Motivational Interviewing Case Studies

Reviewing motivational interviewing (MI) scenarios can help those who wish to practice or refine their motivational interviewing skills. The following case studies, written by Kim Lavoie, PhD, an expert in motivational interviewing, make use of different types of reflective responses to deal more effectively with typical patients.

Case Study # 1: THE COLLABORATIVE PATIENT

Tip:	Challenge:
Note the italicized notes at the end of each portion of the dialogue to see which MI technique is being used.	Cover the line after the patient says something and try to imagine your response, before you read the one provided.

Setting: Primary Care/Ambulatory/Outpatient clinic.

Practitioner: Physician, nurse practitioner, nurse, physical therapist, psychologist, nutritionist, dietician, exercise physiologist

Patient: Patient is a married male, aged 52, who has just been diagnosed with hypertension. He has several modifiable risk factors, including smoking, being overweight, and being relatively sedentary. He has no history of cardiac events but his father died at the age of 60 from a heart attack.

Goals: Work with patient on motivation to change poor lifestyle behaviours which include smoking, little to no physical activity, and consumption of foods high in fat and sodium.

Session goals: To assess readiness, motivation, and self-efficacy to change one poor lifestyle behaviour (one step at a time).

Session length: Approximately 10-15 minutes.

Case Study 1: The Collaborative Patient - Dialogue

Practitioner: Thank you for coming in. As you know, you just underwent a series of tests to evaluate your 'heart health'. I have some of the results here, and I would like to discuss them with you. *Start of agenda setting* Would that be OK? *Asking for permission*

Patient: Yes, that would be ok.

Practitioner: Your blood pressure readings show that your blood pressure is high, and in the range for you to be considered 'hypertensive.' *Giving information*

Patient: Does that mean I have high blood pressure? *Asking you for information (this is a good thing!)*

Practitioner: Yes, high blood pressure is also called hypertension. A person is said to be hypertensive if his systolic (higher number) is at or greater than 140 or his diastolic (lower number) blood pressure is at or greater than 90. *Giving information while pointing to BP results in a file or readout*

What do you make of that? *Asking open question*

Patient: I don't know, I don't feel like my blood pressure is high…

Practitioner: It's true, high blood pressure often goes unnoticed by many people, because there are very few symptoms. Most people report feeling just fine! *Reflecting back, giving information, and validating the patient's experience*

Patient: Yes, I do feel pretty good. But I guess I am not that surprised. I am a smoker and have put on a bit of weight over the years, and I know these things probably don't help. But I just can't seem to resist my smokes and Doritos! *Ambivalence*

Practitioner: You are pretty knowledgeable about the risks for high blood pressure! *Reinforcing patient's knowledge about risk behaviour*

Patient: Yes, but knowing what's bad for you and changing are two very different things. *Ambivalence and resistance*

Practitioner: Of the things you mentioned, smoking, your weight, perhaps your level of physical activity, I wonder if you could tell me about which of these, if any, concerns you most? *Asking open question*

Case Study 1: The Collaborative Patient – Dialogue, con't

Patient: Well, we hear so many bad things about smoking these days, and I have tried to quit at least 5 times, but nothing I've tried has ever worked, so I have just given up. *Ambivalence and resistance*

Practitioner: Tell me what concerns you about your smoking? *Asking open question*

Patient: Well, my father smoked for over 40 years and died of a heart attack at the age of 60, which is only 8 years away! I guess I don't want to end up like him.

Practitioner: It sounds like there's a lot more life you want to live… *Reflecting back*

Patient: Yes, I want to retire in a few years and my wife and I have plans to travel. And I notice that just going to the store tires me out…leaves me out of breath.

Practitioner: It sounds like it's important to you to be able to travel without feeling tired and breathless… *Reflecting back*

Patient: It is, but like I said, I have tried so many times to quit without success. I have just about given up. *Ambivalence and resistance*

Practitioner: When was the last time you tried quitting? *Closed question…OK as long as not more frequent than open questions*

Patient: Oh, about 10 years ago. I guess, it's been a while. I tried the gum and just going cold turkey, but neither worked. *Resistance*

Practitioner: It has been a while! You know, there are many new things that have been developed in the past 10 years to help people quit, many of which you may not have tried. *Giving information* Would you like me to tell you about some of them? *Asking permission*

Patient: Sure, why not!

Practitioner: Well, there is the nicotine patch, which is placed on the skin and releases nicotine continuously into the blood which helps curb the cravings and withdrawal effects. There is also medication which helps block the pleasant effects of smoking while easing some of the withdrawal effects like irritability and tension. *Giving information*

Case Study 1: The Collaborative Patient – Dialogue, con't

Patient: Do you think that if I try one of these that it may help me to quit?

