

# Motivational Interviewing Series

JAMIE VANDERLINDEN, LCSW, LAC

FEBRUARY 2024





# Agenda

- **Session 1**
- Defining Motivational Interviewing
- Spirit of Motivational Interviewing
- Ambivalence
- Traps that slow you down
- The 4 Tasks of Motivational Interviewing
- Engaging - OARS



# What is MI?

- A particular way of talking with people about *change and growth* to strengthen their own motivation and commitment.
- MI flows like a normal conversation – It's not something being done **to** a patient.
- Directional and Purposeful
- Compassionate attention to the person while watching/listening for change and growth
- MI is a way of doing what you already do.
- It is person-centered.
- It is **not** primarily seeing deficits, diagnoses or problems to be solved.
- It sees a person with strengths, hopes, and relationships who wants to be heard, valued, and viewed as competent.

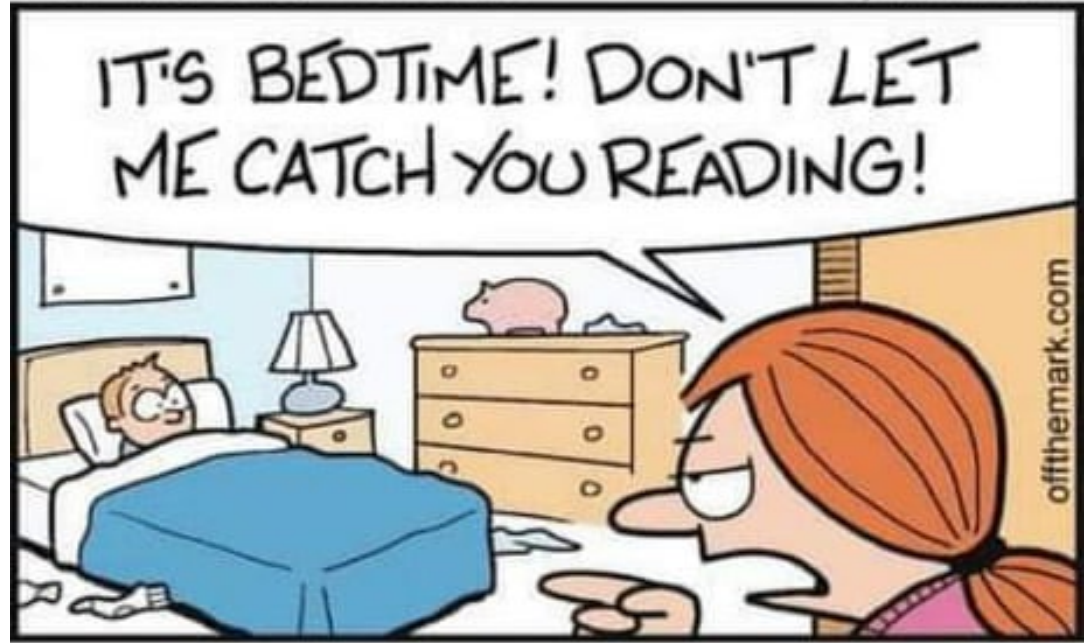


# 8 Clinical Skills

Even when therapists follow a structured treatment manual, research shows that some therapists are just more effective than others regardless of years' experience...

1. Accurate Empathy
2. Hope
3. Positive Regard
4. Acceptance
5. Shared Goals
6. Evocation
7. Offering Information and Advice
8. **Genuineness**





# Spirit of Motivational Interviewing

- Partnership
  - People are experts on themselves, and if they are the ones wanting to change, you need THEIR expertise!
- Acceptance
  - Belief that people have inherent worth and do not need to earn or prove that they deserve respect.
- Compassion
  - A commitment to support positive growth that is in the best interest of your patient.
- Empowerment
  - Helping people realize and use their own strengths and abilities.
  - *Adjusted in the 4<sup>th</sup> Edition to emphasize the importance of people's own strengths, motivations, resourcefulness, and autonomy.*



# Ambivalence

- No one is unmotivated.
- We are not **creating** motivation but **evoking** it.



- Ambivalence – simultaneously wanting and not wanting something
  - This is a normal part of the change process.
  - Not resistance
  - Not pathology



# Ambivalence





# The Fixing Reflex

- We have a natural desire to want to FORCE change to happen
  - We tell them and tell them and tell them
  - And become the voice on their shoulder wanting change
  - Making the person we are talking to the voice arguing against change....
  
