**Mock Interview: Critical Analysis**

**Introduction**

Motivational interviews offer directions to clients and aim at influencing the desired change. The existence of many factors to clinical outcomes, besides clinical treatment, establishes the significance of motivational interviews. Emotional and cognitive conditions moderate people’s response to diseases (Stanley 2013) and influencing a client’s emotions and rationale, using a motivational interview can promote appropriate measures towards wellness. One of the possible effects of a motivational interview is a motivation of a client towards self-reliance in realizing care (Landers 2016), and this can lead to better health outcomes. Motivational interviews, therefore, involves therapeutic relationships in which a practitioner work with a patient for the realization of given objectives over a duration (Dossey & Keegan 2012). Respect, honesty, availability, self-awareness, respect for autonomy, demonstration of empathy, and provision of support are concepts of the relationship (Helming 2012). Establishment of therapeutic relationships in motivational interviews, therefore, is likely to promote realization of desired objectives. A motivational interview was conducted with a client who had suffered back pain that led to immobility problem and withdrawal from work. Tests did not reveal a significant pathology and screening revealed that the client had low self-efficacy score in pain management. A motivational interview was conducted with the client, and a critical analysis of the interview is offered, based on elements of the spirit of motivational interviewing, principles of motivational interviewing, and skills of motivational interviewing, which are consistent with concepts of therapeutic relationships.

**Overview of the Interview**

The interview began with the interviewer introducing herself, appreciating the interviewee, and guaranteeing confidentiality of the interview. The interviewee noted that she had anticipated a solution, but felt none was being offered. The interview revolved around the client’s willingness to engage in exercise and experience with the back pain. Skepticism was evident in the client when proposals were made for exercise, or her condition was forecasted to improve, but she finally agreed to try the proposals and to meet the interviewee again.

**Analysis of the Interview**

**Elements of the Spirit of Motivational Interviewing**

**Participation**

Elements of a motivational interview offer a basis for analyzing the interview. A partnership between the caregiver and the client is one of the elements of a motivational interview and requires collaboration between the two parties (Corcoran, 2016). The collaboration, based on the concept of human dignity, should focus on the strengths of the client. It should then build on the strengths and influence the client’s actions for application of the strengths to solve the problem at hand (Corcoran, 2016). Clients, according to the elements, are not perceived as patients, but as agents of change (Corcoran, 2016). The collaboration should also focus on changes that the client might be willing to make (Douaihy, Kelly, & Gold, 2015). In addition, the role of a motivational interviewer is to elicit the client’s reasons for a change, and communication skills, such as effective use of tone and body language are important (Douaihy, Kelly, & Gold, 2015).

The interview did not meet expectations of the principle of participation. The client, under the principle, should be the source of information on reasons for change and applicable measures. The interviewer, on the contrary, was the source of information on the necessary changes of actions for improving the patient’s condition. The interviewer, for example, proposed that the client engages in an exercise and that the client walks her dog in the forest. Even though the proposals emerged from discussions with the client, the client’s participation was passive, contrary to the active participation that the principle requires. The interviewer, for example, suggests to the client that the client must be feeling guilty because her dog misses its runs. The proposal that the client gives the dog lovely runs then follows without the client’s input on it. Consequently, the interview focused on the necessary changes for relieving the client’s problem, instead of changes that the client was willing to make.

The interview also perceived the client as a patient whose back pain needed treatment, contrary to the principle’s provision that the client should be an agent of change. Much of the focus was on the problem, instead of the client’s perception of change or abilities for making changes that could then solve the problem. At a point, the client was asked if she felt development of a plan for dealing with her pain would be beneficial. The prompt put the client at a passive position and focuses on the disease. Its focus on the disease identified the client as a patient, contrary to the agent of change that a motivational interview requires. The interview also failed to identify strengths of the client that could then be used to influence change. Communication skills that are necessary for ensuring active participation of a client in a motivational interview were also ineffective. The interviewer’s righting reflex ensured a fixed position that is not suitable for eliciting active participation of a communication partner. In addition, the same tone was applied throughout the interview, and this could have undermined the ability to promote openness of the client.

