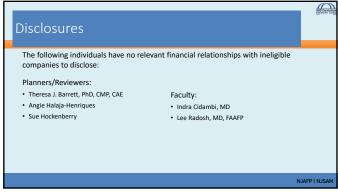
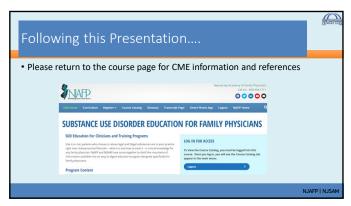
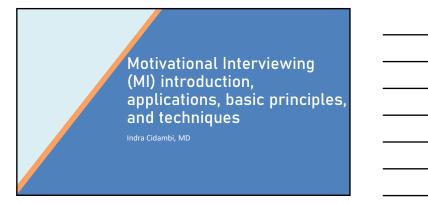


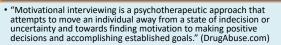
• This NJAFP project is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$500,000 with 100 percent funded by SAMHSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.







#### Definitions



"Interest in learning MI is probably borne of frustration in conversations about change that do not always go well: the more you try to insert information and advice into others, the more they tend to back off and resist. This was the original insight that generated our search for a more satisfying and effective approach. Put simply, this involves coming alongside the person and helping them to say why and how they might change for themselves." (Rollnick)

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#### In general practice, possible applications include:



- Management of the SNAP (smoking, nutrition, alcohol and physical activity) risk factors
- Engagement in prevention or management programs for diabetes or cardiovascular health
- Management of substance abuse problems
- $\bullet$  Management of problem gambling or sexual risk taking
- Pain management

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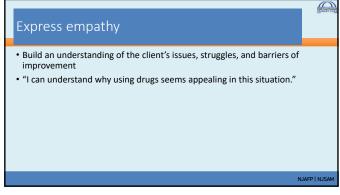
#### Three Key Points:

- Collaboration: Instead of being confrontational or argumentative with a patient, attempt to see the situation from the patient point of view; the goal here is to support rather than persuade
- Evocation: Motivational interviewing has the goal to create in the patient an internal desire for change; you listen more than talk and draw out the patient's own perceptions instead of imposing perceptions
- Autonomy: Motivational interviewing places all of the power on the patient

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### Principles • Express empathy • Develop discrepancy • Roll with resistance • Support self-efficacy

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# Pevelop discrepancy Have the patient point out the disparity between what they are doing and what their goals If the goal is to be happy and have a successful career, using heroin daily may get in the way of that Use interventions that are not based in confrontation to produce this Ask a series of questions to lead the client to this natural conclusion

#### Poll with resistance • Do not try to force or manipulate the client into acceptance • Work to understand the patient's point of view and avoid the desire to correct what may be viewed as flawed ways of thinking while offering alternative ways of thinking for the patient to consider

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### Support self-efficacy (a belief in change) Many patients, especially those dealing with addiction, recovery, and relapse, have tried to maintain their sobriety with limited success Because of this, they can become less hopeful for future success Work to illustrate areas of strengths and identify instances where the patient was able to accomplish their goal

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# Technique: OARS • Open-ended questions • Affirming • Reflective Listening • Summarizing • OARS 2 Page Summary





# • Can be done now, on the webinar if time, or at another time within your program • Form into pairs • Each spend one minute, think about one lifestyle change he/she wants to make (lose weight, eat healthier, exercise more, spend more time with family, etc.), and choose one • Take turns interviewing each other (5-7 min each) • After each, spend 5 minutes identifying MI principles that were/weren't done

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