

# Effective Communication With the Patient (Motivational Interviewing )

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# Objectives

- Define Motivational Interviewing
- Review the spirit of MI
- Discuss foundational practice skills – OARS
- Identify the four main principles of MI
- Explain four processes for MI in behavior change

# Speakers

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# What is motivational interviewing?

- “Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to 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.” **Miller and Rollnick (2012)**
- General definition: *Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.*
- Practitioner's definition: *Motivational Interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.*
- Technical definition: *Motivational Interviewing is a collaborative, goal-oriented style 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 (MI)

## 1. Partnership

- MI is a collaborative partnering with patients
- See the patient as the expert on themselves
- Ask for permission
- Avoid premature focus
- Focuses on mutual understanding versus the care manager being right

## 2. Acceptance/Autonomy/Absolute Worth

- The care manager is a guide, but the patient must make their own decision to change
- Respect patient autonomy-whether or not they change
- Inform and encourage choices without judgement
- See *ambivalence* as normal
  - Simultaneously wanting and not wanting something

# The Spirit of Motivational Interviewing (MI)

## 3. Compassion

- Genuine care and concern
- Understand and validate the struggle

## 4. Evocation

- Instead of telling patients what to do, MI evokes the patient's own motivation and resources for change
- Trust patient to be motivated for something
- Asking versus telling
- Avoid the expert trap

# Four Core Skills of MI: OARS

## 1. Open-ended questions

- Evocative and inviting
- Can't be answered "yes" or "no"
- Probing
  - Explain
  - Tell me about
  - Say more about
  - Clarify
  - How, what vs. are, do, did and could

## 2. Affirmations

- Recognizes and reinforces success
  - Key: Needs to be expressed with genuineness
  - Offers perspective in face of difficulties
  - Expresses optimism
  - Sees any progress as progress
  - "It takes a lot of strength to go through all you have been through"

# Four Core Skills of MI: OARS –

## 3. Reflective Listening

- Mirrors what patient is saying
- States what the patient is meaning
- Shows collaboration and equity
- Should be done frequently- try to offer two reflections for every question you ask

## 4. Summaries

- Let's patient know you're listening and understanding
- Pulls together and links relevant information
- Allows patients to hear their own motivations and ambivalence
- Helps to bridge and transition between topics
- Focuses on priority content and feelings

# MI Process

## 1. Express Empathy

- Understand where the patient is and then convey your understanding to them. Guide people to understand and listen to themselves
- Skillful reflective listening

## 2. Develop Discrepancy

- Change is motivated by perceived discrepancy between present behavior by a patient and their important goals and values.
- Non-judgmental

# MI Processes

## 3. Roll with Resistance

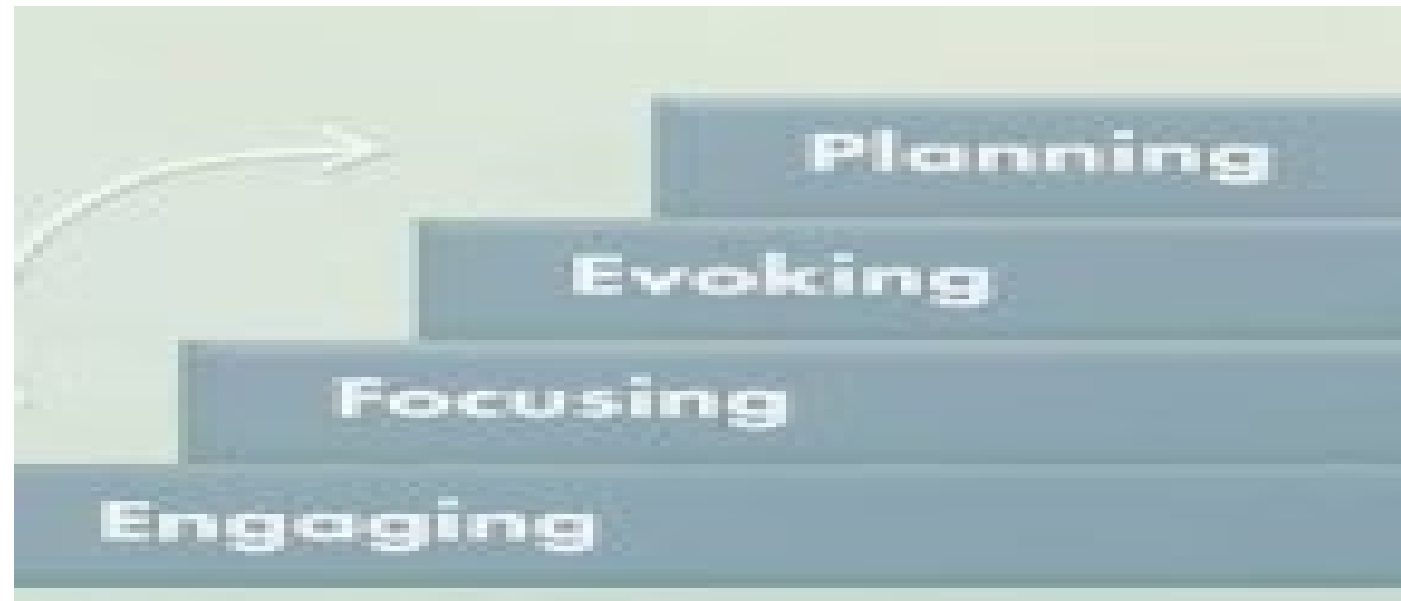
- Reframe to create a new momentum toward change.
- Resistance is a perception not a person.
- Avoid arguing for change.
- Slow down, listen, breathe.
- Offer new perspectives with the patient's permission .
- Do not impose.
- The patient is PRIMARY RESOURCE in finding answers and solutions.
- Validate and express empathy.

