

Motivational Interviewing The Basics



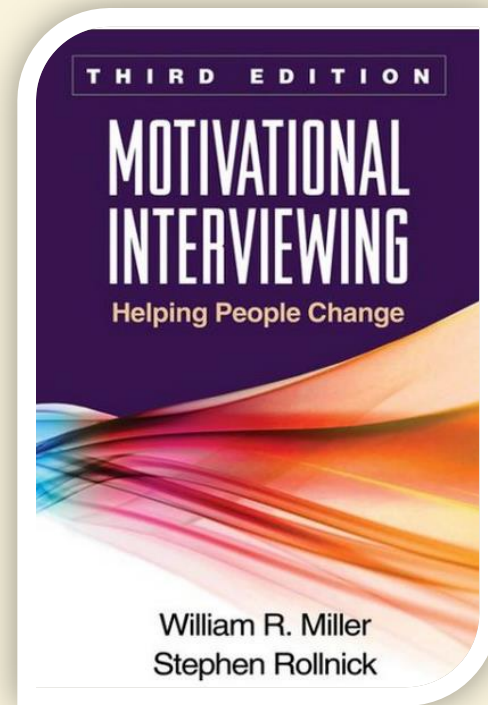
Learning Objectives

At the end of the session, you will be able to—

1. Define motivational interviewing (MI).
2. Identify the tasks of MI.
3. Describe the spirit of MI.
4. Define the principles of MI.
5. Identify MI techniques to help patients change.

Definition of Motivational Interviewing

“Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”



Motivational Interviewing

The tasks of MI are to—

- **Engage**, through having sensitive conversations with patients.
- **Focus** on what's important to the patient regarding behavior, health, and welfare.
- **Evoke** the patient's personal motivation for change.
- **Negotiate plans.**

Motivating often means resolving conflicting and ambivalent feelings and thoughts

Motivational Interviewing Spirit



“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”

—Blaise Pascal

Spirit of MI

A way of being with patients that is...

- Collaborative
- Evocative
- Respectful of autonomy
- Compassionate



Spirit of MI (continued)

Collaboration (not confrontation)

- Developing a partnership in which the patient's expertise, perspectives, and input are central to the consultation
- Fostering and encouraging power sharing in the interaction



Spirit of MI (continued)

Evocation (not education)

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



Spirit of MI (continued)

Autonomy (not 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.

Spirit of MI (continued)

Compassion

- Empathy for the experience of others
- Desire to alleviate the suffering of others
- Belief and commitment to act in the best interests of the patient



