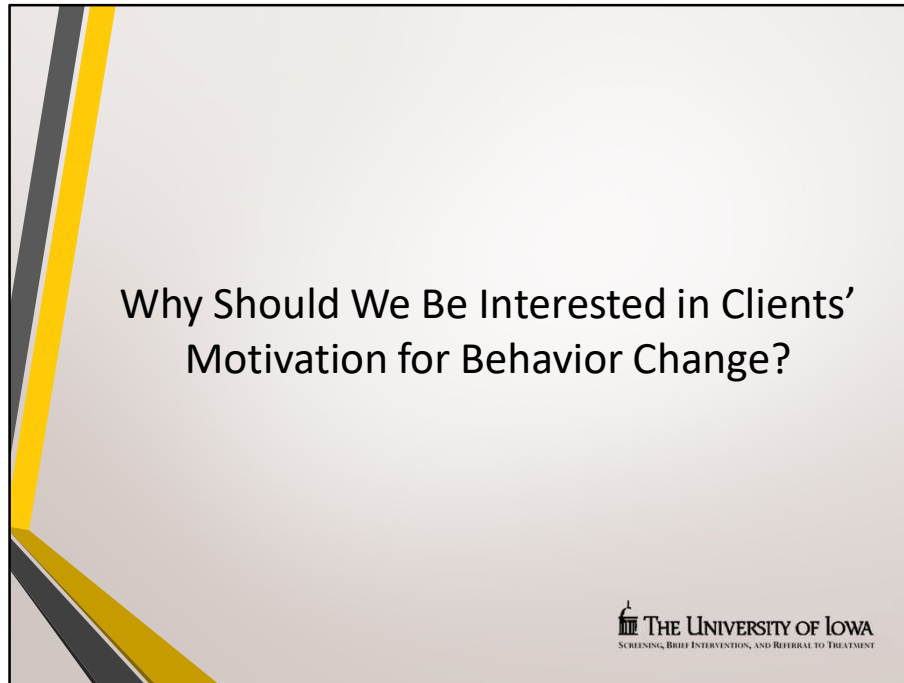




Welcome to “Motivational Interviewing – The Basics.” This is the first of three modules that you’ll be taking about motivational interviewing.



An important starting point is to think about why, as health care providers, we are interested in clients' motivation for behavior change. Think about words like "resistive" or "non-adherent," or perhaps the description of clients as having "multiple self-care deficits." We too often label our clients instead of asking ourselves "Why?" or "Why not?" And all of our "telling the person" how to improve doesn't change them, does it? So thinking about their motivation is critical.

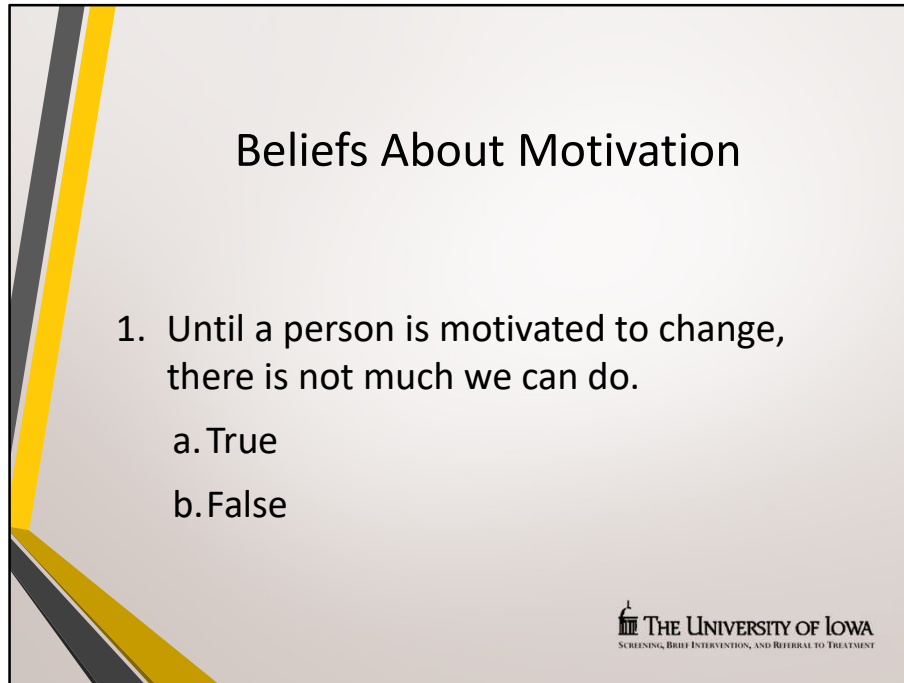
## Motivation Pretest

Let's find out what you think about motivation.



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To find out what you think about motivation, please answer the next eight “true or false” questions.

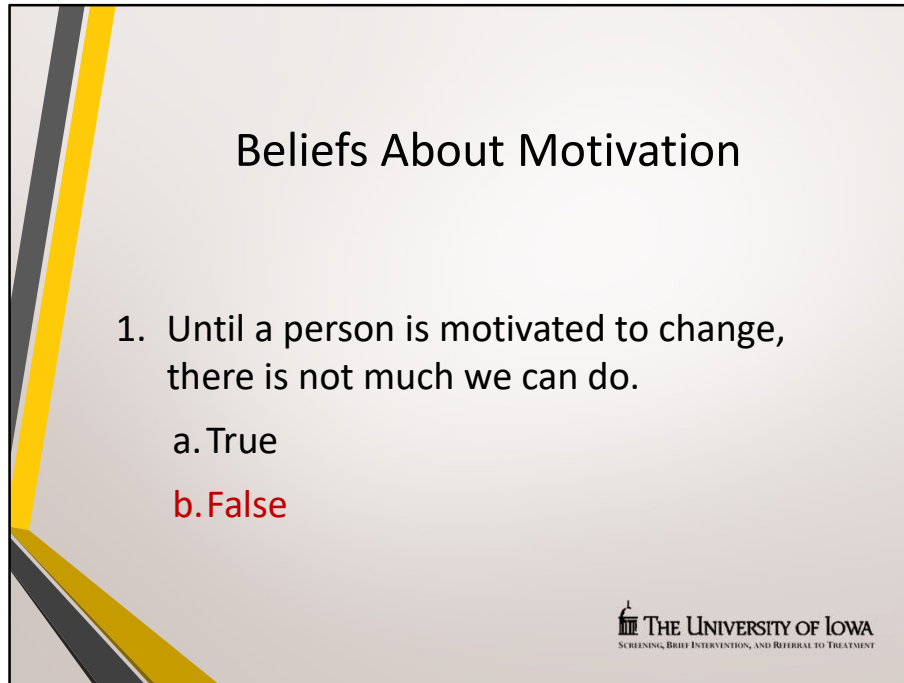


Beliefs About Motivation

1. Until a person is motivated to change, there is not much we can do.
  - a. True
  - b. False

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Until a person is motivated to change, there is not much we can do. True or false?



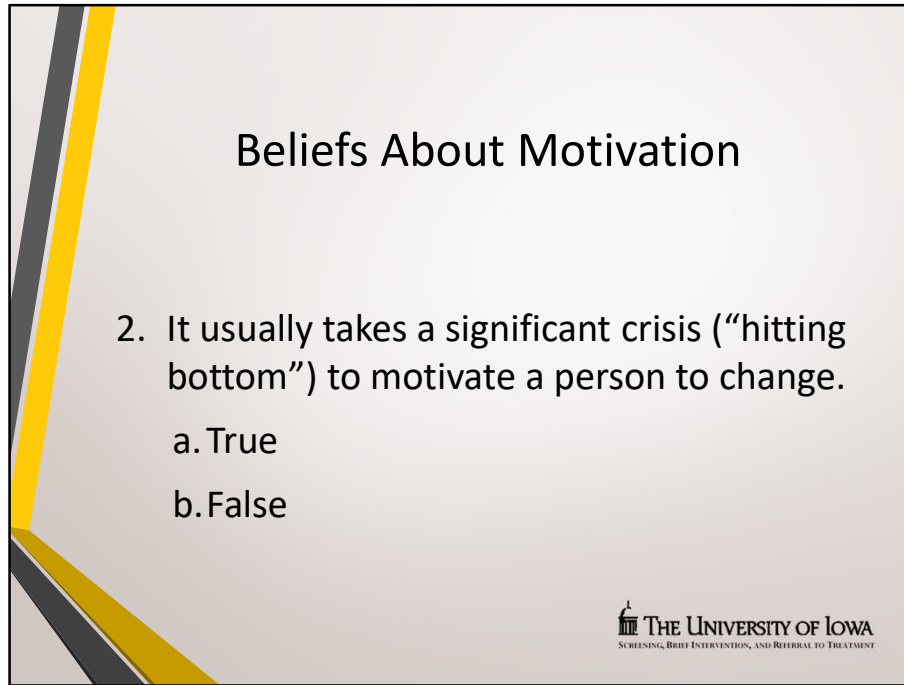
Beliefs About Motivation

1. Until a person is motivated to change, there is not much we can do.
  - a. True
  - b. False**

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The answer is “False.”

Motivation can be modified or enhanced at many points in the change process. Clinicians and others can access and enhance a person's motivation to change well before extensive damage is done to health, relationships, reputation, or self-image.




The slide features a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Beliefs About Motivation' is centered at the top. Below it, a question is listed with two multiple-choice options. The University of Iowa logo is in the bottom right corner.

