

Motivational Interviewing: Building on the Basics

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Opening Exercise: Exploring Values and Change (Cole, 2009)

Roles:

One Speaker/One Listener. Each person will get to speak for up to 5-10 minutes.

Directions:

(1) Look at this list of values, traits, personal characteristics – Please feel free to add your own ideas.

(2) Select 3 or 4 that are the most important to you and circle them.

Good parent	Attractive
Good family member	Disciplined
Good partner/spouse	Responsible
Good community member	In control
Strong	Respected at work
On top of things	Active physically
Respected at home	Honest/telling the truth
Successful	Energetic
Supportive	Considerate
Youthful	Independent
Socially responsible	Other: _____
Spiritual/able to practice my faith	Other: _____

(3) Speaker: As you review the values you checked, think of some change you decided to make that allowed you to live more consistently with at least one of these values. Recall what the process of change was about and speak about that for a few minutes.

(4) Listener: Mostly just listen; if you speak, do so only to ask open questions to learn more or to do a periodic reflection. At the end of the time, you will give a summary to the person who spoke. You may take notes as you listen if you want.

This is a suggested way:

‘As I understand it...’ Then summarize the main motivators, what helped the person be confident, how the person knew when the time was right to move ahead.

Try to limit your summary to 4-5 relatively brief sentences.

Rating Samples for MI Spirit (Rosenberg, 2009)

Here are some examples of short client statements and practitioner responses. Review these exchanges and then decide if the practitioner's response is consistent with the spirit of MI – collaboration, evocation, autonomy support (thumbs up) or not – coercion, education, authority (thumbs down). You might want to jot down a few notes as to why you rated each sample as you did.

1. Sarah's husband (Richard): I'm just furious that she lied to me and had this affair behind my back. I can't believe I didn't see it. I feel like such an idiot.

Practitioner's Response: In retrospect, what signs did you overlook?

👍: _____ 👎: _____

Why?

2. Arthur: I know my dad told you I'm depressed, but I'm not. Just because I don't want to play football doesn't mean I'm depressed.

Practitioner's Response: Your father is worrying needlessly. What do you think he's seeing that makes him worry this way?

👍: _____ 👎: _____

Why?

3. Tanya: I need to come up with some sort of plan to help me get back on track now. This health crisis has thrown me for a loop. I can't think about anything else. What do you think I should do?

Practitioner's Response: Well, I have some ideas about what might help, but first let me hear what you've already considered.

👍: _____ 👎: _____

Why?

4. Arthur: I'm not going to keep that stupid thought journal. How does it help me to monitor my "loser" thinking? I'm coming here to feel better, and paying attention to all that makes me feel worse.

Practitioner's Response: OK, Arthur, you might be right. This works for many folks, but not everyone. Maybe we need to try a different way to approach this. We've talked about other ways to approach this issue. What makes sense to you to practice instead?

👍: _____

👎: _____

Why?

5. Tanya: They told me I have to have this surgery right away. But I don't trust them, so I haven't scheduled it yet.

Practitioner's Response: Why take the chance? They're the experts after all. Let's call from this phone right now. Maybe you can get in this week.

👍: _____

👎: _____

Why?

6. Sarah: I've had it with Richard's guilt mongering. Okay, so I had an affair. I'm ready to end it and start working on our marriage, but I don't think he's ever going to let me forget it. Maybe we should just get a divorce.

Practitioner's Response: Sarah, you are the only one who can decide if you should stay in this marriage or leave it. I wonder what signs you would need to feel more optimistic about working on things with Richard.

👍: _____

👎: _____

Why?

7. Arthur's mother (Peggy): They had a little "surprise party" for me. Everyone showed up when I wasn't looking and then spent the next two hours telling me how my drinking hurt them. They think I'm an alcoholic! I might have a drinking problem, but I'm damn sure not an alcoholic.

Practitioner's Response: (gently) Peggy, if it walks like a duck and quacks like a duck, it's probably a duck. I think if all those people are telling you that you're an alcoholic, they're probably right. You might be in denial, don't you think?

