



Motivational Interviewing - A Clinical Approach to Behavioral Change

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Motivational interviewing is a clinical approach that helps people with mental health disorders, substance use disorders and other chronic conditions make positive behavioral changes to support better health.

The motivational interviewing approach upholds four principles: expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance and supporting self-efficacy (the member's belief that they can successfully make change).



Motivational interviewing (MI) is “a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to specific goals by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion” (Miller & Rollnick 2013, p. 29).

Goal of Motivational Interviewing:

To help patients take positive steps in their recovery process in a positive and supportive way.

With your help, we want patients to be able to:

- Understand why change is important
- Discover discrepancies between current behavior and core goals/values
- State the desire to change, ability to change, reasons to change and need to change
- Solve barriers that may be stopping them from reaching their goals
- Identify a plan of action and resources

Principles of Motivational Interviewing

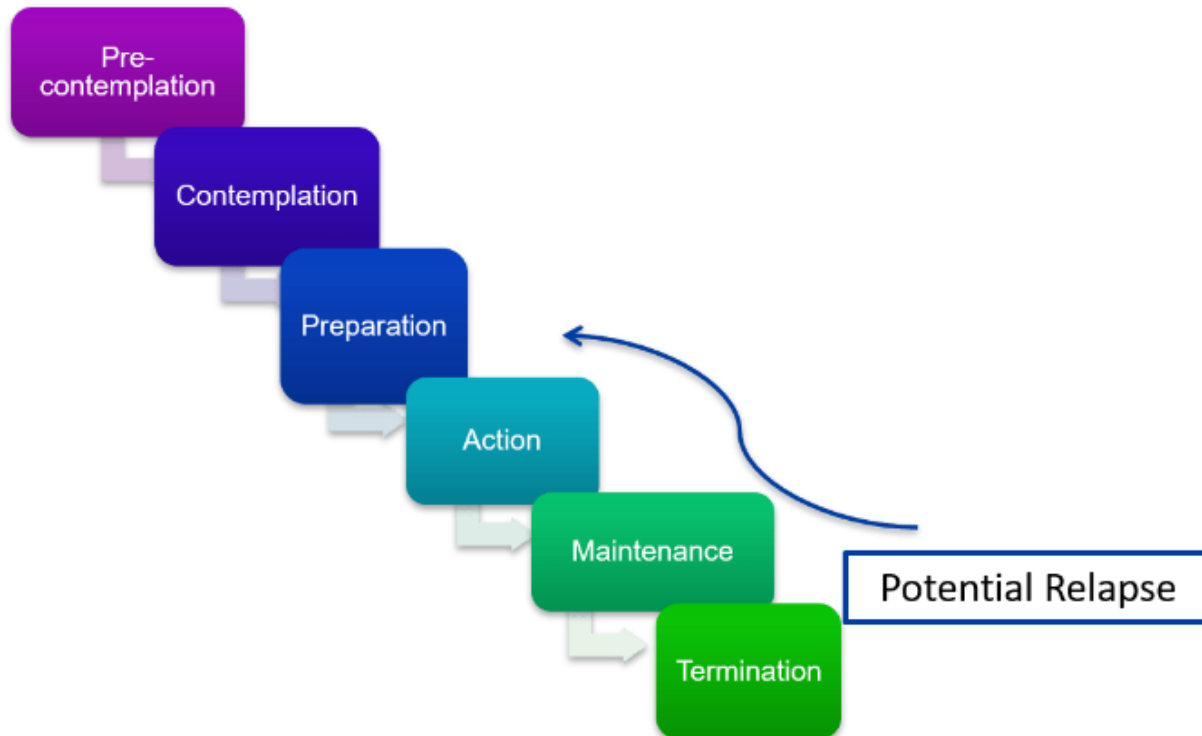
<p style="text-align: center;"><u>Partnership</u></p> <p>Partnership is an active collaborative effort between two experts.</p> <p>Partnership is done “for” and “with” a person, not “to” and “on” someone.</p> <p>The spirit of partnership is based on profound respect for others.</p>	<p style="text-align: center;"><u>Compassion</u></p> <p>Compassion is a deliberate commitment to pursue the welfare and best interests of others.</p> <p>To be compassionate is to actively promote the welfare of others by making them a priority.</p>
<p style="text-align: center;"><u>Acceptance</u></p> <p>Acceptance honors the individual’s absolute worth and potential as a human being.</p> <p>It recognizes and supports the person's autonomy to make their own choices.</p> <p>The concept of acceptance seeks to understand the other person’s perspective through accurate empathy.</p> <p>It also affirms the person’s strengths and efforts.</p>	<p style="text-align: center;"><u>Evocation</u></p> <p>Evocation is the hallmark of motivational interviewing.</p> <p>The purpose is to evoke a person’s own internal motivations for change, and to reinforce it to help build their overall motivation for change around the focused target behavior.</p> <p>The implicit message is “you have what you need, and together we will find it.” (Miller & Rollnick, 2013, p.21)</p>

