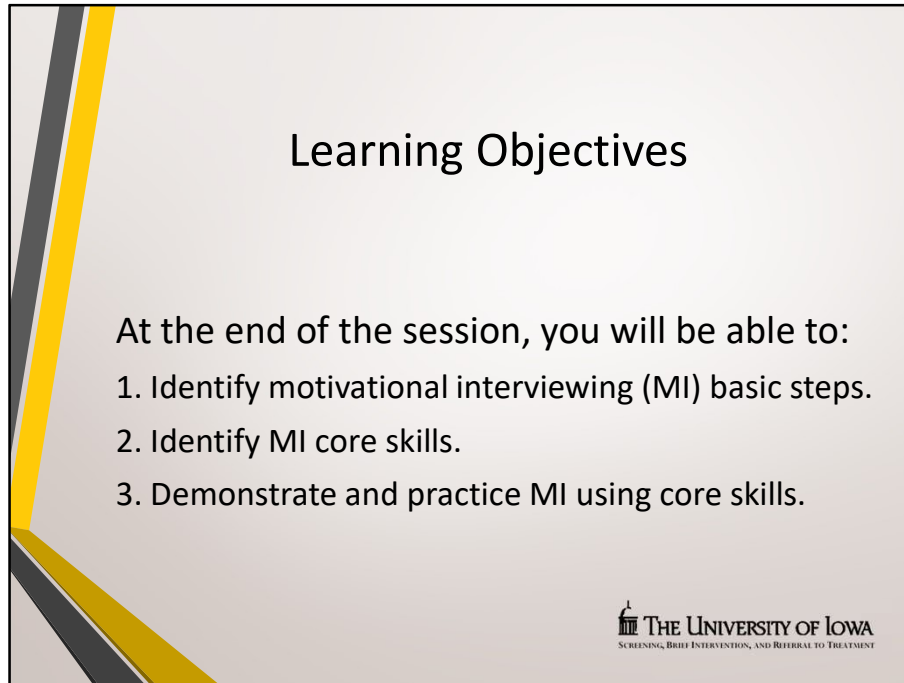




Welcome to “Motivational Interviewing – Steps and Core Skills.” This is the second of three modules that you’ll be taking about motivational interviewing.




The slide features a light gray background with a decorative border on the left side consisting of diagonal stripes in dark gray, yellow, and white. The title 'Learning Objectives' is centered at the top. Below it, the text 'At the end of the session, you will be able to:' is followed by a numbered list of three objectives. In the bottom right corner, there is a logo for 'THE UNIVERSITY OF IOWA' with the tagline 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath.

## Learning Objectives

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

1. Identify motivational interviewing (MI) basic steps.
2. Identify MI core skills.
3. Demonstrate and practice MI using core skills.

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At the end of the session, you will be able to identify basic steps of motivational interviewing, identify MI core skills, and demonstrate and practice MI using those core skills.



Let's begin by looking at the steps of the motivational interviewing process.

Fours Steps of the MI Process

1. Engage
2. Focus
3. Evoke
4. Plan

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The four steps of the MI process are engage, focus, evoke, and plan. Let's take a brief look at each step now, and then come back and think about what is involved in each one.

## Fours Steps of the MI Process

**Engage**

- Ask permission
- Express empathy
- Ask open-ended questions
- Use affirmations
- Support autonomy



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All quality interactions start with an initial conversation to break the ice and build rapport. As the earlier program emphasized, compassion and empathy are the foundation of MI. So we start by asking permission to discuss the behavioral health topic with the person. Engage the person using open-ended questions, empathic reflections, autonomy-supportive affirmations, and rolling with resistance (if needed).

## Fours Steps of the MI Process

**Focus**

- Agreeing on an agenda
- Reflecting
- Summarizing
- Developing discrepancies




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Focus on understanding what your client is saying and how he or she feels. Empathize with the person's perspective. Focus by reflecting, summarizing, and developing discrepancies. To be an effective guide, you need to know where you're going. Focusing in MI is an ongoing process of seeking and maintaining direction. Focusing can help keep a session from drifting unproductively.

## Fours Steps of the MI Process

**Evoke**

- Motivation
- Concerns



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The next step is to respectfully evoke your client's thoughts, feelings, motivation, and concerns. That is, get the discussion going and directed at underlying concerns that might increase or decrease motivation to change.

## Fours Steps of the MI Process

**Plan**

- Raise the subject
- Support self-efficacy
- Address elements of change

*Prescription for Change*

Date: \_\_\_\_\_

Action Plan

1. \_\_\_\_\_


2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

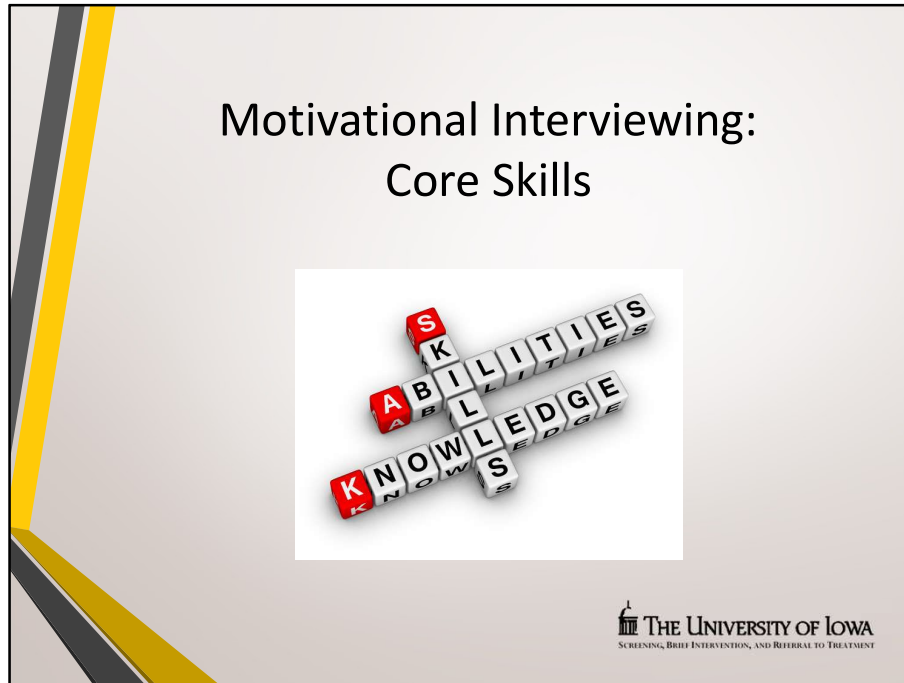
Please call \_\_\_\_\_ on \_\_\_\_\_  
to let us know if this plan is working for you.

