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Practice

Competent Novice

Motivational interviewing

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Motivational interviewing has been shown to promote behaviour change in a wide range of healthcare settings

Key points

Simply giving patients advice to change is often unrewarding and ineffective

Motivational interviewing uses a guiding style to engage with patients, clarify their strengths and aspirations, evoke their own motivations for change, and promote autonomy of decision making

You can learn motivational interviewing in three steps: practise a guiding rather than directing style; develop strategies to elicit the patient's own motivation to change; and refine your listening skills and respond by encouraging change talk from the patient

Motivational interviewing has been shown to promote behaviour change in various healthcare settings and can improve the doctor-patient relationship and the efficiency of the consultation

Discussion about change occurs in almost every branch of medicine, and goes beyond the "big four" lifestyle habits (smoking, excessive drinking, lack of exercise, and unhealthy diet), to also include the use of aids, devices, or medicines. Patients often seem ambivalent or unmotivated, and clinicians typically try to advise them to change, using a directing style, which in turn generates resistance or passivity in the patient (see box 1). Motivational interviewing is an alternative approach to discussing behaviour change that fosters a constructive doctor-patient relationship and leads to better outcomes for patients.[1]

Motivational interviewing involves helping patients to say why and how they might change, and is based on the use of a guiding style.[2] A recent systematic review that included 72 studies found that motivational interviewing outperformed traditional advice giving in 80% of

studies.3 With practice, time can be saved by avoiding unproductive discussion and by using rapid engagement to focus on the changes that make a difference.

How best to do it

Step 1: practise the guiding style

Among the broad communication styles commonly used to address patients' problems are directing, guiding, and following.2 Although each is appropriate to certain situations in everyday practice, a guiding style is best suited to consultations about change. When this topic comes up, shift your stance from that of a director to that of a well informed guide, and follow three principles: engage with and work in collaboration with patients, emphasise their autonomy over decision making, and elicit their motivation for change. You retain control over the direction and structure of the consultation and provide information as needed, but you ensure that your patients retain responsibility for change. Box 1 shows the contrast in styles between directing and guiding.

Box 1 Contrasting styles

Directing style: "OK, so your weight is putting your health at serous risk. You already have early diabetes. (*Patient often resists at this point.)* . . . Overweight is conceptually very simple, if you think about it. Too much in, not enough out. So you need to eat less and exercise more. There no way you can get around that simple fact." (*Patient replies with a "yes, but . . ." argument.)*

Guiding style: "OK, let's have a look at this together and see what you think. From my side, losing some weight and getting more exercise will help your diabetes and your health, but what feels right for you? (*Patient often expresses ambivalence at this point.)* . . . So you can see the value of these things, but you struggle to see how you can succeed at this point in time. OK. It's up to you to decide when and how to make any changes. I wonder, what sort of small changes might make sense to you? (*Patient says how change might be possible.*)

Use three core skills—asking, listening, and informing—in the service of this guiding style to draw out your patients' ideas and solutions.2 This shows that you want to know about and respect their ability to make sound decisions.

- "Ask" open ended questions—invite the patient to consider how and why they might change;
- "Listen" to understand your patient's experience—"capture" their account with brief summaries or reflective listening statements such as "quitting smoking feels beyond you at the moment"; these express empathy, encourage the patient to elaborate, and are often the best way to respond to resistance;
- "Inform"—by asking permission to provide information, and then asking what the implications might be for the patient.

Once you have practised these three skills, and once you feel comfortable with the shift from director to guide, you can add to your toolbox a set of strategies containing specific questions that are suited to different circumstances.

Step 2: add useful strategies to your toolbox

Motivational interviewing aims to elicit the motivation to change from the patient, rather than to try to instil this in them; it also aims to work with their strengths rather than just talk about problems and weaknesses. Different strategies are available to achieve these aims in a guiding style, eliciting the what, why, and how of change from the patient. This "menu of strategies"4 has been used successfully among college students to reduce use of alcohol, tobacco, and cannabis.5

Agenda setting (what to change?)

Patients often face more than one option for change. In agenda setting, rather than impose your priority on patients, you conduct an overview by inviting them to select an issue or behaviour that they are most ready and able to tackle, feeling free also to express your own views.2 For example, to reach agreement about what to deal with in the consultation you might say: "That's very helpful. Are you more ready to focus on eating or on increased activity? Or is there some other topic that you would prefer to talk about? I'd like to talk

about those test results at some point, but what makes sense to you right now?"

