



MOTIVATIONAL INTERVIEWING

An introduction to Medical Personnel

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INTRODUCTION

Welcome to this guide that describes the introduction to medical personnel for the intervention strategy Motivational Interviewing. This project was created under the projects for the Behavioral Management Course as part of the Applied Developmental Psychology Master Program at the University of Pittsburgh.

I am a graduate student for this program and I would like to share with you the concepts related to this intervention strategy in order to let you know the characteristics, situations, places, and settings in where you can use that, and the recommendations you should follow to obtain successful outcomes in the patients.

The guide focuses on recommendations to use Motivational Interviewing in children and adolescents. It begins with the definition from different authors to understand this kind of intervention strategy and continues with a glossary of terms.

To understand how to apply it you will find a case. The first phase is a description of the case without Motivational Interviewing and the second phase is with the concepts applied. It gives an idea about how the theory could be applied to the practical experience.

To support all the concepts I am explaining in this guide you will find at the end the summaries of five evidenced-based research articles related to the topic. Those were published between 2005 and 2007.

I would like to thank your interest in this topic. I hope you find this guide useful for understanding how to apply the intervention strategy to build a better relationship with your patients, to improve adherence to treatments, and therefore to obtain positive behavioral outcomes.

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DEFINITION

What Motivational Interviewing is?

There are different definitions by different authors related to this concept. Those describe what Motivational Interviewing is, what it implies, and what the goal is. Also, what it facilitates in the medical setting, and why it is considered an intervention.

Motivational Interviewing is one particularly efficacious form of Brief Interventions (BIs) used extensively with health risk behaviors. (Erickson, S.J., Gerstle, M., & Feldstein, S.W. 2005)

Motivational Interviewing implies the stages of change. Its goal is to help families to increase their motivation or readiness to change. (Gance-Cleveland, B. 2005).

Motivational Interviewing is a strategy to facilitate compliance with treatment recommendations in pediatric clients and their families. It is a patient counseling technique that facilitates the interaction between the Nurse Practitioner and the patient to achieve positive behavior. (Gance-Cleveland, B. 2007).

Motivational Interviewing is a scientifically tested method of counseling clients and a useful intervention strategy in the treatment of lifestyle problems and disease. (Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. 2005).

"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.", Blaise Pascal, *Pensées*, (1670).

GLOSSARY OF TERMS

There are the important terms to understand while you are reading this guide:

- B.I.: *Brief Interventions*
- M.I.: *Motivational Interviewing*
- N.P.: *Nurse Practitioner*



CHARACTERISTICS OF MOTIVATIONAL INTERVIEWING

1. Preparing for change
2. Patient-centered approach
3. Intrinsic Motivation to change
4. Feelings about change
5. Support of the patients
6. Requires the health care professional's understanding
7. Accepting patient's process of change
8. Interprets ambivalence in a positive manner
9. Role of the health care professional
10. Neutrality, empathy and resistance
11. Goals of Motivational Interviewing:
 1. Precontemplation
 2. Contemplation
 3. Preparation and action
 4. Maintenance.

PLACES, SETTINGS AND SITUATIONS YOU MIGHT USE THIS INTERVENTION

The places, settings and situations in where motivational interviewing could be use are:

- Parents of younger adolescents
- Children and adolescents: chronic illness compliance and developing identities and independence
- Other delivery formats: interactive computer programs, self-help materials, and group sessions.
- Controlling addictions such as: tobacco, alcohol, heroin, marijuana, and opiate
- Health-risk behaviors areas: Risky sexual behavior, diabetes, medication regimens, pain treatment, eating disorders, dietary control, weight loss, physical activity, asthma, psychiatric conditions

HOW TO APPLY MOTIVATIONAL INTERVIEWING?

To the comprehension on how to apply the concepts of Motivational Interviewing in real experiences read carefully the case of Rodrigo and then answer the discussion questions in the next page.

Rodrigo is 12 years old. He broke his leg in multiple places in a bad fall during an earthquake. Rodrigo has had his cast removed but now needs to comply with physical rehabilitation to encourage muscle development. After 3 weeks of prescribed home exercises, Rodrigo's leg muscles are not regaining strength or flexibility. With both his parents working, Rodrigo sometimes spends the night with his grandmother and cousins. Because of the distance to the physical therapist, he has missed several appointments. The doctor is frustrated and worried. Rodrigo is showing signs of depression.



