Motivational Interviewing 101

Learning Objectives

- Describe how Motivational Interviewing (MI) is used to elicit behavior change and move beyond ambivalence

- Describe the components of MI

- Identify MI strategies

- Discuss how to learn MI

- Recognize MI in practice

The Highway

Motivation is Viewed as...

- Influenced by communication style
- Empathetic style more effective
- Change process already in the individual

Practitioner's job is to elicit and reinforce patient motivation for change.

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Motivational Interviewing

A collaborative,

person-centered,

guiding method designed to

elicit and strengthen

motivation for change.

-Miller & Rollnick, 2009

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MI Principles

- **R**esist the Righting Reflex

- **U**nderstand Your Patient's Motivations

- **L**isten to Your Patient

- **E**mpower your patient

MI Pyramid

MI Spirit

A way of being with people which is…

- Collaborative

- Evocative

- Respectful of autonomy

More About MI Spirit…

Accepting

Non-judgmental

Respectful

Positive and hopeful

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MI Spirit

Collaboration (*not* confrontation)

- Developing a partnership in which the patient's expertise, perspectives, and input is central to the consultation

- Fostering and encouraging power sharing in the interaction

MI Spirit

Evocation (*not* education)

- The resources and motivation for change reside within the patient
- Motivation is enhanced by eliciting and drawing on the patient's own perceptions, experiences, and goals
- Ask key open-ended questions

MI Spirit

Patient Autonomy (*not* provider authority)

- Respecting the patient's right to make informed choices facilitates change
- The patient is in charge of his/her choices, and, thus, is responsible for the outcomes
- Emphasize patient control and *choice*

SKILLS

SKILLS (pyramid: STRATEGIES / SKILLS / SPIRIT)

O pen-ended Questions

A ffirmations

R eflective listening

S ummary

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MI Skills

Open Ended Questions

Questions that can't be answered with one word

- Probes widely for information

- Helps uncover priorities and values

- Draws people out

- Conveys interest in person

- Open Ended Questions Example:
    - "Tell me more about that."

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MI Skills
Affirmations

- Affirm a person's struggles, achievements, values, and feelings

- Emphasize a strength

- Notice and appreciate a positive action

- Express positive regard and caring

- Descriptive and specific

Some Affirmations Examples

- *"Your commitment really shows by [a reflection about what the client is doing]."*

- *"You showed a lot of [what best describes the client's behavior—strength, courage, determination] by doing that."*

- *"With all the obstacles you have right now, it's [what best describes the client's behavior—impressive, amazing] that you've been able to refrain from engaging in [risky/problem behavior]."*

MI Skills

Reflective Listening: (the *key* skill)

- Mirrors what the patient/client says

- Is non-threatening

- Deepens the conversation

- Helps people better understand themselves

MI Skills

Reflective Listening

- Deliberately reflect:
  - Ambivalence
  - Unspoken Emotion
  - Strengths & Achievements (affirm)
  - Change Talk

Types of Reflective Statements

Repeating

Rephrasing

Paraphrasing

Double-sided

"So on the one had you've tried everything you know of, and feel frustrated because they haven't worked, AND on the other hand you have a sense of hope and you don't want to give up"

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MI Skills
Summary

A form of reflections

- Reflects a larger collection of what was said

- Gives a sense of the big picture

- Used to transition or emphasize a key theme

- Conveys that you value what has been said

- Offers a slightly new perspective

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Some Guidelines with Questions

- Ask fewer questions

- No more than 3 questions in a row

- Ask MORE OPEN than closed questions

- 2 REFLECTIONS for every 1 question

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MI Strategies

- Key set of questions and activities used to elicit, strengthen, and consolidate motivation for change

- "Change talk" is key target in strategies

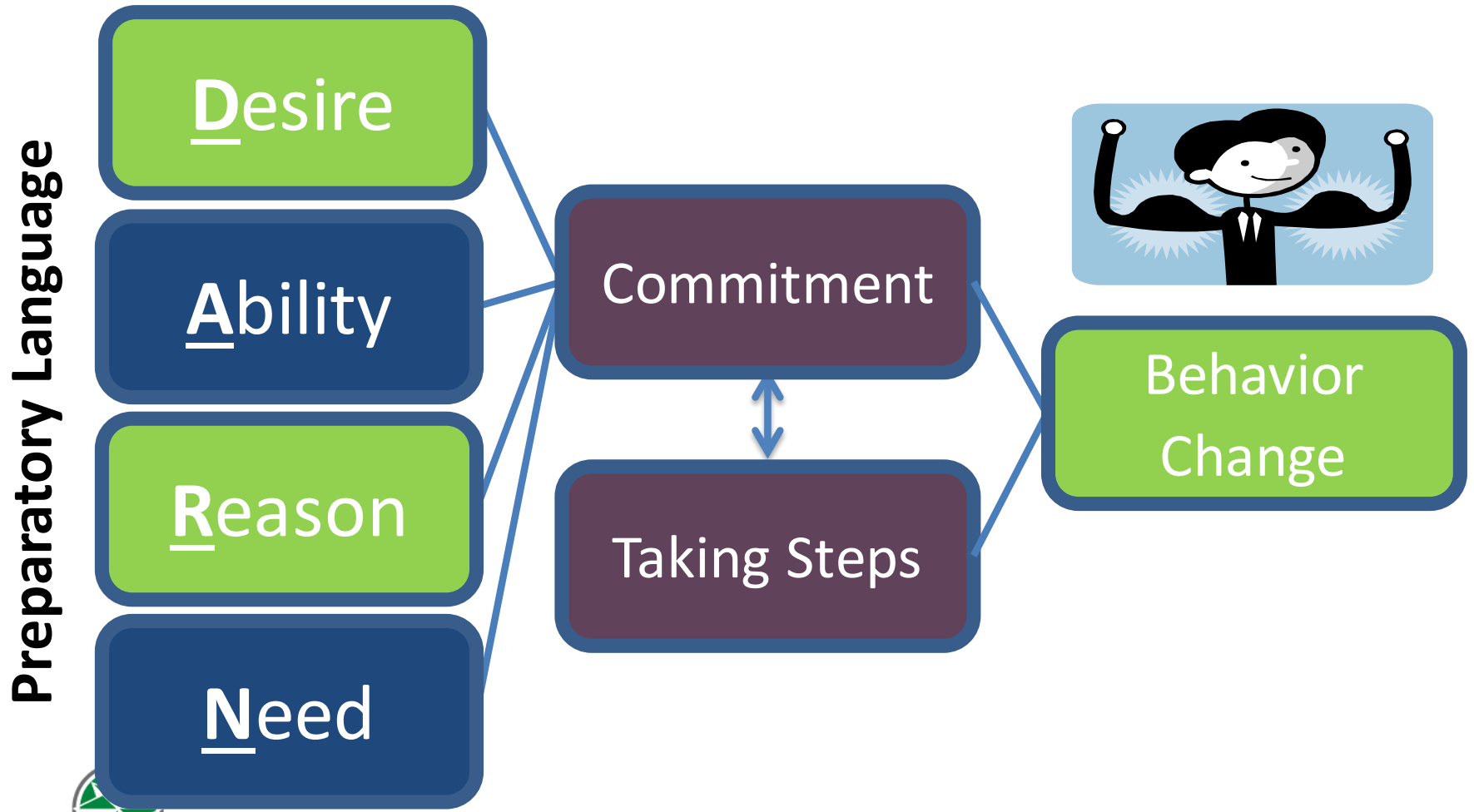- Most familiar strategy is "decisional balance" or pros and cons