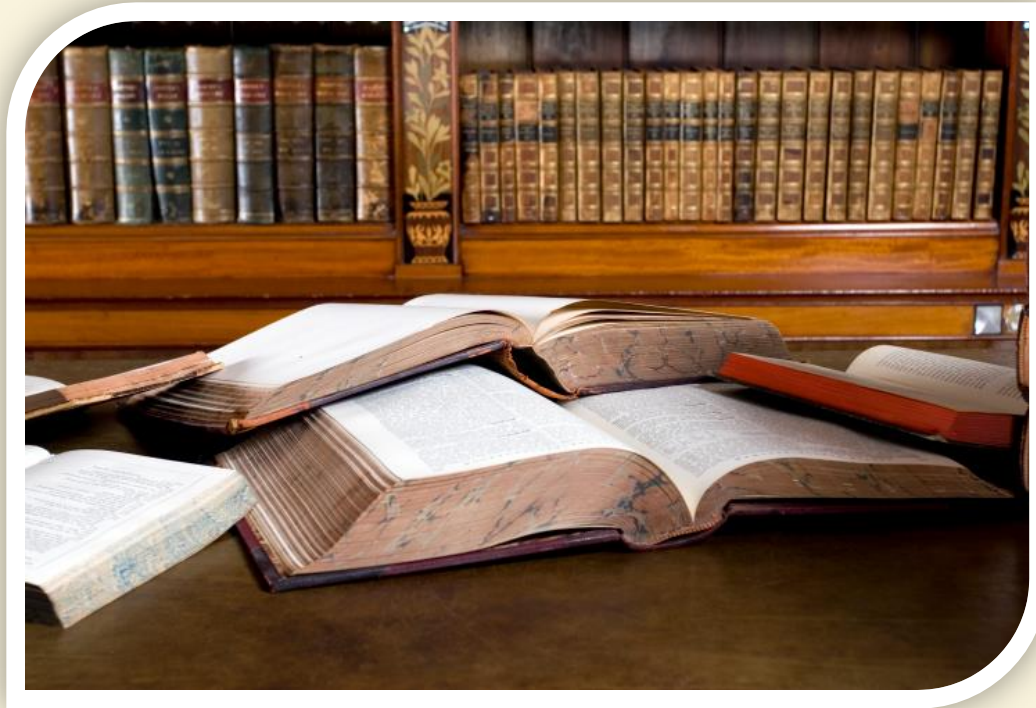
What MI Is Not

- A way of tricking people into doing what you want them to do
- A specific technique
- Problem solving or skill building
- Just patient-centered therapy
- Easy to learn
- A panacea for every clinical challenge



Miller, W. R., & Rollnick, S. (2012).

Motivational Interviewing Principles



MI Principles (continued)

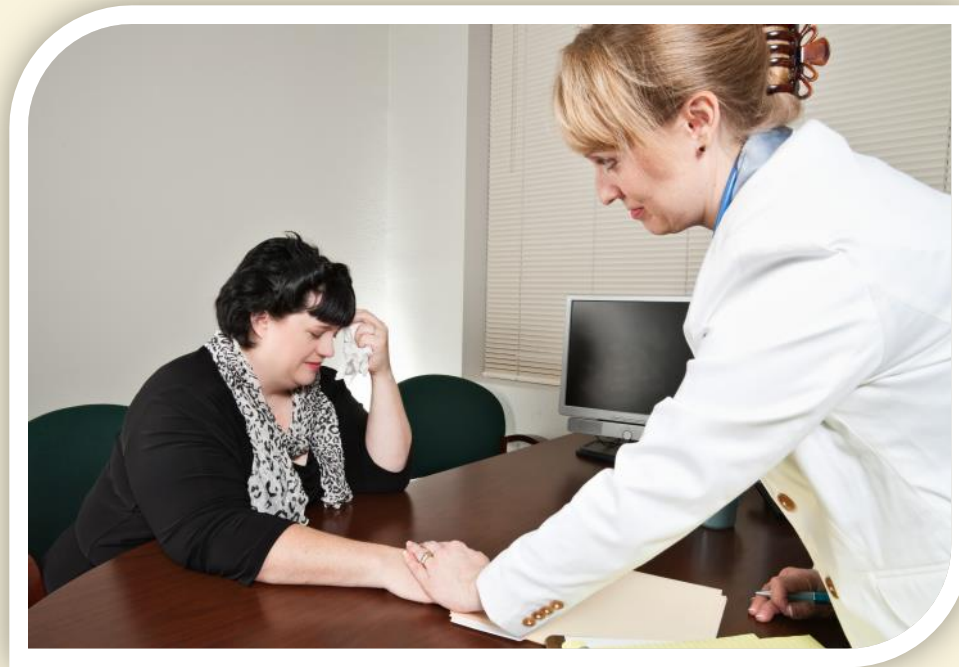
MI is founded on four basic principles:

- Express empathy.
- Develop discrepancy.
- Roll with resistance.
- Support self-efficacy.

Reference: Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

MI Principles (continued)

Express empathy.



Express Empathy

What is empathy?

