

Motivational Interviewing:
An Introduction to & Update on the 3rd edition;
Plus new Applications to Help People Change

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(Family Physician & Wellness Consultant)

Introduction: Me, You, & MI

- Me: HS science teacher, Coach, FP, Wellness.
- You: NWC ?; Profession ?; Experience w MI ?
- Motivational Interviewing - Key concepts:
 - More productive conversations re: behav. change
 - A kinder, gentler way of helping people change.
 - Humane way HCP's (all humans) should interact.
 - Can be a "tool" or "a way of being" with people.
 - Fosters + changes in outcomes, clients, & users.

Group Shared-Wisdom Questions

- 1. Why is the human nature (brain) so "pro-habit", & so "change-averse"?
- 2. Why are addictions so difficult to break?
- 3. Are only substances addictive? (examples)
- 4. On a scale of 0-10, how **Important** is it for you to help P. change unhealthy beh.'s?
- 5. On a scale (0-10), how **Confident** are you in you're ability to help P. make + change?

Goals of this Presentation on MI

- Share what I've learned (the hard way!)
- The **basics** of the Origins, Hist., Theory, Practice, Evolution & Future of MI.
- A **foundation** upon which you can build.
- **Inspire** your growth in spirit/methods.
- **Expand** your comfort level in using MI.

Why learn (more about) Motivational Interviewing?

- **It works:** 75% success (50% mod. & 25% large effect)
- >25,000 citat.'s; 1,200 Pub's; (2x's ^ every 3 yrs.), 200 clinical trials, 3rd edit. of book in >22 lang.'s. It's Evidence - based.
- It **transforms** lives – your clients' & your own.
- Helps the "**least motivated**" b/4 the disease.
- The ultimate individualized, **client-cent'd** care.
- It's highly **learnable**; & you're already doing it.

How to Learn Motivational Interviewing

- It's like: "*How do I get to Carnegie Hall?*" *Practice!!*
- Ongoing process (practice "**spirit**" of MI > methods).
- Reading, lectures, workshops help, but not enough.
- **Feedback: from client & mentor for mastery.**
- Our own **S-evaluation** helps, but noting the client's, body language, progress, "change talk", etc. is better.
- Expert coaching (you on site?) is best for individual or group improvement. (any peer/gp. discussion helps!)

The Art of Health Promotion
Journal for Integrating Health and Society

The Art of Innovation



William R. Miller, PhD
Emeritus Distinguished Professor of
Psychology and Psychiatry,
Center on Alcoholism, Substance Abuse and
Addictions (CASAA) University of New Mexico



Host: Paul Terry, PhD
Editor, *The Art of Health Promotion*



James O. Prochaska, PhD
Director, Cancer Prevention Research
Center (CPRC), and Professor of
Clinical and Health Psychology, The
University of Rhode Island

History of MI-Wm. Miller, PhD

- Family life & early education (^Spiritual)
- Professional education (influ. of Carl Rogers)
- U. of Oregon, Summer intern at V.A. – Mil. '73.
- Doctorate thesis on helping problem drinkers.
- UNM & his own research w therap.'s empathy.
- VA exp. & CR's tr'g = differed - "prevailing tx".
- Sabbatical in Norway '82-teach CBT & his style
- Sabbatical in Sidney '89–met Stephen Rollnick

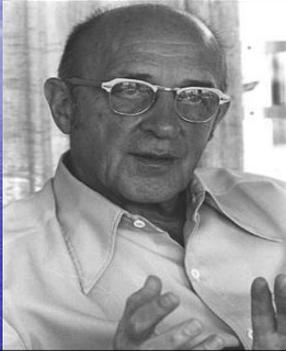
Wm. Miller - Profoundly Influenced by Carl Rogers, Ph.D. (1902-1987)

- A humanistic psych't influ'd by Abraham Maslow.
- Imp. of **genuineness, acceptance, & empathy.**
- **S-Actualization:** "*The organism has one basic tendency & striving - to actualize, maintain, & enhance the experiencing organism.*" (1951)
- P. behave - how "they perceive their situation".
- "P. are the best experts on themselves". (1959)
- Main determ'nt of s-act'n is early childh'd exp's.

