

# Motivational Interviewing in clinical practice

Motivational Interviewing is a way of building and strengthening a person's self-motivation to change, including changing longstanding behaviours that pose a significant risk to their health. It is an art as much as a science and practice is required to consistently apply the method successfully. Motivational Interviewing skills are valuable for all healthcare professionals, particularly those who frequently support patients who are ambivalent to, or hesitant about, change.

## KEY PRACTICE POINTS

- Motivational Interviewing is helpful for facilitating change in many situations, particularly when a modifiable risk factor with a behavioural component has been identified for a patient
- The method involves the healthcare professional actively listening and guiding conversation to enable the patient to voice their concerns about change as well as their motivations for making change
- The motivation for change comes from the patient, who is encouraged to consider the benefits of change and the potential outcomes if they continue as they are
- Respecting the autonomy of the patient and displaying a non-judgemental attitude are especially important during Motivational Interviewing
- Assess that the patient is ready for change before negotiating an action plan that is specific and measurable

## The "what", "when" and "how" of Motivational Interviewing

Motivational Interviewing is an evidence-based method that can be used to facilitate discussions about health issues with patients and increase their motivation to change long-standing detrimental behaviours.[1] A core principle of Motivational Interviewing is that the healthcare professional elicits a patient's motivation to change by discussing their values and goals, and guiding them to consider how these may contrast with their current behaviour or keeping things as they are.[1, 2] This process encourages the patient to consider how their life might be improved if they were to change their behaviour.

### When to consider Motivational Interviewing

Motivational Interviewing may be helpful for facilitating change in situations where a modifiable risk factor with a behavioural component has been identified for a patient.

Specifically, Motivational Interviewing is useful when a patient:

- Recognises there is a health risk associated with a behaviour but is ambivalent about change, e.g. does not want to stop smoking or drinking because they do this with family/whānau and friends
- Is not engaging in self-care behaviours, e.g. has type 2 diabetes and does not present for regular laboratory monitoring of their $HbA_{1c}$
- Does not recognise or acknowledge a health risk, e.g. continues to use e-cigarettes long-term after initially using them for smoking cessation because they perceive them as "safe"
- Has an entrenched belief, e.g. hesitancy regarding vaccination

Health conditions and lifestyle changes that Motivational Interviewing can be useful for addressing include:[1, 3]

- Reducing alcohol and substance use
- Smoking cessation
- Weight management or improving nutrition
- Increasing physical activity
- Improving medicine and treatment adherence
- Managing problem gambling or other addictive behaviours
- Reducing sexual risk-taking
- Pain management
- Stress management
- Management of long-term conditions, e.g. diabetes, asthma

Motivational Interviewing can be integrated into brief consultations. It can also be more effective if longer and follow-up conversations are possible. Consider having a clinical staff member trained in Motivational Interviewing to whom patients can be referred for extended consultations, if required. Health coaches and health improvement practitioners (HIPs) often have a key role in practices for Motivational Interviewing and supporting positive lifestyle changes.

## Motivational Interviewing uses skills that are already familiar

Motivational Interviewing involves the structured application of skills that most healthcare professionals are already familiar with, e.g. open-ended questions, active empathetic listening, affirmations, providing advice to encourage self-motivation.[1] However, to be successful these skills need to be applied in a way that is consistent with the "spirit" of Motivational Interviewing (Table 1).[1]

**Motivational Interviewing highlights the freedom of the patient to make decisions and drive behaviour change**, emphasising a collaborative therapeutic relationship where the healthcare professional avoids assuming the role of expert (similar to shared decision-making).[1] This method is very different to the traditional approach of directly giving health advice and reiterating it in an increasingly authoritative or coercive manner if patients appear to ignore it.[2] Patients who are not used to a partnership approach to healthcare may need to be encouraged during the process of Motivational Interviewing to accept the responsibility of decision-making.

## Training in Motivational Interviewing for healthcare professionals

The Motivational Interviewing Network of Trainers (MINT) is an international not-for-profit organisation that aims to promote high-quality Motivational Interviewing practice and training. A range of free educational resources about Motivational Interviewing, as well as information about local training providers and upcoming workshops, are available from the MINT Oceania website.

