Motivational Interviewing for Care Managers

Presented to Piedmont Staff

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Introductions

- Your name
- Your role for Piedmont
- Your experience and knowledge of MI (0-10)
- What you hope to learn during these 2 days

Objectives for this Workshop

At the end of this workshop, you will be able to:

- Describe the 4 Processes of MI
- Understand the Spirit and key skills of MI
- Demonstrate skills in engagement, focusing, evoking, and planning
- Recognize change talk
- List key skills you will practice to build MI competencies
- Describe how to use MI for Patient Engagement and Goal Setting

Agenda for our 2 days (8:30 a.m.-5 p.m. each day)

- Just a bit of Science
- Overview and Scripted Practice of Four Core MI Processes
- Deeper Understanding of MI Skills with Video Review
- Practicing Engagement Skills
- OARS: Core Communication Skills
- Direction in MI: Getting Focused
- Practicing Focusing Skills
- Recognizing, Responding to, and Eliciting Change Talk
- Practicing Evoking Skills
- Planning: Purposes, Tips, and Traps
- Practicing Planning Skills

Learning Modes

- Presentation and discussion of concepts
- Video examples
- Live demonstration of examples
- Practice using scripts: why?
- Practice “freestyle”
- Practice using semi-scripted interactions

Health Behavior Change

- Necessary in nearly all acute illness
- Crucial to manage most chronic illness, including psychiatric disorders
- At the crux of changing specific habits, such as smoking, overeating, low physical activity
- Needed in treatment and health maintenance in chronic illnesses
- But……

Health Behavior Change

- Was not a focus of training for most current practitioners
- Practitioners are not always confident in their skills to address health behavior changes
- Without confidence and skills, they don't have constructive conversations about change

Let's Practice!

- Get into pairs
- You and your partner will each get a turn to try persuasive and MI techniques
- Warning: this might be fun!

Your challenge

- **The Situation**. You are a busy care manager.
- You conduct health screenings for patients on your insurance plan.
- You are feeding back the results of a health screen to a patient.
- You only have about 10 minutes for your first discussion with this person.
- **The Patient**.
- This person is overweight, also smokes, and drinks about 6 beers a night.
- There is a strong family history of Type 2 diabetes
- Both blood pressure and cholesterol are elevated, and you are very concerned about this person's diet and weight.
- The employee is married, has 3 children, and has been insured with your company for 7 years.

Your Task

- Try as hard as you can to persuade this person to do something about his or her diet, smoking, or drinking. This is a serious matter, and you do not have a lot of time. It's not your job to be a "therapist"; rather, you are paid to be a competent, concerned, and forthright care manager.

Persuading to Change

- 1. Using the health information you have, *explain which change the person should make, and why the person should make this change.*
- 2. Give three specific *benefits that would result from making the change.*
- 3. Tell the person *how they could make the change.*
- 4. Emphasize how *important it is for them to make the change. This might include the* negative consequences of not doing it.
- 5. Tell/persuade the person to do it.
- If you encounter resistance, repeat the above, perhaps more emphatically.

Motivational Interviewing (MI)

- A counseling style that explores and resolves normative ambivalence about change
- A method that builds the person's own motivation for change
- A quiet style that gradually evokes change
- An evidence based practice that reduces strain on clinicians while guiding patients to take responsibility and make decisions that benefit their health and their lives
- An approach that relies on eliciting rather than providing

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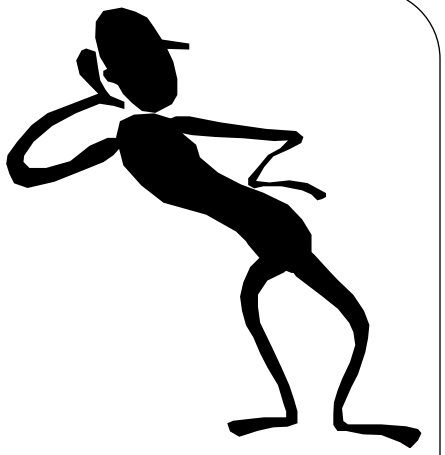
Now Try it The MI Way



- *What change would you be most interested in making?*
- *Why would you want to make this change?*
- *If you did decide to make this change, how might you go about it in order to succeed?*
- *What are the three best reasons for you to do it?*
- *How important is it for you to make this change, on a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important?* [Optional follow-up question: *And what makes it a _____ rather than a 0?*]
- After you have listened carefully to the answers to these questions, *give back a short summary of what you heard*, of the person's motivations for change. Then ask one more question:
- *So what do you think you'll do?* and listen with interest to the answer.

Debrief

- Which way felt better to you as a client?
- Which way felt better to you as a care manager?
- Which way felt more natural?
- Which way seems more likely to lead to genuine, maintained change?

A few facts on MI

- First described in 1983 by Bill Miller Ph.D.
- Books on MI by Miller and Steve Rollnick in 1991 and 2002; new edition of *Motivational Interviewing* recently published (2013)
- Multiple books available on applications of MI
- Second only to Cognitive Behavioral Therapy in number of research studies and publications

Efficacy of MI

- Equal to other active evidence based treatments but briefer
- Multiple meta-analyses and syntheses of studies find a small to moderate effect size across problem behaviors, cultures, patient populations, and target behaviors
- Active research on mechanisms of change

Lesser known facts about MI

- Not theoretically based
- Pragmatic, clinically-based
- Evolving development

MI is not a Behavioral Therapy

- It targets behavior but not through providing
  - Models
  - Solutions
  - Skills
  - Information
- It is a client-centered or patient-centered approach at its heart

Wagner and Ingersoll (2012) in Hayes and Levin, Eds., *Mindfulness and Acceptance for Addictive Behaviors: Applying Contextual CBT to Substance Abuse and Behavioral Addictions.* Oakland, CA: New Harbinger Press

A bit of science

- Practical questions
  - Can busy clinicians learn and use MI? Even for smoking?
  - Can we do MI on the phone?

Previously Studied Targets of MI in Health Care/Health Promotion

- Reducing smoking
- Reducing drinking
- Cardiac rehabilitation
- Medication adherence
- Healthy eating
- Blood glucose monitoring
- Participation in chronic pain management
- Increased exercise
- Increased safer sex
- Oral hygiene
- Reduced HTN & lipids
- Engagement in HIV care
- Intervention session attendance
- Water purification practices

Meta-analyses and reviews: General

- Mbuagbaw et al (2012) found moderate quality evidence that MI **reduces viral load and unprotected sex in youth**
- Armstrong et al. (2011) found that MI **enhances weight loss in obese patients**
- Jensen et al (2011) found that MI **helps adolescents reduce substance u**se
- Smedslund et al (2011) found that MI **reduces substance abuse** compared to no intervention
- Vasilaki et al (2006) found that brief MI is effective in **reducing excessive drinking**
- Rubak et al (2005) found that **MI outperformed advice for a range of behaviors** and diseases. Psychologists and physicians got effects in 80% of studies. When MI was 15 minutes or less, 64% of studies found effects. Repeated sessions increased the effects.

Meta analyses and reviews: Smoking

- Rabe et al. (2013) ED smoking cessation using MI with booster phone calls **increased tobacco abstinence**
- Hettema & Hendricks (2010) found **small effects of MI on smoking**
- Heckman et al (2010) found that **MI increased the likelihood of smoking abstinence by 45%**
- Lai et al (2010) found that **MI increased quitting** when delivered by physicians or counselors and in longer sessions over 20 minutes

MI for Multiple Health Behaviors

- Most chronic conditions require several behavior changes
- Targeting more than one behavior has advantages
- Evidence growing that MI for dual or multiple behaviors promotes change

Summary of the Evidence: MI in Health

- More MI (sessions and minutes) is better
- More highly trained providers get effects more often
- MI works well in addictive behaviors but has less impact on smoking cessation
- MI has effects but weaker ones in complex diseases

Can busy doctors and Nurses learn MI and Use it?

Smoking Cessation in Primary Care

- While brief physician advice and smoking cessation counseling increase quit rates, primary care clinicians do not deliver smoking cessation counseling consistently.
- Increasing smoking cessation knowledge and counseling skills among primary care clinicians could improve their delivery to patients.
- Little is known about the actual practice of MI, conducted in primary care.

