

Introduction to Motivational Interviewing: Supporting People in Guiding Their Own Change

Immersion Training in Addiction Medicine Programs 2025

April 2025

Hallie Rozansky, MD
Assistant Professor of Medicine

Based on slides developed by Dr. Richard Saitz, Dr. Jeanette Tetrault, and Dr. Miriam Komaromy



Chobanian & Avedisian
School of Medicine



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Grayken Center
for Addiction
Boston Medical Center

Learning Objectives

At the end of this talk, you should be able to...

- Describe effective elements of motivational interviewing
- Apply skills in assessing and incorporating readiness to change into counseling
- Demonstrate techniques that increase patient motivation and negotiate behavior change
- Incorporate the structure and components of a motivational interview into your care for patients with SUD

Brief Exercise:

Persuade Your Partner

- Partner #1: Pick one thing you want to change in your life
- Partner #2: Convince them why they should change

....Go!

Types of Motivation



- External
- Internal

Look familiar?



Key Principle: Ambivalence is NORMAL



Motivational Interviewing Is:

Interacting with people in a way that helps to **resolve ambivalence** and enhance **one's own internal motivation** for change

Listening for **sustain talk** and **change talk** and helping to further explore both, with **movement toward change talk**

Key Principle: Change Talk

- Disadvantages of status quo
- Advantages of change
- Hope for change
- Intention to change

“Smoking is so expensive... it would be really nice to use that money toward something else.”

“I know I can do it, I just need to find the right time...”

Change Happens When We Feel:

- Understood
- Autonomous
- Confident

Common Missteps

Roadblocks to Feeling Confident

Praising, agreeing, giving
positive evaluations

Name calling, stereotyping,
labelling

Interpreting, analyzing,
diagnosing

Reassuring, sympathizing,
consoling

Roadblocks to Feeling Autonomy

Teaching, lecturing, giving
logical arguments

Ordering, directing or
commanding

Warning or threatening

Advising, offering solutions
or suggestions

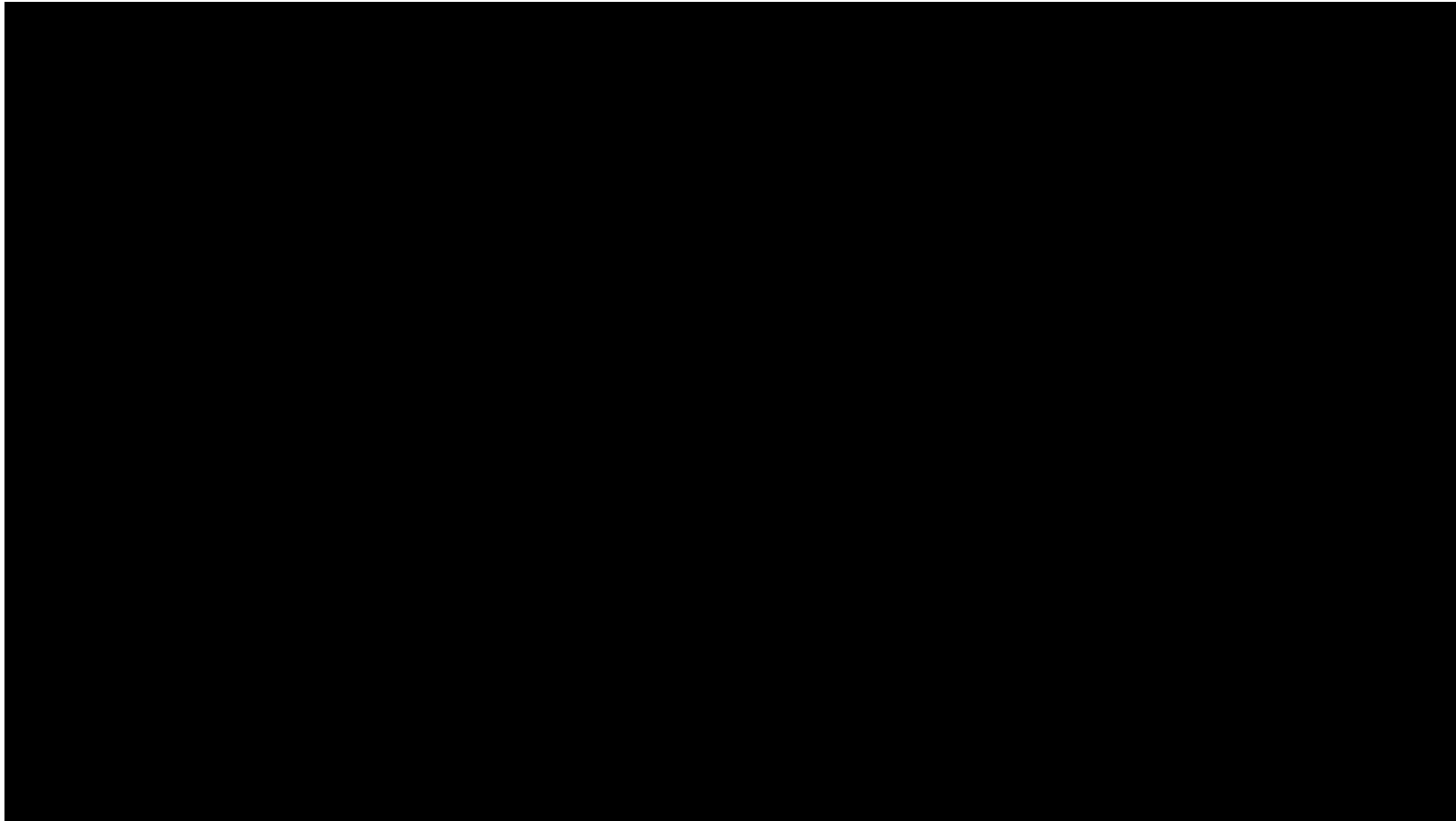
Avoid the Righting Reflex!