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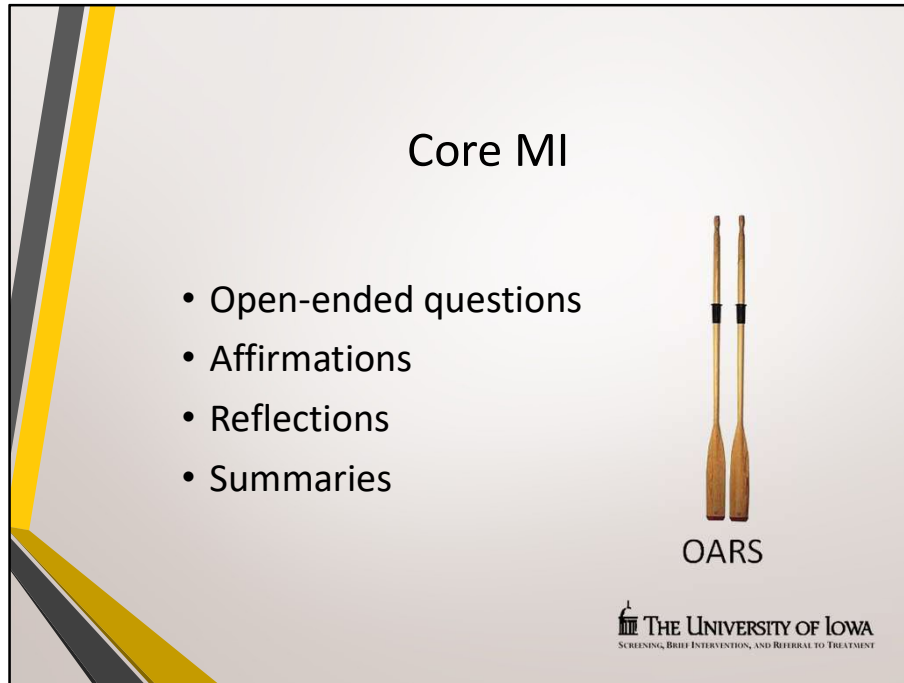
Given the person's responses and readiness to change, the next step is to talk about a plan for change. In some cases, the plan may just be to talk about it again later if the person isn't ready. People are more likely to follow through with a change when they have a specific plan and express to another person their intention to carry it out.

Avoid taking over the planning process, taking the lead, and directing. It is still the client's change. It might be necessary to go back to the MI processes of engaging, focusing, and evoking when ambivalence and "sustain talk" resurface.



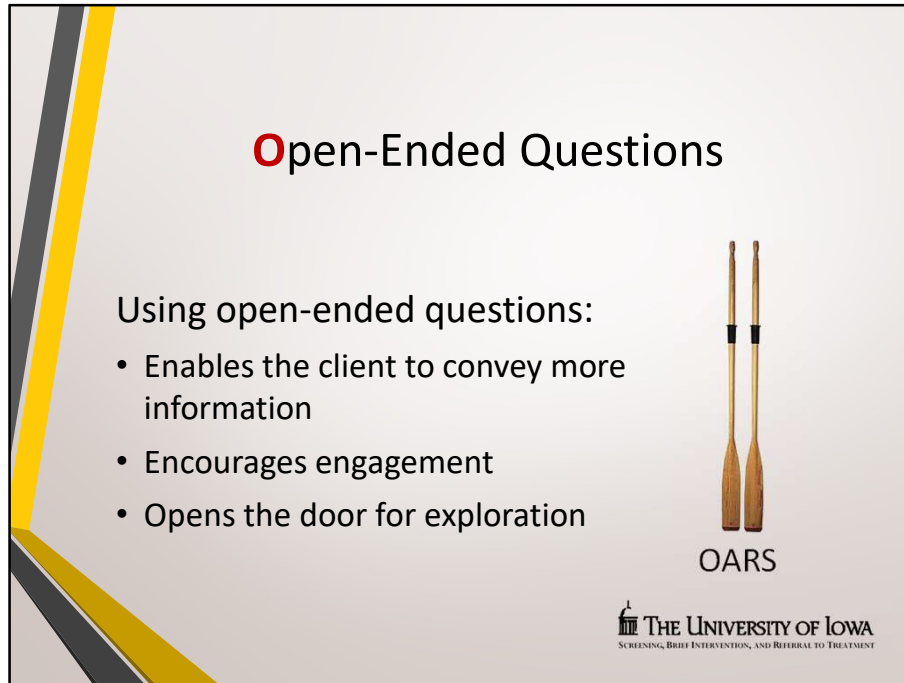


Now let's explore the MI core skills that support using the four steps.



**O**pen-ended questions, **a**ffirmations, **r**eflective listening, and **s**ummaries are the primary skills necessary to practice and provide the foundation of MI. Change occurs when people give voice to their own reasons for change. These skills encourage the client to explore problems and to talk. The skills – which improve with practice – are summarized by the acronym OARS.

OARS are derived largely from client-centered counseling, but in MI they are used for the particular purpose of helping people explore their ambivalence and clarify reasons to change.




**Open-Ended Questions**

Using open-ended questions:

- Enables the client to convey more information
- Encourages engagement
- Opens the door for exploration

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By asking open-ended questions, the stage is set to use aspects of reflective listening, affirmations, and summarizing. Open-ended questions encourage the client to do most of the talking, help us avoid premature judgments, and keep communication moving forward.

## Open-Ended Questions

What are open-ended questions?

- Gather broad descriptive information
- Require more of a response than a simple yes/no or fill in the blank
- Often start with words such as:
  - ✓ “How...”
  - ✓ “What...”
  - ✓ “Tell me about...”
- Usually go from general to specific



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Open-ended questions provide a way to gain broad descriptive information. Open-ended questions usually start with words such as “how,” “what,” “tell me about,” and “describe” to help the client open up and talk about concerns and perspectives. In most cases, we start with general questions and then get more specific to clarify and focus on key issues.

