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MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) is a shared decision-making strategy for enhancing a patient's motivation to make a behavior change—for example, in weight, tobacco, or safety counseling. It is a particularly helpful method in addressing resistance to change because it helps you create an alliance with the patient irrespective of his or her willingness to make a change. Although MI is not specifically described in Bright Futures, these methods are quite effective in providing many types of anticipatory guidance where a change is needed.

What Is Motivational Interviewing?

Motivational interviewing is a patient-centered guiding method for enhancing motivation to change.[1,2] Ambivalence is a stage in the normal process of change, and must be resolved for change to occur.[1] Motivational interviewing can be effective for those who are initially ambivalent about making behavior changes because it allows the person to explore and resolve their ambivalence.[1,2]

Motivational interviewing is a collaborative process of decision-making. Its style is empathetic, nonjudgmental, supportive, and nonconfrontational.[1,3] It acknowledges that behavior change is driven by motivation, not information. Motivation to change occurs when a person perceives a discrepancy or conflict between current behavior and important life goals, such as being healthy.[1,3] The reasons for behavior change arise from the patient's own goals or values, and it is up to the patient to find solutions to the problem.[1]

Why Is It Important to Use Motivational Interviewing in Anticipatory Guidance?

Physicians have been trained to provide information, but not how to help patients change their behavior. Pediatricians often lack confidence in their motivational and behavioral counseling skills. Training in MI may improve your self-confidence in counseling skills and your efficacy in helping patients change behavior.

Motivational interviewing works. Randomized controlled trials have demonstrated the efficacy of MI in treating alcohol and substance abuse problems.[4–8]

Motivational interviewing also is being used to address other health behaviors, such as eating, smoking, physical activity, and adherence with treatment regimens.[3–5,7,9,10, 11]

Motivational interviewing may be useful with adolescents. Because of its lack of authoritarian style and avoidance of confrontation, MI may be effective in counseling adolescents.[5,6]

How Do You Do Motivational Interviewing?

The acronym **OARES** summarizes the key components of MI.[1]

- Ask **O**pen-ended questions.
  - This type of question uses the patient's own words, is not biased or judgmental, and cannot be answered by a simple "yes" or "no." For example, instead of asking, "Are you feeling OK?" you might restate the question as, "Help me understand how you feel."

- **A**ffirm what your patient says.
  - Affirmations are statements that recognize your patient's strengths and efforts. Example: "You are really connected to your family and friends."
- Use **R**eflective listening.
  - This type of listening allows you to clarify the meaning and feeling of what your patient says. Examples: "It sounds like you are not happy in the relationship with your boyfriend." "You feel like nobody understands you."
- **E**licit self-motivational statements or "change talk."
  - A person's belief in his or her ability to change is a good predictor of success. The first step in affirming this belief and to elicit "change talk" is to ask the patient about their level of "importance and confidence" in making a behavior change using the following scale.[1,3]

Importance and Confidence Scale

IMPORTANCE

On a scale of 0 to 10, with 10 being very important, how important is it for you to change?

0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very	

CONFIDENCE

On a scale of 0 to 10, with 10 being very confident, how confident are you that you can change?

0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very	

Follow this "importance and confidence" questions scale with 2 probes: "You chose (STATE NUMBER). Why didn't you choose a lower number?" This question elicits arguments for change by the patient. Then ask, "What would it take to get you to a higher number?" This identifies barriers.[3]

- **S**ummarize.
  - At the end, summarize your conversation and decisions. This links together and reinforces what your patient has stated.

The acronym **FRAMES** is a brief adaptation of MI.[5,6]

- Provide **F**eedback on the risks and consequences of the behavior.
- Emphasize the patient's personal **R**esponsibility to change or not to change. "It's up to you."
- Provide **A**dvice—your professional opinion and recommendation.
- Offer **M**enus. You provide a menu of strategies, not a single solution. The patient selects the approach that seems best for him or her.
- Show **E**mpathy. A positive, caring manner will foster rapport.
- Encourage **S**elf-efficacy. Encourage positive "change talk" and support your patient in believing that he or she can change the behavior.

Continued resistance may indicate that you misjudged your patient's readiness or motivation to change.[12] Be empathetic and use reflective listening. You could respond by saying, "It sounds like this may not be the right time for you to make a change. Perhaps you are concerned about something else."

What Results Should You Document?

Document topics (behaviors) discussed, the patient's level of importance and confidence in making change, plans for follow-up, and time spent counseling.

Counseling and/or Risk-Factor Reduction Intervention Codes

CPT Codes	
Individual Counseling	
99401	15 minutes
99402	30 minutes
99403	45 minutes
99404	60 minutes
Group Couseling	
99411	30 minutes
99412	60 minutes

The American Academy of Pediatrics publishes a complete line of coding publications, including an annual edition of *Coding for Pediatrics*. For more information on these excellent resources, visit the American Academy of Pediatrics Online Bookstore at **www.aap.org/bookstore/.**

Do not use these codes to report counseling for patients with symptoms or established illness.

If counseling by the physician makes up more than 50% of the face-to-face time with the patient/family, then time may be considered the controlling factor to qualify for a particular level of evaluation and management services.

Code **99078** is for a physician providing counseling/educational services in a group setting for patients with an illness.

Resources

Articles and Books

American Academy of Pediatrics. *PREP Audio Pediatrics Review Education Program*. Vol 1. No 9. 2006. http://www.prepaudio.org

Rollnick S, Miller WR, Butler CC. *Motivational Interviewing in Health Care: Helping Patients Change Behavior.* New York, NY: Guilford Press; 2007

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Web Sites

Motivational Interviewing Training Workshops: http://www.motivationalinterview.org/

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12. DiClemente CC, Velasquez MM. Motivational interviewing and the stages of change. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Preparing People for Change.* 2nd ed. New York, NY: Guilford Press; 2002:201–216