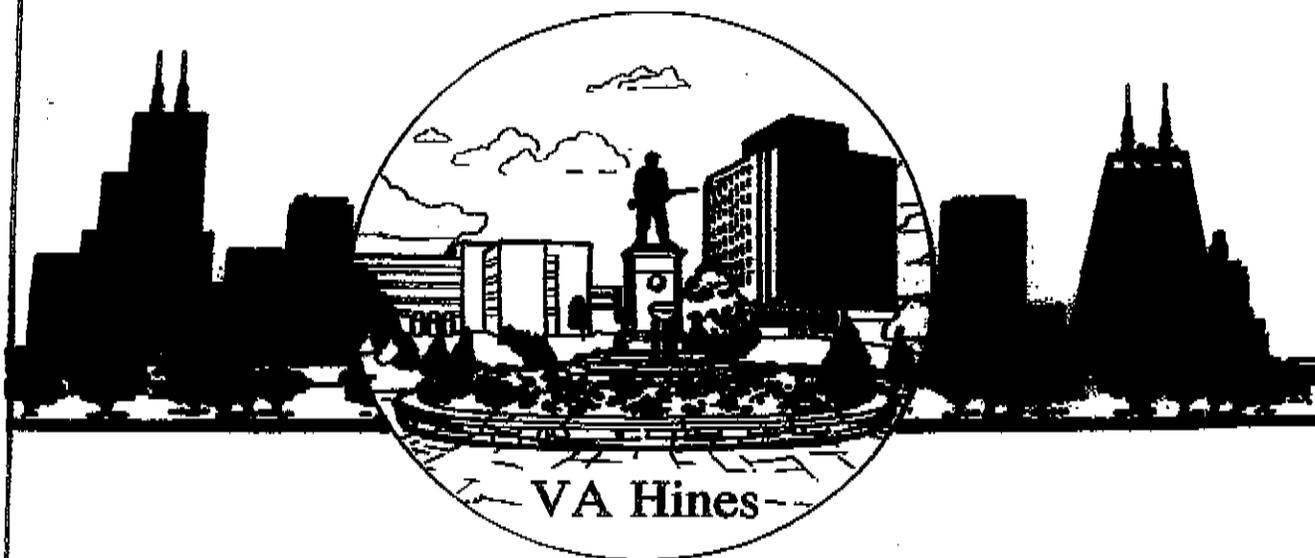


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# matters



## The Mechanics of Motivational Interviewing

BY MARY KAYE SAWYER-MORSE, PHD, RD

**W**e hear it regularly from our clients and see it reflected in the latest obesity and chronic disease statistics: Americans know the basics of healthy eating but continually fail to implement and follow the guidelines. In other words, knowledge alone doesn't seem to be enough for individuals to change their behavior. What's lacking? Is it motivation?

### MOTIVATION DEFINED

What is motivation? *Motivation* may be described as the interaction between the environment, personal, and behavioral factors.<sup>1</sup> It is based on a blending of expectations, ideas, feelings, desires, hopes, attitudes, values, and other factors that initiate, maintain, and regulate behavior toward achieving a given goal or outcome. Other factors, such as previous experiences, education level, and socioeconomic circumstances, can significantly influence behavior. Motivation factors often change with the passage of time. Humans are strongly goal-oriented and can demonstrate a tremendous

drive to achieve their personal ambitions. Despite the fact that human behavior is highly variable and, at times, unpredictable, one thing is certain: Individuals' performances or behaviors are based on the degree to which they are motivated.<sup>2</sup> Motivation indeed makes a difference.

### MOTIVATIONAL INTERVIEWING

Motivation, then, is not a personality problem or a trait, but rather a state of readiness or eagerness to change. Motivational interviewing, introduced by Miller and Rollnick,<sup>3</sup> is a particular method to help people recognize and do something about their present and potential behavioral problems. It is particularly useful for those clients who are reluctant and ambivalent to change. This technique attempts to help resolve ambivalence and to move the individual along the path to change. *Ambivalence* is a state of mind in which a person has coexisting but conflicting feelings about an issue. This "I-want-to-but-I-don't-want-to" dilemma is at the heart of the problem

of all change. Ambivalence is a type of conflict within an individual that has the potential for keeping people "stuck" and creating stress. Ambivalent smokers who have been told by healthcare professionals that tobacco use can cause disease might readily acknowledge that their health is endangered, yet may feel equally concerned about their ability to cope with stressful situations without smoking.

