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IssueBrief

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Motivational Interviewing: Helping Clients Address Health Behavior Challenges

As a certified case manager or disability management specialist, you've likely either encountered or will encounter a client who needs to change their behavior for the sake of their health. When people's habits are entrenched, encouraging beneficial behavior change can feel like an uphill battle. Fortunately, motivational interviewing (MI) can serve as a useful tool to motivate clients to improve their wellbeing.

"Case managers should know that many therapists use MI techniques, and so they should consider referring clients who have a need to address problematic health behaviors for expert help," says Patricia Nunez, MA, CRC, CDMS, CCM, secretary, Commission for Case Manager Certification. "Case managers and disability management specialists may wish to get MI training to enhance their communication and coaching of their clients."

"The MI approach, which is client-centered, but therapist directed, has been demonstrated to be very effective at helping persons with problems related to alcohol, drugs, and diet and exercise[1]," she notes. "A psychologist or therapist works with a client to determine where they are on a continuum of behavior change. Trained MI coaches can help clients on their behavior change, encouraging individual responsibility towards meeting goals. The therapist challenges the client to change, but they are empathetic and supportive, not critical, guiding them to an 'action' stage of change (from ambivalence about the behavior change). MI experts discuss the potential bad outcomes of continuing the problematic behavior and focus on gradual change to elimination of this behavior."

MI is a quick, low-cost method to spark changes in high-risk lifestyles by directly engaging and building rapport with clients. Andrew Kurtz, LMFT, clinical specialist & co-director of Pacific Mental Health Awareness Training at UCLA Health, states that it is compatible with many types of health care delivery and enables interviewers to develop their own unique style while bringing their personalities into interactions, focusing on their relationship with each client.

"It's not just what you do in MI that's important, it's how you do it. It's how you are with the individual," explains Kurtz. "It's not just about your proficiency in individual skills... or what kind of resource you provide someone. It's how you are with that individual that encourages

1. Burke BL, Arkowitz H, Menchola M. The efficacy of motivational interviewing: a meta-analysis of controlled clinical trials. J Consult Clin Psychol. 2003;71(5):843-861. doi:10.1037/0022-006X.71.5.843

them to consider making a choice that up to that point potentially felt really unsafe or uncomfortable, creating an environment in which the individual can explore this discomfort in a way that corresponds with what is important to them."

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The history, relevance, and underlying spirit of MI

MI was first created by Carl Rogers in the 1970s and built upon by William R. Miller and Stephen Rollnick in the 1980s as a dynamic way to coach patients with substance use disorders through behavioral changes[2]. It has since been broadly applied to address all kinds of behavioral change **(see Figure 1)**. It involves skills that are useful across a variety of clinical, social service, employment, and even personal settings[3]. And, Kurtz notes, it can be supplementally integrated with other effective tactics to strengthen client outcomes.

MI is especially pertinent given the dire need to address undertreated substance use disorders – out of 43.7 million Americans over age 12 who needed treatment in 2021, only 6.3% received treatment . Kurtz states that this can likely be attributed to people not believing they have a problem due to normalization of certain substances, leading to a lack of motivation to seek treatment.

He says that while one's first instinct might be to take a directive helping style and tell people that they have a problem and need to change, this tactic is often ineffective in most settings.

"People don't like being told what to do," he explains. "In fact, there's this paradox of change: the more you tell someone what to do, the less motivated they become to actually do it."

In contrast, a following style that involves sitting back and trusting a client to do

Figure 1

2. Frost H, Campbell P, Maxwell M, O'Carroll RE, Dombrowski SU, Williams B, et al. (2018) Effectiveness of Motivational Interviewing on adult behaviour change in health and social care settings: A systematic review of reviews. PLoS ONE 13(10): e0204890. https://doi.org/10.1371/journal.pone.0204890
3. VanBuskirk KA, Wetherell JL. Motivational interviewing with primary care populations: a systematic review and meta-analysis. Journal of Behavioral Medicine. 2013;37(4):768-780.
4. Miller WR, Rollnick S. Motivational Interviewing: Helping People Change. 3rd ed. The Guilford Press, Cop; 2013.
5. Substance Abuse and Mental Health Services Administration. National survey on Drug Use and Health | CBHSQ. Samhsa.gov. Published 2020. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

what they need to—which many client-centered care approaches incorporate—may enable people who are comfortable with detrimental habits to continue down their current path. MI combines both directive and following approaches with a guiding helping style, respecting people's autonomy while guiding them to identify their internal motivations **(see Figure 2)**.

