



Motivational Interviewing: Building on the Basics

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Guidelines for the Training

- Ask lots of questions.
- Be critical of everything I say.
- Be mindful of each other - be kind.
- You are not at work - enjoy yourself.
- “What the Heck!!” Jump into the experience.
- Make mistakes.
- Confidentiality - Make the training your experience.
- What else...?



Opening Exercise

A CONVERSATION ABOUT VALUES



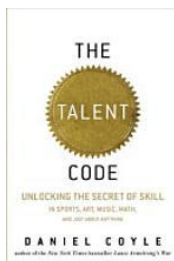
Qualities of an Effective Motivational Practitioner

- Respect for individual differences
- Tolerance for disagreement, ambivalence, and uncertainty:
“Comfortable being uncomfortable.”
- Patience with gradual approximations
- Genuine caring for and interest in people with whom we work



“Greatness Isn’t Born. It’s Grown”

- Ignition
- Deep Practice
- Master Coaching



Deep Practice X 10,000 hours =

World-Class Skill

● ● ● Strategies for Learning New Methods (Miller, et al., 2006)

1. Reading, verbal instruction, observation
2. Practice with feedback
3. Ongoing coaching and supervision of practice

● ● ● Eight Stages in Learning MI (Miller & Moyers, 2006)

1. Getting the spirit of MI
2. Using client-centered skills (OARS)
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

● ● ● What is Motivational Interviewing?

A collaborative, person-centered form of guiding to elicit and strengthen motivation for change.
(Miller & Rollnick, 2009)

● ● ● The Evidence (Arkowitz, et al., 2008)

- SUD's
- Anxiety Disorders
- PTSD
- OCD
- Treatment Engagement for Depression
- Eating Disorders
- Pathological Gambling
- Medication Adherence
- Dual Diagnosis
- HIV-Related Behavior's

● ● ● Triggering Change (or not)

- Self-Determination Theory (Ryan & Deci, 1985, 2000)
- Reactance Theory (Brehm, 1966)
 - Perceived threats to personal freedom
- Self-Perception Theory (Bem, 1967, 1972)
 - Publicly taking a position increases commitment
- Self-Regulation Theory (Bandura, 1991)
 - Change can be triggered by the discrepancy between status and goal
- Expectancy Effects (Leake & King, 1977)

Expectancy Effects

If you treat an individual as she is, she will stay as she is, but if you treat her as if she were what she ought to be and could be, she will become what she ought to be and could be.

-Johann Wolfgang von Goethe

Leake, G. J. & King, A. S. (1977). Effect of counselor expectations on alcoholic recovery. *Alcohol Health and Research World, 11(3), 16-22.*

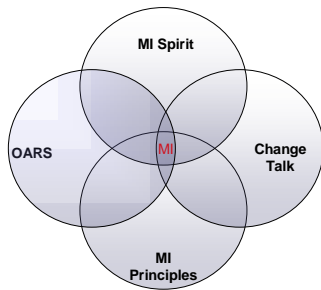
Client-Centered Counseling vs. Motivational Interviewing

- o In motivational interviewing the purpose is to explore ambivalence and clarify/amplify reasons for change
 - Asking open questions to pull for *change talk*
 - Affirming and reinforcing *change talk*
 - Reflecting back, sometimes selectively, *change talk*
 - Offering summaries of *change talk*
- o Consciously strategic and directive (usually...)

Providing Information

- o Use of Permission
- o Offer Choices
- o Chunk—Check—Chunk
- o Elicit—Provide—Elicit (MI sandwich)
- o Permission-Ask-Provide-Ask

Motivational Interviewing (MI) Elements (Rosengren, 2009)



Motivational Interviewing: Spirit vs. Technique

- o Internal monitoring for urge to:
 - Persuade
 - Confront
 - Warn
- o Coercion vs. **Collaboration**
- o Education vs. **Evocation**
- o Authority vs. **Autonomy**



Motivational Interviewing: Spirit vs. Technique

“We believe that each person possesses a powerful potential for change. **The counselor’s task is to release that potential and to facilitate the natural change processes that are already inherent in the individual**” (Miller & Rollnick, 2002, p. 41).

“People are generally better persuaded by the reasons they themselves discover than by those that enter the minds of others.”

Pascal

MI: Four Basic Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy
- Also RULE (Rosengren, 2009)

Four Basic Strategies: OARS

- Open-Ended Questions
- Affirmations
- Reflective Listening
- Summaries

Levels of Reflection

Simple Reflection

1. Repetition
2. Rephrase

Complex Reflection

3. Paraphrase
4. Reflection of feeling, metaphor, etc.

Amplified Reflection

Double-Sided Reflection

On Listening to Our Client's...

“There are many skills that are helpful when one is doing this work. But the most important skill to develop...is that of listening to our clients. They will tell us what they need”
(Little, 2001, p. 31).

What is Unique to MI?

- Intentional, differential evoking and reinforcement of change talk
- Strategic-directive use of client-centered counseling methods (OARS)
- Sequencing of preparatory change talk (desire, ability, reasons, need) and commitment language

Change Talk

- Change talk is client speech that favors movement in the direction of change
- Previously called “self-motivational statements”
- Specific to a particular **behavior change target**

Recognizing Change Talk

- Distinctive to MI
- General set: Any speech that favors movement toward change
- Subtypes: Preparatory vs. Commitment

A Path Model of MI



Change Talk

Many Forms

DARN-C

- **D**ESIRE to change (want, like, wish . . .)
- **A**BILITY to change (can, could, able. . .)
- **R**EASONS to change (if . . . then)
- **N**EED to change (need, have to, got to . . .)
- **C**OMMITMENT (intention, decision, readiness)
 - **A**CTIVATION (ready, prepared, willing)
 - **T**AKING STEPS

Change Talk

- “I think I could quit.”
- “I’ve got to do something about my drinking.”
- “I’m probably going to quit.”
- “I want to get my kids back, and I can’t do that unless I quit drinking.”
- “I’d like to have better control of my drinking, but I don’t know if I can.”

