Motivational Interviewing: Learning the Basics

This module must be conducted by an instructor experienced in teaching about motivational interviewing. This slide presentation may be used if desired with exercises selected by the instructor.

The following concepts must be covered:

• Spirit of MI
• Principles – RULE
• Micro Skills; OARS
• Resources for intensive training

Please maintain the following slides: 6, 7 and 56
Course Objectives

- Spirit and principles of motivational interviewing
- Basic skills of motivational interviewing
- How to utilize reflective listening skills
- Categories of change talk
- Negotiating an action plan
Motivational Interviewing is only one style of counseling. It can be combined with many other styles and is often the pre-cursor to these styles.
What is Motivational Interviewing?

Working through (with) Ambivalence to Facilitate Change
Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
MI and Tobacco Treatment

- Patient-centered method used by physicians demonstrated increased quit rates (Ockene et al., 1991)
- Reviews and meta-analyses found a trend for increased quit rates with MI vs usual care/brief advice (Lai et al., 2010; Lindsøn-Hawley, Thompson & Begh, 2015)
- May have limited effectiveness with some groups (Okuyemi et al., 2007; Catley et al., 2016)
- MI to build motivation followed by cognitive & behavioral strategies may be most effective model

Please maintain this slide to highlight some references to the evidence supporting the use of MI in tobacco treatment.

The reports by Okuyemi and Catley unexpectedly found that MI was not more effective in their studies with participants who were primarily low-income African Americans.

Encourage the use of MI especially with tobacco users who have not yet committed to change. Those ready and willing to change should be provided with behavioral strategy options that will be covered in the Cognitive and Behavioral Treatment Strategies module.

REFERENCES:

Cultural Diversity and MI

- Motivational Interviewing Network of Trainers (MINT) represents more than 30 languages
- Evidence of increased effectiveness among ethnic minorities (Hettema, Steel & Miller 2005)
- Examples where MI has been integrated into treatment protocols include:
  - Peer to peer support in African American churches (Resnicow et al, 2004)
  - Manual for Alaska Native/Native American counselors (Grover, Tomlin & Walker, 2005)
  - Treatment for depression among Latinos (Interian et.al, 2010)

Please maintain this slide. Emphasize that MI is applicable and effective across many cultures.

REFERENCES


Warm-up Exercise

1) Morning routines
2) Structured discussion
   - 1 min: Work life
   - 1 min: summary – sounds interesting tell me more
   - 1 min: response
   - Switch partners
   - Discuss in small groups
Motivational Interviewing is consistent with the style of client-centered psychotherapy.

It is a directive strategy for talking to clients about resolution of ambivalence and to promote behavior change. Motivational Interviewing goes well with the “stages of change” model.

The purpose is to strengthen the intrinsic motivation to change. If the client is not motivated to change, behavior change will be more difficult.
Ambivalence

- A normal part of the change process
- May need to be uncovered
- Easy to get stuck in ambivalence
- Goal: explore both sides and strengthen reasons supporting change

Having mixed feelings is a normal part of human functioning. Everybody has ambivalence except true pre-contemplators. Change is a process in which people move through the stages at different rates.

The client has to think about both sides of an issue in order to argue themselves into a commitment to change. Change is more likely to occur when the client experiences the double approach-avoidance conflict (feeling two ways about two sides of an issue).

Miller and Rollnick suggest that counseling can be considered a method to facilitate the natural change process. (Miller & Rollnick, 2002).

Invite the group to consider how they feel about learning a new skill that would require them to change their clinical practice.
Motivational Interviewing helps the counselor act as a guide: using the best of listening and the best of instructing. Problems occur with inappropriate use of instruction.
These concepts are critical to the rapport building in the practice of MI.

