2.4: Motivational Interviewing

Patient education and health promotion are core nursing interventions. **Motivational interviewing (MI)** is a communication skill used to elicit and emphasize a client’s personal motivation for modifying behavior to promote health. MI has been effectively used for several health issues such as smoking cessation, diabetes, substance use disorders, and adherence to a treatment plan.[1]

The spirit of motivational interviewing is a collaborative partnership between nurses and clients, focused on patient-centered care, autonomy, and personal responsibility. It is a technique that explores a client's motivation, confidence, and roadblocks to change. During motivational interviewing, nurses pose questions, actively listen to client responses, and focus on where the client is now with a current health behavior and where they want to be in the future.[2]

Motivational interviewing uses these principles:[3]:

- **Express empathy.** Use reflective listening to convey acceptance and a nonjudgmental attitude. Rephrase client comments to convey active listening and let clients know they are being heard.
- **Highlight discrepancies.** Help clients become aware of the gap between their current behaviors and their values and goals. Present objective information that highlights the consequences of continuing their current behaviors to motivate them to change their behavior.
- **Adjust to resistance.** Adjust to a client’s resistance and do not argue. The client may demonstrate resistance by avoiding eye contact, becoming defensive, interrupting you, or seeming distracted by looking at their watch or cell phone. Arguing can place the client on the defensive and in a position of arguing against the change. Focus on validating the client’s feelings.
- **Understand motivations.** Uncover a client’s personal reasons for making behavioral changes and build on them.
- **Support self-efficacy.** Encourage the client’s optimistic belief in the prospect of change and encourage them to commit to positive behavioral changes. Ask clients to elaborate on past successes to build self-confidence and support self-efficacy.
• **Resist the reflex to provide advice.** Avoid imposing your own perspective and advice.

When implementing motivational interviewing, it is important to assess the client’s readiness for change. Motivational interviewing is especially useful for clients in the contemplation stage who are feeling ambivalent about making change. Recall these five stages of behavioral change:

- **Precontemplation:** Not considering change.
- **Contemplation:** Ambivalent about making change.
- **Preparation:** Taking steps toward implementing change.
- **Action:** Actively involved in the change process.
- **Maintenance:** Sustaining the target behavior.

Identify clients who are ambivalent about making a behavioral change or following a treatment plan by listening for the phrase, “Yes, but.” The “but” holds the key for opening the conversation about ambivalence. For example, a client may state, “I want to take my medication, but I hate gaining weight.” The content in the sentence after the “but” reveals the client’s personal roadblock to making a change and should be taken into consideration when planning outcomes and interventions.

See the following box for an example of a nurse using motivational interviewing with a client.

**Example of Motivational Interviewing**

Mr. L. had been in treatment for bipolar I disorder with medication management and supportive therapy for many years. He had a history of alcohol dependence but was in full recovery. Mr. L. was admitted to the intensive care unit with a toxic lithium level. He had been seen in the emergency room the preceding evening and was noted to have a very high blood alcohol level. The next day the nurse asked the client about his alcohol use using motivational interviewing.

**Client:** I am so sick of everyone always blaming everything on my drinking!

**Nurse (Using reflective listening):** You seem pretty angry about the perception that you were hospitalized because you had been drinking.

**Client:** You better believe it! I am a man! I can have a few drinks if I want to!

**Nurse: (Expressing empathy and acceptance):** You want to be respected even when you are drinking.

**Client:** I have had some trouble in the past with drinking, but that is not now. I can quit if I want to! Compared to what I used to drink, this is nothing.

**Nurse (Rolling with resistance):** So you see yourself as having had drinking problems in the past, but the drinking you’ve done recently is not harmful for you.

**Client:** Well, I guess I did end up in the hospital.

**Nurse (Using open-ended questioning):** Tell me more about what happened.
Client: I was pretty angry after an argument with my girlfriend, and I decided to buy a bottle of whiskey.

Nurse (Exploring): And then?

Client: Well, I meant to have a couple of shots, but I ended up drinking the whole fifth. I really don’t remember what happened next. They said I nearly died.

Nurse (Summarizing): So after many years of not drinking, you decided to have a couple of drinks after the argument with your girlfriend, but unintentionally drank enough to have a blackout and nearly die.

Client: I guess that does sound like a problem…but I don’t want anyone else telling me whether or not I can drink!

Nurse (Emphasizing autonomy): Tell me how the choice to drink or not continues to support or oppose your health goals.

View the following supplementary YouTube videos about motivational interviewing:

- Introduction to Motivational Interviewing
- Motivational Interviewing – Good Example – Alan Lyme

Complete Western Region Public Health Training Center’s Motivational Interviewing course and receive a certificate of completion.


8. TheRETAchannel. (2013, July 18). Motivational interviewing - Good example - Alan Lyme [Video]. YouTube. All rights reserved. https://youtu.be/67l6q1f7Zao