

Motivational Interviewing (MI)

ONLINE PTSD TRAINING FOR PRIMARY CARE PROVIDERS

What is Motivational Interviewing?

Motivational Interviewing (MI) is a client-centered, directive, yet non-confrontational method for enhancing intrinsic motivation to change. MI works to increase awareness of current problems and consequences, explore discrepancies between values, goals and behavior, resolve ambivalence, and change behavior through an appraisal of risks and benefits (Britton & Conner, 2010).

Below are acronyms of key MI elements. Therapists use these elements to help guide clients through the change process. In addition, therapists must be able to recognize a client's "change talk" and reflect these statements back to the client.

REDS

Four Principles of MI Therapy

- Rolling with resistance
- Expressing empathy
- Developing discrepancy
- Supporting self-efficacy

DARN

Four Types of Change Talk

- Desire to change
- Ability to change
- Reason to change
- Need to change

OARS

Four Primary Techniques of MI

- Open-ended questions
- Affirmations
- Reflections
- Summaries

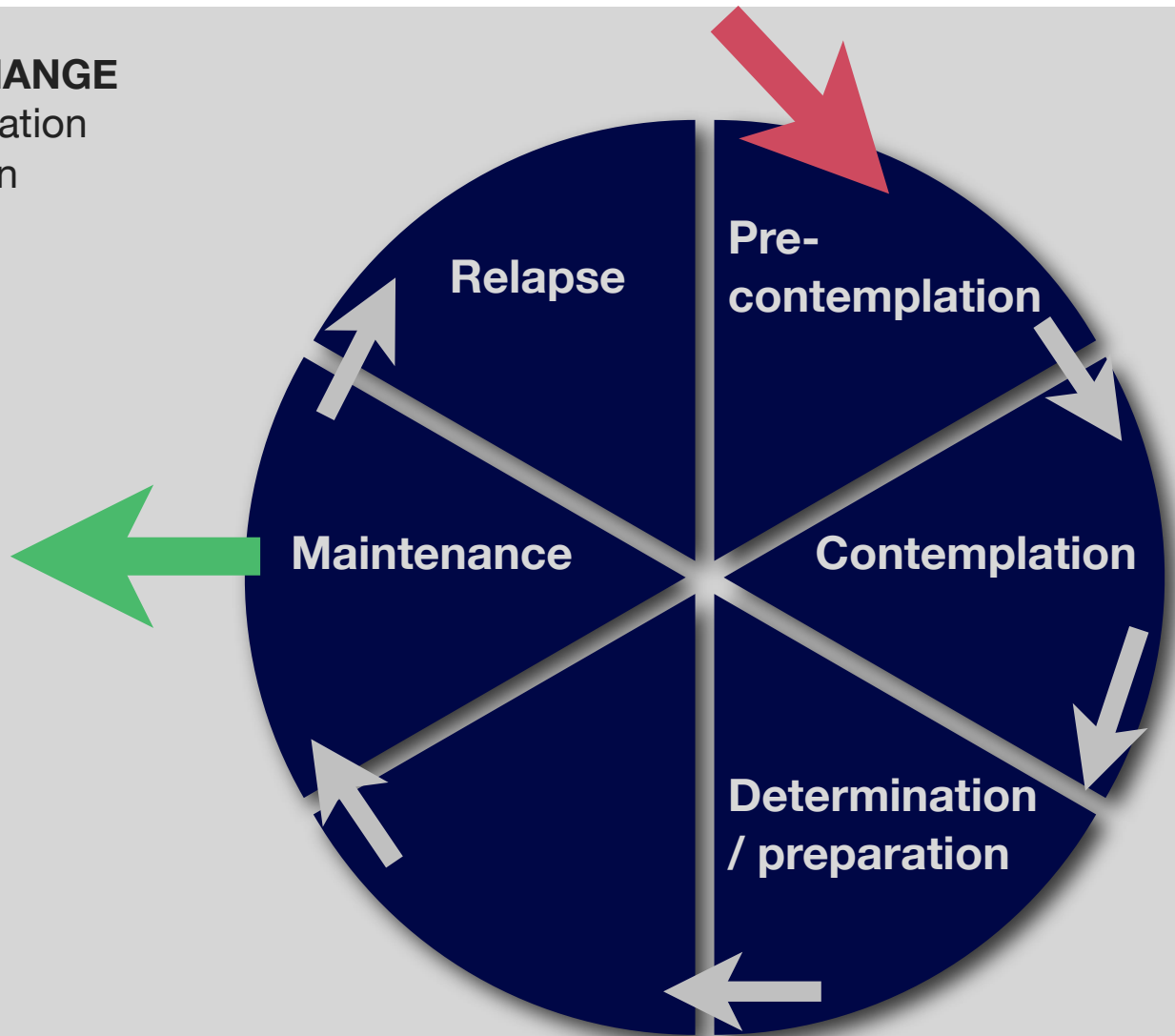
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STAGES OF CHANGE

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse



Transtheoretical Model (TMM)

The principals of the stages of change component of Prochaska and DiClemente's Transtheoretical Model (TTM) conceives of behavioral change as largely dependent on cognitive processes or phases, in which individuals move through pre-contemplation (characterized by unawareness of the problem), contemplation (awareness of the problem and ambivalence about change), preparation for change (characterized by resolution of ambivalence) to ultimately taking action.

Maintenance and relapse are also incorporated in this model and accepted as normal phases of behavior change (Prochaska & DiClemente, 1984). MI compliments the stages of change in that it recognizes that an intervention must be adjusted to the person's current level of readiness and that not all clients enter treatment programs in the action stage (Miller, 2009). It becomes the therapist's responsibility to assess and work with the client regarding their current level of motivation for behavior change (Miller, 2009).

References

- Britton, P.C., & Conner, K.R. (2010, August). Motivational Interviewing to address acute suicidal ideation (MI-SI): A manual for working with veterans. In M. Stalnaker (Facilitator), Psychosocial Recovery Forum - Motivational Interviewing in Suicide Prevention, How to use the technique with a recovery orientation? Training conducted at the San Francisco Veteran's Administration Medical Center, San Francisco, CA.
- Miller, W.R. & Rollnick S. (2009). Ten things Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37, 129–140.
- Prochaska, J.O., & DiClemente, C.C. (1984). *The Transtheoretical Approach: Crossing The Traditional Boundaries of Therapy*. Malabar, FL: Krieger Publishing Co.