

# MOTIVATIONAL INTERVIEWING

## Motivational Interviewing (MI)

is a collaborative, goal-oriented method of communication, with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

(Miller & Rollnick, 2013.)

Motivational Interviewing (MI) is a paradigm shift for many of us, especially those trained in a prescriptive style of communication.

We engage in MI as we dialogue with people about many areas of behavior change.

MI is NOT a technique, and it is NOT a switch that we turn on and off.

### MI includes the following:

- A person-centered approach
- Expressing empathy
- An invitation to a collaborative partnership between patient and provider
- Listening more than telling, and eliciting information rather than instructing
- Placing the responsibility for change with the patient and not the provider
- Asking permission
- Honoring the patient's autonomy and resourcefulness
- Avoiding coerciveness



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**We know that the very first meeting matters and that MI can make a difference in just one 15-minute interaction. Go ahead...TRY IT!**

## **Why should we use MI in obesity work?**

There are several reasons to use MI when the focus is on achieving a healthy weight. Weight is a difficult topic to address. MI can make this tough topic a more enjoyable conversation between the provider and patient/family. However, it helps to start the conversation by asking, “Would it be okay if we discussed your weight?” or “How do you feel about your weight?”

### **Research outcomes demonstrate a compelling case for the use of MI. Here are a few examples:**

- A number of studies have shown that allowing patients the opportunity to advocate for their own change is predictive of their future behavior change. Conversely, if we force people to make a decision about change, or if we tell them they must change, they will argue for the status quo. Once a patient verbalizes an argument for change (or an argument for status quo), we can predict that their behavior will follow that argument. Therefore, allowing patients the opportunity to talk about why they want to change has proven benefits.
- Research has also shown that MI in addition to “active treatment” works exceptionally well. “Active treatment” can include MI and:
  - Nutrition education
  - Physical therapy
  - Exercise program/support
  - General health education
- There has been demonstrated success with integrating MI into clinical encounters. The outcomes improve. People are more likely to “comply” with appointments, lab draws, medication adherence, and treatment plans when MI is integrated into practice.