



## 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

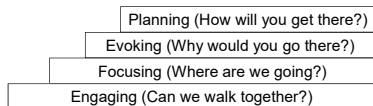
**Do they have the spirit?**

- 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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**Agenda**

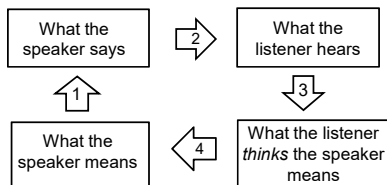
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**Core interviewing skills**

- 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



### 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)
  - Miller, WR, Moyers, 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.
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Additional thanks to Dr. David Menges, Ph.D. for materials in presentation and extraordinary guidance in MI training.