Motivational Interviewing

Post Doc Training

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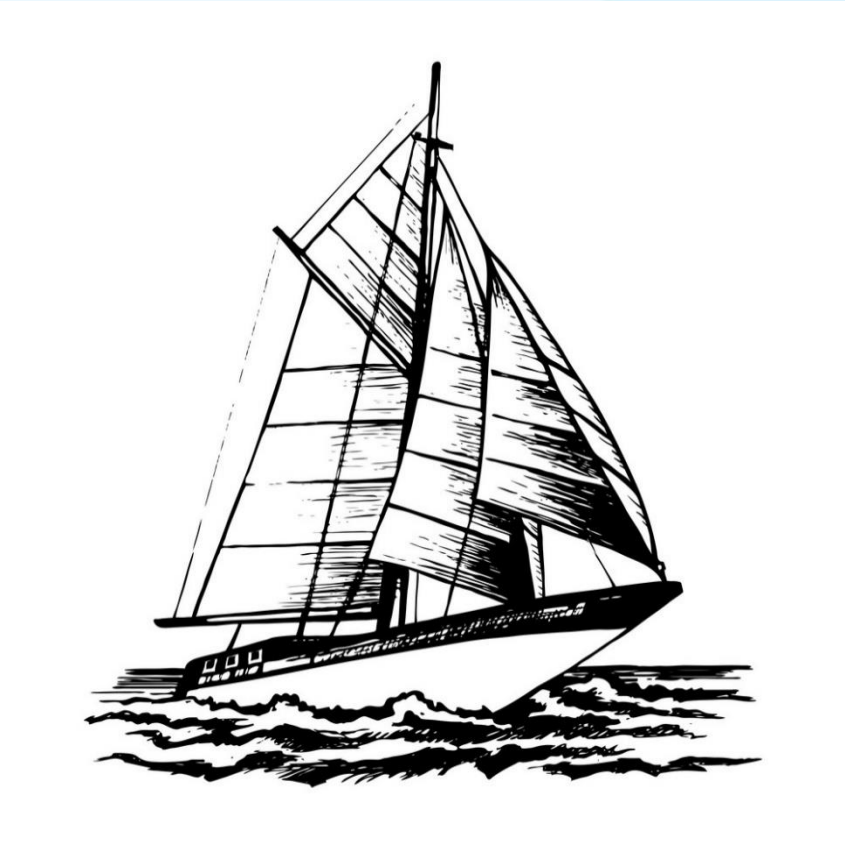
Objectives

- Be able to define key MI concepts including
  - Ambivalence
  - Motivation
  - The stages of change
- Be able to describe the overlap between Rogerian therapy and motivational interviewing
- Understand the foundational MI principles of ACE, OARS, and DARN-C
- Identify one technique for each early stage of change and practice those skills

Motivation is Like the Wind



The Change Fantasy

- Clients recognize that they have a problem
- They know they need help
- They come to human service agencies ready to accept help and make that change

The Change Reality

- Clients often come to human service agencies as a result of external rather than internal stimuli.
- Clients seek to comply with external forces to avoid or decrease external consequences from
  - Family
  - Employers
  - Parole or Probation
  - DCF

The Change Reality

- In addition clients may be reacting to negative consequences of their own making such as
  - Substance related mood or anxiety problems
  - The discomfort of withdrawal
  - Physical health problems like pancreatitis or systemic infections from IV use
  - Financial problems

The Righting Reflex

- Our natural response to seeing and discussing these unhealthy behaviors is to try and change them.
- We believe that our role is to convince or persuade
- Our efforts to advise and change clients creates the natural response to defend their behavior and do the opposite of what we're rightly recommending.

Who Do We Learn From?

- Teachers?
- Mentors?
- Parents?
- OURSELVES
  - In 1967 Daryl Bem demonstrated that we learn best from words heard from our own mouths.

The most normal feeling

AMBIVALENCE

Ambvialence

- People have reasons to change and reasons not to
- Ambivalence is a normal experience
- It is a part of the change process

Ambivalence

- Public education enhances ambivalence
  - "Just say no"
  - #Truth
  - D.A.R.E.
- Everyone knows the risks
- The fact that people still have motivations to do unhealthy things is normal

Ambivalence

- Ambivalence is simultaneously two things at once
  - Change talk
  - Sustain talk
- "I know I need to quit smoking…"
- "but I've tried to quit so many times and it never works."

