MOTIVATIONAL INTERVIEWING

Communication to Facilitate Behavior Change

February 2021

This publication was supported by the Cooperative Agreement Number CDC-RFA-DP18-1816 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-WW-020521

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Purpose

Helping patients to change unhealthy behaviors is one of the most challenging tasks faced by healthcare providers. Motivational interviewing (MI) is a patient-centered manner of communication that has been shown to be effective in increasing the efficacy of clinicians addressing the health behaviors of patients. This module will introduce MI to providers and practices caring for all patients, with increased emphasis on the Screening for Life population of women ages 40-64.

Introduction

It's a common scenario in the medical clinic: A busy primary care provider (PCP) with a full slate of patients enters the exam room to see a familiar patient for routine care. Reviewing the chart, she notes that this patient's trends are concerning. Perhaps it is an elevated HbA1c, increasing BMI, uncontrolled hypertension, tobacco use status, an increasing LDL-C, or lack of medication adherence. Possibly there is a combination of these or other indicators. The provider and care team have been discussing how lifestyle contributes to risk and chronic disease with this patient for years. The provider is thorough and caring while staying mindful of the clock and hoping to stay on schedule.

Initiating Lifestyle Conversations

Common, yet ineffective ways to initiate lifestyle change conversations are:

Repetitive Reminders	The topic of lifestyle change is not new to this patient. He politely acknowledges understanding but does not follow through on recommended actions. Clinical inertia has set in for both provider and patient.
Warnings	The provider issues a stern admonition about the risk and the potential impact of not making needed changes. The information is valid, but the patient seems immune to the advice, interpreting it as a scare tactic. He expresses no desire to change and disregards the information.
Directive Education	"You need to lose weight and exercise. Here are some pamphlets to help you get started." The patient accepts the materials and may even read them, but acting on the advice does not occur.

None of the above conversation starters elicit the change the provider is looking for in the patient's health.

Motivational Interviewing: A New Approach

A different approach is needed to assist patients in changing their behaviors. Motivational Interviewing is a method of encouraging people to make behavioral changes to improve health outcomes.

> MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."
>
> (MILLER & ROLLNICK, 2013, P. 29)[1]

Motivational Interviewing was first developed by psychologist William R. Miller in the 1980s based on his experiences treating people with problem drinking. Through clinical experience and empirical research, the fundamental principles and methodologies of MI have been applied and tested in various settings, and research findings have demonstrated its efficacy. MI is now widely used in a variety of situations, including chronic disease.

Key qualities of MI include:

Guiding communication.	MI is a particular kind of conversation about change that can be thought of as the midpoint between following (listening skills) and directing (giving information and advice).
Empowerment to change.	MI helps people to identify their values, evoking the person's motivations and commitment, developing their capacity to change.
Honoring autonomy.	As a patient-centered approach, MI is a partnership that honors the individual.[2]

Get Started with MI – 7 Core Skills

Busy providers can easily adopt a few core communication techniques to get started implementing motivational interviewing strategies within their practice.[15]

Skill	Rationale	Examples
Asking permission	Communicates respect and facilitates open change talk.	"Do you mind if we talk about . . . " "Can we talk a bit about . . . "
Eliciting/evoking change talk	Associated with successful outcomes. Allows clients to voice personal reasons for/importance of change.	"What would you like to see different from your current situation?" "What will happen if you don't change?" "If you were to decide to change, what would you have to do to make it happen?" "If you made changes, how would your life be different from how it is today?"
Open-ended questions	Creates dialogue. Develops empathy. Allows client to express self.	"Tell me what you like about (risky behavior)." "What is that like for you?" "What brought you here today?"
Reflective listening	Builds empathy. Assists with developing clarity.	"It sounds like . . ." "What I hear you saying is . . . " "I get the sense that . . ."
Affirmation	Recognizes strengths, successes and efforts to change.	"Your commitment really shows by . . ." "You showed a lot of (quality) by doing that." "In spite of the challenges, your being here today reflects your determination to change."
Advice/feedback	Use when clients have little information or misinformation. Allows clients to choose new information without judgment. Provides personalized feedback by allowing clients to evaluate for personal relevance.	"What do you know about how smoking affects your health?" "Are you interested in learning more about . . . ?"
Summaries	Relates or links to clients' expressions to help expand conversation or transition.	*Paraphrase client statements.*

