

Motivational interviewing

Tool, Tricks and Attitude

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Patient Therapeutic Education

**Psycho-social
Educational
models**

**Motivational
Interviewing**

**Patient
centered**

Empowerment

**Systemic
multidisciplinary
approach**

**Cognitive-
behavioural
therapy**

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**

**Confrontation :
awareness and
acceptance of the reality**

**Evocation of
the resources
and (inner) motivation**

**Education
Key knowledge**

**Autonomy :
Self-efficacy-
Co-responsible**

**Authority of
counselor**

Efficacy of motivational interviewing on behaviour changes

At 3 months

Long term follow-up

• Alcohol	0.41		0.26
• Smoking	0.42	ODDS-Ratio	0.72
• Diet	0.14		0.78
• Exercise	0.20		0.82

The 4 Attitudes



The 4 attitudes of Motivational Interviewing

Express empathy

Acceptance facilitates change

Roll with resistance

Avoid arguing for change

Develop discrepancy

between present behaviour and important personal values

Support for self-efficacy

Person's belief in his ability to succeed

Attitudes for a good relationship

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

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

Ask Open questions

1

**Encourage
the patient
to express himself**

**Create confidence
Atmosphere of
acceptance**

**Allow the HCP
to use
active listening**

Listen Reflectively Actively

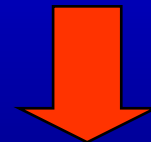
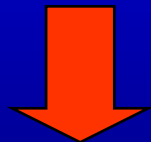
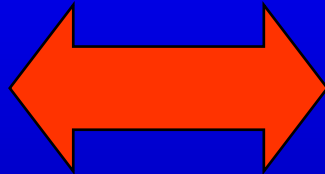
2

