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Motivational Interviewing: From Resistance to Assistance

Motivational interviewing has been demonstrated to successfully improve patient health behaviors by engaging them in their treatment plans. Learn why this technique is so effective and how you can begin incorporating it into your practice.

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Do you work with patients who have difficulty adhering to their treatment? Is your concern for your patients' well-being out of balance with their concern for themselves? If this sounds familiar, you are not alone. According to the National Institutes of Health (NIH), 75 percent of Americans have trouble just taking their medications as directed!¹

This is just a small piece of the much larger self-management puzzle, which consists of numerous parts, including the communication style between patient and provider. Have you ever considered that *the way you speak* to your patients may be contributing to this public health problem?

Here we'll explore techniques of [motivational interviewing](#) (MI) that can improve patient compliance and create a more positive experience for both the patient and provider!

The Spirit of Motivational Interviewing

Engaging patients in the care of their own health has less to do with authority and direction, and more to do with empathy and imagination. We must summon the spirit of MI, which is to say that our approach should be rooted in respect and curiosity, applied through good listening and directing, and designed to inspire and empower those we aim to help.

What Is Motivational Interviewing?

Put simply, it's a communication technique based on the goal of helping people change. You may be thinking, *Of course. Helping people is why I went into healthcare!* But this basic mission can be difficult to achieve. One reason is because people do not like to be told what to do.

Think back to the bossy kid in the neighborhood, the one who always decided what to play, how to play it, and who you tried to avoid if you saw them coming down the street. We've all experienced a person

who means well but projects their ideas and values onto others in a way that feels overbearing or inattentive. That kid, the bossy one we tried to avoid, is traditional health care!

Wait, what? I don't do that to my patients! Unfortunately, this approach is most often employed without intention—it's simply how many providers were trained. Let's explore the difference between the traditional approach and MI to help you navigate towards a more effective patient communication strategy.

The Traditional Approach

Paul, a newly diagnosed diabetic patient, sits anxiously across from his provider. Paul's lifestyle needs some major changes. According to his care plan, Paul is supposed to:

- Take his blood sugars three times per day. *(Ouch!)*
- Inject himself with insulin at each meal. *(Also ouch!)*
- Get daily exercise. *(Who has time for that?)*
- Learn how to eat a diabetic-friendly diet, which includes carbohydrate exchanging. *(Yum?)*

What does the traditional approach to teaching someone like Paul look like? We educate him by:

- Telling Paul all the things he needs to do.
- Telling Paul the time and place to do those things.
- Handing Paul a stack of thick packets full of educational material.
- Sending Paul home after some teach-back.

What does Paul do with the packets? If he's like most patients, he throws them away or he does not use them. Paul will not make the changes he needs to effectively treat his diabetes, and he will return to our office just as unwell as—or worse than—before.

But we gave Paul everything he needed for success! Or did we?

The conventional information dump that Paul experienced has been proven ineffective time and time again, and yet we continue to approach all patients this way. When they get overwhelmed and don't adhere to their care plan (like Paul), we label them as non-compliant which doesn't help them or us.

There is another, better way—and it lies in the spirit of MI.

The Motivational Interviewing Approach

MI is a communication technique that encompasses a collaborative, guided approach.^{[2](#)} In the example of Paul, MI would help us to do quite a few things:

1. **Express empathy** for Paul and his situation consistently.
2. **Promote partnership** with Paul to ensure he has autonomy in his care plan.

3. **Cultivate change talk** through which Paul's (not our) desire, ability, reasons, and need for making changes to [manage his diabetes](#) become clear.
4. **Soften sustain talk** (the opposite of change talk) by helping Paul navigate through any reasons he may want to sustain behaviors that are not working to manage his diabetes.

By incorporating these elements into our conversation, we can *help Paul plan* his approach to his newly diagnosed diabetes, instead of *planning for him*.

Putting Motivational Interviewing into Practice

What can we learn from this example? If Paul is told what to do, he is less likely to do it. But if Paul comes up with the ideas, he is more likely to follow through with them! This approach has been demonstrated to be effective, particularly with medication adherence, in the Journal of General Internal Medicine.³

By putting behavior change in the hands of the patient, the patient experiences a sense of agency and ownership in their wellness that drives the necessary actions. The effect of MI-based healthcare on a patients' health can be both swift and profound. Nevertheless, this new approach can take some time to get used to. To help ready you for putting these concepts into practice, we offer an interactive journey of [four courses](#) with some tools that can help you guide people like Paul!

Below, watch Mark D. Valenti and Brittany Wilson demonstrate **motivational interviewing in a short clip** from their MedBridge course, "[Patient Activation: Inducing Intrinsic Motivation](#)."

