

# Motivational Interviewing

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Telecare

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## Lets Not Forget:

- ◆ "Changes we don't choose for ourselves are impossible, those we do choose are merely difficult." (Miller)

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## OBJECTIVES FOR MI TRAINING

- ◆ Understand the spirit of motivational interviewing
- ◆ Understand MI skills:
  - ◆ -Reflective Listening, OARS, Readiness Ruler, Change Talk
- ◆ Stages of Change
- ◆ Can incorporate stages of change and MI skills into recovery planning

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### **Spirit of Motivational Interviewing**

- ◆ Individuals come with their own answers
- ◆ Collaboration: partnership
- ◆ Evocation: to find in the person what and how they want to change
- ◆ Autonomy: the person can and does make choices
- ◆ All of MI is built on good, solid and reflective listening

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### **Motivational Interviewing is:**

- ◆ Client centered
- ◆ Directive
- ◆ Enhancing intrinsic motivation for change by exploring and resolving ambivalence
- ◆ A style of counseling (not a model or specific intervention)

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### **Motivational Interventions As A Counseling Style**

Motivational interviewing is a way of being with a client, not just a set of techniques for doing counseling. (Miller and Rollnick, 1991)

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### **Non-Empathic Responses**

If you are not listening reflectively but are instead imposing direction and judgment, you are creating barriers that impair the therapeutic relationship.

*(Miller and Rollnick, 1991)*

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### **Non-Empathic Responses**

- ◆ Persuading with logic, arguing, or lecturing
- ◆ Moralizing, preaching, or telling clients what to do
- ◆ Judging, criticizing, disagreeing, or blaming
- ◆ Shaming, ridiculing, labeling, or name-calling

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### **Critical conditions for change to occur (Rogers)**

- ◆ Carl Roger's work
  - ⌘ One must have an accurate understanding (empathy)
  - ⌘ Unconditional positive regard
  - ⌘ Genuineness

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## Reflections

- ◆ Primary Skill in MI
- ◆ Central to minimizing resistance
- ◆ Much more difficult than it appears!
- ◆ Used strategically to explore ambivalence

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## Simple Reflections

- ◆ Most basic
- ◆ Sticks closely to stated content
- ◆ More sophisticated from "parroting"

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## Amplified Reflections

- ◆ Adding meaning to the client's statement
- ◆ Meant to provoke thinking and contemplation by "amping up" a part of what client has stated or implied

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### **Double Sided Reflections**

- ◆ "On the one hand this, on the other hand that" or "yeah, but"=ambivalence
- ◆ Great tool to highlight both sides of ambivalence
- ◆ Connecting words best to use are "at the same time" instead of "but"
- ◆ Give client a chance to reflect on where he or she is stuck
- ◆ Helps provide space for contemplation and builds possibility for change

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### **Four Principles of Motivational Interventions**

- ◆ Express Empathy
- ◆ Develop Discrepancies
- ◆ Roll With Resistance
- ◆ Support Self Efficiency

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### **Express Empathy**

- ◆ Acceptance facilitates change
- ◆ Skillful reflective listening is fundamental
- ◆ ambivalence is normal

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### **Develop Discrepancy**

- ◆ The person rather than the counselor presents the arguments for change
- ◆ Change is motivated by a perceived discrepancy between present behavior and important personal goals or values

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### **Roll with Resistance**

- ◆ Avoid arguing for change
- ◆ Resistance is not directly opposed
- ◆ New perspectives are invited, not imposed
- ◆ Resistance is a signal to respond differently
- ◆ The person is a primary resource in finding answers and solutions

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### **Support Self-Efficacy**

- ◆ A person's belief in the possibility of change is an important motivator
- ◆ The person, not the counselor, is responsible for choosing and carrying out change
- ◆ The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy

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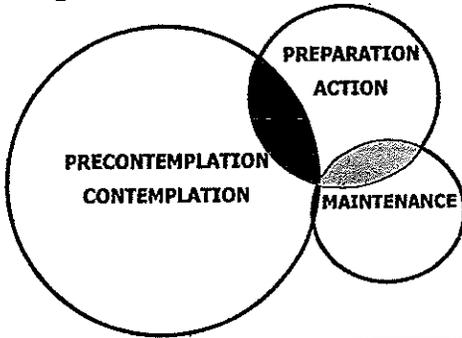
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## Integrated Model of Treatment