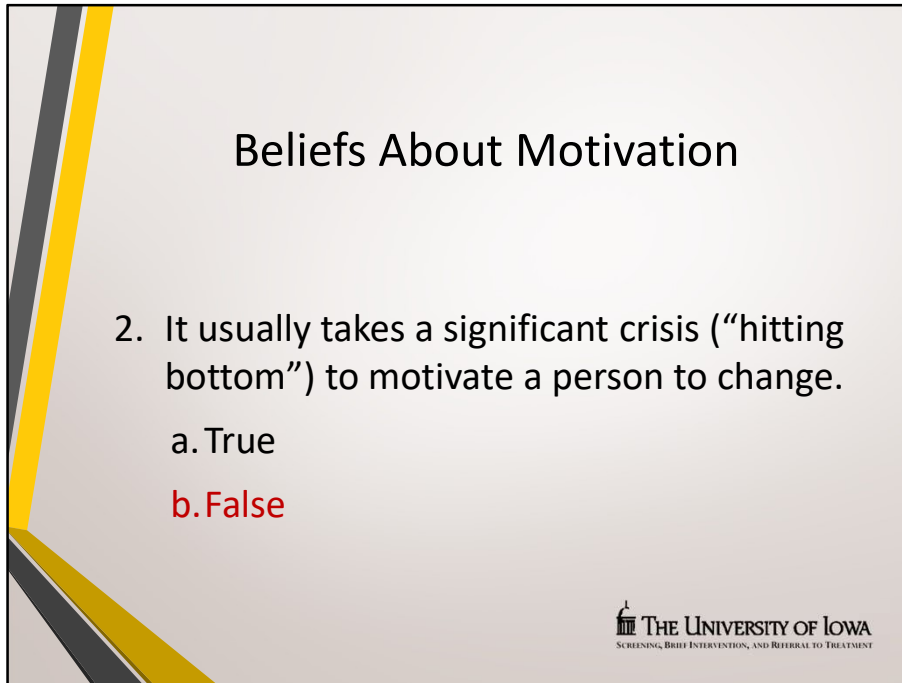
## Beliefs About Motivation

2. It usually takes a significant crisis (“hitting bottom”) to motivate a person to change.

- a. True
- b. False

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It usually takes a significant crisis (“hitting bottom”) to motivate a person to change. True or false?




Beliefs About Motivation

2. It usually takes a significant crisis (“hitting bottom”) to motivate a person to change.

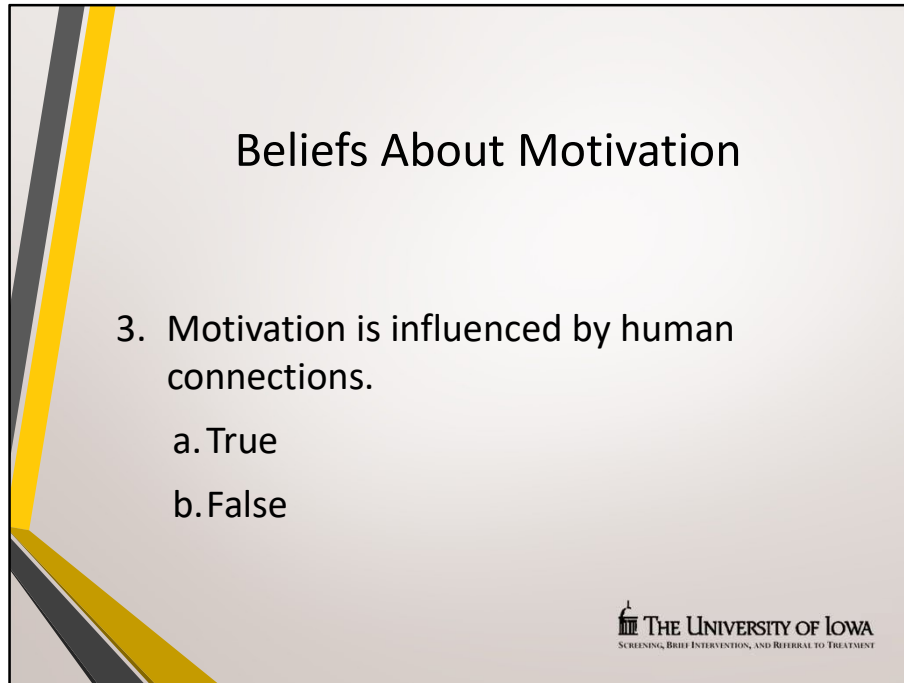
a. True

b. False

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The answer is “False.”


Sometimes this is how it happens, BUT clients do not have to hit bottom or experience irreparable consequences of their behaviors to become aware of the need for change.



Beliefs About Motivation

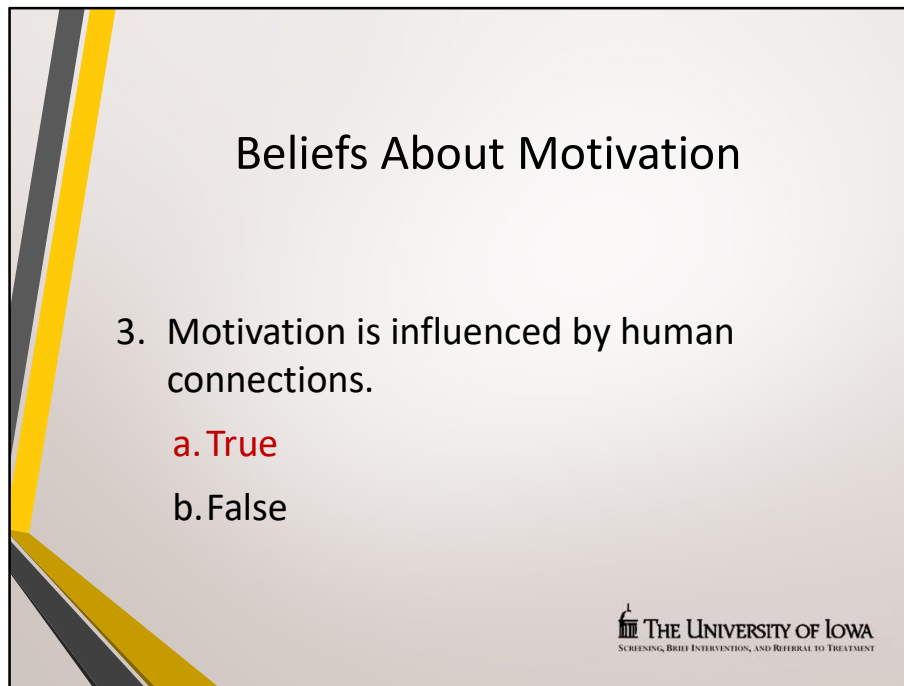
3. Motivation is influenced by human connections.

- a. True
- b. False

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Motivation is influenced by human connections. True or false?






## Beliefs About Motivation

3. Motivation is influenced by human connections.

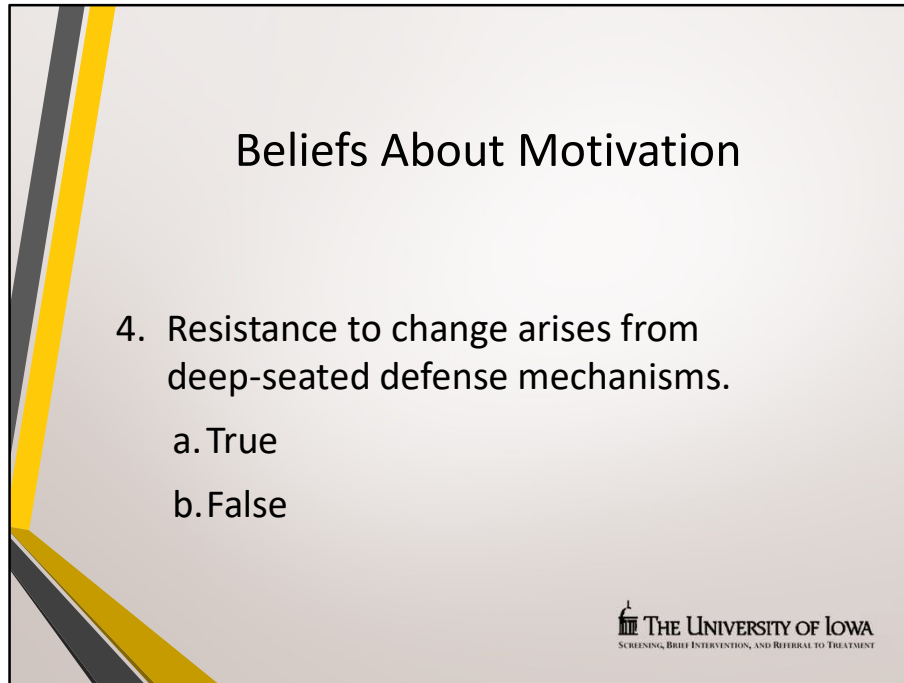
a. True

b. False

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The answer is “True.”


Motivation belongs to one person, but it results from the interactions between the individual and other people or environmental factors. A person’s readiness for change fluctuates over time and depends on the situation; it is not a static personal attribute. Motivation can vacillate between conflicting objectives. Motivation also varies in intensity, faltering in response to doubts and increasing as doubts are resolved. Motivation to change can be strongly influenced by family, friends, emotions, and community support.