The ACE (Adverse Childhood Experiences) Study & "Trauma-Informed Care (TIC)"

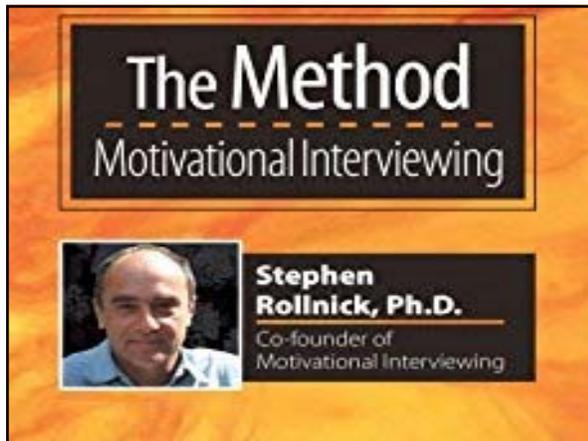
- 17,000 K.P. HMO pt's. surveyed 1995-1997 – ongoing CDC.
- Correlated childhood exp.'s with H. status & behav.'s.
- Results: almost 2/3rd's= 1 or >; 1/5th= 3 or > ACE's.
- Dose-response relat. bet. # of ACE's & negative H & W-B outcomes across the life course. (i.e. Alcohol abuse to low academic performance; Early smoking to early sex; Financ. stress to IPV.; & Depression to suicide att's.)
- TIC fosters underst'g., empathy, & compas'n for victims of ACE.

Carl Rogers: Founder of Humanistic (Client-Center) Approach 1/8/1902 - 2/4/1987



Wm. Miller, PhD - Chance meeting with Stephen Rollnick, PhD

- 2nd Sabbatical from UNM - Sidney, Aust. (1989)
- SR teach'g HC comm'n @ Cardiff U. Wales, UK.
- MI popular in UK- he was teaching it—correctly?
- SR: "You need to write more about M.I."
- WM: "How would U deal with..." - rt. mind/ht. set
- Agreed to work on a MI text together—Pub.'d 1991.
- SR emphasized import'ce.-ambivalence & teach'g tools.



Early (basic) Principles of MI

- Client, *not us*, should make argum'ts for change.
- We are to:
 - create atmos're of *genuine respect/acceptance*
 - listen to und.-w curiosity - mirror back U'r und'g.
 - raise aware's of risks/benefits of P's situation.
 - maint. spirit of *partners'p, accept. & compas'n.*
 - respectfully evoke & then defer to the client's ***motivation, strengths, resources, & goals.***

"How I listen matters" Wm. Miller

- With **Curiosity** (not with judgmentalness).
- To **Understand**: the client's perspective.
- With **Empathy**: cl's beh.- reasonable for them.
- With **Respect**: cl's humanity; past, pres't, & fut.
- With **Compassion**: for well-being of the client.
- For underlying **Feelings, Needs & Values.**
- For "**Change Talk**": their wants, desires, needs... (any of **their statements**) that favor positive change.

Active Listening 101

(Basics to Aid MI)

- Honor the 1st "**Golden Moments**" (1-2 min.)
- Put aside all distractions; approp. eye contact.
- Sit near to & facing the client, lean-in, open.
- Allow the client to elaborate, use "facilitators".
- Remain present: give cl. opport'y to explore...
- **Silence** can be "golden"-allow for it at times.
- Watch for cues in **body language**, & **change of voice** i.e. volume, pace, & modulation.

Human Nature beliefs re: "MI Conversations"

- Our conver's will foster old or new behaviors.
- All change is *self-change*. We can't change p.
- Motiv't is not a *charact. trait* pos'ed by some
- We all possess motiv'n-for **what's imp. to us**.
- Motiv'n comes, less from outside-**extrinsic**, but > from *one's intrinsic, core values & priorities*.
- To the highly mot'd, *nothing will get in their way*, but to the unmot'd, *any excuse will do*.

"Helping Conversations" Continuum

Directing <----> Following <----> Guiding

1. **Dir'g**: Provider gives info, instructions, advice.
-Recip'ent to obey, adhere, & comply. (trad. HC)
2. **Fol'g**: Provider listens w/o inserting own mat'l.
-Recip't is to talk, lead, explore, & move ahead.
3. **Guid'g**: Provider listens, but offers expertise.
-Recip't does the leg work w the guide in the background. **MI lies solidly in guiding!**

Directing & the "Righting Reflex"

- HCP's want all clients to be **healthy & well**.
- We want to **make a difference** (& PFP incent.).
- We've made **sacrifices** learning health & welln's.
- **Noble goals** push us toward a **Directing** style.
- **Tr'g & desire to help**, push a **Right'g reflex**
- **Stress, & time-pressure** push a **Direct'g style**
- MI's **Guiding style** goes against our tr'g/instin't.