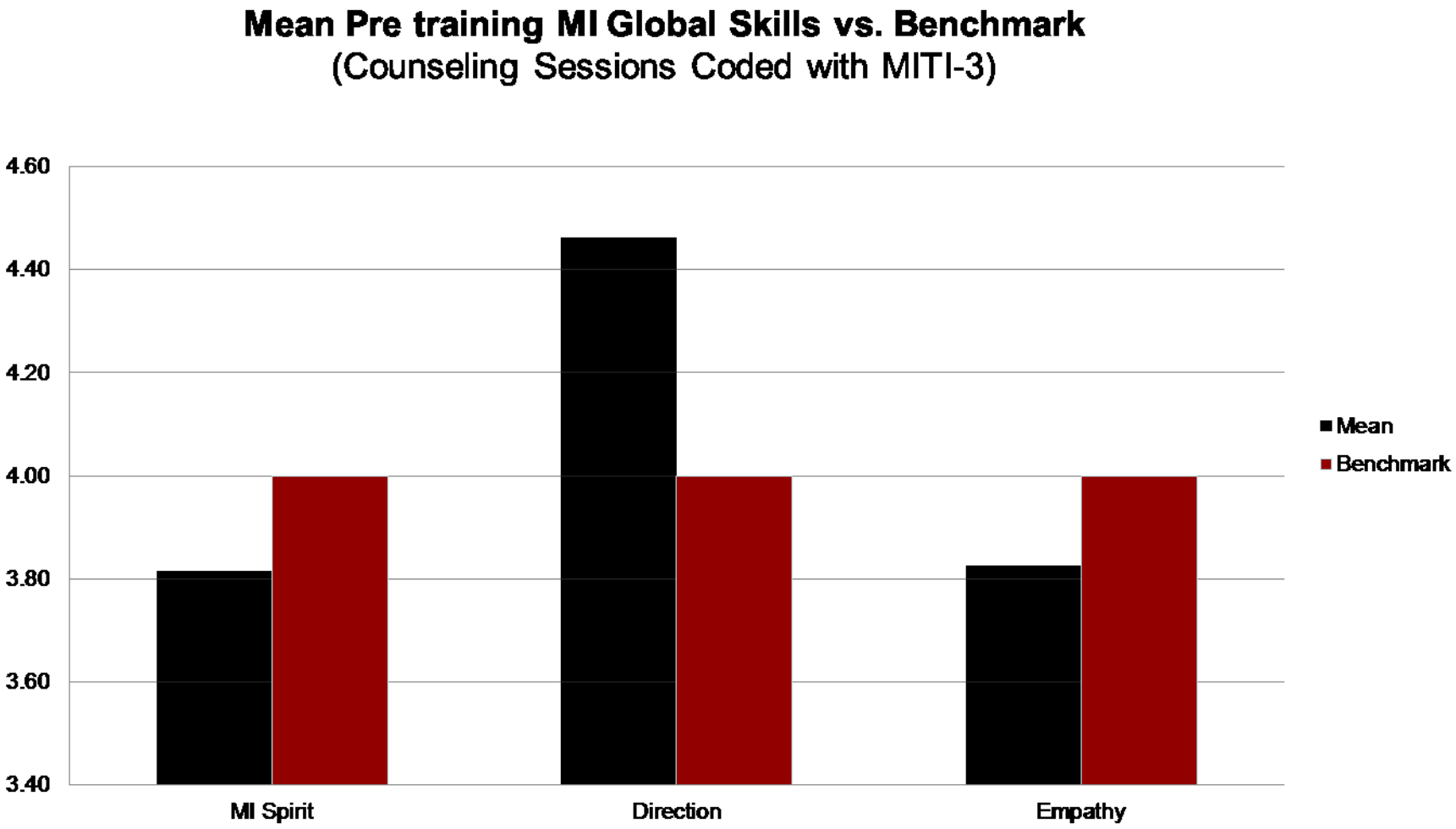
Methods

- **Study Design:** Mixed-methods prospective study.
- **Study setting and population:**

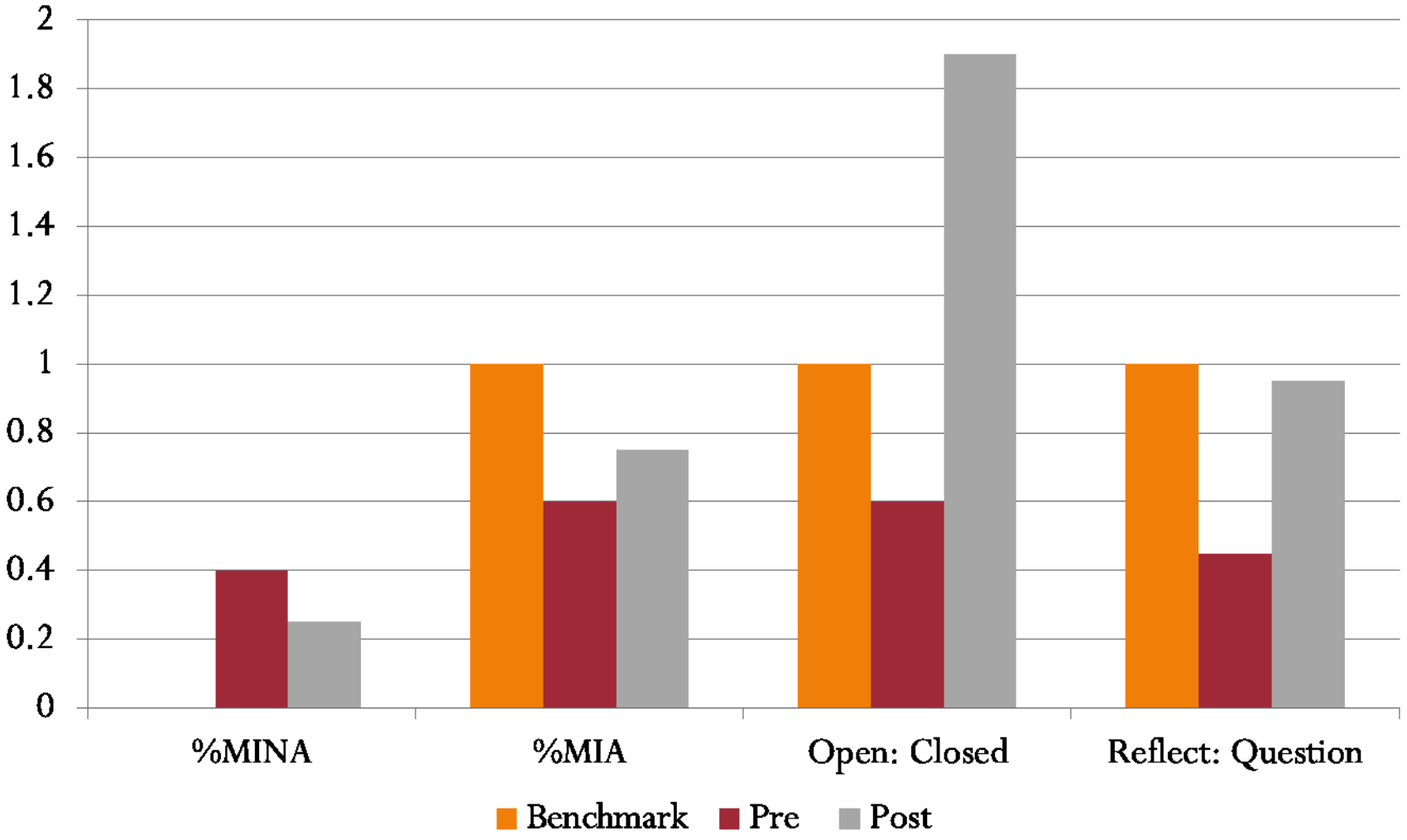
  Academic (2) & community practices (2) in central Virginia with Patients (39), Physicians (5) and nurse practitioners (1), Practice staff (~10)

- ***Intervention:***
  - MI training and smoking cessation counseling guidelines review for physicians (2 hours), followed by personalized feedback of pre-training MI skills from recorded patient encounters.
  - Patients receive smoking cessation counseling by their primary care clinicians, followed by telephone self reported smoking assessment at 1, 3 and 6 months by study staff.

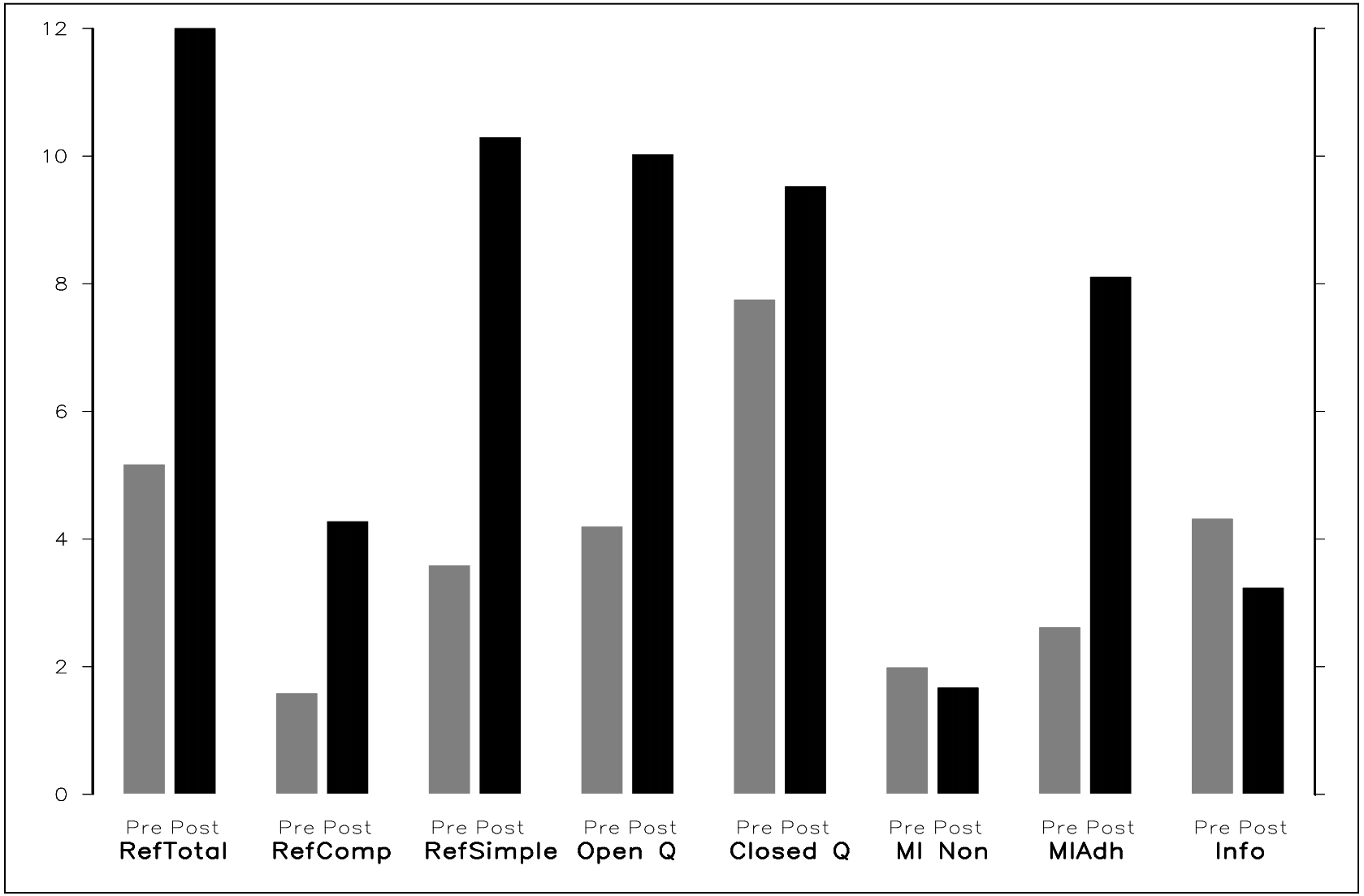
Results


Mean Pre training MI Global Skills vs. Benchmark
(Counseling Sessions Coded with MITI-3)
4.60
4.40
4.20
4.00
3.80
3.60
3.40
MI Spirit
Direction
Empathy
Mean
Benchmark

