

The Principles and Practice of Motivational Interviewing

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Workshop Organized by
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of New York State

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Welcome

- Introductions
- Honoring one and other
- Warm up

Honoring Each Other's Participation

- Respect for effort makes for a good training
- We can honor fellow participants by:
 - High Five, Handshake or Pound
 - Hug
 - ET hug
 - Bow
 - ASL applause
- Real Play
- Respect for varying viewpoints

Warm-Up

- Find someone in the room
- Decide who is going to speak and who is going to listen
- Speakers: be prepared to speak for 90 seconds to their listeners about 'who you are'.
- This is not a 'role-play': this is a 'real-play'.
- You can speak about your history, family, work, values, how you're feeling today.
- Listener is to hold complete silence, to use your non-verbal interviewing skills
- Begin!

Warm-Up Cont.

- Offer your listener one piece of positive feedback. What's one thing you saw them doing or not doing that made it easy for you tell your story?
- Please extend gratitude and thank your listener for listening
- What was challenging and/or easy about listening in silence?

Training Objectives

- Become familiar with theory of Motivational Interviewing
- Learn Basic Motivational Interviewing technique
- Be able to apply that technique to working with your clients

Outline for the afternoon 12 – 5pm

- Background on behavior change theories
- Brief interventions
- Review theory of Motivational Interviewing
- Introduce Motivational Interviewing Technique
- Handling Resistance
- Monty Roberts Video
- Practice

Brief Interventions

- Directed at people engaging in risky behavior, but do not have severe problems
- Instructional & motivational
- Address the specific problem behavior
 - information feedback
 - health education
 - skill-building
 - practical advice

Mechanisms For Change



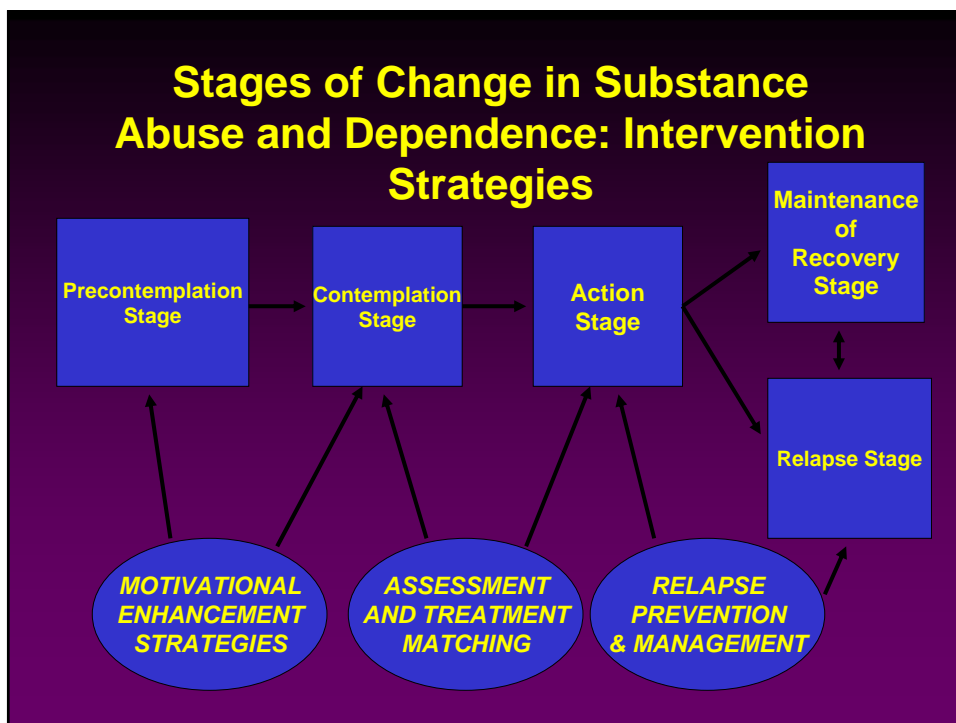
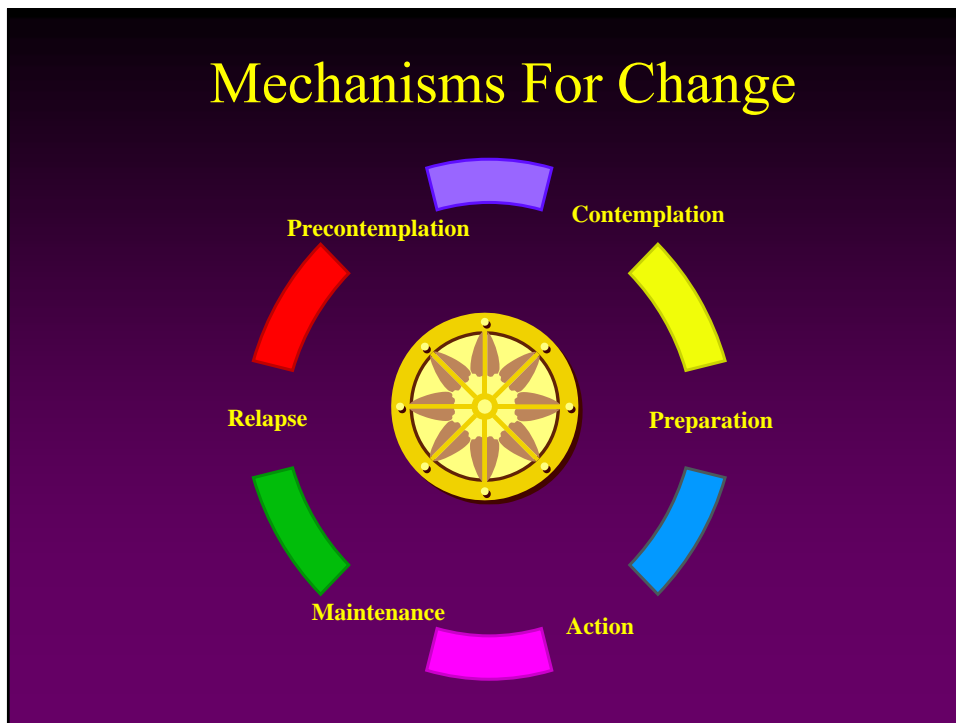
- Health Beliefs Model

