

Motivational Interviewing– Cheat Sheet

MI Strategies: OARS

OARS represents communication strategies that can help a practitioner elicit change talk from the client/patient. It is an essential part of MI that should be utilized during the Brief Intervention (BI) portion of SBIRT to enhance motivation. OARS stands for the following:

1. Open-Ended Questions
2. Personal Affirmations
3. Listen & Engage in Reflections
4. Provide Summaries

OPEN-ENDED QUESTIONS

- Open the door and encourage the client to talk: *“Can you tell me what you like about using?”*
- Do not invite a short answer: *“What makes you think it might be time for a change?”*
- Leave broad latitude for how to respond: *“Can you tell me more about how this began?”*

PERSONAL AFFIRMATIONS

- Commenting positively on an attribute: *“You’re a strong person, a real survivor.”*
- A statement of appreciation: *“I appreciate your openness and honesty today.”*
- Catch the person doing something right: *“Thank you for coming in today!”*
- A compliment: *“I like the way you said that.”*
- An expression of hope, caring, or support: *“I hope this weekend goes well for you!”*

LISTEN & ENGAGE IN REFLECTIONS

- Are statements rather than questions:
 - Question: *“Do you mean that you’re wondering if it’s possible for you to cut down?”*
 - Reflection: *“You’re wondering if it’s possible for you to cut down.”*
- Make a guess about the client’s meaning (rather than asking)
- Yield more information and better understanding
- Often a question can be turned into a reflection
- Helps the client/patient continue exploring
- In general, a reflection should not be longer than the patient/client’s statement

PROVIDE SUMMARIES

1. Collect material that has been offered: *“So far, you’ve expressed concern about your children, saving money, and providing a stable living environment for your family.”*
2. Link to something just said with something discussed earlier: *“That sounds a bit like what you told me earlier about feeling lonely.”*
3. Draw together what happened and transition to a new task: *“Before I provide you with some referral recommendations, let me summarize what you’ve told me so far, and see if I’ve missed anything important....Is there anything else that you would like to add before we move on?”*

MI Principles

MI Principles are the core of MI, they represent those important skills that a practitioner should possess and practice when conducting motivational interviewing. MI Principles are especially useful for clients/patients who may be resistant to change or deny having substance use issues. These Principles include:

1. Express Empathy
2. Roll with Resistance
3. Explore Discrepancies
4. Support Self-Efficacy

EXPRESS EMPATHY

- Show warmth and communicate respect and understanding.
- Establish a non-judgmental, collaborative relationship.
- Express empathy through reflective listening – listen attentively to your client/patient and reflect back in your own words, helping to convey to them that you understand them.

ROLL WITH RESISTANCE

- Provide Reflections: *“You don’t think abstinence will work for you right now.”*
- Shift Focus: *“You’re right... we are not ready to talk about reducing your marijuana use. We are still focused on your concerns about school.”*
- Reframe: *“It sounds like your wife brings up your drinking because she is concerned about you.”*

Keep in mind that resistance is just a signal for you to change direction or listen more carefully to your client/patient’s views since they may see things from a different perspective.

EXPLORE DISCREPANCY

- *“How do you think your life would be different now if you were not drinking/using [alcohol/drug of choice]?”*
- *“What do you think your life would be like in 5 years if you don’t make changes and continue to use? How about in 10 years?”*
- *“On the one hand you say that your health is important to you, yet you continue to use, help me understand this....”*

SUPPORT SELF-EFFICACY

- Instill hope in your client/patient by highlighting that there is no “right way” to change. Also, remind them that if one plan doesn’t work, it doesn’t mean that another plan might not work.
- Help a client/patient develop a belief that he or she can make a change. For example, inquire about other successful behavior changes that your client/patient has made in the past and highlight the skills that the client/patient has already gained as a result.
- Explore barriers that may be contributing to low confidence in making a change.
- Share brief clinical examples of other, similar patient/clients’ successes at changing their substance use behavior.