However, ambivalence is not bad. It should be regarded as a normal, acceptable, common, and an understandable part of the change process. What is highly valued by some (eg, having a healthy diet) may be of little importance to others.

Motivation, while highly personal, frequently depends on the context and the situation. This means that the nutrition professional can serve as a catalyst to increase the likelihood that a client will follow a recommended course of action toward change. How is this accomplished?

### STRATEGIES TO ENHANCE MOTIVATION FOR CHANGE

As described by Miller and Rollnick, there are eight general motivational strategies.<sup>4</sup> Effective nutrition education and counseling will typically combine several of these strategies.

- Give advice.

Well-timed and thoughtful advice to change can make a difference. Although advice alone is usually insufficient to induce change in a majority of individuals, its motivating influence cannot be overlooked. Effective advice should clearly identify the health problem or risk, explain why change is important, and support specific change. By providing the individual with specific alternatives for change, you increase the likelihood of the individual initiating the advised course of change.

- Remove barriers.

Effective motivational counseling helps individuals identify and overcome barriers to change efforts. Once barriers are identified, the task is one of practical problem solving. For instance, if the client travels frequently, what alternatives are available for maintaining a low-fat diet? Or, for the single parent, how can children be cared for while the parent is attending diabetic education classes?

Many barriers have to do with gaining access to a program or resource (eg, economic, child care, and transportation issues). Attitudes and beliefs can also be barriers. An individual may fear that change will result in more negative than positive outcomes (eg, "If I change the way I eat, I'll have to prepare different foods for the rest of the family") or

that change will affect important sources of social reinforcement (eg, "None of my friends exercise"). Removal of these barriers may require creative problem solving.

- Provide choices.

Few people like to be told what to do. In fact, a forced-choice approach usually has the opposite effect by creating further resistance to change. To enhance motivation for change, the nutrition professional needs to offer clients a choice among alternative approaches to achieve the desired outcome. Insistence on a particular treatment path, eating style, or healthcare regimen that ignores the client's lifestyle and wishes will typically compromise motivation and outcome.

- Decrease desirability of the client's present behavior.

As the person begins to consider behavior change, he or she is weighing the costs and benefits against the merits of continuing as before. The nutrition counselor's job is to help the client identify the positive incentives for continuing the present behavior. Once the positive incentives are revealed, the nutrition professional can then seek effective approaches for decreasing, undermining, or otherwise swinging the decisional balance toward change. It is important that clients discover and present their own arguments for and against change.

- Practice empathy.

Empathy in this context is not an ability to identify with a person's experiences. Rather, it is a skill for understanding the other person's meaning through the use of reflective listening.

- Provide feedback.

If you don't know what your current behavior is, it is difficult to know what and how to change. Sometimes people don't change because they lack sufficient feedback about their current situation. Feedback can be given in many ways—from expressions of concern from family and friends to results of objective tests. Feedback from self-monitoring (eg, exercise logs, food diaries, and weighing) can also be helpful. An important task of the nutrition counselor, then, is to provide clear feedback about the client's current behavior and what may be the expected consequences or risks.

- Set clear goals.

To be effective, feedback must be compared with some standard or benchmark. It is the process of comparing the person's current 'status' with standards or goals that dictates whether or not change will occur. Therefore, if the person lacks clear goals, feedback is of little use. Goals must be seen as realistic and attainable in order for them to be motivating.

- Have an active helping attitude.

As a nutrition counselor, this means being actively and positively interested in the client's change process. What does this mean? If, for example, a client misses an

appointment, what should you do? One way of thinking is that it is the client's responsibility to be in touch and reschedule. In an active helping approach, however, you would take the initiative and express your concern for what happens to your client by being in touch—through e-mail or a telephone call. Do you feel like you are taking responsibility for the clients' change? What if your short note or telephone call significantly increases the client's desire to continue with counseling and make positive changes? Is it worth it? Probably. Our primary goal is to engage and retain the client in nutrition counseling and then to encourage responsibility. Generally, a caring initiative is the more effective choice.

