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PSYCHIATRY & BEHAVIORAL SCIENCES

Meta-Competency 7-a: Motivational Interviewing

BHSS Educator's Guide Version 1 valid until 12.31.25

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Meta-Competency 7-a: Motivational Interviewing

Competency

- 7-a: Integrate Motivational Interviewing strategies into practice.

How to Use This Chapter

This chapter provides guidance for instructors on how to teach BHSSs evidence-based Motivational Interviewing (MI) strategies to engage patients effectively and foster positive behavior change. BHSSs will learn to use MI in community-based practice across various settings, serving people experiencing a range of medical and behavioral health challenges. This chapter includes key teaching points, sample activities, assessment suggestions, and links to supplementary materials. Key teaching points provide basic, didactic information that should be conveyed to students. The sample activities are designed to promote applied learning that may be assessed for fidelity when paired with the coding systems suggested in this chapter. Various formative and summative activities and assessment strategies are offered in each section below. Instructors might consider tailoring the material to cover the application of MI within more specific service settings or patient populations, as relevant.

What is MI?

MI is a brief, person-centered, evidence-based "way of being" with patients that can be utilized across a wide range of health care, forensic, and community-based settings. Engaging MI, BHSSs can help patients consider their current health-related behaviors (e.g., substance use), identify any discrepancy between their current and desired behaviors, and eventually resolve this discrepancy in the direction of positive behavior change.

Does MI Work?

Research indicates that MI significantly improves patient outcomes, particularly for substance use behaviors (Frost et al., 2018). The Motivational Interviewing Network of Trainers (MINT) offers an expansive database of meta-analyses and systematic reviews of MI across various behavioral health conditions and settings. The annotated bibliography at the end of this section provides additional resources to help deepen knowledge in MI and its application.

OARS Defined

MI relies on specific listening skills identified by the acronym OARS: open-ended questions, affirmations, reflections, and summaries. The acronym is an especially apt metaphor when describing the provider's behavior upon encountering a patient resistant to change. Using OARS helps the provider "sail" through resistance while preserving the therapeutic relationship and honoring the patient's developmental stage in relation to a problem. OARS will be defined further in this chapter in LO-3.

Sample Competency Assessment(s) of Learning for MC7-a: Motivational Interviewing

- MC7-a Sample Summary Assessment

Sample Readings/Resources for MC7-a: Motivational Interviewing

Frey, J., & Hall, A. (2021). *Motivational Interviewing for Mental Health Clinicians: A Toolkit for Skills Enhancement* (1st ed.). PESI.

Levounis, P., Arnaout, B., & Marienfeld, C. (2017). *Motivational Interviewing for Clinical Practice* (1st ed.). American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9781615371860

Naar-King, S., & Suarez, M. (2021). *Motivational interviewing with adolescents and young adults* (2nd Ed.). Guilford Press.

Rollnick, S., Miller, W. R., & Butler, C.C. (2022). *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (2nd ed.). Guilford Press.

Rosengren, D. B. (2017). *Building Motivational Interviewing Skills: A Practitioner Workbook* (2nd ed.). Guilford Press.

Pre-BHSS

Instructors should expose students to the Psychoeducation (MC7-b) and Inclusive Language (MC1 Health Equity) modules before introducing these MI chapter materials.

Sample Learning Sequence

FOUNDATIONS	ADVANCED	PRACTICUM
LO-1 Describe the guiding spirit of MI.	LO-3 Engage with open-ended questions, affirmations, reflections, and summary statements (OARS).	LO-7 Integrate the OARS in a patient encounter to show skill with engagement.
LO-2 Recognize ways of helping patients change via MI processes (engaging, focusing, evoking, and planning).	LO-4 Demonstrate how to focus a patient on a specific goal using open-ended questions, bubble sheets, and clarifying practices.	LO-8 Elicit a set of goals from a patient using focusing skills.
	LO-5 Compare change and sustain talk through the evoking process.	LO-9 Evoke change talk and/or create a behavioral plan with a patient.
	LO-6 Co-create a plan for change with patients.	

BHSS Foundations

LO-1 Describe the guiding spirit of MI.

Key Terms and Concepts for LO-1

- **motivational interviewing (MI):** a compassionate guiding spirit and set of processes by which a BHSS can engage patients and foster patient-led behavior change.
- **guiding spirit of MI:** an underlying attitude or "way of being" with patients within the helping relationship. This guiding spirit is dynamic and represents a middle ground between being highly directive with patients' objectives and processes versus being nondirective and following patients wherever they go.

Key Teaching Points for LO-1

Guiding Spirit of MI

- Embodying a "guiding" spirit is a middle way between a "directing" or "following" way of being with patients (Miller & Rollnick, 2023). When a BHSS directs, they often advise or tell patients how to feel or act. When a BHSS follows, they actively listen to patients while allowing patients to take the discussion wherever they want. A "guiding" spirit is open, calm, and compassionate, while believing the patient is capable of change in a certain direction.

Key Points of the Guiding Spirit of MI

- Partnership: Ideally, there is a sense of respect and collaboration in the counseling relationship, and the BHSS recognizes that patients are the experts on their own experience. Partnership can be compared to dancing with a patient versus pushing, dragging, or fighting with them.
- Acceptance: BHSSs should embody a stance of nonjudgment and unconditional positive regard for the patient, their values, and behaviors. Acceptance helps BHSSs avoid the inevitable pull into common pitfalls—judgment, disapproval, criticism, gaming, arguing, premature termination—that can derail a patient's therapeutic growth and overall wellness.
- Compassion: This aspect of the guiding spirit entails stepping into another's pain with a desire to alleviate suffering and promote growth. MI has been described as "compassion in action" (Miller & Rollnick, 2023). Compassion is not the same as sympathy, which makes us look from a distance at someone's pain. Unlike compassion, sympathy drives us to another typical trap: wanting to "fix" the other person.
- Empowerment: In MI, the BHSS supports patients in leveraging their own strengths and abilities for positive change. When this happens, a patient's autonomy is supported to make change happen in a way they can control. This is the opposite of telling a person what to do or tearing them down to build them back up. With empowerment, BHSSs can help patients see that they have the ability to change within themselves.

