# Motivational Interviewing for Primary Care

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# MOTIVATIONAL INTERVIEWING FOR PRIMARY CARE

## Goal

To train healthcare providers and students in primary care and other clinical settings in the basic motivational interviewing techniques to motivate people having problems with substance use and other health problems to change their behaviors in order to improve their health.

## After completing this activity, participants will be able to:

- Use a patient-centered, non-authoritarian, collaborative approach to establish a therapeutic alliance with a patient who needs to make a health behavior change.
- Use communication skills from motivational interviewing to work collaboratively with patients to identify a specific health behavior change goal as the focus during the counseling session.
- Identify a patient's current readiness to change a health behavior problem and select the appropriate steps and skills of motivational interviewing to use based on that level of readiness.
- Evoke participation by patients in exploring their motivations, ambivalence, or resistance to making a health behavior change.
- Apply motivational interviewing techniques in collaborative planning with patients to address substance use or other health problems.
- Adapt motivational interviewing skills to medical settings.

## Professional Practice Gaps

Substance abuse is fairly common, occurring in approximately 20% of primary care patients.[1] In 2014, around 8.1 percent of Americans had a substance use disorder.[2] Brief interventions in the medical setting have been shown to reduce these problems, for instance, reducing alcohol use and follow-through with treatment.[1,3] Despite the demonstrated effectiveness of these interventions, few primary care providers routinely provide substance use screening or intervention with their patients; the rate is particularly low for physicians.[4,5] Interventions that go beyond basic screening are even less common: Most patients for whom substance abuse was identified in a national survey of 7,371 patients did not receive appropriate follow-up by their health care provider.[5] In our needs analysis interviews with 8 addiction specialists, all agreed that primary care providers need more training in counseling skills for use in brief interventions; primary care providers interviewed expressed an interest in learning structured techniques that they could fit into busy practices.[6]

Motivational interviewing is a set of structured counseling skills that have been shown to be one of the most effective means of motivating patients to change addictive behavior.[7] Motivational Interviewing has been used successfully in primary care settings as the brief intervention phase of addiction treatment.[8] For example, MI delivered to adolescents in primary care regarding alcohol and marijuana use, was effective in reducing negative consequences from these substances a year later.[9] Ideally, all clinicians would know motivational interviewing or other effective counseling skills, feel competent in using them, and use them routinely. Training primary care providers in motivational interviewing will help address the knowledge competence, practice, and outcome gaps discussed above between current practice and the ideal.[10] Sufficient training is needed, however, and a single training experience

is not as likely to be effective.[11,12] Online training with enduring materials and interactive cases is an effective way to train because it can be re-visited and reviewed repeatedly.

# INTRODUCTION

## Definition

Motivational interviewing is a patient-centered counseling style for eliciting behavior change in order to improve the patient's health.[13]

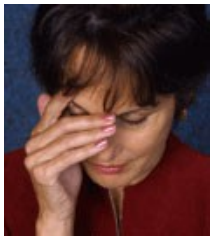
> **Formal Definition** "Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to stimulate personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion".[7]

## Module Introduction

This module presents the fundamentals of motivational interviewing. The focus is on its use to help patients quit or reduce harmful substance use, but it can be applied to other health behavior change as well. Adaptations required for the medical setting are also discussed.

Brief examples illustrate each skill. Interactive case scenarios are then presented to help learners integrate and apply the skills learned.

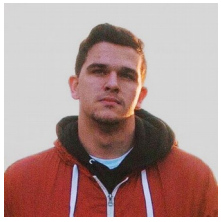
MS. GOLD



Ms. Gold has been drinking heavily and is afraid she is becoming an alcoholic, but she has difficulty talking about it.

*How can you build a therapeutic alliance and help her?*

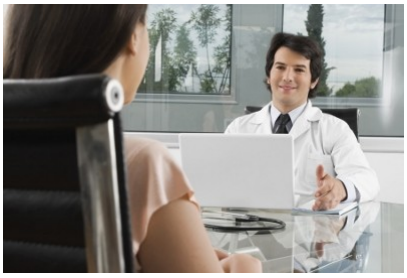
MR. KILPATRICK



The court has referred Mr. Kilpatrick for drug counseling, but he resents being required to participate.

*How can you engage him in his drug counseling despite his resistance?*

# MOTIVATIONAL INTERVIEWING BACKGROUND



Motivational interviewing was originally developed and shown to be effective for interventions for alcohol use disorder in a counseling setting.[14] It was based on the finding that **eliciting or drawing out reasons for change from clients was more effective than trying to convince them to change.**[15]

Developing rapport and a collaborative alliance between the patient and the provider are key elements that lead to a patient's willingness to explore ambivalent feelings about making a healthy change and developing motivation. The patient's talk about change during a counseling session has been shown to correlate with actual behavior change.[16]

Motivational Interviewing can be used effectively in medical settings.[17] Basic steps from this technique can be integrated into a primary care visit.[8]

# MOTIVATIONAL INTERVIEWING APPROACH

A compassionate relational style from the provider is a critical factor in the efficacy of Motivational Interviewing.[18,19] The approach that is effective has been called the "spirit" of motivational interviewing and includes the following elements:

1. Compassion for the patient which includes being non-judgmental, a tolerating the patient's distress, and communicating that you want to relieve the patient's suffering

*I can see this is difficult for you and that you feel bad about this. I'm not here to judge; I'm here to help.*

2. Acceptance and respect for the client's autonomy

*What steps are you ready to take at this point?*

3. Collaborative partnership with the patient

*I would like to work together with you to achieve your health goal.*

This spirit is as critical to the effectiveness of Motivational Interviewing as the techniques used. Some research has shown that it is even more critical than the techniques themselves.[20]

Showing empathy is critical for building a collaborative partnership with a patient. The empathy includes being able to view the problem from the patient's perspective.

## EXPRESS EMPATHY

In order to build a partner relationship where collaboration and openness are likely to happen, providers need to show empathy for the patient's struggles and barriers. Empathy in this context involves an understanding of the issues from the patient's perspective.

EMPATHY: Experiencing things as the patient feels, sees, and thinks about them.[21]

**Rationale for Empathy:** When people receive empathy from someone, they are often more open with that person.[21] With empathy, people feel understood and are more likely to open up to their own experience. They will be more comfortable examining their ambivalence about changing a health behavior, such as quitting substance use. They will also be more open to gentle challenges from the counselor.

An empathic interview style may build self-efficacy.[22] Reflective listening is used to express empathy.

**Nonverbal Expression of Empathy:** Show your feelings of empathy through your eyes, facial expression, tone of voice, and body language.

**Examples of Expressing Empathy:**

***Provider**: Sounds rough.*

***Provider**: You sure sound discouraged.*

Notice that empathy is not about you, the provider, such as in the statement, "I feel so sorry for you," or "I know how hard that is; I've been there myself."

## UNDERSTANDING THE PATIENT'S PERSPECTIVE

It is important to understand the patient's frame of reference in motivational interviewing.[23] For example, what do they see as their challenges in making this behavior change? What do they look forward to the most in overcoming the problem?

Gaining an understanding of the patient's view is primarily accomplished through reflective listening, a technique involving careful listening and letting the individual know they have been heard.

### Examples

**Example 1**

***Patient**: The guys I hang with would be unhappy with me if I didn't drink with them.*

***Provider**: It sounds like they are an important part of your life, and that any plans to stop drinking will have to keep your friends in mind.*

**Example 2**

***Patient**: Getting money for food is my highest priority right now. That makes it harder to eat healthily.*

***Provider**: I'm glad you let me know; let's keep that foremost in mind as we talk about a weight-loss plan because I can see how important that is.*

### PRACTICE TIP

Avoid labeling the behavior in question a "problem" when the patient is not using similar language. The patient may not even view their substance use or other unhealthy behavior as a problem. Labeling it as a problem, before the patient comes to view it that way, may work against establishing rapport. You can simply describe the behavior instead.

