



# Motivational Interviewing Basics

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# Behavior Change

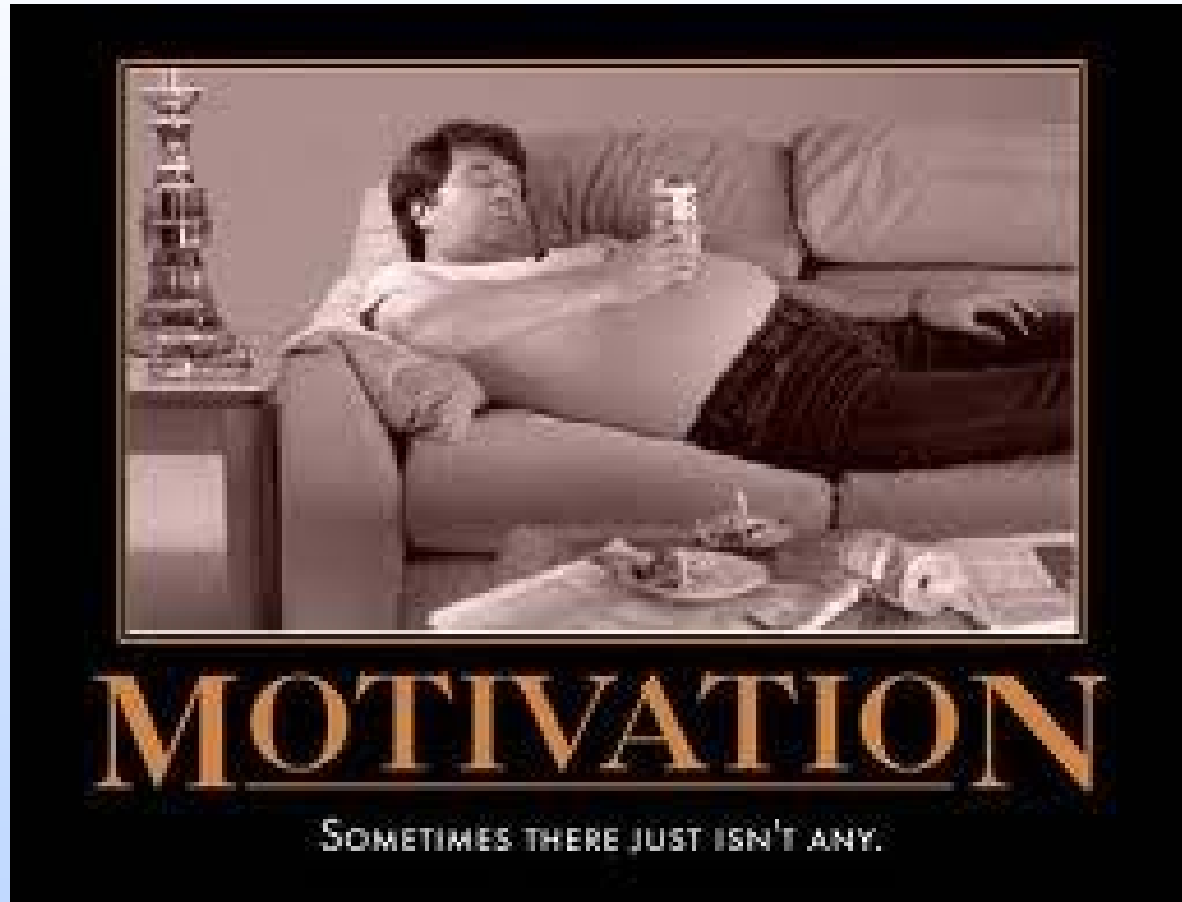
- It is difficult – breaking habits takes an application of energy
  - Especially addictive and habitual behaviors which have been highly reinforced
    - Requires attention, energy, persistence, skills, practice and support

# 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
- **EVOCAATION**  
Not Education/Advice
- **ACCEPTANCE/AUTONOMY**  
Not Authority

