



# Motivational Interviewing (MI) a necessity in Medical Education

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# Disclosure

I have no actual or potential conflict of interest in relation to this presentation.




# Objectives

- ▶ Define Motivational Interview (MI) (What)
- ▶ Look at the elements of MI (What)
- ▶ Evidence behind utilization of MI (Why)
- ▶ MI in Medical Education (How)
- ▶ Sample cases for MI Workshops





# The truth about Advice

- ▶ It has a very short half-life
  - ▶ Very few people like to listen to it
  - ▶ Particularly when a hierarchical approach is utilized to deliver it
  - ▶ It is similar to a flu shot, need to ask the patient if he/she wants it before giving it to them.
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# Motivational Interviewing (MI)

- Developed by William Miller and Stephen Rollnick in 1991<sup>1</sup>.
- “Motivational interviewing is a directed, client-centered counseling style for eliciting behavior change by enabling clients to explore and resolve ambivalence.”<sup>2</sup>
- It is different than traditional counselling in that
  - **It is goal focused and directed**
  - **It is collaborative**
  - **It is client centered**
- It is a directed collaborative person-centered goal oriented conversation that strengthens the individual’s motivation by encouraging him/her to address doubts about the change.



# Motivational Interviewing Principles<sup>3</sup>

- ▶ Motivational interviewing' relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change.
- ▶ Motivation to change is elicited from the client and not imposed from without.
- ▶ Motivational interviewing is designed to elicit, clarify, and resolve ambivalence and to perceive benefits and costs associated with it.
- ▶ Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
- ▶ Resistance and 'denial' is often a signal to modify motivational strategies.
- ▶ Eliciting and reinforcing the client's belief in ability to carry out and succeed in achieving a specific goal is essential.
- ▶ The therapeutic relationship is a partnership with respect of client autonomy.
- ▶ Motivational interviewing is both a set of techniques and counselling style.
- ▶ Motivational interviewing is directive and client-centered counselling understanding and eliciting behavior change.



# Elements of Motivational Interviewing<sup>4</sup>

## ▶ **Expressing empathy**

- ▶ Visualize what the patient is going through. Requires you to listen and reflect
- ▶ Must be real. It signifies non-judgmental acceptance and sincere desire to help

## ▶ **Supporting self-efficacy**

- ▶ Help patient believe that success is attainable
- ▶ This belief is critical in motivating people to change

## ▶ **Rolling with resistance**

- ▶ When there is resistance, the idea is not to challenge but seek clarification
- ▶ Presence of resistance should signal the interviewer to obtain more information

## ▶ **Developing discrepancy**

- ▶ Help patient be aware of how their behavior is at odds with what they want
- ▶ It is the catalyst for change





# Applications of MI<sup>5</sup>

- ▶ Public health & workplace
- ▶ Sexual health
- ▶ Dietary change
- ▶ Weight management
- ▶ Voice therapy
- ▶ Gambling
- ▶ Physical activity
- ▶ Stroke rehab
- ▶ Chronic pain
- ▶ Medication adherence
- ▶ Diabetes
- ▶ Mental health
- ▶ Addictions
- ▶ Fibromyalgia
- ▶ Chronic leg ulceration
- ▶ Self-care
- ▶ Criminal justice
- ▶ Vascular risk
- ▶ Domestic violence



# Where is the evidence?

- ▶ Systematic review and meta-analyses of 72 RCTs in 2005 by Rubak et al.,<sup>6</sup> showed:
  - ▶ Significant effect of MI on Body Mass index, total blood cholesterol, systolic blood pressure, blood alcohol concentration and standard ethanol content.
  - ▶ MI outperformed traditional advice giving method in 80% of the studies.
  - ▶ MI can be effective even in brief 15 minute encounters.
  - ▶ Effect of MI increases with more than one encounter with the patient.
  - ▶ No adverse effect or harm.
  - ▶ Equal effect of physiological as well as psychological pathologies



# MI in Medical Education

- ▶ Excellent tool to teach medical students
- ▶ High impact on behavior change
- ▶ Best learned in workshops with feedback
- ▶ Can use practice tapes and/or expert coaching sessions
- ▶ Can be done during communications skills module
- ▶ Will develop confidence
- ▶ Enables them to understand patient centered care
- ▶ Helps in dealing with “difficult patient”



# MI in Medical Education-Research

- ▶ Evaluation of a Motivational Interviewing Training for Third-Year Medical Students showed 4 hour workshop improved confidence knowledge and skills among medical students (Gecht-Silver et al., Feb 2016)<sup>7</sup>.
- ▶ Third year medical students can learn to use MI skills that specifically aim to enhance patients' motivations for change. Medical schools should consider providing students with MI training and MI skill assessments using standardized patient cases to help students prepare to counsel patients for behavior change<sup>8</sup>.
- ▶ On the optional evaluation of the first-year MI curriculum by 112 students, 83% felt that the MI curriculum had helped them be more comfortable in discussing behavior change with patients and 98% felt it was an important skill for physicians to have<sup>9</sup>.



