

Session 3

A Brief Overview of Motivational Interviewing Basics

9:45 AM – 11:25 AM ET

Session Learning Objectives

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

- Use motivational interviewing to enhance patients' readiness to change risky behaviors.
- Apply motivational interviewing skills to guide conversation with patients
- Develop a personal plan for building a motivational interviewing practice

*“The capacity and
potential for change is
within every person.”*

Michelangelo





Motivation

What is MI?

Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

Motivational Interviewing Techniques – Video Examples & Discussion



Activity 1

Motivational Interviewing Techniques- Video #1 Exercise:

Reflect on the techniques the physician used to convince the patient to change. This is a large group discussion.

Prompting Questions:

1. How did the interaction make you feel?
2. How did the patient respond?
3. Were the strategies effective or ineffective?

Time Allocated: 5 minutes

Activity 2

Motivational Interviewing Techniques- Video #2 Exercise:

Reflect on the techniques the physician used to convince the patient to change. This is a large group discussion.

Prompting Questions:

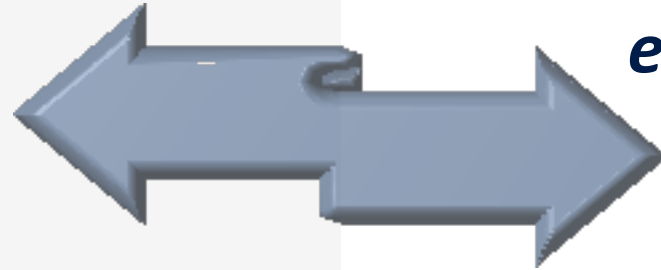
1. How did the interaction make you feel?
2. How did the patient respond?
3. Were the strategies effective or ineffective?
4. What is one thing that stood out to you during the motivational interviewing demonstration?

Time Allocated: 5 minutes

Counselor Empathy Effect

Counsel in a **directive, confrontational** manner -

- Resistance increases.
- Change talk decreases.



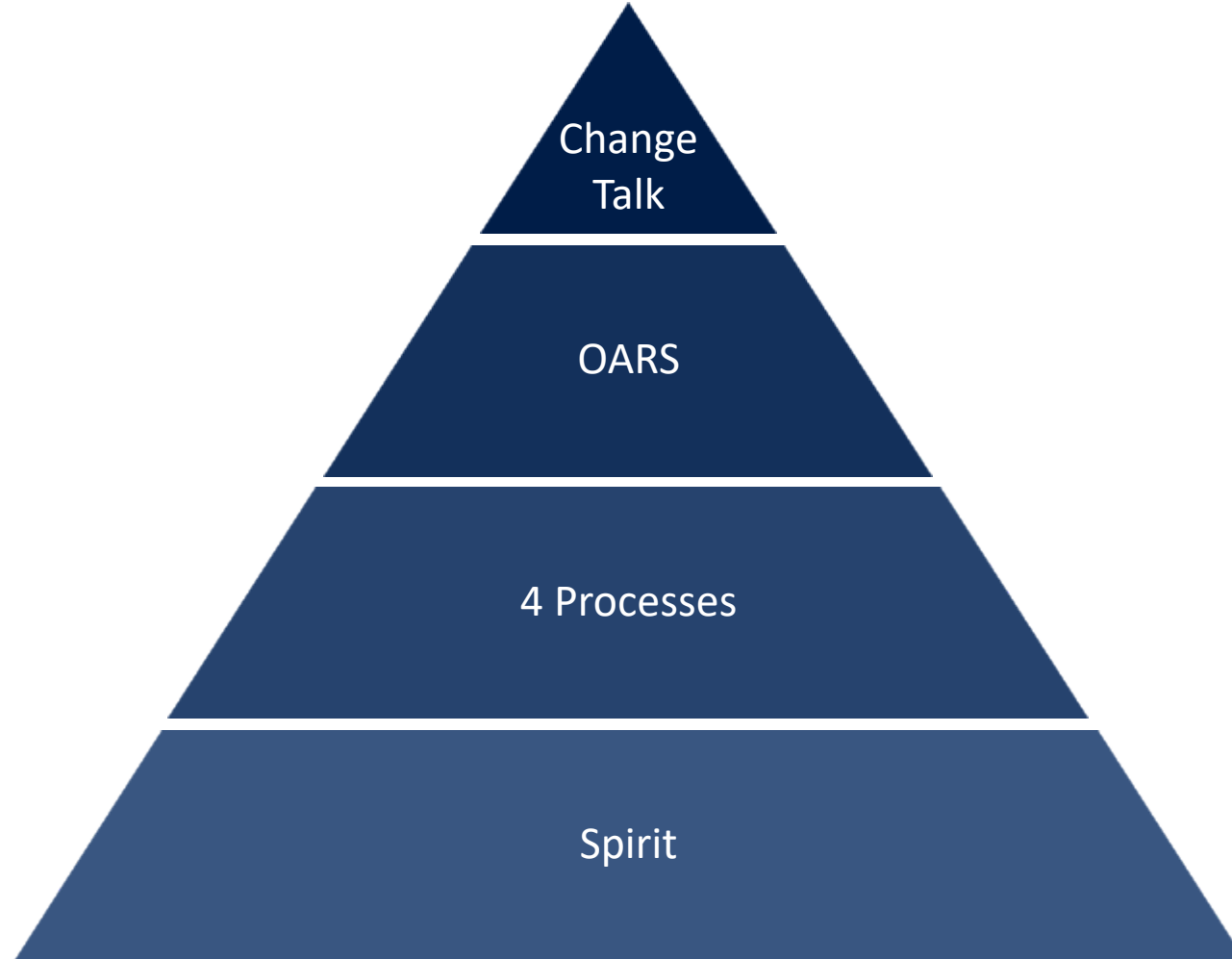
Counsel in a **reflective, empathic** manner -