The recommendations to health care professionals suggest:

Use the principles of Motivational Interviewing:

1. How can you begin to apply the principles of Motivational Interviewing?
2. What could be the discrepancy between the Rodrigo's current behavior and his treatment goal?

Evoke change:

1. How can you evoke change in Rodrigo's behavior and his family support?

Use the developmental framework:

1. What is Rodrigo's reasoning and his environmental context?
2. How can you focus behavioral recommendations?
3. What are the adults to be included in the Rodrigo's treatment plan?

Use the family-centered approach:

1. How can you enhance the Rodrigo's family's self efficacy and life skills?

How to motivate parents and children to change behavior:

1. What are the steps to set up the treatment plan with Rodrigo and his family?



After and deepest reasoning of the concepts and the Rodrigo's context his treatment could be re-defined and expressed as:

Rodrigo's doctor uses the principles of Motivational Interviewing to support him on his rehabilitation. He focused on family-centered approach and identifies their values, beliefs, and health behaviors. The doctor expressed empathy and asked open-ended questions to Rodrigo and his family to recognize the discrepancy between Rodrigo's current behavior and his treatment goal. After his reflective listening the doctor found some resistance to the change in Rodrigo's parents. They expressed because their jobs they are busy and have less time to help him with the home therapies and even with driving him every time he has appointments with the therapists. The doctor explores with them the pros and cons of the recommendations and also encourages them to accomplish a brainstorming about the consequences for Rodrigo's rehabilitation if these are not following up.

After to contemplated the goals and values for Rodrigo's rehabilitation his parents suggested to include his grandmother to reach his goal treatment because the child and his grandmother spend some nights together , thus she can help him to follow up the behavioral recommendations while them are working. The doctor, Rodrigo, his parents, and his grandmother established a plan to work together for Rodrigo's rehabilitation. They setting agenda based on their schedules, each one recognize their life skills, and they auto-assigned activities reachable for each one in order to reach the main goal for Rodrigo's rehabilitation. All were included and the self-efficacy was enhanced. Rodrigo got well and the signs of depression were decreasing while he was recovering his muscles' strength and flexibility. His self-image, self-efficacy, self-concept were improved as well the same concepts to the family too.

FREQUENTLY ASKED QUESTIONS

Q. Does one need a certificate to use Motivational Interviewing?

R. You do not need a certificate to use motivational interviewing. You just need to know the principles and the main concepts to apply them in the case you consider it will be helpful to get the outcomes you are looking for.

Q. Can teachers use MI when helping students think about noncompliance and behaviors?

R. Yes. Teachers can use MI to help students to think how their behavior s is affecting their goals and how they can improve their roles in their own challenges.

RESEARCH THAT SUPPORTS MOTIVATIONAL INTERVIEWING

Erickson, S. J., Gerstle, M., & Feldstein, S. W. (2005). Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings: a review. *Archives of Pediatrics & Adolescent Medicine*, 159(12), 1173-1180.

This review addresses the patient-centered care foundation of and empirical support for brief pediatric interventions, including educational and media-based interventions, motivational interviewing (MI)-based preventions and intervention with health risk behaviors, procedural pain control, and adherence to treatment recommendations.

Brief interventions (BIs) have been used in pediatric settings to aid in the prevention, early detection, and brief treatment of behavioral, developmental, and social problems associated with health care concerns to serve children and their families more effectively. One particularly efficacious form of BI used extensively with health risk behaviors is Motivational Interviewing (MI).

MI has different characteristics:

- It uses a patient-centered and directive approach to address the ambivalence and discrepancies between a person's current values and behaviors and their future goals.
- Enhances a patient's intrinsic motivation to change by exploring their perspective and ambivalence.
- Explores how a person feels about the status quo and about change through and exploration of the person's values, interests, and concerns.
- Is centered on support of the patient's autonomy, collaboration, and the evocation of the patient's ideas regarding change.
- Requires that health care professionals understand their patient's stage of change to target their intervention effectively.
- Includes accepting a patient where he or she is in the process of change as well as encouraging any proactive movement toward healthier behaviors.
- Construes ambivalence as a resolvable issue that, once resolved, will move a person toward change.
- Incorporates reasonable and attainable treatment goals proposed by the client and clarified in collaboration with the health care professional. With the client, the role of the health professional is to examine and discuss any

apparent discrepancies between treatment goals and current behavior.

- Conveys information to the client in a neutral and empathic manner, and resistance is perceived as a normal response to a perceived threat.