Key Principle: Self-Efficacy

- The individual...
 - Believes in the possibility of change
 - Is responsible for the change
 - Guides the steps toward change
 - Is in charge!

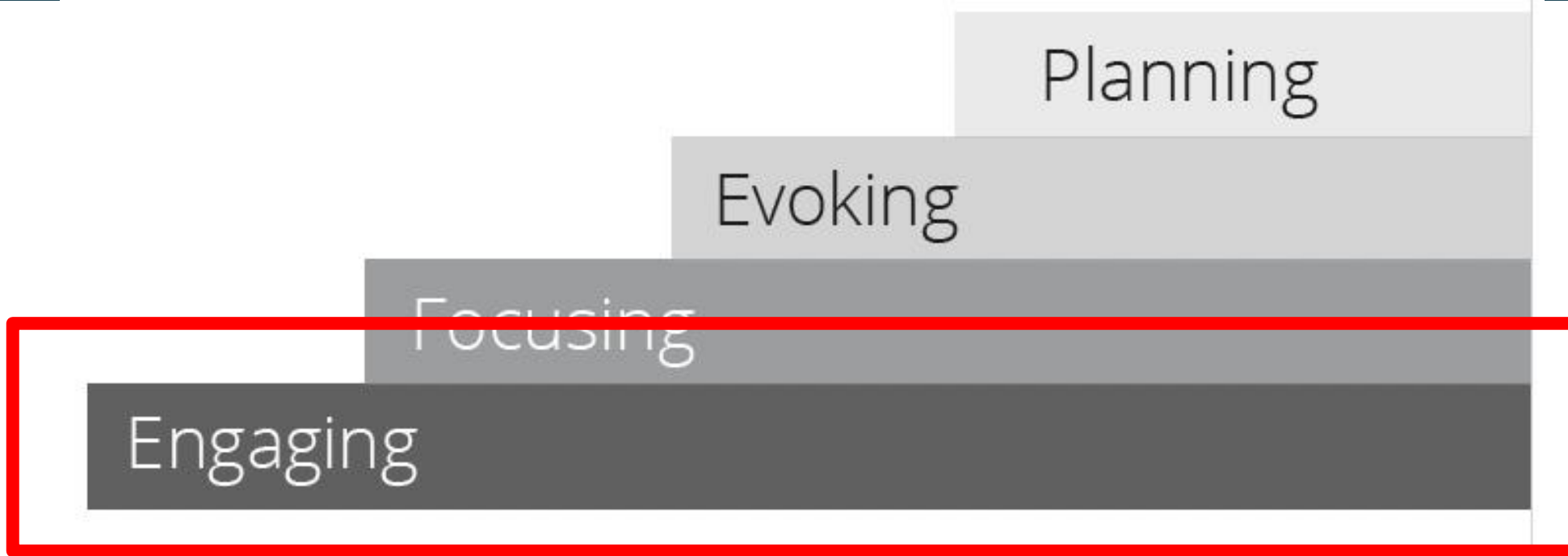
Key Principle: MI is Rooted in Empathy



MI vs. Brief Negotiated Interview

	BNI	Motivational Interviewing
Skill	Simple, MI-informed Ask/assess Provide feedback with permission	Higher level skill
Engage	Pros and cons Review health risks	Open ended questions with pros and cons (discrepancy)
Focus	Summary statements	Reflective listening
Evoke	Readiness to change	Develop Discrepancy Elicit change talk Summary and key Question
Plan	Provide advice, arrange follow up	Promote self-efficacy

