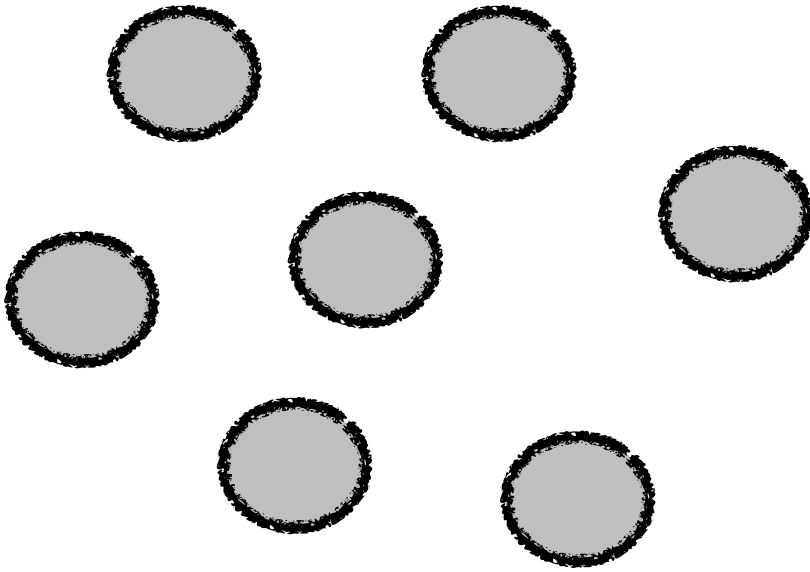
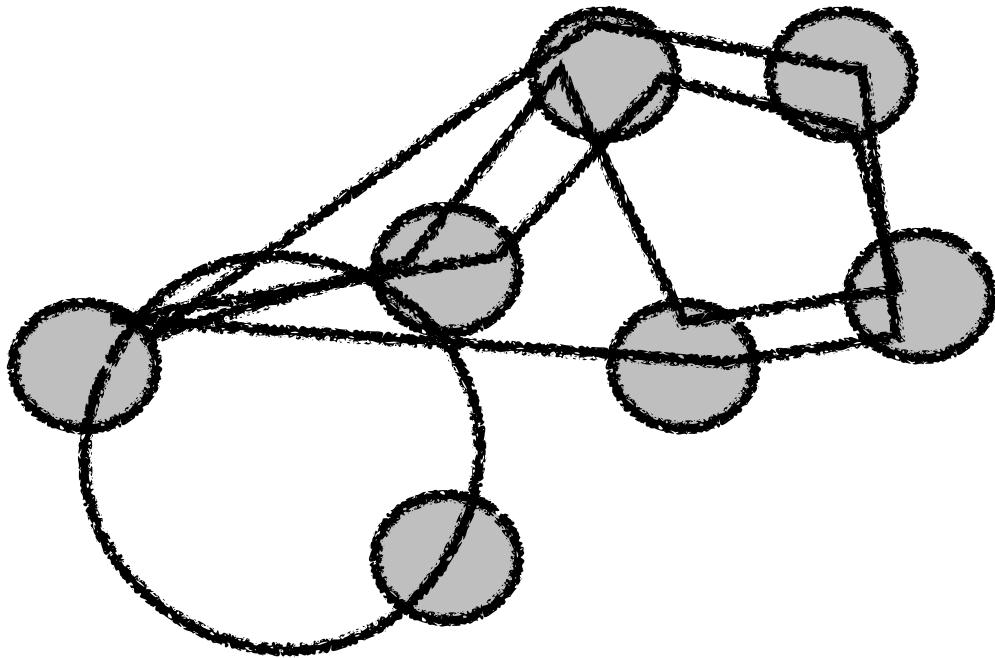


**KNOWLEDGE**



**EXPERIENCE**



Motivational Interviewing ( MI 3 )