MI in Primary Care Medical Homes

Primary care providers and care teams are well suited to implement MI because they have strong relationships and rapport with their patients. MI engages clinicians and patients as collaborative partners, a feature of the medical home model. Clinicians may need training to transition from traditional communication techniques, such as an expert-recipient model, to motivational interviewing. With MI, instead of advising, confronting, or instructing, the clinician helps the patient to identify, examine, and seek to resolve ambivalence about changing behavior. MI is neither a way to "get people to change" nor a set of conversational techniques but rather a collaborative approach guided by the provider and led by the patient.[2] This bidirectional communication advances patient engagement toward the development of an inclusive plan of care in which the patient is an active participant.[3]

Addressing Time Concerns

Providers whose schedules are already tightly packed may have practical questions about the time required for enhanced communication. However, a brief intervention of 5-10 minutes often elicits patient concerns and helps them make behavior changes. According to one provider, "There's a lot to motivational interviewing, but when it's done well without taking too much time, it can help a busy healthcare provider 'come alongside' the patient. When the physician and the patient feel they are on the same side, everything gets a little easier. Patients will be more willing to tell their doctors the truth and may be more willing to follow recommendations on things like taking medications."[4]

Addressing Reimbursement Concerns

There are a variety of CPT codes that can be used for health screenings and assessments, including MI. Always check with your local payers to make sure these codes are separately billable.[16]

Examples:

- **96151** – Health and behavior reassessment that includes 15 minutes of face-to-face with the patient
- **99401** – Preventive medicine counseling and/or risk factor reduction interventions provided to an individual; approx. 15 min
- **99406** – Smoking and tobacco cessation counseling visit; intermediate, greater than 3 minutes and up to 10 minutes
- **99408** – Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services, 15-30 minutes

Benefits to Providers

The transformation that occurs when patients begin to make health behavior changes through MI occurs over time but can have a profound impact on physician satisfaction, reports Damara

Gutnick MD, an internist and the medical director of the Montefiore Hudson Valley Collaborative. Before implementing MI, Dr. Gutnick, describes herself as "burnt out" by treating sick patients who continued unhealthy behaviors such as smoking or lack of medication adherence. Over time, however, her patients began to change, and Dr. Gutnick notes, "Motivational interviewing gave me the opportunity to connect with patients again, which is what I loved most about medicine."[4]

With the proliferation of value-based reimbursement programs that hold providers accountable for patient outcomes, MI can help providers improve quality scores. According to Dr. Gutnick, her diabetes control and other measures improved after implementing MI. "It was the same patient panel that used to frustrate me and not take their medication, but it all changed when I did," she reports.[4]

MI and the Care Team

Communication is a core skill for healthcare professionals and is necessary for inter-professional collaboration, delivering evidence-based care, and supporting quality improvement. A team-based model of care applies well to MI. Any team member with effective communication skills can elicit patients' true wishes and recognize and respond to their needs. Nurses and care managers in particular are experienced in building relationships, serving as educators, collaborators, and advocates, and team members familiar with these communication techniques can work with patients using MI.[4] The extended care team beyond the clinic, such as home health nurses or community health workers, can also effectively implement MI for patient behavior change.[5,6]

Free CNE Motivational Interviewing Course from Quality Insights

Quality Insights/EDISCO presents *Introduction to Motivational Interviewing*, an e-course appropriate for any member of the care team. Nurses can earn free CNE with course completion. To learn more, go to www.ediscolearn.com and use code **DEPHS** with registration. You can also download a one-page handout to learn more.

