

**AN INTRODUCTION TO  
MOTIVATIONAL  
INTERVIEWING**

Dr Marie Prince  
Clinical Psychologist

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**CONTENTS**

- ◉ What is Motivation?
- ◉ Stages of Change
- ◉ Assessing Motivation
- ◉ Motivational Interviewing Strategies

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**WHAT IS MOTIVATION?**

**Motivation is a state of readiness  
or eagerness to change**

Intrinsically valued, important & cherished.”

Miller & Rollnick, 2002

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## WHAT IS MOTIVATION?

- ◉ Fluctuates over time
- ◉ Fluctuates across situations
- ◉ Patients' motivation is influenced by the clinician's style of interaction

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## WHY IS MOTIVATION IMPORTANT FOR WEIGHT MANAGEMENT?

- ◉ Weight management tends to be a relapsing problem - weight cycling is common
- ◉ Weight maintenance presents different challenges to weight loss
- ◉ Dropout from therapy

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## STAGES OF CHANGE

- ◉ Prochaska & DiClemente (1983)
- ◉ Explains or predicts success or failure in achieving behaviour change.
- ◉ Enhancing motivation depends on which stage the patient is at.

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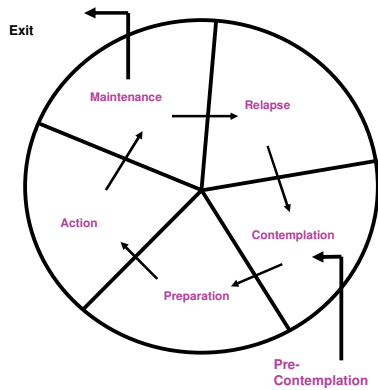
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## STAGES OF CHANGE



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## ASSESSING MOTIVATION: Formally

### The Importance & Confidence Ruler

1 2 3 4 5 6 7 8 9 10

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## ASSESSING MOTIVATION: Formally

How **important** is it for you to make a change to your eating/activity levels to lose weight?

How **confident** are you that you can change your eating/activity levels?

Follow up questions:

If the patient responds 5, ask why did you not choose a lower number?? - this elicits **change talk**

If the patient gives a low number 'why did you not choose a higher number?' - this elicits **barriers**

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**ASSESSING MOTIVATION: Informally**

Listen

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**PRE-CONTEMPLATION,  
CONTEMPLATION PREPARATION,  
ACTION, MAINTENANCE**

"I'm trying hard not to slip back into old habits but it takes a lot of effort"

"My husband and I have decided we will stop smoking/drinking together after Christmas"

"I run around after the kids all day. I don't need any more exercise"

"I haven't lost the weight I put on after my last baby. I'd really like to lose weight BUT it's difficult when I'm working full-time and I've got the kids to look after"

"I know it's a slow process but I've managed to lose a few pounds recently by eating less crisps and chocolate"

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**MATCHING YOUR INTERVENTION**

- Identifying the patient's stage in the model
- Identify the key clinical task
- Match intervention with stage

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## KEY CLINICAL TASKS

- ◉ Precontemplation
  - ◉ Contemplation
  - ◉ Decision/preparation
  - ◉ Action
  - ◉ Maintenance
  - ◉ Relapse
- ➔
- Raise Awareness
  - Tip the balance
  - Explore Ambivalence
  - Pick a strategy
  - Support & Inform
  - Support progress
  - Realistic Goals
  - Maintenance skills
  - Relapse planning
  - Return to change

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## Motivational Interviewing

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## MOTIVATIONAL INTERVIEWING

“A directive, client-centred counselling style for eliciting behaviour change by helping clients explore and resolve ambivalence.”

Rollnick & Miller 2002

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## PRINCIPLES OF MOTIVATIONAL INTERVIEWING

1. Express Empathy
2. Develop Discrepancy
3. Support Self Efficacy
4. Roll with Resistance

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## EXPRESS EMPATHY

Non judgemental approach

Acceptance facilitates change

Reassure that ambivalence is normal

Try to listen reflectively: reflecting back an accurate summary without judging or editing

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## DEVELOP DISCREPANCY

“People believe what they hear themselves say.”

