ACLP How To Guide: Motivational Interviewing

How To Do Motivational Interviewing

Objectives:

1. Provide an introduction to motivational interviewing
2. Gain understanding of the philosophy/spirit of MI for clinical cases
3. Practice using MI with a vignette and step-by-step guide

What is motivational interviewing (MI)?

Motivational interviewing (MI)

- is a person-centered form of guiding to elicit and strengthen motivation for change
- is a psychotherapeutic method developed initially for addictions, but also practical for other medical and psychiatric conditions
- focuses on empathy and the "interpersonal spirit"
- involves techniques that evoke and reinforce "client change talk," supporting patients to stimulate behavior change
- enhances intrinsic motivation to change by exploring and resolving ambivalence

In most cases, the driving goal in MI is not immediate change but to **move the patient from complacency toward more ambivalence about changing** their harmful behavior. MI recognizes that someone not yet contemplating a change is satisfied with the status quo and "stuck." MI aims to move a patient out of this complacency into a more uncomfortable spot where they can develop a personal desire for change. The desire for change should be that of the patient and NOT that of the therapist or anyone else.

Spirit of MI expressed through PACE:

- **P – Partnership** – engaging the patient in an active agreement between therapist and patient, where the therapist is a supportive force rather than persuasive. The patient drives the conversation.
- **A – Acceptance** – showing respect for and approval of the patient, seeking to understand the patient's perspectives and apprehensions. MI focuses on the patients' absolute worth, accurate empathy, autonomy support, and affirmation.
- **C – Compassion** – genuinely having the patient's best interests at heart
- **E – Evocation** – eliciting a better understanding of a patient's perceptions, goals, and values. MI aims to engage in a conversation to foster change, not primarily to give information and educate the patient.

On the hospital consult service, you evaluate a man with severe alcohol use disorder. He needs to make lifestyle changes due to rapidly advancing alcoholic liver disease. You employ motivational interviewing techniques to engage this patient, assess his readiness to change, and improve his prognosis.

Step 1: Start evaluation by asking open-ended questions to foster a conversation about the patient's presentation and substance misuse.

- "How did you come to be admitted into the hospital?"
- "What do you like most about the drugs that you use?"

- "What things have you noticed that concern you that you think could be problems or might become problems?"
- "Can you please tell me how your substance use may have impacted your relationships?"
- "What makes you think that you may need to change your drug use?"
- "What are some possible and likely consequences if you continue to use drugs or alcohol?"
- "What are some possible negative consequences of stopping drug use?"

Step 2: Offer affirmations that highlight the patient's strengths. Some examples may include:

- "I admire your courage in seeking help and being open to exploring new possibilities."
- "I can tell that you are learning from your past experiences and are ready to apply those lessons to your future."
- "Despite some of the hurdles you faced with substance misuse, you've shown a lot of strength and determination in facing your challenges."
- "You've already taken some important steps toward your goals, and that's worth acknowledging."
- "You've done a thorough job in assessing your triggers. "

Step 3: Practice reflective listening to express empathy and gain clarification. It helps to verify that the provider's understanding is congruent with the patient's thoughts or intentions.

- Example 1:
  - Patient: "I can't believe I keep relapsing. I'm such a failure."
  - Provider: "I can sense the frustration and disappointment you're feeling. It's tough when you're trying hard to make a change, and it doesn't always go as planned."
- Example 2:
  - Patient: "My family is so disappointed in me. I've hurt them so much."
  - Provider: "It sounds like you're carrying a lot of guilt and regret about the impact your substance use has had on your family. That must be really challenging for you."
- Example 3
  - Patient: "I don't even enjoy using anymore, but I can't stop."
  - Provider: "It sounds like you're caught in a difficult cycle. You're using it even though it's not bringing you joy. That's a tough place to be."

