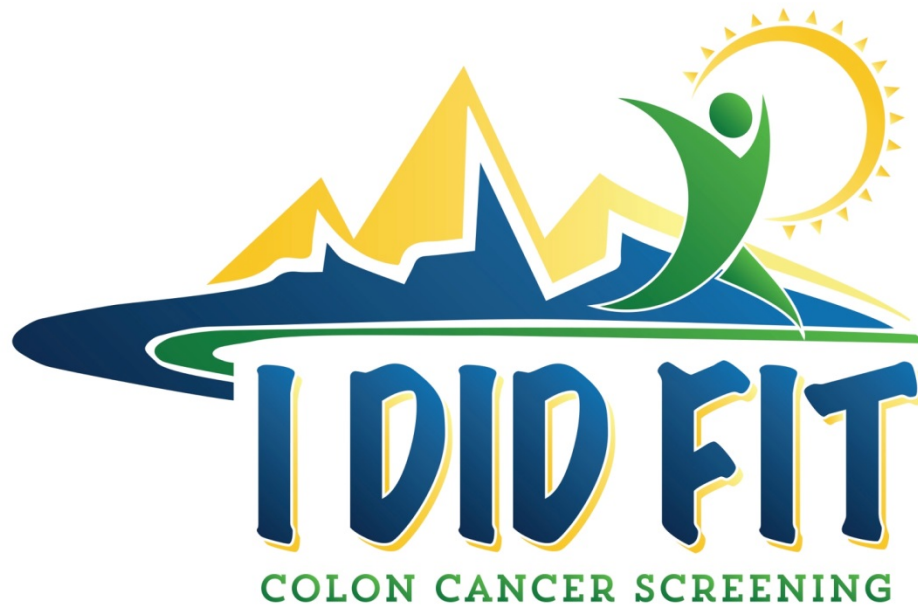


MOTIVATIONAL INTERVIEWING (MI)



TOM COLLINS, ASSOCIATE DIRECTOR RCPC, UNIVERSITY OF KENTUCKY

Experience using Motivational Interviewing:

- **HIV Screening**
- **Substance Use Treatment**
- **Sexual Risk Reduction**
- **Cancer Screenings**

WHAT IS MI

- **patient/client-centered counseling approach developed by psychologists Miller & Rollnick**
 - **First used during an experience in the treatment of drinking problems**
 - **Areas of healthcare, corrections and working with youths**
 - **Facilitate and engage intrinsic motivation within the individual to change behavior.**
-
- **MI is not a way to trick people into doing what you want them to do**

MILLER AND ROLLNICK'S DEFINITION OF MI

MI is a collaborative, goal-oriented style of communication with particular attention to the *language of change*. It is designed to strengthen personal motivation for and commitment to *a specific goal* by eliciting and exploring the *person's own reasons* for change within an atmosphere of acceptance and compassion

WAIT!

Before we talk about MI, it is helpful to first talk about what is known about how people change.

THE TRANSTHEORETICAL MODEL OF CHANGE

Prochaska and DiClemente's Transtheoretical Model of Change

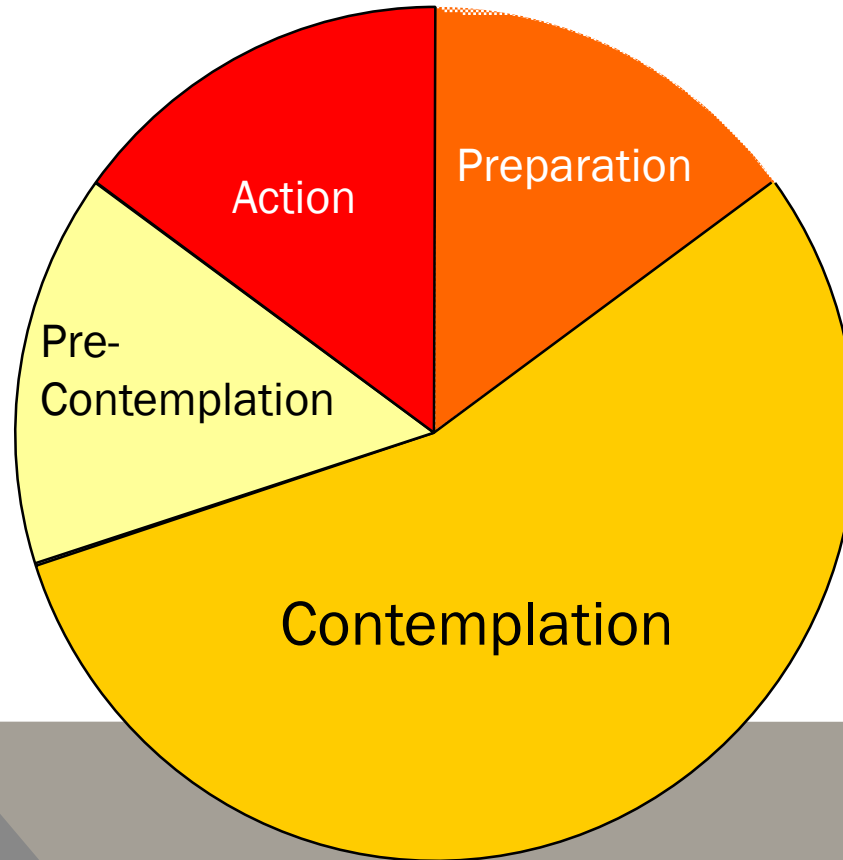
Stages of Change:

