An Introduction to Motivational Interviewing
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TIME FOR CHANGE
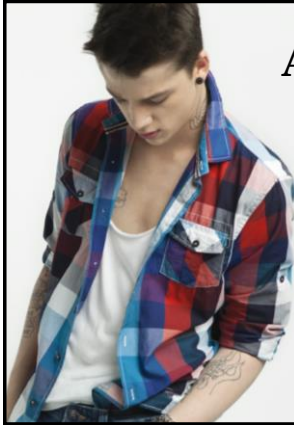
DANCING
not
WRESTLING
*person--centered
form of
guiding
to elicit
and
strengthen
motivation
for
change.*

AUTONOMY
COLLABORATION
EVOCATION
AMBIVALENCE

GOALS

AUTONOMY

Responsibility for change is **left with the youth**.
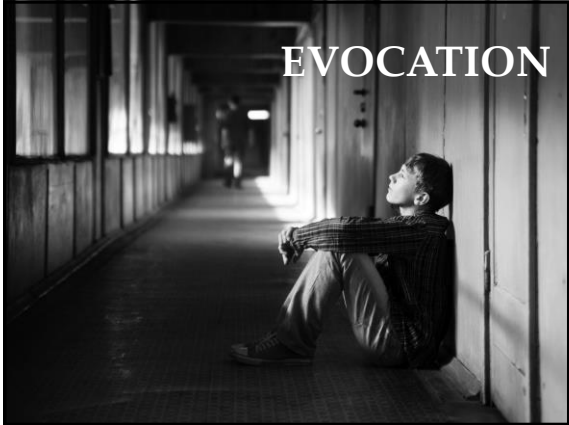
We can't **make** someone change

Real change must **come from within** and not imposed from outside. This does not mean that the staff agrees with the client about the nature of the problem or the changes that may be most appropriate

Focus on mutual understanding, not the staff being right

COLLABORATION

Staff approach is supportive vs. persuasive
Collaboration is grounded in the point of view & experiences of the youth
Resist "expert role" and confrontation
Collaboration builds rapport and facilitates trust

EVOCATION

EVOCATION

Motivation and commitment to change is most powerful and durable **when it comes from the youth**.

The goal is to "**draw out" the person's own motivations and skills for change**, not to tell them what to do or why they should do it.

No matter what reasons the staff might offer to convince the youth of the need to change their behavior or how much they might want the person to do so, lasting change is more likely to occur when the **youth discovers their own reasons** and determination to change.

Ambivalence

Having mixed or conflicting feelings, feeling two ways about behavior change

Become **attuned to youth ambivalence** and "readiness for change", utilize techniques and strategies to identify, examine, and resolve ambivalence about changing behavior.

OLD MUSCLE VS. **NEW MUSCLE**

PARENT	COMMUNITY LIVING STAFF	PARENT	COMMUNITY LIVING STAFF
Prescribe Behavior Confront Resistance Entice/Warn/ Emotional blackmail Consequences to motivate Change	Prescribe Behavior Monitoring Compliance Dosing with Reality (warn) Violate	Clarify Expectations Teach Skills Coach Performance Emphasize Choice and Control Support Change Motivation	Emphasize Choice and control Monitor youth growth Focus on youth reason for change Assists in finding ways to be successful

THERAPIST	PHYSICIAN	THERAPIST	PHYSICIAN
Identify Dysfunction Advise Confront Resistance	Diagnose Prescribe	Emphasize choice and control Assist & focus on strengths	Respects Autonomy Empathic Explains and reassure

COACH	MECHANIC	COACH	MECHANIC
Directs Rates performance Bench	Diagnose Fix	Train & Motivate Focus on Strengths Assist in increasing strengths Assist in attaining goals	Quality Warrantee Support Customer Service

DEFICIT BASED STRATEGIES

- Confronting
- Authoritarian and rigid
- Views the client as less than themselves
- Expert stance
- Dosing with Reality
- Gives advise for every issue discussed
- Teaches over what the person already knows
- Creates dependency
- Does most of the talking
- Old Muscle = Righting Response

| TRAP	DYNAMIC
The Question and Answer Trap	Fosters Passivity in the Client
Labeling Trap	Creates Obstacles of Focus
Premature Focus Trap	Elicits Resistance
Taking Sides Trap	Elicits Oppositional Arguments
Blaming Trap	Defensiveness
Expert Trap	Pushes client into a passive role