Put it in Reverse: *Sustain* Talk

The other side of **ambivalence**

- “I really like marijuana.”
- “I don’t see how I could give up pot.”
- “I need to smoke to be creative.”
- “I intend to keep smoking and no one can stop me.”
- “I don’t think I have to quit.”

Exercise: Find the Change Talk

- I used to go to church. I used to be real close to God. And then I started getting high and I didn't go to church no more.
- What was church like for you? What was good about that?
- I felt like a new person. I didn't get high for...for about four years. I would just go out and visit my family and visit new friends...you know, that went to church.
- Um hmm

- That must have been a shock.
- That was the first time I ever went to jail.
- So that's kind of . . .
- Dangerous.
- Yeah, it's dangerous, and wakes you up.
- Yeah.
- It sounds like church is a good resource for you because it's another set of people that you've liked and who will help you pull away from the drugs and give you some other things to do. You also said it felt important to be close to God and that you really felt that, but then that went away as you got into using, and you'd like to get back there again.

- So you want a new start.
- Yeah. 'Cuz I'm tired of this life.
- And there're a lot of reasons for it. Your kids...you want to get them back...your connection to God, and your family. Sounds like they're all rooting for you, and are ready to help you out.
- C: Yeah
- So what stands in the way?
- I need partnership. 'Cuz when I do drugs it's like a friend.
- Yeah

- Then one day I was at church, and I got up and left and I went out and decided to get high, and I didn't know what to do about it.
- You didn't think there was anyone you could talk to.
- I didn't want nobody to know.
- This has been a secret for you. Your kids don't know and you've kept it to yourself.
- I'm trying to stop getting high because when I moved here, I got caught four times by the police and I went to jail.

- Yeah. 'Cuz I don't want my kids to grow up thinking that I don't care about them or anything like that. And I just don't want them to find out that I be getting high.
- You'd like to have more of a positive influence on them.
- Yeah. 'Cuz sometimes, like if I don't have the money to get high, I go out with men, you know, and find some money, and then I get high. Then after I get high, and I ain't got no more money, and ain't nothing left, I don't know what to do.

- But, see, I wanna get my life together and start a new beginning. Plus, I love my kids and my mother and my father and my sisters and my brothers, and my kids' father, that's my boyfriend.
- I see.
- I just wanna get my life together 'cuz I got a little baby. She's two years old and I wanna raise her myself, but she over to my mother's house. My mother saying she want me to stop getting high, and she'll give her back to me.
- This is a time when you really want to be with her, when she's two.

- I wanna take her to school, raise her and put some pretty clothes on her. I wanna braid her hair and everything like that.
- Be her Mama.
- Yeah
- It sounds like you really decided you want to do that.
- Yeah

Responding to Change Talk: “I’m all EARS.”

- **E: Elaborating** – Asking for elaboration, more detail, in what ways, an example, etc.
- **A: Affirming** – Commenting positively on the person’s statement.
- **R: Reflecting** – Continuing the paragraph.
- **S: Summarizing** – Collecting and offering “bouquets” of change talk.

Modifications for Co-Occurring Disorders

- “Microskill” modifications
 - Simplifying open-ended questions
 - Refining reflective listening skills
 - Simple & concise language
 - Reflecting often
 - Using metaphors
 - Avoid excessive focus on despair and negative events
 - Organize statements with summaries
 - Allow time to respond to reflections
 - Heightened emphasis on affirmations

Plucking Change Talk from the Jaws of Ambivalence

“I really don’t want to stop using, but know that I should. I’ve tried before and it’s really hard.”

What would you reflect?

1. “You really don’t want to quit.”
2. “It’s pretty clear to you that you ought to quit.”
3. “You’re not sure if you *can* quit.”

Modifications for Co-Occurring Disorders

(Martino, et al., 2002)

- Adopting an integrated dual diagnosis approach that targets more than substance use
- Accommodating cognitive impairments and disordered thinking
 - Repetition
 - Simple, concrete verbal and visual materials
 - Breaks within sessions

Modifications for Co-Occurring Disorders

- Providing personalized and engaging feedback that addresses dual diagnosis
- Constructing decisional balance appropriate for dual diagnosis

Modifications for Co-Occurring Disorders

- “It may be that MI makes its impact with dually diagnosed patients only when clinicians perform at the highest levels to accommodate the marked symptom & social impairments posed by psychotic illness” (Martino & Moyers, 2008).

MI Self Check (Hohman & Matulich, 2008)

My clients would say that I...

- Believe that **they** know what's best for themselves.
- Help them to recognize their own strengths.
- Am interested in helping them solve their problems in their own way.
- Am curious about their thoughts and feelings.
- Help guide them to make good decisions for themselves.
- Help them look at both sides of a problem.
- Help them feel empowered by my interactions with them.

Learning Motivational Interviewing

- **An evidence-based clinical intervention** – not a technique you just learn and apply, not a ‘bag of tricks’
- Introductory workshop + advanced workshop + on-going supervision and support
- **Learning** a complex set of integrated therapeutic skills and an understanding of how and when to use them.
- **Experiential learning** - Practicing new skills in a safe learning environment
- Using **existing skills** in a new way
- **Unlearning** familiar styles and habits
- **Reflecting on practice** -the **client** is our best **teacher** (a source of constant and accurate feedback)

THANK YOU!

