



What is Motivational Interviewing?

Motivational Interviewing (MI) is a guiding style of communication that provides patients with the opportunity to create change in behaviors by providing a non-judgmental atmosphere. This atmosphere invites patients to consider making changes in their behaviors and elicits intrinsic motivation for change (as opposed to providers telling patients what they must change). (Miller & Rollnick, 2002).

MI is a paradigm shift for many of us, especially those trained in a prescriptive style of communication. We engage in MI as we dialogue with people about many areas of behavior change. MI is not a technique, and it is not a switch that we turn on and off.

We talk about the “Spirit of Motivational Interviewing” which includes the following:

- Person-centered approach;
- Invitation to a collaborative partnership between patient and provider;
- Listening more than telling:
 - eliciting information rather than instilling;
- Placing the responsibility for change with the patient and not the provider;
- Being respectful:
 - asking permission,
 - honoring autonomy,
 - resourcefulness, and
 - providing the ability to choose or make decisions;
- Avoiding coerciveness;
- Increasing intrinsic motivation through thoughtful dialogue and careful listening.

For more information visit us at <https://5210.psu.edu> or email at 5210@psu.edu.



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5210 Healthy Military Children is adapted from Let's Go! www.letsgo.org.



Why Use Motivational Interviewing

There are several reasons to use Motivational Interviewing (MI); the most compelling however, are research outcomes:

- Through this research, we know that MI plus “*active treatment*” works exceptionally well.

Active treatment can include MI plus:

1. Nutrition education
 2. Physical therapy
 3. Exercise program/support
 4. General health education
- We also know that there is a larger effect size (i.e. works better with) with minority samples than with Anglo/White samples. We think this outcome is true because
 1. MI is congruent with cultural values of many minority populations.
 2. The power hierarchy is diminished when engaging in MI.
 - We also know that the very first meeting matters and that **MI can make a difference in just one 15-minute interaction.**

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Barriers to Utilizing MI

| Barriers/Concerns | Suggestions/Comments |
|---|---|
| I have a checklist of things to get through during my patient visits – how can I incorporate MI in such a short amount of time? | Finish everything on the checklist first. Then start using MI. As you get more practice with MI, it becomes easier to incorporate MI into all aspects of the visit. |
| How can I effectively give the patient information I deem important while also doing MI? | Using both MI and active treatment (nutrition info, physical therapy, etc.) has proven to be quite effective. Aspects of MI are not always appropriate, and you should use your clinical judgment when determining if instruction should be used. |
| I've been a practicing physician for 20 years and I have a certain way of doing things. How can I start including MI now? | Though it is hard to change our routine habits, it is best to start slow and work towards incorporating MI at your visit. It doesn't have to happen all at once! |
| My patients don't want to make these decisions. They are coming to me for expert advice and direction. | Some patients are not receptive to MI, so it is important to understand their expectations when they come in for a visit. Though you may be the clinical expert, they are the expert on themselves. It is best to work together by joining your clinical expertise and their personal knowledge. |
| MI takes too much time. | MI does not really take any longer than other visits and the first visit is always the most important. Patient outcomes can be influenced in the first 15 minutes of a visit. |
| MI leaves too much of the process up to the patient – I need to make sure that they actually change so they can get healthier. | It is not your responsibility to make the changes. You are there to facilitate the process. Your role is to help the patient identify the problem. If they identify it, then they usually feel responsible to change. If you identify it, however, they are more likely to resist and make excuses for their behaviors. |
| When using MI, patients see it as talking down to them. | MI is a genuine practice – it is not about convincing people or about tricking them into doing something. Patients know you have an agenda, so it is best to practice transparency. After all, isn't your agenda to foster a healthier patient population? Try to get the patients involved by giving them options and truly listening to their concerns. |

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Traditional Encounter

Scene: Provider Office

Characters: Provider and Overweight Adolescent

Greetings and small talk

Provider: Your weight continues to gradually climb. If this keeps up, you'll be at risk for serious complications like diabetes and heart disease. Do you understand how important it is to change your lifestyle?

Adolescent: Yes, I do, but it's really hard.

Provider: Now is the time to make changes. You need to increase your physical activity levels and eat healthier foods. You should be getting at least one hour of physical activity every day.

Adolescent: Okay.

Provider: Here are some handouts about the importance of physical activity and healthy foods.

Adolescent: Okay. *sigh*

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MI Encounter

Scene: Provider and overweight adolescent. Part of a Well-Child visit

Time: < 3 minutes

Physician: Do you mind if we take a few minutes to discuss ways to stay healthy and energized?

Adolescent: Okay.

Physician: How do you feel about your health and energy levels?

Adolescent: Alright, I guess. I know I'm overweight, but I'm just not sure what to do about it. People always tell me to eat more vegetables, but I don't like them. Also, I don't usually have a lot of energy.

Physician: Ah, so you know you are overweight and your energy levels are low.

Adolescent: Yeah.

Physician: Would you be interested in learning about ways to achieve a healthy weight and have more energy?

Adolescent: I guess so. As long as it's not just "Eat more vegetables".

Physician: Sure. Let's explore some different things. One thing that is often associated with overeating and sedentary behavior is screen time. Could we talk about that?

Adolescent: Okay. What do you mean by screen time?

Physician: I mean TV, movies, videos games and computer.

Adolescent: Ah, yes. I watch a lot of TV.

Physician: Do you think you watch too much TV?

Adolescent: Yeah, probably. I watch it when I get home from school and then before I go to bed. There's usually nothing good on, there's just nothing else to do.

Physician: You know you watch a lot of TV, but it sounds like it's out of habit or boredom a lot of the time. Did I hear you correctly?

Adolescent: Yes.

Physician: Would you like to consider reducing your screen time?

Adolescent: Yes.

Physician: Great. Let's discuss some next steps . . .

Invite adolescent to come back for a planned visit around healthy weight. At this planned visit, the provider would have time to further delve into the spirit of Motivational Interviewing.

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Elicit Behavior Changes

Open-ended:

- Can you tell me a little more about _____?
- What things do you do on a regular basis to stay healthy?
- Can you describe activities that you and your family do that are physically active?
- What is it like to live with diabetes?
- If you made the decision to _____, what are the steps you would take?
- What would be different about your life 3 months down the road if you make (or don't make) this change?
- How would you benefit from making a change?
- Why would you want to _____?
- Highs & Lows – Explain something that's really good and something that is bad.

Affirming:

- I understand how hard it can be to talk about these things and I appreciate you opening up.
- I think you're making a great choice in wanting to improve your health.
- Wow! I'm impressed by your motivation to make some life changes.
- You're doing great!

Reflective Listening:

- You are making legitimate lifestyle changes, but it doesn't feel like it's making a difference.
- You really want to make some changes, but you're not sure how those changes will fit with your current schedule.
- It sounds like _____ has actually complicated things.
- You are very worried about _____.

Summary:

- Do I understand this correctly?

Focused Advice:

- Ask permission
- Do you have any ideas on how to facilitate the change?
- Some things have worked well for other patients, including _____
- Gauge client's reaction: how do you feel about the things we've discussed/my advice?

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The Readiness Ruler

How Ready Are You To Get More Energy?

Not Ready  Ready

0

1

2

3

4

5

6

7

8

9

10

What would make me more ready?

What might my next steps be?

What is my plan?

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