STRENGTHS BASED STRATEGIES

- Accurate **Empathy** – total focus on the issue as the client sees it
- Evoke from the client **what they think, feel, and know** about the situation
- Take advantage of the **client's expert knowledge** of themselves and allow them to teach you
- **Influence motivation** by assisting and collaborating with the client to find solutions
- **Explore** options, possible choices, possible outcomes
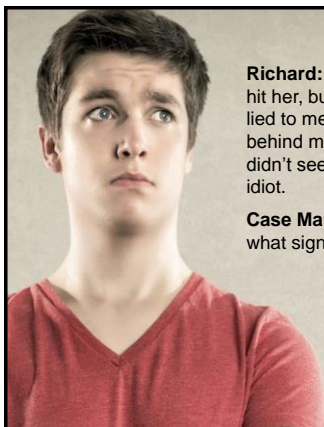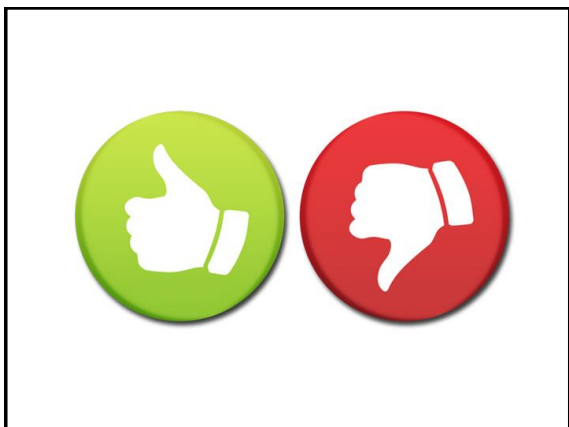- Consider obstacles and ways to overcome

OLD MUSCLE
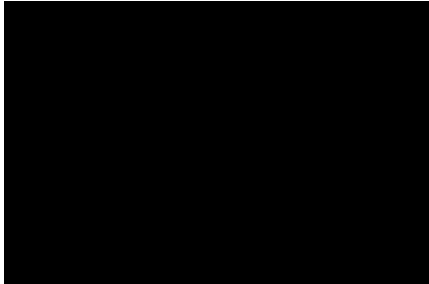
NEW MUSCLE
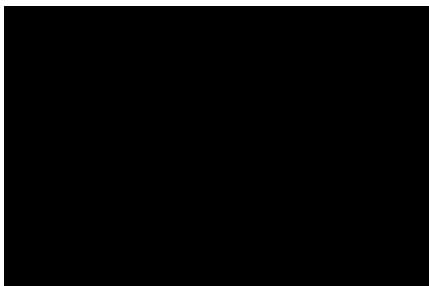
Richard: Okay, I shouldn't have hit her, but I was furious that she lied to me and had this affair behind my back. I can't believe I didn't see it. I feel like such an idiot.

Case Manager: Looking back, what signs did you overlook?

Destiny: I know my counselor told you I'm depressed, but I'm not. Just because I don't want to socialize with people right now doesn't mean I'm depressed.

GAL: You counselor is worrying needlessly. What do you think she's seeing that makes her worry this way?

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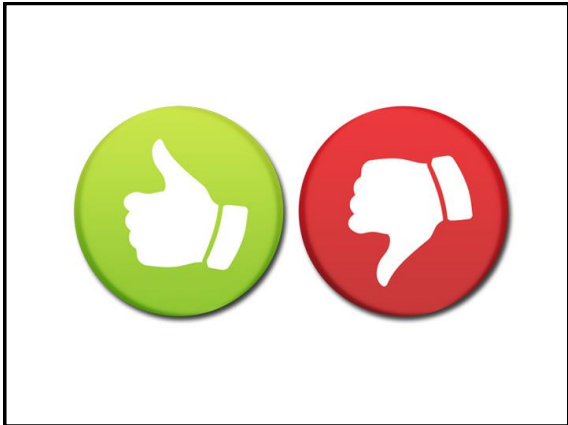
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Michelle: I need to come up with some sort of plan to help me get back on track now. This drug bust has thrown me for a loop. I don't think about anything else. What do you think I should do?