Motivational Interviewing trainers offer workshops in person and online throughout New Zealand, e.g. GROW with Professor Eileen Britt; for other options, search for trainers here (select either North Island or South Island)

Several educational institutes in New Zealand include Motivational Interviewing as part of post-graduate courses, e.g. HLTH430 and HLTH431 at the University of Canterbury

A free, online course on using Motivational Interviewing in brief consultations is available via BMJ Learning, here

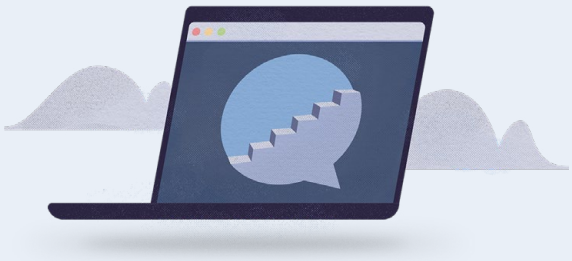


**Table 1.** The spirit and tasks of Motivational Interviewing.[1, 4]

| The spirit of Motivational Interviewing | The tasks in Motivational Interviewing |
|---|---|
| **Partnership:** a collaborative therapeutic alliance in which both the patient and the healthcare professional are seen as bringing knowledge and expertise to the consultation | **Engaging** by establishing a trusting therapeutic relationship that enables honest and non-judgemental discussion |
| **Acceptance:** a non-judgemental stance honouring the patient's autonomy of choice regarding change, goal setting and methods of enacting change | **Focusing** on the area(s) of potential change that take priority for the patient<br>→ This task may need to be repeated as additional issues arise |
| **Compassion:** prioritising the patient's needs while acknowledging their personal circumstances and life experience | **Evoking** the patient's desire and reasons for change, and how they want things to be different, to build and strengthen their motivation for change<br>→ This may occur early or late in the conversation, depending on the patient's readiness for change |
| **Empowerment:** affirming the patient and helping them draw upon their own strengths as they consider the potential for change | **Planning** together for how change can be brought about in more concrete terms, e.g. goals, strategies for change, next steps |

### Motivational Interviewing is consistent with Māori and Pacific health models

Elements of Motivational Interviewing are consistent with Māori customs and protocols (tikanga), e.g. the philosophy of partnership between the patient and the healthcare professional respects the autonomy (mana motuhake) of the patient and creates a safe and welcoming environment that acts to empower (whakamana) the patient.[5] Through the process of engagement (whakawhanaunga), the patient and the healthcare professional can consider any barriers that might need to be overcome before they can agree and focus (whakamārama) on the relevant issues (kaupapa).[5]

For further information, see: *Takitaki mai: A guide to Motivational Interviewing for Māori*

Motivational Interviewing may also be well-suited to Pacific patients. Pacific notions of va (the sacred space that exists between people, the environment and ancestors), respect and seeking harmony may lead to Pacific patients agreeing with recommendations for change and yet not doing anything to change. Instead, Motivational Interviewing involves the healthcare professional guiding the conversation so that the patient speaks about the reasons and possibilities for change, rather than directing them to a particular course of action.[6] Motivational Interviewing techniques can also be applied more broadly to facilitate both change and growth, supporting holistic health rather than the absence of illness alone.[6]

For further information, see: *A guide to Motivational Interviewing for Pacific peoples*

## The practice of Motivational Interviewing

Ask open-ended, non-judgemental questions that encourage the patient to discuss their motivations,[7] e.g.:

> *What has brought you in today to talk about your smoking?*

Open-ended questions can also be a good way to initiate a discussion about detrimental behaviour(s) that have not been raised by the patient,[2] e.g.:

> *How do you think your whānau feel about your drinking?*

One of the key goals in Motivational Interviewing is to encourage the patient to engage in "change talk", i.e. statements that reflect their desire, ability, reasons or need to change their behaviour.[7] Change talk contrasts with "sustain talk", or statements in favour of the status quo, e.g. expressions of difficulty, minimising risks, references to doubts or prior failures.[7] The overall aim is to shift the balance towards change talk, i.e. away from keeping things the same.[7]

**Change talk** can be evoked by focusing on:[1, 3]

1. Disadvantages of the status quo, e.g. *What problems has your weight been causing for you?*
2. Advantages of change, e.g. *If you were to quit smoking, what do you think might be some of the benefits?*
3. Need for change, e.g. *Why is it important that you take your medicine every day?*
4. Optimism for change, e.g. *What things have helped you through life changes in the past?*

