

Effecting Change through the Use of Motivational Interviewing

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Disclosures



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Agenda

- Helping Styles
- Motivation and Ambivalence
- MI Spirit
- MI Processes
- MI Micro-Skills (OARS)
- Integration: Observation of Dr. Miller

What are we talking about?



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



Understanding How People Change: Models

Activity: Speaker/Client

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 done it yet(something you're ambivalent about)

Activity: Listener/Counselor

Listener:

- Tell them how much they **need** to change
- Give them list of **reasons** for doing so
- Emphasize the **importance** of changing
- Tell them **how** to change
- Assure them that they **can** do it
- Don't waste time with too many questions
- Pressure them to get on with it



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

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.”

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*

The Concept of Ambivalence

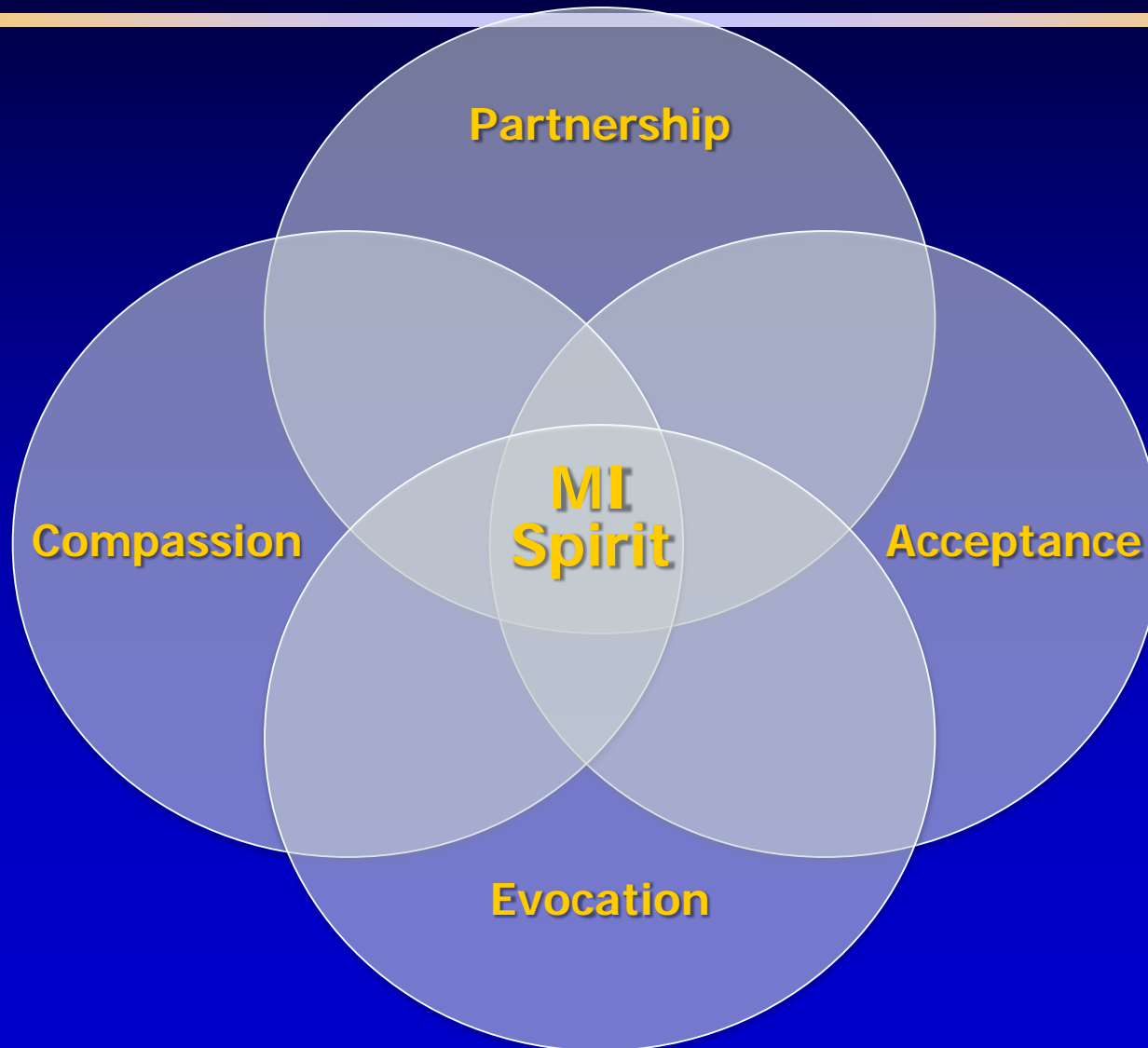
- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They “want to change and don’t want to change”
- *“Working with ambivalence is working with the heart of the problem”*



Activity: Inspiring Coach/Mentor/Teacher

- Think of someone who has helped you accomplish something important
- What characteristics did you most appreciate about them? What made them effective at coaching/guiding you?

