

## Motivational Interviewing: Preparing People for Change

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With thanks to:

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Bill Miller Ph.D.

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## Overview of MI Training

- Introduction to Listening
- Ambivalence: a central concept
- The MI counseling style: relationship building AND being strategic
  - four principles
  - Modes of Communication: OARS
  - Strategies: Adding directiveness, eliciting change talk
  - Traps to avoid
- Video examples

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## Learning Objectives

At the end of this training, you should be able to...

- Define MI as a counseling style
- Define the 4 principles of MI
- Demonstrate skill with OARS
- Demonstrate at least 2 methods to elicit change talk

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## Exercise: Three In a Row

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## Most Important Predictor of Treatment Outcome

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## Empathy

- In every study where therapist characteristics have been systematically evaluated and effects were found, more favorable outcomes have been associated with a therapeutic style approximating what Rogers termed *accurate empathy*'

(Miller, Benefield, Tonigan, 1993, Journal of Consulting and Clinical Psychology)

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## Empathy

- Among problem drinkers, therapist empathy during brief intervention predicted client drinking
  - .82 at 6 months
  - .71 at 1 year
  - .51 at 2 years
- (Miller, Taylor and West, 1980, Journal of Consulting and Clinical Psychology)

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## Motivational Interviewing Principles

- Express Empathy

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## Therapeutic Outcomes of Empathy

- "Therapists'...outcome and retention rates have been found related to their capacity to establish an alliance, as well as to other facets of interpersonal functioning, such as their **warmth and friendliness, affirmation and understanding, helping and protecting**, and an **absence of belittling and blaming...ignoring and neglecting and attacking and rejecting**" (Najavits & Weiss, 1994, Addiction)

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## Relationship Building

- Person centered techniques
- Humanistic belief system
- Joining with the person to view an issue together
- Necessary but not sufficient to be MI

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## Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal



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## Interaction Style

- **Requires active listening!**
- **OARS:**
  - **O**pen-questions (elicit exploration of topics)
  - **A**ffirmations/Appreciations (focusing on client strengths, efforts, patience, etc.)
  - **R**eflections of client POV (nondirective then directive)
  - **S**ummarize (capture "essence," link topics, transition conversation)

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## Interaction Style

- *Less frequently done in motivational interviewing:*
  - Closed-questions
  - Advice-giving
- *Never done in motivational interviewing:*
  - Commanding, confronting, arguing, debating, threatening

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## Video Clip: Reflective Listening by Bill Miller

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## Modes of Communication in MI: OARS

- Open-ended questions
- Affirmations
- Reflections
  - simple, amplified, double-sided
- Summarize

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## Introduction to Listening

- Focused listening
  - Nonverbal listening
    - What it was like growing up
    - How I came to be in my profession

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## Triad Exercises: Open-ended Questions and Forming Reflections

Reflecting what you hear  
without an agenda

Topic: Something I feel 2  
ways about

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## Ambivalence: A Central Concept

- Simultaneous motivations leading in different directions
  - Desire to gain medication benefits and avoid side-effects
  - Desire to be strong and healthy and to relax and eat enjoyable foods
  - Desire to be in greater control/feel on top of things, desire to let go and escape
  - Hope for change / fear of failure

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## Role of Ambivalence



- Ambivalence is a normal component of psychological problems
- Acknowledge and **protect** the side that doesn't want to change
- Explore pros and cons of change (**decisional balance**)
- Specifics are unique to each person--try not to assume

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## Ambivalence: A Central Concept

- Demonstration: reflective listening when the patient is ambivalent
- Reflective listening practice

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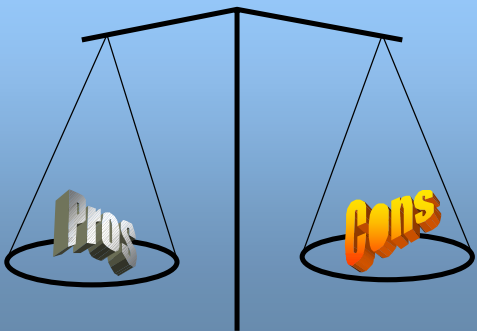
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## Decisional Balance



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# Ambivalence Exercise: Thinking About ...

