

Motivational Interviewing: *The What, Why and How*

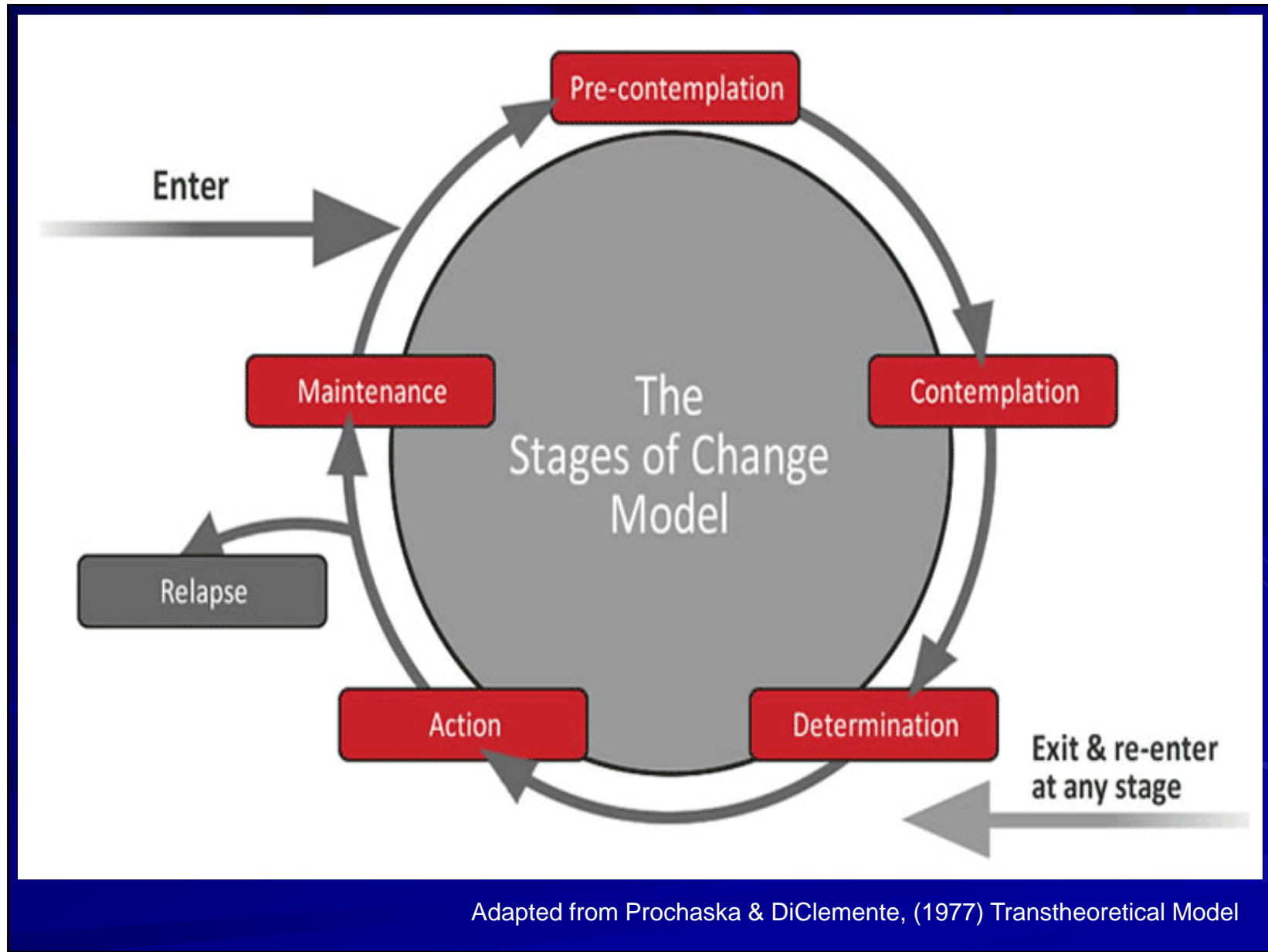
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First
A little
about
change,
resistance
to change,
and action



It is most effective to “meet the client where they are at. Thus providing “**Stage-wise Interventions**” is key.