The Underlying Spirit of MI



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



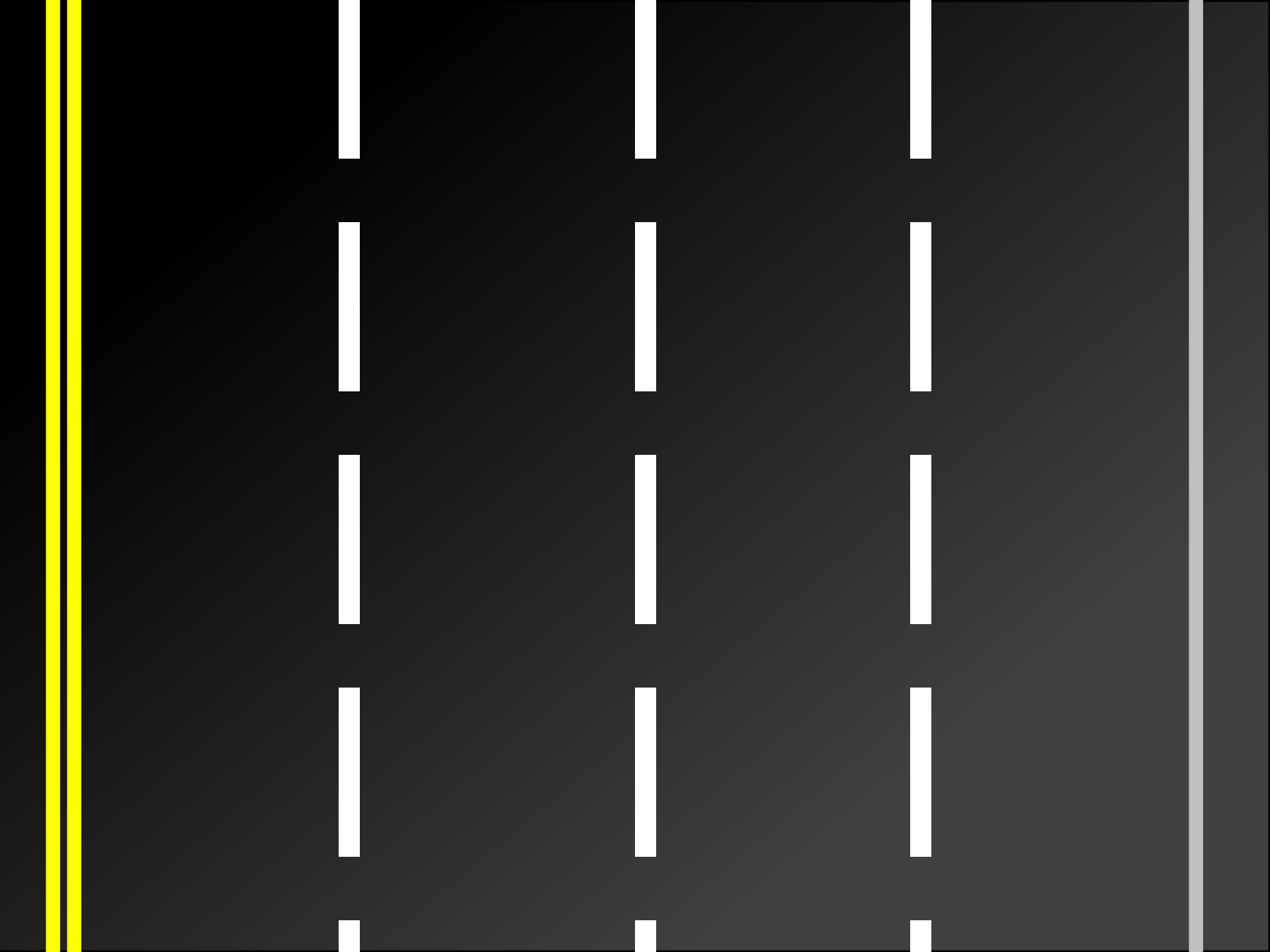
Blaise Pascal

The MI Spirit: Partnership, Compassion, Acceptance



Nonverbal Listening

- Form pairs
- Speaker: talk about one of the following for 5 minutes:
 - What it was like growing up in my home
 - Ways I've changed over the years
 - The good things and not-so-good things about my high school years
 - Describe a parent or sibling
 - How I came to do the work I'm doing
- Listener can say **nothing**, not even “mm hmm”
- Demonstrate that you are listening and understanding with **nonverbal skills only**

