



Introduction to Motivational Interviewing

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Behavior Change

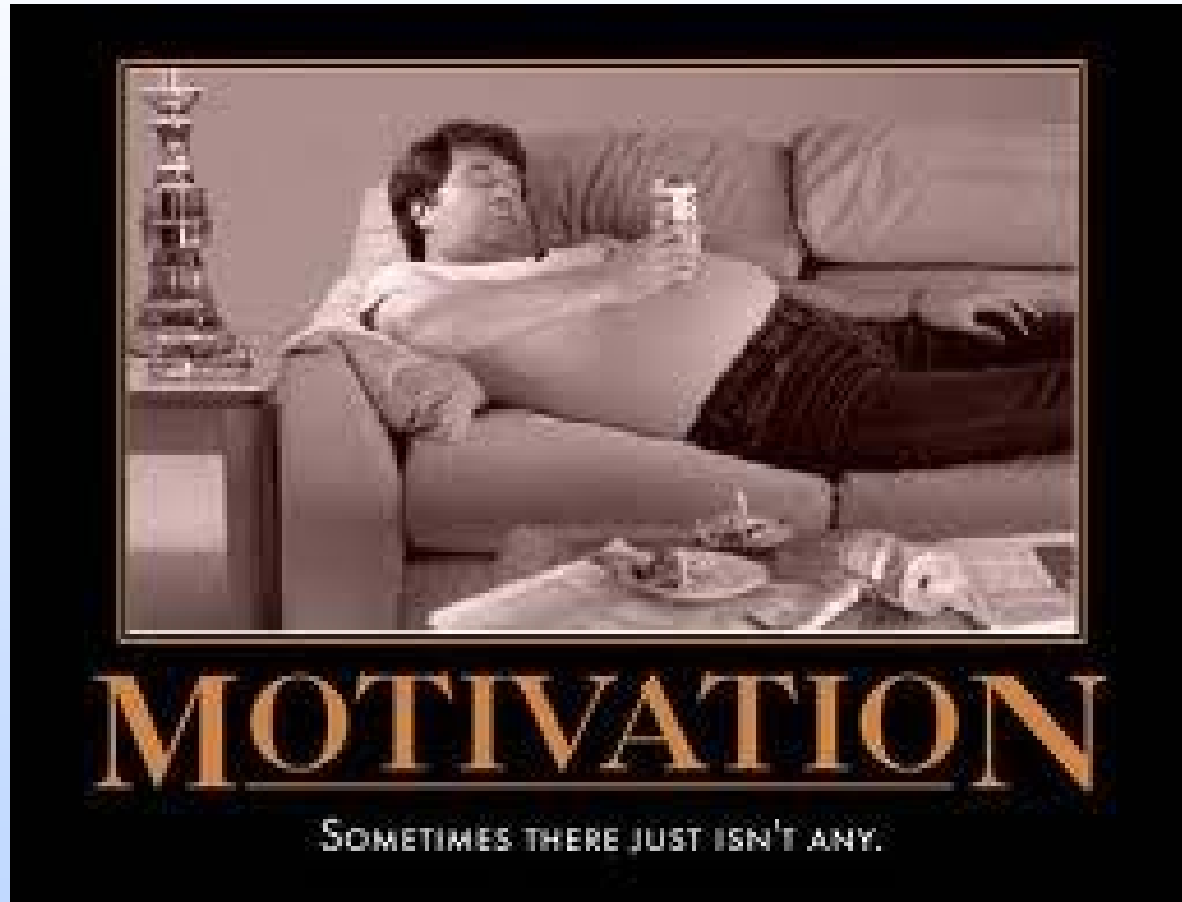
- It is difficult – breaking habits takes an application of energy
 - Especially addictive and habitual behaviors which have been highly reinforced
 - Requires attention, energy, persistence, skills, practice and support

Misconception of “Expert” (Health Care Provider)

- My patient will be motivated once I share my knowledge (expertise)



Misconception of Patient



Human Behavior

- People believe what they hear themselves say
- People resist that which is forced upon them
- People support that which they help create
- People like to be heard and validated
- People are empowered when they're built up, and disempowered when they're put to shame