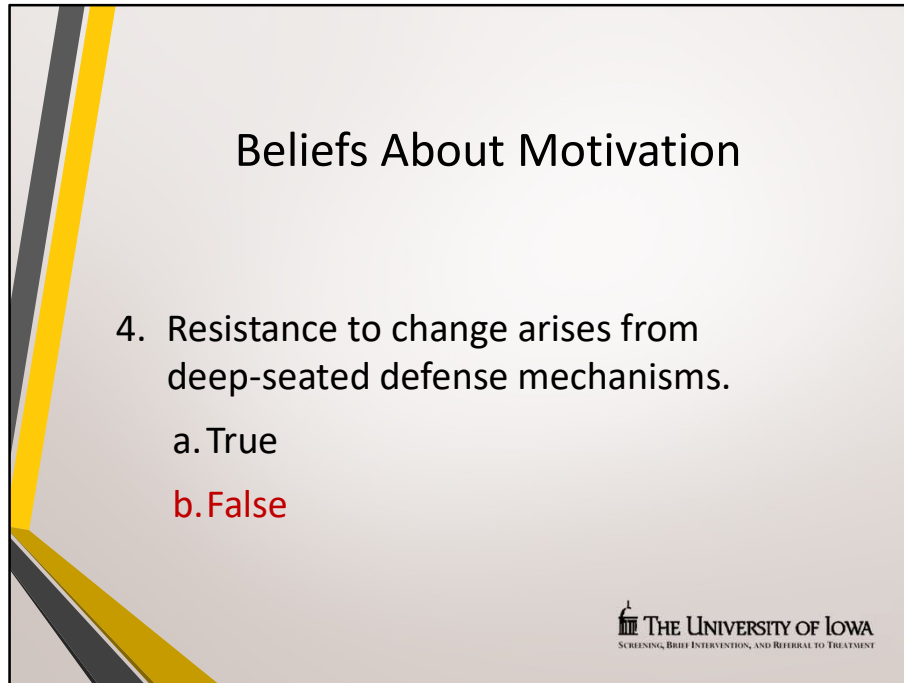
Beliefs About Motivation

4. Resistance to change arises from deep-seated defense mechanisms.

- a. True
- b. False

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Resistance to change arises from deep-seated defense mechanisms. True or false?




The slide has a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Beliefs About Motivation' is centered at the top. Below it, a question is listed with two multiple-choice options. The second option is highlighted in red. The University of Iowa logo is in the bottom right corner.

## Beliefs About Motivation

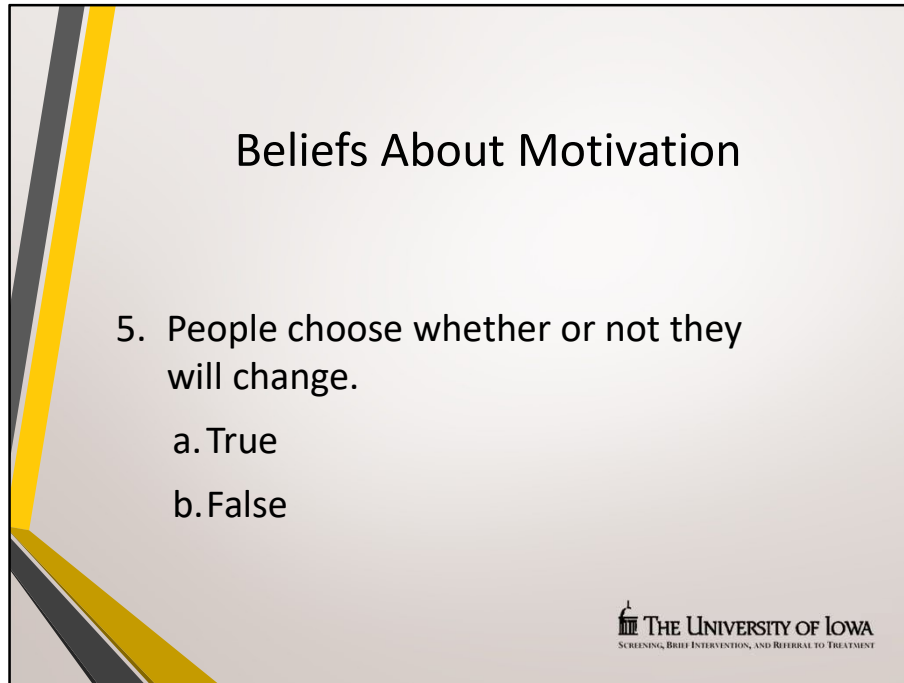
4. Resistance to change arises from deep-seated defense mechanisms.

- a. True
- b. False**

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The answer is “False.”


Denial, rationalization, resistance, and arguing are common defense mechanisms that many people use instinctively to protect themselves emotionally. When clients are labeled pejoratively as “non-compliant” or “manipulative” or “resistant,” given no voice in selecting treatment goals, or directed authoritatively to do or not do something, the result is a predictable—and quite normal—response of defiance. Ambivalence is also normal. Resistance to change can come from multiple origins: lack of information, competing priorities, and/or benefits outweighing consequences.



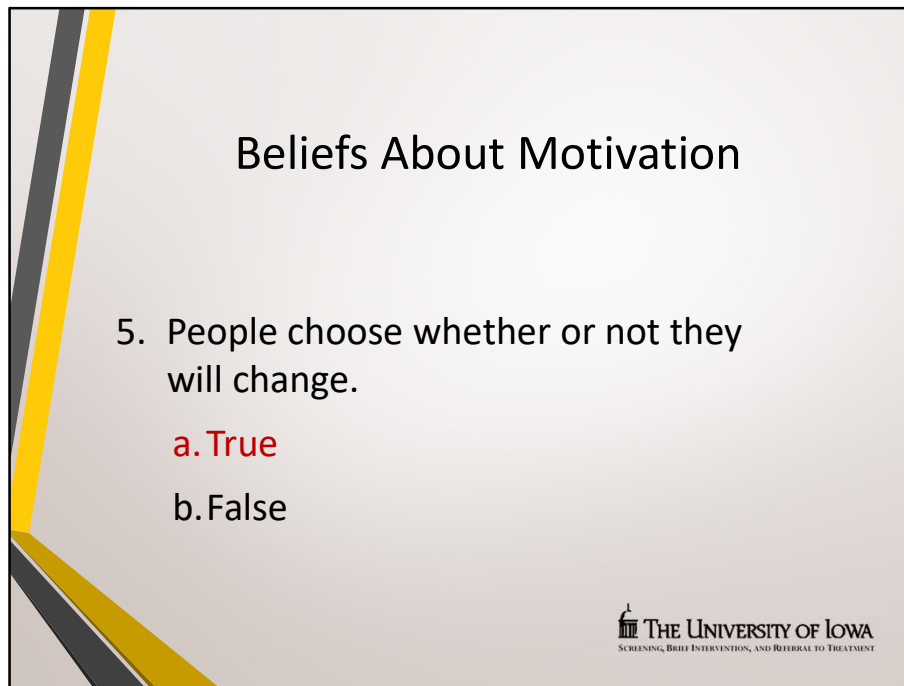
Beliefs About Motivation

5. People choose whether or not they will change.

- a. True
- b. False

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People choose whether or not they will change. True or false?




Beliefs About Motivation

5. People choose whether or not they will change.

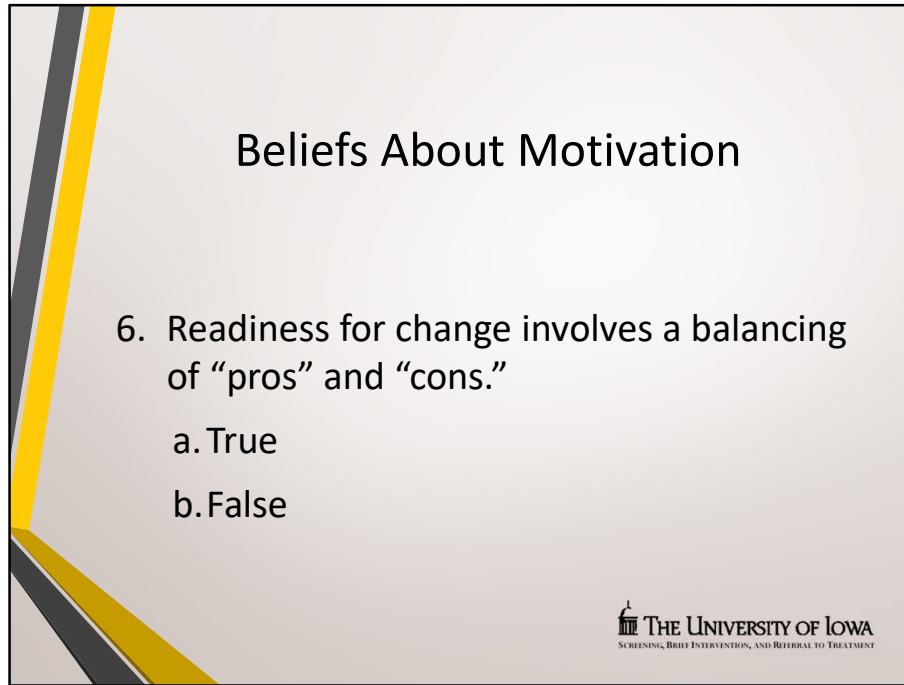
a. True

b. False

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The answer is “True.”


Although change is the responsibility of the person, you can enhance your client’s motivation for beneficial change at each stage of the change process.



