Introduction to Motivational Interviewing

Preparing People for Change

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Eight Stages of Learning MI

1. Overall spirit
2. Person-centered interviewing skills (OARS)
3. Recognizing change talk
4. Eliciting change talk
5. Rolling with resistance
6. Consolidating commitment
7. Developing a change plan
8. Transition and blending with other methods
Sound familiar?

I give people my **BEST ADVICE**, but they won’t listen.

I **EDUCATE** and **GIVE OPTIONS**; what else can I do?

She **RESISTS** everything I suggest.

Some folks just **DON’T WANT TO BE HELPED**.

He’s in **TOTAL DENIAL** about his problems.

Some people just need **A GOOD TALKING TO**!
Changing the conversation
Dedicated to all who are weary…

of trying to educate, advise, entice, convince, coax, cajole, persuade, sweet-talk, smooth-talk, guilt-trip, bribe, manipulate … or otherwise get people to change
Evoking from people what they already have

Giving people what they lack

- hurts
- hopes
- nightmares
- dreams
- addictions
- desires
- delusions
- wisdom,
- impairments
- strengths
- needs
- resources
“People possess substantial personal expertise and wisdom regarding themselves – and tend to develop in a positive direction, given the proper conditions and support.”

Miller & Moyers, 2006
Spirit of Motivational Interviewing

- **COMPASSIONATE** - come along side, be with, grieve/suffer with
- **COLLABORATIVE** – form a partnership, both parties have expertise
- **EVOCATIVE** – client’s own knowledge, wisdom, strengths, motivation called forth
- **EMPOWERING** - person’s right and capacity for self-direction affirmed
Motivational Interviewing

A collaborative, person-centered form of guiding to elicit and strengthen motivation for change.

Miller & Rollnick, 2/09
Or…
Helping people talk themselves into changing

"I learn what I believe as I hear myself speak."

D. Bem
"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."

Blaise Pascal - French mathematician and philosopher (1623–1662)
“Talking oneself into changing”

*MI conversation*

- **Preparatory change talk**
- **Commitment talk**
- **Taking steps**
Why MI?

- Evidence-based practice
- Kindness with skill
- Effective across populations and cultures
- Applicable to range of professional disciplines
- Effective in briefer encounters
- Actively involves people in own care
- Improves adherence and retention in care
- Promotes healthy “helping” role for providers
- Instills hope and fosters lasting change
Why *do* people change?

Because they want to... client motivation is key to change

**AND**

client motivation is greatly influenced by the provider
When the righting reflex meets ambivalence…

There’s trouble.

You get resistance!
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 thought…

"People are not resistant to change; they resist being changed."

Kevin Eikenberry
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
<table>
<thead>
<tr>
<th><strong>Contrasting approaches</strong></th>
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<tbody>
<tr>
<td><strong>Standard Approach</strong></td>
<td><strong>MI Approach</strong></td>
</tr>
<tr>
<td>Focused on fixing problem</td>
<td>Focused on person’s concerns</td>
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<tr>
<td>Paternalistic relationship</td>
<td>Partnership, collaborative</td>
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<tr>
<td>Assumes person is motivated</td>
<td>Matches approach with person’s level of readiness</td>
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## Contrasting approaches

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<th>Standard Approach</th>
<th>MI Approach</th>
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<tr>
<td>Focus on advising, warning, persuading</td>
<td>Emphasizes personal choice, autonomy</td>
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<tr>
<td>Patient ambivalence seen as being in denial</td>
<td>Ambivalence seen as normal part of change process</td>
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<tr>
<td>Goals are prescribed</td>
<td>Goals set collaboratively; person given menu of options</td>
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<tr>
<td>Resistance met with argumentation, correction</td>
<td>Resistance seen as influenced by provider behavior; need for different approach</td>
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4 processes of MI

- engaging
- focusing
- evoking
- planning
How change happens

"Habit is habit, and not to be flung out the window… but coaxed downstairs a step at a time.

