Motivational Interviewing: Basics and Resources

Hello. My name is Ed Boudreaux, I'm a behavioral health consultant and today we're going to talk about motivational interviewing.

We're going to answer the following questions: what is Motivational Interviewing? How can it be used to help address alcohol and depression? And if I want more information or training on MI, where can I go?

Following the presentation, you will be better prepared to use motivational interviewing principles as part of screening for depression and alcohol misuse and will know where to go if you want to learn more.

So let's talk about some general principles of motivational interviewing. Knowledge of motivational interviewing fundamentals and concepts is pretty easy to acquire; we're going to talk about some of those basics today. However, the acquisition and mastery of the skills behind motivational interviewing can be challenging and usually requires intensive experiential learning, and practice, and ideally, supervision by someone who really knows what they're doing. So obviously, we can't do all of that in the presentation today. Instead, this presentation is going to focus on general fundamentals and help to stir you towards other high yield resources and trainings that can help you to facilitate development and mastery of the motivational interviewing skillset.

All right. Motivational interviewing at its heart is patient-centered. It's goal directed, so it's not like some other patient-centered approaches which are more free-floating and not goal-directed. MI is goal-directed towards helping the person change a particular behavior, and good motivational interviewing helps the patient resolve ambivalence; it recognizes that patients will be ambivalent about change. Most people when they're trying to change some of their behavior like drinking or their depression are going to be ambivalent about whether they should change or not. There's some value in the symptoms that they're experiencing. So this ambivalence is problematic and keeps people from changing. So motivational interviewing really focuses on helping people to resolve that ambivalence and move towards behavior change.

So there's an acronym that's used when training people in motivational interviewing to kind of help couch the entire approach and it's called the A-C-E. So the A is for affirming the patient's autonomy. In other words, the patient is at the center, as we mentioned before, and they have the right to choose and to determine the course of their life and their behavior change. And so, respecting the patient's autonomy and not coming from an approach of trying to force or coerce the patient can help the patient recognize that you're approaching them as an autonomous person and are respecting their free will.

C is for Collaboration. It recognizes that the interaction between the clinician and the patient is a collaboration; it's two-sided.

And finally, Elicit. Motivational interviewing seeks to elicit the patient's intrinsic motivations and reasons for change. In other words, what is it that's internal to the patient rather than external and trying to force the patient to change that is present and how do we bring that force in the patient?

It can be conceptualized in these two diagrams. So the standard way of delivering health education and information to patients can be thought of as "pouring information into the patient" like the image to the left. Motivational interviewing takes a different tact; it's trying to "draw information out of the patient" in order to form that collaborative relationship with the patient.

So many of you may probably heard about motivational interviewing and the different forms motivational interviewing can take or are rather confusing, so this matrix kind of helps us to understand what full motivational interviewing is and how it's related to briefer versions.

So in the upper right hand quadrant, you see Full Motivational Interviewing. This is usually multiple sessions, the encounters are longer, it's usually done by a trained mental health professional on an outpatient basis. This is where motivational interviewing really got its start. However, over time, it has been used in other domains as well. You can see the other quadrants.

Really what we're talking about mostly today because we're discussing primary care and use of motivational interviewing for behavior change for alcohol and depression is probably going to fall under either Behavior Change Counseling in the upper left hand quadrant or Brief Advice or a Brief Negotiated Interview in the lower left hand quadrant. So what mainly differentiates these two versions is the number of sessions that it requires. So, if a clinician is going to do a couple of sessions with the patient or seeing the patient on an ongoing basis for the problem, it might fall into Behavior Change Counseling. If it's going to be a one-time encounter then it's usually considered Brief Advice or Brief Negotiated Interview.

So what are some of the essential principles embodied in motivational interviewing? As mentioned earlier, it really is client-centered. The client helps to determine the treatment plan. The clinician may have an idea about what they want the patient to achieve, so for example, if you identify your patient is drinking too much or has a serious depression then the clinician has the idea that this is a target for their client to change. However, the interview with the patient and the discussion with the patient helps to bring out what the client's own goals are and it respects the client's goals in determining the treatment plan.

