



Embracing Hope and the Spirit of Motivational Interviewing

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My formal experience with motivational interviewing began during my first clerkship of my third year of medical school on the dual diagnosis floor of our local in-patient psychiatric hospital. When presented with a list of site options, I deliberately chose the only hospital floor that specialized in motivational interviewing as my preferred clinical site, driven by curiosity towards this modality. During my pre-clerkship years, I was introduced to motivational interviewing as part of our patient care block. We practiced with standardized patients under the supervision of preceptors. What we practiced appeared to be about rating likeliness for change on a scale from 1 to 10. I left this initial experience feeling skeptical of the practical application of motivational interviewing, though I was still open and curious about it. How does motivational interviewing address addiction alongside concurrent psychiatric illness? Over the course of the past month, I embraced the spirit of motivational interviewing after witnessing its effect on individuals.

Motivational interviewing serves as a vital energy that inspires people to reconnect with hope, engage with their deeply held values, and change their behaviors, empowering them to live their lives to the fullest. I was astounded by the frequency with which I heard patients, many of whom had struggled with substance use for years, express statements like: “this isn’t me, I am more than this,”: “a dancer,” “a model,” “a runner,” or “someone who wakes up in the morning with hope.” Witnessing the transformation in patients and listening to them speak positively about themselves and their desires to change their lives completely shifted my perception of motivational interviewing. It is not merely another checklist where we rate willingness to change on a scale of 1 to 10, as I had previously perceived. Motivational interviewing encompasses hopes, dreams, commitment, self-love, and genuine human connection.

Initially, I faced several challenges in integrating the new skills. I compared my supervising attending’s style with patients to him cruising around in a sports car while I felt like I was driving a monster truck, inadvertently clipping buildings each time I attempted a turn. My attending emphasized the importance of language and the psycholinguistics of motivational interviewing. The goal of focusing on psycholinguistics was to ask questions in an evocative way to open the floor for an exploration of the patient’s values and what kind of life they desired to live and to encourage the patient to begin thinking about their own ability to enact change in their lives. At times, it felt like I was trying to generate a new grammar on the spot—one that utilized an optimistic frame of reference, where most statements began with “what” and “how” and ended with present progressive verbs like “What are you thinking? What are you feeling? How are you experiencing...?” Moreover, evocative statements and reflections were placed before the question to build context and elicit insightful responses from the patients.

My attending also emphasized the significance of mindful listening, encouraging me to actively engage with the content of what the patient was saying while maintaining an empathetic stance. I felt like an overwhelmed train conductor, as if I were switching between driving my “thinking and listening” train and awkwardly jumping over to drive my “empathy and presence with the patient” train, repeating this pattern throughout the interview. Interestingly, I found myself frequently employing vehicular and locomotive metaphors like these, which is fascinating considering that motivational interviewing is fundamentally about movement and change. As my skills began to develop over the course of the rotation, it felt like a shift was taking place, both within myself as I became more comfortable on the unit and within the individuals who entrusted me with their lives, hopes, and dreams each morning.

Although my rotation on the dual diagnosis floor was relatively brief, I have discovered moments where I can settle into the mindset and essence of motivational interviewing. In those instances, I feel deeply connected to my empathic

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stance, almost achieving synchronization with the person sitting in front of me. Engaging in this way brings about a wonderful sense of shared joy when a particularly powerful moment of determination and commitment to change emerges. This connectedness, rooted in genuine engagement with other individuals, is something I aspire to carry with me throughout the rest of my training and to allow it to guide my style as I continue to develop my clinical skillset.

Overall, my experience with motivational interviewing on the dual diagnosis floor has been transformative, both personally and professionally. It has eliminated my initial skepticism, revealing the power of motivational interviewing in empowering individuals to rediscover their inner strengths and pursue meaningful change. I am immensely grateful to have had the opportunity to work under my attending's guidance and witness firsthand the impact of motivational interviewing on patients' lives. As I progress in my medical career, I am committed to integrating the principles of motivational interviewing into my practice. I believe that

this approach will not only enable me to provide more compassionate care but also foster stronger therapeutic alliances with my patients. I am eager to continue building upon the skills and insights gained from this experience, carrying them forward to not only positively impact the lives of my future patients, but to continue embracing the spirit of motivational interviewing in all my personal relationships.

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