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Concept Analysis: Motivational Interviewing

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Abstract

Motivational interviewing (MI) is a concept initially developed from clinical psychologists, William R. Miller and Stephen Rollnick. Utilizing the Walker and Avant method, this concept analysis seeks to understand the meaning(s) of MI and its application within the healthcare setting for client-clinician interaction. MI is a collaborative effort between providers and clients, but also sometimes utilized amongst group discussion settings. MI has shown significant effect for high-risk lifestyle behavior changes through cognitive remapping of perceptions for what is "rewarding" to a person.

Initially, motivational interviewing was coined by clinical psychologist William R. Miller in the early 1980s. By 1991, the method was fully established within the psychology field through the joint efforts of Miller and another clinical psychologist named Stephen Rollnick. The aim of this analysis is to assess the meaning and process of motivational interviewing and to develop a translational application in the realm of nursing and nurse practitioners' interactions with clients.

Emphasis is heavily placed upon health providers to reduce 30-day hospital readmissions, improve patient adherence and compliance, provide effective education, reduce costs for healthcare – to name a few – but how much influence do clients/patients make on directly impacting these stated outcomes? Studies show that motivational interviewing has been effective within the psychology arena. This concept analysis for motivational interviewing explores the "spirit" related to what it means and how the process can be applied towards patients across the healthcare continuum.

Defining of the Concept

When performing an Internet search for "motivational interviewing," many results will populate, including points of interests from the Wikimedia Foundation, such as Wikipedia and Wikiversity, as well as psychology websites and others that provide information about adaptations, specific uses, or research studies regarding the practice. Clinical psychologists initially developed the process of MI, therefore, it is beneficial to understand the psychology viewpoint and application of the method. Additionally, since the aim for this concept analysis will shift MI into more medical setting practices, review of medical usage with MI shall occur. First, though, the basic

definitions for both "motivational" and "interviewing" will be mapped out.

Merriam-Webster's definition for motivational, or to motive, states, "something (such as a need or desire) that causes a person to act" (n.d.). Meanwhile, the English Oxford Dictionary provided several meanings as follows, "a reason for doing something: producing physical or mechanical motion; causing or being the reason for something" (n.d.). Furthermore, Dictionary.com described motivational as, "the act or an instance of motivating, or providing with a reason to act in a certain way; the state or condition of being motivated or having a strong reason to act or accomplish something; something that motivates; inducement; incentive" (n.d.).

In regard to defining the "interviewing" portion of the concept, the same approach was taken by using the root word, interview. Merriam-Webster (n.d.) provided the following: "1: a formal consultation usually to evaluate qualifications (as of a prospective student or employee); 2a: a meeting at which information is obtained (as by a reporter, television commentator, or pollster) from a person; 2b: a report or reproduction of information so obtained."

Psychology, Clinical Psychologists and Counselors' Viewpoints

Motivational interviewing was developed to help people get past ambivalence and commit to change (Hettema, Steele & Miller, 2005). Miller (2012) goes a bit further by stating that in some cases, such as a person with alcohol problems, may be in the mindset that they wish to remain committed to drinking and see no need for change. In this sense, people are often coerced into treatment and are not ambivalent about drinking, so the therapy becomes a matter of focusing on raising doubts that creating ambivalence that will eventually lead to a desire for change (Miller, 2012).

Healthcare, Medicine and Other Discipline's Usage of MI

An article from the British Medical Journal (BMJ) illustrated that motivational interviewing is not a quick fix method, but can be readily incorporated into clinician-patient interactions by shifting the focus on changes that make a difference (Rollnick et al, 2010). The three steps include practicing a guiding style, developing strategies to elicit patient's own desire for change, and refining listening skills so that responses encourage change talk to come from the patient (Rollnick et al, 2010). Rollnick et al, point out that ambivalence or non-motivation can occur outside of the common four lifestyle habits – smoking, excessive drinking, lack of exercise, and unhealthy diet – but in every branch of medicine, including areas in the use of aids, devices, or medicines (2010).

From a pharmacist's perspective, Koh-Knox (2009) highlighted that when using MI, it is key to recognize patterns/styles of communication between healthcare professionals and patients, and then apply them to your practice setting. Meanwhile, social workers have identified positive outcomes when using MI within the clinical setting and within education. Carchedi (2013) noted that students who are under performing or engaging in high-risk behaviors can benefit from MI interactions.

Collective Summary to Define MI

Within this concept analysis, motivational interviewing has been assessed within the aspects of the root terminology for each "motivational" and "interviewing,"

as well as the initial application, further development within psychology and then adaptation within traditional medicine or medical settings. Taking these efforts into consideration, MI can be described as a tool for addressing ambivalence in order to bring about actions for change. Even though one session may be sufficient, the process of utilizing MI is more of a collaborative journey across multiple encounters rather than a single performed assessment and receipt of a diagnosis and prescription. MI involves open communication amongst participating individuals, in which the practitioner is more of a facilitator that assists the client/patient to identify points of interest, inconsistencies, barriers, opportunities, and pathways for achieving personal goals.