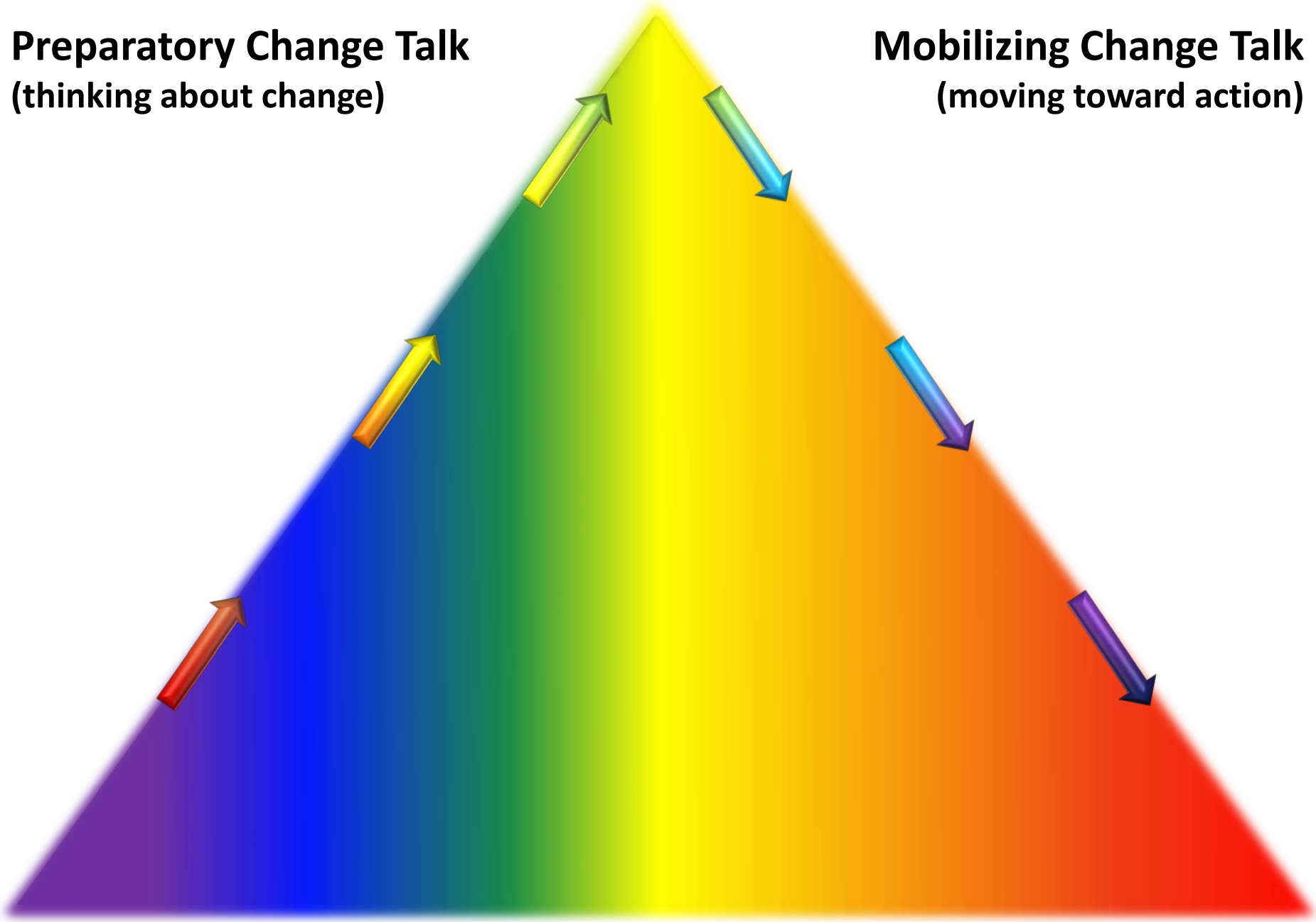


Where do I start?