**Make sure
to understand
the patient**

**The patient
feels understood**

**Decrease
the patient's
resistance**

**The patient
explore
his ambivalence**



Common errors in reflective listening

To interpret

To exaggerate

To disagree

To parrot

To anticipate

To be behind

To analyse

To omit

To reduce

Thomas Gordon

TO LISTEN

IS TO GIVE A HAND



Listening is everybody's matter



Support-Affirm

**Search
for
success**

3

**Support
what was
done**

**Valorise
what well
succeeded**

**Use
the mistake**

We do not encourage the patient enough

Summarize

4

To 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

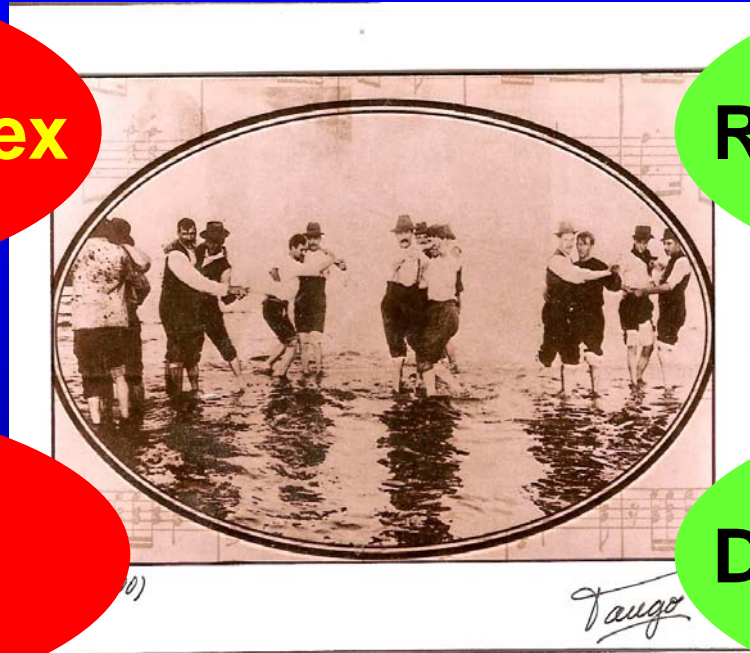
Must be explored and

not confronted

Ambivalence

The righting reflex

To convince



Reflective listening

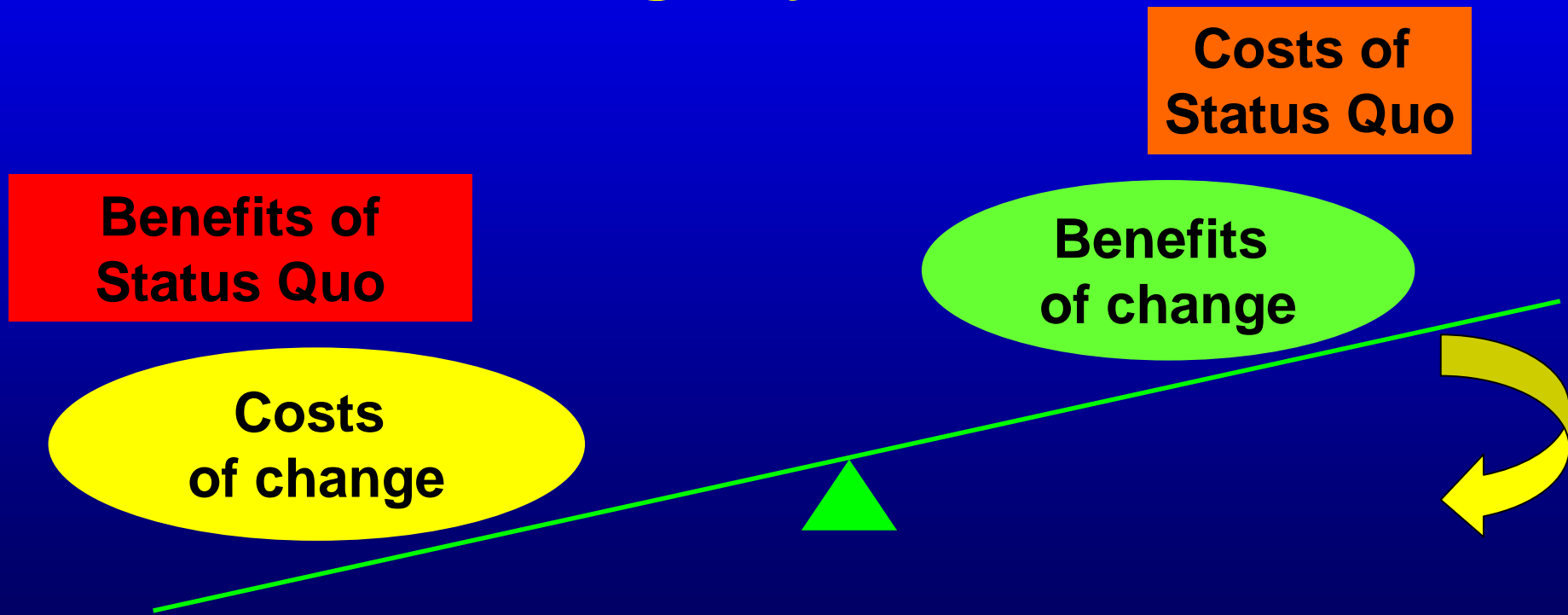
