

CareCertify LLC

Behavioral Health Series

BHS-022

Motivational Interviewing Techniques

Participant Guide

Group: Group 4: Advanced Topics | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Explain what Motivational Interviewing (MI) is and why it works
- Identify the four core processes of MI: Engage, Focus, Evoke, Plan
- Apply the OARS communication skills in caregiving interactions
- Recognize change talk and ambivalence in clients
- Understand how MI principles support client autonomy and self-directed change

Section 1: What Is Motivational Interviewing?

Motivational Interviewing (MI) is an evidence-based, collaborative communication style that strengthens a person's own motivation and commitment to change. It was developed by psychologists William Miller and Stephen Rollnick for use in addiction treatment and has since been applied across virtually every health and behavioral health context.

The Spirit of MI

MI is guided by four spirit elements:

Partnership: the caregiver works WITH the client, not on them
Acceptance: respecting the client's autonomy and inherent worth
Compassion: prioritizing the client's best interests
Evocation: drawing out the client's own wisdom and motivations

MI is NOT about persuading, convincing, or lecturing.

Section 2: The Four Processes of MI

MI is organized around four sequential but overlapping processes that guide the conversation.

Four Processes

1. ENGAGE: Build a trusting, collaborative relationship
2. FOCUS: Collaboratively establish a direction for the conversation
3. EVOKE: Draw out the client's own motivations for change
4. PLAN: Support the client in developing their own change plan

Note: Home care workers primarily work in the Engage phase — building trust and planting seeds. The deeper MI work belongs to licensed clinicians.

Section 3: OARS: The Core MI Communication Skills

OARS is the acronym for the four foundational communication skills used in MI. They can be applied in everyday caregiving interactions to support client motivation and self-efficacy.

OARS Skills

- O — Open-Ended Questions: "What matters most to you about your health right now?"
- A — Affirmations: "It takes real courage to keep trying after everything you have been through."
- R — Reflections: "It sounds like you really want things to be different but are not sure where to start."
- S — Summaries: "Let me make sure I understand — you want to feel better but are worried about whether you can stick with it."

Section 4: Change Talk and Ambivalence

Change talk is any statement a client makes that favors change. Ambivalence — feeling two ways about changing — is normal and expected. MI helps caregivers recognize and gently amplify change talk while rolling with ambivalence rather than fighting it.

Types of Change Talk (DARN-CAT)

- D — Desire: "I want to feel better."
- A — Ability: "I think I could do it if I tried."
- R — Reasons: "My family needs me to be healthy."
- N — Need: "I have to make a change."
- C — Commitment: "I am going to do this."
- A — Activation: "I am ready to start."
- T — Taking Steps: "I already called the clinic."

Section 5: Applying MI Principles in Home Care

While home care workers are not MI therapists, the spirit and skills of MI can transform everyday caregiving conversations — building trust, supporting autonomy, and planting seeds of motivation.

✓ DO	✗ DON'T
Ask open-ended questions about the client's goals and values	Lecture or give unsolicited advice
Affirm the client's strengths and efforts genuinely	Use the "righting reflex" — immediately telling people how to fix problems
Reflect back what the client says to show you heard them	Argue with resistance — "roll with it" instead

Respond to ambivalence with curiosity, not pressure	Try to force or accelerate change the client is not ready for
Recognize and comment positively on change talk	Make the client feel judged for their ambivalence

 **SCENARIO**

Your client says: "I know I should exercise more, but I just never seem to get around to it." You notice this is a sign of ambivalence.

Response: Use a reflection and open question rather than advice: "It sounds like you care about your health and something keeps getting in the way. What do you think that is?" This invites exploration without pushing. Avoid: "You really should try to walk every day."

Quick Reference Summary

MI Spirit	Partnership, Acceptance, Compassion, Evocation
Four Processes	Engage, Focus, Evoke, Plan
OARS	Open questions, Affirmations, Reflections, Summaries
Change Talk	DARN-CAT: Desire, Ability, Reasons, Need, Commitment, Activation, Taking Steps
Righting Reflex	The urge to fix, advise, and correct — MI resists this