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Advocacy
Education
Leadership
Engagement
Outcomes

Adapted Motivational Interviewing Intensive

Part 2: *The Central Skill of MI: Reflections*

January 30, 2026

Eileen Chaves, PhD, MSc

Adolescent Health Series

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The Preventive Health Program is proud to present our next education session:

- The Youth Risk Behavior Survey and Youth Tabacco Survey (Thursday, February 19 @ Noon)

Register Here

CME Disclosure

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The planners, faculty, and others in control of content (either individually or as a group) have no relevant financial relationships with ineligible companies.

Adapted Motivational Interviewing Intensive

- *January 23: Practical Strategies*
  - *Chris Bolling, MD*
- ***January 30: The Central Skill of MI: Reflections***
  - *Eileen Chaves, PhD*
- *February 6: Two Tools for Success: Assessing Values and Readiness*
  - *Mary Runnoe, MS, LPCC-S*
- *February 13: Putting It All Together*
  - *The Whole Team!*

A Quick Review…

- The **goal of motivational interviewing** is to help an individual **resolve ambivalence**.
- Ambivalence is when we **feel stuck in the middle of two choices** and can produce a strong rationale for why each is a good choice.
- **Cognitive dissonance** is when one's **actions do not match their beliefs or values**. When this happens, **people often engage in defense mechanisms** to reduce their discomfort between their choices and values (McLeod, 2025).

McLeod, S. (2025, June 20). What is Cognitive Dissonance Theory? Simply Psychology. https://www.simplypsychology.org/cognitive-dissonance.html#How-To-Reduce-Cognitive-Dissonance.

A Quick Review…

MI works to resolve ambivalence using these four processes

1. **ENGAGING** – The Relational Foundation
2. **GUIDING** – The Strategic Focus
3. **EVOKING** – The Transition to MI
4. **PLANNING** – The Bridge to Change

Throughout each of these processes, we are looking for **CHANGE TALK** and **REFLECTING** that back to the patient.

Learning Objectives

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1) Explain the principles of reflective statements
2) Use reflective statements in clinical settings
3) Reflect content, feeling, and meaning in patient statements

Motivational Interviewing: A Bad Example

Motivational Interviewing: A Bad Example

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- What did you notice?
- Who did the majority of the talking?
- Did the client/patient feel heard?
- Did she feel understood?
- What did you notice about her body language?
- Do you think this client/patient would come back to see you?

What are Reflections?

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- Statements that:
  - Offer the other person's content back to them in a non-threatening way
  - Invite the other person to continue speaking on a topic or delve deeper
  - Help the person to organize their thoughts
  - Help the person recognize his/her own change talk

Pro Tip:
You will elicit more of the kind of response that you are reflecting.
If you reflect sustain talk you will receive more sustain talk; if you reflect change talk you will receive change talk.

Woolford SJ, Villegas J, Resnicow K. Motivational Interviewing for the Prevention and Treatment of Pediatric Obesity: A Primer. Pediatr Clin North Am. 2024 Oct;71(5):927-941. doi: 10.1016/j.pcl.2024.06.006. Epub 2024 Jul 29. PMID: 39343502.

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Why Reflections?

- Reflections allow us to:

Build rapport and express empathy

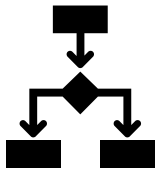
Reflections help express empathy and validate patients' experiences, building trust and rapport

Encourages deeper patient engagement

Reflections invite patients to share deeper thoughts and feelings without feeling interrogated or pressured.

Elicit change talk

Reflections promote a collaborative atmosphere, encouraging patients to express their desire and reasons for change



Improve patient outcomes

Effective reflections are linked to greater patient autonomy, motivation, and adherence to health behaviors

What Makes a Reflection Effective?

- Accurate and empathic
- Non-judgmental
- Goes beyond parroting

If a patient says:

What could we say??

Types of Reflections

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- **Simple Reflection**
  - Restates patient's words
  - Example: "You're tired of feeling sick"
- **Complex Reflection**
  - Adds meaning or emotion
  - Example: "You're frustrated because it feels like what you're doing isn't getting you to where you want to be with your health"
- **Double-sided Reflection**
  - Acknowledges ambivalence
  - Example: "You enjoy smoking but you're worried about your health"

MI Reflections In Action

Going Deeper: Types of Complex Reflections

- Amplification

I don't think my son's anxiety is that bad

Use strategically to soften sustain talk by exaggerating, overstating, or increasing the intensity of the client's statement—it must be said **without sarcasm**!

So you're saying it's not affecting him in any way?

Going Deeper: Types of Complex Reflections

- Coming Alongside

A reflection that articulates the side of no change (the negative). This is useful for **softening sustain talk** or **responding to discord**.

I can't give up vaping – I do it with my friends

Vaping is a big part of your life

Going Deeper: Types of Complex Reflections

- Continuing the Paragraph

I have to get my kids back

Anticipate the next statement that has yet to be said. **Begin** this kind of reflection **with a conjunction** (and, because, etc.) to make a **guess about future change**. It's important that you reflect back more than the person said, but not more than a person meant to say. This is **useful for cultivating change talk.**

…and you're ready to start making changes

Going Deeper: Types of Complex Reflections

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- Reframing

Puts another frame around the client's story

I've tried to quit vaping a lot but I always come back to it

You are persistent, even if you feel discouraged. This change must be really important to you.

Going Deeper: Types of Complex Reflections

- Shifting Focus

Provides understanding for the client's situation and diffuses discord

What do you know about being big? You probably never had a weight problem.