How to approach ambivalence

Ambivalence plays a major role in MI.

"People hold competing perspectives of wanting to change and not wanting to change," Kurtz explains. "If you imagine these as two sides of a scale, our job is to tip that in the direction of change."

Kurtz brings up the example of an individual he once worked with who drank alcohol first thing in the morning every day, while always thinking to himself, "This is destroying my liver." Holding these conflicting viewpoints simultaneously without changing is a prime example of ambivalence that is a common starting point in MI.

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Kurtz notes that asking probing, open-ended questions and identifying clients' values can help clients move past ambivalence. He notes that in this case, it helped to assess, "What does it mean that this is destroying your liver? What does that mean to you? How is that important or impactful for you specifically?"

In these cases, he notes, it can help to "develop a mechanism to connect the behavior change to something that is intrinsically valuable for that individual. What is the thing in this conversation that is important to them?"

He points out a value sorting task that can help identify clients' intrinsic motivators: handing a client a set of values in a list or card deck and asking them to pick those that align with their own values. This can help a client uncover a deep-rooted element of their identity—such as love for their family—that motivates them to consider how to change.

Figure 2

The Underlying Spirit of Motivational Interviewing[6]

Partnership: Eliminating hierarchy. MI requires collaboration with the client to assess next steps. The motivational interviewer is an expert in change facilitation, while the interviewee is an expert in their own life, so MI involves merging those perspectives to move the interviewee forward. "It becomes less of a wrestling match to try to get somebody to do the thing that they don't want to do, and more of a fluid dance where you're responding to them, their needs, their interests, and their drives as you keep the overall goal in mind," Kurtz says.

Acceptance: Unconditional positive regard. There is no need to agree with or like a client's behavior, but as a motivational interviewer it's crucial to demonstrate to them that they have value, are accepted, and deserve to explore how they can achieve greater wellbeing. "We show acceptance in what we say and how we say it, our posture, our facial expression, our body language," he notes.

Compassion: Empathy in action. "You can be the most empathetic person on this planet," he says. "If you cannot convey that you understand what it's like to be in someone else's shoes, in their experience and the approximation of that, the skill isn't all that effective."

Evocation: Drawing out goals, values, and perceptions. "Evoke from them the aspects of their functioning that are important to them ... with honest curiosity," he explains. Drawing out these aspects can help uncover what motivates individuals and encourages them to expand on it.

6. Miller WR, Rollnick S. Motivational Interviewing: Helping People Change. 3rd ed. The Guilford Press, Cop; 2013.

MI in practice

Determining where to start with persuading someone to consider a health behavior change requires meeting that person where they are. For instance, if a client is in preparatory change, they are likely just thinking about change and may express the desire to, but not use decisive, action-oriented language. In this case, the motivational interviewer must help encourage them by diving into their motivation—the values around the change and how it connects to their individual priorities.

MI is founded on four basic principles: expressing empathy, developing discrepancy (building awareness of the gap between desired outcome and current behaviors), rolling with resistance (changing the approach when meeting resistance), and supporting self-efficacy (ensuring clients get what they need to function independently).
In MI, clinicians and clients work together to determine the next steps that will be in their best interest to improve their functioning. MI microskills, or core tactics, can help to achieve this, and can be summarized with the mnemonic device OARS **(see Figure 3)**. These tactics may overlap and can be applied in any order based on circumstance:

