

Measuring Autonomy Support; Is it Possible?

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What do we mean by autonomy support?

- The actions taken by the clinician that encourage the client to develop the capacity for self-direction and to make more autonomous choices.



What does it mean to be autonomous?


- Self-directed
- Self-regulated
- Self-determined
- Self-governed
- Free to choose one's own path
- Exercising free will (volition)



Viktor Frankl on freedom

“.....everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given circumstance, to choose one's own way.”

Frankl (2006) Man's Search for Meaning



Rogers on the Good Life as a path to becoming a fully functioning person

- The good life is a process, not a state of being.
- It is a direction, not a destination
- The direction which constitutes the good life is that which is selected by the total organism, *when there is psychological freedom to move in any direction*

Rogers (1961). On Becoming a Person



From the MI perspective?

- An irrevocable right
- Clients will naturally defend their freedom to choose if they perceive it is threatened
- Involves (the clinician) letting go of the idea and the burden that you can make people change; in essence giving up the power that you never had in the first place (MI-3)



Self-determination Theory (SDT)

- Fundamental psychological need (experiencing a sense of psychological freedom)
- Autonomy and independence are not the same
- Opposite of autonomy is heteronomy (behaviors determined by internally or externally pressured forces)



SDT and autonomous decision making

- Clinician has a role in bringing a client to a position of making an informed choice
- This requires exploring client's own reasons and values AND offering appropriate information, advice, and follow-up
- Client can autonomously choose to not change



SDT and autonomy continuum

- **Externally regulated**- controlled by external forces
- **Introjected**- partial assimilation of external controls
- **Identified**- actions reflecting personal valuing of actions
- **Integrated**- synthesized with one's beliefs and values
- **Intrinsic** – based on interest in the behavior



What do we measure?

- The client's sense of choice and control regarding their actions
- The autonomy-supportive actions (or lack thereof) of the clinicians
- The client's perception of the clinician's actions (does the clinician support my autonomy?)



The client's sense of choice and control

- In SDT, the extent to which a particular decision or behavior is more integrated or endorsed by the client based on personal values and beliefs
- In MI, particular types of client language



Treatment Self Regulation Questionnaire

- Williams, Ryan, and Deci. Health Care Self-Determination Theory Packet
- Validated for use with several health behaviors
- Asks clients to rate (from not at all true to very true) the reasons they would endorse for changing a particular behavior.
- Reasons go from controlled to integrated

The reason I would use alcohol responsibly is: (sample reasons)

- Because I feel that I want to take responsibility for my own health.
- Because I would feel guilty or ashamed of myself if I did not use alcohol responsibly.
- Because others would be upset with me if I did not.
- I really don't think about it.
- Because it is an important choice I really want to make.

Change talk

More autonomous

- I've made up my mind...
- I realize that it is up to me to do this
- This is who I am, I don't shirk my responsibilities
- I am willing to go forward even though it is tough

Less autonomous

- The doctor says I have no choice in this
- I'll have to go back to jail if I don't do it
- I just want to get my parents off my back
- My wife says she will leave if I don't.....

Measuring the clinician's actions

- MI-2 definition of autonomy support
 - The counselor affirms the client's right and capacity for self-direction and facilitates informed choice
- MITI 3.1.1
 - global measure of autonomy support
 - Emphasize personal choice and control ONE of several MI-adherent behaviors

MITI 3 global measure

- Nõustajad, kes saavad *autonoomsuse/toetuse* skaalal madalaid tulemusi ei näe klienti võimelisena liikuma tervislikkuse suunas ilma nõustaja panuseta. Nad võivad eeldada, et klient muudab oma käitumist selles suunas, mida nõustaja parimaks peab. Nõustaja võib selgesõnaliselt öelda, et kliendil ei ole valikut. Lisaks võib nõustaja mõista anda, et välised tagajärjed (nagu arest, teistest eraldamine) on valiku ära võtnud. Samuti võivad nõustajad rõhutada, et on vaid üks võimalus saavutada sihtkäitumine või nad on pessimistlikud või skeptilised kliendi võimes muutuda.
Autonoomsuse/toetuse skaalal madalaid tulemusi saavad nõustajad võivad välja tuua valikuid, kuid nad teevad seda ükskõikselt või sarkastiliselt.

MITI 3 global measure

- *Autoonmsuse/toetuse* skaalal kõrgeid hinnanguid saavad nõustajad tagavad, kas otseselt või kaudselt, et valikute ja kontrolli teema võetakse seansi käigus üles. Nad näevad klienti potentsiaaliga liikuda tervise suunas. Sellel skaalal tugevad nõustajad teevad tööd selle nimel, et aidata kliendil valikud ära tunda, pidades silmas sihtkäitumist. Lisaks võivad nõustajad selgesõnaliselt kinnitada, et kliendil on võimalus muutuda või säilitada praegune olukord. Ka võivad nõustajad väljendada optimismi kliendi muutumisvõime osas.

