

Motivational Interviewing



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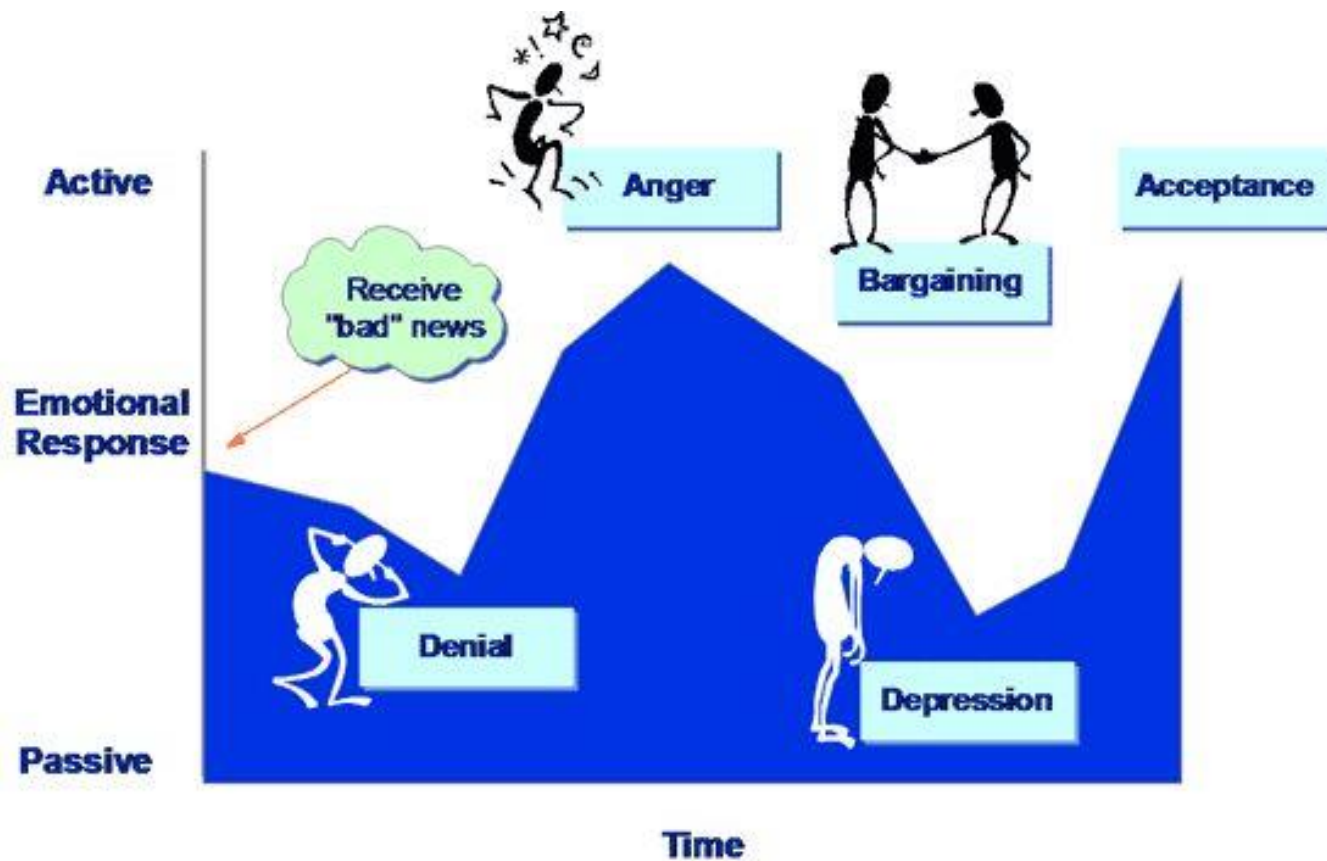
The first step towards getting somewhere is to decide that you are not going to stay where you are.

J. Pierpont Morgan

To Make People Change, Give Them...

- **Insight** - if you can just make people see, then they will change
- **Knowledge** - if people just *know* enough, then they will change
- **Skills** - if you can just teach people *how* to change, then they will do it
- **Hell** - if you can just make people feel *bad or afraid* enough, they will change

