

# Effecting Change through the Use of Motivational Interviewing

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## Agenda

- Helping Styles
- Ambivalence
- MI Spirit
- MI Processes
- MI Micro-Skills (OARS)
- Integration: Observation of Dr. Miller
- On-going support: Text Messaging Learning Extender

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## What are we talking about?



**What does  
“motivation”  
mean to you?**



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## Understanding How People Change: Models



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### Traditional approach



The Stick

- Change is motivated by discomfort.
- If you can make people feel bad enough, they will change.
- People have to “hit bottom” to be ready for change
- Corollary: People don’t change if they haven’t suffered enough

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### Traditional approach

The Traditional Approach often used a **Directing Style** of helping.

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## Directing helping style

- Tell them it's important.
- Show them how to do it.
- Explain it to them, id how life could be better
- Threaten them, instill fear.
- Give them short term goals.
- Make them a list.
- Constantly remind them.
- Tell them what you expect.

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## The Directing Style Example: Exercise



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## Directing Style of Helping

Given that you are caring,  
compassionate, well-intended,  
and that your advice is sound...

...why does your directing helping  
style not work as well as you  
would hope?

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## Guiding Style of Helping

- Respect their decisions.
- Have them to describe what is working.
- Ask them what their plan is.
- Find out what's important to them.
- Have them talk about their health and their goals.
- Have them list pros and cons.
- Ask what their goals are for Tx.

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## Helping Styles

- Directing
  - “I know what you should do, and here’s how to do it.”
- Following
  - “I trust your wisdom, and will stay with you while you work this out.”
- Guiding
  - Incorporates elements of both

Directing ←→ **Guiding** ←→ Following

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## What is Motivational Interviewing?

Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

“MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

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## The Concept of Motivation

- Motivation is influenced by the clinician's style
- Motivation can be modified
- The clinician's task is to elicit and enhance motivation
- *"Lack of motivation" is a challenge for the clinician's therapeutic skills, not a fault for which to blame our clients/patients*

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## The Concept of Ambivalence

- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They "want to change and don't want to change"
- *"Working with ambivalence is working with the heart of the problem"*



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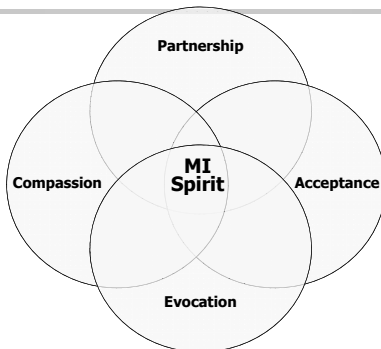
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## The Underlying Spirit of MI



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***“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others”***



Blaise Pascal



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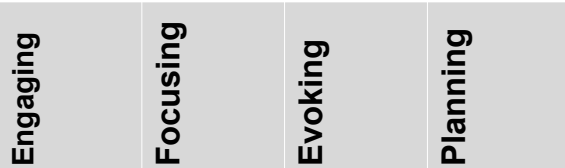
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### The 4-lane Highway of MI Processes



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### Where do I start?

- What you **do** depends on where the client/patient **is** in the process of changing
- The first step is to be able to **identify where they are**

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## MI: Principles

Motivational interviewing is founded on 4 basic principles:

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

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## MI MicroSkills (the OARS)



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## Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



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## Open-Ended Questions

- Are difficult to answer with brief replies or simple "yes" or "no" answers.
- Contain an element of surprise; you don't really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

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## Open and Closed Questions Quiz

1. Don't you think your drinking is part of the problem?
2. Are you taking your medication?
3. Do you know you might die if you don't stop using?
4. What are the benefits of taking your meds?
5. Did you know alcohol can affect your diabetes?
6. Are you using condoms?
7. Can you tell me about what you know about your heart condition?

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## Activity: Open-Ended Questions

- In small groups, work together on developing open-ended questions
- Each group has a statement commonly made by clients or a brief client scenario
- Develop 3 or 4 open-ended questions you could use to explore each situation

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## Core Skills

- **O**pen-Ended Questions
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- **R**eflective Listening
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## Affirmations

- Catch them doing something right!
  - Support person's persistence
  - Recognize effort
  - Assist person in seeing positives
  - Support individual's strengths
  - Support their confidence

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## OARS: Affirmations (Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges client's challenges
- Validates client's experiences and feelings
- Reinforcing successes reduces discouragement & hopelessness

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## Affirmations: Use Thoughtfully

- Praise and cheerleading is not MI
- Carefully think about using affirmations
  - do not use liberally
    - Can be a roadblock and stop the conversation
- Use specific, concrete affirmations based on strengths or efforts made

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## Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



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## Expressing Empathy through Reflective Listening

Reflective (“active”) listening is used to:

- Check out whether you really understood the patient/client
- Highlight the client’s own motivation for change about substance use
- Steer the client toward a greater recognition of her or his problems and concerns, and
- Reinforce statements indicating that the client is thinking about change

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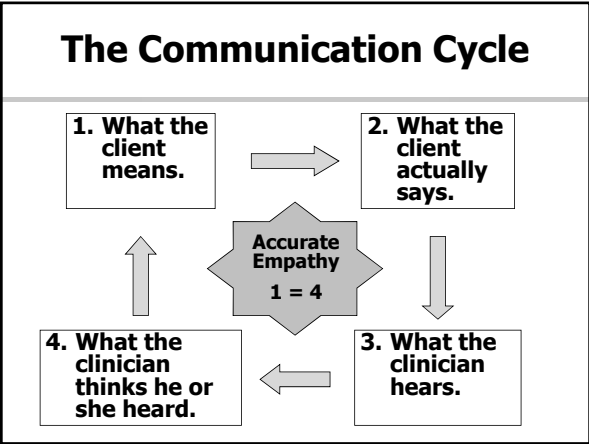
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## Reflective Listening

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## Reflective Listening

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What it is NOT: listening for the purpose of diagnosing and fixing a problem

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## It's not about the nail...