Instead of saying, "How long have you had this problem?" say, "How long have you been experiencing blackouts when you drink?"

## QUIZ: FACILITATING CHANGE TALK

"Change talk" is when the patient talks about making a behavioral change in the direction of the desired health goal. One of the goals of motivational interviewing is to facilitate change talk by the patient. This can be more motivating than a focus on just their reasons why they do not want to or cannot change, that is, "sustain talk." The skills described in this module can be used to facilitate change talk. It is important to highlight a patient's change talk by reflecting it back to them and acknowledging its importance.

**Types of Change Talk (Note the acronym, "DARN CAT" may help you remember the types.)**

Patient change talk can be about *preparing* for change:

**D: Desire** to change

**A: Ability** to change

**R: Reasons** to change

**Need** to change or *mobilizing* for change:
**C: Commitment** to change
**A: Action** describing an intention to act

**T: Taking steps** to change

[24]

**Challenge:**: Match the patient's statement on the left to the type of change talk, that is either planning or mobilizing for change.

1. I could cut back a little.
    - Need. This is an example of a patient describing their need or a reason for change.
2. I have to quit for the sake of my children.
    - Desire. This is an example of a patient describing desire for change.
3. I'm going to do it. I'm going to quit.
    - Ability. This is an example of a patient describing their ability to change.
4. I want my life back.
    - Action. This is an example of mobilizing to take action.
5. I promise myself I will quit starting today.
    - Commitment. This is an example of a patient describing their commitment to change.

# BOTH DIRECTIVE AND NON-DIRECTIVE

The motivational interviewing approach involves being both directive and non-directive with patients.[7] Because the healthcare provider recognizes the expertise of the patient on his or her own motivations, the provider guides the patient rather than tells the patient and avoids advice-giving.[7]

**Directive:** Motivational interviewing directs patients or clients to explore and resolve their ambivalence about stopping their substance abuse or other unhealthy behavior. The provider guides patients toward being introspective. The provider guides the discussion toward topics that are likely to lead

toward readiness for change and resolve any ambivalence the patient has about change. Use gentle, guiding questions to direct. For example:

***Provider**: How would your life be better without drug use?*

**Non-Directive** or **Patient-Centered:** On the other hand, motivational interviewing is non-directive, because the patient comes up with his or her own motivations, goals, and ambivalence about his or her health behavior problem. The patient even a develops plan collaboratively with the provider to resolve the problem. For example:

***Provider**: Which of the changes we have discussed are you ready to make, say in the next 2 weeks?*

**How to Be Both Directive and Non-Directive/Patient-Centered**

Be non-directive or patient-centered by allowing patients to come up with their own motivations, goals, and ambivalent feelings surrounding their problem behaviors and their own ideas for resolving their problems, but be directive in guiding them to participate in this self-reflective and collaborative process.

## COMPARISON OF AUTHORITATIVE AND PATIENT-CENTERED APPROACHES

Motivational interviewing differs from authoritative advice-giving by the provider. Instead, the provider recognizes that the patient is the authority on his or her own motivations even if they may need help in uncovering those motivations. The provider guides the patient to examine and resolve any ambivalence about the problem.

| **Authoritative** | **Patient-Centered** |
|---|---|
| The provider is the expert.<br><br>**Provider:** "I can tell you what works for weight loss." | The patient is recognized as having some expertise regarding his or her own motivations and behaviors, even if they need help in uncovering and understanding that motivation. The provider guides the patient to explore them.<br><br>**Provider:** "I'd like to work with you to figure out what's behind your recent weight gain and together, figure out a plan to address it." |
| The provider interprets facts and comes up with advice.<br><br>**Provider:** "I recommend that you quit drinking because it adds to your already significant risk for heart disease." | The patient is guided to interpret personal implications of facts.<br><br>**Provider:** "I am concerned because the amount you are drinking adds further stress on your heart. Can we talk about that?" |

| | |
|---|---|
| The provider provides unsolicited, directive advice to the patient.<br><br>**Provider:** "You have got to stop hanging out with friends who use heroin." | The provider provides objective feedback, for example, on specific harms of behavior or contradictions between the patient's goals/values and behaviors. The provider may make suggestions, with the patient's assent.<br><br>**Provider:** "It sounds like you are conflicted: You want to stay abstinent, and you still want to see your friends, but it is difficult when they are still using heroin." |
| The provider delivers a message to the patient<br>**Provider:** "If you quit smoking, you'll have healthier lungs and more energy." | Provider and patient have a constructive conversation about change.<br><br>**Provider:** "What are the most important benefits of quitting smoking that you anticipate?"..."Would you like to hear some benefits, from my viewpoint, as your doctor?" |
| The patient accepts or rejects advice.<br><br>**Provider:** "I'd recommend that you check into rehab as soon as possible. That's the level of care that is recommended based on the different drugs you have been using." | The provider guides the patient to resolve contradictions and develop a plan that he or she finds acceptable.<br><br>**Provider:** "Can we talk about what makes it difficult for you to seek treatment at this time and what you would gain if you did accept treatment? I'd like to work with you to get the most support possible to increase the likelihood of successful results." |

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## DOES A NON-DIRECTIVE APPROACH WORK FOR ALL PATIENTS?

A directive, motivational approach may not work for every individual. Some patients may do better with relatively more guidance than others. In some cultures, people may prefer to receive advice from an authority figure rather than participate in decision-making. However, the stage of acculturation varies among individuals who have moved into a culture that is new to them. Assumptions about preferences based on ethnicity or race may not be accurate for a particular individual.

In general, Motivational Interviewing interventions work for all racial-ethnic groups. At the same time, differences in individual needs due to cultural, ethnic, and racial differences should be drawn out from the patient and addressed.[7]

# QUIZ: AUTHORITARIAN VS. PATIENT-CENTERED

**Question:** Rate each of the following provider statements as to whether they are Authoritarian or Patient-Centered.

1. “What would you like to see in your life a year from now, regarding your methamphetamine use?”
    - Patient-Centered. This patient-centered approach gently guides the patient to come face to face with the harm caused by methamphetamine use, without asking them directly to list the harms.
2. “Research shows that people do better at quitting smoking when they use a smoking cessation medication.”
    - Authoritarian. In this case, "we" refers to the doctor and his or her practice, rather than collaborating with the patient.
3. “We're going to get you on a plan that I think will work for you.”
    - Authoritarian. It may help motivate a patient to hear facts like these, but in a patient-centered approach, you would ask first if the patient wants to hear what the research says.
4. “What do you think contributed to your relapse.”
    - Patient-Centered. Even if the provider can point to reasons for the relapse, it will provide more powerful insights if the patient comes up with the reason themselves.

# BASIC SKILLS OVERVIEW: OARS

The acronym OARS can help you remember a set of skills that can help engage the patient and build rapport:

**O: Open Ended Questions**

**A: Affirmations –** Express acceptance, affirm strengths, express optimism, and reinforce success

**R: Reflective Listening –** Paraphrase what patient says to show you're listening

**S: Summaries –** Combine all the information that's been presented for clarification with a focus on content and feelings

[22,25]

These basic skills are described on the following pages. These skills may be used to establish rapport earlier in an appointment, but also later in the process when attempting to evoke patient thoughts and feelings to further the process

Inform and Advise

When using motivational interviewing, providers in healthcare still need to provide patient education. Informing and advising is still part of the change process. The ask, tell, ask approach works well for this purpose: Ask if you can tell the patient, tell them, ask questions to make sure the information is understood.

