MOTIVATIONAL INTERVIEWING IN DIFFERENT PSYCHIATRIC DISORDERS

Essay

Submitted for Partial Fulfillment
of Master Degree in Neuropsychiatry

Presented By

SARAH ASHRAF SALLAM

M.B.B.CH

Supervised By

Prof. Dr. Afaf Hamed Khalil

Professor of Psychiatry, Department of Neuropsychiatry
Faculty of Medicine - Ain Shams University

Prof. Dr. Nahla El Sayed Nagy

Professor of Psychiatry, Department of Neuropsychiatry
Faculty of Medicine - Ain Shams University

Dr. Doaa Nader Radwan

Lecturer in Psychiatry, Department of Neuropsychiatry
Faculty of Medicine - Ain Shams University

Faculty of Medicine
Ain shams university
2011

Acknowledgement

First and foremost, I feel always indebted to **ALLAH,** *the most gracious and the most merciful, who guided me to bring this work to light.*

I am deeply grateful for the support and constructive guidance of many people, whose valuable assistance made this study possible.

I find no words by which I can express my profound gratification to Prof. Dr. Afaf Hamed Khalil, *Professor of Neuropsychiatry, Faculty of Medicine, Ain Shams University for her grateful support. Without her assistance, keen support and motherly attitude, this work would not have been possible. It is great honor to work under her guidance and supervision.*

I am eternally grateful to Prof. Dr. Nahla El Sayed, *Professor of Neuropsychiatry, Faculty of Medicine, Ain Shams University, for her help in choosing this topic, continuous encouragement, faithful guidance and for her kind patience. Without her help this work would have never been completed.*

I am eternally grateful to Dr. Doaa Nader, *Lecturer of Neuropsychiatry, Faculty of Medicine, Ain Shams University, for kind supervision and advice.*

I also would like to thank special thanks for my dear Prof. Dr. Amany Haroun *for her support and for helping me in finding an important sources for my work.*

I would like to thank all my colleagues for their real support and help.

Last but not least, I wish to extend my thanks to my great parents, *my dear* sister *, without their help and support this work would have never been accomplished.*

بسم الله الرحمن الرحيم

وَأَنْزَلَ اللّهُ
عَلَيْكَ الْكِتَابَ
والْحِكْمَةَ
وَعَلَّمَكَ مَا لَمْ
تَكُنْ تَعْلَمُ
وَكَانَ فَضْلُ
اللّهِ عَلَيْكَ
عَظِيمًا

صدق الله العظيم

سورة النساء آية

LIST OF CONTENTS

LIST OF TABLES

TAB. NO.	TITLE	PAGE NO.

LIST OF FIGURES

FIG. NO.	TITLE	PAGE NO.

LIST OF ABBREVIATIONS

ABBREV.	FULL TERM
AN	Anorexia nervosa
BED	Binge eating disorder
BN	Bulemia nervosa
ED	Eating disorder
Ex/RP	Exposure and response prevention
MET	Motivational enhancement therapy
MI	Motivational interviewing
OCD	Obscessive compulsive disorder
PME	Post traumatic motivational enhancement group
PTSD	Post traumatic stress disorder
RI	Readness intervention
SSD	Schizophrenia spectrum disorder
TTM	Transtheoretical model

INTRODUCTION

Motivational interviewing is a directive, patient centered counseling style that aims to help patients explore and resolve their ambivalence about behavior change. It combines elements of style (Warmth and empathy) with technique (e.g. focused reflective listening and the development of discrepancy) ***(Miller et al., 2002).***

The basic principle that underpins most models of health behavior change is that people hold a range of representations about their problematic symptoms and behaviors. Most models of health behavior change include the idea that there are at least two components to readiness to change. These are importance/conviction and confidence/ self-efficacy, motivational interviewing works on both of these dimensions by helping the patient to articulate why it is important for them to change and by increasing self-efficacy so that they have confidence to do so ***(Rollnick et al., 1999).***

It was conceived when Bill Miller, a psychologist from the USA, sat with Colleagues from Norway and described what sort of therapeutic approach worked for people with Alcohol problems.

The homebuilders model first incorporated the strategies of Motivational Interviewing (MI) developed by Miller and Rollnick ***(Burke, 2003).***

There are four central principles of motivational interviewing which are: a) to express empathy by using reflective listening to convey understanding of the patient's Point of view and underlying drives, b) Develop the discrepancy between the patient's most deeply held values and their current behavior, c) Sidestep resistances by responding with Empathy and understanding rather than confrontation and d) finally to Support self-efficacies by building the patient's Confidence that change is possible. ***(Janet treasure, 2004).***

There are Five Early Methods which are designed to help clients explore and resolve their ambivalence about making changes as open questions, reflective listening, affirming & summarizing ***(Rollmick et al., 1992).***

Often there is confusion between and fusion of motivational interviewing and the Tran theoretical model of change developed by Prochaska and coworkers'. The transtheoretical model of change breaks down the concept of readiness to change into stages which are precontemplation, contemplation, determination, action &maintenance ***(Prochaska & Velicer, 1997).***

