

Motivational interviewing (MI) is a counseling approach wherein the clinician works in **collaboration** with patients to **evoke** their thoughts and ideas, **empowering** the patient to achieve favorable behavior change **autonomously**. MI differs from the more traditional, authoritarian approach where the clinician knows what is right, and tells the patient what to do. To optimize motivational interviewing skills, clinicians are encouraged to pursue formal training and on-going coaching.



Behavior change techniques are best when they are doable, measurable, efficacious, and implemented with self-ownership. Examples of common behavior change techniques facilitated by MI include frequent encounters with medical professionals, improved education, stimulus control, cognitive restructuring, goal setting, self-monitoring, behavioral contracting, problem solving, social support, and contingency reinforcement. MI typically involves utilizing **5 key strategies**: express empathy, avoid arguments, develop discrepancy, resolve ambivalence, and support self-efficacy. *Developing discrepancy* identifies the mismatch between patients' current behavior and their health goals. *Resolving ambivalence* explores the reasons why patients may be uncertain they want to change. These strategies can be achieved by implementing **4 micro-counseling skills** (remember the acronym **OARS**).

Four Key Motivational Interviewing Skills (OARS)

1. **Ask Open-ended Questions** that are thought-provoking and put your patients at ease, rather than closed-ended questions that can put them on the defensive. For instance, when inquiring about a patient's smoking habit, ask "What do you know about the health benefits of stopping smoking?" rather than "How much are you smoking?"
2. **Affirm the Patient** by validating his or her views and perceived barriers to change. Use non-verbal cues, such as head-nodding to demonstrate your understanding, empathy, and desire to help.
3. **Engage in Reflective Listening** by sitting back and listening intently to your patient's point of view. Avoid interrupting, lecturing, or dismissing their concerns or perceived barriers.
4. **Summarize the Conversation** by re-stating the patient's viewpoint, concerns, and barriers. Use phrases such as "So if I understand you correctly..." or "What I hear you saying is that..." Gently point out the discrepancies between the patient's goals and their current behaviors. Ask for permission to make suggestions, such as "Would you like to know what has worked for others?" Use change talk to increase their commitment to change. Frame past difficulties and setbacks as learning experiences rather than failures. Praise successes with language, such as "You've already made a lot of progress..." Suggest additional smaller steps that will build your patient's self-efficacy (confidence), rather than sweeping changes he or she may be unable to achieve all at once.

Summary of Motivational Interviewing

Do more...	Do Less...
Asking	Telling
Listening	Talking
Understanding	Explaining
Acting as a guide	Advising
Information gathering	Assuming
Open-ended questioning	Closed-ended questioning
Facilitating the patient's own problem-solving	Trying to solve the problem for the patient