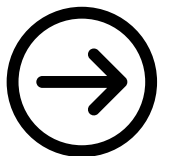


MINT
+PYSCH

Motivational Interviewing

Registrar Education Series

Updated February 2023



What?

Approach?

Fundamentals

Stages of behavior change

Examples & Pearls



What?

What is motivational interviewing?



How to approach motivational interviewing

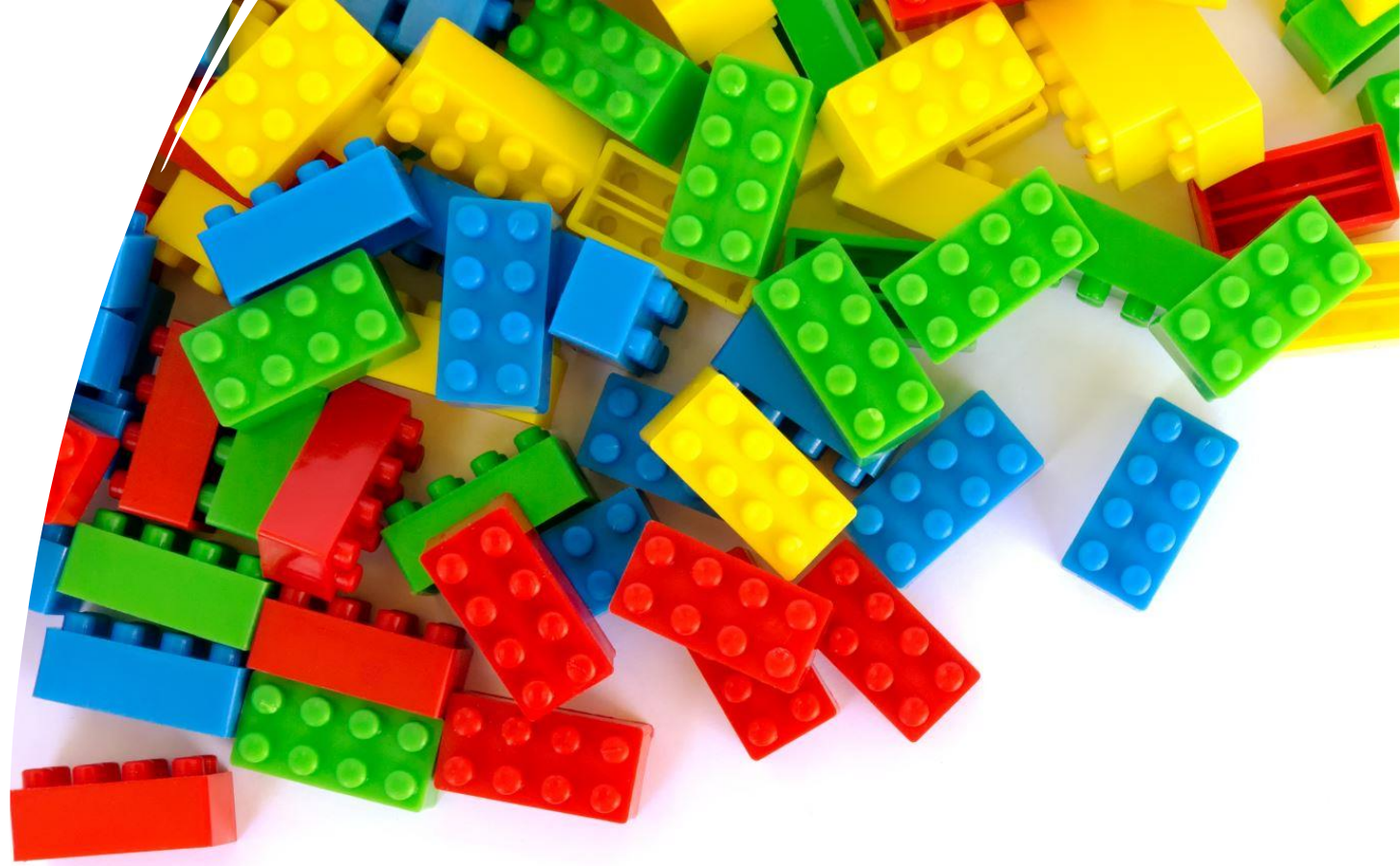
What are the principles to keep in mind when starting a conversation with a patient?



