



“How many times must I tell you...”

Behaviour change and motivational interviewing

Stephen Rollnick, PhD

Department of General
Practice

School of Medicine

Cardiff University

Behaviour change and motivational interviewing

1. What happens in practice?
2. Motivational interviewing
3. Implications for health psychology



In practice: difficult conversations

A patient has diabetes

“I’m afraid its your smoking that’s the biggest problem, and its very important that you think seriously about doing something about this”

kidney disease

“Its very serious if you drink more than a litre of fluid a day. I Think you know that, yes? Our results show that unfortunately your intake is too high”

Then to a colleague: “She’s in denial, I think she’s going to die”.

In practice: difficult conversations

And a patient says:

(general practice; 17 years old)

Well I don't know what he's doing really, because I just went in for my plaster check and I come out with this whole long list of things I should be doing.

At the end of the day its my life and I'll do what I want with it

In practice

Behaviour change talk: Special challenges

Poor practice & good practice

“Need a shift from 'advice from on high to support from next door'.” Choosing Health: Making healthy choices easier. London: Department of Health, 2004.

1. What happens in practice

2. Motivational interviewing

3. Implications for health psychology

Motivational interviewing

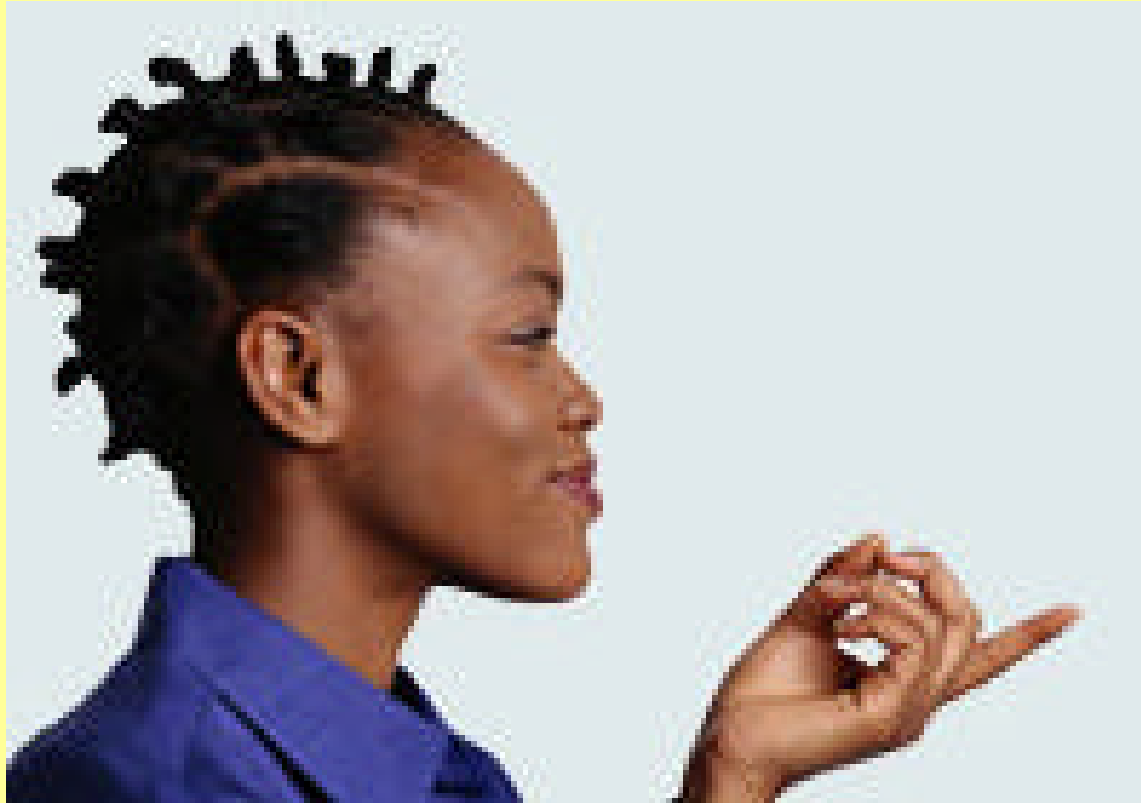
A look inside

Method

Communication styles

Evidence

A look inside MI



The Edinburgh Tape

Real interview

Psychiatric nurse & problem drinker

First meeting

(Consent granted)

The Edinburgh Tape

“I can’t face the day without drink...”

Guiding Style

- Curious, calm, accepting, encouraging

At the heart of MI

- Collaboration – come alongside without argument
- Evocation – elicit client’s own motivation to change
- Honour autonomy
- Explore ambivalence and invite new perspectives

The beginning...