Roadmap: Four Processes of MI



Engaging: connecting, affirming

Focusing: prioritizing topic

Evoking: discrepancy and change talk

Planning

Engaging Key Principle: OARS



- Open-ended questions
- Affirmations
- Reflective listening *Key skill!*
- Summarize with purpose

Engaging: Open-Ended Questions

- Explore likes and dislikes – sustain and change talk
- “What do you like about smoking?”
- “What do you like less about smoking:



Engaging: Affirmations

NOT the same as praise or positive judgment

"I'm so happy you were willing to talk about this."

P

"Smoking less in the house is important to you as a parent."

A

"That was a tough decision and I bet you're proud of yourself."

P

"You're building community even while you're stressed because you prioritize your connections with people."

A

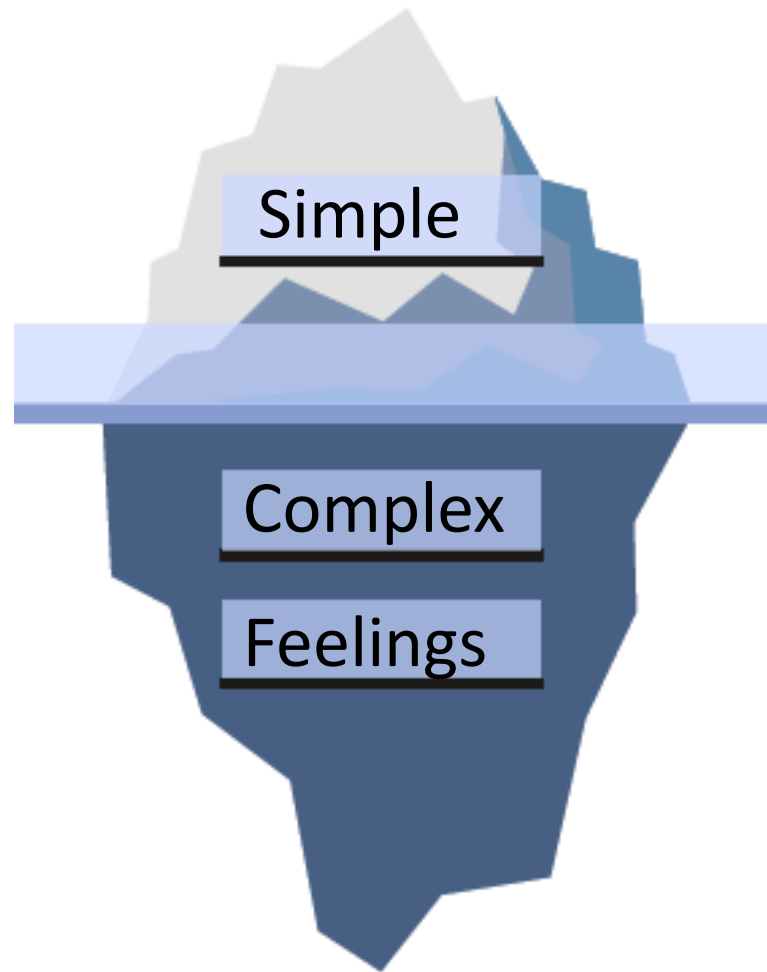
Affirmation Exercise

Think of a patient whom you find “difficult”

Come up with one affirmation for them. Share this with your partner.

