

Overview of Motivational Interviewing Fundamentals

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Disclosures

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Traditional approach

The Traditional Approach often used a **Directing Style** of helping.



Directing helping style

- ▶ Tell them it's important.
- ▶ Show them how to do it.
- ▶ Explain it to them, id how life could be better
- ▶ Threaten them, instill fear.
- ▶ Give them short term goals.
- ▶ Make them a list.
- ▶ Constantly remind them.
- ▶ Tell them what you expect.



Directing Style of Helping

- ▶ Might make sense if you believe that the client:
 - ▶ doesn't possess the knowledge to understand change
 - ▶ does not possess the knowledge of how to change
 - ▶ can be convinced that their indifference to the consequences of the problem is wrong



Traditional approach



The Stick

- ▶ Change is motivated by discomfort.
- ▶ If you can make people feel bad enough, they will change.
- ▶ People have to “hit bottom” to be ready for change
- ▶ Corollary: People don’t change if they haven’t suffered enough

Helping Styles

▶ Directing

- ▶ “I know what you should do, and here’s how to do it.”

▶ Following

- ▶ “I trust your wisdom, and will stay with you while you work this out.”

▶ Guiding

- ▶ Incorporates elements of both



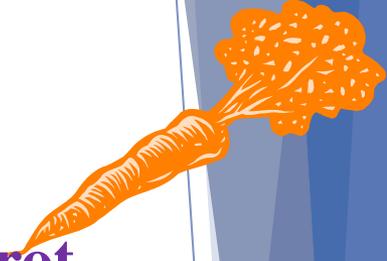
Guiding Style of Helping

- ▶ Respect their decisions.
- ▶ Have them to describe what is working.
- ▶ Ask them what their plan is.
- ▶ Find out what's important to them.
- ▶ Have them talk about their health and their goals.
- ▶ Have them list pros and cons.
- ▶ Ask what their goals are for Tx.



What's the Best Way to Facilitate Change?

The Carrot



- ▶ Constructive behavior change comes from connecting with something valued, cherished and important
- ▶ Intrinsic motivation for change comes out of an accepting, empowering, safe atmosphere where the painful present can be challenged

