



Introduction to Motivational Interviewing

Michael Vilensky, Ph.D.

*Assistant Professor, Psychiatry and Behavioral Health
The Ohio State University Wexner Medical Center*

MedNet21
Center for Continuing Medical Education

 **THE OHIO STATE UNIVERSITY**
WEXNER MEDICAL CENTER

Disclosures

- Dr. Hall has provided consulting services for AstraZeneca as well as Lumanity on behalf of Emergent BioSolutions

Agenda

- Introduction to MI
 - Definition
 - Spirit of MI
- Core interviewing skills
 - Introduction to OARS
 - Guided practice
- Gaining competency in MI

Conversations about change

- Styles of Communication
 - Directing ↔ Guiding ↔ Following
- Fixing Reflex
 - As helpers, we want to help!
 - A directing style may work with an infection
 - Less so when the focus is personal change
- Ambivalence
 - A normal part of the change process
 - Internal committee: change vs. status quo

Conversations about change

- Fixing reflex + ambivalence = Sustain
 - “You need to learn how to manage your anger” → “No, I don’t.”
- Sustain talk is a product of an interaction, not a pathological trait of the patient
 - What we do matters!
- People are more likely to be persuaded by what they hear themselves say
 - Our job is to help them voice reasons for change

What is motivational interviewing?

- MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.

Change talk

- Any language supportive of change
- The target for change must be clear in order to recognize change talk
 - “I really need to exercise more” is not change talk if the target behavior is problematic alcohol use
- Change talk is predictive of actual change
- Therapist behavior can influence change talk
- By strategically recognizing, reinforcing, and eliciting change talk, MI catalyzes the natural change process

MI spirit

- **Partnership**
 - Collaboration between experts
- **Acceptance**
 - Absolute Worth, Accurate Empathy, Autonomy, Affirmation
- **Compassion**
 - Patient’s best interest comes first
- **Empowerment**
 - Helping people utilize their own strengths and abilities

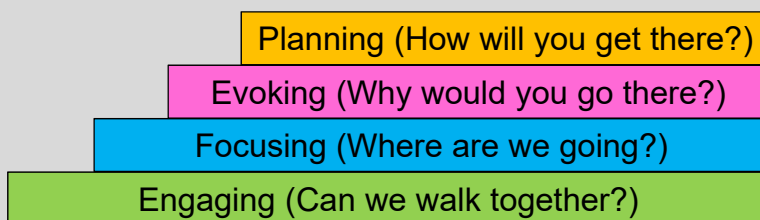
Do they have the spirit?

- Patient:
 - Now they're telling me I have to do this rehab program. I kind of see why they're saying that, but I'm not sure it's really what I need.
- Practitioner:
 - You've got to make the decision that is right for you. I'm curious about what might you help sort this out for yourself?
- MI Spirit?
 - Thumbs up
 - Thumbs down

Do they have the spirit?

- Patient:
 - I was feeling great, like I had this recovery thing in control. Then, all of a sudden, bam, I relapse. It's beyond devastating, like I'm right back at square one.
- Practitioner:
 - Looking back, what were some of the triggers you might have missed?
- MI Spirit?
 - Thumbs up
 - Thumbs down

MI processes



Introduction to Motivational Interviewing

O. Trent Hall, DO

Assistant Professor - Clinical

Department of Psychiatry and Behavioral Health

The Ohio State University Wexner Medical Center

Agenda

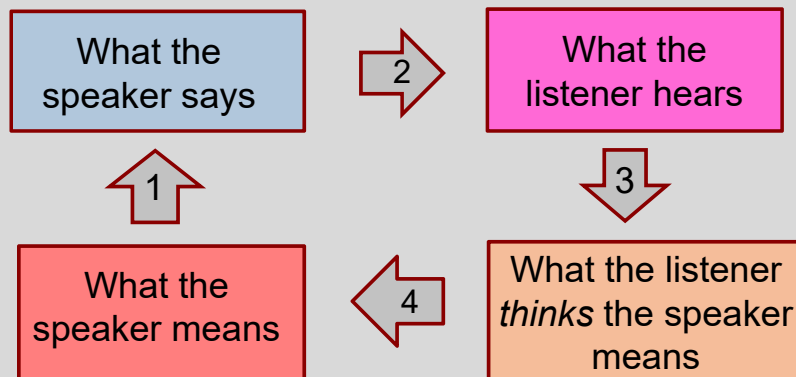
- Introduction to MI
 - Definition
 - Spirit of MI
- Core interviewing skills
 - Introduction to OARS
 - Guided practice
- Gaining competency in MI

Core interviewing skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries



Reflective listening



Deeper listening

- A genuine desire to understand the person's experience
 - More than a technique
- Continuing the paragraph
 - Listening for not only what is said, but what has not yet been said and might be true

P E A D I Z G

Types of reflections

- Simple
 - Adds little, basically repeats or rephrases
- Complex
 - Adds meaning, emphasis, or emotion or makes a guess about what's next
- Double-sided
 - Captures both sides of ambivalence
 - Start with sustain talk, end with change talk, with an "AND" in the middle

Reflecting change talk

- Preparatory
 - **Desire** "I really want to stop drinking"
 - **Ability** "I've done it before"
 - **Reason** "My liver can't take much more"
 - **Need** "I need to stop"
- Mobilizing
 - **Commitment** "I'm going to stop"
 - **Activation** "I'm setting tomorrow as my quit day"
 - **Taking steps** "I threw out all the alcohol in the house"

Responding to sustain talk

- Reflections
 - Simple, Double-sided
- Emphasizing personal control
 - Supporting autonomy is perhaps the best way to diffuse resistance when the patient feels forced to change

Exercise: reflective listening

- For each client statement, write down a possible reflection

Exercise: reflective listening

- I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work except having a couple of drinks.