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## Types of Reflective Statements

1. Simple Reflection (repeat)
2. Complex Reflection (making a guess as to underlying meaning)
3. Double-Sided Reflection (captures both sides of the ambivalence)



NIDA-SAMHSA Blending Initiative

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## Simple Reflections

- Stay very close to the speaker's original words and meaning
- **Client:** Everybody out there is trying to make me confused.
- **Clinician:** ??
  
- **Client:** Usually when I get depressed, I just try to stay busy, and it eventually goes away. But this time.....I can't seem to shake it.
- **Clinician:** ??

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## Complex Reflections

- “I’m really discouraged about using again. I should know better.”
  - “Yes, you should. This is your 4<sup>th</sup> time here.”
  - No – *that’s not listening and it’s judgmental.*
  - *I want to tell him what he needs to do (complete treatment, really apply himself this time, get rid of his old friends), but I need to understand. What is he feeling?*
  - *Does he mean that he’s unsure if he’ll ever be able to stay clean? Does he feel guilty that he relapsed and disappointed his family. Now make it a reflection to dig for change talk.*
- “You’re scared because you relapsed again, but at the same time you’re determined to figure out how to be successful next time.”

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## What does the client mean?

I don't really have a drinking problem. My partner is overly sensitive because her dad was an alcoholic.



You're frustrated that people are judging you and your drinking.

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## What does the client mean?

I know I shouldn't have seen him. He just came by and I couldn't turn him away.



You're disappointed in yourself, but you still want to find a way to tell him no.

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## Double-Sided Reflections

So on the one hand you.....and on the other you want.....

**Client:** I know cannabis might not be good for me, but it is the only thing that helps me sleep.

**Clinician:** ??

**Client:** Yes, sometimes I drink a little too much, but I don't have a problem. My friends drink way more than I do.

**Clinician:** ???

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## Summary Statements

### Collection



### Linkage



### Transition



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## Summaries



- Summaries capture both sides of the ambivalence ("You say that \_\_\_\_\_ and you also mentioned that \_\_\_\_\_.")
- They demonstrate the clinician has been listening carefully.
- Summaries also prompt clarification and further elaboration from the person.
- They prepare person to move forward.

**Summaries provide the "whole picture", pulling together what might seem to be separate pieces**

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## Summaries

- Reminds client about major discussion points, the plan of action, and their own reasons for taking action
- Useful to:
  - Bridge (continue) conversation
  - Remind what they said or point out connection between statements
  - Transition to new topic or next steps

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## Using MI for Education

- Use the “Feedback Sandwich” to counter myths and educate about causes of illness and prognosis
  - Ask Permission
  - Give Information
  - Ask for Response
- “Would it be okay if I share some information with you?”



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## Putting It All Together

You will be placed into pairs.  
One “speaker,” one “listener” and one observer  
Speaker: what is something about yourself that you:  

- Want to change
- Need to change
- Should change
- Have been thinking about changing, but you haven’t changed yet

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## Putting It All Together

### Interviewer, you have 5 minutes to:

- Engage the speaker (be compassionate, non-judgmental, curious, collaborative)
- Focus on a change goal
- Use your O.A.R.S. (open questions, affirmations, reflections, summaries)
  - What does your client want to change?
  - What would be the benefits of changing?
  - How confident are they that they can do it?
  - How might they go about making the change?
  - What will be the challenges in making this change?
- Try not to give advice

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## What if no commitment to change is made?

- Accept it
- Empathize that ambivalence can be difficult
- Ask if he/she can manage the consequences of not making a decision
- Ask if there is anything else that will help with the decision (i.e. having more time or information, etc.)

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## Remember to leave the door open...

- *“In summary, it seems that at the moment you don’t want to change this behavior, but if you want to talk about it further at some stage, or if you decide that it is starting to cause you problems, please feel free to come and see me again and we can discuss this further...”*



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## You Are Using MI If You:

- Talk less than your consumer does
- Offer one reflection for every three questions
- Reflect with complex reflections more than half the time
- Ask mostly open-ended questions
- Avoid getting ahead of your consumer's stage of readiness (warning, confronting, giving unwelcome advice, taking "good" side of the argument)

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## Go out and practice your MI skills!

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For additional information on this or other training topics, visit:

[www.psattc.org](http://www.psattc.org)  
[www.motivationalinterview.org](http://www.motivationalinterview.org)  
[www.uclaisap.org](http://www.uclaisap.org)

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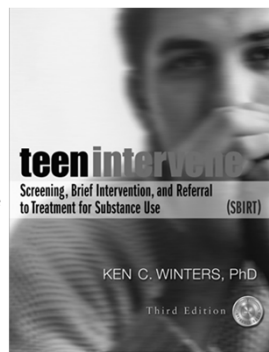
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## Curriculum for Brief Intervention

Use with individual or group sessions  
For use with youth with mild to moderate use  
Curriculum available from CSHA



1203 Preservation Park Way, Suite 302 Oakland, CA 94612 | Tel: 510-268-1260 | [schoolhealthcenters.org](http://schoolhealthcenters.org)

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