Fundamentals?

What are the four fundamental processes of motivational interviewing?

How is each used?



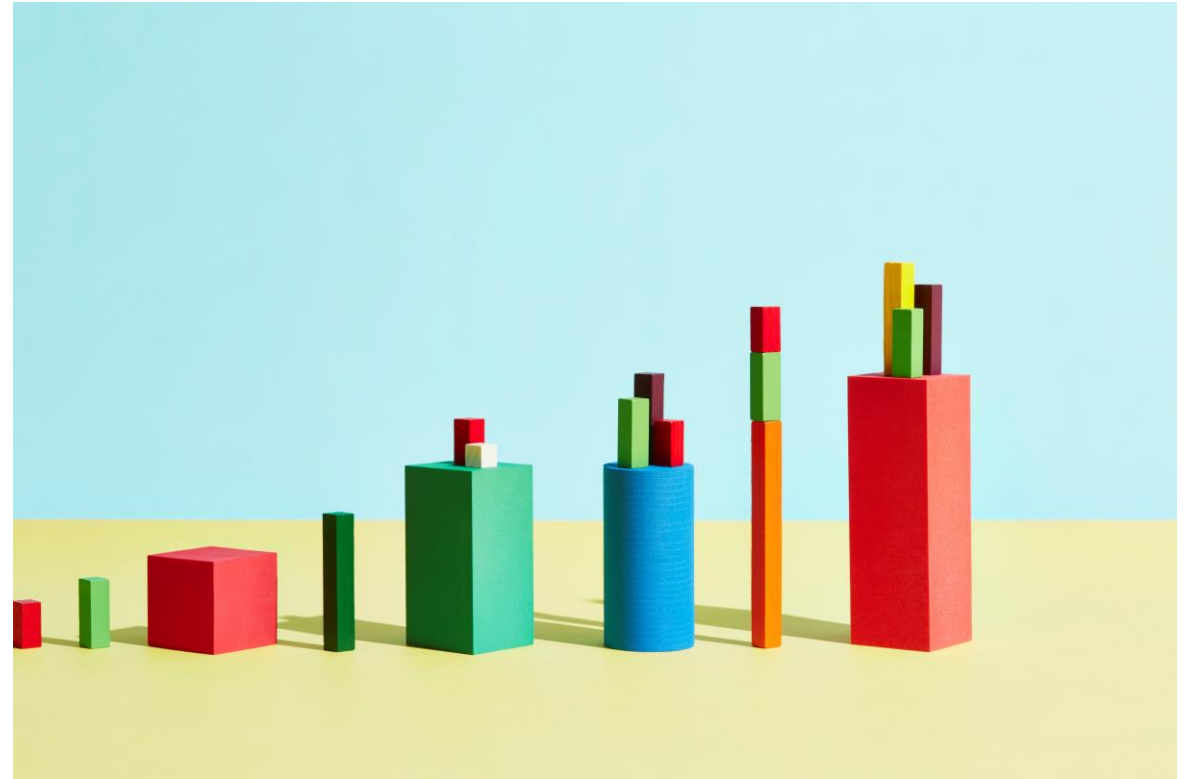
Stages of behavior change?

- What are the different stages of behavior change?
- What characterizes each stage?
- What approach can be taken at each stage?



Examples?

What are examples of times motivational interviewing can be helpful?





What

Motivational interviewing aims to encourage the patient's **autonomy** in decision making where the clinician acts as a **guide**, clarifying the patient's strengths and aspirations, **listening** to their concerns, boosting their **confidence** in their ability to change, and eventually **collaborating** with them on a plan for change.

The process consists of engaging patients, deciding on what to change, evoking their reasons for making the change, and agreeing on a concrete plan.