Mark Twain
Stages of change: Counselor tasks

Precontemplation
Preparation
Contemplation
Action
Maintenance
Termination
Relapse = temporary loss of motivation
Stages of Change: Counselor Tasks

PRECONTEMPLATION: Raise doubt; increase person’s perceptions of risk of behavior, dissonance with values

CONTEMPLATION: Explore ambivalence; evoke reasons for change, risks of not changing

PREPARATION: Help individual determine best course of action; develop change plan
Stages of Change: Counselor Tasks

ACTION: Help person implement plan, use skills, problem-solve; support self-efficacy

MAINTENANCE: Help individual identify and use strategies to prevent relapse

RELAPSE: Guide through stages of contemplation, preparation, and action without becoming stuck or demoralized due to relapse
OARS: Basic Skills of Motivational Interviewing

- Open Questions
- Affirmations
- Reflective Listening
- Summaries

Motivational Interviewing is not a series of techniques for doing therapy but instead is a way of being with patients.

William Miller, Ph.D.
Open Questions

- Backbone of MI info-gathering process
- Set tone for non-judgmental setting
- Invite story – what is important to person
- Demonstrate genuine interest and respect
- Clarify, help go deeper, provoke thought
- Affirm autonomy, self-direction
Sound like…

How are things going?
What is most important to you right now?
What are your concerns about taking these pills?
What have you noticed about ____?
Hmm… Interesting… Tell me more…
How did you manage that in the past?
When have you been most likely to share needles?
How would you like things to be different?
What will you lose/gain if you give up drinking?
What do you want to do next?
How can I help you with that?
Converting Closed Questions

- Are you having a good day?
- How long have you been homeless?
- Are you married?
- How many drinks do you have on a given day?
- Are the medications working well for you?
- Will you be able to make it to your appointment?
Forming Open Questions

- So, instead of yelling like I usually do, I went for a walk.
- I love my kids, but they drive me crazy.
- I’m really tired of all this crap. Something’s got to change.
- I don’t see why I have to take these medications.
- So, I drink a little. It’s no big deal.
Guidelines: Open Questions

- Seek to UNDERSTAND and GUIDE the conversation
- Ask MORE open questions than closed ones
- Keep questions CLEAR and BRIEF
- AVOID NEGATING open questions with closed ones – e.g. How is it going? Have you been taking your medications?
OARS: Affirmations

● Recognize individual’s strengths, personal qualities, core values

● Build confidence in ability to change

● Must be congruent and genuine

● Different from praise
Sound like…

You were very kind towards…
I noticed that you…
You showed a lot of patience…
You are a courageous person to…
You really value being…
I wonder how you found the strength to…
That took a lot of persistence to…
Thank you for…
OARS: Reflective Listening

Reflective listening is the KEY to this work…LISTEN CAREFULLY to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen.

Miller & Rollnick, 2002
Reflective Listening

A way of...

● showing acceptance, understanding

● checking, rather than assuming, what someone means

● guiding, deepening the conversation
Thinking reflectively

The TROUBLE with words
- Listener does not hear the words correctly
- Speaker does not say what is meant
- Listener gives a different interpretation to what the speaker means

Requires REFLECTIVE THINKING
- Interest in what person has to say and respect for their inner wisdom
- A hypothesis-testing approach to listening
- Essentially asks: “Is this what you mean?”
Levels of Reflection

**SIMPLE**

*Repeating or rephrasing* – listener repeats or substitutes words or phrases; stays close to what speaker said

**COMPLEX**

*Paraphrasing* – listener makes a major restatement that infers or guesses the speaker’s meaning

*Reflection of feeling* – emphasizes the emotional aspects of communication; deepest form of listening
Forming Reflections

- Appears deceptively easy, but requires practice
- Statement, not a question, voice turns down at end
- Common word is “you”

You...
So you...
It sounds like you...
You’re wondering...
That would be… for you
Exercise

“Last night Joe really got drunk and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me hard! He broke a window and the TV set, too. It was like he was crazy. I just don’t know what to do!”
A reflection? If so, simple or complex?  
A question? If so, open or closed?  
Or is it something else?