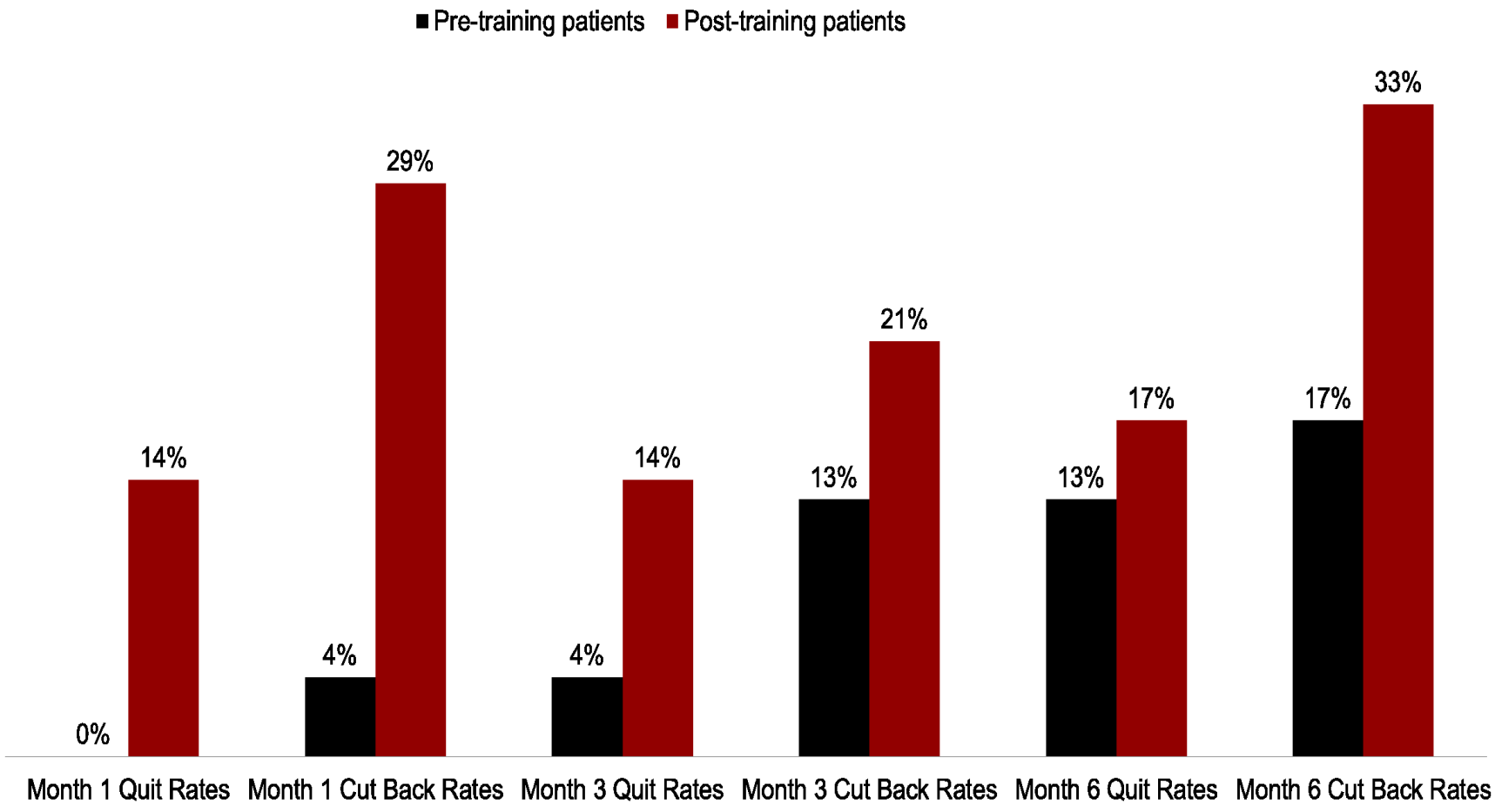
Mean MI Ratios Before and After Training



Mean Pre-post Training MI Behavior Counts



Smoking Cessation Rates pre- and post- physician training in MI



Physician Changes in MI Skills & Mechanisms of Patient Change

- **Significant increases in desired MI counseling behaviors were seen post-training, including:** total reflections (P=.002); complex reflections (P<.001); simple reflections (P=.008); open questions (P=.008); overall MI adherent behaviors (P=.004), and ratios of reflections to questions (P=.003) and open to closed questions (P=<.001).
- **Determinants of smoking cessation counseling leading to quit attempt or cessation:** using summaries during the interview (P=.007); higher ratio of reflections to questions (P=.019); increased ratio of open to closed questions (P<.001, 1 mo.; P=.063 6 mos.); and total BECCI score (P=.039).

Conclusions

- Primary care physician smoking cessation counseling behaviors and comfort improved after a 2 hour session on MI and brief smoking cessation counseling in conjunction with feedback on MI behaviors. Training helped primary care clinicians to use more and better MI skills.
- While mean clinician pre-training global scores for MI practice were lower than benchmarks in MI Spirit and Empathy, they exceeded the benchmark in Direction. All MI ratios exceeded benchmarks post-training. Some confrontation, warning, and advice without permission (MI Non-adherent behaviors) were present, but were not common. These decreased after training.
- Physician smoking cessation counseling based on MI resulted in increased smoking cessation “cutting back” on smoking in our primary care patient sample.
- These pilot results should be replicated to identify elements of MI in primary care practice that decrease the burden of death and disability caused by smoking.

Yes!

Can busy clinicians learn MI and use it?

Can we do MI on the phone?

Engagement with Technology Interventions

- Internet interventions are increasingly used to manage chronic illness, but their efficacy is limited by patient non-adherence.
- We developed a Telephone Motivational Interviewing (MI) intervention to increase adherence to an Internet intervention for Driving with T1DM.
- The Internet intervention helps people with T1DM reduce driving mishaps and hypoglycemia while driving.
- The goal of Telephone MI is to increase the participant's motivation to complete the Internet intervention and all its assignments.

MI Sessions via Telephone

- MI sessions were scripted for telephone delivery.
- Each 20-30 minute MI session progresses through 4 processes (Engaging, Focusing, Evoking, and Planning)with Planning optional for Session 1.

Telephone Session 1

- Motivational Interviewers introduce themselves, review a session agenda, and ask open questions that elicit the participant's experiences of driving with diabetes and their interests in participating, summarizing key points.
- They elicit participant's concerns about diabetes and driving and interests in changing. They ask key questions and summarize change talk.

Telephone Session 2

- The goal of Session 2 is to consolidate gains from the Internet intervention and maximize motivation to keep up good diabetes driving habits.
- This session includes eliciting and summarizing gains and planning how to maintain changes begun during the Internet intervention.

Quality of the MI by MITI codes

- Interviewers showed high adherence to the session scripts
- Excellent global scores for MI spirit, Direction, and Empathy
  High ratios of reflections to questions
- More open than closed questions
- Good use of strategies (scaling rulers, key questions)

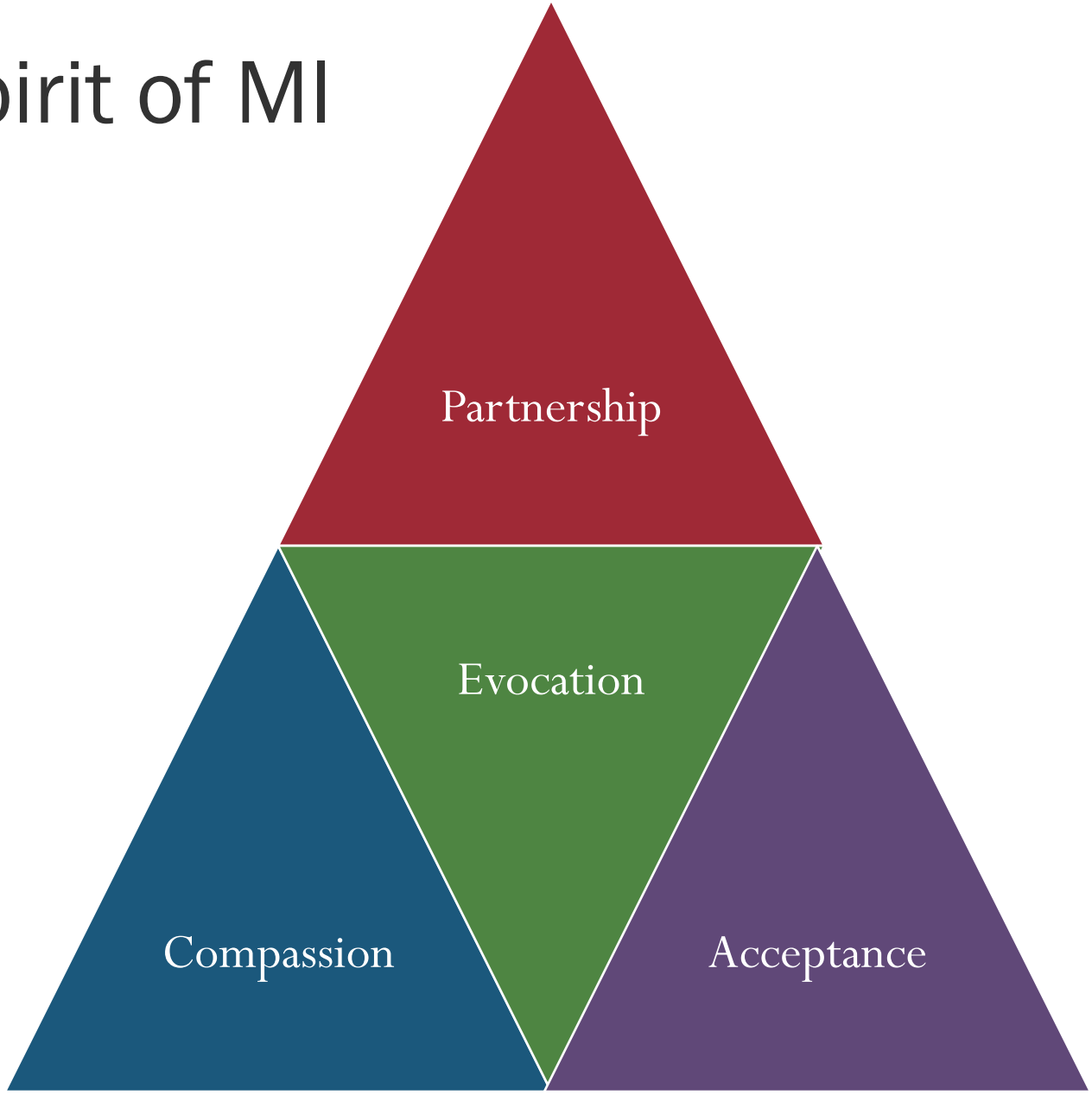
MI Increased Engagement

- Nearly all scheduled telephone sessions occurred
- More MI participants completed treatment ($p<.01$)
- 88% of the MI participants completed all five program sessions compared to only 37% of the DD.com participants
- 35% of the DD.com participants stopped after 1, 2, or 3 sessions, compared to 8% of the MI participants

Can we do MI on the phone?

