

Motivational interviewing

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Abstract

Motivation is defined as the process that initiates, guides, and maintains goal-oriented behaviors. Motivation is what causes us to act, whether it is getting a glass of water to reduce thirst or reading a book to gain knowledge. The concept of motivational interviewing evolved from experience in the treatment of problem drinkers, and was first described by Miller (1983) in an article published in Behavioural Psychotherapy. Motivational interviewing is a particular kind of conversation about change. The four central principles of motivational interviewing are Express empathy, develop the discrepancy, Support self-efficacy. The elements of Motivational interviewing are feedback, Responsibility, Advice, Menu. Motivational interviewing helps the person to assess the motivation level by the stage of change given by Prochaska and Diclemente. Stages included in this Pre contemplation, contemplation, determination, action, maintenance, relapse.

Keywords: Motivation, Motivational Interviewing, Principles, Stage of change

Introduction

Motivation is defined as the process that initiates, guides, and maintains goal-oriented behaviors. Motivation is what causes us to act, whether it is getting a glass of water to reduce thirst or reading a book to gain knowledge. The concept of motivational interviewing evolved from experience in the treatment of problem drinkers, and was first described by Miller (1983) in an article published in Behavioural Psychotherapy. These fundamental concepts and approaches were later elaborated by Miller and Rollnick (1991) in a more detailed description of clinical procedures.

What is Motivational Interviewing?

- Motivational interviewing is a style of patient-centred counselling developed to facilitate change in health-related behaviours.
- Motivational interviewing is a particular kind of conversation about change.
- Motivational interviewing is not a way of tricking others people into changing; it is a way of activating their own motivation and resource for change.



Characteristics of Motivational Interviewing

- Change is depending to the client and it is not imposed by outer forces.
- It is the client's task, not the counsellor's.
- The counselling style is generally quiet and elicits information from the client.

Principles of Motivational Interviewing

The four central principles of motivational interviewing

- Express empathy by using reflective listening to convey understanding of the patient's point of view and underlying drives.
- Develop the discrepancy between the patient's most deeply held values and their current behaviour (i.e. tease out ways in which current unhealthy behaviours conflict with the wish to 'be good' – or to be viewed to be good).
- Sidestep resistance by responding with empathy and understanding rather than confrontation.
- Support self-efficacy by building the patient's confidence that change is possible.

Key skills of motivational interviewing?

OARS

- Open ended questions
- Affirming and supporting
- Reflective listening
- Summarizing

Elements of Motivational Interviewing?

- FEEDBACK of personal risk or impairment.
- Emphasis on personal REASONSIBILITY for change.
- Clear ADVICE to change.
- A MENU of alternative change options.
- Therapist EMPATHY.
- Facilitation of client SELF – EFFICACY or optimism.

Stage of change

Prochaska and Diclemente have described a Transtheoretical model of how people change addictive behaviors, with or without formal treatment. Six stages were identified in this model: -

1. Pre contemplation
2. Contemplation
3. Determination
4. Action

5. Maintenance
6. Relapse

1. Pre contemplation

Person doesn't want to change their problem because they are unaware about their problem.

Our goal

Orient the person about their problem.

2. Contemplation

Person aware about their problem and they want to change it but don't take any action to overcome it.

Our goal

To raise awareness of problem by observation of behaviour.

3. Determination

Person wants to change their behaviour and do the small things to solve the problem.

Our goal

Encourage the person for the change.

4. Action

Person decides to take the action for change.

Our goal

Reinforce the change and provide support & guidance.

5. Maintenance

Help the person to maintain their condition.

Our goal

Follow up support and discuss the relapse phase, how to cope up with this.

6. Relapse

Again back to the cycle and do the old behaviours.

Our goal

Evaluate the trigger factors of relapse and adopt strong coping strategies to resolve this.

References

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