Pros and cons (why change?)

It is normal and common for patients to feel in two minds about both the status quo and change. It can be helpful to invite them to say how they see the pros and cons of a situation. Then your next step is to ask them to clarify whether change is a possibility (box 2).

Box 2 Seeing the pros and cons

"I want to try to understand your smoking better from your perspective, both the benefits for you and the drawbacks. Can I ask you firstly what you like about your smoking?" (*Patient responds. Use your curiosity to elicit a good understanding.)*

"Now can I ask you what you don't like about your smoking?" (*Patient responds. Remember it's their experience that counts, so avoid offering your perspective for the time being.)*

(Then you summarise both sides, as briefly as possible, capturing the words and phrases that the patient came up with.) "OK, so let's see if I have this right? You like the fact that smoking helps you unwind and, addicted or not, you like that first smoke in the morning. On the other hand, your main concern is about its effect on your health. Is that about right? OK."

(*Then you invite the patient to consider the next step.) "*So where does that leave you now?" (*Patient usually describes readiness and any need for advice or information.)*

Assess importance (why) and confidence (how)

To be efficient you need to spend time where it is most needed. Those who are not convinced of the importance of change are unlikely to benefit from advice about how to change, and a focus on the why of change is pointless if the main issue is how to achieve it. This focused strategy (box 3) has produced successful outcomes in the smoking field,[6] where a recent review also provides support for the efficacy of motivational interviewing.[7]

Box 3 Assessing importance and confidence

"Would you mind if we took a moment to see exactly how you feel about using these tablets? (*An invitation promotes collaboration and patient autonomy.)*

"How important is taking this medicine for you right now?" (*Elicit a brief review of patient's feelings, fears, and aspirations, then ask:)* "How confident do you feel about taking these tablets regularly?" (*Elicit, and then summarise patient's view of importance and confidence.)*

(Then tailor your next step accordingly—for example, if importance is low, consider something like:) "Well, do you mind if I just give you some information about how these tablets might help, but it will be up to you to decide in the end." (*Emphasising autonomy always helps.)*

Exchange information

One of the first successful studies of motivational interviewing placed listening at the centre during feedback of test results.[8] This gave rise to the "elicit-provide-elicit" strategy (box 4), in which a guiding style is used to encourage patients to clarify the personal implications of information that you provide.

Box 4 Information exchange

"OK so can I check your understanding of the situation? What do you know about the risks of being overweight?" (*Elicit understanding.*) . . . "Well you are right about it being very common and that people are generally living longer, but as you say it does put an extra strain on the heart and causes diabetes, which again affects the heart, kidney, and so on. It also causes high blood pressure. (*Provide information.*) OK, now can I ask, how do you think this information applies to you?" (*Elicit patient's interpretation.*)

Make decisions about change (setting goals)

Goals and targets for change that come only from your side are often met with “Yes, but. . .” explanations about why they will not work from the patient. Box 5 shows how you can, if the patient is ready for it, use a guiding style to elicit practical solutions from the patient and offer suggestions from your side as well.

Box 5 Making decisions

“It sounds like you really want to try quitting smoking, but you’re struggling with imagining how you can do it. (*Summarising the patient’s situation*.)

“It will be up to you to decide when and how to do it (*emphasising the patient’s freedom of choice*) but I am wondering how do you see yourself succeeding with this? (*Inviting the patient to envision change. Patient responds, usually identifying main challenges*.)

“So you are hoping you can find a way of breaking through the withdrawal period. (*Listening, in response to what patient has said*.) There are all sorts of quitting aids that others have found useful, but what makes sense to you? (*Inviting patient to clarify what will be helpful*.) Or maybe you want to bring your husband down to talk with us so we can all make a plan together?” (*Patient clarifies what will be helpful, and the discussion narrows down in favour of a plan that is agreed jointly.)*

Step 3: respond skilfully to patients’ language

You can refine your skills further by paying attention to the language that patients use.9 You will notice that they talk about why or how they might change (this is called change talk)—“I guess I should take my medicine more regularly”; “I want to quit smoking”; “I am going to eat less fried food”—or about the opposite: “I don’t like tablets”; “I enjoy my smoking”; “I’ve never succeed in losing weight.” You can choose whether to elicit change talk or not. The assumption is that if you do, motivation to change will be enhanced, and subsequent change is more likely take place.9 Box 6 shows how a doctor elicits change talk and responds to it with further listening. Many of the questions shown in step 2 are useful because they elicit change talk—for example, “How important is it for you to take this medicine?”