Stage of Change	Characteristics/Issues	Strategies
Pre-contemplation <i>“What problem ”</i>	“No need to change”	<ul style="list-style-type: none"> • RELATIONSHIP • GOALS and VALUES • REDUCE SHAME
Contemplation <i>“Sitting on the fence ”</i>	“I am considering change”	<ul style="list-style-type: none"> • EMPATHIZE W MIXED FEELINGS and THOUGHTS • DEVELOP DISCREPANCY
Preparation <i>“Trying change on for size ”</i>	“I am learning how to change”	<ul style="list-style-type: none"> • BUILD CONFIDENCE • ELICIT-PROVIDE-ELICIT
Action <i>“Started changing”</i>	“I’ m pursuing my goals.”	<ul style="list-style-type: none"> • SMART GOALS • MONITOR AND REINFORCE
Maintenance <i>“Sustaining Change ”</i>	“I need to maintain my change.”	<ul style="list-style-type: none"> • SUPPORT CHANGE • RELAPSE PLANNING
Relapse Prevention <i>“back to old habits ”</i>	“I’ ve gone back to old habits”.	<ul style="list-style-type: none"> • REDUCE SHAME • LEARNING EXPERIENCE

What is Motivational Interviewing?

“Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.”

What is MI for?

Motivational Interviewing is a collaborative conversation that strengthens a person's own motivation for, and commitment to, change.

Key Concept

THE SPIRIT OF MI

**Who was your favorite
teacher?**



Why?

Rapport: Credibility

- Credibility- “trustworthiness”. Receivers trust those perceived to be:
 - *Reliable*
 - *Motivated to tell truth*
 - *Friendly*
 - *Possession of expertise*
 - *Dynamic*

We listen more to folks we trust

The “Spirit” of Motivational Interviewing

- **Partnership**
 - **Acceptance** →
 - **Compassion**
 - **Evocation**
- Absolute worth
 - Accurate empathy
 - Autonomy support
 - Affirmation

Miller & Rollnick 2013

Partnership



“You are the best judge of what is going to work for you.”

Acceptance



"I am here to help whatever you decide to do."

Compassion

“ Guide me to be a patient companion, to listen with a heart as open as the sky. Grant me vision to see through his eyes, and eager ears to hear his story. Let me honor and respect his choosing of his own path.”

2. Miller, W. 2013

Evocation

- What are you hoping by coming here today?
- What would be successful therapy for you?

Some human responses to being listed to:

- Understood
- Want to talk more
- Like the clinician
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Cooperative
- Want to come back

Adapted from W. Miller

Why would I use MI?

Motivational Interviewing is a person centered counseling method for addressing the common problem of ambivalence about change

MI counters our *Righting Reflex*

you know- that thing that makes us want to constantly correct folks, give advice, tell them what to do, etc.

Some human reactions to this “righting reflex:”

- Angry
- Agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Afraid
- Helpless
- Overwhelmed
- Trapped
- Disengaged
- Don't want to come back

Adapted from W. Miller

Examples of Righting Reflex in Practice

- How NOT to do MI (Emily's Piercing)
– <https://youtu.be/AJPvYSEn1VE>
- How to MI (Emily's Piercing)
– <https://youtu.be/HMS6acj3Fjw>

Spirit of MI

- Resist the Righting Reflex
- Directional (versus directive)
- Evoke (versus educate)

Why Else Use MI??

- *It WORKS!!*
 - Lowers resistance
 - Client retention
 - Decrease burnout



The image is a screenshot of a web browser displaying the website www.motivationalinterview.org. The browser's address bar shows the URL. The website's header features a large 'MI' logo and the text 'Motivational Interviewing' over a background image of three people in conversation. Below the header is a navigation menu with buttons for 'Trainers', 'Treatment Directors', 'Educators', 'Evaluation Researchers', and 'Clinicians'. A 'Google Custom Search' box is also present. The main content area is divided into two columns: 'Quick Links' on the left and 'Bibliography' on the right. The 'Bibliography' section is highlighted and contains a text box with the following text: 'Research publications evaluating MI effectiveness have been doubling every three years.' Below this text box, the '2012 Publications' section lists three links: '2012 Publications (May/June)', '2012 Publications (March/April)', and '2012 Publications (Jan/Feb)'. At the bottom of the screenshot, a large black box contains the website's URL: www.motivationalinterview.org.

While initially studied for Addictions Treatment: It has proven to have multiple applications

Including...

- Primary health
- Mental health
- Criminal Justice
- Gambling Treatment
- Stroke rehab
- Pain management
- Diabetes
- Workplace
- Self care
- Domestic Violence
- Adults/Adolescents
- Family work
- Medication Adherence

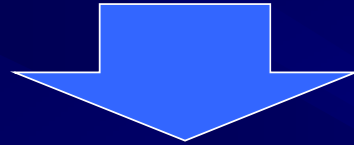
Anstiss, 2009

So how does MI Work?

