



# Motivational Interviewing

# Collaborators in Developing This Presentation

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Dr. Michelle Drapkin is a Director of Training at Rutgers, The State University of New Jersey, and has nearly 20 years of experience with Motivational Interviewing (MI), including 10 years as a member of the international Motivational Interviewing Network of Trainers. She was the National Training Program Coordinator for the Department of Veterans Affairs (VA) from 2011 to 2015 when she designed and led the largest-scale, competency-based implementation of MI and motivational enhancement therapy in the world.

She received her PhD from Rutgers and completed both her Clinical Psychology internship and postdoctoral fellowship in treatment outcomes research at the University of California, San Diego/VA San Diego. Dr. Drapkin is licensed in both New Jersey and Pennsylvania and sees a few patients in a private practice.



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# Objectives

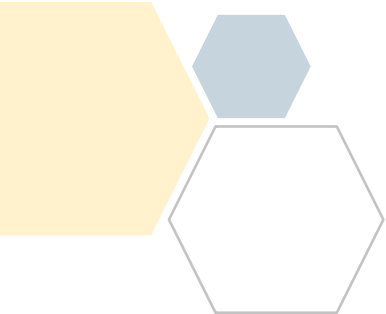


Explain why Motivational Interviewing can be an effective approach to engage patients

Discuss the spirit of Motivational Interviewing and core communications skills

Discuss the possible clinical effect of Motivational Interviewing and some scenarios in which it can be employed

# Why Motivational Interviewing Can Be an Effective Approach to Engage Patients




# Wisdom on Changing Someone Else's Behavior

*“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others”*

-Blaise Pascal

Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

# Layperson Definition of Motivational Interviewing (MI)



"Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change"

Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

# Settings for Use of MI

**Motivational Interviewing is used to achieve and sustain health and behavioral change<sup>1,2</sup>**

Examples of settings for use of MI<sup>3</sup>



Smoking  
cessation



Weight  
loss



Diabetes  
management



Medication  
adherence



Addiction risk  
reduction

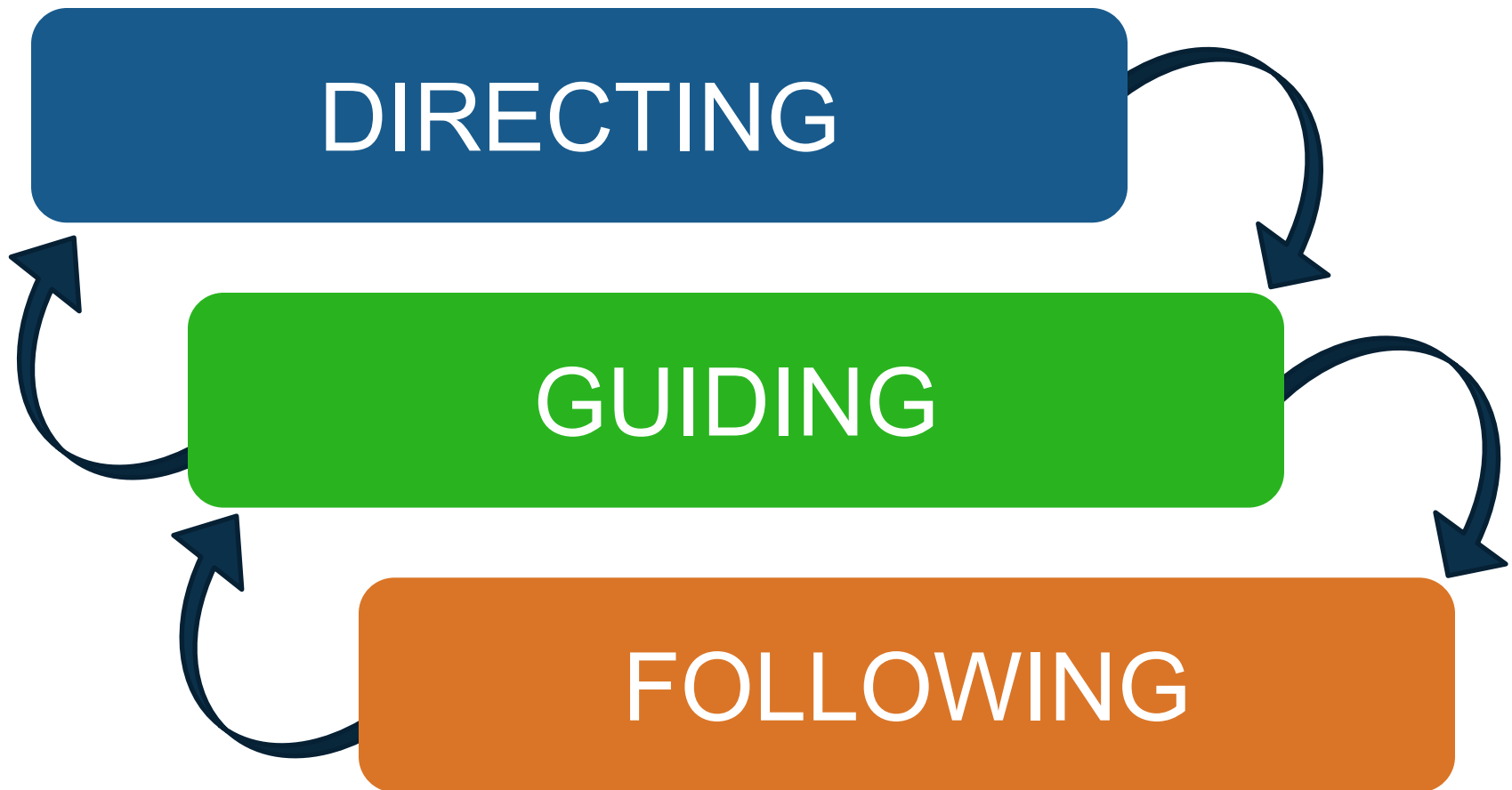
MI, Motivational Interviewing.