People engage in behaviors to protect health if they:

- See themselves as vulnerable to negative consequences
- Regard consequences as important or serious
- See benefits of changing as greater than the cost

Mechanisms For Change

- Transtheoretical Model (Prochaska & DiClemente, 1986)
 - Change as a continuous variable
 - Stages of change
 - Individuals can continuously cycle through stages



What is Motivational Interviewing?

Brief Interventions

Motivational Enhancement Therapy
(Motivational Interviewing)
Miller and Rollnick, 1991

Client-centered, directive method for enhancing intrinsic
motivation to change by exploring and resolving
ambivalence

Motivation is the art of getting people to do what
you want them to do because they want to do it.

- Dwight Eisenhower

Motivational Interventions

- Guiding Principals
 - **F**eedback on personal risks
 - taking personal **R**esponsibility for changing
 - **A**dvice to change when appropriate
 - **M**enu of options for change
 - relaying **E**mpathy
 - eliciting sense of **S**elf-efficacy

Motivational Interventions

- **Core Components**
 - *Express Empathy*
 - *Develop Discrepancy*
 - *Avoid Argumentation*
 - *Roll With Resistance*
 - *Support Self-Efficacy*

Five Principles of Motivational Interviewing

- **Express Empathy**
 - Research indicating importance of empathy
 - Skillful reflective listening is fundamental
 - Ambivalence is normal
- **Develop Discrepancy**
 - Person rather than the counselor should present the arguments for change
 - Change is motivated by a perceived discrepancy between present behavior and important personal goals or values

Five Principles of Motivational Interviewing

- **Avoid Argumentation**
 - Confrontation increases client resistance to change

Five Principles of Motivational Interviewing

- **Roll with Resistance**
 - Provider's role is to reduce resistance, since this is correlated with poorer outcomes
 - If resistance increases, providers shift to different strategies
 - The person's objections or minimization do not demand a response
 - The person is a primary resource in finding answers and solutions

Five Principles of Motivational Interviewing

- **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
 - The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy

Motivational Interventions

- **Core Components**
 - *Express Empathy*
 - *Develop Discrepancy*
 - *Avoid Argumentation*
 - *Roll With Resistance*
 - *Support Self-Efficacy*

Favorite Teacher/Mentor

- Think of a teacher/mentor who you didn't get along with and who was unsuccessful at helping you move forward in your life. What were some of their qualities as a person?
- Now think of a teacher/mentor who you got along with and who was successful at helping you move forward in your life. What were some of their qualities as a person?

