



Introduction to Motivational Interviewing

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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

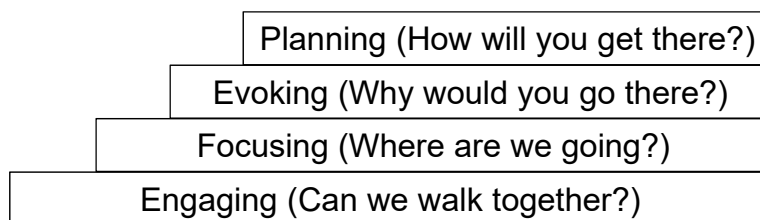
Do they have the spirit?

- 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



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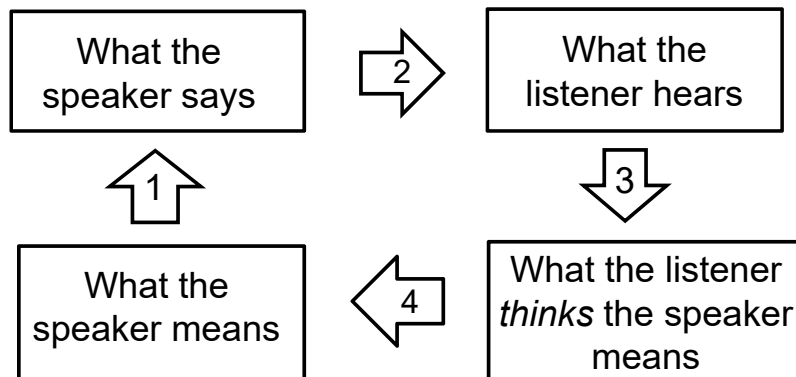
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Core interviewing skills

- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries



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

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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.



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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.



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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



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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 **de**creased 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)
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- 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.