MOTIVATIONAL INTERVIEWING

MARIE HUGGINS

INTRODUCTION

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She also holds the credentials of National Certified Counselor and a Global Career Development Facilitator. She currently works as an Outpatient Therapist at Creasman Counseling, PLLC servicing clients in Durham, NC and surrounding areas in North Carolina.

ACKNOWLEDGMENTS

- Most of the material contained within this presentation has been adopted and/or adapted from the work of William R. Miller, PH.D. , Stephen Rollnick, Ph.D. and Theresa Moyers, Ph.D.

- Developed in 1983 to treat clients struggling with chronic alcohol use.

- Influenced by earlier psychology theories: Humanism and the Transtheoretical Model of Behavior Change

Theresa Moyers   Stephen Rollnick   William R. Miller

HUMANISM – FROM CARL ROGERS

In order for a client to grow or change, therapists must create an environment of growth by embodying 3 attributes:

1 **Congruence: Being Genuine, Real**

2 **Unconditional Positive Regard: Acceptance, Compassion**

3 **Empathy: Understanding, Recognition**
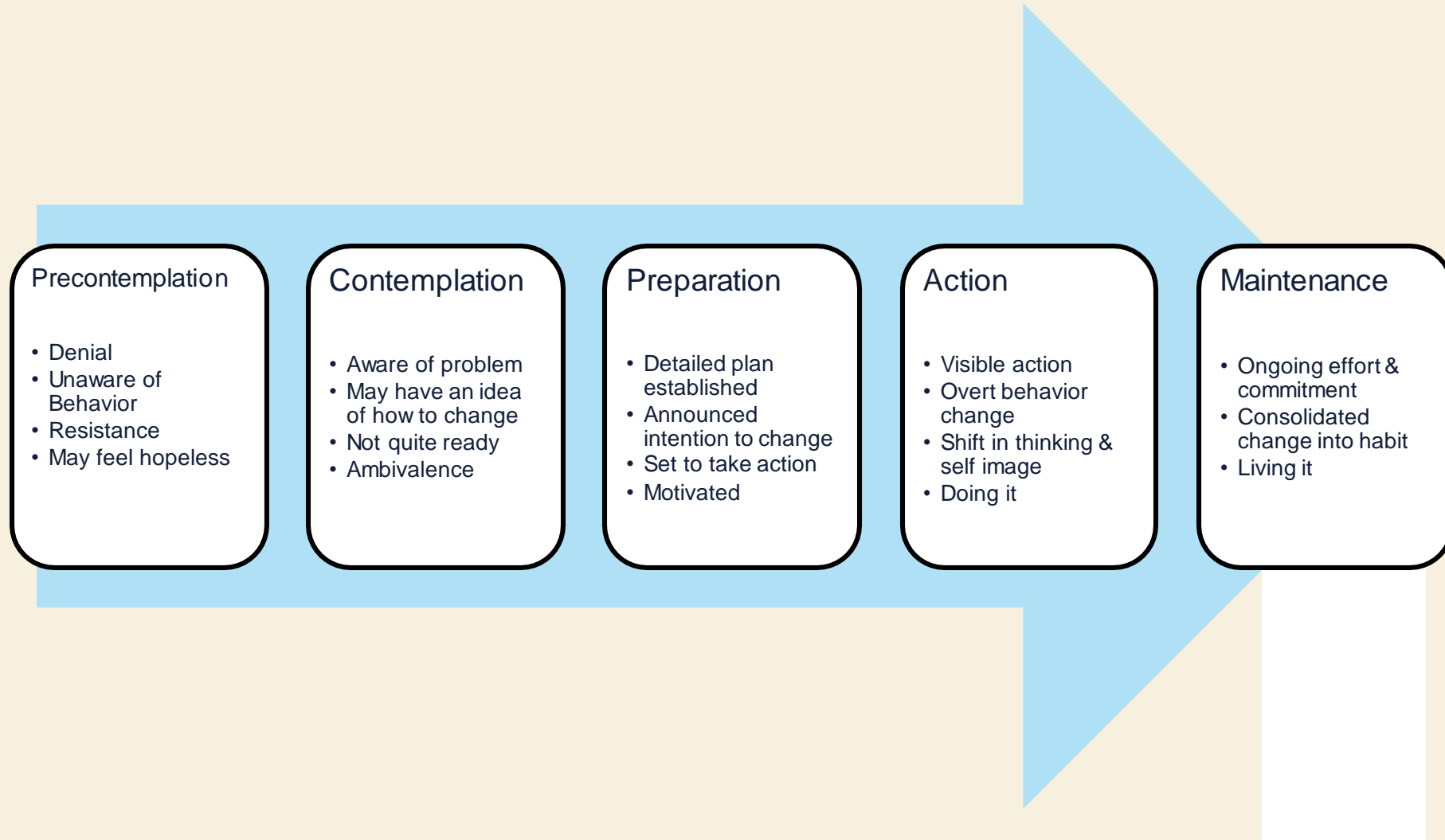
DEFINING MOTIVATIONAL INTERVIEWING (MI)

- **Collaborative, goal-oriented style of communication with particular attention to the language of change.**

- **Designed to strengthen personal motivation for and commitment to a specific goal.**

- **Explores a person's reasons for change in an atmosphere of acceptance and compassion.** Miller and Rollnick (2012)

"MI helps clients develop the intrinsic motivation to change and accomplish counseling goals" Erford (2010)

WAIT!

Before we talk more about MI, it's helpful to first talk about how people change through the Transtheoretical Stages of Change!

