

MOTIVATIONAL INTERVIEWING

What to do when advice doesn't work

(par) [Jean Marc Assaad, Ph.D., psychologist at PsyMontreal Inc. & John Kayser, R.N., B.Sc., from the Montreal Chest Institute of the McGill University Health Centre]

Introduction

Brigitte, a 48 year-old woman with moderate asthma came in today without an appointment... *again*. Her breathing is progressively difficult and needed to consult with her doctor. She sees you for her flow rate and it is significantly lower than usual. When you asked her about taking her inhaled steroids she responds: *"It just does not work, and I do not want to take it. My grandfather has had asthma all his life and never took steroids. And anyway, I just do not want to get dependent on this stuff. What happens if one day I run out?... then what?"*

Sound familiar? If you said yes, you are not alone. Motivating a client who does not want to change is a major concern for all health professionals. Respiratory therapists in all settings advise and educate patients for their medication use, exercise, weight loss, relaxation techniques, smoking cessation, and other life style changes. So, why do "unmotivated" clients concern us so much? We see day to day, the grave consequences of peoples' health that is directly linked to their lifestyle behaviours, and we know that these consequences are avoidable and modifiable. It is a very frustrating experience to observe a client who does not want to change, and watch them deteriorate because of it! So how do we help this client? We've already tried giving her clear advice, which she disregards. We've tried to provide education, but she knows everything she needs to know about her illness and its treatment... and she still does not use her medication correctly. When all of our standard approaches are found to be ineffective for a particular client, then *what can we do?* Part, or all, of the answer to this question lies with a way of counselling called Motivational Interviewing (MI).

What is MI?

MI is both a counselling style as well as a set of clinical strategies and skills. It proposes a method of interacting with a client that is very effective for promoting positive health changes. Clinical research has shown that some of the many problems for which MI is effective

include public health, diet and exercise, and treatment compliance, just to name a few.

How does MI work?

It's sometimes very frustrating to see a client not doing what they need to do to get better. It would be so easy for them to improve their health if they just followed our advice! Why don't they just do what we tell them to do?

To help us better understand why some clients don't comply with treatment recommendations, we need to learn about the concept of ambivalence: on one hand, they want to change their behaviours, but on the other hand, they don't want to change their behaviours. They are stuck in what we call the "contemplation stage". A graphic example of this ambivalence is seen in Figure 1 "The four columns of change". Notice how we have to look at not only the advantages and disadvantages of changing (the change columns), but also the advantages and disadvantages of not changing (the status quo columns).

By using the techniques of MI, we try to explore this ambivalence in a way that increases the importance of the green columns (the "gas peddle for change": the advantages of changing and the disadvantages of not changing), while decreasing the importance of the red columns (the "break peddle of change": the advantages of not changing and the disadvantages of changing). This will help resolve the ambivalence in the direction for positive change.

So the goal of MI is to increase motivation to change by exploring and resolving the client's ambivalence. During this exploration, the way we talk to clients and get clients to talk to us can have a powerful impact on whether they will change. Studies have shown that when clients argue against change (i.e. show resistance), they are less likely to change. Conversely, when clients argue for change (i.e. verbalise change talk), they are more likely to change. This is why the aim of MI is to interact with clients in a way to increase their change talk and to decrease their resistance.

STATUS QUO "NOT TAKING MY MEDICATION"		CHANGE "TAKING MY MEDICATION"	
Advantages of Status Quo	Disadvantages of Status Quo	Advantages of Change	Disadvantages of Change
<ul style="list-style-type: none"> • My grandfather has had asthma all his life and never took steroids. • I wish I had the freedom of not taking these medications all the time 	<ul style="list-style-type: none"> • I have not been feeling well lately and have been using the blue puffer more often • My asthma has never been so bad. • Things need to change. • I am afraid of losing control over my symptoms. • I hate to need take this prednisone when I am sick. 	<ul style="list-style-type: none"> • It could possibly help if I used it more often • If I can control my symptoms I would be able to get back to the activities I used to enjoy. • I am looking for new solutions 	<ul style="list-style-type: none"> • It just does not work • I am afraid of not being able to cope without this medication. • I just do not want to get dependent on this stuff. • I am not that sick to need medication. • The side effects of this medication may harm me. • Taking this medication reminds me that I am sick.

Figure 1: The four columns of change

A psycholinguistic study by researchers from the University of New Mexico revealed that the words clients use when we talk to them can predict if they will change or not. Strength of the commitment language was found to be most important. For example, saying “I’ll think about it” conveys a lower level of commitment than “I will do it”. It was found that the strength of the commitment language can correctly predict who will have a good or poor outcome in changing their behaviours in 84.5% of the cases.

Empathic listening: one of the fundamentals of MI

Imagine that on your way to work you get a speeding ticket... and you were speeding to get to work on time! The arrogant policeman slowly delivers you the ticket, you turn up late to work anyway, and your boss berates you for your careless attitude towards time. At lunchtime you confide in a friend about how angry and upset you are. Your well meaning friend puts her arm around your shoulder and says with a smile: *“Don’t be angry, it is not worth it! Heck, you just have to get up earlier so you can drive slowly to work, and still get here in time!”*

How would this response make you feel? Maybe even *more* upset than what you started with! Why? Because your friend provided unsolicited advice without the empathic listening you needed. What could have worked better for you? How about the following.

“You really look mad,...what’s up?”

“No kidding you are angry, I would be too in your situation!”

“That’s a lot to spend on a speeding ticket, what are you going to do?”

Such comments and questions have a bigger chance of making a positive impact, because they abide by some of the guiding principles of MI. Some of these guiding principles include empathic listening: accepting and respecting a client’s ambivalence can help you explore it in a way to increase the probability that they will adopt a positive health behaviour change. As well, guiding a session by asking the right open-ended questions allows the client to do their own problem solving and talk about health change in a positive manner. Specific MI techniques allow the client to present the arguments for change, as opposed to the Respiratory Therapist doing all the talking and advice giving. MI involves exploration and support more than argument

and coercion, and techniques are used to elicit the motivation that already exists inside the client.

So back to Figure 1: when Brigitte expresses that she does not want to take her medication, we now know this is only one of the *four* sides of the story! With some empathetic and non-judgmental exploration, and with the use of all the other techniques of MI, she will offer you the other sides of her ambivalence. You will increase her use of change talk and ultimately maximise the chances that she takes her medications.

Learning MI

The best resource for learning MI is the book written by the originators of the method: Miller, W. R., & Rollnick, S. *Motivational interviewing: Preparing people for change* (2nd ed.) (2002). New York: Guilford Press. For information about training workshops given by the authors of this article, you can contact them by phone (514) 337-2473, email formation@PsyMontreal.com, or visit their web-site at www.PsyMontreal.com.

N.B. La version française sera publiée dans la prochaine édition.