

Introduction to Motivational Interviewing

**Presented by:
Alyssa Forcehimes, Ph.D.**

Why Don't People Change?



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

And yet so often it is not
enough...



Client Motivation is a Key to Change



- Substance abuse treatment outcomes are predicted by:
 - Pretreatment motivation measures
 - Treatment attendance
 - Treatment adherence/compliance
 - Counselor ratings of motivation and prognosis
- That is, more “motivated” clients do better

And Client Motivation is Greatly Influenced by the Counselor:

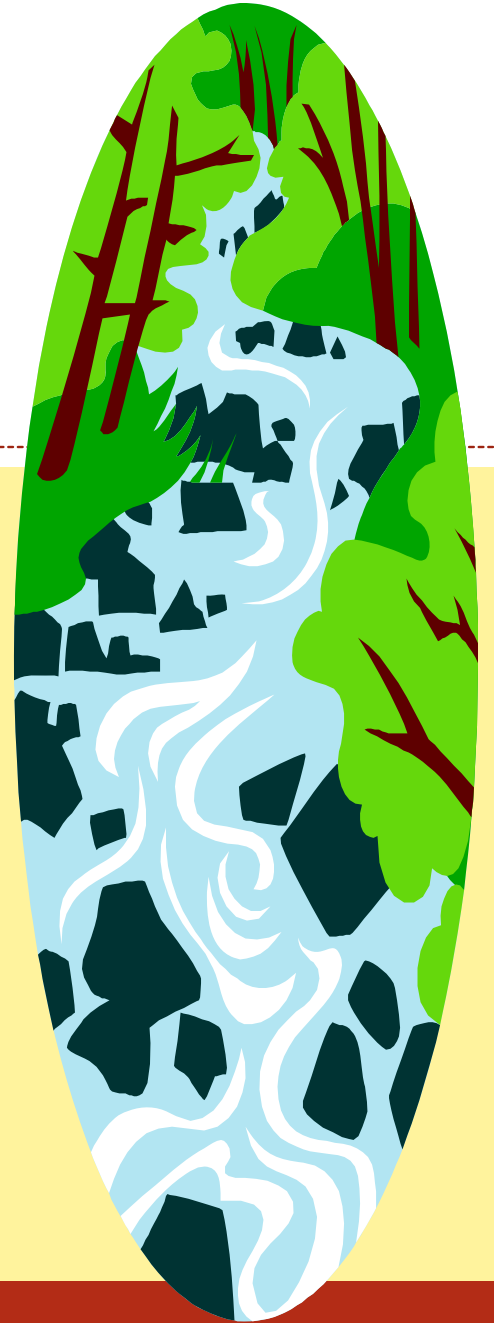


- Clients' motivation, retention and outcome vary with the particular counselor to whom they are assigned
- Counselor style strongly drives client resistance (confrontation drives it up, empathic listening brings it down)
- That is, the *counselor* is one of the biggest determinants of client motivation and change

Denial:



What is it?



If it's not personality, then what *behaviors* cause counselors to perceive clients as being “in denial”?



- Disagreeing with the counselor
- Resisting a diagnosis/label
- Declining help
- Showing little distress
- Disavowing a need for counseling or change
- Being non-compliant with treatment prescriptions

and

-Not changing

If it's not personality, then what *behaviors* cause counselors to perceive clients as being “in denial”?



- Disagreeing with the counselor
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- Showing little distress
- Disavowing a need for counseling or change
- Being non-compliant with treatment prescriptions

and

-Not changing

In contrast, counselors tend to perceive clients as being
“motivated” when they:



- Agree with the counselor
 - Accept the counselor’s diagnosis/label
 - Express a desire for help
 - Show distress
 - Voice a need for the counselor/counseling
 - Comply with the counselor’s treatment plan
- and
- Change**

In other words,
client motivation is evident in:



- Low resistance
- Openness and collaboration
- Expressing emotion
- Adhering to a change plan

and

-Changing

All of which are strongly influenced, for better or worse, by what the counselor *does*

Exercise #1



- Work with one other person
- General rule for all practice exercises: Don't be in the same group with your boss or supervisor

Speaker: Role play a client presenting for alcohol treatment. You are ambivalent about your drinking, and somewhat resistant to change.