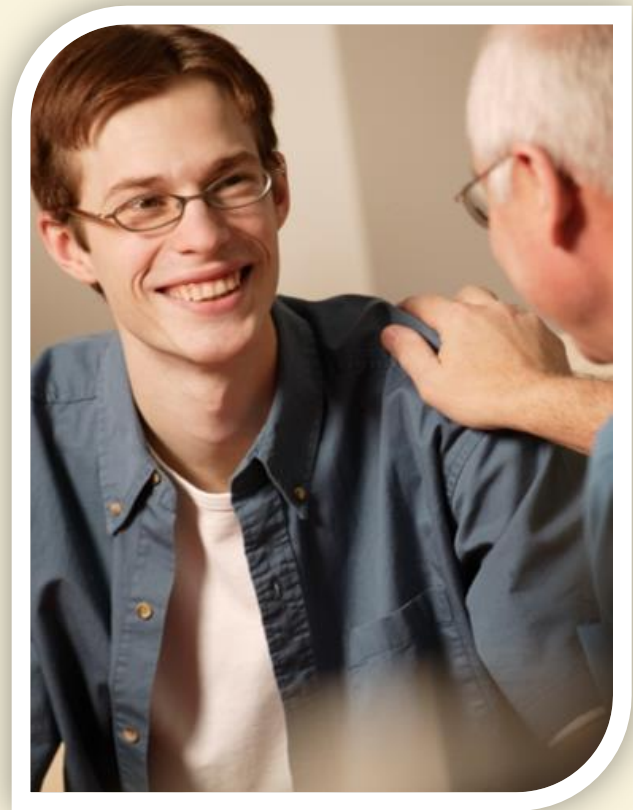
- Reflects an accurate understanding
 - Assumes the person's perspectives are understandable, comprehensible, and valid
 - Seeks to understand the person's feelings and perspectives without judging



Express Empathy (continued)

Why is empathy important in MI?

- Communicates acceptance, which facilitates change
- Encourages a collaborative alliance, which also promotes change
- Leads to an understanding of each person's unique perspective, feelings, and values, which make up the material we need to facilitate change



Express Empathy (continued)

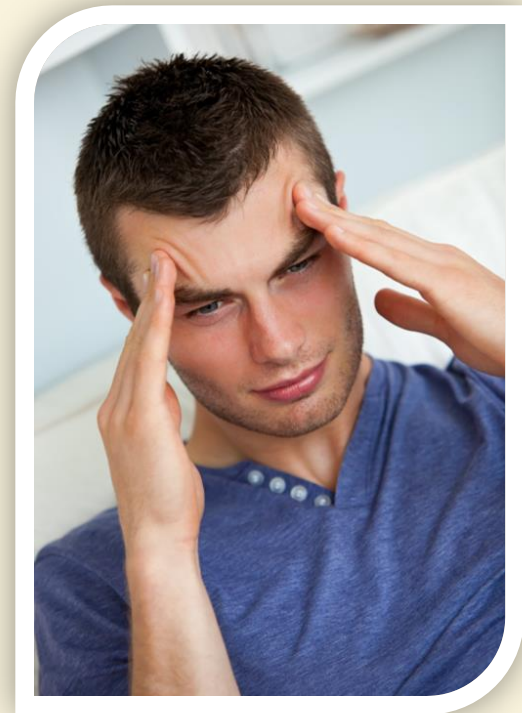
Tips...

- Good eye contact
- Responsive facial expression
- Body orientation
- Verbal and nonverbal “encouragers”
- Reflective listening/asking clarifying questions
- Avoid expressing doubt/passing judgment



