# *Appendix E: Motivational Interviewing*

**Motivational Interviewing** is a focused, goal directed client-centred counseling style for eliciting behaviour change by helping clients explore and resolve ambivalence (Miller & Rollnick, 1991; Rollnick & Miller, 1995). To enhance motivation and change, motivational interviewing, through an assessment of the change process, systematically directs the client toward motivation for change; offers advice and feedback where appropriate, selectively uses empathic reflection to reinforce certain processes, and seeks to elicit and amplify the client's discrepancies about their unhealthy behaviour(s). Motivational interviewing is facilitative rather than coercive and tentatively challenging rather than directly confrontational. The strategies support the client through the change process by fostering self-reflection rather than arguments between practitioner and client (Botelho & Skinner, 1995).

Searching for a method to facilitate behaviour change in clients with substance abuse, psychologists William Miller and Stephen Rollnick developed motivational interviewing. Behaviour change should be negotiated, not dictated. Healthcare practitioners do not motivate clients, but assess motivation and apply the appropriate skills and strategies to address readiness to change. This point is critical. Clients vary in their readiness to change a behaviour (e.g., take medications, make lifestyle changes) and must be assessed to determine how prepared they are to do what is needed to integrate change into their lives. How important do they think the changes are? Are they confident they can do so? Will they need help? Do they understand the benefits? What barriers do they perceive? How will they reduce them? By assessing the degree of readiness, nurses can choose specific communication skills and appropriate strategies to facilitate change. This is the heart of motivational interviewing (Berger, 2004a,b). The role of the nurse is to understand and accept, in a non-judgmental way, clients' needs and concerns and not be coercive by trying to talk them in or out of these behaviours. This will create a favourable and supportive climate for change – problems are attacked, not people.

Motivational interviewing, designed to take 3-5 minutes per session, is a psychosocial or socio-behavioural approach to client care that contrasts with the traditional biomedical approach. The psychosocial model is client-centred and stresses that the client's needs and concerns must be appropriately addressed; otherwise, non-adherence may occur. Asking if there are questions or concerns the client may have about the illness or treatments is a positive way of assessing this possibility. The psychosocial model also views the encounter between client and healthcare provider as a meeting of experts. The nurse or other healthcare providers may be an expert on disease management, but clients are experts on themselves and how they will be affected by the proposed changes in their lives. It is the client's decision (with input from healthcare providers) to choose healthy or unhealthy behaviours. Clients manage their illness, not nurses. However, nurses can create an environment through caring, sufficient information, and understanding to improve the chance that the client will manage their illness effectively (Berger, 2004a,b).

Change and resistance are opposite sides of the same coin. Change often evokes resistance because change inherently questions one's motivation and ability to do what is needed. If the pros of the change outweigh the cons, clients will make the change. Alternatively, ambivalence kills change. When people are ambivalent, they do nothing. The pros and cons of the change seem the same. Some examples of ambiguity are: client doubts that the medication will actually work; they are unclear about what to do; or if they doubt they have the necessary skills. Resistance is information and provides insight into what the person is thinking and

feeling: "I need to explore this and see if it works for me." Exploring and understanding what has been said with the client, not persuasion or criticism, are the keys to managing resistance. If nurses try to move people too quickly toward a behaviour change, they will dig in and resist. An appropriate response to a client who indicates that he/she does not want to take a medication would be: "What bothers you the most about taking this medicine?" This way the client can explain their reasoning, and the nurse can specifically address his/her concern.

Motivational interviewing creates dissonance in a person. Dissonance, or an inconsistency between two behaviours (attitudes, values, etc.), creates a discomfort that, in itself, can be motivating. For example, if a person's attitudes are inconsistent with their behaviours, dissonance occurs. Dissonance is uncomfortable and the person may be motivated to explore ways to reduce this uncomfortable feeling.

The spirit of motivational interviewing is collaboration, evocation and autonomy. Healthcare professionals using this approach desire a relationship with the client in which they can collaborate on mutually agreed upon goals. Questions are asked to determine and understand the client's resistance or ambivalence – the client knows the answers, not the healthcare provider. Additionally, clients must make informed choices. It is not enough to simply provide information. One needs to evaluate that the client has understood the information, knows how to use it, and has a feeling of self-efficacy or confidence in their ability to do what is needed. This includes assessing the client's understanding of the illness and its treatment.