Motivational Interventions

- Core Components in English
 - Try not to argue or be “pushy”
 - Show client you understand their perspective
 - Be optimistic, supportive and hopeful
 - Explore inconsistencies between the “problem” behavior and the client's goals and values

Adapted from Jeff Allison 2006

What is resistance?

- Verbal and non-verbal behaviors
- Expected and normal
- Function of interpersonal communication
- Continued resistance predictive of reduced change
- Resistance is highly responsive to counselor style
- Getting resistance? Change strategies

Resistance Strategies

- Why is it important to pay attention to resistance?
 - Research about resistance and client outcomes
 - MI focuses on reducing resistance

Types of Resistance

- **Argument**
 - Challenging
 - Discounting
 - Hostility
- **Interruption**
 - Talking over
 - Cutting off
- **Ignoring**
 - Inattention
 - Non-response
 - Non-answer
 - Side-tracking
- **Denial**
 - Blaming
 - Disagreeing
 - Excusing
 - Reluctance
 - Minimizing
 - Pessimism
 - Unwillingness to change
 - Claiming immunity
 - WHAT ELSE?????

Types of Resistance: Exercise

Split up into pairs. Write down on a note card a resistance statement that a client you work with would say. These cards will be collected by the trainer afterwards

- **Argument**
 - Challenging
 - Discounting
 - Hostility
- **Denial**
 - Blaming
 - Disagreeing
 - Excusing
 - Reluctance
 - Minimizing
 - Pessimism
 - Unwillingness to change
 - Claiming immunity
 - WHAT ELSE?????

Resistance and Persuasion

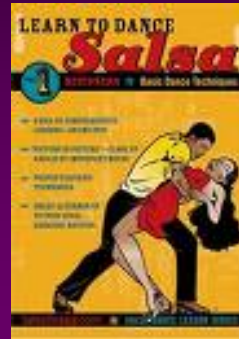
- Many older approaches to behavior change relied on the counselor to persuade or even intimidate client into changing
- These approaches often elicit reactance and reduce the chances that a resistant client will consider changing a problem behavior

Exercise: N Practice

- Pair up with another participant
- One person is client (A)
- One person is clinician (B)
- Talk to each other for five minutes
- Follow instructions on your paper without sharing them with your partner

Dancing vs. 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



Cognitive Dissonance

- Resolving the dissonance: Examples
 - Changing the behavior
 - Smoking Mother Example (Miller, 1992)

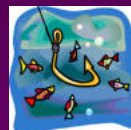
Motivational Interventions

- Quantum Change:
 - The Magic of Change



Motivational Interventions

- The “Hook”
 - A person’s substance-related issue or problem that, if addressed, can promote quantum change



Case # 1



Rafael is a 29 year old man who is HIV+ He reports to you that he is having regular unprotected sex. He tells you that he usually goes to church right afterwards and prays for forgiveness but “can’t seem to stop” himself from continuing this behavior. He also remarks that although he has been feeling “fine” he visits his primary care doctor frequently.

Case # 2

Juan is a 18 year old who is an aspiring artist. He has been drinking two 40’s every night for the past few months. He complains that he and his girlfriend used to drink together but now that she quit she, “gets on him” about his drinking. He tells you that he’s tried to cut back on his drinking before but that he always starts to drink when one of his paintings gets passed over for a student art gallery.



Building Motivation for Change: Six strategies to use early in the change process

- Ask Open Ended Questions
- Listen Reflectively
- Affirm and Support your client
- Summarize Periodically
- Role with Resistance
- Elicit Self-Motivational Statements (change talk)

OARS

- Open-Ended Questions
- Affirmations
- Reflective Listening
- Summaries

Examples of Key Questions

- What do you think you will do?
- What does this mean about your drinking?
- It must be uncomfortable for you now, seeing all this...What's the next step?
- What do you think has to change?
- What could you do? What are your options?
- It sounds like things can't stay the way they are now. What are you going to do?
- Of the things we have mentioned here, which for you are the most important reasons for a change?

Eliciting Negative Consequences Motivationally

- What difficulties have you had in relation to your drug use?
- How has not taking your medication _____ stopped you from doing what you want to do?
- In what ways do you think other people have been harmed by your [problem behavior]?
- What do you think will happen if you don't make a change?
- What is there about your drinking that you or other people might see as reasons for concern?

Modified From Miller, W.R., Zweben, A., DiClemente, C.C., Rychtarik, R.G. Motivational Enhancement Therapy Manual, National Institute on Alcohol Abuse and Alcoholism, Project MATCH Monograph Series, Volume 2.