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## Thinking About Drug Use

*Here's an example. Remember, every person has different reasons they might want to change their drug use.*

<b>Good things about my drug use:</b>	<b>Good things about changing my drug use:</b>
Will not have to think about my problems for a while	More control over my life
More comfortable with friends	Support from family and doctors
Being High feels great	Less legal trouble & better health
<b>Not so good things about my drug use:</b>	<b>Not so good things about changing my drug use</b>
Disapproval from family and friends	More stress or anxiety
Increased chance of legal and job trouble	Feel more depressed
Costs too much money	Fear of social situations
	Giving up the high
	Withdrawals

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## Thinking About...Exercise Exemplifies...

- That ambivalence is part of the picture
- That clients have good reasons to keep using and to quit using
- Resolving this ambivalence is key to success in treatment
- Joining with reasons why a client wants to change will force him or her to protect the side that doesn't want to change
- **So, join/protect the side that doesn't want to change**

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## Understanding Ambivalence: Something You've Considered Changing

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## What is Motivational Interviewing?

MI is a:

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

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## Goals of MI

- To motivate healthy behavior change
- To understand and resolve ambivalence  
about current behaviors
- To create and amplify discrepancy between  
present behavior and broader goals

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## How?

- **Express Empathy AND Develop Discrepancy**
- Create “cognitive dissonance” between where one **is** → and where one **wants to be**
- Or help person envision/value/choose a new path to get where one wants to be

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## Motivational Interviewing Principles

- Express Empathy
- Avoid Argumentation / Roll with Resistance

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## Motivation Assumptions

- | Trait Model   | State Model   |
|---|---|
| <ul style="list-style-type: none"><li>▪ Inherent in person</li><li>▪ A stable personality characteristic</li><li>▪ Unless client is motivated, little you can do.</li></ul> | <ul style="list-style-type: none"><li>▪ Internal state influenced by external factors</li><li>▪ Motivation is a product of an interaction between people, not within one person.</li><li>▪ Influenced by counselor style and expectancies</li></ul> |
| <ul style="list-style-type: none"><li>▪ People are inherently motivated to resist change</li><li>▪ Tx dropout, failure are due to denial</li></ul>                          | <ul style="list-style-type: none"><li>▪ Fluctuates over time and by situation</li><li>▪ These fluctuations are often overlooked</li></ul>   |

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## Roll with Resistance



- Use momentum to your advantage
- Shift perceptions
- New perspectives are invited, not imposed
- Clients are valuable (best?) resource in finding solutions

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## Types of Resistance

- Active types
- Passive types

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## Confrontation

- Confrontation during 2-session intervention predicts drinking behavior ( $r = +.65$ ) at 1 year follow-up ( $p < .001$ , Miller, Benefield, Tonigan, 1993, JCCP)

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## Therapeutic Outcomes of Confrontation

- “Therapists adopting a hostile-confrontational style tend to elicit more withdrawal, lower involvement, distancing, and resistance.”
- “For those (women) with a low self-image, confrontive group therapy appeared to have a detrimental effect.”

(Waltman, 1995, Journal of Substance Abuse Treatment)

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## Managing Resistance

Video Clip: The Rounder with Terri Moyers

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Exercise: Dodge Ball

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## Motivational Interviewing Principles

- Express Empathy
- Avoid Argumentation / Roll with Resistance
- Develop Discrepancy

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## Develop Discrepancy



- Amplify cognitive dissonance
- Difference between where one is and where one wants to be
- Awareness of consequences is important
- Encourage client to present reasons for change--elicit self-motivational statements

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## Important Psychology Concepts

- **Cognitive Dissonance (Festinger)** – Dissonant cognitions produce tension. People are motivated to reduced dissonance.
- Implication: Motivation may be increased by exploring dissonance between desired future and present reality, between personal values and current behaviors

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## Important Psychology Concepts