👍: _____

👎: _____

Why?

8. Arthur's father (Lloyd): I think Arthur is taking over too many of the household responsibilities. A boy his age ought to be playing sports and chasing girls. Instead, he's worrying about his younger brother and how the house looks. He even does laundry. I can tell you I never did that at his age. But when I try to push him toward more normal things, like football, he just gets mad at me and says I don't understand him. What am I supposed to do?

Practitioner's Response: In families where alcohol has been a problem, it often works like this. What if you tried the chess club or the school newspaper instead of pushing him toward football? I think he'd be more receptive to that. I don't think you recognize how smart Arthur is. It could be that he will never be all that interested in football.

👍: _____

👎: _____

Why?

9. Tanya: My doctor gave me a long list of all the things I have to do to manage my care. It's overwhelming. I have to take medication three times a day. I can't even remember to feed my dog every single day. I just can't do it. But I'm afraid I'll die if I don't.

Practitioner's Response: (encouraging) You can do this. You have to.

👍: _____

👎: _____

Why?

10. Rick: If I let my clients scam me, then they aren't going to recover. Or worse, they'll just take advantage of me. Sometimes I need to get in their face, so they know I'm not being fooled. I need to see this motivational whatever you call it work in practice. I need to see it work with some of these hardcore addicts.

Practitioner's Response: So, you want to reserve judgment until you've tried it and see if or how it works.

👍: _____

👎: _____

Why?

A Guided Motivational Interviewing (MI) Conversation (Kraybill, 2012; Miller, 2011)

An MI conversation typically moves through and among four fundamental processes: **engaging, focusing, evoking, and planning**. These processes are not entirely linear and overlap. For example, the process of engaging is continuous throughout MI. Additionally, different strategies (e.g., exploring ambivalence), may be appropriate at different points in the conversation. The effective practitioner guides the conversation with these processes in mind, while maintaining a person-centered approach. The spirit of MI (evocation, collaboration, autonomy, and compassion) and the core skills of asking open questions, affirming, reflecting and summarizing (OARS) are used throughout each of these processes. Below is an example of a guided MI conversation in which the focus is on a client's drinking.

ENGAGING:

- **Providing a safe space, welcoming presence, developing rapport, building trust, "hospitality"**
*"It's good to meet/see you." "Tell me a little about yourself." "How have things been going?"
"Would it be all right if I tell you a bit about myself and my role here?"*

FOCUSING:

- **Choosing from a menu of options, developing a clear direction and goal(s)**
"What brings you here?" "What are your concerns?" "Among the issues you mentioned, where shall we begin?" "Would it be all right if we take a closer look at you and drinking?"

EVOKING:

- **Exploring, examining, exercising, ambivalence**
*"Tell me about your relationship with drinking?" "What do you like about drinking?"
"What concerns do you have about your drinking?"*
- **Recognizing, eliciting, and reinforcing Change Talk (DARN-C)**
 - DESIRE – want, wish, like
"To what extent are you interested in cutting back or stopping drinking?"
 - REASONS – specific reasons for change
"Why might you want to do something about your drinking?" "What would be your reasons to change? What would be your very best reason?"
 - ABILITY – can, could, able
*"If you were to change your drinking behavior, how might you go about it in order to succeed?"
"How confident are you that you could make this change?"*
 - NEED – have to, important to (without stating specific reason)
"How important is it to you to make this change?"
 - COMMITMENT – will, plan to, intend to, going to, willing, ready
"How ready are you to make this change?" "What do you intend to do?"