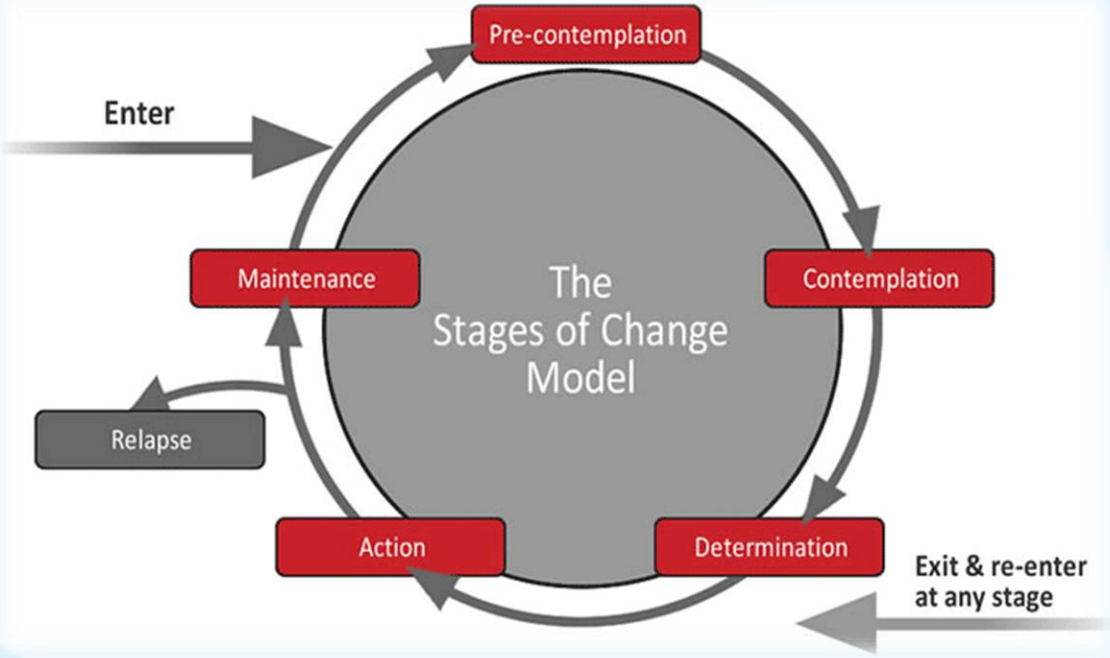
The Stages of Change

- Each of these possible consequences has the potential to move a client through the stages of change
- These consequences provide the most benefit when they are highlighted effectively using MI
- “Don’t deny them their pain.”

The Stages of Change

- Also referred to as the trans-theoretical model of change.
- Describes the change process that people go through regardless of the change they are making.
- Often helpful to introduce to clients outside of the context of substance abuse.

The Stages of Change



The Stages of Change

- **Precontemplation** – General belief that a problem does not exist
- **Contemplation** – Acknowledgement of a problem but general unwillingness to do anything about it within the next month
- **Preparation** – Plan and intent to address the problem within the next 30 days
- **Action** – Change has been made for less than 6 months
- **Maintenance** – Change has been sustained for greater than 6 months

Stages of Change

- "I really don't need a program to help me manage my alcohol use. I only drink when people try to control me or tell me what to do."
- "I've been using the stuff that I learned in group so that I don't get so angry and so uptight. I haven't been very angry at anyone for over a month. I think I'll keep this up."
- "People are always on my case to do something with my life. But I know what I have to do to get my kids back. I can take care of myself – I just have to stay clear of my old friends."
- "My social worker is telling me that she wants me to be in some treatment program. I want things to be different and I know I've got to start somewhere."
- "I've been working out four days a week. It's been almost a year now and I feel great. I can't imagine falling out of this routine."

