

Table 3. Motivational Interviewing Principles for Physicians

<i>Principle/technique</i>	<i>Rationale</i>	<i>Less effective approach</i>	<i>More effective approach</i>
Resist the righting reflex	Physicians want patients to change or correct unhealthy behaviors. Telling them to do so is a natural reflex, but it can generate resistance in patients. Instead, help them generate their own argument for healthy changes.	Physician: "You need to stop using cocaine. It's damaging your heart." Patient: "I don't think it's the cocaine. My friends use cocaine too, and they don't have heart problems."	Physician: "How does it feel when you hear that cocaine may be causing your chest pain?" Patient: "I don't know what to think about it, but it's got me thinking."
Understand the patient's motivations	Patients are more likely to change for reasons that they value highly. By eliciting these reasons, physicians can be more effective.	Physician: "Now that you are pregnant, you need to stop abusing pain pills for your developing baby." Patient: "I'll do the best I can."	Physician: "Is there anything about your use of pain pills that you are concerned about?" Patient: "Yes, my husband told me he would leave me if I started taking pain pills again."
Listen to the patient	Physicians need to listen to patients to elicit the best path to behavior change.	Physician: "I'm going to refer you to a special program for people with addiction to pain pills." Patient: "I told you already, drug treatment isn't for me."	Physician: "We talked a little about some possible treatment options, but I'm interested in hearing what you think would work for you." Patient: "I won't go to drug treatment, but if there is a medicine I could take that would help me stop, I would do that. Also I used to go to NA, and that seemed to help."
Empower the patient	Physicians can help patients take an active role in their health care and support self-efficacy.	Patient: "I almost didn't come in to see you. I just can't stop using cocaine." Physician: "Did you go to the NA meetings and see a therapist like we discussed?"	Patient: "I almost didn't come in to see you. I just can't stop using cocaine." Physician: "Quitting cocaine is difficult for most people, and I've been impressed by how hard you have worked to cut back."
Elicit-provide-elicit	A nonconfrontational approach to advice or information giving that allows the patient to express his or her feelings about change and assists the physician in assessing readiness for change.	Physician: "Using cocaine can cause heart attacks. You are putting yourself at risk each time you use, and you need to stop."	Elicit knowledge and opinions: Physician: "What do you know about how cocaine affects your health?" Patient: "Well, some people get holes in their noses, but I don't use that much, so I don't think it's affecting me." Provide tailored information and advice: Physician: "I'm glad you haven't used enough to have that problem. You might be surprised to know that even small amounts of cocaine increase your risk of heart attack, stroke, and high blood pressure. Sometimes people have heart attacks from using cocaine just one time." Elicit response and feelings: Physician: "How does that new information strike you?" Patient: "I don't know. I guess it might be more dangerous than I thought."
Decision analysis ("pros and cons")	Physicians can help patients make changes by articulating the advantages and disadvantages of the changes.	Physician: "Don't you see that your cocaine use is hurting your whole family?" Patient: "What do you know about my family?"	Physician: "What do you like about using cocaine?" Patient: "It lets me forget all the things that are bothering me, and it gives me energy to get things done." Physician: "And what do you not like about cocaine use? What makes you think about stopping?" Patient: "I don't want my kids to see me high, and it's definitely starting to get in the way of work. I'll have to stop someday or it will be hard to keep this job."
Reflections	Physicians can identify statements that the patient makes in support of change and reflect them back to the patient, highlighting the patient's reasons for change.	Patient: "I don't want to be using cocaine when I'm 80. That would be crazy." Physician: "So why don't you stop?" Patient: "I'm just not ready yet, OK?"	Patient: "I don't want to be using cocaine when I'm 80. That would be crazy." Physician: "You want to stop using cocaine someday." Patient: "Yes, I do. I guess the question is when."
Affirmations	Most patients with substance abuse and dependence feel guilt and shame about their drug use, and may lack confidence that they can make changes. Physicians can promote self-efficacy with honest and meaningful affirmations.	Patient: "I can't believe I relapsed again. It's so frustrating." Physician: "You've just got to get up and try again."	Patient: "I can't believe I relapsed again. It's so frustrating." Physician: "You're frustrated, but the fact that you came back to talk about it tells me that you're determined. You've quit before, and I'm confident you can do it again."

NA = Narcotics Anonymous.

Information from reference 19.