



# MOTIVATIONAL INTERVIEWING IN MIHP

## Application challenges and strategies

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graph TD; A[Challenge] --> B[Relevant core skills]; B --> C[Specific strategies];
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**Challenge**

**Relevant  
core skills**

**Specific  
strategies**



**THE CURIOUS PARADOX** is that  
when I accept myself just as I am, then I  
can change.

--Carl Rogers

The background of the slide features a grayscale photograph of a person's back and shoulder, viewed from behind. A solid green horizontal band is superimposed across the middle of the image, serving as a backdrop for the text.

# CHALLENGE #1

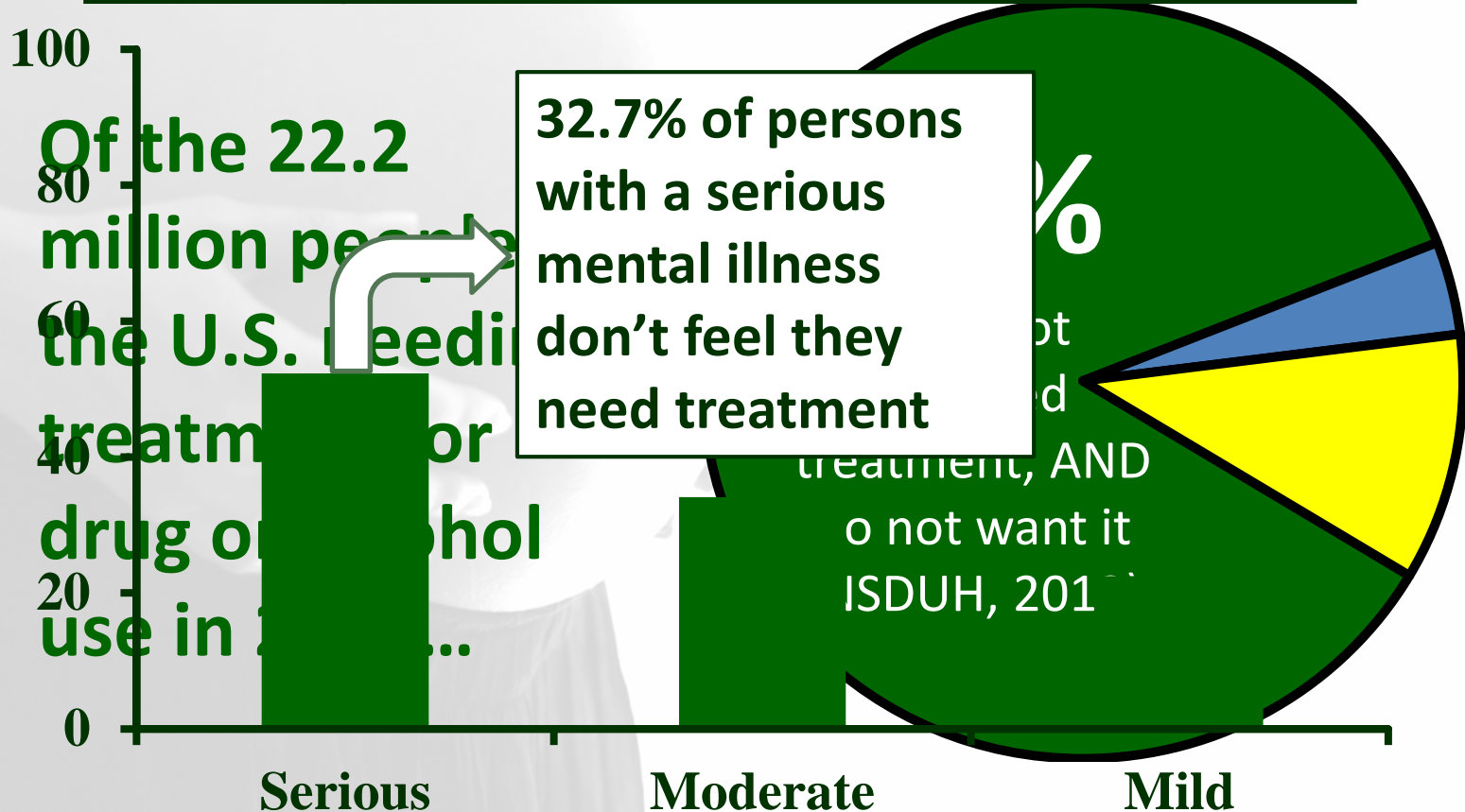
**Client engagement in MI**

# #1: Client engagement

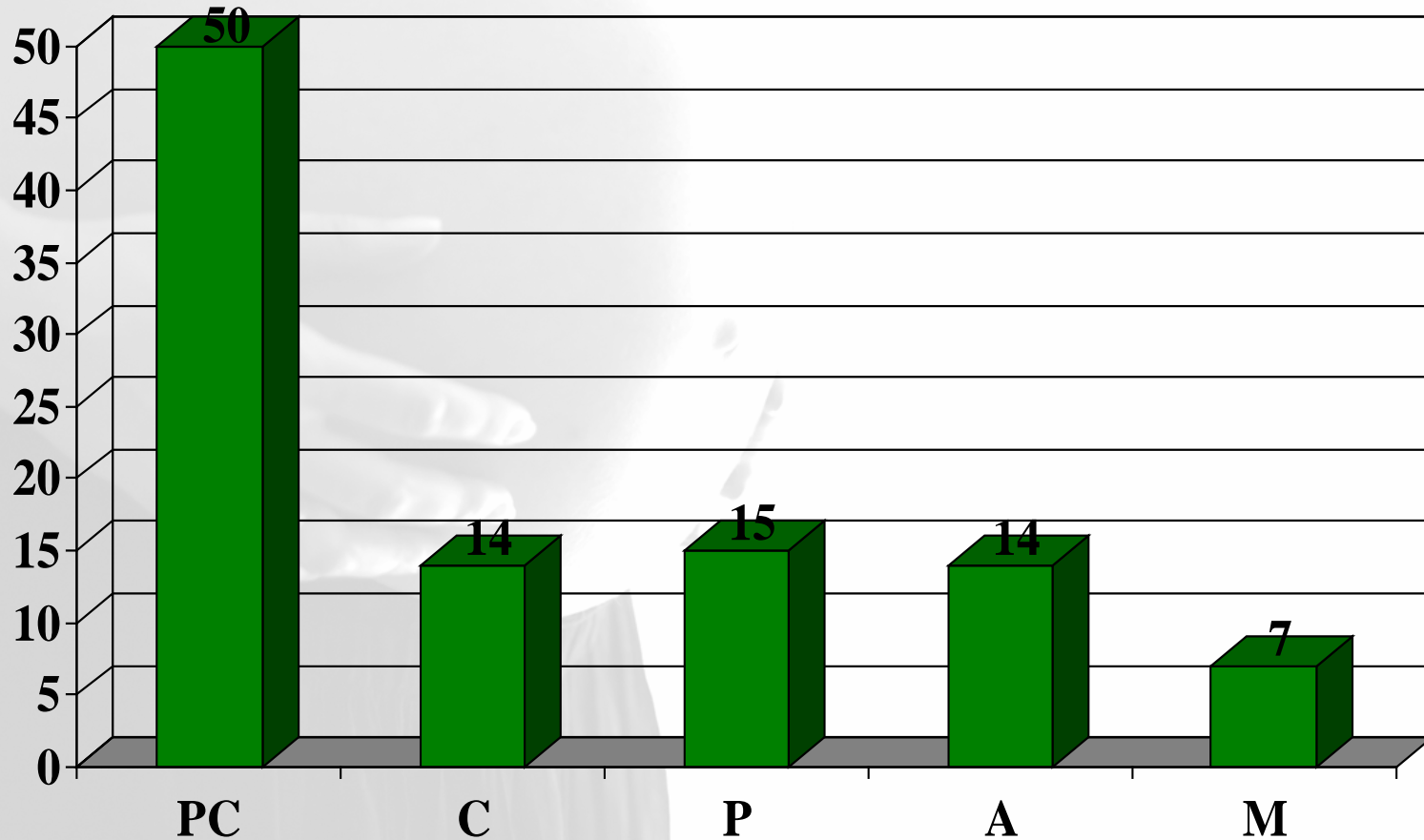
- **“Clients who don’t want to talk much about their issues; not open to conversation.”**
- **“Client refusing to answer questions.”**
- **“The biggest challenge is getting participation from clients.”**