- *Ironically, the Latin root of the word "convince" is "vincere" which means – to conquer.*
  - *NOT THE GOAL!*



# Resistance:

- Arguing or not complying with treatment.
- When you agree with the professional – you have insight.
- Invites arguments– I'm trying to help – THEY are oppositional.
- Challenge – avoid using the word "Resistance"



# Language Matters:

- Sustain talk: Arguing against change – normal ambivalence
- Discord: Reflecting discomfort with the therapeutic alliance
  - These behaviors are increased or decreased by the interviewers' behaviors.
  - Poor Treatment outcomes when not addressed.



# Watch Out!

**Expert Trap:** Solving the problem for the person because you are the authority.

**Persuasion Trap:** Trying to convince someone to change – often happens when we feel an urgency for their change.

**Time Trap:** Feeling rushed and pressuring a person to action before they are ready – results in a power struggle.

**Wandering Trap:** Allowing the person to speak without guidance or direction.



# Four Tasks of MI:

1. Engaging
  - Can we walk together?
2. Focusing
  - Where are we going? What shall we talk about?
3. Evoking
  - Why would you go there?
4. Planning
  - How will you get there?



# Engaging – Can we walk together?

- Taking an active interest in understanding this person's experience from **their** point of view with an attitude of curiosity and appreciation of human capabilities
- Use **accurate empathy** to voice and test guesses about what the person is telling you
- Give your full attention with eye contact (when appropriate) and with changes to your facial expression
- Mirror – reflect back your understanding of what you've heard

## therapist emotions



happy



sad



interested



bored



moved



unmoved



amused



irritated



impressed



disgusted



empathetic



sympathetic



you're  
pathetic



planning  
holiday



constipated

A

Alzheimer's & Family Care Association



# OARS – The flow of MI

- Open Ended Questions
- Affirming
- Reflecting
- Summarizing



# Open Ended Questions

- Invites people to talk
  - What's on your mind?
  - How are you hoping I can help?
  - How would you like things to be different?
- Creates forward momentum in the conversation as you are learning about the person





# Affirmations

- Listening and commenting genuinely on the strengths you see in the individual
- Simple: Something specific they have done or said
- Complex: An enduring strength or admirable attribute
- Do not use the word "I" - this is about them, not you
- "You're reliable." "You have courage." "You expressed that well."
- Increases openness – less need to defend yourself if your good qualities are also recognized.



# Reflections



- Decoding and interpreting what you believe the person is communicating – **Guessing**
- Get your understanding as close as you can to their communicated meaning – **Mirroring**
- Guess and check for understanding – the speaker may get clearer in their own understanding of thoughts and feelings as you go
- You make your guess and get immediate feedback - "Yes, and..." Or "No, not that. It's..."
- Reflection should not be longer than what they said.
- Encourages the person to pause and hear what they just said.
- Downward tone of voice – not a question



# Reflections

- Simple Reflection:

- A statement that is close to what the person said. Doesn't have to be "parroting."
- If that's all you do, may not get anywhere too quickly!
- May start with 1 simple reflection and move to a complex reflection to keep your flow.