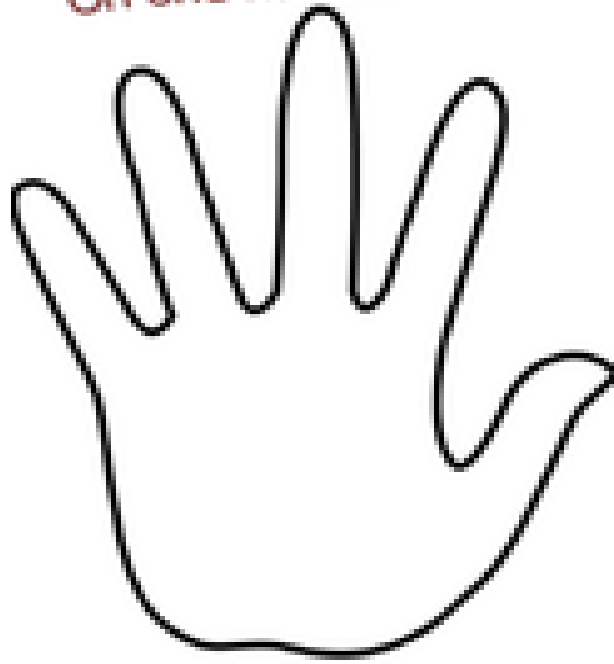
Be sure not to inject your own opinion or judgments!

Engaging: Reflections

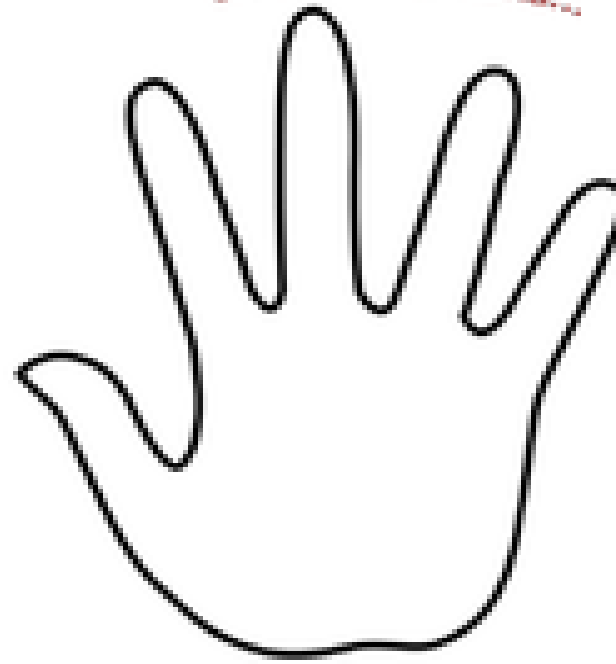


Reflections to Develop Discrepancy

On one hand...

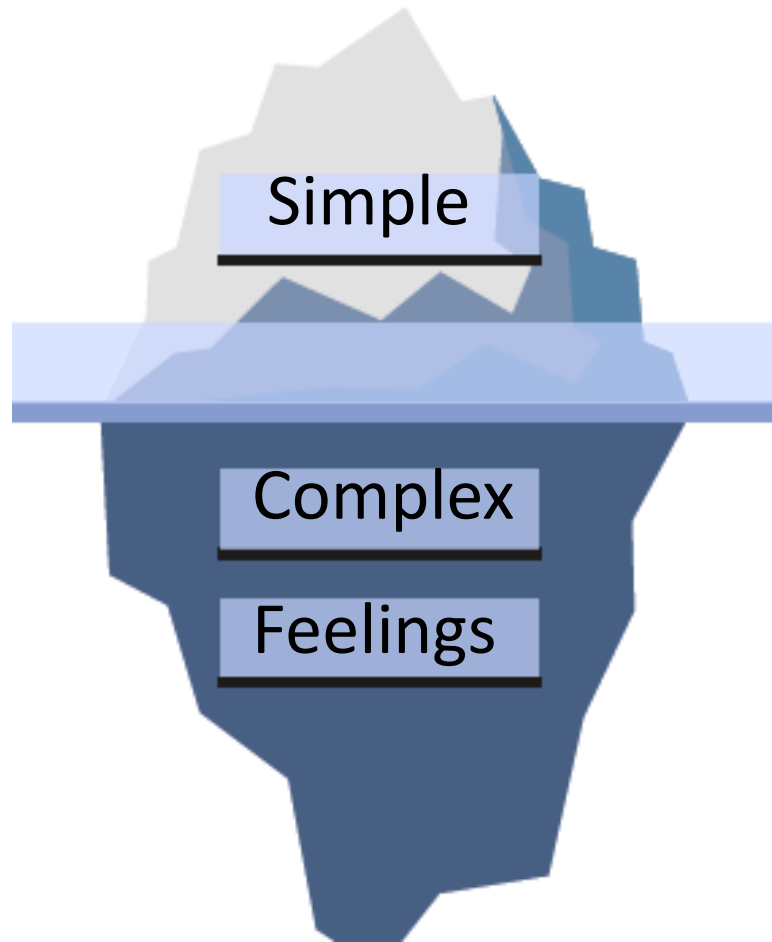


On the other hand...