Sample Activities and Assessments

Activity: Vocabulary Practice

Students match definitions to the correct terms.

Activity: Alternative Backstory Exercise

Students think of a frustrating experience they had recently with another person they didn't know (e.g., someone who cut them off in traffic). They consider the assumptions they made about that person (e.g.,

"They must be a real jerk to drive like that!"). Then, they compose an alternative backstory that challenges their initial assumption and builds compassion. For example, students could imagine that the person who cut them off just heard their child was seriously injured at school, and they are rushing to get there. This might evoke from students a thought like, "Gosh, I hope their kid is ok! I wish they had been safer on the road, but I might drive like that, too, if I were worried about a family member."

Activity: Panel Discussion

Students participate in a panel discussion. Each student is assigned a key construct of the guiding spirit (e.g., guiding vs. following or leading styles; compassion; partnership; acceptance; empowerment) to define and then provide concrete examples of how that could be demonstrated in BHSS practice.

Activity: Role Plays

In groups of three, students roleplay scenarios that demonstrate following, leading, and guiding styles. Each student is assigned a style and provided with brief, preset, one-on-one counseling scripts in each of those styles. Students take turns playing the BHSS and the patient in each of the styles. Students compare how different styles elicit different behaviors from patients and reflect on how each style feels from the BHSS perspective.

Specific Resources for LO-1

Resource: Sample Motivational Interviewing Scripts

Helping Patients Change Behavior: This essential reading contains sample scripts showing the concepts described above and may help design relevant activities.

- Rollnick, S., Miller, W. R., & Butler, C.C. (2022). *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (2nd ed.). Guilford Press.

Resource: Motivational Interviewing Videos

Motivational Interviewing: Psychwire provides resources on MI, including YouTube videos from MI leaders William Miller, Theresa Moyers, and Stephen Rollnick.

- Psychwire. (n.d.). *Motivational interviewing* [Playlist]. YouTube. https://www.youtube.com/playlist?list=PLffBXI4nwQ4gdfX3L2nIoziobaRdwCWSy

Resource: Motivational Interviewing Network of Trainers Materials

Motivational Interviewing Resources: MINT includes resources, such as trainings, articles, guides, and assessments on MI.

- Motivational Interviewing Network of Trainers. (n.d.). *Motivational interviewing resources*. https://motivationalinterviewing.org/motivational-interviewing-resources

LO-2 Recognize ways of helping patients change via MI Processes (engaging, focusing, evoking, and planning).

Key Terms and Concepts for LO-2

- **change:** a process originating in the patient. It emerges over time and can be influenced but (barring extreme situations like incarceration) cannot be forced.
- **ambivalence:** occurs when patients consider reasons both for and against change. It is a "normal" part of the change process.

- "**fixing reflex**" or "**righting reflex**"**:** the well-intended desire of the BHSS to fix or make things right for the patient. Perhaps paradoxically, the more a BHSS tries to tell a patient what to do, the stronger the patient may resist change.

Key Teaching Points for LO-2

Engaging, Focusing, Evoking, and Planning

- There are four key processes or tasks in MI: engaging, focusing, evoking, and planning. Miller & Rollnick (2023) describe these as discrete steps on a staircase leading to change. They also acknowledge that the process of change does not only happen in a linear, forward-moving way; patients may be working on two steps at a time or may move back and forth among the steps.
- The first step to facilitating change with patients is to *engage* them. This step entails establishing a trusting relationship with the patient and showing that the BHSS is walking alongside them as they explore potential behavior changes. Although behavioral health applications of MI often focus on verbal strategies, it is also important to provide a setting that invites engagement (e.g., warm lighting, comfortable chairs) and use nonverbal cues to ease relationship building (e.g., greeting patients warmly in culturally appropriate ways). MI-specific verbal engagement tools are described as the "OARS" (i.e., open-ended questions, affirmations, reflections, and summary statements). The OARS, which are described in more detail in LO-3, help elicit narratives from patients to better understand their context, motivations, and potential next steps.
- As trust is established and the patient engages, the second step is *focusing.* Focusing entails establishing an understanding with the patient about what you will work on in counseling. In some settings, institutional goals may shape what the BHSS focuses on in encounters with their patients (e.g., for BHSSs working in housing or job placement services). Even in such settings, avoid telling people what to do, as this will create resistance. Instead, the BHSS can invite questions from the patient about their goals and see where they overlap with the institutional goals.
- The third step is *evoking*. In this step, the BHSS supports positive change talk from their patient. Namely, the BHSS will draw out, reflect, and highlight patients' mentions of desire to change, ability to change, reasons they wish to change, and their perceived need for change. As people get closer to wanting to change, BHSSs will encourage patients' commitment to change, activation or openness to change, and any steps patients are already taking towards change. If a patient uses language that supports their problem behavior, called "sustain talk," it indicates their ambivalence about changing. It is important to remember that the balance of change and sustain talk predicts actual behavior change (or no change). BHSSs thus seek to influence this balance by underscoring change talk versus sustain talk.
- Finally, BHSSs help patients plan specific steps toward behavior change once patients show sufficient motivation for change. If patients become hesitant, BHSSs may downshift to prior processes like fostering engagement. Even though this step entails the "how" of approaching patients' goals, the BHSS still does not provide the pathway but rather draws this out from the patient to create a plan that honors patient autonomy.

Sample Activities/Assessments for LO-2

Activity: Matching Definitions of MI Steps

Students match the step (engaging, focusing, evoking, and planning) with its definition.

Activity: Polling to Identify MI Processes

The teacher provides short examples of BHSS/patient exchanges demonstrating the four MI processes. Students use clickers, polls, or raise their hands to "buzz in" with the correct MI process.