Miller & Rollnick, 2002

- The patient should present the arguments for change
- Help the patient realise when their current health behaviour conflicts with their health goals
- Summarise what has been said

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## SUPPORT SELF EFFICACY

- Belief in the possibility of change is important
- The clinician's belief in the patient's ability to change becomes a self-fulfilling prophecy
- The patient is responsible for choosing and carrying out personal change
- Affirm
- Ask patient to provide solutions to barriers

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## ROLL WITH RESISTANCE

- Arguing, interrupting & denying are all signs of resistance
- Behaviour change should be negotiated, not prescribed: Dance not Wrestle
- Resistance is a signal for you to respond differently

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## ROLL WITH RESISTANCE

Avoid arguing

New perspectives are invited but not imposed

The patient is a primary source in finding solutions

Emphasise personal control and choice

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## RESPONDING TO RESISTANCE

### Reflection strategies

- Simple reflection
- Amplified reflection
- Double-sided reflection

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## RESPONDING TO RESISTANCE

### Strategic Responses

- Shifting focus
- Positive reframing
- Agreement with a twist
- Emphasising personal choice and control

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## Motivational Interviewing Techniques

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## EARLY METHODS

- Listen Reflectively
- Affirm
- Summarise
- Elicit change talk
- Ask Open-Ended Questions

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## OPEN QUESTIONS

- Tell me more about...
- May I ask you about...?
- What concerns you most about...?
- Why might you want to become more active?
- If you were to try to lose weight, how might you go about it?
- What do you think you might do now?
- How can we support you in....

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## GENERAL STRATEGIES FOR ENCOURAGING CHANGE TALK

- Ask open-ended questions
- Ask for elaboration
- Ask evocative questions - explore goals and values
- Looking forward 5 years
- Use the Importance & Confidence ruler
- Explore the decisional balance

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## PROS & CONS

- What could I GAIN if I start a weight loss plan now?
- What may I LOSE if I start a weight loss plan now?

DECISIONAL BALANCE

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## QUESTIONS TO EVOKE CHANGE TALK

### Disadvantages of the status quo

- What worries you about your current situation?
- What difficulties has your weight caused?
- What makes you think you need to do something about your weight?
- What do you think will happen if you don't do anything?

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## QUESTIONS TO EVOKE CHANGE TALK

### Advantages of change

- How would you like for things to be different?
- What would be good about losing weight?
- What would be the advantages of starting a weight loss plan?
- How would you like things to be 5 years from now?

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## QUESTIONS TO EVOKE CHANGE TALK

### Optimism about change

- How confident are you that you can make that change?
- What do you think would work for you, if you decided to change?
- What encourages you that you can change if you want to?
- Who could offer you support in making this change?

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## QUESTIONS TO EVOKE CHANGE TALK

### Intention to change

- ◉ What do you think you might do?
- ◉ What would you be willing to try?
- ◉ Of the options discussed, which sounds like it fits best?
- ◉ So, what do you intend to do?

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## SUMMARISE

### At end of session

- ◉ Client's own perception of problem
- ◉ Clients ambivalence
- ◉ Review objective evidence
- ◉ Re-state Client's intentions
- ◉ Include your own assessment

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## SUMMARY

- Motivation is cyclical
- The Stage of Change Model is a helpful framework
- Remember the guiding principles (express empathy, develop discrepancy, roll with resistance, support self-efficacy)
- Apply specific strategies according to the Model

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## EVIDENCE

Rubak et al (2005)

\*Systematic review & meta-analysis of RCT's using MI as the intervention, looked at 72 RCT's in 16 databases

Conclusions: MI outperforms traditional advice giving in the treatment of a broad range of behavioural problems and diseases.

\* Studies looking at weight loss (BMI); diabetic control (HbA<sub>1c</sub>); cholesterol; blood pressure; smoking (no. of cigs daily); alcohol content.

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## KEY REFERENCES

- <http://www.motivationalinterview.org>
- Improving Health and Changing Behaviour  
British Psychological Society, 2008, Department of Health
- [www.aafp.org/afp/200000301/1409.html](http://www.aafp.org/afp/200000301/1409.html)
- Motivational Interviewing in Health Care. Helping Patients Change Behavior. Rollnick, Miller & Butler, 2008

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