great if you weren’t so short of breath. You could really enjoy life and be closer to your grandchildren?”

Once the person has reached the Preparation (“I Will”) stage (high Motivation), **this is the time to boost their *Confidence by switching to open-ended questions that encourage the person to identify Obstacles and Strategies with goal of → action stage.***

***Dan is already strong in Confidence.***



# INTEGRATION OF THE MODELS

CONVICTION-CONFIDENCE MODEL  
IN STAGES OF CHANGE MODEL

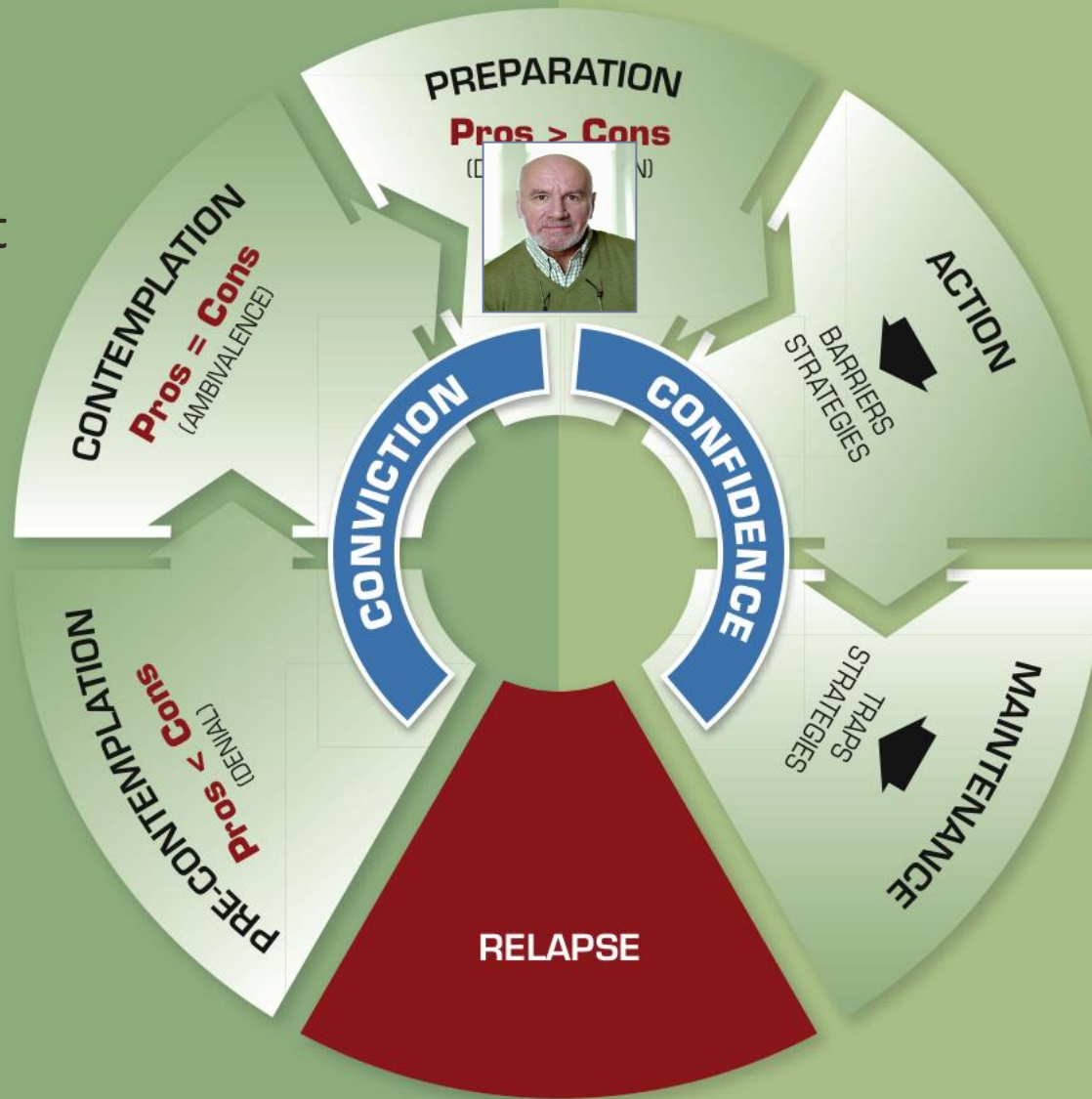
I Will

I Might

I Am

I Still Am

I Can't  
Or  
I Won't



# Concluding the Interaction:

## 3 Options:

- Offer the person **information**  
(oral information or literature)
- **Raise questions that give the person food for thought**
  - “If you were to rate your motivation to quit smoking on a 1-10 scale, where would you rate it?”
    - If Dan says “4”, what would you say?