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

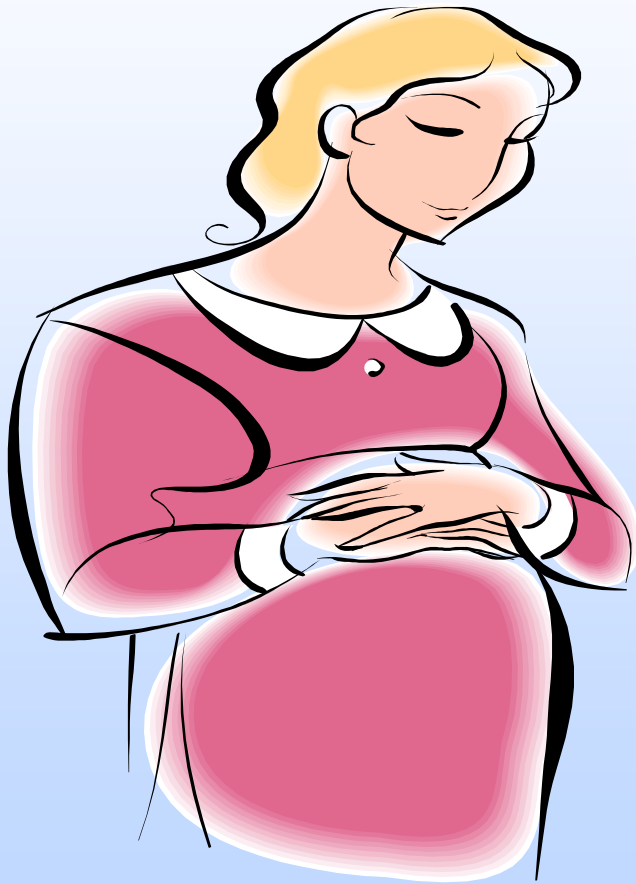
# Getting Motivated

The Patient must:

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



# Motivation...

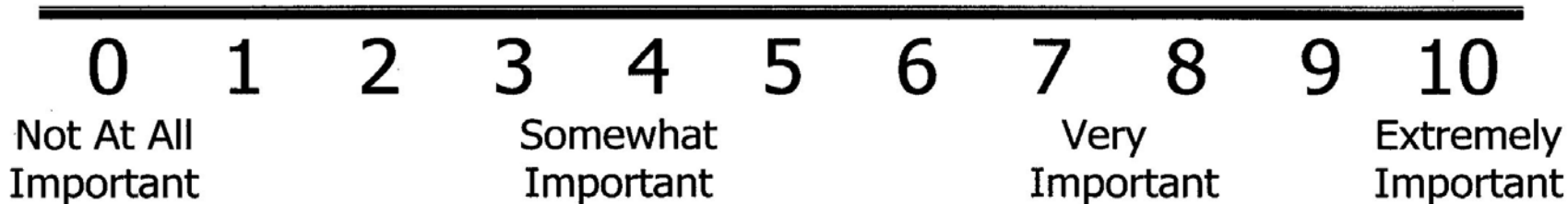


**Can be internal  
or interpersonal**

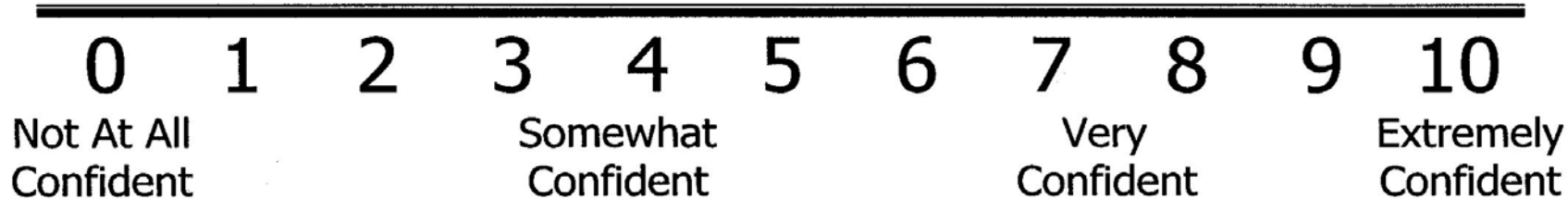
# Factors of Motivation

- 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?