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013. 2. Emmons KM, Rollnick S. *Am J Prev Med.* 2001;20:68-74. 3. Miller WR, Rollnick S. Motivational interviewing: preparing people for change. 2nd ed. New York, NY: Guilford Press; 2002.



# Continuum of Styles

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# Resist the Righting Reflex

The **Righting Reflex** is "the desire to fix what seems wrong with people and set them promptly on a better course"

Patient



Sometimes I'm so busy in the morning, I just grab an egg-and-cheese sandwich at the drive-thru or bagels with cream cheese.

Healthcare provider

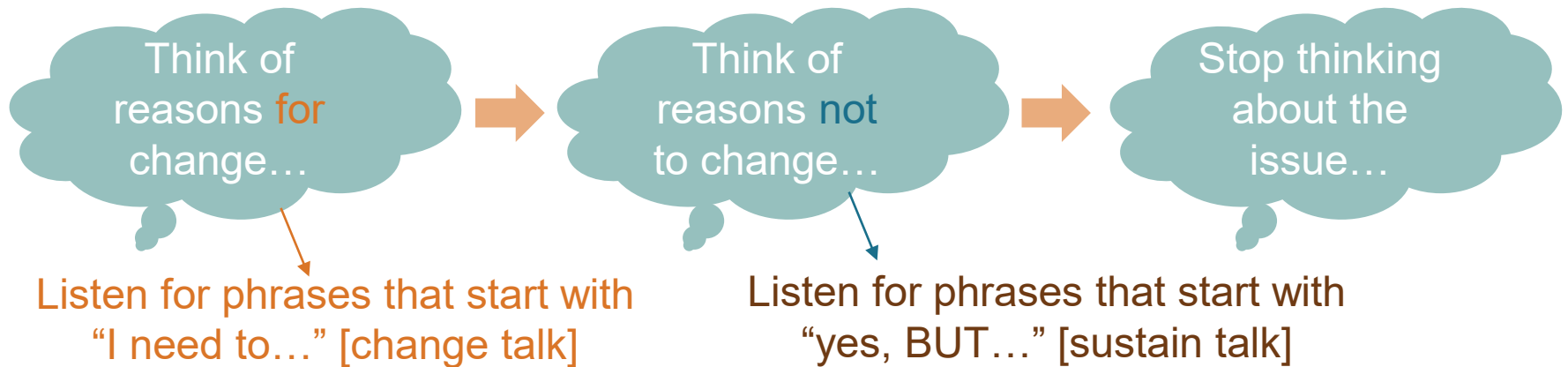


Oh. Those sandwiches and bagels are loaded with carbohydrates that get converted to sugar in your blood. You won't be able to control your diabetes eating like that. Would you be able to swap them out for a healthier option?

