



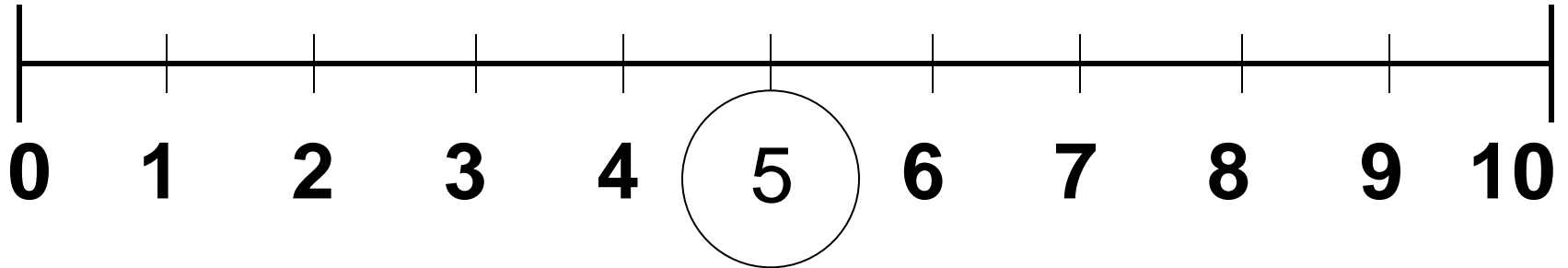
# Motivational Interviewing in Action: *An Experiential Overview*

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A.I.M. for Change  
*(Awakening Inner Motivation)*  
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# Motivational Interviewing in Action!

- **One new idea**
- **↑ Confidence**

# Confidence...



# Dancing not Wrestling




# Motivational Interviewing:

*“A style of communication designed to bring out the other persons motivations to change.”*

- Bill Miller (*MI Elevator Speech*)







“In some ways MI is simple, but mastering it is neither quick nor easy.”

- Miller & Rollnick, 2009




“Developing proficiency in MI is like learning to play a musical instrument. Some initial instruction is helpful, but real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. As with other complex skills, gaining proficiency in MI is **a lifelong process.**”

- William Miller, 2008

# R.E.A.L

- **Respect**
- **Empathy**
- **Active Collaboration**
- **Listening**



**What do you  
love about  
your work?**

# Listen with:

- Presence
- Undivided Attention
- Eyes, ears, and heart
- Acceptance
- Curiosity
- Delight
- Silence!
- **Encouragers**: (e.g., mm-hmm, I see, go on, oh, really, right, no way, what else, wow, **tell me more...**)

# Summarize



Ask: “Did I get it all?”

Ask Permission: *“May I share with you some feedback?”*

**RESPECT**



**Control  
&  
Choice!**



**Extend  
gratitude!**

***Thank you...***



# Common Human Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the clinician
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

# Interpersonal Style

- Empathic
- Warm & friendly
- Compassionate
- Collaborative
- Accepting
- Respectful
- Optimistic
- Eliciting & Listening
- Honoring of autonomy & choice



# Style

is everything!