Activity: Tailoring Scripts to Treatment Settings

Students are given scripts to tailor MI strategies to the setting(s) where they hope to work. This activity may be done individually or in pairs.

Specific Resources for LO-2

Resource: Exercises to Practice Motivational Interviewing Techniques

Practice Exercise Guidelines for Participant Trainers: This resource provides exercises to help students across various MI tasks.

- Motivational Interviewing Network of Trainers. (2020). *Practice exercise guidelines for participant trainers*. https://motivationalinterviewing.org/sites/default/files/training_exercise_handouts.pdf

Resource: Video on the Four Processes of MI

The Four Processes of Motivational Interviewing: Dr. Theresa Moyers describes each of the four processes of MI.

- Psychwire. (2019, June 7). *The four processes of motivational interviewing* [Video]. YouTube. https://youtu.be/4Hrz9tLUlUw?si=FBqMouXdJpquG0uQ

BHSS Advanced

LO-3 Engage with open-ended questions, affirmations, reflections, and summary statements (OARS).

Key Terms and Concepts for LO-3

- **engagement:** the first step to building a respectful and trusting relationship so that the patient can decide whether they can work together in the patient's healing process.
- **active listening:** using verbal and nonverbal cues to engage the BHSS's curiosity and better understand a patient's lived experience.
- **open-ended questions, affirmations, reflections, and summary statements (OARS):** means of engaging in active listening.

Key Teaching Points for LO-3

Building Engagement

- As discussed in the prior LO, engagement is the process through which a strong therapeutic or working alliance is established via active listening. It is facilitated using both nonverbal and verbal means.

Inclusive Environment

- The first step in building engagement is setting up the office to be calming, inviting, and welcoming to all patients.

Nonverbal Cues

- Next, a BHSS's nonverbal cues are important because they send messages that the patient can feel, even before the conversation begins and after it ends. Cues send strong signals about the BHSS's level of openness, acceptance, compassion, and engagement. Key nonverbal cues in MI are an open-body stance (e.g., uncrossing arms and legs), focusing full attention on the patient (e.g., not texting during encounters, maintaining loose but not fixed eye contact), and respecting their cultural norms in communication (e.g., understanding and honoring patients' greeting customs, language; see MC3 on Cultural Responsiveness). BHSSs should offer eye contact that conveys respect and interest while also considering patients' cultural norms. Providing additional cues can be a helpful means of conveying accurate empathy for what the patient is saying. For example, when facing the patient, BHSSs should angle their body and/or chair so they do not cross a boundary of psychological safety with a patient. To show they are following what a patient is saying, BHSSs should nod when the patient is talking and mirror the patient's gestures and expressions, except for those of anger.

OARS

- Verbal skills are also important for students to learn because they are "currency" in behavioral health and the primary mode of communication. In MI, the most foundational verbal skills are the "OARS" (i.e., open-ended questions, affirmations, reflections, and summary statements).

Open-Ended Questions

- Open-ended questions invite patients to share their narrative, which conveys interest in the patient and their story. Open-ended questions can also be referred to as the "hows, whats, and tell-me-abouts" because starting a question with one of those words jumpstarts a bigger conversation and deeper engagement. Under the right conditions, these kinds of questions can build patient investment, rapport, and trust.
- Open-ended questions can help across the various MI tasks. They can build rapport in engaging; elicit goals in focusing; underscore reasons for change in evoking; and identify facilitators, barriers, and ideal courses of action in planning.
    - "What has your day been like?" (engaging)
    - "Tell me more about your goals." (focusing)
    - "What makes you want to apply for housing?" (evoking)
    - "How will you get to your appointment this week?" (planning)
- In contrast, a closed-ended question is a more pointed way of asking about something. Closed-ended questions are often used in intake assessments or interviews with patients in the name of efficiency. They typically elicit a simple, maybe even one-word answer, such as "yes" or "no." While this can be helpful in data collection with a very specific agenda in mind, it can hamper engagement in conversation and rapport-building—especially when a patient is nervous or less motivated to engage. Closed-ended questions often start with "when," "who," "where," "do you…" or "are you…" Examples include:
    - "When were you born?" (Answer: "April 5, 1990.")
- "Do you drink alcohol?" (Answer: "Yes.")
    - "Are you interested in housing?" (Answer: "Yes.")

Affirmations

- Affirmations are ways to support the patient and their behavior. They should be the first thing patients encounter; they are meant to express compassion and acceptance. For particularly marginalized individuals, affirmations can constitute a corrective emotional experience, contrasting with how they might feel excluded from or overlooked in other spaces. Affirmations do not have to be extensive or written out. They can be as simple as a smile or a "Hello!"
    - "Good morning!"
    - "Thanks for sticking with me on this intake!"
    - "Nice work making the changes you planned on this week."

Reflections

- Reflecting what patients have said is a means of demonstrating listening by mirroring their words back to them and/or providing more deeply interpreted meaning to build on what they are saying.
- Simple reflections hew closely to patients' own words. These can be helpful early on in a relationship or if discord arises. For example:
    - Patient: "I wish people would get off my case. I don't think my drinking is that big of a deal."
    - BHSS: "Your drinking's not a big deal." (staying close to patient content)
- As the relationship deepens, the BHSS may use more complex reflections. They may continue patients' thoughts; hypothesize about affective content, perceived pressures, or underlying motivations; or clarify internally conflicting ideas.
    - Patient: "I wish people would get off my case. I don't think my drinking is that big of a deal."
    - BHSS: "It's frustrating other people are trying to tell you how to be." (hypothesizing about perceived pressures)

Summary Statements

- Summaries of patients' responses elicited with the OARS may be gathered over the course of the encounter to help patients review their prior statements in a more compact and organized way. It also allows the BHSS to get feedback about whether they are following the patient closely enough.
    - BHSS: "From everything you just told me, you're really working hard on getting housing. You're frustrated with people trying to tell you what to do about your drinking. You've also had some setbacks with missing an appointment, but you keep coming in to get the paperwork done. You're proud of the progress you have made. Did I get all that right?"