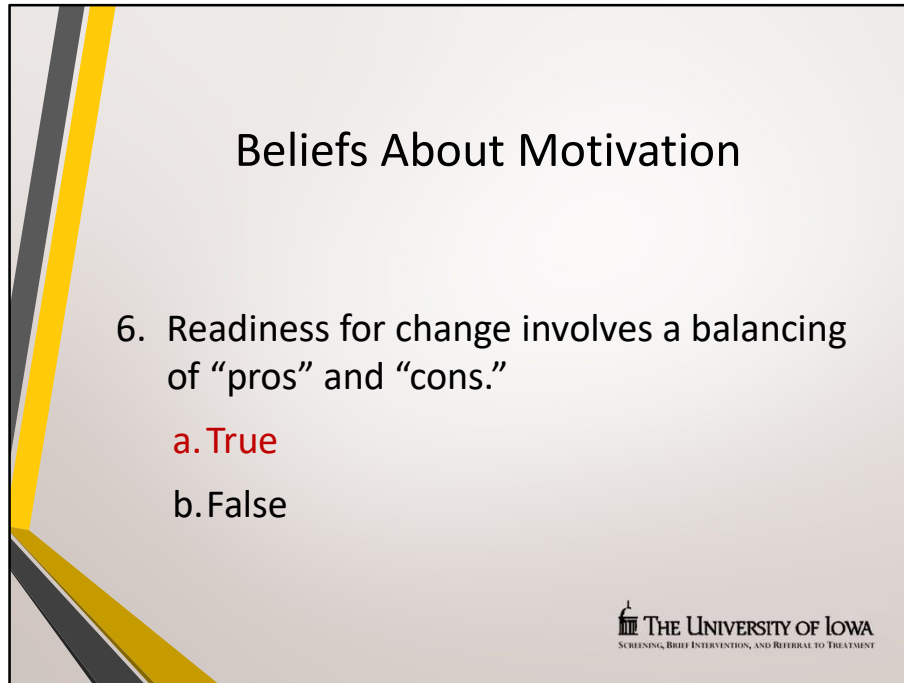
Beliefs About Motivation

6. Readiness for change involves a balancing of “pros” and “cons.”

- a. True
- b. False

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Readiness for change involves a balancing of “pros” and “cons.” True or false?




Beliefs About Motivation

6. Readiness for change involves a balancing of “pros” and “cons.”

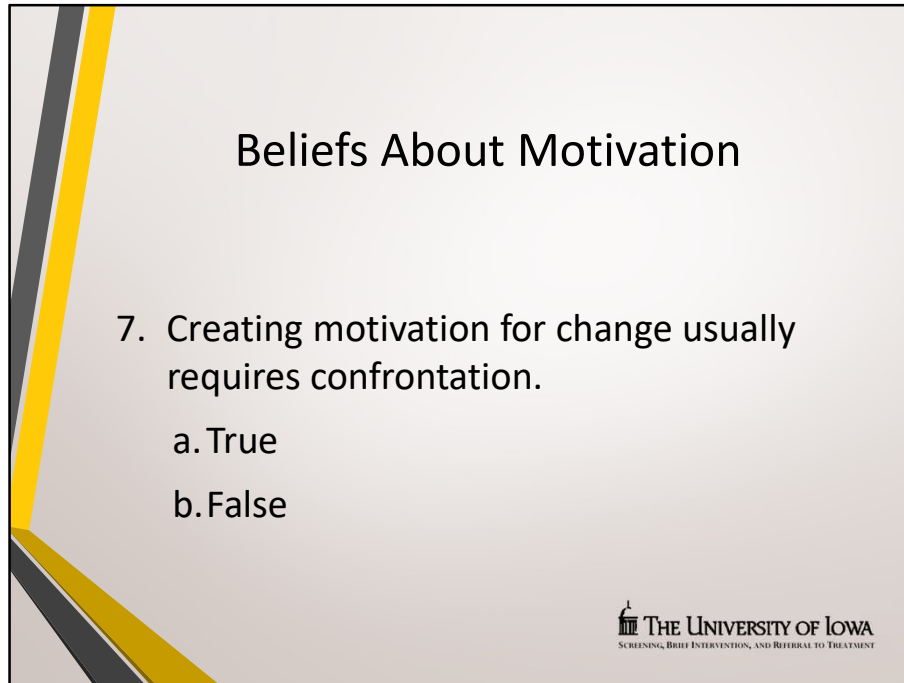
a. True

b. False

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The answer is “True.”


Ambivalence needs to be addressed before the change can progress.



Beliefs About Motivation

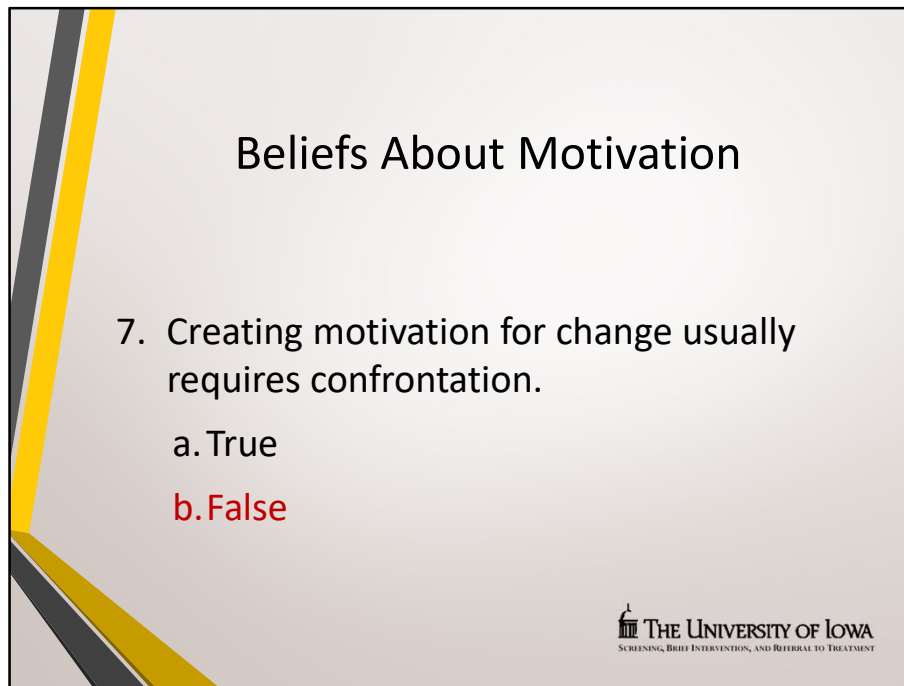
7. Creating motivation for change usually requires confrontation.

- a. True
- b. False

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Creating motivation for change usually requires confrontation. True or false?





Beliefs About Motivation

7. Creating motivation for change usually requires confrontation.

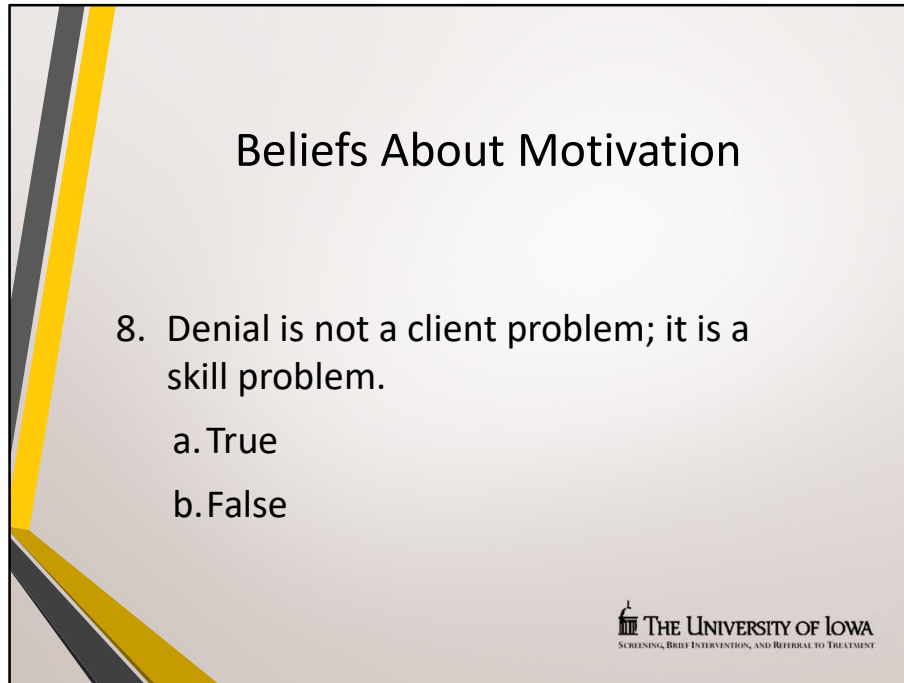
a. True

b. False

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The answer is “False.”


Confrontation may promote resistance rather than motivation to change. Research suggests that the more frequently clinicians use adversarial confrontational techniques, the less likely clients will change.



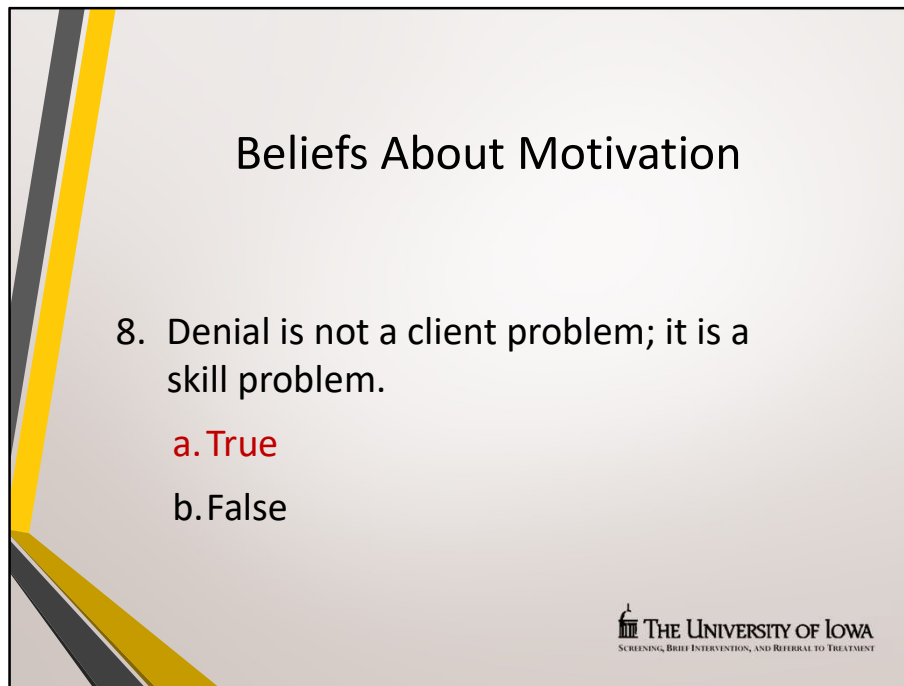
Beliefs About Motivation

8. Denial is not a client problem; it is a skill problem.

- a. True
- b. False

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Denial is not a client problem; it is a skill problem. True or false?



