

MOTIVATIONAL INTERVIEWING (MI)

Shirley M. Glynn, Ph.D.
Clinical Research Psychologist
Office Of Mental Health Services
and
VA Greater Los Angeles Healthcare System
and
Research Psychologist
David Geffen School of Medicine
UCLA
sglynn@ucla.edu
310-268-3939

Stages of Change (Prochaska and DiClemente)

Predictable stages that people progress through as they make a behavioral change

- **Pre-contemplation:** Client has no intention to change
- **Contemplation:** Client is ambivalent about change
 - May see both pros and cons to the behavior
 - May be uncertain about ability to make change
- **Preparation:** Client resolves ambivalence and decides to make a change. Is committed to change but is still considering what to do and how to do it
- **Action:** Client takes some action toward resolution of the problem behavior
- **Maintenance:** Client has achieved behavior change and is working to maintain it

Contemplation Stage—where MI helps

- **Definition:** client sees the possibility of change but is ambivalent and uncertain about beginning the process
- **Primary task:** resolve the ambivalence and help the client choose to make the positive change
- Possible ways to help the client
 - Talk about the person's **sense of self-efficacy and expectations** regarding what the change will entail
 - **Summarize** self-motivational statements
 - Continue exploration of **pros and cons**

Preparation Stage—MI may also be useful here

- **Definition:** client is committed to change but is still considering what to do and how to do it
- **Primary task:** help client identify appropriate change strategies
- Possible ways to help the client
 - Offer a menu of options for change or treatment
 - Help client identify pros and cons of various treatment or change options
 - Identify and lower barriers to change
 - Help person enlist social support
 - Encourage person to publicly announce plans to change

Motivational Interviewing Definition

- MI is a client-centered, evidence-based, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.
- Client- Centered
 - Counseling centers on the client's perspective of the problem. The counselor's stance is that of an equal partner collaborating with the client to resolve the problem.
- Directive
 - The goal is to move the client in the direction of making a positive change.

MI Definition

- Seeks to increase internal motivation for change
 - through resolution of ambivalence
 - increase in perceived self-efficacy
- Readiness to change has been defined as a high degree of both **importance** of and **confidence** in making the change. Clients fail to make changes because they either do not perceive that change as being important or because they are not confident that they are able to make the change.
- MI seeks to increase the
 - perceived importance of making a change
 - increase the client's belief that change is possible.

Collaborative Versus Confrontational Techniques: How MI Differs

- Client and clinician are equal partners in relationship (collaborative effort between two experts)
- Ambivalence about change is seen as normal!
- Lack of motivation is viewed as unresolved ambivalence
- Ambivalence is the key issue to be resolved for change to occur—

Client Resistance/Hesitance or “Sustain-Talk”

- Clients arguing for the status quo have been historically identified as “unmotivated” or “resistant” to change.
 - Resistance is a normal part of the change process
- “Sustain-talk” describes client communication that indicates a desire, plan or commitment to staying the same.
- Types of sustain-talk
 - Arguing/disagreeing—*Yes, but*
 - Denying a problem
 - Accusing therapist
 - Becoming angry
 - Interrupting
 - Ignoring
 - Passively resisting though minimal answers
 - Mandated treatment - Overtly complying with little investment

Change Talk

➤ **Change Talk** is the unique essence of MI and is what is used to move the client towards the target behavior. There are different “types” of Change Talk that the therapist is listing for the client to verbalize:

- Problem Recognition/Awareness
- Concern about the Problem
- Potential Benefits of Change
- Costs of not Changing

Promoting Change Talk

- The opposite of sustain-talk
- The more a client makes arguments for change, the stronger the commitment
- MI goal is to increase the amount of time the client engages in change-talk and minimize the amount of sustain-talk
- Explore and expand on change talk as much as possible

Examples of Change Talk

- I really want to be a good father and I know I should make some changes.
- I quit smoking when I decided I was ready and I think I can do this too.
- I know I would be more motivated and do better in school if I cut down on my use.
- I really need to stop using or I think my wife will leave me.
- I feel ready to make this change and I know it will be difficult, but I have a good plan.
- I think this is more serious than I thought.
- It's not always that much fun.

MI – Two Phases

- Phase 1 – Build Motivation to Change
- Phase 2 – Strengthening Commitment to Change

Steps in an MI Intervention:

- Engage client
- Focus on issue—present normative data
- Evoke change talk/attitude change
- Plan for change-

MI – The Therapeutic Stance

PACE

■ Partnership:

- Collaboration, Negotiate, Non-authoritarian stance

■ Acceptance:

- Unconditional positive regard
- Acceptance
- Affirming

■ Compassion:

- Pursue client's best interest

■ Evocation:

- Draw out the client's own desire and reasons for changing

How Can I Help Patients Move Through These Stages of Change?