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Relapse to prior stages is entirely possible, if not probable, even following extensive periods of abstinence

Pre-Contemplation	Contemplation	Determination/ Preparation	Action	Maintenance	Relapse/ Recycle
	 <p data-bbox="415 692 608 756">Fence</p>	 <p data-bbox="734 828 937 863">0-3 Months</p>	 <p data-bbox="1023 828 1226 863">3-6 Months</p>	 <p data-bbox="1323 828 1593 863">Over 6 months</p>	
<p data-bbox="106 899 222 971">No; Denial</p>	<p data-bbox="405 899 637 971">Maybe; Ambivalence</p>	<p data-bbox="714 899 956 971">Yes, Let's Go; Motivated</p>	<p data-bbox="1043 899 1207 971">Doing It; Go</p>	<p data-bbox="1381 899 1535 935">Living It</p>	<p data-bbox="1719 899 1825 935">Ugh!!</p>

How many individuals are ready to take the fit-test when you first ask?



“THE RIGHTING REFLEX” MILLER & ROLLNICK

(2012, PG. 6)

“*A natural and instinctive response of trained care providers is to fix the problem, make things right, to use knowledge acquired from training and experience to help the individual seeking care to overcome their problems.*”

WHAT HAPPENS WHEN THESE TWO MEET?

PROFESSIONAL OPERATING FROM
THE RIGHTING REFLEX SAYS TO
THE:

**“You need to get
screened”**

**“You haven’t been
compliant with the
guidelines”**

**“You have to get tested
to know”**

PATIENT FEELING
AMBIVALENT, WHO
SAYS/THINKS IN RESPONSE:

**“Tell me something I
don’t already know”**

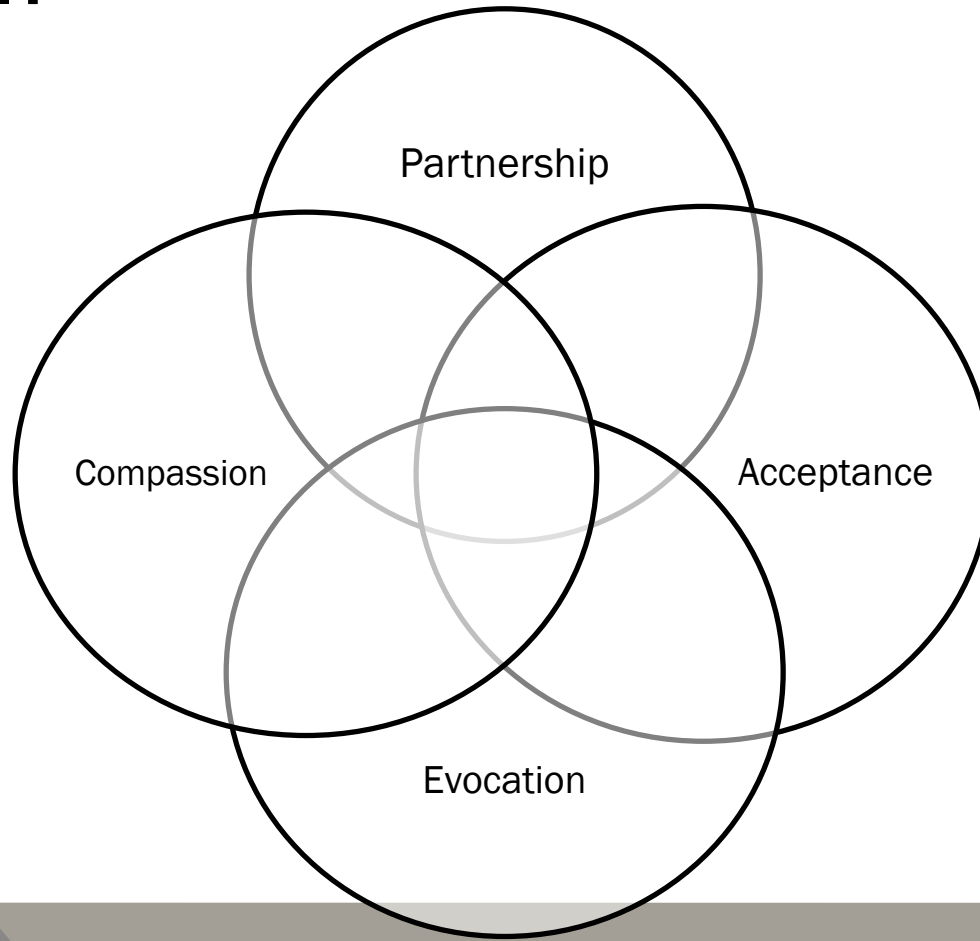
**“I’ve heard that but it’s
not for me”**