Engaging: Reflections

"I hate smoking. It makes my mouth taste gross & stains my fingers but it's the only way I know how to chill out at work."



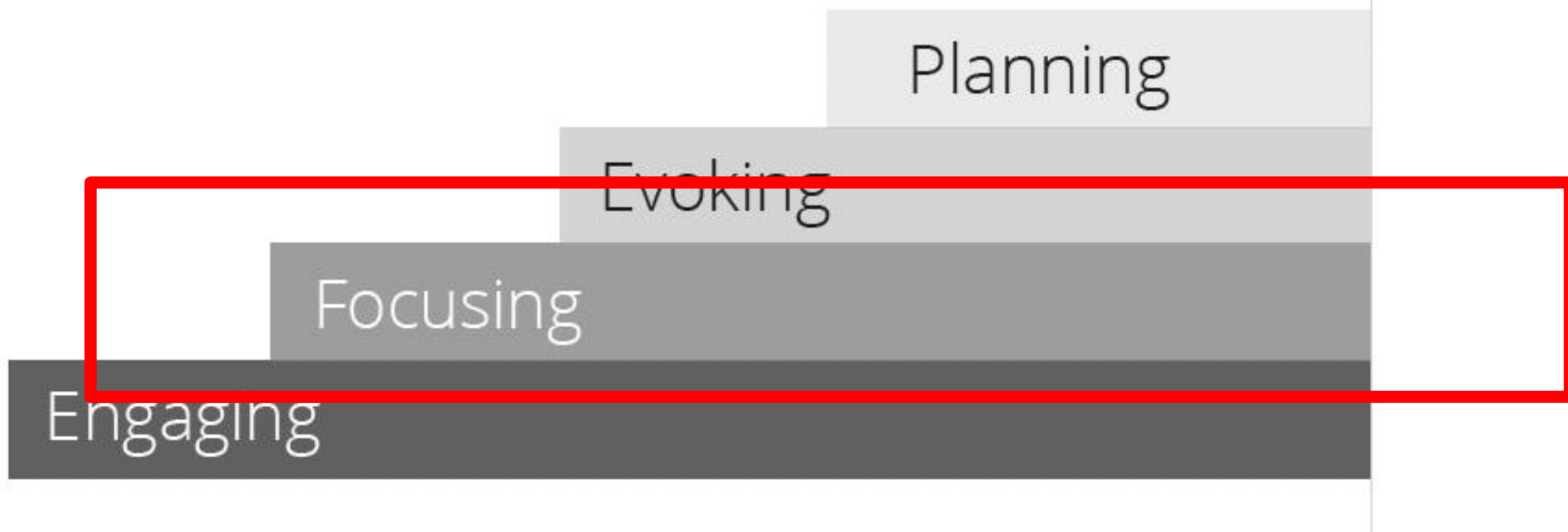


Summarizing

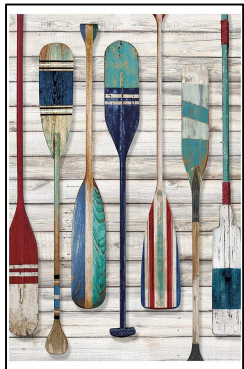


- More on this to come...