All Change Involves a Loss

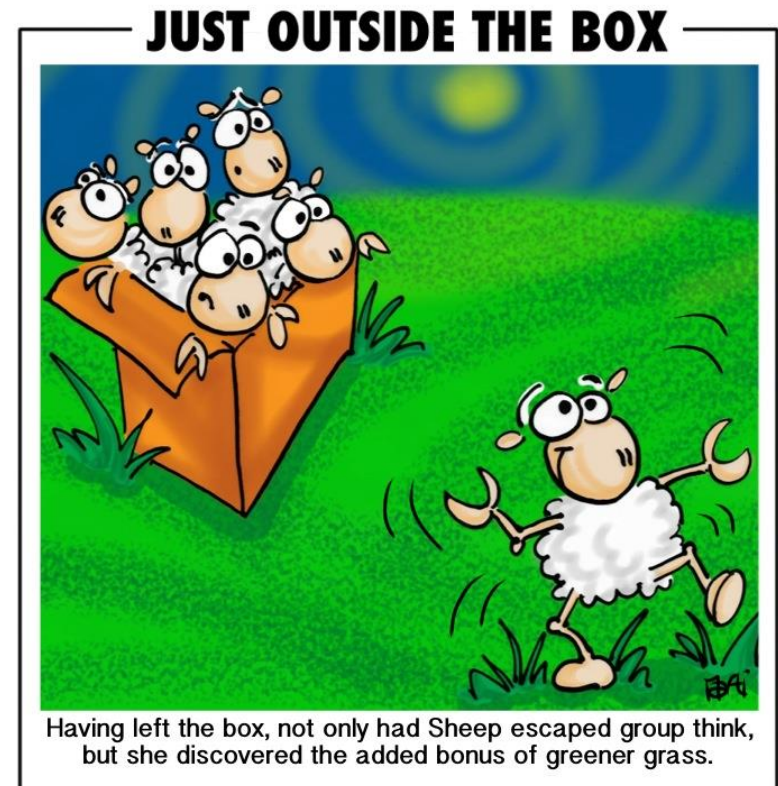


Change Happens Because...

**People Can't Stay
Where They Are
Anymore**



**The Other Side Looks
More Favorable**



The Importance of Hope Can Not Be Over-Stated



Me ... Make Things Worse?



Watch for These Traps

- Question-Answer Trap
- Confrontation-Denial Trap
- Expert Trap
- The Labeling Trap
- Premature-Focus Trap
- The Blaming Trap

How Can OUR Behaviour Impact??

There is some evidence that eliminating clinician responses such as:

- confrontation
- advice without permission
- directing
- threatening
- raising concern without permission

is more important than just adding MI-consistent responses

Roadblocks

- Ordering, directing, commanding
- Warning or threatening
- Persuading with logic, arguing or lecturing
- Moralizing, preaching, telling them their duty
- Judging, criticizing, disagreeing, blaming
- Agreeing, approving, praising
- Giving advice, making suggestions or providing solutions
- Shaming, ridiculing, name-calling
- Interpreting, analyzing
- Reassuring, sympathizing, consoling
- Questioning, probing
- Withdrawing, distracting, humoring, changing the subject



MI Practice Guidelines

Therapist Talk-Time

- Pre-training 60-70%
- Goal: no more than 50%

Question/Reflection Ratio

- Pre-training: 3 questions for each reflective statement
- Goal: 3 reflective statements for each question

Suppressing undesired therapist behaviours

What is Motivational Interviewing (MI)?

- A client-centred style of counselling that helps clients to explore and resolve their ambivalence about changing

(Miller & Rollnick, 2002)

- Can be considered in two phases:
 1. Raise the importance of change, enhance confidence and resolve ambivalence;
 2. Solidify the client's commitment to change and negotiate a change plan

Motivational Interviewing : Client-Centered & Therapist- Directed

The Client

- shares thoughts and feelings
- determines the destination

The Counsellor

- listens and reflects client concerns and goals
- looks to identify alternatives
- encourages the possibilities of change

Ambivalence

The natural response of anyone who is challenged about a behaviour, over which they are ambivalent, is to argue the counter position



The Spirit of Motivational Interviewing

Collaboration

Partnership that honours the clients expertise and perspective and in which the counselor provides atmosphere conducive to change



Versus ...

The Spirit of Motivational Interviewing

Versus ... Confrontation

Challenging & overriding the clients impaired perspective by imposing awareness & acceptance of “reality” that client isn’t admitting