Beliefs About Motivation

8. Denial is not a client problem; it is a skill problem.

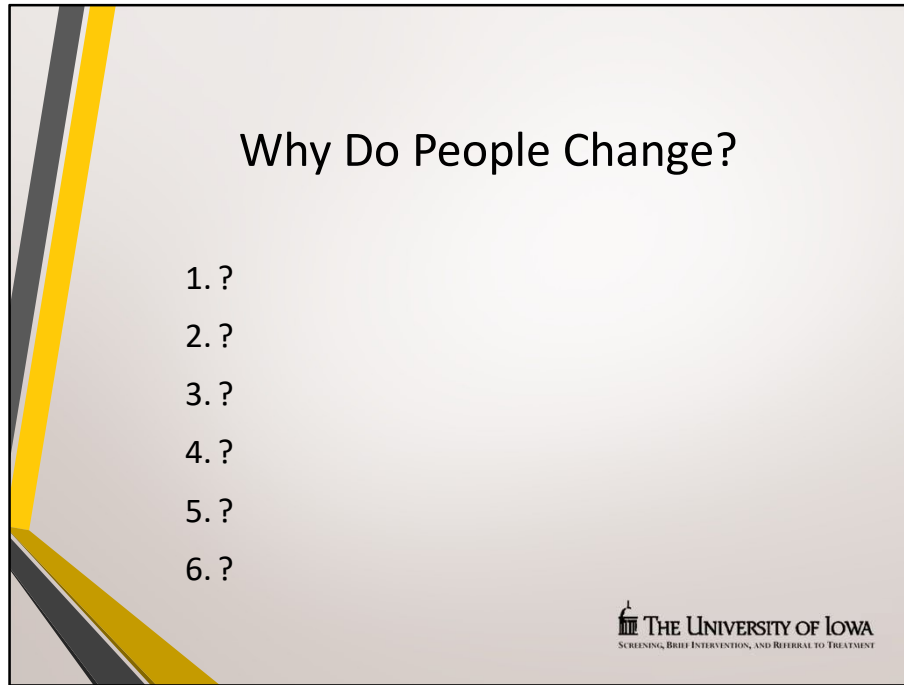
a. True

b. False

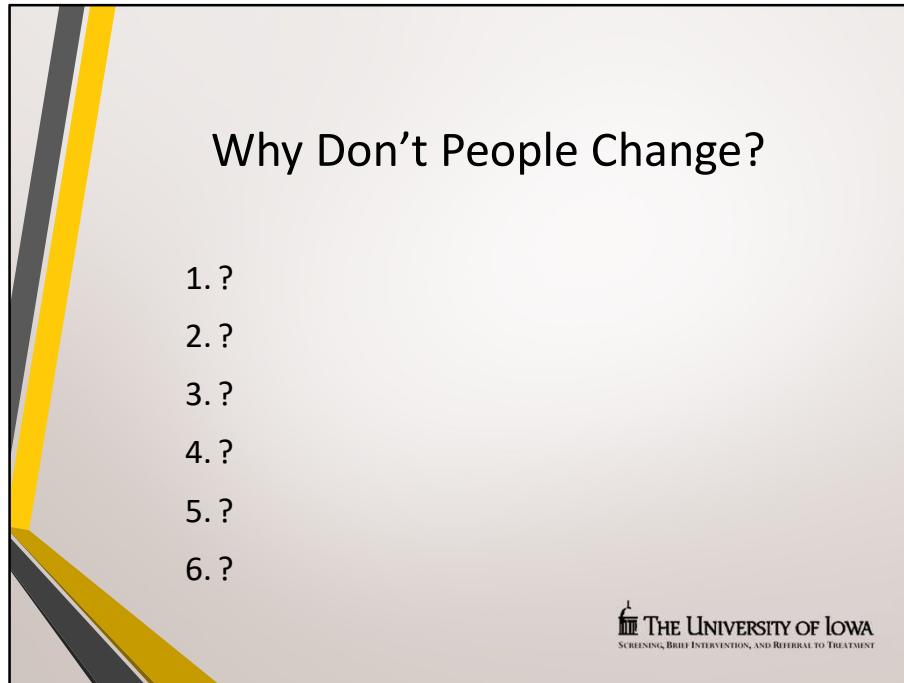
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The answer is “True.”

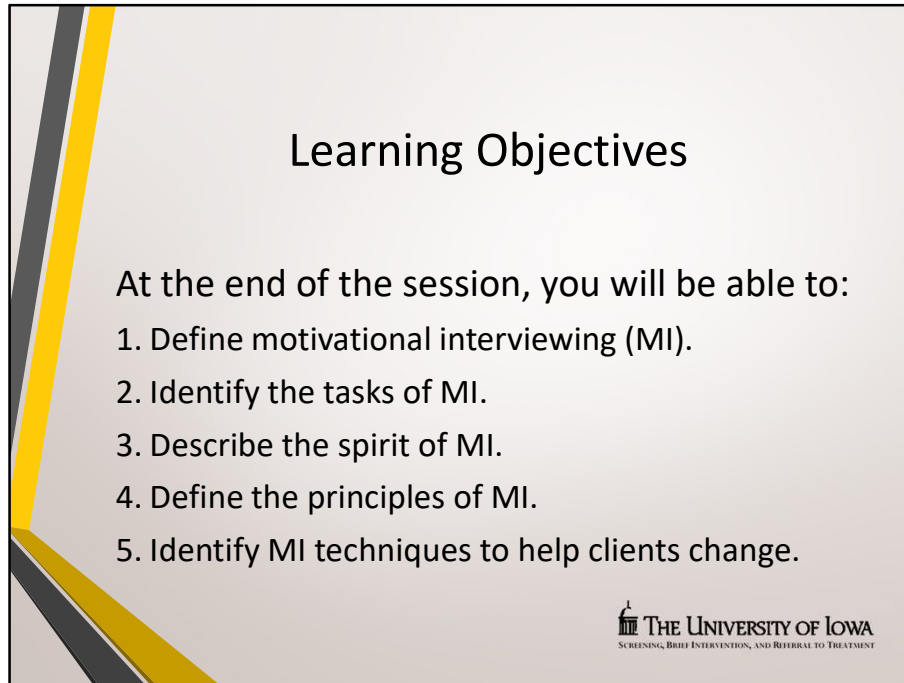
Motivational interviewing views denial and resistance as behaviors evoked by environmental conditions, not a trait or characteristic of the person. A direct comparison of clinician styles suggested that a confrontational and directive approach may precipitate more immediate client resistance and ultimately poorer outcomes than a client-centered, supportive, and empathic style that uses reflective listening and gentle persuasion.



Before we move ahead, I'd like you to pause and list at least 3 reasons you think people change; more is better. Write them down now.




Now think about reasons people don't change. Again, I'd like at least 3 ideas.



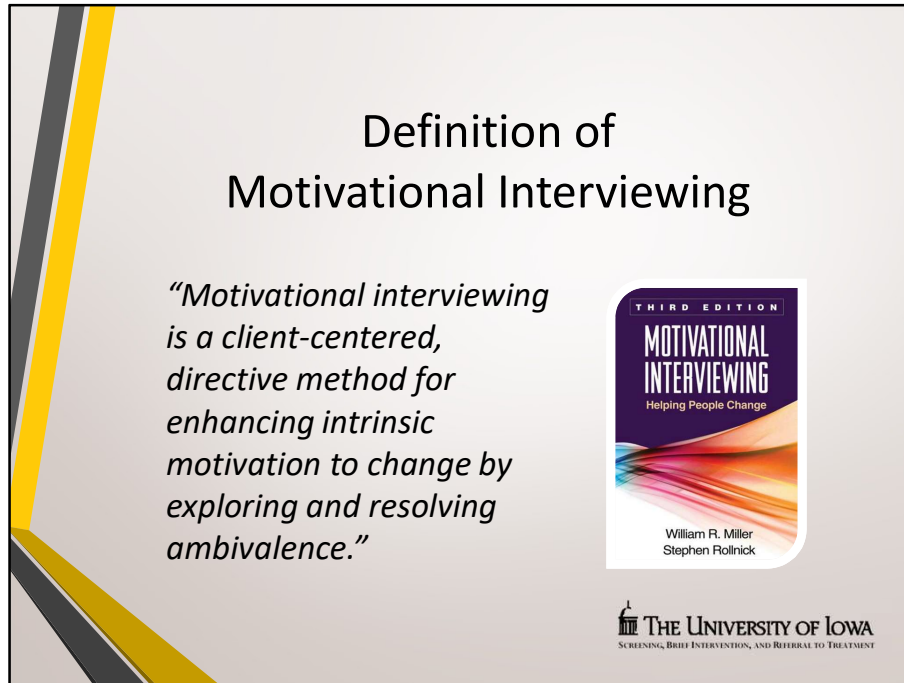
**Learning Objectives**

At the end of the session, you will be able to:

1. Define motivational interviewing (MI).
2. Identify the tasks of MI.
3. Describe the spirit of MI.
4. Define the principles of MI.
5. Identify MI techniques to help clients change.