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# Ambivalence Is a Step Toward Change

**Clients can become stuck because they can see both sides of their issue**



“I need to do something about my weight [change talk], but I’ve tried about everything and it never lasts [sustain talk]. I mean I know I need to lose weight for my health [change talk] but I just love to eat [sustain talk]”

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# Origins of Motivational Interviewing

## Addiction treatment in the 1980s

- Highly authoritarian, directing, confrontational, demeaning style of treatment
- Patients characterized as pathological liars in denial and out of touch with reality

By listening to the patients, W. R. Miller found them to be “open, interesting, thoughtful people well aware of the chaos ensuing from their drinking.”

## Conclusion

“By the way in which one counsels, it is possible to increase and decrease client motivation (or reticence) like the volume control on a radio”

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# Traditional Alcohol Use Disorder Treatment

In traditional alcohol abuse disorder treatment, counselors and clients commonly disagreed on the nature and extent of the client's problems and treatment, leading to client resistance

Healthcare provider



Can't you see that your drinking is seriously affecting your marriage?

Patient



Yes, but it's not my drinking that's a problem, it's because my spouse...

Emmons KM, Rollnick S. *Am J Prev Med.* 2001;20:68-74.

# Inappropriate Assumptions Regarding Behavior Change

Client *ought* to change

Client *wants* to change

Client's health is his/her *main motivation*

Client not deciding to change equals *failure*

Client either *is* or *is not* motivated to change

Client should consider change *now*

The best approach is a *tough approach*

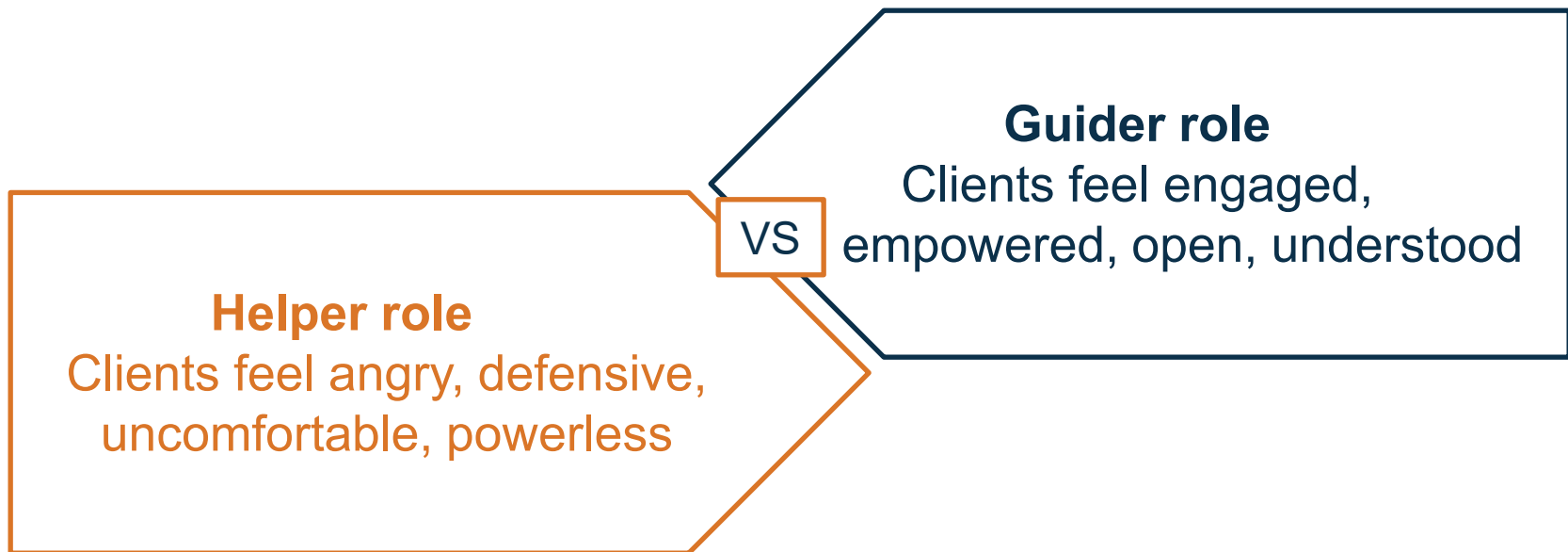
Client must follow the practitioner's advice

The best approach is *negotiation*

Emmons KM, Rollnick S. *Am J Prev Med.* 2001;20:68-74.