Sample Activities/Assessments for LO-3

Activity: Popcorn Brainstorming Examples of OARS

The instructor names one of the OARS, and students respond "popcorn style" with an example of each. For example:

Instructor says: "Open-ended question!"

- Student 1: "How are you doing today?"
- Student 2: "What are your goals?"
- Student 3: "Tell me more about your current housing."

Activity: Identifying OARS in Sample Scripts

Create or find a sample script of an encounter between a BHSS and a patient. If this is a written activity, students will label the line from the BHSS with the correct OARS represented. If the instructor reads the script out loud, students may shout out the answer or use polling or clickers.

Activity: Role Playing with Open- and Closed-Ended Questions

Students engage in role plays that contrast open- and closed-ended questions. An example is provided below that can be tailored to fit the setting in which students are working.

Role Play 1
In this scenario, one person plays the patient, and one plays the BHSS assessing the patient at an intake interview. The BHSS should read off the prompts—not adding any extra verbiage—and provide space for the patient to respond as they might in this situation.

Prompts:

- "How long have you been unhoused?"
- "Have you tried to get housing before?"
- "Are you ready to get housing now?"

Role Play 2
After Role Play 1, students switch roles—the patient is now the BHSS and vice versa. The BHSS should read off the prompts—not adding extra verbiage—and provide space for the patient to respond as they might in this situation.

Prompts:

- "Tell me a little bit about your housing situation over the past year."
- "What are your goals for housing?"
- "What would be good next steps for us to work on towards your housing goals?"

Specific Resources for LO-3

Resource: OARS Videos

OARS Skills: The MI Center for Change offers helpful videos on the OARS.

- MI Center for Change. (n.d.) *OARS skills!* [Playlist]. YouTube. https://www.youtube.com/playlist?list=PL2_hw3L0x5vxz87l9NSQak4P_0BMOVdsI

Resource: Exercises to Practice Motivational Interviewing Techniques

Practice Exercise Guidelines for Participant Trainers: This resource provides exercises to help students across various MI tasks.

- Motivational Interviewing Network of Trainers. (2020). *Practice exercise guidelines for participant trainers*. https://motivationalinterviewing.org/sites/default/files/training_exercise_handouts.pdf

LO-4 Demonstrate how to focus a patient on a specific goal using open-ended questions, bubble sheets, and clarifying practices.

Key Terms and Concepts for LO-4

- **focusing:** the second step in MI entails mutually deciding on a direction for the BHSS's efforts with a patient; it focuses on the patient's goals that the BHSS will help them work towards.
- **bubble sheet:** a visual representation of possible topics for conversation within an encounter. There are circles on a page that can be either prepopulated with ideas for a more guided discussion or left blank for a more patient-led discussion. Either way, the BHSS moderates a conversation with the patient during which they volunteer topics to discuss.
- **clarifying conversation:** discussions that fit best when a patient is unclear about a pathway forward (e.g., "I don't even know what I want anymore") to start honing a therapeutic goal.

Key Teaching Points for LO-4

Focusing

- As discussed in LO-2, focusing entails an understanding between the BHSS and the patient on what they will work on together. It can be thought of as goal setting that will undergird patient encounters.

Focusing in Case Management or Counseling Roles

- If a BHSS is working in a case management or counseling role, the focusing process may start with a broader exploration of a patient's goals. The BHSS's role is to help the patient explore different aspects of their lives and identify what areas they are most ready, willing, and able to work on. The focus in this context is more flexible and patient driven. The BHSS will help guide the patient through their decision making and help them clarify the changes they want to pursue. Initial questions here might be: "What brings you here today?" or "What goals do you have for our counseling sessions?"

Focusing in Vocational Training Programs and Similar Settings

- For BHSSs working in settings where tasks are relatively well-defined (e.g., in a vocational training program), the focusing process will likely be more streamlined and structured because there are predefined goals. In the case of vocational training programs, the pre-established goal may be that the patient completes the vocational training program, so the conversation is naturally oriented towards a predefined goal. However, they may decide what track to sign up for. This more specific focusing task defines the process.

Strategies for Honing Focus

- Even in settings with well-defined tasks, the BHSS should avoid telling people what to do, which will create resistance. Instead, BHSSs can take a couple of paths to hone their focus.
    - One option is to start broadly before focusing in by using open-ended questions, similar to the ones above, to elicit patients' goals. Then, the BHSS can point out where patients' overarching goals overlap with the institutional goals that they can focus on in their encounters. For example:
        - BHSS: "It's great that you are interested in working on feeling more confident asking for what you want. We cover how to be more assertive in our public speaking class. What do you think about that?"

        - BHSS: “It’s great that you are interested in working on feeling more confident asking for what you want. I also shared with you some of the programs we offer here. Which programs do you think would be the best fit with your goal?”
- Another option is to start open-ended questions to focus on available programming. This way, the structure is still open-ended, but the BHSS starts the avenue of questioning in a more directed way. For example:
    - BHSS: “Thanks for coming into the vocational counseling program today. What brought you to this program?”
    - BHSS: “What kinds of jobs are you interested in training for?”

Bubble Sheets

- A bubble sheet is another helpful way to keep the focus patient-driven when a setting has specific and perhaps limited services. This focusing tool is used across various contexts as an agenda mapping tool. Patients can get a quick idea of the setting’s "menu of options” and can choose from within those or add something that will likely be in line with the topics listed (See agenda mapping in Resources).

Clarifying Conversations

- A third option, a clarifying conversation, can be helpful when patients express dissatisfaction about their life in more general terms, but are not specific about what exactly they want to change (e.g., “Everything’s a mess and I don’t know where to start”). In a clarifying conversation, employ active listening and start identifying reasons, e.g., personal values, why a person wants to make things better for themselves. This can lead to a better understanding of the flavor of the challenges and thus the most salient and satisfying ways to resolve the challenges. Another tactic is to provide suggestions gently for potential goals using the terminology, “I wonder if...” Note if a patient backs away from the suggestion. Additional active listening can be utilized until another goal suggestion arises or the patient offers their own goals instead.

