Motivational interviewing
Tool, Tricks and Attitude

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Patient Therapeutic Education

- Psycho-social Educational models
- Motivational Interviewing
- Cognitive-behavioural therapy
- Patient centered
- Empowerment
- Systemic multidisciplinary approach
Motivational interviewing is a Tango

- Respect the rythme of the patient
- Follow and guide the patient
- Listen to the inner music of the patient
Definition of motivational interviewing

A guiding person-centered method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Miller and Rollnick
second edition, 2002
The spirit of motivational interviewing

Collaboration Partnership

Evocation of the resources and (inner) motivation

Confrontation: awareness and acceptance of the reality

Education Key knowledge

Autonomy: Self-efficacy - Co-responsible

Authority of counselor
Efficacy of motivational interviewing on behaviour changes

At 3 months
- Alcohol 0.41
- Smoking 0.42
- Diet 0.14
- Exercise 0.20

Long term follow-up
- Alcohol 0.26
- Smoking 0.72
- Diet 0.78
- Exercise 0.82

The 4 Attitudes
The 4 attitudes of Motivational Interviewing

- Express empathy
- Acceptance facilitates change
- Develop discrepancy between present behaviour and important personal values
- Roll with resistance
- Avoid arguing for change
- Support for self-efficacy: Person’s belief in his ability to succeed

Miller and Rollnick, second edition, 2002
Attitudes for a good relationship

• Congruence (Feeling-Expression)
• Open-mindedness
• Independence (Self respect confidence)
• Acceptance (unconditioned)
• Empathy
• Readiness to let grow
• No roadblocks

Carl Royers 1958
From Communication to Attitude

Communication

Relationship

Attitude

Intellectual
Emotional
Spiritual

Acceptance
Trust
Compassion

Empathy
Respect
Warmth
The 4 Tools
The 4 tools of Motivational Interviewing

Ask open questions

Affirm, support

Listen reflectively, actively

Summarize

Guiding strategy for resolving ambivalence

Miller and Rollnick, second edition, 2002
Ask Open questions

1. Encourage the patient to express himself
2. Create confidence, Atmosphere of acceptance
3. Allow the HCP to use active listening
Listen Reflectively Actively

1. Make sure to understand the patient
2. Decrease the patient’s resistance
   - The patient feels understood
   - The patient explore his ambivalence
Common errors in reflective listening

- To interpret
- To exaggerate
- To disagree
- To anticipate
- To analyse
- To parrot
- To be behind
- To omit
- To reduce

Thomas Gordon
TO LISTEN IS TO GIVE A HAND

Listening is everybody’s matter
Support-Affirm

Search for success

Valorise what well succeeded

Support what was done

Use the mistake

We do not encourage the patient enough
Summarize patient’s own perceptions regarding his motivation to change.

Remind the patient of his ambivalence.

Reformulate patient’s intentions.

Give your own opinion evaluation.

Collecting and linking summaries.
The Ambivalence

Do you really want to change?
Develop discrepancy
Ambivalence is normal
Often misunderstood with denial
Must be explored and not confronted
Ambivalence

The righting reflex

Reflective listening

To convince

Decisional Balance

Resistance, yes but ....

Change
Double decisional balance

Help the patient explore his ambivalence and allow him to change by himself

Benefits of Status Quo

Costs of Status Quo

Benefits of change

Costs of change

The patient will change when he will be able to inverse the balance
Slalom of ambivalence

Benefits of Status Quo

Costs of change

Costs of Status Quo

Benefits of change
Do you really want to change?

- What do you want to do now?
- What are you able to do?
- What are you not able to do?
- What are you not willing to do?
The patient’s ambivalence

Importance and confidence to change

How important would you say …?

0 1 2 3 4 5 6 7 8 9 10
Not at all important  Extremely important

How confident would you say you are?

0 1 2 3 4 5 6 7 8 9 10
Not at all confident  Extremely confident
Stages of behavioural change

Precontemplation
Explore representations

Contemplation
Discuss the ambivalence

Action
Search for obstacles

Maintenance
Reinforce benefits

Preparation
Negociate objectives

Ongoing occasional activity

Relapse
Use the mistakes

Negative-Neutral
Explore representations

Prochaska JO, Di Clemente, Prog Behav Modif 1992 28:183-218
Being ill is a change

Changing is sometimes
to be different
And sometimes
to be the same differently

Bensaïd
Evoking change talk

- Asking evocative Open questions
- Using the importance confidence ruler
- Exploring the Decisional balance
- Elaborating little change
- Looking back
- Looking forward
- Exploring goals and values
- Querying extreme
Motivational interviewing

1. Open questions
2. Active Listening
3. Support
4. Summarize

4 Attitudes
1. Express empathy
2. Roll with ambivalence
3. Develop discrepancy
4. Support Self-efficacy

1. Understand the patient/person
2. Discuss the behaviour change
3. Explore the ambivalence
4. Benefit/cost of change
5. Benefit/Cost of Status quo
6. Importance confidence to change
4 Tricks
A « 80/20 » lifestyle

To avoid the « all or nothing » attitude

• 80 % of control
  (amount and type of food in real life)

• 20 % of less control on special occasions
  (weekends, holidays, etc.)
Avoid a relapse

Look for a warning system which informs of the loss of control:

- No more than 3 red flags
- 3 times in a row
- 3 days in a row
- 3 days of holiday
No Forbidden food

- Rare
- Occasional
- Every Day

No Forbidden food
Look for external support

Unsupportive

Mostly supportive

Always Supportive

Careful with sabotaging environment!
Summary

- Patient centered approach
- Understand the patient, the human being
- HCP attitude has a direct impact on the patient’s capacity to change
- A change cannot be prescribed
- Develop ambivalence, roll with resistance
- Propose a 80/20% lifestyle
Thanks to all my collaborators

http://setmc.hug-ge.ch