It's hard to imagine how I could possibly understand

Going Deeper: Types of Complex Reflections

- Metaphor

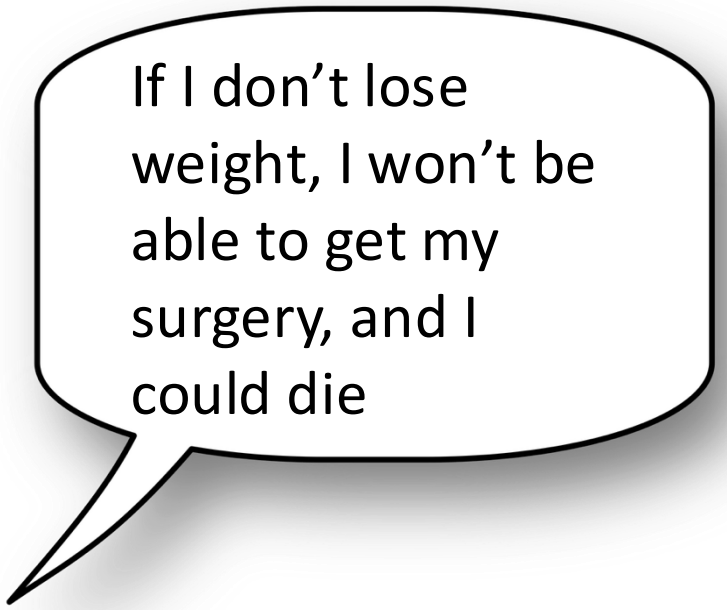
A reflection using “picture language” to evoke sentiment and understanding

It’s like everything just came crashing out this week and I couldn’t hold it in anymore

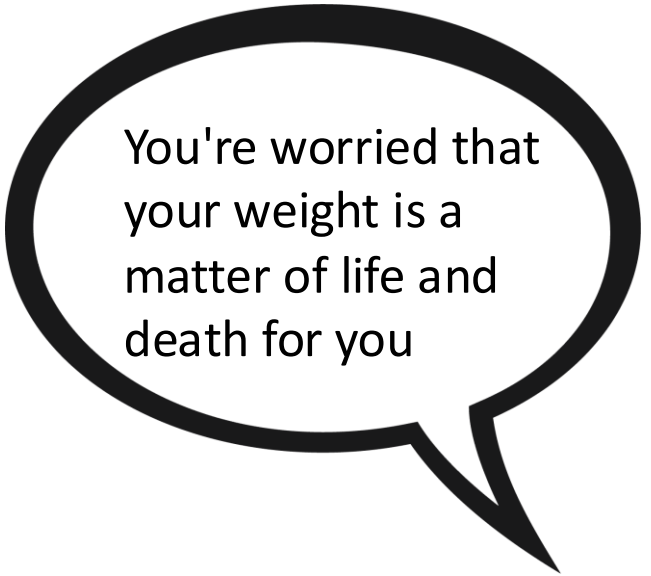
You hit a wall trying to figure everything out

Going Deeper: Types of Complex Reflections

- Reflection of Feeling: *The Deepest Form of Reflection*



A reflection of implied **underlying feeling** (name the feeling). This is useful for **softening sustain talk** and **cultivating change talk**.



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MI Reflections: Getting It Wrong?

- Can you get a reflection wrong?

- What can you do if you do get it wrong?

Reframe this as an **opportunity to learn more** about what the client/patient is trying to tell you!

"Please help me to understand better. Can you tell me more?"

MI Reflections: Common Pitfalls

Overusing Questions

Excessive use of questions instead of reflections can make conversations feel like interrogations, reducing collaboration

TRUST

Misinterpreting Meaning

Incorrectly interpreting meaning could lead to inaccurate reflections and damage trust in the therapeutic relationship but could also be an opportunity

Judgmental Tone

A judgmental or prescriptive tone undermines motivational interviewing and can increase patient/client resistance

Listening carefully, checking assumptions, and maintaining empathy improves reflection skills and helps people feel heard and understood!

KEEP
CALM
AND
LET'S
PRACTICE

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If Someone Says….

I feel so tired - I just don't know what to do

People keep telling me I need to stop smoking weed but I don't know if I want to

I don't know where to start to make a change

Remember the Spirit of MI

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- **COLLABORATIVE** – we want to partner with the patient to identify their values and what behaviors they think will meet their values.
- **AUTONOMY** – patients are allowed to choose their own values and choose how they would like to live out those values.
- **EMPATHY & COMPASSION** – is our way of being with the patient, nonjudgmentally.

Claim CME and MOC Part II credit here:

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Ohio AAP Spring Advocacy Day

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April 16, 2026
Agenda and Time TBA
Ohio Statehouse

Register Today!

Store It Safe Designated Community

Imagine a community where every child and teen feels seen, supported, and safe. Becoming a **Store It Safe (SIS) Designated Community** is more than adopting a title — it's joining a movement. This designation means taking real action: promoting safe storage of lethal means, educating families, and creating environments where help is accessible and stigma has no place. It is a bold step toward protecting our most valuable resource — our children.

Pediatric healthcare providers and community leaders are uniquely positioned to drive this change. The SIS Designated Community initiative is already gaining momentum, with several Ohio cities leading the way. We are now inviting more communities to join this movement and help create a safer, healthier future for youth across the state.

Options for involvement:

- Become an SIS ambassador
- Connect Ohio AAP with your community's leadership and elected officials
- Endorse and recommend your community for SIS designation
- Further your safe storage advocacy efforts at the community level
- Write a letter of support for your community to keep the safety of children and teens at the forefront

A program of the Ohio Chapter, American Academy of Pediatrics

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