DEFINING MOTIVATION

Motivation

- Motivation has been seen as an either/or
- Clients are considered motivated if they:
  - Agree with a recommended course of treatment
  - Comply with treatment activities
  - Accept the label of “addict” or “alcoholic”
- Clients are considered unmotivated if they
  - Resist a diagnosis
  - Refuse to adhere to a treatment recommendation or protocol

Motivation

- Motivation is better understood as on a continuum and having multiple manifestations and properties.
- Motivation is:
  - Key to change
  - Multidimensional
  - Dynamic and fluctuating
  - A state not a trait
  - Influenced by social interaction
  - Modifiable
  - And influenced by clinician style

Motivation

- Motivation is heavily influenced by clinician style
- Clinician style was a better predictor of client outcome than any characteristic of the client
- Clinician style may be the most important predictor of response to interventions
- Specifically the helping alliance and good interpersonal skills are better predictors of success than a clinicians education, license, or experience

Motivational Interviewing

- Motivational Interviewing is:
  - "A client-centered, yet directive method for enhancing intrinsic motivation for positive behavior change by exploring and resolving ambivalence."

-Miller, W.R. & Rollnick, S. (2002)

Motivational Interviewing

- Motivational Interviewing is **not**:
  - Based on the Trans-theoretical Model
    - TTM is intended to provide a conceptual framework of how and why change occurs whereas MI is a specific clinical method to enhance personal motivation for change
  - A way to trick people into doing what they don't want to do
  - A technique
    - MI is better understood as a clinical or communication method, a guiding style for enhancing intrinsic motivation for change.
  - A form of CBT
  - Just client centered therapy
  - Easy

Empathy

Empathy is ***not***:

- A subjective feeling of sympathy
- Having an identical experience to the patient
- Identifying in some way with the client
- Disclosing your own story

Empathy ***is***:

- The ability to accurately understand the patient's meaning
- The ability to reflect that understanding to the patient

Learning MI

- How do we learn any clinical technique?
- How do we learn through continuing education?
- Miller and Mount (2001) found that this model was basically useless

Alphabet Soup

PRINCIPLES OF MI

Motivational Interviewing Style

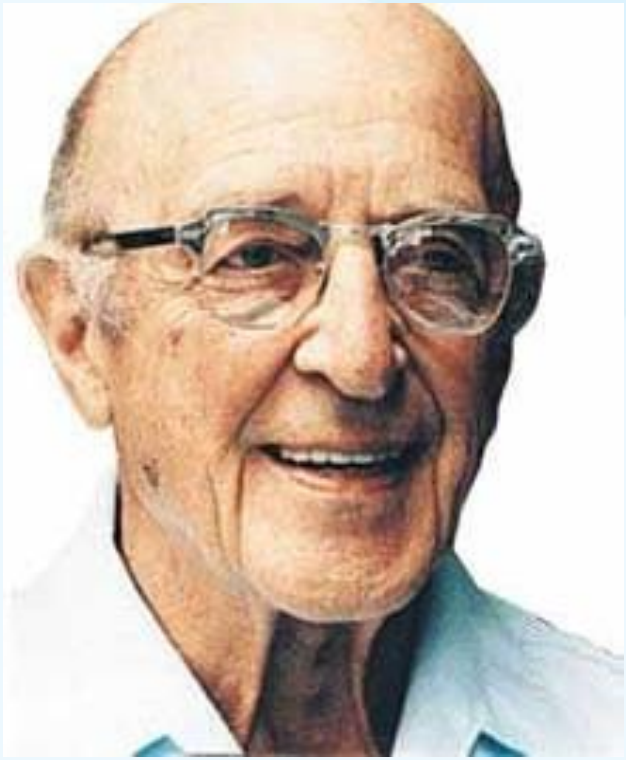
- Express empathy and acceptance of current behaviors
- Develop discrepancies between current behaviors and personal goals
- Avoid direct confrontation so as not to increase resistance
- Roll with resistance when identified by using reflective statements and by reframing an individual's statement towards increasing the discrepancy

Principles of MI

- **ACE**
  - Autonomy vs Authority
  - Collaboration vs Confrontation
  - Evocation vs Explanation

Proficiency in Person Centered Counseling (OARS)