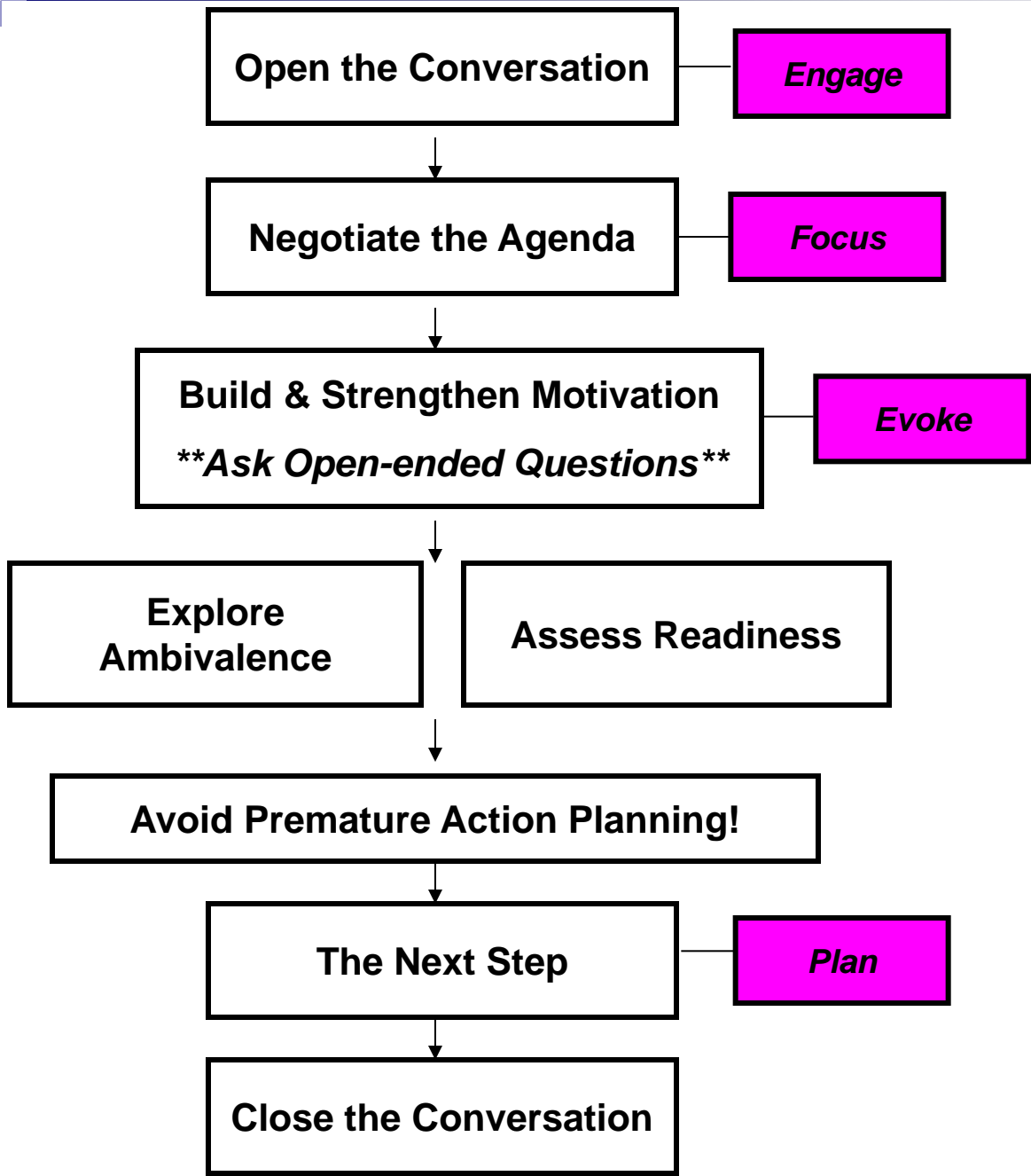
# The 4 Processes of MI

- Engage

- Focus

- Evoke

- Plan



*Engage*

*Focus*

*Evoke*

*Plan*

**Share Information**

*Explore-Offer-Explore*

- *Education*
- *Advice*
- *Feedback*
- *Skills*
- *Referral*



Open the Conversation

*Engage*

Negotiate the Agenda

*Focus*

Build & Strengthen Motivation  
**\*\*Ask Open-ended Questions\*\***

*Evoke*

Explore Ambivalence

Assess Readiness

**Avoid Premature Action Planning!**

The Next Step

*Plan*

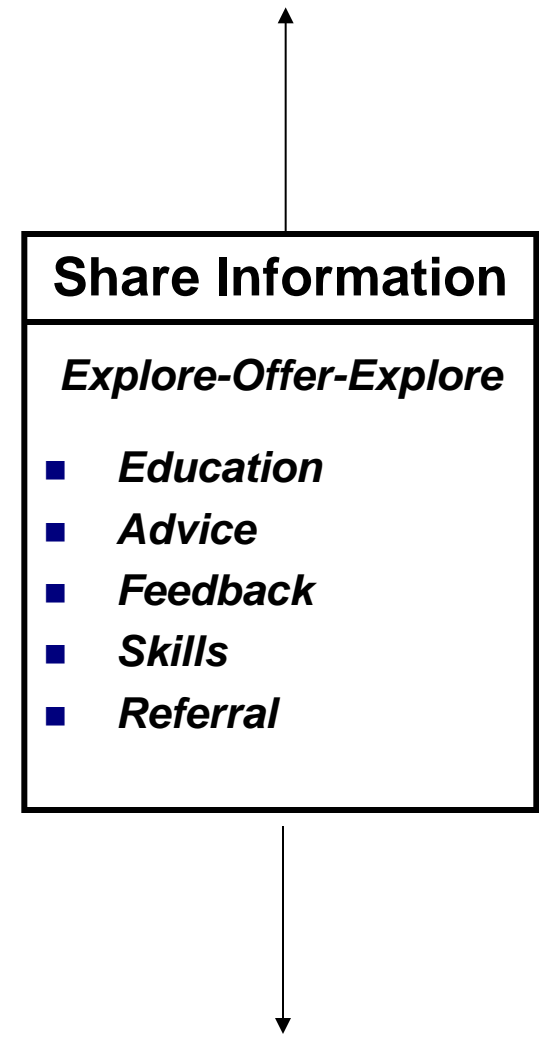
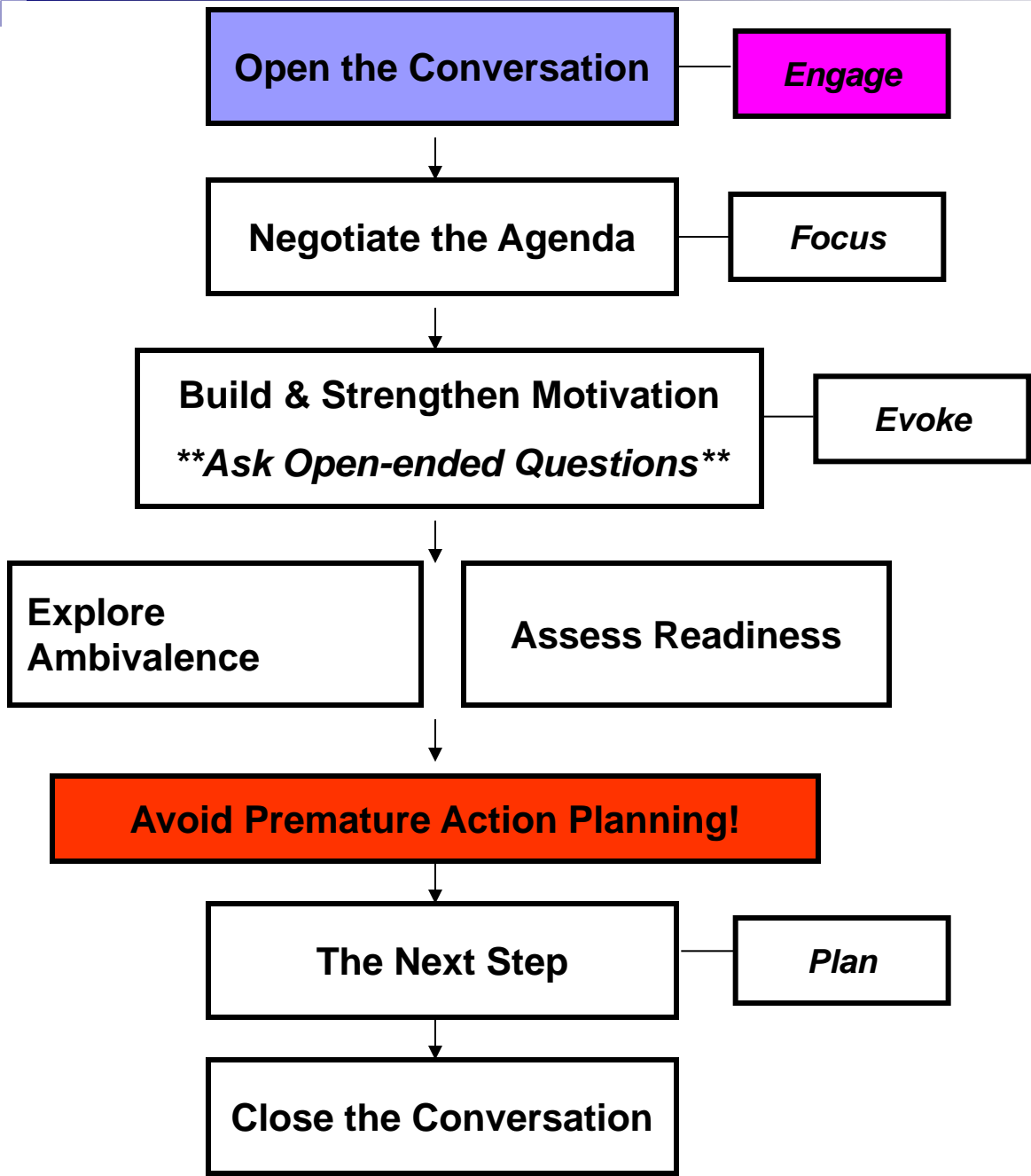
Close the Conversation