Sample Activities/Assessments for LO-4

Activity: Identifying Conversation Starters

Students name three ways to start a conversation around goal setting to focus an encounter with a patient.

Activity: Creating Open-Ended Questions

Students receive three different settings/situations where a BHSS might be working with a patient. For each setting, students provide an ideal open-ended question to elicit patient goals when the patient and BHSS have their first encounter in that setting.

Activity: Role Play with Open-Ended Questions

A role play is initiated with one person portraying a patient and another the helper. The helper needs to use three open-ended questions, followed by any three OARS (open-ended questions, affirmation, reflection, or summary). The purpose of the activity is to be intentional with using open-ended questions as a means of both starting and continuing the process of active listening. After six helper responses, students switch roles.

Activity: Demonstrating with Bubble Sheets

In pairs, students demonstrate in front of the class how to use the bubble sheet to start with some pre-written options for focusing. Students playing the BHSS role use open-ended questions to engage the patient around the bubble sheet.

Specific Resources for LO-4

Resource: Using Agenda Mapping Bubble Sheets
Agenda Mapping: This four-minute video includes a bubble sheet example in practice.

- CAMH TEACH Project. (2022, October 6). *Agenda mapping* [Video]. YouTube. https://www.youtube.com/watch?v=bqK1WMocoVo

LO-5 Compare change and sustain talk through the evoking process.

Key Terms and Concepts for LO-5

- **evocation:** refers to the elicitation of patients' reasoning for their goals to solidify their resolve and commitment.
- **DARN CAT:** acronym for the evocation process. It stands for desire to change, ability to change, reasons for change, need for change, commitment to change, activation for change, and taking steps.

Key Teaching Points for LO-5

Evocation

- Evocation refers to the "why" and "how" a patient will achieve the goal they fleshed out in the focusing process. This next step is the process through which the BHSS supports positive change talk from their patients.

DARN CAT

- In evocation, the BHSS draws out, reflects, and highlights patients' mentions of desire to change, ability to change, reasons they wish to change, and their perceived need for change. These aspects of motivation for moving toward a goal are reflected in the acronym: DARN.
- As people get closer to wanting to change, BHSSs will help cement patients' commitment to change, activation or openness to change, and any steps patients are already taking towards change. This part of the process is referred to by the acronym "CAT."

Change Talk vs. Sustain Talk

- If a patient uses language supporting movement toward their stated goal, this is "change talk." On the other hand, if a patient uses language that refers to wanting to maintain their current behavior, this is "sustain talk." The former shows motivation to move towards the goal, whereas the latter reflects ambivalence.

DARN CAT Example

- Research indicates that the balance of change and sustain talk does predict change (Miller & Rollnick, 2023). Fortunately, BHSSs can influence this balance by underscoring change talk versus sustain talk. Examples of change talk versus sustain talk for each step of the DARN CAT are shared in the table below for someone considering moving into housing versus continuing to camp outside.

	CHANGE TALK	SUSTAIN TALK
Desire	"I want to get housing."	"I am happy camping outside."
Ability	"I can get these forms done."	"I don't know if I can complete the forms myself."

Reasons	"I want housing so my kid can come visit me."	"Camping works for me because I don't need to live by anyone else's rules."
Need	"I gotta move inside."	"I don't need an apartment right now."
Commitment	"I can get it together to move in."	"I've made up my mind to camp this summer."
Activation	"I am willing to consider housing."	"I'm considering camping this summer."
Taking steps	"I'm getting my ducks in a row to move into housing."	"I'm getting more camping gear today."

Sample Activities/Assessments for LO-5

Activity: Defining DARN CAT Categories

Students name and define each word in the acronym DARN CAT.

Activity: Matching Patient Statements to DARN CAT Categories

Students match preset examples of patient statements with the appropriate DARN CAT change talk category.

Activity: Role Playing the Evoking Process Using DARN CAT

In role plays, students talk through the evoking process with their classmates. They should reflect at least three parts of the DARN CAT acronym when either role playing in front of their classmates or in recorded videos that the instructor reviews.

Specific Resources for LO-5

Resource: Examples of DARN CAT Statements

Enhancing Motivation for Change in Substance Use Disorder Treatment: There are some good examples of DARN CAT statements in Chapter 3, "Motivational Interviewing as a Counseling Style."

- Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. https://www.ncbi.nlm.nih.gov/books/NBK571071/

LO-6 Co-create a plan for change with patients.

Key Terms and Concepts for LO-6

- **reframing**: a communication strategy that can be used in planning to gently shift the patient's perspective on a perceived obstacle, concern, or previous setback.
- **brief action planning**: a way to elicit from patients a concrete action plan they are willing to commit to over the short term.
- **confidence ruler:** a single-item measure reflecting a patient's confidence in their ability to enact change. Responses may be recorded on a scale of 1–10, where 1 is not at all confident and 10 is complete confidence. Variations on the confidence ruler can be created to reflect willingness to engage, importance of an action, readiness for an action, etc.