# Voicing the Reasons for Change

The client, not the practitioner, should voice the reasons for change



The practitioner should use high-quality listening

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# 5 Questions for Beginners in MI

1

Why would you want to make this change?

2

How might you go about it in order to succeed?

3

What are the 3 best reasons for you to do it?

4

How important is it for you to make this change, and why?

5

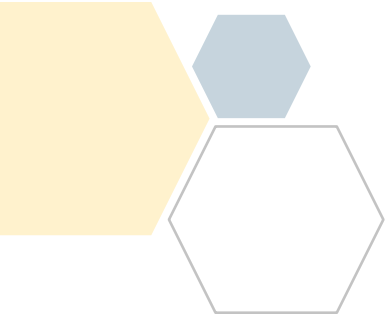
So what do you think you'll do?

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# The Spirit of Motivational Interviewing and Core Communications Skills



# Underlying Spirit of MI

The spirit of MI is in the tradition of person-centered care or client-centered counseling and comprises 4 general components



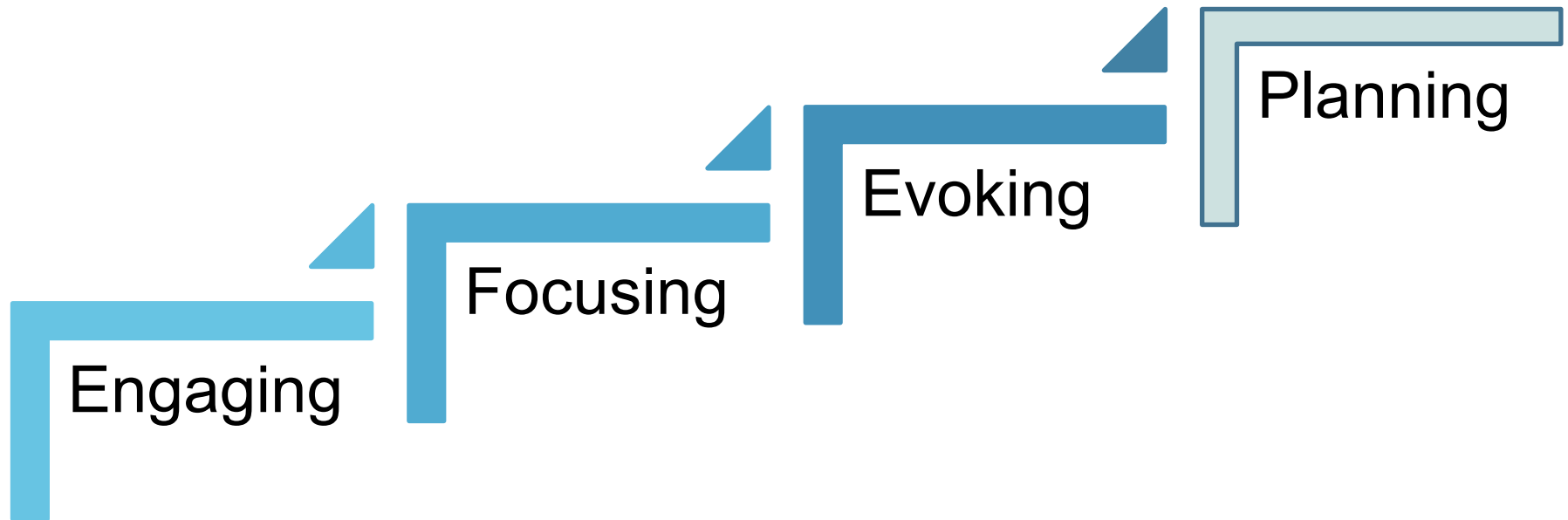
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# Method of MI: 4 Processes

In practice, these central processes emerge through work with a client and "may flow into each other, overlap, and recur"

Each step forms the foundation for the next process



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# Motivational Interviewing Microskills



Asking Open  
questions

Affirming

Reflective  
listening

Summarizing

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# Ask Open-ended Questions

Goals: understand, set agenda, and elicit change talk<sup>1,2</sup>

## To do

- Blend with reflections<sup>1</sup>
- Meet the client at his/her current stage of the process<sup>2</sup>
- Request collaboration (eg, “Tell me more...”)<sup>2</sup>

## To avoid

- Assessing<sup>2</sup>
- Asking too many questions<sup>1</sup>
- Acting like an expert<sup>1</sup>

Examples of open ended questions\*

“What are your reasons for not taking your medications?”  
“What things have you tried before?”  
“What concerns do you have about your health?”  
“What else?”  
“Tell me more about...”

