

## Definitions of Motivational Interviewing

Simplest - "Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change."

Practitioner - "Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change."

Technical - "Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

## The Spirit of Motivational Interviewing

COLLABORATION, EVOCATION, AUTONOMY AND COMPASSION

Compassion added in the 3<sup>rd</sup> edition of MI.

Motivation for change is elicited from the patient and not imposed from without

It is the patient's task, not the practitioners, to articulate and resolve his or her ambivalence

The practitioner is directive in helping the patient to examine and resolve ambivalence

Readiness to change is not a patient trait, but a fluctuating product of interpersonal interaction

## Fundamental Processes, OARS, and Traps

### Four Fundamental Processes of Motivational Interviewing

Engaging, Focusing, Evoking, Planning

### The OARS

Open Questions, Affirming, Reflecting, Summarizing

### Traps to Avoid

The Assessment Trap, Premature-Focus Trap, Expert Trap, Blaming Trap, Labeling Trap, Chat Trap

## Methods for Evoking Change Talk

Asking Evocative Questions, Exploring the Decisional Balance, Querying Extremes, Using the Importance Ruler

Looking Back, Looking Forward, Elaborating, Exploring Goals and Values

## Eliciting Change Talk

The Importance and Confidence Rulers

*Importance Ruler:*

-On a scale of 1-10, where 1 is not at all important and 10 is very important, how important is it to you to change \_\_\_\_\_ now? What made you choose (whatever number the patient chooses) instead of 0?

*Confidence Ruler:*

-On a scale of 1-10, where 1 is not at all confident and 10 is very confident, how confident are you that you could make a change in \_\_\_\_\_ if you decided to? What made you choose (whatever number the patient chooses) instead of 0?

## Responding to Change Talk

Elaborating, Affirming, Reflections

### Disadvantages of staying the same

What worries you about your current situation?

What do you think will happen if you don't change anything?

### Advantages of change

How would you like for things to be different?

What would be the good things about losing weight?

### Optimism about change

How confident are you that you can make this change?

Who could offer you helpful support in making this change?

### Intention to change

What do you think you might do?

What would you be willing to try? Of the options I've mentioned, which one sounds like it fits you best?

## A Few Examples of Open Questions to Evoke Change Talk

### Possible Key Questions

What do you think you will do? What are you thinking at this point about \_\_\_\_\_ ?  
What changes, if any, are you thinking about making?  
It sounds like things can't stay the way they are now. What are you doing to do?  
What do you want to do at this point?

### Responding to Resistance

**Simple Reflection.** One way to reduce resistance is simply to repeat or rephrase what the patient has said. This communicates that you have heard the person, and that it is not your intention to debate or argue with the person.

**Amplified Reflection.** This is similar to a simple reflection; only the practitioner amplifies or exaggerates the point where the patient may disagree with it. It is important that the practitioner not overdo it, because if the patient feels mocked or patronized, he or she is likely to respond with anger.

**Double-sided Reflection.** With a double-sided reflection, the practitioner reflects the current, resistant statement, and a previous, contradictory statement that the patient has made.

### Emphasizing Personal Choice and Control

One of the hallmarks of motivational counseling is to explicitly acknowledge the fact that patients can and must make the final decisions about their behavior. Acknowledging this seems to reduce the psychological reactance, or defense of the freedom to do as one chooses.

### MI Style - 0 to 10 Scale

1. Why would you want to make this change?
2. On a scale of 0-10, 0 being not important at all, and 10 most important, what number would you pick for yourself as to where you are with importance on this change?
3. Why are you at a \_\_\_\_\_, and not a zero?
4. What are the 3 main reasons you want to make this change?
5. What ideas do you have about making these changes?
6. Pick one idea you just described and on a scale 0-10 in terms of how ready you are to make this change, what number would you put yourself on?
7. What would it take to get you from That Number to One Number Higher
8. So, what will you do next?

Many thanks to Dr. Bill Miller for the use of these great questions!

### Communication Styles

Directing

Guiding

Following