PLANNING:

- **Recapping reasons for change, determining next steps or necessary resources/skills, establishing a support system, anticipating setbacks/relapse, measuring success**
*"Let's review the reasons you want to make this change..." "What are the next steps you will take?"
"Who will you include in your circle of support?" "What might interfere with your plan?"
"How will you know if you're succeeding?" "How can I help?"*

Exercise: Recognizing Change Talk #1

Change Target: Substance Misuse; Mental Health

Component Behaviors: Treatment, 12-Step Attendance, Counseling, Medication, Harm Reduction, Substance Use Management, Housing Stability

1. I think I'm doing about as well as I can at this point.
2. I certainly don't want to end up back in the hospital.
3. The 12 steps just don't work for me. They might work for all those other people – but not for me.
4. I really hate going to meetings!
5. Well, I wouldn't mind cutting down on stress in my life.
6. I probably could talk to my counselor more.
7. I'm going to take my medication every day.
8. It's really hard to stay abstinent.
9. But I *love* gettin' high! And everyone around me is doing it. Have you been up there after the staff leave? I mean, its on!
10. I used to go to meetings. I even had a sponsor for a minute.
11. I've *got* to get my drug use under control!
12. I'm going to get my drinking under control.
13. I'm willing to take those pills, but I don't want to take no shots.
14. There's no way I'll take something that will mess with my high.
15. I would like to gain back some weight.
16. I don't think I really have a drug problem.
17. I wouldn't mind learning more about controlled drinking.
18. I don't like watching what I use. I mean I guess I have to, but I don't like feeling restricted.
19. I wish I could have less stress in my life.
20. I might be able to cut down on crack.
21. I'm not much on the higher power thing. I guess I'll try them, but I don't enjoy them.
22. It's pretty scary thinking about losing my leg.
23. I'll think about seeing Lori.
24. I heard that taking that naltralone stuff can help with cravings.
25. I hope to have more money to spend on my kids.
26. I don't want to wind up on dialysis.
27. I started keeping track of what I spent this week.
28. I got a meeting schedule.
29. What kinds of things do I have to do?
30. There's no way I'm going to Haymarket.
31. I don't mind counseling, but I'm not going to no meetings.
32. I want to be a better parent.
33. Man its good to see you. I just got out. I don't want to go back there anytime soon. But will see how it goes. You know how it is. And I guess prison wasn't all that bad.
34. I know if I keep this up I'm gonna lose my housing.
35. I've been doing this a long time. It's all I know.
36. I know you like to party. Come on! Once in a while?!?
37. If someone told me today that I couldn't drink again I don't know what I would do. But I know it's a problem.
38. I'll do the community service but I'm not doing no counseling.
39. Man, I gotta get to some detox.

Exercise: Recognizing Change Talk #2

Primary Change Target: Improved Glycemic Control

Secondary/Component Behaviors: Diet, Exercise, Medication, Monitoring, Stress management

1. I think I'm doing about as well as I can at this point.
2. I certainly don't want to go blind.
3. I've just always disliked exercise.
4. I really hate pricking my finger!
5. Well, I wouldn't mind cutting down on stress in my life.
6. I probably could exercise more.
7. Yes, I'm going to take my medication every day.
8. It's really hard to stay on a strict diet.
9. But I *love* chocolate!
10. I used to exercise regularly.
11. I've *got* to get my blood sugar under control!
12. I'm going to get my blood sugar under control.
13. I'm willing to take oral medication, but I don't want to take insulin shots.
14. There's no way I want to take insulin.
15. I would like to lose some weight.
16. I don't think I really have diabetes.
17. I wouldn't mind checking my blood sugar once or twice a day.
18. I don't like watching what I eat. I mean I guess I have to, but I don't like feeling restricted.
19. I wish I could have less stress in my life.
19. I might be able to cut down on sweets.
20. I'm not much on eating vegetables. I guess I'll eat more of them, but I don't enjoy them.
21. It's pretty scary thinking about losing my feet.
22. I'll think about eating more fruit.
23. I heard that taking chromium can help with blood sugar levels.
24. I hope to take off about twenty pounds.
25. I certainly don't want to wind up on dialysis.
26. I started keeping track of what I ate this week.
27. I bought a glucose monitor and read the manual.
28. What kinds of things do I have to eat?
29. There is no way I'm joining a gym.
30. I don't mind walking, but I'm not going to a gym.
31. I want to be a better parent.

Directive Reflecting

Read the sentence stem and write down three different responses to each item. Each should emphasize a different aspect of the statement. For example:

It's been fun, but something has got to give. I just can't go on like this anymore.

