Motivational Interviewing Basics

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Motivational Interviewing

- "Goal Directed, client centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence."
  - Is:
    - Client-centered
    - Semi-directive
    - Empathetic
  - Is Not:
    - Confrontational
    - Judgmental
    - Adversarial

Burke, et al. (2003)

Efficacy

- Meta-analysis from 2003 found:
  - MI comparable in efficacy to other active treatments focusing on drugs, alcohol, diet and exercise.
  - MI superior to no-treatment groups and placebo.
  - Most MI interventions consisted of limited sessions (usually 2 – about 99 minutes), that maintained efficacy over at least 18 weeks of follow up.
  - MI resulted in clinical impact
    - Drinking reduced by 56% on average (from 36 to 16 standard drinks per week)
    - Social factors improved as much as target symptoms in most studies – positive overall life change as a consequence of MI.

Burke, et al. (2003)

Efficacy

- Meta-analysis looking only at MI within primary care populations:
  - Significant effect size found for all outcomes in MI groups ($p = .02$).
  - Effect sizes greatest for weight loss, blood pressure, substance use
  - As little as 1 MI session (15 -20 minutes), by minimally trained interviewer, could be effective.
  - MI can be effective over the phone.

VanBuskirk & Wetherel, 2014

Ambivalence

"Goal Directed, client centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence."

- Change can be hard.
- Change is often hard because of ambivalence.
- MI assumes (or prefers to view) lack of change as resulting from ambivalence, rather than from oppositionality, ignorance, laziness, denial, etc.

Ambivalence

- "State of having mixed feelings or contradictory ideas about something"
  - Wanting and not wanting
  - Wanting incompatible things
  - Can be quite uncomfortable
- Ambivalence → Procrastination
  - Procrastination starts to look like resistance (especially to providers when a patient's health is at stake).
  - Viewing a lack of change as ambivalence is more helpful than perceiving/attacking resistance.

The Spirit of MI

We want to help people resolve their ambivalence and find the motivation to change by being:

- Collaborative, not confrontational
- Appreciative of autonomy, not obedience
- Evocative, not educational
- Empathetic, not judgmental

Collaboration

- Partner with the patient
- Avoid taking on the “expert” role
- Avoid confrontation and coercion

Autonomy

- True power to change rests within the patient
- Provider realizes they don’t always know the best way to change
- Empowers the patient and places responsibility on them

Evocative

- Draw out patient's ideas, rather than impose your opinion
- Realize that lasting change is more likely when a patient discovers their own motivation and methods
- Best ideas come from the patient.

Compassion

- "It is a deliberate commitment to pursue the welfare and best interest of others."
- Realize everyone is trying to live a good life and that the barriers they encounter lead to pain, sadness, hopelessness
- Requires empathy

The Technique of MI: “OARS”

- Open-ended questions
- Affirmations
- Reflections
- Summaries

Open-ended Questions

- Draws out patient's own ideas (evocative)
- Examples:
  - "Do you want to quit drinking?" versus "How might your life be different if you quit drinking?"
  - "Do you want to eat healthier?" versus "How could you change your diet?"
  - "Are you sad?" versus "How do you feel?"

Affirmations

- Anything positive you notice and can comfortably point out.
  - Should be neutral and genuine
  - Builds rapport by showing recognition and support for what they're trying to do
- Examples:
  - "It takes a lot of strength to do what you're doing"
  - "You care a lot about your children"

Reflections

- Understand what patient thinks and feels, then repeat it back to them
- Can use to probe for ambivalence/motivation, but should remain a statement, not a question
- Example:

  Patient: “I don’t like how I act when I drink.”

  Provider: “So drinking is something you’d like to quit.”

Summarizing

- A longer compilation of several patient statements
  - Allows for more strategic, subtle prompts regarding patient ambivalence and motivation
  - Allows you to show you were listening and gather your own thoughts so you can be directive as you summarize.