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

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Mary: Those program people told me I have to have this mental health appointment right away. But I don't trust them, so I haven't scheduled it yet.

Parent: 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.

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

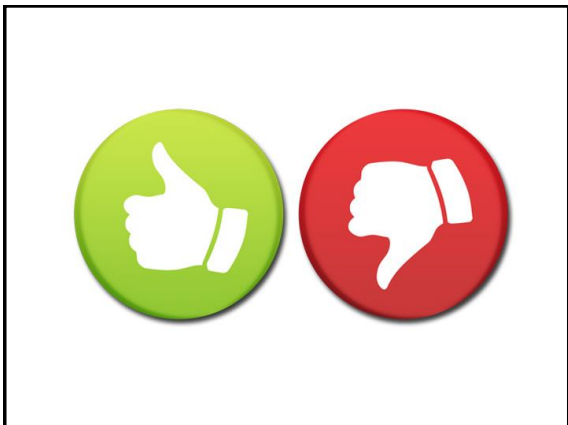**Mentor**: OK, Gordon, you might be right. This works for many folks, but not everyone. Maybe we need to try a different approach. We've talked about other ways to approach this issue. If not this program, then what would make sense to you?

Tanya: My Psychiatrist gave 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.

GAL: (encouraging) You can do this. You have to.

RESTISTANCE CHAIR

CHANGE CHAIR

AGAINST CHANGE

TOWARD CHANGE

Express Empathy

Develop Discrepancy

Fundamental Principals

Roll With Resistance

Support Self Efficacy
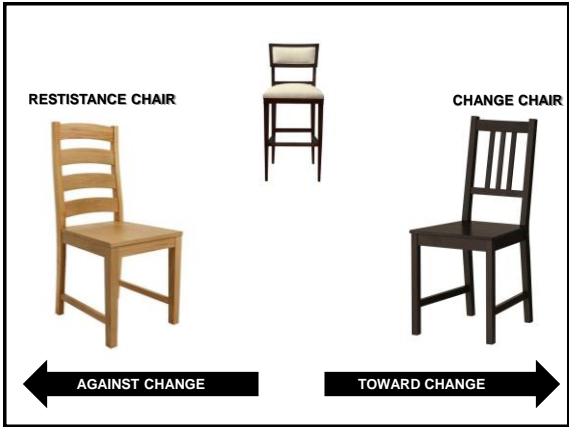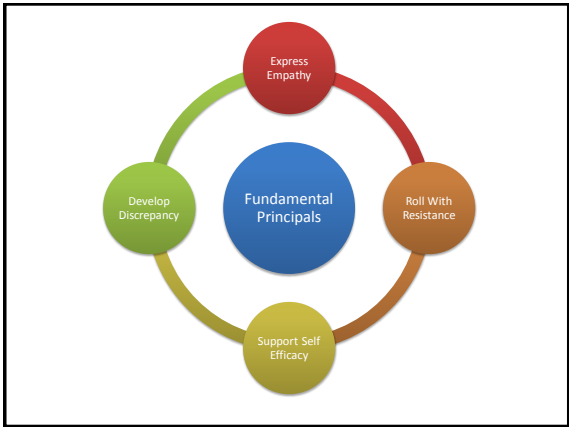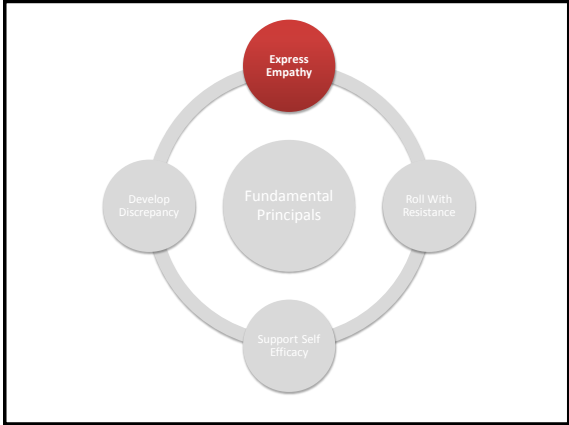
GUIDING PRINCIPLE: EXPRESSING EMPATHY