## OPEN-ENDED QUESTIONS

### Definition

**OPEN-ENDED QUESTIONS:** These are questions that cannot be answered "yes" or "no" or with very brief answers.[26,27]

## Rationale

Open-ended questions require the patient to start the process of self-examination. They are better than closed-ended questions for guiding the patient toward an introspective process that is likely to lead to change. Open-ended questions build momentum that can be used to explore issues that may lead to behavior change.[28] In contrast, closed-ended questions lead to yes or no answers or very brief answers. Closed-ended questions can be conversation (and introspection) stoppers.

## Examples of Open-Ended Questions

***Provider**: What brings you here today?*

***Provider**: What makes you think you are ready to make some changes?*

***Provider**: What do you mean by that exactly?*

***Provider**: How many times did you drink in the morning this week?*

***Provider**: Did you drink since I last saw you?*

## PRACTICE TIP

**Pause to Draw Out the Patient:** Pauses are a very powerful way to draw people out without asking questions. After making a reflective statement, pause and wait patiently. Most people will fill the pause.

## AFFIRMATIONS

**Definition:** Affirmations are statements that recognize, highlight, and respond to the patient's strengths and healthy behaviors positively.[7,23]

Expressing acceptance and affirmation are important for forming a treatment alliance and contribute to feelings of self-efficacy. Affirming your belief that your patient can achieve the goals he or she sets will develop the patient's feelings of hope and confidence.

Affirmations reflect the patient's strengths which may be discovered in a number of ways:

- Look for strengths in what the patient says

  ***Provider**: I am encouraged to hear that you have thought about quitting drug use. That tells me that at least part of you is open to change.*

- Talk about a patient's strengths from what you know about them

  ***Provider**: I remember that you quit smoking when you were younger; the strength that you had to succeed with that will help you make this change.*

- Draw out the patient's strengths by asking them to think about successful behavior changes or other successes in their lives.

  ***Provider**: What changes have you been successful in making in your life? What helped you be successful when you made that change?*

- Describe a patient's interest and willingness to talk with you as a strength.

  ***Provider**: You had the courage and good sense to seek treatment at this time.*

# REFLECTIVE LISTENING

## Description of Reflective Listening

Reflective listening is listening carefully to what the patient says, and then replying with a summarized or paraphrased version of what the patient said. Say just enough to communicate that you are listening and doing your best to understand without interpretation, advice, or judgment. Reflective listening is a key element of Motivational Interviewing.

In motivational interviewing, the practitioner uses reflective listening to understand the patient's frame of reference.[23] Reflective listening demonstrates whether the provider understands the patient's view accurately; it also makes the patient feel understood. Listening carefully to the patient will help you know what is working as you attempt to facilitate change and what is not.[26,27]

**Reflections should be statements that mirror the content or emotional tone of the patient's words. Reflections should not be questions.**

Your reflective statements need to be nonjudgmental, even if you do not agree with what the patient says. To help you do this sincerely and honestly, add phrases such as, "It sounds like you feel..." or "So, the way you see it is..."

## Example

> ***Patient****: I started drinking because of the divorce, the way it affected the kids, and the mess it left me in financially. It was all more than I could take.*

***Provider****: So you started drinking in response to feeling overwhelmed by your divorce and all that happened with it.*

# QUIZ: REFLECTIVE LISTENING EXAMPLE

**Example 1**

> ***Patient****: I drank through my divorce, losing my job, getting cancer...*

***Provider****: It sounds like you drank during some pretty hard times.*

**Example 2**

> ***Patient****: I want to live to see my granddaughter graduate from high school, college, to be there when she has her first baby.*

***Provider****: [reflecting the patient's words and emotional tone] Being there for your granddaughter is important for you.*

**Example 3**

> ***Patient****: It would be more than I can take to try to get sober and fail again.*

**Question:** Which of the following is the best reflective listening response to this patient at this point?

Choose one

1. I don't see you as a failure.

- Feedback: Incorrect. This shows that the provider is listening and does affirm the provider's faith in Ms. Gold, but it is not reflective of the patient's statement: It is about the provider.

2. Do you worry about failing?
   - Feedback: Incorrect. While this shows the provider is listening, it asks a question, which is not reflective listening.
3. From your perspective, failing again would be very distressing.
   - Feedback: Correct. This choice accurately reflects the patient's statement and feeling, paraphrasing it slightly, to show that the provider understood.
4. It would be more than you can take to fail again.
   - Feedback: Incorrect. This statement reflects the patient's statement too closely.

## REFLECTING AND SUMMARIZING

### Reflective Listening Tips

Some tips on refining your reflective listening include the following:

1. Provide more attention to a patient's "change talk" and less to their "non-change" or "sustain" talk. Example:

   ***Provider**: I'm interested in hearing more about the part of you that wants to start treatment.*

2. Occasionally reflecting emotions, especially those that are apparent but not spoken. Example:

   ***Provider**: It looks like you feel sad about that.*

3. Offer more reflections than questions, because questions can slow momentum that is building toward change. Example:

   ***Provider**: You are worried about withdrawal symptoms. (Instead of "Are your worries about withdrawal keeping you from quitting?")*

4. Sometimes, you can exaggerate slightly what the patient says about not being able to change in order to get him or her to disagree with what was said. Example:

   ***Provider**: So it seems to you there is no chance of success.*



### Summarizing

Summarizing the key points made during your discussion with the patient helps reinforce them. Use reflective listening principles.

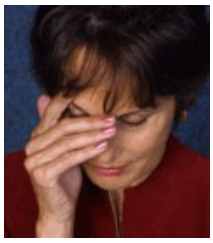
Example of a Summary:

***Provider**: So far you've listed three reasons to keep drinking, and three reasons to quit. And you found that quitting for your daughter's sake was the most important of all these reasons.*

# CASE: AMY GOLD PART 1

## Case Scenario

Review the following excerpt from a motivational interviewing session that applies the techniques presented so far.



**Patient Name:** Amy Gold **Age:** 42 y/o

**Chief Complaint:** My nerves are bothering me.
**History of Present Illness:** Ms. Gold came to see her provider initially for "nerves." After a few minutes, she said she was really there because she was afraid she was becoming an alcoholic. She had been drinking moderately since age 18 but started drinking more during work-related dinners. Subsequently, she began drinking more heavily on a regular basis – averaging 2 drinks per day*.

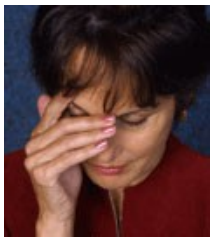
*The recommended limit for women is 1 drink per day.[29]

## Case Objectives

This case will cover the following objective:

- Use a patient-centered, non-authoritarian, collaborative approach to establish a therapeutic alliance with a patient who needs to make a health behavior change.
- Use communication skills from motivational interviewing to work collaboratively with patients to identify a specific health behavior change goal as the focus during the counseling session.
- Identify the current readiness to change of a patient with a health behavior problem and select the appropriate steps and skills of motivational interviewing according to their level of readiness.

## MS. GOLD PART 1 STARTING THE DIALOGUE



## Doctor-Patient Dialogue

The provider starts the dialogue by using a patient-centered, non-authoritarian, collaborative approach to establish a therapeutic alliance with Ms. Gold. Then the provider assesses Ms. Gold's current readiness to change her alcohol use problem.