Exercise: Imagining the back story
- You are standing in a long line at the grocery store, in a little bit of a hurry. It seems that someone cut into the line and that person is arguing with another in the line
- Describe how you feel – put the feelings aside
- Imagine some positive story about why that person may have cut in

This mindset helps us to begin to engage with others in the Spirit of MI

Spirit grows and develops with increasing skill in MI
- Commitment to learning MI plants the seed
- Practice promotes the growth
Collaboration – balances the power between helper and client. Each bring their own expertise to the relationship
Acceptance is a concept that encompasses the aspects of:

- **Autonomy** – allowing the client to be empowered to make their own decisions regarding change
- **Accurate Empathy** – striving to understanding and reflecting the issues from the client’s perspective
- **Affirmation** – recognizing and describing the client’s strengths and values
- **Absolute Worth** – Valuing each client as a worthy human being
While compassion has always been implicit in the practice of MI the third edition has described it explicitly. It illustrates one of the key differences between just using the skills described in MI and truly caring about the client’s wellbeing.
Evocation

Inviting the client’s views about

- Barriers to change
- Reasons to change
- Possible solutions and pathways to change

Inviting self-exploration
Learning to practice MI includes learning what to AVOID:

- Advising about behavior change without permission
- Confronting the patient
- Giving the patient orders

There are times and places you might try these things, but these behaviors are not consistent with an MI approach.
Guiding Principles

Resist the righting reflex
Understand motivation
Listen
Empower the client
I think you should...
You really have to...
You will feel better...
You can do it...
That won’t work...
Uncle George did fine
I feel fine now..
No I can’t

TTS – Motivational Interviewing
Understand Motivation

- External motivators
- Internal motivators
- Values

The Handout section includes a list of values that may be used with clients. It is only one example of such a list.
Listen
Thomas Gordon’s 12 Roadblocks

- Ordering
- Warning
- Giving advice
- Persuading
- Moralizing
- Disagreeing

- Praising
- Labeling
- Interpreting
- Sympathizing
- Questioning
- Withdrawing

Roadblocks get in the way of self-exploration – requires detours
Distracts from listening
Listen for Change Talk

- **Desire** – “I do want to quit someday”
- **Ability** – “I can do things that I put my mind to”
- **Reason** – “I don’t want my daughter to smoke when she is an adult”
- **Need** – “Smoking is getting pretty expensive”

**Commitment** – “I guess I can smoke outside”

**DARN-C**

*TTS* – Motivational Interviewing
Empower the Client

- Encourage active participation
- Acknowledge strengths
- Share decision making
Change Talk – DARN/C

- Desire – “I want to change...”
- Ability – “I think I can do it...”
- Reason – “If I change I will be able to...”
- Need – “If I don’t change...”

- Commitment – “I will do whatever it takes”
This or a similar video can serve as a way of helping participants to identify change talk amid lots of sustain talk.

This video can be downloaded from the dropbox “video” folder.
Basic Skills

- Open ended questions
- Affirmations
- Reflective listening
- Summarization
Open Ended Questions

- Can’t be answered “yes” or “no”
- Use client’s own words
- Have few assumptions
- Ask one question

Open ended questions function as door openers that invite the client to talk and create extended conversations. The client can use his/her own words to explore a topic.

How many cigarettes do you smoke?
Have you tried to quit before?
Are there any reasons why you should quit?
Do you understand what I just explained?
DARN-C Questions

**D:** How interested are you in quitting?

**A:** How might you do it if you decided to quit?

**R:** What are the three best reasons to quit?

**N:** How would you feel if you didn’t quit?

**C:** What do you think you’ll do now?
“You are really putting effort into thinking about this.”

“You are working hard at quitting.”

“It took a lot for you to get here today.”

These statements suggest that the helper notices and affirms clients' strengths and efforts.

What are some of the positive characteristics of your clients? What are some affirmations you can construct?
Reflective listening reinforces and encourages client verbalization. The clinician not only listens to what the client is saying, they respond to what is being said.
Communication Components

1. What the speaker says
2. What the listener hears
3. What the listener thinks it means

What the speaker means

TTS – Motivational Interviewing
Reflections

What the speaker says → What the listener hears

What the speaker means ← What the listener thinks it means

Reflections—checking the meaning
<table>
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<th>Complex</th>
<th>Simple</th>
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**Repeating** - repeats an element of what the speaker has said.

**Rephrasing** - substitutes synonyms or slightly rephrases what was offered.

**Paraphrasing** – infers meaning in what was said and reflects this back in new words. This adds to and extends what was actually said - like continuing the paragraph that the speaker has been developing saying the next sentence rather than repeating the last one.

