

Physician's Guide to Motivational Interviewing

What is it?

A form of **communication** that prepares patients to make a **behavioral change** by exploring and **resolving ambivalence**. The goal is to identify a specific behavior that the patient is **WILLING** to change, and to guide them through creating their own action plan specific to their preferences and lifestyle.

Is it effective?

Yes! In a 2005 Meta analysis in the British Journal of General Practice, Dr. Sune Rubak M.D. concluded that "**Motivational interviewing (MI)** in a scientific setting effectively helps patients change their behavior, and **outperforms traditional advice-giving in approximately 80% of the studies...** and led to significant improvement of BMI, total cholesterol, systolic blood pressure, and blood alcohol concentration."

When is it appropriate?

The patient who has any specific behavior they are **WILLING** to change (i.e. **smoking, alcoholism, diseases managed by diet and exercise- Hypertension, Hyperlipidemia, Diabetes**). If a patient is pre-contemplative, respectfully ask permission to revisit the topic next time.

For the sake of time, MI may be best utilized during an annual physical.

What **NOT** to do:

- Offer advice without first seeking the patient's permission and encouraging them to explore their beliefs about their situation.
- Use an authoritative stance, leaving the patient in a passive listening role
- Impose potentially hurtful labels like "addict, alcoholic, stubborn, resistant"
- Use scare tactics, as these often lead to increased resistance and resentment

The 4 Step Process:

1. Engaging- explore patient's understanding and desire for change. Open ended questions are key! Allow patient to do most of the talking. Focus on strengths and past success.

"How do you feel about _____ (behavior)?"

"What are the benefits can you think of?"

"Have you tried to change this in the past?"

Reflect their thoughts: *"I can see how it can be hard..."*

"Is this something you'd be willing to work on within the next few weeks?"

If yes, proceed to step 2. If no, ask for permission to revisit topic next time.

2. Focusing- agree upon an agenda taking the patient's AND your own priorities into consideration.

"Would you like to spend the next 5 minutes to discuss your values and preferences, and come up with a plan together that would work for you?"

3. Planning – develop an action plan that the patient is willing to implement. SMART plans are: Specific, Measurable, Achievable, Relevant, and Timely.

The patient's job is to articulate their ambivalence. The physician's job is to guide the patient toward a plan that can realistically lead to improved health outcomes.

Grab a pen! Send patients home with written instructions.

"What do you think would be a realistic change?"

If patient responds "I don't know", offer a menu of options.

Be specific: *"How many cigarettes..."*, *"Which exercises can you perform?"*, *"Which fruits and veggies will you add?"*, *"How often will you cook your own meals?"*

Explore obstacles and supports: *"What are some barriers to change?"*, *"Do you have a support person?"*

4. Conclude- leave the patient feeling encouraged and prepared.

"How confident are you that this plan is doable?"

"I appreciate your willingness to change, and look forward to checking in soon"

Agree upon and write down a specific date for follow-up.

My Action Plan:

The change I will work toward is: _____

Specific actions I will take are: _____

My reasons for change are: _____

Obstacles to achieving this are: _____

How I'll respond to obstacles: _____

My support person will be: _____

When I will follow up: _____