An example of an open-ended question is, “Tell me about your reasons for wanting to lose weight. What are your primary concerns?”

## Open-Ended Questions

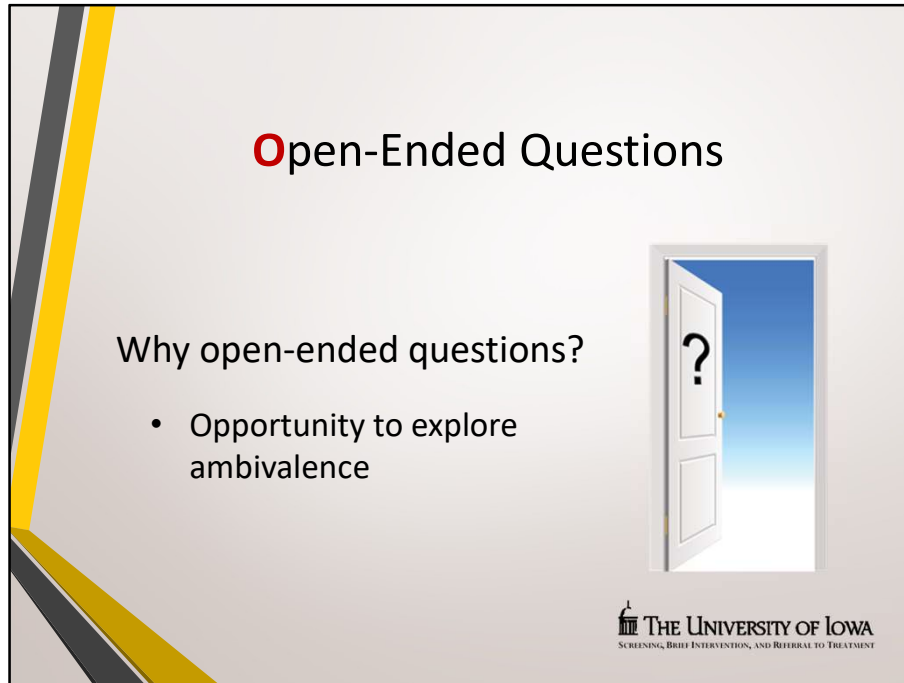
Why open-ended questions?

- Avoid the question-answer trap
  - ✓ Puts client in a passive role
  - ✓ No opportunity for client to explore ambivalence



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Using open-ended questions avoids the question-answer trap – a pattern where the clinician asks questions and the client gives short responses, often yes/no. This pattern teaches the client to give short answers and subtly implies the clinician is the active expert and the client is passive. In other words, the clinician, not the person, has the solutions to the problems. This is not MI.




In MI, the client does half or more of the talking. Open-ended questions afford the person the opportunity to explore ambivalence and offer change talk.


Asking a series of closed-ended questions or even a series of open-ended questions is not as effective as using a mix of open-ended questions and, most importantly, reflective listening. As a general guideline, the clinician should avoid asking three questions in a row.

## Closed-Ended Questions Present Conversational Dead Ends

Closed-ended questions typically:

- Are for gathering very specific information
- Tend to solicit yes-or-no answers
- Convey the impression that the agenda is not focused on the client

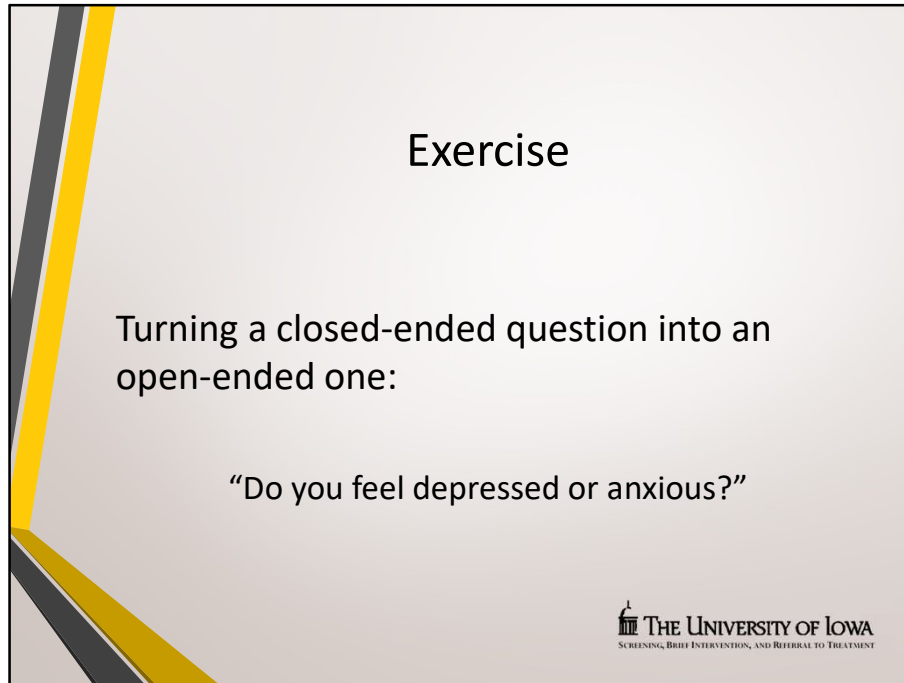


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Closed-ended questions gather very narrow specific information and tend to solicit yes-or-no answers or one-or-two-word answers. They convey that the agenda is about something other than the client, like the clinician's need to gather information or complete a form.

Examples include questions like:


- Are you having any pain today?
- Is there anything that is worrying you right now?
- Are you short of breath?
- Have you tried this exercise?