Evidence Supporting MI

Systematic Reviews and Meta-Analyses

A 2014 systematic review and meta-analysis published in *Patient Education and Counseling* looked at MI in medical care settings and noted an overall statistically significant, modest advantage for MI in HIV viral load, dental outcomes, death rate, body weight, alcohol and tobacco use, sedentary behavior, self-monitoring, confidence in change, and approach to treatment.

Effectiveness of Motivational Interviewing on Adult Behavioural Change in Health and Social Care Settings: A Systematic Review of Reviews was published in *PLoS ONE* in 2018. The authors

noted that if MI were applied to smokers or physically inactive people globally, it is plausible that the impact on health at a population level would be large. Further research is needed to support this assumption.[8]

Using MI with Populations at Risk

Cardiovascular Disease. Unhealthy diet, lack of physical activity and tobacco use are challenging lifestyle behaviors to change for patients with cardiovascular disease (CVD), and there is increasing awareness that psychosocial attributes may act as mediators for CVD. A 2015 Italian randomized control trial contrasted patients who received MI with those receiving standard care by using BMI, lipid profile, blood pressure, and glucose control (for patients with diabetes) measures at three months after the intervention. They also studied the maintenance or improvement of these parameters at 6 and 12 months and the improvement of patients' cardiac-related beliefs, self-efficacy and quality of life. Motivational interviewing showed encouraging results in eliciting adoption of high-risk behavioral change such as initiating an exercise regimen and changing diet.[17]

A 2013 U.K. study evaluated the effectiveness of a six-month low-intensity MI intervention in a primary care setting in maintaining reductions in CVD risk factors at 12 months post-intervention. Obese and hypercholesterolemic patients at baseline exhibited significant improvements in BMI and cholesterol respectively compared to the control group. The authors concluded that a low-intensity MI counseling intervention is effective in bringing about long-term changes in some health-related outcomes (walking, cholesterol levels) associated with CVD risk.[18]

Diabetes. Type 2 diabetes requires complex behavior changes and treatment regimens to achieve optimal results. A 2015 study by Ekong and Kavookjian looked at the evidence and gaps in the literature for MI interventions and outcomes in adults with type 2 diabetes. Among the 14 studies reviewed, behavior targets included were dietary changes, physical activity, smoking cessation, and alcohol reduction. MI had significant impact on some dietary behaviors and on weight loss. Clinical change outcomes from MI-based interventions were most favorable for weight management.[9]

Cancer screening. Chan and So evaluated the use of MI in enhancing cancer screening among average-risk individuals. A 2020 systematic review of six randomized controlled trials in which MI was delivered face-to-face, by telephone, or in combination and with a tailored reminder letter determined that participants were significantly more likely to undergo breast and cervical cancer screening compared to control.[10]

Ethnic and Cultural Considerations and Health Disparities. Because MI was originally derived from western psychology, research into its effectiveness with ethnic populations is ongoing. A 2020 review paper published in *Journal of Immigrant and Minority Health* examined MI in people of varying ethnicities. This systematic review determined that MI was accepted by most study participants, particularly when cultural considerations were acknowledged.[12]

The use of MI by community health workers (CHWs) in promoting Hispanic immigrant health was the topic of a 2020 study. The CHWs were trained in MI as part of a health promotion initiative aimed at addressing disparities. Using preventive service vouchers tailored to individual needs based on results of health screening as well as educational resources to promote healthy lifestyle, CHWs addressed barriers and strengthened motivation with MI. Integrating these strategies created a low-cost approach to promote healthy behavior in an underserved immigrant population.[6]

Some studies have focused on cultural adaptations of MI. Historically, studies did not include sufficient numbers of racial/ethnic minorities. Cultural adaptation includes identifying areas of conflict or mismatch between the intervention and the client, often by changing the language, content, concepts, goals and/or methods. Researchers have asked whether it is better to culturally adapt MI or to be faithful to the original model as much as possible as an evidence-based intervention; diverging research creates an unclear basis for cultural adaptation.[13]