Remarkable Attributes

The Center for Evidence-Based Practices at Case Western Reserve University highlighted that MI can be used to increase areas such as positive treatment outcomes, quality of life, client engagement and retention, or even staff recruitment, satisfaction and retention (2011). Additionally, MI can decrease staff burnout and attrition, confrontations, as well as client no-show and dropouts (CEBP, 2011). Within MI, there is an underlying "spirit" as well as principles and measures that are used to establish and maintain consistent interventions from one practitioner to another within a shared context of "change talk" between their clients.

The "Spirit" of Motivational Interviewing

Collaboration, evocation, and autonomy compose the spiritual essence of MI sessions. Collaboration describes the actions of support rather than persuasion, evocation is the creation of an internal desire for change from within the client, and autonomy places all of the power on the client (University of Massachusetts [UMass], n.d.). MI is technically not considered to "confront" a client, as the method differs substantially from more aggressive styles of confrontation (Rollnick & Miller, 1995). In contrast to collaboration, evocation, and/or autonomy readily found within MI, non-MI sessions would encompass all or some practitioner behaviors of confrontation, imposing of ideas, and/or authoritativeness, respectively (University of Washington, n.d.).

Change Talk

Change talk fosters statements that demonstrate consideration, motivation, or commitment to change (Carchedi, 2013). The mnemonic, DARN-CAT, describes seven types of change talk – Desire, Ability, Reason, Need, Commitment, Activation, and Taking Steps – with DARN representing preparatory talk and CAT describing implementation talk (Carchedi, 2013). University of Massachusetts noted that with change talk, the more that someone talks about change, the more likely they will follow through with making changes (n.d.).

Eliciting Change Talk

MI is composed of a spirit that gives way to a client-centered relationship. The "special ingredient" of MI is to help clients use change talk in order to have them directly facilitate their own pathway towards change. During this process, clinicians can use several strategies to bring about change talk. The mnemonic, OARS, contains basic MI behaviors or characteristics a clinician can use – open-ended questions, affirmations, reflections, and summaries (UMass, n.d.). The practitioner can use open-ended questions to allow clients to fully share and elaborate their thoughts and ideas. A clinician can then affirm client

strengths, reflect on client ideas, or summarize information the client has shared. During this process, the clinician is showing empathy and the desire to understand the issues, barriers and ideas the client has expressed. Overall, the goal is to help clients move change talk from less of a preparatory action, and more towards the implementation stage.

Empirical Referents

Research shows that MI can have a significant impact on positive outcomes, such as reducing drinking and related consequences, as well as extending to other health and mental health domains (University of Washington, 2014). Noonan and Moyers (1997) identified that nine out of eleven reviewed studies found motivational interviewing more effective than no treatment, standard care, extended treatment, or being on a waiting list before receiving the intervention. In regards to effective outcomes related to weight loss, blood pressure, and substance use, MI appears useful in clinical settings, and as few as one MI session may be effective in increasing change-related behavior on certain outcomes (VanBuskirk & Wetherell, 2014). Navidian, Rostami and Rozbehani (2015) found that MI principles applied into safety education programs has positive effects of enhancing workers' knowledge, attitude, and implementation of safe behaviors. Meanwhile, MI in medical care settings suggests it provides moderate advantages in comparison to interventions and could be used for a wide range of behavioral issues in healthcare (Lundahl, 2013). Hettema, Steele and Miller (2005) performed a meta-analysis of seventy-two clinical trials spanning a range of target problems, with an observed larger effect among ethnic minority populations, and when the practice was not manual-guided. Additionally, significant data was found when MI was used in the areas of addictive and health behaviors (Hettema, Steele & Miller, 2005). Motivational interviewing was found to be a significant tool within a study of substance abuse treatment outcomes that took place in nine states. Native Americans receiving motivational enhancement therapy, MI plus individualized feedback about drinking, had better drinking outcomes than those in the twelvestep facilitation approach (Venner, Feldstein & Tafoya, 2006).

Conclusion

Motivational interviewing was designed to be a brief intervention, meaning that it does not assume a long-term client-therapist relationship. One session has even been found to invoke behavioral change. Therefore, MI has a low-cost impact with effective high-return results.

While eliciting accountability, MI also empowers clients to bring about the change they wish to see within themselves. Ambivalence naturally occurs with change, MI is a tool to generate an open and realistic discussion for obtaining personal success. While motivational interviewing is not a quick fix, it can be used in any consultation about change, and through this concept analysis, evidence continues to substantiate its effectiveness. Rollnick et al (2010), commented that viewing a patient as your teacher allows for immediate feedback, in which if a patient responds positively, and becomes an active participant utilizing change talk, then this tells you that “you’re doing a good job.” With this belief and approach to patient-clinician interactions, we could very well start to see a shift toward more effective outcomes in patient-drive health care models.

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