***Provider**:* [Establishing rapport] *I am concerned that the amount you have been drinking is at a level that it will affect your health and probably impact other areas of your life negatively. I am very glad you came in to see me about it at this time. I'd like to work together with you to get you the help you need. Would that be OK with you?*

***Ms. Gold**: Yes, I don't know where to start.*

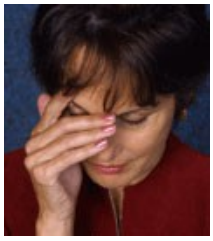
***Provider**: [Assessing the patient's stage of change] It would help me to understand how ready you feel to quit drinking. On a scale from 1 to 10, with 1 being not ready at all and 10 being very ready, where would you say you are currently?*

***Ms. Gold**: Well, I'm here, so I must be thinking about it, but I'm not sure. So about a 5.*

***Provider**:* [Affirmation] *That's a good start.*
[Focusing on a specific goal, asking permission] *Would it be OK with you if we talked about your drinking some more to clarify your feelings about quitting and what that would take?*

***Ms. Gold**: Sure. It might be a relief to talk about it.*

## MS. GOLD PART 1 DIALOGUE USING OARS SKILLS



### Doctor-Patient Dialogue

Having established rapport and focused the topic on exploring Ms. Gold's feelings about her drinking and quitting, the provider next evokes Ms. Gold's feelings and thoughts using the OARS skills:

***Ms. Gold**: Look at me. Who would have thought I'd end up like this?*

***Provider**:* [Reflective listening] *You sound like you didn't expect to ever have a problem with drinking and are feeling critical of yourself.*

***Ms. Gold**: That sums it up.*

***Provider**:* [Affirming the patient's strengths] *What I see before me right now, is a woman acting courageously, taking a step to help herself by asking for help on a problem – which is a good first step in doing something about it.*
*[Asking permission to talk about it] How would you feel about talking about it a little more?*

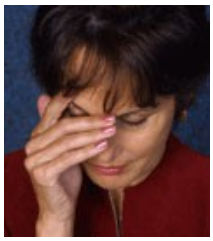
***Ms. Gold**:* [Ms. Gold nods and says "OK"]

***Provider**:* [Open-ended question, reviewing the past] *What was your life like before you were drinking this much?*

> ***Ms. Gold****: I was promoted to an administrative position. It all started with business dinners. I started drinking more to help get my nerve up to meet new clients. I'd only get drunk once or twice a week at first.*

***Provider****:* [Reflective listening] *So your drinking increased slowly and felt like it was related to the changes at work.*

## QUIZ: MS. GOLD PART 1 – FINISHING THE DIALOGUE



The provider continues the dialogue, started on the previous two pages, using OARS skills:

***Provider****:* [Open-ended question, reviewing the patient's history of a drinking problem] *So how did your drinking change from then until now?*

> ***Ms. Gold:*** *From there I just started drinking after work to unwind. It slowly went from one drink a night to two almost every night. Then recently, I started having a drink at lunchtime and started to feel like I needed it. My work has started to suffer a little. That scared me into coming to see you.*

**Question**: Which OARS skill has not been used in this interview so far?

Choose one

1. Open-ended questions
   - Feedback: Incorrect. Several open-ended questions were used, such as, "What was your life like before you were drinking this much?"
2. Affirmation
   - Feedback: Incorrect. The provider started by affirming Ms. Gold's strengths by saying, "What I see before me right now is a woman acting courageously, taking a step to help herself by bringing up the problem – which is a good first step in doing something about it."
3. Reflective listening
   - Feedback: Incorrect. The provider used reflective listening several times, for example, at the start of the interview saying, "You sound like you didn't expect to ever have a problem with drinking and are feeling critical of yourself."
4. Summarizing
   - Feedback: Correct. Summarizing is the only skill represented by the OARS acronym that was not used. Here is the summary the provider gave:

     *Provider:* [Asking permission and then Summarizing] *So may I summarize?*
     [Ms. Gold nods.]
     *You started drinking more to help you relax for business dinner meetings, then gradually*

*increased your daily drinking. Now you feel you need a drink at lunchtime, which is affecting your work performance and that concerns you. Is that about right?*

*Ms. Gold: Yes. I appreciate being able to talk about it. It's getting clearer that I need some help.*

# BASIC STEPS

The directive component of motivational interviewing involves a number of basic steps that support change. The healthcare provider directs the focus of the interaction toward increasing the patient's talk about making a change through the following four basic steps:

1. **Engaging** – Gaining the patient's trust and inviting them to collaborate on making a change. This includes asking the patient's permission to talk about the health issue and establishing rapport.
2. **Focusing** – Helping the patient focus on a specific aspect of the health problem. This involves identifying a health goal.
3. **Evoking** – Using questions to guide the patient in stating their feelings and thoughts about the problem and their motivation for change. This also involves facilitating evaluation of their ambivalent feelings.
4. **Planning** – Facilitating the patient in establishing a plan for achieving the goal.

7

These basic steps are each explained on the following pages.

## 1. ENGAGING: BUILDING RAPPORT AND A THERAPEUTIC ALLIANCE

It is important to establish rapport with the patient in order to increase their openness to the possibility of change and to build a therapeutic alliance with them.

> A therapeutic alliance is a collaborative relationship between the patient and the provider in which the reach agreement on treatment goals and approaches.

The practitioner uses the basic skills of motivational interviewing to direct the discussion toward topics that are likely to reduce ambivalence and resistance and increase readiness for change.

28

Introduce the topic of the health concern with openness, concern, and lack of judgment in order to establish rapport. Establishing rapport with the patient decreases defensiveness and increases openness to the possibility of change.

*Provider: I have concerns about your use of drugs that were not prescribed for you. Because I care about your health, I'd like to explore ways I can help you. What can you tell me about it?*

## SKILLS TO BUILD RAPPORT

The following skills can help when engaging the patient to build rapport and form a therapeutic alliance:

- **Ask permission:** Asking the patient's permission to talk about the subject can help establish rapport. When you would like to convey information to the patient, it is better to make suggestions after getting their permission, rather than just to give advice. After making your suggestion, you can ask what they think of the suggestion or information and if they want more information.

  ***Provider:*** *There were some signs of drug use in your medical exam. Can we talk about that?*

- **Be reassuring:** Reassurances that you are not going to insist that he or she makes a huge behavior change – that you just want to talk – may also help.

  ***Provider:*** *I hope we can just talk and explore what's going on, to see if I can be of any help.*

- **Normalizing:** Communicate to patients that they are not alone in their experience and struggles, including their feelings of ambivalence and resistance to change. Normalizing helps patients understand that many people have difficulty changing their behaviors and beliefs.[30]

  ***Provider:*** *Other people have "bottomed out" too, and have recovered. You are not alone.*

- **Use non-threatening body language:** Adopting open, encouraging, non-authoritarian body language can help – for instance, sitting at the same level as the patient rather than sitting behind a desk or looking down at a seated patient.

## QUIZ: APPROACHING THE ISSUE

Mrs. Jones is a 28-year-old female having an annual visit and you notice that her BMI is in the obese range.

**Question:** Which of the following ways of approaching the topic of Mrs. Jones' weight is most consistent with the principles of motivational interviewing?

Choose one

1. I am sure that you have had some bad experiences due to your obesity. Let's work together to help you lose weight.
   - Feedback: Partially Correct. While this approach does attempt to express empathy, the provider assumes rather then elicits the patient's feelings. Also, the provider should first gain the patient's trust and permission to discuss the issue of their weight.
2. Do you feel comfortable discussing your weight as it relates to your health?
   - Feedback: Correct! This approach is consistent with motivational interviewing because the provider clearly asks permission to talk with the patient about their weight, shows caring for the patient, and is non-judgmental. Even though obesity is a serious issue, in motivational interviewing the patient is given autonomy and space to work within their motivations and goals.
3. How can I help you lose weight?
   - Feedback: Partially correct. While this approach does enlist the patient's ideas about a weight loss plan, it is not consistent with motivational interviewing in assuming that the patient shares the provider's goal of weight loss. Before jumping to a plan for weight loss the provider first needs to establish a trusting relationship with the patient and elicit the patient's perspective, motivations, and goals regarding their weight.
4. I think we need to set a plan for you to lose weight.

- Feedback: Incorrect. This approach is not consistent with motivational interviewing nor is it patient-centered because it is an authoritarian statement that imposes the provider's views on the patient. Even though the patient does need to lose weight, motivational interviewing does not put the provider in a position of authority over the patient. Instead, the provider first needs to establish a trusting relationship with the patient and seek the patient's permission to discuss the issue of their weight.