- 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**

Preparatory Change Talk
(thinking about change)

Mobilizing Change Talk
(moving toward action)

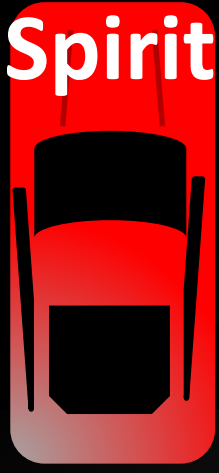


MI: Principles

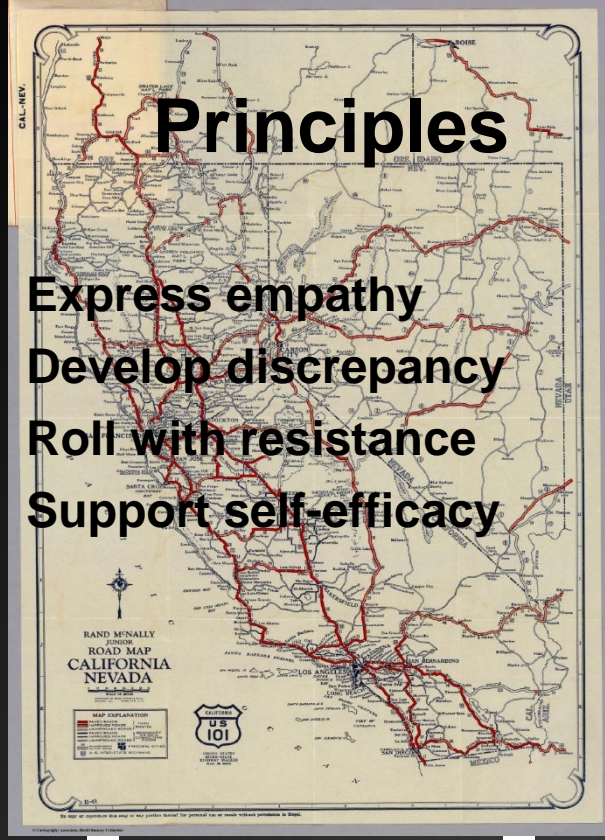
Motivational interviewing is founded on 4 basic principles:

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

Engaging



Focusing



Evoking

Planning

Activity: Experiencing MI Spirit

Someone speaking and someone listening (not counselor/client) about the issue you identified earlier:

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)

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?

MI MicroSkills (the OARS)

Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective 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 patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

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 pain meds? **O**
4. Do you know you might die if you don't stop using? **C**
5. What do you want to do about your drinking? **O**
6. Can you tell me about what you know about your heart condition? **C**

Keeps the person talking...

- Tell me about your drug use.
- What's that like for you?
- What was your life like before you started drinking?
- How do you want things to end up when you're done with supervision? Where do you want to be?
- What other ideas do you have? What else might work for you?

Encourages thought about what person is saying...

- What concerns do you (does your wife, husband, girlfriend, etc.) have about your drinking?
- How has this caused trouble for you?
- What do you think might happen if you got another positive urinalysis?
- If you did go ahead and finish the class, how would that make things better for you?

Activity: Open-Ended Questions

- Form pairs
- Each pair has a statement commonly made by clients or a brief client scenario
- Develop 4 or 5 open-ended questions you could use to explore the situation

Core Skills

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



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



Affirmations

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

Some questions to guide you...

- What successes, even little ones, have you had in the past?
- If your best friend was describing your strengths, what would they say?
- What are the qualities that describe you when you're at your best?

Reinforce something the person has done or intended to do...

- Thanks for talking to me. I know it's difficult to talk to a stranger.
- You're aware of what you need.
- You're surviving out here. That says a lot.
- You took the time to come in today.

Call attention to something admirable or interesting...

- You care a lot about your kids and want to make sure they're safe.
- You're strong.
- You're the kind of person who speaks up when something bothers you, and that's a real strength.
- You are courageous. It's hard to face all this.

Highlight their successes...

- How did you do this?
- How did you know that would work?
- You know, a lot of people on parole never seem to get it together, but you have really found a way to make this happen. How did you manage to do all that?

