

MI Case Example: Ed Swenson

Background review:

Recall that Ed's new psychiatrist recently suggested that he consider a prescription to help alleviate morning fatigue and confusion due to severe anxiety and insomnia. Although he acknowledges that prescriptions might help some people, Ed worries about cost and potential side effects.

Initial Readiness Stage: Precontemplative

Treatment goal: Facilitate movement from "No way!" to "Maybe."

Ed currently is in a Precontemplative stage of readiness because he has no plans to add medication to his treatment regimen. A Consumer grappling with deep ambivalence may stay in an early stage of the change process for a long time. In Ed's case, the reference to one benefit of prescriptions is encouraging.

The Provider needs to try to listen, understand, emphasize that ambivalence is a normal experience in the decision-making process. It's also important to proceed at Ed's pace. The Provider asks Ed if he would mind talking about it before they get started.

The Conversation:

Provider reinforces a Consumer strength: *It's good that you take an active role in your healthcare. I do, too.*

Consumer agrees: *Right. I try to.*

Provider affirms, reflects, begins to develop discrepancy, clarifies, educates: *You raise important points. Medication can make a big difference – actually, for a lot of people, but you don't want to take something until you know it won't cause more problems than it helps.*

Consumer agrees, elaborates: *I don't. I hear all this stuff on TV about heart attacks and cancer. Sounds like more trouble than they're worth.*

Provider agrees, clarifies, educates, develops discrepancy: *There are a few bad apples. Fortunately, that's pretty rare when you think about it. There are millions of different prescriptions. Most help, but there is always the potential for side effects.*

Consumer elaborates: *I know. I looked at the insert from cold medicine the other day, and it was several inches long in tiny print. I couldn't even read it! Ridiculous!*

Provider relates, educates, empathizes: *(Chuckling) I know! My pharmacist goes over side effects so it's clear before I take anything. Drug companies have to list virtually all potential side effects anybody anywhere might have – even when preexisting conditions are part of the issue. It can look pretty scary but most don't apply to everyone.*

Consumer shifts attitude, clarifies factor importance: I'd probably grow green horns or something, who knows! (Laughs) I suppose it wouldn't be so bad if one magic pill took care of all my symptoms – except it would take robbing a bank to pay for it.

Provider makes congruent response, reflects, asks evocative question: Who wouldn't, if it was a sure thing – and you could afford it? You're really concerned about cost. Tell me about that.

Consumer elaborates, emphasizes importance: It takes time to find the right mix, and pills are so expensive! I don't have much to begin with, and by the time the ex takes child support, it's gone. I'm robbing Pete to pay Paul!

Provider summary reflects, reiterates discrepancy: You might possibly be open to taking medication if side effects were minimal – but the big thing is cost. It could be the perfect pill, but that wouldn't matter if you couldn't afford it anyway.

Consumer agrees, acknowledges shift in attitude: Right! I'm paid on Friday and I'm broke on Friday. It never ends. You can't buy pills over time.

Provider reflects: It sounds like funds are tight, for sure. You're squeaking by as it is.

Consumer confirms: Exactly! I can't even go there – even if I wanted.

Provider summarizes, uses directive MI element, asking to continue to move toward goal: I see. So, cost would have to be addressed, no matter what. If the prescription was affordable, it might be something to reconsider...

Consumer expresses change talk: Maybe. I just don't have an extra dime to spare.

Provider acknowledges shift in attitude, asks open-ended transition summary question: Ed, it's helpful to understand where you're coming from. Maybe we can ask Dr. Phillips about these concerns. What do you think about what we've talked about today?

Consumer agrees with greater confidence: I'm okay with it. I'm always broke, and they don't give out medicine for free. But, I'd want to know for sure about side effects, if I did. It would have to have a pretty good safety record.

Provider reinforces, uses readiness ruler to assess level of importance and to elicit further change talk: These are great points, Ed. In terms of where you're at with possibly trying a prescription right now, let me ask: On a scale of 1-10, with 1 being not at all and 10 being, I'll go for it – how important is it that you try medication to treat your symptoms?

Consumer responds: Maybe a 4.

Provider elicits response in positive direction of readiness: A 4. Tell me, Ed, what are your reasons for not saying 2 instead?

Consumer softens from absolute: I guess because meds probably do help a lot of people. I suppose ads make it sound worse than it is.

