

# Key Components of Motivational Interviewing



MODULE 6

[www.pa.gov/collections/opioid-epidemic](http://www.pa.gov/collections/opioid-epidemic) | RA-DH-PDMP@pa.gov

Motivational interviewing is “**a collaborative conversation style for strengthening a person’s own motivation and commitment to change.**”

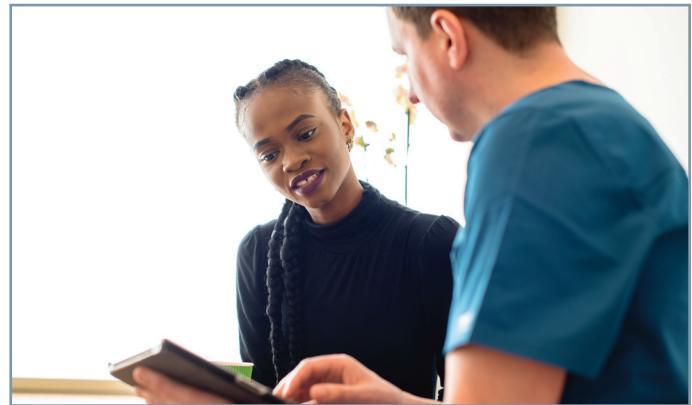
## Spirit

**Collaboration** is a partnership between the provider and the client. Motivational interviewing is done “for” and “with” the individual being interviewed not “to” or “on.” This builds rapport and facilitates trust between the provider and patient.

**Acceptance** of what the client brings is also a key component of motivational interviewing. The provider is not accepting or approving of the patients actions. The provider’s acceptance should consist of absolute worth, affirmation, autonomy and accurate empathy. This means that you accept who the client is as a person, try to understand him/her, honor his/her will to go in a certain direction and seek and acknowledge the person’s strengths and efforts.

**Evocation** is the drawing out of an individual’s own thoughts and ideas rather than probing for deficits. People already have what is needed for change within them. The provider’s job is to bring it forward to elicit the behavior change.

**Compassion** is an active commitment to pursuing and promoting the patient’s welfare by giving priority to his/her needs.



## Skills

**Open-Ended Questions** invite the person to answer in his/her own words. These questions evoke motivation and increase the odds of planning a course that involves change.

**“How have things been going since we last met?”**

**“What are some reasons you might want to change?”**

**Affirmations** recognize a client’s particular strengths, abilities, good intentions, and efforts. These statements should be positive and genuine instead of cheerleading.

**Reflections** allow for the client to hear his/her own thoughts and feelings that he/she is expressing in order to increase his/her own considerations. Use statements such as:

**“Sounds like...”**

**“Seems like...”**

**“You feel...”**

**Summaries** pull together what the client has been explaining throughout the interview and provide a reflection that promotes understanding. They demonstrate that you have been listening carefully and valuing the patient’s comments.

## Three Basic Components of Motivational Interviewing

- Spirit:** Collaboration, acceptance, evocation, compassion
- Skills:** Open-ended questions, affirmations, reflections, summaries
- Strategy:** Engaging, focusing, evoking, planning

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## Strategy

- I. **Engaging** is the process through which the client and provider build and establish a helpful connection and a working relationship. Therapeutic engagement is the building block of the relationship necessary for successful motivational interviewing.
- II. **Focusing** is the process by which the provider develops and maintains a specific direction throughout the conversation regarding one or more change goals. It is the focus on what the client came to talk about.
- III. **Evoking** is the elicitation of the client's own motivations or desires for change. It occurs when there is a focus on a particular change and the provider elicits the patient's own ideas and feelings about how the patient will complete the change.
- IV. **Planning** occurs after an individual's level of motivation allows him/her to begin to think and plan about how the change will occur and less about whether or why it may not.

## Sources

- 1) Miller W, Rollnick, S. *Motivational interviewing: helping people change*. New York, NY: Guilford Press; 2013.