



# MI 101: Making Motivational Interviewing Work at Every Level of Your Practice

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# My Goals



- Introduce the spirit of MI
- Outline the method for assessing a patient's readiness to change
- Role play an example of MI in practice
- Provide a space for attendees to practice the method
- Keep the webinar interactive

# Your Goals ... Should You Accept Them

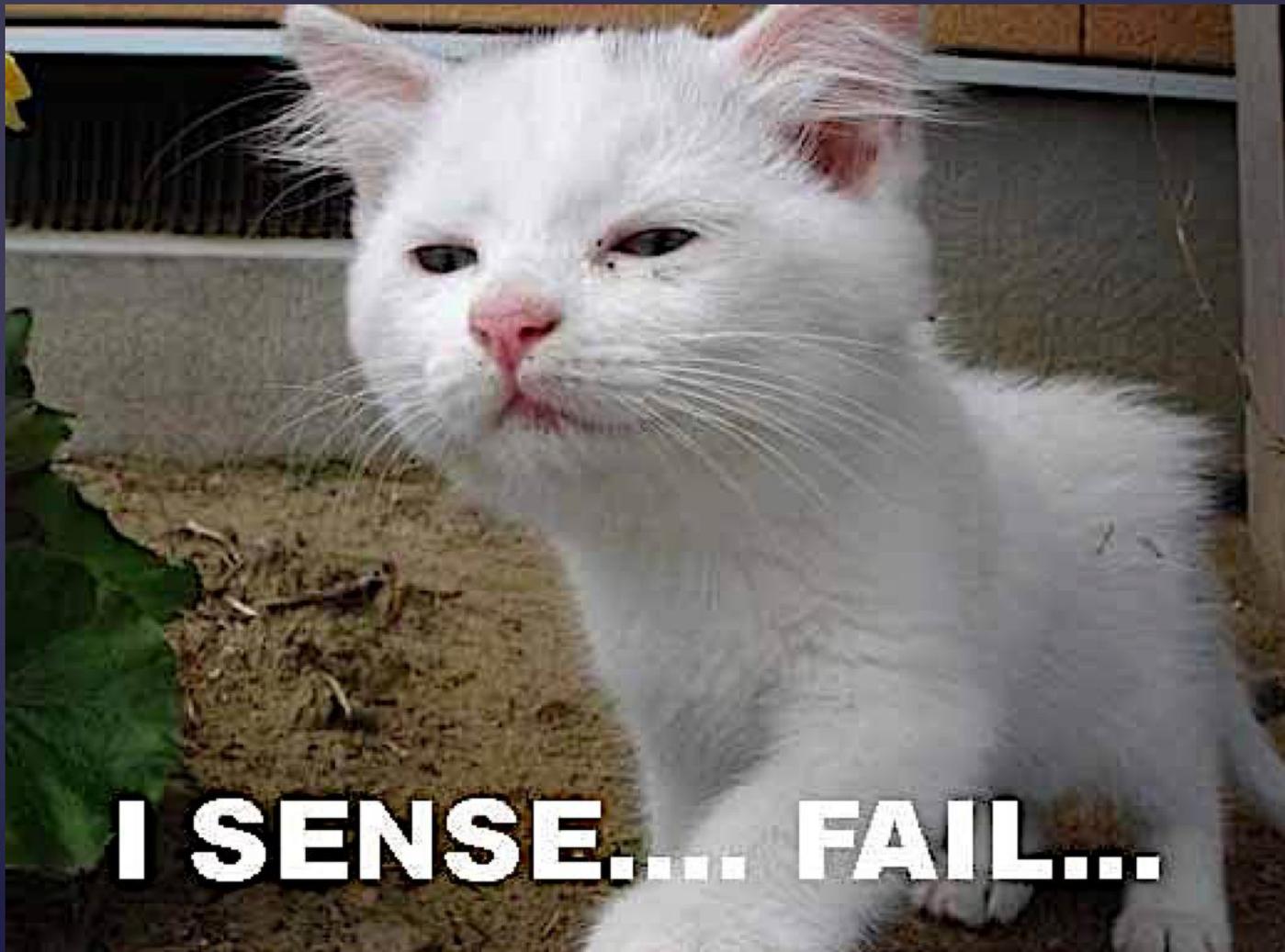


- Be able to define the spirit of MI
- Become familiar with the method and tools for assessment
- Interact with Jeremy
- Interact with Justin
- Ask questions at any time
- Protect time to practice the basic skills

- You have got to stop smoking
- Find ways to exercise more
- Please eat healthier
- Try to limit your sugar
- Just add more fruits and vegetables into your diet
- Have you been taking your medication?
- I'm going to have my MA give you a flu shot
- Can you get outside more/go for a walk/take the 35 flights of stairs up to work every ~~day~~ down?