Approach

Collaborative Process

- Provider is an expert in the disease, the patient is the expert of their life.
- Use open ended questions with affirmation, reflection and summarizing

Evocation

- MI draws out the person's priorities, values and wisdom.
Empowers people

Acceptance

- Nonjudgmental stance. Curious. Seeks to understand the person's perspective, expresses empathy. Normalizes. Respects person's right to make informed decisions.

Compassion

- Actively promotes and prioritizes the patient's welfare and well being



Fundamentals

Engaging



Focusing



Evoking



Planning

Engaging

- This is the foundation of MI. The goal is to establish a productive working relationship through careful listening to understand and accurately reflect the person's experience and perspective while affirming strengths and supporting autonomy.



Focusing

- In this process an agenda is negotiated that draws on both the client and practitioner expertise to agree on a shared purpose, which gives the clinician permission to move into a directional conversation about change.



Evoking

- In this process the clinician gently explores and helps the person to build their own “why” of change through eliciting the client’s ideas and motivations. Ambivalence is normalized, explored without judgement and, as a result, may be resolved. This process requires skillful attention to the person’s talk about change.



Planning

- Planning explores the “how” of change where the MI practitioner supports the person to consolidate commitment to change and develop a plan based on the person’s own insights and expertise. This process is optional and may not be required, but if it is the timing and readiness of the client for planning is important





