

2008

Motivational Interviewing Introduction

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Fast-facts: Motivational Interviewing (MI)

Learning Outcomes:

- Recognize evidenced principles of MI
- Complete an MI skills observation exercise
- Debrief learning from exercises

History at-a-glance:

Definition: MI is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

First

Developed: 1983 by William Miller in the treatment of problem drinkers, further concepts were later elaborated on by Bill Miller and Stephen Rollnick in 1991.

Spirit: Collaboration, evocation, autonomy

Goals of MI:

- To create and amplify discrepancy between present behavior and broader goals.
How?
- Create cognitive dissonance between where one is and where one wants to be.

Research base support

Types of studies: 34 Random controlled studies; 3 quasi experimental; single block assignment, consecutive cohorts and comparison zones.

Types of interventions: Short term \leq 8 sessions; group and individual sessions; combined with skills training.

Populations studied: Cardiovascular rehab, alcohol addiction (prevention and rehab), binge drinking, diabetics, drug and substance abuse, eating disorders, health promotion, HIV prevention, smoking cessation, gambling, mental health and dual diagnosis.

Characteristics: Male and female; adolescent, young adults and adults.

Contexts: Hospital emergency room; inpatient care, outpatient clinics; prenatal; acute gastrointestinal; oral-maxi facial surgery; acute psychiatric; self-referral; general practice and employee assistance program. Follow up work ranged from between 6 weeks and 24 months.

Locations: United States, Africa, Australia, Europe and New Zealand.

Typical findings: MI approaches are stronger than education alone or education and cognitive therapy. MI participants

The Change Process: Important Elements of MI



The model reflects how change occurs:

- naturally
- with therapeutic interventions

The change process in both cases is VERY SIMILAR.

Readiness to Change



Miller and Rollnick

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Ambivalence

A state of mind in which a person has coexisting but conflicting feelings, thoughts, and actions about something

The “I do but I don’t” dilemma

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Ambivalence

- Ambivalence is normal.
- Feeling two ways about something.



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MI Preparation

Few coaching approaches like MI have an evidence based approach to learning preparation, assessment, training and performance improvement for Individuals that want to become skilled and effective in using MI. The Motivational Interviewing Network of Trainers (MINT) is the organization responsible For designating a provider as a MINT member.

Current uses of MI in health care

Used by various health care providers including but not limited to physicians, nurses, dieticians, exercise specialists, health coaches and psychologists. MI is prevalent in effective self-management programs and used in the treatment planning, long-term treatment and relapse prevention phases of care.

Exercises

1. Individually think about a behavior that you have been considering changing, but about which you have conflicting feelings about the change.
2. Individually think back to the behavior in exercise one. How long have you been considering changing this behavior? What has stopped you making the change? What would need to happen for you to make the change?
3. Take a few minutes in groups of 3 and talk about the thing you have been thinking of changing. Discuss what stage of change would you place yourself and why?

4. Think back to the behavior that you have been considering changing, but about which you are ambivalent. In triads, have one person be the speaker, other listening practicing OARS, and other observer that will summarize the OARS performance of the listener practicing. Talk about your change and listener tries to use OARS as well as they can.