

Practitioner Barriers to Utilizing Motivational Interviewing Within the Day-to-Day Health Care Setting

Barriers/Concerns	Suggestions/Comments
I have a checklist of things to get through during my patient visits – how can I incorporate MI in such a short amount of time?	Finish everything on the checklist first. Then start using MI. As you get more practice with MI, it becomes easier to incorporate MI into all aspects of the visit.
How can I effectively give the patient information I deem important while also doing MI?	Using both MI and active treatment (nutrition info, physical therapy, etc.) has proven to be quite effective. Aspects of MI are not always appropriate, and you should use your clinical judgment when determining if instruction should be used.
I've been a practicing physician for 20 years and I have a certain way of doing things. How can I start including MI now?	Though it is hard to change our routine habits, it is best to start slow and work towards incorporating MI at your visit. It doesn't have to happen all at once!
My patients don't want to make these decisions. They are coming to me for expert advice and direction.	Some patients are not receptive to MI, so it is important to understand their expectations when they come in for a visit. Though you may be the clinical expert, they are the expert on themselves. It is best to work together by joining your clinical expertise and their personal knowledge.
MI takes too much time.	MI does not really take any longer than other visits and the first visit is always the most important. Patient outcomes can be influenced in the first 15 minutes of a visit.
MI leaves too much of the process up to the patient – I need to make sure that they actually change so they can get healthier.	It is not your responsibility to make the changes. You are there to facilitate the process. Your role is to help the patient identify the problem. If they identify it, then they usually feel responsible to change. If you identify it, however, they are more likely to resist and make excuses for their behaviors.
When using MI, patients see it as talking down to them.	MI is a genuine practice – it is not about convincing people or about tricking them into doing something. Patients know you have an agenda, so it is best to practice transparency. After all, isn't your agenda to foster a healthier patient population? Try to get the patients involved by giving them options and truly listening to their concerns.