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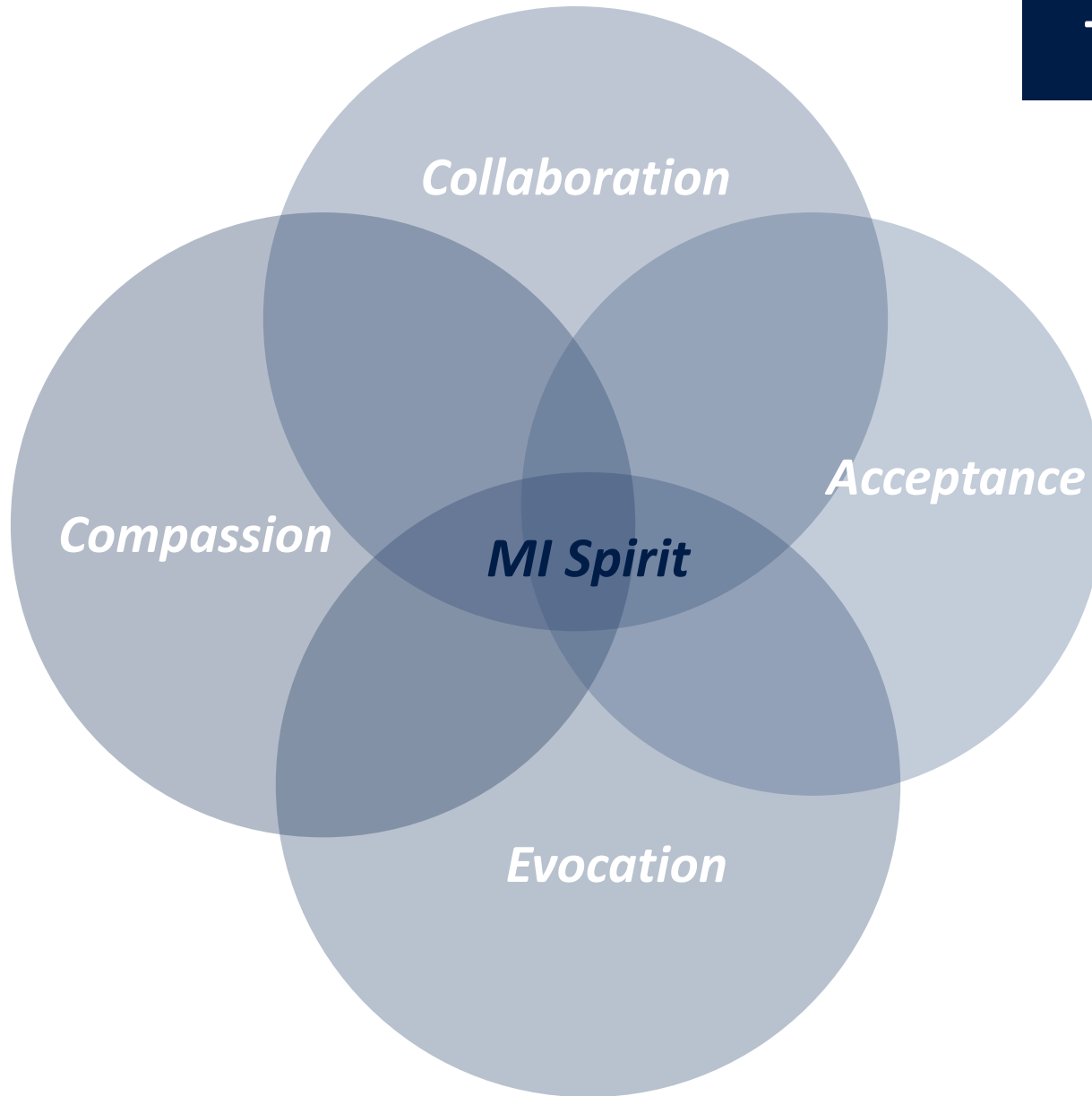
Patterson & Forgatch, 1985
Miller et al. 1993