**Acceptance**

Acceptance is another principle of motivational interviewing and relies on the concept of autonomy (Skinner, Cooper, & Chamberlain 2013). The choices of the client, according to the principle, should be accepted and respected. The absolute value of a client should be respected, to the effect that the client can be a valuable source of solution and that the client can be trusted (Skinner, Cooper, & Chamberlain 2013). In addition, the interviewer should express accurate empathy towards the client and respect the client’s position in the interview. The practitioner should play an affirmative role and should direct the interview while the client should offer information and solution (Corcoran, 2016). Creation of dissonance can be used to help the client identify needs and possible measures for realizing the needs (Thompson, 2013).

The interview demonstrated the practitioner’s empathy towards the client or aspects of the client’s position. Expressing empathy, according to Skinner, Cooper, and Chamberlain (2013) involves demonstrations of an understanding of the client’s experience or challenges. The practitioner acknowledged the physical and emotional effects of back pain and the client related the expression to a real life experience. The client’s question on the practitioner’s previous experience with back pain followed this and indicated a common feeling between the two parties. Affirming a client’s statement, alongside empathy, is another aspect of acceptance, and it was evident in the interview as the practitioner agreed with the client that the problem was very scary.

One of the aspects of acceptance in motivational interviewing is the existence of a client’s choices that the practitioner should recognize and accept. The interview, however, did not succeed in developing choices from the client and the only choices that emerged were from the practitioner. Even though such factors as an ineffective application of communication skills for eliciting in-depth information from the client could explain the lack of solutions from the client, a perception that the client could not offer solutions could also explain this. A practitioner that does not value a client, as a potential source of alternatives, is likely to focus on providing alternatives instead of eliciting them from the client. The lack of choices, solution, or ideas for development of solutions from the client undermined usefulness of the client to the interview. Consequently, the interview fails to demonstrate the absolute value of the client.

Creation of dissonance and the role of the practitioner in directing an interview, while the client participates actively, are other aspects of acceptance. The client’s major problem was pain management, based on preliminary screening, and the interview fails to create the relevant dissonance around this. The interview does not help the client to identify any inconsistency between her current approach and attitude towards pain management and instead focuses on presenting ways for managing the pain. In addition, the client played a passive role while the practitioner contributed much to the generation of the possible solutions.

**Compassion**

Compassion is another element of the spirit of motivational interviewing and involves the desire to care for other people (Rollnick, Rutschman, & Kaplan 2016). It requires active roles in the realization of a client’s needs, based on the goals that the client has developed (Herman, et al. 2013). A focus on the client’s welfare was evident in the interview as the practitioner aimed at finding a solution to the back pain. Proposals for engagement in exercise and walks with the client’s dogs illustrated the focus on helping the client to manage the back pain. The element, however, should be based on the goals that a client has established, not those that a practitioner develops for the client. In the interview, however, the client did not present any goal from which the practitioner’s compassion was to be based. The aspect of compassion that existed in the interview, therefore, were not suitable for the motivational scope of the interview.

**Evocation**

The role of a practitioner in a motivational interview is to elicit motivations to change and to strengthen them (Miller & Rollnick, 2012). Clients are assumed ambivalent about changes, and the practitioner should evoke existing pro-change views (Miller & Rollnick, 2012). A practitioner should identify a need or gap in a client through evocation that involves a client’s perception of the problem, a rationale for the client’s needed change, change strategies, personal goals, and reasons for supporting or opposing a change (Schumacher & Madson, 2014). The aspects of evocation generate ideas for making a desired change.

The interview, however, did not acknowledge ambivalence in the client. It further failed to identify pro-change views from the client’s perspectives. The only identified gap was the need to manage the back pain, and this had emerged before the interview. Consequently, the interview did not succeed in evoking the necessary information for a motivational interview.