Stages of behavior change

Pre-Contemplative



Contemplative



Preparation



Action



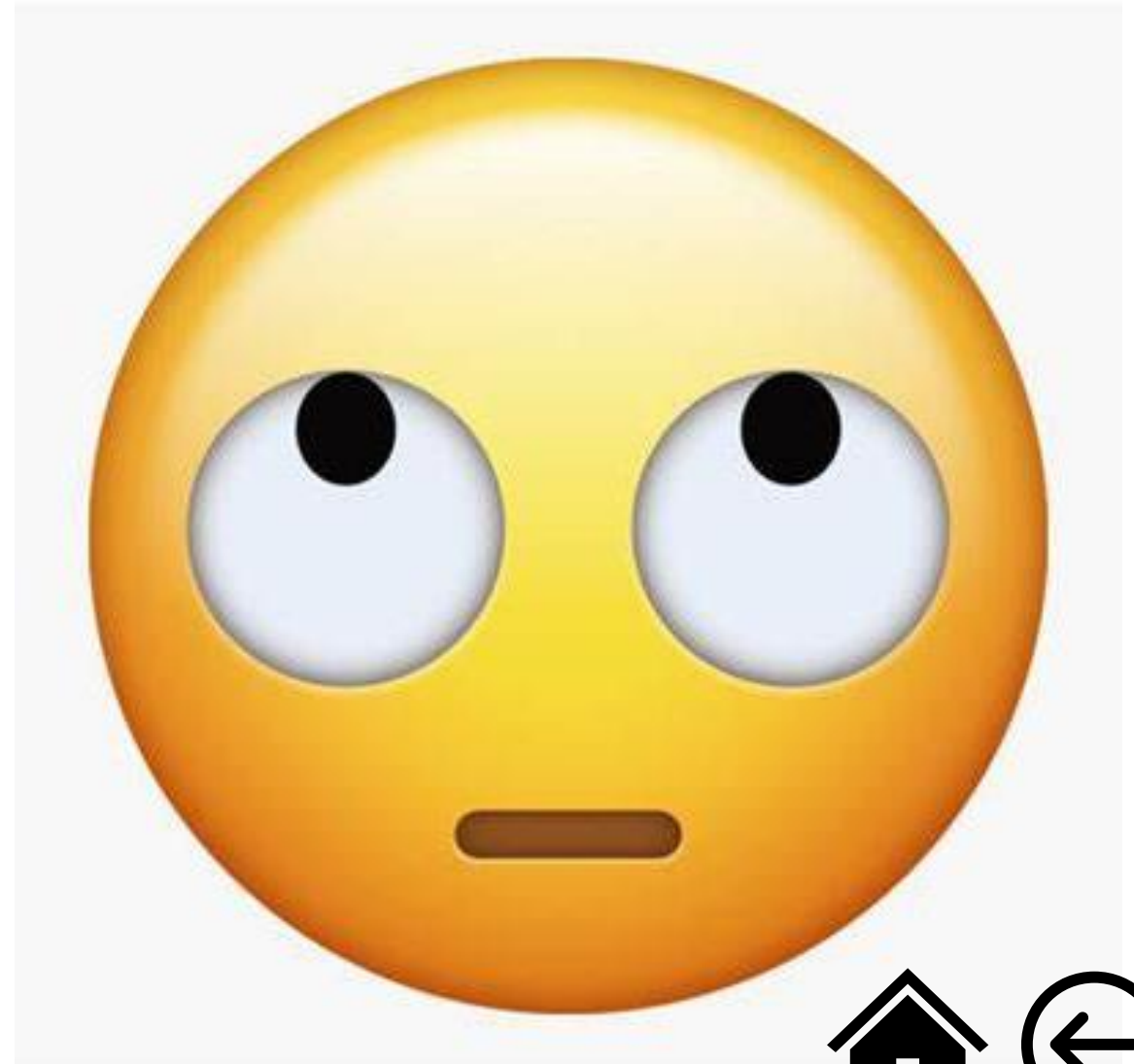
Maintenance



Relapse

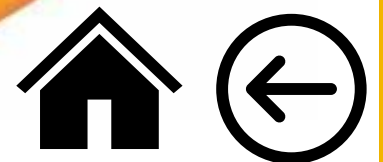
Precontemplation

- No intention of changing behavior
 - Why have you not thought about quitting?
 - “Because I like it.”
- Increase perception of risk
 - Ask-tell-ask
 - What will take you from a 0 to a 3?
 - Follow up next visit after the seed has been planted
- Do not lecture
 - Roll with resistance