Miller et al, 1980
Miller & Baca, 1983

4 Major Elements of MI

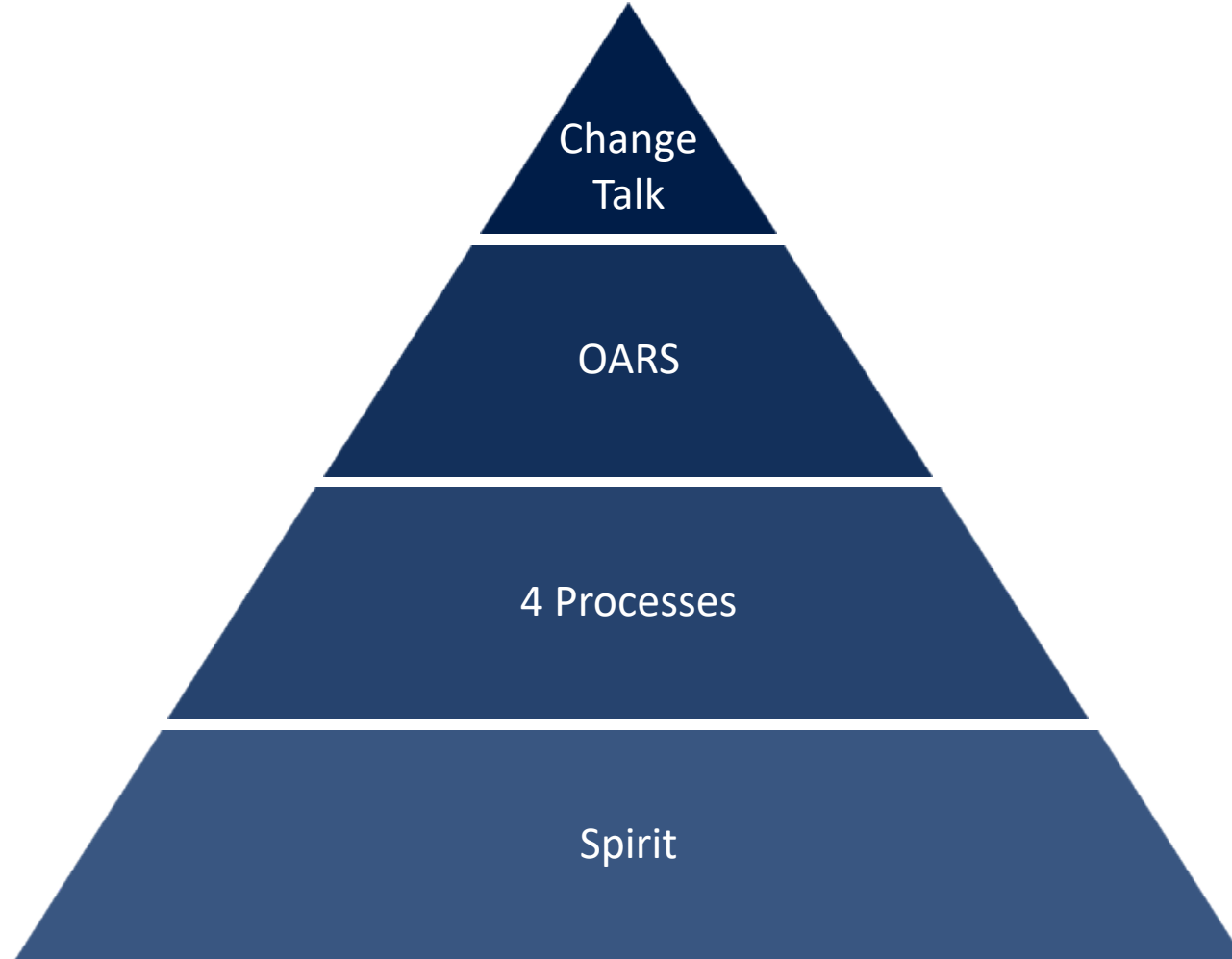


1. The Spirit of MI

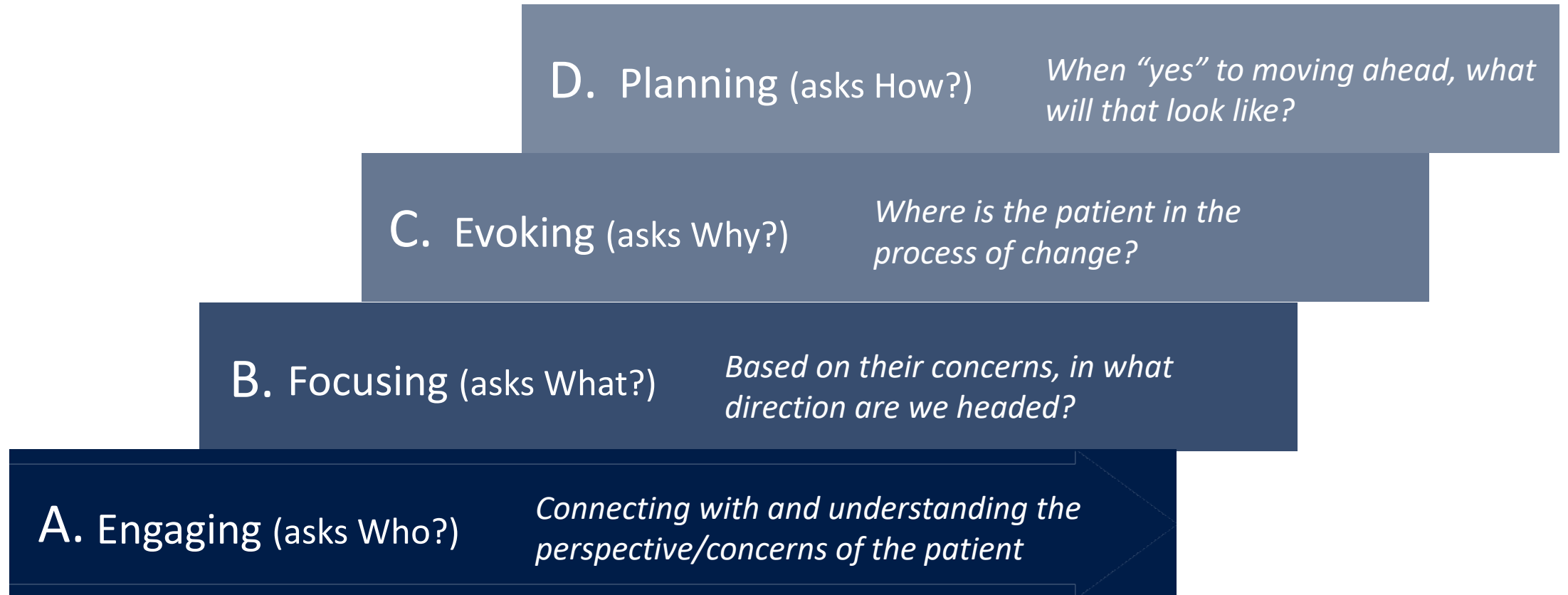


Break

4 Major Elements of MI



2. The Four Processes in M



A. Engaging: The Foundation

Permission -Ask – Tell - Ask

- ***Permission:*** *Would it be ok to talk about...?*
- ***Ask:*** *What is your understanding about... ?*
- ***Tell:*** *Would you mind if I share with you some further info?*
 - ***(Ask permission:)*** *What happens to some people is that...*
- ***Ask:*** *What do you make of this...?*



B. Focusing: *Where shall we go?*

- What did the patient come to talk about?
- What is your agenda?
- Ongoing process of clarifying direction
 - The horizon we are moving towards
- Conversation, not transaction



Activity 3

The Focusing Process –Reflection

Exercise:

At your table, partner with one of your colleagues.
Identify a target behavior or direction for change.

Prompting Questions:

1. What kinds of changes do you want to make in your life?
2. How would you like things to be different for you?

Time Allocated: 5 minutes

C. Evoking

- What is a good definition of the evoking process of MI?
- Listen for change talk (DARN CAT)
 - *Reflect it back.*
- Minimize “sustain” talk.
- Respond strategically.



D. Planning: Next Steps

- Summarize their change talk and ask a key question:
 - *What might you do next?*
 - *What are you thinking about the next step?*
- Itemize options.
- Summarize their plan.
- Confirm the goal.



3. OARS



Open-ended
questions

Affirmation

Reflection

Summarize



Open-ended Questions

- ***What is an open-ended question?***
 - Cannot be answered with yes or no.
 - Be curious!
 - *Explain that...*
 - *Tell me more about that...*
 - *Say more about that...*
- ***Open-ended questions elicit information from the patient:***
 - Caution the use of “fake” open-ended questions:
 - *“Do you want to cut back or stop?”*



Activity 4

Open-Ended Questions– Revision Exercise:

At your table, partner with a colleague. For each question below, develop an open-ended question that *avoids* a yes/no answer:

Revise the following questions into an open-ended ones:

- 1. Are you okay today?*
- 2. Did the procedure go well?*
- 3. Do you eat a healthy diet?*
- 4. Is drug use something you want help for?*
- 5. Don't you want to feel better?*
- 6. Are you happy with the way things are?*
- 7. Do you want to quit using alcohol?*

Time Allocated: 5 minutes

Affirmations

- ***Identify and verbalize positive things about your patient's:***
 - Strengths/Efforts
 - Intentions
 - Worth
- ***Offers perspective in the face of difficulties***
- ***Not a compliment or praise:***
 - Authenticity
- **Specific and descriptive:**
 - Traits
 - Behaviors/skills/values
 - Accomplishments
 - Strengths



Reflections

Reflections show that you are actively listening, and allows patient to agree, adjust or clarify.