## 2. FOCUSING

Focusing involves collaboratively selecting a target behavior based on the patient's concerns to address in the current appointment. There needs to be a clear current goal set in order to develop the intensity of emotions needed to support change. The focus will shift as the patient gets closer to making the desired change, so you will probably need to re-focus at each new office visit and sometimes during the same visit. To achieve an agreed upon focus, you may need to:

1. Suggest a menu of options
2. Negotiate and discuss the focus, sharing it with the patient
3. Narrow the focus as needed so that progress is more likely to happen in this session. Make sure that the goal is of appropriate size for the near future.
4. Make sure the focus is clear and repeat as needed to keep the counseling focus strong enough to support change.

**Example:**

***Provider****: Because you are just starting to consider getting treatment for your addiction, we could focus today on clarifying what you might get out of treatment and what might get in the way, or we could talk about what you would need in order to go through with treatment. What would you like to focus on?*

## 3. EVOKE AND ELICIT

In order to build a partner relationship where collaboration and openness are likely to happen, Motivational Interviewing, providers use the basic OARS skills to draw out or elicit thoughts and feelings related to the health problem or to its treatment. The provider then invites the patient to state aloud, their insights and ideas rather than **imposing** the provider's own ideas on the patient.

**Types of Statements to Elicit:**
**In this section, we will present the following types of statements that can be elicited from the patient:**

- Readiness and Confidence to Change
- Motivation to Change
- Feelings of Ambivalence

## MOTIVATION

**MOTIVATION:** A complex process that includes the individual's sense of the importance of changing, confidence in being able to change, and willingness to change.[31] Motivation includes the importance of the change to the patient, the patient's confidence in changing, and their readiness to change.

**MOTIVATIONAL STATEMENTS:** Statements made by the patient about affect (emotions or feelings) or thoughts. They describe the patient's inner motivations.

Draw out motivational statements from the patient[7] using the skills of motivational interviewing covered earlier in this module (related skills, Open-ended questioning, and reflective listening were covered in the Basic Skills section). Affective or cognitive statements about the past or the future may be motivational statements.[28] Motivational statements may indicate the patient is moving toward the possibility of change. Elicit from the patient statements of his or her motivations, statements of feelings about the problem, or intentions to change. Remember, motivational statements are the patient's words concerning change, not the provider's.[32]

**Types of Motivational Statements:** Elicit the client's own statements of

- Explanations for behaviors
- Recognition of a problem
- Concern
- Desire to change
- Intention to change
- Ability to change

**Reinforce Motivational Statements:** Selectively reinforce these motivational statements by reflecting them back to the patient, nodding, or including them in a summary.

**Explore Values:** Helping the patient explore his or her values can stimulate motivation for change.[26,27] Have the patient explore his or her ideal self. This can open the patient to become aware of how he or she is not congruent with his or her ideal self.

**Example of Eliciting Motivational Statements:**

***Provider****: How is it for you living with this?*

***Patient****: I'm not exactly happy, I can tell you that!*

***Provider****: So, what do you think about what we've discussed so far?*

***Patient****: I'm beginning to think this has to end soon.*

### Practice Tip

Be careful to draw out or elicit thoughts and feelings about values, desires, obstacles, goals, etc. *from the patient's perspective.* A single thought or feeling like this from the patient's perspective is worth far more than if you propose it and they simply agree. Be sure to use words close to theirs as you reflect back these statements to the patient using reflective listening.

# QUANTIFYING READINESS, IMPORTANCE, AND CONFIDENCE IN CHANGE

## Assessing Motivation

Before talking to a patient about motivation to change, it is important to find out his or her current motivation to change and not assume that everyone is motivated.[31] It is not necessary that patients be 100% motivated to change for change to occur.

Assessing Motivation on a Scale of 1 to 10: One method of assessing motivation is to ask how important the change is for the patient on a scale of 1 to 10, and then asking, "Why not **lower**?".[32] This question is likely to produce some statement of motivation, whereas asking, "Why not higher?" is likely to produce excuses.

## Quantifying the Components of Motivation

Three aspects of motivation that can be drawn out from patients and quantified include their readiness to change, its importance, and their confidence in their ability to change. Elicit or draw out from the client the following:

1. **Their readiness for change:** How ready he or she is for making a change. Readiness to change is an important aspect of motivation. People tend to pass through different stages in the process of changing.[33,34] See the Related Resources section at the end of the module for more information on the stages of change.
2. **The importance to them:** How important it is to make a change, what makes it important, or what could make it seem more important.[31]
3. **Their confidence:** How confident he or she is about succeeding in making the change.

**Assessing Confidence Example**:

> ***Provider****:* [Assessing confidence] *On a scale of 1 to 10, how much confidence do you have that you could quit successfully right now?*
>
> ***Patient****: Maybe 3.*
>
> ***Provider****: Why not lower?*
>
> ***Patient****: Well, I have a fantasy that I could quit someday after I straighten out some other things in my life.*
>
> ***Provider****: Tell me more about those other things and how they're getting in the way.*

# AMBIVALENCE

## Help the Patient Evaluate His or Her Ambivalence

**AMBIVALENCE:** Conflicting feelings about a course of action or wanting two conflicting courses of action.

**Example of Ambivalence:** Wanting both the pleasures of indulgence and the benefits of restraint in substance use. The patient might say, "I want to keep on getting high, you know, but I want to keep my marriage."

Patients often have a high degree of ambivalence about changing their addictive behavior.[21] Ambivalence or a lack of resolve is assumed to be a principle obstacle that must be overcome to trigger change.[23]

### Techniques and Approaches for Discussing Ambivalence

**Elicit and Facilitate Articulation of Ambivalence:** Using the strategies of motivational interviewing, help the patient explore, articulate, and clarify any ambivalence he or she may have about the problem behavior.

**Decisional Balance – Facilitate Exploration of Both Sides of the Ambivalence:** Facilitate the exploration of both sides of the ambivalence. What's good about it? What's not so good? Each side has perceived benefits and costs. Asking "What's not so good?" rather than "What's bad about it?" is less likely to produce resistance.[26,27] The process of examining the pluses and minuses helps clarify confused thoughts and feelings that the patient may not have examined previously.

**Facilitate Moving Toward Resolution and Change:** The practitioner should help guide the patient toward an acceptable resolution of the ambivalence, one that is likely to result in change. Focusing on the urgency of the problem or the benefits of change tends to increase resistance.

Ambivalence is often due to a conflict of values or goals.[26,27] For instance, a person might want immediate excitement and want the benefits of a healthy lifestyle. One way to resolve ambivalence is to help the client realize that many long-term values are more important than some short-term values. Finding alternate behaviors that achieve the same goal is another way to resolve ambivalence – for example, using the instance above, finding alternate ways to gain excitement.

**Helping Patient Explore His or Her Ambivalence Example:**

***Provider****: What is making you feel ready to quit? And what's getting in the way?*

***Patient****: There's part of me that says I can do it, but I just don't know.*

***Provider****: Part of you is confident, and part has doubts. Let's explore both sides. Tell me more about the part that says you can do it.*

***Patient:*** [Patient elaborates.]

***Provider****: Now, let's hear about the part that says you don't know.*

***Patient:*** [Patient elaborates.]

## QUIZ: EVOKE STEP

When asked how much she wants to quit drinking on a scale of 1 to 10, patient Ms. Mary Banks says, "Oh, I'd say around a 3."

**Question:** Of the following, which is the best response when using motivational interviewing?

1. With my help, that will soon be a 10.
    - Feedback: Incorrect. This is an authoritarian response.
2. Why not higher?

- Feedback: Incorrect. This is criticizing the patient the patient.