## GOOD NEWS ABOUT BRIEF INTERVENTIONS

Prochaska and DiClemente have noted through their work in examining how people pass through stages of change that people seem to go through the same pattern of changes, whether or not they receive any professional assistance. In other words, most people who change health-related behaviors (eg, smoking, drinking) do so on their own. When asked how they were able to accomplish what they did, they often reply, "I just decided to do it." For whatever reason, a decisional "flashpoint" happened inside them to set off a change.

All too often, this decisional process is overlooked or discounted. The critical point to remember is that a decision to change is an important change component. Therefore, the nutrition counselor must focus not just on the how-to of behavior change, but also on supporting the client's commitment to change.

Another important point is that even brief interventions of one to three sessions can be very effective in altering behavior. This is good news given today's limited insurance reimbursement policies and overloaded client schedules. The primary benefit of brief interventions seems to be their motivational impact (ie, triggering the client to make a decision and commitment to change).

## THE FRAMES BRIEF COUNSELING ELEMENTS

What then are the critical elements that must be incorporated in the brief intervention to trigger motivation? While some of these elements have been discussed above, it is important to emphasize them once again as the active ingredients in effective brief counseling interventions. They are summarized in the acronym FRAMES.

- Feedback — The client is given feedback regarding his or her current status. The importance of conducting a thorough assessment provides the client an opportunity to reflect in detail upon his or her situation.

- Responsibility — There is an emphasis

on the individual's personal responsibility for change. A nutrition counselor might say to his or her patient, "It's up to you to decide what to do with this information. Nobody can decide for you, and no one can change your habit patterns if you don't want to change."

- Advice — Simple, clear advice for the client to make a change in his or her lifestyle is given.

- Menu — By offering clients a menu of alternative strategies for changing their problem behavior, the nutrition professional provides a range of options, which allows clients to select strategies that match their particular needs and situations.

- Empathy — Understand another's meaning through the use of reflective listening, whether or not you have had similar experiences. Use warmth, respect, supportiveness, caring, concern, sympathetic understanding, commitment, and active interest to convey this element.

- Self-efficacy — Reinforcing the client's hope or optimism in his or her ability to make changes promotes self-efficacy. Remember that your belief in the client's ability to change is often a significant determinant of outcomes.

In summary, you are an important determinant of your clients' motivation. Lack of motivation then becomes a challenge for your nutrition counseling skills, not a fault for which to blame your clients. Motivational interviewing offers a set of strategies to help you strengthen your skills to meet this challenge.

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## PERSPECTIVES IN PRACTICE

## Facilitating dietary change: The patient-centered counseling model

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### ABSTRACT

Recent data indicate that the patient-centered counseling model enhances long-term dietary adherence. This model facilitates change by assessing patient needs and subsequently tailoring the intervention to the patient's stage in the process of change, personal goals, and unique challenges. This article describes this model, including its theoretical foundations, a 4-step counseling process, and applications. This behavioral counseling model can help nutrition professionals enhance patient adherence to nutrition care plans and dietary guidelines. *J Am Diet Assoc.* 2001;101:332-338,341.

As with most training programs for health professionals (1,2), formal education in dietetics devotes relatively little time to training in behavior modification and behavioral counseling skills. While levels of these skills vary among dietitians, the paucity of formal training and the nature of patient encounters in the clinical setting (few repeat visits under sometimes severe time constraints) provide little opportunity to develop an understanding of the principles and practice of behavioral medicine.

To facilitate patient adherence to dietary guidelines in the context of prescribed nutrition care plans and public health initiatives, nutritionists need to increase their knowledge of and comfort level with practical intervention strategies based on cognitive behavioral theory (3-7). As demonstrated in previous investigations (8,9), the patient-centered counseling model provides an effective approach for intervening with patients to promote dietary change and long-term adherence.

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