Motivational Interviewing: Some Basic Tools

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Goals

• Brief intro to MI:
• Focus on some specific MI skills:
  • Using reflections
  • Rolling with resistance
  • Giving information or advice

When working with a client, would you rather be

or
What is MI

A person centered goal orientated approach for facilitating change by exploring & resolving ambivalence (Miller 2006)

...a method of communication rather than a set of techniques. It is not a bag of tricks for getting people to do what they don’t want to do; rather, it is a fundamental way of being with & for people – a facilitative approach to communication that evokes change (Miller & Rollnick 2002)

The Spirit of MI vs. Its Mirror Image

COLLABORATION VS. CONFRONTATION

EVOCATION VS. EDUCATING

AUTONOMY VS. AUTHORITY
Ambivalence
The Dilemma of Change

• “I want to, and I don’t want to”
• Ambivalence is a normal aspect of human nature.
• Passing through ambivalence is a natural phase in the process of change.
• Ambivalence is a reasonable place to visit but you wouldn’t want to live there.

Typical Strategies

- Give them **Insight** - if you can just make people see, then they will change
- Give them **Knowledge** - if people just know enough, then they will change
- Give them **Skills** - if you can just teach people how to change, then they will do it
- Give them **Hell** - if you can just make people feel *bad or afraid* enough, they will change
Stages of Change

- Precontemplation
  - Keyword: Doesn’t know or not ready
  - Task: Increase recognition and concern about behavior

- Contemplation
  - Keyword: Ambivalence
  - Task: Tip the balance
**Preparation**

- **Keyword**: Threshold
- **Task**: Negotiate a change plan

**Action**

- **Keyword**: Movement
- **Task**: Help person implement change plan
Maintenance

- **Keyword:** Balance
- **Task:** Help person continue change

Relapse/Repeat

- **Keyword:** Guilt and Shame
- **Assist return to change behavior, Get back on track**
Traditional Health Care Approach

- Explain why the person should change
- Give benefits that would result from making the change
- Tell the person how they could make the change
- Persuade the person to do it
- If you meet resistance, repeat the above.
- Warn the speaker what may happen if change is not made.
- P.S. This is NOT motivational Interviewing
The Righting Reflex

- The desire to set things right.
- Acting on the inclination to advise, teach, persuade, counsel or argue for a particular resolution to a clients ambivalence.

Reactions to Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastination
- Afraid
- Helpless
- Overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back-avoid
- Uncomfortable
In Motivational Interviewing:

- Direct persuasion is not very useful for resolving ambivalence
- Motivation is elicited from the patient and not imposed from without
- The patient is supported in identifying and resolving ambivalence
- Patient values and autonomy respected
- “Change talk” recognized & responded to
- Resistance is treated constructively

Four General Principles of MI

- 1. Express empathy
- 2. Develop discrepancy
- 3. Support self-efficacy
- 4. Roll with resistance
Principle 1: Express Empathy

- Listen actively with the goal of understanding
- Skillful reflective listening is fundamental.
- Acceptance facilitates change.
- Ambivalence is normal.

Principle 2: Develop Discrepancy

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be
- Values and beliefs are key factors
- The person rather than the practitioner should make the arguments for change
<table>
<thead>
<tr>
<th>Principle 3: Support Self-Efficacy</th>
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<tbody>
<tr>
<td>✤ A person's belief in the possibility of change is an important motivator.</td>
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<td>✤ The patient, not the practitioner, is responsible for choosing and carrying out change.</td>
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<td>✤ The practitioner's own belief in the person’s ability to change becomes a self-fulfilling prophecy.</td>
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<th>Principle 4: Roll with Resistance</th>
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<td>✤ Avoid arguing for change.</td>
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<td>✤ Resistance is not directly opposed.</td>
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<td>✤ New perspectives are invited and not opposed.</td>
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<td>✤ The patient is the primary resource in finding answers and solutions.</td>
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<td>✤ Resistance is a signal to respond differently.</td>
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Roll with Resistance

- Reluctance and ambivalence are to be acknowledged (and even respected) and not confronted directly.
- Questions and problems may be turned back to the patient for solution.
- Explicit permission is given to disregard what the interviewer is saying.
- Resistance supplies energy which can be used therapeutically.