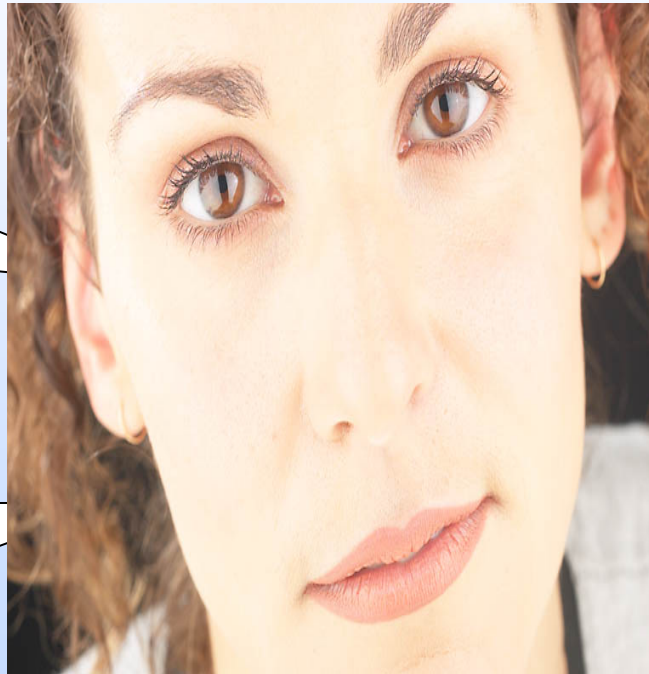
values

**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**

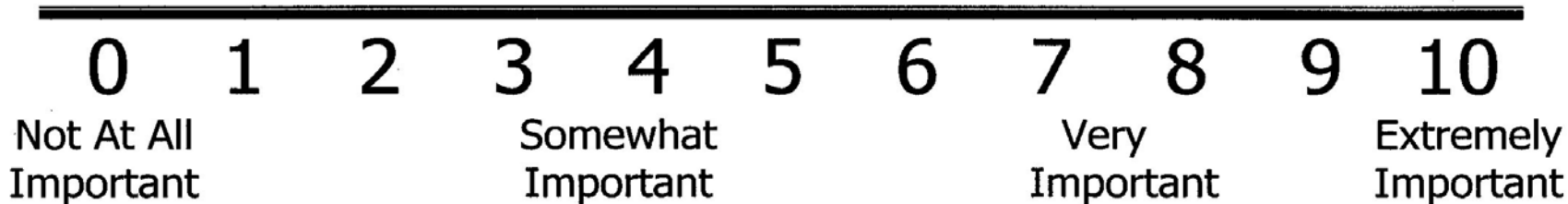
# Getting Started

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

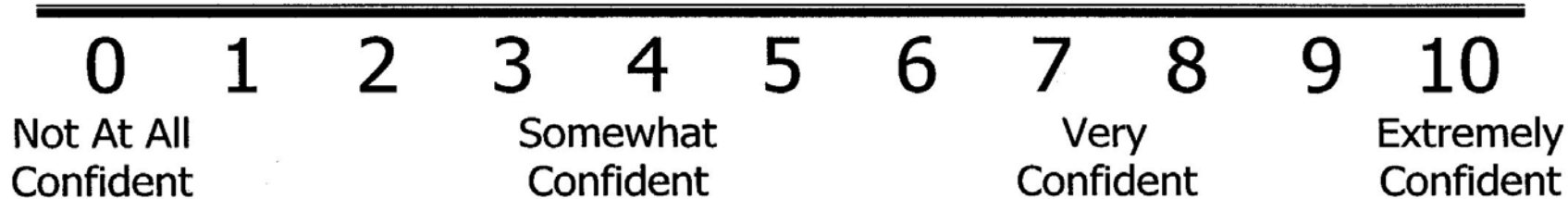
# Communication Strategies

- 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