3. Why not lower?
    - Feedback: Correct! Asking the question 'Why not lower?' is most likely to get her to come up with a motivation to quit.
4. That's sad, truly sad.
    - Feedback: Incorrect. This is criticizing the patient the patient.

## 4. PLAN FOR CHANGE

In motivational interviewing, the client comes up with his or her own plan for change.[26,27] Elicit a plan from the patient for the next 90 days. The plan is based on the patient's current stage of change and does not need to include quitting if the patient isn't ready. For example, the plan might include thinking about quitting or reading something in the next month or merely committing to return for another session. Invite the patient to make a plan to resolve discrepancies uncovered earlier in the conversation.

**Example of Eliciting a Plan for Change:**

***Provider**: Before we finish, tell me what you would like to accomplish along these lines in the next 90 days.*

> ***Patient**: I'm sorry, I'm just not ready to quit yet.*

***Provider**: I'm not talking about quitting yet. What are you ready for now? What do you think you could do in the next 90 days?*

> ***Patient**: I suppose I could keep thinking about what we talked about. I could talk to my friend Buck who quit last year and see what he did.*

## VIDEO: MOTIVATIONAL INTERVIEWING

**Video**: The video “Motivational Interviewing”.[35] which illustrates the use of motivational interviewing in a patient interview related to substance use, can be found here: https://www.youtube.com/watch?v=cOlb7ADwsMw (Videos are also listed on the module page where you found this PDF and can be viewed after reading the text material)

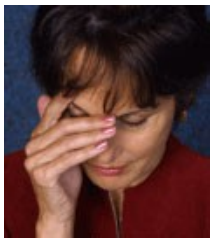
As you watch the video, notice how the provider uses various techniques from motivational interviewing (MI), such as empathy, reflective listening, and open-ended questions, to achieve the four steps of MI:

1. Engage
2. Focus
3. Elicit
4. Plan

# CASE: AMY GOLD PART 2

## Case Scenario

Review the following excerpt from a motivational interviewing session to get a feeling for the application of a variety of motivational interviewing techniques.



**Patient Name:** Amy Gold **Age:** 42 y/o

**Chief Complaint:** My nerves are bothering me.
**History of Present Illness:** Ms. Gold came to see her provider initially for "nerves" but after a few minutes said she was really there because she was afraid she was becoming an alcoholic. She has been drinking moderately since age 18, but she started drinking heavily during work-related meetings and subsequently began drinking heavily on a regular basis.

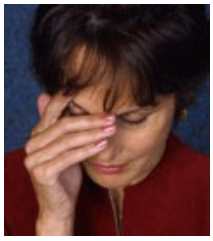
**Review Part I of Case:** In the first part of the interview, Dr. Grey asked permission to talk about the problem, recognized Ms. Gold's courage in bringing it up, elicited her memories of her life before her drinking problem, and summarized the effect it is having on her life. The interview continues as Dr. Grey evokes Ms. Gold's ambivalent feelings and helps her look at them.

## Case Objective

This case will cover the following objectives:

- Evoke participation by patients in exploring their motivations, ambivalence, or resistance to making a health behavior change.
- Apply motivational interviewing techniques in collaborative planning with patients to address alcohol, tobacco, drug use or other health problems.

## MS GOLD PART 2: DIALOGUE ON AMBIVALENCE



***Provider**:* [Exploring the patient's Ambivalence by decisional balance (eliciting pluses and minuses) – exploring pluses of continuing the unhealthy behavior first lowers resistance] *There must be something that alcohol is doing for you. What do you think that might be?*

***Ms. Gold**:* [Looks thoughtful, then says definitively] *I'd say it calms me down. It's always there for me when others aren't.*

***Provider**:* [Reflective listening] *So it's calming and seems more available than some of the people in your life. Is that right?*

***Ms. Gold*** [Nods.]

***Provider:** What about the other side, what's not so good about drinking in your current life? [Asking patient to interpret personal implications of facts]*

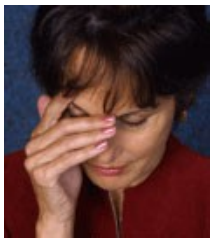
***Ms. Gold**: Well, I don't do my best at work because of it, and so I'm not getting pay raises and promotions. I might even lose this job if I'm not careful. I think I have more arguments with my husband because of my drinking. It's getting pretty bad.*

***Provider**: [Reflective listening and highlighting her Ambivalence] Your job and your relationship seem pretty important to you, but you're concerned that your continued drinking hurts them. [Working with the patient's Ambivalence] What do you make of that?*

***Ms. Gold**: I don't know why I keep drinking. It doesn't make sense.*

***Provider**:* [Reflective listening of a change statement and an Open-Ended Question] *It sounds like it doesn't make sense to you to continue drinking when it hurts your job and relationship, which are important to you. What would make sense?*

## QUIZ: PLANNING WITH MS. GOLD IT WOULD MAKE SENSE FOR ME TO QUIT DRINKING. I THINK I AM READY.



**Question:** What is the next best response using the motivational interviewing skills taught in this module to develop a plan for addressing Ms. Gold's drinking problem? (check all that apply):

1. Prescribe acamprosate to avoid withdrawal symptoms when she quits
    - Feedback: This may be part of the plan that the provider develops collaboratively with Ms. Gold, but the next step using Motivational Interviewing would be to engage Ms. Gold in the planning process.
2. Plan for weekly counseling sessions for at least the next 6 weeks.
    - Feedback: This may be part of the plan that the provider develops collaboratively with Ms. Gold, but the next step using Motivational Interviewing would be to engage Ms. Gold in the planning process.
3. Recommend a peer support group such as Alcoholics Anonymous

- Feedback: This may be part of the plan that the provider develops collaboratively with Ms. Gold, but the next step using Motivational Interviewing would be to engage Ms. Gold in the planning process.

4. None of the above
    - Feedback: Correct. The choices above may be part of the plan that the provider develops collaboratively with Ms. Gold, but the next step using Motivational Interviewing would be to engage Ms. Gold in the planning process.

# WORKING WITH RESISTANCE

The following principles of motivational interviewing are important to avoid building resistance and to get back on track when a patient appears to be resistant:

- Avoid building resistance in the first place
- De-escalate resistance
- Work with their resistance
    - Roll with resistance, that is, agree with it, rather than trying to counter it
    - Reframe the problem in a way that evokes less resistance

[7]

## AVOID BUILDING RESISTANCE IN THE FIRST PLACE

Resistance is considered a product of the interaction between the practitioner and the patient rather than a trait of the client.[23] Avoid resistance by assuming the patient is responsible for the decision to change. Resistance is often a signal that the practitioner has assumed the patient is more ready for change that is actually true. When a patient becomes resistant, the practitioner needs to modify motivational strategies. Some pointers on avoiding resistance include the following:

- Invite patients to consider a different perspective, but never impose that perspective on them.[21]
- Monitor the patient's readiness for change, and do not push for change prematurely.[7]
- Affirm for patients that they have freedom of choice and self-direction.[7]

## DE-ESCALATING RESISTANCE

If a patient seems resistant to talking about the topic of change, the following approaches may help de-escalate that resistance:

Refocus on building rapport with the patient, using the basic skills of motivational interviewing, such as empathy, seeing the problem from the patient's view, affirmation, and reflective listening. Re-establishing rapport with the patient will help him or her be open to engaging in a process that will move toward change. For example, a provider might say the following after getting off track:

***Provider**: Let's back up a second because I'd really like to understand how you see this.*

Try talking about a less-threatening health behavior, like getting enough sleep or increasing daily walking, just to introduce the process of motivational interviewing.[26,27] Or ask if he or she would be willing to review a past, successful health behavior change. Remembering a past success may build self-efficacy about the current problem. The patient may be more open to talking about the problem behavior at the next visit.