Ambivalence - "I want to change, & I don't want to change" (at the same time).

- Most people have reasons **to ch.** & **not ch.**
- It's very easy to get **stuck in ambivalence**.
- **Ambivalence** is the real enemy of change.
- MI reflects back +s of ambiv. (change talk).
- Human Nature is **ambivalent, & defiant**.
- If we **push for change**, expect push-back.
- Most P. trust their own opinions > other's.

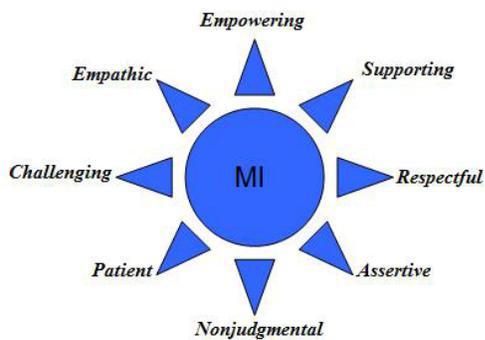
Addiction Treatment b/4 Mot. Int. (& for many people, to this day - "Know Thyself!")

- Mental Health prof.'s believed all addicts were:
- Incapable of perceiving reality: "come back when..."
 - Using patho'l defenses: denial, rationaliz'n...
 - Characterologically immature (Sometimes right)
 - **Dir'g style** fosters clients' feeling: judged, angry, discounted, powerless, & disengaged.
 - Any wonder why we've had such poor success then?

M. I. Views People as Being:

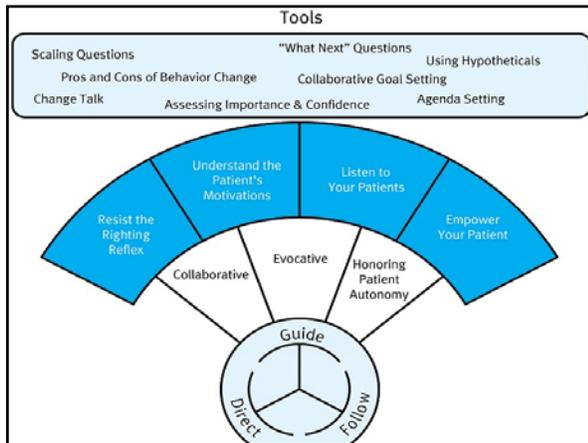
- **Respectable** human beings capable of growth
- **S-Motivated** by their **core values** & priorities
- **Resourceful**: pos'g strengths, skills, resources
- **S-directed** : want'g pers'l growth & do better
- Striving for & capable of **Self-Actualization** – (unless too damaged by past trauma or toxic enviro'nt.)
- MI's are **eternal optimists** re: human nature
- **Altruism/caring** –“hard wired” in human DNA

MI Relationship



In Brief, MI'ers Want to Know:

1. *Are any parts of you wanting to change...?*
 2. *What are your 3 best reasons to change?*
 3. *How important is it for you to change, & Why?*
 4. *How could you succeed in making this change?*
- The prov'r listens, reflects, summarizes & asks:
5. *So what do you think you'll do now?*
- The client gen'y feels engaged, respected, safe, empowered, optimistic, accepted, & connected.



The Spirit of MI - 4 key elements:
(each w experiential & behavioral components)

- **1. Partnership** – *"Collaboration" with P.*
- **2. Acceptance** – *of people -as unique as they are.*
- **3. Evocation** – *"Calling Forth" cl's mot., resour's.*
- **4. Compassion** – *act in "Best Interest" of client.*



1. Partnership: An active, respectful collaboration between 2 experts

- **We** - expert on **issue**; **they** - expert on **self**.
- **MI**-not done **to**; it's done **for &with** the client.
- Create an accept'g atmosph'e **conducive to change**.
- "**No Judgment Zone**" safe to explore/discuss.
- Activate their pers'l **motivation & resources**.
- **Collaboration > Confrontation > Coercion**
- **Exploration > Exhortation > Education**
- **Support > Persuasion > Argumentation**

Behavioral compon't of Partnership

- Ask permission to discuss "our" topics/concerns
- Lead with **Open Question** re: their motivation.
- **Reflect back: their** words/feeling-MI's 1-2 punch.
- Have **them** do most of the talking-we're und'g.
- Avoid the "**Expert Trap**"-"we have the solut'n"
- Examine **our own motivation** - whose goals?
- Feel & express your **RESPECT** for them & their effort.