## How does motivational interviewing work?

Motivational interviewing uses the general process of elicit-provide-elicit. The nurse elicits information from clients to better understand who they are and what they already know about the illness and its management interventions. This is done to facilitate clients' movement forward with the treatment plan. Then, nurses elicit information again to check for concerns or questions resulting from the new information.

Motivational interviewing uses *five principles or counseling techniques* to assess and create motivation within the client (Berger, 2004a,b; Miller & Rollnick, 1991; Smith, Heckemeyer, Kraft & Mason, 1997).

1. Express empathy – Empathy is defined as the "ability of the provider to accurately reflect what the client is saying" (Moyers, 2000; p.155). Empathy is an objective identification with the affective state of another (not his or her experience) – nurses identify with the client's affect (emotions), not with the experience. Empathetic responding, through active listening, helps identify and understand resistance and reasons for unhealthy behaviours (or non-adherence). For example, your client smokes and you are advising him to quit. You ask him what he likes about smoking, and he says it relaxes him. Instead of creating defensiveness by asking, "Can't you think of something else to relax you?" you state empathetically, "It would be difficult to give up something that was relaxing." As a result, the client sees you as an advocate, and is in a better position to hear what you have to say.

2. Avoid arguments – By avoiding arguments, the client is more likely to see the healthcare provider as being on his/her side. It is important to note that motivational interviewing is confrontational; however, it should not be argumentative or judgmental. For example, "Mrs. Jones, I see that you have been getting your refills about every 40 days or so, but you receive only a 30-day supply. Can you tell me what happened?" Also, it should be noted that feelings a client may express (e.g., fear or concern) are not arguable but real for the client.

3. Develop discrepancy (dissonance) – Creating dissonance can be achieved in two major ways. The goal is to elicit from the client those aspects of his or her life that are important but may be compromised because of the behaviour. For example, the client may say that he or she enjoys going to the bar and drinking with his or her friends for most of the weekend, and how he or she hates taking medication especially those that do not make him or her feel well. In the next sentence, he or she may add that since he or she was diagnosed as having high blood pressure, he or she is very worried about having a stroke. The healthcare provider needs to understand what is important to the client in terms of short- and long-term goals. Ask the client about the pros and cons of the changes that are needed and then listen carefully for discrepancies that allow for the creation of dissonance. Remember, dissonance is motivating. We develop discrepancies by repeating back the pros and cons as stated by the client. Then, ask the client to discuss his or her goals relative to the treatment. For example, say, "What do you want to happen as a result of taking this medicine for your blood pressure?" Establishing this goal is critical. It not only gives taking medication a specific, definable purpose but also allows us to ask clients about behaviours that do not support the goal.

4. Roll with resistance – Ignore antagonistic elements in the client's comments in order to focus on the important underlying issues. For example, the client says, "Look, I haven't had any real problems with my smoking so far, so don't worry about it." Instead of rejecting this comment by saying, "If you continue smoking, I can assure you that you will suffer some major consequences," the healthcare provider can roll with the expressed resistance by saying, "I hope your health continues to stay that way. I would like you to consider getting your lungs checked because early stages of cancer and lung disease may not have symptoms. That way, you can make a better decision about whether you want to keep smoking. I am worried that your smoking is going to make your heart disease much worse in the future. However, the decision to smoke or quit smoking is yours." Do not meet resistance with confrontation but instead utilize reflection to create dissonance. This allows the client to hear information without being chastised. In the end, the decision belongs to the client.

5. Support self-efficacy – A person's belief in the possibility of change (Bandura, 1977; 1982) is an important motivator. Clients, based on their abilities and the resources and strengths they possess, need to be encouraged by the healthcare provider. Questions such as: "What worked before?" or "What do you think helped you to be successful last time?" provide valuable information about the client's strengths. Examine past successes (or failures) and offer genuine support for the successes. It is important to notice not only actual changes in behaviour, but also contemplated changes, expressed in a positive manner. The client must be able to imagine that success is a possibility before actually trying to change.

## When using Motivational Interviewing, there are five general skills that should be utilized.

1. Asking open-ended questions: Asking questions in such a way that it is the client who is encouraged to do most of the talking. Some examples: "What concerns you about your health?" or "What is it that you like about smoking" or "What reasons might you have for not quitting smoking?" or "Tell me about the difficulties you encounter when trying to refill your prescriptions." Miller and Rollnick (1991) recommend not asking more than three questions in a row. Asking open-ended questions sets the stage for reflective listening, affirmations and summation.

