Motivational interviewing 1: background, principles and application in healthcare

Motivational interviewing can help people improve their lifestyles but nurses need to understand its principles to spot opportunities to encourage this outcome. It also reveals that clients are shifting from a perspective of ambivalence about proposed or potential change towards one of increased confidence and motivation. Change talk is shown by increasing use of phrases that move speech from “I could” or “I might” to “I will”, “I can” and “I’ll do”. The coach’s role is to elicit such phrases from clients.

Rigorous systematic review has indicated that MINT has not led to any negative consequences for clients (Rubak et al, 2005). In 80% of the 72 combined psychological and physiological outcome trials reviewed, it outperformed simple advice giving. There were estimated combined effects made for body mass index, blood cholesterol, blood alcohol levels and systolic blood pressure, coming from both improved medication regimen adherence and behaviour changes (Rubak et al, 2005).

MINT coaches may sometimes wish they could lend their clients the benefit of insight, whether through clinical or personal experience, but then wonder “Who am I to suggest it anyway?” With MINT, the point is that clients suggest all this to themselves, that respect client autonomy. MINT research has shown that change talk is the most important predictor of successful change (Miller and Moyers, 2006). It indicates recognition of relevant actions directed towards a meaningful and achievable goal, which clients consider significant as a desired outcome. It also reveals that clients are shifting from a perspective of ambivalence about proposed or potential change towards one of increased confidence and motivation. Change talk is shown by increasing use of phrases that move speech from “I could” or “I might” to “I will”, “I can” and “I’ll do”. The coach’s role is to elicit such phrases from clients.

Rollnick et al (2008) described a simple mnemonic, with six steps of change talk through which clients are guided: it describes a progression through desire, ability, reasons and need to a change in perception, resulting in commitment and taking steps (DARN-CT). This mnemonic illustrates

**LEARNING OBJECTIVES**

- Understand the theory behind motivational interviewing.
- Know how to apply its principles in daily practice to improve client health and wellbeing.

**THE EVIDENCE BASE**

Since 1983, an up to date bibliography has been maintained at the motivational interviewing website (motivationalinterview.org/library/biblio.html).

**RESULTS**

Rigorous systematic review has indicated that MINT has not led to any negative consequences for clients (Rubak et al, 2005). In 80% of the 72 combined psychological and physiological outcome trials reviewed, it outperformed simple advice giving. There were estimated combined effects made for body mass index, blood cholesterol, blood alcohol levels and systolic blood pressure, coming from both improved medication regimen adherence and behaviour changes (Rubak et al, 2005).

**KEY ASPECTS OF MINT**

MINT coaches may sometimes wish they could lend their clients the benefit of insight, whether through clinical or personal experience, but then wonder “Who am I to suggest it anyway?” With MINT, the point is that clients suggest all this to themselves, essentially enabled by the coach’s guiding and non-confrontational style.

**BOX 1. FEATURES OF MOTIVATIONAL INTERVIEWING**

- MINT relies on identifying clients’ intrinsic values and goals, and using these as a base from which to stimulate behaviour change.
- Motivation to change is elicited from clients, not imposed on them.
- MINT is designed to elicit, clarify and resolve ambivalence.
- Resistance and denial is often a signal to modify motivational strategies.
- Eliciting and reinforcing clients’ ability to carry out and succeed in achieving a specific goal is essential.
- The therapeutic relationship is a partnership that respects client autonomy.
- MINT is both a set of techniques and a style of counselling.

Source: Rubak et al (2005)
how this leads into a pivotal change of perception (Box 2).

Although it is more sophisticated than health education through information giving, MINT still incorporates information giving as one of its more directive elements. Client permission must be sought before coaches make suggestions, as practitioners prefer to guide clients to finding solutions for themselves rather than presenting them. Nevertheless, offering more than one option, preferably three, increases its effectiveness in eliciting change behaviour.

Choice is an empowering tool in securing resolution and, ultimately, commitment to change. Jarvis et al (1995) outlined five basic principles of MINT: expressing empathy; developing discrepancy; avoiding argument; rolling with resistance; and supporting client responsibility and choice. Control and choice truly rest with clients. The risk of bias and leading/directing patient consent or of missing any wrongly held beliefs or assumptions is much reduced with MINT.

The method’s full scope is enhanced by setting it in the context of its sister model, usually known as the transtheoretical or stages of change model (Prochaska et al, 1994). Here, a comprehensive programme is presented to help clients overcome bad habits and progress their lives with changes for good.

Prochaska et al (1994) discovered that change follows a six stage process, including an action stage where clients start to act on their desires. Once these authors had determined that only 20% of clients are ever perceived progress. Such tools can record and direct coaches in response to a scaled conviction and confidence rating.

Essentially, they allow further exploration of clients’ feelings about making change and indicate the most productive conversational strategies for both deepening the quality of the client/coach relationship and eliciting change talk from clients (Keller and White, 1997).

**CONCLUSION**

MINT skills are transferable to everyday face to face or telephone consultations (Dale et al, 2009; Bennett et al, 2008; Wahab et al, 2008). A strong feature of MINT skill development and mastery is that coaches continually learn and hone their practice from direct client experience. Reflection on practice in peer, expert and line managerial supervision is possible using MINT quality audit tools such as MTIT (Moyers et al, 2010). For more on learning and teaching the method, an international network of accredited trainers can be found at www.motivationalinterview.org.

Client motivation towards behaviour change is a result of various factors that come into play in the enabling process that MINT offers. Some of the key influencing factors have been shown to be the therapist’s motivational style and the technique used in motivation.

**Part 2 of this unit, to be published in next week’s issue, shows how nurses can use MINT in practice**

For more information contact Gill Scott at gill.scott@humana.co.uk

---

**REFERENCES**


Moyers TB et al (2010) Revised Global Scales: Motivational Interviewing Integrity 3.1.1 (MITI 3.1.1). Albuquerque, NM: Centre on Alcoholism, Substance Abuse and Addictions, University of New Mexico. tinyurl.com/miti311


---

**Maternity Services 2010**

(Book before 3 September to save up to £50 per delegate on this important conference. Call 0845 056 8299 and quote priority code J016NTAD to book)