

## OASIS Alert

### Outcomes: Improve Outcomes with Motivational Interviewing

#### Being critical won't motivate your patient to change behavior.

**Problem:** You can provide countless hours of training about healthy behaviors, but your patients won't act unless they have a reason to change. And those patients who do adopt healthy habits won't continue with them for long if they're not motivated.

**Solution:** Motivational Interviewing (MI) techniques can help your patients to stay focused on new, healthier behaviors.

#### Know Who's Really in Charge

When it comes to adopting healthy behaviors, the patient is in control, said **Sharon Hamilton RN, BA, MS, CRC, NLCPC, CFDS**, clinical consultant with **Briggs Healthcare** during a recent audioconference.

If the patient isn't invested, he won't be compliant, Hamilton said. For some patients, this means aggressive behavior and refusal to follow instructions and medical advice. Other patients may take a more passive-aggressive approach where they appear to be willing to follow recommendations but then disregard them when on their own.

As a clinician, you need to know which type of patient you're working with and what you can do to motivate them, Hamilton said during the **PPS Plus Software**-sponsored audioconference entitled "Motivating Patients to Change Their Health Related Behaviors □The Road to Better Outcomes."

#### Get the Motivational Interviewing Basics

Motivational Interviewing engages patients and mitigates risk, Hamilton said. This technique, first employed with patients needing treatment for alcoholism, can be done in brief 10- to 15-minute interviews.

Your goal in these sessions is to get patients thinking about aspects of their health that aren't going well and how they can meet their goals, Hamilton said.

"We don't always follow through to address things that are important to the patient," Hamilton said. "Often we get caught up in the clinical versus the human."

Motivational Interviewing is based on four principals:

**Express empathy.** Accept the patient's experience rather than assuming what you think they are experiencing is true, Hamilton said. Recognize that your patient has feelings of ambivalence about changing his behavior and support him rather than judging him.

**Develop a discrepancy.** Help your patient to see an inconsistency between her behavior and her goal. For example, suppose your patient is a smoker with emphysema who complains of being short of breath, but tells you how much she likes smoking. You can take this opportunity to engage her in a conversation that points out that despite how enjoyable smoking can be, she can't expect to breathe well if she doesn't follow through with quitting, Hamilton said.

**Roll and resistance.** Don't simply tell your patient that his behavior is bad. Instead, listen to his position and accept his input, then restate your resistance. For example, "Yes, I see you like smoking, but your breathing won't improve unless you quit."

**Support self-efficacy.** Help your patient to identify what's important to her in regard to this change. "People won't be

motivated until they have a stake in the game," Hamilton said. Then you can support her in carrying out her own plan to change her behaviors. "When you change your thoughts, you can change your behaviors."

#### Avoid these Tactics

Motivational Interviewing requires you to listen reflectively to what the patient says. The Motivational Interviewing website ([www.motivationalinterview.org](http://www.motivationalinterview.org)) cautions you to be certain you're not responding in one of the following counter-productive ways:

1. Ordering, directing, or commanding.
2. Warning or threatening.
3. Giving advice, making suggestions or providing solutions.
4. Persuading with logic, arguing, or lecturing.
5. Moralizing, preaching, or telling clients what they should do.
6. Disagreeing, judging, criticizing, or blaming.
7. Agreeing, approving, or praising.
8. Shaming, ridiculing, or labeling.
9. Interpreting or analyzing.
10. Reassuring, sympathizing, or consoling.
11. Questioning or probing.
12. Withdrawing, distracting, humoring, or changing the subject.