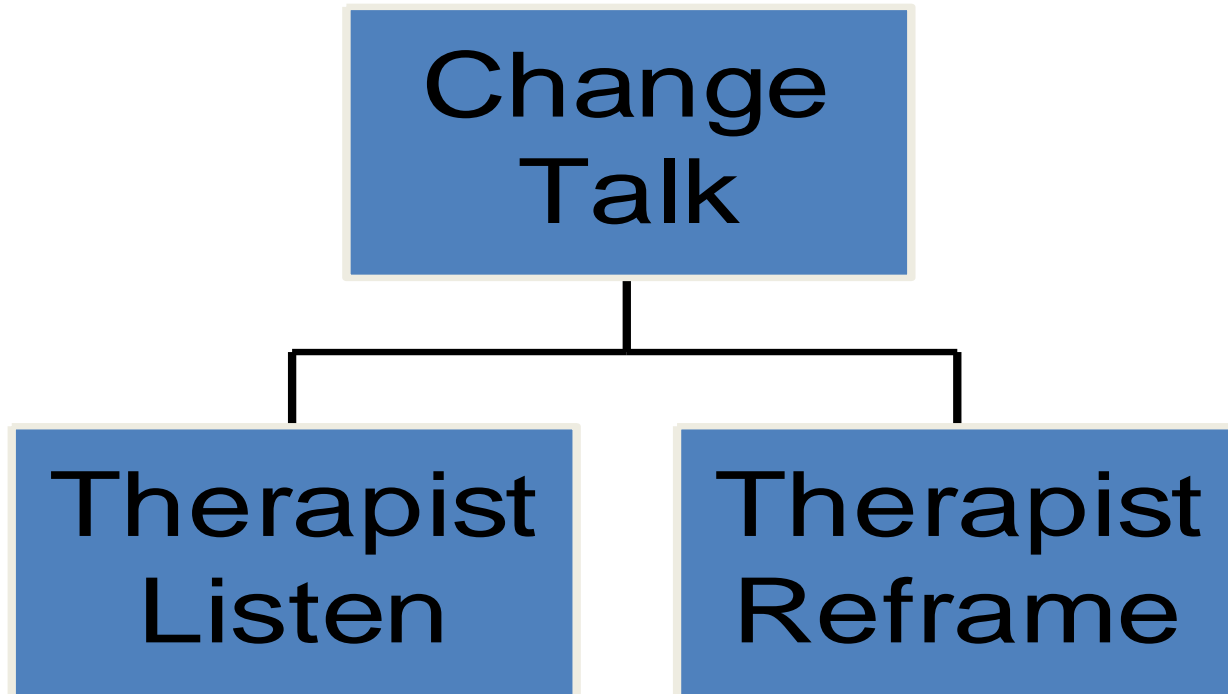


MI Increases Change Talk

- Problem drinkers randomly assigned to MI (vs. confront/direct) showed 111% more change talk
(Miller, Benefield & Tonigan, 1993)
- Consistent with findings of within-subject clinical experiment
(Patterson & Forgatch, 1985)
- Psycholinguistic analysis of MI showed robust, atypical increases in change talk
(Amrhein et al., 2003)