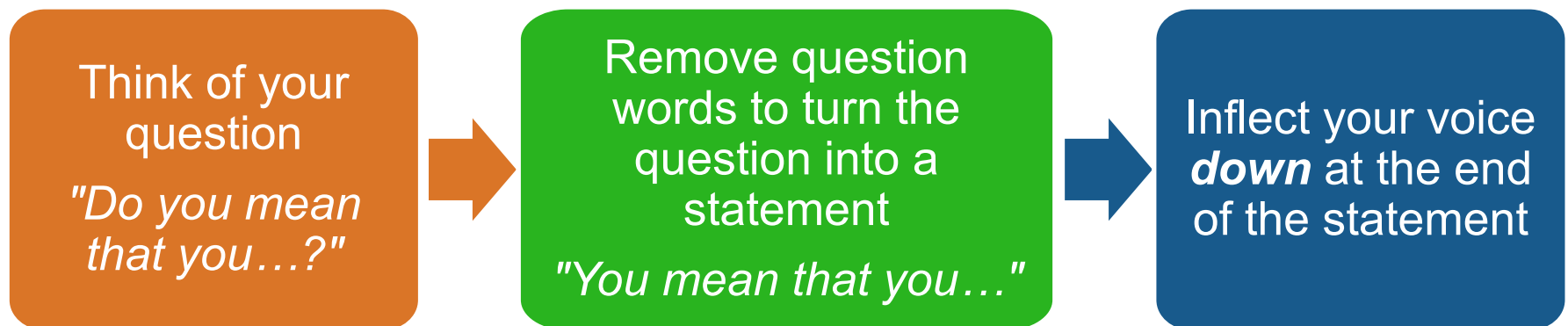
\*Information based on Dr. Drapkin’s own experience in psychiatric settings.

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# Forming Reflections

- A reflection states a hypothesis, makes a guess about what the person means<sup>1</sup>
- There's no penalty for missing<sup>1</sup>
- A reflection should be shorter than the client's statement\*

A reflection should be voiced as a *statement*, not a question to the client<sup>1</sup>



\*Information based on Dr. Drapkin's own experience in psychiatric settings.

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# Examples of Reflections\*

## Beginning MI

- “It sounds like you are feeling...”
- “It sounds like you are not happy with...”
- “It sounds like you are a bit uncomfortable about...”
- “So you are saying that you are having trouble...”
- “So you are saying that you are conflicted about...”

## With Progress in MI

- “You’re not ready to...”
- “You’re having a problem with...”
- “You’re feeling that...”
- “It’s been difficult for you...”
- “You’re struggling with...”

MI, Motivational Interviewing.

\*Information based on Dr. Drapkin’s own experience in psychiatric settings.

# Affirmations Can Be Used to Support and Encourage

Demonstrate support, hope, or caring

“This is hard for you”

Show appreciation for values

“Being honest is important to you”

Recognize strengths

“Once you make up your mind, you really stick with it”

Reinforce behaviors, successes, and/or intentions

“You started the process by checking options”