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

Core Skills

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

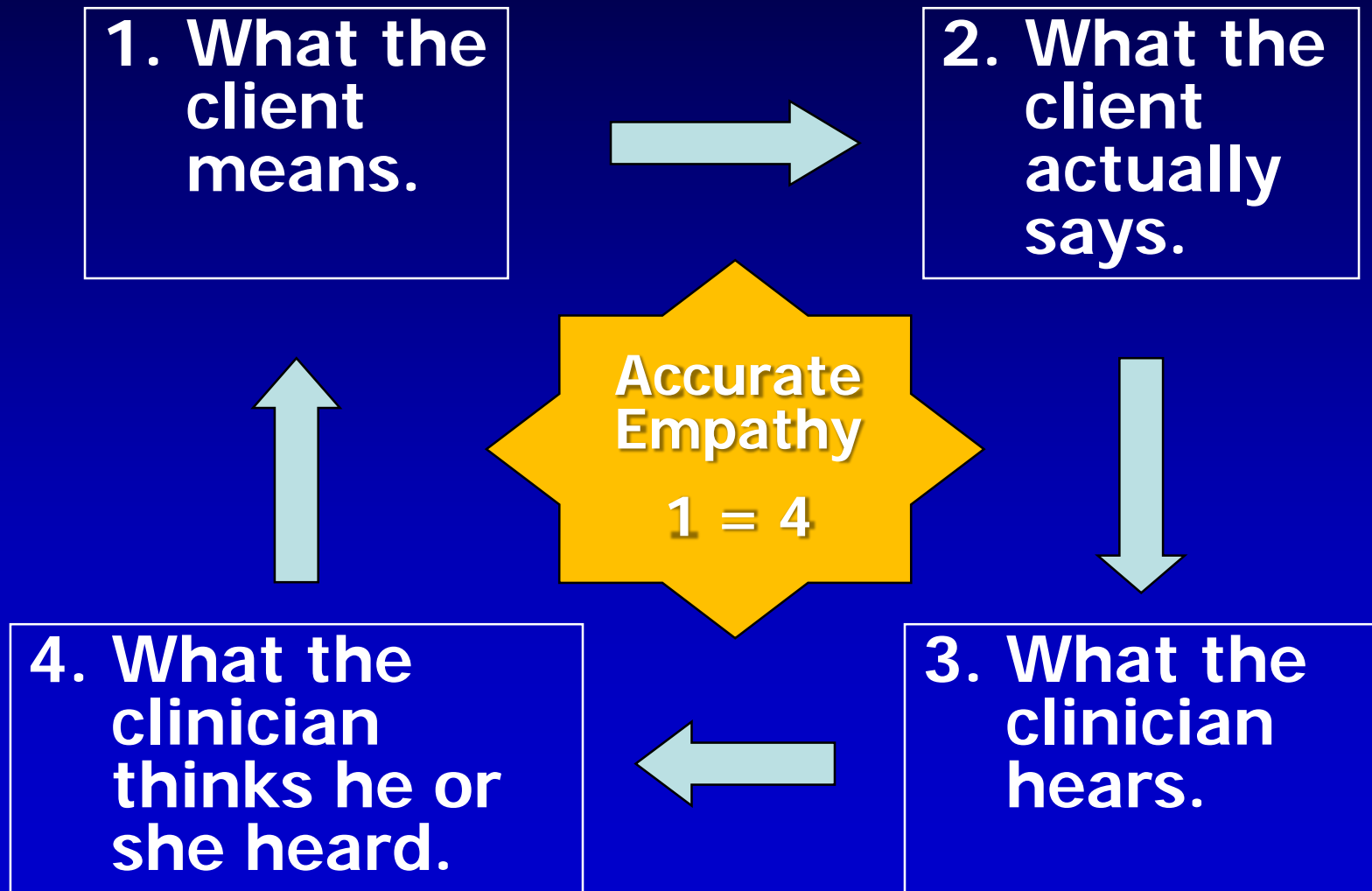


Expressing Empathy through Reflective Listening

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

The Communication Cycle



Reflective Listening

Reflective Listening

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



It's Not About the Nail



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)**



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:** ??

Complex Reflections

- How To Form a Complex Reflection:
 - Think of the question (Do you mean that...)
 - Remove question (Do you mean) and insert your guess
 - Turn your voice downward at end of statement



Double-Sided Reflections

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

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

Clinician: ??

Client: I know that it is a bad idea to keep secrets from my family. I am just so tired of them judging me.

Clinician: ???