SUPPORTED

Correlates of Client Change Talk

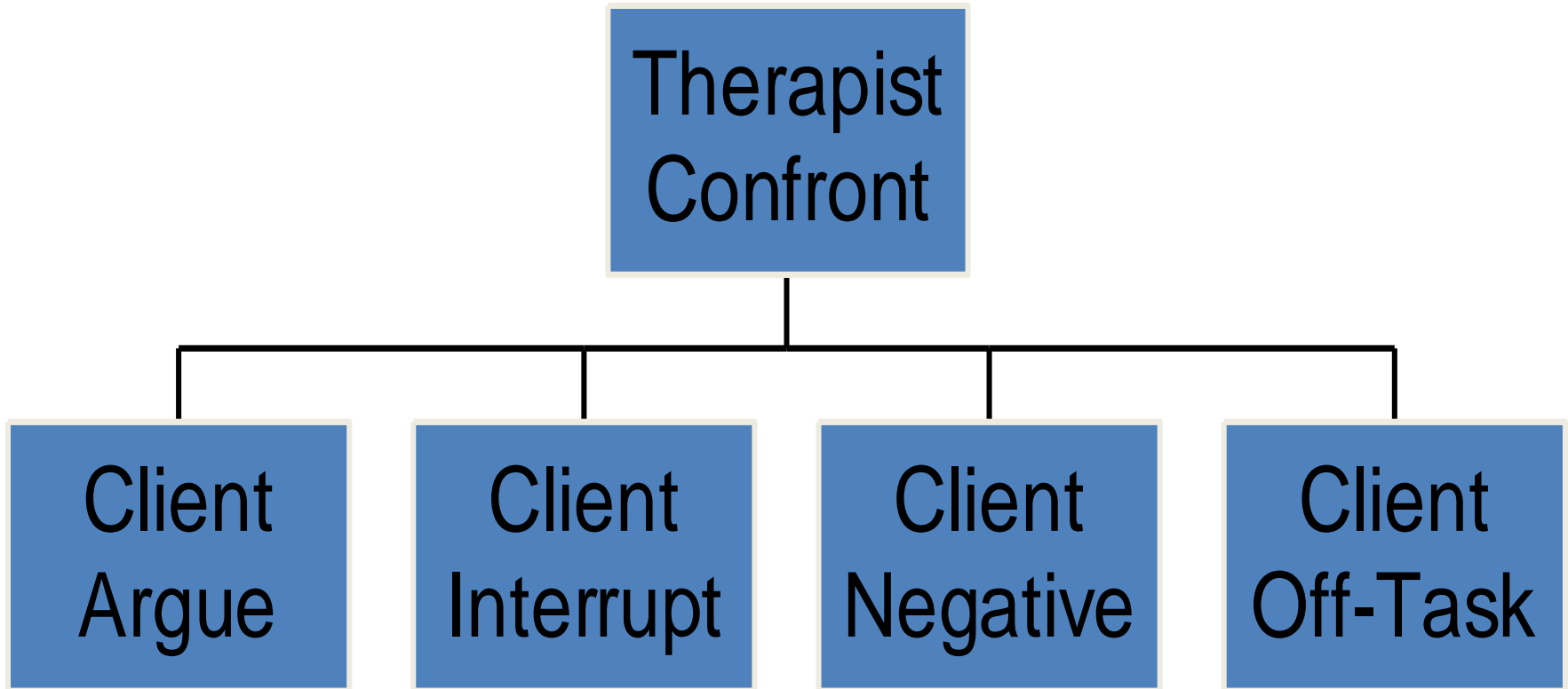


MI Decreases Resistance

- Problem drinkers randomly assigned to confront/direct showed 78% more resistance than those in MI. Counselor *confront* responses specifically predicted client level of resistance
(Miller, Benefield & Tonigan, 1993)
- Consistent with findings of within-subject clinical experiment
(Patterson & Forgatch, 1985)
- Psycholinguistic analysis of MI showed robust decreases in commitment to drug use during MI
(Amrhein et al., 2003)

SUPPORTED

Correlates of Client Resistance



Client Resistance Predicts Lack of Change

- Level of client resistance during counseling predicted absence of change in drinking
(Miller, Benefield & Tonigan, 1993)
- Verbal commitment to drug use during MI predicted continued drug use
(Amrhein et al., 2003)
- Resistance-poor outcome relationship replicated in several other studies

SUPPORTED

Client Change Talk Predicts Behaviour Change

Frequency of client change talk did not predict behavior change

- Miller, Benefield & Tonigan, 1993
- Peterson master's thesis (unpublished)
- Miller, Yahne & Tonigan, 2003

NOT SUPPORTED

Motivational Interviewing

The goal of motivational interviewing is to create and amplify discrepancy between present behaviour and broader goals.

Create cognitive dissonance between:

**Where one
is now**



**Where One
Wants to Be**

***“I learn what I believe
as I hear myself
speak”***

MI Techniques Involve...

- Listening reflectively
- Eliciting motivational statements
- Examining ambivalence
- Rolling with resistance
- Not pushing for change prematurely

Principles of MI



MI Principles (RULE)

R resist the righting reflex

~> Trying to actively fix problems

U understand your client's motivation

~> Help them recognize their motivation

L listen to your client

~> Client-centred, empathic approach

E empower your client

~> "can do attitude"

Rollnick et al., 2008

Building Motivation – OARSE

Open-ended questions

Affirm

Reflect

Summarize

Eliciting change statements

Open-Ended Questions

- Cannot be answered with one word responses
- Invite responders to say what is important to them (invites relationship)
- A great tool to promote creative thought & problem-solving skills because it forces a person to spend more time contemplating their response
- Can help gauge what is important to the patient & can determine the reasoning behind the patient's willingness to modify behavior
- Figuring out the patient's reasoning (for change) can help to BUILD RAPPORT!

Not WHY?????

“Why” questions are open questions but can have unintended overtones or criticism. This may lead patients to defend the status quo.

- *Why don't you want to take your medication?*
- *Why can't you stop smoking?*
- *Why haven't you _____?*
- *Why do you need to _____?*
- *Why don't you _____?*

Open or Closed Questions?

- *What do you like about drinking?*
- *Where did you grow up?*
- *Isn't it important for you to have meaning in your life?*
- *Are you willing to come back for a follow up visit?*
- *What brings you here today?*
- *Do you want to stay in this relationship?*
- *Have you ever thought about walking as a simple form of exercise?*
- *What do you want to do about your smoking? Quit, cut down, stay the same?*

Affirmations

- Strength-based

(“What you have described to me is a life that has been full of challenges. It just amazes me that you are standing here today.”)

