

# Motivational Interviewing: Effecting Change with Youth

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Part 1: Overview, Evidence Base and Elements of  
Motivational Interviewing

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# Agenda

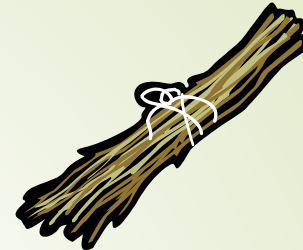
- Understanding how people change
- Helping styles
- History of Motivational Interviewing
- Evidence Base
- MI Processes and Microskills

What are we talking about?

When you hear the word “motivation”  
what words or phrases come to mind?

# Understanding How People Change: Helping Styles

# 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

# 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

# Traditional approach

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

# Directing Helping Style

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



# Directing Style

## ► Brief practice:

- Think of a behavior you want to change (a minor issue in your life)
- Pair up – one person is the health care provider, one person is the client
- Use handout:
  1. "Provider" will try to use as many Negative Persuasion methods as possible within 3 minutes
  2. "Provider" will use as many Roadblocks to Listening as possible within 3 minutes

## 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?

# The Concept of Motivation

- ▶ Motivation or readiness to change - a state of mind, not an enduring trait related to character or illness, and can be influenced
  - ▶ By the provider's style
  - ▶ By environmental and social factors
- ▶ Our task is to elicit and enhance motivation
  - ▶ By assisting client to identify and work through own ambivalence

# Motivational Interviewing: History

## ➤ William R. Miller

- Instituted the Drinker's Checkup (1980s)
  - Two sessions (assessment & consultation)
  - Supported self-efficacy
  - Discrepancy between goals & behavior
  - Advice to quit or cut down
  - Resources

Offered to community residents NOT seeking treatment

Alcohol consumption  
↓ 27%

Alcohol blood levels  
↓ 29%

# Motivational Interviewing: History

- Adapted by Stephen Rollnick for briefer interventions in additional patient care settings
  - Clinics, ERs
- Adapted for use with many populations, use in goal-directed treatment
  - Substance abuse/misuse
  - Condom use
  - Smoking cessation
  - Diet and exercise
    - ▀ children as young as 10-12
  - Medication adherence

# Guiding Style of Helping

- Respect their decisions.
- Have them 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 counseling/school.


# 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.”

## Philosophy of Motivational Interviewing

Counselor does not prescribe specific  
methods or techniques



Clients are responsible for their own progress



MI focuses on increasing client's confidence  
in their ability to make change (self-efficacy)



## Philosophy of Motivational Interviewing

Client “resistance” is typically evoked by environmental conditions

Client-counselor relationship should be friendly and collaborative

Priority is given to resolving ambivalence

# History of Motivational Interviewing



Traditionally longer sessions (30 minutes – hours)



Traditionally multiple sessions



Adapted

Briefer  
approaches  
One-time  
approaches

# Motivational Interviewing – What is the Evidence?

- ▶ Meta-analysis of 185 studies of brief interventions delivered to AYA about alcohol use found:
  - ▶ Interventions of HS aged-youth averaged 100 minutes/6 sessions
  - ▶ Results: significantly lower consumption (equiv. ↓ 1.3 drinking days/mo)
  - ▶ Results: ↓ problematic drinking by ~ 8%
  - ▶ Motivational Interviewing-type interventions more effective
  - ▶ Shorter interventions just as effective over short-term

Source: Tanner-Smith, E. E., & Lipsey, M. W. (2015).

# What is the Evidence?

- MI has also been found to be effective in counseling adolescents/enhancing treatment about:
- Weight, body image, disordered eating (Golden et al., 2016)
- Behavioral self-management for ADHD (Sibley et al., 2021)
- Referral to MH treatment after emergency room evaluation for suicidal ideation and behaviors (Grupp-Phelan et al., 2019)
- Treatment of co-occurring depression and substance use disorder (Hinckley & Riggs, 2019)

# MI and Adolescents/Young Adults

- Adolescents have rapidly developing cognitive abilities, capable of brilliance and logical thought, but brain not fully mature until mid-20s
- Maturing frontal lobe more susceptible to influence of emotions, hormones, and substances than older adults
- The reward centers in the brain respond to BIG rewards (binge use)
- Adolescents question authority, rules, ambivalent about status between child and adult
- MI addresses ambivalence respectfully, encourages teens to work through discrepancies between goals and behavior, reminds adults to show respect for the emerging individual –helps teens exercise their developing frontal lobe