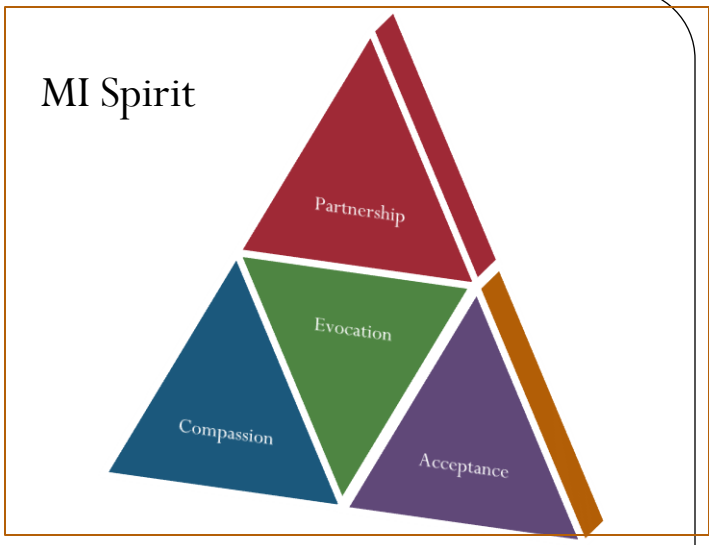
Yes, and Scripting Helped!

Spirit of MI



Miller &
Rollnick, 2013

Acceptance



Affirmation

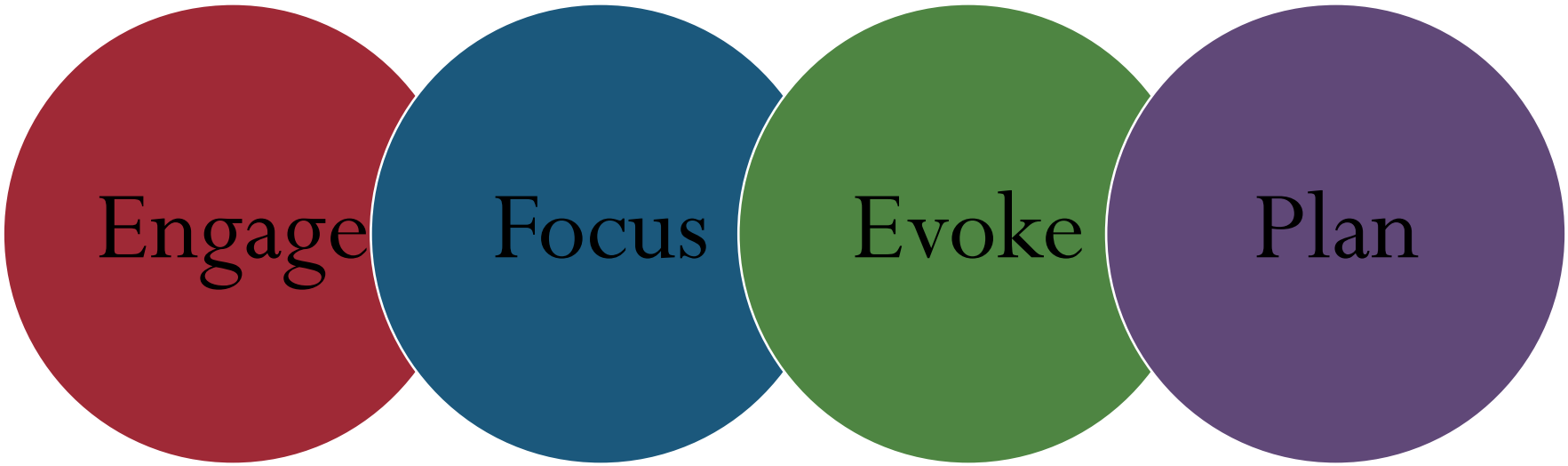
Autonomy Support

Accurate Empathy

Absolute Worth

Miller & Rollnick, 2013

Four Processes of MI



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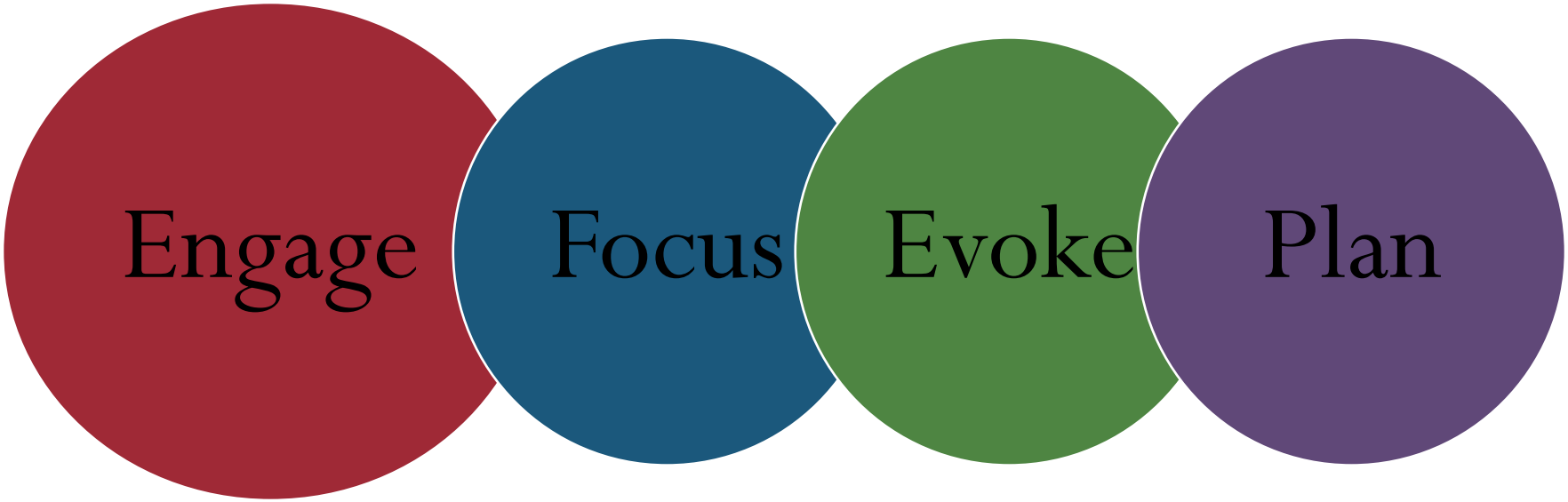

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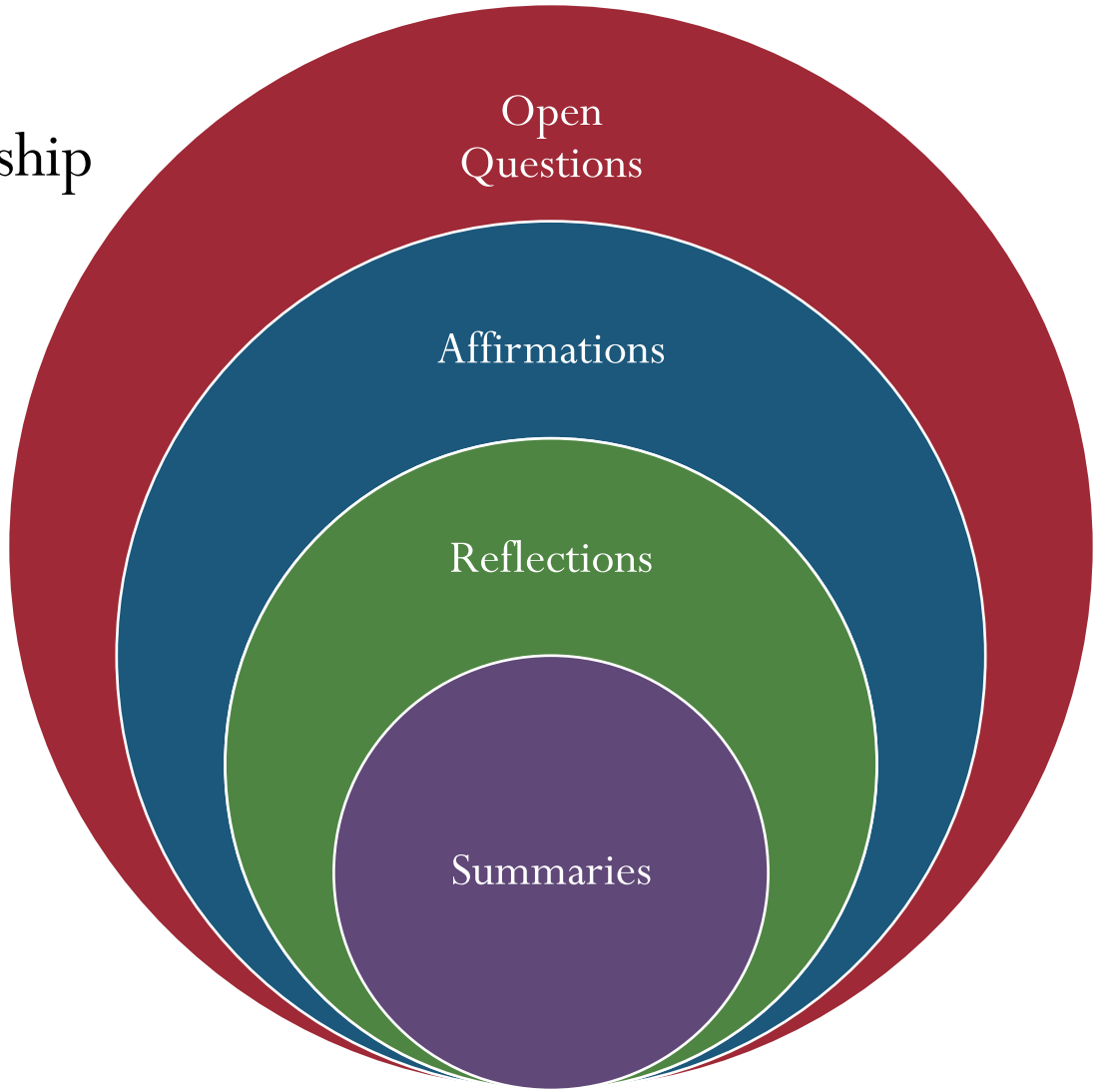
Engage/ Patient Engagement