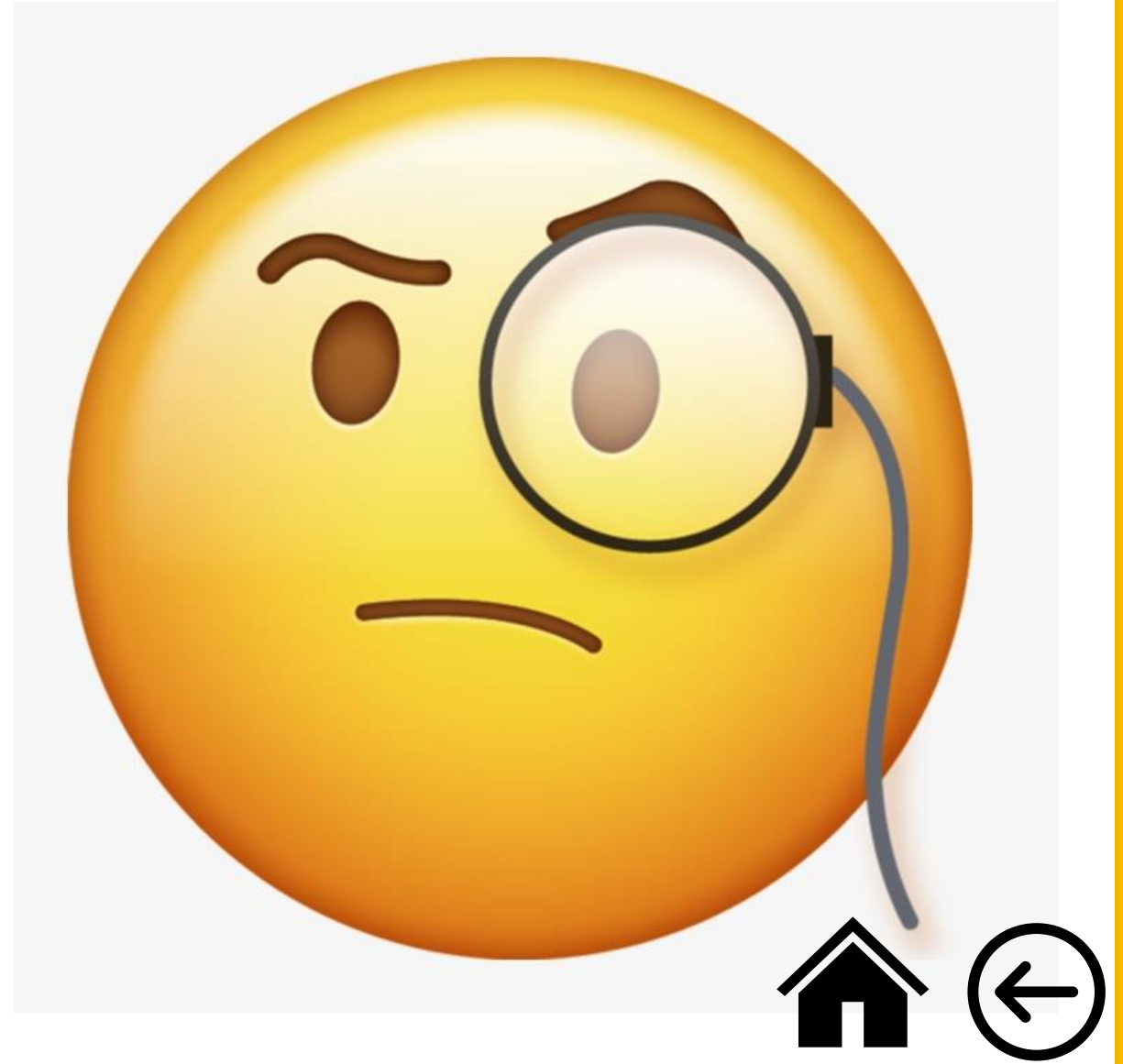
Contemplative

- Aware of a problem, but there is no commitment to a change
 - Importance will be high 7-10
 - Likelihood of change is low 0-3
- Elicit pros and cons
 - Have this in writing for them to reflect on
 - Do not give unsolicited advice
- Celebrate small changes



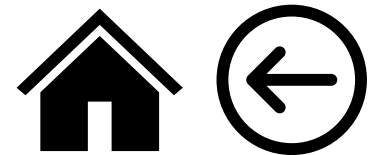
Preparation

- Motivated to change but have not started
- Make a plan together based on evidence-based approaches
 - Use their strengths
 - Present them with choices
 - Set a date
- Acknowledge courage needed for change



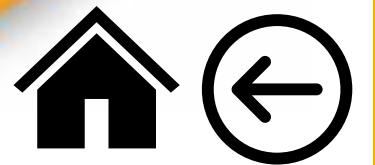
Action

- Active modification
- Celebrate victories
- Problem solve barriers



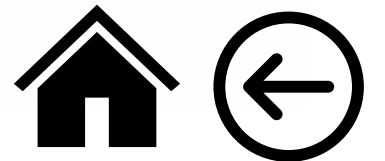
Maintenance

- Sustained change
- Focus on relapse prevention



Relapse

- Remember principles
 - Nonjudgmental
 - Stay curious
 - Normalize relapse
 - Empathy
 - Collaboration
 - Patient is the expert in their life
 - Autonomy for informed decision
- Build efficacy based on past success





Examples

Medication adherence

Healthy diet

Physical activity

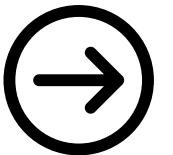
Smoking cessation

Alcohol overuse

Accepting counseling

Do screenings

Follow up on testing





Pearls

Avoid Yes and No questions

Roll with resistance

Evoke change talk

- How would you.....what are barriers...

Ask-tell-ask

Use scales

- 0-10 (How important.....? How likely.....? How confident.....?)
 - What made you say 4 instead of 2?
 - What will get you from a 4 to a 7?

Reflective listening

- Explore their concerns regarding barriers/benefits of a typical treatment plan