Step 4: Assess the patient's state of change:

Stages of Change – The MI Transtheoretical Model

Motivation to change should be elicited from people, not imposed on them. In general clinical practice, it is often assumed that patients are in the action stage and ready to change their behavior when in fact they are ambivalent. MI aims to support patients in moving toward the action phase, where behavior change occurs. Patients don't always move through these five stages in a linear progression.

1. **Precontemplation** - Not currently considering change. This may include denial or an "ignorance is bliss" attitude. MI can validate a lack of readiness, encourage self-exploration and re-evaluation of current behavior, and prepare the patient to consider the possibility of change.
2. **Contemplation**— Ambivalent about change. Still not ready to change but "sitting on the fence." MI can continue to validate the lack of readiness, encourage evaluation of pros and cons, identify obstacles to change, and promote a new, positive outcome.

3. **Preparation**— Wanting to change. "Testing the waters" and planning to act soon. MI can help identify supports, strengthen underlying skills for behavior change, and increase the patient's commitment by writing down the patient's goals and developing a change plan.
4. **Action**— Making and practicing new behavior. MI can bolster a patient's self-efficacy for dealing with obstacles, reiterate long-term benefits, and maintain commitment.
5. **Maintenance**— Continued commitment to sustaining new behavior. MI can help plan for follow-up support, discuss coping with relapse and maintaining behavior across multiple situations, develop further coping strategies, and avoid regression or relapse into old ways.

Though not one of the official five stages of change, **relapse**, a resumption of old behaviors, or "fall from grace" is also part of this model. Following relapse, MI can help the patient evaluate triggers for relapse, reassess motivation and barriers, and plan more robust coping strategies.

Step 5: Explore goals and values

- Inquire about what patient consider their top priorities in life. This can help uncover their values.
  - Example: "What are your top priorities in life right now? What matters most to you?"
- Ask patients about their long-term goals and how their desired changes may help them achieve them.
  - Example: "What are some long-term goals you have for yourself, and how might making this change help you get closer to those goals?"
- Ask patients to envision their life without the problem or issue they're addressing.
  - Example: "Imagine waking up tomorrow, and your [issue] is completely resolved. What would your life look like? What would be different?"

Stage 6: Foster a discussion on change & address ambivalence

- Utilize scaling questions:
  - Ask the patient to rate their readiness or confidence to change on a scale from 1 to 10. This can help them assess their current motivation and willingness to take action. Then, inquire about what it would take to move them one point up on the scale.
- Explore ambivalence:
  - You've mentioned how important your health is to you, but you're still smoking. Can you help me understand that?"
  - What are the reasons you're not ready to change substance misuse behavior?

Step 7: Get a commitment

- Affirm Autonomy: Begin by affirming the patient's autonomy and right to make their own decisions to continue creating a supportive atmosphere.
  - Example: "Ultimately, the decision to make a change is entirely up to you, and I'm here to support you in whatever choice you make."
- Express Support:
  - Communicate your support and willingness to assist the patient in achieving their goals.
  - Example: "I'm here to help you in any way I can, whether that involves making a commitment today or exploring your options further."
- Offer a Menu of Options:

  - Present the patient with a range of options for moving forward and ask them to choose what feels most appropriate for them.
  - Example: "Here are a few options for addressing this concern. Which one resonates with you the most, or do you have another idea in mind?"
- Seek a Trial Commitment:
  - Suggest a small, manageable commitment as a starting point. This can be less intimidating and help build momentum.
  - Example: "Would you be willing to try [small action] for [specific timeframe] and see how it feels? It's a low-risk way to test the waters."

Step 8: Summarize

- Reflect back on what you've heard from the patient regarding their commitment or intentions. Summarize their statements to clarify their position.

Rolling with resistance is a crucial concept in MI. It describes avoiding exchanges that are highly defensive or confrontational. To "roll with resistance," MI bypasses direct head-on arguments and instead encourages a therapist to show that they have heard what the patient has said and to encourage the patient themselves to come up with solutions and alternative behaviors.

References

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