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# Why Trying Harder Doesn't Work (and What Motivational Interviewing Does Instead)

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Baltimore, MD  
May 15, 2026

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**"My doctor said I should try this."**

**"I don't really believe this works."**

**"I know I should do it. I just don't."**

**"I'll do it here but I'm not practicing at home."**

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## Disclaimers

### → In the Spirit of MI

- There are no “right” answers
- There are no singular experts here. We are collaborators.
- “Doing the thing while doing the thing”

**Interactive – and (maybe even) FUN!**

→ **Disclosure:** I am the author of The Motivational Interviewing Path to Personal Change (New Harbinger, 2023), which is relevant to today's content.

### → A Little Trust

- No significant review of data/research\* (will be incorporated throughout)

\* There is A LOT OF IT! A TON!

**THERE  
IS NO  
'I' IN MI**

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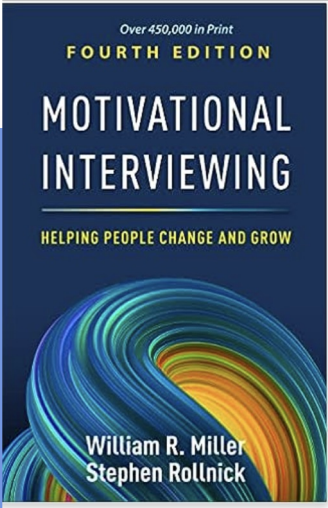
# What is MI? What do you already know?

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## What Is Motivational Interviewing?

“a particular way of talking with people about change and growth to strengthen their own motivation and commitment”

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

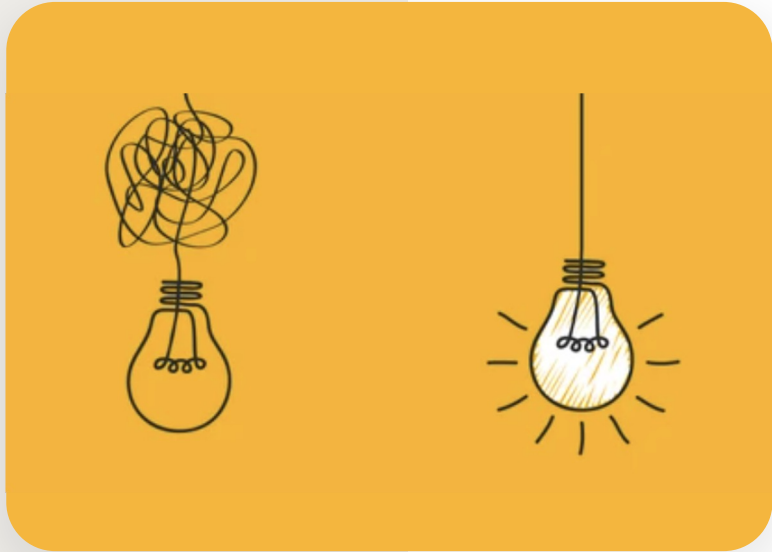
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# Draw Out



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## What Motivational Interviewing (MI) Is — and Is Not

MI is an active, relational method for helping people move toward change — at their pace, not ours.


 A photograph showing a woman with curly hair and a man sitting at a small table in what appears to be a cafe or office setting. They are both looking at each other and smiling, suggesting a positive and collaborative interaction.
 



**Is**

- Collaborative
- Goal-oriented
- Directional
- Autonomy-supportive

 A photograph of a woman sitting in a chair, looking off to the side with a thoughtful or perhaps slightly frustrated expression. A hand is visible in the foreground, possibly belonging to a therapist or interviewer.
 



**Is not**

- Only listening
- Just empathy
- Avoiding direction
- Settling for stuck

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# MOTIVATIONAL INTERVIEWING ADDS UP

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Microskills: OARS  
Spirit: PACE  
Tasks: engaging, focusing, evoking and planning

Over **2000**  
**PUBLISHED**  
**TRIALS**

MINT has members  
in **43** countries,  
speaking **34** languages

There are **3** types of client language :

- CHANGE TALK
- SUSTAIN TALK
- DISCORD

Without follow-up, practice and feedback, most practitioners get **0** amount of proficiency in MI after attending a workshop

In one study, enrollment specialists trained in MI **quadrupled** client engagement rates in a health management program