“Motivational Interviewing is a collaborative, goal oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for, and commitment to, a specific goal by eliciting and exploring the persons own reasons for change within an atmosphere of acceptance and compassion”³

3. Miller and Rollnick (2013) Motivational interviewing: Helping people Change. 3rd Ed. NY. Guilford.

Change Talk & Sustain Talk



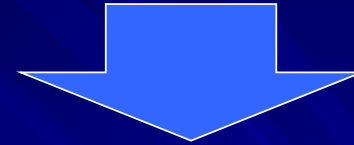
D.A.R.N

Desire

Ability

Reasons

Need

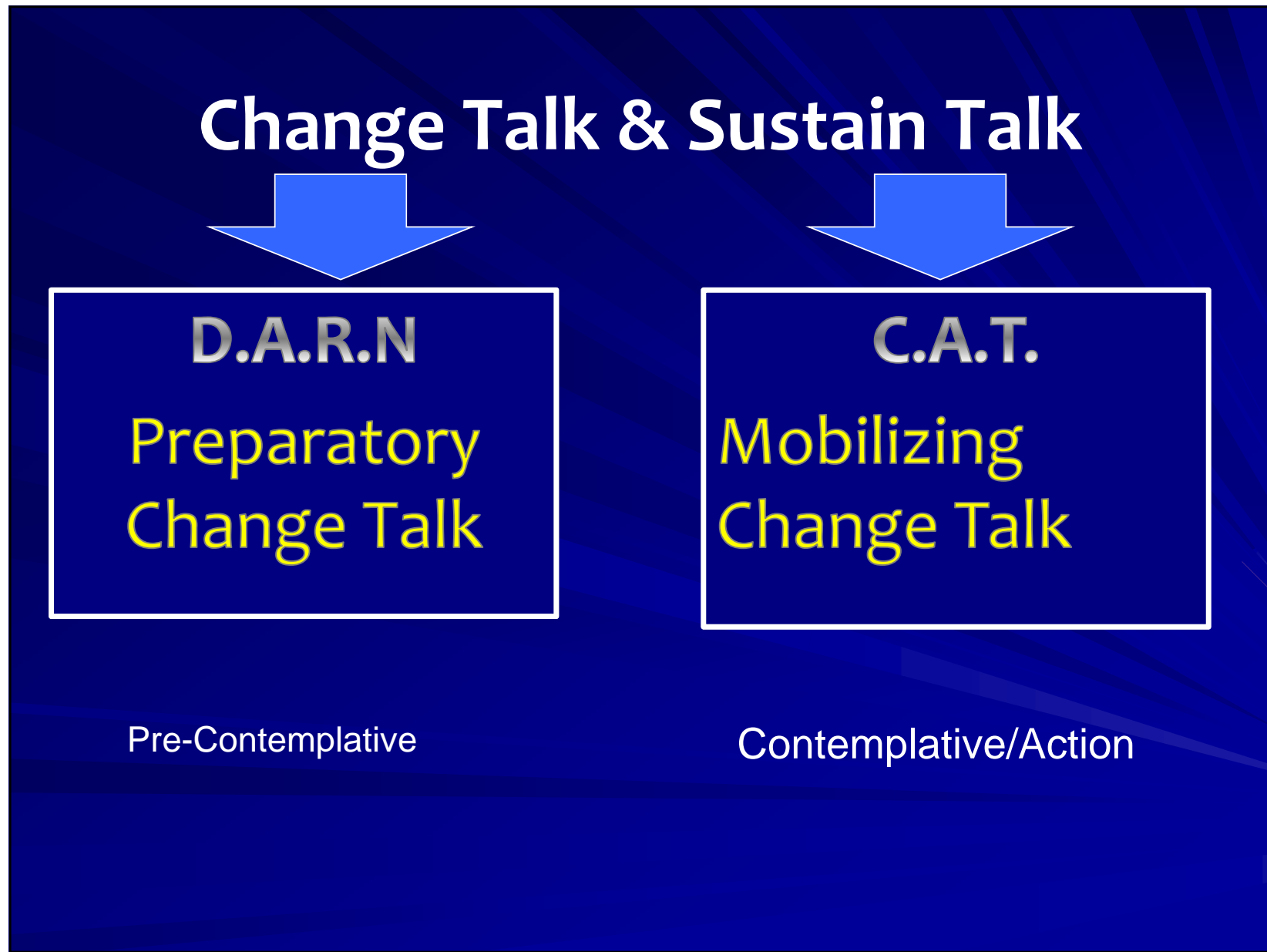


C.A.T.