## WORKING WITH RESISTANCE

### Rolling With the Resistance

Resistance should not be confronted, as it only tends to increase it. Rolling with the resistance – meaning agreeing with the patient's negative assessment – can sometimes paradoxically lead the patient to consider another perspective. This means not challenging the patient's resistance.[26,27] Instead, agree with the patient, especially when he or she is rejecting all ideas or suggestions. Paradoxically, this sometimes leads to the patient looking at the opposite side, which can lead toward change.

**Example:**

***Patient**: I just can't quit. I don't see it ever happening.*

***Provider**: It seems to you like you'll never quit.*

***Patient**: Well, I don't know about 'never.'*

***Provider**: Tell me more about why it might not be 'never.'*

### Reframing

Another method for helping a patient move past resistance is reframing. Invite patients to look at something from a new perspective or with a new organization, one that helps them get unstuck and move toward change.[26,27] A classic example is pointing out that the glass is also half full when the patient describes it as half empty.

**Example:**

***Patient**: I only know my sister and one or two friends who don't smoke marijuana. Everyone else I know parties all the time.*

***Provider**: That's great that you already know three people who you can be around and count on not being tempted by their using marijuana in front of you.*

## EXAMPLES OF WORKING WITH RESISTANCE

Example #1:

***Patient**: I've got too much going on right now. I can't deal with quitting at the same time.*

***Provider**:* [non-confrontational reflecting and a question] *I see. Quitting just doesn't seem possible now. What's happening and how does it affect your drug use?*

***Patient**: I just can't quit; I can't do it.*

***Provider**:* [rolling with the resistance] *That may be true. It may be too difficult.*

***Patient**: Well, I suppose I might succeed this time...*

Example # 2:

***Patient**: He's always on my case about my drinking.*

***Provider**: He must care a great deal about you to keep trying to help* [reframing]

## QUIZ: RESISTANCE

**Question**: Your patient, Mr. Arnolds, who is a musician, says, "If I quit drug use, I wouldn't be able to perform anymore." Which of the following responses is an example of rolling with the resistance?

1. That could be true. You might find that the only reason you can play the guitar well is because you use drugs.
    - Feedback: Correct! The statement 'That could be true. You might find that the only reason you can play the guitar well is because you use drugs' is rolling with the resistance. Rolling with the resistance is agreeing with the patient's negative statement in an attempt to elicit a paradoxical disagreement from the patient.
2. You're worried you won't be able to play the guitar well without drugs.
    - Feedback: The statement 'That could be true. You might find that the only reason you can play the guitar well is because you use drugs' is rolling with the resistance. Rolling with the resistance is agreeing with the patient's negative statement in an attempt to elicit a paradoxical disagreement from the patient.
3. That's a pretty ridiculous attitude, isn't it?
    - Feedback: Incorrect! This is just plain critical and not helpful.
4. How did you play before you used drugs?
    - Feedback: Incorrect. This might develop some insights, but is not an example of using the technique of rolling with the resistance.

## VIDEO: MOTIVATIONAL INTERVIEWING – MANAGING PATIENT RESISTANCE

The following video illustrates the use of Motivational Interviewing in response to resistant patient behavior.

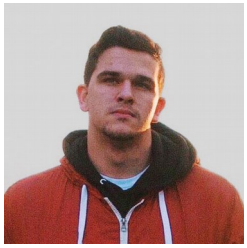
**Video:** The video “Motivational Interviewing: Managing Challenging Patient Behavior”.[35] which illustrates the use of motivational interviewing in response to resistant patient behavior, can be found here: https://www.youtube.com/watch?v=4_q9WPTnO4k (Videos are also listed on the module page where you found this PDF and can be viewed after reading the text material)

As you watch the video, notice how the provider alternates between skills that engage and connect with the patient and those that elicit his thoughts and feelings. She skillfully uses engaging skills, such as empathy, reflective listening, and agreeing with the patient (rolling with the resistance), in an attempt to diffuse his resistance.

# CASE: JOSH KILPATRICK

## Case Scenario

Review the following excerpt from a counseling session to get a feeling for the application of a variety of motivational interviewing techniques.



**Patient Name:** Josh Kilpatrick **Age:** 17 y/o

**Chief Complaint:** The judge made me get counseling for my drinking.

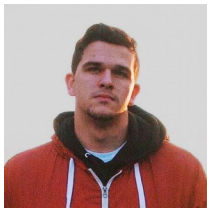
**History of Present Illness:** Mr. Kilpatrick was mandated by the court to talk with a counselor or a medical provider about his use of methamphetamines. He had been using the drug for almost a year and selling it at school. He was arrested after the equipment he used to make it accidentally started a fire. He elected to talk to his family doctor, Dr. Green, about it.

## Case Objectives

This case will cover the following objectives:

- Evoke participation by patients in exploring their motivations, ambivalence, or resistance to making a health behavior change.

## QUIZ: RESPONDING TO MR. KILPATRICK'S RESISTANCE



***Provider****: I understand that the judge felt that you could benefit from some counseling and referred you to me.*
[Establishing confidentiality] Anything you say here is confidential unless someone's likely to get hurt.]

[Asking permission] *Any objection to us talking about the situation?*

> ***Mr. Kilpatrick****: Whatever. I don't have much choice.*

***Provider****:* [Establishing rapport by acknowledging his autonomy, even in this mandated situation] *You know, you're the one who knows what you want out of life and who has to think of a way to get there.* [Eliciting motivations by exploring future goals] *Since you're here, can you tell me a little about where you'd like to see yourself in a few years?*

***Mr. Kilpatrick**: Talking isn't going to make any difference.*

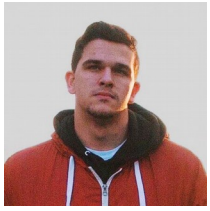
[Resistance — the doctor may have started asking questions a little too early in the dialogue]

**Question:** What is the next best response using the motivational interviewing skills taught in this module? (check all that apply):

Choose all that apply

1. Agreeing with Mr. Kilpatrick that talking may not make much difference
    - Feedback: Correct. Agreeing with Mr. Kilpatrick's resistant statement is an example of the motivational interviewing technique of "rolling with the resistance" and might be effective in this situation.
2. Re-establishing rapport
    - Feedback: Correct. If the provider raised Mr. Kilpatrick's resistance by asking questions too soon, he or she could try to get things back on track by trying to re-establish rapport, for example, using OARS skills and offering empathy.
3. Reframing the mandatory hour of counseling as an opportunity to have his frustrations heard by a good listener.
    - Feedback: Possibly correct. Reframing the situation is one method of attempting to turn around a patient's resistance. It is more effective when the resistance comes out of hopelessness than when it comes out of anger, but might be effective in this situation.
4. Keeping a pragmatic focus and coming up with a plan to treat his substance use.
    - Feedback: Incorrect. It is too soon to jump to the planning phase. It would be better to try to re-engage Mr. Kilpatrick, focus on a health goal, or evoke his thoughts and feelings on his resistance or any ambivalence.

## MR. KILPATRICK: CONTINUING THE PROVIDER-PATIENT DIALOGUE



In this case, the provider elected to respond to Mr. Kilpatrick's resistant statement by "rolling with the resistance."