**Principles of Motivational Interviewing**

**Expressing Empathy**

Expression of empathy is one of the principles of motivational interviewing. It involves the practitioner’s immersion in the perception, thought, and feelings of the client (Zastrow, 2016). The immersion, together with sharing in the client’s experience, creates the sense in the client that he or she is understood. The sense of being understood then helps the client to open up and offer information that then guides a practitioner’s support. An expression of empathy also undermines challenges that a client may face, into opening up, and promotes discussion of ambivalences. Consequently, a practitioner’s expression of empathy is critical to the success of a motivational interview (Zastrow, 2016).

Expression of empathy through thought and sharing in the client’s experience were evident in the interview. The practitioner thought about and expressed thoughts on the horror of spasms and noted that she had experienced back pain. The expression, however, was devoid of perceiving the problem through the client’s eyes and feeling the pain with the client. The non-persuasive proposition of activities that had caused the client pain and fear illustrates the superficial expression of empathy. The lack of openness of the client, which the passive nature of the interview illustrates, could be attributed to the limited expression of empathy in the interview.

**Support for Self-Efficacy**

Motivational interviewing involves bridging gaps in clients’ efforts to goal realization, and the practitioner should play a passive role. Support for self-efficacy is an element of the role and involves the development of the client’s confidence in the involved tasks (Gorin, 2014). The interviewing assumes that clients have the necessary capacities for realizing the desired goals and developing confidence in clients’ capabilities is instrumental to the goals (Gorin, 2014). Affirmation of the capabilities and review of previous successes in goal realization are some of the initiatives for supporting self-efficacy (Hettema & Kirsch, 2011). The interview, however, was devoid of the two initiatives of for supporting self-efficacy. None of the interview prompts sought to understand the client’s abilities to manage the back pain or the client’s past experiences with pain management. The lack of application of the principle could have been a major barrier to the success of the interview, especially because screening had revealed a low level of self-efficacy in the client. In addition, the client’s first expression of skepticism showed their lack of confidence in the motivational interview and their ability to help in deriving a solution. developing confidence in the client on the ability of the interview and capability of humans to develop a solution, therefore, was critical to the success of the interview, and its absence suggests ineffectiveness of the interview.

**Roll with Resistance**

An existence of ambivalences is one of the underlying assumptions for the use of motivational interviewing. A client is likely to prefer an option to another and conflicts between a client’s preference, and a practitioner’s position is likely to cause resistance (Gorin, 2014). De-escalating resistance or avoiding negative encounters are some of the measures for rolling resistance (Gorin 2014). Shifting to a different approach when an applied approach generates resistance and ensuring that developed solutions are products of mutual efforts are other measures for rolling resistance (McCarthy 2011). Sensitivity to a client’s needs and attitude is another possible measure for rolling resistance (Westra, 2015).

An effective roll with resistance was evident in the motivational interview. Even though the client was feared involvement in forms of physical activity, such as exercising and walking her dog, and the practitioner played an active role in arriving at the options, the interview had no adverse effects of a conflict. The client eventually agreed to try the proposed solution and this identified effective roll over the differences in thoughts. Similarly, the interviewer was keen on avoiding resistance whenever a conflict occurred between her and the client. The interview did not have a negative encounter and avoidance seems to have been used as a roll over strategy. Even though the client initially expressed hopelessness in finding a solution, the practitioner succeeded in keeping the client in the interview and convincing the client to participate in a treatment plan, and to have a subsequent meeting.

**Develop Discrepancies**

Motivational interviewing also requires development of a discrepancy between an experienced problem and values of desires of a client (Westreich & Leventhal 2011). The principle is consistent with creation of dissonance and involves the use of questions and reflections that direct the client to understand the gap between experience and desired health positions (Arkowitz & Engle 2013). Even though the client already identified a discrepancy between her experience of a back pain and her desire to be free from the back pain, significant efforts were made to make the discrepancy more significant. The practitioner, for example, began by asking the client how the client was feeling due to the client’s back pain. The question revealed what was expected of the client at her workplace, her desire to walk her dog over a longer distance, her desire to regain her lost quality of social life. The practitioner also reflected on the client’s behavior of going out, noting that the behavior was good and could be lifting the client’s mood. In addition, the practitioner’s expression of empathy to the client’s inability to engage in some of her routine activities, such as the going out to her relatives and walking her dog, reflected on the discrepancy between the client’s current position and the desired condition.