Exercise #1



Counselor: Find out a little about the client's problem, and then:

- Explain why the client *should* quit drinking
- Give at least three specific *benefits* that would result from quitting drinking
- Tell the client *how* to quit drinking
- Emphasize how *important* it is for the client to quit drinking
- Tell the client to do it.

P.S. This is *NOT* motivational interviewing

Go!



10 MINUTES



How Did the Client Feel?

Persuasion: What Goes Wrong?



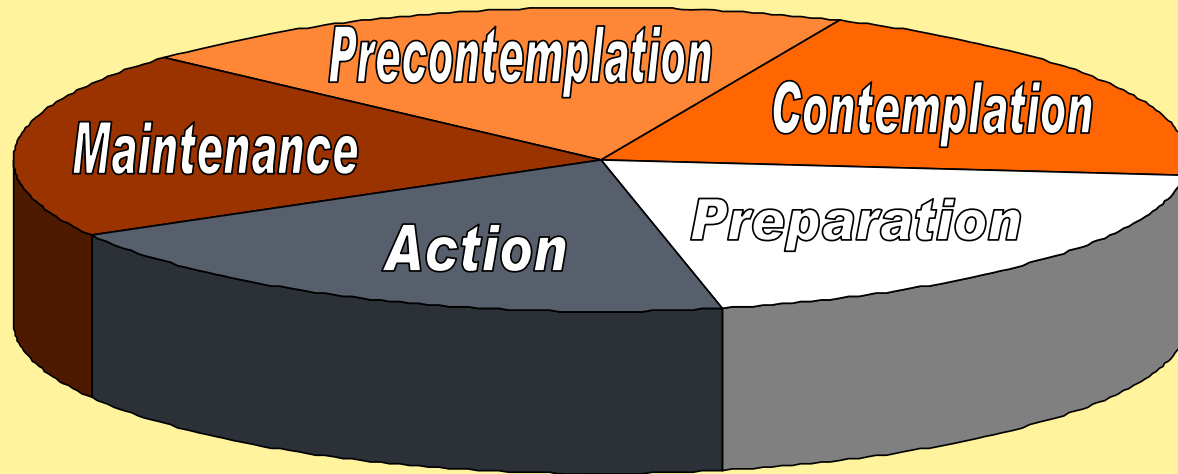
Ambivalence

THE DILEMMA OF CHANGE



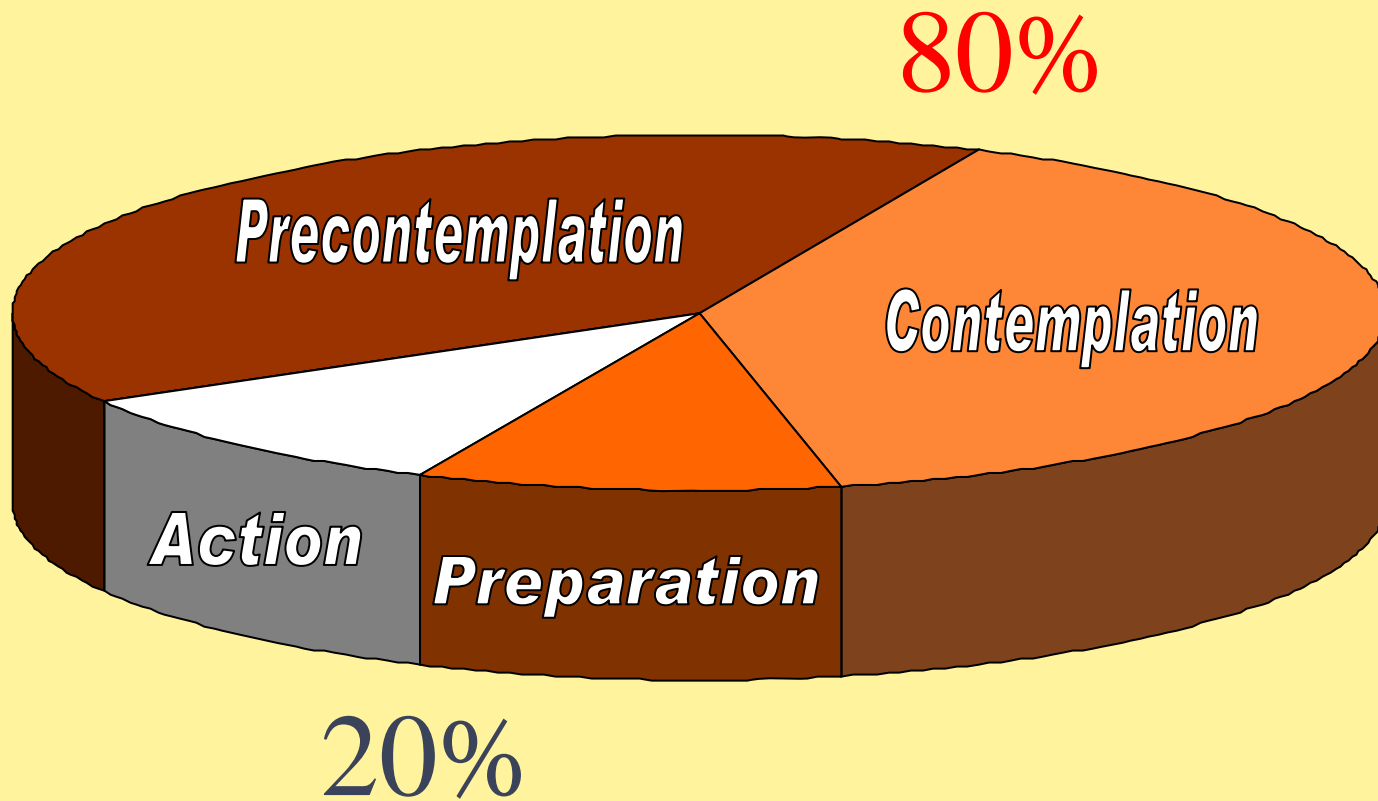
Stages of Change

Prochaska & DiClemente



Stages of Change

Prochaska & DiClemente



The Righting Reflex





When Worlds Collide

The Righting Reflex



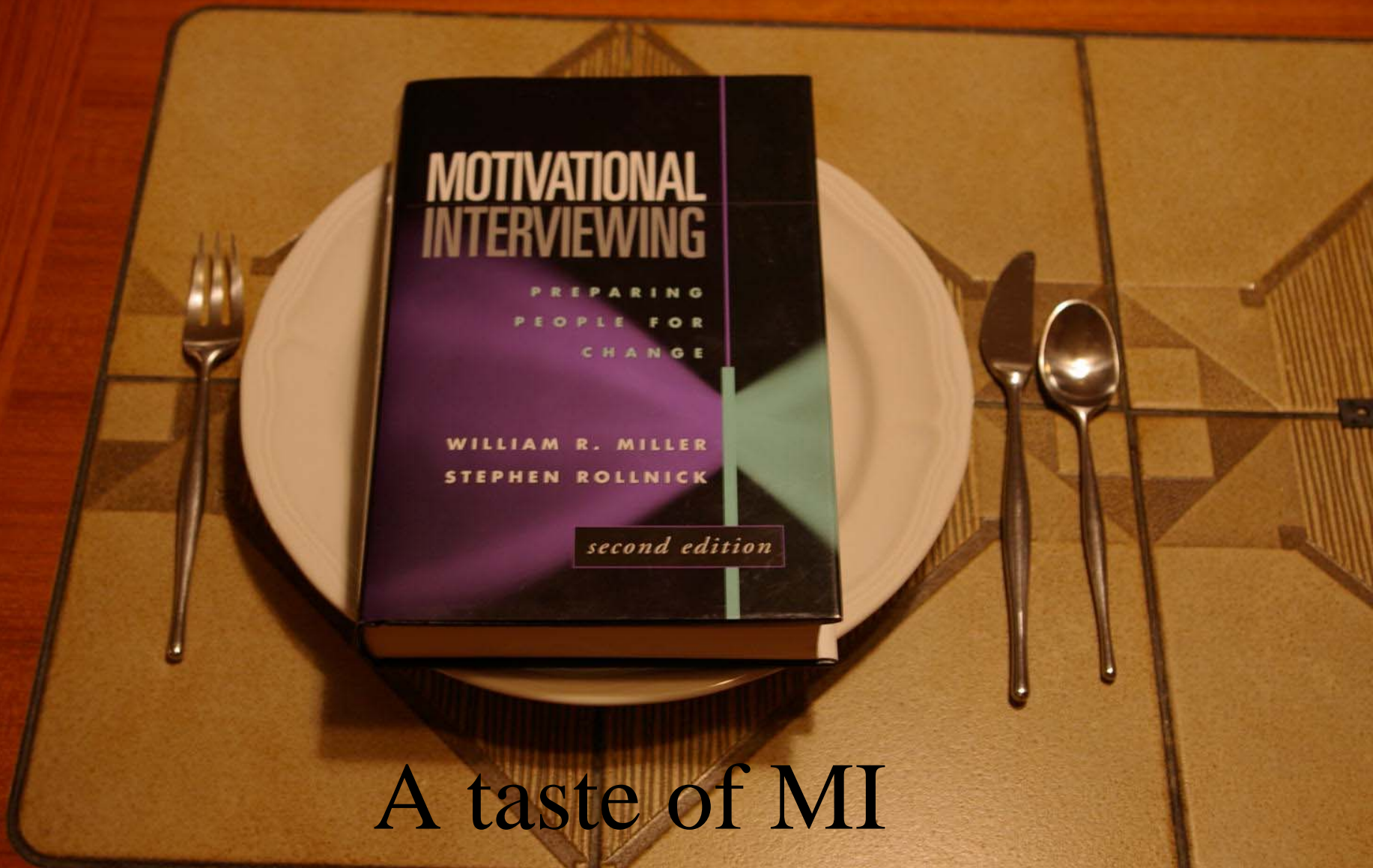
Ambivalence

Common Human Reactions to the Righting Reflex



- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate

- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Don't come back – avoid
- Uncomfortable
- Resistant



A taste of MI

Exercise #2



- **Work in groups of 2**
- **One speaker and one counselor**

Exercise 2 **Speaker's Topic**



-Something about yourself that you

-want to change