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## Stages of Change

**Goal:** Identify stages of readiness to change problem behaviors

**PRECONTEMPLATION:** There is no problem

**CONTEMPLATION:** Thinking about changing

**PREPARATION:** Planning to take action

**ACTION:** Actively modifying behavior and environment

**MAINTENANCE:** Maintaining new behaviors

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## Strategies For Early Sessions

- Open ended questions
- Affirm
- Reflections
- Summarize
- Elicit self-motivational statements

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### Other Motivational Interventions

- ◆ Discrepancies between goals and current behavior
- ◆ Decision balance - pros and cons
- ◆ Discrepancies - clarify the discrepancies with clients
- ◆ Flexible pace - clients need to move more at their own pace
- ◆ Importance and confidence scales

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### Importance and Confidence Scales

- ◆ 0 1 2 3 4 5 6 7 8 9 10
- ◆ Not Extremely
- ◆ at all Important
- ◆ important
- ◆ How important would you say it is for you to \_\_\_\_\_?
- ◆ How confident would you say you are, that if you decide to \_\_\_\_\_, you could do it?

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### A word about resistance

- ◆ it is normal
- ◆ it is OK
- ◆ Signal to counselor to look at changing one's approach
- ◆ Persistent resistance is not a client problem, but a counselor skill issue
- ◆ Client resistance is a signal of dissonance in the counseling relationship (opposite of change talk)

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## Responses to resistance

- ◆ Simple reflections
- ◆ Amplified reflections: take what is given and give back with increased intensity
- ◆ Double sided reflections: give both sides of their ambivalence
- ◆ Shifting focus

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## Some Important Things To Remember About Relapse

- ◆ Recurrence of use is the norm rather than the exception after treatment. It is a common and normal part of the change and recovery process.
- ◆ The term "relapse" itself implies only two possible outcomes—success or failure—which do not describe well what actually occurs. Client outcomes are much more complex than this. Often in the course of recovery, clients manage to have longer and longer periods between episodes of use, and the episodes themselves grow shorter and less severe.

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## Some Important Things To Remember About Relapse *(continued)*

- ◆ The assumption in the "relapse" concept can also be a self-fulfilling prophecy, implying that once a client has used there is nothing to lose, or little that can be done. Instead, the point is to get back on track as soon as possible.
- ◆ The relapse concept, when applied to substance abuse, also lends itself to moralistic blaming or self-blaming. In fact, recurrence of symptoms is common to addictive behaviors, and indeed to chronic health problems in general.

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## Stages of Change - A Summary of Treatment Needs and Strategies

- ◆ **Precontemplation** – The member is not considering change, is aware of few negative consequences, and is unlikely to take action soon.
- ◆ **Treatment Needs** - This member needs information linking his problems and potential problems with his substance abuse. A brief intervention might be to educate him about the negative consequences of substance abuse. For example, if he is depressed, he might be told how his alcohol abuse may cause or exacerbate the depression.

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## Stages of Change - A Summary of Treatment Needs and Strategies - *Continued*

- ◆ **Appropriate Motivational Strategies for the Clinician**
  - \* Establish rapport, ask permission, and build trust
  - \* Raise doubts or concerns in the member about substance-using patterns by
    - Exploring the meaning of events that brought the member to treatment or the results of previous treatments
    - Eliciting the member's perceptions of the problem
    - Offering factual information about the risks of substance use
    - Providing personalized feedback about assessment findings
    - Explore the pros and cons of substance use
    - Helping a significant other intervene
    - Examining discrepancies between the member's and others perceptions of the problem behavior
  - \* Express concern and keep the door open

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## Stages of Change - A Summary of Treatment Needs and Strategies - *Continued*

### Interview Approaches

1. Express concern about the member and substance use
2. State non-judgmentally that substance use is a problem
3. Agree to disagree about the severity of the problem
4. Consider a trial of abstinence to clarify the issue
5. Suggest bringing a family member to an appointment
6. Explore the member's perception of a substance use problem

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Contemplation** – The member is aware of some pros and cons of substance abuse but feels ambivalent about change. This member has not yet decided to commit to change.
- ◆ **Treatment Needs** – This member needs to explore feelings of ambivalence and the conflicts between her substance abuse and personal values. The brief intervention might seek to increase the member's awareness of the consequences of continued abuse and the benefits of decreasing or stopping use.