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Now we're going to move ahead and think about what motivational interviewing is – and importantly, how it often is different from common approaches in client care.



According to Miller and Rollnick, motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

In this educational program, “client” refers to the individual we’re working with as well as their family and other support systems that may also be important to consider in our discussions.



## Motivational Interviewing

The tasks of MI are to:

- **Engage**, through having sensitive conversations with clients
- **Focus** on what's important to the client regarding behavior, health, and welfare
- **Evoke** the client's personal motivation for change
- **Negotiate plans**

Motivating clients often means resolving conflicting and ambivalent feelings and thoughts.

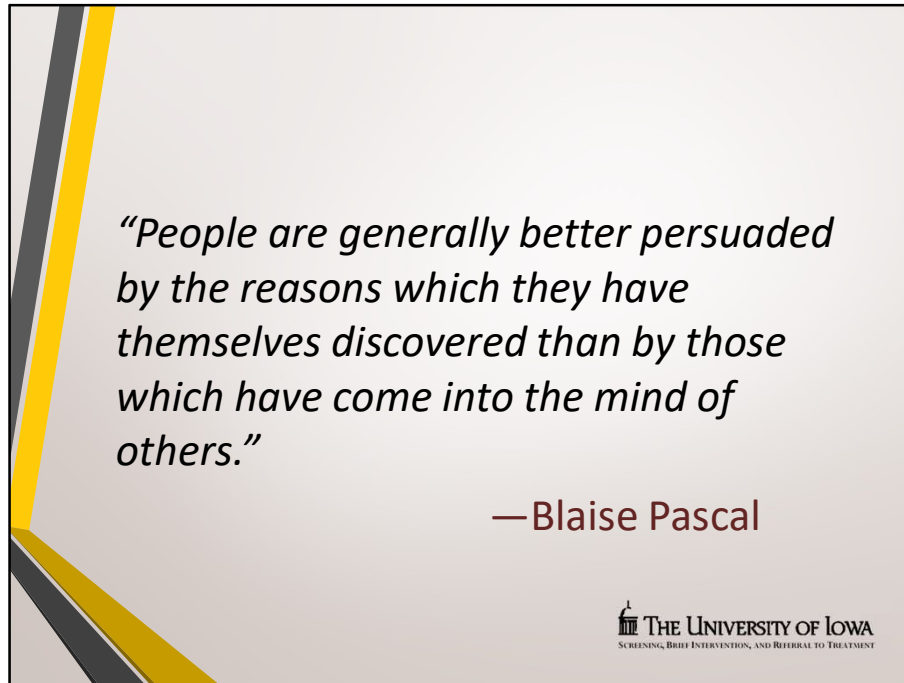
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These are the main tasks of MI.





Now let's look at the spirit of motivational interviewing.



This quote really underscores the “spirit” of motivational interviewing. The aim is to help your clients find their own compelling reasons for change. Like Pascal says, my personal reasons are far more motivating than what others “tell me” I should care about.

## Spirit of MI

A way of being with clients that is...

- Collaborative
- Evocative
- Respectful of autonomy
- Compassionate



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MI assumes that ambivalence or competing priorities are the principal obstacles to be overcome in triggering change. Once that has been accomplished, there may be a need for further interventions, such as planning and skill training. The specific strategies of MI are designed to elicit, clarify, and resolve ambivalence in a client-centered and respectful counseling atmosphere.

## Spirit of MI

**Collaboration  
(not confrontation)**

- Developing a partnership in which the client's expertise, perspectives, and input are central to the consultation
- Fostering and encouraging power sharing in the interaction



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MI is a collaboration between client and clinician, not an authoritarian positioning. Confrontation puts a client on the defense. It forces a “reality” that the person doesn’t either see or admit to.

It’s the client's task, not the clinician’s, to articulate and resolve ambivalence. Ambivalence takes the form of a conflict between two courses of action, each of which has perceived benefits and costs. Many clients have never had the opportunity to express the often confusing, contradictory, and uniquely personal elements of this conflict. An example of this would be, “If I stop smoking, I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive.”

It is the task of the clinician to build a therapeutic relationship that is more like a partnership. By honoring the client’s experiences, perceptions, and input, an atmosphere conducive to change is created. The clinician’s task is to facilitate expression of both sides of the ambivalence impasse and guide the client toward an acceptable resolution that triggers change. The clinician is directive in helping the client to examine and resolve ambivalence.



**Spirit of MI**

**Evocation (**not education**)**

- Motivation for change resides within the client
- Motivation is enhanced by eliciting and drawing on the client's own perceptions, experiences, and goals
- Ask key open-ended questions

**BELIEVE  
IN  
YOURSELF**

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In MI, the resources and motivation for change are presumed to reside within the person. It is the clinician's job to evoke and bring forth the person's inner motivation to stimulate behavioral change. This style is one of eliciting (for example, wisdom, motivation) from the person, **not** imparting, inserting, or imposing. This can be achieved by asking **open-ended** questions.

**MI is not education**, which presumes that the clinician's role is to provide the requisite enlightenment because the client lacks key knowledge, insight, or skills that are necessary for the change to occur.



## Spirit of MI

**Autonomy (not authority)**

- Respecting the client's right to make informed choices – *even if you don't agree with them* – facilitates change
- The client is in charge of his/her choices and thus is responsible for the outcomes
- Emphasize client control and choice

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The clinician respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior. In MI, responsibility for change is left with the person. The clinician affirms the person's right and capacity for self-direction. This approach empowers the individual.

Authoritative approaches, in contrast, take responsibility and power away from the client, and the clinician becomes responsible for the change process.

## Spirit of MI

### Compassion

- Empathy for the experience of others
- Desire to alleviate the suffering of others
- Belief and commitment to act in the best interests of the client
- Being respectful



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Being compassionate means having empathy – looking at the problem or issue from the person’s view or experience. The desire to alleviate suffering, working to act in the best interests of the person, and being respectful are other important components of being compassionate with clients.

## What MI is Not

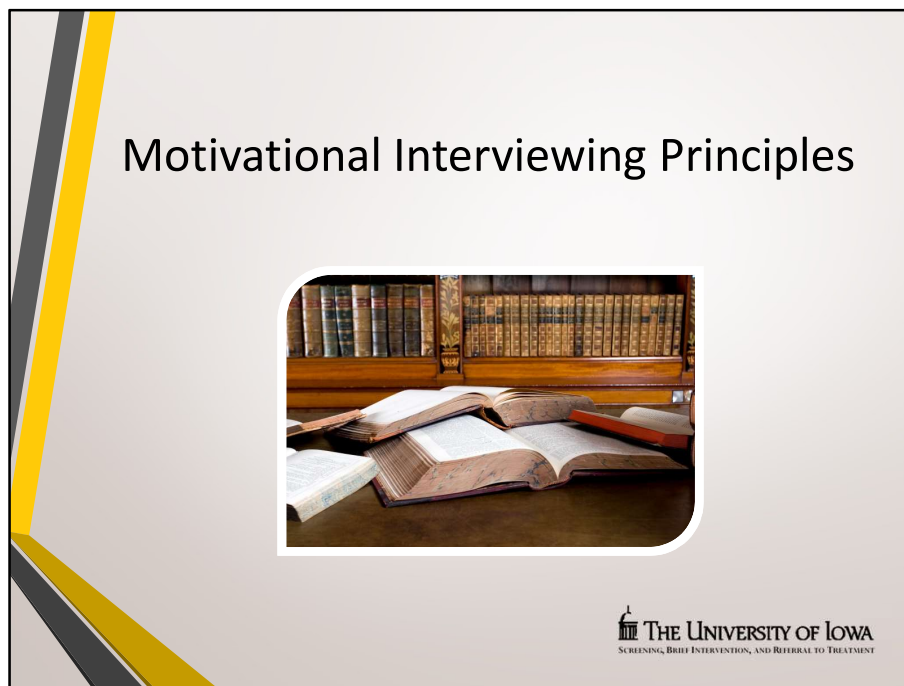
- A way of tricking people into doing what you want them to do
- A specific technique
- Problem solving or skill building
- Just client-centered therapy
- Easy to learn
- A panacea for every clinical challenge



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While coercion, persuasion, constructive confrontation, or external contingencies (for example, the threatened loss of job or family) sometimes motivate people to change, they are not at all consistent with the spirit of motivational interviewing. MI relies on identifying and mobilizing the client's intrinsic values and beliefs to stimulate behavior change. MI takes practice, and it doesn't solve all problems!





Now let's review some of the basic principles of motivational interviewing.



As noted on the slide, MI is founded on four basic principles.

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Reference: Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

## MI Principles: Express Empathy



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Expressing empathy involves seeing the world through the client's eyes. Thinking and feeling about things as the client does enables you to share in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel they are understood, they are more able to open up about their experiences. Having clients share their experiences with you in depth allows you to assess when and where they need support – and what potential pitfalls may need attention during the change-planning process. In short, the clinician's accurate understanding of the client's experience facilitates change.


Meta-analysis of therapy research supports that empathy predicts treatment outcomes consistently across different theoretical orientations and modalities.