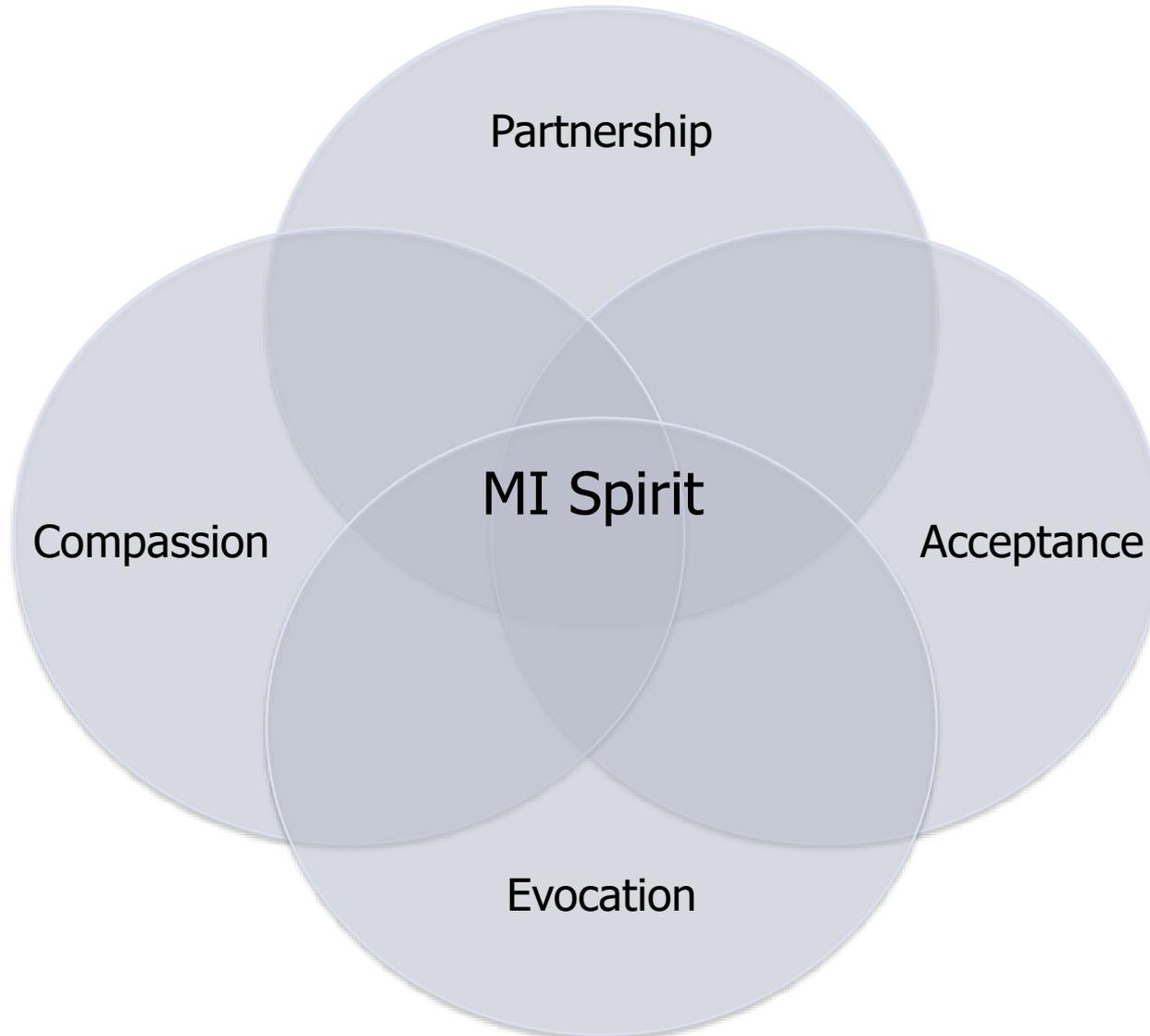


The Concept of Ambivalence

- ▶ Ambivalence is normal
- ▶ Clients usually enter treatment with fluctuating and conflicting motivations
- ▶ They “want to change and don’t want to change”
- ▶ *“Working with ambivalence is working with the heart of the problem”*



The Underlying Spirit of MI



Partnership (collaboration)

- ▶ Active collaboration between experts...
- ▶ MI is done “for” and “with” a person, not “to” or “on” someone
- ▶ MI is like dancing rather than wrestling
- ▶ Awareness and honesty regarding one’s own values and agenda



Acceptance

▶ Absolute Worth

- ▶ Prizing the inherent worth and potential of everyone

▶ Empathy

- ▶ Active interest in and effort to understand the other's internal perspective, to see the world through their eyes

▶ Autonomy

- ▶ “Complete freedom to be and to choose” (Rogers, 1962)

▶ Affirmation

- ▶ Seek and acknowledge the client's strengths and efforts



Compassion

- ▶ To be compassionate is to actively promote another's welfare, to give priority to another's needs
- ▶ Our services are for our consumer's benefits, not our own



Evocation

- ▶ “*You* have what you need, and together we will find it.”
- ▶ MI is a strengths-focused perspective
 - ▶ People already have within them much of what is needed, and our job is to evoke it, call it forth
- ▶ The MI practitioner is keenly interested in understanding the consumer’s perspective and wisdom
- ▶ Focus and understand the consumer’s strengths and resources rather than probe for their deficits



“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others”



Blaise Pascal



Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*



Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing





Affirmations

- ▶ Catch them doing something right!
 - ▶ Support person's persistence
 - ▶ Recognize effort
 - ▶ Assist person in seeing positives
 - ▶ Support individual's strengths
 - ▶ Support their confidence

Core Skills

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Expressing Empathy through Reflective Listening

Reflective (“active”) listening is used to:

- ▶ Check out whether you really understood the patient/client
- ▶ Highlight the client’s own motivation for change about substance use
- ▶ Steer the client toward a greater recognition of her or his problems and concerns, and
- ▶ Reinforce statements indicating that the client is thinking about change



Summaries



- Summaries capture both sides of the ambivalence (“You say that _____ and you also mentioned that _____.”)
- They demonstrate the clinician has been listening carefully.
- Summaries also prompt clarification and further elaboration from the person.
- They prepare person to move forward.

Summaries provide the “whole picture”, pulling together what might seem to be separate pieces.



It All Comes Together with Change Talk



What is Change Talk?

- ▶ Change talk is anything the client says that indicates they're moving towards change
- ▶ Change talk is inherently linked to a particular change goal
- ▶ “Change talk is like a glowing coal. If you blow on it, you can ignite it.”
- ▶ What does this sound like?



Go out and practice your MI skills!

For additional information
on this or other training topics, visit:

www.psattc.org

www.motivationalinterview.org

www.uclaisap.org