- To establish a helpful connection
- To build rapport
- To offer relationship

Fundamental MI Client-centered Skills



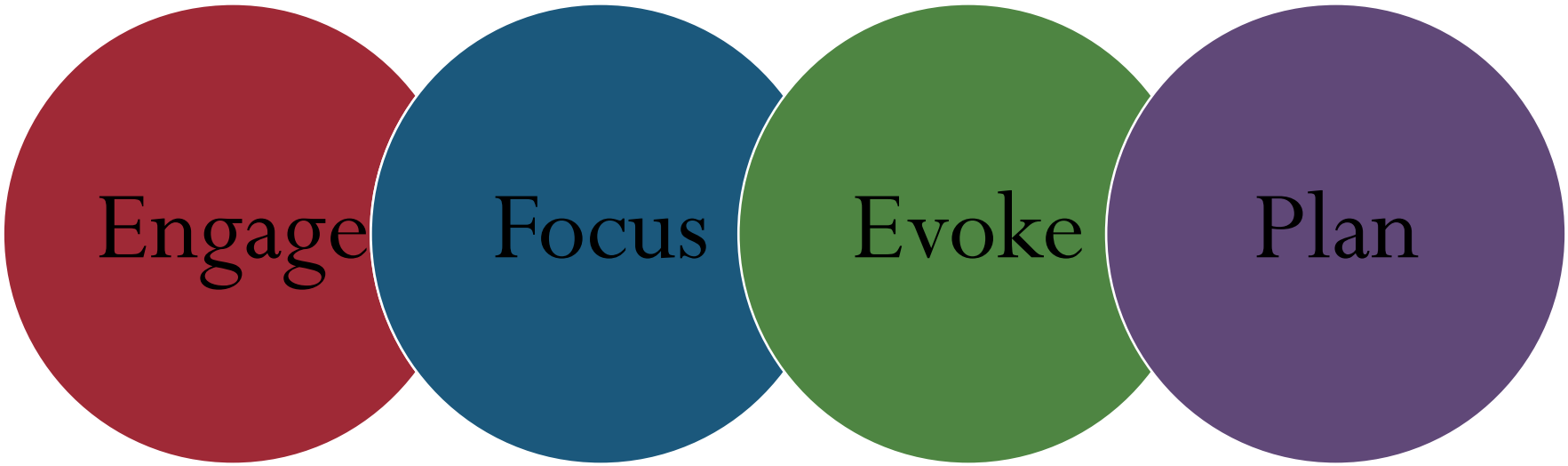
Example of Reflecting

- **Quiet Guy Video**
- Watch for OARS
- Debrief

Let's Practice the OARS!

- Dyads: partner up again!
- Client: think of something you are considering changing, but haven't yet
- Counselor, use OARS to engage in the following sequence:
  - **Tell me about something you are considering changing.**
  - **Affirm the person's thoughts, actions, or feelings about the change so far**
  - **Tell me more.**
  - **Reflect what you hear**
  - **Summarize the main points**

Four Processes of MI



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Focus

- To develop a specific agenda
- To develop change goals
- To add direction

Focus

- To develop a specific agenda
- To develop change goals
- To add direction

Explore

- Exploring Values
- Exploring Perspectives

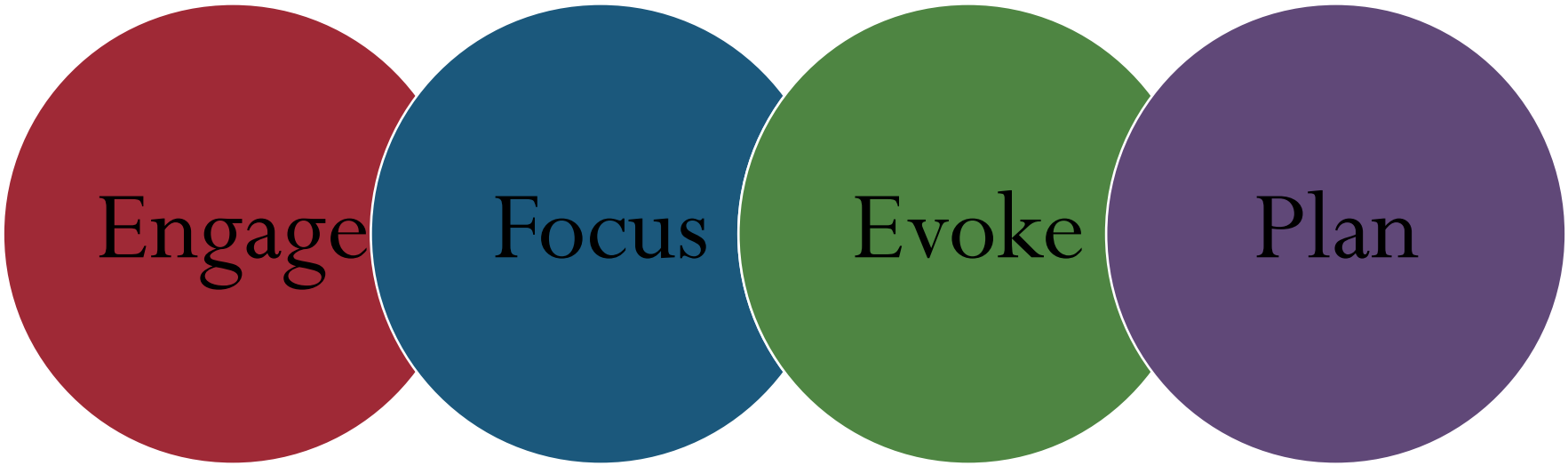
Envision

- A Different Way
- A Different Outcome

Let's Practice!

- Dyads: partner up again!
- Client: same issue you are considering changing, but haven't yet
- Counselor, use OARS to engage in the following sequence:
  - **Tell me about one part you are most interested in changing now.**
  - **Affirm the person's thoughts, actions, or feelings about the change so far**
  - **Tell me more/explore values related to the one part.**
  - **Reflect what you hear**
  - **How would things be different once you've made this change? What would life look like then?**
  - **Summarize the main points**

Four Processes of MI



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Evoke

- Find the person's motivation for specific change
- Respond to change talk
- Elicit the person's rationale for and strategies for changing

Evoking Strategies

Elaboration

- Tell me about why this change would be good for you

Evocative Questions

- What makes this change important to you?
- What might happen if you don't make this change?

Scaling Rulers

- On a 0-10 scale, with 0 being not important at all, and 10 being extremely important, how important is it for you to make this change now? What makes is an x and not a 0?
- On a 0-10 scale, with 0 being not confident at all, and 10 being extremely confident, how confident are you to make this change now? What makes it an X and not a 0?

Evoking Techniques

Reflect

- You think…
- You feel…
- You are…

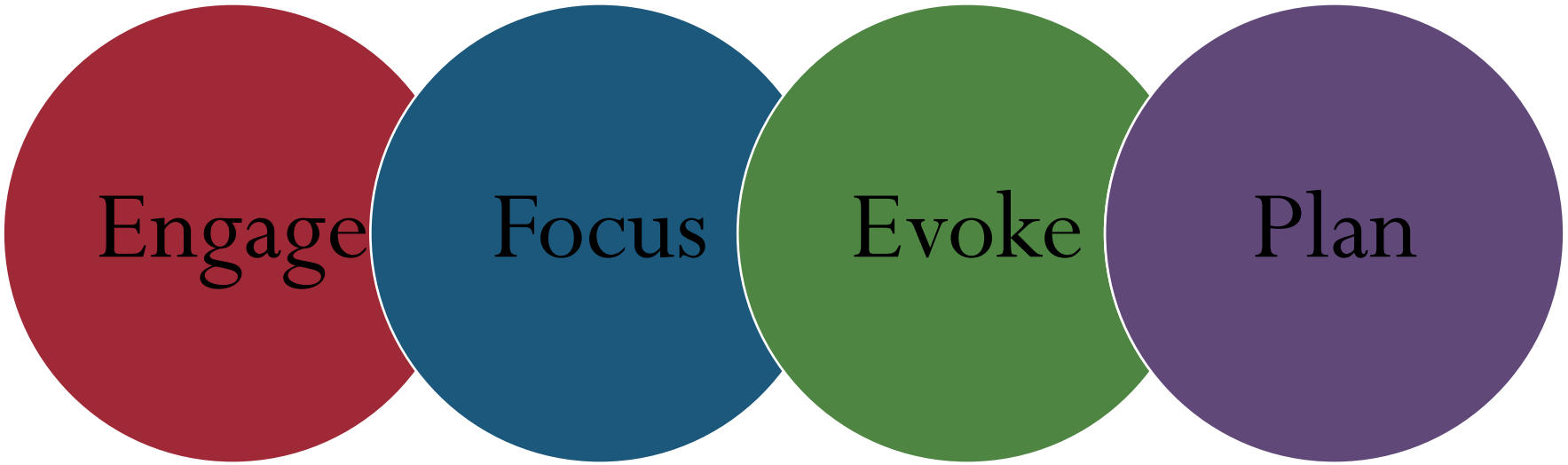
Key Questions

- What's the next step?
- Where does this leave you?
- What do you make of this?

