

# Motivational Interviewing



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# Definition



- Motivational Interviewing focuses on exploring and resolving ambivalence and centers on motivational process with the individual that facilitates change.
- The method differs from more “coercive” or externally-driven methods for motivating change as it does not impose change (that may be inconsistent with the persons own beliefs or wishes); but rather supports change in a manner congruent with the person’s own values and concerns.

# Definition



The most recent definition of Motivational Interviewing (2009) is:

**“...a collaborative, person-centered form of guiding to elicit and strengthen motivation for change”.**

(Miller & Rollnick, 2002)

# Spirit of Motivational Interviewing



- The spirit of MI is based on three key elements:
  - **collaboration** between the care manager (CM) and the patient;
  - **evoking or drawing out** the patients ideas about change;
  - and emphasizing the **autonomy** of the client.

# Spirit of Motivational Interviewing



- **collaboration**
  - builds rapport and facilitates trust
- **evoking**
  - draws out the patients own thoughts and ideas
- **autonomy**
  - is empowering to the patient, but also gives them responsibility for their actions

# Principles



- **Express Empathy**
  - This approach provides the basis for the patient to be heard and understood.
- **Support Self-Efficacy**
  - The patient's belief that change is possible (self-efficacy) is needed to instill hope about making change.

# Principles



- **Roll with Resistance**

- By rolling with resistance, it disrupts any “struggle” that may occur and the meeting doesn’t resemble an argument with the patient saying, “yes, but” to what is being told to them.

- **Develop Discrepancy**

- The CM practicing MI works to develop this by helping the patient examine discrepancies between their current circumstances/behavior and their values and future goals.

# Skills and Strategies



- The practice of Motivational Interviewing involves the skillful use of certain techniques for bringing to life the “Spirit of MI”
- Demonstrating the MI principles and guiding the process towards eliciting client change talk and commitment for change.
  - ✦ Change talk involves statements or non-verbal communications indicating the patient may be considering the possibility of change.



## Technique Used in MI: OARS



- **Open-ended questions**- cannot be answered with a yes or no. They invite elaboration and thinking more deeply about an issue.
- **Affirmations**- statement that recognize the patients strength and assist in building rapport.
- **Reflections**- The patient comes to feel that the CM understands the issues from their perspective.
- **Summaries**- Summaries communicate interest, understanding and call attention to the important parts of the discussion.

# Change Talk



- Change talk is defined as statements the patient makes revealing consideration of, motivation for or commitment to change.
- This can be supported by having the patient do a Decisional Balance:
  - looking at both pro's and con's of both changing and staying the same.
  - Or you can do a Look Back/Look Forward where you ask the patient, how were things better or different before?
  - Then ask what may happen if things continue as they are?

# Change Talk



- You are using your OARS throughout this entire communication supporting their desire to make changes which will ultimately impact their overall health.
- This process is a learned technique that takes time and practice but the more you use this and work on supporting your patients to make change the better you as the CM will feel in the process.
- This creates an ease about how to assist patients to make positive changes in their lives.

# Case Study #1



- 81 year old female.
- Diagnosis of DM, Type II on insulin as well as oral medications for the treatment of her diabetes.
- The most recent A1c taken this week is 12.9.
- The physician has referred this patient for care management services as he feels he has done everything he can to educate this patient on her diagnosis of diabetes with no avail.

# Case Study #1



- The patient is less than thrilled to be referred to a CM but agrees to one face to face visit in the office following her appointment with her physician.
- When she enters the meeting room she does not make eye contact, she sits in a chair, looks out the window with her arms crossed in front of her body and says, “I don’t need to talk to you I am fine”.

# Case Study #1



- How do we talk with this patient to support her in gaining control of her diabetes and positively impacting her life?

## Case Study #2



- 78 year old male
- Diabetes mellitus, type II
- Latest A1c is 10.3 obtained 5/16/2013
- On both oral medications as well as Insulin
- Under a lot of stress at home
- Provider has asked that the care manager meet with the patient following his office visit

# Role Playing



- **Provide examples of difficult patient responses**
- **Participants provide scenarios**
- **Presenter offers ideas of motivational interviewing techniques to apply to the scenarios**



# Questions



# Resources



Motivational Interviewing in Healthcare: Helping Patients Change Behavior, by Stephen Rollnick, PhD and William R. Miller PhD.

## References



Rollnick, S. & Miller, W.R. (2002). *Motivational interviewing: Preparing people for change* (2<sup>nd</sup> edition). New York, New York: Guilford Press.