## Express Empathy

What is empathy?

- Reflects an accurate understanding
  - Assumes the person's perspectives are understandable, comprehensible, and valid
  - Seeks to understand the person's feelings and perspectives without judging



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When we express empathy, we are reflecting back an understanding. Remember: understanding, accepting, and agreeing are not the same things.

## Express Empathy

### Why is empathy important in MI?

- Communicates acceptance, which facilitates change
- Encourages a collaborative alliance, which also promotes change
- Leads to an understanding of each person's unique perspective, feelings, and values, which make up the material we need to facilitate change



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Empathy communicates acceptance which, paradoxically, facilitates change. When accepted as they are, people seem to be freed to change.


Empathy encourages a collaborative alliance, which also promotes change. When clinicians have accurate understanding, clients feel understood, are more likely to explore ambivalence, and are more likely to change. When people feel “accurately understood,” the need to explain or defend decreases. They are able to put their energy into personal exploration, which facilitates the change process.


Expression of empathy also leads to an understanding of each person's unique perspective, feelings, and values, which make up the material we need to facilitate change.

## Express Empathy

Tips...

- Good eye contact
- Responsive facial expression
- Body orientation
- Verbal and nonverbal “encouragers”
- Reflective listening/asking clarifying questions
- Avoid expressing doubt/passing judgment



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Empathy is a combination of the words you use AND your nonverbal communication, so pay attention to how you look, sound, and respond.



## Express Empathy

Empathy is distinct from...

- Agreement
- Warmth
- Approval or praise
- Reassurance, sympathy, or consolation
- Advocacy

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As highlighted here, a pretty wide variety of responses are commonly mistaken for empathy. Stay focused on understanding the problem or issue from the person's point of view. How do they experience the challenge?



The slide has a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Express Empathy' is centered at the top. Below it, the text 'Empathy is not...' is followed by a bulleted list of four items. The University of Iowa logo is in the bottom right corner.

## Express Empathy

Empathy is not...

- Sharing common past experiences
- Giving advice, making suggestions, or providing solutions
- Demonstrated through a flurry of questions
- Demonstrated through self-disclosure

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And in the same way, empathy is not the same as the behaviors listed on the slide. Pause and think about your most common and “instinctive” responses to clients... Are you empathic? Or reactive, giving advice, or self-disclosing – which are not therapeutic interventions. Pay attention when your responses resemble these statements. Often they come from our own discomfort.



## The Bottom Line on Empathy

- Ambivalence is normal
- Our acceptance facilitates change
- Skillful reflective listening is fundamental to expressing empathy



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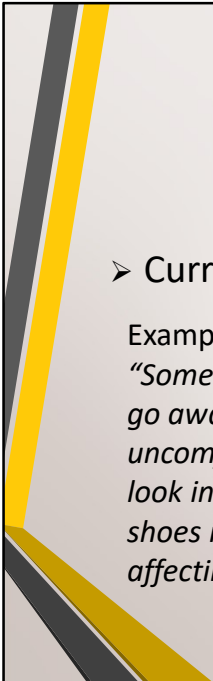
In summary, feeling “conflicted” – or torn between two or more ways of thinking – is pretty normal when behavioral health issues are involved. Managing medications, weight, blood pressure, substance use, and a long list of chronic illnesses can be challenging. What we “want” and what is “best for us” often collide. Expect ambivalence. At the same time, know that change is possible.

---

Reference: Miller, W. R., & Rollnick, S. (2012).




The second main principle of MI is to develop discrepancy by exploring the important differences between how clients want their lives to be versus how they currently are, OR differences between their deeply-held values and their day-to-day behavior.



## Develop Discrepancy

- Current behavior versus future goals

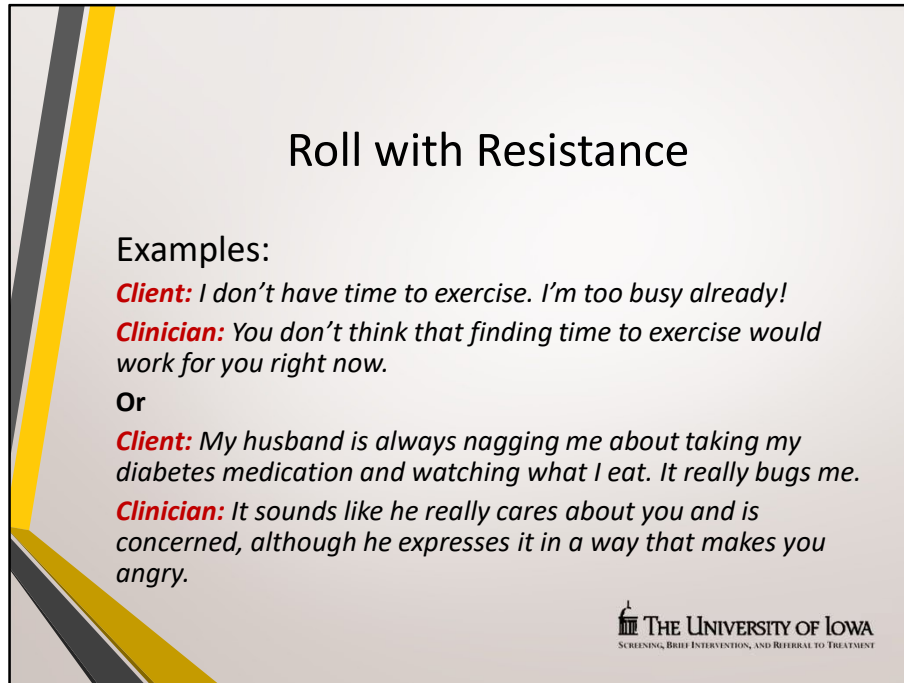
Example:  
*"Sometimes eating is the best way to make stress go away. But then you get on the scale, and feel uncomfortable in your clothes and hate the way you look in the mirror. And the struggle with tying your shoes is a hard reminder of how your weight is affecting your enjoyment of life . . ."*

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Helping clients examine the discrepancies between their current behavior and valued goals, values, or self-views is pivotal to making changes.



The third main principle is managing resistance – which can include making excuses, blaming others, minimizing importance or significance, challenging, using hostile language (verbal and nonverbal), and ignoring. In general, clients who are resistant are usually not ready to change – and that’s okay. Avoid judging clients for their resistance.



## Roll with Resistance

Examples:


**Client:** *I don't have time to exercise. I'm too busy already!*

**Clinician:** *You don't think that finding time to exercise would work for you right now.*

Or

**Client:** *My husband is always nagging me about taking my diabetes medication and watching what I eat. It really bugs me.*

**Clinician:** *It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry.*

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The idea of rolling with resistance means that we acknowledge the person's perception or disagreement, and then work to reframe it. As before, we don't confront or disagree; instead, we work to give feedback that is empathic, and at the same time might question or expand on the person's viewpoint.




The last main principle of MI is to support self-efficacy, which means helping clients move toward change successfully and with confidence.

## Support Self-Efficacy

Clients are responsible for choosing and carrying out actions to change

A photograph of a man with short brown hair, smiling and giving a thumbs-up gesture. He is wearing a yellow and blue striped sweater. The photo is set within a white rounded rectangular frame.

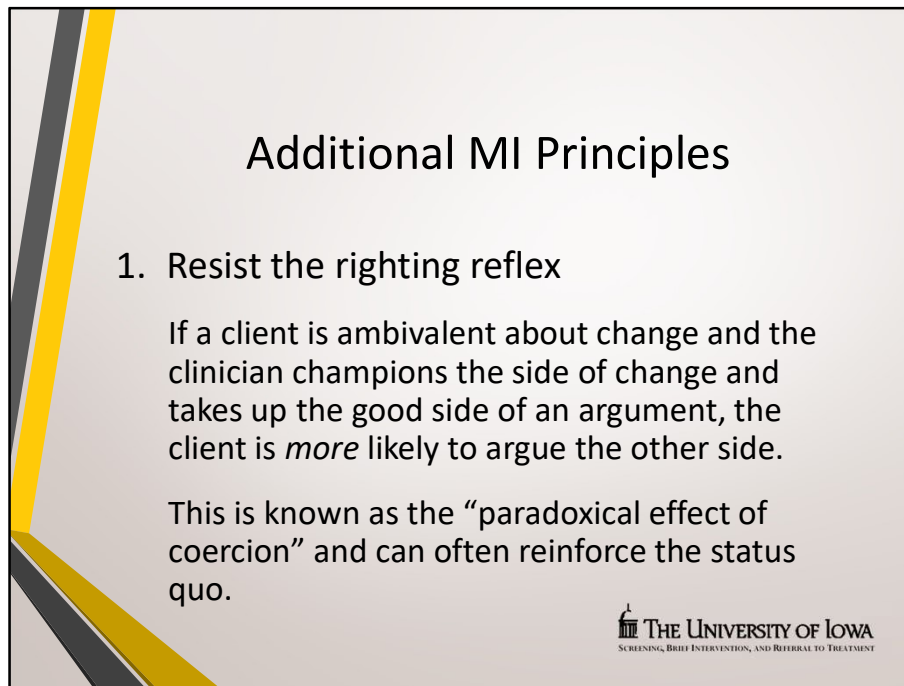
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In MI, the resources and motivation for change are presumed to reside within the person. The clinician's job is to find ways to evoke it, to call it forth – bring it into action.



In summary, there are four main principles in MI. At the same time, there are lots of other considerations when we put these into practice!






## Additional MI Principles

1. Resist the righting reflex

If a client is ambivalent about change and the clinician champions the side of change and takes up the good side of an argument, the client is *more* likely to argue the other side.

