Motivational Interviewing

Preparing People for Change

National Training Conference Addressing Homelessness for People with Mental Illnesses and/or Substance Use Disorders

October 27, 2005
2:30-5:30 P.M.

October 28, 2005
1:30-4:30 P.M.

Ken Kraybill, MSW
National Health Care for the Homeless Council
www.nhchc.org
Why MI?

- Evidence-based practice
- Effective across populations and cultures
- Actively involves individual in own care
- Improves adherence and retention in care
- Promotes healthy “helping” role for clinicians
- Improves clinicians’ retention in caring
- Instills hope
Why not?

- “I’m not a listener; I’m a doer.”
- “I know what’s best for others.”
- “I need to be in control.”
Motivational Interviewing

“A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence”

Miller & Rollnick, 2002
“Helping people talk themselves into changing”
Eliciting vs. Imparting
Motivational Interviewing is not a series of techniques for doing therapy but instead is a way of being with patients.

William Miller, Ph.D.
OARS: Open-ended Questions

- Can you tell me more about that?
- What have you noticed about your ____?
  - What concerns you most?
- When would you be most likely to share needles with others?
- How would you like things to be different?
- What will you lose if you give up drinking?
  - What have you tried before?
  - What do you want to do next?
OARS: Affirmations

- Statements of recognition of client strengths
- Build confidence in ability to change
- Must be congruent and genuine
"Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen."

Miller & Rollnick, 2002
“What people really need is a good listening to.”

Mary Lou Casey
Levels of Reflection

Simple – repeating, rephrasing; staying close to the content

Amplified – paraphrasing, double-sided reflection; testing the meaning/what’s going on below the surface

Feelings – emphasizing the emotional aspect of communication; deepest form
OARS: Summarizing
“Let me see if I understand thus far…”

- Special form of reflective listening
- Ensures clear communication
- Use at transitions in conversation
- Be concise
- Reflect ambivalence
- Accentuate “change talk”
Homelessness, Co-Occurring Disorders and the Risk of Hope

Often people who have suffered many losses relinquish hope as a means of survival.
“People who believe they are likely to change do so. People whose counselors believe that they are likely to change do so. Those who are told that they are not expected to improve indeed do not.”

Miller & Rollnick, 2002
Hope

"There is nothing about a caterpillar which would suggest that it will turn into a butterfly"

Buckminster Fuller
"Hope is not about believing that we can change things. Hope is believing that what we do makes a difference."

Vaclav Havel
The Spirit of Motivational Interviewing

Hospitality
Story
Care
Entering the shadows
Spirit of Motivational Interviewing

- **Collaborative** - a partnership, honors client’s expertise and perspectives
- **Evocative** - resources and motivation presumed to reside within the client
- **Empowering** - affirming of client’s right and capacity for self-direction, facilitates informed choice
Motivational Interviewing
Theoretical Foundation

Client-centered approach – Carl Rogers
  Empathic reflections

Self-perception theory – Daryl Bem
  “We come to know what we believe by listening to ourselves talk.”

Self-efficacy – Albert Bandura
  Power/confidence to change

Respect for client/patient autonomy – Medical ethics

Transtheoretical model “Stages of Change” – James Prochaska & Carlo DiClemente
Four Principles of Motivational Interviewing

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

- Acceptance facilitates change.
- Skillful reflective listening is fundamental.
- Ambivalence is normal.
2. Develop discrepancy

- Client rather than clinician should present arguments for change.

- Change is motivated by perceived discrepancy between present behavior and important personal goals/values.
3. Roll with resistance

- Avoid arguing for change
- Resistance is not directly opposed
- New perspectives are offered, but not imposed
- Client is primary resource in finding answers and solutions
- Resistance is a signal to respond differently
4. Support self-efficacy

- Belief in the possibility of change is an important motivator
- Client, not the counselor, is responsible for choosing and implementing change
- Provider’s own belief in the person’s ability to change becomes a self-fulfilling prophecy
“A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence”

(Miller & Rollnick, 2002)
“inter-viewing”

between - looking at
Client-centered

- Genuine, accepting, empathic
- Assumes strengths and resources within client
- Collaborative
- Egalitarian therapeutic relationship
- Goal oriented
- Client determines focus and pace
- Freedom of choice – menu of options
A Chinese Folk Tale
Directive - Serving to direct, indicate, or guide…"
Method - a way of doing something, especially a systematic way; implies an orderly logical arrangement (usually in steps)
“They say you can lead a horse to water, but you can't make him drink ... but I say, you can salt the oats.”

Madeline Hunter
Motivation

- External and internal factors
- Key to change
- Multidimensional
- Dynamic, fluctuates
- Influenced by social interactions
- Influenced by clinicians’ style
- Can be elicited and enhanced
Three Critical Components of Motivation

Ready - a matter of priorities

Willing - importance of change

Able - confidence to change
Change
How many care providers does it take to change a light bulb?

- Just one, but the light bulb really has to want to change.
- None, the light bulb will change itself when it's ready.
- None, the light bulb is not burned out, it’s just lit differently.
- Just one, but it takes twenty visits.
- Three, one to assess the need, one to change the bulb, and one to document the bulb has changed.
“Given a choice between changing and proving that it is not necessary, most people get busy with the proof.”