2. Acceptance: of their inherent value/potential as a human being

- Carl Roger's beliefs: *Unconditional positive regard; non-possessive caring; P. as basically trustworthy; P. change in a positive direction.*
- A nec. & suffic. therapeutic cond. for change.
- See P. as **complex & unique individuals**.
- Concern for person's psychol. growth/evolution.
- Behav. Component: express our + regard for P.
- 4 Aspects: Worth, Autonomy, Affirm'n, Emp'hy.

Behavioral aspects of Acceptance:

1. Absolute Worth

- Respect the **human value** - we all share: (All P. in human race/family share 99.9% of their genes)
- Non-possessive Car'g /Uncond'l Pos.'ve Regard.
- Belief: the other is fundamentally **trustworthy**
- Know that other will unfold & grow w time/exp.
- This implies the absence of any **exploitation**. (We are there to promote the other's best interests.)

2. Autonomy Support (AS):

Honoring their right of **self-direction**

- V. Frankl: " *To choose one's attitude in any set of circum's is the last of all human freedoms.*"
 - C. Rogers: People as *+*; *forward moving*; vs S. Freud: People as *self-serving pleasure seekers*.
 - A.S. paradoxically gives P. *freedom to change*.
 - A.S. frees us from false idea/heavy burden of being the **expert** with an obligation to **fix the prob.**
- " *Whatever you choose to do...is entirely up to U*".

3. Affirmation: the ability to find & acknowledge a P's **strengths & effort**

- An intentional way of being/communicat'g w P. vs traditional: diagnose/assess & treat/fix.
- Human Nature to try to exceed expectations of respect'd/impor't. P (vs seek'g their acceptance).
- **Generalized Positive traits of people:**
Men:Dedicated providers; humor; can "let it go".
Women:Nurturing; caregiv'g; in touch w emot's.
All humans: to evolve; be respected; be happy.

4. Accurate Empathy

- **Not** “feeling for” (symp) or “identifying with”.
- **Understand’g** other’s **Frame of Reference** & being convinced **it’s worthwhile to und. it.**
- Listen with your **heart** - for the feelings expressed.
- Try “walking a mile in the other person’s shoes”.
- **Exercise:** express accurate empathy for: **A smoker whose dad died-Ca; A dieter who can’t lose wt; A guy who lost his job, girlfriend, & dog.** (Not: “I bet you’ll miss the dog”- try: “That must be dif.”)

3. Evocation: “Call Forth” their motivation, strengths, & resources

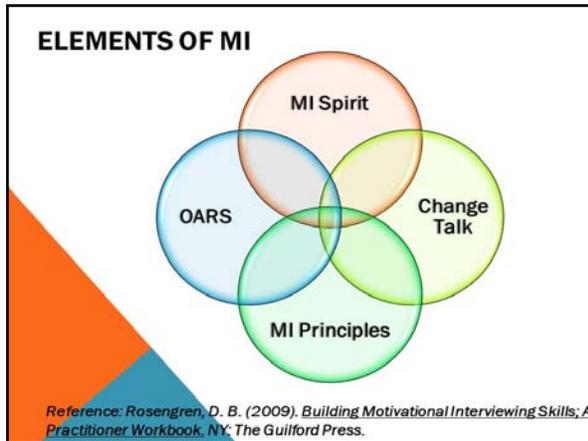
- Believe that P. have what they need to change
- Our job is to call it forth (evoke it): “*You have what you need, & together we will find it.*”
- Our task: To **Und.** a person’s strengths & resources.
- Assume people act for *reasons **valid for them.***
- Vs trad’l “mechanic model” of diagnose & treat.
- “*Does any part of you want to change your ...?*”
- *Exercise: Think of other “call forth” questions.*

Behavioral component of Evocation

- Draw out from the well of a P’s wisdom/experience.
- Seek to und. P’s **perspective & point of view.**
- Our *acceptance* is not the same as *agreement.*
- Accept *ambivalence* as part of change process.
- Task: evoke the change motiv. already in P.
- Ask P.’s strengths, prev’s successes, & build on.
- Assume P. apprec’tes your respect & express it. “*I respect that you’re busy & doing your best...*”

4. Compassion: A deliberate commitment to the best interest of the other

- A new element added to "Spirit of MI"-3rd edit.
- Synonymous with *altruism, caring, & service*.
- **Commit't** to put others' welfare b/4 our own.
- Is the difference between MI & sales tactics.
- Is having one's heart/mind in the right place.
- An **honor** to earn the trust that MI engenders.
- A **"Joy in serving"** is built into our human DNA.