-need to change

-should change

-have been thinking about changing

but you haven't changed yet

i.e. – something you're ambivalent about

Exercise 2

Counselor



- Listen carefully with a goal of understanding the dilemma
- Give no advice
- Ask these four open questions:
 - Why would you want to make this change?
 - How might you go about it, in order to succeed?
 - What are the three best reasons to do it?
 - On a scale from 0 to 10, how important would you say it is for you to make this change?
- *Follow-up: And why are you at ___ and not zero?

Exercise 2

Counselor



- In the last minute, give a short summary/
reflection of the speaker's motivations for change
 - Desire for change
 - Ability to change
 - Reasons for change
 - Need for change
- Then ask: “So what do you think you’ll do?”
 - and just listen with interest

Go!



10 MINUTES



How Did the Speaker Feel?

What Happened?

Common Human Reactions to Being Listened to



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

A Change of Role



-You don't have to *make* change happen.

You can't

-You don't have to come up with all the answers

You probably don't have the best ones

-You're not wrestling

You're dancing

Motivational Interviewing

A Definition



Motivational interviewing is
a person-centered,
directive
method of communication
for enhancing intrinsic motivation to change by
exploring and resolving ambivalence.

The Spirit of Motivational Interviewing



-Collaboration

-Evocation

-Docere and Ducere

-Autonomy

Focus for Today



-Phase 1

-Building Motivation for Change

Four General Principles



- Express Empathy**
- Develop Discrepancy**
- Roll with Resistance**
- Support Self-Efficacy**



MI Principle 1 Express Empathy

Listen *actively* with the goal of understanding

Critical Conditions of Change

Carl Rogers



- Accurate Understanding (Empathy)
- Unconditional Positive Regard (Warmth)
- Genuineness (Congruence)

Good listening is more than being
silent and paying attention



SO WHAT DO YOU SAY?

What Good Listening Is *Not*

(Roadblocks: Thomas Gordon)



- Asking questions
- Advising, suggesting, providing solutions
- Arguing, persuading with logic, lecturing
- Analyzing or interpreting
- Assuring, sympathizing, or consoling
- Warning, cautioning, or threatening
- Shaming, ridiculing, or labeling
- Withdrawing, distracting, humoring, or changing the subject

Why are these “roadblocks”?



