

Motivational Interviewing: Inspiring Patients to Change

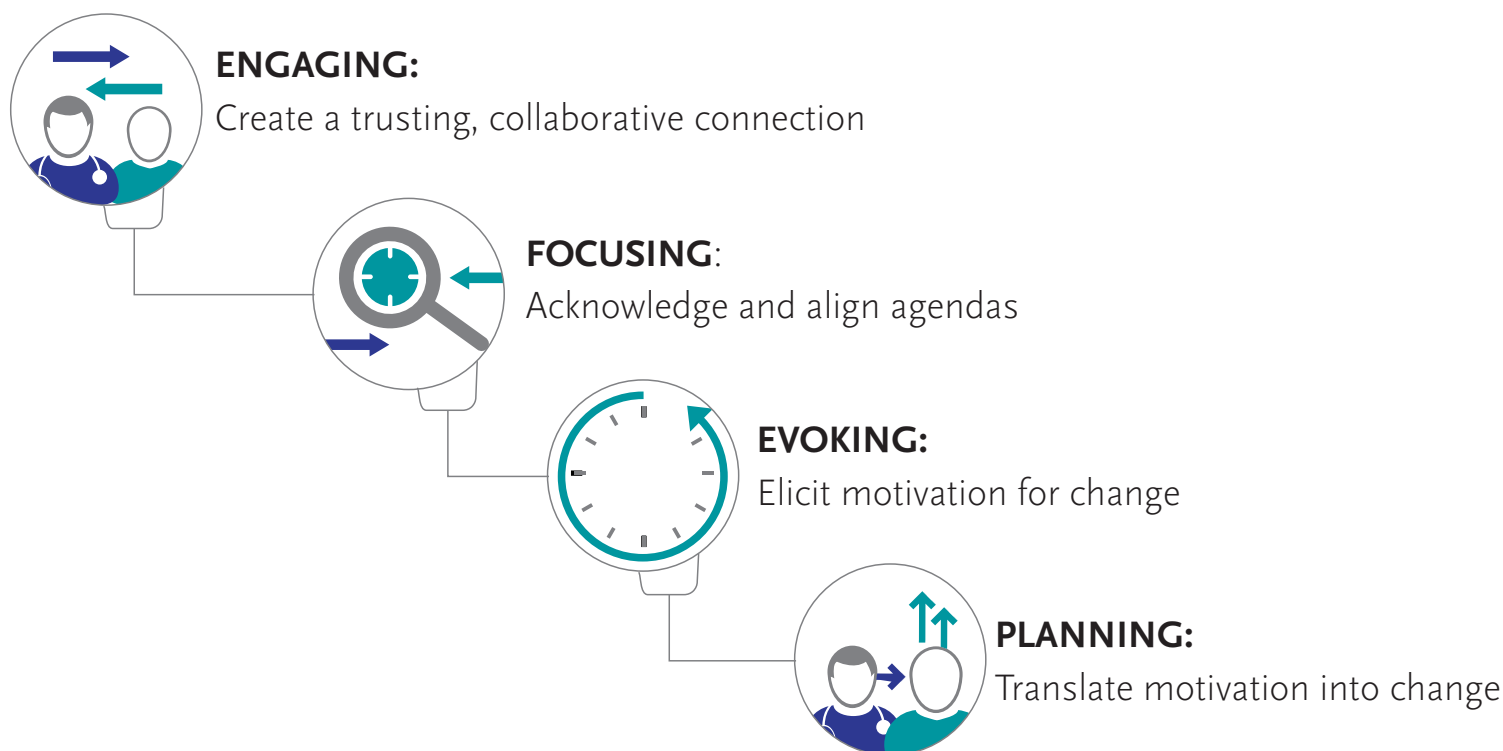


Motivational interviewing is a collaborative, empathetic process that respects patient autonomy and inspires patients to find motivation to change.

Why Motivational Interviewing Matters

- Crucial skill set to create more rewarding and effective clinician–patient interactions
- Useful foundation for guiding patients to change behaviors, especially if they are ambivalent

The Four Stages of Motivational Interviewing



Engaging

Create a trusting, collaborative connection

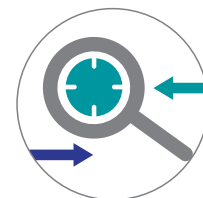
- Set the foundation for the patient–clinician relationship
- Demonstrate that you are listening without criticism or judgment
- Use open-ended questions to let the patient frame the discussion



Focusing

Acknowledge and align agendas

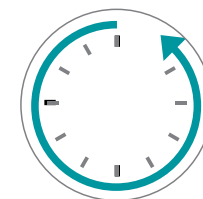
- Ask the patient what they want to discuss
- Create agreement between you and the patient on what to talk about
- Ask/Tell/Ask:
 - Ask** the patient what *they* want to talk about
 - Tell** the patient what *you* want to discuss or provide information
 - Ask** — *confirm with the patient*, then discuss
- Try using a visual aid to help align your agendas



Evoking

Elicit motivation for change

- Patients may be ambivalent about changing: on one hand, they want to change, and on the other hand, they don't.
- Your goal is to selectively strengthen the side that wants to change, allowing the patient to argue for change themselves — this is done by evoking and reflecting back “change talk” and deflecting or suppressing “sustain talk.”