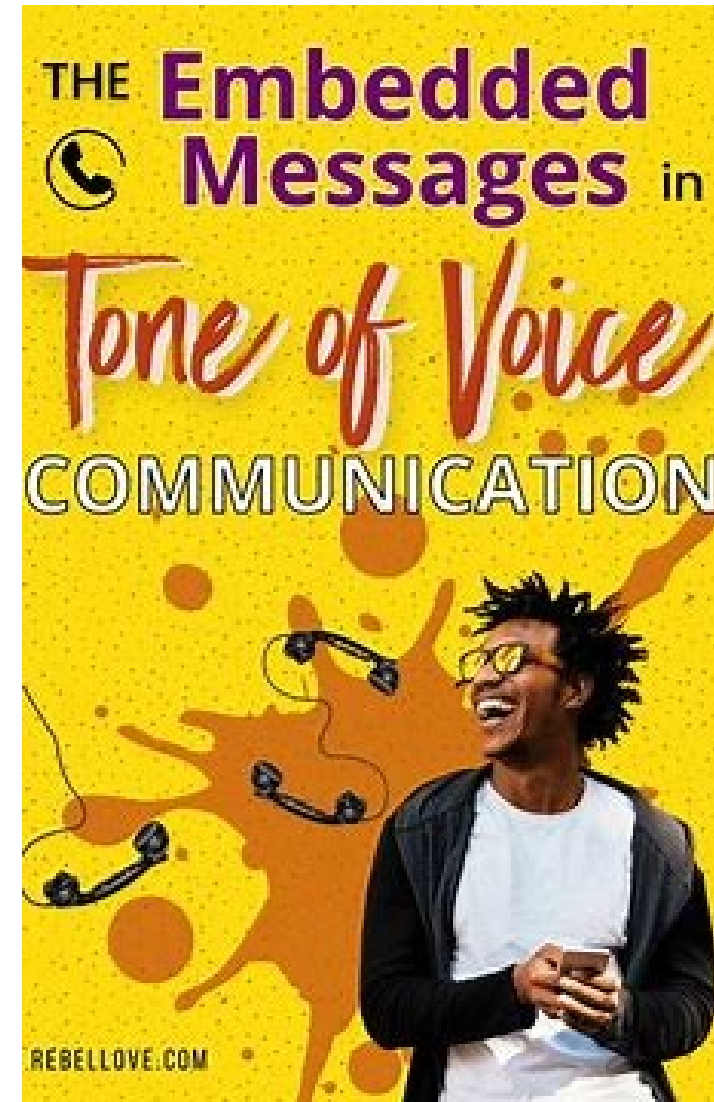
- Complex Reflection:

- A possible extension (guess) of what the person said
- Moves the conversation farther and faster
- Verses asking clarifying questions over and over which could get annoying...



# Reflections

- Could be a question with a raise in voice inflection
- Test:
  - You're angry with your mother?
  - You're angry with your mother.
- How does this feel different? How might responses differ?
- Test:
  - You don't see anything wrong with what you did?
  - You don't see anything wrong with what you did.



# OAR-ing Tips:

- Ask an open-ended question
- Person hears themselves answer
  - Aim for 1 open-ended question followed by at least 2 reflections
  - Listening for affirmations
- You reflect – they hear again – may clarify, gain understanding or hear in a new light
- When you reflect – focus attention on an aspect you hope to hear more about
- When you affirm – choose an action or attribute you hope to hear more about



**MPCA**  
Montana Primary Care Association



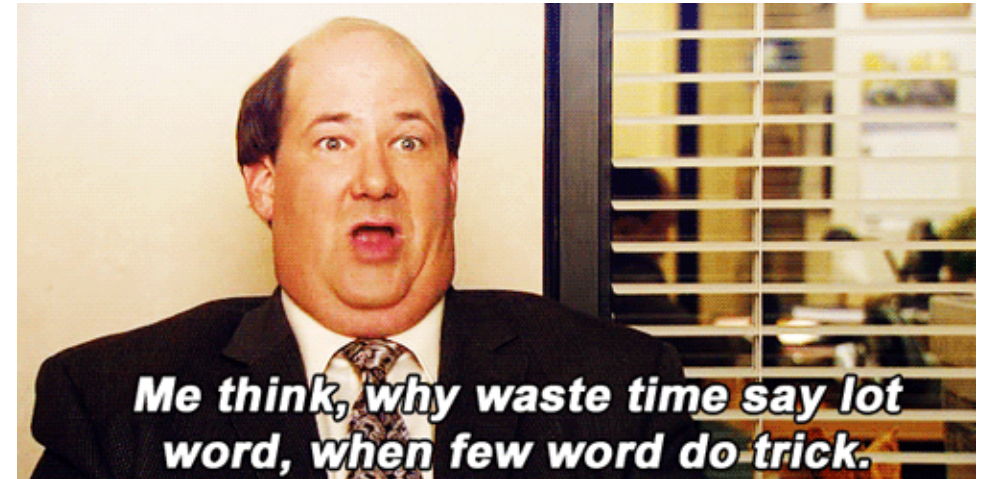
# Summarize

- Collected reflections, recounting several things you heard.
  - Again – the person has an opportunity to hear themselves mirrored
- You can offer "mini-summaries" along the way.
- "Here's what I've heard so far. Let me know if I've missed something."
- Be intentional about what you pull into your summary.



# Engaging – Final Tips

- Vital to MI – this is developing your partnership
- Can be short – about 20% of your appointment time
- It doesn't take people long to tell their story when we use OARS
- Avoid interrupting the flow – you should be using fewer words than the patient and primarily reflections



# Biased Language

## LANGUAGE MATTERS

When words are used inappropriately to describe individuals with a substance use disorder, it not only negatively impacts the cultural perception of their disease, but creates stigma that can stop people from seeking help. Language matters. Let's replace terms like "addict" and "junkie" with smarter language that aligns with the science.