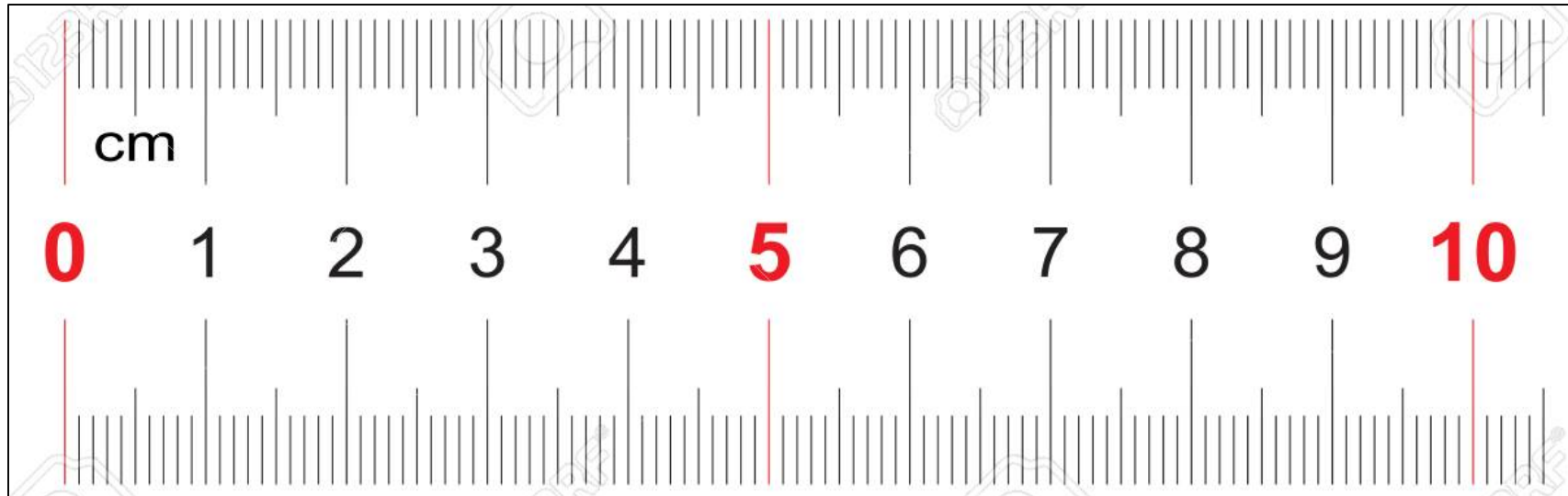
Detailed Roadmap: Four Processes of MI



Focusing: Asking Permission



Focusing: Importance and Confidence Rulers



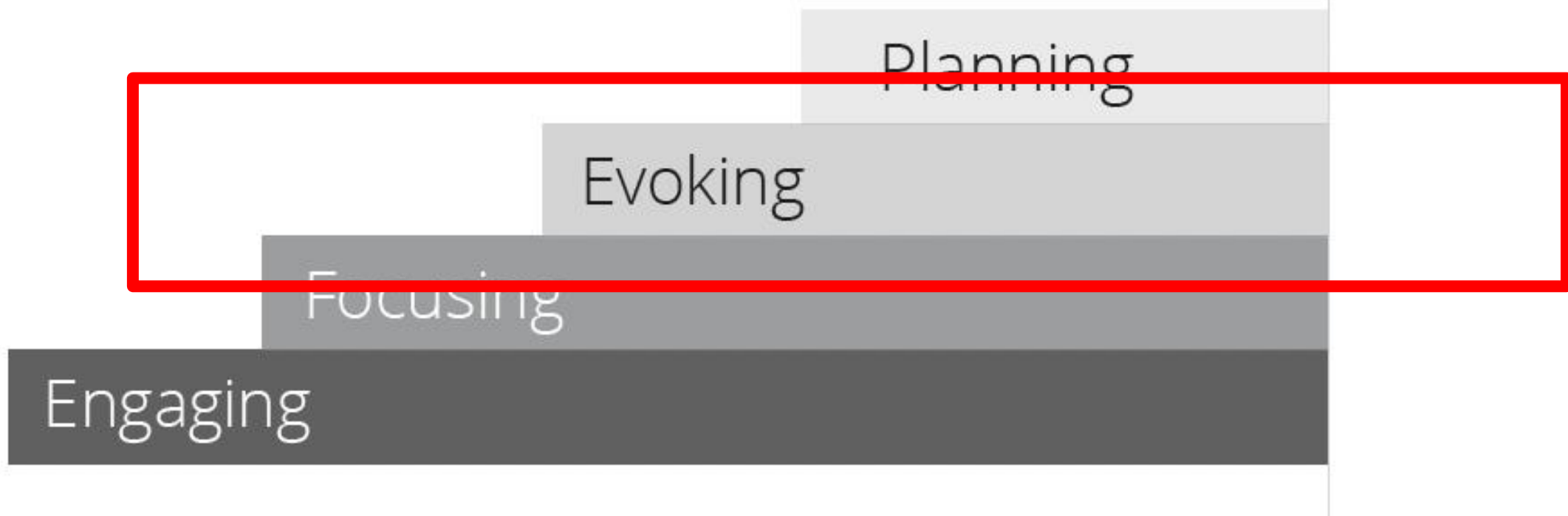
Why not....