# Perceived need for treatment

## % Receiving Treatment for Other Mental Health Disorders



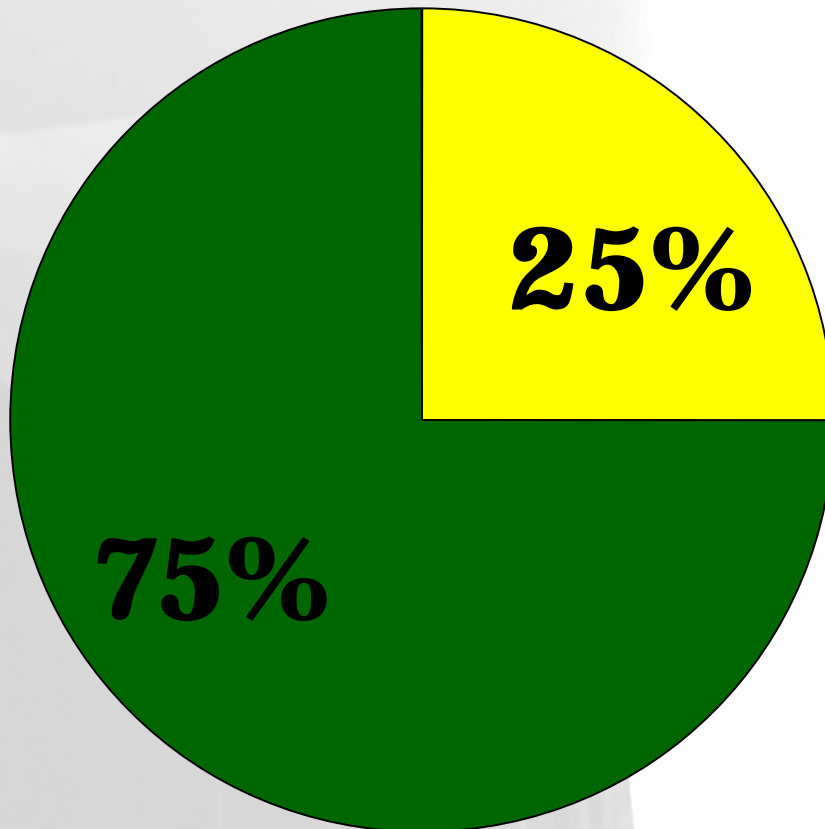
# Where are most people?



*(Prochaska et al., 1994)*

# Self-change: How many do it on their own?

The case of alcohol use disorders in the community



■ **With help**

■ **Without help**



# Engagement: Relevant core skills (1)

- Resist the righting reflex
  - Understand your client's motivations
  - Listen to your client
  - Empower your client
- ...put differently: be curious and warm***

## Engagement: Relevant core skills (2)

- Reflect (one of the OARS skills)
- Remember that the goal of reflection is to demonstrate accurate empathy, which is based on more than just the words the client is saying

## Engagement: Relevant core skills (3)

- Permission! Specifically, around a target behavior that is appropriate for MI
- Motivational Interviewing truly should take client permission very seriously—and not just with respect to advice. Do they really want to have a chat about \_\_\_\_\_?