- **Simple reflections** restate the patient's statement:
 - **Patient:** *I started drinking more after I lost my job.*
 - **Clinician:** *When you lost your job, you started drinking more.*
- **Complex reflections** interpret meaning:
 - **Clinician:** *Working helped you keep your drinking under control.*



Activity 5

Simple and Complex Reflections – Partner

Exercise:

At your table, partner with a colleague. For each statement below, develop one simple and one complex reflection:

Statements:

- 1. I am embarrassed when my granddaughter tells me I smell like cigarettes.*
- 2. I can't sleep if I don't take a Xanax. My thoughts just won't slow down.*
- 3. I love drinking but it doesn't love me or my liver.*
- 4. I need my pain medicine but last week I slept through my family's visit.*
- 5. There's no way I am going to inpatient treatment.*
- 6. I don't want to lose my job or my family.*

Time Allocated: 5 minutes

Summarizing

- Let patients know you are listening and understanding.
- Allows patients to hear their own motivations and ambivalence.
- Helps to clarify
- Focuses on priority content
- Summarizing captures what has been said and moves the session to the next phase.
 - *Good transition to change talk!*



4. Change Talk



A. *Preparatory Change Talk* (still ambivalent)

- i. Desire
- ii. Ability
- iii. Reasons
- iv. Need

B. *Mobilizing Change Talk* (indicates resolution of ambivalence)

- i. Commitment
- ii. Activation
- iii. Taking Steps

4. Change Talk



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B. Mobilizing Change Talk (indicates resolution of ambivalence)

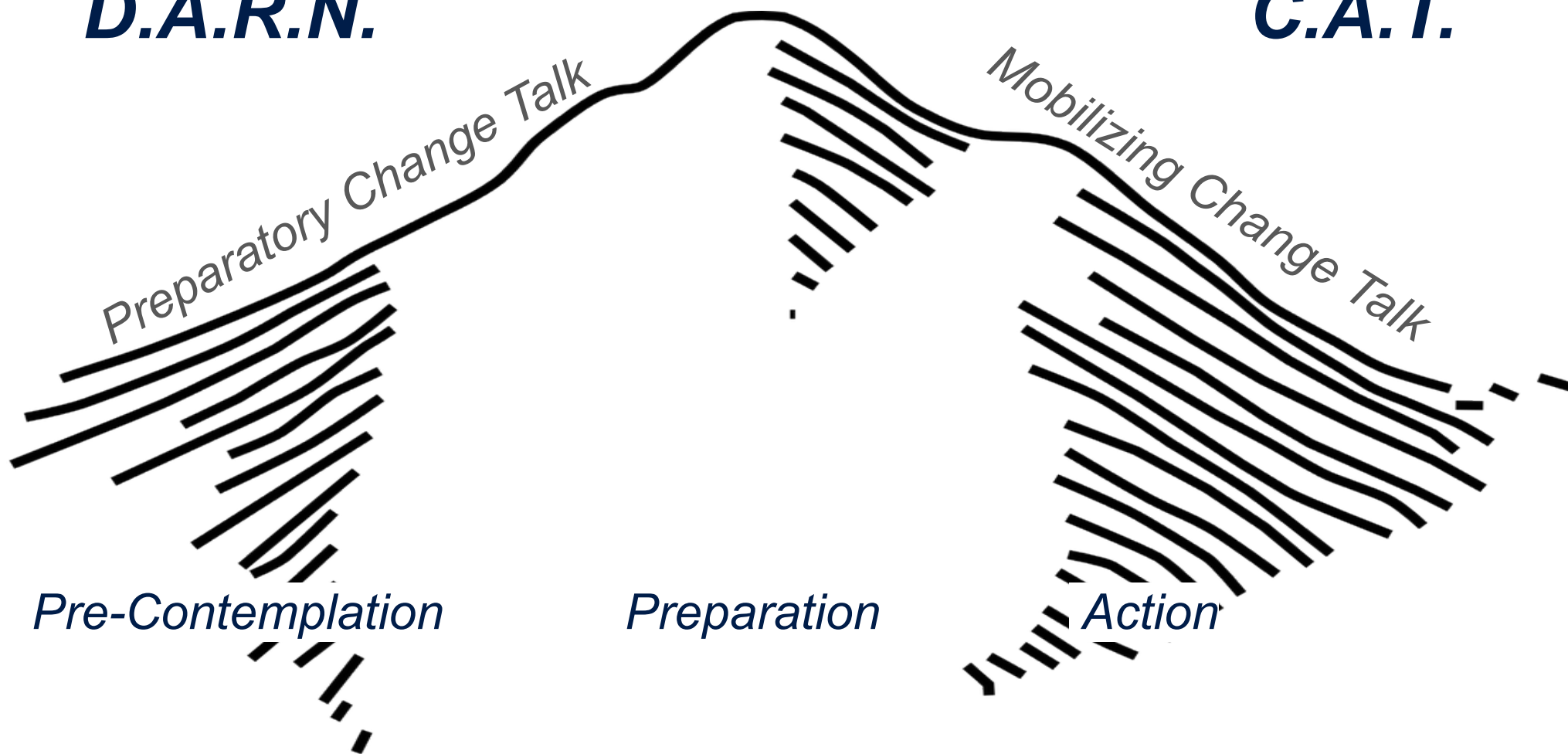
- i. Commitment
- ii. Activation
- iii. Taking Steps



