



**Motivational Interviewing:  
A Tool to Help Your Patients Find Their Why**

Mia Croyle, MA  
Diabetes Care and Education Preconference  
September 28, 2023

Empowering patients, families and caregivers to achieve health care quality improvement

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**Learning Objectives**

After attending this workshop, participants will be better able to:

- Identify the key domains of the spirit of Motivational Interviewing (MI).
- Utilize the core skill of reflective listening to demonstrate empathy with patients with diabetes.
- Employ the strategic objective of evoking change talk when supporting patients with diabetes.
- Develop a plan for further development toward proficiency.



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**Expectations**

- This workshop is not meant to prepare you to deliver this evidence-based practice with fidelity.
- Learning MI is a developmental process that requires a long-term investment of time and effort.
- People learn best when they have repeated opportunities to practice learned skills and receive feedback on performance from experienced MI practitioners and to incorporate this feedback into practice.



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**About Mia**



Using MI since 2007.

- Primary Care
- Phone coaching
- Groups

Training and coaching MI since 2009.

- Health Care
- Social Services
- Criminal Justice

Member of Motivational Interviewing Network of Trainers (MINT)



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**Definitions; Initial Self Assessment**



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**Motivational Interviewing Defined**

“A particular way of talking with people about change and growth to strengthen their own motivation and commitment.”

-Miller and Rollnick, 2023



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**More Definition**

- “Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”  
- Miller and Rollnick, 2012
- Way to support people to make behavior changes where they may be very ambivalent about the way forward.
- Evidence-based approach.



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**About MI**

- Way to support people to make behavior changes where they may be very ambivalent about the way forward.
- Applicable across a broad range of helping professions
- Compatible with many other means of helping. It is a way of doing what else you do.
- Evidence-based approach.



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**Evidence Base; Key Concepts**



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**Background**

- Studied and applied for over 30 years.
- Robust [evidence base](#).
  - [Over 1,200 publications](#).
  - 200+ Randomized control trials.
- Originally developed in alcohol and drug treatment context.
- Broad health care applications.



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**What Do We Know?**

- Improves retention, adherence and outcomes across a range of behaviors.
- Generalizes fairly well across cultures.
- Relationship matters.
- Change talk, sustain talk and discord matter – and they are in our control!
- It is learnable.
- Proficiency is reliably measurable and predicts better outcomes.



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### Does MI Work?

Meta-Analysis:

- Targeted outcomes included substance use (tobacco, alcohol, drugs, marijuana), health-related behaviors (diet, exercise, safe sex), gambling, and engagement in treatment variables
- 75% improved
  - 50% small but meaningful effect
  - 25% moderate or strong level

Source: Lundahl, B. W., Kuzg, C., Brownell, C., Tolsted, D., & Burke, B. L. (2019). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on social work practice, 29*(2), 137-160.



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### Some Key Concepts

- Ambivalence** – feeling both ways about something; having arguments for and against it.
- Change talk** – anything that the other person gives voice to that supports movement toward the change.
- Empathy** – active attempts to understand the other person’s point of view and perspective.
- Autonomy Support** – acknowledge and honor the person’s freedom of choice and self-determination.



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### MI Spirit



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**An Exercise**



**Person One:**

- Make a fist.
- This is your fist and you will do with it what you want.

**Person Two:**

- Get Person One to open their fist using only the power of conversation.
- No bribes, threats or physical force.

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**MI Is Person-Centered**

- See the person as someone with strengths, hopes and relationships.
- Treat them as a person who appreciates being heard, valued and regarded as competent.
- Remember this is a real person who makes choices.
- You must be yourself as a genuine presence.
- Practice some restraint because the focus is on them, not you.
- You are here as a guide – not to fix, persuade or correct.

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**The Spirit of MI**

**Partnership**

- You both bring valuable expertise to the matter at hand.
- More like dancing together than wrestling.

**Acceptance**

- People have inherent worth and do not need to earn or prove that they deserve respect.
- Motivation for change rarely comes from feeling sufficiently guilty, ashamed or worthless.
- Accepting people as they are helps them change and grow.

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**The Spirit of MI, continued**

**Compassion**

- Intention to give top priority to the health and well-being of the other person.
- MI is not about getting a person to do things that you want them to do.

**Empowerment**

- Helping people appreciate and use what they already have, rather than giving them something they lack.



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**Agenda Setting; Information Sharing**



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**Agenda Mapping**

- Way of sharing power in time together.
- Emphasizes partnership and empowerment.
- Can help focus and organize time together.
- Ratio matters.
- Many ways to implement.