**“You sound like my
wife/husband”**

SO, WHY DISCUSS STAGES OF CHANGE?

Understanding the process of change and being able to identify where your patient is in the change process **facilitates choice in use of MI techniques and practices.**

MI SPIRIT



PARTNERSHIP

Dancing as opposed to wrestling

The willingness to suspend the reflex to dispense expert advice is a key element in establishing collaboration necessary to build partnership

ACCEPTANCE (MILLER & ROLLNICK, 2012, P. 19)

A provider exhibiting Acceptance as intended in the MI spirit:

“**H**onors each person’s absolute worth and potential as a human being;

Recognizes and supports the person’s irrevocable autonomy to choose his or her own way;

Seeks through accurate empathy to understand the other’s perspective; and,

Affirms the person’s strengths and efforts”

COMPASSION

To actively promote the other's welfare by giving priority to their individual needs



EVOCATION

A strengths-focused premise rather than a deficit-focused model

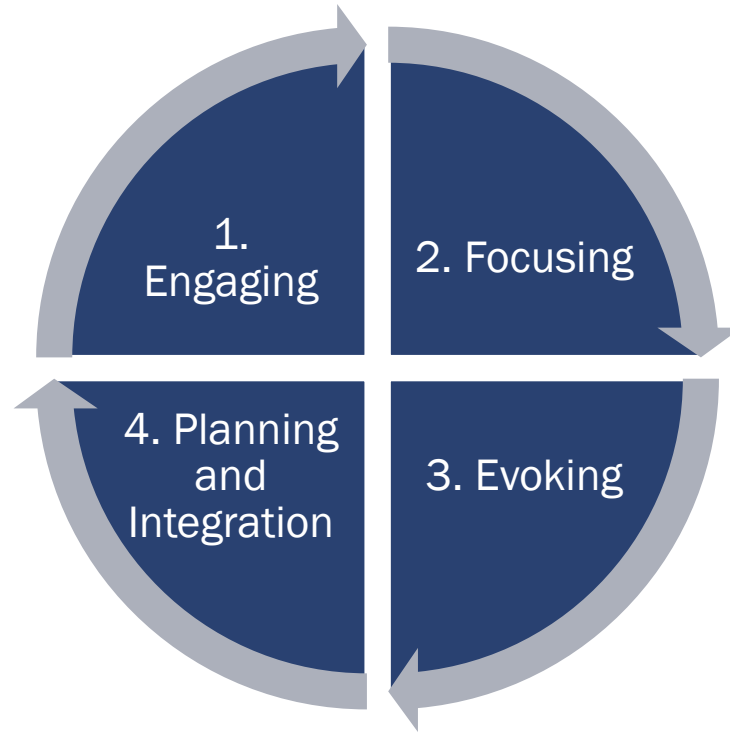
People already have within themselves much of what is needed and your task is to evoke it

A patient/client's own arguments for change are more persuasive than whatever arguments you might be able to provide