- Statement of appreciation (making it to the appointment)
- Is client-focused
- Based on client’s values

Connecting to Values

Life Values

Accountability	Efficiency	Honor	Restraint
Accomplishment	Empathy	Humility	Respect
Authenticity	Enjoyment	Independence	Resourcefulness
Achievement	Enthusiasm	Ideals	Resilience
Adventure	Ethics	Ingenuity	Satisfaction
Affection	Equality	Insight	Security
Beauty	Exploration	Intellect	Self-actualization
Belonging	Fairness	Intuition	Selflessness
Balance	Faith	Joy	Service
Career	Family	Justice	Serenity
Caring	Fidelity	Leadership	Stability
Consciousness	Fitness	Love	Spontaneity
Community	Focus	Loyalty	Strength
Compassion	Freedom	Mastery	Teamwork
Connection	Fun	Merit	Truth
Challenge	Generosity	Money	Temperance
Commitment	Goals	Nature	Thankfulness
Consistency	Goodness	Openness	Thoughtfulness
Communication	Growth	Order	Tolerance
Creativity	Hard work	Optimism	Tradition
Competition	Health	Opportunity	Trust
Dependability	Helping others	Purpose	Understanding
Determination	Honesty	Preparation	Uniqueness
Discipline	Hope	Prudence	Vision
Diversity	Healing	Reliability	Vitality

Reflective Listening: What is it?

- Shows you understand another's meaning
- You generate a hypothesis to another's meaning (your best guess) and see the result
- Process checks the listener's perceived meaning against the speaker's own meaning

- Increases the possibility of being seen as empathetic
- Increases the chances of establishing a good relationship with a client
- Selects a part of a statement that can be more deeply explored

Reflective Listening

- Response is a statement, not a question
- Simplest way is to restate what client said:
“You are unsure if you could lose weight”
- Deeper reflections try to draw out emotions or direct client toward positive change statements:

“Eating fast food is such an important thing to you that you aren’t sure if you’d be able to cut back to lose weight”

Reflective Listening Phrases

- *It sounds like you...*
- *It's difficult/easy for you to...*
- *You realize that...*
- *You're having trouble/success with...*
- *You understand that...*
- *You feel that...*
- *You do/don't see the need to ...*
- *Let me see if I understand you...*


No Buts!!

- Try to use the word “and” (instead of “but”)
- Use of “but” undermines any prior statement

Eg. *“I agree with you but...”*

(Do I really agree with you?)

Levels of Reflective Listening

- 
- **PARROTING** - exact repetition
 - **PARAPHRASING** - repetition with some extra content
 - **GETTING THE GIST** - repetition showing understanding, in therapist's language and more concise
 - **FEELING** - reflecting feeling
 - **FEELING AND CONTENT** - linking thoughts, feelings and events
 - **MEANING** - reflecting the experience as a whole, personal, human, spiritual, universal and existential

Reflective Listening Examples

“Anxiety is like a death sentence... I feel like I will never break free”

PARROTING: *“You feel like you will never break free”*

PARAPHRASING: *“What I hear you say is anxiety has a real hold on your life”*

GETTING THE GIST: *“Sounds like it is hard to imagine a life without anxiety”*

Reflective Listening Examples

“There is a part of me that wants to stop cannabis but it is the best medicine I have ever taken. What are you offering as an alternative?”

FEELING: *“Sounds like you feel conflicted”*

FEELING AND CONTENT: *“Cannabis is something that has worked for you in the past ... sounds like finding an alternative may have some benefits”*

MEANING: *“There is a part of you that can see a lot of advantages to a life without cannabis and you are open to other possibilities.”*

Double – Sided Reflection

“I really want to get a job ... but it is so hard. I can't imagine anyone will hire me. Part of me wonders if it is worth the effort even to put resumes out there”

Counselor: “On one hand finding a job is really important to you, however, right now your fear is making you doubt your ability to be successful”

Emphasizing Personal Control

“I get some time without substances and then he walks back into my life and I’m using again.”

Counselor: *“I hear you. A life without Eric is a scary thought, however, it sounds like a drug-free life is also something you want and ultimately you have to decide what you want your life to be about. ”*

Shifting the Focus

“Justin is a jerk. I totally get it ... You think I should leave. Easy for you to say, when you have a family and a house to go home to”

Counselor: *“Sounds like you are looking for options, rather than a bunch of opinions”*

Siding with the Negative

“I came close to dying last night. I overdosed again. What is wrong with me? I still don’t want to quit”

Counselor: “You have continued to use despite some near death experiences. Sounds like drugs are worth dying for”

Reframing

“I have picked up twenty 24-hour chips in the past 2 months. Everyone must think I am weak”

Counselor: “It sounds like the thought of a drug-free life inspires you to keep trying. That is a lot of sobriety when you add it all up”

Summary Statements

- Linking and reinforcing material that has been previously discussed
- Are presented throughout the process of exploration and continue rather than interrupt the client's narrative

Summary Statements

Begin with a statement indicating that you are making a summary. For example:

- *“Let me see if I understand so far”*
- *“Here is what I’ve heard. Tell me if I’ve missed anything”*
- *“Wow, you have a lot of goals ... Sounds like this is where you want to start”*

Building Motivation: OARS+1

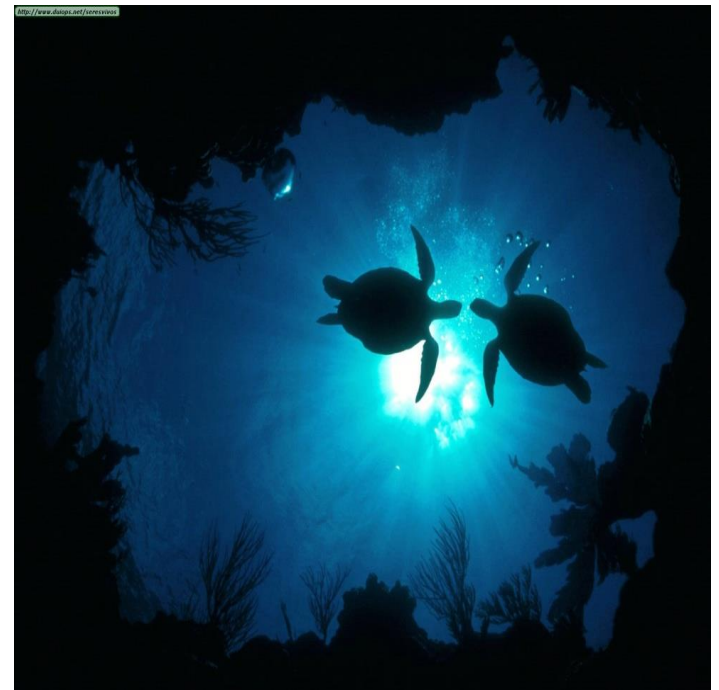
Open-ended Questions

Affirm

Reflect

Summarize

Eliciting Change Statements



Time for Change: Intro to Change Talk



Six Kinds of Change Talk

Pre-commitment change talk (often involving ambivalence):

- **D**esire (preference for change)
- **A**bility (capability for change)
- **R**easons (arguments for change)
- **N**eed (obligation to change)

Commitment change talk:

- **C**ommitment (likelihood of change)
- **T**aking Steps (action taken)

Desire Statements

“I’d like to quite drinking if I could.”

“I wish I could make my life better.”

“I want to take better care of my kids.”

“Getting in shape would make me feel so much better about myself.”

Ability Statements

“I think I could do that.”

“That might be possible.”

“I’m thinking I might be able to cut back on cigarettes.”

“If I just had someone to help me, I could probably find a job.”

Questions To Elicit Change Talk

Desire/Ability:

- *If you decided to change, what do you think would work for you?*
- *What makes you think you can change, even if you decided to?*
- *What do you see in yourself in terms of ability that might be encouraging, if you decided to change?*

Reasons Statements

“I have to quite smoking because of my asthma.”

“To keep my truck driving license, I should probably cut down on my drinking.”

“My husband may leave me if I don’t go to therapy.”

“I want my kids to have some place they can call home.”

Need Statements

“It’s really important to my health to change my diet.”

“Something has to change or my marriage will break.”

“I’ll die if I keep using like this.”

Questions To Elicit Change Talk

Need:

- *What about your behaviour causes you concern?*
- *What worries you about your behaviour?*
- *What can you imagine happening to you as a result of your behaviour?*
- *In what ways does all this concern you?*
- *What do you think will happen if you don't make a change?*

Questions To Elicit Change Talk

Reasons:

- *What difficulties have you had in relation to your behaviour?*
- *In what ways has this been a problem for you?*
- *How does your behaviour interfere with who you want to be?*

Commitment Language

“I might change.”

“I could consider changing.”

“I’m planning to change.”

“I will change.”

Warning: Be Aware of Sustain-Talk

Sustain-talk represents the other side of a person's ambivalence about changing. It can be an expression of the client's desire for the way things are, feeling unable to change, having reasons for keeping things the same or needing to keep things the way they are.

Types of “Sustain-Talk”

Clients may not want to make the changes required by the program and many argue strongly against making these changes.

They may:

- Argue
- Deny a problem
- Accuse
- Interrupt
- Disagree
- Passively resist though minimal answers
- Overtly comply due to mandate with little investment
- Become angry

10 Strategies for Evoking Change Talk

1. Ask evocative questions
2. Explore decisional balance
3. Ask for elaboration
4. Ask for examples
5. Look back
6. Look forward
7. Query extremes
8. Use change rulers
9. Explore goals and values
10. Come alongside

Looking Forward

“What kind of a future do you want to see for yourself?”

Looking Back

“Can you remember a time when you weren’t using? What was that time like?”