**Share Information**

*Explore-Offer-Explore*

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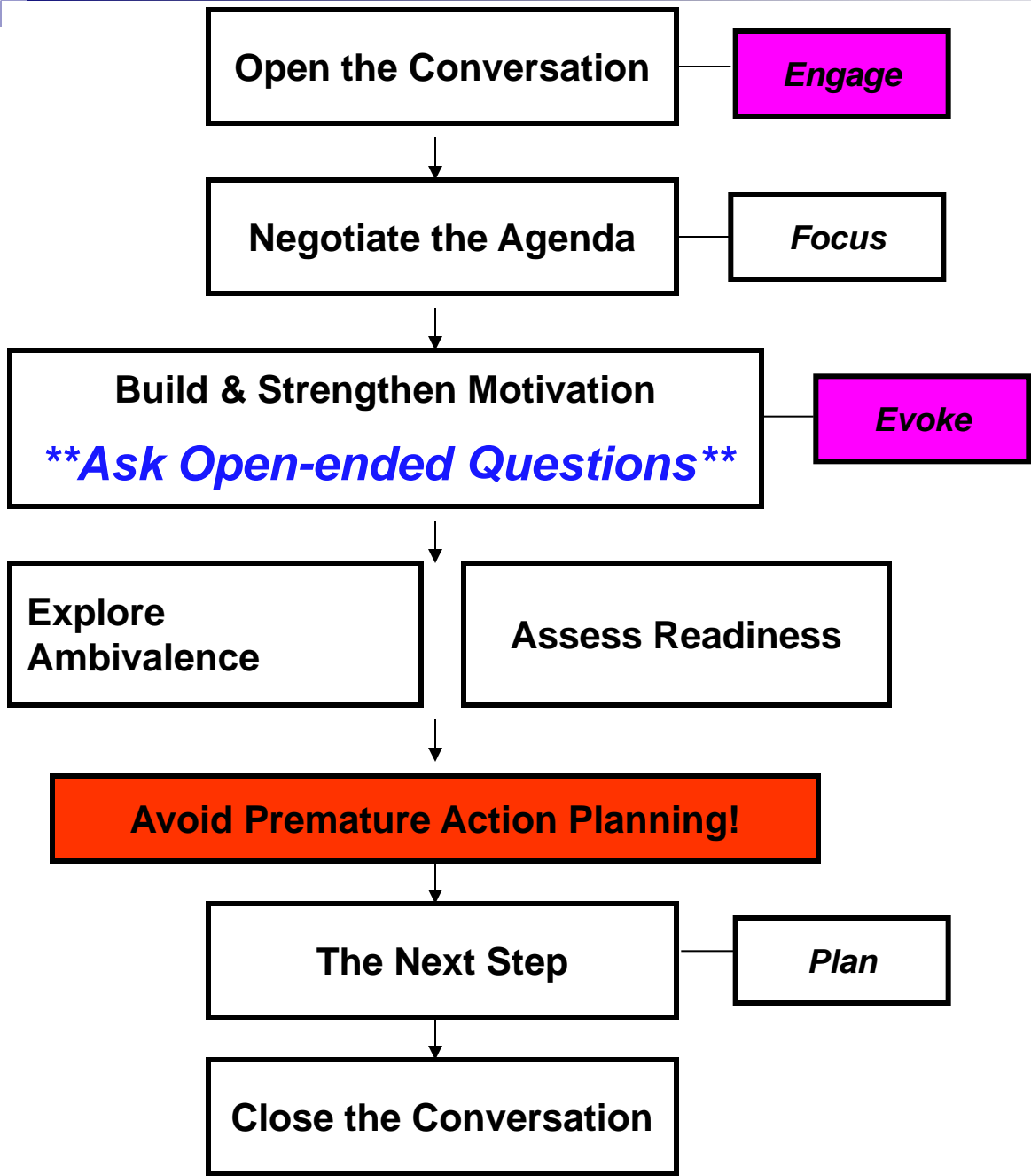




# Open the Conversation

- **Warm, friendly greeting (smile!)**
- **Name**
- **Role**
- **Time**
- **Ask permission**





*Engage*

*Focus*

*Evoke*

*Plan*

**Share Information**

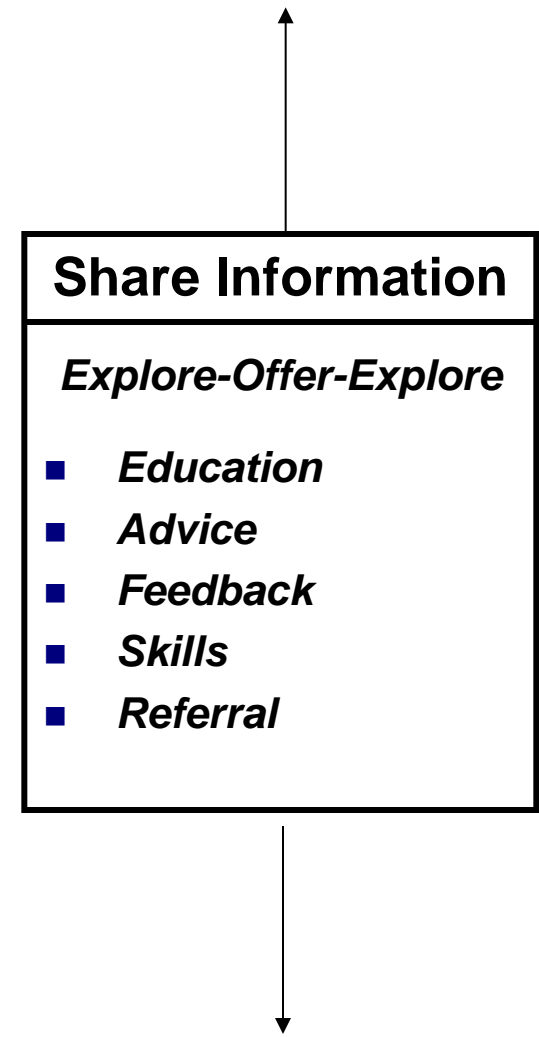
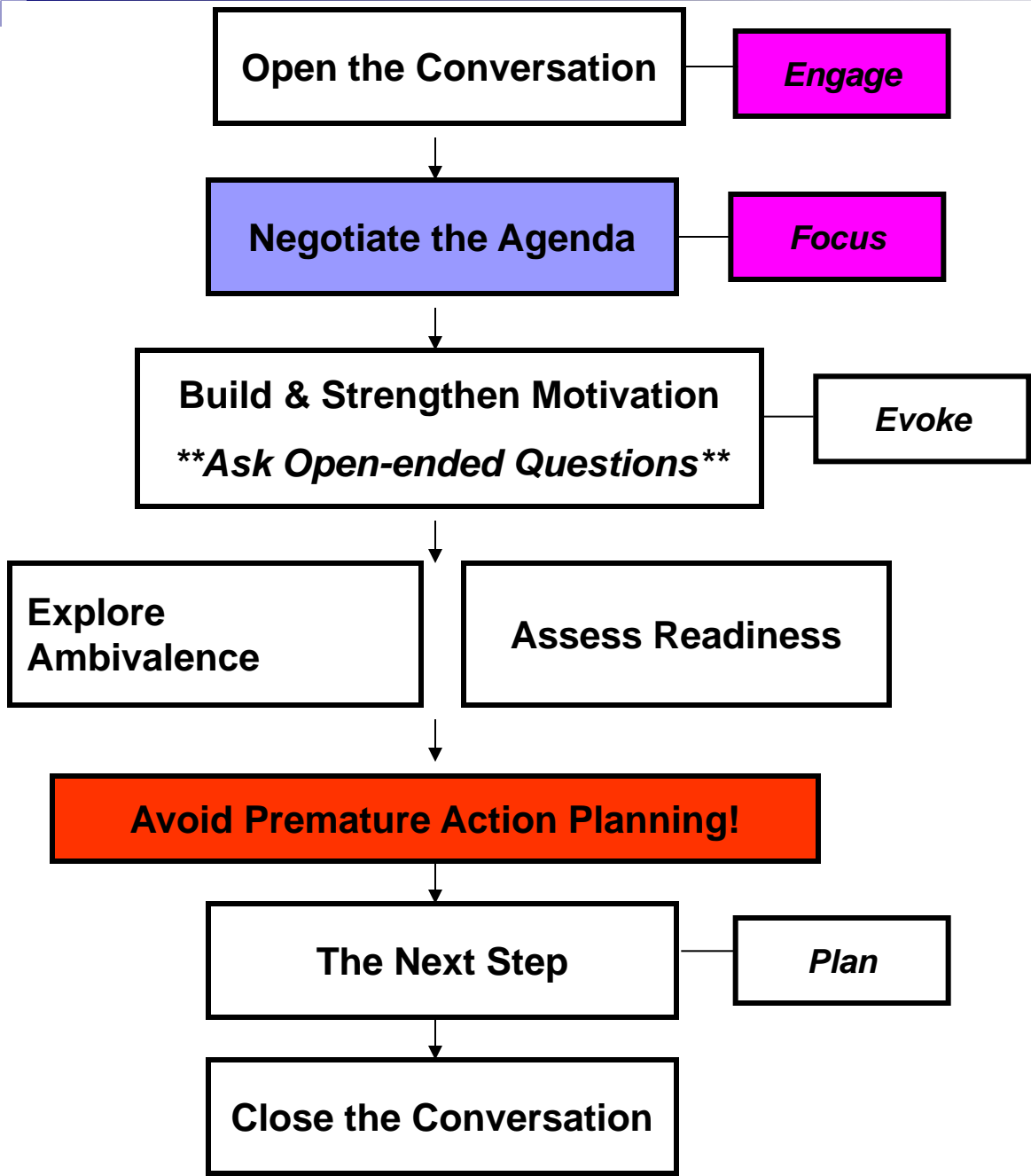
*Explore-Offer-Explore*