He's drunk, and he can't
live with it, or without it.

The beginning... 1 & 2



Transcript here...

The middle...

It's ruining him, but he
loves his grandchildren.

The middle... 1, 2, 3



Transcripts here

The middle...

He's got strengths.

The middle... 4 & 5



Transcripts here

The end...

He's clearer now why he
wants to live.

The end... 1,2,3



Transcripts here

The Edinburgh Tape

For details see

www.jeffallison.co.uk

Motivational interviewing

A look inside

Method

Communication styles

Evidence

Method – 4 Principles

1. **Express Empathy** – Demonstrate warmth, acceptance & accurate understanding.

“Uh-huh, uh-huh. So you wonder if you’d be able to face life, without drink.”

(About grandchildren): “You look very happy when you’re talking about them.”

2. **Develop Discrepancy** – Highlight contrasts between values and behaviour (in atmosphere of acceptance).

”Ah, right, so, so they’re *really, really* important to you (the grandchildren). That seems to, kind of, contradict what you said earlier, you know when you were saying that, the *drink* really is the only thing that’s in your life.”

3. **Support Self-efficacy** - Impart belief in the possibility of change.

“And against all odds you, you *did* walk and got your life back together again and [And I brought them up. brought them up.

4. **Roll with Resistance** - Inviting new perceptions, not imposing or arguing for them.

“I’m here because my daughter asked me to come here. And the doctor, asked me to come.”

“So you’re only here because your, because, people kind of suggested that you come along.”

Technique

Useful guiding questions

“Right. So what, what is it, I suppose I’m wondering, what, what are you *looking* for in, in this, you know, in the way you’re drinking.”

Reflective listening

“Yeah. So there certainly *was* a point when it *was* really important to you, your relationship with them.”

Motivational interviewing

A look inside

Method

Communication styles

Evidence



Communication styles

How do we commonly help people solve problems?

Direct

manage, prescribe, lead, tell, show the way, take charge of, preside, govern, rule, have authority, exert authority, reign, take the reins, take command, point towards; conduct, determine, steer one's course, pull the stroke oar.

Follow

Go along with, allow, permit, be responsive, have faith in, go after, attend, take in, shadow, understand, observe.

A widespread dichotomy

Direct

Manage

Prescribe

Lead

Tell



Follow

Permit

Let be

Allow

Go along

Guide

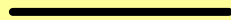
Enlighten, shepherd, encourage,
motivate, support, lay before, look
after, support, take along,
accompany, awaken, promote
autonomy, elicit solutions.

Guiding: a neglected

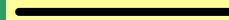
style

Think of parents, teachers, friends -
and at work.

