

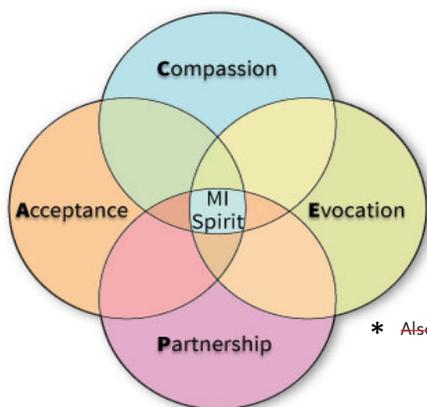
Motivational Interviewing (MI) Basics

The underlying “spirit” (or philosophy) of MI is even more important than the skills. While you are an expert in health care, your client is an expert in his or her own life.

SPIRIT OF MI: CAPE

Compassion
Acceptance
Partnership
Evocation

MI



PRINCIPLES OF MI: RULE

RESIST the “righting reflex”

The urge to “fix” the client. Arguing for change can have a paradoxical effect.

UNDERSTAND your client

The client’s reasons for change are most important because these will most likely trigger behaviour change.

LISTEN to your client

MI involves as much listening as informing.

EMPOWER your client

Convey hope around the possibility of change and support patients’ choice and autonomy re: change goals.

FOUNDATIONAL SKILLS IN MOTIVATIONAL INTERVIEWING: OARS

OPEN-ENDED questions encourage elaboration.

AFFIRMATIONS promote optimism and acknowledge the client’s expertise, efforts and experience of the client. Affirmations are not about the practitioner’s approval of the client.

RELECTIONS: the skill of accurate empathy:

- simple reflections: paraphrase, repeat the content.
- complex reflections: reflect what the client has said as well as what he or she is experiencing but has not yet verbalized (the meaning beneath the client’s words).

SUMMARIES: The best are targeted and succinct, and include elements that keep the client moving forward. The goal is to help the client organize his or her experience.

Miller, W. R. and Rollnick, S. 2013. *Motivational Interviewing: Helping People Change*. New York: Guilford Press.

* Adapted from Miller & Rollnick. 2013, page 22

Motivational Interviewing (MI) Basics

MI QUICK TIPS

CHANGE AND SUSTAIN TALK

“I know I should use my medication

CHANGE TALK

...but ...

.....I always misplace my asthma inhaler.”

SUSTAIN TALK

TYPES OF CHANGE TALK: DARN CAT

PREPARATORY CHANGE TALK (DARN)

Desire to change (wishes, hopes, wants)

Ability to change (optimism)

Reasons for change (benefits of change)

Need to change (problems with the status quo)

MOBILIZING CHANGE TALK (CAT)

Commitment (“I will . . .,” “I plan to . . .”)

Activation (steps that the client is already taking in support of a goal)

Taking Steps (same as Activation; e.g., “I made an appointment to see my doctor about medication for quitting smoking.”)

HOW TO ELICIT? ASK

“Why do you want to make this change?”

“If you decided to make a change, how might you be able to do it?”

“How would things be different if you changed?”

“How would things be better if you changed?”

When you hear change talk you know you are doing it right.

COMMITMENT LANGUAGE PREDICTS CHANGE

“What do you intend to do?”

“What are you ready or willing to do?”

“What have you already done?”

“What is your next step?”

READINESS RULERS

Readiness rulers are a tool designed to elicit change talk. Use them to explore the importance clients attach to changing, and their confidence and readiness to change (on a scale of 1 to 10). “On a scale of 1 through 10, how important is it for you to quit smoking?” “On the same scale, how confident are you feeling about your ability to quit?”

1	2	3	4	5	6	7	8	9	10
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Low importance/confidence:

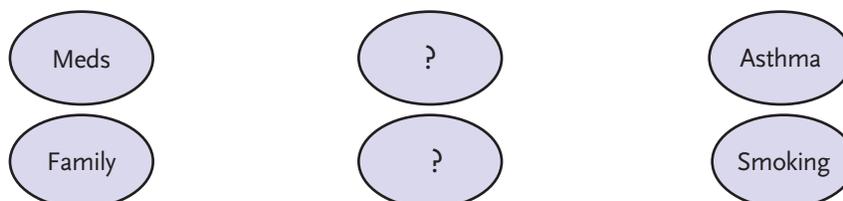
Extremely important/confident

Ask: “Why are you at __ [lower #] and not a __ [higher #]?”

“What would it take to go from [client’s chosen #] to __ [one number #]?”

AGENDA MAPPING

Create a “bubble sheet” and invite the client to identify all the possible areas for change. You may choose to pre-populate some of the circles. After inviting the client to share his or her priorities, ask: “Given these possible areas of focus, what would you like to talk about in our time together today?”



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