Culturally adapted MI is still emerging, and most research has been conducted with Hispanic and Native American populations. A small pilot randomized control trial between culturally adapted MI and standard MI with Hispanic participants found that while both were effective, greater long-term efficacy was reported with the culturally adapted MI. Among American Indians/Alaska Native Americans, interventions that combine MI and other evidence-based treatments for substance use have been shown to be effective; however, the effect cannot be solely attributed to the MI component. Further research is ongoing.[13]

Similar mixed interventions adapting MI for low-income, largely Spanish-language-dominant Latino immigrants with major depressive disorder were described in the *Journal of Clinical Psychiatry* in 2018. Motivational Pharmacotherapy (MPT) and Motivational Enhancement Therapy for Antidepressants (META) both focused on patients' ambivalence about psychopharmacotherapy, noted as a cultural issue with the population served. Researchers concluded that both MPT and META are promising engagement interventions that resulted in significant symptom remission. Other culturally and structurally competent engagement interventions are being tested at the patient, provider, organizational, and community levels. [14]

MI Resources

Once you have begun to integrate the core skills into patient interactions, you may want to learn more. Here are some resources for further learning.

Quality Insights/EDISCO E-Learn – Introduction to Motivational Interviewing

FREE! As a participant in one or more Quality Insights' initiatives funded by the Delaware Division of Public Health, you are eligible for FREE e-learning from EDISCO. Use code DEPHS when registering. Motivational Interviewing (MI) is an evidence-based approach that can help clinicians streamline the care planning process by engaging patients from the start. This interactive course introduces the four processes of Motivational Interviewing and then illustrates examples and supportive tools with multimedia patient scenarios and interactive activities. FREE nursing CNE credits available.

Motivational Interviewing

This free, CME/CE-certified educational activity includes an MI overview and instructional videos designed to help you employ motivational interviewing techniques in clinical settings to help your patients change health behaviors. Specifically, this activity addresses four different problems that negatively affect health: non-adherence to treatment guidelines, poor eating habits, lack of exercise, and smoking. Content was created by experts in MI at Massachusetts General Hospital and is presented by Lunder-Dineen Health Education Alliance of Maine.

Motivational Interviewing: A Brief Introduction *(Video: 17 min, 22 sec)*

This presentation by Bill Matulich, PhD, Clinical Psychologist and member of the Motivational Interviewing Network of Trainers, covers the Spirit of MI, the four basic OARS (open questions, affirmations, reflective listening, and summary reflections) skills, and the "processes" of MI.

National Library of Medicine – Clinical Conversations/Motivational Interviewing

This program offers a structure that allows clinical trainers or managers to offer brief trainings embedded into regular staff meetings or trainings that they already facilitate as a way to offer continuing education that does not take time out of already busy schedules. This training program includes eight modules that cover the basics of motivational interviewing and how it can be used in the context of the transtheoretical model (stages of change). Each module is

made up of a PowerPoint presentation with speaker notes and handouts. A pre and post evaluation can be utilized to assess participants' change in knowledge.

Motivating Health Behavior Change in Medical Settings: Clinical Applications of Motivational Interviewing

FREE from Medscape CME/Education. This Clinical Update focuses on motivational interviewing as a method to improve patients' intrinsic motivation for change and engage them as active collaborators in their own health behavior changes. Specifically, this update discusses: MI philosophy and rationale, basic principles of MI, patient-practitioner communication strategies, MI strategies to enhance motivation for change, how to handle patient resistance, and how to incorporate MI into primary care settings. In addition, there is a review of the evidence for the effectiveness of MI.

Motivational Interviewing Network of Trainers (Website)

The MINT website is dedicated to motivational interviewing including general information about the approach, as well as links, training resources, and information on reprints and recent research.

MI Skillset (App for Health Care Providers)

Available for both iPhone and Android, this free app offers assistance with developing your skill set, including concrete examples of basic skills, learning more advanced skills, advice for challenging cases, and tips to make MI easier to use.

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