MI WORKS  
**3 of 4**  
studies show significant effect

MI has been applied and studied for over **40 YEARS**

Updated May 2026

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### Health Care

### Mental Health

### Education

### Corrections

### Sport

### Leadership

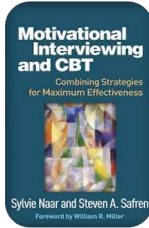
### Social Work

### Dentistry

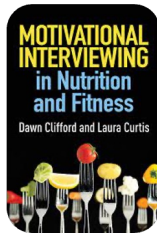
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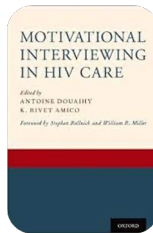
# MI Integrated in General & in Specialty Practice



CBT



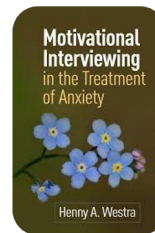
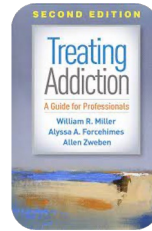
Nutrition



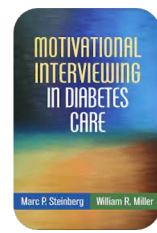
HIV



Addiction



Anxiety



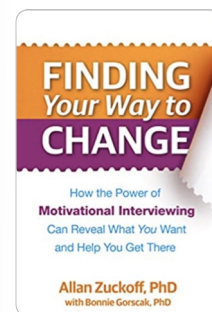
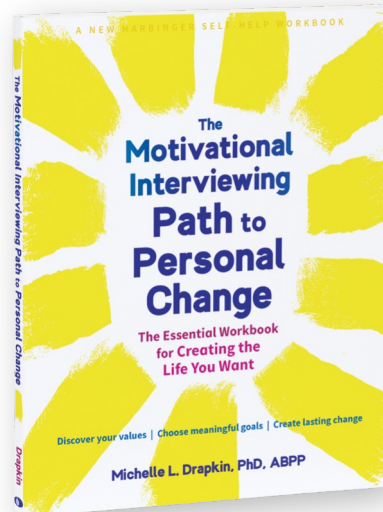
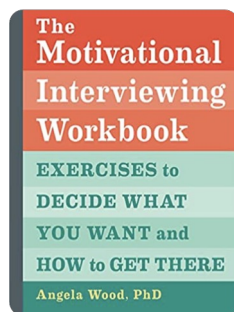
Diabetes

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# Change "MI" Way



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**Let's turn off  
autopilot and build  
our awareness  
muscle!**

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**The 4 Tasks of  
Motivational  
Interviewing**



- 04 | Planning
- 03 | Evoking
- 02 | Focusing
- 01 | Engaging

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**4 Tasks of MI  
(not actually  
linear or  
checkbox-y)**

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## How MI Creates Change

MI works by shaping conversations in ways that support autonomy, evoke meaning, and increase client change talk.

<p><b>Autonomy Support</b></p> <p>Creating <b>choice, partnership,</b> and respect for <b>self-direction</b></p>	<p><b>Evocation</b></p> <p>Drawing out <b>values, reasons,</b> and <b>ambivalence</b></p>	<p><b>Reflective Listening</b></p> <p>Strategically shaping understanding through <b>accurate and complex reflections</b></p>	<p><b>Change Talk</b></p> <p><b>Client language</b> that predicts behavior change</p>
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# MI Spirit



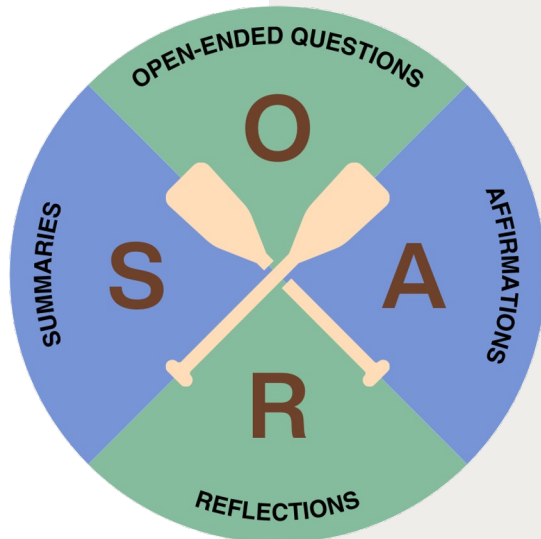
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# Foundational Skills of MI