“Spirit” of Motivational Interviewing

A way of being with people



Collaboration



Acceptance



Compassion



Evocation

The Spirit of Motivational Interviewing (MI) “The Dance”



- **COLLABORATION**
Not Confrontation
- **EVOICATION**
Not Education/Advice
- **ACCEPTANCE/AUTONOMY**
Not Authority

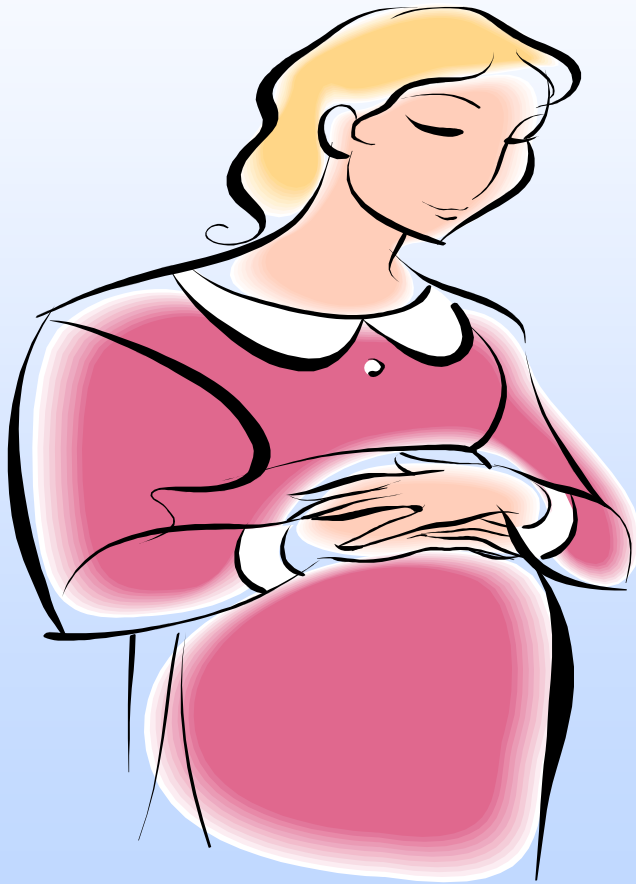
Careful eliciting of the values, assumptions, fears, expectations and hopes of the patient

Getting Motivated

The Patient must:

- Identify the benefits of changing
 - *How important are these to me?*
- Explore the challenges
 - *Am I capable of managing this?*

Motivation...

