MOTIVATIONAL INTERVIEWING

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PREMISE OF MOTIVATIONAL INTERVIEWING

- Identify Stage of Change (Transtheoretical Model by Prochaska and DiClemente)
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
  - Relapse
  - Termination

- Interventions should match the Stage of Change
WHO ARE OUR PATIENTS?

- Most of the tools we have are for individuals who are in the action stage.
- Less than 30% of primary care patients follow through with resources for weight loss, smoking cessation or exercise.
- We tend to overestimate the motivation of those who say they’re ready to change and underestimate the motivation of those who indicate no interest in change.
SPIRIT OF MOTIVATIONAL INTERVIEWING

- Motivation for change is elicited from the patient, not imposed from without.
- It is the patient’s task, not the physician’s, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The style is generally a quiet and eliciting one.
The physician is directive in helping the patient examine and resolve ambivalence.

Readiness to change is not a trait, but a fluctuating product of interpersonal interaction.

The patient physician relationship is more like a partnership.
You are meeting with your primary care physician who is concerned about your weight. Specifically, you have symptoms of diabetes and need to lose approximately 50 pounds in order to be healthy and avoid further health risks. You, of course, know you are overweight and are embarrassed. You have tried dieting (several different kinds of diets over the years) and exercising (you have a membership to 24 Hour Fitness, you have a treadmill at home, etc.,) with some successes and some failures (you always end up gaining the weight back). How much you share about your past attempts to diet and exercise should be determined by your internal response to the approach your physician is taking.
PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy
PHILOSOPHICAL APPROACH OF MOTIVATIONAL INTERVIEWING

- Nonjudgmental
- Reflection
- Change talk
ONE OF THE BIGGEST DIFFERENCES BETWEEN MI TECHNIQUES AND OTHER TECHNIQUES IS THE PATIENT IS THE ONE WHO VERBALIZES THE NEED FOR CHANGE RATHER THAN THE PHYSICIAN
EIGHT METHODS OF EVOKING CHANGE TALK

- elaborating
- asking evocative questions
- using the importance ruler
- querying extremes
- exploring decisional balance
- looking back
- looking forward
- exploring goals and values
ELABORATING

- Understand your patient’s world view
- Summarize ambivalence
- Begin to develop discrepancy between the polarized urges
- If comfortable, use your hands to create physical discrepancy
- Examples
  So on one hand . . . and on the other . . .
  Part of you wants . . . And the other part . . .
Emotional saliency is important for change to take place.

You know your question is evocative if the patient has to think about his or her response.

Tone of voice is critical.

Examples:
- What if you choose to never exercise?
- What if you decide to never monitor your blood sugar?
USING THE IMPORTANCE RULER

Three Parts:

First Part:
- On a scale of 1 to 10, 10 being absolutely yes and 1 being no way, how motivated are you to stop smoking?
- Ten is always the direction you want the change to go
- Sometimes it’s necessary to exaggerate the extremes
Second Part:

- Whatever number they give you, select one or two BELOW and ask: Why a 6 instead of a 4?

- By choosing a number below, you are eliciting change talk
Third Part:
◦ Take a number or two above what they gave you and ask: What would it take to move you to a 7, not actually quitting, but a little more comfortable with the idea?
◦ Frequently, you have to reassure the patient that you are not suggesting whatever the 10 represents
USING THE IMPORTANCE RULER

- Be sure to elicit something the patient has control over
- Whatever the patient tells you becomes the treatment plan
- Work with the patient regarding potential barriers to the plan and appropriate solutions
- Set an appropriate time line for implementing the plan
- Sometimes an appropriate plan is that the patient will think about the issue.
Sometimes the issue is not importance or motivation, but confidence

This is often obvious when the patient provides an 8 or 9 on the Importance Ruler and yet remains stuck

The ruler can be used the exact same way as a Confidence Ruler
QUERYING EXTREMES

- Always target CURRENT behavior
- Example
  - What’s the worst thing about it?
  - What’s the best thing about it?
EXPLORING DECISIONAL BALANCE

- Always target CURRENT behavior
- Elicit pros and cons
Always target CURRENT behavior

Example:
  ◦ When was the last time (insert current behavior) really worked?

The phrase “really worked” refers to all aspects of life

If this elicits a poignant reply, your best response is silence
EXPLORING GOALS (LOOKING FORWARD) AND VALUES

Three Parts:
First Part:
  ◦ What do you see yourself doing five years from now?
Do not use with patients who are:
  ◦ Actively suicidal
  ◦ Struggling with extreme illness
EXPLORING GOALS (LOOKING FORWARD) AND VALUES

- Second Part:
  - What are your top five values and why?
- Define a value if necessary
- Always get five (never settle for “I don’t know” from patients)
Third Part:
  ◦ Tell me how your (current behavior) fits with these values?

Tone of Voice is Critical

Best used following some discussion about the key issue to be changed

This technique alone has been correlated with change
WHERE TO GO FROM HERE

- Change your semantics
- Choose a couple of techniques and begin to practice
- Keep practicing
- Seek consultation when stuck
- Be aware that change takes time and, let’s face it, your own ambivalence is normal
RESOURCES

- http://healthcare.utah.edu/uac/training/mock_interviews.htm
- Motivational Interviewing (Miller and Rollnick)
- Motivational Interviewing in Health Care: Helping Patients Change Behavior (Rollnick, Miller and Butler)
- www.motivationalinterviewing.org

Efficacy: HIV viral load, dental outcomes, death rate, body weight, alcohol and tobacco use, sedentary behavior, self–monitoring, confidence in change and approach to treatment

Lack of Efficacy: eating disorders, self–care behaviors, heart rate