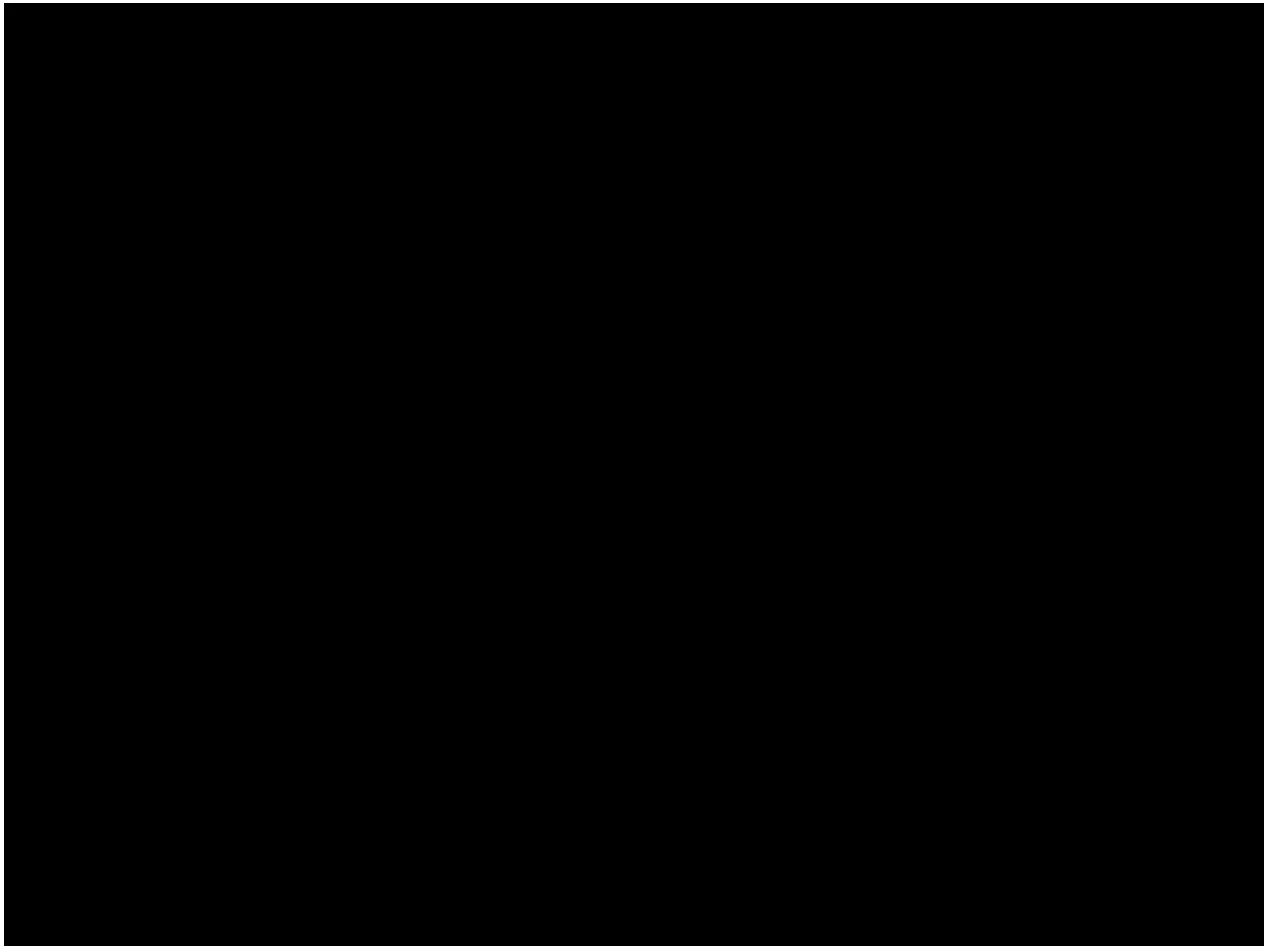
Summarizing Example

- Patient: “My wife and I are fighting a lot… It mostly happens when we’re drinking… I also got arrested last weekend when I was drunk… I’m worried because my kids see me drink and I don’t want them to think it’s OK…”
- Provider: “OK. So it sounds like some bad things have been happening when you’re drinking, and that maybe you’re wanting to stop. Also, it sounds like maybe your wife and kids are some strong reasons for why you want to quit.”

Sample Video – Bad ☹

Courtesy of Christina King-Talley

Sample Video – Good ☺



Courtesy of Christina King-Talley

Process

→Engaging

→ Focusing

→ Evoking

→ Planning

– Don’t get ahead of yourself (or the patient).

Other Lessons

- Compassion doesn't have to be ego-syntonic or permanent
  - Understand your own limits and create internal boundaries so you can still be effective
- Practice makes perfect
  - Don't limit yourself to work
  - Very little harm can be done "trying" MI
- MI doesn't work everywhere/every time
  - Unsafe situations
  - Personality Disorders

References/Resources

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VanBuskirk, KA. & Wetherell, JL. 2014. "Motivational Interviewing Used in Primary Care A Systematic Review and Meta-analysis." *Journal of Behavioral Medicine.* Aug; 37(4): 768–780.