Exercise

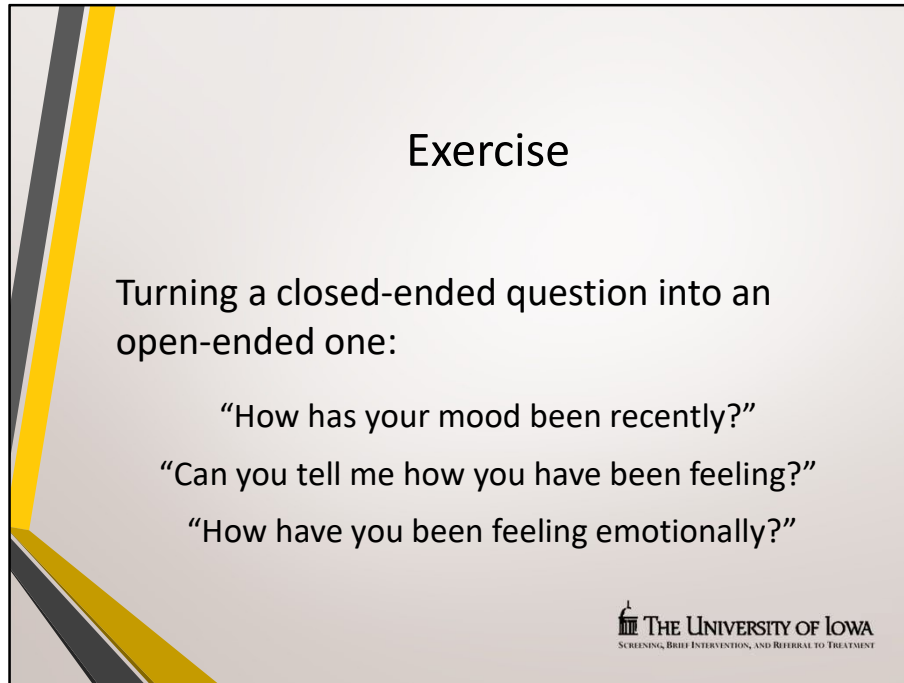
Turning a closed-ended question into an open-ended one:

“Do you feel depressed or anxious?”

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Think about how you would turn this closed-ended question into an open one: Do you feel depressed or anxious?






**Exercise**

Turning a closed-ended question into an open-ended one:

“How has your mood been recently?”  
“Can you tell me how you have been feeling?”  
“How have you been feeling emotionally?”


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A few possible options are listed here. The point is that the open-ended approach will get more description about the person’s experience than the “yes-no” response to feeling depressed or anxious.


## Affirmations

What is an affirmation?

- Compliments or statements of appreciation and understanding
  - Praise positive behaviors
  - Support the person as they describe difficult situations



OARS



As the slide suggests, affirmations are used to compliment the person's view or efforts – and express appreciation and understanding of both difficulties and strengths in coping with problems.

## Affirmations

Why affirm?

- Support and promote self-efficacy, prevent discouragement
- Build rapport
- Reinforce open exploration (client talk)

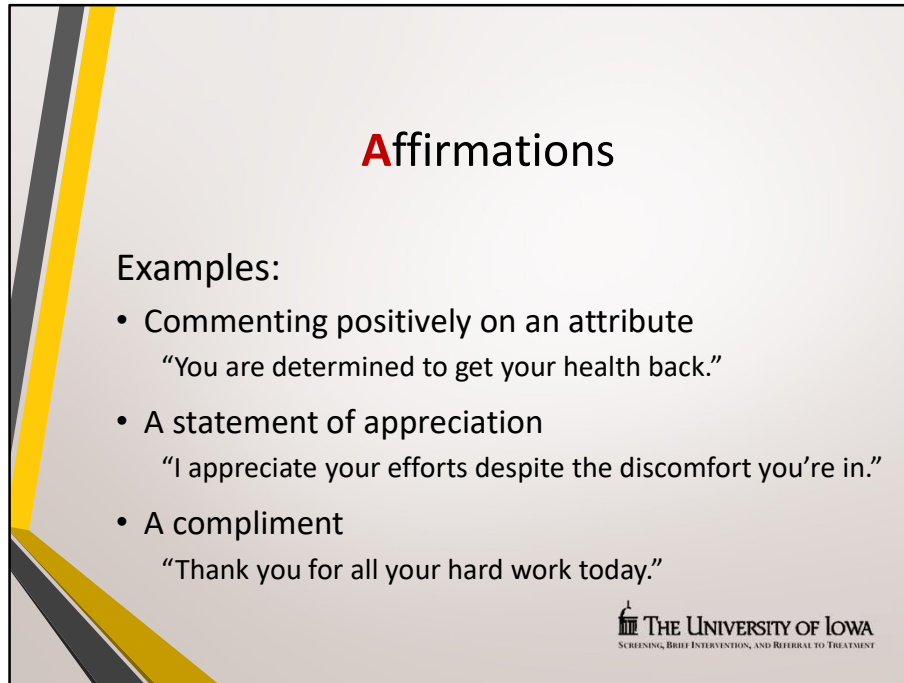
Caveat

- Must be done sincerely



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Affirmations promote self-confidence and efficacy, which are necessary ingredients for change. Affirmations can also help us acknowledge the difficulties the client has experienced. We can emphasize past experiences that demonstrate strength and success to prevent discouragement. We validate the client's experience and feelings, and reinforce open exploration of a client's problem. When sincere, affirmations build rapport and facilitate change.



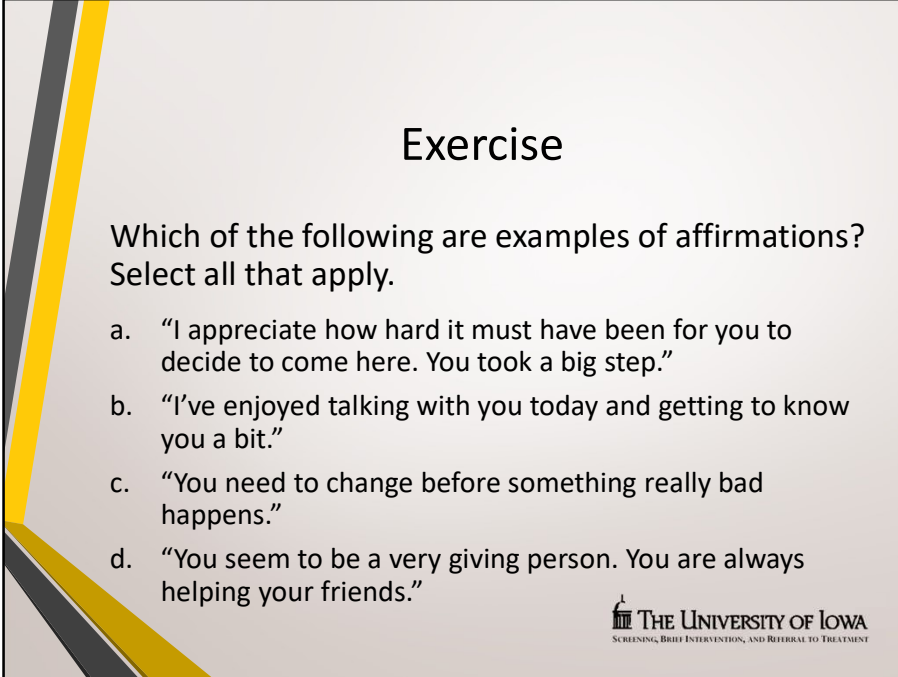
## Affirmations

Examples:

- Commenting positively on an attribute  
“You are determined to get your health back.”
- A statement of appreciation  
“I appreciate your efforts despite the discomfort you’re in.”
- A compliment  
“Thank you for all your hard work today.”