Addressing the Positives

- What does drinking do for you?
- What do you get out of unprotected sex?
- What do you like about eating ice-cream?
- What don't you like about taking your medicine?
- How does {problem behavior} help?

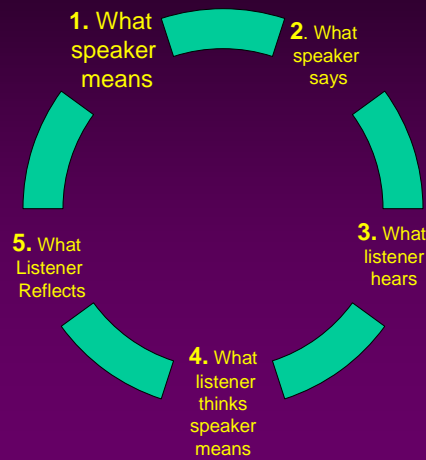
Motivational Interviewing Strategies

Reflection: The key to developing discrepancy

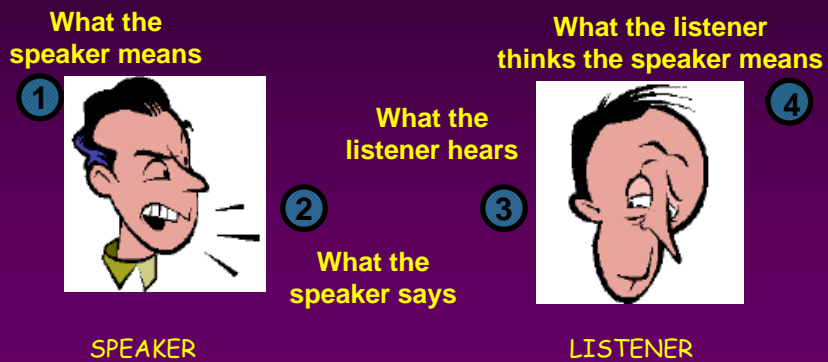
Reflective Listening: A Primary Skill

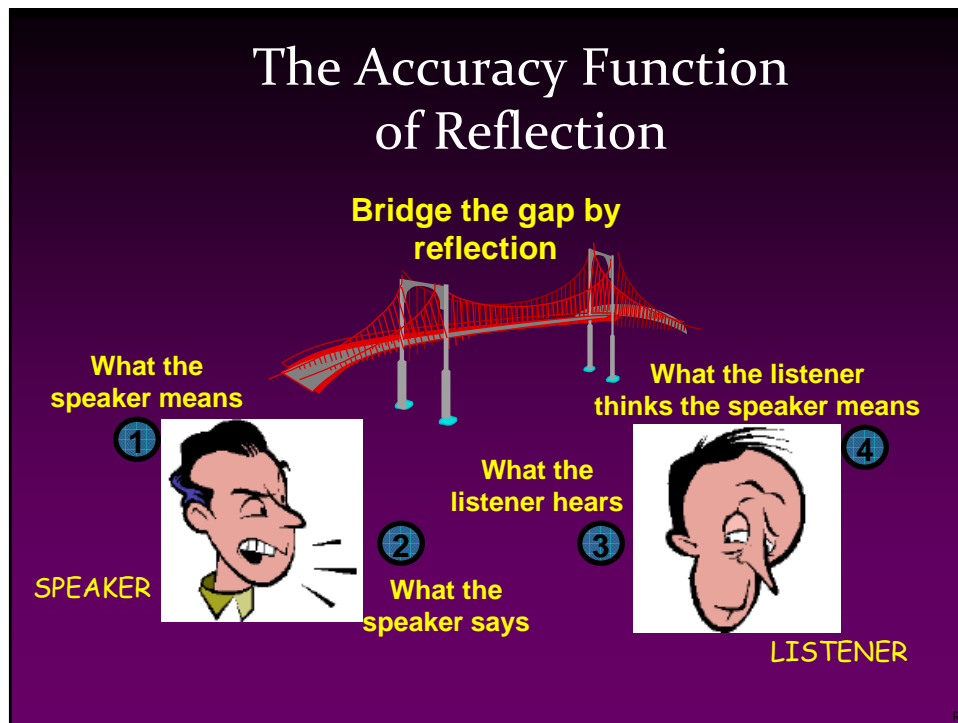
- “Hypothesis testing” approach to listening
- Statements, not questions
- Can amplify meaning or feeling
- Can be used strategically
- Takes hard work and practice

Hypothesis Testing Model



Communication is hard...
Here are all the places it can break down!