- **Open-Ended Questions**: These questions are difficult to answer briefly and are not "yes" or "no". These are conversational door-openers that encourage clients to speak openly with no limits to the type of answer **(see Figure 4)**
- **Affirmations**: Recognizing client strengths, not just complimenting, but focusing on specific behaviors that a client should focus on repeating. Genuine positive reinforcement should be the goal, not over-praise. Kurtz provides the example of saying, "Thank you for showing up to treatment today. I know that you have to navigate so many different obstacles to get here between the bus schedule and the weather, and you managed to show up today. That's really impressive."
- **Reflective Listening**: Deepen understanding of what the client means, which may be different from how they present what they're saying or what a motivational interviewer hears. This entails repeating back what a client said so they can reflect on what they've said and what it means to them. It can help uncover what the person means, empathize with them, and build upon the relationship.
  - **Note**: A double-sided reflection can bring up the competing viewpoints that characterize ambivalence. Kurtz points out that a client might say they got very drunk last night and feel bad about it, to which he might reply, "On the one hand, you went out last night, you felt like you could handle it. On the other hand, you're feeling really bad about the result of that. Let's talk about that."
- **Summarizing**: Summarizing helps move the client toward a transition. It might mean a collective summary, reviewing what has been discussed; a linking summary, connecting information together; or a transitional summary, using information uncovered in the interview to help the client transition to their next point.

Figure 3: OARS

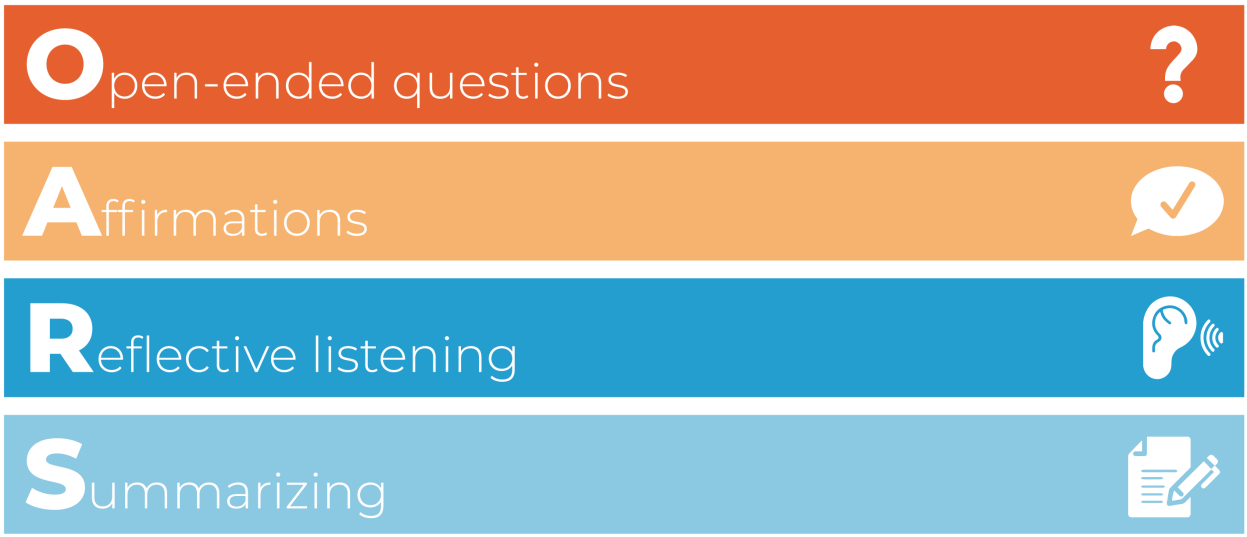

Figure 4: Open & Closed Questions Quiz

This quiz will test your understanding of open versus closed questions. Classify each of the following questions as either open or closed, and check your answers in the answer key at the bottom of the page.

1. Don't you think your drinking is part of the problem?
2. Tell me about when you were able to quit smoking.
3. How is it going with managing your pain meds?
4. Do you know you might die if you don't stop using?
5. What do you want to do about your drinking?
6. Can you tell me about what you know about your heart condition?

