

# ***Motivational Interviewing*** ***in Family & Preventative Medicine***

Jonathan Kratz, MSW, LCSW

Clinical Assistant Professor, University of Oklahoma

Anne and Henry Zarrow School of Social Work

Member, Motivational Interviewing Network of Trainers



OKLAHOMA ACADEMY OF  
FAMILY PHYSICIANS  
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# What do we often do during conversations with patients who are engaging in problematic behaviors?

- Explain what they could do differently
- Counsel them about how to change their behavior
- Advise and persuade them to change their behavior
- Warn them about what will happen if they don't change

Michael Flaum, MD (2023)

*You need to reduce your alcohol consumption.*

*Your drug use is dangerous. You should attend AA meetings.*

*You need to take your medicine every day.*

*You need rehab.*

*You should see a therapist.*

*You need to do a better job of monitoring your  
blood sugar.*



*You need to lose weight.*

# The Fixing Reflex



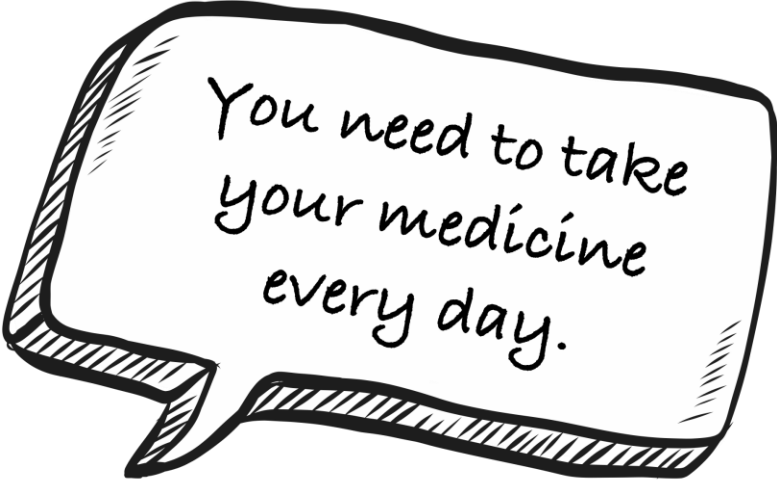
# When you notice a potentially helpful change...

- This is an *aspiration* you have for your patient, but it is THEIR decision.
- The problem is often NOT missing information: Change can be very hard.
- We do not have the power to “gift” self-efficacy, but we can evoke it!
- **The paradoxical effect of coercion**
- We often have limited time with patients and need a strategy to discuss change that is effective and efficient.

# Motivational Interviewing

*A particular way of talking with people about change and growth to strengthen their own motivation and commitment.*

# Fixing VS Evoking




You need to take  
your medicine  
every day.



I need to remember to  
take my meds every  
day.

# Fixing VS Evoking



You need to stop drinking so much.



I would like to improve my relationship with my partner and I'm wondering if cutting back on my drinking might help.

*Why do people do things that appear to be against their best interest?*

*Why do people make decisions that contradict their core values?*

# *Ambivalence*



**CHANGE  
TALK**

**SUSTAIN  
TALK**



In its simplest form, the implicit theory of MI posits:

1a. MI will increase client “change talk”

1b. MI will diminish client “sustain talk”

2a. The extent to which clients verbalize change talk will be directly related to behavior change

2b. The extent to which clients verbally defend the *status quo* (i.e., sustain talk) will be inversely related to behavior change

# *MI in Primary Care*

*A guide for brief conversations that cultivate change talk and soften sustain talk in patients who are struggling with behavioral changes.*

# The MI Sequence



# Basic Conversational Skills

Ask **O**pen questions

Offer **A**ffirmation

Use **R**eflection Often

Add **S**ummarization

+ Informing & Advising

# Engagement

You patient needs to know that you care about their health. Empathy through reflective listening.

**COMPASSION**

**PARTNERSHIP**

“Would it be okay with you if we spent some time discussing your test results?”

**ACCEPTANCE**

“It’s your life and ultimately your decision.”

Open Questions and Evocation **EMPOWERMENT**

**SPIRIT OF  
MOTIVATIONAL  
INTERVIEWING**

# *Focusing*

In brief clinic encounters, this task tends to be more directive than in psychotherapy settings.

1. Introduce the topic

2. Ask for permission

- *“I’m concerned about some of the data from your tests, would it be okay if we went over the results together?”*
- *“Sometimes we can improve outcomes for diabetic patients through diet and lifestyle changes. I would like to review some of those things if you are open to it.”*
- *“Would you be willing to share more about your daily alcohol consumption?”*

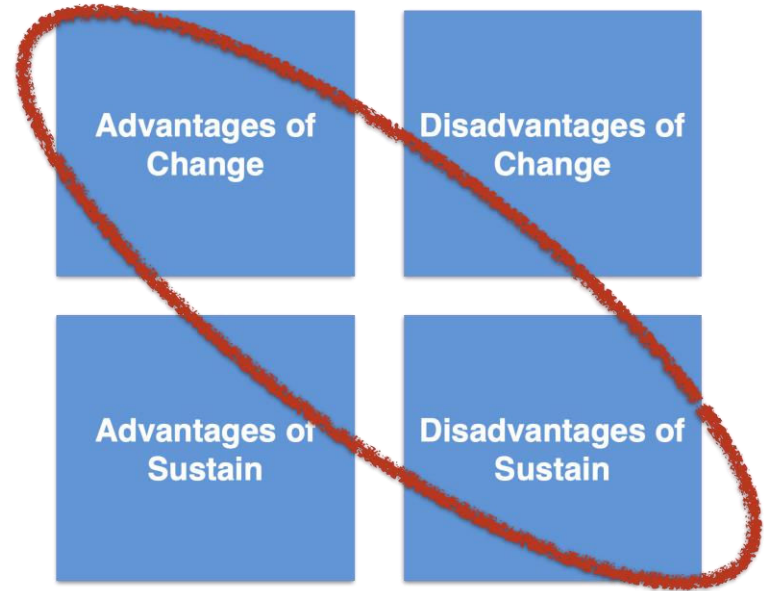
# *Evoking*

Remember the goal: to have the patient verbalize their reasons, desires, need, and ability to change.