1. You've enjoyed yourself.
2. You're worried about what might happen.
3. It's time for a change.

I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple drinks.

1.

2.

3.

So I'm not too worried, but it's been over a year since I've had an HIV test.

1.

2.

3.

I feel great. I've been off the crack for three weeks now, but you know how it is. Sometimes that stuff – all those people – be messin' with your mind.

1.

2.

3.

Signs of Readiness for Change¹

1. **Decreased resistance.** The wind seems to have gone out of the sails of resistance. Dissonance in the counseling relationship diminishes, and resistance decreases.
2. **Decreased discussion about the problem.** The client seems to have talked enough about the area of concern. If the client has been asking questions about the problem area, these stop. There is a feeling of at least partial completion, of waiting for the next step.
3. **Resolve.** The client appears to have reached some kind of resolution, and may seem more peaceful, relaxed, calm, unburdened, or settled. This can also have a tone of loss, tearfulness, or resignation.
4. **Change talk.** Whereas resistance diminishes, change talk increases. The client makes direct change statements, reflecting disadvantages of status quo, advantages of change, optimism about change, and/or intention to change.
5. **Questions about change.** The client may begin to ask what he or she could do about the problem, how people change once they decide to, or the like.
6. **Envisioning.** The client talks about how life might be like after a change. This can be mistaken for resistance, in that looking ahead to change often causes a person to anticipate difficulties if a change were made. Of course, the client may also envision positive outcomes of change.
7. **Experimenting.** If the client has had time between sessions, he or she may have begun experimenting with possible change actions since the last session.

¹ Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change*. New York: The Guilford Press.

Are They Ready?

Sample

"This is not what I expected. I thought you would be more in my face about the bruise. It's been more like a conversation. It's made me really think about some things and I wasn't expecting to do that."

Does this signal possible readiness to shift phases? _____ No Yes

If yes, what kind?

X	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

The client is clearly talking about how expectations were not met and how this caused a shift. Whether or not he is ready to shift is not clear, but the response indicates it is possible.

Statement 1

"So, what do your other clients say about this?"

Does this signal possible readiness to shift phases? _____ No _____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Statement 2

"I agree it would be good to make some choices other than spanking, but I also think these kids need some discipline. I don't think they will do what I say unless they know I mean business."

Does this signal possible readiness to shift phases? _____ No _____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Statement 3

"You don't understand. My friends don't take "No" for an answer. They're going to hound me. I've got to come back with something stronger. "

Does this signal possible readiness to shift phases? ____ No ____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Statement 4

"I won't be in this situation again. It sucks. I am so embarrassed."

Does this signal possible readiness to shift phases? ____ No ____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Statement 5

"You know I am not very social, but I have been trying to speak up for myself in these sessions here."

Does this signal possible readiness to shift phases? ____ No ____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Statement 6

"I don't see any point in talking about it."

Does this signal possible readiness to shift phases? _____ No _____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Statement 7

"I feel like we are going over it and over it. I get it. I just need to figure out how."

Does this signal possible readiness to shift phases? _____ No _____ Yes

If yes, what kind?

	Decreased resistance.		Questions about change
	Decreased discussion about problem.		Envisioning
	Resolve.		Experimenting
	Change talk.		

Reasoning for your choice?

Ten Strategies for Evoking Change Talk

1. Ask Evocative Questions
2. Explore Decisional Balance
3. Ask for Elaboration
4. Ask for Examples
5. Look Back
6. Look Forward
7. Query Extremes
8. Use Change Rulers
 - Ask, “On a scale from zero to ten, how important is it to you to [target change] – where zero is not at all important, and ten is extremely important? Follow up: And why are you at ____ and not zero? What might happen that could move you from ____ to [higher score]?”
 - Instead of “how important” (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to ____ (commitment).
 - Asking “how ready are you?” tends to be confusing because it combines competing components of desire, ability, reasons and need.
9. Explore Goals and Values
10. Come Alongside

Decisional Balance Exercise

CONTINUE THE BEHAVIOR AS IT IS NOW	
<u>GOOD THINGS</u>	<u>LESS GOOD THINGS</u>
CHANGE THE BEHAVIOR	
<u>LESS GOOD THINGS</u>	<u>GOOD THINGS</u>

TIPPING THE SCALE...