- *Education*
- *Advice*
- *Feedback*
- *Skills*
- *Referral*



# Open-ended Questions

- **Open-ended questions encourage the client to give voice to their thoughts, feelings, experiences, opinions, values and motivations!**





**Physical  
Activity**

**Smoking**

**Healthy  
Eating**

**Relationships**

**Safety**

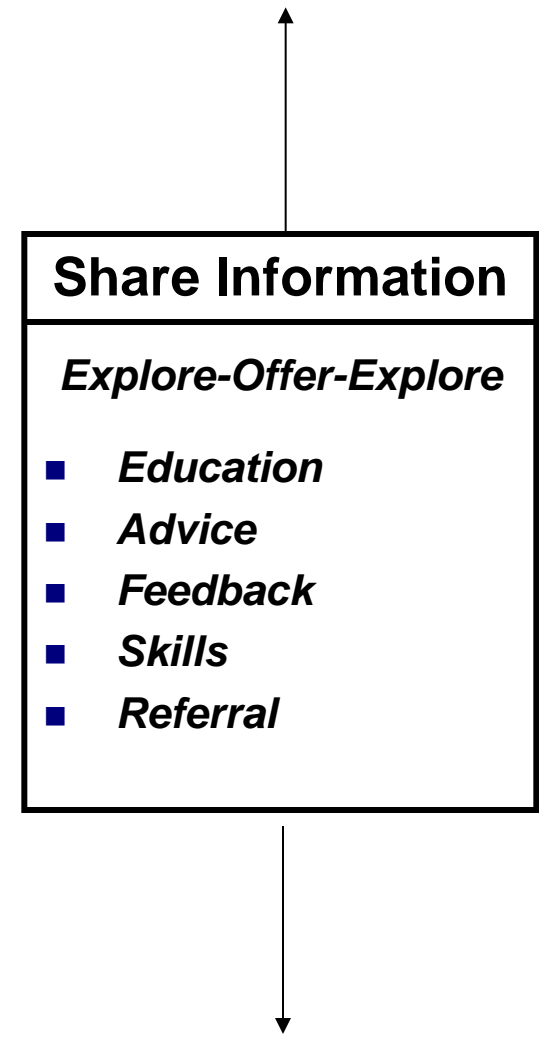
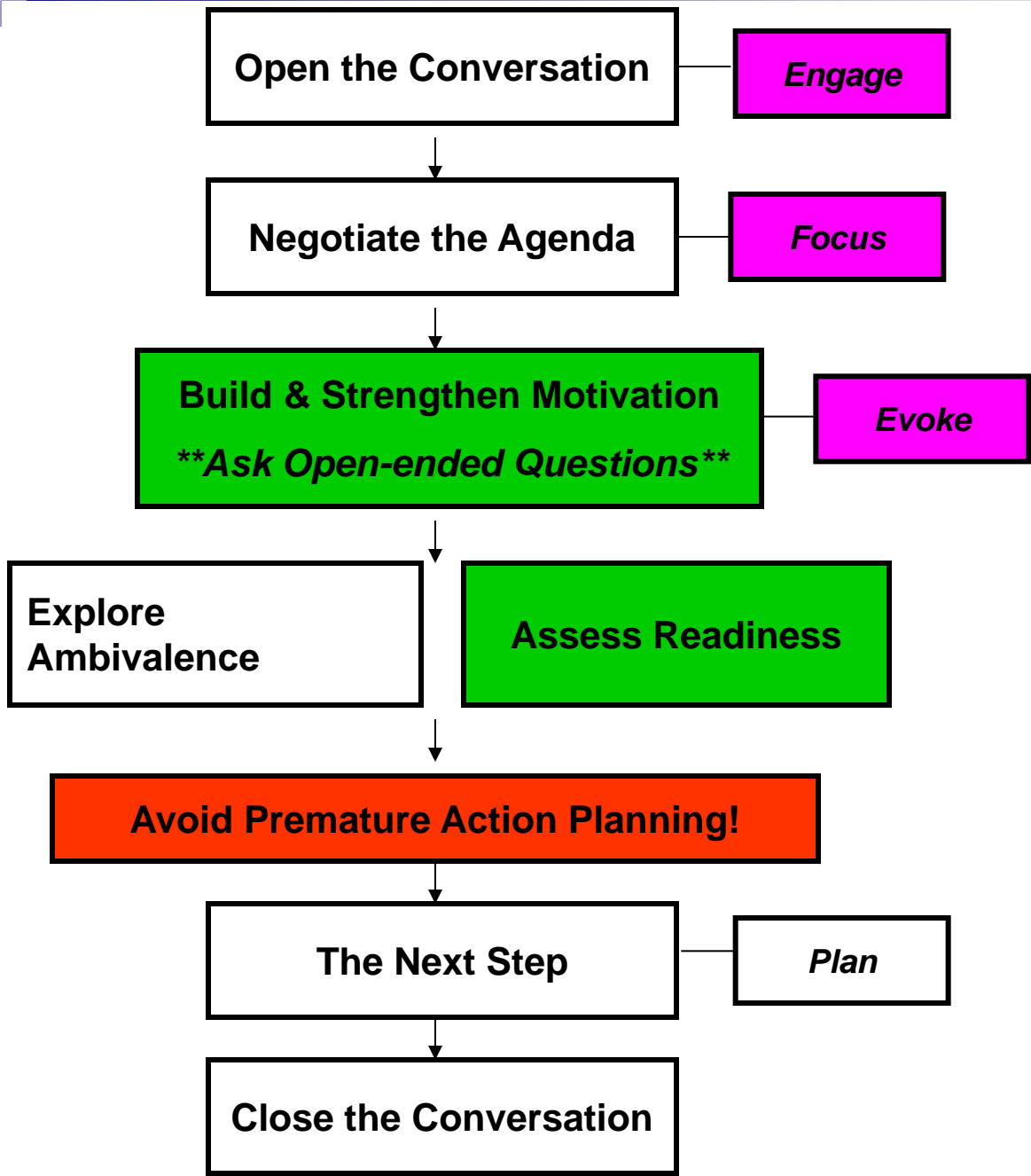
**Sleep**