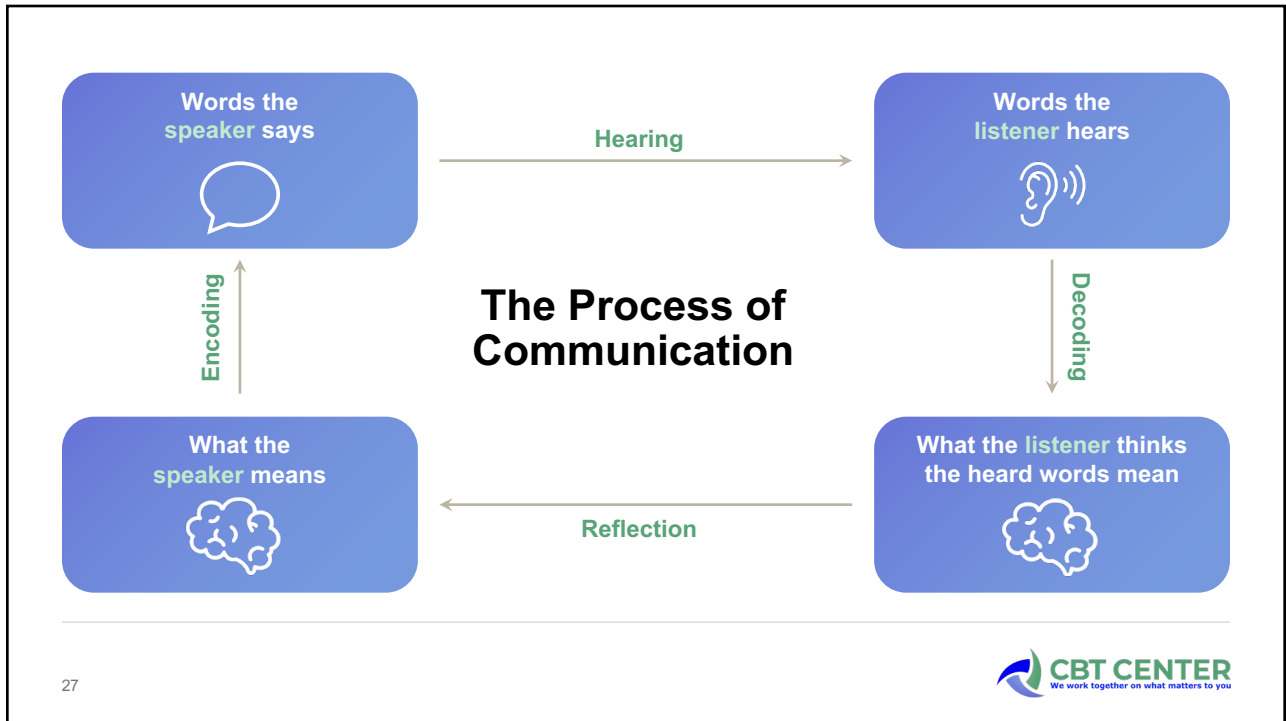
- O** pen-ended questions
- A** ffirmations
- R** eflections
- S** ummary statements



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## Reflections Are the Engine of MI

**Reflections > Questions**

Questions gather information.

Reflections shape the direction of the conversation.

**Regulate threat**

Reflections reduce evaluative pressure and help the system settle.

**Shape meaning**

Reflections highlight what matters, connect ideas, and organize experience.

**Why Reflections Drive Change**

Reflections do more than show understanding. They regulate the nervous system, reduce threat, and organize meaning in real time.

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## Types of Change Talk

### Preparatory

- D** **Desire**  
"I want to do this."
- A** **Ability**  
"I can do this."
- R** **Reasons**  
"I will do this because..."
- N** **Need**  
"I *need* to do this or else..."

### Mobilizing

- C** **Commitment**  
"I am going to do this."
- A** **Action**  
"I started working on this change by..."
- T** **Taking steps**  
"I made a step toward doing this by..."

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## Stop It!