Reflections

- “I’m so tired of feeling this way. My depression is taking over my life.”
 - **“Well, you could take your meds and stop drinking. That might help.**
 - *No – that’s not listening and is judgmental. I want to tell him what he needs to do (stop drinking, complete treatment, really apply himself this time, take his medication) but I need to understand. How does he feel? Why is he tired? Does he mean that he’s unsure if he’ll ever be able feel “normal”? Does he feel overwhelmed with his life? Does he feel inadequate about his ability to cope? Does he not want to be on medication? **Now make it a reflection.***
 - “Life is overwhelming right now and you feel you don’t have the ability to cope.”
 - “You’re worried that you may not feel normal again.”
 - “You’re scared that this is really affecting your relationship with your wife.”

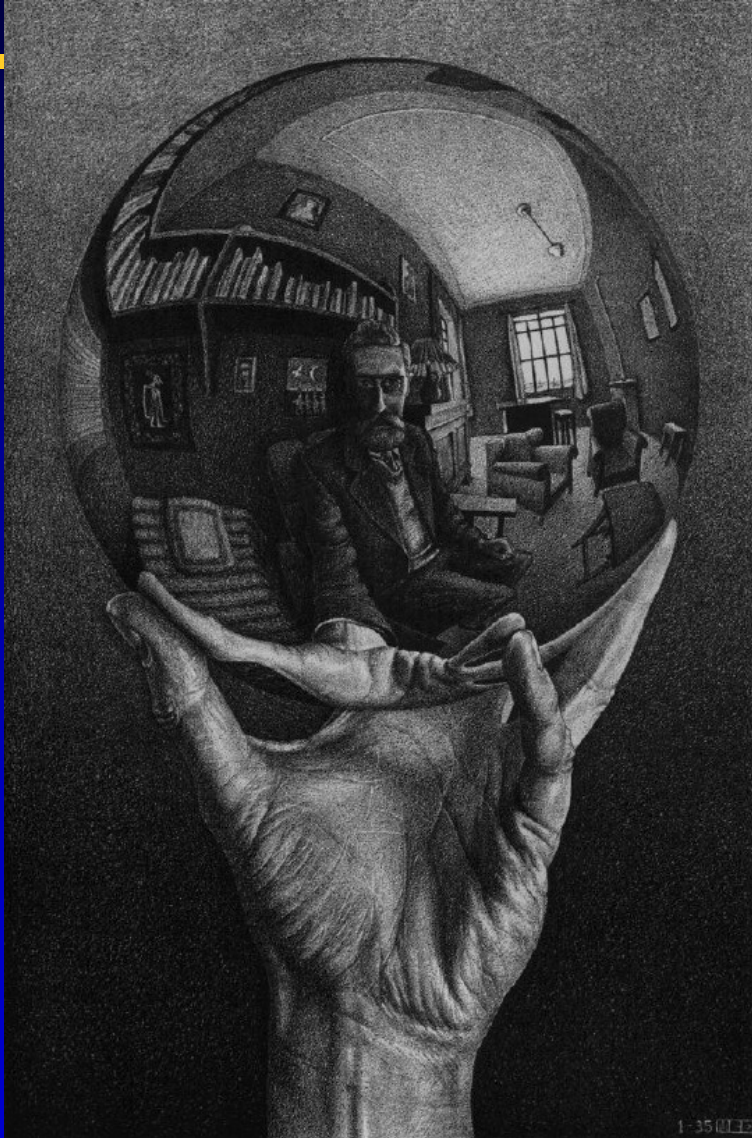
Reflections in the Round

1. Everyone writes down something a client might say about his/her substance use during an intake. Make it at least 2 sentences long.
2. Everyone sits in a circle.
3. One person is speaker. The others are interviewers. Speaker reads the client statement and interviewers, one right after the other, pose different reflective responses to the client statement.

Empathic Listening & Reflections



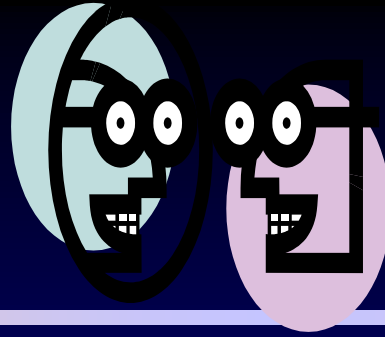
Reflective Listening Exercise



Talk about a personal change you are making or need/want to make.

Listener will only respond with reflections. No questions.

The Listener will use as many complex and double-sided reflections as possible.