- **O**pen ended questions – can't be answered "yes" or "no"
- **A**ffirmations – direct statements of support
- **R**eflective Listening – listen carefully, then paraphrase what you have heard
- **S**ummarize – describe the key points that the patient has made



Speaking of person centered counseling…

MI and Carl Rogers

- Carl Rogers pioneered these behaviors in counseling with his person centered approach (PCA)
- Rogers spoke about client ambivalence in his first published work in 1942
- Rogers model of supervision for PCA used behavioral coding much as proper supervision for MI does (MITI)
- Rogers had some of the earliest outcome research in the field of clinical psychology, something MI has a vast supply of today
- The high degree of overlap does not mean you are doing MI if you're proficient in PCA

MI and Carl Rogers

	Motivational Interviewing	Person Centered Approach
Focus	Narrower focus on facilitating change with regard to a particular goal or problem	Broader focus on facilitating general well-being and personal growth
Mode of Delivery	Most often delivered one-to-one, in the context of treatment services, though group delivery is well along (Wagner & Ingersoll, 2013)	Most often delivered in group format within a personal growth context, though also offered as individual counseling
Duration	Typically brief, though the spirit and style can be a foundation for additional treatment	Typically extended in intensive days or in sessions over weeks or months
Direction	Consciously and strategically directed toward one or more identified change goals	Historically non-directive; though there may be explicit or implicit goals
Clientele	Often used in treatment for identified problems or disorders	Often used toward personal growth for fairly well-functioning people
Discrepancies	Seeks to resolve ambivalence in the direction of change goal	Seeks to resolve incongruence in the direction of authentic self
Evidence Base	Strong research focus; many randomized trials since 1990	Original psychotherapy research tradition; relatively few outcome studies since 1990
Eclecticism	Often combined with other forms of treatment	Often offered as the sole form of treatment
Theory	No comprehensive theory of well-being, personality or psychotherapy; theory is specific to processes of MI	PCA is rooted in Rogers' broad theory of well-being, personality, and psychotherapy
Linguistics	Particular focus on specific forms of client speech (such as change talk, sustain talk and discord)	Noncontingent attention and empathic response to client speech

OARS – Open Ended Questions

- Open ended questions cannot be answered *yes* or *no* or in 1 or 2 words
- Use as conversation open, when you want to determine the speaker's needs, feelings, concerns
- Use phrases like **"help me understand…."**

Open Ended Questions Quiz

Which of the following is an open ended question?

A. Did you use this week?

B. How much fentanyl did you take?

C. What do you think you did to help you not use?

D. Are you sure you didn't use?

O**A**RS – **Affirmations**

- A positive statement regarding one's character or values that acknowledges his or her strengths and efforts

Compliments/Praise	Affirmations
I like the way you styled your hair	**You** care about your family
I'm so proud of you!	**You** worked hard this week
I like how you did that	**You're** a loyal friend

Crafting Affirmation Statements

- Steps:
  - Listen to what the patient is saying
  - Listen for positive characteristics or actions
  - Relay this observation back to the patient

Scenario:

Charles is a 49 year old construction worker who has been battling addiction for more than 30 years. He recently relapsed after a couple of weeks of sobriety and is feeling guilty about using. He recently was in a situation where he could have used and didn't, insisting he is trying to get back on track.

Affirmations Quiz

Which of the following would be a good affirmation for Charles in the example from the last slide?

A. I'm impressed you stayed clean.

B. You did good.

C. You're really making an effort towards staying sober.

D. That must have been difficult.

OA**R**S – **Reflective Listening**

- Understanding what the client is thinking/feeling, and saying it back to them
- **Reflecting** is restating the content or naming the feeling that the patient has expressed. Reflecting shows that you have really been listening and ensures that you interpret what you have heard correctly.

- **This is the single most important MI skill.**

Reflective Listening Examples

- **Repeating** – Repeat what the patient said
  - *You've been trying to get sober for awhile but haven't been able to.*
- **Paraphrasing** – Restating what the patient has said in <u>your</u> words.
  - *It sounds like you're not sure you can do this without medication.*
- **Reflecting feeling** – naming the feeling that you think the patient is expressing.
  - *You're worried about who you'll be if you're not an "addict" anymore.*

Reflective Listening Steps

- **Ask** an open ended question.
- **Listen to the answer** and decide what you think the patient meant.
- **Test your understanding** (reflect)with the patient by stating what you heard in your own words.
- **Wait for the patient to confirm or deny** that you have accurately understood her meaning.