Key Teaching Points for LO-6

Planning

- The fourth process or task in MI is planning. BHSSs help patients plan their change once they have shown sufficient motivation. Planning is fluid and may require a BHSS to switch gears by returning to an earlier process. If resistance or discord appears, a BHSS may need to downshift to engagement. If ambivalence about the goal sets in, they may need to renew efforts towards evocation or even refocus the goal.
- Even though planning entails the "how" of approaching patients' goals, the BHSS does not provide the pathway but rather draws this out from the patient to create a plan that honors patient autonomy.
- A plan can be created using brief action planning, wherein a BHSS asks the patient if they would like to commit to a concrete plan soon using SMART (specific, measurable, achievable, relevant, and time bound) goal planning, assesses their confidence in implementing that plan, and checks in about how they plan to ensure accountability for building or working toward a plan.
- Once a plan is set, it is helpful to build confidence in the patient by using a confidence ruler to understand their current level of confidence in implementing their plan.
- If their answer is a 7, the BHSS might ask why it is a 7 instead of a lower number, like a 5. That will encourage them to consider that their level of confidence is stronger than they initially thought. The BHSS might ask them what it would take to go from a 7 to a higher number, like a 9, to see how their pathway might be facilitated. The BHSS might ask how they can help them feel more confident or how they might help remove barriers.
- During the planning process, the BHSS might feel a sense of urgency to have a patient complete their plan. It is important to resist this righting reflex, the urge to fix the patient if they do not carry out the plan. This can invoke resistance or discord. The BHSS should check in with the patient to ensure they truly want to enact the plan. People can change their minds, and as mentioned before, you might need to downshift to the tasks of an earlier process. Shifting among the MI processes is not only acceptable, but likely for most patients.
- Instead of giving in to the righting reflex, the BHSS can engage in reframing. In the planning stage, reframing can be used to gently shift the patient's perspective on a perceived obstacle, concern, or previous setback. Reframing can transform a challenge into an opportunity, strength, or source of motivation to facilitate effective action planning and bolster confidence in making desired changes. For example, if a patient says, "I've tried cutting back on drinking before, and I always fail. I don't think I'll ever get this right." The BHSS might reframe with, "You've really tried to make this work in the past. What you've learned might help us set up a plan that's more achievable."

Sample Activities/Assessments for LO-6

Activity: Defining Planning Strategies

Students name a planning strategy they can engage in (e.g., reframing, rulers, and brief action planning) and define it.

Activity: Matching Planning Strategies to Ideal Situations

Students share ideal situations in which each strategy would have a clear application.

Activity: Role Playing with Planning Strategies

In role plays, students practice planning, either:

1. Working with the patient's proposed plan and using the confidence ruler to bolster their self-efficacy around its implementation OR
2. Using the brief action planning protocol to elicit a SMART goal.

Specific Resources for LO-6

Resource: Brief Action Planning

The Planning Task of Motivational Interviewing and Brief Action Planning: This blog post provides an explanation and video on brief action planning.

- Logan, H. (2024, June 5). *The planning task of motivational interviewing and brief action planning!* MI Center for Change. https://blog.micenterforchange.com/the-planning-task-of-motivational-interviewing-and-brief-action-planning/

Resource: Confidence Rulers

Importance and Confidence Rulers: This webpage provides examples of importance rulers and confidence rulers.

- Miller, W.R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press. Public domain. https://www.guilford.com/add/miller11_old/change_r.pdf?t=1

BHSS Practicum

LO-7 Integrate the OARS in patient encounter to show skill with engagement.

Key Terms and Concepts for LO-7

See LO-3 for a full description of OARS.

Key Teaching Points for LO-7

Demonstrating Open-Ended and Closed-Ended Questions

- Open-ended questions focus on eliciting a narrative from a patient. These questions start with the "hows, whats, and tell-me-abouts." In contrast, closed-ended questions start with "do, are you, when, who, and where" and are typically used to elicit short answers efficiently. Ensure students at practicum sites can describe the differences between these two types of questions and when each is preferable.
- Students should show they can easily start an encounter with open-ended questions. In supervision recordings, supervisors point out when students use open- versus closed-ended questions. Additionally, supervisors can prompt students to reflect on how these are differentially received and when different types of question formats are helpful for different purposes.

Demonstrating Affirmations

- Students should be encouraged to regularly provide simple, even nonverbal affirmations (e.g., smiling or nodding), as well as verbal affirmations to support positive behavior in the encounter (e.g., "Thanks for making it back in today!" or "Nice work sticking with me through that assessment.") and outside of encounters (e.g., "It's great you were able to make it to the DMV to get your ID!" or "Way to cut back on your cannabis use!).

Demonstrating Reflections

- In a reflection, BHSSs repeat back what patients have communicated, which conveys that the BHSS is listening to the patient and helps the patient further process their thoughts. Reflections can range in complexity. Simple reflections nearly mirror patients' words, conveying active listening, building rapport, or repairing a mistake. Complex reflections may comprise metaphorical statements that help to develop discrepancy, build motivation, or test hypotheses.
- Because reflections are some of the more difficult parts of the OARS communication style, more practice should be encouraged with this skill—both in and outside of patient encounters. One way a site supervisor can encourage this practice is by providing the student with a site-specific patient statement that they will likely encounter and asking the student for both simple and complex reflections. Then the supervisor may provide and provide feedback on what might be most effective in that setting. Next, supervisors should ensure students understand when and what to reflect in encounters; how much to employ simple and complex reflections; and, in the case of the latter, when to overshoot/undershoot. Supervisors ought to ensure that students understand when, what, and how to reflect to patients in encounters based on the purpose of the encounter and the patient's cultural identity.

Demonstrating Summary Statements

- Summary statements can be thought of as a collection of reflections offered after a few minutes of active listening. They may be used to develop discrepancy, show patterns, and create smooth transitions between tasks in encounters.
- It is key for students to demonstrate they can actively listen and form summary statements. The instructor should note and assist with this skill if students struggle to provide interpretations. Supervisors may ask students to ensure summary statements are provided at certain intervals (e.g., every 5 minutes) during an encounter, especially if there are specific tasks that could benefit from summary statements being used as guideposts and transitions (e.g., between intake and goal-setting components).

Sample Activities/Assessments for LO-7

Activity: Example Summary Assessment

Students complete a 10-minute role play session focusing on the use of OARS. Instructor provides parameters of no exits for the role play client. "No exits" means the role play client avoids behaviors that signal a crisis requiring extraordinary management by the BHSS such as suicidal thoughts, suspicion of abuse, dangerous intoxication, etc. A student observer, or an instructor completes the OARS rubric and provides feedback to the BHSS. Alternately, the BHSS may self-evaluate and obtain a validity check from the role play client and the observer.

