ECHO Ontario
Child and Youth Mental Health
santé mentale des enfants et des adolescents

Motivational Interviewing (MI) Techniques

Motivating Interviewing Techniques for your Office – Taken from eMentalHealth.ca/PrimaryCare

Management:

- Office-based counseling using motivational interviewing techniques.
  - Relate patient's presenting problem to the alcohol/substance use.
    - E.g. Physician: "You have mentioned that you are having problems with low energy, and troubles at school and work. I wonder if this might have something to do with your alcohol use. What do you think?"

- Assess motivation by assessing the patient's readiness to change.
  - Physician: "Do you think this is a problem?" "Do you think you need to cut down on your drinking?"
  - If patient feels there is no problem, then this suggests the patient may be pre-contemplative.

- If the patient feels that there is a problem and wants to change, then this suggests the patient may be contemplative (i.e. willing to change, not necessarily read), or in the action stage (i.e. ready and willing to change)
  - Help the patient weigh up any benefits as perceived by the patient, versus the disadvantages of the current alcohol/substance use
    - Explore reasons for the negative behaviour.
    - E.g. Physician: "What makes you use alcohol?"
    - E.g. Patient: "I get so nervous at work, that it helps me relax."
  - Validate patient's feelings or positive goals for using, but without actually validating the negative behaviour?
    - E.g. Physician: "I hear you. It makes total sense that you'd want to feel more relaxed."
  - Ask about negatives associated with the behaviour.
    - E.g. Physician: "Any negatives from using alcohol? For example, you mentioned that your boss is starting to notice."

If Patient is Precontemplative:

- At this stage, the patient is not ready to change.
    - Interventions:
        - Express your concerns.
        - Physician might say: "I am worried about you, because this is what the drinking has caused already…".
        - Give information about ongoing consequences of the negative behaviour.
        - Physician might say: "If the drinking continues, these are some of the things that might happen… "
        - Respectfully agree to disagree.
        - Physician: "I hear you though -- at this point you are not ready to cut back."

- Questions to ask:
    - "What would have to happen for you to know that this is a problem?"
    - "What warning signs would let you know that this is a problem?"
    - "Have you tried to change in the past?"

- Express:
    - Physician might say: "That's fine. I hear you. Thank you for letting me know."
    - Follow-up with the patient for ongoing monitor of symptoms.
    - Physician: "I'd like to see you in 2-4 weeks and see how things are going.

If Patient is Contemplative:

- At this stage, the patient is starting to think about change.
    - The goal is to help the patient examine benefits and barriers to change.
    - Questions:
        - "Why do you want to change at this time?"
        - "What were the reasons for not changing?"
        - "What would keep you from changing at this time?"
        - "What are the barriers today that keep you from change?"
        - "What might help you with that aspect?"
        - "What things (people, programs and behaviors) have helped in the past?"
        - "What would help you at this time?"
        - "What do you think you need to learn about changing?"

If Patient is in the Action Phase:

- At this stage, the patient is ready and willing to change.
    - At this point the physician can make recommendations and the patient will be willing to act on them.
    - These include:
        - Setting a goal for cutting back or abstinence.
        - Referring to more specialized services.