Practitioner: They certainly might. The question is, how ready and motivated do you think you are to make a change now, let's say, on a scale from 0 to 10 (where 0 is not at all motivated and 10 is completely motivated)? *Assessing readiness and motivation for change*

Patient: I would say about a 7 or 8. I would really like to quit for all the reasons I mentioned, even though I like to smoke. *Some ambivalence but starting to hear some change talk*

Practitioner: That's pretty motivated! Now tell me, why are you at a 7 or 8 and not a 2 or 3? *Assessing reasons for change*

Patient: Well, like I said, I really don't want to end up like my Dad who died really young. I am also looking forward to my retirement and I know how much my wife is looking forward to traveling, I don't want to disappoint her!
Note: health concerns about dying young, looking forward to retirement and travel and pleasing wife are important

Practitioner: It sounds like you want to be healthy enough to enjoy a long and happy retirement with your wife… *Reflecting back*

Patient: Yes, exactly.

Practitioner: Now, sometimes wanting to change isn't enough to make it happen, like you mentioned earlier. So we like to ask people about how confident they feel in their ability to change. So, on the same scale from 0 to 10 (where 0 is not at all confident and 10 is very confident), if you decided to quit smoking now, how confident do you feel in your ability to quit? *Assessing self-efficacy*

Patient: That one is trickier. As I said, I have tried to quit at least 5 times and without success. *Resistance*

Though I have never tried the patch or the medications you mentioned, which might work. *Change talk*

I would say I am about a 4 or 5 on confidence, I hope I can but I am not sure I can do it. *Ambivalence*

Case Study 1: The Collaborative Patient – Dialogue, con't

Practitioner: So you are moderately confident. What do you think it would take to get you to a higher number (i.e., what would it take to boost your confidence)? *Assessing what skills need to be developed, what resources are needed*

Patient: Um, I'm not sure. I know I have a hard time remembering to take pills (and I hate taking pills!), so maybe trying the patch would be more realistic for me because I would just have to stick it on and I could forget about it. And I guess I could get my wife to remind me to change it… I am sure she'd be happy to help. *Change talk*

Practitioner: So knowing yourself, the patch sounds like a good place to start. And having your wife's support would certainly help! *Reflecting back and reinforcing plan*

When do you think you'd be ready to start the patch? *Intent to change*

Patient: Well, I guess right away. Do I need a prescription? *Change talk*

Practitioner: Yes, and once you start, we can follow your progress to see how it's working. *Giving information*

How does that sound? *Asking open question*

Patient: That sounds good to me!

Motivational Interviewing Case Studies (continued)

Case Study # 2: THE RESISTANT PATIENT

Tip:	Challenge:
Note the italicized notes at the end of each portion of the dialogue to see which MI technique is being used.	Cover the line after the patient says something and try to imagine your response, before you read the one provided.

Setting: Primary Care/Ambulatory/Outpatient clinic

Practitioner: Physician, nurse practitioner, nurse, physical therapist, psychologist, nutritionist, dietitian, exercise physiologist

Patient: Patient is a married female, aged 64, who has uncontrolled hypertension. She is a non-smoker, but has a family history of hypertension and heart disease (father). She is normal weight, moderately active (walks her dog twice a day), but detests taking medication. Since she does not "feel" sick, she is not convinced she needs medication to lower her BP.

Goals: Work with patient to increase motivation to take her BP medication as prescribed Session goals: To use reflective responses (simple, amplified, and double-sided) to reduce resistance about taking BP medication

Session length: Approximately 10 to 15 minutes

Case Study 2: The Resistant Patient - Dialogue

Practitioner: Hello Betty. How are you feeling today?

Patient: Pretty good, as usual. I really don't know why you wanted to see me today. *Resistance*

Practitioner: Well, as you know, we discovered during your annual check-up last year that you had high blood pressure, or hypertension. *Giving information*

Patient: Yes, I remember.

Case Study 2: The Resistant Patient – Dialogue, con't

Practitioner: And at that time, I prescribed you a BP-lowering medication to get your blood pressure under control.

Patient: Yes…

Practitioner: Well, your readings from this morning's check-up indicate that your BP is still quite high. What do you make of that? *Open question*

Patient: Well, I feel just fine, which is why I haven't been taking it. I really don't know why I need medication. *Resistance*

Practitioner: It's true, most people with high BP don't feel their high BP, so it seems strange to have to take a medication for something that doesn't seem to exist! *Validating patient's experience, rolling with resistance (note that patient was not criticized for not taking medication… something they are often reluctant to admit for fear of being reprimanded)*

Patient: And I really hate taking medication… Medication is for sick people. And I feel just fine. This is why I don't think I need medication. *Resistance*

Practitioner: So it must have felt strange to have received a prescription for something you didn't think you needed… *Simple reflection (which is a simple acknowledgement of the patient's feeling, disagreement, or perception that encourages further exploration without eliciting further defensiveness)*

Patient: Yes, it did. And I still don't think I need medication. As I said, I feel fine. *Resistance*

Practitioner: So as long as you feel fine, you really don't see the need for medication. *Simple reflection*

Patient: Right.

