MOTIVATIONAL INTERVIEWING
- AN EVIDENCE BASED PRACTICE

KATE SPECK, PHD, MAC, LADC
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TRADITIONAL APPROACH TO HEALTH BEHAVIOR CHANGE

Client/Patient Education

Client/Patient
MI: THE BASICS

Focus on Behavior Change
Motivational Interviewing Style or “Spirit”
Asking Open Ended Questions
Affirmation of Strengths and Change Efforts
Making Reflective Statements
Fostering a Collaborative Atmosphere (autonomy and personal choice)

Practice Activities
Hope Expectancy
The belief that one can change and will be successful at making changes.
15%

Therapeutic Relationship
The degree to which counseling conveys a nonjudgmental, empathic, accepting, warm environment.
30%

Client Traits
Their strengths, temperament, resources, and skills.
40%

Technique/Orientation
The skills and counseling orientation.
15%
WHAT IS IT GOOD FOR?

2 elements of Motivational Interviewing are evidence based:

- Engagement
- Retention

Motivational Interviewing ties in with the NIDA Principles of Effective Treatment; engaging and retaining clients in the process enhances their experience of change and leads to successful outcomes.
MI: HOW IT WORKS

Managing important in-session behaviors of client, using MI spirit and skills

Interaction of practitioner and client

Increase Change talk and

Decrease Resistance

Leads to
CLIENT ALLIANCE
MI: WHAT IT LOOKS LIKE

Generally quiet and eliciting
Is anything going on here?

The Data Says yes!
Motivation

Volition

Planning & Decision - making

Implementation

GOALS

Intentions

PROTECTION

Outcomes
Spirit

Motivational Interviewing Pyramid

Spirit
Principles
Strategies
THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

Autonomy

Collaboration

Compassion

Evocation
WHERE ARE YOU GOING WITH THAT SPOON?
WE'RE GONNA STIR UP FRED. HE LOOKS BORED.

STIRRING HIM UP IS NOT A GOOD IDEA, MICHAEL... JUST WATCH HIM, OK?
AWW!

HE LIKES TO SWIM AROUND HIS BOWL, LOOKING FOR FOOD, ENJOYING THE VIEW...
I KNOW.

I JUST WANT HIM TO DO IT FASTER!!
STAGES OF CHANGE

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Relapse

Behaviour Change

Knowledge Change

Attitude Change

Behaviour Change
Stages of Readiness to Change
Prochaska and DiClemente

- Precontemplation: 80%
- Contemplation: 20%
- Action
- Preparation
Thoughts on Motivation

Motivation doesn't last……..

Neither do baths..........

........that's why we suggest them daily........
Activity

Divide into groups of THREE
THINKING IT THROUGH

Teams of 3

SPEAKER, RESPONDER. OBSERVER

▪ **Speaker** – Discuss something you have recently been thinking about changing

▪ **Responder** – Listen – then provide a list of observations and ways to accomplish this change

▪ **Observer** – Watch for the dynamics between the Speaker & Responder
COMPLIANCE VS MOTIVATION

Denial
Compliance
Resistance
Lack of Motivation
Giving Advice

DO YOU MIND IF I GIVE YOU SOME ADVICE?

NOT AT ALL.

DO YOU MIND IF I ROLL MY EYES, SIGH DEEPLY, AND DISMISS YOUR ADVICE AS IF IT CAME FROM THE VILLAGE IDIOT?

I MIGHT MIND.

WELL THEN, LET ME GIVE YOU SOME ADVICE...

Dilbert
FOUR FOUNDATIONAL PROCESSES

- Planning
- Evoking
- Focusing
- Engaging
1. A LAYPERSON’S DEFINITION
(WHAT’S IT FOR?)
Motivational interviewing is a collaborative conversation to strengthen a person’s own motivation for and commitment to change.

2. A PRAGMATIC PRACTITIONER’S DEFINITION
(WHY WOULD I USE IT?)
Motivational interviewing is a person-centered counseling method for addressing the common problem of ambivalence about change.
3. A TECHNICAL THERAPEUTIC DEFINITION (HOW DOES IT WORK?)

Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual’s motivation for and movement toward a specific goal by eliciting and exploring the person’s own arguments for change.
THREE ESSENTIAL ELEMENTS
IN ANY DEFINITION OF MI

1. MI is a particular kind of conversation about change (counseling, therapy, consultation, method of communication)

2. MI is collaborative (person-centered, partnership, honors autonomy, not expert-recipient)

3. MI is evocative, seeks to call forth the person’s own motivation and commitment
WHAT DO WE WANT TO SEE?

1) engagement,
2) agenda-setting (collaboratively finding a target behavior)
3) listening to the client's struggle (ambivalence) with the behavior;
4) evoking change talk;
5) Recap of all change talk and (attempting to) evoke commitment to change;
6) evoking a menu of options
7) negotiating a change plan and
8) commitment to a change plan.
ENHANCING MOTIVATION

- Establish Rapport
- Set Agenda
- Single Behavior
- Multiple Behaviors
- Explore Importance
- Assess Importance and Confidence
- Build Confidence
- Exchange Information
- Reduce Resistance
EIGHT STAGES IN LEARNING MI

1. The Spirit of MI
2. OARS – Client-centered counseling skills
3. Recognizing Change Talk
4. Eliciting and Reinforcing Change Talk
5. Rolling with Resistance
6. Developing a Change Plan
7. Consolidating Client Commitment
8. Integrating MI with other intervention methods

A MULTI FACETED JEWEL
A CONTINUUM OF STYLES

Directing <=> Guiding <=> Following

Behavior therapy
Cognitive therapy
Reality therapy
Dr. Phil

Motivational interviewing
Solution-focused therapy

Psychodynamic psychotherapy
Client-centered therapy
WHEN MOTIVATIONAL INTERVIEWING IS NON-DIRECTIVE

Clarifying Ambivalence
Clarifying Values
Evocative and Advocacy Principles

**Evocative Methods**
- Eliciting Change Talk
- Open Questions
- Affirmations
- Reflections
- Summarizations
- Develop Discrepancy
- Express Empathy
- Amplify Ambivalence
- Roll with Resistance
- Support Self-Efficacy

**Change Talk**
- Desire to Change
- Ability to Change
- Reason to Change
- Need to Change

**Resistance**
- Desire for Status Quo
- Inability to Change
- Reason for the Status Quo
- Need for the Status Quo

**Advocacy Methods**
- Roadblocks
- Confront
- Convince
- Argue
- Teach

**GOAL OF BEHAVIOR CHANGE**

- Practitioner
- Client
- Client
- Practitioner

**Behavior Change**

- Commitment to Change
- Commitment to the Status Quo

**No Behavior Change**
ACTIVITY: EYES WIDE SHUT

Think about the one thing you have never shared with anyone........ Not to worry – you won’t be sharing it here!!!

What would it take for you to be able to share this with someone else?

How difficult would it be if you were forced to share this with someone else?
BARRIERS TO CHANGE

Ambivalence
CONFUSION
DENIAL
PROCRASTINATION
DILEMMA

33
Activity

Pair up
READINESS TO CHANGE
Sample Behavioral Consultation

- Assess Drinking
  - Assess Importance & Confidence
  - Explore Importance
  - Build Confidence
  - Advise & Provide Options
  - Arrange Follow-Up or Referral

10-30 minutes

Adapted from Walters, S. & Baer, J. Talking with College Students about Alcohol: Motivational Strategies for Reducing Abuse. 2006, Guilford Press.
WHERE MI CLINICIANS CAN GET STUCK

1. Letting go of the expert role
2. Using complex reflections
3. Missing opportunities for MI
4. Giving insufficient direction
5. Opposing resistance
6. (Not) moving on to Phase 2
7. (Not) attending to commitment language
8. (Not) letting go of MI
Yet Another Metaphor

MI Hill

Preparatory Change Talk

Mobilizing Change Talk

(Pre-) Contemplation

Preparation

Action
GLOBAL MARKERS

**S P I R I T**

- **EMPATHY** – reflections/summaries
- **EVOCATION** – open-ended questions
- **AUTONOMY** – client centered
- **COLLABORATION** – affirmations

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**RESISTANCE TALK**
- SIMPLE REFLECTION
- AMPLIFIED REFLECTION
- DOUBLE-SIDED REFLECTION
- PERSONAL CONTROL
- AGREEMENT & TWIST
- SHIFTING FOCUS
- REFRAMING
- VALUES AND GOALS

**AMBIVALENCE**
- REFLECT & EXPLORE
- PROS & CONS
- RULER
- KEY QUESTION – AMBIVALENCE (What does this make you think?)
- KEY QUESTION – ACTION (Where do you go from here?)

**CHANGE TALK**
- REFLECTION & ELABORATION
- REFLECTION & AFFIRMATION
- ELICITATION (PROS & CONS, RULER, LOOKING FORWARD OR BACKWARD, USING EXTREMES)

**COMMITMENT TALK**
- ADVICE WITH PERMISSION
- CBT – SKILL TRAINING
- RP SKILLS
- SOCIAL SUPPORT

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Desire
Ability
Reason
Needs
FOLLOWING TWO MASTERS

CLIENTS

FUNDERS
KEEPING YOUR BALANCE
THANK YOU