Provider uses MI directive element to encourage positive movement: *What would move that number up to, say, a 6 instead of a 4 for you?*

Consumer summarizes primary concern: *Cost is the biggie. I can't afford to even go there, at this point. Maybe I'll win the lotto (laughs).*

Ed and his Provider collaborate about ideas for how Ed might address his morning fatigue without medication in the interim. Ed has already tried getting to bed earlier in the evenings, which didn't help. Yesterday, he saw an article about cutting caffeine in the evening. He's open to that, along with removing the TV from his bedroom.

Potential MI References for the Provider's Progress Note: _____

Acknowledged ambivalence, clarified factors (primary: cost; secondary: side effects). Developed discrepancy (cost, side effects versus can be effective for many people). Educated (cheaper generics; patient literature, Dr. Phillips as information resources). Current SOC: Precontemplative stage (willingness score: 4).

Readiness Stage: Contemplative

Treatment goal: Facilitate movement from "Maybe" to "Let's work on a plan."

Two weeks later, Ed's Provider asks about how things have gone with cutting back on caffeine and changing his evening routine. Ed acknowledges it hasn't helped a lot. In fact, his fatigue extends through the morning now. "I just can't get a good night's sleep," Ed concedes. He's desperate: "It's starting to impact my productivity at work."

The Conversation:

Provider reviews discrepancy: *You don't want to consider medication primarily because it's expensive. On the other hand, it might be helpful. Is that right?*

Consumer elaborates on cost factor: *Right. I just can't add more debt to my plate. I've never been good with money, and people are coming after me for it all the time. Times are tough!*

Provider clarifies cost of current behavior, solicits further elaboration: *It almost sounds like not trying something else is costing you in other ways, though, too – like in terms of work and how you're feeling?*

Consumer clarifies costs of current behavior, makes DARN-C statement (i.e. need):
Maybe. It's taking more coffee to get me through the morning – but it makes me jittery and upsets my stomach. I've got to figure something else out.

Provider notes autonomy, makes shift-prompting statement: *It's entirely up to you, Ed, but it doesn't sound like what you're doing is working for you.*

Consumer makes DARN-C statement: *I know. I guess I can't afford not to do something else.*

Provider educates: *I understand. One way to save is with generics. They are effective and more affordable. We could also look into discount programs. Actually, though, your medical card may cover most of the cost.*

Consumer clarifies concern: *Ed: Maybe, but I can't even afford a copay right now.*

It's very clear that cost is the overriding factor in Ed's refusal to consider medication. Money is very tight for Ed, so he is motivated to save on expenses – regardless of other “costs” he may incur. The two take an in-depth look at how ongoing untreated sleep issues take an economic toll on Ed in other ways. For instance:

- The financial cost of consuming a pot of coffee per day
- The health costs of sleep deprivation and significant caffeine consumption.
- The cosmetic costs of coffee on tooth enamel.
- The interpersonal costs of damaged relationships from emotions and irritability.

The Conversation Continues:

Consumer explores, clarifies through self-reflection: *I'm also drinking a lot of sugar in all that coffee and starting to see the pounds add on. Plus, the coffee is getting to my stomach. I guess it adds up in a lot of ways – probably more than I was thinking it did.*

Provider uses MI directive element to encourage positive movement: *So, what do you think you'll do at this point?*

Consumer self reflects, elicits change talk, identifies benefit, softens from previous stand: *I guess I could talk to Dr. Phillips again. It may end up costing less in the end. I could use a break. As long as he realizes I don't have money to burn. And, I don't want a lot of side effect problems.*

Provider prompts response in positive direction of readiness: *I understand. It may take time, but a lot of people can be helped with medication. Do you know of someone who has noticed a big difference by it?*

Consumer elaborates with an example of a natural support: *My brother's wife is on something that takes the edge off for her. My brother says he can tell when she takes it and when she forgets for a few days.*

Provider reinforces: *Sounds like it helps her a lot. That's good.*

Ed identifies himself as being at a 6 on the readiness scale. He attributes a shift in his score to having recognized that “costs” are mounting as he continues down his current path. Ed is especially concerned

about the potential to lose his job if he doesn't turn things around fairly quickly. Money is already tight. It would be impossible to stay afloat if he lost his job. He has no economic backup plan.

