Motivational Interviewing is ...

- an evidence-based clinical method found to be effective in promoting positive behavioral/lifestyle change(s), while addressing patient ambivalence

- a collaborative, person-centered process of guiding patients toward intrinsic motivation for change

(Miller WR, Rollnick S. Behavioural and Cognitive Psychotherapy 37:129-140, 2009)
Furthermore, MI

- Strengthens and builds on core clinician-patient communication skills
- Works with, not at the patient (or family)
- Encourages healthy behavior change

Has an array of applications:
- Promoting health & wellness
  - Reducing Health risk behaviors
  - Encouraging self-management
  - Increasing treatment follow through

In a nutshell --- MI

- Creates a collaborative (non-confrontational) conversation about CHANGE.
- Nurtures "CHANGE TALK". Focuses on a GOAL (e.g., change).
- Honors and encourages patient autonomy and individual strengths (e.g., inspires change and attends to self-efficacy)

(Miller and Rollnick, ICMI 2010; "What Makes it MI?")
The Spirit of MI

**Autonomy**
- Focusing on patient choice
- Asking “permission” to provide assistance, info.

**Collaboration**
- Coming along side; nonjudgmental
- Viewing the patient as the “expert”

**Evocation**
- Exploring what motivates the patient
- Making no assumptions

**Appreciation of Ambivalence**

---

**Learning MI**

- How will you know how you’re doing?
  - Client is doing most of the talking
  - Clients are making a lot of change talk statements
  - Resistance is minimized
  - The Client is doing most of the work toward change
Some General Principles

R. U. L. E

- Resist the “Righting Reflex” - (Resist Directing)
- Understand your patient’s motivations - (Evoke)
- Listen to your patient - (with Empathy)
- Empower your patient - (Build Confidence)

Four Processes of MI

1. Engaging: listening to understand – “OARS”

2. Focusing: agenda setting, finding a common and strategic focus, exploring ambivalence, offering information and advice

3. Evoking: selective eliciting, responding, summaries toward change talk

4. Planning: moving toward commitment and change plan

** Note: Processes 1, 2, and 3 are necessary for it to be considered MI.
Process I - Engaging

- **Build** a therapeutic relationship.
- **Listen** with goal of understanding the Client and his/her reality.
- **Understand** the Client’s feelings, beliefs, values, concerns (including importance and confidence).
- **Recognize** and **affirm** strengths, motivation.
- **Accept** without judgment what you have learned.

Engaging: Building a therapeutic alliance

- **OARS**
  - Open ended questions
  - Affirmations
  - Reflective Listening
  - Summaries

[http://motivationalinterview.org/clinical/interaction.html](http://motivationalinterview.org/clinical/interaction.html)
Reflective Listening & Summaries

- MI is built on these skills
- Effortful use of listening to seek, clarify and deepen understanding
- Hypothesis testing
- Creates awareness of gaps in understanding (for both speaker and listener)

Process II - Focusing

- Setting an Agenda: identifying a strategic focus
- Exploring ambivalence: understanding of veteran motivation & listening for change talk
- Offering and sharing information: (i.e., advice giving)
Process III - Evoking

- **Strengthening and reinforcing change talk**
- **Guiding towards change** – finding alignment (and discrepancy) between current behavior and goals and values
- **Rolling with resistance**
- **Summarizing where you are**