Best reflection?

- A. The drinking works to manage your depression.
- B. I've heard that from many other patients. It's a really common experience.
- C. I hear you on that, but I'm wondering if you've ever tried meditation as an alternative.
- D. You would really like to find new ways to cope with your depression.

Exercise: reflective listening

- If I don't find a way to quit soon, I know my wife is going to leave.

Exercise: reflective listening

- I think everyone is blowing this out of proportion. So I drank a little too much at the holiday party.

Exercise: reflective listening

- I want to give it up, but I've been using for so long that it's hard to imagine what life would be like without it.



Introduction to Motivational Interviewing

Michael Vilensky, Ph.D.

*Assistant Professor, Psychiatry and Behavioral Health
The Ohio State University Wexner Medical Center*

Open-ended questions



- Not all closed questions are bad
 - “Is it okay if we talk about your drinking?”
- Open questions tend to invite more elaboration
- Catch yourself!
 - If you start closed, stop and open it up!
 - Goal: *70% of questions are open*
- Better yet, reflect!
 - Goal: *Two reflections for every question (2:1)*

Evocative questions

- Sample questions related to DARN
 - Desire:
 - How do you want your life to be different a year from now?
 - Tell me what you don't like about how things are now?
 - Ability:
 - If you did decide to change your drinking, how might you go about it?
 - Of these various options you've considered, what seems most possible?
 - Reasons:
 - Why would you want to get more exercise?
 - What might be the good things about quitting drinking?
 - Need:
 - What needs to happen?
 - How serious or urgent does this feel to you?

Evocative questions

- Querying Extremes
 - What concerns you most about your drinking?
 - If you were completely successful, how would things be different?
- Looking Back
 - What were things like before you started using? What were you like then?
- Looking Forward
 - If you had a week free from depression, what would you be doing?
- Exploring Goals and Values
 - What's important to you? What do you care about?

The wrong questions

- Why haven't you changed?
- What keeps you doing this?
- Why aren't you trying harder?
- What were you thinking when you messed up?

Exercise: open-ended questions

- For each client statement, come up with open-ended questions matched to the content
 - Also, try a reflection

Exercise: open-ended questions

- I am really tired of dealing with all of this crap. I just can't do it anymore. Something has got to change.

Best evocative question?

- A. Why do you think it's been so hard to change?
- B. How would life get better if things were to change?
- C. Do you think you can make things change?
- D. Do you often wait until things get to a breaking point before you consider making a change?

Exercise: open-ended questions

- I'm staying sober, but I can kind of feel a relapse coming.

Exercise: open-ended questions

- For the first time in a while, I think things are heading in the right direction.

Exercise: open-ended questions

- I've been back and forth with my using for a while now, and I think I need to try something different.

Affirmations

- Acknowledge your patient's strengths, attributes, and achievements
 - Without praise, approval, or compliment
- Leave out the word "I" and start with the word "you"
 - ~~"I think it's great that you didn't smoke this week"~~
 - "You were determined not to smoke and made it happen"
- Be genuine (only say it if you believe it)

Exercise: finding affirmations

- For each situation, write down strengths you observe
 - Form an affirmation based on that strength (starting with "you")

Exercise: finding affirmations

- Patient experienced a relapse and dropped out of treatment. It is now 3 months later, and she is interested in re-starting treatment due to continued frustration with negative consequences of her use.

Exercise: finding affirmations

- Patient has lost custody of child due to substance use, and is thinking about entering residential program to get treatment and work toward regaining custody.



Introduction to Motivational Interviewing

O. Trent Hall, DO

Assistant Professor - Clinical

Department of Psychiatry and Behavioral Health

The Ohio State University Wexner Medical Center

MedNet21
Center for Continuing Medical Education

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Summaries

- Summaries are reflections that pull together different parts of a conversation
 - Tries to capture the whole picture
- Summaries are affirming
 - Message to patient: I remember what you say and want to understand how it fits together



Agenda

- Introduction to MI
 - Definition
 - Spirit of MI
- Core interviewing skills
 - Introduction to OARS
 - Guided practice
- Gaining competency in MI

Learning MI

- What helps people get better at MI?
 - Seminar/workshop?
- What the research shows:
 - Seminar/workshop leads to some gains, but didn't translate to differences in client change
 - And some **decreased** interest in learning more ("I already know it!")
 - Feedback and coaching help more

Learning MI

- Best practices:
 - Find a skilled guide/trainer/coach
 - Ask at your agency/clinic
 - Seek direct observation of practice
 - Self-study and workshops as starting place, supplement
 - Practice, practice, practice

Citations/Resources

- Books
 - Miller, WR & Rollnick, S (2023). *Motivational interviewing: Helping people change* (4th Edition).
 - Arkowitz, H et al. (Eds). *Motivational Interviewing in the Treatment of Psychological Problems* (2008).
 - Wagner, C & Ingersoll, K (2012). *Motivational interviewing in groups*.
- Videos (included in presentation)
 - Miller, WR, Moyer, TB, & Rollnick, S (2013). *Motivational interviewing: Helping people change* [DVD].
- Workbooks
 - Rosengren, D (2009). *Building motivational interviewing skills: A practitioner workbook*.
- Articles
 - Miller, WR & Moyers, TB (2006). Eight stages in learning MI. *Journal of Teaching in the Addictions*, 5, 3-17.
 - Miller, WR & Rollnick, S (2009). Ten things that MI is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.
 - Moyers, TB (2014). The relationship in motivational interviewing. *Psychotherapy*, 51, 358-363.

Additional thanks to Dr. David Menges, Ph.D. for materials in presentation and extraordinary guidance in MI training.