- They get in the speaker’s way. In order to keep moving, the speaker has to go around them
- They have the effect of blocking, stopping, diverting, or changing direction
- They insert the listener’s “stuff”
- They communicate:
 - One-up role: Listen to *me!* I’m the expert.
 - Put-down (subtle, or not-so-subtle)
- *Roadblocks are not wrong. There’s a time and place for them, but they are not good listening.*

Therapeutic Empathy



- Empathy is not:

- Having had the same experience or problem
- Identification with the client
- Let me tell you my story

- Empathy is:

- The ability to accurately understand the client's meaning
- The ability to reflect that accurate understanding back to the client

Empathy in Addiction Counseling



-Counselors who show high levels of empathic skill have clients who are:

-Less resistant

-More likely to stay in treatment

-More likely to recover

-Less likely to relapse

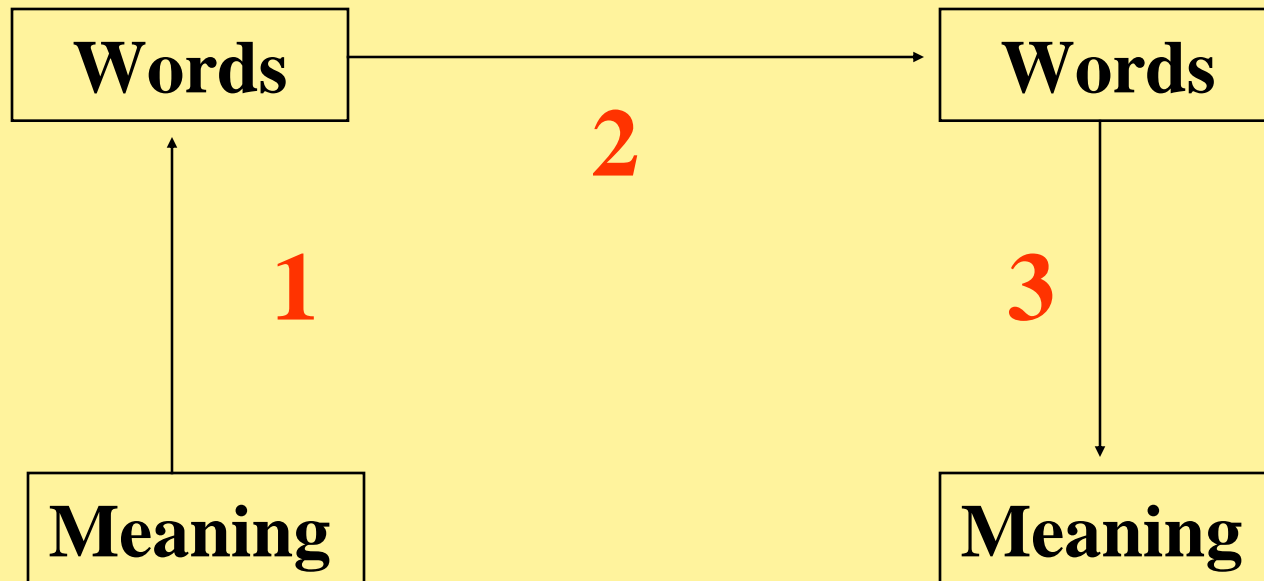
-Empathy is the single best predictor of a higher success rate in addiction counseling

-Counselors who are in recovery themselves are neither more nor less effective than others