CHANGE TALK >> SUSTAIN TALK

Focusing: Importance and Confidence Rulers

	Low ← IMPORTANCE → High	
CONFIDENCE ↑ Low ↓ High	Unwilling and Unconfident	Willing but Unconfident
	Unwilling though Confident	Willing and Confident

Detailed Roadmap: Four Processes of MI

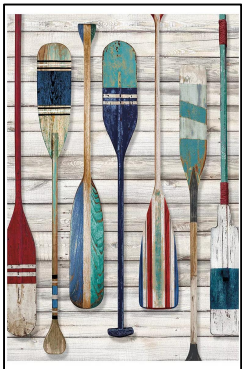


Evoking

This person has a wealth of expertise and **knows what they need and how to change** – how do I help them draw that out?

If you *were* to make a change, what would it look like?

What are your *three best reasons* for making this change?



Evoking: Types of Change Talk

Desire

Ability

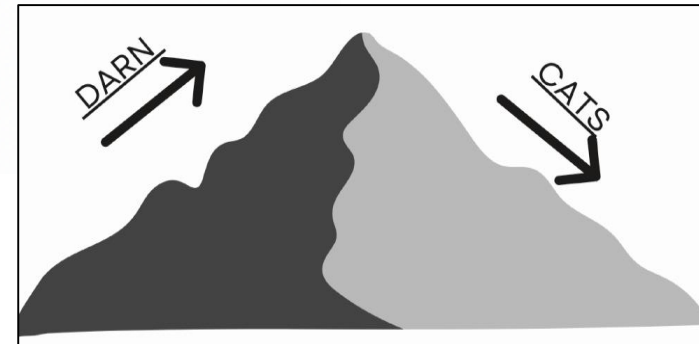
Reasons

Need

Commitment

Activation

Taking steps



Evoking: Types of Change Talk

Desire

- How would you like things to change?
- What do you hope our work together might accomplish?
- Tell me a little more about what you don't like about how things are now?
- How do you want your life to be different a year from now?

Ability

- How likely are you able to...
- What ideas do you have for how you'd be able to do this?
- If you decide to make this change, how would you go about it?
- How confident are you that you could make this change if you decided to?

Reasons

- What might be your 3 best reasons to make this change?
- What could be some advantages of taking your meds regularly?
- What are the downsides of how things are now?
- What would make it worth your while to start treatment?

Need

- How serious or urgent does this feel for you?
- How important is it for you to make this change?
- What needs to happen?
- What do you think has to change?

Evoking: Types of Change Talk

Commitment: **I am going to...**

Activation: **Tomorrow, I'll...**

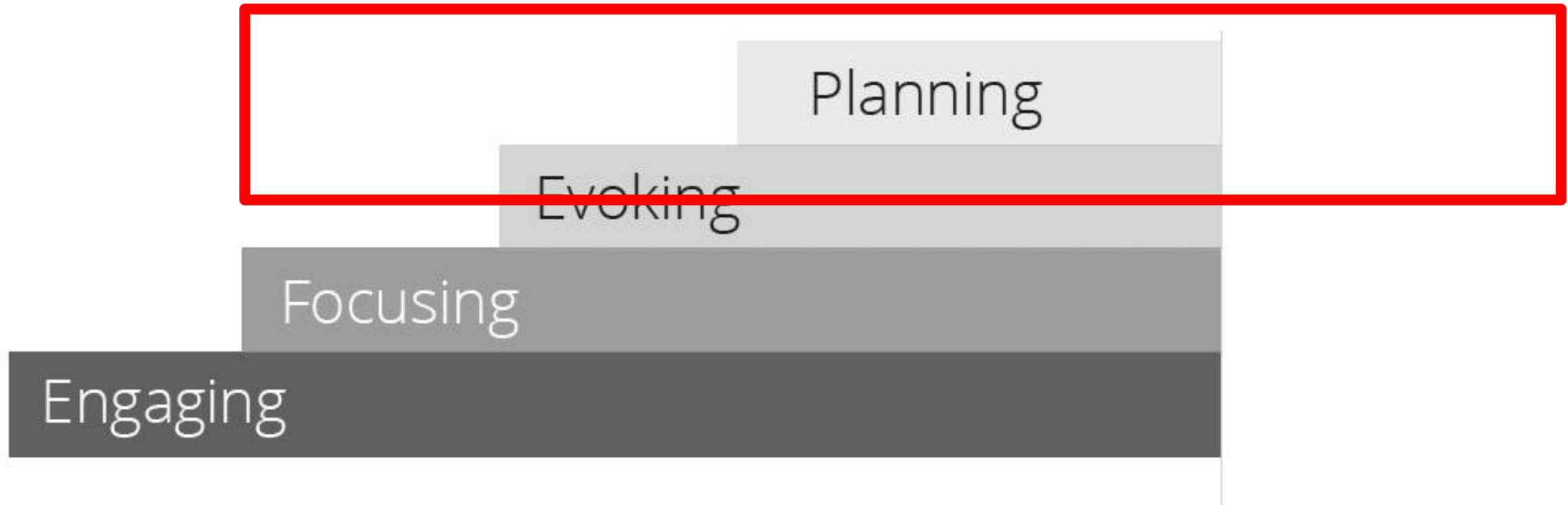
Taking Steps: **I signed up for...**

Evoking: Back to Our Old Friends



Elicit
Provide
Elicit

Detailed Roadmap: Four Processes of MI



Planning: When to Start?

