

Motivational Interviewing

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Conflict of Interest

None

Objectives

At the end of this presentation, audience will be able to

1. Describe the conceptual framework of Motivational interviewing
2. List and describe the therapeutic techniques used in Motivation Interviewing
3. Develop familiarity with current evidence for cross domain effectiveness of MI

What is Motivational Interviewing

Clinical Skill to help

- Decrease Ambivalence
- About Behavioral Changes
- That enable Positive Impact on Health

Conceptual Basis

Transtheoretical Model (Stages of Change Model)

- Developed by Prochaska in 1970s
- Based on observations in smoking cessation studies
- **Behavior Changes** do not happen decisively and quickly but
- Happen over time in a **Cyclical Process**



Stages Of Change

Precontemplation

No intention to take action in the foreseeable future (usually measured as 6 months)

Try to determine reason why patient is in this stage

- Lack of information
- Misinformation
 - 'but it's a natural product, how can it be harmful!'
- Multiple past unsuccessful attempts, demoralization

Contemplation

Likely to change in the next 6 months

Aware of the pros of engaging in unhealthy behavior

But also aware of undesirable consequences of behavior

Not ready for action oriented programs but receptive to discussion

Preparation

At a stage where

- Making plans to act in the near future (usually within a month)
- Plans such as setting a 'quit date', starting a gym membership, starting counseling etc.
- Ready to be enrolled in action-oriented programs

Action

Specific, deliberate positive behavioral changes in near past (usually 6 months)

Action should reduce risk for disease for example

- Quitting smoking
- Being adherent to insulin administration as recommended

Maintenance

Already made specific and deliberate positive behavioral changes

Now in the 'relapse prevention mode'

Some amount of behavioral modification continues but not at the intensity as during Action stage

Improvement in confidence in sustaining remission

Duration range between 6 months to 5 years

Conceptual Basis

Clinician **Adapts Intervention**

Based on patient's **Current Stage of Change**

Principles of Motivational Interviewing

Develop Discrepancy

Avoid Argumentation

Roll with Resistance

Express Empathy

Support Self Efficacy

Develop Discrepancy

Inquire about

- What is important to the patient, their life goals
- What they 'get' from engaging in behavior

Highlight

- **Discrepancy** between continuing this behavior and
- Their life goals

Avoid Argumentation

If patient is not in a contemplative state or beyond, **Avoid**

- Confrontation
- Trying to prove a point
- Getting into a power struggle
- Trying to convince them that they are in denial

Roll with Resistance

Reframe and Reflect

- In a way that decreases resistance
- ‘you don’t seem to like this idea’
- ‘we seem to be getting into an argument’
- ‘it’s up to you, but we can always discuss this later, if you want’
- Non-judgmental stance.....
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Express Empathy

.....Non-judgmental stance

Communicate

- Respect for and Acceptance of patient's feelings
- Acknowledge barriers while Encouraging patient to present Solutions

Support Self Efficacy

Gentle Persuasion instead of directiveness

Encourage patient to take Responsibility

Encourage patient to come up with Solutions

Convey that they are In-Charge of their recovery

Evidence for Motivational Interviewing

2004: RCT with 200 people age 16-20 years with substance use

Intervention: single 1 hour MI session

Measure:

- Change in self reported drug use
- Change in self reported perceptions of risk and harm
- Measurements at recruitment and 3 month follow up

Moderate to large effect size supporting effectiveness of intervention, effect size larger in heavy users

Evidence for Motivational Interviewing

2014:

- Systematic review and metanalysis
- 10 studies included
- To study effectiveness of MI in increasing physical activity in person's with chronic medical illnesses
- Small effect size confirming effectiveness of modality
- **Larger effect size if concepts of MI were adhered to with greater fidelity**

Evidence for Motivational Interviewing

2007: RCT with 66 teenagers with DM Type I

Intervention group: MI individual sessions for 12 months

Control group: supportive sessions

Outcome Measures: baseline, 6, 12, 24 month HbA1c and self report QoL and wellbeing

Mean HbA1c lower in intervention group, effect maintained at 24 months

QoL and wellbeing better in intervention group, some items in the scale maintained

improvement at 24 months

Motivational Interviewing in Primary Care

2014: Systematic Review and Meta-analysis of 12 studies

To determine effectiveness of MI in cross domain health behaviors

9 out of 12 RCT demonstrated effectiveness of MI

As little as 1 15-20 minute session found to be effective

In Summary

MI is a well known and validated intervention for promoting healthy target behaviors

It can easily be done in busy primary care settings in a limited time

Evidence for cross domain effectiveness

Evidence for effectiveness across age groups

Evidence for effectiveness of even a single session