1. Ask for change talk (open questions)
2. Reflect any change talk you hear
3. Assess your patient's knowledge and provide information as needed (with neutrality)
4. Discuss the patient's readiness and confidence to change (readiness/confidence rulers)

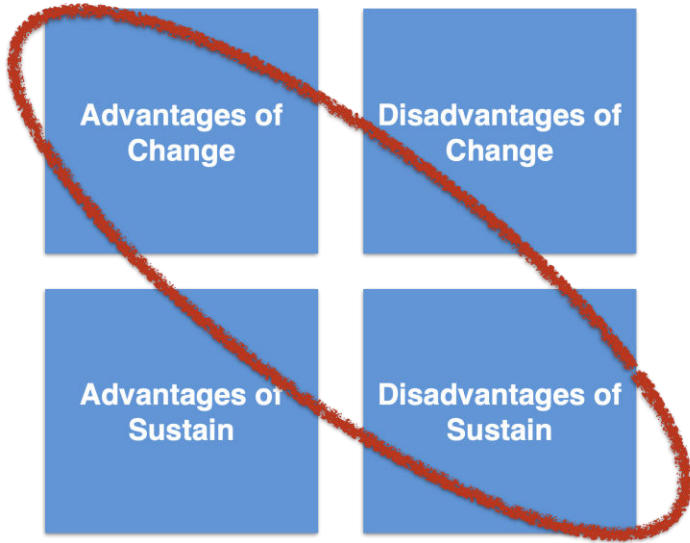
# Evoking

Intentional efforts  
anchored in the  
identified **focus**.





# Open Questions when Evoking



Instead of: Why haven't you changed?

Ask: Why would you want to make this change?

Instead of: What keeps you from doing this?

Ask: How would you do it if you decided?

# Reflections when Evoking

**Speaker**

"I really don't want to stop smoking, but I know that I should. I've tried before and it's really hard."

"you really don't want to quit smoking."

"You're not sure if you can quit."

"It's pretty clear to you that you ought to quit."

**Helper**

# INTENTIONAL REFLECTIONS

I don't drink any more than most people I know. Sure, I sometimes feel a little foggy the next day, but it wears off quick. It's no big deal and I don't think it has any effect on my kids.

# INTENTIONAL REFLECTIONS

I don't drink any more than most people I know. Sure, I sometimes feel a little foggy the next day, but it wears off quick. It's no big deal and I don't think it has any effect on my kids.

# INTENTIONAL REFLECTIONS

Drinking this much is normal for you, and you sometimes notice an impact on your functioning. It would be upsetting if drinking resulted in any problems for your kids.

# *Providing Information when Evoking*

+ Informing and Advising

**ELICIT** - what do they already know?

**PROVIDE** - feedback and information w/ neutrality

**ELICIT** - client reaction to the new information

# Rulers in Evoking

- Don't overuse the rulers
- If you want to evoke more Desire, Reason, and Need Change Talk: Use the Important Ruler
- If you want to evoke more Ability Change Talk: Use the Confidence Ruler.
- If there is already plenty of DARN Change Talk: Use the Readiness Ruler



• On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how **ready** are you to make any changes in your drinking/drug use?

• Why did you choose that number and not a lower one like a 1 or a 2?

• On a scale of 1 to 10, how **important** is it for you to decrease or quit drinking/drug use?

• On a scale of 1 to 10, how **confident** are you that you will be able to make this change?

# Testing the Water – Transition to Planning

- Signs of *readiness*:

- ↑ *change talk*
- ↓ *sustain talk*
- *Envisioning change*
- *Taking small steps*
- *Questions about change*

- Planning ≠ directiveness

- Normal to be recursive

- “Test the water”

- Recapitulation
- Key question
- Pregnant pause



# Planning

- Maintain an MI spirit!
- Elicit the client's ideas for how to change.
  - What are you willing to do for now to be safe and healthy?...What else?
  - What are some challenges to reaching your goal?
- Only offer advice if:
  - The client requests it
  - Using Elicit-Provide-Elicit
- Summarize the Plan
  - *Let me summarize what we've been discussing, and you let me know if there's anything you want to add...*

# *I'm not sure I have time for this...*

1. It works better
  - Highly evidence-based
  - Does a better job helping people make healthy changes and navigate difficult challenges than telling them what to do
2. It is easier on you
  - Lessens the burden of thinking of your job as a problem solver
  - Less burnout
  - More enjoyable interactions with patients
    - A potentially “sacred refuge” from the constant bombardment of “incoming” that doctors experience

# *Thank You!*

Email: [jkratz@ou.edu](mailto:jkratz@ou.edu)

Learn more:

Motivational Interviewing: Helping People Change and Grow (4<sup>th</sup> Ed)