Motivational Interviewing

B. Nierenberg, PhD, ABPP
University of Miami Miller School of Medicine
M. Jensen, PhD
U of Washington School of Medicine

Motivation Interviewing: Rationale

How well people manage change depends on what they do.
In medical treatment, we often ask patients to make significant changes in their behavior:
- Stop harmful medications
- Exercise
- Lose weight
- Keep moving appropriately (slow but steady) despite pain
- Return to work
Change management is hard work.

Motivation is a primary issue

The only way to keep your health is to eat what you don’t want, drink what you don’t like, and do what you’d rather not.
- Mark Twain
What is Motivation?

Motivation is the probability that a person will change.

Motivation is influenced by clinician responses.

Low patient motivation can be thought of as a clinician deficit.


What is Motivational Interviewing?

MI is a general approach and a set of therapeutic responses that lead to an increased probability that the patient will change.

MI strategies are theoretically and empirically based.

What not to do
Applications to Change Management

Lecturing (directing, warning, preaching, criticizing, approving, interpreting) provides little in the way of motivation.

Information is to behavior change as wet noodles are to bricks

Wilbert Fordyce

Usual response: Annoyance or guilt

Applications to Change Management

What’s worse than lecturing?

Arguing!

Applications to Change Management

If you find yourself lecturing or arguing,

Stop
Applications to Change Management

There are many things you can do to increase motivation
I will summarize 152 of them

The first 149 things you can do

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What to listen for

Is this person ready for change?
Identifying readiness to change

What does this person value?
Link behavior change to the person’s own goals

Why would this person want to change?
Use the person’s own arguments for change
Solution-focused model

- Assumptions
  - If it ain’t broke, don’t fix it
  - If it works, do it more
  - If it doesn’t work, do something different

Solution-Focused Model

- Key Aspects
  - Positive focus
    - Highlight what you are doing right
  - Future vision
    - Vision of what’s possible makes it easier to get there
  - Baby steps
    - What is the next smallest change possible?

Is the person ready for change?


Change stages:
- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
Precontemplation

Not considering change at all

Will actively resist change when they feel coerced into changing

Contemplation

The person sees a need for change and may be considering making a change “sometime”

Contemplators are in a constant state of weighing the pros and cons of change

Preparation

In the process of deciding to make a change

Involves both an intention to change and initial steps towards change
Action

The person is taking concrete behavioral steps that will lead to the desired change.

Maintenance

The person is making efforts to maintain the changes made in the action stage.

Relapse

The person is unable to sustain the changes made in the action stage.
### Matching your response

Next, match your response to the patient’s readiness stage:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Clinician’s task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Raise doubt</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Tip the balance</td>
</tr>
<tr>
<td>Preparation</td>
<td>Assist in plan development</td>
</tr>
<tr>
<td>Action</td>
<td>Assist client with plan</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Review progress; Praise</td>
</tr>
<tr>
<td>Relapse</td>
<td>Review process</td>
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</tbody>
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### Precontemplation: Raise Doubt

**Patient:** I won’t stop smoking. I can’t stop smoking. I need to smoke. I have never been able to quit for very long. Not smoking is for the birds. Not smoking makes me nervous.

**Strategy:** Acknowledge concern, but ask questions that allow for expression of doubt.

**Response:** Not smoking makes you nervous. What effect do you think smoking already has had on your body and your muscles? What changes, if any, have you noticed in your body since you have been smoking so much?

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**Patient:** Well, we’ve been over this - I get short of breath on the steps and can’t keep up with my son anymore

**Strategy:** Ask questions and respond in ways to encourage further discussion about the “down side” of the problem behavior.

**Response:** How much does this bother you?
Responding to Contemplation: Tip the Balance

Listen for: Reasons the patient gives to change
Being able to breathe is something you want, and becoming healthier is important to you. But you’ve told me that it’s been hard for you to stop for more than a few days in a row. Is this accurate? It has been stressful to try to stop, but you have also told me that you need to be healthier to attend your daughter’s wedding. You really want be there and be healthy enough to dance with her.

Responding to Preparation: Develop and Enhance Plan

Listen for: How the person prefers to make the change
Communicate free choice: So you want to stop taking smoking. How would you like to go about this? Review consequences for changing: When this works, and you are healthier, how do you think your life will be different? If asked for information and advice: Keep it short and simple (“I think you should try the patch”) and always follow-up with questions to gauge the person’s response (“Does this make sense to you?”)

Responding to Action and Maintenance

Come unglued with praise!
- “I’m really impressed!”
- “Good job!”
- “You did it!”
- “I’m proud of you!”
- “Wow!”

Be dramatic and enthusiastic here
Relapse

To cease smoking is the easiest thing I ever did; I ought to know because I’ve done it a thousand times.
- Mark Twain

Responding to Relapse

Normalize the relapse process
Praise accomplishments
Discuss what can be learned from relapse
Reframe relapse as being one step closer to maintenance

MEDSTAT

- Miracle question
- Exceptions
- Differences
- Scaling
- Time-out
- Accolades
- Task

R. Schilling, 2003
Miracle question

"If a miracle happened and _____ were suddenly not a problem for you, what would you be doing instead of the problem behavior (smoking, drinking, overeating, being a couch potato)"

– Write down behaviors that would be different if this problem were gone. What would you be doing? What would others notice?

MEDSTAT

- Miracle question
- Exceptions
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- Task

Exceptions

“Are there times when you wanted to engage in a problem behavior (smoking, drinking, overeating, etc.), but didn’t, or when you did a healthy behavior instead?”

» Write down examples of times you had the urge to … (overeat, smoke, drink, or urge to watch TV instead of going for a walk, etc.), but you didn’t act on the urge.
**MEDSTAT**

- Miracle question
- Exceptions
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**Difference**

"What is the difference that makes the difference between the times when (overeat) and the times when you don’t (overeat)?"