Decisional Balance

Resistance, yes but

Change

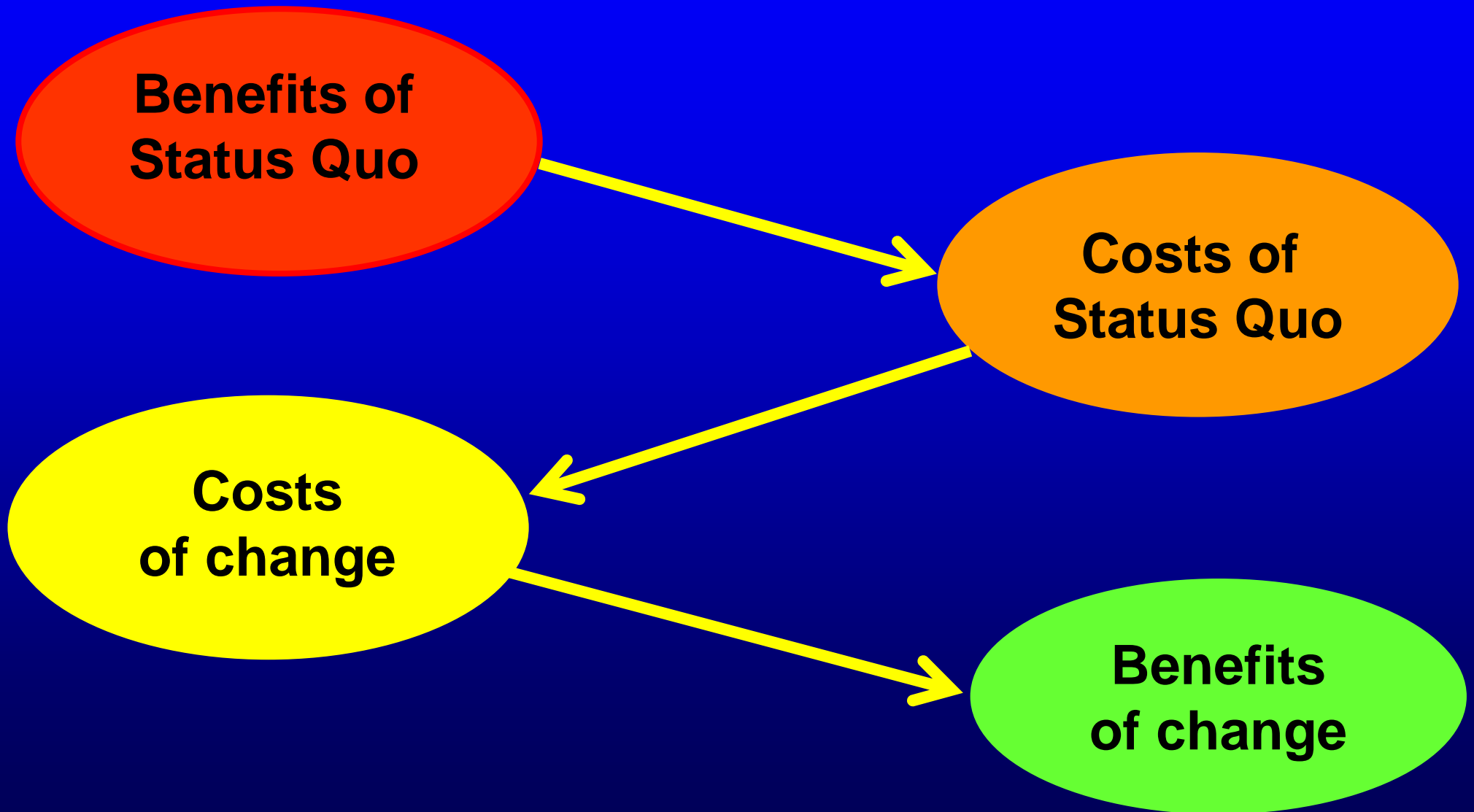
Double decisional balance

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



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

Slalom of ambivalence



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

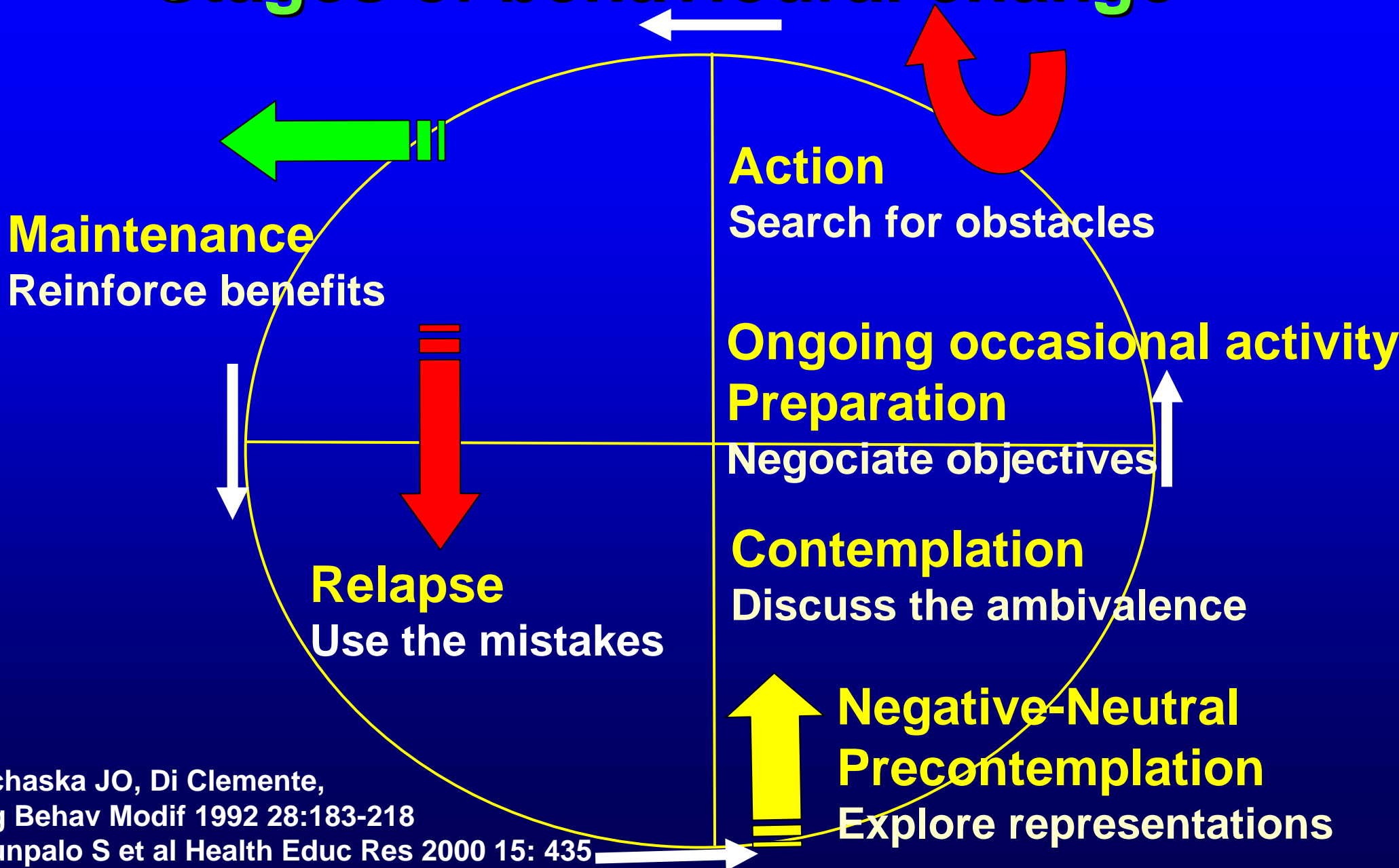
How confident would you say you are ?