Types of Reflective Statements:

1. Simple Reflection (repeat)
2. Complex Reflection
(continue the paragraph, amplify/exaggerate the client's point)
4. Double-Sided Reflection
(captures both sides of the ambivalence)

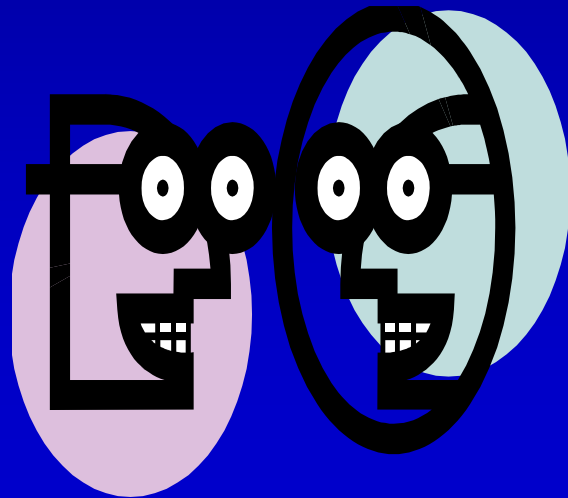
Questions to guide you:

1. Where are they going with this?
2. How do they feel about this?
3. What do they really mean?
4. What have they said?
5. How does this affect how they think?
6. How does this affect how they feel about themselves or their world?

End



What was your experience like?



Summary Statements

Collection



Linkage



Transition



Putting It All Together

Pair up again (different partner)

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

Putting It All Together

Listener: you will have 15 minutes to establish a strong alliance and develop a thorough understanding of your client

- Using as many open-ended questions, affirmations, reflections, and summaries as possible, talk with your client until you can answer the following questions:
 - What does your client want to change?
 - What would be the benefits of changing?
 - What will be the challenges in making this change?
 - How might they go about making the change?
 - How confident are they that they can do it?

Go out and practice your MI skills!

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For additional information
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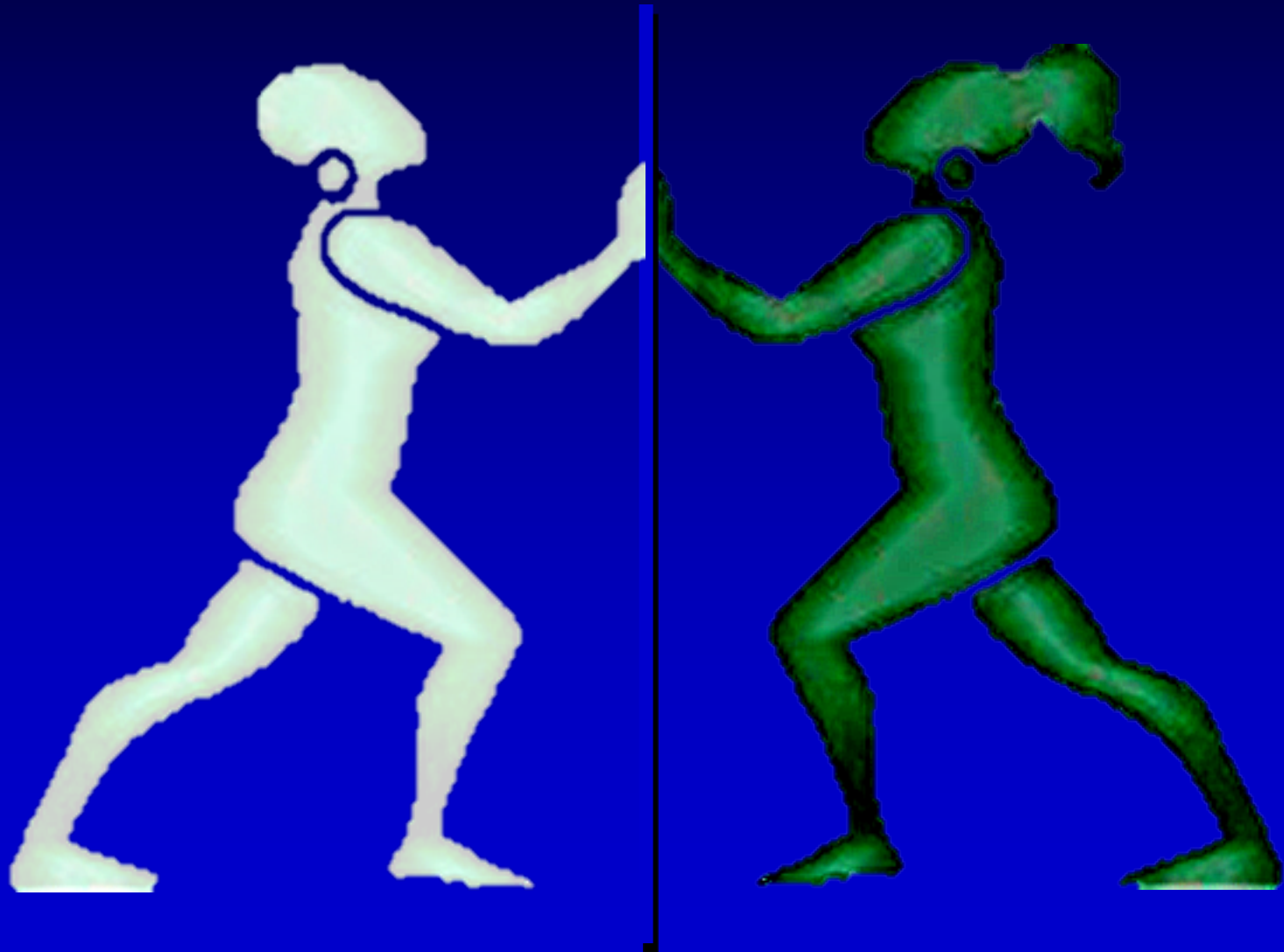
www.psattc.org