John Galbraith
An Operating Assumption

People always use their best problem-solving strategies to get their needs met, even if these strategies are dysfunctional.
"Habit is habit, and not to be flung out the window… but coaxed downstairs a step at a time.

Mark Twain
RELAPSE is viewed as a loss of motivation and movement back down the spiral of change.
Precontemplation

Motivational responses

- raise doubt
- increase perception of risks and problems
- develop discrepancy

Don’t

- nag, push into action
- give advice
- cover for or make excuses for person
- give up
Four Types of Precontemplators

- Reluctant
- Rebellious
- Resigned
- Rationalizing
Contemplation

Motivational responses
- provide empathy
- explore ambivalence
- evoke client’s reasons to change
- strengthen hope, self-efficacy

Not helpful to
- take sides
- create an action plan
Motivational responses

- help to set acceptable goals
- develop effective and achievable action steps
Action

Motivational responses

- help build needed skills
- assist with accessing resources
Maintenance

Motivational responses

- Facilitate supports for long-term change
- Develop relapse prevention supports
The Change Process

• Motivation is a state, not a trait
• Ambivalence is normal
• Resistance happens; not a force to overcome
• The other person is an ally, not an adversary
• Recovery, change, growth are intrinsic to human experience
Resistance

- A signal, information
- Influenced by clinician responses
Ambivalence
“*I want to, but I don’t want to*”

- Natural phase in process of change
- Problems persist when people “get stuck” in ambivalence
- Normal aspect of human nature, not pathological
- Ambivalence is key issue to resolve for change to occur
“People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.”

Miller & Rollnick, 2002
Understanding Ambivalence

Costs of Status Quo
Benefits of Change

Costs of Change
Benefits of Status Quo

Contemplation: cost-benefit balance

Source: Miller and Rollnick (1991)
Exploring Ambivalence: Benefits and Costs

<table>
<thead>
<tr>
<th>Benefits of</th>
<th>Status Quo</th>
<th>Changing</th>
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<tbody>
<tr>
<td>1.</td>
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<td>Costs of</td>
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Preparring People for Change: Knowledge & Choice
## Example

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Drinking as before</th>
<th>Abstaining from alcohol</th>
</tr>
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<tbody>
<tr>
<td>Helps me relax</td>
<td></td>
<td>Feel better physically</td>
</tr>
<tr>
<td>Enjoy drinking with friends</td>
<td></td>
<td>Have more $</td>
</tr>
<tr>
<td>Eases boredom</td>
<td></td>
<td>Less conflict with family, work</td>
</tr>
<tr>
<td>Hard on my health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending too much $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Might lose my job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’d miss getting high</td>
<td></td>
<td>What to do about friends</td>
</tr>
<tr>
<td>What to do with stress</td>
<td></td>
<td>How to deal with stress</td>
</tr>
</tbody>
</table>

**Benefits**

- Helps me relax
- Enjoy drinking with friends
- Eases boredom

**Costs**

- Hard on my health
- Spending too much $
- Might lose my job
## Short and Long Term Benefits and Costs

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Eliciting Change Statements

- Disadvantages of status quo
- Advantages of change
- Optimism about change
- Intention to change
Exploring Importance

Assess

“On a scale of 1-10, how important is it at this time for you to (change)?

Explore

“Why did you give it a (higher #) and not a (lower #)?”
“What would have to happen to raise that score from a __ to a __?”
“How might I help you with that?”
Exploring Confidence

Assess

“On a scale of 1-10, how confident are you at this time that you could make that change, if you decided to make it?”

Explore

“Why did you give it a (higher #) and not a (lower #) ?”
“What would have to happen to raise that score from a ___ to a ___?”
“How can I help you with that?”

Preparing People for Change: Knowledge & Choice
Strengthening Commitment to Change

- Recognizing signs of readiness
- Beware of hazards
- Summarizing
- Asking key questions
- Giving information and advice
- Negotiating a change plan
Traps to Avoid

- Question - Answer
- Taking Sides
- Expert
- Labeling
- Premature Focus
- Blaming
General Practice Guidelines

- Talk less than your client
- Offer 2 or 3 reflections for every question you ask
- Ask twice as many *open* questions as closed questions
- When listening empathically, more than half of your reflections should go beyond simple reflection
Giving Advice

- Ask permission to discuss concerns
- State concerns non-judgmentally
- Affirm decision is client’s to make
- Inquire what client thinks
- Help evaluate options
- Provide affirmations and hope
The Role of Harm Reduction

It’s been around for a while!
“… a client-centered approach to working with people ‘where they are’ rather than ‘where they should be’ as dictated by treatment providers.”

G. Alan Marlatt, Ph.D.
Harm Reduction

- A spectrum of strategies designed to minimize or reduce the internal and external harms caused by and/or associated with high-risk behaviors
- The support of positive, incremental change toward client-defined goals
Taking care

Prevention

Reducing harm

Minimizing risk

Taking precautions
Resources

- TIP # 35  - Enhancing Motivation for Change in Substance Abuse Treatment, CSAT, 1999. 1-800-729-6686 – NCADI


- Website: www.motivationalinterview.org