## Engagement: Relevant core skills (4)

- MI falls flat without a well-chosen target behavior.
- An appropriate target behavior is:
  - ...a current problem
  - ...something the client isn't ready to change
  - ...something you know about from the client



"Sure—but can you make him drink?"

# Engagement: Some specific approaches

**1. Seek permission**

If a client feels cornered or coerced in even the smallest way, they will shut down (and shut you out)

**2. Be curious and warm (R.U.L.E.)**

Good MI is not long, but does take patience and a willingness to value genuine interest in the client over a specific list of steps.

**3. Reflect accurately**

Your clients are always communicating, although possibly not using words.

# Engagement: Some specific responses

**1. Seek permission**

You mentioned that...would it be OK if we talked about that for a minute? I promise I won't lecture...

**2. Be curious and warm (R.U.L.E.)**

I mostly just want to get a better sense of how you see things.

**3. Reflect accurately**

Sometimes even though they say someone can come by, it still can feel kind of awkward or even like....

# Engagement: A final thought

- Context is critical to MI
- How do clients end up with you at their door?
- To what extent do they feel in control, or that the process is driven by what they want and need?



# MI spirit via reflective listening



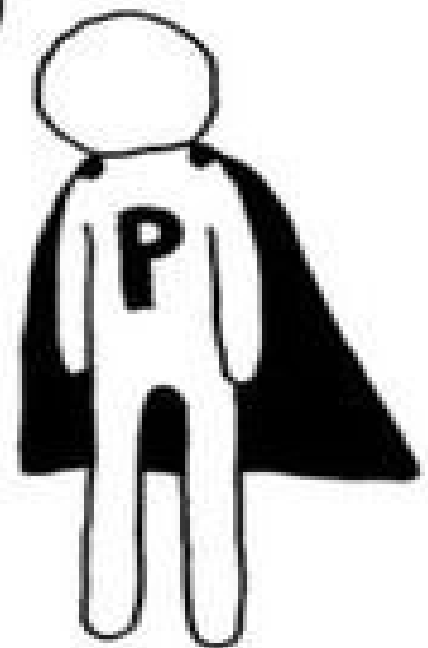
# ML spirit via summarizing



CAPTAIN  
OPTIMISM

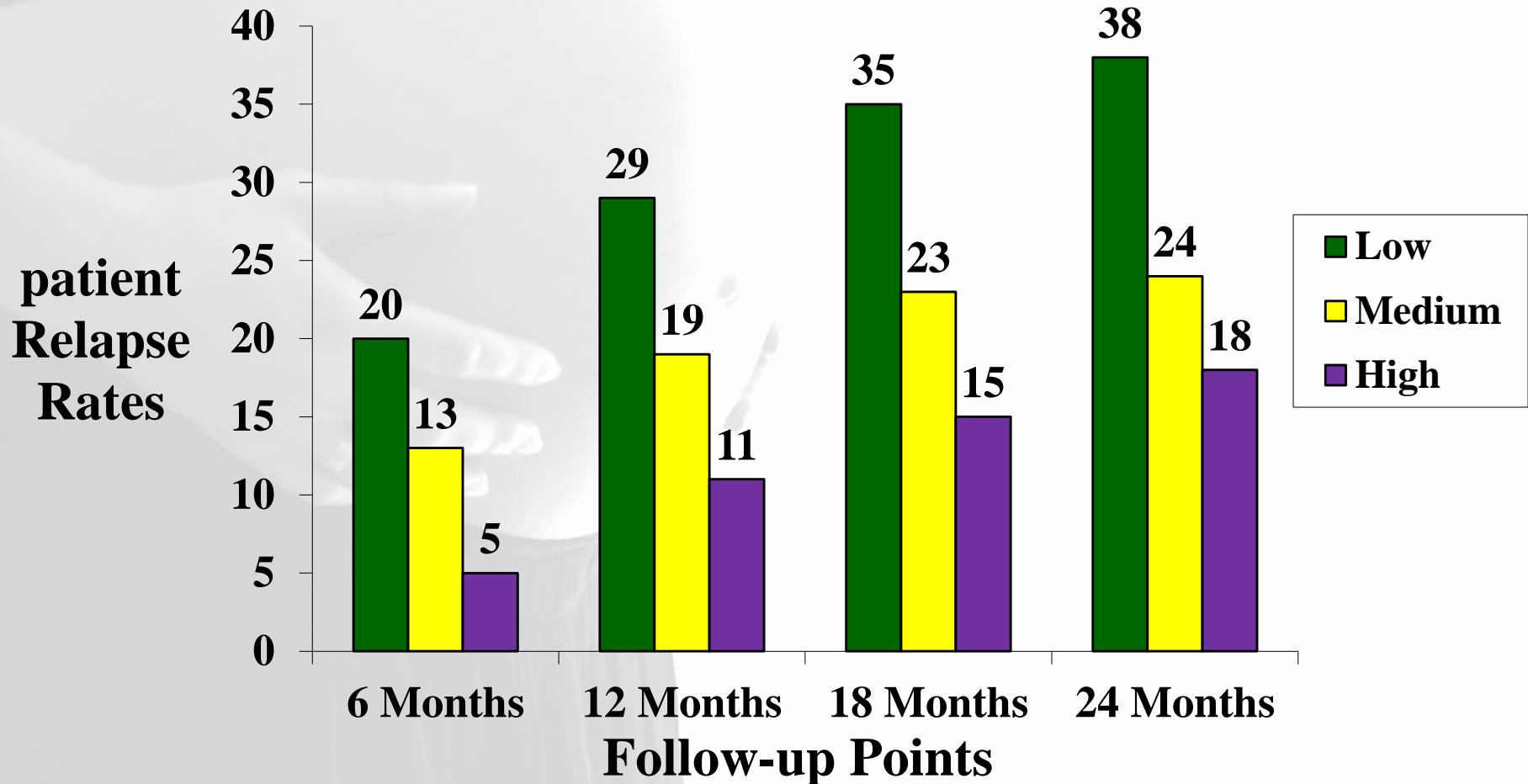
vs.