**Play**

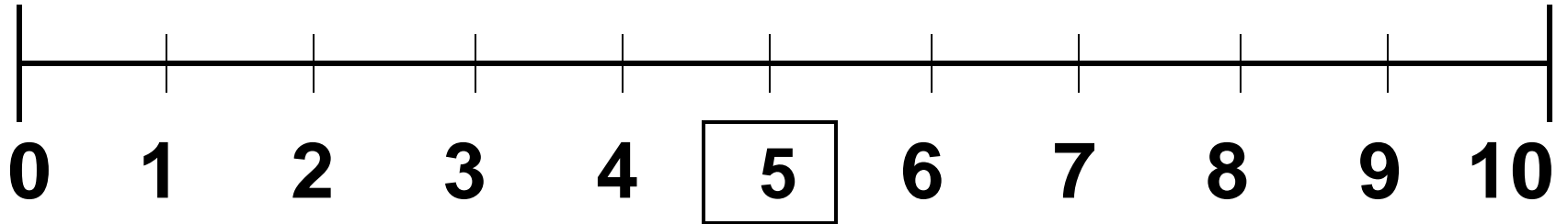
**Spirituality**

**Stress**

**Alcohol**



# Importance...



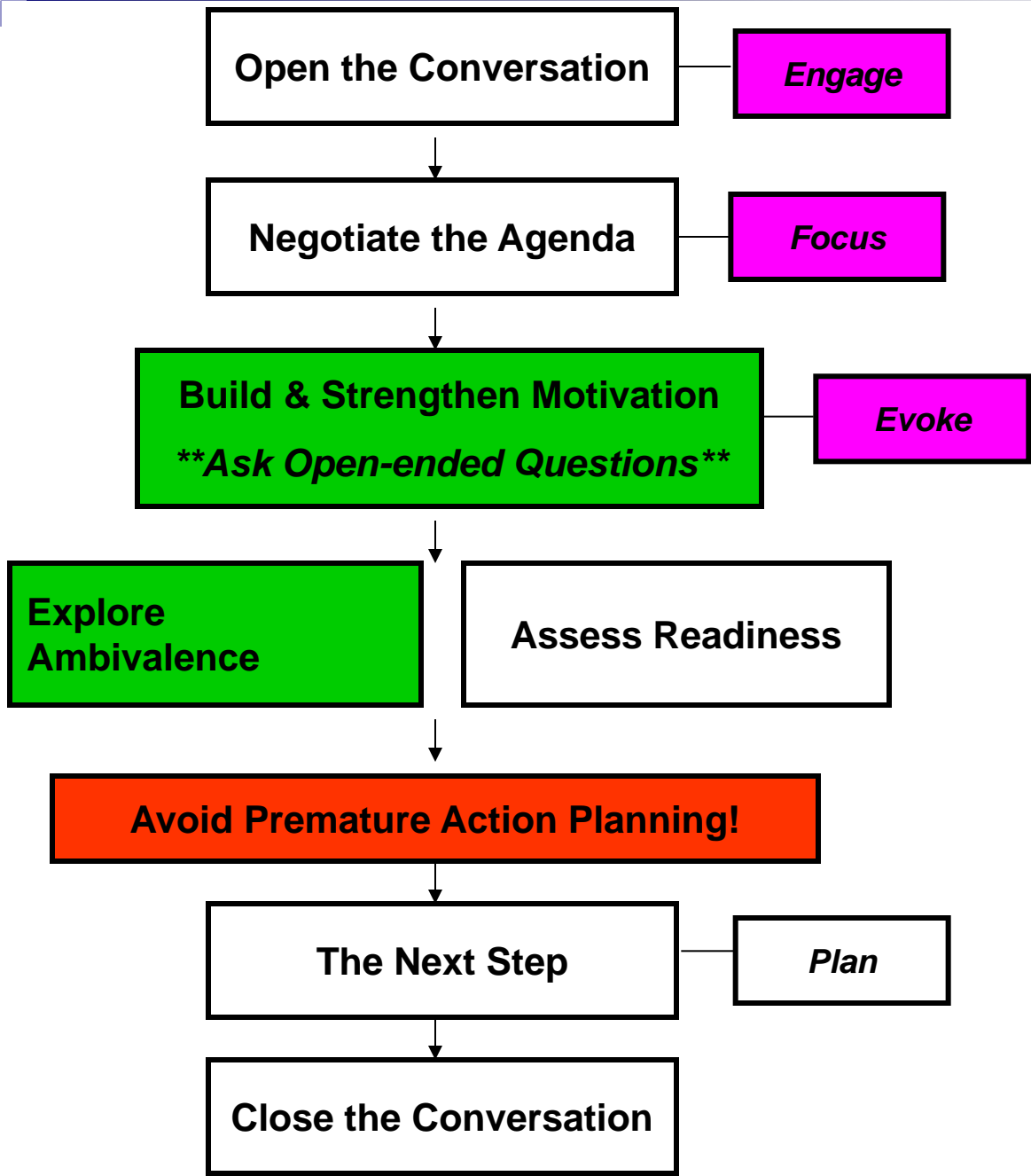


# **Change Talk**

# Change Talk

**Any client  
speech in favor  
of changing a  
target behavior**







**Pros of no change**

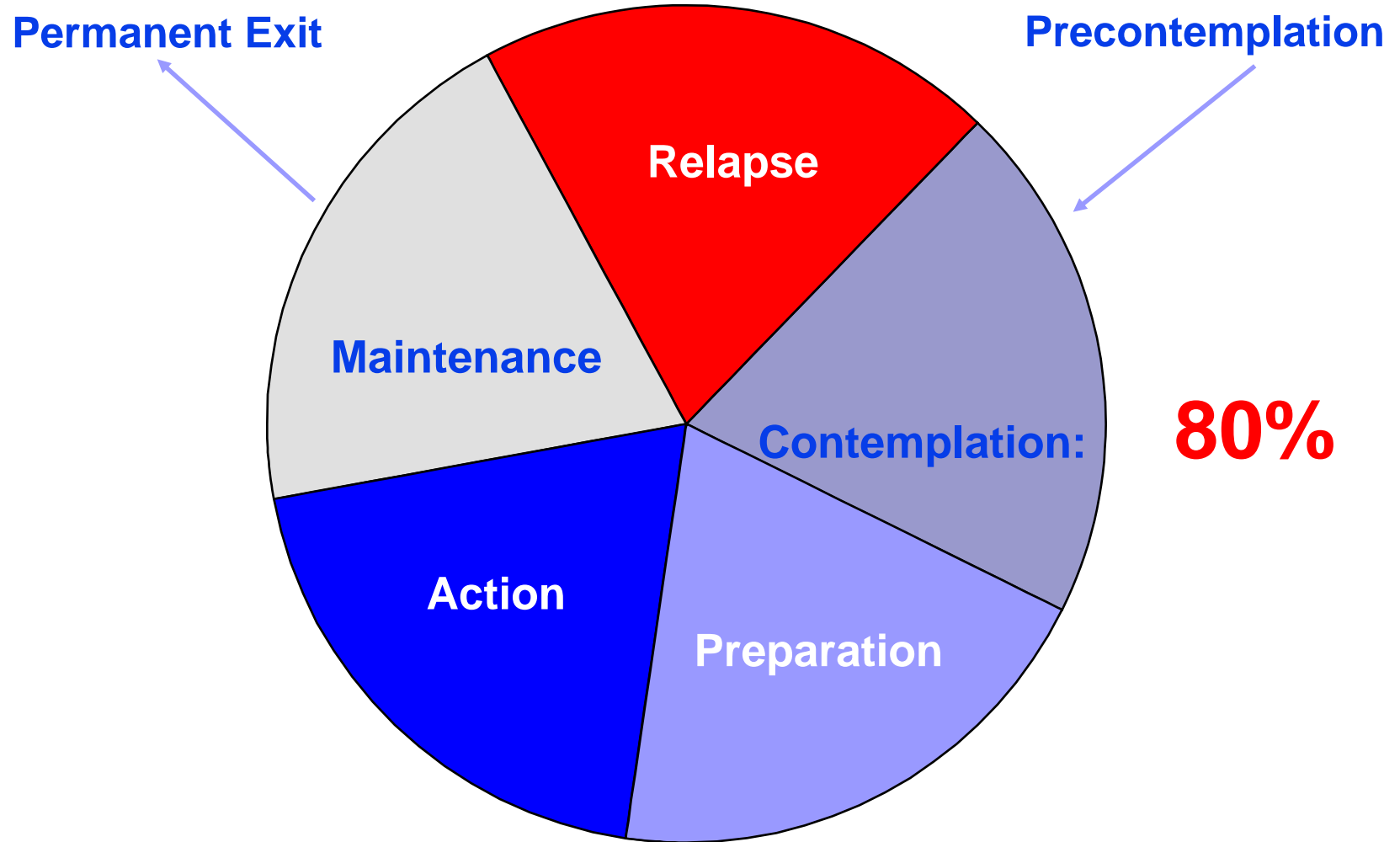
**Pros of change**

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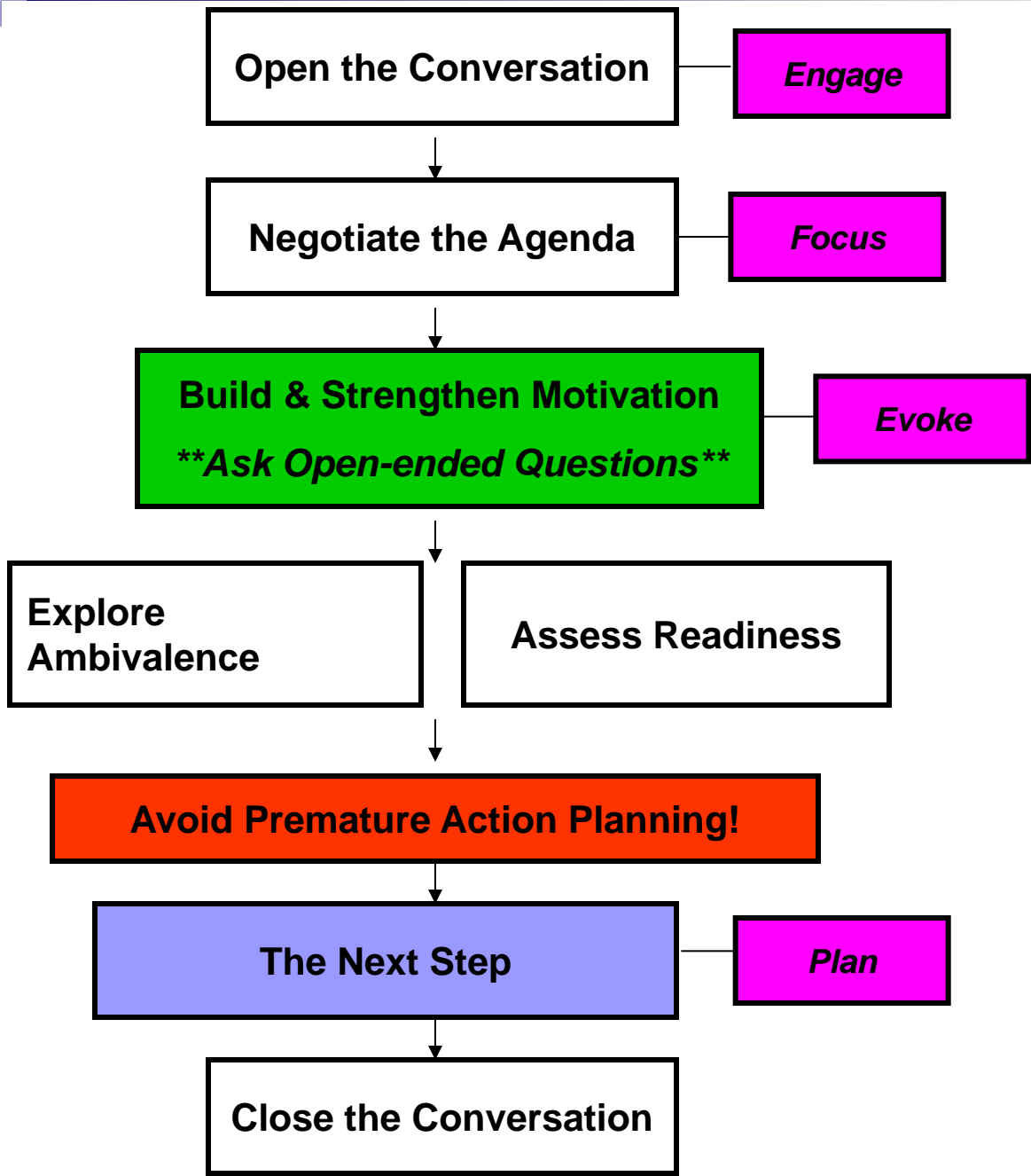
# Stages of Change

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# Ambivalence is a normal and defining state of human experience

- I need to but I don't want to
- I'd like to but don't think I can
- I will one day but not today
- Smoking helps me concentrate and calm down, but I'd really like to stop cause I'm always coughing.
- I mean to take my medicine, but I keep forgetting.