Ed isn't sure what it would take for him to move further up the readiness scale – other than to have his concerns about costs and potential side effects addressed. He agrees to meet with Dr. Phillips again. "I'll try to get an appointment sometime next week."

Potential MI References for the Provider's Progress Note: _____

Acknowledged ongoing ambivalence (cost, side effects versus worsening symptoms). Further developed discrepancy: Financial (coffee) costs, physical costs, work performance costs versus cheaper generics, potential improved sleep. Expressed readiness shift (statement of change need), agreed to meet with Dr. Phillips next week. Current SOC: Contemplative stage (importance score: 6).

Readiness Stage: Preparatory

Treatment goal: Develop a change plan without evoking resistance.

This stage represents a critical shift in readiness commitment. Consumers in this stage express an increasingly stronger interest in needing to change. Strengthening commitment language is more likely as statements heighten about desire, ability, reasons, and need for change.

Ed meets with Dr. Phillips during this interim to discuss concerns about prescription costs and potential side effects. The psychiatrist recommends a prescription available in generic form. He calls a local pharmacy to confirm the monthly cost is about \$15. He provides Ed with patient literature before discussing the importance of following up in a month to assess progress. Ed receives a written prescription and schedules a recheck in four weeks.

The Provider has now arrived to follow up with Ed. This time, Ed raises the topic of medication.

The Conversation:

Consumer expresses DARN-C statement: *It looks like that prescription is about \$12 a month. My brother said that's less than the price of a can of pop each day at work. I'm trying to cut down on the caffeine anyway.*

Provider affirms, reinforces, praises: *That's great, Ed. Sounds like your appointment with Dr. Phillips was helpful. You've also come up with a way to cover the cost. Nice work!*

Consumer expresses resistance, elaborates, problem solves: *Still, I'm not sure. I looked at the paperwork Dr. Phillips gave me on that prescription. It's three pages long and has terms I've never heard of. My brother says there are websites where he gets information, but who knows where that comes from.*

Provider affirms, reinforces: *You raise a great point, Ed. It's important to use reliable sources.*

Consumer problem solves: *I suppose I could go to the local pharmacist. My neighbor from down the block works there.*

Provider affirms, reinforces use of natural resources: *That's a good idea. You could ask specific questions from an expert you know that way.*

Consumer elaborates on concern: *I don't know if there's a best time to take it, and one of the listed side effects is sleepiness. It's ironic because that's why I need to take it in the first place.*

Provider acknowledges, educates: *That would be confusing. Keep in mind that drug manufacturers list every possible side effect.*

Consumer elaborates with slight positive change in movement: *I suppose. I guess I won't know how it affects me unless I try it. Dr. Phillips said it may take weeks to even make a difference.*

Provider concurs, asks shift prompting question: *That's true. So, where do things stand at this point? It sounds like you're ready for a change.*

Consumer expresses DARN-C statement: *I need to do something different. Things are slowing at work. I don't want to become yesterday's news there. I've got to get my act together.*

Ed and his Provider go to the pharmacy to pick up his medication. The pharmacist reassures that fatigue is rare but possible. She recommends taking it in the early evening until he knows how it affects him personally. She also advised that he avoid driving at night.

Making a Plan for Readiness Success

Ed and his Provider shift their focus to developing a plan of action. Recall that it is counterproductive to continue exploring Ed's motivation now that it appears that he has made up his mind. The Provider relies on good communication skills and other methods in his repertoire once Ed gives the go-ahead that he's ready to proceed.

Ed's Provider knows that a collaborative process strengthens buy-in and commitment to long-term change. It's important to defer to Ed's timing to avoid the risk of resistance. The Provider will affirm and reinforce reasonable ideas, but it's ultimately Ed's choice whether or not he chooses medication.

In the end, Ed opts to wait until Friday to begin taking his new prescription. "That way, I'll have the weekend to see how it affects me." He agrees to set his dual alarm clock for 8 p.m. that night so he doesn't forget. The Provider asks him two readiness questions before departing:

- Importance – rated at 9
- Self-efficacy (i.e. confidence) – rated at 10

Ed seems optimistic about the plan: "Here's hoping for a good night's rest very soon!"

Potential MI References for the Provider's Progress Note: _____

Highlighted and processed ongoing ambivalence. Met with pharmacist to ask about side effect concerns. Current SOC: Preparatory stage (confidence score: 9). Consumer strengthened commitment language (intends to start medication on Friday), developed plan (set alarm to take at 8 p.m.).