Practitioner: On the other hand, how do you think you would feel if your health began to deteriorate, if you "started to feel" the effects of your high BP? *Open question*

Patient: What do you mean? *Asking for information (a good thing!)*

Case Study 2: The Resistant Patient – Dialogue, con't

Practitioner: Well, even though high BP is generally asymptomatic, if left uncontrolled, it can actually have serious health consequences. *Giving information*

Patient: Like what? *Asking for information*

Practitioner: Well, if left uncontrolled, high BP can lead to heart attack and stroke. That's why we monitor everyone's BP very carefully, in order to prevent things from getting out of hand. *Giving information*

Patient: But I thought heart attacks and stroke were caused by lots of things, like smoking, not exercising, and stress. I have never smoked, I walk everyday, and I am a pretty calm person. So it's hard to believe this thing I don't even feel could be so dangerous. *Resistance*

Practitioner: You are certainly correct! *Rolling with resistance* Heart attack and stroke are caused by multiple factors, including high BP and the other risk factors you mentioned. *Giving information* It is certainly a bonus in your case that you have all of these other risk factors under control, which is really to be commended. *Reinforcing good behaviour*

Patient: Thanks. As I said, I think I am doing really well and I don't need medication. *Resistance*

Practitioner: I can see how this must be confusing to you. On the one hand, you have me prescribing you a daily medication, and on the other hand, you don't see the use. *Amplified reflection (which also reflects back what the person has said, but in an amplified or exaggerated form… the goal is to encourage the person to back off a bit in order to elicit the other side of ambivalence. However this must be done empathetically, not sarcastically or argumentatively).*

Patient: Well, it's not that I can't see the use. It's just that I don't feel sick.

Practitioner: How do you think you would feel about this whole issue if you did start feeling sick? *Open question*

Patient: Well, I certainly don't want to get sick, that's for sure. *(Note that the patient is telling you something about what's motivating to them… being healthy)*

Case Study 2: The Resistant Patient – Dialogue, con't

Practitioner: So it's important for you to be healthy. *Simple reflection*

Patient: Yes, of course.

Practitioner: Tell me why it's so important to you? *Open question (to elicit reasons for change)*

Patient: Because I am about to retire and my husband and I have plans to travel across Europe. He's in excellent shape, and I want to be able to keep up with him. We have worked hard all our lives, and the last thing I want is to have spent all my life working only to retire and be unable to do all the things we dreamed of. *(Note that the patient is telling you a great deal about what they care about… could be used to further explore ambivalence)*

Practitioner: That is certainly understandable! They sound like wonderful plans, and I am here to help make sure you can see them through. Normally, there are several things people can do to lower their BP that don't involve taking medication, like quitting smoking, losing weight, or exercising more, but you are doing fine in those areas. So one of the only things we can do is consider medication, but you have made it very clear that you are not interested in taking medication. *Double-sided reflection (which acknowledges what the patient has said and adds to it the other side of his or her own ambivalence).*

Patient: Are you saying the only way to lower my BP is to take medication? *Asking for information*

Practitioner: Since you appear to have all the other traditional risk factors under control, yes, I think in your case medication would be the best option. *Giving information*

Patient: Well, I really don't like the idea of taking medication, but I want to be healthy enough to enjoy my retirement. *Ambivalence* Are you saying that I have a better chance at staying healthy if I take the BP medication? *Asking for information*

Practitioner: That's exactly what I am saying. *Reinforcing the patient's reflection*

Patient: So what next?

Practitioner: So are you saying that you might be willing to give the medication a try, if it can keep you healthy so you can enjoy your retirement? *Eliciting change talk*

Case Study 2: The Resistant Patient – Dialogue, con't

Patient: I guess I could give it a try. *Change talk: intent*

Practitioner: When do you think you'd be willing to start? *Eliciting change talk*

Patient: I guess I could start right away, if you think that would be best. *Asking for advice*

Practitioner: I think it would. I'd like to start by giving you X (medication) for 1 month, then meet again to see how you are doing. If you have any questions or concerns, I'd like you to bring them to our next appointment so we can discuss them. How does that sound? *Asking permission*

Patient: That sounds fine.