# Teaching MI- Learn the Spirit<sup>10</sup>

- ▶ Spirit of MI (**CAPE**)
  - ▶ **Compassion**
    - ▶ You actually have to care about the outcome
  - ▶ **Acceptance**
    - ▶ Accept patient's experiences, limitations and barriers
  - ▶ **Partnership**
    - ▶ Recognize that patient physician relationship is of utmost importance
  - ▶ **Evocation**
    - ▶ Encourage patient to find solutions to their problems



# Teaching MI – Learn the Concept<sup>10</sup>

## ▶ **Assess Readiness**

- ▶ Gives you an idea of motivation, which fluctuates and so do the needs of patients.
- ▶ Recognizing shifting readiness is key skill in MI

## ▶ **Recognize Ambivalence**

- ▶ Is normal and patients who want change have it
- ▶ Allow patients to explore the ambivalence
- ▶ Avoid being defensive

## ▶ **Embrace Resistance**

- ▶ Think why the patient is resisting ? Patient versus Counselor
- ▶ Good indicator for change in approach



# Teaching MI – Learn the Skill- 1<sup>10</sup>

## ▶ **Empathic Listening Skills**

- ▶ Increase the number and accuracy of reflective listening statements
- ▶ Decrease the proportion of questions

## ▶ **Elicit Self-Motivating Statements**

- ▶ Do not present arguments for change rather obtain from the patient

## ▶ **Responding to Resistance**

- ▶ Usually because the assessment of readiness for change is inaccurate
- ▶ Undermine the oppositional nature of the session



# Teaching MI – Learn the Skill- 2<sup>11</sup>

- ▶ Practice these skills in eliciting information from patients (**OARS**):
  - ▶ **Open ended questions**
    - ▶ “What do you like about smoking?”
  - ▶ **Affirmations**
    - ▶ “So it helps you forget all your problems.”
  - ▶ **Reflective Listening**
    - ▶ “You forget the problems and you also fear the risk of cancer.”
  - ▶ **Summary Statement**
    - ▶ “So you smoke to forget your problems but you don’t like the fear of developing cancer....What would you like to do?”



## Simulated Patient “Ahmed”: MI in a minute

- ▶ Ahmed, male, age 38 is about to exit your busy clinic when he says “I know smoking is not good for me and you have told me many times and I think I need to stop.”
- ▶ Strategy:
  - ▶ Ahmed shows readiness to change
  - ▶ Support self-efficacy and strengthen his motivation for change
  - ▶ Ask about why he wants to stop smoking and carefully listen and reflect
  - ▶ Provide affirmation and summarize
  - ▶ Make a plans for a return visit.

# Simulated Patient “Mario”

- ▶ Mario, male age 45, comes in for his 9 am appointment and clearly smells of alcohol and looks exhausted. You ask how he is doing and he responds “I am well. I just need my medications renewed.”
- ▶ Strategy:
  - ▶ “You look tired and I see that you have been drinking is everything alright?”
  - ▶ Determine readiness for change, “How do you feel about the amount you drink?”
  - ▶ Reflect “So I understand you don’t think it is an issue.”
  - ▶ Roll with resistance “Sometimes there are other ongoing issues that are perceived to be more important, are there any?”
  - ▶ “Yes my drinking is not an issue, the stresses in my life are.”
  - ▶ Summarize” It seems you have lots of stresses in your life that’s affecting your life.”



# Key skills to be developed

- ▶ Setting the agenda
- ▶ Eliciting pros and cons
- ▶ Assessing the importance and confidence
- ▶ Exchanging information
- ▶ Setting goals
- ▶ Strategizing for dealing with resistance
- ▶ **Be able to assess readiness and ambivalence to change in patients and correctly distinguish appropriate counselling strategies by:**
  - ▶ recognizing change talk
  - ▶ responding to change talk



# Developing MI Skills

- ▶ MI skills grow as the number of encounters increase
- ▶ New skills are learnt with more experience.
- ▶ Teach the skill in small group workshops and provide feedback
- ▶ Allow the students to develop their own style
- ▶ Encourage the usage of key transition statements
- ▶ Monitor their progress throughout their clerkship
- ▶ Students should employ and practice within their clinical rotations
- ▶ **Students should know that being an expert/educator may not be the best way by which change can be brought about in a patient.**



# Additional Resources

- ▶ [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)
- ▶ [www.motivationalinterview.net](http://www.motivationalinterview.net)



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