- Seeing the world through the youth's eyes
  - Feelings, thoughts, experiences
- **Feeling heard & understood**, and leads to more honesty and desire to share their experiences
- Relies on the youth's experiencing the staff as able to see the world as they (the client) sees it
- Careful not to impose their own ways of thinking

Express Empathy

Develop Discrepancy

Fundamental Principals

Roll With Resistance

Support Self Efficacy

It's TIME TO STOP RESISTING.

Challenging behaviors
Arguing
Personalizing
Entitlement/Externalizing
Minimization
Shut down
Defiance

WHAT DOES IT EVOKE IN YOU?

Frustration
Anger
Helplessness
Inadequacy
Burn out
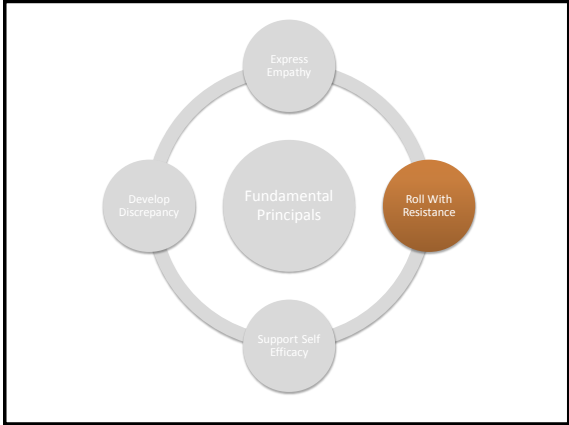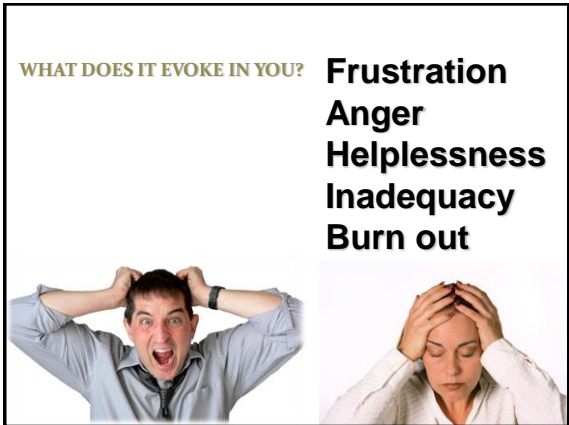
DON'T GET CAUGHT IN THE TRAP

Arguing
Bickering
Correcting
Getting the last word
Trying to impress
Giving in
Harsher consequences

GUIDING PRINCIPLE:
ROLLING WITH RESISTANCE

- Resistance is often born out of the youth's ambivalence about change
  - I want to, but I am not sure I can
- Avoid the **"righting reflex"**, a tendency born from concern, to convince the client to agree with the need to change and the solution being provided to them
- Rolling = sidestepping resistance
  - Don't confront directly because direct confrontation is likely to escalate resistance rather than reduce it. Two categories of responses are most common: reflective and strategic.
- If the client defines the problem and develop the solutions, there is little room to resist.
- "Dancing" rather than "wrestling" with the client

Express Empathy

Develop Discrepancy

Fundamental Principals

Roll With Resistance

Support Self Efficacy
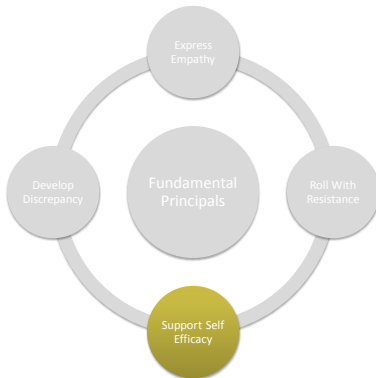
In order to succeed, people need a sense of self-efficacy, to struggle together with resilience to meet the inevitable obstacles and inequities of life.