**Motivational Interview Skills**

An effective motivational interview also requires an application of micro-skills and these form a basis for evaluating the interview.

**Open-ended Questions**

Open-ended questions are subjective and offer a responded a wider room for response. Responses to open-ended questions are long and rely more on the interviewee than on the interviewer (Steinberg & Miller, 2015). The nature of open-ended questions makes them suitable for motivational interviewing that seeks to rely on clients as the source of information and solutions for addressing problems. The interview relied, largely, on open-ended questions but the application did not succeed in developing ideas from the client. The interviewer remained the significant source of information on possible solutions. The use of open-ended questions, therefore, was not effective for the scope of motivational interviewing.

**Affirmations**

Affirmation is a positive statement on a person’s values, quality, or a past engagement that had positive outcomes (Hohman 2015). It emerges from sensitivity to people and belief in the people (Carlisle 2014). The use of affirmation has such benefits as development of self-confidence in the client, internalization of positive personal attributes by the client, and promotion of a positive relationship between the client and the practitioner. Affirmation also creates a positive environment between the client and the practitioner and decreases defensiveness of the client towards prevention or rolling over conflicts (Clifford & Curtis 2016).

The interview used elements of affirmation. The practitioner acknowledged the client’s level of success in walking the client’s dog. The practitioner also acknowledged the client’s previous roles as a full-time employee and as a ballroom dancer. The client did not develop confidence into a positive contribution to possible solutions to her problems. The benefits of affirmation that could have motivated the confidence and the contribution, therefore, were not realized and this undermined effectiveness of the applied affirmation.

**Reflections and Summaries**

Reflections involve repetition or paraphrasing of a statement (Hohman 2015) and ascertain a practitioner’s understanding of a client’s response (Steinberg & Miller, 2015). The practitioner did not use reflections in the interview, and this could have undermined the practitioner’s understanding of the client’s responses. Summaries, like reflections, promote an understanding of responses to an interview because they help to bring together ideas in response (Hohman 2015). The interview ended with a recap of main ideas and this undermined contributions of the skill.

**Interviewer’s Outlook**

Organizing cue cards, which were meant to guide the interviewer, was a challenge and the interviewer lost composure during the session. Possible effects of the confusion on composure and ability to guide the interview, therefore, was a threat to the outcomes of the motivational interview.

**How the Interview could have been Conducted Correctly**

The interview should have been more participatory, with the interviewer offering the client greater opportunity for participation. Ensuring an active role of the client, through perceiving and empowering her as a partner in the interview, would have improved the interview. Effective use of non-verbal communication, such as effective control over the interviewer’s righting reflex and tonal variation could have also improved the interview. The use of the communication skills could have addressed some barriers and promoted an active role of the client in the interview. Creation of dissonance between the client’s position and her desired quality of health lacked in the interview and achieving it, through an active participation of the client, could improve the interview. Evocation could have also established a desired dissonance. Even though the practitioner demonstrated elements of compassion, motivational interviewing requires a greater level of passion that includes realization of a client’s goals. Empowering and leading the client to develop objectives about the desired quality of life, therefore, could have improved the compassion aspect of the interview.

Analysis of the interview along the principles of motivational interview identifies other possible improvements. Supporting the client’s self-efficacy, through understanding and acknowledging the client’s abilities in the management of the back pain could have also improved the outcomes, especially because low self-concept is one of the underlying problems of the client. Use of reflections and summaries and the interviewer’s confidence and capacity to use cue cards are other measures that could improve the interview.

