



Motivational Interviewing

Motivational Interviewing (MI) is a clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, kidney disease, and cardiovascular disease make positive behavioral changes to support better health.

The approach upholds four principles — expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance and supporting self-efficacy (client’s belief they can successfully make a change). The MI skills presented are flexible and can be used by the clinician as needed.

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The goal is to avoid creating resistance — no arguments, shaming, persuasion, warnings or unsolicited advice giving. It is important to get the patient to **elicit their own self-motivating statements** as to why this change is important to them.

Example: “I don’t feel as well as I used to since I started smoking again”

Create a discrepancy between current behavior and the patient’s goals and values.

Example: “Smoking keeps me from being as involved with my grandkids as I would like.”

Elicit change talk

Examples:

- “Tell me what you know about ____.”
- “What concerns do you have about your ____?”
- “What would be the best thing that could happen if you changed ____?”

Listen and Reflect. Restate the patient’s change talk from above, helping them feel understood and heard.

What to do when using MI

Express empathy. Listen and reflect on what the patient said.

Develop discrepancies.

Example: “On the one hand, you have trouble breathing when you smoke. On the other hand, you want to go to the park with your kids.”

Avoid arguments. You never want to be arguing for change while the patient is arguing against the change.

Roll with patient’s resistance to the plan of care, treatment or behavior change.

Support Self-Efficacy

- Instill hope in your patient by highlighting that there is no “right way” to change.
- Remind them that if one plan doesn’t work, it doesn’t mean that another plan might not work.
- Help a patient develop a belief that they can make a change. For example, inquire about other successful behavior changes that they made in the past and highlight the skills that they used.
- Explore barriers that may be contributing to low confidence in making a change.

Set up a plan

Consider options. Present different options. Try to match the patient with the best option for their case, but recognize they may not choose the “right” strategy and prepare the patient for this possibility.

Establish a goal. Summarize the plan with the patient and assess their readiness to commit to the plan.

Specific MI Tools

- List the pros and cons of behavior change.
- Assess how important a change is to the patient and how confident they are they can succeed.
- Look back at what worked in the past.
Example Have you ever quit smoking in the past? How did you do it?
- Look forward. Ask these questions:
 - What do you hope would happened in the future if you made this change?
 - What could you do now?
 - What are the best results you could imagine if you made this change?
- Exploring goals. Assess the match between the patient’s current behavior and future goals. Explore how realistic their goals are. Look for discrepancies between current behavior and their future goals.
Example: It’s important for me to be here for my family, but being sick gets in the way of that.

Motivational Interviewing Using the OARS+ Model



O: Ask **open** questions to encourage exploration of thoughts and feelings.

A: Use **affirmations** to acknowledge and build confidence in the person’s innate capabilities.

R: Apply **reflective** listening to clarify your understanding and allow the person to hear their own words, thoughts, and feelings reflected to them.

S: **Summarize** to let the person know they are being heard and to keep the discussion active and moving forward.

+: Offering information and/or advice with permission.

For more information or to file a grievance, please contact:

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