

# Motivational Interviewing: Supporting Engagement and Change

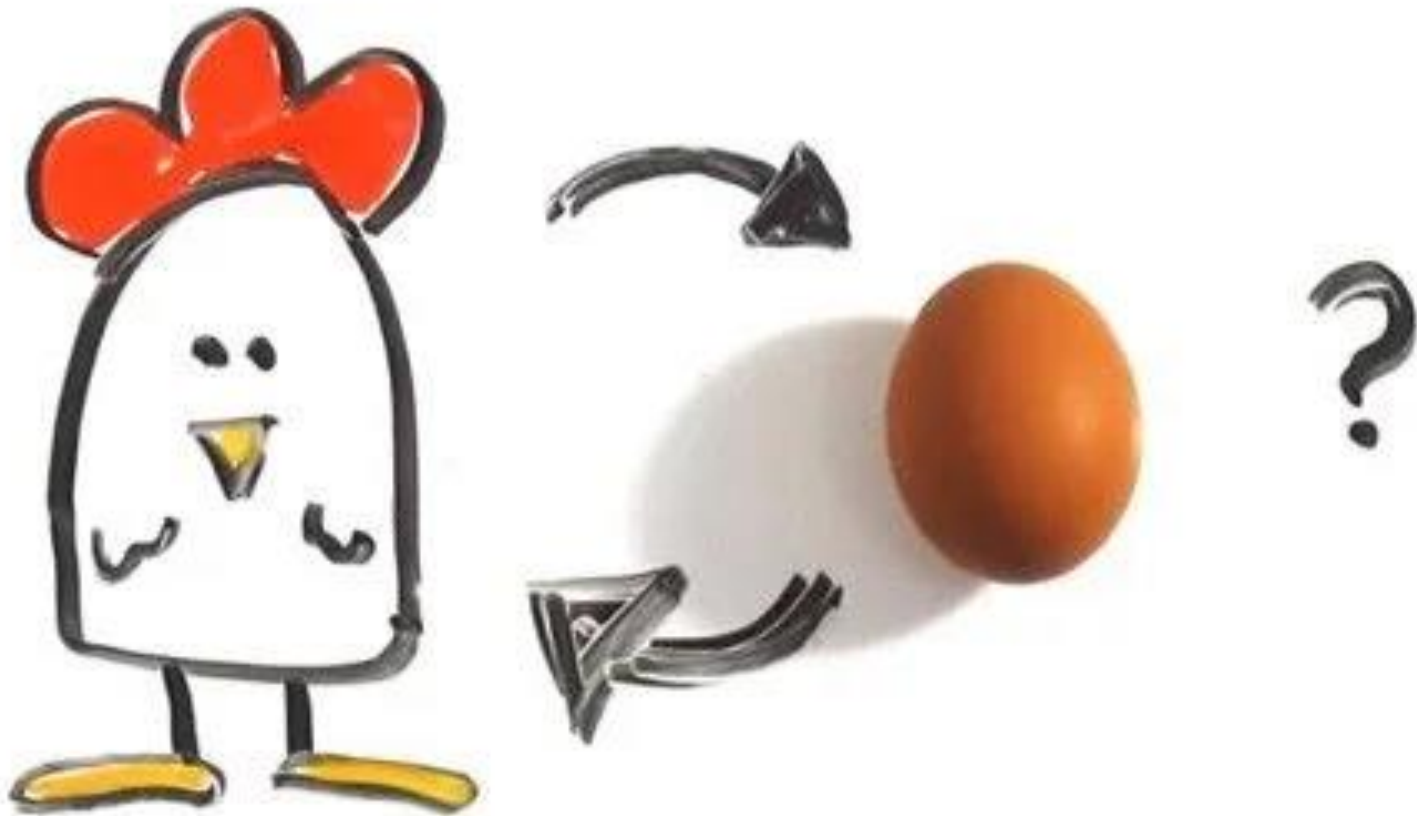


**Oscar**

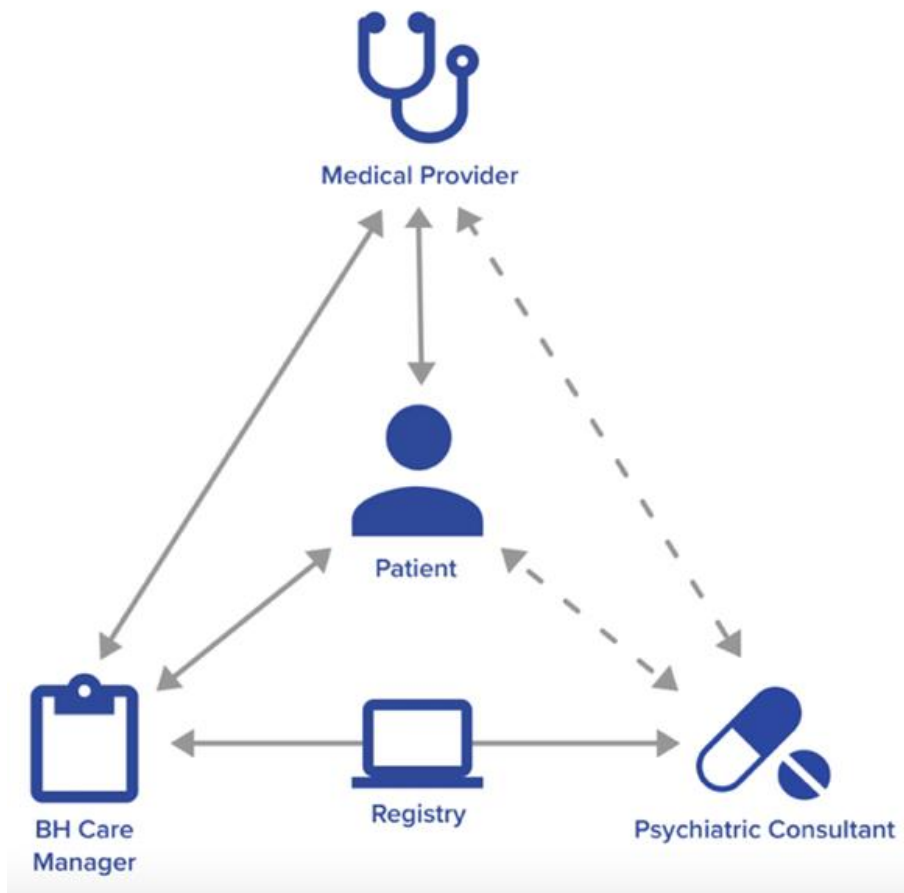
# Agenda

- Co-occurring disorders
- Integrated care
- Motivational Interviewing
- Throughout the treatment process
- Medication adherence
- Common traps
- Key takeaways
- Questions and answers