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Appropriate Motivation Strategies for the Clinician**
  - \* Normalize ambivalence
  - \* Help the member "tip the decisional balance scales" toward change by
    - Eliciting and weighing pros and cons of substance use and change
    - Changing extrinsic to intrinsic motivation
    - Examining the member's personal values in relation to change
    - Emphasizing the member's free choice, responsibility, and self-efficacy for change
    - Elicit self-motivation statements of intent and commitment from the member
    - Elicit ideas regarding the member's perceived self-efficacy and expectations regarding treatment
    - Summarize self-motivation statements

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Interview Approaches**
  1. Elicit positive and negative aspects of substance use
  2. Ask about positive and negative aspects of past periods of abstinence (if they have ever experienced abstinence)
  3. Summarize the member's comments on substance use and abstinence
  4. Make explicit discrepancies between values and action
  5. Consider a trial of abstinence

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Preparation** - This stage begins once the member has decided to change and begins to plan steps toward recovery.
- ◆ **Treatment Needs** - This member needs work on strengthening commitment. A brief intervention might give the member a list of options for treatment (e.g., inpatient treatment, outpatient treatment, 12-Step meetings) from which to choose, then help the member plan how to go about seeking the treatment that is best for him.

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Appropriate Motivational Strategies for the Clinician**
  - \* Clarify the member's own goals and strategies for change
  - \* Offer a menu of options for change or treatment
  - \* *With permission, offer expertise and advice*
  - \* Negotiate a change-or treatment-plan and behavior contract
  - \* Consider and lower barriers to change
  - \* Help the member enlist social support
  - \* Explore treatment expectancies and the member's role
  - \* Elicit from the member what has worked in the past either for him or others who he knows.
  - \* Assist the member to negotiate finances child care, work transportation, or other potential barriers.
  - \* Have the member publicly announce plans to change

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Interview Approaches**
  1. Acknowledge the significance of the decision to seek treatment
  2. Support self-efficacy
  3. Affirm member's ability to successfully seek treatment
  4. Help the member make appropriate, achievable action
  5. Caution that the road ahead is tough but very important
  6. Explain that relapse does not need to disrupt the member-  
clinician relationship.

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Action** – The member tries new behaviors, but these are not yet stable. This stage involves the first active steps toward change.
- ◆ **Treatment Needs** – This member requires help executing an action plan and may have to work on skills to maintain sobriety. The clinician should acknowledge the member's feelings and experiences as a normal part of recovery. Brief interventions could be applied throughout this stage prevent relapse.

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Appropriate Motivational Strategies for the Clinician**
  - \* Engage the member in treatment and reinforce the importance of remaining in recovery.
  - \* Support a realistic view of change through small steps
  - \* Acknowledge difficulties for the member in early stages of change
  - \* Help the member identify high-risk situations through a functional analysis and develop appropriate coping strategies.
  - \* Assist the members in finding new reinforcers of positive change
  - \* Help the member assess whether she has strong family and social support
- ◆ **Interview Approaches**
  1. Be a source of encouragement and support
  2. Acknowledge the uncomfortable aspects of withdrawals
  3. Reinforce the important of remaining in recovery

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Maintenance** – The member establishes new behaviors on a long term basis.
- ◆ **Treatment Needs** – This member needs help with relapse prevention. A brief intervention could reassure, evaluate present actions, and redefine long-term sobriety maintenance plans.

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Appropriate Motivational Strategies for the Clinician**
  - \* Help the member identify and sample drug-free sources of pleasure (ie. New reinforcers).
  - \* Support lifestyles changes
  - \* Affirm the member's resolve and self-efficacy
  - \* Help the member practice and use new coping strategies to avoid a return to use.
  - \* Maintain supportive contact
  - \* Develop a "fire escape" plan if the member resumes substance use
  - \* Review long-term goals with the member
  
- ◆ **Interview Approaches**
  1. Anticipate difficulties as a means of relapse prevention
  2. Recognize the member's struggle
  3. Support the member's resolve
  4. Reiterate the relapse should not disrupt the medical care relationship

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**Stages of Change - A Summary of Treatment Needs and Strategies - Continued**

- ◆ **Relapse** - The member has experienced a recurrence of symptoms must now cope with consequences and decide what to do next.
  
- ◆ **Appropriate Motivational Strategies for the Clinician**
  - \* Help the member reenter the change cycle and commend any willingness to reconsider positive change.
  - \* Explore the meaning and reality of the recurrence as a learning opportunity
  - \* Assist the member in finding alternative coping strategies
  - \* Maintain supportive contact
  
- ◆ **Interview Approaches**
  1. Explore what can be learned from relapse
  2. Express concern about the relapse
  3. Emphasize positive aspect of the effort to seek care
  4. Support member's self-efficacy so that recovery seems achievable

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**Putting it together**

- ◆ Questions or case discussions

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