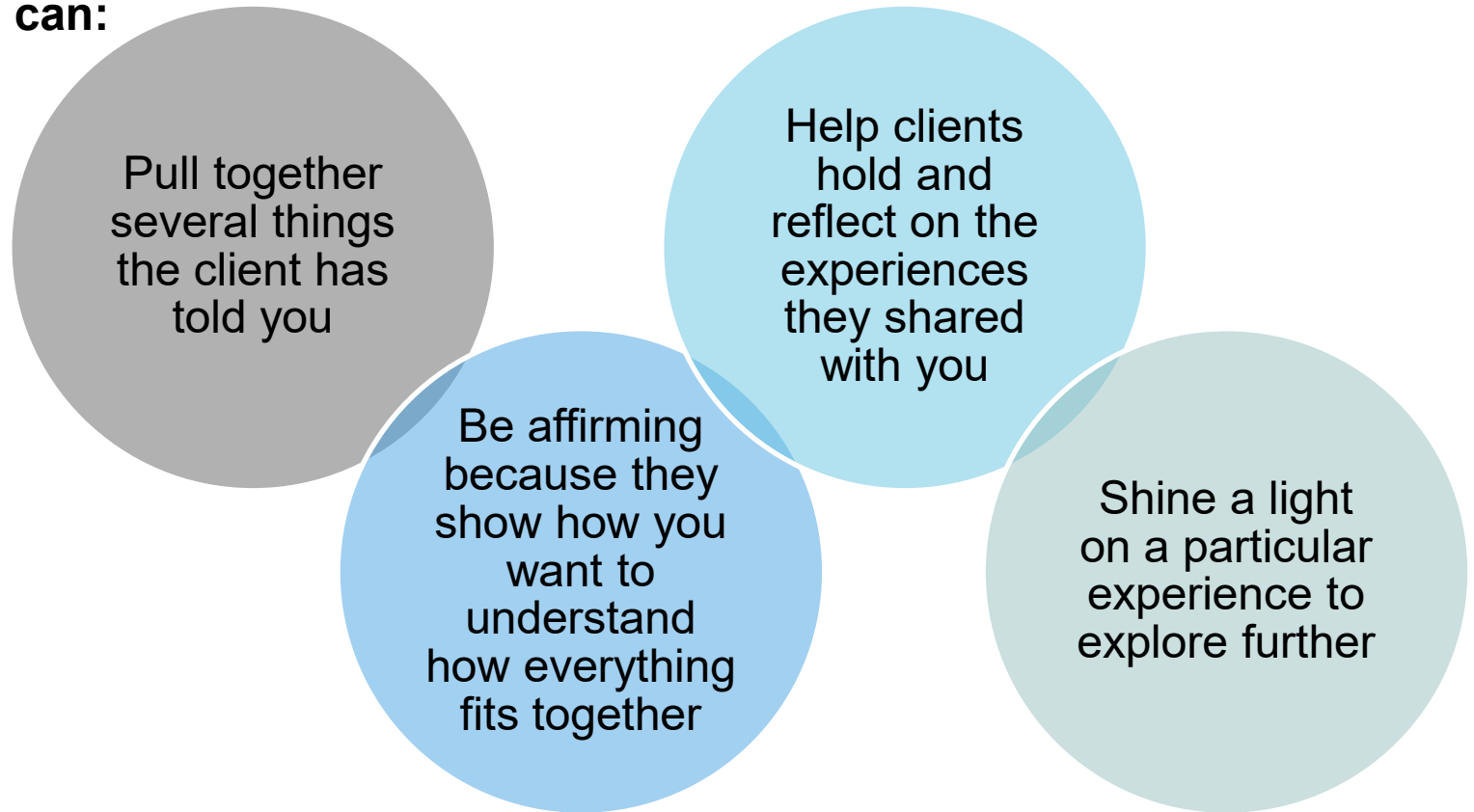
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# Summaries Are a Special Form of Reflective Listening