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### Sharing Information in the Spirit of MI

Information sharing and advice can be helpful.

- With permission.
- When communicated clearly and without judgment.
- When it is relevant to what the patient wants.
- Ask-Offer-Ask

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### Sharing Information in the Spirit of MI, continued

**Ask**

- Permission.
- What the person already knows.

**Offer**

- Affirmation.
- Small bit of information.
- Menu of options.

**Ask**

- Reactions.
- Ideas.
- Questions.

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**Listening; Roadblocks to Listening**



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**Listening**

- Begins with genuine desire to understand the person's experience.
- "Beginner's mind" – curiosity and discovery, you don't already know what you are going to discover.
- Uncluttered mind.
- Listen with your whole self.



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**Roadblocks to Listening**

Take away autonomy:

- Ordering, directing or commanding.
- Warning or threatening.
- Moralizing, preaching, giving "shoulds" and "oughts."
- Advising, offering solutions or suggestions.
- Teaching, lecturing, giving logical arguments.



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**More Roadblocks to Listening**

Point out inadequacies and faults:

- Judging, criticizing, directing, blaming.
- Name calling, stereotyping, labeling.
- Interpreting, analyzing, diagnosing.

Make the person feel better or deny there's a problem:

- Praising, agreeing, giving positive evaluations.
- Reassuring, sympathizing, consoling.



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**Final Few Roadblocks to Listening**

Solve the problem for the person:

- Questioning, interrogating, cross-examining.

Divert the person or avoid the subject all together:

- Withdrawing, distracting, humoring, changing the subject.



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**Reflective Listening**



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**Reflective Listening**

- Statement.
- Mirrors what was said or meant.
- Demonstrates empathy.
- Shapes direction.
- You choose what to reflect.



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**Offers the Opportunity for the Other Person To:**



- Expand
- Refine
- Correct
- Verify
- Emphasize
- Soften



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**Simple Reflections**

- Repeat.
- Slight rephrase.



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**Try It: Simple Reflections**

"I don't know what I'm going to do. I like smoking, but I know it isn't the healthiest choice for me."

- You don't know what you're going to do.
- Smoking isn't healthy for you.



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**Complex Reflections**

Repeat.  
Slight rephrase.  
Unspoken emotion.  
Double-sided.  
Continuing the paragraph.  
Metaphor.





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**Try It: Complex Reflections**

“I don't know what I'm going to do. I like smoking, but I know it isn't the healthiest choice for me.”

- You feel conflicted.
- On one hand you like it; on the other hand it's been an issue.
- ... and you're hoping to leave here with some answers.
- You're really feeling backed in a corner.




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**Video Example**

[Motivational Interviewing Diabetes Medication Compliance](#), Paul Burke




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**Evoking Change Talk**



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**Change Talk**

- Anything that the other person says that favors the change or growth.
- Pros of change; cons of keeping things the same.
- Ask for it with open questions.
- Reflect it when you hear it.



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**Open Questions To Respond To Change Talk**

When change talk emerges, ask for more details or examples,

- In what ways?
- Tell me more...?
- What does that look like?
- When was the last time that happened?
- Give me an example.
- What else?



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**Open Questions To Evoke Change Talk**


You get what you ask for!

Look **back**: How were things better, different before?

Look **forward**: How would you like things to be?

Query **extremes**:

- What are the worst things that might happen if you don't make this change?
- What are the best things that might happen if you do make this change?



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**Open Questions To Evoke Change Talk**

Hypothetical:

- If you are successful in making these changes, what would be different?
- If I had a magic wand to erase (barrier), how would you feel about this change?
- What would have to happen for you to consider making a change?



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**Final Self-Assessment; Plan for Ongoing Learning**



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**Ongoing Learning**

- What is a goal for you?
- What will you do to meet this goal?
- What support or resources will help?
- How will you know when you have met this goal?

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**Superior Health Quality Alliance Diabetes Experts**

**Goal is to work with partners to:**

- Improve diabetes self-care, health outcomes and reduce complications.
- Improve patient outcomes while focusing patient-centered care.
- Reduce A1c to a goal of <9% for those with diabetes.

**Approaches:**

- Join the [Partnering to Improve Diabetes Management](#) workgroup.
- Sign up for Superior Health Connect: <https://bit.ly/3BhfHc1>
- Register for our Back-to-Basics Webinar Series.

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**Questions?**

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