The MI Hill

D.A.R.N.

C.A.T.



Drumming for Change: Large Group Activity

D.A.R.N.

***When you hear
preparatory change
talk/ambivalence,
drum on your table.***



C.A.T.

***When you hear
commitment
language, clap your
hands.***



"Sustain"

Talk/Neither

***When you hear sustain
talk or neither, be
silent.***



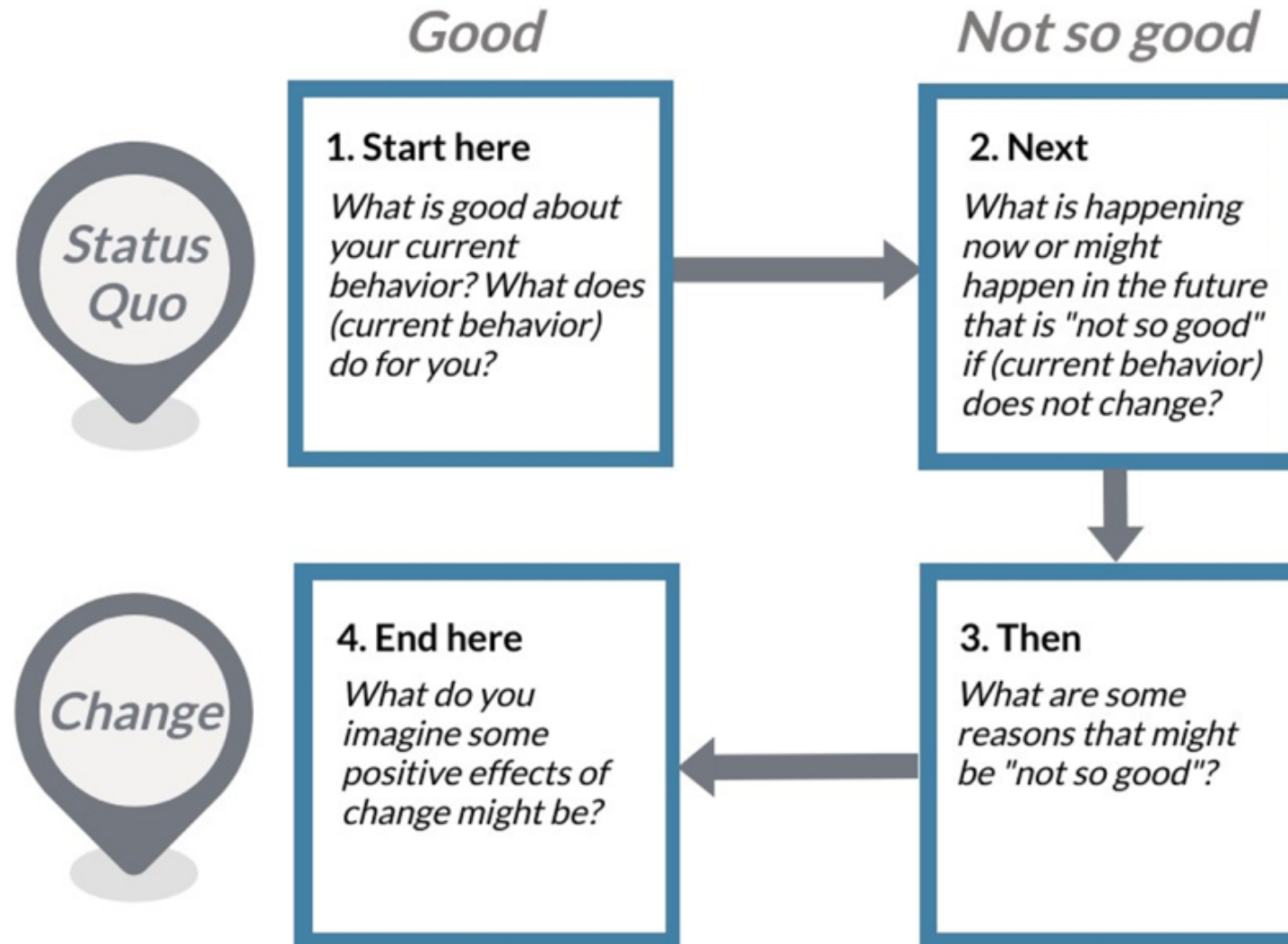
DARN CAT: Encourage & Reinforce Change Talk