TRANSTHEORETICAL MODEL OF CHANGE: PROCHASKA AND DICLEMENTE'S

Precontemplation

- Denial
- Unaware of Behavior
- Resistance
- May feel hopeless

Contemplation

- Aware of problem
- May have an idea of how to change
- Not quite ready
- Ambivalence

Preparation

- Detailed plan established
- Announced intention to change
- Set to take action
- Motivated

Action

- Visible action
- Overt behavior change
- Shift in thinking & self image
- Doing it

Maintenance

- Ongoing effort & commitment
- Consolidated change into habit
- Living it

SUMMARY: STAGES OF CHANGE

•About the process of change
•Change occurs all the time
•Many people change without help
•Emphasizes positive reasons for change
•People require more motivation in early stages
•It is NOT MI
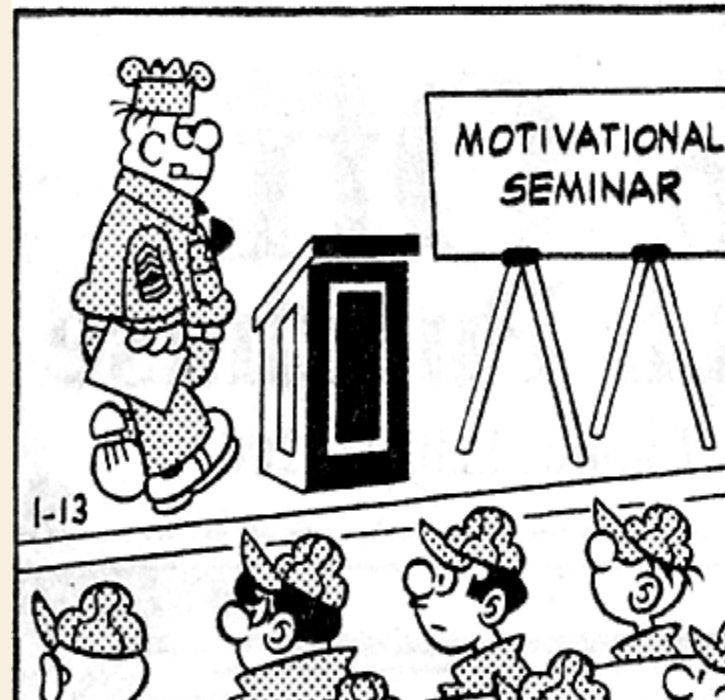•Combined with MI, it helps people decide on their own plan of action

YOU WOULD THINK….

- that having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication

- that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking

- losing one's life savings and children's inheritance in slot machines would be enough to help a man to quit gambling

- And yet so often it is not enough for people to change.
- What is the KEY for Client CHANGE?

Client Motivation

CLIENT MOTIVATION IS A KEY TO CHANGE

- Successful treatment outcomes are predicted by:

  - Pretreatment motivation measures

  - Treatment attendance

  - Treatment adherence/compliance

  - Service provider's ratings of motivation and prognosis

- That is, more "motivated" clients do better

CLIENT MOTIVATION IS GREATLY INFLUENCED BY THE SERVICE PROVIDER

Clients' *motivation, retention and outcome vary* with the particular service provider to whom they are assigned

Service provider's *style* strongly drives client resistance (*confrontation drives it up, empathic listening brings it down*)

That is, the *service provider* is one of the *biggest determinants* of client motivation and *change*

MOTIVATIONAL INTERVIEWING (MI)

"MI is a directive, client-centered counseling style for enhancing intrinsic motivation for change by exploring and resolving ambivalence" (Miller and Rollnick, 2002)

CLIENT-CENTERED

- Focused on understanding the client
- Encourages client during "courage phase"
- Supports known cadence of accountability
- Takes a positive progress focus
- Offers proactive obstacle identification
- Helps client troubleshoot when they're stuck

Intrinsic Motivation

Engage in a behavior because it is personally rewarding, not for an external reward

"Ambi" means two
ambivalent = not sure about two options

I'm *ambivalent* about this album. Its both good and bad.

ambivalent album

Ambivalence (n.) lack of clarity; wavering; being undecided

SOURCES OF MOTIVATION

- External Pressure

- +

- Internal Motivation

- Externally motivated subjects had long term outcomes <u>only</u> when they also had high levels of internal motivation

- (Deci, 2000)

10 THINGS MI IS NOT:

- A way of tricking people into doing what you want them to do

- A specific technique (MI is a counseling method, no specific technique is essential)

- A "cure all" for every clinical challenge

- Strictly the transtheoretical model of change

- Rogerian/client centered therapy

- Cognitive Behavior therapy

- Decisional Balance

- Assessment feedback

- Easy to learn

- Practice as usual

(Miller & Rollnick, 2009)

EFFECTIVENESS OF MOTIVATIONAL INTERVIEWING

MI has an overall rating of 3.9 out of 4.0 on SAMHSA's National Report of Evidence Based Programs

AMA endorses the use of MI to promote health-related outcomes

RESEARCH SHOWS MI IS EFFECTIVE FOR:

Disease management

Lifestyle changes

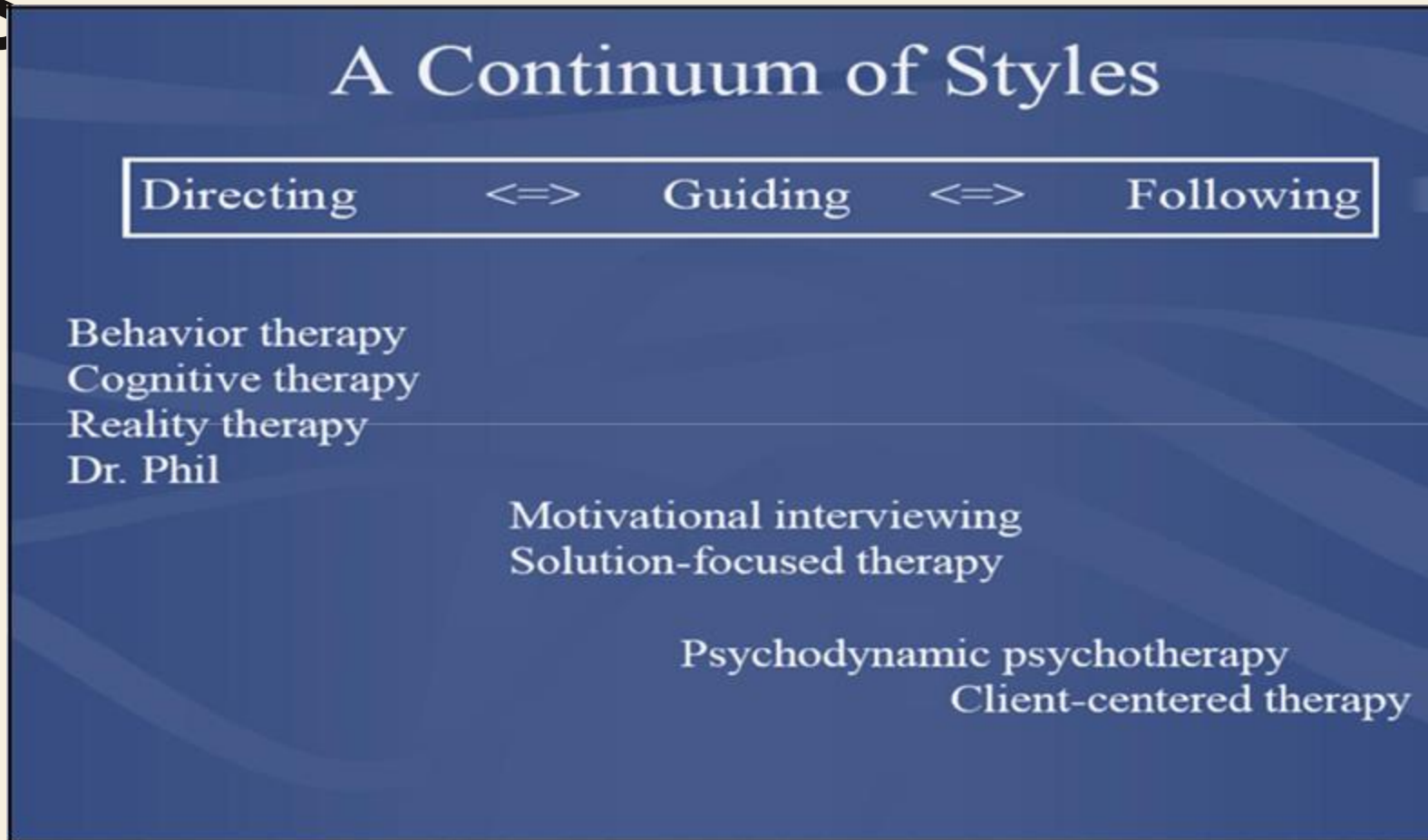Addiction / Substance Use

Couples Counseling

Criminal Justice

Changing any undesired behavior

A CONTINUUM OF STYLES

A Continuum of Styles

Directing	<=>	Guiding	<=>	Following

Behavior therapy
Cognitive therapy
Reality therapy
Dr. Phil

Motivational interviewing
Solution-focused therapy
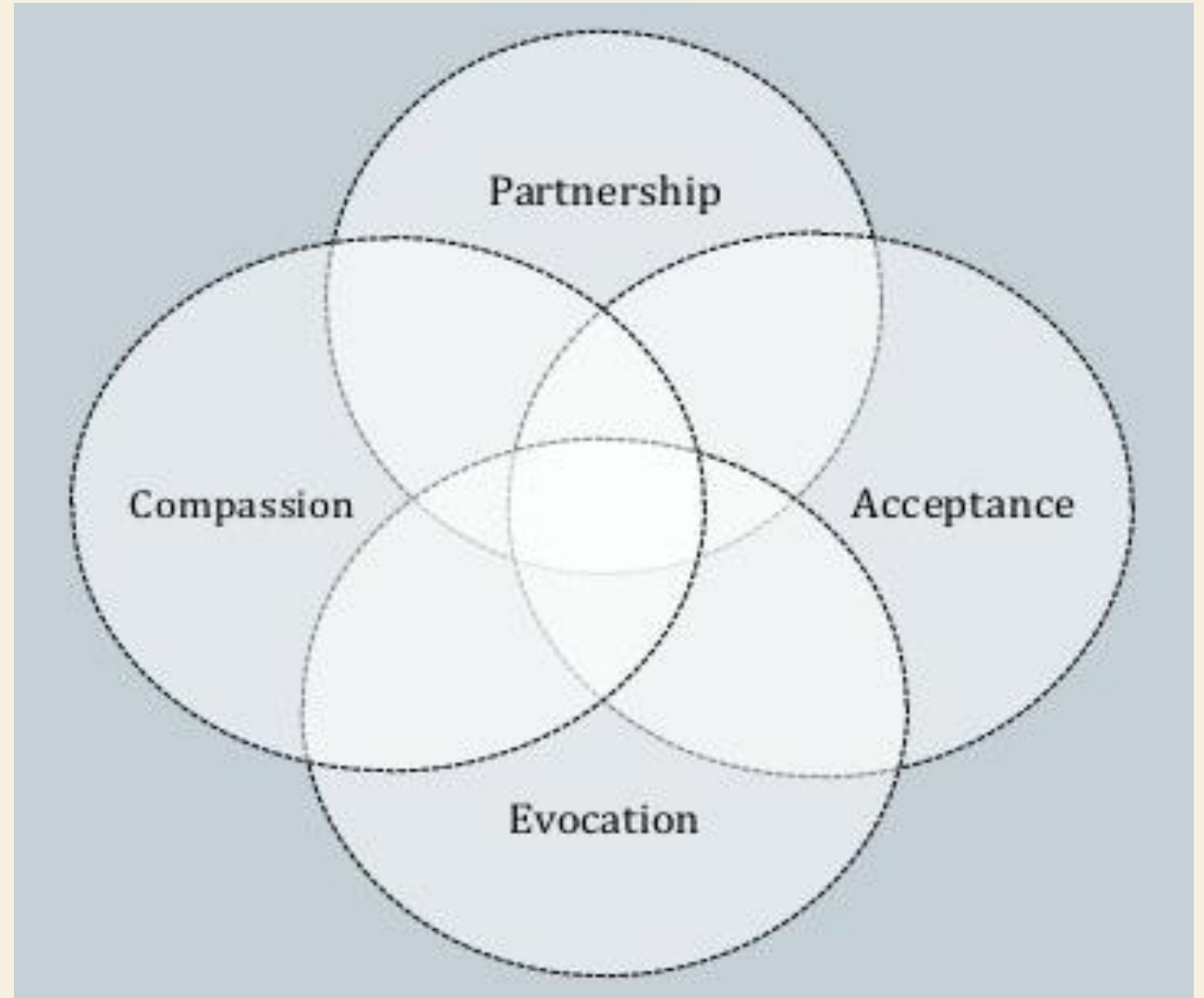
Psychodynamic psychotherapy
Client-centered therapy

