

Using Motivational Interviewing in Routine Care

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Why do we need to be motivational?

(Can't we just tell people what they need to do?)

- Brief professional advice is effective (especially with problematic drinking).
- However, many patients either ignore this advice or are resistant to the idea that they have a problem.
- Repeated attempts to merely advise such patients has been shown to *increase*, vs decrease resistance to change behavior.
- Therefore, brief motivational interventions have been developed and tested.

Motivational Interventions

- **Confrontational**
 - “If you don’t stop drinking, you’re gonna kill yourself!!”
- **Cognitive-Behavioral (Educational)**
 - “We can teach you coping strategies, such as those that will help you avoid the things that trigger alcohol use, or that make you want to drink.”
- **Patient-Centered**
 - Motivational Interviewing (Miller & Rollnick, 1991)
 - Motivational Enhancement Therapy (Project MATCH)

Motivational Interviewing (MI)

- Before you can facilitate motivation in a pt, you need to know how motivated they are to begin with.
- In MI, we do not assume that pts are VERY motivated and ready to take advice
- Behavioral change does not require 100% motivation
- Motivation is a complex construct, not just willingness to change or will power
- How we ask questions and how we respond to pt's views on behavior change is a powerful determinant of change.
- Finally, in MI, **the pt's words** concerning change, not the dr's, is what ultimately motivates change.

A “boiled-down” version of Motivational Interviewing

Rollnick, S., Mason, P. & Butler, C. (1999).
*Health behavior change: A guide for
practitioners.* Churchill Livingstone).

3 Basic MI Skills

- **Assess motivation**, which is comprised of...
 - Importance
 - Readiness
 - Confidence
- **Ask Open-ended Questions** about pts' responses to this assessment
 - “What are some of the ways that alcohol has interfered with other things that are important to you?” vs. “Is alcohol a problem for you?”
- **Respond Reflectively**
 - “It sounds like you’re saying...”
 - “The way you see this problem is...”
 - “From your perspective, the good part about drinking is...”

When should you use a motivational intervention?

- AFTER screening

BUT...

- **BEFORE recommendations/advice.**
 - This helps the Dr frame his/her suggestions in a way that matches the pt's perceptions (something that is associated with good outcomes).
 - Finally, if pts feel heard, then they will better hear our recommendations.

The **QUICKEST** motivational strategy is to ask the following Qs...

- 1) How **important** is it for you to change any aspect of your drinking/drug use (& what aspect would that be) on a scale from 1-10? (1=least motivated; 10=most motivated)

The pt gives a number...DR says, "Why not LOWER?"

- 2) How **ready** are you to make that change (or start making that change) right now on a scale from 1-10?

The pt gives a number....DR says, "Why not LOWER?"

- 3) How **confident** are you that you can make that change (or start making that change) on a scale from 1-10?

The pt gives a number....DR says, "Why not LOWER?"

What makes this simple shift work?

- If you ask pts to tell you why they are not MORE motivated (i.e., why the number is not HIGHER), they will, in fact, tell you why they are not more motivated (i.e., you're asking for excuses).
- By asking why the number is not LOWER, the pt cannot help but to give you some kernel of motivation.

The **SLIGHTLY MORE INVOLVED** **APPROACH**

- Ask the above Qs (from the “Quickest” approach), **PLUS** do the following...
 - 1) After the patient tells you ‘why not lower’ for each Q, you **REFLECT OR RESTATE** what the patient says (Remember to mirror **THEIR** perspective and affect, even if they are saying something resistant)
 - 2) Ask an open-ended Q about it in a neutral manner (e.g., “What do you mean exactly?”, or say, “Tell me more about that.”)

The **DELUXE MODEL**

- Do ALL OF THE ABOVE (“Quickest” + “Slightly more involved” approaches) PLUS...
 - 1) Ask the patient about the **PROS & CONS OF CHANGE** (continuing to do reflections & open-ended Qs after each)
 - 2) **Summarize** the interaction (simply a recapitulation of all or most of the reflections you already made)
 - 3) After giving your recommendations/advice, tell the pt that, while this is your strongest medical opinion, **IT IS ULTIMATELY UP TO THEM TO MAKE THE DECISION AS TO HOW TO PROCEED.**
 - 4) **Agree to disagree** if resistance is very high and leave the issue open, asking merely for a commitment to re-address issue next time.