PESSIMISTIC  
MAN



# Rogerian skill and patient outcomes

Valle (1981) *J Studies on Alcohol* 42: 783-790



*Slide courtesy of William R. Miller, PhD*

# Engagement exercise

- Please break into pairs
- Take turns, for five minutes each, being home visitor and client
- As client, your job is to be somewhat reticent to engage. (Only somewhat; and please don't act distracted—that's another section.)
- Home visitors, please:
  - Emphasize that although you have paperwork, and may have suggestions, the bottom line is that you're there to help them in whatever way they would like
  - Ask permission to discuss a particular topic
  - Show genuine, non-judgmental interest with no agenda
  - Reflect out loud if they seem hesitant, uncomfortable, etc. (in fact, do your best to do nothing but reflections!)

The background of the slide features a grayscale photograph of a person's back and shoulder, showing a tattoo on the upper arm. A solid green horizontal band is superimposed across the middle of the image, serving as a backdrop for the text.

# CHALLENGE #2

**Low motivation**

## #2: Low motivation

- **“Lack of care by the client to change their behavior.”**
- **“Willingness to change.”**
- **“Helping clients move past the precontemplation stage.”**



# Motivation: Relevant core skills

- The spirit of MI: Dancing, not wrestling; discussing whether to change, rather than how
  - Seeking first merely to understand
  - Eliciting change talk
  - Being OK, start to finish, with wherever they end up
- ...it starts with genuine respect and empathy***





*"We're encouraging people to become involved in their own rescue."*

# Motivation: Some specific approaches

## 1. Ask a question (not rhetorical)

You're simply wondering whether they think a certain change makes sense for them right now.

## 2. Be interested, be patient

Seek to understand, and through understanding to like and respect them. It's OK if their answer (see #1) is to sustain the current state of things.

## 3. Elicit change talk

Don't rush this, or it won't work. Use the skills judiciously, then summarize and see where it leads.

# Motivation: Some specific approaches

## 1. Ask a question (not rhetorical)

I'm curious...it's different for everyone, and only you can decide, but I wonder what you're thinking right now about your smoking.

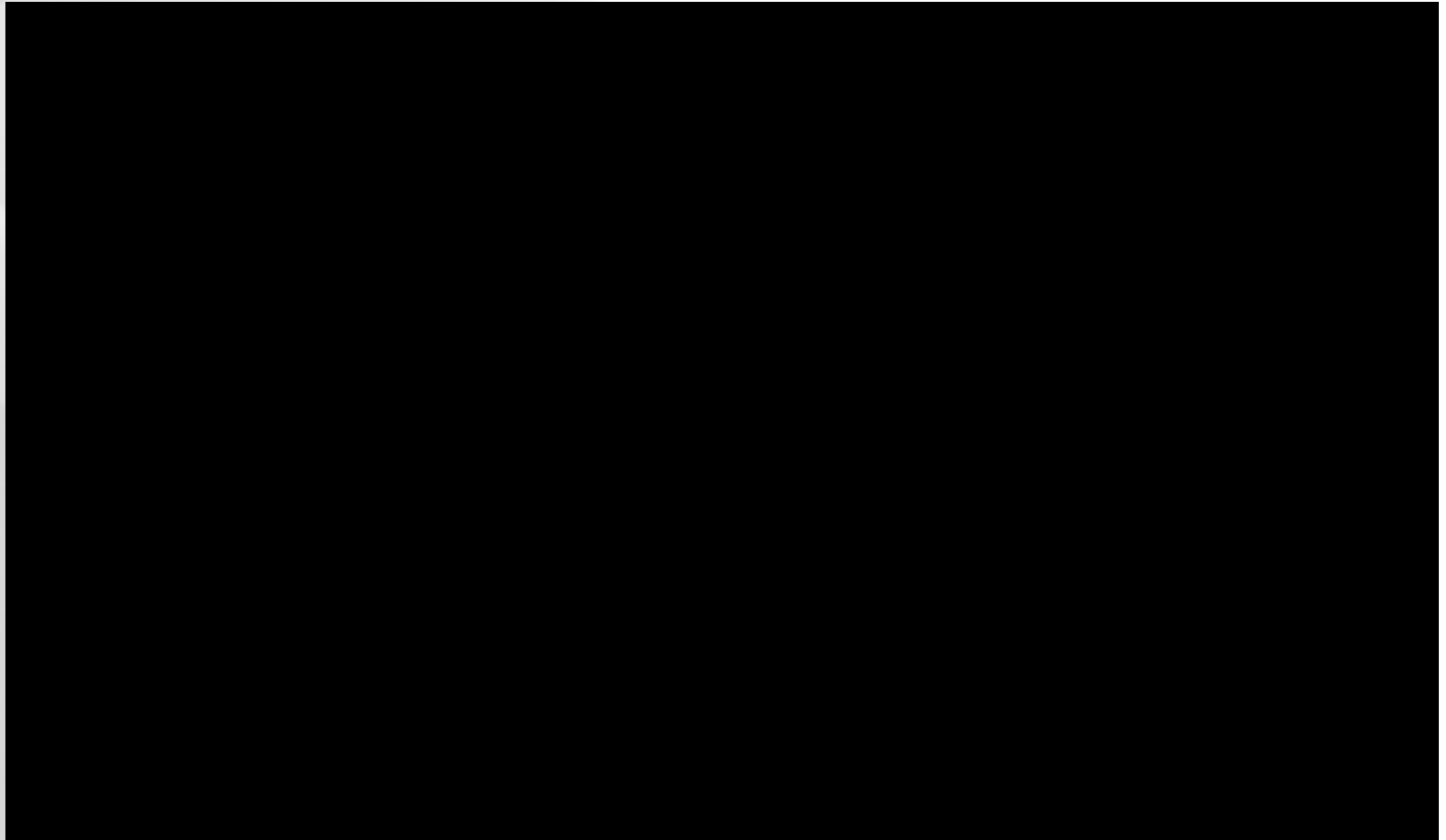
## 2. Be interested, be patient

Often women find themselves wanting to quit, but feeling like they also have so many other things to worry about.