Listen for:

- Self-motivational talk
- Envisioning life after the change
- Decreased resistance to change talk
- Commitment / activation language

Planning: Summarize to Transition

- Include only 2-3 key points
- <30 seconds
- Include sustain & change talk
 - DARNCAT
- “Is there anything I missed?”



Planning: Key Question

“So where does this leave you?”

OR

“I wonder what you might decide to do next.”



Planning: Concrete Steps

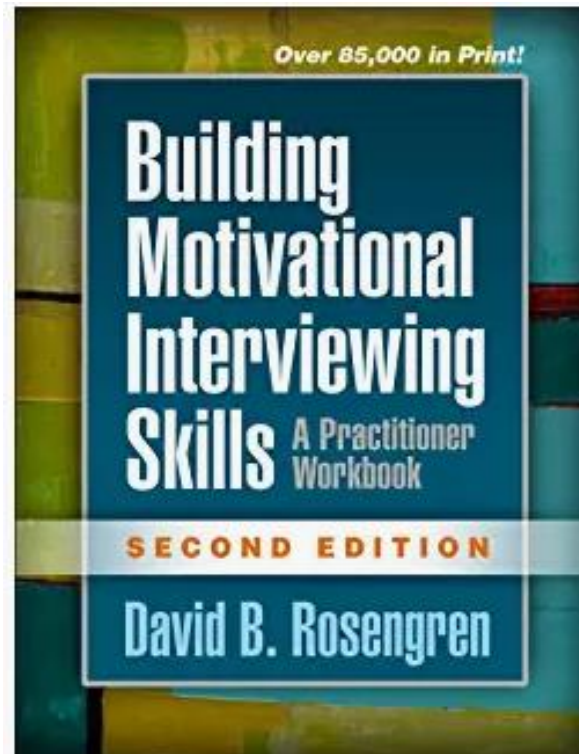
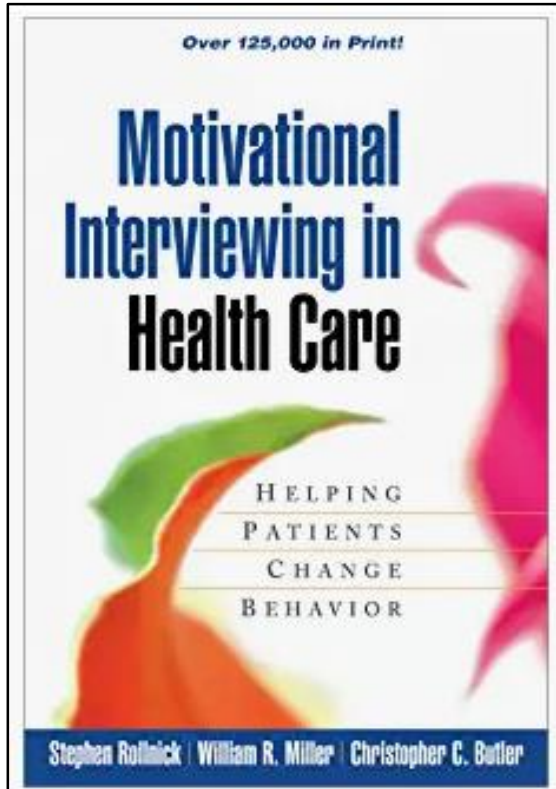
- Short-term goal
- List ways to get there
- Evoke most likely to succeed
- Troubleshoot – Plan A, Plan B
- Re-focus on change talk & plan!

Four Processes of MI: A Few Practical Tips

- This is laid out as linear – MI often takes twists & turns!
- You may get things wrong in reflections, affirmations, etc. – that is OK!
- May (likely) will not cover all of this in one conversation



Resources



- [MI Basics](#)
- [MINT network](#)
- [NIDA MI](#)
- [MASBIRT training sessions](#)

Questions?