MITI 3 global measure- level 5

5 Nõustaja lisab olulisel määral kliendi autonoomsuse väljenduse tundele ja tähendusele, nii et see avardab kliendi tunnetust enda kontrollist ja valikutest.

- Näited:
- Nõustaja on aktiivne kutsumaks esile kliendi kommentaare, mis juhivad teda paremale valikute tajumisele sihtkäitumisega seoses
- Uurib võimalusi sügava siirusega ja omakasupüüdmatult
- Selgesõnaliselt ilma sarkasmita tunnistab kliendi võimalust mitte muutuda
- Pakub mitmeid võimalusi arutleda kliendi valikute ja kontrollivõime üle, kui klient esimesel katsel ei reageeri
- Võtab tõsiselt kliendi ideid muutumise ja motivatsiooni kohta



What was missing?

The move to MITI 4

- Difficult to get reliability on the Autonomy support global measure
- Explicit and separate measurement of responses acknowledging autonomy
- The importance of skillful information exchange from the MI-3 and SDT perspectives



Emphasize Autonomy Support

- Need on ütlused, mis keskenduvad selgelt kliendi vastutusele muutumist puudutavate otsuste ja tegevuste osas. Need tõstavad esile kliendi enda kontrolli, vabaduse valida, personaalse autonoomia ning nii võimekuse kui ka kohustuse otsustada oma tegude ja hoiakute üle. *Need ei ole ütlused, mis eriliselt rõhutavad kliendi tajutud enesetõhusust, enesekindlust või võimekust mõne teo osas.*

Identifying Persuasive Language

- Nõustaja teeb selgesõnalisi katseid muuta kliendi arvamust, suhtumist või käitumist, kasutades selleks loogikat, mõjuvaid väiteid, isiklikke kogemusi või fakte, mille seob selgelt muutusesõnumiga.
Veenmisena kodeeritakse ka see, kui nõustaja annab kallutatud infot, nõuandeid, soovitusi, väljendab oma arvamust või pakub lahendusi kliendi probleemidele ilma kliendi autonoomiat selgelt rõhutamata või kontekstist tuleneva selge viiteta sellele. NB! Kui nõustaja annab infot neutraalsel viisil ilma selge suunitluseta klienti mõjutada või veenda, peaks kasutama info jagamise koodi.

Client's Perceived Autonomy Support

- Health Care Climate Questionnaire (based on SDT)
- Designed to rated by the client but also validated with observers rating as if they were the client
- New validation of HCCQ with people with mild developmental and intellectual disabilities

HCCQ asks clients to endorse the truth of the following

- I feel that my health-care practitioners have provided me with choices and options about smoking (including not quitting).
- I feel my health-care providers understand how I see things with respect to my smoking.
- My health-care providers convey confidence in my ability to make changes regarding my smoking
- My health-care practitioners encourage me to ask questions about my smoking.

Let's Practice!



When you were the client...?

How did you rate the climate of the conversation?

How did you rate the level of integration of the reasons to change their smoking?



What about observing the clinicians?

- How did you rate the global measure of autonomy support?
- What strategies did the clinician use to promote autonomy?
- Were you able to find examples of specific language of autonomy support and information exchange?

Emphasize autonomy

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Right. I mean that would be a decision that you take for yourself, and I'm not suggesting you make that, but what is it you'd most like to know about stop smoking aids? I mean, is there any piece of that puzzle that I can help you with?

What about the information?

Persuasive?

Provider: *Perhaps I can just let you know that there is quite a range of these aids. Some of them you're quite right, like bupropion, that is a drug that can have side effects, and it doesn't contain any nicotine. OK. So that's one kind of aid. OK, but then there are others that contain nicotine like a patch or gum that really are devices for helping you tail off the withdrawal symptoms gently. So there's broadly those two kinds of aids, and the success rates of them are reasonably good,....*

What would make it persuasive?

Perhaps I can just let you know that there is quite a range of these aids. Some of them you're quite right, like bupropion, that is a drug that can have side effects, and it doesn't contain any nicotine. Given your concern, I really don't think that you should try one of these drugs. It might be best to use one of the non-nicotine aids like the patch or gum.

What about Change talk

More autonomous

- *Yeah, I don't want to be stupid. Being ignorant is one thing, but just being stupid .*
- *Might even give it a try. Yeah. Maybe I'll make the select side again*

Less autonomous

- *scientists say that it's bad for your heart.*
- *I do know that it's probably in my best interest to quit.*
- *I could probably embrace that as long as it didn't affect me adversely,*



What to make of this?

- There are good measures for assessing the client's level of autonomous motivation AND
- The client's perception of the autonomy support from the clinician
- There are advances in MI coding that might be helpful in examining both the global and the specific language of autonomy support.



How about for training clinicians?

- The tools can help deepen the clinician's understanding and acceptance of what it means to support autonomy in MI conversations.
- The focus on specific language can help clinician's shape their own language with intention.

Thank you for your attention!



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