Engaging in Motivational Interviewing

Questions to Ask Yourself:

- How comfortable is the person in talking with me?
- Do I understand the person's perspective and concerns?
- Does this feel like a collaborative partnership?

Understanding the Stages of Change



Motivational interviewing is based on the understanding that people experience different stages of readiness for change.

Identifying the stage, a member is currently experiencing can affect the way you interact with members and can help determine the most effective interventions.

The stages of change model isn't linear and each person experiences readiness for change differently.

(Norcross & Goldfried, 1992, p147)

Stages of Change

Pre-contemplation

During this stage, the person:

- Doesn't intend to take short-term action (within six months).
- May not be aware of how their current lifestyle harms their health.
- Might underestimate the benefits of behavior change.
- May focus on the difficulties of behavior

Example: A person who smokes cigarettes may not see the harm that cigarettes have done to their body. They may say "I went to the doctor, and I don't have lung cancer, so I don't need to quit."

Contemplation

During this stage, the person:

- Intends to make short-term behavior changes (within six months).
- Understands that current behavior may be problematic or harmful.
- Engages in practical consideration of the pros and cons of behavior change.
- May still feel ambivalent or resistant toward behavior change.

Example: A person who smokes cigarettes started to notice having shortness of breath while walking up the stairs. They may say "I can't walk as fast as I used to, and I keep coughing. I might need to do something soon."

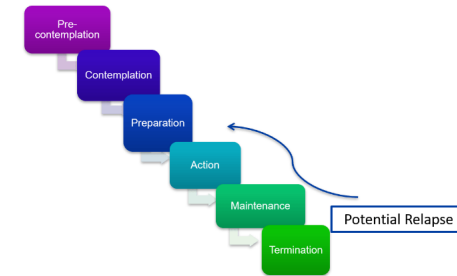
Preparation

During this stage, the person:

- Is ready to take action and make changes within the next 30 days.
- Will start to take small steps toward the behavior change.
- Believes that behavior change will lead to better health.

Example: A person who smokes cigarettes may recognize that they've become out of breath when walking, and that cigarettes are expensive. They may say "I need to cut back. I don't know how but I need to smoke less." Their care provider prepares them to start using nicotine patches and to find a counselor to work with them through this change.

Understanding the Stages of Change



Stages of Change

Action

During this stage, the person:

- Has recently made changes in to maintain the behavior their behavior (within the last six months).
- Intends changes.
- May acquire new healthy behaviors and habits.

Example: A person who used to smoke cigarettes started using nicotine patches to help reduce their smoking habit. They may say “I haven’t bought cigarettes in two weeks!” The person also sees a counselor to discuss strategies to work through cravings and how their health status will improve with time.

Maintenance

During this stage, the person:

- Has sustained behavior change for more than six months.
- Intends to maintain behavior change.
- Works to prevent relapse to earlier stages (most members tend to stay in maintenance stage).

Example: A person who used to smoke cigarettes hasn’t smoked a cigarette in four months. They may say “I can finally walk up and down my stairs without taking a break and I have more money to go to the movies.” The person checks in with their counselor one to two times per month to discuss any cravings or issues they may be experiencing.

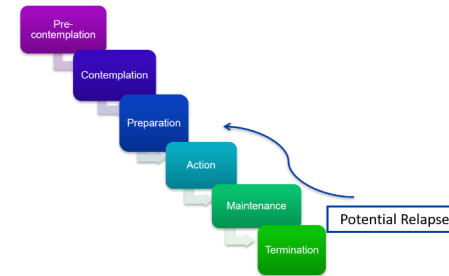
Termination

During this stage, the person:

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Understanding the Stages of Change



Motivational Interviewing - OARS Skills

There are four basic interactive techniques and skills used in the motivational interviewing approach:

1. Open-ended questions

2. Affirmation

3. Reflective listening

4. Summarizing

(Miller & Rollnick, 2002)

Open-ended Questions

It's important to use open-ended questions because it can help:

- Build trust and create a safe environment.
- Develop a respectful relationship.
- Gain valuable information and understanding about the member's situation
- Learn about the member's culture, beliefs, life history and circumstances.
- Facilitate the member's decision-making

When prompting open-ended questions, think about:

- Gathering broad descriptive information.
- Requiring more than a simple yes/no response.
- Driving the conversation from general to specific.
- Allowing the member to set the agenda

Examples

Try to start with words or phrases like:

- “How...”
- “What...”
- “Tell me about...”
- “Describe...”