Readiness Stage: Action

Treatment goal: Shift from plan to action, build coping skills, address barriers

Ed and his Provider meet two weeks later to follow up. As with last time, Ed raises the subject. However, this time it's clear that Ed is upset. He has a lot to say about his medication. Notice how the Provider rolls with resistance to work through a setback with Ed.

The Conversation:

Consumer expresses resistance: *I gave it a shot. I took it for five days. Then, BAM, I was sicker than a dog! I had a fever, too – and body aches like crazy!*

Provider empathizes, rolls with resistance: *Sounds miserable! Are you okay?*

Consumer elaborates: *It was awful. I'm okay now, but I lost two days of work with it, man! It was pretty bad!*

Provider acknowledges, empathizes: *It sounds like it. I'm glad you're okay now.*

Consumer softens from previous stand, elaborates with benefit example: *It's too bad because I think it was helping a little. I can't take losing work, though. That won't keep a roof over my head. I was pretty sick.*

Provider develops discrepancy: *I'm curious, Ed. You mentioned a fever and body aches. Have you ever felt that way before?*

Consumer responds, elaborates: *No – other than maybe when I had the flu. It was pretty bad. I couldn't keep anything down.*

Provider states discrepancy: *The flu. Hmm, it does sound like the flu.*

Consumer expresses resistance, elaborates: *I got the flu shot this year. There's no way it could be the flu, right?*

Provider rolls with resistance, educates: *I could see how that makes sense. Flu shots are effective but only for specific strains of flu. There are many types of viruses that make us sick.*

Consumer elaborates, reflects, problem solves: *Hmm. My brother has a bug right now. Actually, my brother's wife had it for several days, but I only had it for two. I figured it was this prescription because I got better when I stopped taking it.*

Provider acknowledges, develops discrepancy: *It could be, or perhaps you had the same bug that's going around.*

Consumer acknowledges, expresses resistance: *I suppose. I wish I knew for sure. I can't afford to take something that's makes me sick again.*

Provider developed discrepancy, empathizes, elaborates: *I wouldn't want to, either. It's possible you had a virus, though. It's going around.*

Consumer softens from previous stand, reflects on problem solving: *A fever wasn't listed as a side effect, so maybe that's all it was.*

Provider reflects benefits and costs, seeks confirmation: *You said your prescription was helping a little, but you stopped it when you got sick, right?*

Consumer confirms, makes DARN-C commitment statement: *Right. I couldn't keep anything down – but if it wasn't making me sick, maybe I should try again.*

Provider highlights discrepancy to elicit change talk: *If getting sick was unrelated, what do you have to lose? How are you at this point without it?*

Consumer expresses change talk, commitment statement: *Still exhausted. I'll give it another shot.*

Potential MI References for the Provider's Progress Note: _____

Consumer expressed resistance (attributed illness to medication, discontinued medication trial). Rolled with resistance. Consumer expressed ambivalence (slight improvement versus illness). Raised discrepancy about illness source (potential side effect versus viral). Consumer strengthened commitment language, agreeing to resume trial of medication. Current SOC: Preparatory stage (score not assessed, however commitment statement expressed).

The Provider follows up with Ed a week later to see how things are progressing. He comes prepared to adjust his pace, knowing that Ed ultimately sets the tempo.

However, the Provider is pleasantly surprised this week: It's clear that Ed didn't fall ill in the time that passed. Ed is smiling as the Provider arrives.

"I just couldn't afford not to sleep at this point, so I took the plunge," he said. "I started taking my prescription again." This time things went well.

"It's no wonder pill so far, but it does seem to help a little," Ed states of his experience. "I'll take what I can get!"

The Provider reviews with Ed that he can follow up with Dr. Phillips in a couple of weeks for a potential adjustment if needed. He also reassesses for readiness progress.

“In terms of sticking with your prescription, as things are going right now, Ed...” he begins. Ed interrupts with a resounding “10! It’s in me before my head hits the pillow each night.” Ed has no plans to stop.

Potential MI References for the Provider’s Progress Note: _____

Reviewed progress with medication use trial. Consumer expressed ongoing change commitment (intends to continue to use as prescribed, to recheck with Dr. Phillips in two weeks). Problem solved strategies to address potential triggers/barriers. Current SOC: Action stage (readiness score: 10).

