

Motivational Interviewing:

Patient Engagement as the Key to Healthy Practices, Patients, and Practitioners

Elizabeth Graves, R.W. Watkins

With the dawning of a health care era in which we will be judged by patient outcomes rather than the volume of services delivered to patients, providers are becoming increasingly concerned with facilitating patients' movement toward positive health behavior change. But how do we do that? In the midst of a busy practice, how do we increase positive patient health behaviors and resulting health outcomes? Many of us have had the experience of seeing patients time after time, year after year, and discussing the same health issues—weight loss, smoking cessation, or noncompliance with their medication. Were we to total up these minutes, we might be astonished at the significant time invested. What if there were a way to partner with the patient, focus on their concerns, and increase the likelihood of success in any health behavior change conversation? Motivational interviewing offers practitioners that skill set. In an age of accountability, we may discover that it is not the number of minutes we spend with our patients that makes the difference in their health, but rather how we spend this time.

Motivational Interviewing

Motivational interviewing, a communication style that grew out of the addictions counseling field, has consistently been shown to significantly increase patients' propensity to affect positive health behavior change in their own lives [1-4]. Contrary to the notion that this evidence-based intervention is simply "the next big thing," motivational interviewing has been used for decades, yielding impressive results in a diverse range of fields and proving effective with notoriously change-resistant populations [5, 6]. In 2007, the book *Motivational Interviewing in Health Care: Helping Patients Change Behavior* formally introduced motivational interviewing to the field of primary health care. Since this time, many primary care physicians, medical professionals, and clinic office staff have begun integrating this communication style into their interactions with patients to markedly positive effect [7-9].

Some medical entities in North Carolina have not been satisfied with simply training staff in motivational interviewing techniques; rather, they have sought to find a way

to allow the spirit underlying these techniques to pervade and transform their work with both patients and colleagues. Motivational interviewing "spirit," as it is known to practitioners, is more than a style of communication; it is an interpersonal and relational approach characterized by partnership, compassion, and respect for autonomy [10, 11]. The cultural adoption and systemic integration of motivational interviewing across all levels of work has been perhaps most noticeably undertaken by Community Care of North Carolina (CCNC). By offering motivational interviewing training to all its employees from its corporate offices, to more than 600 care managers, and to many of its affiliated practices, CCNC continues to be at the forefront of a systems-based motivational interviewing implementation movement in health care.

Motivational interviewing can be structurally simple yet challenging to learn and implement into the practice of medicine. An introductory understanding of motivational interviewing can be gained in a matter of hours, basic skills in a day, and the entire model in a week, but ongoing coaching and in-service trainings overwhelmingly show that the best outcomes occur over time as practitioners integrate motivational interviewing into their work with patients [12, 13].

Motivational interviewing has 4 stages: engaging (the patient), focusing (on a desired behavior change), evoking (the patient's ideas, commitments, values, motivations, and past successes), and planning (how the patient can to go about enacting the change successfully) [14]. The approach is both collaborative and accepting; it is a true partnership between provider and patient. The 4 stages are iterative and are negotiated fluidly by the practitioner as the patient's commitment toward making positive behavior change waxes and wanes. Because of this complex fluidity of practice, it takes time to master this set of skills.

One can learn specific techniques easily, but without training and personal adoption of the spirit of motivational interviewing, the motivational interviewing tools and techniques work no better than other evidence-based practices for affecting patient health behavior change [15]. Indeed,

as demonstrated by myriad researchers over the decades of behavior-change research, it is the nature of the relationship with the practitioner that unlocks patients' drive to change [14-16]. Motivational interviewing teaches a communication style that fosters such a collaborative relationship. It has been our experience that motivational interviewing also provides an efficacious path back to connectedness with our patients—a path that can bring healing to the patient, our practice, and ourselves.

Information regarding motivational interviewing trainings can be found at www.motivationalinterview.net. In addition, helpful tools for motivational interviewing-trained clinicians wanting to integrate motivational interviewing interventions into their patient practice can be found at the following websites: US Department of Health & Human Services' Agency for Healthcare Research and Quality (www.ahrq.gov/professionals/prevention-chronic-care) and Case Western Reserve University's Center for Evidence Based Practices (www.centerforebt.case.edu/practices/mi). NCMJ

Elizabeth Graves, PhD, LPCS, MINT Member assistant professor, Department of Human Development and Psychological Services, Appalachian State University, Boone, North Carolina.

R.W. Watkins, MD, MPH, MINT Member senior physician consultant, Community Care of North Carolina, Asheville, North Carolina.

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Address correspondence to Dr. R.W. Watkins, Community Care of North Carolina, 134 Stonecrest Dr, Asheville, NC 28803 (nutramd@aol.com).

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