It starts with a blank canvass. So, it helps the client to paint their own picture and their own subjective reality and then to write their own advertisement for change. It helps to develop the discrepancy. In other words, how does the current behavior conflict with the patient's core values? So drawing out the patient's core values first, and then helping the patient to contrast what their current behavior is and the picture of what their core values are and determine that there's a discrepancy between the way they're behaving and the way they really think they should be behaving. And while it's doing this development of discrepancy, the clinician really should avoid making unsolicited advice. So instead, they're drawing it from the patient rather than providing advice in a way that might alienate the patient.

Motivational interviewing rolls with resistance. As mentioned earlier, the patient is ambivalent about changing and so may resist change. So motivational interviewing emphasizes that this resistance is a natural phenomenon and we should try to help the client to overcome their own obstacles and not really wrestle with the patient or put force against the patient; we should roll with the resistance.

We try in motivational interviewing to support self-efficacy. In other words, the confidence that the person can change their behavior. So we have to uncover the person's efficacy and reinforce their efficacy whenever they make small movements towards behavior change. And then there are some general skills like expressing empathy for the patient to develop that bond, using good non-verbal listening skills so the patient recognizes that the clinician is paying attention, and looking at problem solving as a partnership.

Some specific tools that an MI practitioner can use are agenda setting. In other words, setting out the agenda before the conversation so the patient knows ahead of time what the nature of the conversation is about. Getting permission to ask questions or to talk with a patient about issues. So for example if someone was going to use motivational interviewing to engage in a conversation about alcohol use, the clinician would probably start by asking permission to do so such as, "Do you mind if we talk about your use of alcohol now?"

Typically, MI emphasizes using open-ended starting questions just to get the ball rolling. So after you gain permission, you might ask, "Can you tell me a little bit about your drinking pattern over the last week?" This gets the ball rolling for the patient to describe their behavior, and the reflective listening keeps the ball rolling. So if the person describes what their drinking in the past week was, then the clinician will reflect back to the patient and keep the ball rolling by showing that the clinician is attentive and is understanding what the patient is saying.

Some other tools are summarizing. So at the end, whenever the patient is finished describing what you've asked him to describe, the clinician would make a summarizing statement to reflect to the patient that the clinician understood and answers these questions of 'Where are we?' and 'Where are we going with the conversation?'

The clinician elicits self-motivational statements, so this is sometimes called "change talk.". So, what the clinician should do is try to maximize the amount of time that the patient spends talking about their own motivations, their own interest, their confidence in their ability to change uncovering any dread or reluctance and reflecting it back in a way that helps to build discrepancy between their current behavior and where they really feel like they should be.

Often when solutions are being presented or discussed with a patient, the emphasis is on developing a menu of possible options rather than a single solution. This helps to give the patient choice and presents the solutions so that they're not 'either or' rather they're a range of possible options for the patient to consider.

And finally, if the clinician does provide information or education, it's usually encouraged that the clinician ask the client to interpret the information or to restate it back to the clinician to make sure that the patient is understanding the information.

So those are some essential principles and some tools that are common in motivational interviewing. Now, we're going to talk a little bit about where you can go to find out more information.

The Core text that is sort of the "Bible" of Motivational Interviewing is written by Bill Miller and Steve Rollnick and the reference is listed here, but you don't have to buy the book to get much information about motivational interviewing because it's all over the Internet.

We've started here with the SAMHSA-Center for Integrated Health Solutions because we've used this before for our bite-sized learning. The Center for Integrated Health Solutions is an excellent starting point. Their summary of motivational interviewing is really excellent and gives additional links to other resources that go into even more depth.

Wikipedia also has a good summary overview of what motivational interviewing is.

And finally, there are three other key resources: the Motivational Interviewing website which is where the repository of motivational interviewing information as well as the MINT trainers or the Motivational Interviewing Training Association is kept there so you can find out more about where to get formal motivational interviewing training.

And two other sites here because I heard good things about these trainings. There's trainings from the National Council on Behavioral Health, you can see the link here, and UMass has a formal training program in motivational interviewing that's also very well-regarded and it's specifically geared towards primary care.

Thank you for your attention today. I appreciate it. My contact information is below.