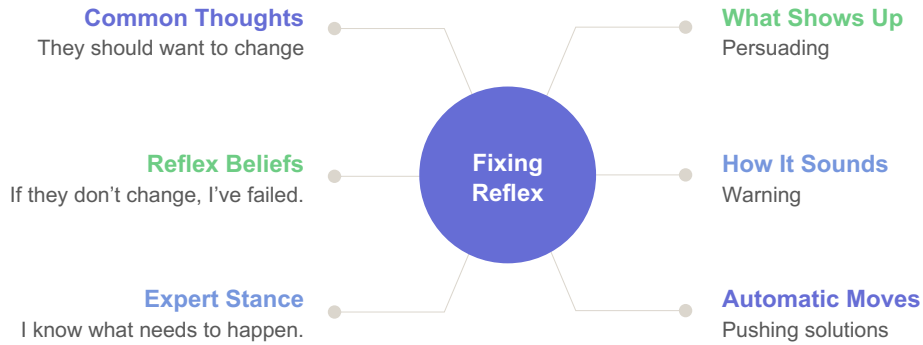
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## The Fixing Reflex: What It Looks Like in Practice

How a common helping reflex can create discord, reducing safety and engagement.



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**Advice triggers autonomy protection**

**Persuasion amplifies sustain talk**


**Urgency narrows perceived choice**

**When Fixing Backfires**  
Why urgency undermines motivation

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**Restores choice**

**Elicits reasons**

**Slows the interaction**

### What MI Does Instead

How MI restores engagement


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## The Whole Picture

The Four Tasks of MI



**Technical Component**

- Planning** - The "HOW"
- Evoking** - The "WHY"  
Recognize/Cultivate Change Talk, EARS Skills
- Focusing** - The "WHAT"  
Target behavior collaboratively identified

**Relational Foundation**

- Engaging** - The "WHO"  
Partnership + Support Autonomy + Empathy  
OARS Skills  
Resisting the Fixing Reflex

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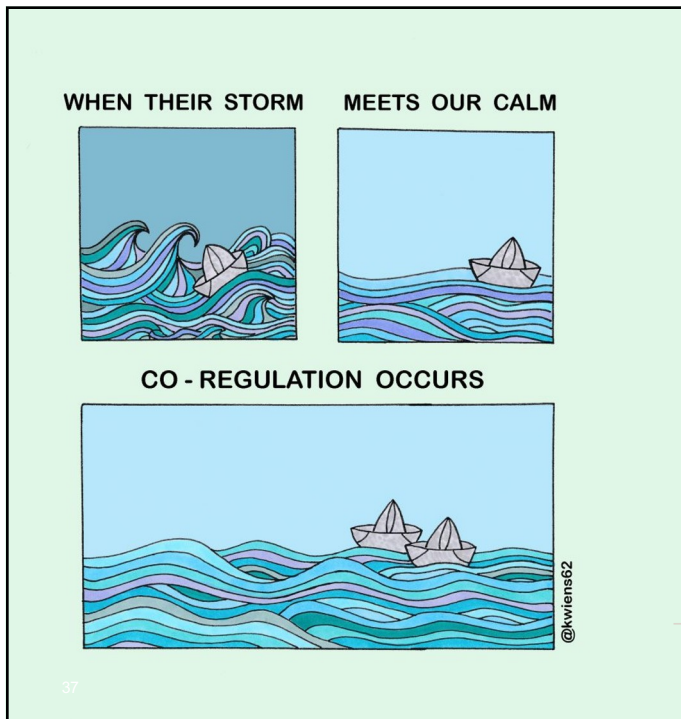
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## Emotion Regulation (and Co-Regulation) as a Prerequisite for Change

- 01 **Emotions organize behavior**  
Emotions signal threat, safety, and priority. Behavior follows the nervous system's current state, not long-term goals.
- 02 **High arousal narrows choice**  
When arousal is high, attention constricts, options disappear, and behavior shifts toward protection rather than exploration.
- 03 **Regulation restores flexibility**  
Reducing arousal restores access to reflection, choice, values, and motivation for change.



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## Co-Regulation: Staying Steady to Support Change

- Regulation is shared
- The helper sets the tempo.
- MI works through co-regulation.



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## Change is hard, amiright?