Learning the "Spirit" of Mot. Int.

- Having MI "spirit" is *not a pre-requisite*. (*It will come!*)
- All people can *achieve the "Spirit of MI"*.
- MI "spirit" & skills will improve with doing MI.
- Just as muscles get stronger with use; MI Spirit (& technique skills) get honed with use.
- Practice with **feedback** is the best way to ^.
- We **s-eval't /get feedback** from our clients.

MI 3rd Edition vs 1st 2 editions

1st 2 Editions

- 2 Phases of MI
 1. Building motivation
 2. Consolid'g commit't
- Clinicians noted:
 - Cl's seemed disengaged.
 - Clients had difficulty identifying change options.

3rd Edition

- 4 Processes of MI
 1. Engaging
 2. Focusing
 3. Evoking
 4. Planning
- These 4 processes are to be: recursive, flowing, overlapping, & recurring.

1st Process: **Engaging** (Establishing Rapport)

- Both parties est.'h a connected/work'g relat'p.
- 1st impressions are powerful, (but be yourself).
- Our conversation is a primary factor in enga'g.
- Everything we say/do (body lang.) speaks, so does the system, & clients state of mind.
- **Therapeutic Engag't** is a pre-req. for help'g.
- Qual. of Engag.'t predicts retention/outcome.

2nd Process: **Focusing** (On a Particular agenda)

- Gives direction to the conversation.
- Sets the agenda - theirs & ours-both impor't.
- Establishes goals: behavioral or attitudinal.
- Clarify changes hoped for (by both parties).
- Our Goal: to und. the other P's perspective.
- Q: Does it feel like a collaborative partners'p i.e. **dancing** with rather than **arm wrestling** w?

3rd Process: **Evoking** (Calling Forth)

- Eliciting **client's own motivation** for change.
- Harnessing client's own **ideas & feelings re: why/when/how to change a behavior.**
- Evoke vs expert/didactic approach to change.
- Goal: Have **client** voice arguments for change.
- Q: What are **this Person's** reasons for change?
(If client is ready for change or just seeking your advice, you may move quickly to 4th process - planning!)

4th Process: **Planning** (Setting Goals & Action Steps)

- Encompasses:
 1. Developing a **commitment** to a change goal.
 2. Formulating a specific **plan of action (steps).**
- Requires our help for:
 1. Eliciting client's own solutions.
 2. Promoting cl's autonomy of decision making.
 3. Continuing to elicit & strengthen change talk.
- Not done once & for all - needs freq't revisiting.

Practical Considerations for Planning

- Shift to when you sense client is ready.
- Note shift in P's conversation: from "if" to "how/when"
(or we need closure or we plan on just referring on)
- **SBIRT**: Screen'g, **B**rief Interven'n, **R**efer to Tx.
- Some HCP's like planning, some prefer to refer.
- If setting goals, set **SMART** goals: ***S**pecific, **M**easurable, **A**ttainable, **R**ealistic, & **T**imed.*
- Break goals into *baby steps* - build on success.

Technical Definition of MI (How it works)

MI is a collaborative, goal-oriented style of communicat'n with particular attention to the language of change.

It is designed to strengthen personal motivation for & commitment to a specific goal by eliciting & exploring the person's own reasons for a change within an atmosphere of acceptance & compassion.

MI's 5 Core Skills – "Oars" (Plus Informing & Advising)

- Open ?'s; Affirmations; Reflections; Summaries
- Used flexibly & strategically throughout MI.
- Communicat'n skills shared w other Pt-cen'd approaches.
- Use varies with each of the 4 MI Processes.
- The "**heart & soul**" of working with MI.
- Are **foundat'al tools** for proficient use of MI.
- MI is char'ized by strategic use of these skills.

1. Ask Open-Ended Questions

- Q's invite P. to reflect & elaborate on answer.
(Vs closed Q's for short factual answers)
- 1. To und. P.'s internal **frame of reference**.
- 2. To strengthen a **collaborative relationsh'p**.
- 3. To find **clear direction** for the conversation.
- 4. To evoke their **Motivation** for change.
- 5. To **plan** their course toward change.