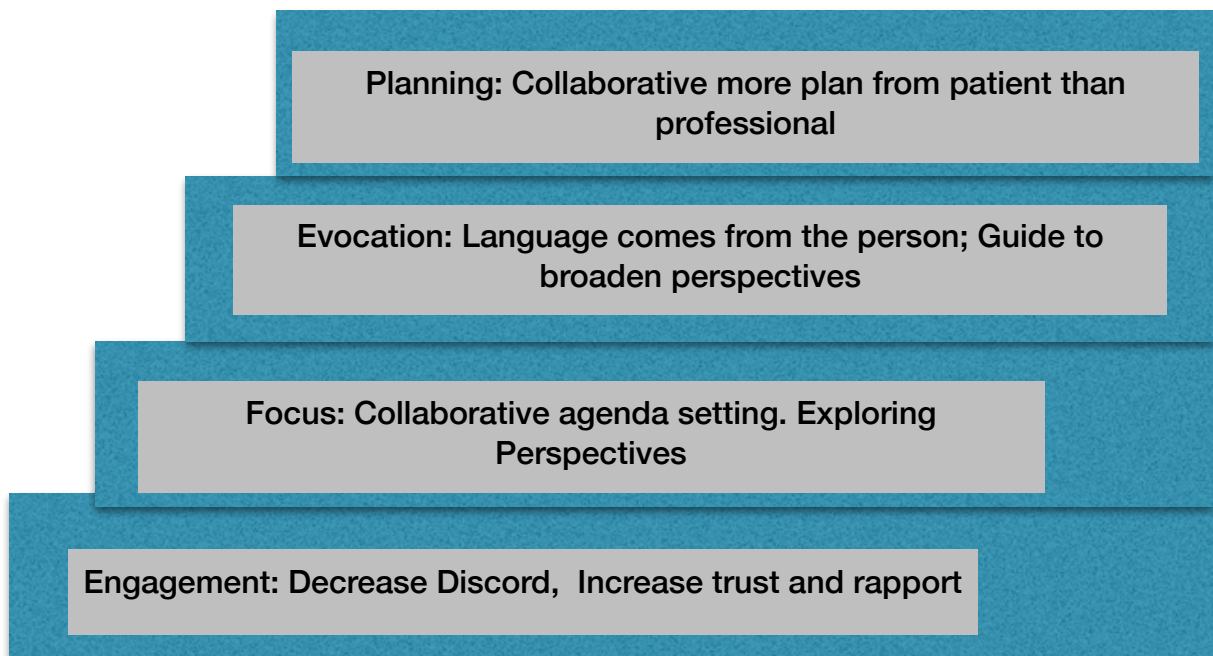
(Lay definition)

***MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change.***

(Clinical Definition)

***A person-centered counseling style for addressing the common problem of ambivalence.***

(Technical Definition)



Engagement-Client led. Use OARS ( Open Questions,Affirmations,Reflections, Summary) Grain of Truth

Focusing-Collaborative; (3 types) Primary Focus, Menu, (3 top Priorities for change in next 3 months), Confused Focus

Evoking-Client (led) talks about change and situation; Talks more than counselor. ( Change Talk) EARS ( elaboration, affirmation,reflection,summary)

Planning-Collaborative S. M. A. R. T. specific,measurable,achievable, realistic,time oriented (tweak what's not working).

## Core Motivational Interviewing Concepts

- Demonstrates a counseling STYLE that is:
  - Warm & friendly
  - Empathic (seeks to understand things from the client's perspective)
  - Collaborative (dances versus wrestles)
  - Accepting/non-judgmental
  - Respectful
  - Positive & Hopeful
  - Honoring of autonomy (respects the client's freedom of choice)
- Suspends the expert-didactic-prescriptive-authority role
- Resists the “righting reflex” (the desire to fix things)
- Observes Discord and employs strategies to minimize
- Listens first! Talks less than client!
- Uses O.A.R.S. to support the client in safely exploring experiences, concerns, values, and motivations
  - Open-ended questions
  - Affirmation
  - Reflective Listening
  - Summaries
- Asks mostly open-ended versus close-ended questions
- Reflect! Reflect! Reflect! On average, reflects twice for each question
- Encourages “change talk!” Invites the client to give voice to their own wisdom, concerns, ambivalence, motivations, aspirations, ideas, and solutions
- Asks permission before raising a topic, addressing concerns, offering advice or exchanging information
- After exchanging information (advice, education, clinical feedback), asks for client's response
- Holds the reins on goal setting until the client is ready
- Able to let go when client is not ready to change
  -

# Motivational Interviewing Sessions

## Engagement 20% rule

Use OARS and Reflective rapport building skills

### **Attend to discord**

Respect Sustain Talk

Client/Patient agenda comes first.

