
Information for Behavioral Health Providers in Primary Care

Motivational Interviewing for Health Behavior Change

Margaret Dundon, PhD

General Principles

A. Stages of Change Model:

- Widely researched theoretical model started in substance abuse literature (Prochaska and DiClemente, 1992) and since expanded to all health behavior change issues (med adherence, diet changes, substance use, exercise.....).
- 5 basic stages of readiness to change behavior include:
 - a. **PRE-CONTEMPLATION** – no intention of changing presently
 - b. **CONTEMPLATION**- considering a change in behavior
 - c. **PREPARATION** – preparatory actions following the decision to change behavior
 - d. **ACTION** – currently engaged in behavior change activities
 - e. **MAINTENANCE** – the continuation of a changed behavior beyond 6 mos.
- Successful change usually relies on readiness, and assessing this/tailoring your health coaching to it, will be both less frustrating to you, and more positive from the patient's perspective. (Pretend to be a patient and feel the difference!) You may want to aim for helping the pt. move along one stage rather than expect action. Still a success.

B. Readiness is influenced by a blend of how important the change is to the pt. and how confident they are that they can make the change.

- You can use these 2 dimensions to help move them along. (e.g. visual 1-10 scales as attached; pros and cons of changing talk; exploring identified barriers; menu options) See sample dialogues below.
- Telling patients what they should do or lecturing them, tends to be much less effective than eliciting their change ideas. "Dancing" vs. "Wrestling".
 - Approach should be supportive, empathic, nonjudgmental, non-argumentative, and non-directive.

Traditional ("Instructor")

~Focus on correcting pt's perceptions

~Emphasis on disease aspects of behavior

~Focus on convincing pt. there is a problem

~Denial is met with argumentation

Motivational ("Coach")

~Focus on exploring pt's perceptions

~Emphasis on how to increase personal choices about problem behaviors

~Focus on eliciting pt's own concerns about the problem

~Denial is met with reflection

Clinical Applications

Motivational Interviewing for Health Behavior Change (continued)

Do's: Express empathy; Find some success to acknowledge, give good news, provide information if needed; reflect your understanding of what they are saying, develop discrepancy and summarize...

Do: "Roll with Resistance": Sample responses: "You just can't see yourself doing this..." "It sounds like right now isn't the right time to do this given the other pressures in your life..." "If you didn't have this going on right now, how would you feel about doing this? Looking ahead 6 mos., where do you see yourself in terms of your health?" ... "You seem to understand the changes that would help improve your diabetes control, but you are not ready to commit to more changes today. We can re-visit this area again in the future."

Don'ts: argue, lecture without eliciting patient views on the change area, use data as "proof" of problem...

Sample Importance dialogue

PCP: "I'd like to understand how important it is for you to make changes in your smoking/med use/eating/drinking... On a scale of 0-10 with zero meaning not important at all and 10 meaning very important, you gave yourself a 7. Why did you give yourself a 7 and not a 3 or 4?"

Pt: Well, I know controlling my diabetes is important, and I want to be around for my grandkids"

PCP: So it's crucial for you to be around and watch them grow up

PT: Oh yes...

PCP: what would it take to give yourself a 9 or a 10?

Sample Confidence dialogue

PCP: Now I'd like to understand more about how confident you are about making changes in...On a scale of 0-10 with 0 meaning not confident at all, and 10 meaning very confident, why did you give yourself a 4 instead of a 2 or 3?

Pt: well, in the past I was able to lose a little bit of weight by taking regular walks after dinner so I know this helps but it was hard to keep up

PCP: So you know from past success that you CAN do this. What would it take to give yourself a 5 or 6 in confidence?

Pt: I would need to find a way to keep walking.

Strategies and Additional Resources:

Time constraints: You can't do it all. Choose one of the above techniques and use it- practice makes progress, once that skill feels like second nature, choose a second skill area to develop... See sample visual aids that follow.

MI website: <http://www.motivationalinterview.com/>

Select Refs:

Miller, W. R., & Rollnick, S. Motivational interviewing: Preparing people for change (2nd ed.) (2002). New York: Guilford Press.

Rollnick, S., Miller, W.R & Butler, C.C.: Motivational Interviewing in Healthcare: Helping Patients Change Behavior. (2008) New York: Guilford Press.

Rubak, S, Sandboek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: a systematic review and meta-analysis. *British Journal of General Practice*, 55: 513, pp. 305-312.

Motivational Interviewing for Health Behavior Change (continued)

Move training: vaww.move.med.va.gov

Readiness Indicators Assessing Importance and Confidence

Importance

How important is it to you to _____ ?
On a scale of 0 to 10, with 0 being not important & 10 being very important...

0 1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

Confidence

How confident are you that you could _____, if you decided to? On a scale of 0 to 10, with 0 being not confident at all & 10 being very confident?

0 1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