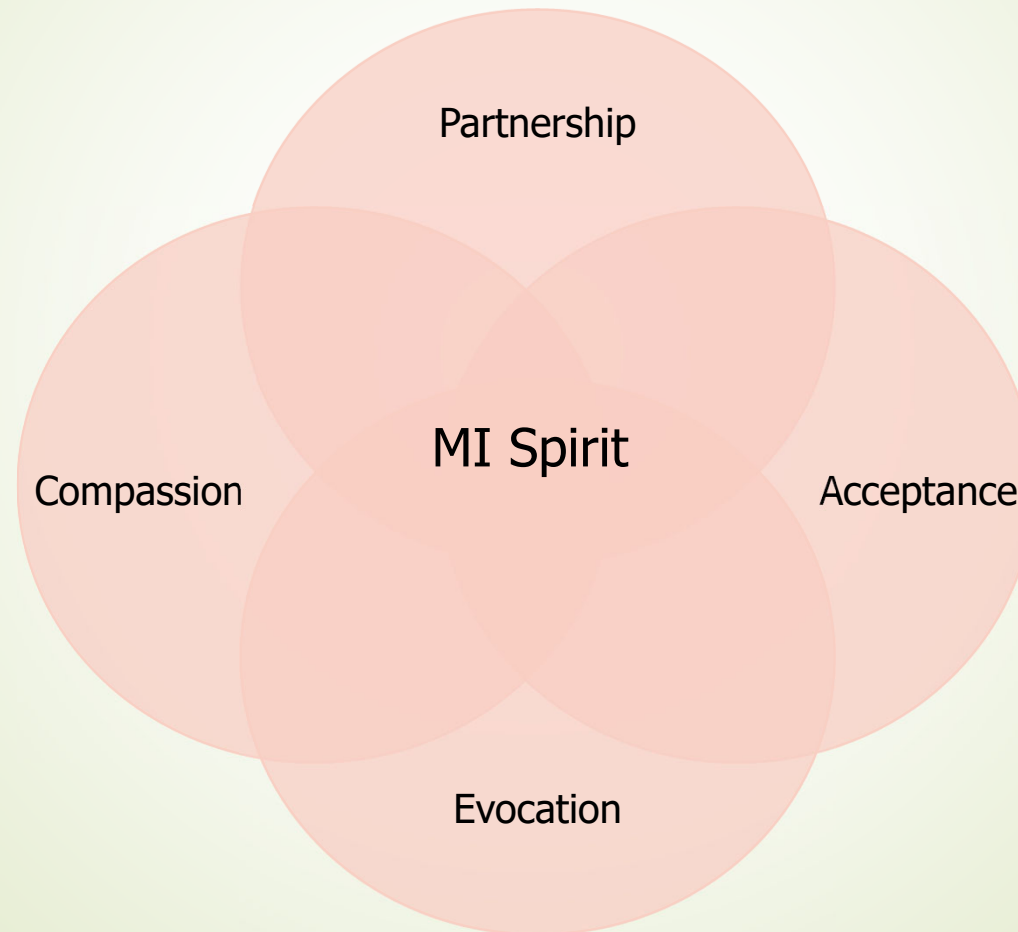
# MI and School-based Health

- Motivational interviewing can be used by all school and school health personnel
- Advantages of school setting:
  - Can see students more frequently – for brief follow-up of MI discussion, answer new questions
  - Ability to develop rapport over time
- Cautions for school setting:
  - Students may divulge confidential information – be sure to discuss how info will be shared BEFORE discussion

# The Concept of Ambivalence

- Ambivalence is normal
- Clients usually engage in a health care visit with fluctuating and conflicting motivations
- *“Working with ambivalence is working with the heart of the problem”*
- *Most change happens outside of the encounter*

# The Underlying Spirit of MI





# Activity: Experiencing MI Spirit

You will be divided into pairs. Listen with the goal of understanding the dilemma, not solving the problem:

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

(in other words, something you're ambivalent about)

[Choose something that is not the most important or difficult change issue for you and that you feel comfortable talking about in a professional setting]

# Activity: Experiencing MI Spirit

As the Listener, ask:

1. Why do you want to make this change?
2. How might you go about it in order to succeed?
3. What are the 3 best reasons for you to do it?
4. How important is it for you to make this change, and why?