Specific Resources for LO-7

Resource: Fidelity Coding Scale

MI Treatment Integrity Code 4.2: Although various instruments have been created to assess the use of the OARS (as well as the spirit and other processes of MI), the MITI is the most widely used and may be used to assess fidelity.

- Center on Alcohol, Substance Use, and Addictions. (n.d.). *Motivational interviewing treatment integrity (MITI) code 4.2.* https://casaa.unm.edu/tools/miti.html

Resource: Coding Instruments

Coding: A list of other fidelity coding scales.

- Center on Alcohol, Substance Use, and Addictions. (n.d.). *Coding instruments.* https://casaa.unm.edu/tools/coding-instruments.html

LO-8 Elicit a set of goals from a patient using focusing skills.

Key Terms and Concepts for LO-8

See LO-5 on evoking and LO-6 on planning processes.

Key Teaching Points for LO-8

Focusing Skills to Elicit Patient Goals

- The process of focusing is key when engaging in goal setting with patients. In some settings, institutional goals may shape what to focus on in encounters with a patient (e.g., for BHSSs working in housing or job placement services). BHSSs should be transparent if institutional agendas are in place. However, BHSSs should try to be expansive in showing an interest in patients' own goals to avoid resistance and discord. BHSSs may invite questions from the patient about their goals and share where they overlap with the institutional goals.

Sample Activities/Assessments for LO-8

Activity: Providing Feedback on Encounter Recordings

Supervisors listen to encounter recordings and provide feedback to students on five global ratings (establishing focus, holding focus, developing depth and momentum, partnership, and empathy), where 1 is weaker practice and 5 is stronger practice. The Motivational Interviewing Focusing Instrument (MIFI) is a coding tool that can train and evaluate practitioners in focusing when integrating MI into healthcare and public health interventions.

Specific Resources for LO-8

Resource: "Focusing" in Motivational Interviewing

Focusing Training Tool for Practitioners: This paper discusses the concept of "focusing" in MI and introduces the MIFI tool designed to train and assess a practitioner's ability to establish and maintain clear direction in behavior change conversations.

- Gobat, N., Copeland, L., Cannings-John, R., Robling, M., Carpenter, J., Cowley, L., Williams, D., Sanders, J., Paranjothy, S., & Moyers, T. (2018). "Focusing" in motivational interviewing: Development of a training tool for practitioners. *European Journal for Person Centered Healthcare, 6*(1), 37–49. https://doi.org/10.5750/ejpch.v6i1.1389

LO-9 Evoke change talk and/or create a behavioral plan with a patient.

Key Terms and Concepts for LO-9

See LO-5 on evoking and LO-6 on planning processes.

Key Teaching Points for LO-9

Evocation and Planning with Patients

- Because the needs of different settings might entail working toward evocation and/or planning, both are included in this final learning objective. They can also be the most intertwined, in that planning requires building motivation for change through evocation, and evocation often becomes more grounded in considering a concrete plan for change.
- In the evocation process, the BHSS supports positive change talk from their patient. Namely, the BHSS will draw out, reflect, and highlight patients' mentions of desire to change, ability to change, reasons they wish to change, and their perceived need for change. As patients get closer to wanting to change, BHSSs will help cement patients' commitment, activation, openness to change, and any steps patients are already taking towards change.
- If a patient uses language that would support their current behavior, which is called "sustain talk," that indicates ambivalence, and the balance of change and sustain talk does predict change. Fortunately, BHSSs can influence this balance by underscoring change talk versus sustain talk. There are three key aspects to evocation in practice: identifying, inviting, and adequately responding to patients' change talk. There are many specific tools to help guide MI evocation (see Resources for LO-9).
- In the planning process, BHSSs help patients plan their change once patients show sufficient motivation for change. This step still involves all the prior steps, and if resistance or discord appears, the BHSS might need to downshift to engagement again. Even though this step entails the "how" of approaching patients' goals, the BHSS still does not provide the pathway but rather draws this out from the patient to create a plan that honors patient autonomy.

Sample Activities/Assessments for LO-9

Activity: MI Strategies for Evoking Change Talk

Ten Strategies for Evoking Change Talk: Utilize the guide to practice change talk using "theatre in the round." A person sits in the middle of a circle and talks about a problem or concern. The instructor randomly assigns an evocation strategy to a student in the circle, and the student creates an evoking strategy relative to the role-play patient's concern.

- Eck-Maahs, S. (n.d.) *Ten strategies for evoking change talk*. Motivational Interviewing Network of Trainers. https://www.motivationalinterviewing.org/sites/default/files/Ten%20Strategies%20for%20Evoking%20Change%20Talk%20Sue%20EckMaahs.pdf

Specific Resources for LO-9

Resource: Evocation

Supervisory Tools for Enhancing Proficiency: Pages 82–85 cover the various aspects of evocation—exploring ambivalence and inviting change talk—and concrete ways of assessing lower and higher quality versions of evocation.

- Martino, S., Ball, S. A., Gallon, S. L., Hall, D., Garcia, M., Ceperich, S., Farentions, C., Hamilton, J., and Haussotter, W. (2006). *Motivational interviewing assessment: Supervisory tools for enhancing proficiency*. Northwest Frontier Addiction Technology Transfer Center. https://motivationalinterviewing.org/sites/default/files/mia-step.pdf

Resource: Planning

Motivational Interviewing and Planning: Page 86 covers the planning process and concrete ways of assessing lower and higher quality versions of planning.