Benefits of Status Quo Costs of Change (aka SUSTAIN Talk)	Benefits of Change Costs of Status Quo (aka CHANGE Talk)
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Example Open Questions to Evoke Change Talk

1. Disadvantages of the status quo

2. Advantages of change

3. Optimism about change

4. Intention to change

Motivational Interviewing: Basic Principles and Strategies

Four Basic Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Four Basic Strategies (OARS)

- Open-Ended Questions
- Affirm
- Reflect
- Summarize

Change Talk (DARN-C)

- Desire
- Ability
- Reason
- Need
- Commitment (Taking Steps)

Eliciting Change Talk

1. Ask Evocative Questions
2. Explore the Decisional Balance
3. Ask for Elaboration
4. Ask for Examples
5. Looking Back
6. Looking Forward
7. Query Extremes
8. Use Change Rulers
9. Exploring Goals and Values
10. Come Alongside

Responding to Resistance (aka Sustain Talk)

- Simple Reflection
- Amplified Reflection
- Double-Sided Reflection
- Shifting Focus
- Agreement with a Twist
- Coming Alongside
- Reframing
- Emphasizing Personal Choice & Control
- Decisional Balance

“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 possess substantial personal expertise and wisdom regarding themselves, and tend to develop in a positive direction, given the proper conditions and support...” (Miller & Moyers, 2006, p. 5).

Motivational Interviewing: Basic Strategies

Strategy	Description
Ask Open-Ended Questions	<p>Open-ended questions:</p> <ul style="list-style-type: none"> • Cannot be answered “yes” or “no” or with one or two words; • Are not rhetorical; • Elicit clients’ feelings about a given topic or situation; • Solicit additional information in a neutral way; and • Encourage the client to do most of the talking.
Affirm Clients	<p>Affirming:</p> <ul style="list-style-type: none"> • Supports and promotes the client’s sense of self-efficacy; • Acknowledges his or her difficulties; • Validates his or her experiences and feelings; and • Emphasizes experiences that demonstrate strength, success, and power.
Listen Reflectively	<p>Reflective listening involves:</p> <ul style="list-style-type: none"> • Making a reasonable guess about what the client means; • Rephrasing the client’s statement to reflect what the counselor thinks he or she heard; • Continuous tracking of the client’s verbal and non-verbal responses and their possible meanings; • Understanding the communication style of the client’s culture; • Formulation of reflections at the appropriate level of complexity; and • Ongoing adjustments of the clinician’s hypotheses about the client’s behavior.
Summarize	<p>Summarizing:</p> <ul style="list-style-type: none"> • Distills the essence of what a client has expressed; and • Communicates it back to the client.
Elicit and Reinforce Change Talk	<p>Reinforcing a client’s change talk includes:</p> <ul style="list-style-type: none"> • Reflecting the statement; • Nodding or making approving facial expressions; • Making affirming statements; • Asking for elaboration, explicit examples, or more details; • Using questions beginning with “What else”; and • Asking the client to identify the extremes of the problem (“What are you most concerned about?”).

A “Difficult” Client (Rosengren, 2009)

We all work with people who we experience as “difficult.” These individuals put us through our paces and often leave us feeling uneasy about our work or even dreading our next encounter. Consider your work situation and think about who that person might be.

Now consider three questions about this person:

1. Where are you now in your work with him or her?

2. Where would you like to be?

3. What’s getting in the way of that happening?

Now imagine that you are this participant. Really put yourself in this person’s shoes.

9. Where are you now in your work with your practitioner?

10. Where would you like to be?

11. What’s getting in the way of that happening?

Continued on next page...

After reviewing both sets of answers, think about the three areas of MI spirit. Then rate where this relationship falls on these three dimensions.