Powerful Questions – Stretch P.'s comfort zone & Nudge P.'s thinking

- Probing Q's, **asked respectfully**, get P. thinking,
- Support enhanced und'g -*How do you feel re:...*
- Helps maintain engagement -*Tell me more...*
- Starts us down a productive path-*values/prior's*
- Dir'ly asks for change talk: *What part of you...*
- Ask about the future-*What do U think might...*
- Uses hypotheticals: *If you were to change,...*

Open vs closed-ended questions (If closed, change to make Open)

- How have you been since our last visit?
- Are you very physically active?
- Do you smoke cigarettes, pot, both or neither?
- Will you try this for a week?
- How often do you test your sugar?
- What do you already know about ...?
- Can you tell me more about that?

2. Affirming -Accentuate the Positive

- MI acknowl's P's worth; capacity for growth; evolution; volitional choice (to change or not!)
- **Listen for & affirm** P's strengths, abilities, good intentions, & efforts (They're here & trying!).
- Affirm'g can become a self-fulfilling prophecy!
- Vs P. will change if you make them feel bad, ie.MADD-Victim Impact Panel & H2O board'g.
- Q: What can we gen'ly affirm re: young/old P.

3. Reflective Listening ie. "Active/Empathic Listening"

- Our "guess" re: **meaning** of what P. is saying.
- Deepens our (& their) **Und'g** of the them by:
 1. Clarifying that we're "**getting it**". Is affirming.
 2. Allows P to **hear again** their thoughts/feelings.
 3. Allow P. to ponder, keep talking, exploring, etc.
- Our task: **Be selective** – what we reflect back.
"How I listen & what I reflect matters" W.M.

Types of Reflections

- **Simple**: Repeat their words or last phrase.
(is easy but doesn't add to the conversation)
- **Complex**: Unspok'n content, what might come next.
(Adds meaning or emphasis to what they just said)
- **Double-sided**: both sides of dilemma. "*On 1 hand...*"
- Other: short'r than cl's statemt.; be selective-^ch. tk.
- Goal: to und., aim for 2-3 reflections for 1 question.
- Exercise: 1 O-?, fol'd by 1-3 reflections – switch roles.

4. Summarizing A Long Reflection

- Collects what person has said so far ("bouquet").
- We may be able to link to previous discussions.
- Can be used: transition; change dir'n; refocus.
- Shows person that you are really **listening, remembering, & valuing** what they say.
- Gives P. opport'y to correct/expand our sum'y.
*"I'm torn. I like drinking, but it's get'g me into trouble."
"So you'd miss the fun, but it's caus'g you some hassles"*

Informing & Advising

(Has a limited, but important role in MI)

- 3 Criteria for use (& always in the true Spirit of MI)
 1. To raise awareness of risk factors: VS's, labs, x-rays...
 2. Offer it only after asking for person's permission.
 3. Don't unload ^info/advice on person; be selective.
- Use "Elicit-Provide-Elicit" (EPE) technique
 1. **Elicit:** clarify P.'s information gaps/needs .
 2. **Provide:** prioritize; clear / brief; support autonomy.
 3. **Elicit:** ask for the P's interpretation, und'g, or response. Then reflect back what you see & hear.

How to foster "Change Talk" - client talk that is "Pro-change".

- **Ask permission** to discuss a L-S issue
- Explore their "**pros & cons**" of beh. change.
- **Develop Discrepancy:** bet. cl's real & ideal self; bet. their pres't situation & future goals.
- **Elicit** Self-Motivational Statements "*What do you see as...*" "*Is there a part of you that...*"
- Look for real intention/comittm't to change.
- Remain optimistic about: possibility of change

Change Talk: The Change Ruler

Assess the **Importance** and **Confidence**.