Key Points

- Mobilizing Language Predicts Change
 - Listen for change talk.
 - Use OARS to guide patient toward their own commitment to change:
 - **O**pen ended questions
 - **A**ffirmations
 - **R**eflections
 - **S**ummarization
- Use Ask-Tell-Ask whenever you share medical information or recommendations.

Decision Balance: Guiding Conversation for Change



Goals for Motivational Interviewing Proficiency

Key Takeaways

- The spirit of MI is essential.
- Patient does most of the talking, clinician does most of the listening.
- Notice how microskills support the 4 processes:
 - Percent of Open-ended Questions: **70%**
 - Reflections to Questions Ratio: **2 to 1**
 - Percent of Complex Reflections: **50%**
- MI requires practice, and formal training and feedback can be helpful.

Activity 6

MI Personal Planning– Reflection Exercise:

At your table, partner with a colleague. Think about your own practice of interviewing patients and how you use motivational interviewing.

Prompting Questions:

1. What might you like to change?
2. What might be challenging for you?
3. How would you get started?
4. Where might you want to focus your own growth as a practitioner of MI?

Time Allocated: 5 minutes

Knowledge Checks

Ask the Audience

Thomas is a 27-year-old carpenter who reports drinking a case of beer each weekend. What is the best way to initiate a discussion about his alcohol use?

- A. “Thomas, you are on your way to becoming an alcoholic.”
- B. “It is very important that you tell me the truth about your drinking.”
- C. “What other drugs are you using?”
- D. “Is it okay with you if we talk about your alcohol consumption?”
- E. “If you don’t stop drinking you are going to get sick.”

Ask the Audience

Motivational interviewing is most effective for:

- A. Guiding your patient to stop their unhealthy drinking by evoking their own reasons to change
- B. Instructing your patient to stop their unhealthy drinking by telling them the consequences of drinking
- C. Persuading your patient to stop their unhealthy drinking by enlisting their social supports
- D. Using your patients' guilt to make a change in their unhealthy drinking
- E. Eliciting your patients' fear to make a change in their unhealthy drinking

End of Session 3

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