Change talk vs. Sustain talk

Indicates movement towards change



Indicates a desire to remain the same

Just as in the Engaging step, the process starts with active listening:

- ⬆ **Evoke and strengthen “change talk”** — reflect it back or ask for elaboration
- ⬇ **Deflect and suppress “sustain talk”** — don't reflect it back

Change talk conversation starters — words that work:

↑ Ask the patient to identify the change:

- 🗣️ “What do you want to change?”
- 🗣️ “Is there anything you’d like to change about your pain management strategy in the next few weeks?”

↑ Explore the patient's own reasons for change:

- 🗣️ “What are the three most important reasons for you to cut back on your oxycodone?”

↑ Help the patient articulate pros and cons:

- 🗣️ “What are some of the good things and some of the not-so-good things about being on oxycodone?”
- 🗣️ “Are there any benefits to not taking oxycodone?”

↑ Outline best and worst case scenarios:

- 🗣️ “What’s the worst thing that would happen to you if you continued on a high dose of oxycodone?”
- 🗣️ “What’s the best thing that could happen to you if you tapered off your oxycodone?”

↑ Verbalize confidence:

- 🗣️ “On a scale of 1 to 10, how ready are you for change?”
- 🗣️ ...“Why did you pick that and not a lower number?”
- 🗣️ ...“What would have to happen to get you to a higher number?”

↑ Let the patient design the solution:

- 🗣️ “How would you go about cutting back on your use of oxycodone?”
- 🗣️ ...“What would it take for you to be successful?”

↑ Evoke a positive-change memory:

- 🗣️ “Last year after your first surgery, you cut back your dose of oxycodone after 6 weeks. Why did you do that?”
- 🗣️ ...“How were you successful at doing that?”

↑ Envision the future:

- 🗣️ “Look ahead 6 months from now. What concerns you about staying on oxycodone?”
- 🗣️ “How would you like your life to be different in 6 months?”

Recognizing Change Talk vs. Sustain Talk

The clinician should try to reflect and repeat or ask the patient to elaborate on change talk — patient statements that indicate a desire to change.

↑ Recognize change talk by using the DARN-CAT mnemonic:

- **D**esire: I want to get back to my normal activities.
- **A**bility: I could stop taking oxycodone if I tried.
- **R**eason: I want to be healthier for my kids.
- **N**eed: I really should taper off the oxycodone.
- **C**ommitment: I will taper off the oxycodone.
- **A**ctivating: I'm willing to switch to over-the-counter drugs for my back pain.
- **T**aken Steps: I've tapered off oxycodone before.

At the same talk, the clinician should try to deflect and suppress sustain talk — patient statements that indicate a desire to be the same.

↓ Recognize sustain talk by using the DARN-CAT mnemonic:

- **D**esire: I like that oxycodone takes my pain away.
- **A**bility: I don't see how I can taper off.
- **R**eason: I'm taking the prescribed amount.
- **N**eed: I need oxycodone to get out of bed.
- **C**ommitment: I'm not convinced I can manage my pain without oxycodone.
- **A**ctivating: I'm not ready to start tapering.
- **T**aken Steps: Tapering didn't work before.

Translate motivation into change

- Start with a “change talk bouquet”: repeat all the change talk heard during Evoking.
 - 🗣️ “You’re worried about the continued use of oxycodone because of the dangers of overdose. You’re also noticing that you’re a little tired at times.”
- Pair your change talk bouquet with a key question, such as:
 - 🗣️ “Where would you like to go from here?”



Create a SMART goal in conjunction with the patient:

- Specific:**
 - 🗣️ “What exactly will you do?”
 - Ⓐ Taper off the oxycodone slowly.
- Measurable:**
 - 🗣️ “For how long? How many? How much?”
 - Ⓐ Cut back by ½ tablet by the end of the month.
- Achievable:**
 - 🗣️ “What do you feel comfortable achieving?”
 - Ⓐ Taking baby steps is OK.
- Realistic:**
 - 🗣️ “What have you done before that worked?”
 - Ⓐ I did this after my last surgery.
- Timely:**
 - 🗣️ “When will you start?”
 - Ⓐ I will start tomorrow.

Plan follow-up to assess the patient's progress in meeting their goal. This is likely a multiround process — you should be realistic in your expectations and be ready to keep meeting the patient where they are and helping them move toward their goals.

For more detail, see our Motivational Interviewing video series.

References:

1. Miller W and Rollnick SR. Motivational interviewing: helping people change, 3rd ed. Guilford Press, New York, NY. 2013.
2. Miller WR and Rose GS. Toward a theory of motivational interviewing. Am Psychol 2009 Sep; 64:527.

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