You’ve got to get out of there for your own safety.  
Sounds pretty scary.  
Did you call the police?  
I don’t see a bruise.  
How badly did he hurt you?  
It seemed like he was out of his mind.  
You’re feeling confused.  
How can you put up with a husband like that?
A reflection? If so, simple or complex?
A question? If so, open or closed?
Or is it something else?

I’m worried about you and your kids.
That’s the first time anything like this happened.
This is just going to get worse if you don’t take action.
Sounds to me like he’s an alcoholic.
What is it that makes you stay in this relationship?
You really got into it.
So now your TV is broken.
You’re about at the end of your rope.
OARS: Summarizing
“Let me see if I understand thus far…”

- Special form of reflective listening
- Ensures clear communication
- Use at transitions in conversation
- Be concise
- Reflect ambivalence
- Accentuate “change talk”
Using Skills: Agenda Setting
Using Skills: Clarifying Ambivalence
Ambivalence: 
The dilemma of change

“My sweet tooth says yes, but my wisdom tooth says no”
1930’s Fletcher Henderson tune

“I’m so miserable without you, it’s almost like you’re here.”
Unknown country & western song
Sounds like…

● I can’t figure out what to do about…
● Maybe…
● I think I should get tested, but…
● I can’t make up my mind whether to…
● On the one hand...on the other hand...
● It scares me to take all these medicines, but I suppose…
● I know I’d be better off if…
● If only it weren’t such a hassle to…
● No way! I will never, ever do that! Nope, not me!
Activity: Clarifying Ambivalence

“Tell me about ___________. What are the good things...and not so good things about ________________?” (reflect)
"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."

Blaise Pascal - French mathematician and philosopher (1623 –1662)
**Change talk** = client speech that favors movement in the direction of change

**Sustain talk** = client speech that favors the status quo; not changing
Change Talk: DARN-CT

**Preparatory change talk**
- **Desire to change** (want, like, wish)
- **Ability to change** (can, could)
- **Reasons to change** (if … then)
- **Need to change** (have to, got to)

**Activating change talk**
- **Commitment language** (intention, decision, readiness)
- **Taking steps**
Examples of Change Talk

**D**: I’d *like* to have better control of my drinking

**A**: I think I *could* quit

**R**: *If* I want to get my kids back, *then* I have to quit drinking

**N**: I’ve *got to* do something about my drinking

**C**: I’m *going to* quit

**T**: I’m going to call tomorrow to make an appointment
Eliciting Change Talk

- Change talk often flows naturally by simply using OARS
- When it doesn’t occur naturally, we can elicit change talk using various strategies
Strategies for Eliciting CT

- Decisional balance
- Goals and values
- Elaborative questions
- Importance and confidence rulers
- Query extremes
- Looking back/looking ahead
- Evocative questions
**Decisional Balance**

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<th>Benefits of Changing</th>
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<td>1.</td>
<td>4.</td>
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<td>2.</td>
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## Decisional Balance

<table>
<thead>
<tr>
<th>Benefits of Drinking</th>
<th>Stopping Drinking</th>
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<tr>
<td>1. Helps me relax; enjoy drinking with friends; eases boredom</td>
<td>4. Feel better physically; have more $; less conflict with family, work</td>
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<tr>
<td>2. Hard on my health; spending too much $; might lose my job</td>
<td>3. Would miss getting high; would change my friendships; have to find other ways to deal with stress</td>
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Goals and Values

“How does _________ interfere with who you want to be?”

“What would you like your life to be like?”

“What matters most to you?”

“What are the things you value most?”
Elaborative Questions

“What else?”

“Help me understand.”

“Tell me more about that.”

“What would be an example?”
Importance Ruler

Assess

“On a scale of 1-10, how IMPORTANT is it at this time for you to (change)?

Explore

“What made you give it a ___ and not a zero?

“What would take to raise that score from a ___ to a ___ (next highest number)?

“How might I help you with that?”
Confidence Ruler

Assess

“On a scale of 1-10, how CONFIDENT are you that you could make this change?”

Explore

“Why a ___ and not a zero?”

“What would take to raise that score from a ___ to a ___ (next highest number)?”