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**Examples of Differences that Make the Difference**

- Rest, schedule, buddy, geography, positive events, etc.
- Level of Urge (LOU)
- Red light, yellow light, green light
  - Write down the difference that makes the difference for your exception
Miracle question
Exceptions
Differences
Scaling
Time-out
Accolades
Task

Scaling to assess readiness

Current status relative to the miracle
Willingness to work
Confidence

Scaling to assess readiness

Current status?

“On a scale of 1-10, where 10 means the miracle and 1 means the worst it has been, what number would you say best describes how things are right now?”
Scaling to assess readiness

Willingness to work?
- 10 means willing to work very hard, while 1 means just waiting to see if anything happens.

Confidence?
- 10 means most; 1 means least

Write down your ratings for
- Current status (CS)
- Willingness to work (WW)
- Confidence

MEDSTAT

Miracle question
- Exceptions
- Differences
- Scaling
- Time-out
- Accolades
- Task
Assess your readiness to change (small, medium, large)
- WW = 2;
- CS = 2;
- Confidence = 2
- Small, Medium or Large Readiness?

Get ready for Accolades

MEDSTAT

- Miracle question
- Exceptions
- Differences
- Scaling
- Time-out
- Accolades
- Task

Accolades: Compliment Yourself

- Examples
  - “I care so much about my baby’s health that I am willing to try to cut back on smoking.”
  - “I give myself credit for taking time to attend a workshop to help myself from here to health.”
  - Write down three compliments to yourself
Tasks – If you’re ready, what are you going to do?

- **No Task**
  - Information needed? Timing issues? Acid Test?
  - Readiness Ruler

- **Thinking Task**
  - Be a detective, notice exceptions and analyze the difference that makes the difference

- **Action Task**
  - Next smallest step

Readiness Levels

- **Small – go for No Task**
  - Not ready for task;

- **Medium -**
  - Stick to thinking task

- **Large**
  - Try an action task
Next Smallest Step

- What would be a small enough step to be doable and yet be large enough to make a difference in moving you closer to the next level on your Current Status (CS) Scale?

Example

- If 10 = miracle; and CS = 4, how will you know when CS = 5?
  - Answer: I will ____________ .
    - Example: “I will (walk 5000 steps a day instead of 4000 within ten days).”

- Write down the next smallest step you can take to get closer to the the next number up from your current status rating.
  - Be sure to include a deadline for a concrete step.

Summary

- MEDSTAT Your Self from Here to Healthy
  - Now that you have determined your readiness to change, and your matching task (or lack thereof), decide who you are going to tell about it, because if you find someone supportive to tell it increases your chances of making it happen.
Seven strategies harnessing positive focus, future vision, baby steps
- Miracle
- Exceptions
- Difference
- Scaling
- Time out
- Accolades
- Task
- Mix and match them; use them alone or together. If you remember only one, which will it be?

Another Resource
And have you ever encouraged family and friends to change their unhealthy habits?....
Do they also know that they should change ….. but they don’t?
Do you notice that giving advice rarely works! And nagging may even make things worst.
Are you left feeling frustrated?
Don’t give up! Explore a new way.
http://www.motivatehealthyhabits.com/

Problems with Motivational Strategies
Involves encouraging changes in behavior that may not benefit a particular person
- Another reason to emphasize free choice
It is ‘manipulative’
- Everything we do influences people’s motivation
- Yet another reason to communicate free choice
Benefits of Motivational Strategies

- Makes our job easier
- More rewarding
- More effective

Efficacy of Motivational Interviewing: RCTs

Substance abuse
- Reduced drinking and re-injury (Gentilello et al., 1999)
- Reduced use of cigarettes, alcohol and cannabis in youth (McCambridge & Strang, 2004)
- Lower frequency and problems (Marlatt et al., 1998)
- Fewer drinks and drinking days (Miller et al., 1993)
- Less risky driving (Monti et al., 1999)

Smoking cessation
- Percent abstinent past 24 hours (Butler et al., 1999)

Efficacy of Motivational Interviewing: RCTs

HIV risk reduction
- Increased condom use (Belcher et al., 1998)

Diet and exercise
- Increased physical activity (Harlan, 1999)
- Better treatment adherence (Smith, 1997)

Public health
- Increased sales of water disinfectant (Thevos, 2000)
Efficacy of Motivational Interviewing: Alamo et al. (2002)

Random assignment of 20 general practitioners to:
- Usual practice
- Training in patient-centered practice

Patient-centered practice included:
- Listen to patient w/o interrupting at the beginning of the encounter
- Ask patients his/her thoughts about the condition
- Show support/be empathic
- Allow and encourage the patient to ask questions
- Try to reach agreements about the nature of the problem
- Try to find a common ground about the management plan
- Name the process (“a kind of muscular pain”, “fibromyalgia”) and avoid sentences like “there is nothing wrong with you”

Patients with chronic pain who saw the patient-centered physicians reported higher scores on questions about:
- Willingness of the doctor to discuss the problem.
- Clarity of explanation of the problem.
- The physician’s willingness to take the patient’s suggestions into account.
Efficacy of Motivational Interviewing: 
Alamo et al. (2002)

At one year follow-up, patients who saw the patient-centered physicians reported greater decreases in:
- Number of tender points
- Anxiety
- Pain intensity

Motivational Interviewing: Conclusions

Motivation is necessary for successful pain self-management
We cannot make patients change behavior, but can help motivate patients in the direction of positive changes
MI strategies can be incorporated into all pain (and rehabilitation) interventions to increase the probability of engagement in treatment and adherence to treatment recommendations

When to use these treatments:

Only with those patients you want to see get better