Collaboration

1	2	3	4	5	6	7
We are working against each other (Wrestling)		We are working in partnership (Dancing)			We are in the room, and not much is happening. (Standing)	

Autonomy

1	2	3	4	5	6	7
I struggle with the pt's choices or press the pt to change. (Directing)		I recognize and honor the pt's choices, including not changing. (Guiding)			I seem indifferent to pt's wishes or choices. (Observing)	

Evocation

1	2	3	4	5	6	7
I am presenting the reasons for change. (Advocating)		I am drawing out the pt's views on change. (Interviewing)			I just let the conversation go wherever it will. (Following)	

What, if anything, do these ratings tell you might need to happen for the relationship to change?

What might you do differently to make that happen?

If you were to try one new approach with this participant, what would it be?

Motivational Interviewing Session Review (Sandy Downey)

Target Behavior(s): _____

1. How did I work to establish an emotionally safe atmosphere to help the client build trust in me and in the therapeutic/treatment process?
2. To what extent did I continue using reflective listening and open-ended questions (using about 2 reflections per open question) throughout the duration of the session?
3. What change talk did I notice (statements of desire, ability, reasons, need, commitment) and how did I respond to the change talk when I heard it?
4. How did I help the client explore why it might be personally important for him or her to initiate a positive change in their target behavior(s)?
5. How did I assess the client's current level of confidence in beginning to make a change in the target behavior and how did I help enhance the client's self-efficacy?
6. What strengths did I notice and affirm in the client? How did I convey that I valued the client's experiences and ideas throughout the course of the session?
7. If I observed signs of readiness to move to commitment, what did I notice? How did I initiate discussion of a plan for change and help the client consolidate commitment?
8. What might I try next time to further support the client's desire to change and build confidence in the possibility of change? What MI skills do I need to further develop?

Recommendations for an MI Peer Support Group/Community of Practice (MINT, 2009)

Developing proficiency in motivational interviewing (MI) is rather like learning to play a sport or a musical instrument (see Coyle, 2009; Miller et al., 2006). Some initial instruction is helpful, and real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. One way to do this is to form a local group to support and encourage each other in continuing to develop proficiency in MI. When a group like this is well-done, participants enjoy coming and sometimes say that it is one of the most interesting and rewarding aspects of their job. Here are some ideas for such a group.

1. Schedule regular meetings for the sole purpose of working together to strengthen MI skills. Don't let administrative details or other agenda items fill the time. An hour meeting once or twice a month would be one possibility.

2. In early meetings, it may be helpful to discuss specific readings. There is a rapidly growing list of books and articles at www.motivationalinterview.org. Periodically the group may also wish to watch "expert" tapes, coding and discussing the skills being demonstrated in them. For those particularly interested in new research on MI, a "journal club" of 20 minutes or so might be added. Take it easy with any reading assignments, though. People learn a lot, and fast, just from bringing in and discussing tapes (see #3).

3. A key learning tool to be included in regular meetings is to listen together to and discuss tapes of participants' MI sessions. Some groups have experienced that the energy and engagement level of the group picked up when they began to listen to each other's tapes. A rotation schedule can be arranged whereby participants take turns bringing in new tapes. We recommend listening to and discussing one tape per session. A 20-minute segment of tape is probably about right. We recommend using a recording device with external microphone(s) to improve the quality of sound and facilitate listening.

4. Written permission should be obtained from clients for this use of recording, explaining how the tapes will be used, who will hear them, and how and when the tape will be destroyed.

5. Be sure to thank and support those who bring in a tape to share. They are taking a risk and being vulnerable, which can be difficult, particularly early in the life of a group. Beware of having high "expert" expectations when someone is just beginning.

6. Rather than simply listening to a tape, make use of some structured coding tools. Some examples are:

- Counting questions and reflections
- More generally coding OARS
- Coding depth of reflections (simple vs. complex)
- Counting client change talk, and noting what preceded it
- Tracking client readiness for change during the session, and key moments of shift
- Coding forms can be found on www.motivationalinterview.org. Participants may use the same coding form and compare their findings, or participants may use different coding forms to attend to different aspects of the session.