# Case #2: Rene's Health & Weight Loss Goals

(working on **Confidence** issues → identifying  
barriers and effective strategies)

# Intervention to Increase Confidence

- 1

- If you really decide to...  
do you think you could do it?

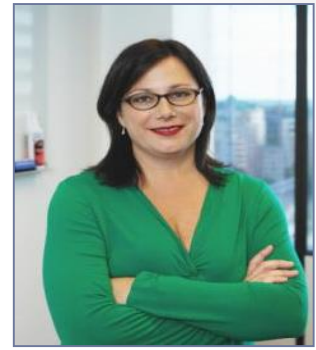
- 2

- What would prevent you from...?  
« BARRIERS »

- 3

- How do you think you can start..?  
« STRATEGIES »

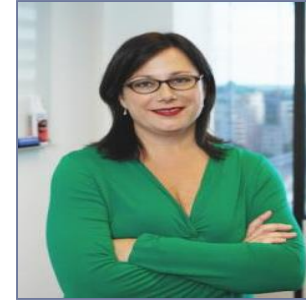
# Your Patient, Rene



Rene, 36-year-old customer service rep

- Has been unable to lose the 40 pounds gained over the course of her two pregnancies; now weighs 175 pounds
- Tries to eat healthy foods
- Was an avid athlete prior to marriage and subsequent divorce, now claims she has no time for regular exercise
- No hormone issues
- Wakes up at 5:30 AM, is at work by 7 AM, then works non-stop until 7 PM.
- Back home she eats and goes to bed early, “totally exhausted”

# Rene

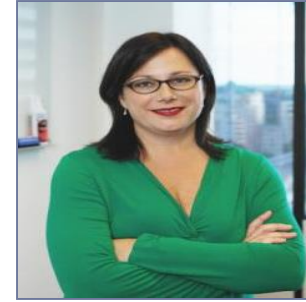


## **STAGE:**

**You:** “What do you think about your level of physical activity?”

**Rene:** “I’d love to be more active and hopefully I will be in a few months when I have found someone to help out with the housework.”

# Rene

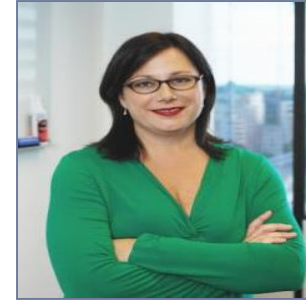


## **STAGE: Preparation**

**You:** “What do you think about your level of physical activity?”

**Rene:** “I’d love to be more active and hopefully I will be in a few months when I have found someone to help out with the housework.”

# Rene



## Conviction:

**You:** “What benefits do you see in becoming more physically active?”

**Rene:** “I used to be really active and I’d like to get back into shape. I wouldn’t feel exhausted at the end of the day. Then I could finally lose this weight, get in shape and have more energy.”

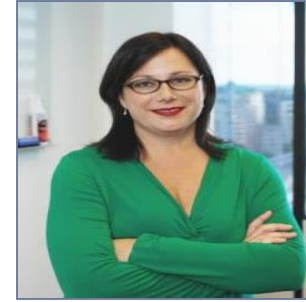
## Confidence

**You:** “Do you think you could do it?”

**Rene:** “Right now I get up early with the kids, work all day and collapse after I get them into bed. I don’t see how I could do it right now.”



# Rene



## **Conviction: High Conviction**

**You:** “What benefits do you see in becoming more physically active?”

**Rene:** “I used to be really active and I’d like to get back into shape. I wouldn’t feel exhausted at the end of the day. Then I could finally lose this weight, get in shape and have more energy.”

## **Confidence: Very Low Confidence**

**You:** “Do you think you could do it?”

**Rene:** “Right now I get up early with the kids, work all day and collapse after I get them into bed. I don’t see how I could do it right now.”

# Integration of the Models

CONVICTION-CONFIDENCE MODEL  
IN STAGES OF CHANGE MODEL



## INTEGRATED MODELS

# CONVICTION – CONFIDENCE



# Rene



**Intervention:** *What do you do now?*

# Intervention to Increase Confidence

- To increase confidence, ask **3 questions in a row** to encourage Rene to express how *she sees* her own **obstacles and solutions**

# Intervention to Increase Confidence

- 1

- If you really decide to...  
do you think you could do it?