OAR**S** – **Summaries**

- Restating in a succinct way, all the points that the client already expressed. Use teach back!
  - Demonstrates that the provider is listening
  - Help the patient to organize thoughts and feelings
  - Allows the patient to hear the change talk one more time
  - Good way to end a session or move a talkative client to the next topic

Example: *It sounds like your drinking is a really important part of your social life and something you're worried about giving up, but you also know that it is causing problems for you both health wise with the bad liver test and legally with your recent DUI.*

END PART 1

REVIEW

Motivational Interviewing

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Motivational Interviewing Style

- Express empathy and acceptance of current behaviors
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MI Basics

- You achieve this by
  - Attending to specific language of change (DARN-C)
  - Using OARS to drive the conversation towards the client self-describing their motivation
    - Weighting reflective statements and summaries with the change talk at the end
  - Identifying the stage of change a client is in
  - Using specific skills that match specific stages of change

First Exercise

OPEN ENDED QUESTIONS

https:/www.youtube.com/watch?v=67l6g1l7Zao&t=216s

Identifying Change Talk

- DARN-C
- Dersire: I want/wish/prefer
- Ability: I can/could/able/possible
- Reason: What's good about a choice? Why do it?
- Need: I must/have to/got to/important/matters
- Commitment: I will/am going to

Precontemplation

- Marked by an the client not considering making a change or not seeing that a problem exists.
- Denial
- "_____ is not a problem for me."
- "I've got _____ under control."

Precontemplation Strategies

- Readiness Rulers
  - Designed to measure the obstacles to change and get clients to think critically about what obstacles prevent them from changing.
  - Clients are asked to rate on a 1 to 10 scale their
    - Importance of Change
    - Ability to Change
    - Readiness to Change

The Script

"It sounds like you're not feeling like quitting smoking right now, so I'm hoping we can explore that a bit."

- "On a scale from 1 to 10, how important is it for you to quit smoking?"
  - "What makes it a(n) X instead of a(n) X-2/0?"
  - "What would have to happen for it to move from a(n) X to a(n) X+2?"
- "On a scale from 1 to 10, how confident are you in your ability to quit smoking?"
  - "What makes it a(n) X instead of a(n) X-2/0?"
  - "What would have to happen for it to move from a(n) X to a(n) X+2?"
- "On a scale from 1 to 10, how ready are you to quit smoking?"
  - "What makes it a(n) X instead of a(n) X-2/0?"
  - "What would have to happen for it to move from a(n) X to a(n) X+2?"

Exercise Two

READINESS RULERS

Precontemplation Strategies

- Visual cues can be used to make this more effective for visual individuals as well as groups
- Use the number the client provides and probe about what would move the number in a different direction and what factors put it at that point
- Think of the Readiness Rulers as a tools to facilitate a discussion rather than something that creates any motivation on its own

Contemplation

- Client recognizes there is a problem but is unsure what to do or whether or not they want to do it.
- "Yes, _____ is a concern for me but I'm not sure if I'm ready to deal with it yet."
- "It's just not the right time."
- General timeline of unwillingness to make a change within the next month or so.

Contemplation Strategies

- Decisional Balance
- When people are aware of the problem but uncertain of whether or not they want to change.
- This is more than a simple pros/cons list

Contemplation Strategies

Things that are good about _____	Things that are bad about _____
Things that are bad about changing _____	Things that are good about changing ___

Exercise Three

DECISIONAL BALANCE

Preparation

- Moving to preparation is the hard work
- Now you've got the task of identifying next steps and building a plan the patient agrees to
  - Offer options with possible choices
  - Ask open ended questions that elicit statements about the future
    - "Where do we go from here?"
    - "What do you think you will do?"
    - "What are some good things about making this change?"
    - "How are you going to do it?"

Agreeable Plans

- Trial moderation
- Tapering down
- Going public