Embody the MI Spirit through **Self-Compassion**

*This is a moment of suffering.*


*Suffering is a part of the human experience.*

*May I be kind to myself & give myself the compassion I need.*


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## The Fork in the Road for us helpers


 **Without self-compassion:**

- Clinician tightens
- Autonomy narrows
- MI Spirit erodes

 **With self-compassion:**

- Clinician pauses
- Internal tone softens
- MI Spirit re-emerges

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## The Fork in the Road for clients

 **Without self-compassion:**

- Shame intensifies
- Threat response increases
- Flexibility narrows
- Change talk goes quiet

 **With self-compassion:**

- Shame softens
- Regulation improves
- Flexibility returns
- Agency re-emerges

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## Mindfulness & Behavior Change

Growing evidence suggests that Mindfulness Meditation helps in behavior change by...

**Enhancing** executive function

**Increasing** conscious awareness

**Improving** emotion regulation



**Reducing** susceptibility to negative affect-driven responses

**Decreasing** negative self-related rumination

**Preventing** negative self-talk that can lead to setbacks

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Schuman-Olivier, Z., Trombka, M., Lovas, D. A., Brewer, J. A., Vago, D. R., Gawande, R., Dunne, J. P., Lazar, S. W., Loucks, E. B., & Fulwiler, C. (2020). Mindfulness and behavior change. *Harvard Review of Psychiatry*, 28(6), 371–394. <https://doi.org/10.1097/hrp.0000000000000277>



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## Ask–Offer–Ask: Providing guidance while protecting choice

- Begins with curiosity
- Offers information with permission
- Returns choice to the client

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## Ask–Offer–Ask: Step by Step




**Ask**  
 “What do you already know about...?”  
 “Would it be okay if we talked about...?”



**Offer**  
 Share briefly and neutrally  
 No persuasion, no urgency




**Choose**  
 “What do you make of that?”  
 “How does that fit for you?”

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## Importance/Confidence Rulers

On a scale of 0-10, how **important** is it for you to make a change in \_\_\_\_\_ (behavior)?




0

10

Not Important
Very Important

- a. What makes it that important?
- b. Why are you at a xx and not a 0?
- c. What else?

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## Importance/**Confidence** Rulers

On a scale of 0-10, how **confident** are you that you can change if you wanted to?



- What makes you that confident?
- Why are you at a xx and not a 0?
- What would it take to raise your score to a xx?
- How can I help you get there? Who else can help?

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## Planning and/or Setting the Agenda



### Open Question

What brings you here today?



### Partner

How can I be most helpful to you today?



### Ask Permission

Would it be ok if we talk about avoidance, procrastination, smoking, spending, etc.?



### Collaborate

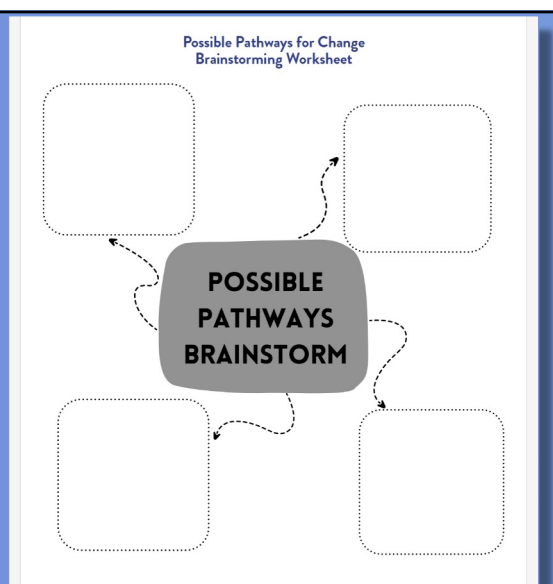
Agenda-setting chart (possible pathways)

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# Brainstorming



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## Important Clinical Skills Lined up with MI

1. Accurate Empathy
2. Positive Regard
3. Genuineness
4. Acceptance
5. Focus
6. Hope
7. Evocation
8. Information/Advice

Foundational in MI

Affirmation

Little emphasis so far

Key element of MI spirit in MI

Focusing is a key process

Evoke hope, support self-efficacy

Evoking is fundamental in MI

Included in MI



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Slide credit: Miller, W., 2021. *What and whom are we teaching?*, Presented at MINT Forum



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**Thank You!**



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-  [TheCBTCenter](#)
-  [TheCBTCenter](#)
-  [CBTCenter.org](#)

Scan for free MI tools and to keep in touch!

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## References

Drapkin, M. L. (2023). *The Motivational Interviewing Path to Personal Change: The Essential Workbook for Creating the Life You Want*. New Harbinger Publications.

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

Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and cognitive psychotherapy*, 37(2), 129-140.