Commitment

Activation

Taking Steps





Preparatory Change Talk (DARN)

Desire: I want to, I would like to, I wish

Ability: I can, I could, I might be able to

Reasons: Too much Money, more energy

Need: It's important, I have to, I should

Mobilizing Talk(CAT)

Commitment: I will, I intend to, I will

Activation: I could do that, I am willing, I hope to, I'll consider it, I plan to, I will try to

Taking steps: I went to a meeting, this week I started to...

Let's Practice: DARN? Or CAT?

Things are getting out of hand at school

D.A.R.N

Preparatory
Change Talk

Or

C.A.T.

Mobilizing
Change Talk

Let's Practice: DARN? Or CAT?

My parents are the ones who are worried about my grades

D.A.R.N

Preparatory
Change Talk

Or

C.A.T.

Mobilizing
Change Talk

Let's Practice: DARN? Or CAT?

I don't have a drinking problem. I can quit any time I want?

D.A.R.N.

Preparatory
Change Talk

Or

C.A.T.

Mobilizing
Change Talk

Let's Practice: DARN? Or CAT?

I want to get better, but this situation is unfair

D.A.R.N

Preparatory
Change Talk

Or

C.A.T.

Mobilizing
Change Talk

Let's Practice: DARN? Or CAT?

I've started to work-out, have quit drinking, and am going to all my classes

D.A.R.N

Preparatory
Change Talk

Or

C.A.T.

Mobilizing
Change Talk

On to some MI Foundational Skills

O.A.R.S.

OARS

Open Ended Questions (*elicits change talk*)

Affirm the client (*support, emphasize personal control*)

Reflect (*simple or complex*)

Summarize the ambivalence (*double sided reflection*)

OARS-Open Questions

Closed questions invite a yes/no or short answer

Open questions encourage elaboration- evoke ideas, opinions, hopes, etc.

** Assessment tools often encourage closed questions*

How do you ask open-ended questions?

Begin the question with “What, Who or How”

“What is your dream...”

“What are your ideas...”

“What steps can you take...”

“Who has helped you...”

Probe for more information:

Please elaborate

Tell me more about...

How do you ask open-ended questions?

Ask general open-ended questions:

“How does this make you feel?”

“How do you feel about that?”

*Avoid asking “why,” it can sometimes
sound judgmental*

A few more examples of Open Questions

“What’s happened since we last met?”

“What makes you think it might be time for a change?”

“What brought you here today?”

“What happens when you behave that way?”

“Tell me more about when this first began.”

“What’s different for you this time?”

“What was that like for you?”

SAMHSA Training, Motivational Interviewing <http://www.samhsa.gov/co-occurring/topics/training/motivational.aspx>

OARS-Affirm

You can empower a patient by helping them recognize their strengths and see themselves more positively. By offering positive affirmations, you build a patients' confidence (or self-efficacy).

How do you give 'affirmations'?

You can use positive language such as:

"I'm really glad you brought that up."

"I think what you are doing is really difficult. I'm really proud to be working with you on this."

"I appreciate that you are willing to talk about this."

"That's a good idea."

"I've enjoyed talking with you today."

How do you give 'affirmations'?

Emphasizing past successes

"You have struggled, but you have had some real successes"

"You are clearly a very resourceful person"

"You handled yourself well in that situation"

"If I were in your shoes, I don't know if I could have managed nearly so well."

Reframe behaviors or concerns as evidence of strengths:

"So many people avoid seeking help. It says a lot about you that you are willing to take this step."

"You've had a setback, but you are really trying. Look at the progress you are making"


How do you give ‘affirmations’?

Ask questions to prompt the patient to give themselves affirmations

"What have you noticed about yourself in the past few months since you started coming here?"

"I've noticed you having more positive interactions with others lately, why do you think that is?"

You haven't had an urge to "use" in over a week. Why do you think that is?



The image features a large iceberg floating in the ocean. The top portion of the iceberg, which is visible above the water line, is labeled "Simple Reflection". The much larger, submerged portion of the iceberg is labeled "Complex Reflection". This visual metaphor illustrates that complex reflections are more prevalent and significant than simple reflections in the context of motivational interviewing.