0 1 2 3 4 5 6 7 8 9 10

Not
at all
confident

Extremely
confident

Stages of behavioural change



Being ill is a change

**Changing is sometimes
to be different**

**And sometimes
to be the same differently**

Bensaïd

Evoking change talk

**Exploring
goals and values**

**Asking evocative
Open questions**

**Using the
importance
confidence ruler**

**Querying
extreme**

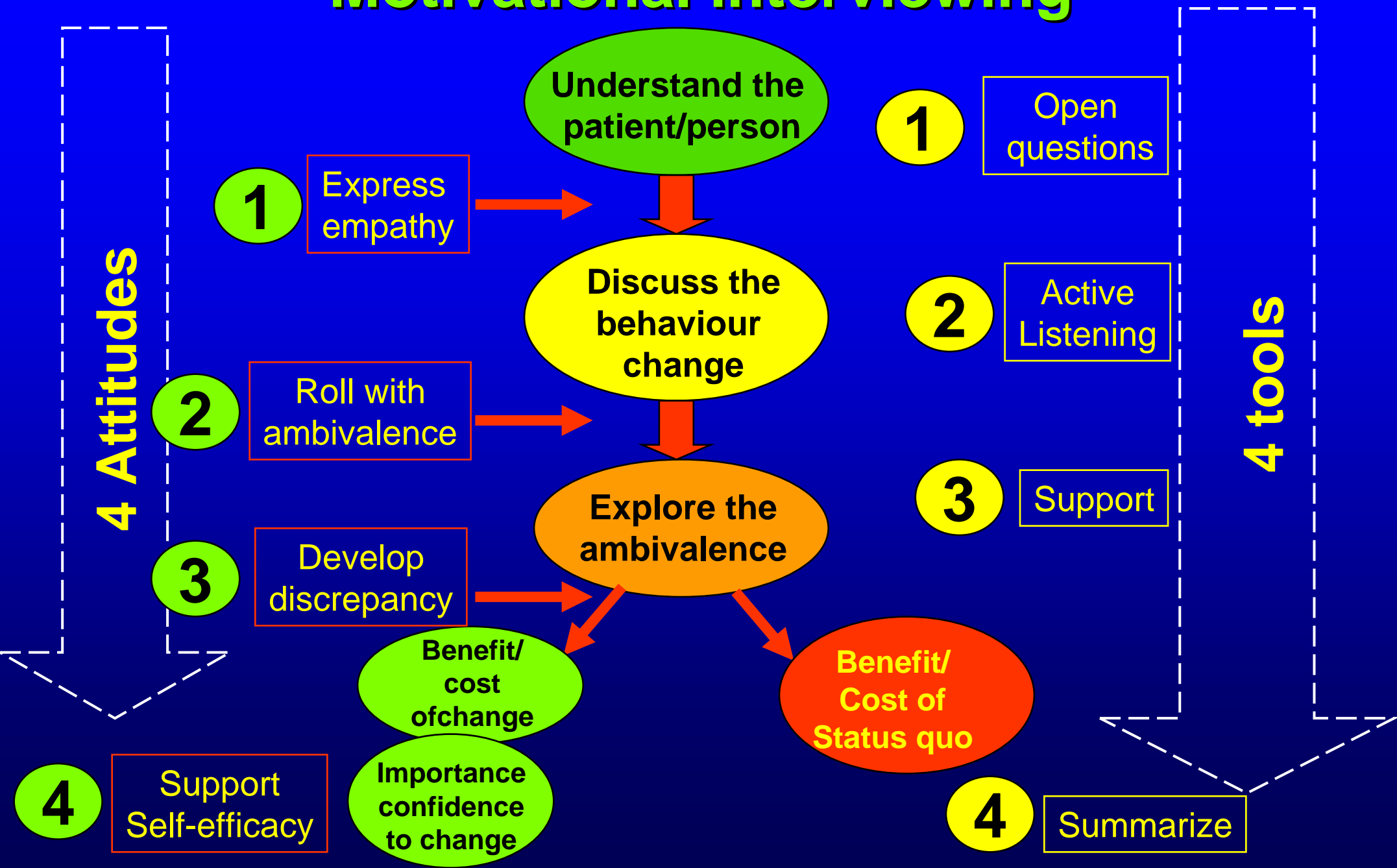
**Exploring the
Decisional
balance**

**Looking
back**

**Looking
forward**

**Elaborating
little change**

Motivational interviewing



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 :

