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In partnership with:



Principles of Motivational Interviewing (MI)

James Werner, PhD

Associate Professor, Family Medicine and Community Health and Psychiatry

Case Western Reserve University School of Medicine
Team Best Practices, Cardi-OH

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Objectives

- 1) Define motivational interviewing
- 2) Provide a rationale for a motivational interviewing approach to promoting behavior change
- 3) List and describe a minimum of 3 motivational interviewing techniques

Core Principles of Motivational Interviewing



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- Is a collaborative conversational style for strengthening a person's own motivation and commitment to change
- Helps resolve ambivalence about changing behavior, while not evoking resistance (e.g., lack of openness, withdrawing, arguing)
- Elicits the patient's own motivation for change rather than imposing reasons why change is necessary
- Is about evoking motivation that is already present, not installing what is missing
- Many empirical scientific studies support its effectiveness for weight loss

Rationale

- Patients become ambivalent about weight loss when other motives conflict with taking action
- Ambivalence is normal and is expressed as a combination of ‘change talk’ and ‘sustain talk’
 - “I know I need to lose weight (change) but I really love good food (sustain)”
- Most people work through ambivalence by being heard rather than being convinced or persuaded that change is necessary
- The process of facilitating behavior change is by guiding rather than directing or giving advice

Key Elements of MI

- Express empathy through reflective listening
- Elicit the patient's motivation for change
- Support self-efficacy and optimism
- Roll with resistance: Adjust to patient resistance rather than opposing it directly
- Develop discrepancy between patient's current behavior and their goals or values

Case

AJ is a 54-year old female with hypertension, dyslipidemia, pre-diabetes, and osteoarthritis in her knees.

She is 5'5" tall and weighs 234 lbs. (BMI of 39). Her weight has steadily increased by about 7 lbs. per year over the last 10 years. She has never had a discussion about weight with a healthcare professional. She lives with her husband (age 56) who also has obesity. She has come in for a routine follow-up visit for hypertension.



Opening the Door



Based on our discussion last week, how would you open the door to a conversation about weight with AJ?

Opening the Door



- **STEP 1: (CONCERN)**
 - Provider: “Mrs. J, I am concerned about your weight.”
- **STEP 2: (MEDICALIZATION)**
 - Provider: “It puts you at risk for worsening hypertension, worsening arthritis, and possibly developing diabetes.”
- **STEP 3: (SOLICIT MUTUAL CONCERN)**
 - Provider: “Is this something that concerns you as well?”
 - AJ: “Yes, it does concern me.”
- **STEP 4: (COLLABORATE)**
 - Provider: “Is this something you would be interested in working on together?”
 - AJ: “I’m open to talking with you about it.”

Evoking Motivation & Change Talk



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- Provider: Great. As a starting point, may I ask you a question? (asking permission)
- AJ: Sure, go ahead.
- Provider: On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now’, how important would you say it is for you to lose weight?” (scaling question to evoke motivation)
- AJ: Hmm. I would probably put myself at a 7.
- Provider: And why are you at 7 and not at 0 (or a lower number)?
- AJ: Well, I’m concerned about my blood pressure, I don’t want to have a stroke like my neighbor did, she’s not doing well. (change talk)
- Provider: You want to control your blood pressure because it could lead to a stroke and that could really affect your health. (reflection)
- AJ: Yes, I absolutely want to avoid having a stroke. (change talk)

- Provider: What else causes you to put yourself at a 7?
- AJ: Well, I'm uncomfortable. With all this extra weight I just don't feel good in my body. (change talk)
- Provider: You would like to feel good in your body and the weight makes that difficult. (reflection)
- AJ: It sure does, I don't like being like this. (change talk)
- Provider: So, you are concerned about the effect of weight on your blood pressure and losing weight will help you feel better in your body, is that accurate? (summary, links weight loss to important goals and values)
- AJ: Yes, that's right. (change talk)
- Provider: What would it take to make losing weight just a little bit of a higher priority for you, say to go from 7 to 8?
- AJ: You know, it would help to see myself actually losing a couple of pounds rather than continuing to gain. Then I would believe it's possible and I would start making it a higher priority in my life. (change talk)
- Provider: Seeing a little progress would help you believe that you can do it. (reflective statement, supporting self-efficacy) Is that something you would like to work on together? (collaboration)

Resistance

- **STEP 3 FROM 'OPENING THE DOOR': (SOLICIT MUTUAL CONCERN)**
 - Provider: “Is this something that concerns you as well?”
 - AJ: *“No, not really. I don’t have a problem with my weight.”*
- **STEP 4 FROM 'OPENING THE DOOR': (COLLABORATE)**
 - Provider: “Is this something you would be interested in working on together?”
 - AJ: *“Look, I came in today just to get my prescription renewed, not to talk about my weight.”*

Rolling with Resistance

- Resistance is a normal, expected product of the interaction
- Signs: interruptions, distractions, defensiveness
- Attempts at persuasion usually only increase resistance and decrease the likelihood of change
- We have to override our ‘righting reflex’; pushing usually leads to the patient pushing back or withdrawing
- Encountering resistance is a sign to shift your approach

Options for Addressing Resistance



- Simply and directly reflect the resistant statement: *You aren't concerned about how weight might be affecting your health.*
- Reflect the tone of what you are hearing: *You're not feeling ready to talk about how weight might be affecting your health.*
- Support choice/control: *It's up to you, of course.*
- Reflect ambivalence: *On the one hand you want... and on the other you don't think you can...*
- Acknowledge the resistance process: *We seem to be arguing. I've gotten us off track here.*
- You can do several sequentially: *You don't like the idea of talking about how weight might be affecting your health. This is up to you, of course.*

Re-Cap

- Open the door
- If the patient is not receptive, roll with the resistance
- If patient is receptive, request permission to ask a question
- Ask a scaling question (0-10) to assess importance of weight loss
- Listen and reflect the patient's response
- Ask about increasing importance by one point on the scale
- Listen and reflect the patient's response
- Inquire if the resulting task or opportunity for collaboration is something that the patient would like to pursue

Resources



- MI links and resources:
 - <https://motivationalinterviewing.org/motivational-interviewing-resources>
 - <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing#resources>
 - <https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/MIRollingwithResistance.pdf>
 - Miller WR, Rollnick S. (2013). Motivational Interviewing: Helping People Change, Third Edition. New York: The Guilford Press.
- MI methods for providing information to patients (Elicit – Provide – Elicit):
 - <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/ANTIBIOTICRESISTANCE/Documents/Elicit-Provide-Elicit.pdf>
- Mindfulness for emotional eating (follow-up to last week's discussion)
 - <https://www.healthline.com/nutrition/mindful-eating-guide>
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3184496/>
 - <https://www.ncbi.nlm.nih.gov/pubmed/24854804>