Manage Time and other setting concerns

Avoid note taking when possible

## **Focus - single, menu/agenda exploration.**

Emphasize Collaboration

Use Summaries and clarifying questions to test for agreement.

Explore Perspectives

## **Evocation**

Use EARS-explore readiness, barriers supports

Broadening Perspectives

Scale questions

Past “change” narratives

Visioning with the change

Visioning without the change

Acknowledge status quo talk ask for and reflect change talk and commitment language

## **SMART Planning**

### **Plan comes from the patient**

Specific

Measurable

Achievable

Relevant/ Realistic

Time oriented

When there is a glitch circle back.

## Key Questions

### **Asking for commitment-**

Where does this leave you now?

What do you think you'll do?

Where do you go from here?

### **Asking for specific goals-**

What would you like to be different?

What specifically would you like to change?

What would be the first change?

### **Asking for a plan-**

How might you go about doing this?

What is the first step?

What has worked before?

### **When you want to raise awareness-**

When can you see this changing?

What would make you feel like now is the time?

What will you watch to see that its time?

### **When you are asking for follow-up when client has not made a commitment-**

What are you thoughts now?

Since we met what has come up for you about this?

So what's in your head about this decision?

## **EXPLORING PERSPECTIVES**

Explore Lifestyles, typical day

Explore Priorities and agenda setting

Explore Ambivalence/Good not so good/decisional balance

Explore potential changes versus not willing to change

Explore Values, Wishes, Hopes Aspirations

## **Broadening PERSPECTIVES**

Evoke current perspectives compared to initial perspectives

Evoke stages of change and process of change conceptually

Elicit change success stories

Elicit relationship to change related to ready, willing and able

Elicit adaptation to Chronic Illness, coping skills, supports and identity & values changes

## **Brief Action Planning**

Brief Action Planning is organized around three core questions:

“Is there anything you would like to do for your health in the next week or two?” (what, when, where, how often, etc?)

“On a 0-10 scale of confidence, where 0 means no confidence and 10 means a lot of confidence, about how confident are you that you will be able to carry out your plan?” (If confidence <7, initiate collaborative problem-solving.)

“When would you like to meet again to review how you’ve been able to do with your plan?”

**Didactic Information Plan**

**Information to be shared:**

**(Explore Elicit Explore)**

**Plan B:**

## Group Guidelines Example



<http://www.comprehensivemi.com/about/brief-action-planning>



## Planning Coaching Handout

### Brief Action Planning

## Three Core Questions

Brief Action Planning is organized around three core questions:

“Is there anything you would like to do for your health in the next week or two?” (what, when, where, how often, etc?)

“On a 0-10 scale of confidence, where 0 means no confidence and 10 means a lot of confidence, about how confident are you that you will be able to carry out your plan?” (If confidence <7, initiate collaborative problem-solving.)

“When would you like to meet again to review how you’ve been able to do with your plan?”

## Five Additional Skills

Presentation of a Behavioral Menu

SMART Behavioral Planning

(Specific~ Measurable~ Achievable~ Relevant~ Time organized)

Elicitation of Commitment Statements

Collaborative Problem Solving

Follow-Up

Situation \_\_\_\_\_ Collaborative Goal \_\_\_\_\_

What Concerns You? \_\_\_\_\_

What Concerns the patient? \_\_\_\_\_

\_\_\_\_\_

Strategies & Plan: S- \_\_\_\_\_

M- \_\_\_\_\_

A- \_\_\_\_\_

R- \_\_\_\_\_

T- \_\_\_\_\_

**MI Spirit & Philosophy: Autonomy & Compassion, Collaboration, Evocation**

**Self Efficacy-**  
**Social Isolation-**  
**Stigma-**

**Ethical Assessment-**  
**Autonomy**  
**Fidelity**  
**Harm versus Benefits**  
**Justice**

\_\_\_\_\_

| ++++ Motivational Interviewing | Motivational Interviewing non-adherent | Comments |
|--------------------------------|--|----------|
|                                |  |          |

## **Additional Considerations**

Social Isolation

Stigma

Self efficacy

## **Ethics Considerations**

Autonomy

Fidelity

Do No Harm

Self Efficacy

Potential to Improve or Benefit

Justice

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