Introduction to Motivational Interviewing (MI)

Developer: Eric Arzubi, MD, Billings Clinic
Reviewer/Editor: Miriam Komaromy, MD, ECHO Institute™
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Disclosures

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Objectives

• What is Motivational Interviewing (MI)?
• What are the stages of change?
• How do you begin to implement MI?
What is MI?

Goal

• To elicit and strengthen a person’s own motivation and commitment to change.

Approach

• Compassionate, collaborative, person-centered, and guiding conversation.
Stages of Change

Speaker notes:
It's important to have a good grasp of the stages of change. Individuals can bounce back and forth between the stages of change, which is why this graphic is illustrated using bi-directional arrows. The goal of MI is to guide and support patients, using their expertise, through the stages of change to engage in health behaviors that are consistent with their goals, values, and aspirations.

While MI is certainly patient-centered, the therapist does NOT simply "follow" the patient. MI helps provide guidance and direction to the patient, consistent with patient's goals and aspirations, helping him/her in the direction of harm reduction and treatment.
The MI Roadmap

Engaging  Focusing  Evoking  Planning

There are four underlying processes in MI.  Step 1 is patient engagement, step 2 is focusing the therapeutic relationship, step 3 is evoking change talk in the patient, and step 4 is collaborative planning for change behaviors.
# The MI Toolbox

<table>
<thead>
<tr>
<th>Spirit (Being)</th>
<th></th>
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<tbody>
<tr>
<td>Collaboration</td>
<td>Evocation</td>
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## Core Competencies

<table>
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<th>Express Empathy</th>
<th>Avoid Argumentation</th>
<th>Roll With Resistance</th>
<th>Develop Discrepancy</th>
<th>Support Self Efficacy</th>
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## Techniques (Behaving)

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<th>Open Ended Questions</th>
<th>Affirmation</th>
<th>Reflective Listening</th>
<th>Summarize</th>
<th>Elicit Change Talk</th>
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</table>
Motivational Interviewing
- Pre-Contemplation
- Contemplation
- Preparation

Treatment
- Action

Relapse Prevention and Management
- Maintenance
- Relapse

Stages of Treatment vs. Stages of Change

Speaker notes:
MI is best used in guiding your patient along the first 3 stages of change (i.e., Pre-contemplation, contemplation, and preparation). Relapse prevention and relapse management are critical during the maintenance and relapse phases, supporting your patient during these sometimes tenuous stages. Educating patients about these phases and setting realistic expectations will be critical to helping your patients through self-criticism and a sense of failure.
“How do I Even Begin?”

- Check yourself – are YOU ready for this?
  - Be humble
  - Be curious
  - Don’t judge
  - Assume nothing

- Your PATIENT is your EXPERT CONSULTANT in this process.
  - Your goal is to uncover your patient’s expertise
“How do I Even Begin?”

• Before getting lost in MI jargon and a checklist approach, ask yourself:
  – “Am I curious about my patient?”
  – “Do I have a sense of my patient’s values and aspirations?”

• Connecting the answers to these questions can help promote change behaviors.
“Do I Understand My Patient?”

• What was your patient’s childhood like?
• What does a day in your patient’s life look like?
• Who does your patient call when in distress?
• Who or what does your patient love?
• Does your patient have hopes and dreams for the future?
“What Motivates My Patient?”

- No one is unmotivated
- Everyone has core goals and values
- Maslow’s hierarchy of human needs may help:
  - Physiological
  - Security
  - Love and belonging
  - Esteem
  - Self-actualization
Hierarchy of Needs

- Self-Actualization
- Esteem
- Love and Belonging
- Security
- Physiological

Speaker notes: Graphic representation of Maslow’s Hierarchy of Needs. This can help with uncovering goals, values, needs in our patients during the engagement, focusing, and evocation process.
“When do I Start?”

• By understanding your patient, you’ve already started MI!
  – Remember, there are 4 underlying processes in MI:
    • Engaging
    • Focusing
    • Evoking
    • Planning
The MI Roadmap

Engaging  Focusing  Evoking  Planning
By understanding your patient, you can also consider the focusing process of MI. This helps you elicit the patient's goals for change. Then you can determine and monitor if you are collaborating and working on a common purpose.

Through FOCUSING, you begin identifying areas or behaviors that could be a focus of change. For example, your patient may decide that finding a primary care doctor would be a desirable change behavior.
The MI Roadmap

Engaging  Focusing  Evoking  Planning

Speaker notes:
During this process, you are evoking and uncovering the patient's very own reasons for considering and engaging in change. For example, a patient may report that being a good father is very important to him; however, he spends a lot of time getting paid work and not enough time to spend with his children. In this example, there is a DISCREPANCY between his aspirations and his behaviors. The EVOKING process is central to MI. You are EVOKING importance for change and EVOKING confidence that change is possible.
Two Pearls for Evoking

• Assessing readiness for change:
  – “On a scale of 0 to 10, how important is it for you to _______?”
  • “Why did you say __ and not zero?”
  – “On a scale of 0 to 10, how confident are you that you can _______?”
  • Let’s say that your patient answered “three”.
  • “What would it take to go from a three to a four?”
Speaker notes:

Again, this stage needs to be led by the patient. The plan must be uncovered or elicited from the patient; it cannot be imposed. Is the patient ready to talk about one of the components listed you think may be helpful? If information is needed, did I ask for permission before offering?

As you build a plan with your patient, consider the SMART rule.

- **Specific**?
- **Measurable**?
- **Attainable**?
- **Relevant** (i.e., meaningful to the patient)?
- **Time bound** (i.e., a deadline)?
The MI Toolbox

Core Competencies:
- Express Empathy: stay connected to the patient's point of view, validate their concerns and feelings.
- Avoid Argumentation: argumentation will only prompt the patient to defend his/her position against change; it's human nature.
- Roll with Resistance: a patient will likely try to make a case against change; that's ok.
- Develop Discrepancy: this should remain a major theme throughout the entire therapeutic relationship. Developing discrepancy between current behaviors and values/goals/aspirations can help a patient move beyond ambivalence.
- Support Self-efficacy: “yes you can!” Your patient is the change agent and he/she needs to be supported in that view.

Techniques (Behaving):
- Open Ended Questions: don't make assumptions; ask questions with sincere curiosity. Some examples of open-ended questions are: “What does your daily life look like?” “How do you hope life will be different in 5 years?” “What do you wish were different in your life?”
- Affirmation: accentuate the positive; catch them doing good; prize what is ACTUALLY true about this person. No B.S! Ask patient to describe their own strengths, past successes, efforts.
- Reflective Listening: make statements about what the patient just said; use this technique to begin testing your assumptions. Begin with a question: “In your mind “Do you mean that you…” before making a reflective listening statement…don’t say that phrase out loud.
- Summarize: start to paint a picture of what is happening with your patient, using your patient's offerings. Shine a light on the patient's experiences and invite further exploration.
- Elicit Change Talk: listen for phrases like “I want to”; “I could”. Listen for reasons to change and then some reasons why he/she feels that change is “needed”.

In Sum

• MI is designed to activate patient’s own motivation for change.
• Motivation for change is malleable and formed in context of relationships.
• MI connects health behavior change with what your patient cares about.
• We all tend to believe what we hear ourselves say; elicit change talk in your patient.
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