www.motivationalinterview.org

www.uclaisap.org/dmhcod

A Few Words on “Resistance”

Where does resistance start?



Recognizing Resistance

Some forms of resistance, when clients:

- argue
- interrupt
- fail to link (problems to use)
- ignore problems
- are passive-aggressive i.e. agree to do something, then fail to follow through

Roadblocks to Communication

- Ordering, directing
- Warning or threatening
- Giving advice
- Persuading, arguing, lecturing
- Moralizing, preaching, telling clients what they "should" do
- Disagreeing, judging, blaming
- Praising prematurely or in excess
- Shaming, ridiculing, labeling
- Excessive reassuring, sympathizing, consoling
- Questioning or probing excessively
- Withdrawing, distracting, humoring
- Cultural/Racial roadblocks
- Organizational roadblocks
- Gender/Age roadblocks

Rolling with Resistance

- “One view of resistance is that the client is behaving defiantly. Another, perhaps more constructive, viewpoint is that resistance is a signal that the client views the situation differently. This requires you to understand your client's perspective and proceed from there. Resistance is a signal to you to change direction or listen more carefully.
- Adjusting to resistance is similar to avoiding argument in that it offers another chance to express empathy by remaining nonjudgmental and respectful, encouraging the client to talk and stay involved.”

(Miller & Rollnick, 1991)

Rolling with Resistance

To reduce resistance:

- Reflect the resistance back to the client
- Shift the focus
- Reframe
- Emphasize personal choice and control
- Stop providing solutions
- Talk about something else

“Resistant” Trucker Interview



Preparatory Change Talk
(thinking about change)

Mobilizing Change Talk
(moving toward action)

Need

Reasons

Commitment

Ability

Activation

Desire

Taking Steps

Levels of Change Talk

Pre-Contemplation

Contemplation

Preparation

Action

Questions to Pull for Levels of Change Talk

Desire

- How badly do you want that?
- How would you like for things to change?
- How would you like for things to be different?
- What do you wish for ...?
- What would you enjoy about that?
- Tell me what you don't like about how things are now?

Ability

- How would you do that if you wanted to?
- What do you think you might be able to change?
- If you did decide to change, what makes you think you could do it?
- What abilities (skills) do you have that would make it possible?
- How have you managed this before?

Reasons

- What concerns do you have about ____?
- What concerns does your spouse/partner have about your ____?
- What has ____ cost you?
- What are some of the not-so-good things about ____?
- What would make it worth your while to ____?
- What might be some good things about no longer ____?

Need

- What needs to happen?
- How important is it for you to ____?
- How serious or urgent does this feel to you?
- What do you think has to change?
- Complete this sentence: I really must ____.

Commitment

- How are you going to do that?
- What will that look like?
- How are you going to make sure that happens?
- How will you know that you are ready?
- What do you think needs to happen next?

Activation

- How are you going to do that?
- What do you need to do first?
- What additional steps will be needed?
- Where will you get support?
- What help do you need to take action?

Taking Steps

Here the client is doing the work of treatment. (S)he is taking active steps toward goal.

This is not change talk but supporting actual change is happening

- How is it going?
- What is working?
- What are you struggling with?
- What else could you/we do to help you?

Thank You!

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