# What are Co-occurring Disorders



# Integrated Care



# On the Road to MI

- What types of behavior change do you help people with?
- What motivates your clients to make a change?
- What are some strategies that help you engage individuals to move forward?

# What is MI?

1. Client centered

2. Way of communicating

3. You are a guide

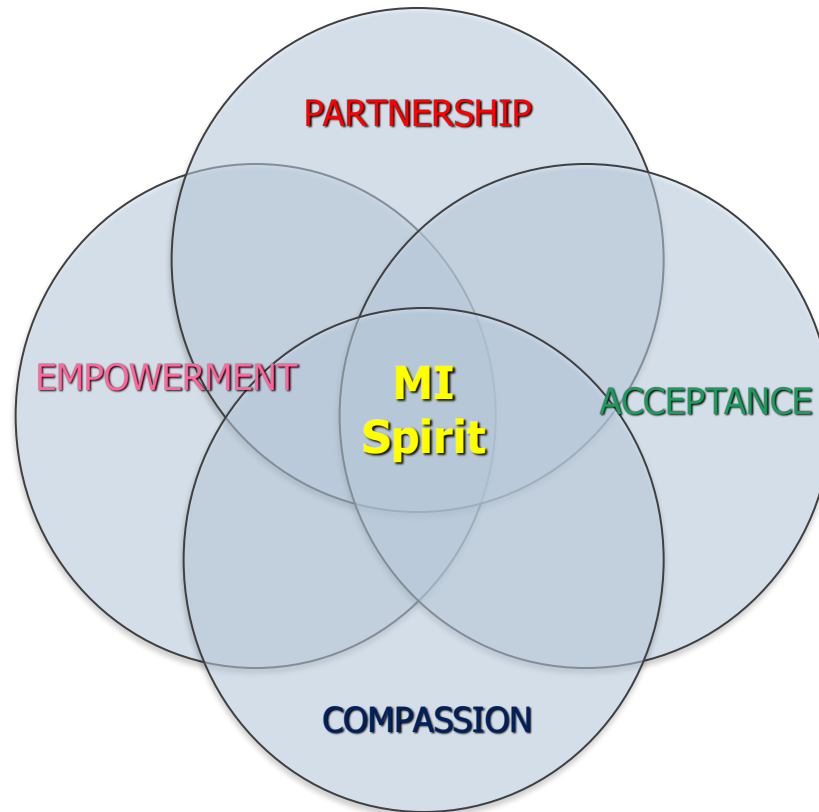
4. Helping individuals find their own reasons to change