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As illustrated on the slide, affirmations may be a positive comment on an attribute, a statement of appreciation, or a compliment. Remember, appreciation may recognize and validate the physical or emotional distress associated with behavioral health challenges.



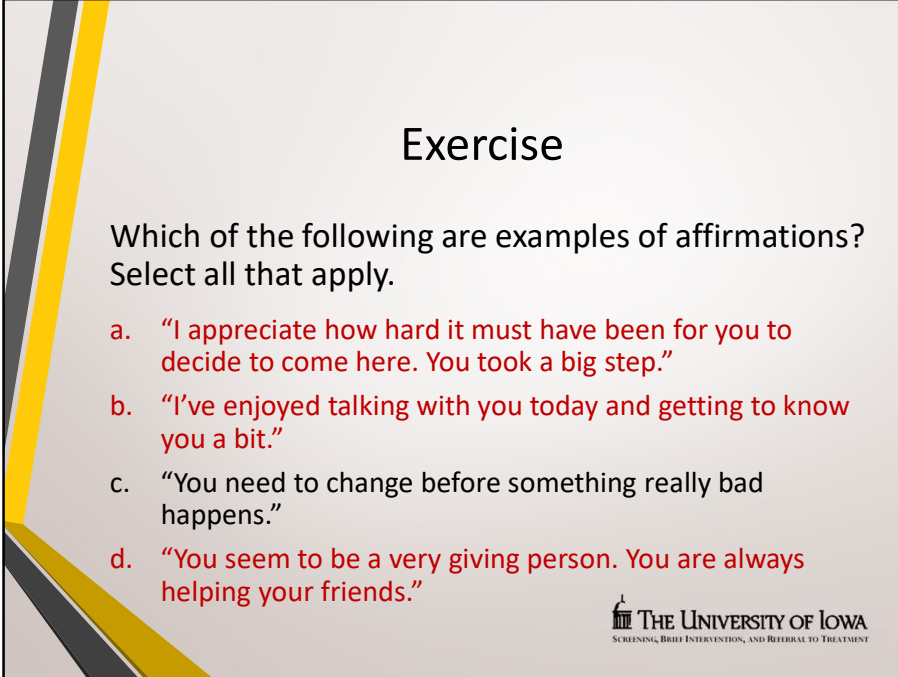
## Exercise

Which of the following are examples of affirmations?  
Select all that apply.

- a. "I appreciate how hard it must have been for you to decide to come here. You took a big step."
- b. "I've enjoyed talking with you today and getting to know you a bit."
- c. "You need to change before something really bad happens."
- d. "You seem to be a very giving person. You are always helping your friends."

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So let's take a minute and think about how this works. Which of the statements on this slide are examples of affirmations? Select all that apply.



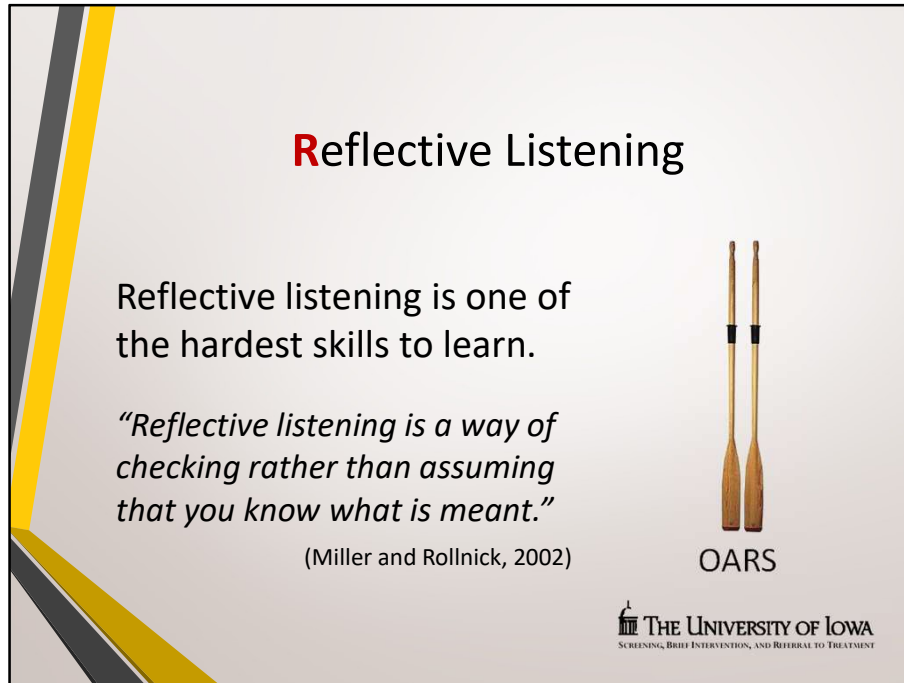
## Exercise

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Answers a, b, and d are all examples of affirmations.




**R**eflective Listening

Reflective listening is one of the hardest skills to learn.

*“Reflective listening is a way of checking rather than assuming that you know what is meant.”*

(Miller and Rollnick, 2002)



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Reflective listening is another foundational skill in MI. It can be a challenging skill to learn, but is well worth the time and practice since it's essential to expressing empathy. We reflect back what was said to make sure we have accurately heard and understood the person's meaning.

## Reflective Listening

- Involves listening and understanding the meaning of what the client says
- Accurate empathy is a predictor of behavior change



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Reflective listening involves careful listening with the goal of understanding the **meaning** of what the person says.