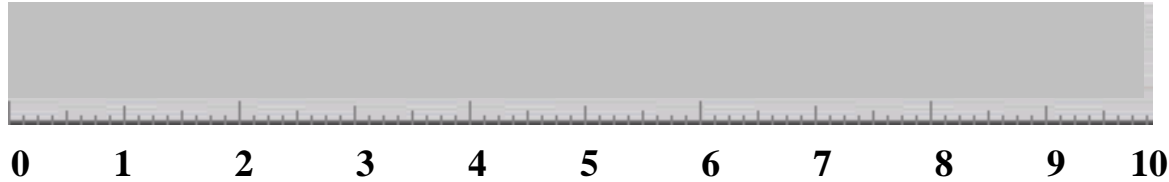
Elicit positives/strengths from the past so the person can begin to vision a different future

Looking Back

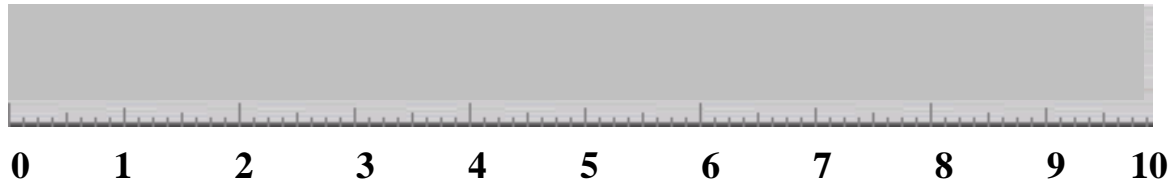
- By making someone experience “discontinuity of self” by discussing their life before addiction/ mental health issues/ etc., the person can feel **nostalgic** for their past self and this **can cause motivation to change behaviour**
- This has been shown to move people from a **pre-contemplative state to contemplation**

“Readiness Ruler”

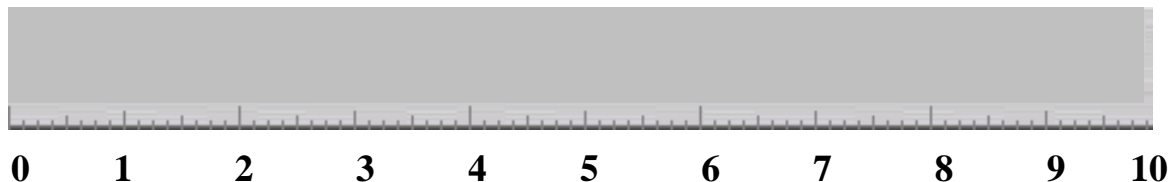
How **important** is it...?



How **confident** are you that...?



How **ready** are you to...?



The Good Things and Not-So-Good Things

“What are some of the good things about your use of _____?”

“What about the other side? What do you not like about _____?”

“In what ways does this affect you? Can you give me some examples?”

Elaboration

The aim is for clients to more fully describe what it was like when the circumstance occurred.

- *“Tell me about a recent time when...”*
- *“What does that look like when ...”*
- *“Describe a time when that occurred.”*
- *“You said things were better then. Specifically, what was happening?”*

Evocative Questions

Evocative questions ask the client directly for change talk

- *“In what ways does this concern you?”*
- *“If you decided to make a change, what makes you think you could do it?”*
- *“How would things be better if you changed?”*

Evocative questions ask for commitment

- *“So, given all this, what do you think you will do next?”*
- *“What’s your next step?”*
- *“What, if anything, will you do now?”*

Decisional Balance Goal: Weigh Pros & Cons

Benefits of Using	Costs of Using
Benefits of Stopping	Costs of Stopping

Thinking About Drinking

Here is an example of a woman drinker. Remember, every person has different reasons in their decisional consideration about drinking

Good things about my drinking:

More relaxed

Will not have to think about my problems for a while

More comfortable with drinking friends

Not so good things about my drinking:

Disapproval from family and friends

Increased chance of legal and job trouble

Costs too much money

Good things about changing my drinking:

More control over my life

Support from family and friends

Less legal trouble & Better health

Not so good things about changing my drinking:

More stress or anxiety

Feel more depressed

Increased boredom

Conducting a Decisional Balance Discussion

- Accept all answers (Don't argue with answers given by the client)
- Explore answers
- Be sure to note both the benefits and costs of current behaviour and change
- Explore costs/benefits with respect to client's goals and values
- Review the costs and benefits

Stages of Change & Therapist Tasks

PRECONTEMPLATION

Raise doubt - Increase the client's perception of risks and problems with current behaviour; explore values

CONTEMPLATION

Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client's self-efficacy for behavior change

PREPARATION

Help the client to determine the best course of action to take in seeking change; Develop a plan

ACTION

Help the client implement the plan; Use skills; Problem solve; Support self-efficacy

MAINTENANCE

Help the client identify and use strategies to prevent relapse; Resolve associated problems

RELAPSE

Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse

Types of Pre-Contemplative Clients

Reluctant Pre-Contemplators

- Lack sufficient knowledge about the dimensions of the problem, or the personal impact it can have, to think change is necessary.
- They often respond to sensitive feedback about how substance use is actually affecting their lives.