Let's Practice Evoking!

- Dyads: partner up again!
- Client: same issue you are considering changing, but haven't yet
- Counselor, use Evoking Strategies and Techniques to engage in the following sequence:
  - **Tell me about why this change would be good for you.**
  - **Reflect what you hear**
  - **What makes this change important to you? What might happen if you don't make this change?**
  - **Reflect the person's motivations, and vision**
  - **Ask: Where does this leave you? What's the next step?**

Four Processes of MI



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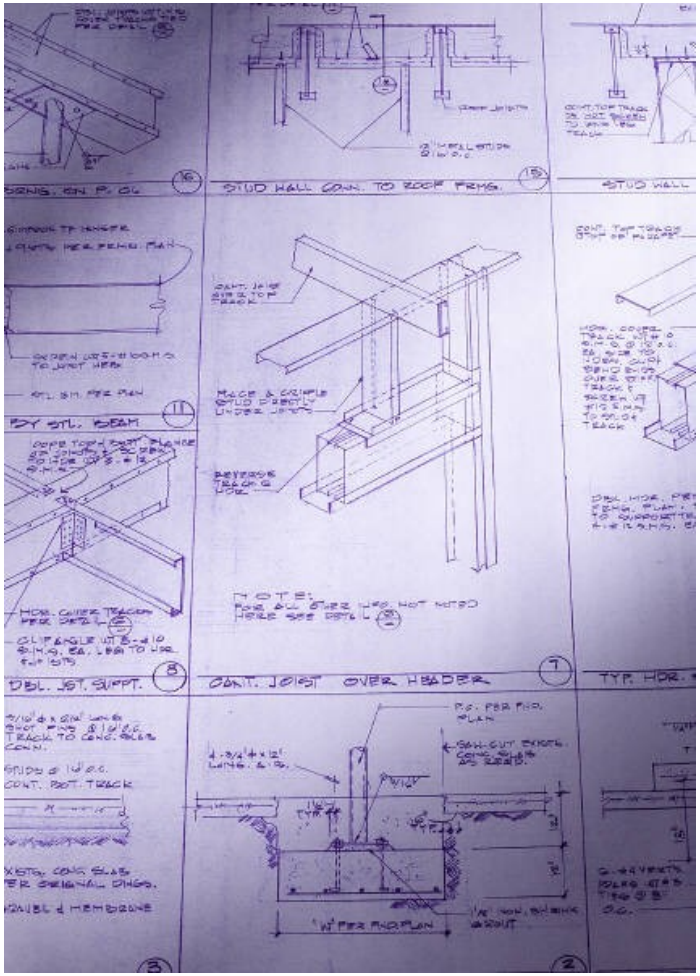
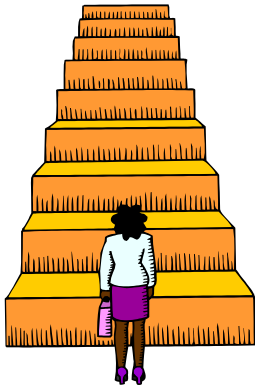
Plan

- Optional! NOT always a part of MI
- Involves Setting specific goals
- Help develop plan
  - For self change
  - For supported change



Goal Setting

- Who sets the goal?
- How do you help?
- How might this process vary by patient readiness?



Planning

- What is the change you want to make?
- What are the important reasons to make this change now?
- What might get in the way?
- Who could help you?
- What's the first step?
- How will you know the plan is working?

Let's Practice Planning!

- Dyads: partner up again!
- Client: same issue you are considering changing, but haven't yet
- Counselor, ask these open questions in the following sequence, reflecting what you hear each time:
  - **What is the change you want to make?**
  - **What are the important reasons to make this change now?**
  - **What might get in the way?**
  - **Who could help you?**
  - **What's the first step? When will you start?**
  - **How will you know the plan is working?**

Deeper Understanding

of Key MI Concepts and Skills

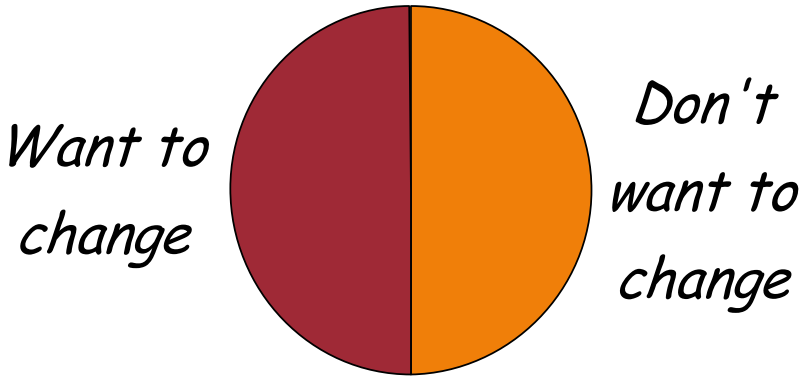
Key MI Concepts

- Ambivalence
- Righting Reflex
- Assumptions about Motivation
- Client-centered and Directive

Ambivalence: A Central Concept

- Simultaneous motivations leading in different directions
  - Desire to gain medication benefits and avoid side-effects
  - Desire to be strong and healthy and to relax and eat enjoyable foods
  - Desire to be in greater control/feel on top of things, desire to let go and escape
  - Hope for change / fear of failure

Role of Ambivalence



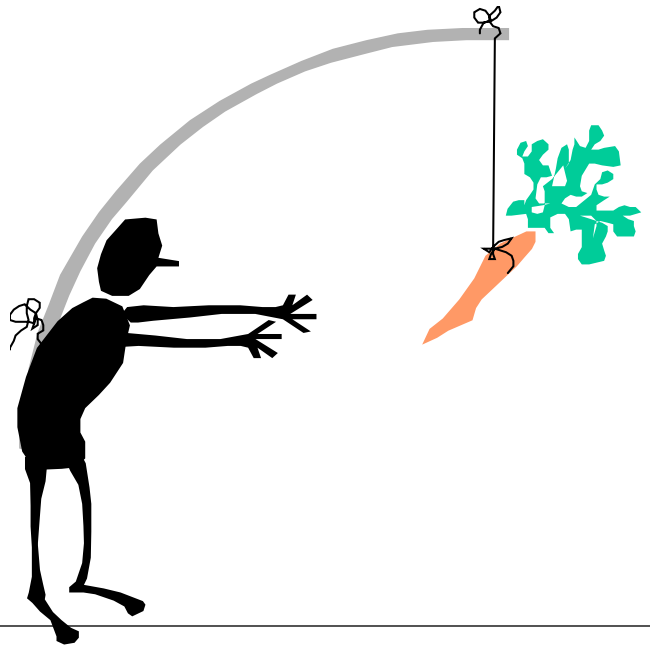
- Ambivalence is a normal component of psychological problems
- Acknowledge and **protect** the side that doesn't want to change
- Explore pros and cons of change (**decisional balance**)
- Specifics are unique to each person--try not to assume

The Righting Reflex

- Definition
- Who is Vulnerable
- What if R meets A?
  - Demo: arguing for change
  - Demo: reflecting ambivalence

What is Motivation?

- Elements of motivation (Arnold):
  - Direction – what a person is trying to do
  - Effort – how hard a person is trying
  - Persistence – how long a person keeps trying



Motivation Assumptions

Trait Model

- **Inherent in person**
- **A stable personality characteristic**
- **Unless client is motivated, little you can do.**
- **People are inherently motivated to resist change**
- **Treatment dropout, failure are due to denial**

State Model

- **Internal state influenced by external factors**
- **Motivation is a product of an interaction between people, not within one person.**
- **Influenced by counselor style and expectancies**
- **Fluctuates over time and by situation**
- **These fluctuations are often overlooked**

Motivation Is Influenced By...

- **Counselor Style**
  - *** Patterson & Forgatch, 1985**
  - *** Miller & Sovereign, 1989**
  - *** Miller, Benefield & Tonigan, 1993**
  - *** put empathy outcome study here**
- **Counselor Expectancies**
  - *** Leake & King, 1977 HARPS**
  - *** Biases toward clients (FLIPCHART)**
- **Client Expectancies**
  - *** Self change literature**
  - *** Self motivational statements**
  - *** Elicit-Provide-Elicit Strategy**

Motivation is Interactional

- Motivation involves the person, but involves larger system
- Motivation is partially elicited/reinforced by others
- Assuming motivation resides within person leads to viewing stuck person as unmotivated, resistant, lazy, manipulative, difficult (and increase in therapist controlling behaviors)