Build Motivation Using OARS/EARS (The Microskills)

- Open-ended questions/ Generating Elaboration
- Affirmations
- Reflections
- Summaries
- Microskills elicit and reinforce self-motivational statements (Change Talk)

OARS: Open-Ended Questions

- An open-ended question helps client elaborate own view of the problem and elicits their feelings about the topic; facilitates dialog
- Open-ended questions cannot be answered with a single word or phrase and do not require any particular response
- Example of a close-ended question
 - “Have you had anything to drink today?”
- Example of an open-ended question
 - “What is a typical drinking day like for you?”
- Alternative—Elaboration--EARS

OARS: Affirmations

- Focus on achievements of individual
 - May be a trait, behavior, feeling or past or present accomplishment
 - “I really like the way you are approaching this problem, I can see that you are very organized and logical and I am sure this will help you to succeed in our program.”
- Can be used to reframe what may at first seem like a negative
 - “I can see that you are very angry about being here, but I’d like to tell you that I am impressed that you chose to come here anyway, and right on time!”
- Intended to:
 - Support person’s persistence
 - Encourage continued efforts
 - Assist person in seeing positives
 - Support client’s strengths

OARS: Reflections

- Listen to both what the person says and to the meaning behind their words
 - Mirror back the content, process or emotion in their communication.
- Create nonjudgmental environment of empathy
- Generate hypotheses and check out assumptions
- You do not have to agree to reflect
- Be aware of YOUR intonation (use statements, not questions)
 - Inflection at the end of a reflection goes down
 - With the inflection up, the statement becomes a question
- Want the majority of your communication to be in the form of reflections and not questions
 - Approximately 3 reflections for each question

OARS: Reflections

- Simple
 - Repeat
 - Rephrase
- Complex
 - Paraphrase and take a guess at more meaning or feeling than the client has offered
 - Reflection of feelings
 - Summaries and metaphors
 - Goal is to convey a deeper understanding of the client and to encourage the client to continue share.
 - Example:
 - Client: “I have been using drugs for a long time and I do not know what my life would be like if I stopped using.”
 - Counselor: “When you imagine life without drugs it is hard to picture, but there is at least a part of you that has begun to think about what a change might be like.”

OARS: Summaries

- Summaries capture both sides of the ambivalence
 - Include client's concerns about change, problem recognition, optimism about change and ambivalence about change
 - "Let's take a look at what we have talked about so far. You are not at all sure that you have a 'problem' with alcohol but you do feel badly about your DWI and it's effect on your family. You said that your family is the most important thing to you and you would consider totally quitting drinking if you believed it was hurting them."
- Can be used to make a transition in a session, to end a session, to bring together content in a single theme, or just to review what the client has said
- Lets client know you are listening
- Summaries also prompt clarification and further elaboration
 - Invite client to respond to your summary

Strategies to Evoke Change Talk and Reduce Sustain Talk

Exploring Values/Goals and Discrepancy with Current Behavior

- Motivation for change is enhanced when clients perceive differences between their current situation and their hopes for the future
- A conflict with values is often the strongest motivator for change
 - Clients values may differ from yours
 - This sometimes accounts for our misunderstanding of clients who are not changing despite many consequences to their behavior

Exploring Values and Discrepancy with Current Behavior

- What is most important to you?
- When you look at your life, what are you most proud of, least proud of?
- How does your (behavior) effect the things in your life that you value?
- How does your (behavior) fit in with your goals?
- How does the you 'as a drug user' fit in with the 'you as... (their goals or positive self)'?
- Is there anything about your drug use (behavior) you need to change to get the things you want?
- How would things be in a year if you stayed the same?

Emphasize Personal Choice and Control

- Client is the one who ultimately chooses a course of action. This technique simply acknowledges this fact.
- Acknowledging this can sometimes help a client recognize that they are making a choice.
 - Client: “I know I made a mistake, but the hoops that they are making me jump through are getting ridiculous.”
 - Therapist: “You don’t like what others are asking you to do, but so far you are choosing to follow-through with what they are asking. It takes a lot of fortitude to do that. Tell me what motivates you.”

Double sided Reflection

- This technique may be used to take negative client statement and give it a positive spin
- Acknowledges the validity of the client's observations but offers a new meaning
 - Client: “I know that I made a mistake, but the hoops they are making me jump through are getting ridiculous.”
 - Therapist: “You are not happy about others having so much control, but so far you have been able to keep up with all their expectations and have been quite successful!”

Agreement with a Twist

- This is a complex technique that combines a reflection with a reframe.
- Gives the client confirmation that they were heard and then offers another perspective on their communication.
 - Client: “I know that I made a mistake, but the hoops that they are making me jump through are getting ridiculous.”
 - Therapist: “You are feeling frustrated with all these expectations. You are also anxious to be successful with some things so you can keep moving forward.”

Considering Importance

- Identify reasons that a change is important to the client
 - “You seem pretty committed to making a change. What motivates you?”
 - “I can see that you have been through a lot. Tell me in what ways making a change may help.”

