

Learning Objectives

- At the end of the session, you will be able to—
 1. Identify MI basic steps.
 2. Identify MI core skills.
 3. Demonstrate and practice MI using core skills.

Motivational Interviewing Steps



Four Steps of the MI Process

1. Engage
2. Focus
3. Evoke
4. Plan



Four Steps of the MI Process (continued)

- Engage
- Express empathy
- Ask questions
- Use affirmations
- Support autonomy



Four Steps of the MI Process (continued)

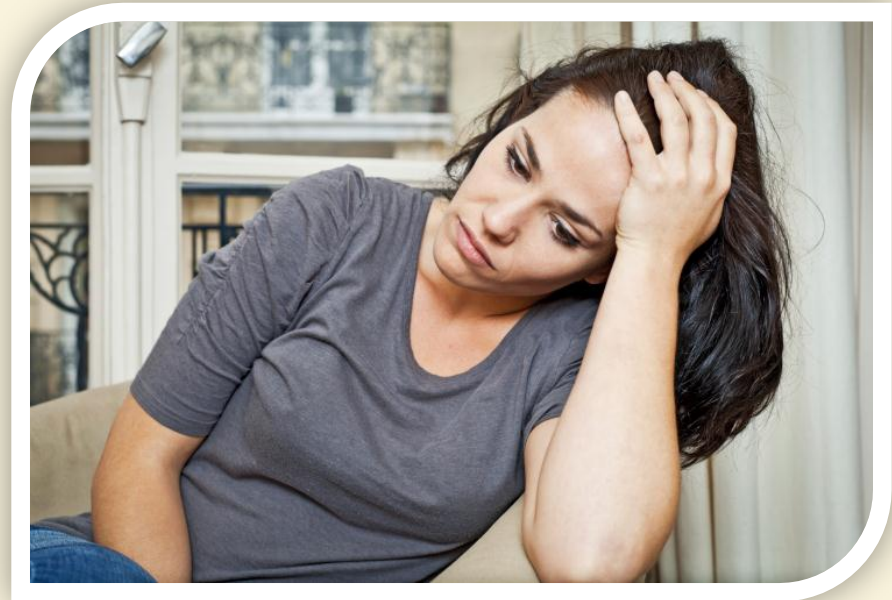
- Focus
- Reflecting
- Summarizing
- Developing discrepancies



Four Steps of the MI Process (continued)

Evoke

- Motivation
- Concerns



Four Steps of the MI Process (continued)

Plan

- Raise the subject
- Support self-efficacy
- Address elements of change

Prescription for Change

Date: _____

Action Plan

1. _____

2. _____

3. _____

Signature: _____

Witnessed by: _____

Please call ___/___-___ on _____
to let us know if this plan is working for you.

Video Demonstration

Motivational Interviewing Core skills



Core MI

- Open-ended questions
- Affirmations
- Reflections
- Summaries



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Open-Ended Questions

Using open-ended questions—

- Enables the patient to convey more information
- Encourages engagement
- Opens the door for exploration



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Open-Ended Questions (continued)

What are open-ended questions?

- Gather broad descriptive information
- Require more of a response than a simple yes/no or fill in the blank
- Often start with words such as—
 - “How...”
 - “What...”
 - “Tell me about...”
- Usually go from general to specific



Open-Ended Questions (continued)

- Why open-ended questions?
 - Avoid the question-answer trap
 - Puts patient in a passive role
 - No opportunity for patient to explore ambivalence



Open-Ended Questions (continued)

- Why open-ended questions?
 - Opportunity to explore ambivalence



Closed-Ended Questions Present Conversational Dead Ends

Closed-ended questions
typically—

- Are for gathering very specific information
- Tend to solicit yes-or-no answers
- Convey impression that the agenda is not focused on the patient



Exercise

Turning closed-ended question into an open-ended one.

Do you feel depressed or anxious?

Affirmations

What is an affirmation?

- Compliments or statements of appreciation and understanding
 - Praise positive behaviors
 - Support the person as they describe difficult situations



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Affirmations (continued)

Why affirm?

- Support and promote self-efficacy, prevent discouragement
- Build rapport
- Reinforce open exploration (patient talk)

Caveat

- Must be done sincerely



Affirmations May Include:

- Commenting positively on an attribute
 - You are determined to get your health back.
- A statement of appreciation
 - I appreciate your efforts despite the discomfort you're in.
- A compliment
 - Thank you for all your hard work today.

Reflective Listening

Reflective listening is one of the hardest skills to learn.

“Reflective listening is a way of checking rather than assuming that you know what is meant.”

(Miller and Rollnick, 2002)



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Reflective Listening (continued)

- Involves listening and understanding the meaning of what the patient says
- Accurate empathy is a predictor of behavior change



Reflective Listening (continued)

- Why listen reflectively?
 - Demonstrates that you have accurately heard and understood the patient
 - Strengthens the empathic relationship



Reflective Listening (continued)

- Why listen reflectively?
 - Encourages further exploration of problems and feelings
 - Avoid the premature-focus trap
 - Can be used strategically to facilitate change



Levels of Reflection

- Simple Reflection—stays close
 - Repeating
 - Rephrasing (substitutes synonyms)
- Example
- Patient: I hear what you are saying about my drinking, but I don't think it's such a big deal.
- Clinician: So, at this moment you are not too concerned about your drinking.

Levels of Reflection (continued)

- Complex Reflection—makes a guess
 - Paraphrasing—major restatement, infers meaning, “continuing the paragraph”
- Examples

Patient: *“Who are you to be giving me advice? What do you know about drugs? You’ve probably never even smoked a joint!”*

Clinician: *“It’s hard to imagine how I could possibly understand.”*

Patient: *“I just don’t want to take pills. I ought to be able to handle this on my own.”*

Clinician: *“You don’t want to rely on a drug. It seems to you like a crutch.”*

Levels of Reflection (continued)

- Complex Reflection
 - Reflection of feeling—deepest
- Example

Patient: *My wife decided not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of my using around her, now she wants immediate change and doesn't want to help me!*

Clinician: *Her choosing not to attend today's meeting was a big disappointment for you.*

Double-Sided Reflections

A double-sided reflection attempts to reflect back both sides of the ambivalence the patient experiences.

Patient: *But I can't quit smoking. I mean, all my friends smoke!*

Clinician: *You can't imagine how you could not smoke with your friends, and at the same time you're worried about how it's affecting you.*

Patient: *Yes. I guess I have mixed feelings.*

Summaries

- Periodically summarize what has occurred in the counseling session.
- Summary usages
 - Begin a session
 - End a session
 - Transition



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Summaries (continued)

Strategic summary—select what information should be included and what can be minimized or left out.

Additional information can also be incorporated into summaries—for example, past conversations, assessment results, collateral reports, etc.

Summaries (continued)

- Examples
 - *“So, let me see if I’ve got this right...”*
 - *“So, you’re saying... is that correct”*
 - *“Make sure I’m understanding exactly what you’ve been trying to tell me...”*
- Double sided reflections are often highly effective as summaries to illustrate ambivalence.

Learning Exercise



Exercise

OARS in practice



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Conclusion

- In this session, you have learned the steps and core motivational interviewing skills.
- In the next session, you will use these core skills plus selected tools that help patients better understand their competing priorities and ambivalence to change—to resolve their ambivalence and increase motivation for behavior change.