Motivational Interviewing Strategies

- Reflection: The key to developing discrepancy
 - Simple Reflection
 - Amplified Reflection
 - Double-Sided Reflection

Motivational Interviewing Strategies

- Reflection: The key to developing discrepancy
 - Simple Reflection

I can't start wearing a condom, all my friends go "raw dog".

It's difficult for you to think of wearing a condom because you are surrounded by people who don't use one.

Motivational Interviewing Strategies

- Reflection: The key to developing discrepancy
 - Amplified Reflection

My girlfriend is exaggerating. I'm not that bad.

It seems to you that she has no reason at all to worry about you.

Motivational Interviewing Strategies

- Reflection: The key to developing discrepancy
 - Double-Sided Reflection

Client: It really helped to have a few drinks after found out I didn't get the job. The morning after I woke up and realized that I forgot to walk my poor dog {hook} and hit my head (laughs)... My heads ok, I had it checked out at the ER.

Clinician: So on one hand you felt that alcohol helped you cope with your disappointing news, and at the same time you noticed that drinking might be connected to not walking Lady {pt's dog}.

Client: Yeah... wow. When you put it like that it I feel bad about Lady.

Clinician: You feel bad about her...

Confrontation vs. Reflection

Client : I guess I do drink too much sometimes, but I don't think I have a problem with alcohol.

Confrontation: Yes you do. You are an alcoholic.

Modified From Miller, W.R., Zweben, A., DiClemente, C.C., Rychtarik, R.G. Motivational Enhancement Therapy Manual, National Institute on Alcohol Abuse and Alcoholism, Project MATCH Monograph Series, Volume 2.

Confrontation vs. Reflection

Client : My boyfriend is always telling me that I'm an alcoholic.

Confrontation: He has some good reasons for telling you that.

Modified From Miller, W.R., Zweben, A., DiClemente, C.C., Rychtarik, R.G. Motivational Enhancement Therapy Manual, National Institute on Alcohol Abuse and Alcoholism, Project MATCH Monograph Series, Volume 2.

Exercise: Practicing Rolling With Resistance

- Facilitator will play the client with statements suggesting resistance representing types of resistance described previously (From the cards you turned in!!)
- You, as the group, are our counselors
- Please respond to these statements with reflections

Affirmations

- Acknowledgement of...
 - Struggles or difficulties
 - Successes
 - Skills and/or strengths
 - Goals and values
 - Notice and appreciate a positive action—“Catch them being good”

Affirmation Examples

- “It takes courage to face such difficult problems”
- “This is hard work you’re doing”
- “You really care a lot about your family”
- “Your anger is understandable”
- “It must have taken a lot of courage to come in today when you were worried about what your test would show”

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!

Practicing Affirmations

Write down 4 affirmations for the following patient statement:

"I'm sick of this, everything just keeps getting messed up. I do good for a week on my diet and then the kids start getting on my nerves, my children are so annoying. I go to this clinic...I think it's helping and then my sugars go up and I gain 10 pounds. Doctors don't like me... my co-workers don't like me. I can't do anything right. They're always on my case. I don't know what you all want from me. I'm just trying to get by here. It's not as easy as you make it sound."

Summaries

- Collect material already offered
 - So far you've expressed concern about your family, getting a job, and staying clean...
 - *What else?*
- Link something just said with something discussed earlier
 - That sounds a bit like what you told me about that lonely feeling you get when no one comes to visit.
- Transition: Draw together what has happened and *transition* to a new task
 - Let me summarize what you've told me so far. You came in because you were ..., and it scared you when ... Then you mentioned... and now...
 - ...*Where does that leave you?*

Summarizing Exercise

Part 1: Work in pairs.

One person is to talk for about 3 minutes about a habit, behavior, dilemma, or something they are thinking about changing.

Listener's task: be an interested listener without saying anything or asking questions. At the end, give a summary of what you have been told.

Do not try to solve the teller's problem or give advice. Just listen and remember as well as you can, and give an exact summary as possible.

When summarizing, try to avoid changing or adding things to what was said. Change roles and repeat.

Summarizing Exercise

Part 1: Work in pairs.

One person is to talk for about 3 minutes about a DIFFERENT habit, behavior, dilemma, or something they are thinking about changing.

