



# Motivational Interviewing to Engage the Anxious Patient

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# Disclosures

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My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

I receive royalties from Oxford University Press for co-authoring a book.

# Aims of Motivational Interviewing

- Enlist the treater as helper in change process
- Help resolve ambivalence that prevents achievement of goals
- Enhance motivation for positive change
- Serve as a first step for patients with limited motivation

From Miller & Rollnick, 1991

# Assumptions of MI

- Ambivalence about change is a normal albeit important obstacle to change
- Ambivalence can be addressed by working with patients' innate motivations and values
- Alliance is a collaborative enterprise between patient and treater
- Empathic, supportive yet directive style facilitates change (avoids increasing patient defensiveness)

# MI Principles: Express Empathy

- Use reflective listening to understand the other person's point of view
  - Requires careful attention to the patient's statements
  - Conveys acceptance (though not necessarily agreement)
  - Establishes trusting relationship and appreciation for each patient's unique feelings, values, and perspective

# Develop Discrepancy

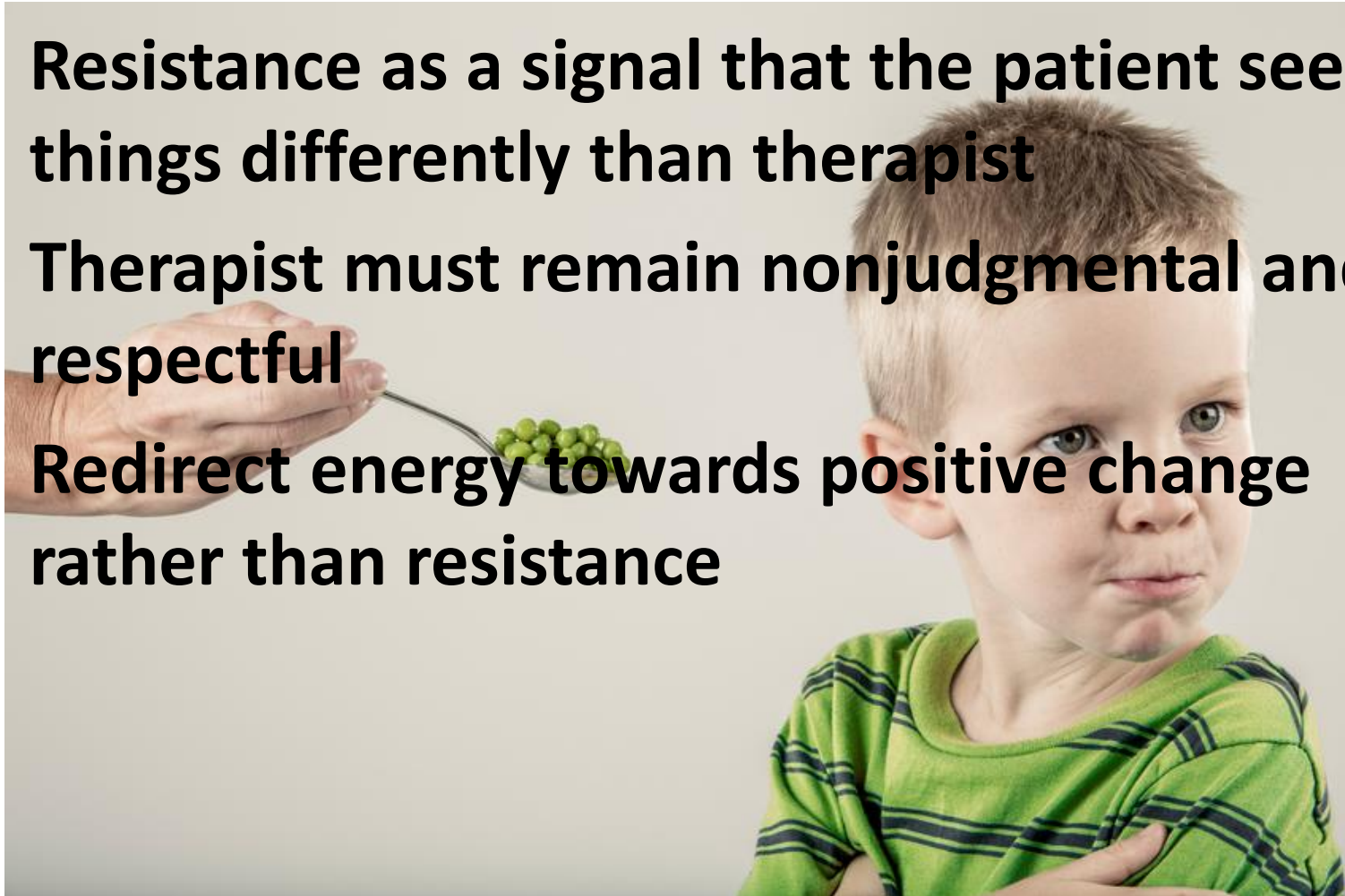
- Focuses attention on how current behavior differs from desired behavior
- Increases awareness of negative consequences of a given behavior
- Separate the person from their behavior

