"Alone in the counseling boat? Don't forget your OARS!"
Motivational Interviewing Strategies for Brief Clinical Encounters

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What is MI?

- A method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.
- A goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
- A toolkit of principles utilized to move the patient forward in their goals.
- Idea is that Knowledge X Motivation=Change
What conditions have been studied?

More than 200 clinical trials of MI have been published, and efficacy reviews and meta-analyses have begun (Burke, Arkowitz, & Menchola, 2003) yielding positive trials for an array of target problems including:

1. Cardiovascular rehabilitation
2. Diabetes management
3. Dietary change
4. Hypertension
5. Infection risk reduction
6. Management of chronic mental disorders
7. Addictions: problem drinking, problem gambling, eating disorders
8. Smoking
What does conducting an MI session require?

- **Empathy and non-judgment:** Changing behavior is not an easy task. Empathizing with the patient helps them know they are supported.

- **Dedication:** Maintaining a non-confrontational, supportive session will lead to trust and rapport for future patients.
MI Toolkit and Principles

- Express empathy
  - Having compassion for the patient’s struggle and opening up an authentic conversation to create trust and rapport.

- Roll with resistance
  - Understanding that fears or “push-back” may come up and to “roll” with that resistance.

- Support self-efficacy
  - Establishing and supporting patient autonomy, decision-making and respecting boundaries
Assumptions to Avoid

- This person OUGHT to change
- This person WANTS to change
- This person’s health is the prime motivating factor for him/her
- If he or she does not decide to change, the consultation has failed
- Individuals are either motivated to change, or they’re not
- Now is the right time to consider change
- I’m the expert. He or she must follow my advice
Open-Ended Questions

- An “open door” to accept information about the person-- who they are & what they are about
- Direction of the conversation is controlled by the questions-- they can be used to move the conversation forward-- to GUIDE it
- Require an answer beyond “yes” or “no” or a limited amount of information
- They can be used to demonstrate curiosity and genuine interest in the person
- Beware of the “Question--Answer Trap”. Ideal for supporting change is to balance 2 reflections for every question.
Affirmations

- Build hope, strengthens connection
- Identifies a strength, value, goal, effort or success of the individual
- Use the word “you” to start the affirmation. Avoid using the word “I”.
- Form a statement that shows recognition, support, appreciation, respect
- Honesty and specificity, remain neutral and genuine in your inflection
Reflection

- Sometimes we give words to something that they may not have been able to express
- Seek to understand--try to capture the essence--curious hypothesis in the form of a statement
- Respond to the last thing said and convey that understanding to them
- Give yourself space to wonder about the person's experience
- Voice/intonation go down at the end of the statement (instead of a question/up)
Summary

- Convey understanding, link client statements together like puzzle pieces
- Clarify complex information and demonstrate you are listening intently
- Re-gather your thoughts or transition topics/change direction of the conversation
- Summarize the strengths, capture or emphasize change talk (you don’t pull the weeds in a bouquet)
"I know I need to lose weight and it will help my numbers. My A1C is 9% and I should start meal planning and grocery shopping to make sure I have good choices for meals and snacks available to me. I know I will feel better once I start but it is hard to fit meal planning into my routine. Anytime I try, it never seems to make a difference anyway."

What resistance behaviors is this patient displaying?
Resistance behaviors

- Blaming
- Excusing
- Minimizing

Other behaviors patient may exhibit:
- Ignoring provider
- Hostility
- Disagreeing
How can you help?

- Help facilitate patient’s own decision-making process.
- Use honest, assertive communication
- “Meet them where they are at” in their stage of change
- Use the MI toolkit (empathy, roll with resistance etc)
Overcoming Barriers to Using MI

- Time?
- Expertise?

Start with Empathy and Reflective Listening

It’s OK if it’s incorrect “You don’t have to hit the ball out of the park-- you just have to get your bat on the ball” Stephan Rollnick
RDNs as your MI partner

- Get the patient started on the path to building self-efficacy by setting them up to achieve small goals that they suggest.
- Pass the torch to a Registered Dietitian Nutritionist to continue the counseling relationship using MI more extensively.
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