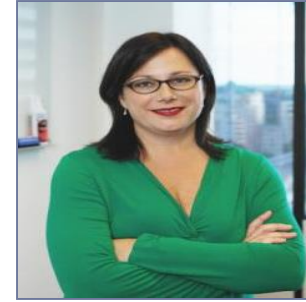
- 2

- What would prevent you from...?  
« BARRIERS »

- 3

- How do you think you can start..?  
« STRATEGIES »

# Rene



## Identification of obstacles

**You:** “If you really decided to get more exercise, do you think you could?”

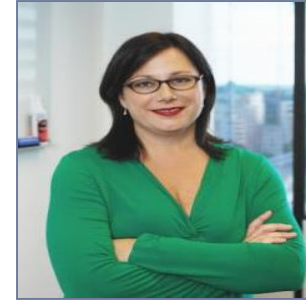
**Rene:** “I guess so, but it would be pretty tough.”

**You:** “What would prevent you from getting more exercise?”

**Rene:** “Time and energy.”

The obstacles are **time and energy**.

# Rene



## Identification of solutions

**You:** “How do you think you could work around this?”

**Rene:** “I guess I could start by taking the kids for a walk after I’m finished with work.”

**You:** “From a practical point of view, do you know how you could start doing this?”

**Rene:** “Yes, I could walk for 30 minutes three times a week.”



# Intervention to Increase Confidence

- Once the person has expressed their perceived obstacles and solutions, the **conversation concludes with an agreement on steps to be taken (actions) before your next interaction**
- This **action** is realistic because it is based on solutions put forward by the individual themselves.
- Even if it is only partially successful, it can be a **first step** toward building the person's confidence and serving as a foundation for the next stage.

# Rene



## **Conclusion: negotiating concrete action**

**You:** “Are you saying you’ve decided today to walk 30 minutes three times a week? If so I’ll check in with you next week to see how it’s going.”

**Rene:** “OK, I agree. I’ll start tomorrow. Let’s see how it goes!”

This is how the process begins. This realistic strategy (small step: 30 mins of physical activity three times a week) has every chance of succeeding. Encouraged by this partial success and improved well-being, Rene will be more inclined to take the next step, i.e., to increase the duration and intensity of her daily workouts.

# Integration of the Models

CONVICTION-CONFIDENCE MODEL  
IN STAGES OF CHANGE MODEL

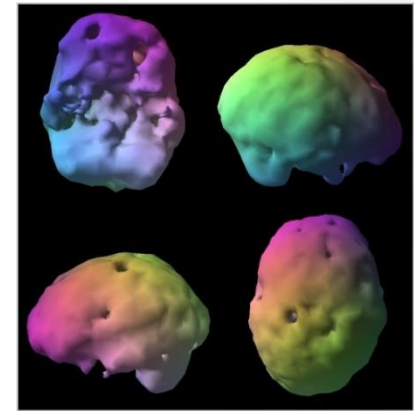


# Dr. J, Last Week:

## Patient Jeff

- 21 y/o male with Major Depressive Disorder, PTSD, Alcohol and Nicotine Dependence
- “I’ve used alcohol since I was fourteen to cope with depression and anxiety”.
- First time he drank “I experienced a sense of ease I had never felt before... I felt I finally clicked with society”, and “I’ve not found a reason to quit.”
- At Initial Evaluation was drinking heavily, averaging 15-20 beers/day plus occasional hard liquor, and would binge drink for weeks at a time.
- Single DUI, and history of fighting when drunk.

# Case Study: Jeff



- Family and friends all very concerned. Five prior medical detoxes and drug treatment programs. Smoking one PPD cigarettes; smokes marijuana twice per month. Prior history of crack cocaine and ecstasy abuse.
- SPECT: A toxic brain - decreased activity in his frontal, temporal, parietal, and occipital lobes, likely due to substance abuse and/or prior sports-related traumatic brain injuries

# Case Study: Jeff

## Following Initial Motivational Interviewing Intervention:

- 3<sup>rd</sup> follow-up session: now **115 days abstinent from alcohol**, a full-time student, states “It feels really good to be sober!”
- Friends are still drinking, “But it’s not attractive to me anymore... they’re not doing anything with their lives... I feel I’ve changed in terms of what I want to do with my life. Before I was comfortable with not doing anything, but not any longer.”
- Dr. J: “What contributed to this shift in motivation and drive?”
- Jeff: “Just getting sober and having a good understanding of what’s going on, through you guys. That was a big thing when we took a look at my brain and figured out what was happening. That was the biggest thing. **Now I just need to quit smoking.**”