"PEOPLE ARE USUALLY BETTER PERSUADED BY THE REASONS WHICH THEY HAVE THEMSELVES DISCOVERED THAN BY THOSE WHICH HAVE COME INTO THE MINDS OF OTHERS."

-Blaise Pascal
17th century philosopher & academic

MI SPIRIT: CAPE

- **Compassion**
- **Acceptance**
- **Partnership**
- **Evocation**

MI - THE SPIRIT (1) : COMPASSION

Compassion is a deliberate commitment to pursue the welfare and best interest of the other.

– To give priority to the other's needs

– Actively promote the other's welfare

"Compassion is the wish to see others free from suffering." - *His Holiness the Dali Lama*

MI-SPIRIT (1) COMPASSION EXAMPLE

- "As your counselor, I am in this for your best interests, not my own."

MI SPIRIT (2): ACCEPTANCE

- A professional exhibiting ACCEPTANCE as intended in the MI Spirit:

- " Honors each person's *absolute worth* and potential as human being;

- Recognizes and supports the person's *autonomy* to choose his or her own way;

- Seeks through *accurate empathy* to understand the other's perspective, and *affirms* the person's *strengths and efforts*.

MI SPIRIT (2): ACCEPTANCE – EXAMPLE

- "I am invested in understanding what it is to walk in your shoes. I accept where you are in this process."
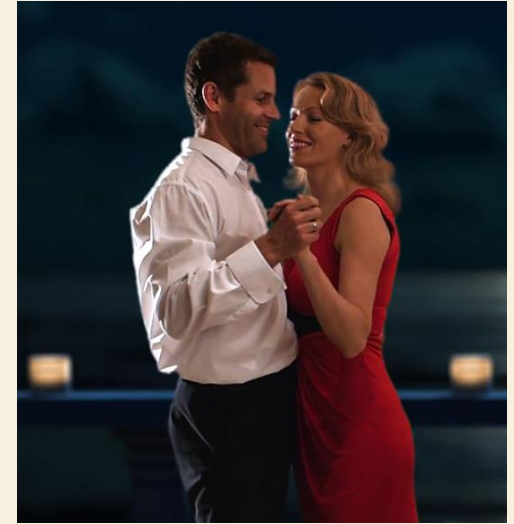
MI SPIRIT (1): PARTNERSHIP

- Dancing as opposed to wrestling

- Many MI proponents use the metaphor of dancing with clients to illustrate this method of gently moving with them around the ambivalence of change

Ambivalence (n) :
The state of having simultaneous, sometimes conflicting feelings towards something – like feeling happy and sad at the same time.

MI SPIRIT: PARTNERSHIP EXAMPLE

- "I bring case manager expertise, but you are the "expert" in your story and ways to change. We can collaborate on effective strategies and ways to accomplish your goals."

MI - THE SPIRIT (4) EVOCATION

- A strengths-focused premise rather than a deficit-focused model

- People already have *within themselves* much of what is needed and your task is to *EVOKE it*

- A client's own arguments for change are more persuasive than whatever arguments you might be able to provide

MI SPIRIT: EVOKE (4) EXAMPLE

"You have what you need and together we will find it. My job is to bring to mind reasons for change from you"

AMBIVALENCE TO CHANGE=

"I want to change,
but I don't want to change."

- Ambivalence= having mixed feelings/ contradictory thoughts about something to the point where you do not lean one way or the other

  - Very few decisions in life are made with 100% certainty
  - *Ambivalence is normal* and part of the change process for everyone

- Goal: Losing weight

Negative Thoughts/Feelings	Motivating Thoughts/Feelings
I'm too tired	I want to be healthy
It's too difficult	I want to be able to hike that mountain
I won't succeed	I want to feel better about my body

- When a person is caught between these conflictions, they remain stagnant.

THE 4 PRINCIPLES OF MOTIVATIONAL INTERVIEWING

4 PRINCIPLES OF MOTIVATIONAL INTERVIEWING

Motivational interviewing is founded on 4 basic principles:

- ○ Express empathy

- ○ Develop discrepancy

- ○ Roll with resistance

- ○ Support self-efficacy

PRINCIPLE 1: EXPRESS EMPATHY

- The crucial attitude is one of acceptance
- Skillful reflective listening is fundamental to the client feeling understood and cared about
- Client ambivalence is normal; the service provider should demonstrate an understanding of the client's perspective
- Labelling is unnecessary
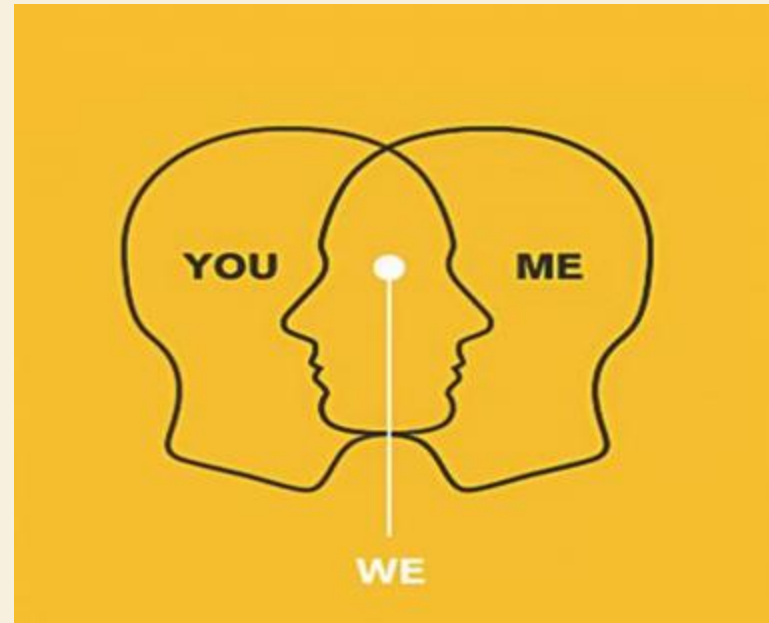
MI PRINCIPLE 2: DEVELOP DISCREPANCY

- Clarify important goals for the client
- Explore the consequences or potential consequences of the client's current behaviors
- Create and amplify in the client's mind a discrepancy between their current behavior and their life goals

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Helping participants recognize the GAP

When what I say is not what I do

Things which are important to them
being a good parent, spouse, having a job, finishing school

GAP

Current behaviors or choices which don't support their goal
Choosing to ignore spouse, not applying for jobs, blowing off school exams

Change happens when participant recognizes the GAP between present behavior and what she or he wants.

PRINCIPLE 3: ROLL WITH RESISTANCE

- Avoid arguing against resistance
- If it arises, stop and find another way to proceed
- Avoid confrontation
- Shift perceptions
- Invite, but do not impose, new perspectives
- Value the client as a resource for finding solutions to problems

PRINCIPLE 4: SUPPORT SELF-EFFICACY

- Belief in the ability to change (self-efficacy) is an important motivator
- The client is responsible for choosing and carrying out personal change
- There is hope in the range of alternative approaches available

MI PROCESS AND TECHNIQUES

MAIN METHODS OF MI PROCESS

| Engaging | Focusing | Evoking | Planning |

| Engaging | Focusing | Evoking | Planning |

Goals

- Establish a connection & good working relationship between client & therapist
- Trust, Familiarity, Comfort
- Orient therapist to client concerns
- Orient client to therapists' role

Techniques

- Rapport Building
- Empathetic Listening
  - OARS
    - Open-ended Questions
    - Affirmations
    - Reflecting Skills
      - Sentence Stems
    - Summaries

Engaging | Focusing | Evoking | Planning

Rapport Building

- Clarify roles, set boundaries
- Conversational assessment style
- Therapist learns patient concerns, goals & priorities
- Active / Empathetic Listening builds comfort & trust

Engaging | **Focusing** | **Evoking** | **Planning**

Empathetic Listening

Open-ended Questions
- Probing questions meant to evoke a thoughtful response vs. a yes/no answer
- "What emotions are you experiencing right now?" vs. "Are you feeling down today?"

Affirmations
- Verbalizing support & understanding
- "That makes sense"; "I hear you", "I understand that this is a difficult situation for you"

Reflecting Skills
- Mirroring what the client is saying, shows collaboration & understanding
- Use Reflection Stems (next slide)

Summaries
- Links relevant information, focuses priorities
- Allows clarification to occur
- Allows client to hear their own motivations & ambivalence

Convert Closed to Open Questions

Closed Question	Open Question
Do you think you have a problem with your anger at work?	What concerns you about your anger at work? What problem has your anger caused for you?
Anything else?	What else?
Is it important for you to keep your job?	How important is it for you to keep your job?
Don't you have anyone who can watch your kids?	What options do you have for child care?

OARS: AFFIRMATION

Statements that support, encourage, reinforce, and acknowledge appropriate attempts made by the participant.

- "Thanks for coming today."

- "I appreciate that you are willing to talk to me about your substance use."

- "You are obviously a resourceful person to have coped with those difficulties."

- "That's a good idea."

- "It's hard to talk about….I really appreciate your keeping on with this."

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Qualities of Good Affirmations

- Affirmations are <u>not</u> cheerleading.

- Affirmations are sincere, specific and immediate.

- Focus on specific things about the participant, rather than broad or vague statements.

- Must be honest and genuine – not phony.

  - ✓Help to build rapport
  - ✓Help to reduce participant demoralization
  - ✓Help to build participant self-esteem and self-efficacy