Summaries can help accelerate change by reflecting what the client offered

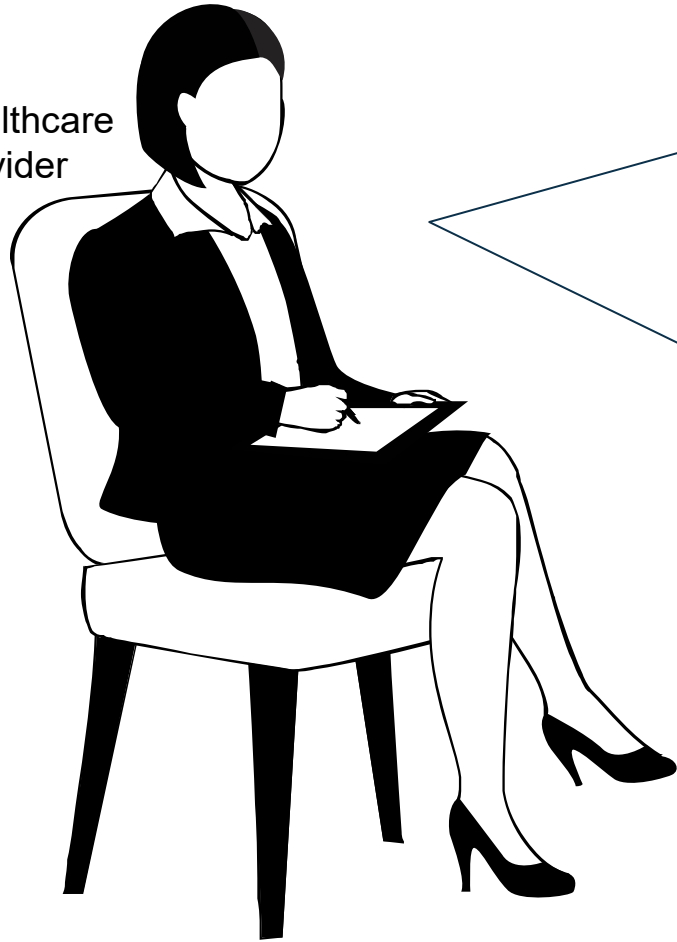
Summaries can:



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# Example of Summarization

Healthcare  
provider



"So, one thing you hope will be different a year from now is that you will have a good job, one that you enjoy and brings you in contact with people.

You've been relating more positively to your children lately, and you would like that to continue.

You also said you might like to quit smoking.

What else, as you think of where you'd like your life to be a year from now?"

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# Group Exercise

Break into groups of 3

Person 1: Counselor



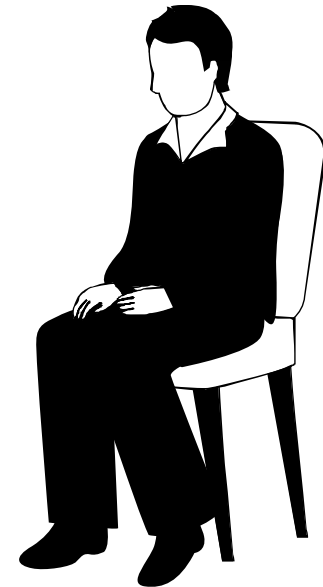
**Role:** Use the Motivational Interviewing techniques we just learned

Person 2: Client



**Role:** Think of something that you are ambivalent about

Person 3: Observer



**Role:** Take notes on how the process is going. How does the counselor make the client feel?

# Stages of Change

Stage*	Characteristics	Tasks
Precontemplation	<ul style="list-style-type: none"> <li>• Unaware of problem</li> <li>• Not yet considering change</li> <li>• Unwilling to change</li> <li>• Unable to change</li> </ul>	<ul style="list-style-type: none"> <li>• Establish rapport</li> <li>• Raise doubts or concerns</li> <li>• Express concern</li> <li>• Keep the door open</li> </ul>
Contemplation	<ul style="list-style-type: none"> <li>• Acknowledges concerns</li> <li>• Considering the possibility of change</li> <li>• Ambivalent and uncertain</li> </ul>	<ul style="list-style-type: none"> <li>• Normalize ambivalence</li> <li>• Tip decisional balance</li> <li>• Elicit and reinforce change talk</li> </ul>
Preparation	<ul style="list-style-type: none"> <li>• Committed to change</li> <li>• Planning to make a change</li> <li>• Considering change options</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify client goals and strategies</li> <li>• Offer a menu of options</li> <li>• With permission, offer expertise and advice</li> <li>• Negotiate a plan</li> </ul>
Action	<ul style="list-style-type: none"> <li>• Actively taking steps</li> <li>• Not yet stable</li> </ul>	<ul style="list-style-type: none"> <li>• Support realistic view of change</li> <li>• Reinforce commitment to change</li> <li>• Assist client in finding new reinforcers</li> </ul>
Maintenance	<ul style="list-style-type: none"> <li>• Consolidating gains</li> <li>• Struggling to prevent relapse</li> </ul>	<ul style="list-style-type: none"> <li>• Relapse prevention</li> <li>• Motivate to consolidate change</li> </ul>

\*Based on information from Dr. Drapkin's own experience in psychiatric settings, these stages are a framework for assessing the client's status and what motivational strategies to use and when to use them. The client can move readily between these stages.

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# QUESTIONS

# CLOSING



# Motivational Interviewing