# “Now I just need to quit smoking”

Staging his stage of change, conviction, and confidence:

- **Dr. J: “If you were to cut back or quit, how would that benefit you?”**
- Jeff: “It puts me as close to the old days as I want to be... quitting would kind of remove those ties completely.”
- **Dr. J: “Cutting those ties would do *what* for you, personally?”**
- Jeff: “It might help close off that self-destructive part of myself... and I really want to be a role model for my nephews, and for my friends.”
- **Dr. J: “So if you quit drinking you could be the role model you’ve wanted to be for your friends and family, and it would represent the next step in leaving your old life behind?”**
- Jeff: “You got it!”

# “I just need to quit smoking”

- **Dr. J: “If you decided to quit, do you think you could do it?”**
- Jeff: “I don’t know... that’s a tough one. I’ve never tried to quit before.”
- **Dr. J: “What hurdles would you anticipate running into?”**
- Jeff: “I don’t really know.”



# Case Study: Jeff

Motivation Level: **Contemplation**

Commitment: **Moderate to High (emotional, and personal)**

Confidence: **Low to Moderate**

# “I just need to quit smoking”

- **Dr. J: “If you were to try, what first steps would you take?”**
- Jeff: “I would keep the patches handy.”
- **Dr. J: “So you’d keep the Nicorette patches handy, in case you felt the craving for a cigarette?”**
- Jeff: “Yes”
- **Dr. J: “What have you learned about your triggers or cues for smoking? What are your high risk times and places?”**
- Jeff: “Usually after eating, for sure when I wake up, and when I listen to classic rock music.”
- **Dr. J: “So you tend to get a craving to smoke when you wake up in the morning, after meals, and when you listen to rock, so you’d be intentional about having a Nicoderm patch handy during those times, and would use one instead of smoking? Am I hearing you right?”**

# “I just need to quit smoking”

- **Dr. J: “What would your initial goal be?”**
- Jeff: “Maybe cutting back by 5 cigarettes per week.”
- **Dr. J: “So you’d cut down by 5 cigarettes per week, which would mean that you would be off altogether in 3 weeks? Would that pace feel workable for you?”**
- Jeff: “Yep, I think I can do that!”
- **Dr. J: “How about if we schedule our next appointment for the week after you’ve gotten off cigarettes, and see how you’re doing? And could you email me at the end of each of the next two weeks to let me know how your plan is working?”**
- Jeff: “Absolutely.”

# Take Home Message

**“ASK, DON’T TELL!”**

Help others *convince themselves* of the need to  
change and *own the strategy*  
*they choose*

# Role Play



## Evaluation

- Determine the Stage
- Determine the level of Conviction and level of Confidence (target of intervention)

## Intervention (target)

- For Conviction: provoke their perception of the advantages (personal and emotional)
- For Confidence: provoke identification of the barriers and solutions

**Start The Timer!**

# Questions to Determine:

- **Stage of Change:** “What would you think about...”
- **Conviction:** “If you decided to... how would that benefit you?”
  - Develop more *personal* and *emotional* conviction
- **Confidence:** “If you really decided to... do you think you could do it?”
  - **Barriers:** “What would prevent you from...?”
  - **Strategies:** “How do you think you could start...?”
- **Agreement on Action** (if ready)

# Let's See Where We've Come

We started with...

# When you meet a friend who...

- Drinks too much, with no intention of quitting
- Smokes a pack per day
- Is obese
- Doesn't exercise
- Has high blood pressure
- But is unwilling to take your advice, change their lifestyle, or comply with medication recommendations by their doctor

*How do you feel?*



# How do you feel?

- Sad...
- Helpless
- Scared
- Irritated
- Unsure of how to help
- Defeated before I start

# So we respond with

- (Internal) Judgment
- Unwanted advice
- Scary stories of the risks they face
- (Oh so subtle...) Efforts to elicit or coerce a commitment to change their behavior
- Withhold validation or encouragement until they change their ways

... then repeat this *advise, convince, prescribe, mandate, and subtle shaming* approach at every opportunity

# The Goal of This Session

Was to help you become more effective at  
facilitating real behavioral change in yourself, your  
family, and your friends

How do you feel now?  
Do you feel more equipped?

***Must practice this simple process*** until it  
becomes automatic...  
until it becomes your ***way of being*** with your  
patients, peers, spouse, and kids

# How To Enhance Motivation for Change

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