5. Exploring and resolving their mixed feelings about that change

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

(Miller & Rollnick, 2023)

# Core Elements of MI Spirit



# Ambivalence and Change

- Ambivalence is normal in behavior change
- Clients may want change and fear change at the same time
- MI helps clients explore both sides without judgment
- The goal is not to force change, but to strengthen motivation

# Recognizing Change Talk & Sustain Talk

- Statements supporting the status quo
- Statements that favor movement toward change
  - I want to change
  - I can change
  - I have good reasons to change
  - I need to change
  - I will change
  - I see this as a problem
  - I am responsible for solving this
  - I am taking steps toward change
  - I don't want to change
  - I am not able to change
  - I have good reasons not to change
  - I don't need to change
  - I won't change
  - This is not a problem
  - I am not responsible
  - I'm not moving

“I know I need to take my medication more consistently.”

“I don't want to end up back in the hospital.”

“I've tried before and it never works.”

“I don't think I'm ready.”

# Core Communication Skills: OARS



Open-ended  
questions



Affirmations



Reflective  
listening



Summaries

# Open-Ended Questions

- Avoid yes/no responses
- Invite discussion and exploration
- Examples:
  - “What concerns do you have about starting treatment?”
  - “What’s been working well for you when it comes to remembering or managing your medication routine?”
  - “What motivates you to stick with your routine, even when things get busy or stressful?”