*Engage*

*Focus*

*Evoke*

*Plan*

**Share Information**

*Explore-Offer-Explore*

- *Education*
- *Advice*
- *Feedback*
- *Skills*
- *Referral*



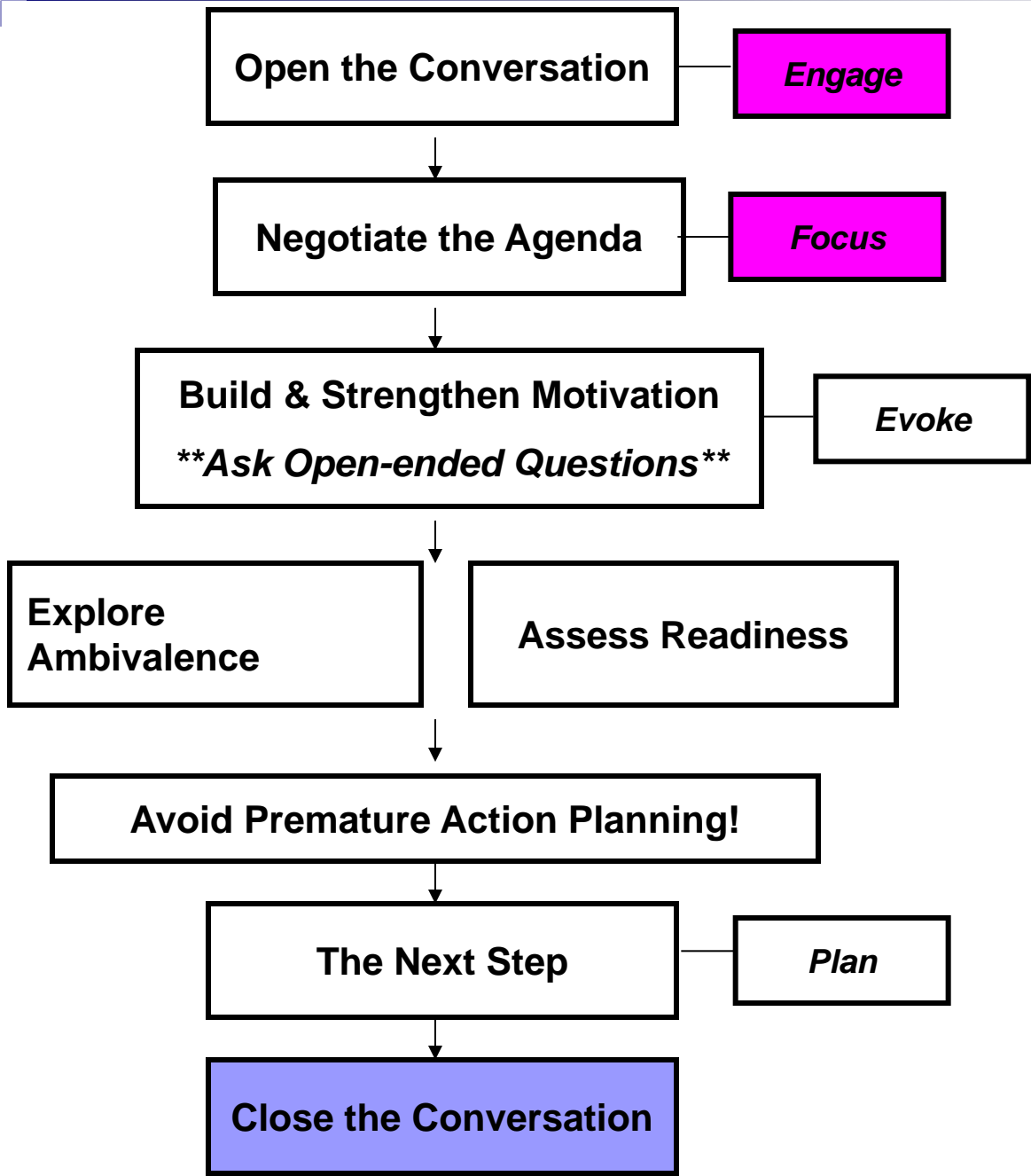


**Next Step...?**



**When in MI, do you  
negotiate a specific  
change plan?**

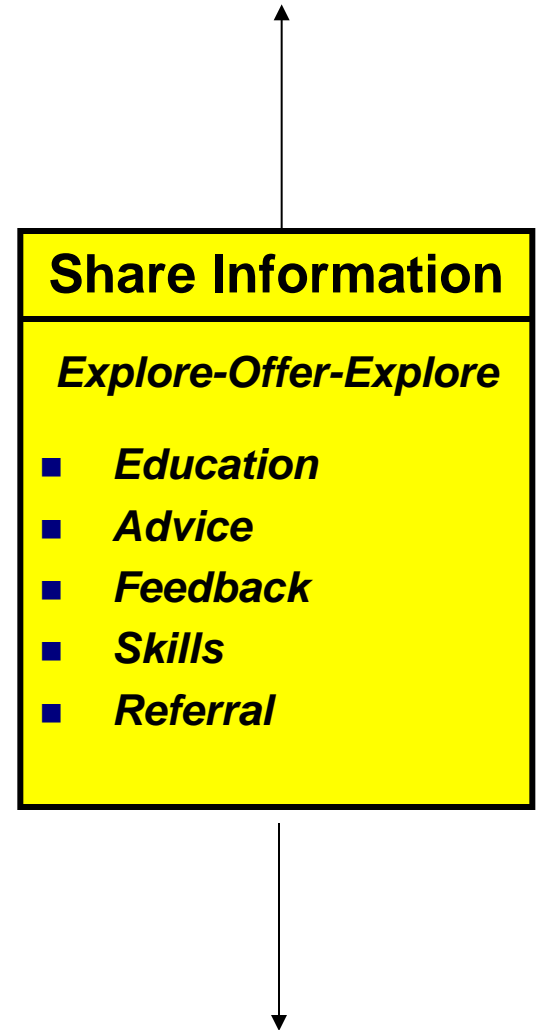
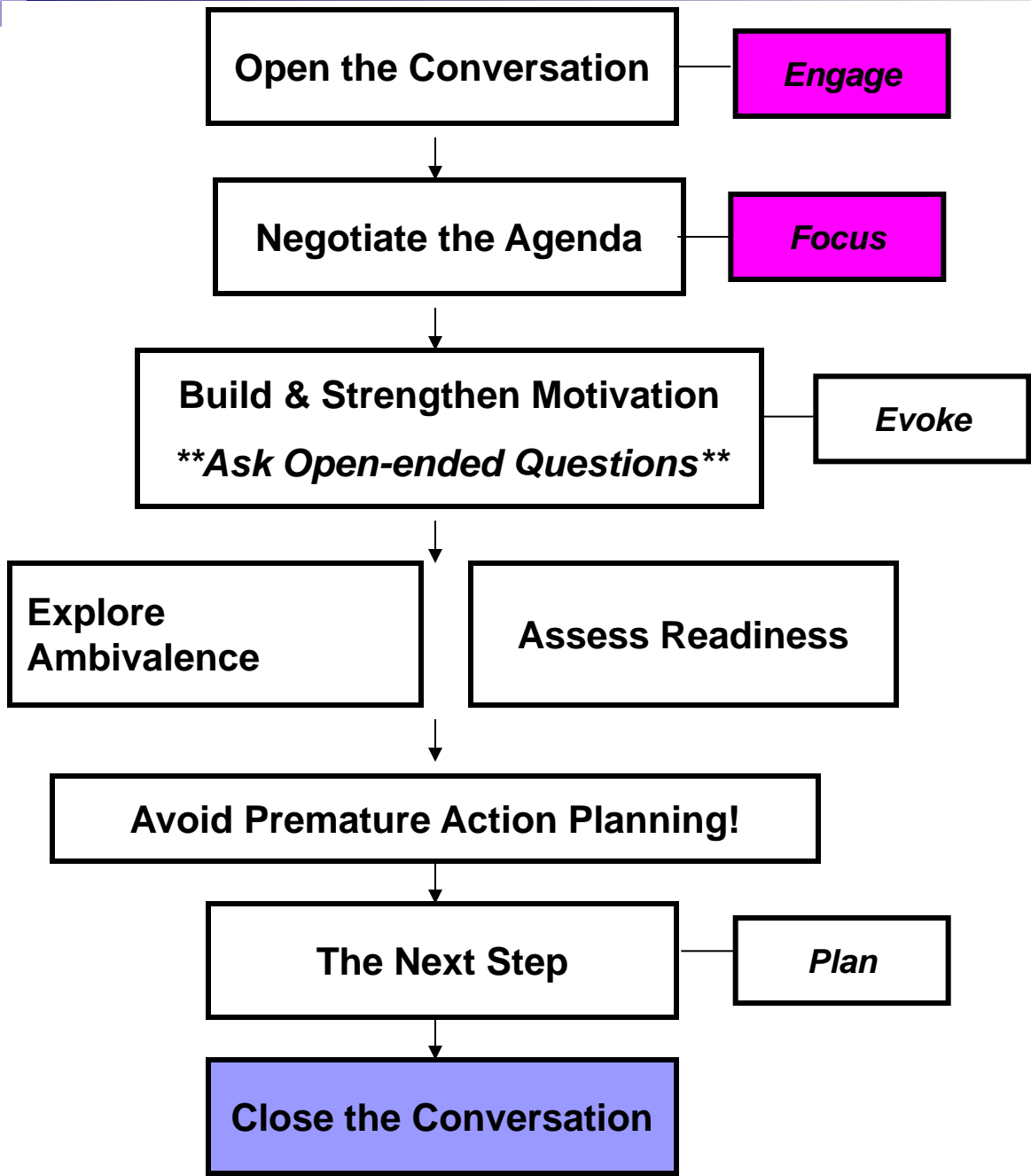
**If and when the  
person is ready!**