Say This	Not That
Person with a substance use disorder	Drug addict
In recovery	Clean
Currently using substances	Dirty
Substance use	Substance abuse
Not engaging with treatment	"Bombed out"
Recurrence of symptoms, return to use	Relapsed
Positive drug screen	Dirty drug test
Medication assisted treatment (MAT)	Medication replacement, substitution therapy



Sources:  
 JAMA: "Changing the Language of Addiction", Michael P. Botticelli, MD  
 Howard K. Rish, MD, MPH  
 Language, Substance Use Disorders, and Policy: The need to Reach Consensus  
 on an "Addictionary", John F. Kelly PhD, Richard Saitz MD & Sarah Wakeman MD



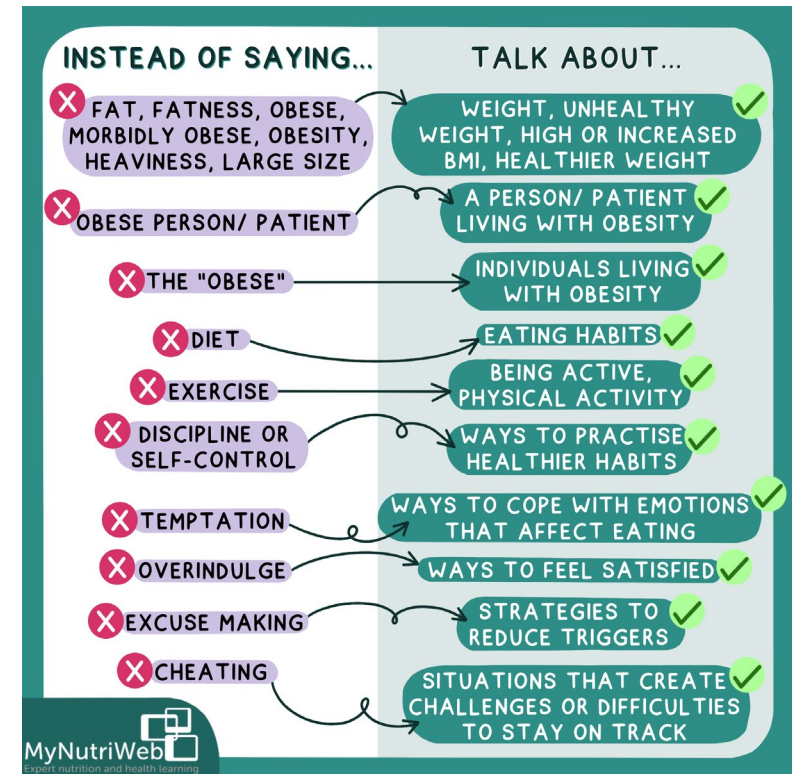
**DON'T: use stigmatizing language that labels people.**

*"She's depressed."*  
*"He's bipolar."*  
*"She committed suicide."*



**DO: use people-first language that shows acceptance.**

*"She has depression."*  
*"He has bipolar disorder."*  
*"She died by suicide."*