OARS
Reflect
Simple
or
Complex

Simple & Complex Reflections

- **Simple Reflections**: Repeat substitute synonyms and phrases. Stay close to the content.
 - **Patient statement**- *“but using is the only way I can cope”*
 - **Simple reflection**- *“You use in order to handle stress”*

Simple & Complex Reflections

- **Complex Reflections**: Assumptions. A guess what you think is going on.
 - **Patient statement**- *“but using is the only way I can cope”*
 - **Complex reflection**- *You are a little afraid you may not be able to handle life without using.“*

Simple & Complex Reflections (cont)

- **Patient statement**- “I’m only here because my family and girlfriend are pressuring me about my drinking”
 - **Simple Reflection:** *They’re really on your case about your use.*
 - **Complex reflection:** ‘It wasn’t your idea to be here, and your not sure this will be helpful”
 - “It would feel a lot better if they respected your choices”
 - “all this pressure makes it hard to want to change”

Reflection Practice

**How I live my life is
nobody's business,
especially not yours!**

Reflection Practice

I know you mean well,
but I don't need this
medication

Reflection Practice

I know you mean well,
but I don't need this
medication

Reflection Practice- Couple more

I'm not calling a crisis line.

I was too busy to do the assignment

I don't have time for meetings

I procrastinate cuz anxiety motivates me

OARS-Summarize

Summarizing a patient's storyline can help him or her get motivated to make a change by helping them see the bigger picture. This process can help you call the patients attention to the most important elements of your conversation⁴

4. <http://www.everydaylearners.org/sites/uwucdev.org/files/attachments/Open%20Ended%20Questions.pdf>

A summary may:

- Help you encourage an cue to action or an “Aha moment”
- Encourage a patient to look their strengths
- Give the patient an alternative view his or her options
- Prepare the patient to move on²
- Help the patient see both sides of his or her ambivalence for change³

How to summarize a conversation

Pull together the information you gathered in your interview/counseling session and create the storyline

– what are the:

- Problems/concerns/challenges
- Potential solutions,
- Patient's strengths
- Feelings and emotions expressed

How do you start the summary?

- “If we add up the puzzle pieces and put them together...”
- “The picture that I see is...”

How do you encourage a client with a summary?

- Demonstrate misalignment in the patient's thoughts, feelings, and actions – can you help the patient see the reasons for his or her ambivalence?³
- Don't include everything you've learned in the summary – be strategic and use the information that will encourage the patient³

OARS-Summarize

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Putting it Together

Now What?

Learning MI is like learning a new language; without constant practice the skills erode.

**Practice, Practice, Practice
(and have someone witness
this practice)**

About Implementation

We must ensure that
people who are doing MI
are competently practicing
MI.

Implementing MI may require:

- Focused clinical supervision**
- Audio taped MI Assessment sessions**
- Tape coding**
- Feedback, coaching and instruction for improving skills**

A sample MI Skill coding sheet

Motivational Interviewing Coding Sheet

- Number of closed questions: _____
- Number of open questions: _____
- Number of simple reflections: _____
- Number of complex reflections: _____
- Change statements by client: _____
- Sustain statements by client: _____
- Therapist talk time (approx.): _____ %

Targets:

Twice as many reflections as questions
 At least 50% complex reflections
 No more than 50% therapist talk time

MI "Spirit"	(low)			(high)	
	1	2	3	4	5
Partnership	1	2	3	4	5
Acceptance	1	2	3	4	5
Compassion	1	2	3	4	5
Evocation	1	2	3	4	5

Herie & Skinner 2013, adapted from Moyers et al. MITI coding guide

MI Assessment “Sandwich”

MI strategies during 1st 20 min

**Agency Intake or
Assessment**

MI strategies during last 20 min

MI session

- **MI strategies and spirit were integrated into the clinics 'existing intake process.**
- **MI Sandwich concept:**
 - MI strategies during opening 20 mins.
 - Transition to intake assessment
 - MI strategies for closing 20 mins.
- **Used with diverse substance problems**
- **Appropriate for "all comers."**

What was measured?

■ Primary Outcomes

- *Retention* in the clinic (total number of sessions, % still in treatment at 28 and 84 days)
- *Substance Use* (# of days primary substance used)

■ Secondary Outcomes

- *Psychosocial functioning* (ASI composite score)
- *HIV risk behaviors* (HRBS scores)

Why this study is important

#1 It showed that MI skills can be trained and used at a high level when using

- recorded sessions
- interview coding
- clinical supervision

Why this study is important

#2. It showed that one session of MI improved retention.

Clients who received the MI assessment were more likely to be in treatment four weeks later and to have attended more sessions than clients who received regular assessment.

For more information

- www.motivationalinterviewing.org
- www.motivationalinterview.net
- Examples of MI interviews on YouTube
 - www.youtube.com/user/teachproject#p/u
- Addiction Technology Transfer Centers
 - www.attcnetwork.org
- Acknowledgement:
 - Slides 33-37, 48, 51 adapted from 2013 presentation by Dr. Marilyn Herie, Queen's University, Kingston Ontario (slideshare)

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