- **Self-perception theory (Bem)** – Attitudes, emotions, beliefs are inferred by observation of own behavior (including verbal behavior)
- Implications:
  - Defending unhealthy or maladaptive behavior leads to convincing oneself of value of behaviors, increased resolve to maintain those behaviors
  - Exploring change possibilities can lead to interest in changing

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## Important Psychology Concepts

- **Self-efficacy theory (Bandura)**: People will try new behaviors if they have confidence they can succeed; confidence can be gleaned from their own experience or that of others; a big failure can destroy confidence and trying
- **Expectancy theory (Vroom)** – Confidence in ability to perform plus expectation of positive consequence increases likelihood of performance of task
- Implication: Clients' sense of confidence and hope increase motivation (behavioral resolve)

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## The Goal: Change Talk

- How do we encourage that DARN commitment?
- D
- A
- R
- N
- Commitment!!!

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## Eliciting Change Talk: MI Becomes Directive

- Asking Evocative Questions
- Using The Importance Ruler
- Exploring the Decisional Balance
- Elaborating
- Querying Extremes
- Looking Back / Looking Forward
- Exploring Goals and Values

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## Eliciting Change Talk

- Exploring current situation, clients POV
- Looking backward
- Considering importance of situation, dilemma
- Exploring values and value-behavior congruence
- Looking forward - hopes, dreams
- Considering pros and cons of change (decisional balance)
- Considering importance of change (ruler)
- Considering confidence – past successes, strengths, supports
- Planning and committing to specific change attempt

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## Summary: What we know about therapeutic relationships

- Hierarchical therapy relationship may induce reactance, resistance (avoid by client-centered empathic stance)
- Motivation may be increased by exploring dissonance between present/desired future, actions/values
- Defending unhealthy or maladaptive behavior leads to convincing oneself to maintain those behaviors
- Exploring change possibilities leads to self-inference of interest in changing
- Clients' confidence and hope increase motivation (behavioral resolve)

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## Motivational Interviewing: Client-centered AND Directive

- Client-centered = What the client thinks, sees, hopes for, plans and does are what is important
- Directive = Counselor guides conversation toward particular topics, explores client's point of view and then increasingly focuses on certain aspects of the point of view – *self-motivational statements or change talk*

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## Summary of Motivational Interviewing

- Specific, constrained interactional style
- Remains focused on client point of view
- Counselor listens for topics related to change, then follows or guides client into topics
- Counselor elicits mixed feelings/motivations, then focuses in on change talk

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## Motivational Interviewing

- Express Empathy
  - Rogers
- Roll with Resistance
  - To reduce risk of psychological reactance
  - Because Self-perception theory indicates one persuades oneself to change
- Develop Discrepancy
  - Dissonance – person becomes motivated to reduce discrepancy
- Support Self-Efficacy
  - Builds on expectancy theory – increasing confidence increases intent to behave

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## MI Key Points

- MI is a **style** or way of interacting with a client that has many features of other brief therapy approaches
- MI draws on **Person-centered**, Cognitive, **Systems** and **Reality** therapies as well as Social Psychology concepts of persuasion
- MI assumes that **motivation is a state** rather than a trait and is strongly influenced by interactions
- MI assumes acknowledging and actively exploring a client's **ambivalence** is critical.

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## MI Key Points

- **Eliciting “Change Talk”** from clients about their own reasons for change is important
- Prochaska and DiClemente’s Transtheoretical Model (**Stages of Change**) underlies the readiness concept
- It is intended to **help resolve ambivalence** and get a person moving toward change
- It is **empowerment-oriented**
- **It requires action and direction by the therapist beyond person-centered techniques**

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## Being Strategic

- Includes Asking permission, affirming, emphasizing personal control, support
- Can include overt values exploration
- Focuses on development of discrepancy (discomfort) in the presence of confidence to increase comfort through positive change
- Recognizing change talk
- Eliciting change talk

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## Change Talk

- Ready, Willing and Able
- Willing
  - To think about/discuss issues
  - To consider how things might be different
- Able
  - Feel confident about ability, possibility of success/payoff
- Ready
  - Decide it is important to make some changes
  - Engage in change-planning
  - Commit to getting into action