In MI, health care professionals should follow the following principles:

- Genuine expression of empathy. Using open questions to encourage the patient to think through and provide richer, fuller responses.
- Development of discrepancy between the patient's current behavior and his or her treatment goal. The health care demonstrates reflective listening to resonating with a patient and to clarifying the meaning of his or her statements.
- Rolling with the client's resistance. Use affirmations to demonstrate support of a patient's efforts.
- Support of the patient's self-efficacy. It will be enriched by summarize statements to include integrating the full picture of the pros and cons of a patient's behavior, followed by checking in with patients to make sure they feel you have reflected their situation accurately.

The health care professionals can use some strategies to evoke change talk as:

- Exploration and elaboration of the pros and cons of the ambivalent behavior.
- Brainstorming about the extremes of the consequences of changing and not changing the behavior at hand.
- Contemplation of goals and values.

To provide appropriate health care interventions, the health personnel should use the developmental framework because the intervention could have outcomes related to modify health-related behavior if the clinician:

- Understand children's causal reasoning, language ability, and self-understanding, as well as their environmental context (e.g., family, peers, school, and the larger community) to be included in the intervention approach.
- Are concrete and focused on behavioral recommendations for the child.
- Includes an adult in the interventions with adolescents.

The conclusions suggested that the Patient-centered communication has been associated with increased parent satisfaction, adherence to pediatric treatment recommendations, and disclosure of psychosocial problems.

Developing rapport with parents can yield beneficial results for the entire family, such as increasing family involvement in the prevention or treatment process. MI has shown promise as an intervention with parents of younger adolescents, with the aim to improving parenting, addressing other parental behaviors.

Children who actively participate in the health care visit demonstrate greater visit satisfaction and enhanced recall of

prescribed regimens. The exploration on why a patient attributes a certain level of importance to a behavior, as opposed to less importance, helps the health care professional and patient have a more concrete understanding of the patient's ratings of importance and ability for change.

Computerized assessments are another form of media-based interventions. These assessments help tailor prescribed regimens to improve health outcomes without adding significant time to the medical visit. MI has accumulated the most empirical support when aimed at tobacco use, alcohol use, and dietary control. MI proved more efficacious than brief advice. With younger adolescents, parental communication skills and monitoring behaviors may warrant specific consideration. MI matched the patient's movement from family-based care to self-care. MI increases self-efficacy to adolescents. Health care professionals and participants reported high levels of acceptance of the intervention. The efficacy of MI is being evaluated in several new health-risk behaviors areas, including risky sexual behavior and marijuana use. Although these areas do not yet have the same level of empirical support as previously reviewed areas, data are forthcoming. As a supportive, flexible, idiographic, brief, and autonomy-based intervention, MI overlaps well with adolescents' competing attentional demands developing identities and desire to assert independence. More systematic empirical research is warranted.

MI delivered in a group format effects an adaptive shift in illness perception, which may later influence self-care behaviors. Brief psychological interventions have demonstrated various levels of efficacy in increasing adherence with children and adolescents with chronic illness. Future research must reflect the complexity of health-related behaviors and their relationship to individual and contextual systems at various levels of analysis over time.

Interventions best matched to patient characteristics and current health-related issues may be identified. Effectiveness has not yet been adequately addressed. Larger and more diverse samples, more detailed descriptions of intervention approaches, and greater methodological rigor are needed to demonstrate the generalizability of Brief Interventions. Continued effort in this direction is needed to identify the relative efficacy of various approaches for various health-related issues and for various types of patients. BI outcome research must evaluate the ways in which parental involvement may optimize health-related outcomes. Identifying the most beneficial way to involve parents with respect to health-related intervention target, developmental level, nature of parent-child relationship, and the type of proposed treatment would represent significant progress.

Gance-Cleveland, B. (2005). Motivational interviewing as a strategy to increase families' adherence to treatment regimens. *Journal for Specialists in Pediatric Nursing*, 10(3), 151-155.

In pediatric patients, nonadherence may occur for a variety of reasons, including the difficulty with the treatment regimen because of the child's developmental level. Some lack of understanding by parents. Sometimes doubts about the benefit and efficacy of the treatment regimen for the child. Further some real or perceived barriers to treatment, as well demands of the regimen on the family or child. And finally some lack of need support for the family.

Self imaging, meaning of medical condition and treatment regimen are also determinants of adherence. The nurse could be more effective in improving treatment adherence if she a) used family-centered approach with an emphasis on empowering the parent; b) focused on the family's beliefs, values, and health behaviors; and c) enhanced the family's self efficacy and life skills.