The Bottom Line on Empathy

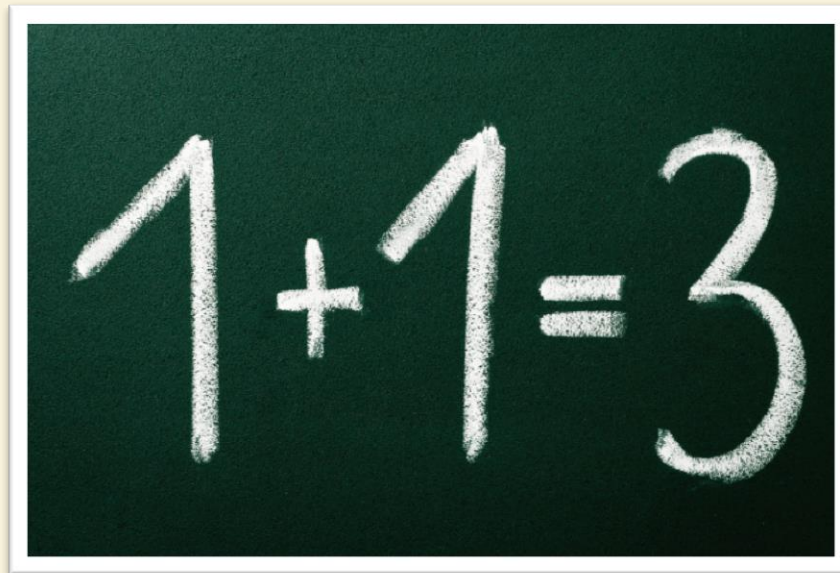
- Ambivalence is normal.
- Our acceptance facilitates change.
- Skillful reflective listening is fundamental to expressing empathy.



Miller, W. R. & Rollnick, S. (2012)

MI Principles

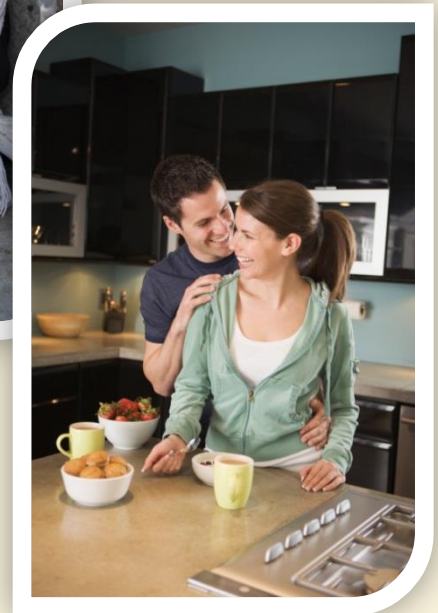
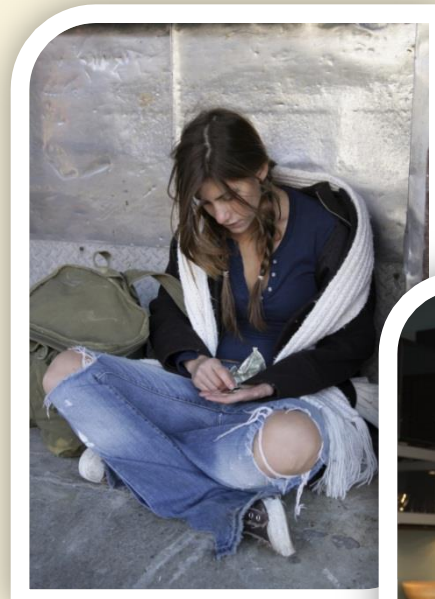
Develop discrepancy.



Develop Discrepancy

- Current behavior versus future goals

Example: *“Sometimes when you drink during the week, you can’t get out of bed to get to work. Last month, you missed 5 days. But you enjoy your work, and doing well in your job is very important to you.”*



MI Principles

Roll with resistance.



Roll With Resistance

Examples

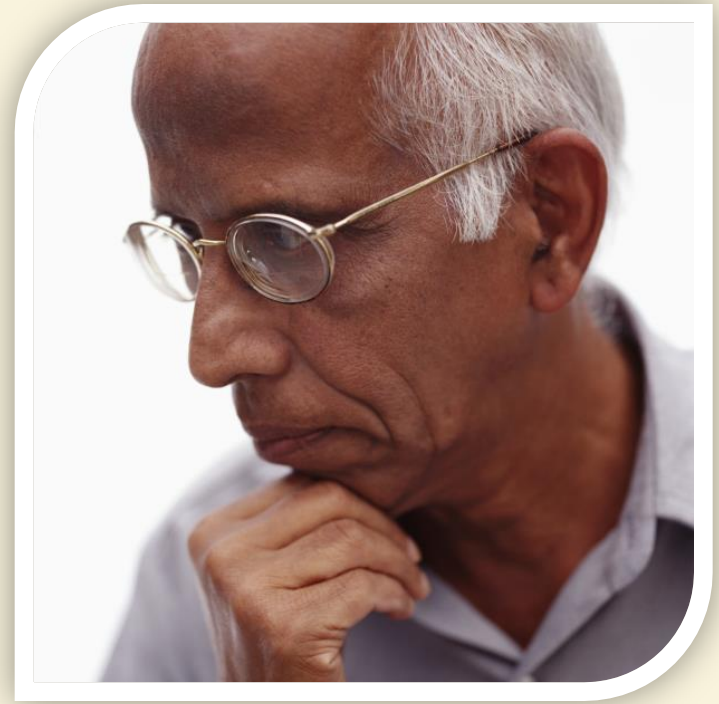
Patient: *I don't plan to quit drinking anytime soon.*