## Reflective Listening

- Reflections are statements, not questions
- Be mindful of the intonation of your voice




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When using reflective listening, keep in mind that reflections are statements, not questions. It's not uncommon for the intonation of one's voice to rise at the end of a sentence, so be aware as you offer reflections. For example, instead of saying "You've been overweight since childhood?," say "You've been overweight since childhood."

## Reflective Listening

Why listen reflectively?

- Demonstrates that you have accurately heard and understood the client
- Strengthens the empathic relationship



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Offering reflections is a special way of checking for meaning that accomplishes multiple goals. It demonstrates you have accurately heard and understood the client. It expresses empathy. It also strengthens the therapeutic relationship, which promotes change. It is not planning on what you're going to say next. As with the others skills we've addressed, this is a skill that requires practice.

## Reflective Listening

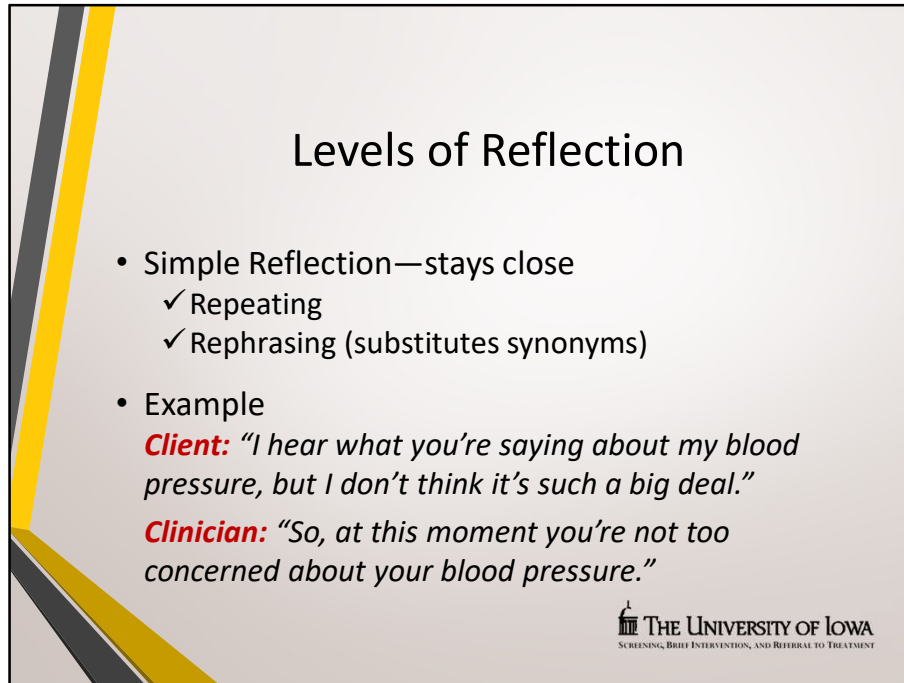
Why listen reflectively?

- Encourages further exploration of problems and feelings
  - ✓ Avoid the premature-focus trap
- Can be used strategically to facilitate change



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Reflections fall on a continuum of depth and complexity. Sometimes a word or two can keep people moving. More complex reflections may be needed to add momentum to the process.




## Levels of Reflection

- Simple Reflection—stays close
  - ✓ Repeating
  - ✓ Rephrasing (substitutes synonyms)
- Example

**Client:** *"I hear what you're saying about my blood pressure, but I don't think it's such a big deal."*

**Clinician:** *"So, at this moment you're not too concerned about your blood pressure."*

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**Simple reflections** stay close to what the person has said. Repeating is the simplest reflection and just repeats an element of what the speaker has said. In rephrasing, the listener stays close to what the speaker said but substitutes synonyms or slightly rephrases what was offered.

## Levels of Reflection

- Complex Reflection—makes a guess
  - ✓ Paraphrasing—major restatement, infers meaning, “continuing the paragraph”
- Examples


**Client:** “Who are you to be giving me advice? What do you know about drugs? You’ve probably never even smoked a joint!”

**Clinician:** “It’s hard to imagine how I could possibly understand.”

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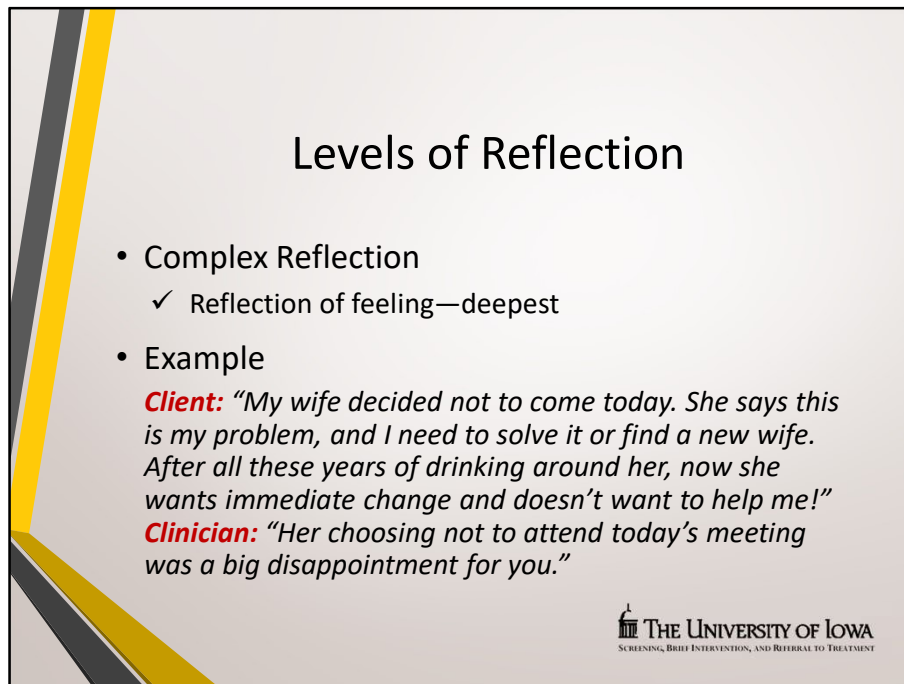
**Client:** “I just don’t want to take pills. I ought to be able to handle this on my own.”

**Clinician:** “You don’t want to rely on a drug. It seems to you like a crutch.”

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In **complex reflections**, we are making more of a guess about meaning or feeling.