Box 6 Eliciting change talk

A young refugee with HIV-AIDS is pregnant and faces the need to take antiretroviral therapy appropriately and make lifestyle changes.

Doctor: How are things at home?

Mother: Well my husband agrees I should take the pills to have a healthy baby but he doesn’t want to use condoms.

Doctor: What would be most helpful for us to start talking about? Is it condoms, your medication, or something else? (*Brief agenda-setting*)

Mother: I want to talk about the medicine. (*Change talk*)

Doctor: That’s fine, we can come back to other things. What would you most like to know about the medicine? (*Eliciting: the start of information exchange)*

Mother: If I miss taking my medicine I worry that it will bring harm. (*Change talk*)

Doctor: You would like to take this medicine every day. (*Listening*)

Patient: I want to. (*Change talk*)

Doctor: (*Informing*) It can be difficult to take the medicine at the right time each day, yet it is important. Even if people are feeling better and stronger, the medicine keeps them healthy, so it’s important to keep taking it. What’s the difficulty for you? (*Eliciting the patient’s personal interpretation of the information)*

Mother: I miss them because I hide this all from my mother, and she can see what I am doing all the time.

Doctor: You struggle to take them at the same time each day. (*Listening*)

Patient: Yes, I want to keep well (*change talk*), but she looks strangely at me.

Doctor: Can you think of any ways in which you can change the time and place that you take medicine? (*Asking)*

Mother: Maybe I will do this when I go to the toilet after she has gone to bed. (*Change talk*)

Doctor: You can see that working for you. (*Listening*)

Mother: It must work. I must do something like this. (*Change talk*)

Doctor summarises what's been said and uses agenda setting once again to offer the patient a choice of talking about disclosure of her HIV status to others, improving her diet, or safe sex.

One line of research has been to examine whether motivational interviewing improves outcomes. A recent meta-analysis of 119 studies concluded that it exerts a small but positive effect across a wide range of problem domains, but not in all.[10] Another line of research has been to study language and change talk. For example, if people struggling with alcohol and other drugs offer more change talk in counselling, their outcomes in regard to substance use are better;[11] [12] [13] moreover, practitioners who are competent in motivational interviewing elicit more change talk, independent of the motivation of the patient.[11]

What are the challenges?

Any skilful task in medicine takes time to learn. Training, supervision, and feedback on performance will allow you to save time by using efficient questions suited to your personality, the patient, and the setting (see box 6). Motivational interviewing has been shown to be effective in settings where time constraints are paramount, like accident and emergency departments.[14] [15]

The biggest challenge is usually with the shift in style and attitude involved. This includes letting go of what has been called the "righting reflex,"[2] the tendency to identify a problem and solve it for the patient (see box 1), and instead, enabling the patient to do this work for themselves. This can leave you feeling that you will lose control of the consultation. We suggest that you retain control of the overall direction of the consultation, and hand over to the patient control about the what, why, and how of change. You certainly can and should offer your views and expertise, but within a style that is collaborative and emphasises the patient's freedom to make any final decision.

Conclusion

Motivational interviewing is not a quick fix method, let alone a set of clever techniques for getting patients to do what they otherwise would not want to do.[16] It is not done "to" or "on" patients, but "with" or "for" them. It can be used in any consultation about change, and evidence of its effectiveness is growing. It is helpful to consider your patient as your teacher. If he or she responds positively, and becomes an active participant in talk about change, this feedback tells you that you are doing a good job.

Top 10 useful questions

- What changes would you most like to talk about?
- What have you noticed about . . .?
- How important is it for you to change . . .?

- How confident do you feel about changing . . .?
- How do you see the benefits of . . .?
- How do you see the drawback of . . .?
- What will make the most sense to you?
- How might things be different if you . . .?
- In what way . . .?
- Where does this leave you now?

Notes

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Footnotes

- This series aims to help junior doctors in their daily tasks and is based on selected topics from the UK core curriculum for foundation years 1 and 2, the first two years after graduation from medical school.
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