**Reflection of feeling** - Often regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

When practicing provide plenty of examples and encourage the class to take a chance with creating deeper reflections.
Thinking Reflectively

Speaker: Something you should know about me....
Each Listener: You (are, feel, think)....? 
Speaker reply: Cold----Warm---Hot
Rotate speaker

Exercise:
- Divide into small groups. Speaker says “something you should know about me is . . . “. Listener responds with a “guess” about the meaning of the speaker’s statement. Speaker notes whether listener is cold/warm/hot, etc. Each person in small group takes a turn being speaker.
- Example: Speaker says “Something you should know about me is that I am confident.” Listeners say “you are sure of yourself”, “you think you are right most of the time,” “you know what you are doing,” etc. Speaker notes whether each listener is hot/warm/cold, etc.
- Good idea for presenter to model this by going first, encouraging the group to make a reflection about their statement.

Follow-up exercise:

Speaker: Something in my life that I hope would be different in 5 years
Listener – respond only with reflections
Summarization

Let me see if I understand what you’ve told me so far...
Ok, this is what I’ve heard so far....

Follow up with...
  Ok, how did I do?
  What have I missed?
  Anything you want to correct or add?

TTS – Motivational Interviewing
Focusing the Conversation
Agenda Matching

- Improving Health
- Strategies
- Stop smoking
- Reducing before quitting
- Medications

TTS – Motivational Interviewing
Evoking
1. How **important** is it for you right now to change? On a scale of 0 to 10, what number would you give yourself?

0 .............................................................................................................................................. 10
not at all important.................................................. extremely important

A. Why are you there and not at 0?
B. What would need to happen for you to raise your score a couple of points?
2. If you did decide to change, how confident are you that you could do it?

0 .......................................................... ......................... 10
not at all confident                        extremely confident
A. Why are you there and not at 0?
B. What would need to happen for you to raise your score a couple of points?
Question Downward First!

- Patient actively expresses concerns
- Elicits change talk
Responding to Change Talk

Keep the conversation going:
- E: ask for *elaboration* and examples
- A: provide *affirmations*
- R: respond with *reflections*
- S: *Summarize*
Recognizing Discord

- Yes but...
- Arguing
- Passivity

- Predicts lack of change
- Highly responsive to counselor style

Discord has replaced the use of words such as ‘resistance’ and ‘defensiveness’ or ‘denial’. These terms place all of the responsibility with the client. Discord allows us to recognize the shared responsibility of client and helper in developing a working relationship. Helper language and behavior can help to resolve or at least lessen discord.
Avoiding Discord

Wrestling vs. Dancing
Avoiding Discord

THE SOUP TONIGHT TASTES LIKE SWILL!
YOU HAVE REFINED TASTE BUDS!

IT'S HARD TO THINK OF A COMEBACK WHEN YOU'VE BEEN COMPLIMENTED

TTS – Motivational Interviewing
Provide some examples of Amplified and Double-sided Reflections. Include a practice if the group appears ready for this.
Some instructors prefer to introduce this earlier in the presentation. It is used here as a way of reviewing the earlier discussions and identifying how Spirit, Principles and Skills contribute to each process.

This is an appropriate time to reinforce the importance of Engaging, Focusing and Evoking BEFORE moving into planning. Moving too quickly into Planning is a common occurrence with new TTSs.
Planning for Action

- Desire
- Ability
- Reason
- Need
- Commitment

Activation
Taking Steps

DARN-CAT
Use Action Reflections

- Focus on concrete plans
- Reflect what the client is saying or implying about
  - What the plan might be
  - How the change will be made
Provide Client-Centered Advice
Elicit-Provide-Elicit

**ASK PERMISSION FIRST**

1. **ELICIT** client’s ideas, needs
2. **PROVIDE** relevant advice, information
3. **ELICIT** client’s reactions & commitment to change
Provide Menu of Options

“There’s definitely not just one right way”
Wiggle Words

- Perhaps
- Maybe
- If you don’t mind
- One option is
- You might consider
- Here’s a thought...What do you think?
Close the Deal

- What do you think you will do?
- Transition to a specific treatment mode
- Provide referral
How to Learn MI

- Attend a workshop
- Read & learn
- Practice & listen
- Get feedback & supervision
MI Resources

UMass – Center for Integrated Primary Care
- Online courses; Coding and coaching phone sessions
- [http://www.umassmed.edu/CIPC](http://www.umassmed.edu/CIPC)

Podcasts
- T3: Changing the Conversation
- Talking to Change (on iTunes and Stitcher)

Motivational Interviewing Network of Trainers
- [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

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