It was found that motivational interviewing and cognitive behavior therapy was highly used in the treatment of different psychiatric disorders as overweight and obesity. ***(Brennan et al., 2008)***, smoking cessation ***(Cahill et al., 2008)***, substance abuse ***(Teyvaw et al., 2004)***, depression ***(Wiley, 2009)***, eating disorders ***(Nice, 2004)*** & anxiety disorders ***(Aleksandar Janca et al., 2008).***

It was proved also the importance of motivational interviewing in medical settings; as patient adherence is one of the greatest challenges to achieving treatment goals. According to ***Zweben and Zuckoff (2002),*** treatment adherence describes "the extent to which people follow through with agreed-on or prescribed actions ***(Fulcher et al., 2003).***

AIM OF THE WORK

The aim of this study is to:

1. Define the meaning of motivational interviewing.
2. Highlight differences between motivational interviewing & other types of psychiatric interviewing.
3. Discuss different methods used in motivational interviewing to help patients explore and resolve their ambivalence about making changes in different psychiatric disorders.
4. Highlight the importance of motivational interviewing techniques used in therapy.

Chapter One

TECHNIQUES OF MOTIVATIONAL INTERVIEWING

Motivation is generally defined as the driving force behind our actions, fueled by our desire for something. It is the internal strength that gets us to move, and takes action to whatever goal or end we desire or plan to achieve, there are two main kinds of motivation: intrinsic and extrinsic, Intrinsic motivation is internal. It occurs when people are compelled to do something out of pleasure, importance, or desire. Extrinsic motivation occurs when external factors compel the person to do something ***(http://EzineArticles.com/?expert=Wendy_Pan 2008).***

Motivational interviewing is a directive, patient centered counseling style that aims to help patients explore and resolve their ambivalence about behavior change. It combines elements of style (Warmth and empathy) with technique (e. g. focused reflective listening and the development of discrepancy) ***(Miller et al., 2008).***

Motivational interviewing (MI) is a relatively new cognitive-behavioral technique that aims to help patients identify and change behaviors that may place them at risk of developing many health problems. It is a relatively simple and supportive talk therapy based on certain aspects which are: to help the patient to understand his or her

thought processes related to the problem, to identify and measure the emotional reactions to the problem, to identify how thoughts and feelings interact to produce the patterns of behavior, to challenge his or her thought patterns and alternative behaviors, to provide feedback, to clarify goals &finally to active helping (such as expressing caring or facilitating a referral**)** ***(Bundy, 2004).***

Types of motivational statements can be identified in many ways as cognitive recognition of the problem (e. g., "I guess this is more serious than I thought."), affective expression of concern about the perceived problem (e.g., "I'm really worried about what is happening to me."), Direct or Implicit Intention to change behavior (e.g., "I've got to do something about this."), Optimism about one's ability to change (e. g. , "I know that if I try, I can really do it. ") ***(Miller et al., 1991).***

It was conceived when Bill Miller, a psychologist from the USA, sat with Colleagues from Norway and described what sort of therapeutic approach worked for people with Alcohol problems. The homebuilder's model first incorporated the strategies of Motivational Interviewing developed by Miller and Rollnick ***(Burke, 2003).***

Miller & Rollnick (2002) states that MI consists of two phases. During phase one, intrinsic motivation for

change is enhanced whereas in phase two, commitment to change is strengthened.

The goal of MI is to strengthen the importance of change from the patient's perspective using the **four central principles** of motivational interviewing which are: a)express empathy by using reflective listening to convey understanding of the patient's Point of view and underlying drive, b) Develop discrepancy between the patient's most deeply held values and their current behavior, c) Sidestep resistances by responding with Empathy and understanding rather than Confrontation and d) finally to Support self-efficacies by building the patient's Confidence that change is possible ***(Janet treasure, 2004).***

Expressing empathy:

The Empathy is fundamental to all talk therapies. It is not so much identifying with a person's experience or expressing sympathy and above all it is not simply being kind to people. Demonstrating empathy is conveying a real,(i.e. informing, understanding of the person's predicament and what maintains the ambivalence). It demands active listening and reflection ***(Bundy, 2004).***

Developing discrepancy:

When one's own behavior is seen as conflicting with important personal goals such as health status, living situation, or self-image, change is more likely to occur.

So the goal of motivational interviewing in developing discrepancy to make use of it and amplify it until it overrides the inertia of the status quo. the methods of MI seek to accomplish this by identifying and clarifying the person's own goals and values with which the behavior may conflict which finally results in the client presenting the reasons for change, give voice to concerns rather than the counselor doing so ***(Miller & Rollinck, 2002).***

Rolling with resistance:

The skill of rolling with resistance is more difficult than some of the others outlined above. The aim is not to argue with the statement but delicately challenge the thought processes that underlie the behavior so the one who wants to change as direct argument may actually press the person in the opposite direction that he or she is caused to defend but when done skillfully it can shift the patient's perspective of the situation. Questioning, asking for clarification, taking feedback, adjusting suitable time and place are all important. Make time for a session that starts clearly and finishes with the patient being clear about what has been covered. A private room, emphasis on confidentiality and clarity about what your role is are also important ***(Fader, 2009).***