

MOTIVATIONAL INTERVIEWING

Tips for Providers

Motivational interviewing (MI) is a particular way of talking with people about change and growth to strengthen their motivation and commitment (Miller & Rollnick, 2023). MI was initially developed in the field of substance misuse treatment. Instead of confrontation and blame, the practice recognizes the importance of coming alongside the person to resolve ambivalence. While reoccurrences are common when managing chronic health conditions like diabetes or hypertension, people experiencing substance use challenges are often held to a different standard. Behavior change is often the focus, but it is just one dimension of motivation. Psychological readiness, self-efficacy, environment and cultural experiences, along with social structures and systems, are other factors that could be explored through the process of MI.



Spirit of Collaboration

Using MI is more than just applying a set of skills. A helping relationship creates space for understanding power dynamics and recognizing differences in roles to build trust and relational safety. A spirit of partnership, compassion, empowerment and acceptance is informed by the provider's capacity for self-awareness and cultural responsiveness.



* **Questions to start with self-awareness:**

- What assumptions and expectations do I hold?
- What stereotypes about this client might I have?
- What biases about this client's identities might I have?
- Even if this person and I identify in a similar way (culture, race, ethnicity, language, education, gender identity, etc.), are there stereotypes I might have of them?
- What identities and power dynamics (racial, ethnic, gender, age, economic status, education, etc.) might be at play when I'm talking with this client?
- If the client wants to discuss these dynamics, am I comfortable or prepared to talk about them?
- What does practicing cultural humility with this client look like? (Utilize all three domains of cultural humility — **partnership, self-evaluation** and **fixing power imbalances** — to determine the answer (Tervalon & Murray-Garcia, 1998).)
- How open to learning about this person's experience and culture(s) am I?
- How can I learn about myself in relation to the client's identities, experiences and culture?
- What is my role in disrupting systemic bias, power imbalance (where there should be none) and other contexts that harm others?
- How informed am I and what learning do I need to do to serve my clients?

Taking the position of sole expert adds to the power imbalance. There is a tendency to prioritize what we think is most important for the client. Demonstrate your role in offering relational safety as a guide and ally through your understanding of health-related behaviors and historical, environmental and cultural contexts.

When we prioritize relational engagement, we create an environment where people are more likely to want to explore growth and change. Compassion for others, along with self-compassion, are acts of mindfulness. Remain intentional about authenticity and accountability to create safety for clients to do the same.





Reflections

Bearing witness to another person's story is a privilege, and how we listen is critical. Enter conversations fully present with appreciative inquiry and empathy. Listening statements (e.g. "You really want...", "One thing you're able to do...", "I hear how important it is that...") offered without judgment or interpretation convey acceptance and create an experience of being seen and understood. Listen carefully for change talk — the client's stated desire, ability, reasons or need to move forward (e.g., "I wish...", "We've been able to...", "It's important that..."). Reflect on these expressed beliefs, feelings and perspectives.

It's important to avoid stereotyping or making assumptions about a client's culture or any identities, even if you share similarities. If stereotypes and assumptions do arise internally, it is important to also determine where these notions are derived to grow professionally. Approach the conversation wanting to know more about who the individual in front of you is.

Avoid broad assumptions such as:

- All Black and African American people find refuge in the Black church.
- All Hispanic or Latino/Latina people are close with their families.
- Because I am [insert identity] and my client identifies in the same way, I know exactly what it is like for this client.
- Because my cultural background is the same as my client, my client and I share the same views and beliefs.
- All people of color want to talk openly about their cultures and backgrounds.
- All people of color want to talk openly about how racism or oppression have impacted their substance misuse and mental health.

Instead, consider:

- Building trust with some clients of color may take time. Consider historical context in relation to health care and historical systematic oppression, as well as your identities as a provider and your connection to increased "social power."**
- Each individual brings in their own experiences based on all of their intersecting identities and perspectives — race, ethnicity, age, gender identity and expression, sexual orientation, income, education, disability status, religious beliefs, languages and other life experiences.**
- Cultural humility involves exploring the most important beliefs, feelings and perspectives that the client holds, and supporting them and empowering them based on those.**

Scenarios

The following examples offer ways of listening with empathy and cultural humility. Adaptations are expected in MI conversations to build trust and relational safety.

Client:



My family is my priority. I'm proud to put my family first — being Latina, it's how I was raised. I know I'm court-ordered to get help, but it feels like I'm abandoning the people who need me most. I wish I could take care of this on my own because it feels selfish to be in residential care.

Listening statements:

- You care deeply about your family.
- It's difficult being away and you want to get back to them as soon as possible.

Client:



My family isn't really there for me ... I wish they were like what I see in other Latinx families. I've found more support from my chosen family, and I have obligations to them. So, I'm really trying to cut back and not get high as much as I used to.

Listening statements:

- You care deeply about your loved ones, your chosen family.
- You are taking steps to reduce your use so you'll have more time to be with the people who really care about you.

Client:



My church is my support network. Some people are understanding of my challenges, like my pastor. I also see a peer support specialist. But, I can tell others judge me without even knowing how hard I'm working on this.

Listening statements:

- You find a lot of support from your church community.
- It's frustrating to not feel accepted by more of your church community, and at the same time, you're putting in the work with the support system you've built.



Affirming

Affirming with accurate and specific recognition of a person's values, effort, abilities or strengths can add to their sense of self. Clients are not just service recipients; they are people first with many dimensions of who they are. An affirmation is more than praise — it is acknowledgement of the person's character and their contribution to a better environment, social structure and/or community. The continued focus on a relational connection continues to dismantle inequalities, enhance trust and affirm other aspects of the person's identities that are important to them.

The following examples offer ways of affirming with empathy and cultural humility. Adaptations are expected in MI conversations to build trust and relational safety.

- It takes a lot of strength navigating what you go through and you have a great deal of insight about your experience.**

- I see that what you're doing is hard work. Your persistence seems to bring out a sense of optimism. In what way do you feel hopeful?**

- I see your determination in the ways you talk about your future with your children.**





Open-ended Questions

Asking a thoughtful, well-timed question can be an opportunity for shared exploration. Closed-ended questions are those that limit responses to one or few words. Open-ended questions encourage insight and expand the conversation.



Examples:

Instead of:

- Don't you want to get better for your kids?
- Will you call the social worker?
- Can't you convince your family you're doing this for them?
- Are you willing to risk another overdose?

Try:

- In what way has this strengthened your commitment to your kids?**
- What does support look like to you?**
- How do you see it, from your perspective?**
- Who or what are your sources of hope when you think about using again?**

Additional Resources

Grant, A. (Host). (2023, January 24). Breaking free of stereotype threat with Claude Steele. [Podcast episode]. In *Rethinking With Adam Grant*. TED. <https://www.ted.com/podcasts/breaking-free-of-stereotype-threat-claude-steele-transcript>

Black Emotional and Mental Health Collective (BEAM). (n.d.). Wellness tools. <https://beam.community/wellness-tools/>

National Alliance on Mental Illness (NAMI). (n.d.) Hispanic/Latinx. <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>

City of Philadelphia. (n.d.). Equitable Community Engagement Toolkit <https://engagement-toolkit.phila.gov/>



References

Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change and grow* (4th ed.). Guilford Press.

Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved* 9(2), 117-125. <https://doi.org/10.1353/hpu.2010.0233>.

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