— *Albert Bandura* —

AZ QUOTES

GUIDING PRINCIPLE: SUPPORT SELF EFFICACY

- Strengths-based approach that believes that clients have within themselves the capabilities to change successfully
- Client's belief that change is possible (self- efficacy) is needed to instill hope about making those difficult changes
  - Clients often have previously tried and been unable to achieve or maintain the desired change, creating doubt about their ability to succeed
- One strategy is to focus on previous successes and highlight skills and strengths already existing

Express Empathy

Develop Discrepancy

Fundamental Principals

Roll With Resistance

Support Self Efficacy
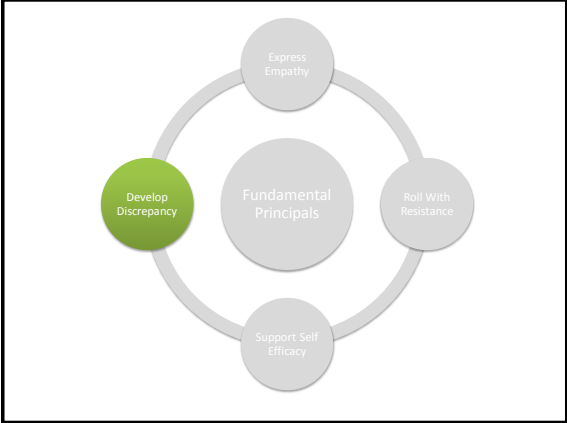
GUIDING PRINCIPLE:
DEVELOP DISCREPANCY

- Motivation for change occurs when people perceive a mismatch between "where they are & where they want to be"
- When clients recognize that their current behaviors place them in conflict with (are discrepant with) their values or interfere with accomplishment of self-- identified goals, more likely to experience increased motivation to make important life changes
- In MI the goal is to help clients to become aware of how current behaviors may lead them away from, rather than toward, their important goals.

MOTIVATIONAL INTERVIEWING

Open Ended Questions — OARS — Affirmation — Reflections — Summaries

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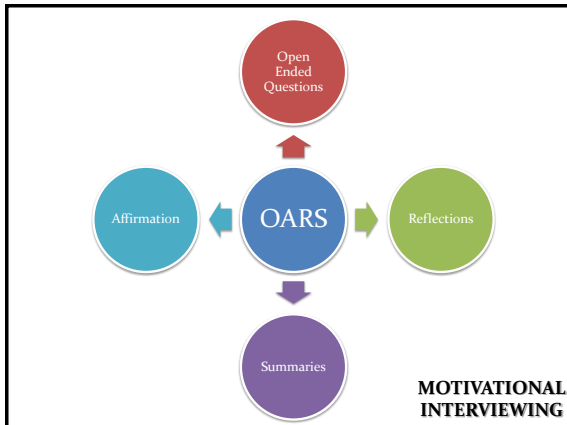
OARS
OPEN ENDED QUESTIONS

- Gives control of the dialog to the individual receiving counseling
- Difficult to answer with restricted range
- Creates dialog
- Interviewer learns individual's perception and experience
- Encourages more disclosure
- Opportunity to gather information
- Sets the tone for collaboration

Open-Ended Questions are not easy to answer

Open	Closed
What do you think about ...?	Do you think ...?
How would you...?	Don't you think you should...?
When would you ...?	Can you ...?
What else...?	Did....?
What would your reasons be for...?	Shouldn't you ...?
What is your ...?	Isn't it ...?
Where would...?	You need to....