“How might I help you with that?”
“What concerns you absolutely most about ________?

Query Extremes

What are the very best results you could imagine if you ________?
Looking Back

“What were things like before you ____?

“What has changed?”
Looking Ahead

“How would you like things to be different a month/a year/three years from now?”
Evocative Questions

In what ways has this been a problem for you? How does your behavior interfere with who you want to be? What concerns you the most? What changes, if any, are you thinking of making? What are your options?
More Evocative Questions

What do you think you will do? What happens next? Where do we go from here? How would you like things to turn out for you now, ideally? What could be some good things about making a change?
Using Skills: Responding to Resistance
Resistance

- “Ambivalence under pressure”
- A signal of dissonance in the relationship
- Influenced by clinician responses
Sounds like…

- You don’t really care about me.
- Who are you to tell me what to do.
- Have you ever smoked crack?
- This place sucks.
- Stop repeating everything I say.
- Yeah, whatever.
Looks like…

- Unengaged posture
- Ignoring, avoiding
- Anger
- Does not return
Responding to Resistance

Reflective responses

- Simple
- Amplified
- Double-sided

Other responses

- Shifting focus
- Reframing
- Agreeing with a twist
- Emphasizing personal choice and control
- Coming alongside
Using Skills: Strengthening Commitment
Strengthening Commitment

AWARENESS
  Recognize signs of readiness
  Beware of hazards

ACTION
  Recap/summarize
  Ask key questions (and reflect)
  Give information and advice
  Negotiate a change plan
Signs of readiness

- Less resistance
- More openness
- Enough talking
- Sense of resolution
- More change talk
- Questions about change
- Envisioning change
- Experimenting
Recapping

SUMMARY OF...
- Person’s own perceptions of problem
- Client’s ambivalence
- Relevant objective evidence
- Statements of desire or intent to change
- Your own assessment of person’s situation, especially points of convergence with client’s concerns
Asking key questions

What do you think you will do?  
What changes, if any, are you thinking of making?  
What are your options?  
Of the things we have discussed, which ones concern you most?  
What happens next?  
Where do we go from here?  
How would you like things to turn out for you now, ideally?  
What could be some good things about making a change?
General Practice Guidelines

- Talk less than your client
- Offer 2 or 3 reflections for every question you ask
- Ask twice as many open questions as closed questions
- When listening empathically, more than half of your reflections should go beyond simple reflection
Traps to Avoid

● Question – Answer
● Taking Sides
● Expert
● Labeling
● Premature Focus
● Blaming
Resources


Resources

TIP # 35 - Enhancing Motivation for Change in Substance Abuse Treatment, CSAT, 1999. 1-800-729-6686 – NCADI

Building Motivational Interviewing Skills, Rosengren, D.B., The Guilford Press,

Motivational Interviewing with Adolescents and Young Adults, Naar-King, S. & Suarez, M., The Guilford Press,

Website: www.motivationalinterview.org
Now what (personally)?

- Read more about MI
- Observe and discuss professional training videotapes
- Practice reflective listening with “talk radio”
- Tape (audio or video) your own practice
- Work with a supervisor knowledgeable about MI
- Form a peer discussion/supervision group to support mutual skill-building
Now what (organizationally)?

- Designate a *Skills Developer* to provide and promote ongoing training/observation/feedback
- Offer various lengths of booster trainings
- Supervisors add staff progress in MI skill-building in supervisory sessions and evaluations
- Rethink the notion of doing intake assessments
- Develop an MI materials and tools library
- Create MI posters with MI definition, OARS, etc. as reminders
- Develop own MI listserv
MI Self Check

My clients would say that I…

- Believe that *they* know what’s best for themselves
- Help them to recognize their own strengths
- Am interested in helping them solve their problems in their own way
- Am curious about their thoughts and feelings
- Help guide them to make good decisions for themselves
- Help them look at both sides of a problem
- Help them feel empowered by my interactions with them

Adapted from Hohman, M. & Matulich, W. Motivational Interviewing Measure of Staff Interaction, 2008.
Remember… your clients/patients will teach you!