(DiClemente, 1991)

Types of Pre-Contemplative Clients

Rebellious Pre-Contemplators

- Afraid of losing control over their lives and have a large investment in their substance of choice. Your challenge is to help them shift this energy into making more positive choices for themselves rather than rebelling against what they perceive as coercion.
- Emphasizing personal control can work well with this type of client.

(DiClemente, 1991)

Types of Pre-Contemplative Clients

Resigned Pre-Contemplators

- Feel hopeless about change and overwhelmed by the energy required. They probably have been in treatment many times before or have tried repeatedly to quit on their own to no avail.
- This group must regain hope and optimism about their capacity for change. This can sometimes be accomplished by exploring specific barriers that impede new beginnings.

(DiClemente, 1991)

Types of Pre-Contemplative Clients

Rationalizing Pre-Contemplators

- Have all the answers. Substance use may be a problem for others but not for them, because the odds are against their being at risk.
- Double-sided reflection, rather than reasoned argument, seems the most effective strategy for this type of client. Acknowledge what the client says, but add any qualms the client may have expressed earlier

(DiClemente, 1991)

Resistance Ahead



Rolling with Resistance

- Avoid arguing for change
- Emphasize personal choice

(The patient is the primary resource in finding answers & solutions)

- Ignore antagonistic statements

(Don't add to the patients resistance by forcing mutual defensiveness)

- Resistance is a signal that we need to respond differently

(Shift the focus away from the resistance and stay focused on the purpose of the encounter and important issues)

How to Respond to Resistance

Reflect the resistant statement: “*You don’t like this idea.*”

Reflect the tone of what you are hearing: “You seem to feel hopeless. You’re not happy about...”

Reflect ambivalence: “On the one hand you want... And on the other you don’t think you can...”

Acknowledge the resistance process: “We seem to be arguing...”

Support choice/control: “It’s up to you. You’re the one in charge here.”

Signs of Readiness for Change

- Decreased resistance
- Decreased discussion about the problem
- Resolve
- Change Talk
- Questions about change
- Envisioning
- Experimenting

See Miller & Rollnick, 2002

Negotiating a Change Plan

- Shift in focus to helping person confirm and justify the reason for change
- Do not underestimate ambivalence
- Stay flexible in options for change - offer a menu of choices
- **Negotiating a change plan requires you to be somewhat more directive**



Giving Information & Advice

Two circumstances:

- Person requests information
- After asking permission

Ask yourself:

- Were the person's own ideas & knowledge elicited?
- Will my comments assist with client safety or enhance his or her motivation to change?

Change Plan Worksheet

The changes I want to make are...

The most important reasons why I want to make these changes are...

The steps I plan to take in changing are...

The ways other people can help me are...

I will know that my plan is working if...

Some things that could interfere with my plan are...

MI Resources

<https://www.centerforebp.case.edu/resources/tools/mi-list>

<https://motivationalinterviewing.org/motivational-interviewing-resources>

Bibliography

- Burke BL, Arkowitz H, Menchola M. The efficacy of motivational interviewing: a meta-analysis of controlled clinical trials. *J Consult Clin Psychol* 2003;71:843–61
- Fuller, C., & Taylor, P. (2008). *A toolkit of motivational skills: Encouraging and supporting change in individuals*. Chichester, West Sussex, England: John Wiley & Sons.
- DiClemente, C. and Prochaska, J. (1998) Toward a comprehensive, transtheoretical model of change. In Miller, W. and Heather, N. (eds), *Treating Addictive Behaviours*. Plenum Press, New York.
- Miller, W. R. (Ed.). (1999). Enhancing motivation for change in substance abuse treatment. *Chapter 4—From Precontemplation to Contemplation: Building Readiness*. Diane Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK64968/>
- Miller, W. R., Rollnick, S., & Butler, C. (2008). *Motivational interviewing in healthcare*. New York: Guilford Press.
- Rosengren, D. (2009). *Building motivational interviewing skills: A practitioner workbook*. New York: Guilford Press.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd edition). New York: Guilford Press.
- Douaihy, A, Kelly, TC, Gold, MA (2014). *Motivational Interviewing: A Guide for Medical Trainees*. New York: Oxford University Press
- www.motivationalinterviewing.org