Direct
Manage
Prescribe
Lead



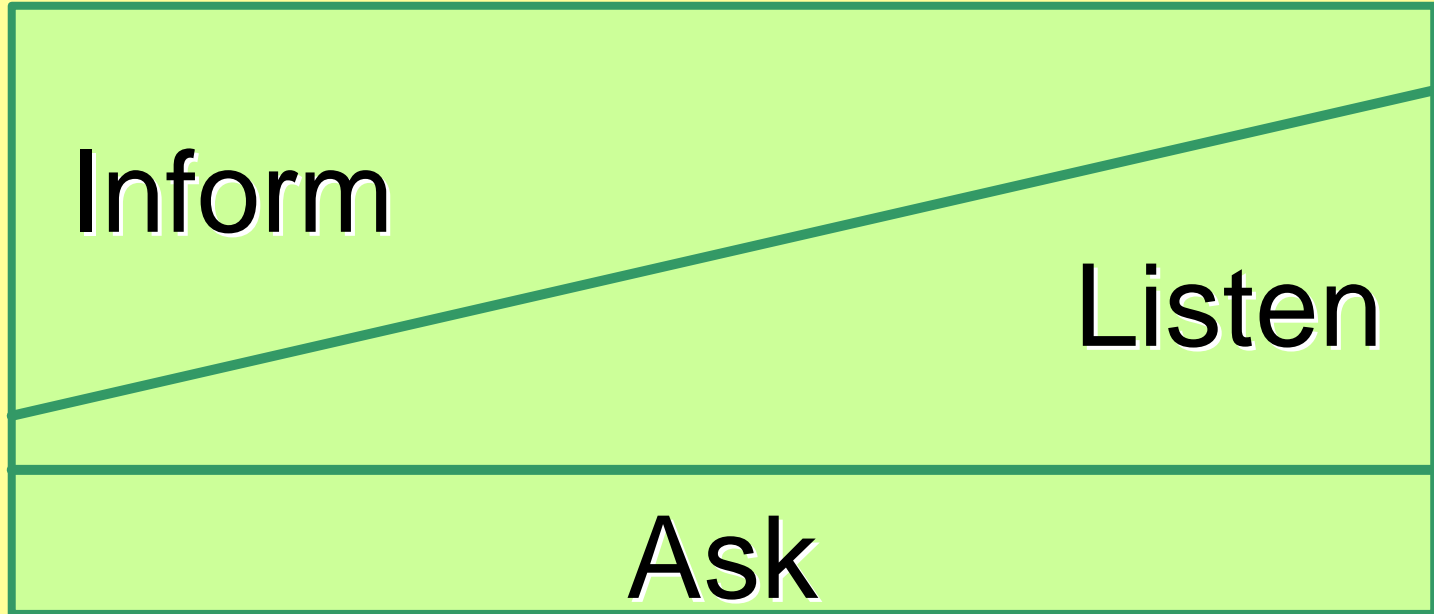
Guide
Shepherd
Encourage



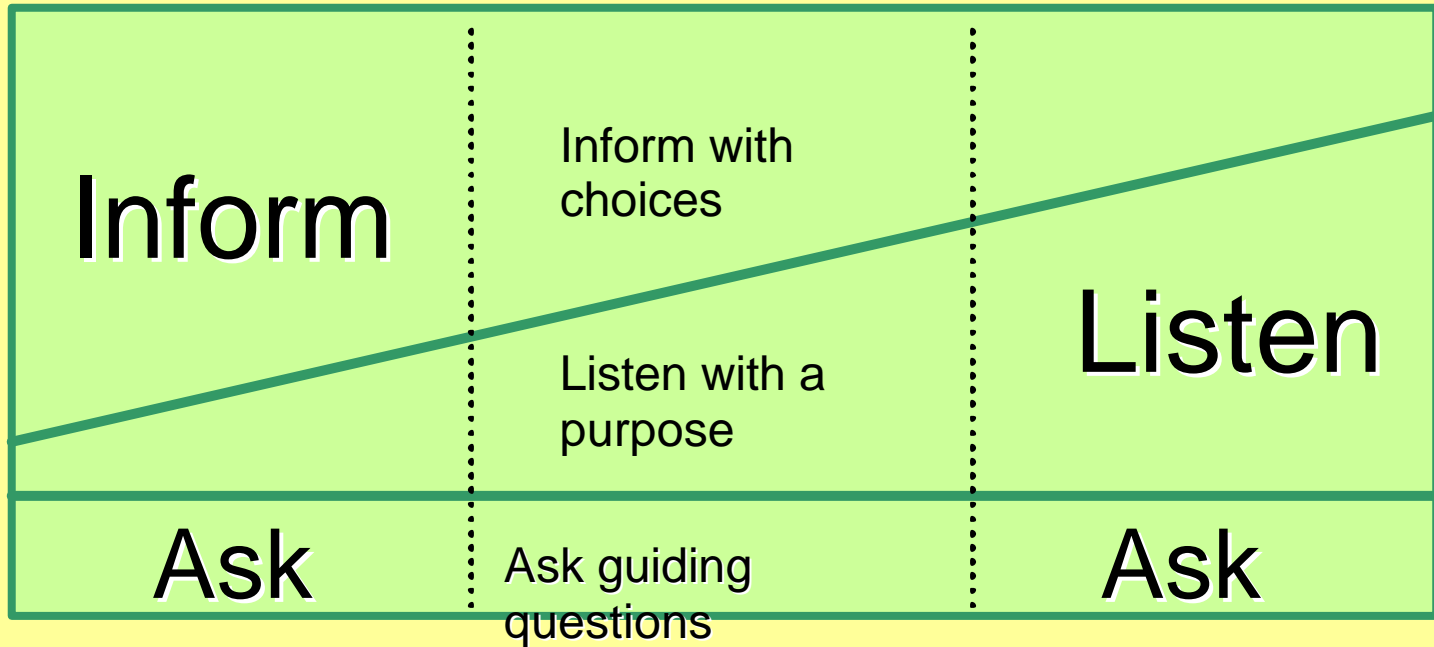
Follow
Permit
Let be
Allow

Motivate

The key skills



The key skills



Directing

Guiding

Following

g

Direct
Manage
Prescribe
Lead

Guide
Shepherd
Encourage

Motivate

Follow
Permit
Let be
Allow

At home

Most commonly used?
Skilfulness?
High emotion?
Place of guiding?
Helping with behaviour
change?