5. Intention to change, e.g. *What is a small thing that you could do today to start making this change?*

## Use reflections to strengthen change talk

Reflections involve rewording (simple reflections) or inferring meaning from (complex reflections) the patient's statements and speaking them back to them, with the aim of demonstrating active listening and understanding and allowing the patient to hear their own change talk.[8] Double-sided reflections aim to present both sides of the patient's ambivalence and guide towards change talk; the patient's sustain talk is reflected first, followed by their change talk, with the two separated by "and" (**not** "but"),[7] e.g.:

> Patient: *I want to quit smoking for my children, but I'm not sure I can*
>
> Simple reflection: *So, you're uncertain about whether you can give up smoking, and you want to do it for your family*
>
> Complex reflection: *You're not feeling confident about giving up smoking, and you're also worried because you know that continuing to smoke isn't good for your children*

For some healthcare professionals, reflections are a normal part of their consulting style, while others may need practice to naturally generate reflections that encourage the patient to share more. As a starting point, aim to provide at least one reflection for each of the patient's answers before asking another question, i.e. avoid asking two questions in a row. Take care not to interrupt and allow pauses for the patient to think.[5]

Successful reflections evoke further change talk and the amount of talking the patient does can be used to judge the success of a reflection.[5] Indications that reflections are not successful include the patient disagreeing or interrupting, changing the subject or seeming distracted or disinterested.[5]

## Avoid creating resistance

Maintaining a non-judgemental attitude and working in partnership with the patient can help to avoid resistance to change.[2] Empathising with the patient through reflective listening and the strategic use of double-sided reflections acknowledges sustain talk while guiding them towards change talk,[7] e.g.:

> *You're worried that eating healthier food is going to be hard while still making meals that your 'āiga* [family; Samoan] *enjoy, and you want to make better food choices because you really want to lose some weight. What changes could you introduce to the family diet that would benefit your health, while keeping them happy?*

Throughout the consultation the healthcare professional affirms the patient's freedom of choice, rather than trying to push change on them. In other words, the healthcare professional's perspective is presented as an option, rather than the "right" or "only" way.[1]

## Affirm the positive

The patient's positive attributes, efforts and behaviours, particularly those that promote or reflect resilience, should be acknowledged and validated to build rapport and increase confidence in their ability to change,[7] e.g.:

> *It's clear you've worked hard to bring your blood pressure down*
>
> *I appreciate you being so honest about how you take your medicines*

Overemphasis on praise is generally avoided in Motivational Interviewing, e.g. phrases such as "well done" or "good work"; affirmations differ from praise by focusing on attributes and strengths that are specific to the patient.[8]

## Summarise at the conclusion of each topic

Summaries are a useful way of reinforcing change talk and confirming understanding,[7] e.g.:

> *Let's go over what we've talked about today, just to make sure we're on the same page. You're finding that your gambling is starting to negatively affect your relationship with your wife. You're also worried that it's impacting your son because he stole some money so he could play the pokies. Is there anything else you would like to share?*

## Ask permission before providing feedback or advice

It is important to respect the autonomy of the patient when providing feedback or advice; in Motivational Interviewing, healthcare professionals are encouraged to ask the patient's permission first,[2] e.g.:

> *Would it be helpful if I share what the guidelines recommend for a healthy diet?*

Asking a follow-up question after sharing advice is an effective strategy for emphasising collaboration with the patient.[2] This is known as the "ask-provide-ask" method,[2] e.g.:

> *How do you think that would work for you?*

Asking what the patient already knows about the topic before sharing feedback or advice is also encouraged.[8] It shows respect for their knowledge and saves the healthcare professional time sharing information the patient already knows, e.g.:

> *To make sure that I am giving you useful information, can you share with me your understanding of the best types of food to eat when you're following a healthy diet?*

Ideally, feedback or advice should be shared with patients in a neutral way.[1] Give the patient options, where possible, rather than implying there is only one way forwards, e.g.:

*Your blood pressure is 160/100. Results over 140/90 are generally considered high.*

*There are several ways of changing drinking - some people decide to stop drinking entirely, either for a short time or permanently, others choose to reduce their drinking to within the guidelines or to only drink alcohol on special occasions. You will know what's likely to work best for you.*

If there are ethical reasons why a patient needs to be told something, e.g. an immediate risk to themselves or others, the information can be prefaced with an expression of concern instead of a request for permission,[5] e.g.:

*I am concerned about you and feel that I need to share some important information about the support that is available to help keep you safe*

*I am concerned that stopping your medicine will put you at risk of becoming very unwell and I feel that I need to discuss this with you*

## Determine if the patient is ready to change

When patients express some interest in behaviour change, assess the following:[8]

- The **importance** of the change – is change a priority for them?
- Their **confidence** about making the change – do they feel able to do it?
- Their **readiness** to make the change – do they want to start immediately or are they still contemplating the timing?