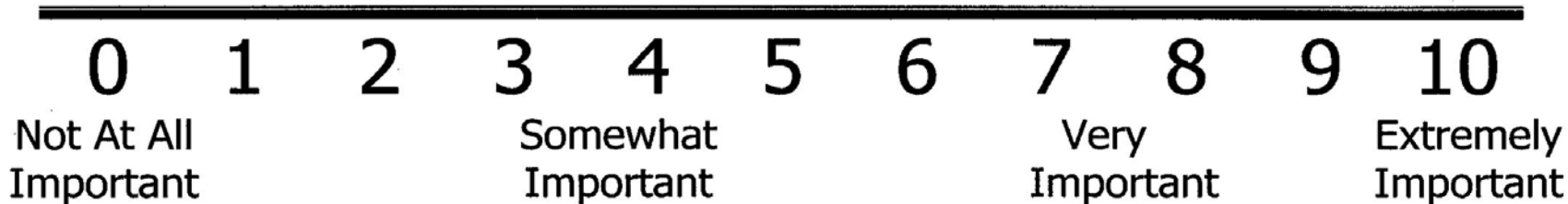


**Can be internal
or interpersonal**

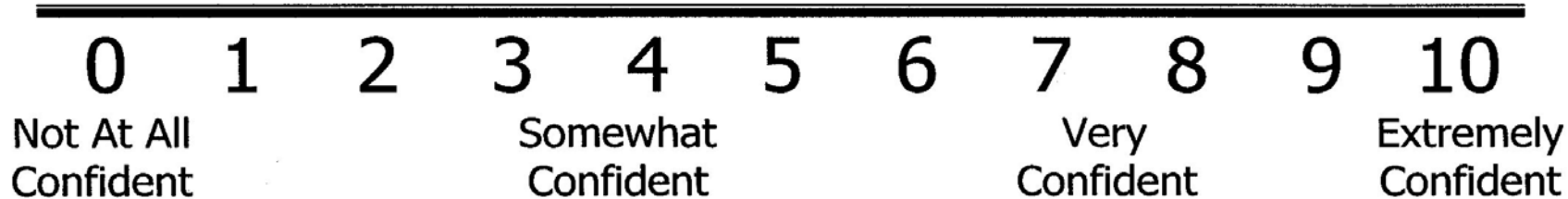
Factors of Motivation

- Importance of change
- Confidence in one's ability to change





(Importance)



(Confidence)

Discrepancy

- Change is motivated by a perceived discrepancy between present behaviors and personal goals or values
- Use strategies to assist client in identifying discrepancy and move toward change

Patient: *“I want to be a good role model for my children.”*

Developing Discrepancy

“Let’s put aside the ‘how to do it,’ for right now, and just talk about how you would like things to be different.”



future?



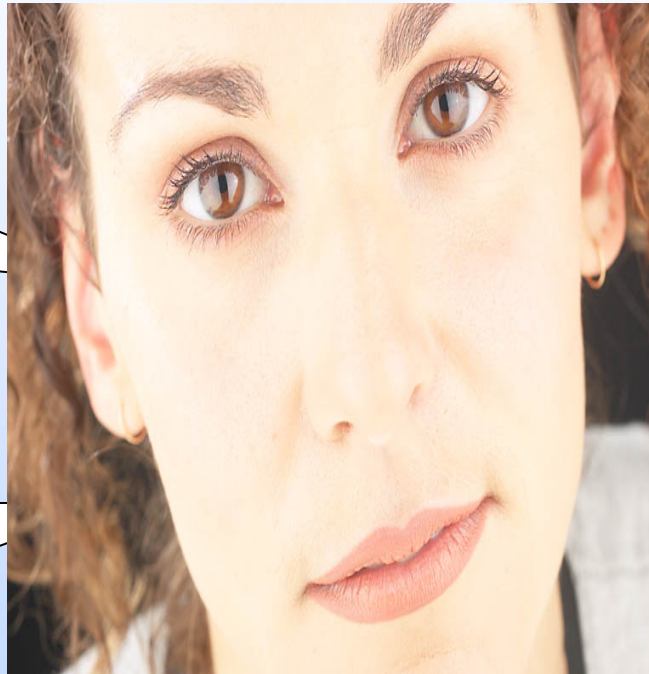
values

Discrepancy leads to ambivalence...

Ambivalence

Smoking
relaxes me

I really enjoy
smoking



I'm afraid
I'm going
to die
young

I hate the
way I smell

Getting stuck in ambivalence

Good things about smoking

Not so good things about smoking

Resolving Ambivalence

- Relational aspect
 - Ambivalence is resolved through empathy and a spirit that instills capability
- Communicative Aspect
 - Ambivalence is resolved through the selective reinforcement of a client's thoughts and commitment for change

“Preparatory” Change Talk

Listen for self-motivating statements...

“I’d like to be in better health.”

Desire

“I’m a determined person and can usually do anything I set my mind to.”

Ability

“I know I’d feel a lot better if I quit.”

Reason

“I really need to do this.”

Need

Change Talk

Desire, Ability, Reason, Need

leads to

“Mobilizing Change Talk”

Commitment, Activation, Taking Steps

“I’m going to quit.”

Commitment

“I’m willing to try.”

Activation

“I’ve thrown out my lighters.”

Taking Steps

DARN-CAT

Responding to Change Talk

Evoke in a way that patients will keep talking

Desire, Ability, Reason, Need

“Tell me more about that...”

“What else...”

Eventually, evoke

Commitment, Activation, Taking Steps

“How will you go about that?”

Identifying Change Talk (Activity)

Drumming for Change Talk

- Desire
- Ability
- Reason
- Need

Recognize Resistance

What does resistance look like?

What does resistance sound like?



“Yeah, but...” syndrome

I can't afford the medications.