**THE METHOD OF MOTIVATIONAL
INTERVIEWING OR ENCOUNTERS**

**MI Processes and
Core Skills**

4 BROAD COMPONENTS OF SKILL IN MI



FOUR OVERLAPPING PROCESSES

Engaging

Focusing

Evoking

Planning

The merging of these four processes describe MI



ENGAGING: THE RELATIONAL FOUNDATION

Engaging is establishing a helpful connection and a working relationship

**Engagement is a prerequisite for
everything that follows**

Engagement is an open-ended period that moves toward a clear focus

Engagement Develops Trust



FACTORS INFLUENCING ENGAGEMENT

Desires or goals

Importance

Positivity

Expectations

Hope

Each of these factors should be attended to as part of engagement

ENGAGING: REFLECTIVE LISTENING

Takes a fair amount of practice to become skillful, in spite of seeming easy to do

The crucial element of good listening is what the practitioner says in response to what the patient/patient/client offers.

Avoid Communication Roadblocks or Showstoppers

FOCUSING

“The process by which you develop and maintain a specific direction in the conversation about change”

Both provider and patient have agendas which may or may not align

Guiding: promotes a collaborative search for direction, the focus is negotiated between experts (the provider and patient)

EVOKING: PREPARING PEOPLE TO CHANGE

The heart of MI: It is in the process of evoking that counseling becomes distinctly MI

Evoking involves eliciting the patient/client's own motivations for change

The expert/ directing approach does not facilitate personal change

Personal change requires the individual's active participation and is a long term process

COMPONENT SKILLS IN EVOKING

Recognizing *change talk* when you hear it

- And, knowing how to evoke and respond to it when it occurs

Recognizing *sustain talk* when you hear it

- And, understanding what it signifies and how to respond to it

Sustain Talk is the hallmark of ambivalence

If someone else voices an argument for change, people are likely to respond by expressing a counter-change argument from the other side of their ambivalence.

People literally talk themselves out of changing.

Similarly, people talk themselves into changing by continuing to voice pro-change arguments.

PREPARATORY CHANGE TALK (THE DARN'S)

Desire, **A**bility, **R**easons, and **N**eed

Each reflect the pro-change side of ambivalence.

They are considered preparatory change talk because **none of them, alone or together, indicate that change is going to happen.**

MOBILIZING CHANGE TALK

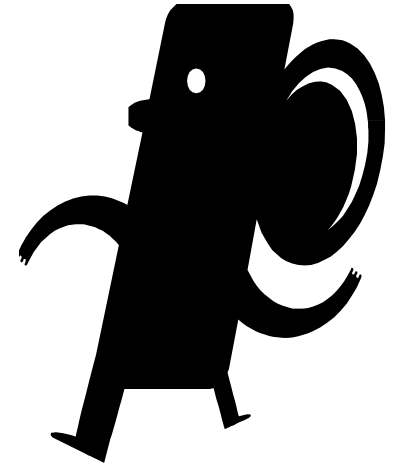
Commitment: signals the likelihood of action

“I will”; “I promise”; “I guarantee”; “I intend to”
(decision with a little doubt)

Activation: movement toward but not quite a
commitment

“I’m willing to try”; “I am ready to”; “I am
prepared to”

RESPONDING TO CHANGE TALK



When you hear it, respond to it!

Open-ended questions: Ask for more detail or examples

Affirmation: Comment positively about what you heard

Reflections: simple or complex, continuing the paragraph

Summaries: include change talk content in summaries

CORE SKILLS

Asking **O**pen-ended questions

Affirming

Reflective Listening

Summarizing

&

Informing and Advising



ASKING **O**PEN QUESTIONS



Gathering information is not the function of the question in MI

Responses help you understand the person's internal frame of reference which strengthens the collaborative nature of the relationship

Responses aid in finding a clear direction

AFFIRMING

Happens through the MI spirit in a general sense and specifically through **direct recognition** of particular strengths, abilities, good intentions and efforts

Opposite stance to supporting and providing affirmations is the idea that people will change if you can just make them feel bad enough.

“You keep drinking when you know its ruining your relationship”

REFLECTIVE LISTENING

Making a guess about the patient/client's meaning

Functionally, it deepens the understanding of both the provider and patient/client by clarifying

Allows people to hear again the thoughts and feelings they are expressing and ponder them

Keeps the person talking, exploring, and considering

The listener chooses which aspects of the patient/client's statements to reflect

SUMMARIZE

- Restate information gathered by asking open-ended questions.
- Affirm that your client/Patient is on the same page.
- Provide client/patient with an opportunity to clear up any miscommunications.
- Restate where you are in the change process: details about referrals or appointments or possibly planning to discuss further at next visit.

WRAP-UP