"My goal in a brief intervention is always to connect the awareness of somebody's problem that they may be having, to a behavior change—and this is mediated by motivation," Kurtz explains. "The more I can focus on bringing attention to the individual's functioning, connecting changes in that functioning to something that's intrinsically valuable to them, the greater likelihood that they'll actually be successful with that behavior change."

> ***"The complexity of motivation gives us an opportunity to focus on small pieces of movement forward, and that success is worth highlighting. It's worth reiterating and praising our clients, because change is difficult. Even if somebody is willing to engage in a consideration of a change behavior, I want to focus on that as motivation. And if I can recognize that, it gives me something to work with... If somebody shows up, and they're at least giving me just a little bit of willingness, I can work with that, I can find something to do with that, that will help move this person in the direction of improved health functioning."***
>
> — Andrew Kurtz, LMFT

The value of MI to drive client behavior change

As exceptional listeners with deep insight into clients' individual cases, certified case managers and disability management specialists are well-situated to learn about and apply MI techniques in practice to benefit clients, or assess a client's need for referral to a therapist or resources to help drive lifestyle changes.

Kurtz notes that because MI is a practice component and not a certified treatment option, a list of MI providers for referrals is not readily available. Instead, people may list it as a skill, and certified case managers and certified disability management specialists may need to make connections within their communities to determine other clinicians' levels of proficiency in MI.

An added benefit of MI — addressing burnout

MI can also help build interviewers' understanding of others' behavior and changes. Kurtz states that this tends to shift individual perspectives and enhance interpersonal engagement, which may help alleviate concerningly high levels of burnout for health care staff.

"When we shift that perspective, we better understand how to connect with our clients, and we better understand how to connect with the people we're working with," he says. "If we can do that, and we can do that effectively, we get less frustrated, they get less frustrated, and they might be more likely to follow through on different actions or activities that we're recommending, which is always the goal." ■

Open & Closed Questions Quiz Answers

1. Closed 2. Open 3. Open 4. Closed 5. Open 6. Closed

About the Experts

Andrew Kurtz, LMFT
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Andrew Kurtz is a Licensed Marriage and Family Therapist who has been a clinical specialist with UCLA Integrated Substance Abuse Programs since 2014 and is the co-director for UCLA ISAP's Pacific Mental Health Awareness Training project.

Mr. Kurtz has previously served as a program director in community mental health, specializing in optimizing access to integrated services through a same-day assessment center. He has served as the lead contact of a nationally-recognized Trauma-Informed Care implementation that provided staff trainings and program design assistance to improve trauma services, including developing a one-of-a-kind wellness center focused on reducing barriers to accessing care for individuals exposed to traumatic events.

Mr. Kurtz has been the instructor for the Fieldwork Practicum course in UCLA Extension's Alcohol and Drug Counseling Certificate Program since 2017. He has a background in research on cognitive and behavioral interventions for the treatment of first-episode schizophrenia diagnoses.

Patricia Nunez is director in the claim vendor management office at CNA. She leads a team responsible for overall claim and sourcing strategy, data and analytics and supplier governance and management for workers compensation, general liability, and specialty lines of business. In her time at CNA, she has held case management manager and medical management director roles.

Patty has a long history of professional service and leadership roles in organizations such as the American Counseling Association, the American Rehabilitation Counseling Association, the National Rehabilitation Counseling Association, the Foundation for Rehabilitation Education & Research, and the California Association of Licensed Professional Clinical Counselors.

Patty presently serves as a Commissioner on the CCMC Board and has served as secretary from 2021 – 2023. She also served on the Commission on Rehabilitation Counselor Certification, holding leadership positions on diverse committees and serving twice as Chair. She served as a commissioner on the Certification of Disability Management Specialist Commission as well as a public member on the Council on Rehabilitation Education (CORE) and president of the CORE Board. Patty is dually certified as a CCM and CDMS and has served the Commission as a volunteer for many years in both capacities.

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