## 3. Elicit change talk

I know you may not be ready right now...but if did manage to quit, what would be the best part of that for you?

# Video: A tough case



# Motivation exercise

- Please break into pairs again
- Take turns, for five minutes each, being home visitor and client
- As client, your job is to be willing to talk, and pleasant enough, but unwilling to change
- Home visitors, please:
  - Ask permission to discuss a particular topic
  - Demonstrate non-judgmental interest with no agenda
  - Attempt to elicit change talk
  - Reflect as much as possible
  - At the end, summarize where your client is at, concluding with their unwillingness to change right now
  - Then simply say that people's thinking sometimes changes, and ask if you can check in with them again at a later time

A person wearing a grey hoodie is seen from behind, looking out a window. The scene is dimly lit, with light coming from the window. A green horizontal band is overlaid on the image, containing the text.

# CHALLENGE #3

**Not enough time**

# **#3: Not enough time**

- **“Limited time and lots of info to cover.”**
- **“Time limits of home visiting sessions.”**
- **“Sometimes with visit requirements and all the same topics we must go over at each visit, there is little time left to use MI.”**

# Time: Relevant core skills

- Again, keep in mind the spirit of MI. Good MI is not first and foremost a set of techniques; it is an approach to talking with people about change and can infuse everything you do
- Good MI is also little more than asking a question and responding in a certain way; it doesn't have a minimum duration

***...embody the spirit of MI always & ask the right question***



# Time: Some specific approaches

**1. Start with their agenda**

You have work to do. But you can still put it all in a framework that helps them feel in control.

**2. It's always their choice**

Just as in MI you never direct or give advice without permission, don't do this in other parts of a session.

**3. Be optimistic**

We so rarely have someone show non-coercive interest in us, or gently raise the topic of a harmful behavior. Just doing this can get things moving.

# Anecdote Warning: My Brother Paul

Dear Mi

Your re  
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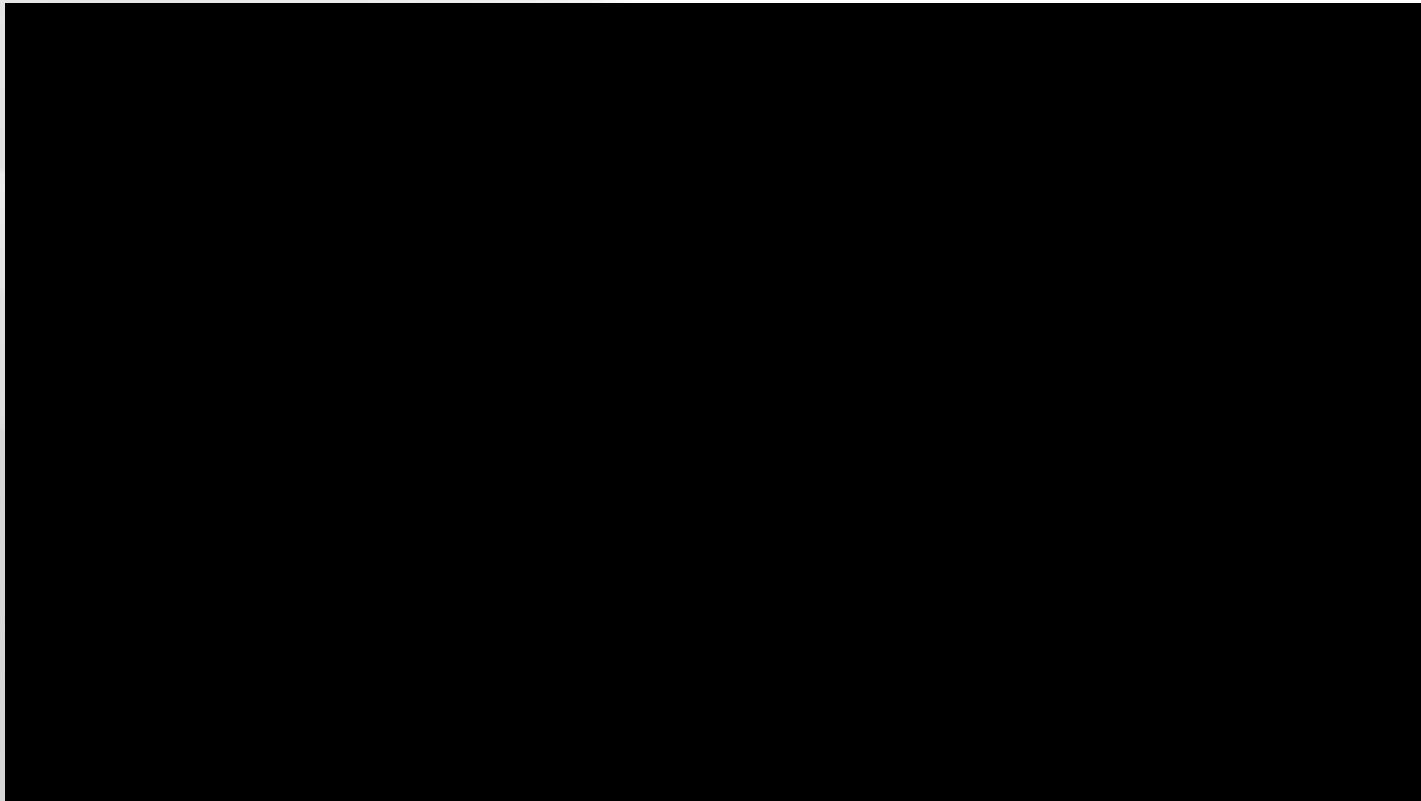