How's that working out for you?



**I SENSE.... FAIL....**



“Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.”

-Rollnick & Miller, 1995

## In the spirit of MI...



- Motivation to change is elicited from the client, and not imposed from without.
- It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The counseling style is generally a quiet and eliciting one.

# In the spirit of MI...



- The counselor is directive in helping the client to examine and resolve ambivalence.
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
- The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

- diabetes control
- pain management
- coronary heart disease
- adherence to medical advice
- eating disorders
- HIV risk reduction
- substance use, including drinking
- smoking cessation

# Whadya got?

# So, what can I do?



- O.A.R.S.
- Confidence/Conviction Scale
- Stages of Change



Listen and assess

Open ended questions

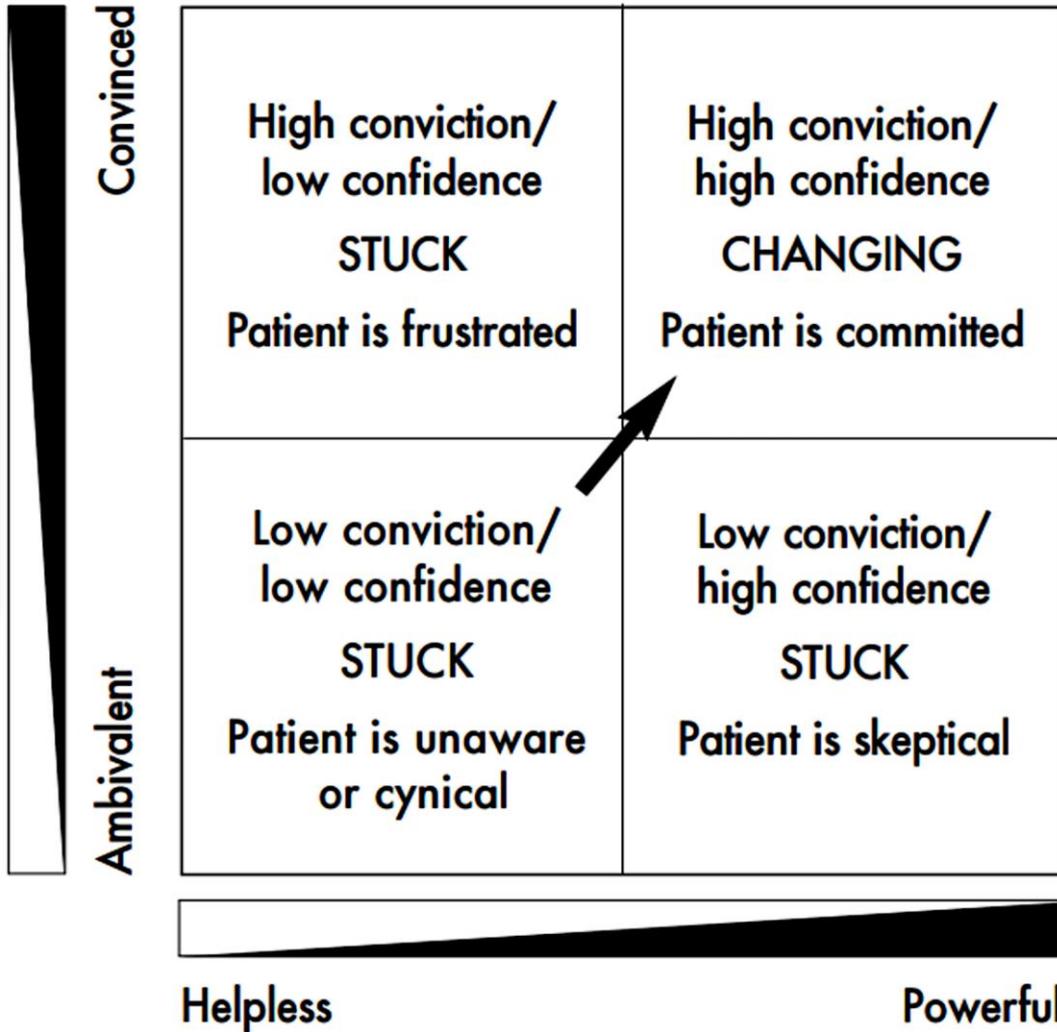
Affirm

Reflective listening

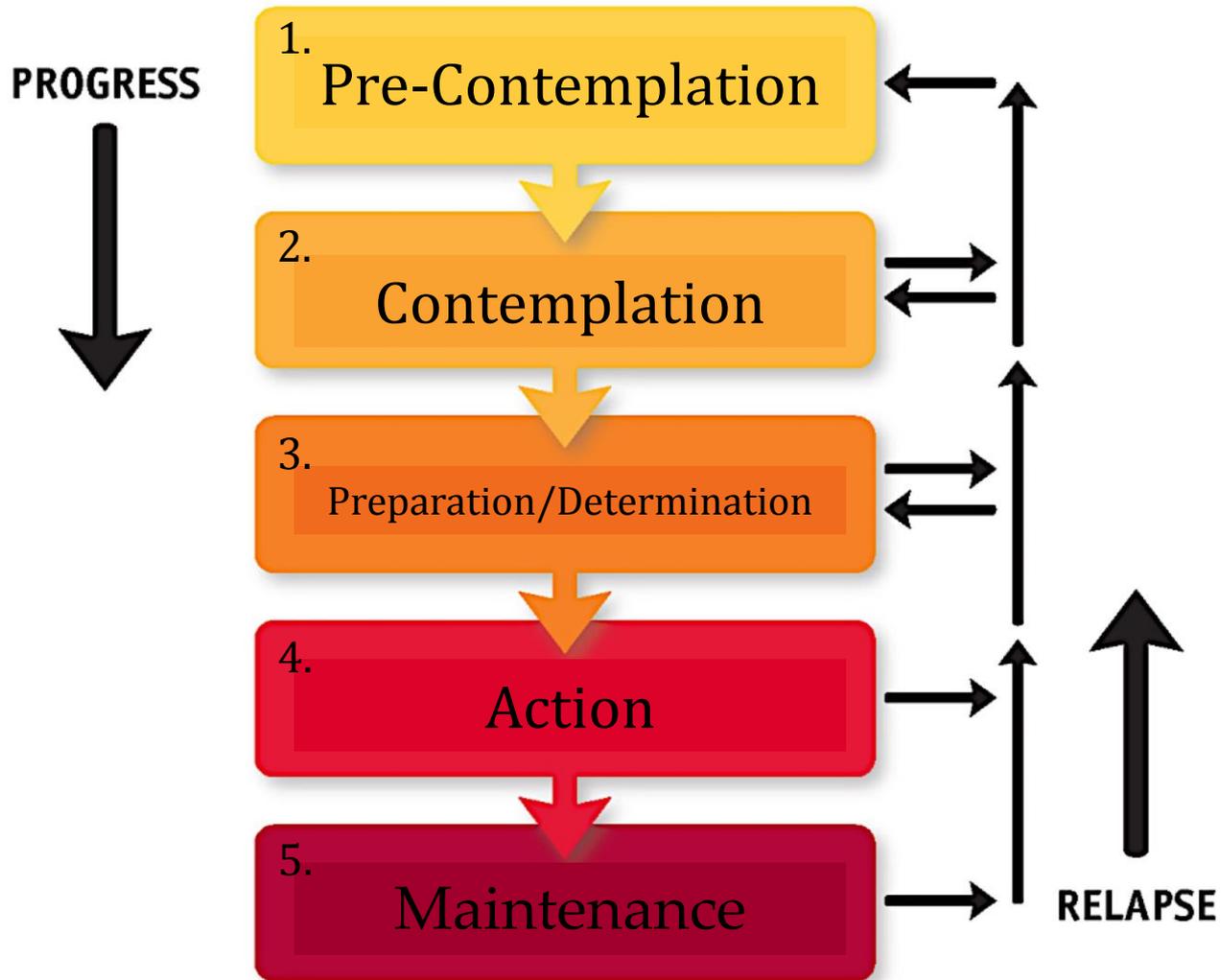
Summarize



CONVICTION



CONFIDENCE



80% of clients entering counseling are 1, 2, or 3

# What You Can't Do

- You can't move the patient to action
- You can't tell them what to do
- You can't suggest changes that might help



## What You Can Do

- You can ask what would make the patient more confident
- You can fulfill your promises
- You can ask what the patient wants to do next
- You can make a warm handoff to behavioral health (noting the confidence/conviction scale ratings)
- You can offer to continue caring for the patient
- You can schedule another appointment

# What Do You Want To Do?



Think of one open-ended question you might ask Justin, in the spirit of motivational interviewing

Ask it!

# Takeaways

- Motivational interviewing is a method of supporting patients to make the changes that are most important for them
- Assess by listening (open questions, affirmations, reflections, summaries)
- Use the confidence/conviction scale to determine a patient's readiness to change
- Only try to move one level at a time in the stages of change
- Success is defined by the patient



# Questions?

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