# Close the Conversation

- **Extend gratitude**
- **Support autonomy**
- **Offer advice**
- **Voice confidence**



# No Fixin'

- No education
- No problem solving
- No skill building
- No confronting, pressuring, convincing, arguing, taking charge
- No advising or sharing opinion

# Open the Conversation (Engage & Focus)

- **Warm, friendly greeting (smile!)**
- **Name**
- **Role**
- **Time**
- **Ask permission**

# Ask Open-ended Question (Evoke)

What are your hopes,  
dreams, and visions  
for the rest 2013?

# Listen with:

- Presence
- Undivided Attention
- Patience
- Eyes, ears, and heart
- Acceptance
- Curiosity
- Delight
- Silence!
- **Encouragers**: (e.g., mm-hmm, I see, go on, oh, really, right, no way, what else, wow, **tell me more**...)

# Summarize



Ask: “Did I get it all?”

Ask about next step (Plan?)

What's next?

Where do you go from here?

What's the first step?



# Listen with:

- Presence
- Undivided Attention
- Patience
- Eyes, ears, and heart
- Acceptance
- Curiosity
- Delight
- Silence!
- **Encouragers**: (e.g., mm-hmm, I see, go on, oh, really, right, no way, what else, wow, **tell me more...**)

# Summarize



Ask: “Did I get it all?”

# Close the Conversation


- Show Appreciation
- Voice Confidence:

*I'm confident that if you stick with your decision to \_\_\_\_\_, you'll find a way to do it!*




# Motivational Interviewing

**Humility!**

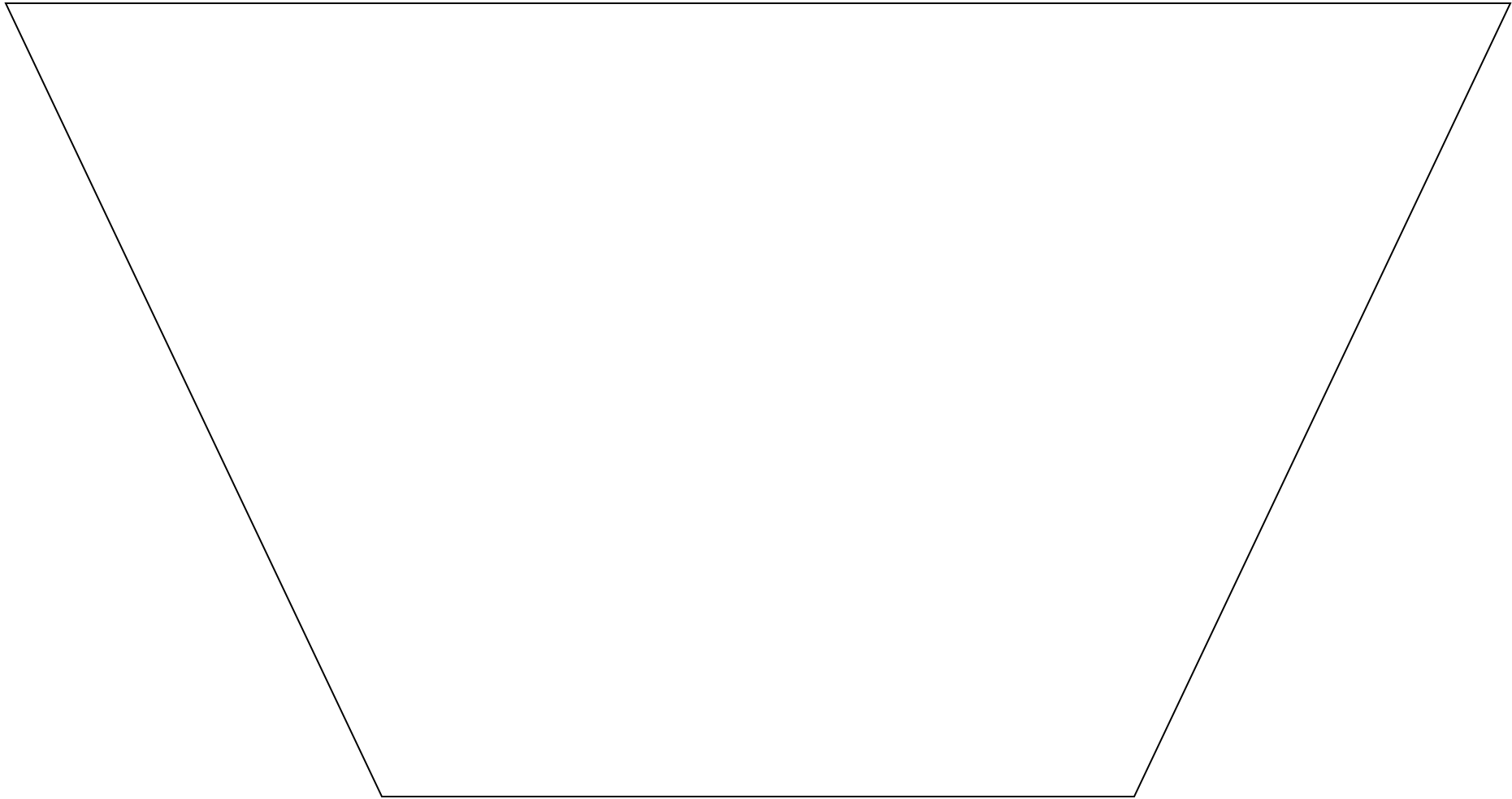


**MI is not the best,  
preferred or only  
approach for  
supporting  
change**



After 30 years of research, we have a treatment method that is evidence-based (over 200 randomized clinical trials published), relatively brief (typically 1-3 sessions), specifiable, grounded in testable theory with identifiable mechanisms of action, verifiable (as to whether it is being delivered competently), generalizable across a wide range of problem areas, complementary to other treatment methods, and learnable by a broad range of providers.

**And we're just getting started.**



# Motivational Interviewing in Action!

- **One new idea**
- **↑ Confidence**



# Confidence...