**The "ruler questions" are particularly useful for evoking change talk**; ask the patient to rate how important the change is to them, as well as their confidence and readiness, on a scale of zero to ten.[8] This is a key aspect of Motivational Interviewing as it can reveal the gap between where the patient is currently and where they would like to be. The healthcare professional needs to help the patient bridge this gap before change can occur,[7] e.g.:

*On a scale of zero to ten, where zero is not important at all and ten is as important as it gets, how important is it to you to lose weight?*

*On a scale of zero to ten, where zero is not confident at all and ten is certain you can do it, how confident are you that you can exercise more often?*

*On a scale of zero to ten, where zero is not ready at all and ten is ready to start right now, how ready are you to quit smoking?*

If the patient chooses a number other than zero, they can be asked why they chose that rather than a lower number.[7] This prompts them to engage in change talk by discussing the reasons why change is a priority for them (Importance Ruler), what gives them confidence (Confidence Ruler) or what is contributing to their readiness to change (Readiness Ruler),[7] e.g.:

*It's interesting that even though you've talked about how hard making changes to your diet will be, you've given it an importance of seven out of ten. That's pretty high. Why do you think you chose seven and not a lower number?*

If the patient chooses zero (or a low number), they should **not** be asked to explain why they did not choose a higher number; this is likely to lead to discussion about why change is not a high a priority for them, i.e. sustain talk.[5] Instead, ask a question that invites the patient to consider what would increase their rating by just two points, encouraging further change talk,[5] e.g.:

*What would it take for the importance of managing your gambling to increase from a four to a six?*

*What would it take to increase your confidence about getting more exercise from a three to a five?*

*What would it take to increase your readiness to quit smoking from a five to a seven?*

This helps the patient to imagine what might make the change become more important or increase their confidence or readiness to change.[5] The hypothetical number should not be more than two points higher than the number the patient has chosen, so they do not feel like they are being pushed.[5]

## Create an action plan for change

Work with the patient to create a plan for behaviour change; it is important that this task only begins once they are ready and want or need a plan, otherwise it is likely to reduce their motivation for change.[5]

The possibility of a plan can be introduced by asking the patient questions,[5] e.g.:

*Where would you like to go from here?*

*What ideas do you have about how you can reach that goal?*

*Would you be interested in discussing a plan?*

*What might be a first step you could take towards making this change?*

The aim of this task is to make the patient's intention to change more concrete by helping them develop goals and strategies that feel possible to them.[1] Goals within the plan should be specific and measurable, e.g. only drinking alcohol on one night a week.[5] Using optimistic and hopeful language helps to encourage the patient's belief that their goals are achievable,[5] e.g.:

> *That sounds like a solid plan and I feel that you are going to be able to do it*

An example worksheet for creating an action plan for change is available here *(developed by the University of Southern California)*

## Provide ongoing support for behaviour change

After an action plan for change has been agreed, make an offer of ongoing support to the patient,[5] e.g.:

> *What can I do to help you stick to this plan?*
>
> *Is there any more information that you need?*
>
> *Are there any resources that I can give you or refer you to that might be helpful?*

It may be useful to discuss strategies for overcoming potential barriers the patient anticipates or experiences when they start making the change,[7] e.g.:

> *Since you're worried that your friends might not include you in social events if you stop drinking, perhaps you could host an event at your house to show them that you're still keen to catch up even though you're not drinking alcohol*

Arrange a follow-up appointment before the patient leaves; this helps the patient to feel supported and also provides an opportunity to assess their progress.[5]

## Accept that change is a process

Successful Motivational Interviewing requires both healthcare professionals and patients to think of change as a process.[8] If at the next consultation the patient reports that they have experienced difficulties with making the change, explore the reasons for this using Motivational Interviewing methods, e.g.:

> *Why do you think you started smoking again last week?*

Making successful behavioural changes usually takes time. Helping patients frame the challenges they encounter as opportunities to learn and develop strategies that make it more likely they will succeed in the future is a key aspect of supporting positive change.[7] Even small achievements should be acknowledged, as they are the foundation on which larger scale, long-term change is built.[2] The role of the healthcare professional in Motivational Interviewing is ultimately to be a supportive partner on the patient's personal journey towards positive lifestyle changes.[2]

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