your driving record

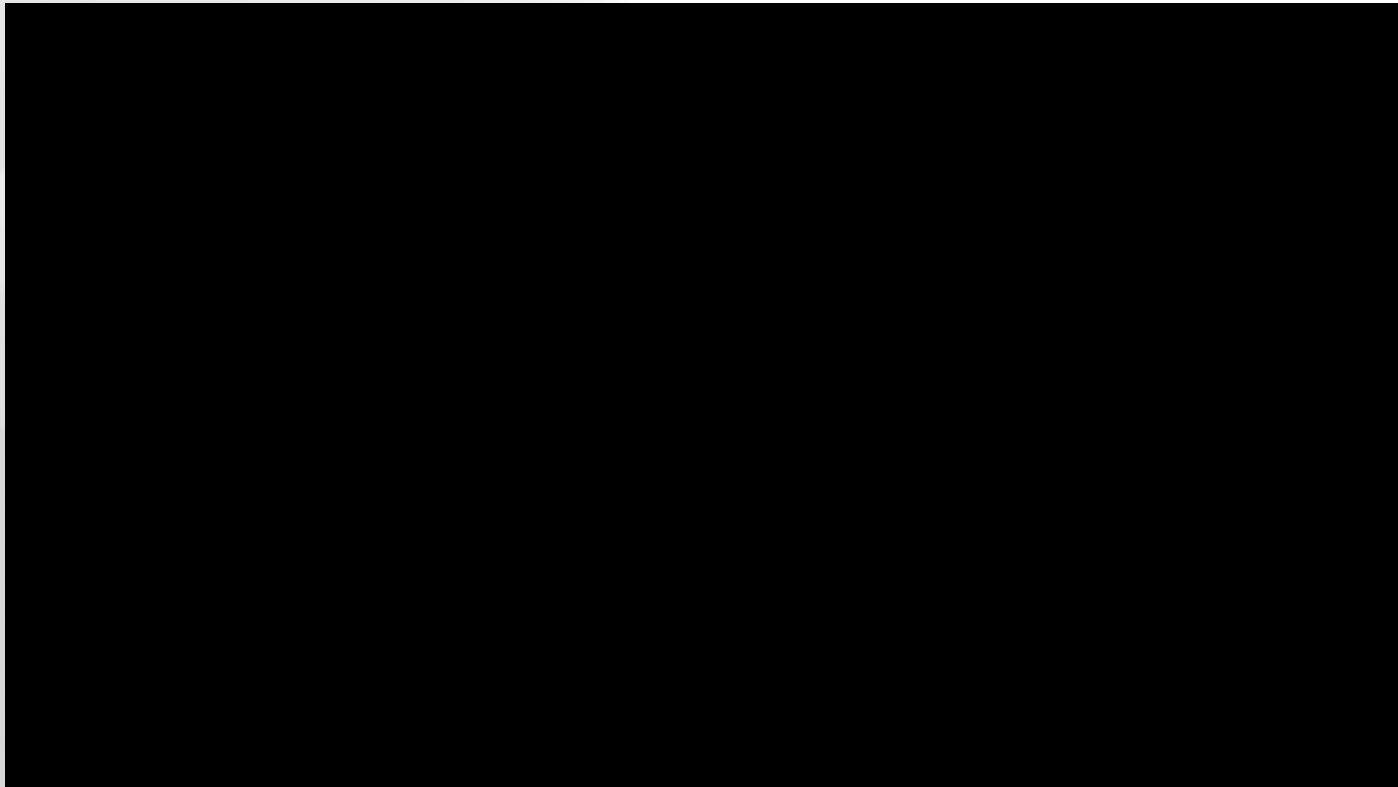


0-3	6,922,000	93	9 OUT OF 10
4-7	412,000	6	6 OUT OF 10
8 or more	107,000	1	5 OUT OF 10

# Video: Brief encounter #1



# Video: Brief encounter #2





# CHALLENGE #4

## Distractions

## **#4: Distractions**

- **“Distractions in the environment.”**
- **“Other people present during the visit or in the home.”**
- **“Lack of parenting skills which results in interruptions.”**

# Distractions: Relevant core skills

- Orientation is perhaps most important
  - Stating what makes a successful visit up-front is far easier than making requests mid-visit
  - Preparation is also key; for example, having inexpensive but attractive toys, coloring books, etc.
- Reflecting is always a good go-to response in MI—you can also observe what is happening in the room

A grayscale background image showing the back and shoulder of a person, with a green horizontal band across the middle containing text.