ADDRESSING RESISTANCE

What Does Resistance Look Like...?
What Kind of Resistance have You Encountered?
Four Categories of Resistance Behavior

- **ARGUING**: Contesting the accuracy, expertise or integrity of the interviewer
- **INTERRUPTING**: Cutting off or talking over the interviewer in a defensive way
- **UNWILLINGNESS**: Not recognizing problems, cooperating, taking responsibility or accepting advice
- **IGNORING**: Being silent, inattentive, non-responsive or side-tracking

Responding to Resistance: Reflective Responses

- **Simple Reflection** (focused on feelings; e.g., “You’re angry about being sent here.”)
- **Amplified Reflection** (overstating feelings; e.g., “You’re **furious** about being sent here.”)
- **Double-Sided Reflection** ("On one hand you like the way things are; and on the other hand there’s part of you that would like to make a change.")
Responding to Resistance: Strategic responses

- Emphasizing Personal Choice and Control ("It's really your decision...")
- Shifting Focus ("We’ve gotten ahead of ourselves...")
- Reframing
- Agreement with a twist
- Siding with the negative (Coming alongside)

MI Tools: OARS

- O - Open Questions
- A - Affirm
- R - Reflect
- S - Summarize
O. Open-ended Questions

- Patients should do most of the talking
- Useful early in session to build rapport & provide direction
- Ask for “both sides of the coin”
- The general pattern in MI is to ask an open question, setting the topic of exploration, and then follow with reflective listening.

Good question or not?

- In what ways has alcohol been a problem for you?
- What do you think keeps you from abstaining?
- Why don’t you try going to AA?
- Why would you want to put your baby at risk by drinking?
- What’s wrong with trying a few days without alcohol?
A. Affirming

- Compliments or statements of appreciation and understanding.
- The point is to notice and appropriately affirm the patient’s strengths and efforts.
- Genuineness is critical
- Appreciation vs. approval

R. Reflect

- Demonstrates a desire for mutual understanding
- Start with simplest levels of reflection and move forward as rapport builds
- Good follow up to open-ended question
- “Listen more than tell”
- Being selective as we hold up a mirror for the people we work with
S. Summarizing

- Periodic summaries reinforce what has been said, show that you have been listening carefully, and prepare the patient to elaborate further.

- It’s like collecting flowers one at a time and then giving them to a person in a bouquet.

Reflective Listening: Review & Practice

Think of reflective listening as a way to act as a mirror and help clients see themselves—hopefully at a deeper level because of your reflections.
Reflective Listening

- One of the most important and most challenging skills required for MI
- The essence of reflective listening is that it makes a guess as to what the speaker means.
- The reflective listener gives voice to the guess in the form of a statement of understanding.
- Start with simple reflections and move towards complex reflections

Forming reflections

- A reflection states an hypothesis, makes a guess about what the person means
- It is a statement not a question
  (reflections should outnumber questions)
  - Start with your question
  - Cut the question words
  - Inflect your voice down at the end
- No penalty for missing
Levels of Reflection

- CONTENT
- FEELING
- MEANING

“I want to live at home to see my grand kids grow up.

- **Content:**
  “Staying at home gives you more contact with your grandkids.”

- **Feelings:**
  “You’re worried that they might forget about you if you’re not around.”

- **Meaning:**
  “Your grand children mean a lot to you and you want to be there for them.”
Ready to listen?

- Getting present
- Turning down the noise in my head
- Being clear about my own goals for the interaction
- Focusing on the person or family in front of me

Levels of Reflection

- Repeating (same words)
- Rephrasing (same content, different words)
- Paraphrasing (reflecting meaning)
- Reflection of feelings (“You feel...”)
- Deeper meaning (“You feel ____ BECAUSE...”)