- Ask for a # (0-10) to reflect the **Importance** of changing this behavior at this time.
 - *Why not a higher #?(obst's.) A lower #? (motiv's.)*
 - *What would it take to ↑ the # 1-2 pts. (stage of change)*
- Ask the same questions for their **Confidence**.
- If their #'s aren't > 6 or 7, they aren't ready.
- Then end with an empowering statement: "*What you choose to do is I'm confident that when...*"

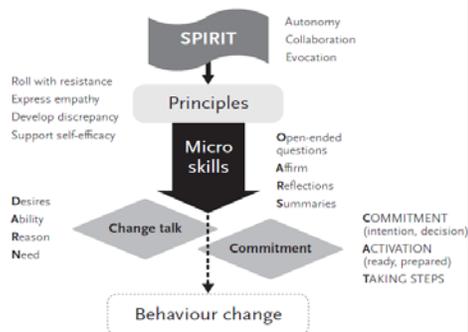
Change Talk- Decisional Balance

(Best used when motivation likely is low)

1. What do you **enjoy** most about the present situation?
2. What are some **not-so-enjoyable** aspects? (Both now and look'g to the future)
3. If you were to change this behavior, what would you **miss** most about it?
4. If your were to change, what **positive outcomes** might you most expect?

(If short on time, skip Q 's 1 & 3; & just do Q 's 2 & 4)

The Framework of Motivational Interviewing



Source: MINT Training, Centre for Addiction and Mental Health.

What MI is not

- Just being "nice" to the other person.
- Being totally **non-directive** (We have goals).
- Being a **master** of communication techniques.
- A **panacea** for all clinical problems for all pts.
- A comprehensive **theory of change** ie. TTM.
- Requiring previous asses'nt to give feedback.
- A way of getting person to do **what we want**.

Motivational Int. now seen as:

- A tool to help P move: Ambivalence -> Change.
- MI can stand alone (pre-tx) or blend well with other approaches to facilitate change, ie CBT, DBT, SFT....
- In 1 or several sessions, briefly or with ^ time.
- Alternative Model-some issues vs Integrative-all
- Documented success with: **Coaching, Health Care, Corrections, Business, & Religious Org'ns.**
- Effective w all cultures & all ethnic gps. (esp. minority)

MI & Cognitive-Behavioral Therapy (CBT)

- CBT focuses on changing maladaptive thoughts & behaviors.
- CBT requires in-ses.'n practice, & bet. ses.'n homework in areas that have been difficult.
- MI can help CBT work better by building cl's own mot. to do the work req'd to change.
- Yet many p. do not respond to tx.; do not adhere to tx. tasks; drop-out; or fail to maintain change.
- MI w CBT may ^ initial response rates & maint. of change.

MI & Special Populations: Cognitively. Impaired

- Brain Inj'd, Stroke, Dementia, & Schizophrenia; (all traditionally used a progressively directive style) yet MI can naturally help w Executive Funct'ns.
- Memory & Attent'n: ^'s w Evok'g, Refl's, Sum's.
- Cognition & S-Awareness is ^'d w Reflections.
- Initiation & Follow/thru is ^'d w Action Plan'g.
- Overstim'n/fatigue avoided if MI brief/focused.

How Can I Adapt MI to My Work (The sky's the limit)

- Is there a **need**? Would it **help my clients**?
- Would there be **organizational support**?
- **Written format** widely accepted i.e. Change HO's.
- **Group/Family MI**-a cost-effective alternative.
- **Telephone/Video MI** - some early success.
- **Interactive Journaling** - live or on-line.
- **Computer generated MI Programs**? Com'g.

MI Follow-Up Visits (very helpful)

- Reinforce + 's: *How diffic't was it? Can U keep it up?*
- Reframe failures: *What did you learn about...?*
- Offer objective F/B & supportive affirmations.
- **Reass's motivation**: It fluctuates w time/stress.
- **Re-establish goals & action steps** as needed.
- **Re-visit the 4 processes** (EFEP) as necessary.
- **Establish accountability** by yourself or staff.

Some Benefits of Using MI

- Client outcomes generally improve (over time).
- Client satisfaction/rapport is generally positive.
- **User satisfact'n/joy in work is gen'y + / ^.**
- Prom'ts teamwork; small changes=big rewards.
- You're role model'g a life-transforming process.
- You are grown'g in: open-mind'ness, tolerance, respect, caring, compassion, & service.

Summary and Q & A

- Behavior change is **difficult**; but MI is **powerful**.
- It requires **motiv'n** & **persist'e** by your client, & you.
- You have to practice **self-care/live a balan'd life**
- If you stay in the "**Spirit**" of MI, good happens.
- You already have neces'ry **attitudes & skills**.
- The more you **try MI**, the **better** you will get.
- You'll progress from your **experience & client feed/bk**.
- MI makes for a **best version of client & you**.

Bibliography & Resources

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- www.motivationalinterviewing.org & U-tube
- Thanks, If U want, U can F/U w me: bgaertner@sbcglobal.net