Give short summary/reflection of speaker's motivation for change, then:

5. So what do you think you'll do?

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

*So this concept that people are more likely to engage in a course of action  
if they come to the realization themselves rather than having someone else  
tell them, is not new*



Blaise Pascal

17<sup>th</sup> century mathematician/philosopher

# Motivational Interviewing Toolbox

Stages of Change

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graph TD; A[Stages of Change] --> B[Establishing rapport and agenda-setting]; B --> C[Gathering information: interview styles]; C --> D[Eliciting self-motivational statements]; D --> E[Rolling with Resistance];
```

Establishing rapport and agenda-setting

Gathering information: interview styles

Eliciting self-motivational statements

Rolling with Resistance

## Establishing Rapport

- Warm-up or rapport building specific to situation and culture of client
- Screening for risk behaviors

## Setting the Agenda

OR

- Giving results
- Acknowledging purpose of visit if structured (e.g. diabetes care)

# Asking for Permission

- When Getting Started
  - I'd like to spend a few minutes talking about...Is that ok with you?
- When Offering Information
  - Those are some good reasons to... If it's ok with you I'd like to tell you some other benefits
- When Offering Advice
- When Suggesting Behavior Change
  - It sounds like you have a lot of reasons to...If it's ok with you I'd like to talk about setting some goals or committing yourself to a behavior change
- Especially important with adolescents and all individuals from marginalized groups

# ACTIVE LISTENING STEPS



Listening carefully by using all available senses



Paraphrasing what is heard both mentally and verbally



Checking your understanding to ensure accuracy



Providing feedback

# MI Processes

**Engaging**

**Focusing**

**Evoking**

**Planning**



## Where Do I Start?

- What you **do** depends on where the client/student **is** in the process of changing
- The first step is to be able to **identify where they are**, i.e., what are you hearing from them?
- **“Change talk”** is anything you hear from the adolescent or parent that suggests that there is a desire to change something, a reason, a need, or that they believe they have the ability to do so

# MI “Microskills”

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



# 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 student will say.
- Are conversational door-openers that encourage the student to talk.
- Should be followed by a (more than social) pause, to give the client time to reflect and answer

# Open and Closed Questions Quiz

1. Don't you think your drinking is part of the problem? **C**
2. Tell me about when you were able to quit smoking. **O**
3. How is it going with managing your homework? **O**
4. How many drinks did you have yesterday? **C**
5. What do you want to do about your drinking? **O**
6. Can you tell me about what you know about chlamydia? **C**

# MI “Microskills”

- **O** pen-Ended Questions
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- **S** ummarizing



# Affirmations



- Catch them doing something right!
  - Support person's persistence
  - Recognize challenges and efforts made
  - Assist person in seeing positives
  - Support individual's strengths
  - Support their confidence
  - Validates their experiences and feelings

## OARS: Affirmations (positive reinforcement)

Clients may be in a group that receives little praise (unhoused, substance users, adolescents)



Praise must be authentic – praise a specific behavior

Can build a bridge w client, defuse some wariness and distrust

Supports confidence and self-efficacy, reduces discouragement and hopelessness

# AFFIRMATIONS



## Affirmations: Use Thoughtfully

- Cheerleading is not MI
- Carefully think about using affirmations – do not overuse them
  - Can be a roadblock and stop the conversation
- Use specific, concrete affirmations based on specific strengths or efforts made



# MI “Microskills”

- **O** pen-Ended Questions
- **A** ffirmations
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# Gathering Information: OARS



REFLECTIVE LISTENING

Reflections are statements, not questions

Ends with a down-turn in inflection

Affirms and validates

Keeps the client thinking and talking

# Reflective Listening

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



It's Not About the Nail!



# Expressing Empathy through Reflective Listening

Reflective (“active”) listening is used to:

- ▶ Check out whether you really understood the client/student
- ▶ Highlight the client/student’s own motivation for change about substance use or other problematic behavior
- ▶ Steer the student toward a greater recognition of her or his problems and concerns, and;
- ▶ Reinforce statements indicating that the student is thinking about change (“change talk”)

# Types of Reflective Statements

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



# Gathering Information: OARS Reflection Examples



## REFLECTIVE LISTENING

### Examples:

- You are feeling...
  - So you're not happy about...
  - You are having trouble with
  - You are conflicted about...
- 
- Let me see if I understand what you've told me so far
  - Ok, this is what I've heard so far...

# Simple Reflections

- ▶ Stay very close to the speaker's original words and meaning
- ▶ **Client:** "Everybody thinks I'm using too much weed."
- ▶ **Clinician:** ??
- ▶ **Client:** "Usually when I'm anxious about school, I just try to stay busy, and it eventually goes away. But that doesn't seem to be working this time."
- ▶ **Clinician:** ??



# Gathering Information: OARS



## REFLECTIVE LISTENING

- Restate = use same word(s)
- Rephrase = slightly different words
- Paraphrase = interpret, infer meaning
- Deduce = connect the dots
- Summative = review and synthesize

# 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.



# 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 (attend 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 stop using? 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.”**

Stay tuned for Part 2 of this training after the break! If you would like CEU's, please sign out of Part 1 before you go on break.