Turning down the noise in my head
Being clear about my own goals for the interaction
Sentence stems for reflections

- You mean that...
- You’re wondering if...
- So you feel... You’re feeling...
- You...

Client statements for practice

- (36 year old female) “I can’t quit drinking. Everyone I hang out with drinks all the time.”
- (19 year old male) “Hey, I get smashed because its fun. It’s not a problem -- I just drink on the weekends.”
- (31 year old male) “You can’t understand what I’ve been through unless you’ve been there yourself.”
Client Statements from Participants

Communication Styles
- Direct
- Guide
- Follow

- A child runs into the road
- A child is learning to ride a bike
- A child is crying and you don’t know why
Guiding Style

- May be the most effective way to talk to patients about lifestyle changes
- Motivational Interviewing – a refined form of this guiding style

Core Communication Skills

- Asking
  - Short, open-ended questions
- Listening
  - Active use of reflection, especially with change talk or resistance
- Informing
  - Ask permission, elicit-provide-elicit
Before giving advice, ask…

- “Have I elicited the client’s own ideas and knowledge on the subject?”
- “Is what I am going to convey important to the client’s safety, or likely to enhance the client’s motivation for change?”

Miller and Rollnick, 2002, pg. 131

Key Elements for Using MI in a Brief Intervention

- Ask-Provide-Ask
- Reflection/Roll with Resistance
- Importance (or Interest) Ruler
- Confidence Ruler
- Summary
- Menu of Options
- “What do you think you’ll do”
Before giving advice or information…

- **Ask:** “Would it be okay with you to share some information/advice I have about_______”
- “Elicit the patient’s own ideas and knowledge on the subject?”
- **Provide** the information/advice
- **Ask:** “What do you make of that?”

Readiness to Change Assessing Interest, Importance, & Confidence with Rulers

<table>
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<tr>
<th>Not at all important</th>
<th>extremely important</th>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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Using Rulers

**Importance Ruler**
“On a scale of one to ten how important is it to make a change in your behavior?”
Query: “What makes it an 8 and not a 2?”

**Confidence Ruler**
“On a scale of one to ten how confident do you feel that you can make a change in your behavior?”
Query: “What would it take to move it up to an 8?”

Summarize and Offer Options

**Summary of information and change talk**

**Menu of choices / Agenda setting**

**Ask the client: “What do you think you will do?”**
BI Demonstration

Agenda Setting

- Ask permission to discuss topic
  "I wonder if it would be ok with you if we talked about your medications?"

- Explain you will not insist on immediate action
  "I’d like to get a better idea of how you feel about your meds, don’t worry, I’m not going to lecture you, ok?"
Encouraging Talk about Change

- Arranging conversation so that clients make the argument for change
- Several strategies to elicit self-motivational statements
- Easiest is to ask questions which elicit concern, intent to change and optimism (see handout for sample questions)
Preparatory Change Talk

Four Kinds

- DARN-C
  - Desire to change (want, like, wish)
  - Ability to change (can, could ...)
  - Reasons to change (if .. then)
  - Need to change (need, have to, got to ...)
  - Commitment to making change (I will, I’ve decided...)

Sustain Talk

Sustain talk is a normal part of ambivalence.

DARN-C:
Desire for status quo
“Inability” to change
Reasons to keep status quo
“Need” to keep status quo
Commitment to status quo
Resistance vs. Sustain Talk

Resistance is interpersonal behavior, a signal of dissonance, predictive of non-change, and highly responsive to counselor style (for example: discounting, interrupting, arguing).

One way to differentiate the two is that resistance needs a partner while sustain talk you could say to yourself:

A Change of Role

- You don’t have to make change happen. You can’t
- You don’t have to come up with all the answers. You probably don’t have the best ones
- You’re not wrestling You’re dancing
Staying In Touch

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Thank You!