# Avoid Argument and Direct Confrontation

- Tempting to do!
- Unhelpful as it may solidify the opposing position
- You want to “walk” with the client rather than drag them along
- Labeling is unnecessary
- Resistance is a signal that you need to change strategies

# Roll with Resistance

- **Resistance as a signal that the patient sees things differently than therapist**
- **Therapist must remain nonjudgmental and respectful**
- **Redirect energy towards positive change rather than resistance**





# Strategies for Addressing Resistance

- Simple Reflection
- Amplified Reflection
- Double-sided Reflection
- Shifting Focus
- Agreement with a Twist
- Reframing



# Patient: “My parents keep pushing me to do this therapy and I don’t get why”.

## Potential Therapist Responses:

- “It doesn’t make sense to you why your parents are so invested in your doing this”
- “It doesn’t make any sense to you why your parents are totally taking over your choice to do this or not”.
- “You’ve noticed that anxiety makes it harder to go out of the house but you’re not finding it to be as big a problem as your parents.”
- “That’s a good point. Often anxiety involves the whole family, not just one person”.
- “It seems as though your parents really care about you, although they may be expressing their concerns in an unhelpful way. Perhaps we can find a more helpful way for you all to work together in dealing with anxiety.”

# Support Self-Efficacy



- Many may not believe that they can change
- Enhancing self-efficacy is critical to motivating behavior change
- Otherwise, even with a desire for change, hopelessness may lead to denial or rationalization

# Enhancing Self-Efficacy

- Provide psychoeducation that is credible, understandable, and accurate
- Break change down into small, achievable steps
- Provide range of treatment alternatives
- Remember: responsibility for change is the patient's

# MI Strategies: Open-Ended Questions

- Help to understand patient's perspective and feelings
- Facilitate dialogue
- Obtain information in a neutral way
- Avoid making premature judgments; be quiet and listen



## Closed Questions:

- How many kids do you have?
- How has your anxiety been in the last week: more, less or the same?
- Do you avoid going out of the house?

## Open Questions

- Tell me about your family.
- What's your anxiety been like in the past week?
- How has your anxiety impacted your activities outside the house?

# Reflective Listening

- Key skill in MI; more challenging than it sounds
- Demonstrates that the therapist has accurately heard and understood the patient
- Not in the form of a question
- Checking rather than assuming you know what the patient meant
- Strengthens the relationship; decreases resistance

# Reflective listening example

- Therapist: What concerns do you have about pursuing exposure treatment?
- Patient: I don't want to feel anxious the way you're describing. It seems really awful.
- Therapist: The feeling of anxiety is extremely unpleasant for you. The idea of purposely bringing on more anxiety is unimaginable.



# Affirming

- Done periodically throughout session
- Distilling what the pt has said and communicating it back
- Pt invited to correct the summary
- Allows pt to consider their own responses and examine their experience

# Affirming

- Acknowledges difficulties the patient has experienced
- Communicates understanding and validates experience
- Emphasizing powerful past experiences can prevent discouragement

# Examples of Affirming Statements

- “That’s a good idea.”
- “I can imagine that it was hard to come here and work on this. You’ve already taken a big step by doing this.”
- “It takes a resilient person to experience what you did and keep going, despite the anxiety you’ve been experiencing.”
- “It must be difficult to deal with your OCD symptoms while managing intense work demands.”