Research comparing the two types of health education toward improving adherence to the healthcare plan showed a 64% success rate with knowledge or general advice alone and an 85% success rate for the more collaborative approach that uses behavioral strategies. The concept of motivational interviewing (MI) implies the stages of change. The goal is to help families to increase their motivation or readiness to change. Key elements of MI are being incorporated into other delivery formats, including interactive computer programs, self-help materials, and group sessions.

In conclusion, MI has been shown to be beneficial in controlling alcohol, heroin, marijuana, tobacco, and opiate addictions. Also MI has been shown to be effective in controlling nonaddictive health behaviors, as well as decreasing high-risk behaviors in HIV clients, and achieving treatment adherence in diabetics, medication regimens, pain treatment, and eating disorders.

Gance-Cleveland, B. (2007). Motivational interviewing: improving patient education. *Journal of Pediatric Health Care*, 21 (2), 81-88.

The purpose of this article is to describe the process of motivational interviewing (MI) as a strategy to facilitate compliance with treatment recommendations in pediatric clients and their families. MI focuses on the process to becoming ready to make the necessary changes to adhere to the treatment plan. The main goals for MI are:

- Precontemplation: To assist the family in working through its ambivalence about behavior change.

- Contemplation: Assessing the importance of change, their confidence in making change, and readiness for change.
- Preparation and action: Planning for change if they are ready.
- Maintenance.

The Nurse Practitioner should emphasize the intervention on the empowering the child and parent. To focused on the family's beliefs, values, and health behaviors, and enhance the family's self-efficacy and life skills. The principles that she should be use for MI are:

- A nonjudgmental.
- Understanding.
- Encouraging interaction.

Also the Nurse can use strategies with the parents and components in how to motivate them and the children to change behavior. The parents can be motivated with establishing relationship setting an agenda, assessing importance, confidence, and readiness, explore the importance of making a behavior change, build confidence in the ability to change, and define the plan for change.

In conclusion, the authors suggested that MI is a patient counseling technique that facilitates the interaction between the NP and the patient to achieve positive behavior change. Also, NPs who counsel children and families on behavior change may find it a beneficial strategy to incorporate into their daily practices.

Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: a systematic review and meta-analysis. *British Journal of General Practice*, 55(513), 305-312.

Motivational interviewing is a well known, scientifically tested method of counseling clients and is viewed as a useful intervention strategy in the treatment of lifestyle problems and disease. Applications in clinical scenarios evolved from the experience of treating such behavioral conditions and then transformed into a coherent theory and clinical procedure. The authors of this research article provided an overview of the areas in which motivational interviewing has been applied. They also evaluated its effectiveness as an intervention tool in randomized controlled clinical trials.

They found that the areas in which motivational interviewing has been applied effectively were weight loss, physical activity, diabetes, asthma, smoking cessation, alcohol abuse, and psychiatric conditions or addictions. This systematic review demonstrated any desired effect of motivational interviewing in 53 of 72 randomized controlled trials (74%) evaluated since 1991. Motivational interviewing was effective even in brief encounters of only 15 minutes, with a likelihood of increasing effect with more than one encounter with a patient, and with no adverse effects reported. Health care providers who acted as counselors were psychologists in 55% of the studies, medical doctors in 30%, and

other medical personnel such as nurses, midwives, and dieticians in 15%. However, the effectiveness of motivational interviewing did not depend upon the counselor's profession. The authors concluded that motivational interviewing in a scientific setting outperforms traditional advice-giving in the treatment of a broad range of behavioral problems and diseases.

Rubak, S., Sandbaek, A., Lauritzen, T., Borch-Johnsen, K., & Christensen, B. (2006). An education and training course in motivational interviewing influence: GPs' professional behavior--ADDITION Denmark. *British Journal of General Practice*, 56(527), 429-436.

In 2006 paper, the same authors questioned how a motivational interviewing course influences medical personnel's professional behavior towards use of the method for patient treatment. They argued that clinicians have a lack of knowledge of how to implement and integrate motivational interviewing in professional behavior in daily work in general practice. In a randomized controlled trial, they aimed to evaluate the influence of a course in motivational interviewing on professional behavior and whether the course would be useful in general practice. The trial found, based on self-reported questionnaires, that after a course in motivational interviewing, the medical personnel seemed to change their professional behavior in daily practice. Medical personnel who took the course found motivational interviewing to be more effective than traditional advice giving. Also, medical personnel who took the course reported that the use of the new techniques was not more time consuming than traditional advice-giving. They expressed that it improved the patient-doctor relationship.