Avoid “Why...” questions. Most likely leads to “I don’t know” and a dead end.

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1. Open-ended questions

2. **Affirmation**

3. Reflective listening

4. Summarizing

(Miller & Rollnick, 2002)

Affirmation

It's important to use affirmations because it can help:

- Demonstrate empathy.
- Affirm positive behaviors, motivations and capacity.
- Support self-efficacy and build the member's confidence in their ability to make change.

A good affirmation is specific, genuine, change-oriented, meaningful to the member, relevant to the conversation and related to the member's strengths, skills, abilities, values or efforts.

Examples

- **“Your honesty is commendable.”**
- **“Caring for your children is important to you.”**
- **“You’ve given this a lot of thought.”**
- **“You have some solid ideas about how you might stop smoking.”**

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3. **Reflective listening**
4. Summarizing

(Miller & Rollnick, 2002)

Reflective Listening

It's important to use reflective listening skills because it can help:

- Demonstrate empathy.
- Allow the member an opportunity to be heard.
- Facilitate the member's thought process by creating an opportunity to hear their words reflected back out loud.
- Offer the member a chance to clarify statements after hearing them reflected back

Simple reflections restate the same words or similar words.

Complex reflections require intensive listening and are meant to close the loop in miscommunication and evoke change.

Examples

- **“I hear you saying...”**
- **“I noticed you just...”**
- **“You’re telling me that you’re feeling...because...? Tell me more about that.”**
- **“So you’re saying that you want to...and you’re telling me you...That must be really difficult.”**
- **“I hear you saying that you’re not ready to make this change. This is a big change.”**

Motivational Interviewing - OARS Skills

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2. Affirmation
3. Reflective listening
4. **Summarizing**

(Miller & Rollnick, 2002)

Summarizing

It's important to use summarizing skills because it can help:

- Communicate that you're listening.
- Provide structure for the visit.
- Move the visit to a close.
- Organize the member's experience.
- Provide an opportunity to emphasize certain elements of what the member said (i.e. affirmations, talks about change, connections between behavioral change and goals/values).

Examples:

“Let's go over some of the ideas you came up with.”

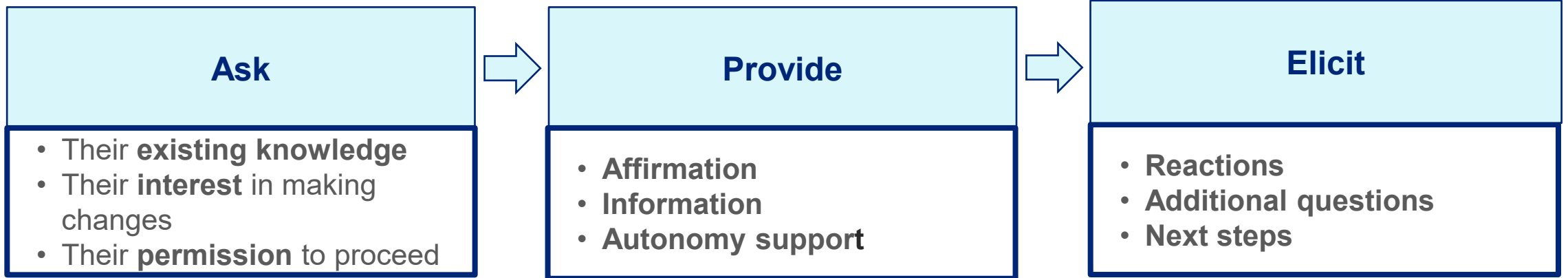
“I heard you say that you want to quit smoking and you have ideas on how to quit.”

“You're concerned about your health. Stress may make it hard to quit. I'm wondering what's one step that you could take between now and next visit.”

Brief Intervention (BI)

Feedback and education to individuals about unhealthy behavior and motivation to make healthy behavioral changes

When working with your patients



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