Direct
Manage
Prescribe
Lead

Guide
Shepherd
Encourage
Motivate

Follow
Permit
Let be
Allow



Copyright © Gary R. Voth

Direct
Manage
Prescribe
Lead

Guide
Shepherd
Encourage

Motivate

Follow
Permit
Let be
Allow

At work

Most commonly used?

Skilfulness?

High emotion?

Place of guiding?

Helping with behaviour
change?

Where does Motivational Interviewing fit in?

A refined form of guiding

- ... skilled listening

- ... to help people explore and resolve ambivalence about behaviour change

Briefly?

- It can be done, but it's a challenge
- Widespread development and evaluation

“He put his hand on my shoulder and said: ‘I’m going to stay with you and help you sort this out, don’t worry.’”

Motivational interviewing

A look inside

Method

Communication styles

Evidence

Evidence!

Dunn C, DeRoo L, Rivara F (2001) The use of brief interventions adapted from motivational interviewing across behavioral domains: A systematic review. *Addiction*, 96: 1725-42

Burke B, Arkowitz H, and Dunn C (2002) The efficacy of motivational interviewing and its adaptations: What we know so far. In Miller W, and Rollnick S (eds.) *Motivational Interviewing: Preparing people for change (second edition)*. New York, Guilford Press.

Burke B, Arkowitz H and Menchola M (2003) The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology*, 71, 843-61

Britt E, Hudson S, Blampied N (2004) Motivational interviewing in health settings: A review. *Patient Education and Counseling*, 52, 147-55

Rubak S, Sandboek A, Lauritzen T and Christensen B (2005) Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, 55, 305-12

Hettema J, Steele J, Miller WR (2005) **Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111**

Evidence

Settings

Outpatient clinics	15
Inpatient facilities	11
Educational settings	6
Community organizations	5
G.P. offices	5
Prenatal clinics	3
Emergency rooms	2
Halfway house	2
Telephone	3
EAP	3
At home	1
Jail	1
Mixed	7
Unspecified	8
TOTAL	72

Evidence

Problem Areas

Alcohol	31	
Drug Abuse	14	
Smoking	6	
HIV Risk	5	
Treatment Adherence		5
Water purification	4	
Diet and exercise	4	
Gambling	1	
Eating disorders	1	
Relationships		1
TOTAL		72

Evidence

Delivery by

Paraprofessionals / students	8
Master's level	6
Psychologists	6
Nurses	3
Physicians	2
Dietician	1
Mixed	22
TOTAL	72

Evidence

1. General efficacy

triggers change, not always

2. Compared to other treatments

more change than educational or persuasive interventions
similar outcomes to CBT (4 trials), shorter duration

3. Effectiveness when “rolled-out”

no guarantee on the front line
but some evidence of robustness

Useful reading and resources

www.motivationalinterview.org

www.stephenrollnick.com

Rollnick S, Butler C, McCambridge J, Kinnersley P, Elwyn K, Resnicow K. Consultations about behaviour change. *BMJ* 2005;331:961-963



Behaviour change and motivational interviewing

1. What happens in practice

2. Motivational interviewing

3. Implications for health psychology

Implications for Health Psychology

- 1. Health psychology: strengths**
- 2. Problems - challenges**
- 3. Integrate communication into models**

The Psychologist, November 2005

Health Psychology: strengths

➤ **Social cognition theories**

Reasoned action theory

➤ **Good evidence-based interventions**

Cognitive Behaviour Therapy

Implementation intentions (Gollwitzer, 1999)

➤ **Adherence**

Social psychology of communication

see Myers & Abraham, 2005

“ Psychological interventions are among the most powerful available for a number of health outcomes, yet health psychologists are not always at the forefront of new developments...”(p.674)

Wardle & Steptoe (2005)

Problems - challenges

1. Isolated single-behaviour focus

Embrace multiple, inter-related behaviours

- Clinicians struggle with prioritising
- Theory and interventions need to broaden out

2. Communication marginalised

Integrate communication

Refine theory, models and interventions

e.g. integrate motivational interviewing & cognitive-behaviour therapy (Arkowitz et al, 2006: in press)

Embrace process of communication

Social psychology of communication (Brehm & Brehm, 1981)

Psycholinguistics (e.g. Amrhein, 2004)

“If healthcare practitioners changed their consulting styles to maximize adherence this could have a substantial effect on the health of the nation...”(p. 680)

Myers and Abraham (2005)

“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”

Blaise Pascal, *Pensées*, (1670)

