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
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.
Motivational Interviewing

A collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change.

-Miller & Rollnick, 2009
MI Principles

- Resist the Righting Reflex
- Understand Your Patient’s Motivations
- Listen to Your Patient
- Empower your patient
MI Pyramid

- SPIRIT
- SKILLS
- STRATEGIES
A way of being with people which is...

- Collaborative
- Evocative
- Respectful of autonomy
More About MI Spirit...

Accepting
Non-judgmental
Respectful
Positive and hopeful
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

OPENENDED QUESTIONS
AFFIRMATIONS
REFLECTIVE LISTENING
SUMMARY

COMPASS
Partnering for Mind-Body Health
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.”
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
“So you think you’ve tried everything you know of, and you’re fed up”

“Repeating”

“If I’ve understood you right, you’ve given everything a good go, and now you’re frustrated”

“Rephrasing”

“Stay close to what the patient said, but substitute words or slightly rephrase”

“Paraphrasing”

“Makes a guess at the unspoken meaning and reflects this back in new words”

“Double-sided”

“So on the one hand 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”
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
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
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
MI Strategies

Change Talk

Desire

Ability

Reason

Need

Commitment

Taking Steps

Behavior Change
### MI Strategies

**Change Talk**

<table>
<thead>
<tr>
<th>Preparatory Language</th>
<th>MI Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Desire</strong></td>
<td><em>I really want to stop smoking.</em></td>
</tr>
<tr>
<td><strong>Ability</strong></td>
<td><em>I can do this...it is possible.</em></td>
</tr>
<tr>
<td><strong>Reason</strong></td>
<td><em>Whenever I stop taking my meds, I end up in the hospital.</em></td>
</tr>
<tr>
<td><strong>Need</strong></td>
<td><em>I need to stop doing this.</em></td>
</tr>
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MI Strategies
Change Talk

Present a bouquet of DARNs to gain commitment

- **Commitment:** *I am definitely going to stop drinking.*

- **Taking steps:** *I had a day last week when I didn’t drink.*
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
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
The Challenges...

• Stepping out of “business as usual”
• MI skill development
• How do you know you’re doing MI?
THANK YOU