2. Reflective listening: As a foundational skill in motivational interviewing, reflective listening is useful to address resistance. Reflections can be simple "you're feeling sad" to more complex, "It sounds like you are concerned what smoking all these years may have done to your overall health." Reflective statements, whether simple, amplified or double sided, tells the client that you have heard what he or she is saying and encourages them to explore their feelings.

   Simple reflection acknowledges the client's thoughts, feelings and positions in a neutral manner.

   Jane: *Just because I'm late getting my prescriptions filled, I can't believe that you are going to count my pills each time that I come. Is this all just because I keep forgetting to bring my bottles with me? Don't you have more important things to do with your time?*
   Nurse (simple reflection): You are having a hard time understanding why we need to do this, aren't you?
   Jane: *Well yes, I mean, don't get me wrong, I know that it is important to get my prescriptions filled on time.*

   The nurse has rolled with resistance and let the client know that her concerns have been heard. The door is open for exploration.

   Jane: *Just because I'm late getting my prescriptions filled, I can't believe that you are going to count my pills each time that I come. Is this all just because I keep forgetting to bring my bottles with me? Don't you have more important things to do with your time?*
   Nurse (amplified reflection): You are thinking that we do not believe you.
   Jane: *Well yes, I take my pills each day and just because I didn't get the prescription filled on time, it is not necessary to go to these lengths. This makes me feel bad. I am not a dummy. I know that it is important to get my prescriptions filled on time.*

   Jane is not happy and but is recognizing that it is important to get the prescriptions filled. Ambivalence has been created.

   Jane: *Just because I'm late getting my prescriptions filled, I can't believe that you are going to count my pills each time that I come. Is this all just because I keep forgetting to bring my bottles with me? Don't you have more important things to do with your time?*
   Nurse (double sided reflection): On one hand, you recognize that you must get your prescriptions filled on time, yet on the other hand you have trouble doing so.
   Jane: *Well yes, I know. I know that I should take my blood pressure medication so that I do not have a stroke or other problems but it is really difficult for me to get to the pharmacy as I don't drive and at times, I just don't have enough money to pay for the pills.*

Jane has acknowledged that she has difficulty getting her prescriptions renewed but has looked at the bigger picture, i.e., she does not want to have a stroke.

Resistance is information and reflection is useful to explore where the resistance is coming from and why it is there.

3. Affirmations: Support for what the client is saying should occur frequently throughout the conversation. Praising or complimenting and exploring past successes help to build a therapeutic relationship. For example, "With all of the problems that you have been having lately Jane, I really appreciate that you were able to come to the appointment today."

4. Summarizing or reframing: Reframing pulls the information together so that the client can reflect upon it. By reframing, you tell the client that you have been listening and are open to exploring the situation further.

   Nurse: Jane, I understand how hard it must be to get to the pharmacy when you do not have a car. It must be difficult trying to get to a bus route when you do not live near one. Also, the fact that we have had such a hard winter must make this even more difficult. You have mentioned to me how proud you are to be 84 years old and still be living independently and I must admit that this is a wonderful quality. It is admirable to be able to do everything for yourself. But, on the other hand, I hear you tell me that you do not want to end up like your mother, robbed of independence because of a stroke. You have told me that this is your greatest fear. I know, from our many conversations, that you understand how important it is to keep your blood pressure under good control. You are concerned and as we talk, I feel as though you are caught in a dilemma.

   The summary links together the main points of the interview, both past and present. The ambivalence is clear and the reflection in the end encourages the client to address the ambivalence (whether to continue to struggle to get her prescriptions filled or ask someone to help).

5. Self-motivational statements: Clients must be responsible for change and motivated to acknowledge ambivalence when change is being considered and set the stage for dialogue to occur. The client argues the pros and cons of changing the behaviour and the healthcare provider gets insight into the client's feelings and values as he listens to the argument.

6. Personalized feedback: This can be done on a one-to-one basis or through the use of standardized tools; for example, a chart showing the change of blood pressure toward the target levels as the client adheres to the goals set at a previous visit. The feedback must not be confrontational to the client. Instead, the data will do the confronting if the client has not been adherent.