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MI Strategies

Change Talk

Preparatory Language

- **D**esire
- **A**bility
- **R**eason
- **N**eed

Commitment

Taking Steps

Behavior Change

MI Strategies

Change Talk

Preparatory Language

Desire	*I really want to stop smoking.*
Ability	*I can do this…it is possible.*
Reason	*Whenever I stop taking my meds, I end up in the hospital.*
Need	*I need to stop doing this.*

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MI Strategies
Change Talk

Present a bouquet of DARNs to gain commitment

- **C**ommitment: *I am definitely going to stop drinking.*

- **T**aking steps: *I had a day last week when I didn't drink.*

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MI Strategies

Pros and Cons

- **Engage in discussion by asking:**
  - "How do you feel about your drinking and/or drug use?"
- **Elicit statements about pros by asking:**
  - "What do you like about drinking and/or drug use?" "What else?"
- **Acknowledge that you have heard the patient**
  - "On the one hand you said…, and on the other you said…"
- **Elicit statements about consequences by asking:**
  - "What do you like least about drinking?" "What else?"
- **Repeat and affirm statements that lead to change**
- **Ask:**
  - "Where does that leave you?"

MI Strategies
Readiness Ruler

Use the Readiness Ruler to elicit and enhance motivational statements from the patient

> *"On a scale of 1 to 10, 1 being 'not at all' and 10 being 'extremely ready', how ready are you to change your alcohol/drug use or willingness to work to reduce symptoms of depression/stress?"*
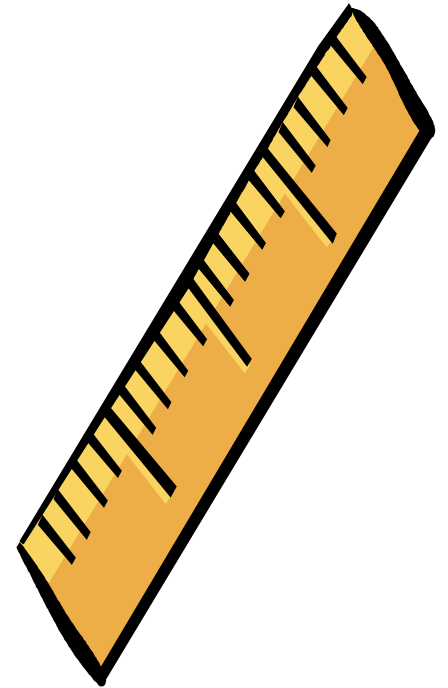
After response, reply:

> *"So why did you say (number they chose) 5 instead of (a lower number) 2?"*

The MI Way

Motivational Interviewing (MI) Way or the Highway

MI Way

- Collaborative conversations

- Direction and honoring patient's autonomy

- Evocation
  - "You have it in you"
  - Draw out patient's reasons for change

- Empathy

Highway

- "I am Expert"

- "I can give it to you"

- Authoritarian

- Judgmental

- "You have a drinking problem"

- "Shoulding"

- Warning, threatening

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How do People Learn MI?

- "One-shot" trainings don't promote competent practice (Miller & Mount, 2001; Walters et al., 2005)

- Initial training with follow-up seems promising:

Patient interactions

On-going coaching

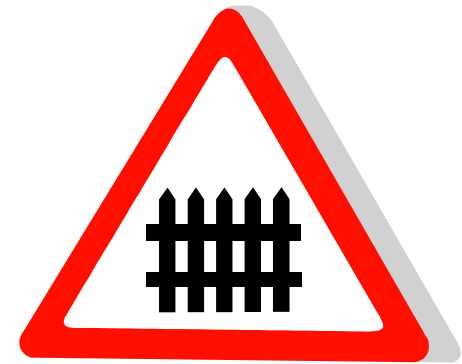**Direct observation of practice**

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The Challenges...

- Stepping out of "business as usual"

- MI skill development

- How do you know you're doing MI?

THANK YOU

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