I'm afraid I'll gain weight if I quit.

I don't smoke nearly as much as some other people that I know.



“I just can’t quit smoking right now. I’m a single mother trying to deal with a very active four year-old. I have no money and can barely afford to live. On top of all that, I’m taking care of my sick father.”

Types of Reflections

- **Repeating**: repeats an element of what the speaker said
- **Rephrasing**: stays close to what was said but, slightly rephrases what was offered
- **Reflection of feeling**: paraphrase emotional dimension
- **Paraphrasing**: restatement, infer meaning in what was said and reflect back in new words- adds to or extends what was said

Resistance

- “Sustain Talk”
- Discord
- RESPONSE:
 - Reflect
 - Emphasize Personal Choice & Control

Responding to Resistance Activity

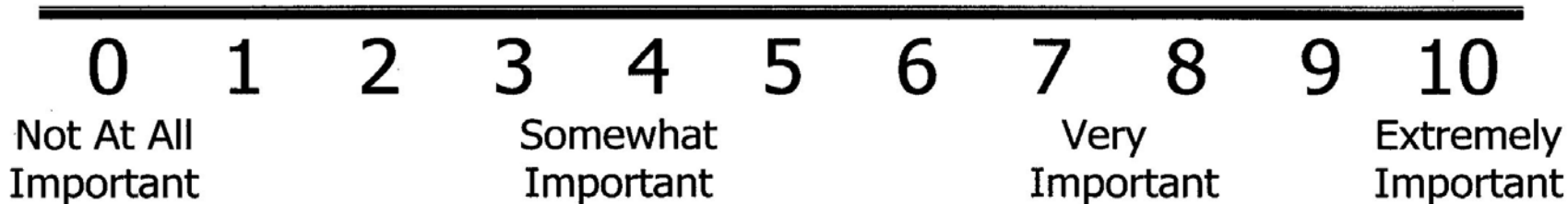
Getting Started

- Engage
- Scale for Importance & Confidence
- Encourage Change Talk
- Reflect Resistance
- Implement a Plan (when patient is ready)
 - SMART Goals
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Timely

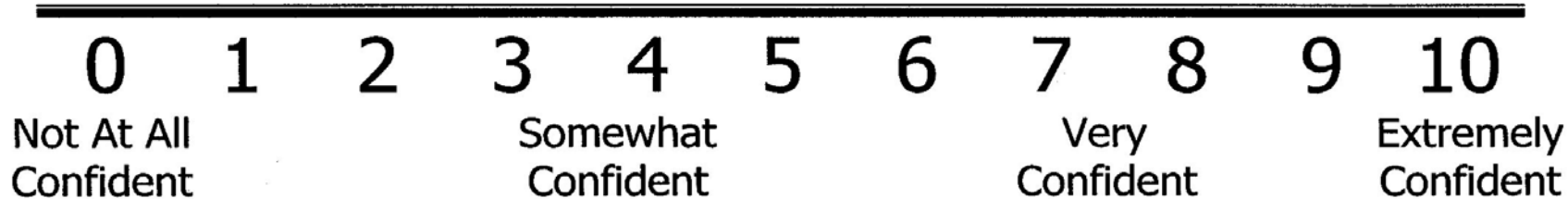
Communication Strategies

- Open-ended questions
- Affirmations
- Reflective Listening Statements
- Summaries





(Importance)



(Confidence)

Advice & Education

Information Exchange

E-P-E

Elicit – Provide – Elicit

- **Elicit**

“What do you already know...”

“Is it okay if I share with you what I know?”

- **Provide**

“Research has shown...”

“This is what we know...”

“Some folks have found...”

- **Elicit**

“What are your thoughts...”

Ending a Session

1. Reassess Readiness
2. Summarize
3. Reach agreement



Gentle Guidance

- Selective responding
- Patient-centered
- Directional



Summary

- Assess & Enhance Motivation
 - Importance & Confidence
- Skills for Responding to “Resistance”
 - Reflective Listening Statement
 - Emphasize Personal Choice & Control
- Utilize Open-Ended Questions
 - Elicit and Respond to “Change Talk”

Questions