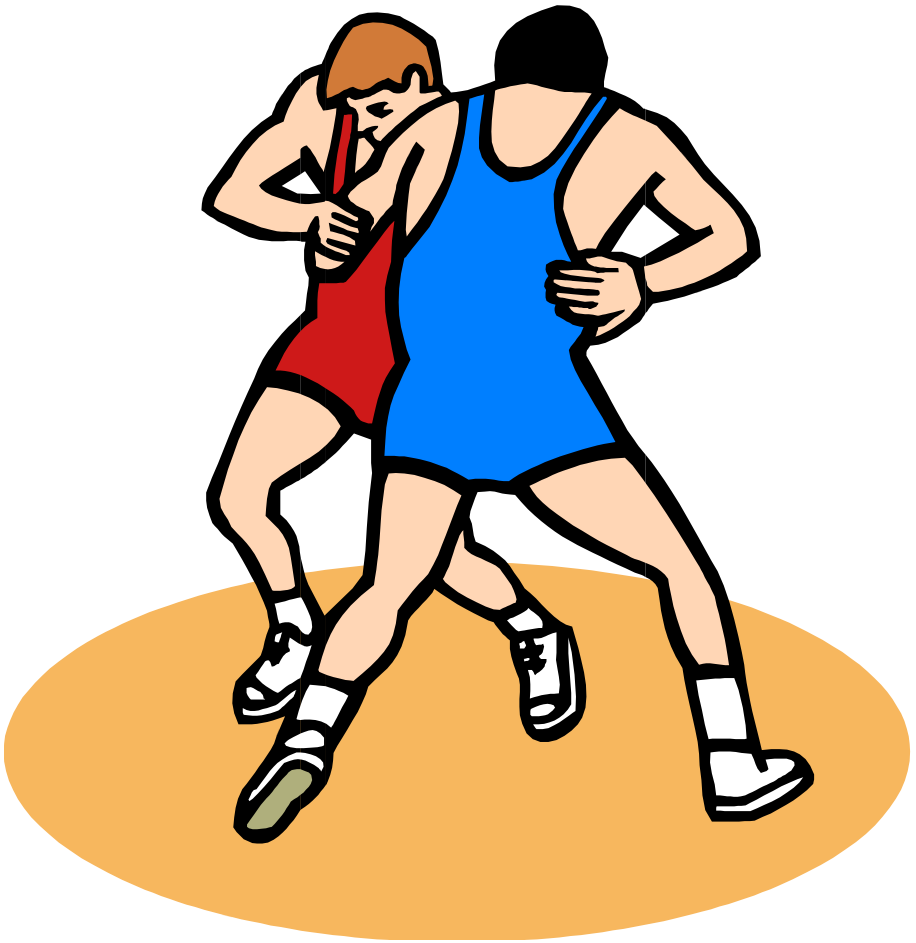
If You See Motivation as Interactional, then

- You will realize that a lack of motivation is likely a strategy to protect against
  - fear of failure
  - Loss
  - unwanted dependence on others
  - having others be in control
- You will experience an increase in your true acceptance of the person as he or she is

Psychological reactance (Brehm, 1966)

- Individuals will defend their freedom when it is threatened, especially when the threat is perceived as unfair.
  - Restricted behaviors may increase in attractiveness (forbidden fruit)
  - Person may become aggressive or assert other freedoms
- Hierarchical therapeutic relationship (e.g., diagnosing, prescribing, advising, confronting) may induce reactance

What does your interaction resemble?



Goals of MI

- To motivate healthy behavior change
- To understand and resolve ambivalence about current behaviors
- To create and amplify discrepancy between present behavior and broader goals

How?

- **Express Empathy AND Develop Discrepancy**
- Create "cognitive dissonance" between

  where one **is** → and where one **wants to be**
- Or help person envision/value/choose a new path to get where one wants to be

Key MI Skills

- MI "Global Skills"
  - Empathy
  - MI Spirit
  - Direction

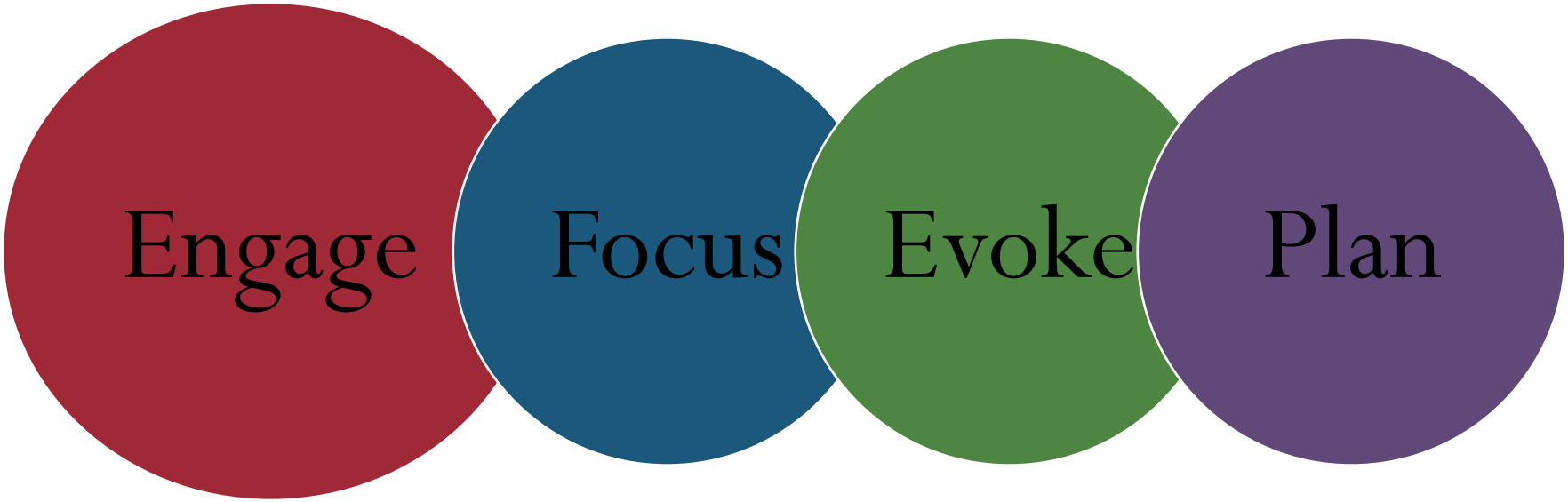
Key MI Skills

- MI "Counselor Behaviors"
  - Listening
  - Reflecting
  - Open Questions
  - Summarizing
  - Open Key Questions

Key MI Skills

- MI Strategies
  - Elicit Rather than Provide
  - Specific Strategies for Engaging, Focusing, Evoking, and Planning

Four Processes of MI



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Engaging

- Person centered techniques
- Humanistic belief system
- Joining with the person to view an issue together
- Necessary but not sufficient to be MI

Engage using Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

Therapeutic Outcomes of Empathy

- "Therapists'…outcome and retention rates have been found related to their capacity to establish an alliance, as well as to other facets of interpersonal functioning, such as their warmth and friendliness, affirmation and understanding, helping and protecting, and an absence of belittling and blaming…ignoring and neglecting and attacking and rejecting" (Najavits & Weiss, 1994, Addiction)

Interaction Style

- Reflecting the Client's point of view requires active listening
- **OARS:**
  - Open-questions (elicit exploration of topics)
  - Affirmations/Appreciations (focusing on client strengths, efforts, patience, etc.)
  - Reflections of client POV (nondirective then directive)
  - Summarize (capture "essence," link topics, transition conversation)

Interaction Style

- *Less frequently done in motivational interviewing:*
  - Closed-questions
  - Advice-giving
- *Never done in motivational interviewing:*
  - Commanding, confronting, arguing, debating, threatening

Extended Video Example of OARS: EAP John

Tally What you Hear:

O:

A:

R:

S:

Other:

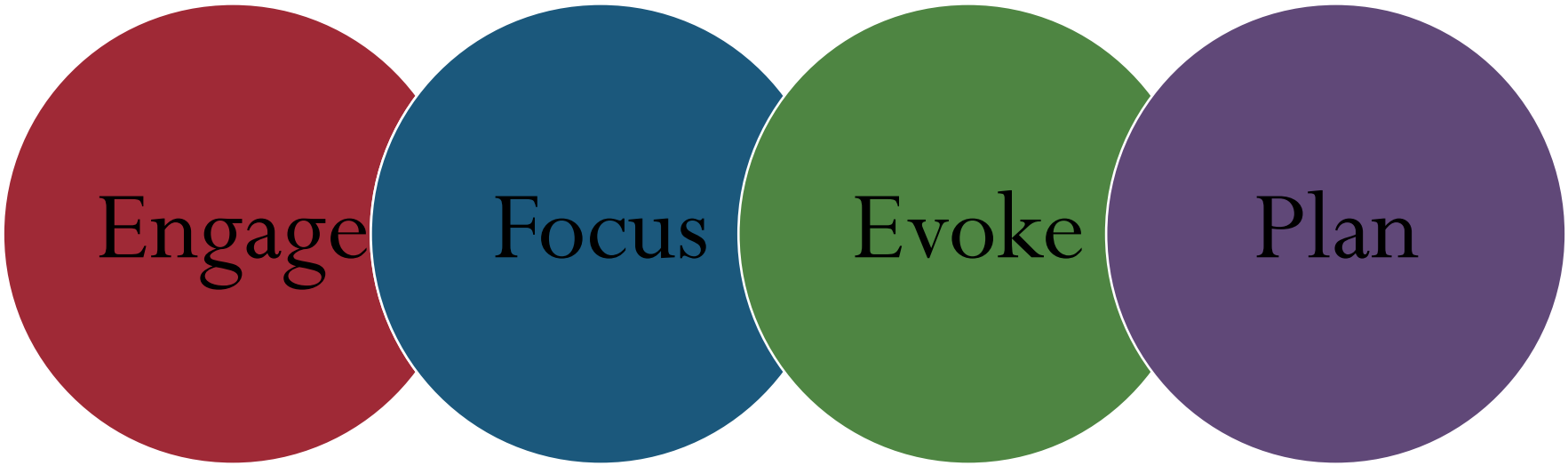
Practice Engagement Skills

- Overview of Communication
- Listening Exercises
  - Non verbal, get into the mind of the client
    - What it was like growing up
    - How I came to be in my profession
  - Thinking reflectively, do you mean that _____?
    - Something you like about yourself
  - Forming reflections: questions into statements
    - Something I feel 2 ways about

Practice Your Engagement Skills

- Reflections
  - Speaker: Something I'm considering changing
- Sustained reflections
- Guiding conversations
  - Exploring with OARS in Dyads
  - Selective use of OARS: Virginia Reel
  - Building partnerships: Deeper Reflections

Four Processes of MI



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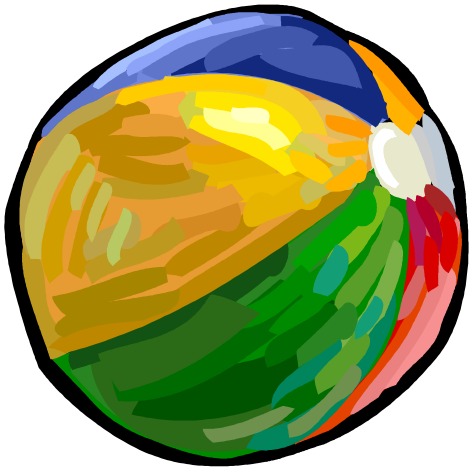
Focusing Skills: an Example

Video of Terri Moyers and the “Rounder”

Tally what you hear:	Count:
Open Questions:	
Reflections:	
Avoiding Argumentation:	
Evoking the Client’s Perspective:	
Asking the Client to Set Goal:	
Other:	

Playing with “Resistance”: Dodge Ball



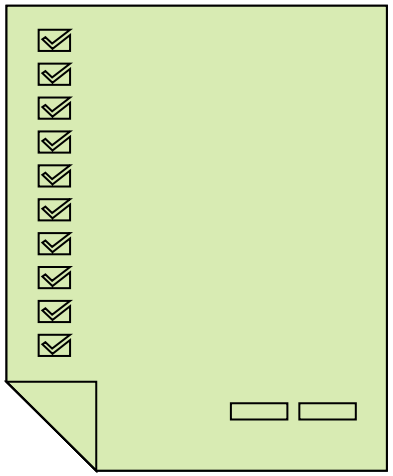
Focusing:
Explore Importance of Situation

- General:
  - How important is situation/issue, your need to make a decision or do something about it?
- Importance Ruler
  - On a scale of 0 to 10, how important is this issue to you (0=not at all, 10=most important thing in life)
  - What makes it an X and not a 0?
  - What might make your rating a few points higher, a bit more important?