7. In introducing a session to be heard by the group, it is appropriate to indicate what target(s) for behavior change is being pursued. Without this, it is not possible to identify change talk, which is goal-specific.
8. In discussing a participant's tape, it is appropriate for the person who did the interview to comment first on its strengths and areas for improvement.
9. In discussing any tape, focus discussion on the ways in which the session is and is not consistent with the spirit and method of MI. Again, it is useful for the person who did the interview to lead off this discussion. Participants can ask each other, "In what ways was this session MI consistent?" and "What might one do to make this session even more MI consistent?" When providing feedback to each other, adhere to the supportive spirit of MI. *Always* emphasize what you heard or saw that seemed particularly effective and consistent with the style of MI. One approach is a "feedback sandwich" in which any suggestion for further strengthening practice is sandwiched between ample slices of positive feedback. The group atmosphere should be fun and supportive, not pressured or competitive. Group participants report that they often learn more from helping others than from receiving feedback on their own tapes.
10. Focus on what is important within MI. There is always temptation to wander off into more general clinical discussion of cases: Focus learning on the spirit, principles, and practices of MI.
11. The group may focus on practicing and strengthening specific component skills of MI. One such sequence of skills to be learned is described in: Miller, W. R., & Moyers, T. B. (2006). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions, 5*, 3-17.
12. Some groups begin with a "check-in" period in which anyone can bring up an issue for discussion.
13. Bringing coffee and refreshments can add to the relaxed atmosphere of a group.
14. Consider whether there is a prerequisite for participating in the group. Some groups have required, for example, that participants complete an initial training in MI before beginning to attend. Others have left the group open for any who wish to learn MI skills.
15. Consider whether you want to contract for a specific length of time or number of meetings together. If so, at the end of this time each member can consider whether to continue for another period.
16. An "MI expert" in the group might resist taking on an expert role, because doing so can stifle participation and learning. Don't withhold your expertise, particularly if invited, but avoid a pattern of interaction in which the group always looks to the expert for the "right" answers.
17. Most of all enjoy this privileged learning time together. As with other complex skills like chess, golf, or piano, gaining proficiency in MI is a lifelong process (see Coyle, 2009). A real source of fun and learning in these groups is admiration for the many artful ways that people find to apply MI within their own clinical style and the people with whom they work.

Motivational Interviewing **Bibliography – May 2012**

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Other Resources

- Motivational Interviewing Home Page: www.motivationalinterview.org
- Center for Social Innovation/t3 training: <http://www.center4si.com/training/index.cfm>
- This week at the conference:
Using the Motivational Interviewing Treatment Integrity Tool to Enhance Skills in Motivational Interviewing, Friday, May 18, 11:00am – 12:30pm, Empire B
Motivational Interviewing (MI) is a person-centered, goal-oriented, guiding method of communication to enhance motivation to change. MI is a widely-recognized, evidence-based practice that has utility in virtually all health, behavioral health and social service contexts. Learning how to practice MI effectively requires time and effort. Feedback and coaching are essential. The Motivational Interviewing Treatment Integrity (MITI) tool is a behavioral coding system that is useful in providing feedback to enhance practitioners' Motivational Interviewing skills. The MITI has been demonstrated to be a good measure of treatment integrity for MI. Participants in this workshop will learn how the MITI can be used to advance skill development of practitioners of all disciplines in HCH settings. A combination of didactics, question/answer, case illustrations and practicing in triads will be used. *Ken Kraybill, MSW, Director for Training, Center for Social Innovation*

MI Preparation Prayer

Guide me to be a patient companion
To listen with a heart as open as the sky
Grant me vision to see through her eyes
And eager ears to hear her story
Create a safe and open mesa on which we may walk together
Make me a clear pool in which she may reflect
Guide me to find in her your beauty and wisdom
Knowing your desire for her to be in harmony – healthy, loving, strong
Let me honor and respect her choosing of her own path
And bless her to walk it freely
May I know once again that although she and I are different
Yet there is a peaceful place where we are one

-Bill Miller