R– Reflections

"Without reflections, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful."
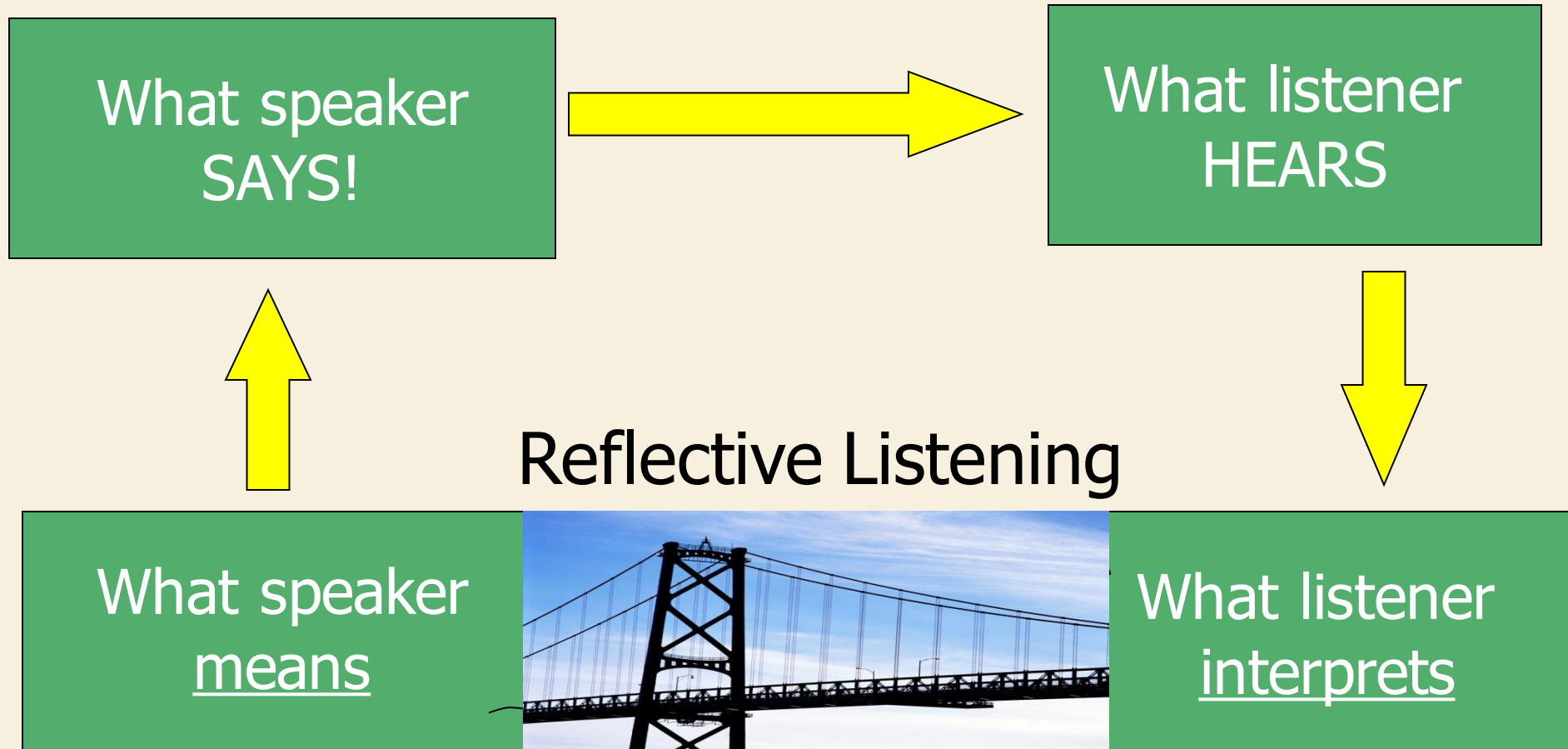
Margaret J. Wheatley

Reflections

Restating information participant said back to them:

- Encourages additional conversation
- Shows you are listening
- Checks your understanding of what they are saying
- Demonstrates you are on the "same page"

Using reflections is an easy way to decrease the number of questions you ask when working with participants.

Communication Cycle

What speaker SAYS! → What listener HEARS

Reflective Listening

What speaker means ← What listener interprets

Levels of Reflections

Repeating - simply repeat what was said

Rephrase - slightly reword/but not add anything new

Paraphrasing - infer unspoken content/make hypothesis

Reflection of Feeling - infer emotional content

SIMPLE
Stays very close to original

COMPLEX
Adds meaning

S - Summaries

- A longer form of reflection
- Choose which points to summarize
  - reasons for change,
  - confidence in being able to change,
  - values, goals, intrinsic motivation
- Helps both people stay on track
- Use periodically
- Use as a transition

Summary Structure

1) Begin by indicating you want to understand:

"Let me see if I understand what you've told me so far…"

2) Then, focus on participant's "change talk." If feelings are mixed, summarize cons & pros (end with pros – talk in FAVOR of change)!

3) Then finish with a KEY QUESTION:

- *Where does that leave you?*

- *What do you think you want to do?*
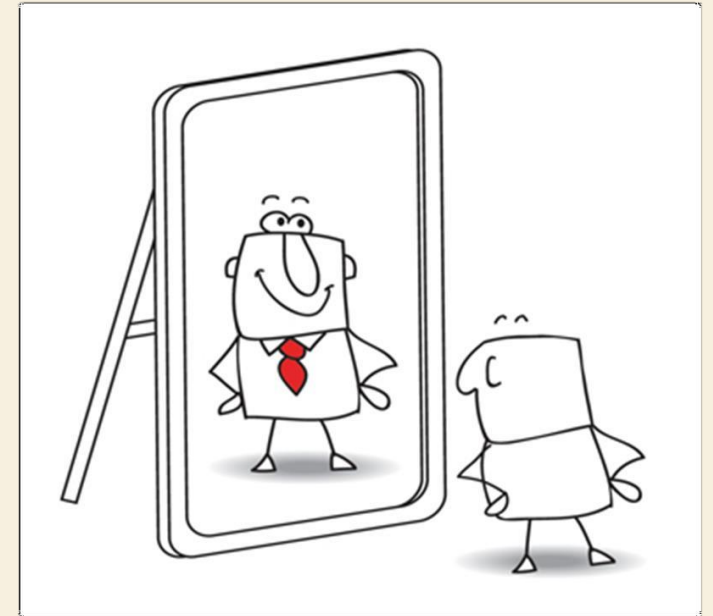
- *What else makes it important to you? …Etc.*

Engaging | Focusing | Evoking | Planning

Reflection Stems

- "it sounds like…"
- "so you're saying that…"
- "from your point of view…"
- "you believe…"
- "your fear is…"
- "it seems that…"
- "it's important to you that…"
- "you feel as though…"