# CHALLENGE #5

**Other behaviors**



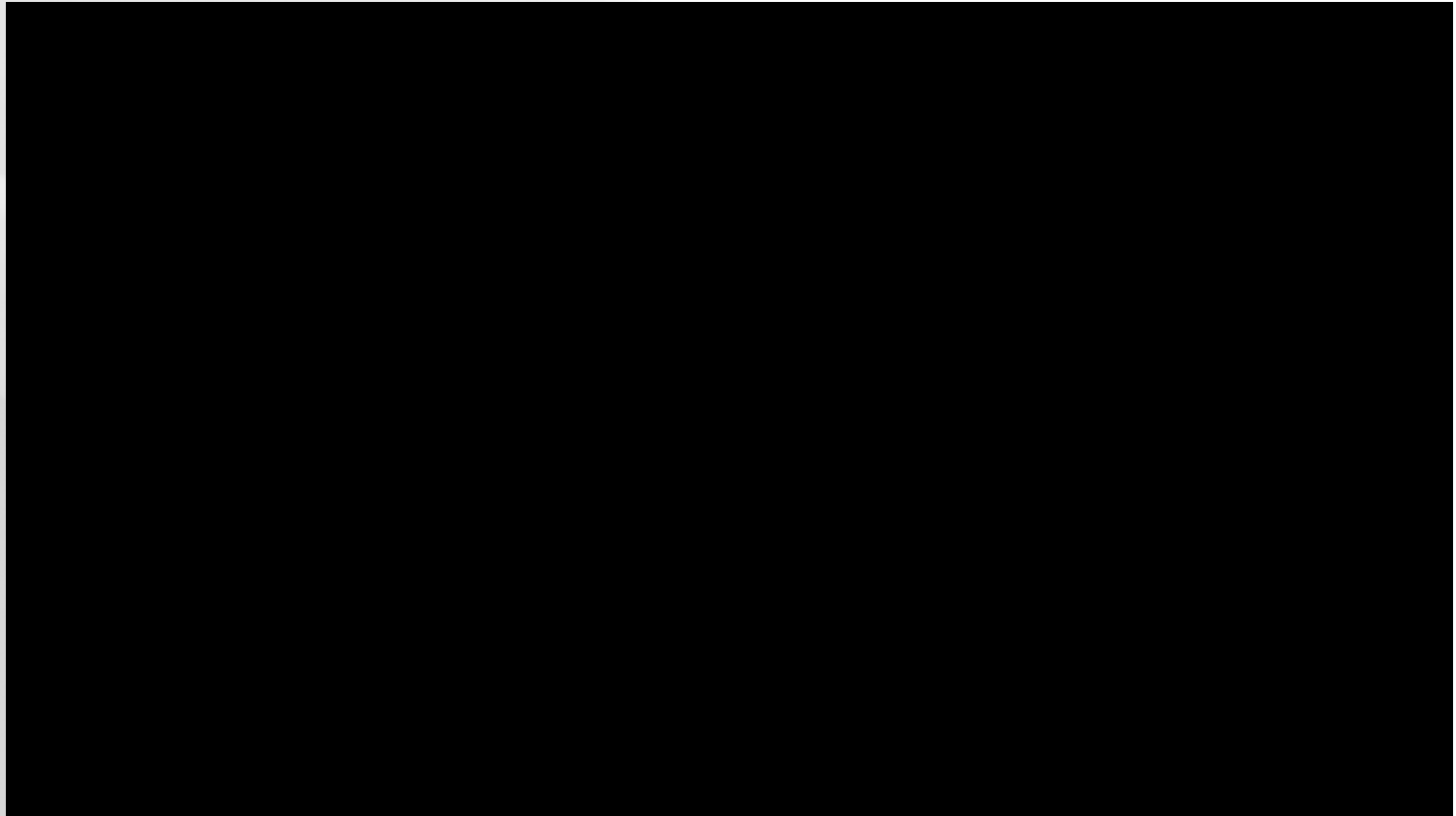
## #5: Other behaviors

**“My main training in MI is in substance use and smoking. I think training in how to adapt to safe sleep, breastfeeding, etc. would be really helpful!”**

## Other behaviors: Relevant core skills

- MI is a content-neutral approach
- If you can identify an appropriate target behavior (health relevant, not being done currently, not certain ready to right now), you're good to go
- “I wonder if we might chat for a minute about \_\_\_\_\_ and about whether that's something you've thought about changing.”

# Video: A different behavior



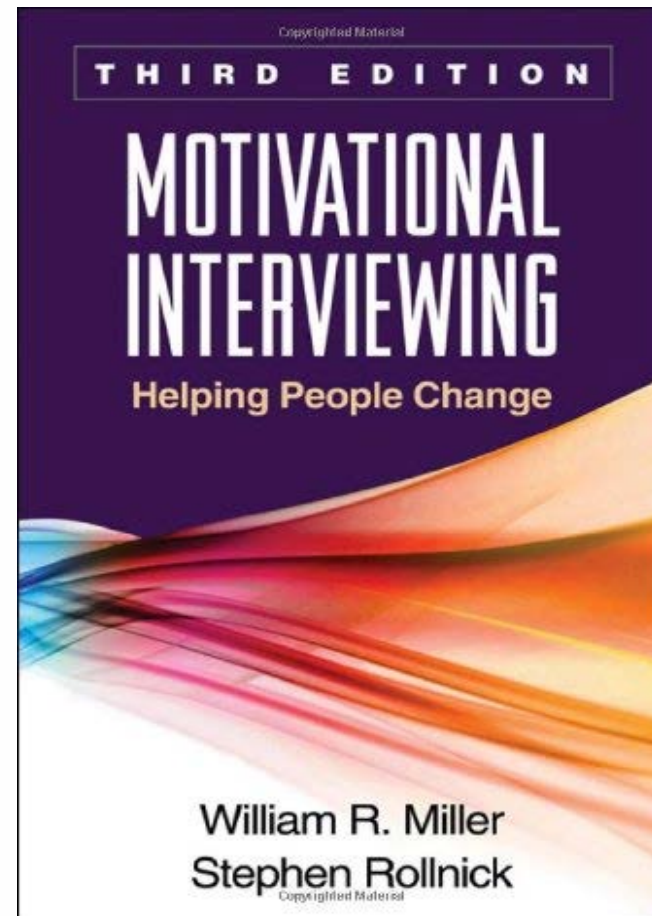
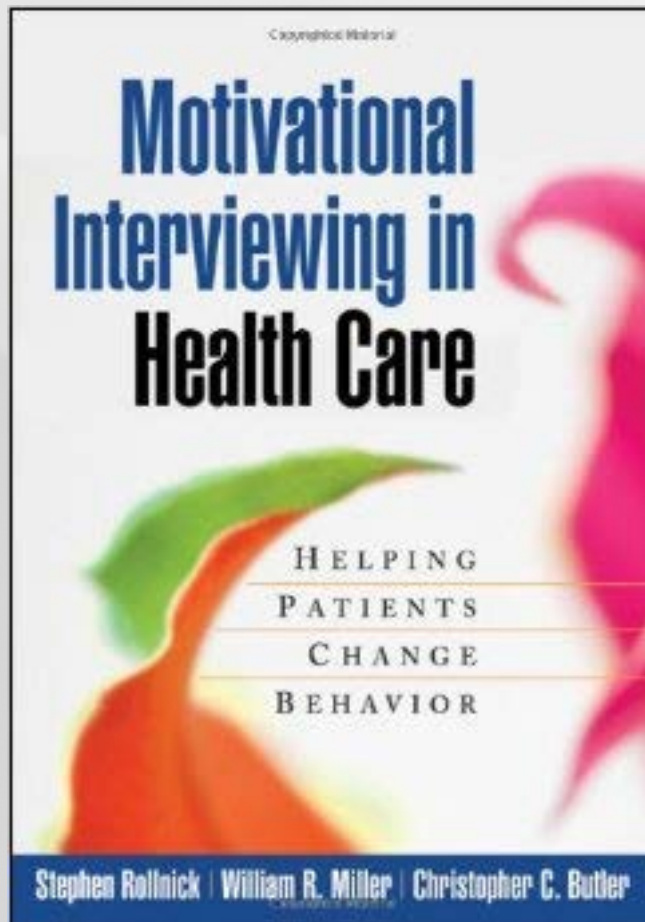
# CHALLENGE #6