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## Eliciting Change Talk

- Key questions
- Summaries: not just reflections added together
- Using rulers
- Using decisional balance exercises

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## MI Consistent Strategies

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## MI-consistent Strategies

- Looking forward
- Looking back
- Typical day
- Remembering successes
- Readiness Rulers
- Decisional Balance
- Emphasize Personal Choice and Control
- Discuss Stages of Change Concepts
- Provide Personalized Feedback

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## Looking forward

- In general, what things are most important to you?
  - *Family? Cutting back on work? Relaxing? Getting some fun or excitement back in your life? Feeling better about yourself? Getting more involved in your community? Traveling? Your spirituality? Having a partner? Being financially prepared? Autonomy?*
- Thinking about what's important for you for the future, how does this current issue fit in?

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## Looking forward

- What is likely to be the outcome if you don't make any decisions, do anything about it? What do you think things will be like a year from now, or five?
- What might be the outcome if you were successful at making some changes? How might things be in a year from now, or five?

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## Looking back

- How long has it been going on? How did it come about?
- Did it start all at once or gradually?
- What were things like before? How were they better? Worse?

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## Typical day

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## Explore Importance of Situation/Change

- General:
  - How important is situation/issue, your need to make a decision or do something about it?
- Importance Ruler
  - On a scale of 0 to 10, how important is this issue to you (0=not at all, 10=most important thing in life)
  - What makes it an X and not a 0?
  - What might make your rating a few points higher, a bit more important?

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## Explore Confidence about Changing

- On a scale of 0 to 10, how confident are you that you could change?
- What makes it an X and not a 0?
- What would make it a few points higher?
- What could I or others do to help you be more confident?

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## Explore current situation

- What is situation, issue, feelings about it
- Explore good things and not-so-good things about situation/issue

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## Decisional Balance

- **Not changing:**
  - What concerns you the most about the possibility of not making a change?
  - What might some benefits be of not addressing this, not making any changes?
- **Changing:**
  - What might you lose, have to give up, or risk, if you make a change? What might not be so good?
  - What good things might happen if you did something about it, made a change?

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## Emphasizing choice and control



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## Stages of Change and Counselor Tasks

PRECONTEMPLATION	Raise doubt - Increase the client's perception of risks and problems with current behavior
CONTEMPLATION	Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client's self-efficacy for change of current behavior
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

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## Personalized feedback



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## Change Planning

- What, specifically, would you like to be different
- What, specifically, could you do to get started?
- If the first step is successful, then what?
- Who else could you ask for support, assistance, if anyone? What could you ask for?
- What would be signs that things are going well?
- How would you know if you were off-track?
- What would you do if you got off-track?

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## Implementing Change

- Where does this leave you now?
- Check in on importance and confidence – any changes in your ratings?
- What's your commitment – 0 to 10? (explore)
- What, if anything, can you commit to doing in the next week?

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## Support Self-Efficacy

- Belief in possibility of change is critical
- Client is responsible for choosing and carrying out change
- There is hope in the range of alternatives available



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## Remembering Successes

- What have you been successful at changing in the past? No matter how small...
  - What initiated you making this change?
  - What did you do to get started, what did you do to stick with your decision to change?
  - What barriers or obstacles did you run into? How did you get past them?
  - How easy was it? How did you feel after making that change? How do you feel about it now?
  - What other changes have you made?

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## Building on Strengths

- What strengths might you draw on to make a change?
  - *Are you determined? Flexible? Careful? Organized? Creative? Resourceful? Stubborn?*
- How have these strengths helped you before?
- What things might be changed in your environment to help you succeed? What might help you get ready?
- How might others help?

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## Useful publications

- Miller, W. & Rollnick, S. (Eds.) (2<sup>nd</sup>)(2002). Motivational Interviewing: Preparing people to change. Guilford Press:NY.
- Rollnick, S, Mason, P, & Butler, C (1999). Health Behavior Change: A Guide for Practitioners. Churchill Livingstone
- MI website: [www.motivationalinterview.org](http://www.motivationalinterview.org)

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