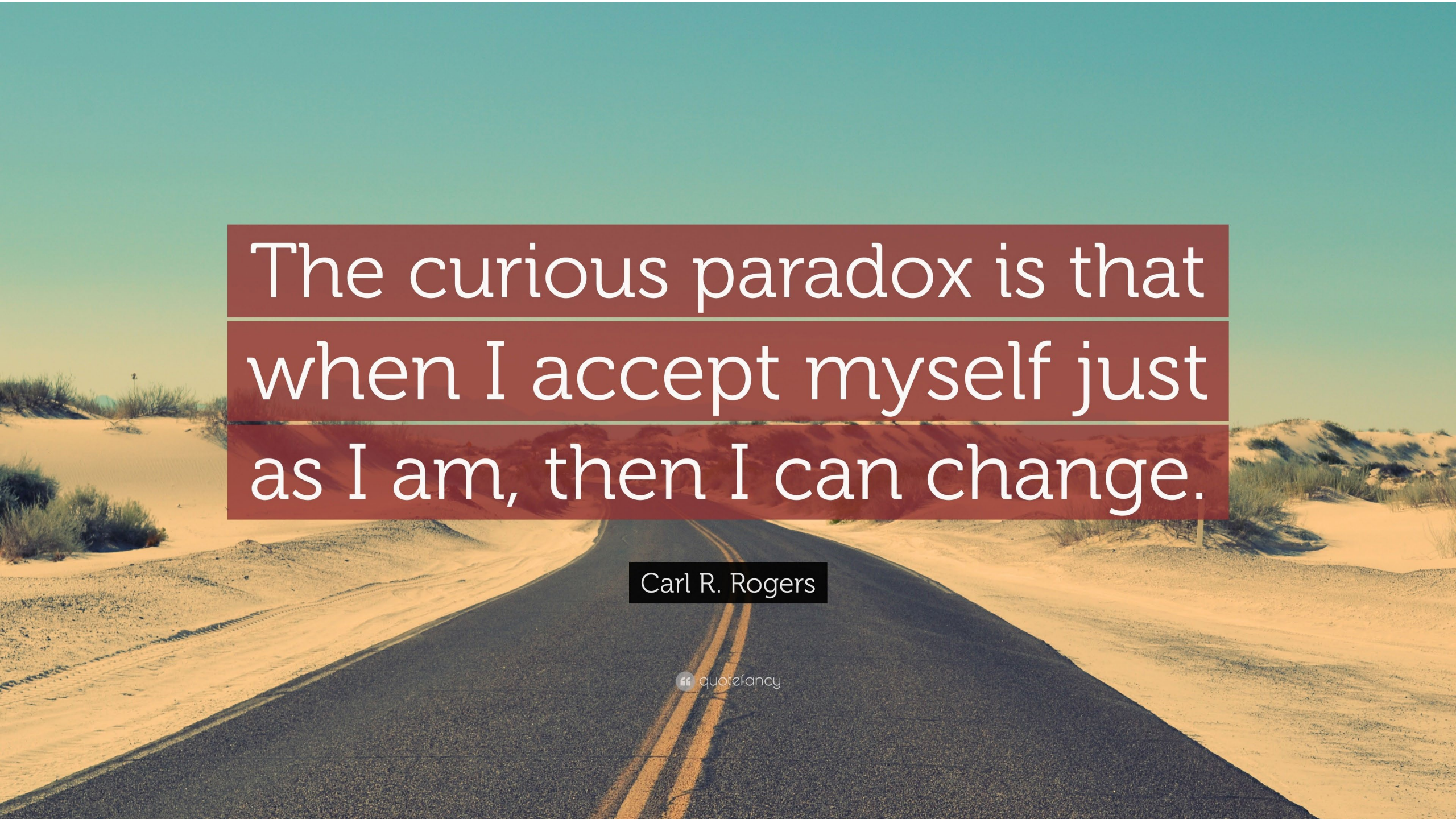




# Spirit of Motivational Interviewing

- Partnership
  - People are experts on themselves, and if they are the ones wanting to change, you need THEIR expertise!
- Acceptance
  - Belief that people have inherent worth and do not need to earn or prove that they deserve respect.
- Compassion
  - A commitment to support positive growth that is in the best interest of your patient.
- Empowerment
  - Helping people realize and use their own strengths and abilities.
  - *Adjusted in the 4<sup>th</sup> Edition to emphasize the importance of people's own strengths, motivations, resourcefulness, and autonomy.*



A photograph of a paved road with double yellow lines curving through a desert landscape. The road is flanked by sand dunes and sparse, low-lying vegetation. The sky is a clear, bright blue. The quote is overlaid on a dark red rectangular background.

The curious paradox is that  
when I accept myself just  
as I am, then I can change.

Carl R. Rogers

# Homework:

1. If you work with patients, notice when you document or discuss "resistance" or "compliance." Reframe this to "sustain talk" or "dissonance" and notice what changes. If you work with employees, not patients, do the same with them.
2. Challenge yourself at home or work to use OARS at least once per work or school day for the next couple weeks. How did this change engagement for yourself and the other person?
3. Email your examples to Jamie at [jvanderlinden@mtpca.org](mailto:jvanderlinden@mtpca.org)



# Resources

Miller, W. Rollnick, S. (2023). *Motivational Interviewing; Helping People Change and Grow*, 4th Edition

[www.motivationalinterview.net](http://www.motivationalinterview.net) (training tapes, articles, bibliographies, training opportunities)

[www.motivationalinterview.org](http://www.motivationalinterview.org) (MI resources ATTC website)