Looking Back/Looking Forward

➤ Look Back

- “What did you **notice** when you engaged in positive behaviors in the past?”
- If given negatives, ask 1-2 more times for benefits or positives.
- “What else did you notice?”
- “What else?”
- If nothing, reflect a “negative,” then ask specifically for benefit or positive.
- If even still nothing, do EPE

➤ .

➤ Look Forward

- If you were to engage in positive behaviors in the future, what would you **notice**?
- If given negatives, repeat from middle of above sequence.

Principles of MI: What You Are Actually Doing

- Express Empathy
- Roll with Resistance-replaced with 2 newer concepts
 - Sustain talk
 - Discord—problem in the alliance
- Develop Discrepancy
- Support Self-efficacy
- Avoid Argumentation

Principle 1: Express Empathy

- Accurate empathy conveys understanding of the client through the skill of reflective listening.
 - Clarifies and mirrors back the meaning of client communication without distorting the message
- Counselor empathy is correlated with:
 - Increased client perception of therapeutic alliance
 - Successful treatment outcome.

Principle 2: Roll with Resistance- Reworked as “Sustain Talk” and “Discord”

- “Resistance” is defined as a misalliance in the counselor-client relationship and not an inherent “symptom” of addiction/other problem behavior. Now understood as “discord”, not a personality trait
- Ambivalence is normal.
 - Accepted as a natural part of the change process.
- MI advocates “rolling with” and accepting client resistance rather than confronting it directly. Meet the client where they are at! Listen for sustain and change talk
- Client resistance is decreased through the use of non-confrontational methods.

Principle 3: Develop Discrepancy

- Discrepancies between the client goals, values and current behavior are reflected and explored.
- Awareness of consequences is important
- Goal is to have the CLIENT present reasons for change
 - Arguments clients themselves make for change are more effective than arguments offered by others.
 - Therapist elicits these arguments by exploring client values and goals.

Principle 4: Support Self-Efficacy

- Key to behavior change is the expectation that one can succeed.
- Belief that change is possible is an important motivator.
- MI seeks to increase client perception about their skills, resources and abilities that they may access to achieve their desired goal.
 - You are in a position to do more to improve your diabetes than anyone else.
 - My job, as your educator, is to provide you with the latest information on diabetes; **to guide and support you.**
 - You will be doing most of the work. It may be difficult and challenging, at times. But we will work together to improve your condition and quality of life.

Principle 5: Avoid Argumentation

- Client opinions, thoughts and beliefs are explored, reflected and clarified, but not directly contradicted
- Resistance is signal to change strategies
- Labeling is unnecessary
- Client's role:
 - Argue and provide reasons for change
- Your role:
 - Guide them through ambivalence
 - Understand their motivations

Principle 5: Avoid Argumentation (Resist the Righting Reflex)

- Health care providers have a powerful desire to fix things
- Easy to fall into an argument trap when a client makes a statement that the therapist believes to be inaccurate/wrong
 - Becomes automatic or like a reflex
- Problem: human tendency is to resist persuasion (especially when they are ambivalent)
 - “Its not that bad...I feel fine”
 - “I know I should exercise more, BUT....”
 - The more a client hears themselves talk of the disadvantages of changing, the more committed they are to status quo.

If you have the urge to give advice or information, use the EPE format

- **Elicit-Provide-Elicit (EPE)** is not part of the “OARS,” but it is a very useful way for the therapist to impart information, point out inconsistencies on the part of the client, and provide suggestions or input. It works by
 - first **eliciting** the client’s permission to offer information, an observation, or suggestion,
 - then the therapist **provides** that information, etc., then
 - the second **elicit** is to inquire about the client’s reaction to the observation, suggestion, etc.

Two More Advanced Tools Used to Sustain Commitment

- Decisional Balance
- Importance/Confidence Ruler (with follow-up)

Considering Pros and Cons

Decisional Balance

➤ Positives

- What are some of the good things about...?
- People usually use drugs because they help in some way - how have they helped you?
- What do you like about the effects of...?
- What would you miss if you weren't...?

➤ Not so positive

- Can you tell me about the down side?"
- What are some aspects you are not so happy about?
- What are the things you wouldn't miss?

Readiness Scale: Importance/Confidence Ruler

On a scale of 0 to 10, how **IMPORTANT** is it for you right now to change?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10
Not at all Extremely
Important Important

On a scale of 0 to 10, how **CONFIDENT** are you that you could make this change?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10
Not at all Extremely
Confident Confident

- If the client chooses a 4, a follow-up question may be:
 - “You chose a 4, tell me why you chose a 4 and not a 3 or a 2?”
 - “What would it take for you to go from a 4 to a (higher number)?”
 - “What might help you overcome that barrier?”
- Question encourages change rather than sustain talk

**There are several great
demonstrations of MI on youtube—
check them out!!!**

Questions

- Shirley M. Glynn, Ph.D.
- Sglynn@ucla.edu;
- Shirley.glynn@va.gov