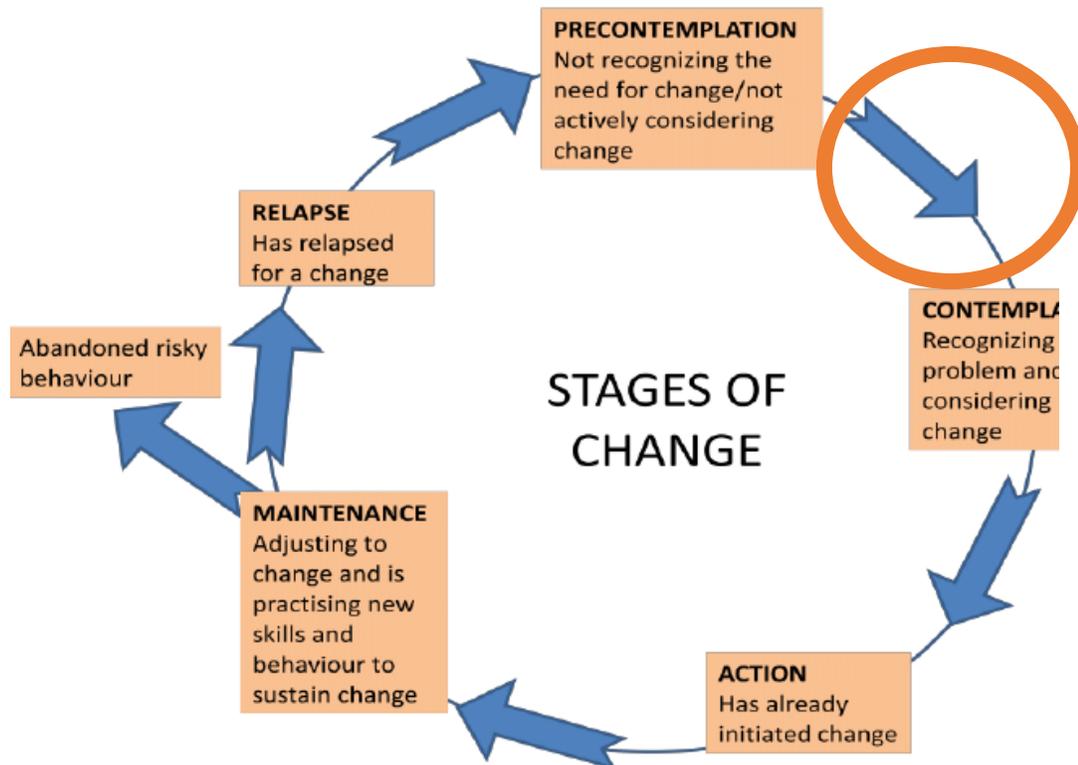


Motivational Interviewing

in Health Behaviour Change

Dr. Ross A. Dunne

What is MI? Not just the Transtheoretical Model



- “a communication style that providers can use to help facilitate client change”
- A simple extension of active listening
 - Simple but not easy, like, say... surfing... or riding a unicycle
- Developed in addiction psychiatry
- Adapted for everything (including ‘life coaching’)

"motivational interviewing"



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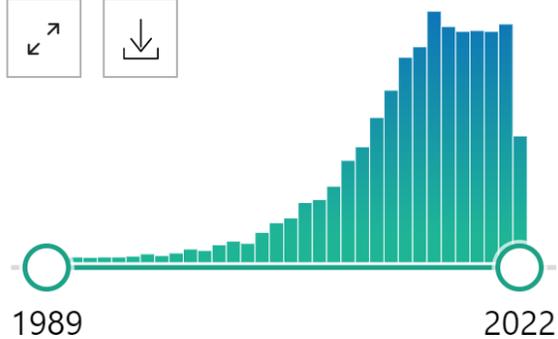
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RESULTS BY YEAR



What is MI for?

MI is a conversation between individuals, often a provider and a client, about change. Rather than telling clients what to do, the MI-consistent provider would collaborate with them in an attempt to strengthen their personal motivation for change.

How does MI work?

intentionally attends to client statements about change and intentionally uses communication strategies to elicit and explore a client's own arguments for changing while minimizing arguments about remaining the same (Miller & Rose, 2009; Wagner & Ingersoll, 2013).

Why should you use MI?

An MI-consistent conversation focuses on clients' motivations for change and in particular feelings of ambivalence they have about changing. Although ambivalence about change is commonly experienced, failure to address such ambivalence can keep a person from changing (Wagner & Ingersoll, 2013).

Techniques (I)

- Extended Rogerian therapy
- The “intervention” is in selective reflection
- “Evolution” analogy
 - You, by selectively reflecting and summarising, exert a kind of selection pressure on the conversation, eliciting “Change talk”
- social-psychological principles such as cognitive dissonance and self-efficacy



Techniques (II)

Relational component:

- Affirming, non-judgmental and autonomy-supportive counseling style intended to create a safe environment in which clients can explore their own wishes, fears, and concerns
- avoids imposing an agenda, basing acceptance on conditions, or arguing with or confronting clients, and instead actively listens to the client's spoken and unspoken messages in order to remain MI-consistent.

Technical component:

- strategies aimed at eliciting clients' in-session **change talk** and decreasing their **sustain talk** with the overarching goal of evoking commitment to by ...
- listening intently, engaging in MI-consistent behaviors, and utilizing strategies that elicit and reinforce client statements about desire, ability, reason, and need to change

The “Spirit” or psychological space of MI

- Entering into a collaborative working relationship
- Eliciting from clients versus prescribing to them
- Appreciating client worth and autonomy, affirming strengths, and empathizing with their situations
- A sense of care and responsibility for the welfare of clients
- **Sincere emotional distance from the client’s final decision**



Humans HATE being told what to do



Roll with resistance

- Avoiding “yes but”
- Avoiding Advice-giving
- Stop being an **expert**
- **Righting reflex**

What is MI NOT?

Based on the transtheoretical model

Reverse psychology

A technique

Just using decisional balance

Person-centered therapy

A form of psychotherapy

Easy to learn or use

An answer for everything

Feature	Person-Centered	MI	Cognitive	Behavioral
Level of direction	Following	Guiding	Directing	Directing
Focus in session	Feelings	Change talk	Cognitions	Behaviors
Form of psychotherapy	Psychotherapy	Communication style	Psychotherapy	Psychotherapy
Length of contact	Long-term	Brief	Brief	Brief
Essential ingredients	Core conditions	Spirit	Challenging maladaptive thoughts/ beliefs	Learning a healthy opposite to problem behavior
Focus in session	Exploration	Increasing change talk and minimizing sustain talk	Maladaptive thoughts and beliefs	Problem behaviors
Transformative element	Resolving incongruence	Change talk	Learning adaptive thoughts and beliefs	Learning healthy behaviors
Theory of personality	Developed	None	Developed	Developed
View of psychopathology	Incongruence	None	Learned patterns of thinking	Learned behaviors

Common hurdles

- Feeling that there's “nothing to it”
 - Common in psychiatrists and psychotherapists
 - Generally overcome by practising
 - You can bring all your skills to it
- Like psychotherapy – not a panacea

How best to learn?

- Read → Course → Supervised Practice → Reflective Practice → **Repeat**