Listener's task: be an interested listener without saying anything or asking questions. At the end, give a summary of what you have been told. But this time, give a summary with what they think is the underlying meaning, feeling, or dilemma.

Summarizing Exercise

DEBRIEF

- What are the differences between the two summaries?
- How was it for the person who received the summary?
- How was it for the person who gave the summary?
- Which summary was most difficult? Why?

Change talk v. Sustain talk

- Change talk is client speech that favors movement in the direction of change
- Sustain talk is client speech that favors the status quo



Change Talk: DARN-CAT

- Desire: *I want to*
- Ability: *I can*
- Reason: *It's important*
- Need: *I should*
- Commitment: *I will*
- Activation: *I am ready*
- Taking Steps: *I am doing it now*

Change Talk vs. Commitment Language

- I want to...
- I can...
- I ought to...
- I should...

- I will...

Readiness Ruler

Importance: How important is it for you right now to...? On a scale of 0-10, what number would you give yourself?

0-----10

How come are you a __ and not a ___? What would it take for you to go from __ to ___?

Confidence: If you did decide to make this change, how confident are you that you could succeed? On a scale of 0-10, what number would you give yourself?

0-----10

Motivational Interviewing Strategies

- Shifting Focus: Rolling with Resistance
 - Go around barriers rather than climb them

Client : Ok, so I have had a few problems. But I am not an alcoholic.

Clinician: Its not important to me whether you are an alcoholic or not. I am simply concerned with the problems that you mentioned before. Can you tell me more about _____?

Motivational Interviewing Strategies

- Agreement with a twist:
 - Agree with and add to Pt.'s views

Client: What about my partner? I mean he uses more coke than me. Why don't we talk about *him*?

Clinician: You have a good point. Your partner's habits are important to consider her as well. We should talk about to them. I'd like to start to understand your use of cocaine first, and then we can figure out how they relate to your partner's. Is that ok with you?

Motivational Interviewing Strategies

- Emphasizing personal choice and control
 - Put choice and power of changing with Pt.

All of the information that I give you is for you to use at your discretion. I can give you my advice but in the end It's up to you. You will make the choice about if and how you are going to change.

More Resistance – Clients who do not react

- What does the resistance mean?
 - What do you make of this?
 - Does this make sense to you?
 - Are you surprised by this?
 - What do you think about this?
- Or simply reflect behavior:
 - It seems that you are pretty quiet today
 - Wow, perhaps I gave you a lot to think about

More Resistance – Clients who do not react

- The “I don’t know” Response

Motivational Interviewing Strategies

- Responding to Pts. who do not react
 - Also useful to do an inquiry as to a persons other important interests/pastimes
 - Helps to diffuse tensions
 - Explore possible hooks

Provider Strategies for Eliciting Self-Motivational Statements

- Know It When You Hear It: Types of Self-Motivational Statements
 - Problem Recognition
 - Concern
 - Intent to Change
 - Optimism

Cultural Competency and MI

Discussion of Issues in MI with target population

- What are some of the thoughts you have regarding applying MI to the clients you work with?

Exercise: Dodgeball

- Practicing “dodging” resistance statements
- Separate into two teams
- Each team will write a list of resistance statements
- Other team will respond with reflections, affirmations, summaries etc.

Exercise: Round Robin

- Practicing responding to a client
- Divide into small groups
- One person will play client while others take turns responding
- Client will react to each persons reflection, statement or summary

Exercise: The 7 minute MI Interview

Pair up

- A- Ask Permission
- B- Ask open-ended questions/Scaling Question
- C – Summarize
- D – Ask about next steps
- E – Show Appreciation
- F – Voice Confidence

Exercise: Virginia Reel

OARS

- Open-Ended Questions
- Affirmations
- Reflective Listening
- Summaries

Ways to Keep Learning M.I.

- Be willing to try it
- Further reading:
 - MI 2nd Edition
 - motivationalinterviewing.org
 - <http://casaa.unm.edu/index.html>
- Seek supervision/coaching
- Form a peer discussion group
- Learn it from watching your clients
- Attend more training

End of the Day

- One thing I found interesting was...
- One thing I found surprising was...
- One thing that I can use is...

Questions?



Empirical Support

- Motivational Interviewing empirically supported in the addictive behaviors (Burke, B, et al., 2002)
- Hettema, J.E. Steele, J.M., Miller, W.R. (2005). Motivational Interviewing. Annual Review of Clinical Psychology, 1, 91-111.