Three Places a Communication Can Go Wrong

Speaker

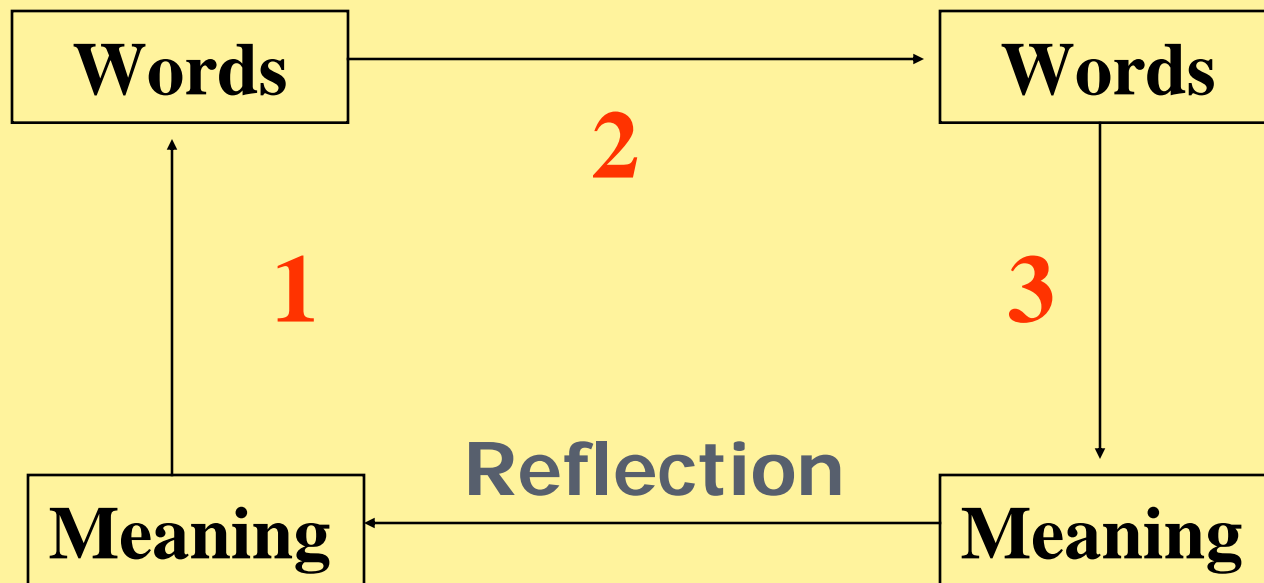
Listener



The Function of Reflection

Speaker

Listener



Exercise #3



- Work in groups of 3
- Each should be prepared to be a speaker by completing this sentence: “One thing I like about myself is that I am _____”
- (Choose an adjective that has some depth of meaning for you)

Exercise 3

Listeners



- Ask only *closed* questions, using these words:

- Do you mean that you _____?

and the speaker may answer *only* Yes or No

When to Rotate Roles



- When the two listeners have asked at least 6-8 “do you mean” questions and heard “yes” or “no” answers
 - The speaker may say a sentence or two about what he/she really meant
 - Then the next person becomes the speaker and you repeat the exercise
 - You may go around twice if needed

Go!



10 MINUTES

Reflections



- Are statements rather than questions
- Make a guess about the client's meaning (rather than asking)
- Yield more information and better understanding
- Often a question can be turned into a reflection

Forming Reflections



- A reflection states an hypothesis, makes a guess about what the person means
- Form a *statement*, not a question
 - Think of your question: Do you mean that you . . . ?
 - Cut the question words ~~Do~~ ~~you~~ ~~mean~~ ~~that~~ You . .
 - Inflect your voice *down* at the end
- There's no penalty for missing
- In general, a reflection should not be longer than the client's statement.

Exercise #4



- Work in groups of three
- All will get to be speaker and listener

- Speaker's topic: How I hope things will be different in my life five years from now
- Give one statement at a time, and wait for the listeners' response.

Exercise 4

Listeners



Respond *only* with reflective listening statements

-You _____ .

and now the speaker answers Yes or No and then says more, elaborates

Then the listeners reflect the *new* statement

Closed Questions



- Have a short answer (like Yes/No)
 - Did you drink this week?
- Ask for specific information
 - What is your address?
- Might be multiple choice
 - What do you plan to do: Quit, cut down, or keep on smoking?
- They limit the client's answer options

Go!



10 MINUTES

Getting Moving: OARS



OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

Closed Questions



-Have a short answer (like Yes/No)

Did you drink this week?

-Ask for specific information

What is your address?

-Might be multiple choice

What do you plan to do: Quit, cut down, or keep on smoking?

-They limit the client's answer options

Open Questions:



- Open the door, encourage the client to talk
- Do not invite a short answer
- Leave broad latitude for how to respond

Open or Closed Questions?



- What would you like from treatment?
- Was your family religious?
- Tell me about your drinking; what are the good things and the not-so-good things about it?
- If you were to quit, how would you do it?
- When is your court date?

Open or Closed Questions?



- What would you like from treatment?
- Was your family religious?
- Tell me about your drinking; what are the good things and the not-so-good things about it?
- If you were to quit, how would you do it?
- When is your court date?