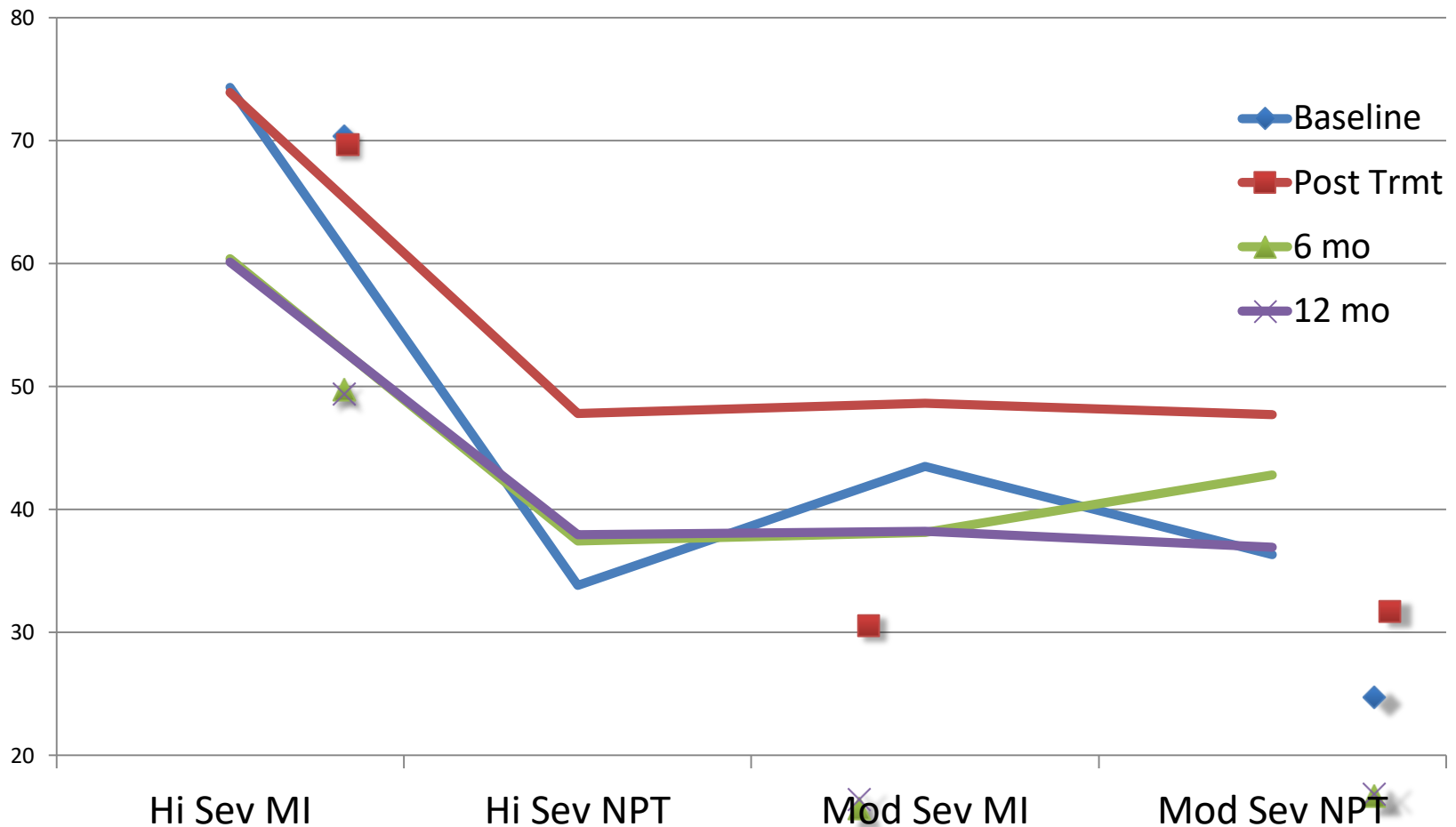
# Encouraging Motivational Self-Statements

- Patients, not the clinician must argue for change and persuade themselves that this is possible
- 4 types:
  - Cognitive recognition of the problem
  - Emotional expression of concern
  - Direct or implicit intention to change behavior
  - Optimism about ability to change

# Examples of Counter/Pro Motivational Statements

- I don't have a problem with anxiety
- I don't see why I'm here
- I've tried before; I can't face my fears
- Doing things perfectly helps me do well in school and in life.
- My wife doesn't get it
- Everyone is anxious about something!
- Maybe this is affecting me more than I thought
- I don't know what to do but I don't want to feel this way anymore
- I wish I could travel on a plane
- I think I could handle facing my fears gradually
- What would CBT look like?

# Efficacy of MI Prior to CBT for GAD



# Resources

- Engle & Arkowitz (2006). Ambivalence in Psychotherapy: Facilitating Readiness to Change
- Westra, HA. (2012) Motivational Interviewing in the Treatment of Anxiety
- Miller & Rollnick. (2013) Motivational Interviewing, 3<sup>rd</sup> Ed.