**Training**

# #6: Training

- **“Staff may be more comfortable with implementing Motivational Interviewing if they had more training and practice.”**
- **“Lack of training.”**
- **“Time for training.”**

# REALLY LEARNING MI



# Training: A menu of options

- Look for change talk!
- Build in one reflection per session...then two...then introduce a target behavior...
- Role-play with colleagues
- Review and rate audiotapes together
- “Standardized patient” model

## Modified Motivational Interviewing Treatment Integrity Code (MITI)<sup>1</sup>

Resident: \_\_\_\_\_  
 Coder: \_\_\_\_\_

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

### KEY STEPS CHECKLIST

<u>Criterion</u>	<u>Example</u>	<u>Present?</u>	
Request permission	Is it OK if we talk for a minute about...? I promise I won't lecture.	No	Yes
Reflect	It sounds like you need to change, but don't feel like you have time.	No	Yes
Optional goal setting	What sort of change are you willing to try right now?	No	Yes

### GLOBAL RATINGS

<b>Empathy/ Understanding</b>	The extent to which the resident understands and/or makes an effort to grasp the patient's perspective. <i>Empathy is evident</i> when providers show an active interest in understanding what the patient is saying. Reflective listening is an important part of this characteristic, but this rating is intended to capture all efforts that the resident makes to understand the patient's perspective and convey that understanding back. <i>Empathy is lacking</i> when clinicians show little interest in the patient's perspective and experiences, or when there is little effort to gain a deeper understanding. Clinicians low in empathy may probe for factual information or to pursue an agenda, but not for the sole purpose of understanding the patient's perspective.							
		1	2	3	4	5	6	7
		Low						High

### BEHAVIOR COUNTS

<b>MI Adherent</b>	Asking permission, affirming, emphasizing control, or supporting. Score only if clear.	
<b>MI non-adherent</b>	Advising without permission, confronting, directing, or engaging in problem-solving (e.g., discussing ways to change) before the consumer has explicitly set a change goal.	
<b>Question</b>	Closed Question	
	Open Question	
<b>Reflection</b>	Do not code if resident's voice goes up, turning it into a closed-ended question.	

### SCORING

<u>Criterion</u>	<u>Performance goal</u>	<u>Score</u>	<u>Criterion status</u>		
Empathy rating	Goal is at least 5, ideally 6 and above		Not met	Met	Met +
% open questions	Goal is at least 50%, ideally 70% or greater		Not met	Met	Met +
Reflections to questions ratio	Goal is at least 1:1, ideally 2:1 or greater		Not met	Met	Met +
MI adherent	Goal is at least 1, ideally 2 or more		Not met	Met	Met +
MI non-adherent	Goal is ≤ 1 MI non-adherent statements; ideally none.		Not met	Met	Met +

<sup>1</sup> The MITI was developed by Thomas R. Moyers, Tim Martin, Jennifer K. Manuel, and William R. Miller of the University of New Mexico (and can be found at <http://www.unm.edu/centerforbrii/MI/>). This version has been adapted by Steven J. Cadenhead, PhD, for use in clinical and supervision settings only.



# The global empathy rating

<u>Criterion</u>	<u>Definition</u>	Scoring
Empathy/ understanding	The extent to which the therapist understands and/or makes an effort to grasp the patient's perspective. <i>Empathy is evident</i> when providers show an active interest in understanding what the patient is saying. <i>Empathy is lacking</i> when providers show little interest in the patient's perspective and experiences, or when there is little effort to gain a deeper understanding.	1 – 7 scale

# Coding specific behaviors

<b><u>Criterion</u></b>	<b><u>Definition</u></b>	<b><u>Count</u></b>
MI Adherent	Asking permission, affirming, emphasizing control, or supporting. Score only if clear.	
MI non-adherent	Advising without permission, confronting, directing, or engaging in problem-solving (e.g., discussing ways to change) before the consumer has explicitly set a change goal.	
Question	Closed questions	
	Open questions	
Reflection	Do not code if therapist's voice goes up, turning it into a closed-ended question.	

# Scoring performance

<u>Criterion</u>	<u>Performance goal</u>	<u>Score</u>	<u>Criterion status</u>		
Empathy rating	Goal is at least 5, ideally 6 and above		Not met	Met	Met +
% open questions	Goal is at least 50%, ideally 70% or greater		Not met	Met	Met +
Reflections to questions ratio	Goal is at least 1:1, ideally 2:1 or greater		Not met	Met	Met +
MI adherent	Goal is at least 1, ideally 2 or more		Not met	Met	Met +
MI non-adherent	Goal is $\leq 1$ MI non-adherent statements; ideally none.		Not met	Met	Met +



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