O**A**RS
AFFIRMATIONS

- Statements that recognize clients strengths
- Build rapport and help clients see themselves in a positive light
- Must be genuine and consistent with what is being discussed
- Build hope that change is possible
- Tips ambivalence towards change

OA**R**S
REFLECTIVE LISTENING

- 75% of MI should be comprised of reflections
- Encourages disclosure
- Lets the person know they are being heard
- Allows the person to hear what they said
  - And decide if it is what they want to convey
  - And spot their own discrepancies
- Allows the interviewer to gather information about the person from their perspective

OA**R**S
REFLECTIVE LISTENING

- Good reflective listening includes
  - Interest in what the person has to say
  - Respect for the person's inner wisdom

- Key element is hypothesis testing
  - What you think the person means may not be what they really mean
  - Good reflective listening responses test your hypothesis
  - "Is this what you mean?"
- Gordon Model of Listening

REFLECTIONS:
THE CORNERSTONE OF MI

•Similar to reflective listening – makes a guess at what the speaker means

•Reflections are done in the form of statement rather than a question

–"So you feel..."
–"It sound like you…."
–"You're wondering if…."

REFLECTIONS:
THE CORNERSTONE OF MI
Strategies

•Reflect the resistance
  - Simple
  - Amplified
  - Double Sided
  - Using metaphors or similes
•Strategic Responses
  - Shifting Focus
  - Reframing
  - Reflection with a twist
  - Emphasizing personal choice and control
  - Siding with the negative

Explore Decisional Balance

Benefit What is the benefit of keeping the behavior?	**Concern** Why continuing the behavior is problematic
BALANCE	
Change – Benefit If you made a change, what would improve your situation?	**Change – Concern** If you made a change, what would make your situation worse?

READINESS FOR CHANGE

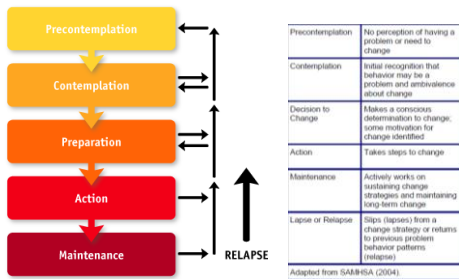|	
Precontemplation	No perception of having a problem or need to change
Contemplation	Initial recognition that behavior may be a problem and ambivalence about change
Decision to Change	Makes a conscious determination to change; some motivation for change identified
Action	Takes steps to change
Maintenance	Actively works on sustaining change strategies and maintaining long-term change
Lapse or Relapse	Slips (lapses) from a change strategy or returns to previous problem behavior patterns (relapse)
Adapted from SAMHSA (2004).	

DiClemente, C.C. (2003). *Addiction and change: How addictions develop and addicted people recover.* New York: Guilford Press

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CHANGE TALK

Helping clients to connect with their intrinsic motivators is key to assisting them through the change process. Eliciting and evoking change talk in MI is done through exploration of the following areas:
- Desire
- Ability
- Reason
- Need
- Action
- Commitment
- Taking steps

USING CHANGE RULERS

Change rulers can be used to help client's quantify exactly where they are with regards to their readiness to change.

0__1__2__3__4__5__6__7__8__9__10

Example:
Interviewer: On a scale of 0-10, how badly do you want to make this change?
Client: About a 4.
Interviewer: Why didn't you say 2?
Client: Because it's caused me a lot of problems and I know I need to do something.
Interviewer: What would it take to get you to a 6? (Evokes planning)
http://mediamill.cla.umn.edu/mediamill/embed.php?subclip_id=1581&live=true&chrome=true

HOW DOES IT WORK?

- Utilizes a strengths-based perspective to opens doors for change by providing a new experience
- Allows focus to move from dealing with the interviewer to dealing with their issue
- Provides place of safety to explore issue(s) free from disapproval or needs of others
- Involves professionals working with clients as a collaborative and assistive partner
- Enhances recall and gives clients a chance to utilize their own knowledge to develop solutions
- Gives clients a source of information and strategies
- Increases confidence, ego strength, capability

EPIPHANIES IN LEARNING MI

- Reflections elicit more information than questions
- You only need to get the bat on the ball: Reflections don't have to be perfect
- Deeper level reflections are worth the risk
- Health behaviors relate to deeper issues
- Behavior change is driven by motivation not information
- Motivated clients solve their own barriers
- Almost every piece of advice you might offer has already been thought about, and rejected
- Clients will share a lot, quickly with empathetic, attentive listeners