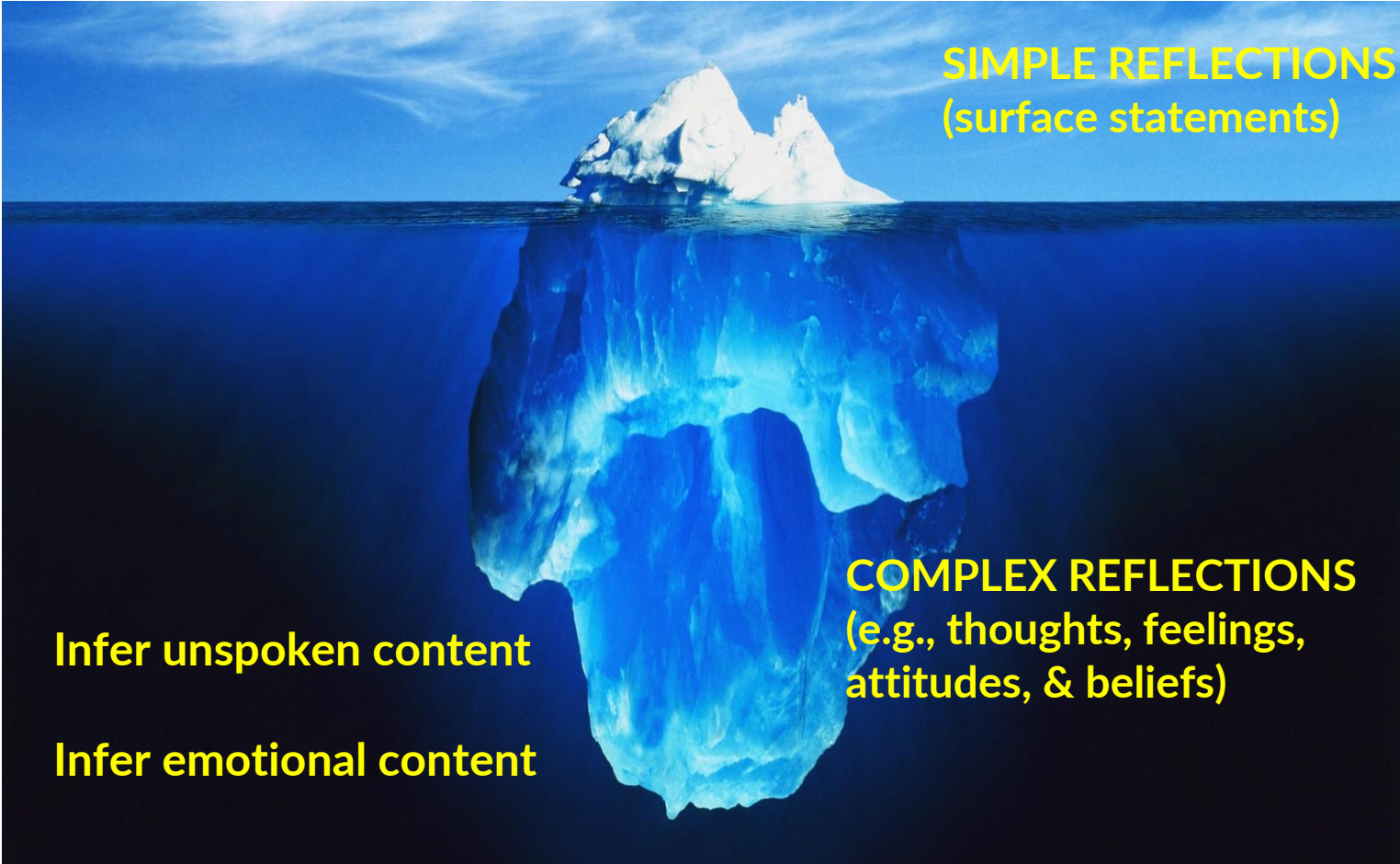
# Reflective Listening

Reflect back meaning and emotion

Shows understanding and encourages deeper discussion

Facilitates clarification and demonstrates curiosity

Increases engagement through validation



**SIMPLE REFLECTIONS**  
(surface statements)

**COMPLEX REFLECTIONS**  
(e.g., thoughts, feelings,  
attitudes, & beliefs)

**Infer unspoken content**  
**Infer emotional content**

# Affirmations

- Decreases defensiveness
- Increases hope and confidence
- Increases treatment retention
- Improves treatment outcomes
- You get more of what you affirm

Examples:

“Despite a lot of stress, you’ve worked hard to keep your appointments.”

“It took courage to talk about your relationship today.”

# Affirmation Guidelines

- Be genuine
  - Be specific
  - Be positive
- It's not about approval or agreement; focus on specific behaviors:
    - Strengths
    - Character
    - Attributes
    - Abilities
    - Good intentions
    - Efforts
    - Achievements
    - Attitudes
    - Beliefs
    - Actions
    - Past successes
    - Future hopes
    - Personal values

# Summaries



Reinforce key points and transitions



Demonstrate active listening



Highlight change talk



Useful before planning next steps

# MI Throughout the Treatment Process

- Engagement phase:
  - Build rapport
  - Explore goals and values
  - Increase trust
- Early treatment:
  - Explore ambivalence
  - Identify barriers to care
  - Clarify personal motivations for change
- Ongoing treatment:
  - Treatment adherence
  - Medication discussion
  - Prevention planning
  - Long-term behavior change



# MI and Medication Adherence

- Explore barriers without judgment
- Normalize difficulties with adherence
- Elicit client-driven solutions
- Focus on small, achievable steps



# Cultural Humility in MI



Recognize the impact of stigma and discrimination



Avoid assumptions about identity or behavior



Be curious, respectful, and patient

# Common Traps to Avoid

The expert trap

The question-  
answer trap

Arguing or  
persuading

Moving too quickly  
into problem solving

Talking more than  
listening

# Example of Asking Permission

- “Would it be okay if I shared some information about Trazodone?”
- “Can I tell you what other individuals have found helpful?”
- **Respects autonomy and increases collaboration**

# Ineffective Provider



# Effective Provider



# Key Takeaways



MI is collaborative, respectful, and person-centered



Ambivalence is normal



OARS skills are foundational



Focus on eliciting the individual's own motivation for change

## What you bring:

- Information
- Resources
- Feedback
- Referrals
- Your professional knowledge/expertise

## What the individual brings:

- Hopes and preferences
- Capacity & abilities
- Successes & strengths
- Beliefs & values
- Personal goals
- Responsibilities & roles

# ¡Gracias! Questions?

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