***Provider**:* [Rolling with resistance] *It may not make any difference. That would be up to you. I wouldn't be the one to know if you're ready for it to make a difference.*

***Mr. Kilpatrick**: I never said I wasn't ready. I just need everyone to get off my back.*

***Provider**: Can you say more about that?*

***Mr. Kilpatrick**: Like my girlfriend and my mother – they just hound me all the time about a little harmless meth.*

***Provider**:*[Empathy] *Being hounded all the time must get pretty annoying.*
[Re-framing a negative as a positive] *Well, as annoying as it is for you, they must really care about you*

*to be hounding you all the time.*
[Developing discrepancy and gently referring to Josh's legal situation] *You say it's harmless, but your use came to light because of a fire, and here you are. What do you make of that?*

> ***Mr. Kilpatrick**:* [Note: The patient has expressed Ambivalence] *It's not like I wanted to burn up the basement or go to jail, you know. There are things I want to do with my life. It's just that I get in this mood where life gets so dull and I just need some excitement*

***Provider**:* [Reflective listening highlighting ambivalence] *So, the way you see the problem is you want to do things with your life and avoid jail; but you want excitement sometimes.*
[Attempting to resolve ambivalence through finding alternative, healthier behaviors] *What other ways can you get excited?*

# MOTIVATIONAL INTERVIEWING IN THE MEDICAL SETTING

## How Motivational Interviewing In a Medical Setting Differs from a Counseling Setting

Basic steps from Motivational Interviewing can be integrated into the medical care setting.[36]

Two differences between medical settings and a formal counseling setting that tend to affect the use of Motivational Interviewing include:

1. Time constraints of primary care
2. The patient visit may be for another purpose and so more time needs to be spent on bringing up the topic, educating the patient of the need for a change in health behavior, and motivating the patient toward setting a goal.

While these differences may affect how motivational interviewing is used in primary care, adaptations can be made to motivational interviewing to make it more effective in the primary care setting.

### PRACTICE TIP

Motivational interviewing is most useful in primary care after initial screening and before making any recommendations based on expert advice.[32]

## TIME CONSTRAINTS OF PRIMARY CARE

The time available to conduct Motivational Interviewing is typically less than is available in the counseling setting, where this approach was first developed. The following ideas can help adapt Motivational Interviewing to the time constraints of a medical setting:

**Adaptation 1: Use motivational interviewing techniques briefly and repeatedly, shortening them according to the time available.**

The following describes how to provide shortened versions of motivational interviewing, from very brief to slightly shortened:

- **Briefest version:**

  Elicit the following from the patient:

  1. Importance of the change to the patient.
  2. The patient's confidence in being able to change.
- **Brief version:** Ask "On a scale of 1 to 10..."
  1. "How important is it to change any aspect of your drug use [or other unhealthy behavior]?"
  2. "How confident are you that you can make that change?"
  3. "How ready are you to make that change?"

In response to the number given by the patient, ask, "Why not lower?"

- **Moderately long version:**
  1. Add reflective listening (example: "Sounds like there's a lot of stress right now.")
  2. Add open-ended questions (example: "How would it feel to succeed?")
- **Long version:**
  1. Add a review of the pros and cons of making a change (example: "What good would come into your life if you made that change?...What disadvantages would it bring?")
  2. Summarize
  3. Give your opinion but say it is up to the patient to decide how to proceed
  4. Agree to disagree if resistance is high, and elicit commitment to re-address the issue at the next appointment

[32,37,38]

**Adaptation 2: Use adjunctive strategies**

Mailings, telephone contact, videos, and computer-generated expert systems may be used to supplement the relatively shorter appointment times in primary care in comparison to counseling sessions.[22]

## WHEN PATIENTS ARE FOCUSED ON ANOTHER HEALTH PROBLEM

Patients who visit a medical setting for another health concern not related to the health topic you wish to discuss, may not be as interested in your motivational interventions as a client presenting to a counseling session for a specific health problem. For example, a patient may be more concerned about a current, unrelated symptom, and not interested in addressing substance use disorders or another health problem that you want to discuss.

**Adaptation 1: Acknowledge Patients' Other Issues and Ask Permission to Bring Up the Other Topic**

Ask permission to talk about it and be honest about your motivations. Also, acknowledge their other issues that may contribute to the problem, such as poverty.[22]

### Adaptation 2: Consider Harm Reduction Strategies if the Patient Is Not Currently Motivated

To adapt motivational interviewing for patients who are mainly concerned with their comorbid conditions, a harm reduction approach may be appropriate.[39,40] Harm reduction could involve substituting a less harmful addictive substance for a more harmful one or reducing use rather than quitting all abused substances at once. Clients should be involved in prioritizing their problems.

## VIDEOS: OPTIONAL MOTIVATIONAL INTERVIEWING VIDEOS

The following videos are 10 to 14 minutes long and present additional examples of material similar to what has been covered in this module. (Videos are also listed on the module page where you found this PDF and can be viewed after reading the text material)

### Example of Motivational Interviewing

**Video:** The video "Motivational Interviewing – Good Example",[41] which illustrates the use of motivational interviewing with a patient, can be found here: https://www.youtube.com/watch?v=67l6g1l7Zao

### Motivational Interviewing Using OARS Skills

**Video:** The video "Motivational Interviewing – OARS Skills",[42] which illustrates the use of motivational interviewing OARS skills with a patient, can be found here: https://www.youtube.com/watch?v=_KNIPGV7Xyg

### Motivational Interviewing with Patient Resistance

**Video:** The video "Motivational Interview with "Resistant" Heavy Drinker",[43] which illustrates the use of motivational interviewing with a patient with resistance, can be found here: https://www.youtube.com/watch?v=eNfy-FVvnRs

## SUMMARY

Motivational interviewing is a patient-centered counseling style that supports patients in making behavior changes to improve their health. It can be adapted for use in the medical setting. The approach is collaborative between the provider and the patient. The practitioner:

- Recognizes the expertise of the patient in understanding his or her motivations and guides the patient to actively examine and resolve his or her own problem.
- Elicits or draws from patients rather than imposing things on them.
- Expresses empathy
- Understands the problem from the patient's perspective
- Directs the conversation toward topics that are likely to increase the patient's readiness for change.

Components of motivation to elicit during the interview include the patient's readiness for change, the importance of the change to them, and their confidence in making the change.

The types of "Change Talk" to elicit from the patient include (**DARN CAT**)

- **D**esire to change
- **A**bility to change
- **R**easons to change
- **N**eed to change
- **C**ommitment to change
- **A**cting to change
- **T**aking steps to change

[24]

The basic skills of motivational interviewing are (**OARS**):

- **O**pen-ended questions: questions that elicit in-depth, introspective answers from patients
- **A**ffirmations: positive statements of optimism and support
- **R**eflective Listening: paraphrasing the patient's words in a non-judgmental way
- **S**ummaries: consolidations of all the information gathered that clarify the patient's situation and feelings

Although the provider of motivational interviewing does less directing and more eliciting from the patient, informing and advising patients is still a part of motivational interviewing. The ask-tell-ask approach is a patient-centered way to achieve this.

[22,25]

The basic steps of motivational interviewing are:

- **Engaging**: Securing trust and rapport with the patient and inviting them to explore a problem in their life
- **Focusing:** Identifying an aspect of the problem to work on and setting a goal towards changing the identified aspect
- **Evoking:** Asking questions to elicit the patient's feelings, motivations and hesitations regarding the problem
- **Planning:** Working with the patient to set a program that will achieve the goal

[7]

Resistance can occur when working with patients. Some strategies regarding resistance are:

- Avoiding resistance by respecting the patient's current perspective and readiness for change.
- De-escalating resistance by re-establishing rapport with the patient or shifting to a less-threatening behavior or problem.
- Working through the resistance by rolling with it to spur the patient towards a healthy change or by reframing the situation.

While motivational interviewing can be a lengthy process, it can be adapted to short medical visits.

- Brief versions of motivational interviewing, such as focusing on the importance of change and the patient's confidence in their ability to change, can be implemented.

- Non-office, adjunctive strategies such as follow up phone calls, video and computer resources can be used to support patients.

## RESOURCES AVAILABLE THROUGH THIS MODULE:

- Assess the Patient's Motivation: Readiness to Change
  People tend to pass through different stages in the process of changing. Describes the stages of change.
- Brief Negotiation Interview
  Describes the Brief Negotiation Interview

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