The listener infers the unspoken meaning of what was said and reflects back in new words. This adds to and extends what was actually said. This is like continuing the paragraph the speaker has been developing, saying the next sentence rather than repeating the last one.




## Levels of Reflection

- Complex Reflection
  - ✓ Reflection of feeling—deepest
- Example

**Client:** *“My wife decided not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of drinking around her, now she wants immediate change and doesn’t want to help me!”*

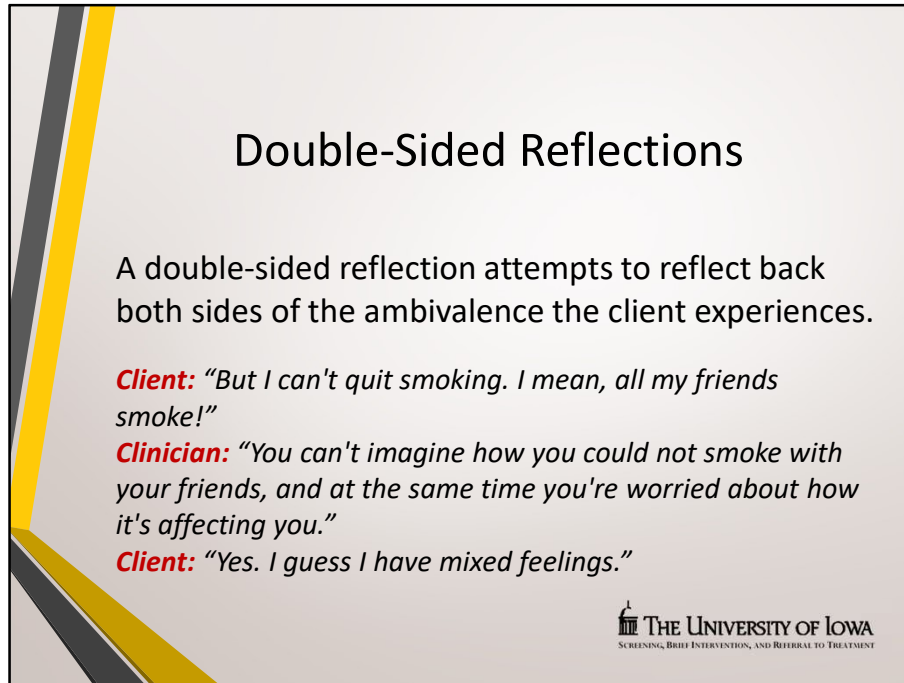
**Clinician:** *“Her choosing not to attend today’s meeting was a big disappointment for you.”*

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Complex reflection can also be a reflection of feeling, often regarded as the deepest form of reflection. It is a paraphrase that emphasizes the emotional dimension through a feeling statement or metaphor.

In general, simple reflections are used first, when meaning is less clear. Deeper reflections are ventured as understanding increases. Jumping too far beyond what was said, however, can turn into a roadblock. For example, words that overstate the client’s feelings tend to cause the person to stop talking or back away from the experience.

However, sometimes overstating the client’s feelings or amplifying the reflection can be useful in reflecting sustain talk, allowing the person to clarify and explain. It turns up the volume a bit on the client’s statement and can evoke the other side of ambivalence, which is change talk.




## Double-Sided Reflections

A double-sided reflection attempts to reflect back both sides of the ambivalence the client experiences.

**Client:** *"But I can't quit smoking. I mean, all my friends smoke!"*

**Clinician:** *"You can't imagine how you could not smoke with your friends, and at the same time you're worried about how it's affecting you."*

**Client:** *"Yes. I guess I have mixed feelings."*

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Another type of reflection attempts to reflect back both sides of the ambivalence the client experiences. It is extremely useful in developing discrepancies.



## Communication Roadblocks

Examples of non-reflective listening:

- Ordering, directing, commanding
- Warning, cautioning, threatening
- Giving advice, making suggestions, providing solutions
- Persuading with logic, arguing, lecturing
- Telling what to do, preaching
- Disagreeing, judging, criticizing, blaming

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Communication roadblocks occur when responses do not show reflective listening. Advising, warning, judging, and trying to persuade routinely close down communication. The client concludes we “just don’t get it” and there is no point in talking.





The slide features a light gray background with a decorative border on the left side consisting of diagonal stripes in dark gray, yellow, and light gray. The title 'Communication Roadblocks' is centered at the top in a black, sans-serif font. Below the title is a bulleted list of seven items. In the bottom right corner, there is a logo for 'THE UNIVERSITY OF IOWA' with the tagline 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath.

## Communication Roadblocks


- Agreeing, approving, praising
- Shaming, ridiculing, blaming
- Interpreting or analyzing
- Labeling
- Reassuring, sympathizing, consoling
- Questioning, probing
- Withdrawing, distracting, humoring, changing the subject

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Here's another list of responses that suggests non-reflective listening. These kinds of responses are common when the clinician isn't listening with the intent of understanding the client's views and feelings.

## Summaries

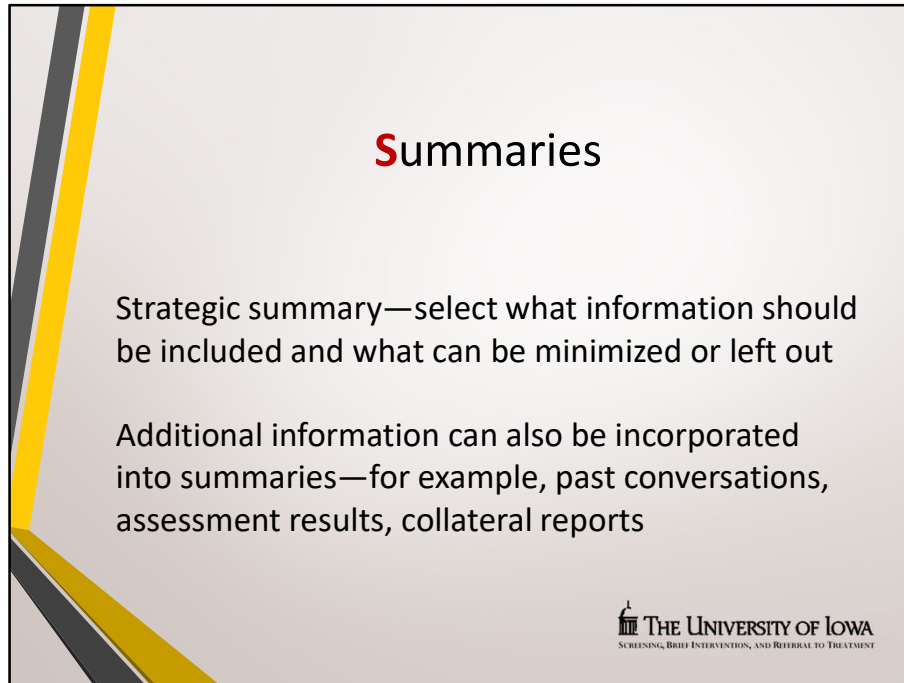
- Periodically summarize what has occurred in the counseling session
- Summary usages
  - ✓ Begin a session
  - ✓ End a session
  - ✓ Transition