Some Guidelines with Questions



- Ask fewer questions!
- Don't ask three questions in a row
- Ask more open than closed questions
- Offer two reflections for each question asked

Getting Moving: OARS



OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

Affirmations



- Emphasize a strength
- Notice and appreciate a positive action
- Should be genuine
- Express positive regard and caring
- Strengthen therapeutic relationship

Affirmations Include:



-Commenting positively on an attribute

-You're a strong person, a real survivor.

-A statement of appreciation

-I appreciate your openness and honesty today.

-Catch the person doing something right

-Thanks for coming in today!

-A compliment

-I like the way you said that.

-An expression of hope, caring, or support

-I hope this weekend goes well for you!

Getting Moving: OARS



OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

Summaries can:



- Collect* material that has been offered
 - So far you've expressed concern about your children, getting a job, and finding a safer place to live.
- Link* something just said with something discussed earlier.
 - That sounds a bit like what you told me about that lonely feeling you get
- Draw* together what has happened and *transition* to a new task
 - Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you

Exercise #5



-Work in twos:

-One speaker

-One listener

-Both will experience both roles

(time permitting)

Exercise 5

Speaker's Topic



-Something about yourself that you

-want to change

-need to change

-should change

-have been thinking about changing

but you haven't changed yet

i.e. – something you're ambivalent about

Exercise 5

Listener's Task: Only OARS



OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

Don't try to fix it or make change happen!

Go!



10-15 MINUTES PER SPEAKER

Goal for Phase 1



Motivational Interviewing departs from more general client-centered counseling in being consciously directive.

The counselor listens for, evokes, and reinforces certain kinds of client statements.

MI Principle 2

Develop Discrepancy



**The person rather than the counselor should
make the arguments for change**

One Way to Develop Discrepancy



Exploring the Decisional Balance

The Decisional Balance	Pros	Cons
Changing		
Not Changing		

MI Principle 3

Roll with Resistance



- Avoid arguing for change
- Resistance is not directly opposed
- Resistance is a signal to respond differently

Exercise #7: Batting Practice

Skill: Responding to Resistance



- Work in groups of six
- One person at a time is “at bat”
- The others are pitchers, who throw out resistance statements typical of their setting
- The batter replies with one response
- Another pitcher throws out resistance, until there have been four pitches
- Then the next person is at bat

Principle 4

Support Self-Efficacy



- A person's belief in the possibility of change is an important motivator
- The person, not the counselor, is responsible for choosing and carrying out change

One Way to Elicit and Strengthen Confidence



The Confidence Ruler

0....1....2....3....4....5....6....7....8....9....10

Not at all

Extremely

First Ask: *On a scale from 0 to 10, how important would you say it is for you to make this change?*

Follow up with: *And why are you at ___ and not zero?*



Exercise #9: Eliciting Confidence

Exercise #9

Speaker



-Topic: Something that you:

- would like to do
- have reason to do
- is important for you to do

and/or But also you are not sure whether:

- you *can* do it
- you have the ability to do it
- You have the time/energy to do it, etc.

Exercise #9

Listener



- Listen carefully with a goal of understanding the dilemma, but give no advice
- Ask these three open questions, and listen:
 - On a scale from 0 to 10, how important would you say it is for you to make this change?
 - *Follow-up: And why are you at ___ and not zero?
 - What is there about you (strengths, abilities, talents) that would help you do this?
 - How might you go about it, in order to succeed?
- Reflect and summarize confidence statements

Go!



**10 MINUTES
THEN REVERSE ROLES (TIME
PERMITTING)**

When, in MI, do you give
information and advice?



WITH PERMISSION

Giving Information and Advice: *3 Kinds of Permission*



1. The person asks for advice
2. You ask permission to give advice
3. You qualify your advice to emphasize autonomy

Giving Information and Advice



- Get permission
- Qualify, honoring autonomy
- Ask – Provide – Ask
- For suggestions, offer several instead of one

Continuing to Learn MI



- Let your clients teach you: Attend to change talk
- Record your sessions and listen to them
- Form a peer interest/supervision group to discuss, view training or practice tapes, etc.
- Access materials from the MI website
- Attend advanced training

Web Sites



www.motivationalinterview.org

<http://casaa.unm.edu>