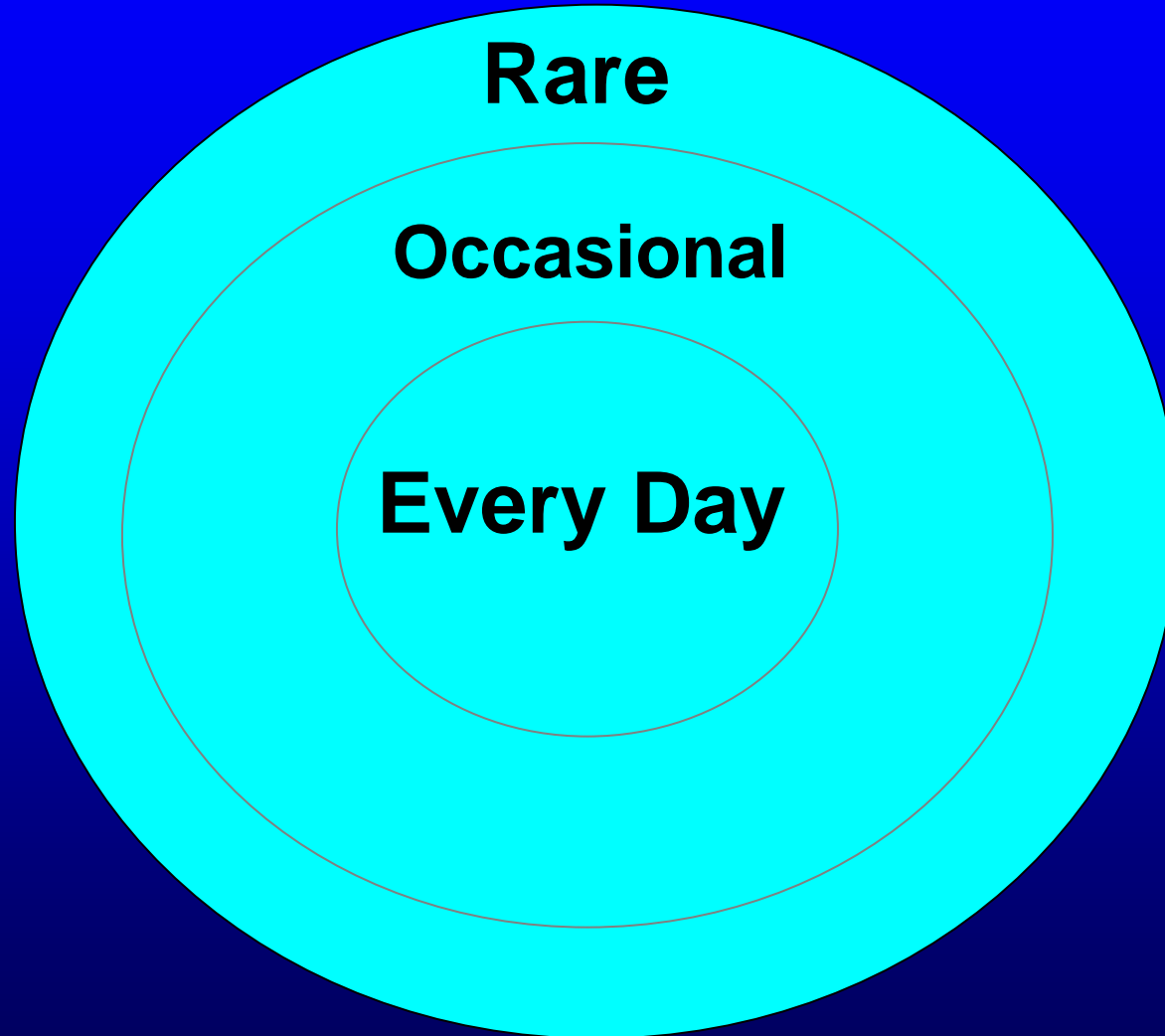
**No more than 3
red flags**

3 times in a row

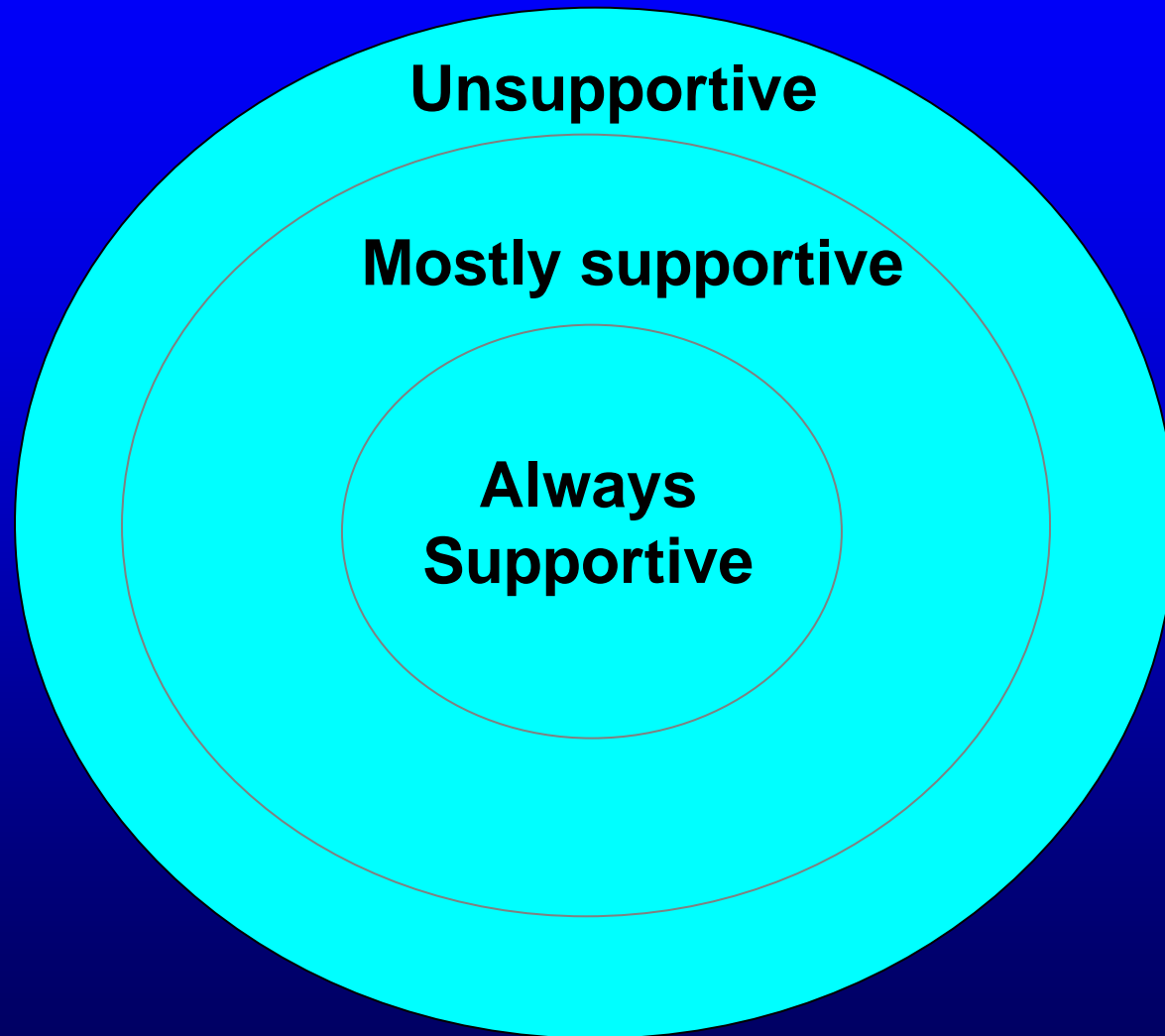
3 days in a row

3 days of holiday

No Forbidden food



Look for external support



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**

A scenic view of Lake Geneva at sunset. The sky is filled with golden and orange clouds. On the left, the Jet d'Eau fountain is spraying water high into the air. In the foreground, a red boat is on the water. The city of Geneva is visible in the background, with a prominent church spire.

**Thanks to all
my collaborators**

<http://setmc.hug-ge.ch>