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Finally, discussions are often helped by occasional, short summaries. Summaries reinforce what has been said, show you have been listening carefully, and prepare the client to move on. Summaries can be used to begin and end sessions and provide transitions from one topic to another.



## Summaries

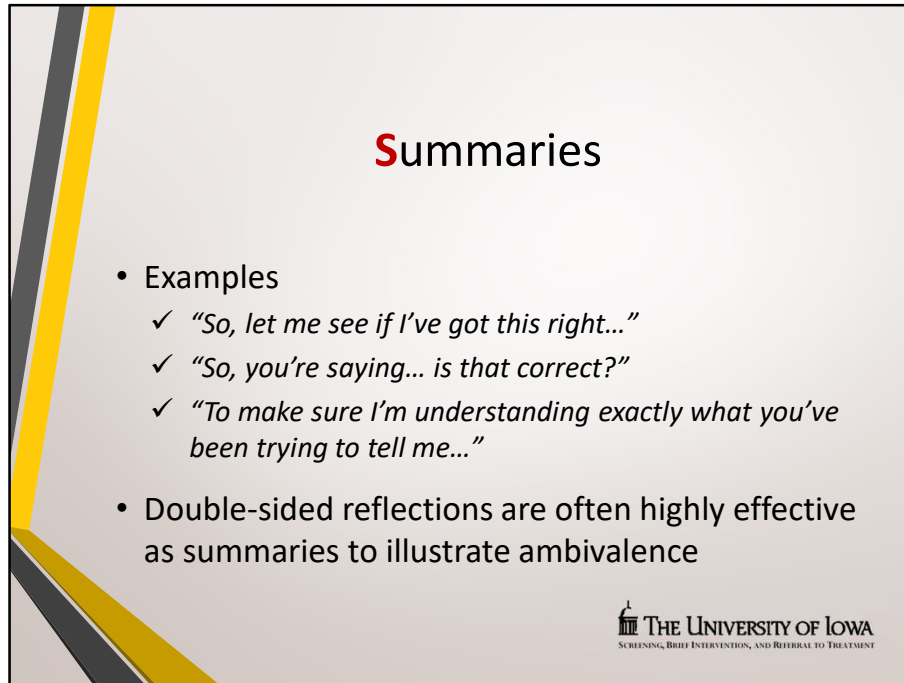
Strategic summary—select what information should be included and what can be minimized or left out

Additional information can also be incorporated into summaries—for example, past conversations, assessment results, collateral reports

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Summaries don't have to be comprehensive. You can select what information to include, minimize, or leave out to best reinforce talk about change.

You can also add information to help amplify the client's feelings of ambivalence.



## Summaries

- Examples
  - ✓ *“So, let me see if I’ve got this right...”*
  - ✓ *“So, you’re saying... is that correct?”*
  - ✓ *“To make sure I’m understanding exactly what you’ve been trying to tell me...”*
- Double-sided reflections are often highly effective as summaries to illustrate ambivalence

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Double-sided reflections – statements that look at both sides of an issue – can also be effective as summaries about the person’s ambivalence.



## What's Next

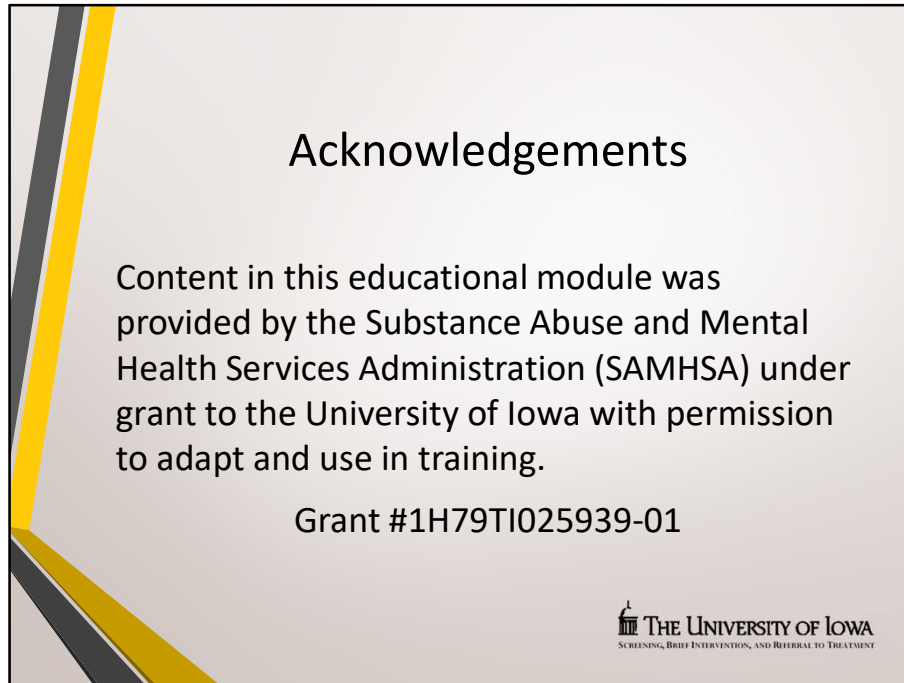
In the next session, you will use:

- Core skills
- Other selected tools

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In summary, this session reviewed the steps of motivational interviewing and the core MI skills.

In the third and final module, you will use these core skills and other selected tools – ones that help clients better understand their competing priorities and ambivalence to change – to help them resolve their ambivalence and increase their motivation for behavior change.



Thank you to our funding agency for supporting this program.