Engaging

Focusing

Evoking

Planning

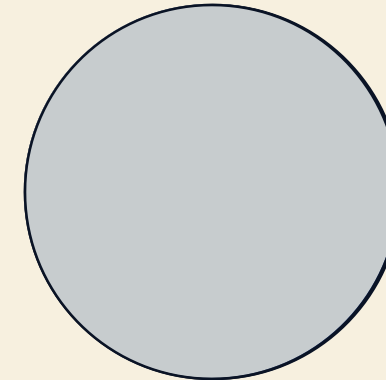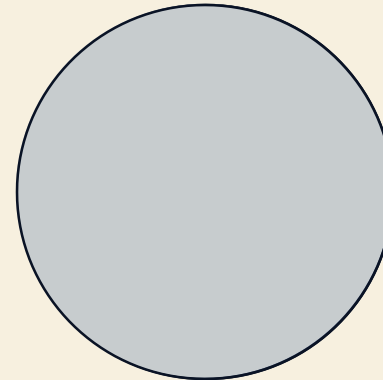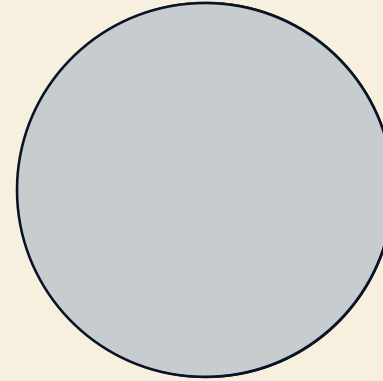| Goals	Techniques
• To target specific changes	• Agenda Mapping
• Clarify client's priorities	• Giving Information
• To collaboratively develop a direction in the conversation about change	• Establishing "patient dilemma"

Engaging   Focusing   Evoking   Planning

Agenda Mapping

1. Brainstorm topics to address
2. Narrow down priorities
3. Finalize agenda

Job Seeking

Giving Information

- The client is the expert on themselves
- Ask permission to share info
- Tie information to identified client concerns
- Ask most helpful way to share
  - Numbers, pictures, etc.
- Check in for understanding/ reaction to info
- "Ask/Tell/Ask" Model

| Engaging | Focusing | **Evoking** | Planning |

Goals

- To bring client ideas & motivations to the forefront
- To identify and resolve barriers to change
- To prepare supports and resources for change

Techniques

- Questions/ Hypotheticals
- Pros & Cons tables
- Readiness Ruler
- Change Talk (DARN)
- Responding to Change Talk

Hypotheticals & "Extremes"

- Suppose you continue on without making a change- how do you think your life might look in 5 years?

- If you could magically change one think right now by
  snapping your fingers, what would it be?

- What's the worst thing that could happen?

- What's the best possible outcome?

Engaging   Focusing   **Evoking**   Planning

Pros & Cons Tables

Advantages to Changing Behavior	Consequences of Not Changing Behavior
• What are some good things about changing you can name?	• What concerns you about not making this change?
• How can you see your situation improving if you were to make this change?	• What about your current situation do you NOT want to continue or get worse?
• How could making a change improve your relationships?	• In what ways do your current choices negatively effect your relationships?

Engaging   Focusing   **Evoking**   Planning

Readiness Ruler

Readiness= Importance + Confidence

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not at all   **Somewhat**   **Very**

Readiness Levels

Not Ready	Unsure	Ready	Trying
1…..2…..	3…..4…..5	6…..7…..8	9…..10
Pre-contemplation	Contemplation	Preparation	Action

| Engaging | Focusing | Evoking | Planning |

Change Talk & Commitment Language

Desire
- A want, wish or will to achieve change
- "I really want to lose weight"; "I wish I could stick to my medication regimen"

Ability
- Perception of capability or possibility of change
- "I could quit drinking if I tried"; "I know it's possible to do this"

Reasons
- Particular rationale or justification for making the change
- "If I stop smoking, I'll be healthier & add years to my life"; "I have to quit using marijuana if I ever want to get the job I want"

Need
- Urgency, necessity to make a change
- "I need to lose weight"; "this has to happen"

Change Talk & Commitment Language

Commitment

- A statement committing to the change
- "I am going to get help with my drug problem."

Activation

- Making a small change in preparation for making change
- "I've erased the dealers' phone numbers from my contact list, and I am getting a new phone number so they can't call me anymore."

Taking Steps

- Indicating they are ready to or have already started changing
- "I've started taking a fitness class at the gym twice a week."

Engaging Focusing Evoking **Planning**

Goals

- Going from "why" to "what" and how"
- Develop a concrete plan
- Develop incremental goals

Techniques

- Change Plan worksheets
- Brief Action Planning
- SMART Goals
  - o Specific
  - o Measurable
  - o Attainable
  - o Realistic
  - o Timely

Engaging   Focusing   Evoking   **Planning**

Change Plan Worksheet

The change I want to consider is:

_____
_____
_____

My main goals in making this change are:

_____
_____
_____

These are some possible obstacles to change and how I could handle them:

Obstacles:

_____
_____
_____

How I could respond:

_____
_____
_____

I plan to do these things in order to reach my goal:

Action (Be specific):

_____
_____
_____

When? _____

Other people could help me in these ways:

Name: How they could help me change:

_____   _____
_____   _____
_____   _____

How do I know my plan is working? What results should I expect?
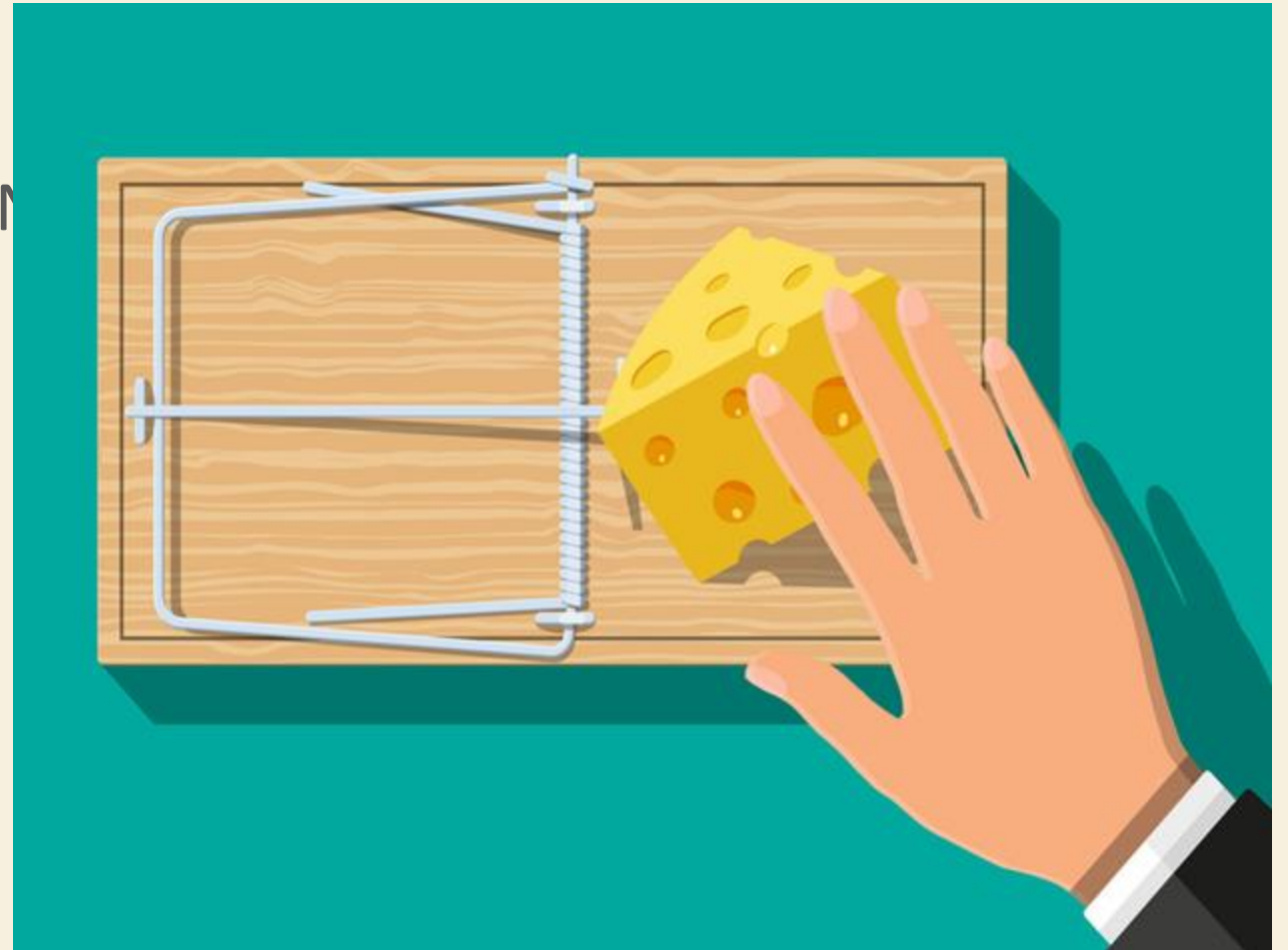
_____
_____
_____
_____

Qsource.

STRATEGIES TO AVOID

READINESS FOR WHAT?

- Rather than asking:
- "Why isn't this person motivated?"
- Ask:
- "What is this person motivated for?"
- Potential Pitfall: Assuming you know.

M.I. TRAPS

- Question-Answer Trap- "Yes or N[...]
- Confrontation-Denial Trap
- Expert Trap
- Labeling Trap
- Premature-Focus Trap
- Blaming Trap

THE QUESTION/ANSWER TRAP

- "INTAKE" as an entry point to a relationship can be a barrier to engagement. Asking question after question can:

  - Encouraged short, simple answers

  - Yes or No responses to "closed questions"

  - Sets expectation as active expert – passive participant

  - Offers little opportunity for participant to explore own motivations or talk about change

THE CONFRONTATION/DENIAL TRAP

- To fall in this trap. Simply begin to tell the client that you think he or she has a serious problem, and prescribe a particular course of action.
- Can happen at any stage, but is more common in the early stages (assessment)
- Again. Reflective listening and eliciting self motivational statements are antidote in this p

THE EXPERT TRAP

- Because I'm the professional... That's why!
- "I tell them and I tell them and they *still* don't change !"
- Takes away personal responsibility for change
- Sets expectation that if practitioner asks enough questions, practitioner will have answer
- If "solution" isn't successful, practitioner is lacking
- A sincere desire to help can lead to an employer to try to "fix" the situation for the client, to prescribe answer and solutions.
- There is a time for expert opinion, but the focus in this approach is first on building the client's own motivation.

THE LABELING TRAP

- MI de-emphasizes labeling
- "You are in denial" can put the client in a defensive place
- If the client raises the issue, then a combination of reflection and reframing may be helpful

THE PREMATURE FOCUS TRAP

- Trying to solve the problem before you establish a working collaboration or established common goals.

- Can result in discord, defensiveness, or disengagement

- Listening to participant's concerns is useful to understand person and buil

THE BLAMING TRAP

- "Whose fault is it that I am in counseling?"
- Not easy to address
- "It sounds like you are worried about who's to blame here. I should explain that counseling is not about deciding who is at fault. That's for courts. Counseling has a "no-fault" policy. I'm interested in what's troubling you and what you could do about it"

ROADBLOCKS 1

- Ordering, directing, or commanding
- Warning or threatening
- Giving advice, making suggestions, providing solutions
- Persuading with logic, arguing, lecturing
- Moralizing, preaching, telling them their duty
- Judging, criticizing, disagreeing, blaming

ROADBLOCKS 2

- Agreeing, approving, praising
- Shaming, ridiculing, labeling, name-calling
- Interpreting, analyzing
- Reassuring, sympathizing, consoling
- Questioning, probing
- Withdrawing, distracting, humoring, changing the sub[ject]

WRAP UP, QUESTIONS?, AND/OR COMMENTS