- Martino, S., Ball, S. A., Gallon, S. L., Hall, D., Garcia, M., Ceperich, S., Farentions, C., Hamilton, J., and Haussotter, W. (2006). *Motivational interviewing assessment: Supervisory tools for enhancing proficiency*. Northwest Frontier Addiction Technology Transfer Center. https://motivationalinterviewing.org/sites/default/files/mia-step.pdf

Resource: Evoking Change Talk Scripts

10 Ways to Evoke Change Talk: Quick reference sheet outlining ten strategies to evoke change talk with example prompts.

- Bethea, A. R. (n.d.). *10 ways to evoke change talk*. Georgia Department of Behavioral Health and Developmental Disabilities. https://dbhdd.georgia.gov/document/publication/motivational-interviewing-workshop-handout-ways-evoke-change-talk/download

Resource: MI Planning Tips

- Motivational Interview Planning: Steps for planning MI, including examples of prompts to guide a patient to think about a plan. Urban Indian Health Institute. (2013, July). *Motivational interview planning*. https://www.uihi.org/wp-content/uploads/2013/08/MI-Workshop-Handout8-MI-Planning-Final-070313.pdf

Resource: Overview of the MI Planning Process

MI Tip of the Day: The Planning Process: 3:48-minute overview of effective MI planning strategies.

- Dawn Clifford's MI Tips. (2019, February 27). *MI tip of the day: The planning process* [Video]. YouTube. https://www.youtube.com/watch?v=1t6Erbauwpk

Resource: Brief Action Planning

Brief Action Planning (BAP) for the Planning Task of Motivational Interviewing: 2:36-minute demonstration of how to apply Brief Action Planning techniques to collaboratively develop achievable goals with patients.

- MI Center for Change. (2024, June 21). *Brief action planning (BAP) for the planning task of motivational interviewing* [Video]. YouTube. https://www.youtube.com/watch?v=0CpDEWWv9Z8

Chapter Summary

Motivational Interviewing strategies support patient care across a wide variety of settings, including community mental health, integrated care, substance use treatment, and more. By consistently grounding patient care in MI's "guiding spirit," the BHSS demonstrates openness, compassion, and the belief that their patient is capable of positive change. MI facilitates the development of strong working alliances with patients, enabling the BHSS to engage patients as active participants in their own care. Foundational MI skills are found in the acronym OARS, designed to encourage patient participation in identifying their own goals for change while simultaneously helping a BHSS navigate the natural resistance to change. Learning and incorporating MI strategies into practice allows the BHSS to adopt a brief, patient-centered, evidence-based approach that supports patients in making positive behavior changes, especially around health-related behaviors like substance use.

Annotated Bibliography

Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change and Grow* (4th ed.). The Guilford Press.

- This is the most recent edition of the classic foundational book on Motivational Interviewing, written by the people who developed this approach. This book is most helpful in understanding how to walk patients through change in more traditional counseling settings, although the authors emphasize this is a universally applicable "way of being" with patients. As in prior editions, the reader is walked through the fundamental tasks of MI: engaging, focusing, evoking, and planning, as well as tools to facilitate these tasks (e.g., active listening and supporting change talk). It is highly recommended that instructors read the most recent edition, as it contains key changes to represent a more patient-led approach.

Rollnick, S., Miller, W.R., & Butler, C. C. (2022). *Motivational Interviewing in Health Care: Helping Clients Change Behavior*. (2nd ed.). The Guilford Press.

- This resource is helpful for providers and other medical staff to apply the MI approach within busier medical settings, where a 50-minute or even a 30-minute therapeutic encounter is not a possibility. Organized around how to work on the fundamental tasks of MI (i.e., engaging, focusing, evoking, and planning) in medical settings, this book offers concise supplementary chapters on how to apply MI approaches in exams, telehealth modalities, and support groups, among others.

Hohman, M. (2023). *Motivational Interviewing in Social Work Practice*. (2nd ed.). The Guilford Press.

- This book frames MI in a social work practice, which will be useful to BHSS students who might be working more in clinical case management or social service roles. This edition draws parallels between social work foundations and MI values, discusses how MI might align with multicultural counseling, and how MI might be used to introduce patients to resources and social services. While it is missing a deeper examination of MI through a critical theory lens, this book does share helpful strategies and examples of how MI might be used and extended to support programs furthering racial, social, and environmental justice.

Rosengren, D. (2018). *Building Motivational Interviewing Skills: A Practitioner's Guide.* (2nd ed.). The Guilford Press.

- This guide is helpful for practitioners from all fields, training backgrounds, and skill levels. It can be used as a standalone resource, providing examples of MI in practice and exercises for those learning about MI practice. The primary limitation of this book is that its most recent edition is based on the practices outlined in the third edition, not the fourth edition, of Miller & Rollnick's foundational MI text; however, many of the suggested exercises are still relevant and could be helpful to BHSS instructors looking for exercises and role-plays to integrate into training.

Tahan, H. A., & Sminkey, P. V. (2012). Motivational interviewing: Building rapport with clients to encourage desirable behavioral and lifestyle changes. *Professional Case Management, 17*(4), 164–172. https://doi.org/10.1097/ncm.0b013e318253f029

- This peer-reviewed article is an older citation that draws on prior editions of the Miller & Rollnick foundational MI text. Its concise summary of MI within a case management context is helpful, making it a highly cited article in the literature. Of importance for BHSS instructors, this article shows how MI principles may be applied within a case management setting, as well as what behaviors are not compatible with MI principles and often generate discord in case management partnerships.

Frost, H., Campbell, P., Maxwell, M., O'Carroll, R. E., Dombrowski, S. U., Williams, B., Cheyne, H., Coles, E., & Pollock, A. (2018). Effectiveness of motivational interviewing on adult behaviour change in health and social care settings: A systematic review of reviews. *PLoS One, 13*(10), https://doi.org/10.1371/journal.pone.0204890

- This systematic review of 104 reviews, including 39 meta-analyses, indicated that MI appears to have significantly positive outcomes for the primary health behaviors (e.g., smoking and alcohol use) it was created for, especially in studies demonstrating greater fidelity to the approach. However, additional high-quality studies are needed to more rigorously evaluate its efficacy in positively impacting other health behaviors.

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