**4. Support Self-Efficacy** is a person's belief in his or her ability to carry out a task and succeed (Key for change)

- A person's belief in the possibility of change or even willingness to contemplate a different vision for themselves is a powerful motivator.
- The person will choose which change to make and will carry it out. Each person is an expert in his or her own life.
- The care manager's BELIEF in the person's ability to change or move is a powerful resource for the patient.
- Confidence is a predictor of change.

# Method of Motivational Interviewing (MI)

***Change is a process, not an event.***



# The Method of Motivational Interviewing (MI)


1. **Engaging** – Empathetic Listening: Establishing a helpful connection and working relationship
  - a) Establish rapport and build trust
  - b) Focus on process vs. outcome
  - c) Patient’s concerns (conversational vs. Q & A)
  - d) Promote patient’s buy-in and agreement to process, structure and limits
  
2. **Focusing** – Targeting Change: Develop and maintain a specific direction in the conversation about change
  - a) Clarify patient’s priorities and readiness
  - b) Use more of a following and guiding vs directive approach
  - c) Collaborate on the conversation
  - d) Avoid “premature focus” in areas of patient ambivalence

# Methods of Motivational Interviewing

3. **Change Evoking** – Client’s Ideas
  - Elicits the patient’s own motivation for change using OARS skills
  - Focusing the counselor and client begin to work on the issue; the patient came to talk about. Change talk might or might not occur here.
4. **Planning** – Getting to readiness; patient indicates readiness to work towards change with change talk more present than sustain talk (reasons to stay the same)
  - Atmosphere of acceptance, compassion and partnership allows counselor to begin to consider approaches to make changes, define goals and taking steps toward them

# More tips for MI

**MI** **MOTIVATIONAL INTERVIEWING**  
*an evidence-based treatment*



### Encouraging Motivation to Change Am I Doing this Right?

Motivational Interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, other chronic illnesses such as diabetes and heart disease).


**REMINDE ME**  
Use the back of this card to build self-awareness about your **attitudes, thoughts,** and **communication style** as you conduct your work. Keep your attention centered on the people you serve. Encourage *their* motivation to change.

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### Encouraging Motivation to Change Am I Doing this Right?

1.  **Do I listen more than I talk?**  
 Or am I talking more than I listen?
2.  **Do I keep myself sensitive and open to this person's issues, whatever they may be?**  
 Or am I talking about what I think the problem is?
3.  **Do I invite this person to talk about and explore his/her own ideas for change?**  
 Or am I jumping to conclusions and possible solutions?
4.  **Do I encourage this person to talk about his/her reasons for *not* changing?**  
 Or am I forcing him/her to talk only about change?
5.  **Do I ask permission to give my feedback?**  
 Or am I presuming that my ideas are what he/she really needs to hear?
6.  **Do I reassure this person that ambivalence to change is normal?**  
 Or am I telling him/her to take action and push ahead for a solution?
7.  **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**  
 Or am I encouraging him/her to ignore or get stuck on old stories?
8.  **Do I seek to understand this person?**  
 Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9.  **Do I summarize for this person what I am hearing?**  
 Or am I just summarizing what I think?
10.  **Do I value this person's opinion more than my own?**  
 Or am I giving more value to my viewpoint?
11.  **Do I remind myself that this person is capable of making his/her own choices?**  
 Or am I assuming that he/she is not capable of making good choices?

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# Resource links

- Community Care of North Carolina, “CCNC Motivational Interviewing (MI) Resource Guide, “Everybody’s motivated about something”  
[https://www.communitycarenc.org/sites/default/files/2017-10/MI\\_Resource\\_Guide-updated-October-2017.pdf](https://www.communitycarenc.org/sites/default/files/2017-10/MI_Resource_Guide-updated-October-2017.pdf)
- Encouraging Motivation to Change, I Doing this Right?  
<https://case.edu/socialwork/centerforebp/sites/default/files/2021-03/miremindercard.pdf>

Questions?



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