Motivational Interviewing

What is Motivational Interviewing?
- Exploring and resolving ambivalence
- Client-centered change in a manner congruent with the person’s own values and concerns
- Motivational processes within the individual that facilitate change

What it’s Not
- Tone of expertise
- Educational information is imposed
- Not allowing patient’s to explore and come up with their own unique ideas
- Prescriptive statements that are not collaborative with the patient
- Arguing with the patient

Assumptions
- Assumes motivation is constantly changing and can be influenced
- Change occurs through the relationship

Principle tasks
- To create ambivalence
- Roll with resistance

Goal
- To influence change towards health at the patient’s pace

The Dirty Word….Noncompliance

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"
**Why communication matters**

- **The Dirty Word….Noncompliance**
  - **Costs**
    - Direct costs: $100 billion per year
    - Indirect costs: $50 billion per year
    - Hospital costs due to patient noncompliance are estimated at $8.5 billion annually
  - **Deaths**
    - Almost 125,000 people with treatable conditions die each year in the USA alone due to not taking their medication properly.

**Motivational Interviewing**

- And what about medications?
  - 14% to 21% never fill their prescriptions
  - 60% cannot identify their own medications
  - 30% to 50% ignore/compromise instructions concerning their medication
  - Approximately 1/4 of all nursing home admissions are related to improper self-administration of medicine
  - 12 to 20% take other people's medicines

**Why communication matters**

- The uncomfortable truth is patients do not always tell the truth
  - Results of survey outlined in Caplan, A.; 2004 WebMD Health Physician Practice March, 2011
    - 13% of 1,500 respondents stated they lied to their doctors
    - 32% admitted they “stretched the truth”
    - Nearly 40% lied about following a treatment plan
    - More than 30% lied about diet and exercise
    - 52% of women ages 25 to 49 stated they have no problem telling small lies to their physicians.
  - People also lied about
    - Smoking
    - High risk sexual behaviors
    - Alcohol intake
    - Recreational drug use
    - Taking medications as prescribed
    - Second opinions
    - Use of alternative therapies and supplements, etc.
Why communication matters

- Why?
  - Almost 2/3 express that they did not want their doctors to give them a lecture
  - 38% reported they did not want to feel judged

Motivational Interviewing

- The Talking Cure

Research suggests physicians can increase compliance and clinical outcomes through better communication

- How?
  - Make the patient an active agent of change
  - A patient talking about their own change is predictive of change
  - Tune your ear to the patient’s comments about change
  - Resistance to change is predictive of the patient maintaining the status quo
  - Provider talking at the patient about change is a predictor of the patient not changing.

Reference: (Miller, Benefield & Tonigan, 1993, Amrhein et al., 2003)

STAGES OF CHANGE

Pre-contemplation
- Haven't considered a need to change

Contemplation
- Awareness of a problem
- Ambivalence

Preparation
- Moving towards action
- Change talk

Action
- Changing

Maintenance
- Maintaining long-term change

Relapse
- Preparing for and expecting setbacks
- Harm reduction

Stage of Change  Stage of Treatment

Precontemplation
- Raise doubt
- Increase perception of risks

Engagement
- Outreach
- Develop relationship
- Practical help
- Crisis management
- Assessment

Contemplation
- Explore ambivalence

Forward Movement
- Ask to provide education
- Have them set goals
- Develop discrepancy
- Social support

Preparation
- Realistic plan
- Contingency planning

Action
- Encourage reasonable steps
- Explore how things are working

Active Treatment
- Behavioral counseling
- Medication management
- Skills training
- Self-help groups

Maintenance
- Anticipate bumps
- Explore new behaviors

Relapse Prevention
- Relapse prevention plan
- Continued skill development
- Expand recovery to other areas
Motivational Interviewing

Motivational Interviewing Stage I
1) Build Motivation for Change
2) Create Ambivalence & Explore Ambivalence
3) Support Change Talk
4) Role with Resistance

Flow of interview
- Open the conversation
  - Name, role, time, ask permission
- Ask open ended questions
  - Invite them to do the talking, focus on strengths
- Negotiate the agenda
  - Less is more, facilitates conversation
- Assess readiness to change
  - Supports tailoring, invites "change talk"
- Explore ambivalence
- Ask about "next step"
  - Assesses impact of conversation, perspective shifts in process
- Close the conversation
  - Show appreciation, if appropriate offer recommendations, Voice confidence

Motivational Interviewing Stage II
- Elicit and strengthen change talk and commitment language
- Strengthen self efficacy
- Give feedback using Elicit-Provide-Elicit format
- Negotiate and consolidate commitment for a change plan

Questions?

References