Clinician: *You don't think that abstinence would work for you right now.*

Or

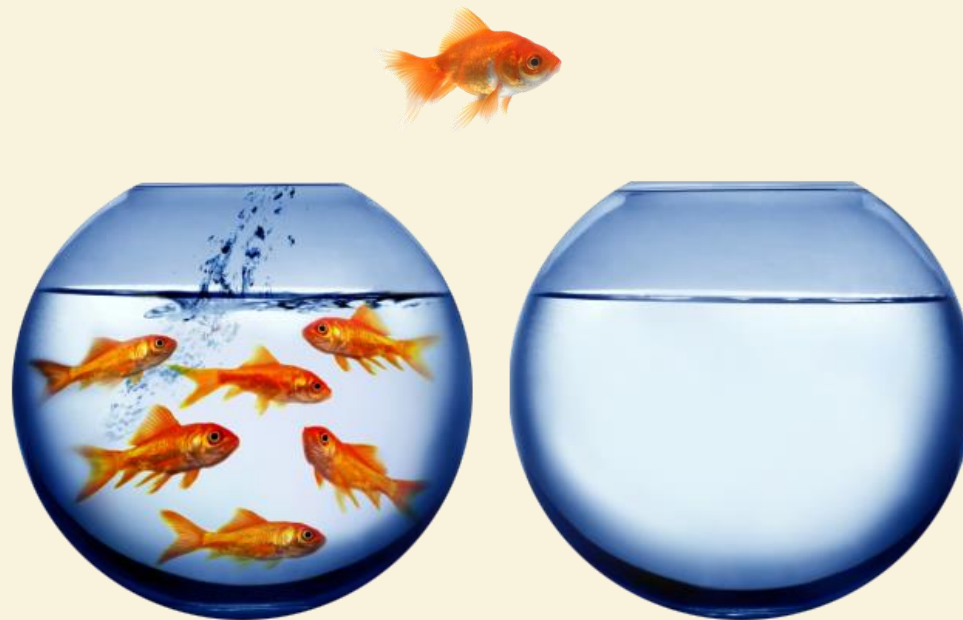
Patient: *My husband is always nagging me about my drinking—always calling me an alcoholic. It really bugs me.*

Clinician: *It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry.*



MI Principles

Support self-efficacy.



Support Self-Efficacy

- Patients are responsible for choosing and carrying out actions to change.



Four Other Guiding MI Principles

1. Resist the righting reflex.

- If a patient is ambivalent about change, and the clinician champions the side of change...

Four Other Guiding MI Principles (continued)

2. Understand your patient's motivations.
 - With limited consultation time, it is more productive asking patients **what their** reasons are and why they choose to change, rather than telling them they should.

Four Other Guiding MI Principles (continued)

3. Listen to your patient.

- When it comes to behavior change, the answers most likely will lie within the patient, and finding answers requires listening.

Four Other Guiding MI Principles (continued)

4. Empower your patient.

- A patient who is active in the consultation, thinking aloud about the why, what, and how of change, is more likely to do something about it.

Conclusion of MI Basics

- Evidence based
- Provides structure to the consultation
- Readily adaptable to health care and other settings