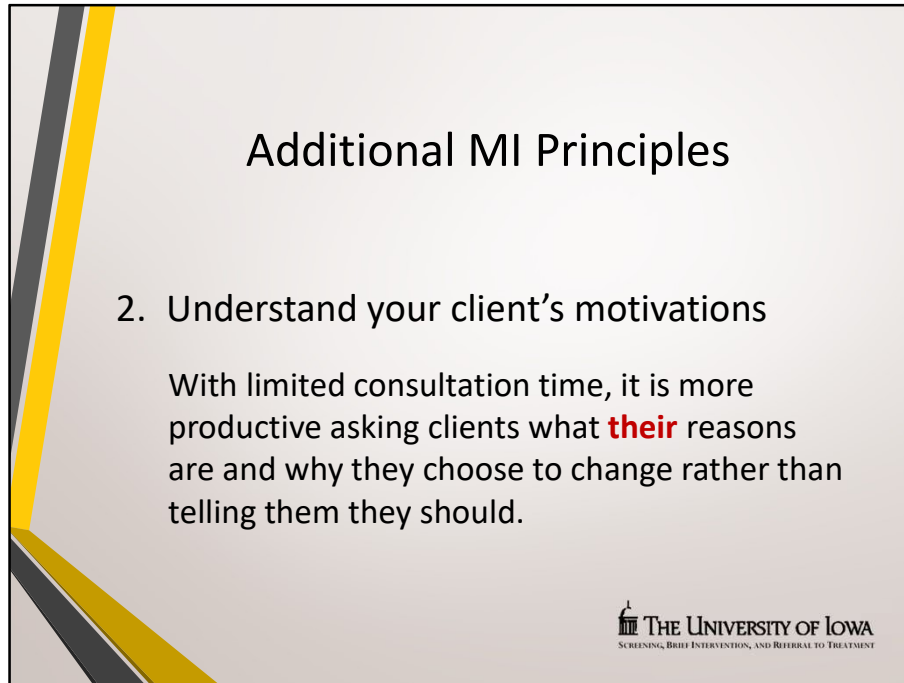
This is known as the “paradoxical effect of coercion” and can often reinforce the status quo.

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The righting reflex refers to the seemingly built-in desire of humans to set things right. When presented with a problem – someone else’s problem – we have the tendency to offer solutions.

When this instinct meets ambivalence, however, the person defends the status quo and argues against change.


The more a person argues on behalf of one position, the more committed to it he or she becomes. We can literally talk ourselves into (and out of) things. On the flip side, the more we can elicit change statements from people, the more committed to change they become.



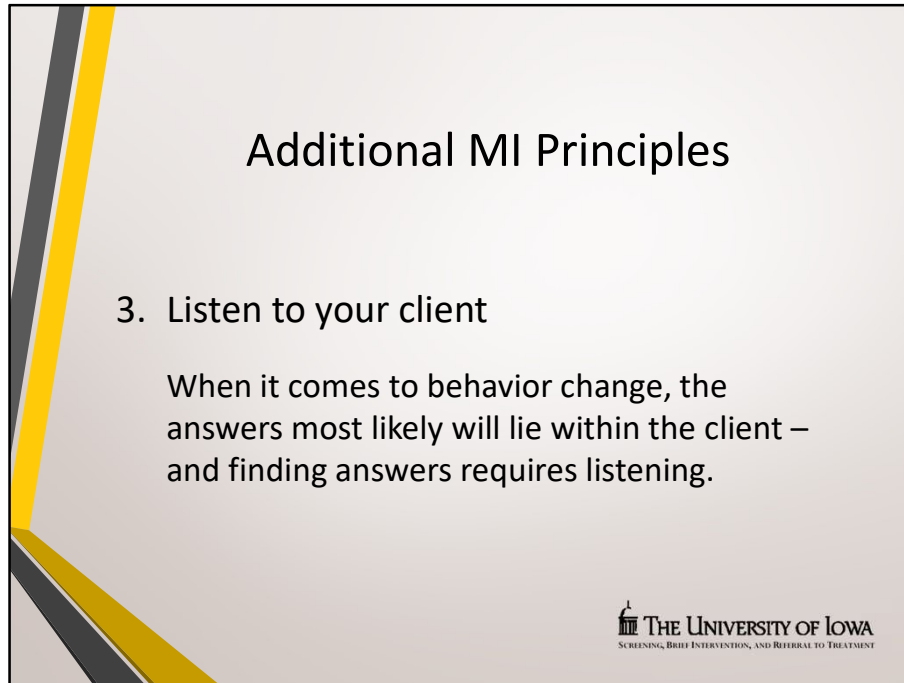
## Additional MI Principles

2. Understand your client's motivations

With limited consultation time, it is more productive asking clients what **their** reasons are and why they choose to change rather than telling them they should.

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Asking clients **their** reasons for doing – or not doing – something is often more productive than telling them what they should or should not do.



## Additional MI Principles

3. Listen to your client

When it comes to behavior change, the answers most likely will lie within the client – and finding answers requires listening.

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When it comes to behavior change, the client often knows the answer.  
Listen to what they have to say.



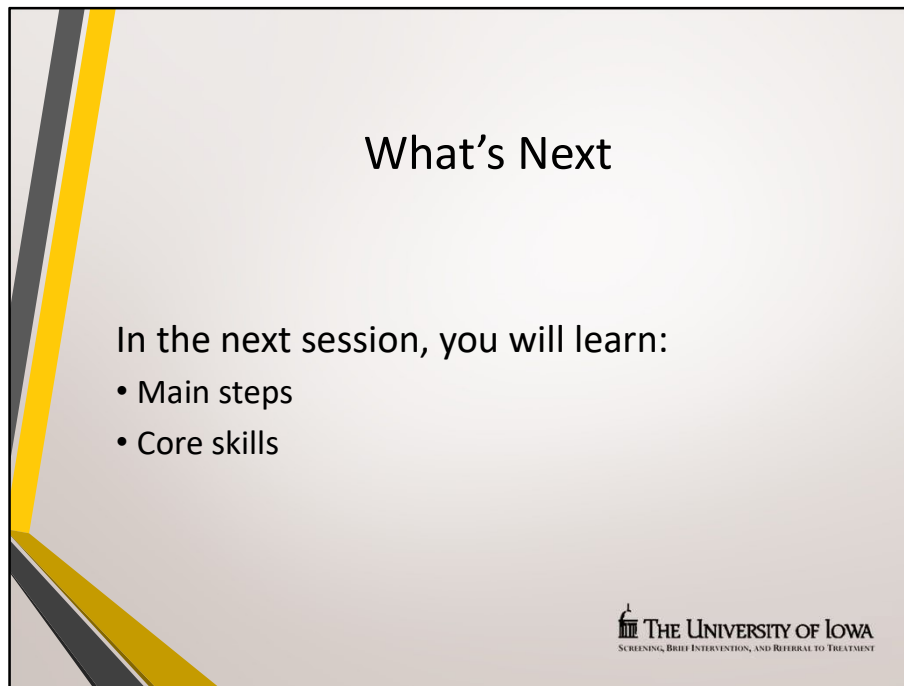
## Additional MI Principles

4. Empower your client

A client who is active in the discussion – thinking aloud about the why, what, and how of change – is more likely to do something about it.

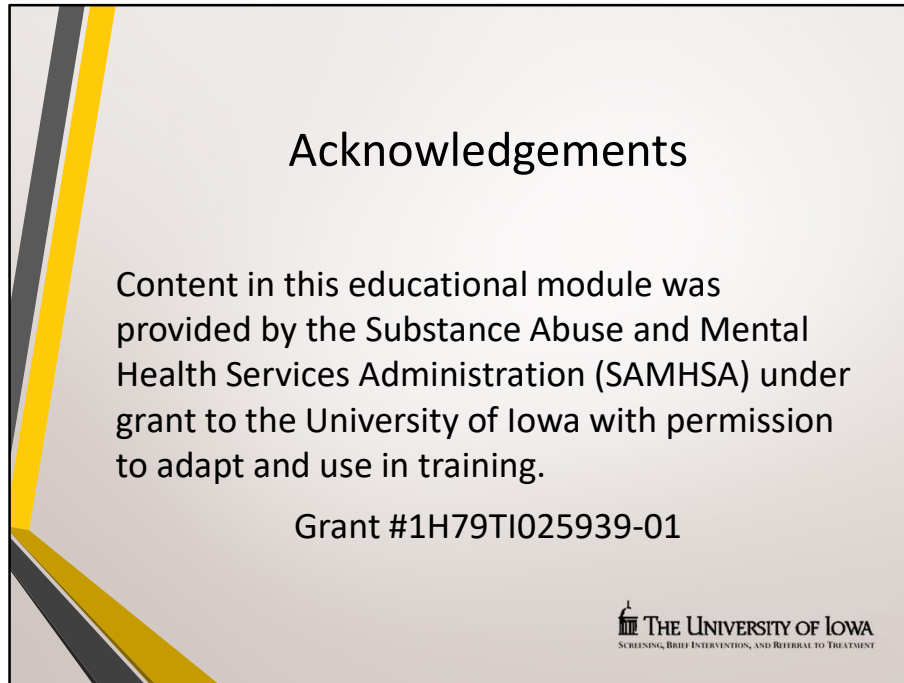
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A client who has a part in the discussion is more likely to be motivated to do something about the issue.



In this first session, you have learned about the spirit and principles of MI and the central importance of empathy.

In the second session, you will learn motivational interviewing steps and core skills.



Thank you to our funding agency for supporting this program.