Focusing: Information Exchange

- Elicit-provide-elicit strategy
- Elicit patient's understanding/knowledge, point of view
- Provide information
  - Confirming
  - New
  - Disconfirming
- Elicit patient's reaction to information

Personalized feedback



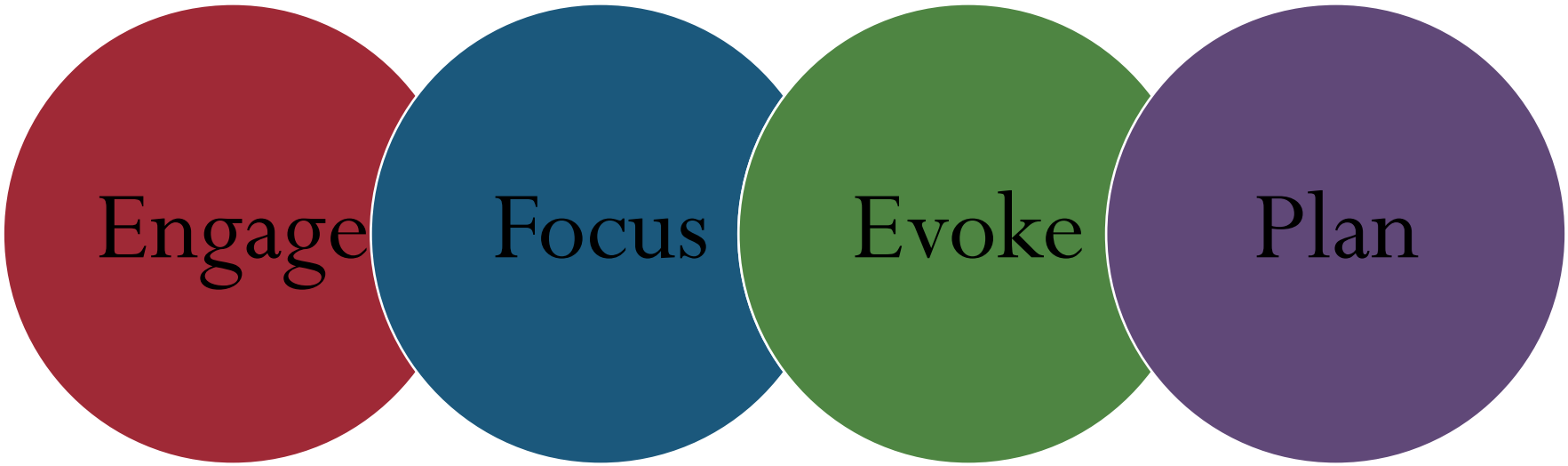
Finding a Focus through Discrepancy

- **Amplify cognitive dissonance**
- **Difference between where one is and where one wants to be**
- **Awareness of consequences is important**
- **Encourage client to present reasons for change--elicit self-motivational statements**

Focusing: Decisional Balance

- Not changing:
  - What concerns you the most about the possibility of not making a change?
  - What might some benefits be of not addressing this, not making any changes?
- Changing:
  - What might you lose, have to give up, or risk, if you make a change? What might not be so good?
  - What good things might happen if you did something about it, made a change?

Four Processes of MI



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The Goal: Evoking Change Talk

- D
- A
- R
- N
- Commitment!!!
- A
- T

Change Talk

- Drumming for change talk exercise
  - Recognize change talk: drum roll
  - Recognize commitment talk: massage the pearl
  - Neither: silence

Evoking Strategies
Increase Interest in Changing

- Reflecting and Eliciting Change Talk
- Exploring Client Values
- Exploring Good things/less good things
- Looking forward, looking back
- **Video: Soccer Guy**
- Exploring Importance and Confidence using Rulers
- Exchanging Information
- Providing Advice
- **Demo then Practice: Decisional Balance Exercise**

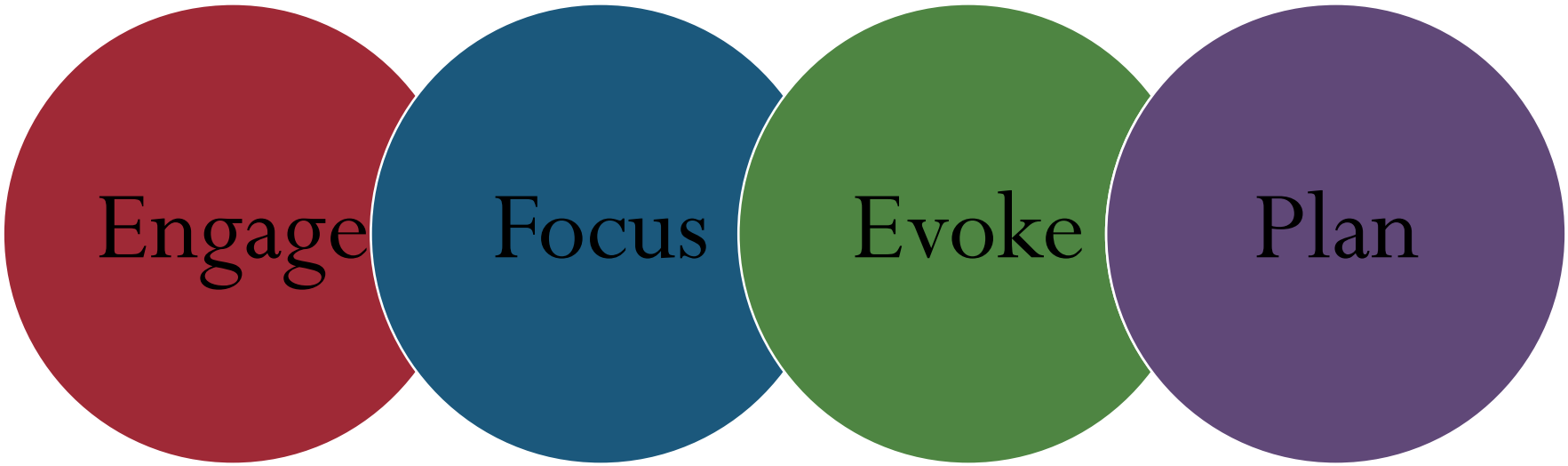
Evoking:
Explore Confidence about Changing

- On a scale of 0 to 10, how confident are you that you could change?
- What makes it an X and not a 0?
- What would make it a few points higher?
- What could I or others do to help you be more confident?

Evoking:
Strategies to Increase Confidence

- Exploring Confidence with rulers
- Exploring past successes/reframing failures
- Exploring strengths and support
- Brainstorming/hypothetical change

Four Processes of MI



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Planning: Strategies to Help Clients Prepare for and Start Changing

- Moving from hypothetical to actual
- Summarize and ask for next steps
- Change planning
- Eliciting commitment
- Affirming

Change Planning "Script"

- What, specifically, would you like to be different
- What, specifically, could you do to get started?
- If the first step is successful, then what?
- Who else could you ask for support, assistance, if anyone? What could you ask for?
- What would be signs that things are going well?
- How would you know if you were off-track?
- What would you do if you got off-track?

Planning: Implementing Change

- Where does this leave you now?
- Check in on importance and confidence – any changes in your ratings?
- What's your commitment – 0 to 10? (explore)
- What, if anything, can you commit to doing in the next week?

Planning: Support Self-Efficacy

- Belief in possibility of change is critical
- Client is responsible for choosing and carrying out change
- There is hope in the range of alternatives available

Planning: Remembering Successes

- What have you been successful at changing in the past? No matter how small…
  - What initiated you making this change?
  - What did you do to get started, what did you do to stick with your decision to change?
  - What barriers or obstacles did you run into? How did you get past them?
  - How easy was it? How did you feel after making that change? How do you feel about it now?
  - What other changes have you made?

Planning: Building on Strengths

- What strengths might you draw on to make a change?
  - *Are you determined? Flexible? Careful? Organized? Creative? Resourceful? Stubborn?*
- How have these strengths helped you before?
- What things might be changed in your environment to help you succeed? What might help you get ready?
- How might others help?

Developing Your MI skills

- Most clinicians master 8 tasks as they learn MI
  - Collaborative attitude/open mind
  - Staying with the spirit of MI: Partnership, Acceptance, Compassion, Evocation
  - Mastering OARS
  - Developing broad client centered counseling skills
  - Recognizing change talk
  - Eliciting the client's own solutions
  - Consolidating commitment to change
  - Blending MI with other skills

MI takes time and PRACTICE to learn

Useful publications

- Miller, W. & Rollnick., S. (Eds.) (2nd)(2002). Motivational Interviewing: Preparing people to change. Guilford Press:NY.
- Rollnick, S, Mason, P, & Butler, C (1999). Health Behavior Change: A Guide for Practioners. Churchill Livingstone
- MI website: www.motivationalinterview.org

Evaluations