Readiness Stage: Maintenance

Treatment goal: Generalizing behavior, establishing awareness of potential triggers, developing additional coping strategies.

Several more weeks pass with Ed and his Provider touching base occasionally on the topic of his medication. Ed meets with Dr. Phillips at the two-week point and then a month later, after his dose was slightly increased.

It’s clear to the Provider that Ed has a system down well for taking his evening medication as prescribed. They check in one more time for additional reinforcement and coping strategies. As with other stages, the Provider asks permission before proceeding with the topic.

The Conversation:

Consumer elaborates on movement benefits: *I’m getting better sleep now and I’m more alert and clear thinking in the mornings. I don’t know why I fought it so long, but it’s helping quite a bit.*

Provider praises, acknowledges growth: *That’s great, Ed. You’ve come a long way, and it’s helping. That’s the point.*

Consumer raises concern, elaborates: *I have noticed I seem to have some issues with weight gain. It’s not bad, but I don’t want it to get out of hand. It happened with my brother’s wife. I’ve got an old sports injury that bothers my knee, too. Doc says weight will make it worse, so I need to be careful.*

Provider relates, invites collaborative problem solving: *Let’s see if we can come up with several ideas. What are your thoughts, so far?*

Consumer elaborates on trigger, identifies coping strategies, expresses DARN-C statement:

Well, I can't afford to eat out much, so I mostly eat what's here at home. I don't eat sweets, but I do have a thing for chips. I probably need to work on junk food.

Provider solicits elaboration about triggers with open-ended question, adopts Consumer's terminology: *That's a problem for many people. Help me understand what it's like for you, Ed. Describe a situation where you're likely to eat a lot of junk food.*

Consumer elaborates: *I snack while I watch T.V. probably several times a week – but not when my brother comes over. We work on his car. It's just when I'm bored, maybe.*
Provider affirms problem solving: *You're recognizing some patterns, Ed.*

Consumer elaborates, problem solves: *Yeah. I'll open a bag while I'm watching a movie, and next thing I know, it's empty. I'm like, did I eat the whole thing? Nobody else is there, so it had to be me! I may just not be able to have it in the house at all. It's too tempting.*

Provider affirms, asks open-ended question to elicit problem solving: *Cutting back on what you eat is a good idea! What else? Tell me about your exercise routine....*

Consumer elaborates about problem circumstances: *Dr. Phillips suggested exercising in the morning instead of at night so I don't wind up before bed. I'm NOT a morning person. Are you kidding me?*

Provider elicits further problem solving: *I know. What's the rest of your day look like in terms of free time for exercise?*

Consumer elaborates: *It's pretty tight. I don't get home from work until close to 7 p.m. By then I'm worn out.*

Provider acknowledges, educates, asks open-ended question for further problem solving: *That does sound like a long day already. Every little bit counts. What are small things that could add up? For instance, where do you park at work?*

Consumer elaborates, self reflects, problem solves: *In the employee parking lot. I could park at the far end and hike to the building. Actually, that would help a lot. I eat lunch in my car while I listen to music.*

Provider solicits further problem solving: *That's a thought. Let's see if we can come up with more ideas, in case the weather is bad.*

Consumer states strategy: *I work three floors up. Maybe I could take the stairs instead of the elevator.*

Provider reflects: *It all adds up. So, it sounds like you can increase your exercise by walking more if you park as far away as possible at work and if you take the stairs.*

Consumer identifies additional coping strategy: *Right, and I'll make a point of getting my weights out on the days I'm off. I keep planning to do that but haven't gotten to it since my sleep got messed up.*

Provider praises, reflects: *Good. And, you can cut intake by...*

Consumer elaborates: *Not even having it in the house. If it's there, I'll get into it. And of course, having my brother over more often. That helps, and it gives him a break from the wife and kids. It can get pretty chaotic over there in a house full of women. (Laughs)*

Provider agrees: *I imagine so (laughing).*

Potential MI References for the Provider's Progress Note: _____

Consumer expressed long-term commitment intent, plans to recheck with Dr. Phillips as recommended for monitoring. Problem solved strategies to address medication side effects (dry mouth, weight gain). Identified natural community source of ongoing support (brother). Current SOC: Maintenance stage (readiness score: 10).