**Conclusion**

A motivational interview was conducted with a female client who had a back pain. Preliminary screening associated the client with a low level of self-efficacy. The interview demonstrated the application of some of the concepts, principles, and skills of motivational interviewing, such as levels of participation, acceptance, empathy, management of resistance, and affirmation. It, however, had limitations and measures such as elicited active participation of the client, effective use of non-verbal communication skills, and a creation of dissonance could have improved the interview. Supporting the client’s self-efficacy, use of reflections and summaries, and improved competence of the practitioner are other measures that could improve the interview. Application of the concepts of therapeutic relationships that relate to aspects of participation, acceptance, and compassion, and on the relationship, could also improve the interview and its outcomes.

**Reference List**

Arkowitz, H & Engle, D 2013, ‘Understanding and working with resistant ambivalence in psychotherapy: An integrative approach,’ in Hofmann, S & Weinberger, J (Eds), *The art and science of psychotherapy*, Routledge, Oxon, pp. 171-198.

Carlisle, L 2014, *Motivational interviewing in dentistry: Helping people become healthier*, BookBaby.

Clifford, D & Curtis, L 2016, *Motivational interviewing in nutrition and fitness*, Guilford Publications, London.

Corcoran, J 2016, *Motivational interviewing: A workbook for social workers*, Oxford University Press, New York.

Douaihy, A, Kelly, T, & Gold, M (Eds) 2015, *Motivational interviewing: A guide for medical trainees*, Oxford University Press, New York.

Gorin, S 2014, *Prevention practice in primary care*, Oxford University Press, Oxford.

Helming, M (2012), ‘Relationships,’ in Dossey, B & Keegan, L (Eds), *Holistic Nursing*, 6th Ed, Jones & Bartlett Publishers Burlington, pp. 439-462.

Herman, K, Reinke, W, Frey, A, Sherpard, S 2013, *Motivational interviewing in schools: Strategies for engaging parents, teachers, and students*, Springer Publishing Company, New York.

Hettema, J & Kirsch, J 2011, ‘Motivational interviewing: Mental health-substance use,’ in Cooper, D (Ed), *Intervention in mental health-substance use*, Radcliffe Publishing, London.

Hohman, M 2015, *Motivational interviewing in social work practice*, Guilford Publications, London.

Landers, M 2016, ‘Self-care strategies,’ in Fitzpatrick, J & McCarthy, G (Eds), *Nursing concept analysis: Applications to research and practice*, Springer Publishing Company, New York, pp. 107-114.

McCarthy, R 2011, *Introduction to health care delivery*, 5th Ed, Jones & Bartlett Publishers, London.

Miller, W & Rollnick, S 2012, *Motivational interviewing: Helping people change*, 3rd Ed, Guilford Press, New York.

Rollnick, S, Rutschman, R, & Kaplan, S 2016, *Motivational interviewing in schools: Conversations to improve behavior and learning*, Guilford Publications, London.

Schumacher, J & Madson, M 2014, *Fundamentals of motivational interviewing: Tips and strategies for addressing common clinical challenges*, Oxford University Press, Oxford.

Skinner, W, Cooper, C, & Chamberlain, C 2013, *Psychotherapy essentials to go: Motivational interviewing for concurrent disorders*, W. W. Norton & Company, London.

Stanley, R 2013, ‘Pathophysiologic basis and application of spiritual healing practices in chronic illnesses,’ in Stolzfus, M, Green, R, & Schumm, D (Eds), *Chronic illness, spirituality, and healing: Diverse disciplinary, religious, and cultural perspectives*, Springer, New York, N.p.

Steinberg, M & Miller, W 2015, *Motivational interviewing in diabetes care*, Guilford Publications, London.

Thompson, B 2013, *Non-directive coaching: Attitudes, approaches, and applications*, Critical Publishing, Cheshire.

Westra, H 2015, *Motivational interviewing in the treatment of anxiety*, Guilford Publications, London.

Westreich, L & Leventhal, E 2011, ‘Intervention with the addicted person,’ in Galanter, M & Kleber, H (Eds), *Psychotherapy for the treatment of substance abuse*, American Psychiatric Publishing, London, pp. 153-174.

Zastrow, C 2016, *Empowerment series: Introduction to social work and social welfare: Empowering people*, 12th Ed, Cengage Learning, Boston.