MOTIVATIONAL INTERVIEWING:
Eliciting Change Talk and Beyond

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Overview

- History of Motivational Interviewing and efficacy
- Quick review of Phase 1
  - The Spirit of MI
  - Using your OARS
- Specific tactics for recognizing and eliciting “change talk”
- Moving into Phase 2
- Phase 2: Building Confidence and Negotiating a Plan
- Integration of MI with Other Approaches

Motivational Interviewing is:

- “A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence”
- This is accomplished by eliciting and selectively reinforcing client talk of behavior change
- Sometimes described as “dancing rather than wrestling”

History of Motivational Interviewing

- The concept of MI was first mentioned by Miller (1983) while describing a new treatment approach for "problem drinkers."
- The fundamental concepts and defined approaches were explained in detail in 1991 (Miller and Rollnick) and differentiated from other forms of brief *intervention* in 2002.

History of Motivational Interviewing

- Because of the intended settings (primary care, etc.) and nature of the approach, the style began to gain in popularity across fields as a way of effectively approaching many problem behaviors in short periods of time.
- Increased popularity among resistant populations such as adolescents, clients with a history of medical non-adherence, individuals with anger dysregulation, and substance abusers
- Though also effective with general population

Does it Work?

- Lundahl & Burke (2009) reviewed three previous meta-analyses regarding the effectiveness of MI along with conducting a larger-scale meta-analysis of the findings.
- What they found…

Does it Work?

- MI is 10-20% more effective than no treatment
- "MI is generally equal to other viable treatments in an extremely wide variety of problems ranging from substance use (alcohol, marijuana, tobacco, and other drugs) to reducing risky behaviors and increasing client engagement in treatment."
- MI holds its effectiveness regardless of client-related variables such as age, gender, and severity of symptoms
- Individual treatment is more effective than group application

Does it Work?

Additional studies have also established MI:

- Is typically 101-180 minutes shorter than alternative treatments with the same effectiveness
- Treatment effects appear durable at least one year beyond last provider-client interaction
- Effectively works as a both a pre-treatment and stand-alone approach

Does it Work?

- Even though MI was found to be equally as effective as alternative interventions, the utility of the approach and short duration make it exceptionally appealing across settings and providers.
- That is, one style can effectively treat a wide variety of "problems" in a short amount of time which, in turn, reduces cost, need for additional training, and client attrition.

Does it Work?

- Since these general studies on effectiveness, MI has been studied in regard to the treatment of numerous populations and settings.
  - Treatment Adherence with Schizophrenia Spectrum Disorder (Chien et al., 2016)
  - Improvements in Major Depressive symptoms in a Primary Care Setting (Keeley et al., 2016)
  - Augmentation of CBT with Generalized Anxiety Disorder (Westra, et al. 2016)
  - Parent-teen Behavior Therapy + MI for Adolescents with ADHD (Sibley et al., 2016)

Fundamental Principles of Motivational Interviewing

The "Spirit" of MI
Four Principles of MI
Phase 1

The "Spirit" of MI: ACE

- Autonomy- Respect the client's freedom of choice and responsibility for change
- Collaboration- Develop a partner-like relationship which creates a positive interpersonal atmosphere
- Evocation- Enhance the client's intrinsic motivation by examining his or her personal goals and values

Four Principles of MI: REDS

- Roll with **R**esistance
- Express **E**mpathy
- Develop **D**iscrepancy
- Enhance **S**elf-Efficacy

Rolling with Resistance

- Ambivalence is normal
- Do not engage in arguments
- Do no impose perspectives or advice

Important Points:

- Resistance is a signal to the provider to respond differently
- Do not work harder than the client

Expressing Empathy

- Attempt to understand and validate the client's perspective while remaining non-judgmental
- Acceptance facilitates change talk
- When a client does not feel as if they have to defend their actions, they are more open to considering alternatives

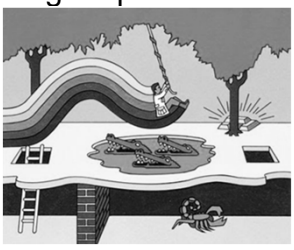
Developing Discrepancy

- The inherently "directive" portion of MI
- The client should be arguing FOR change (not defending the status quo)
- Change talk and changing behaviors is ultimately motivated by the discrepancy between present actions and important personal goals and values

Enhancing Self-Efficacy

- Increase the belief change is possible
- Reinforce and increase the client's confidence in behavior change
- The provider's belief in the client's ability to change can become a self-fulfilling prophecy

Avoiding Traps



Traps

- Taking Sides
  - Arguing for change (like others in client's life) or helping client remain in status quo
- Playing Expert
  - Trying to independently prescribe a solution to the client's proposed problem
  - The client will ALWAYS know more about their situation, values, goals, concerns, and skills
  - You will work much harder than your client

Traps

- Question-Answer
  - Asking "yes/no" questions which primes the client to give short, unelaborated responses
  - Sets the stage to be seen as the expert who will ask enough questions to find the solution without exploration
- Labeling
  - Attempting to focus on the label (ie, "alcoholic") rather than client's behaviors
- Blaming
- Premature-Focus
  - Focusing on what YOU see as the most important "problem" over client's concerns

Phase 1: Using Your OARS

- **O**pen-ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummaries

Summaries

- Reflecting your understanding of the client's situation, experiences, and feelings
- Somewhat directive in that YOU select what information to summarize
- Do not just use at the end of the interview, can be used to transition between topics or to develop a discrepancy
  - "I hear you are frustrated with your wife's frequent complaints about your drinking and though you realize it isn't great for your health, you feel it like it isn't as big problem as others make it out to be."

Open-ended Questions

- Invite elaboration over "yes/no" responses
- Includes What? How? Why?
- Examples:
  - What do think about your wife's concerns?
  - Where does getting that information from your doctor leave you?
  - Why have you chosen to continue drinking?
  - What would you like to do?
  - How can I help you?

Affirmations

- Recognizing the client's struggles and accomplishments
- Examples
  - I can see you've thought a lot about this.
  - This must really be important to you.
  - You're working really hard for this.

Reflective Listening

- Reflections are a brief STATEMENT of *your* understanding of what the client is saying or experiencing
- Try to avoid inflections which would suggest the reflection is a question
- Example:
  - Tell me something you think you do well professionally
  - Reaction?

Better Example

Reflective STATEMENTS

- Helps to avoid the "question-answer trap" of yes/no responses
- Invites elaboration
- Demonstrates you UNDERSTAND the client more effectively than TRYING to understand the client
- You may be wrong, but the client will correct you with more information

Three Levels of Reflective Statements

- **Simple**- repeating or (better) rephrasing the client's statement
  - Client: I don't want to stop drinking, it helps me deal with my family.
  - Provider: Your alcohol use helps you cope with the stress of the interactions with your family.
- **Complex**- paraphrasing by inferring meaning or continuing the thought
  - Client: I don't want to be here.
  - Provider: You don't think therapy can be useful for you.
- **Affective**- a reflection of feeling
  - Client: I just want to go off on my boss.
  - Provider: You're very frustrated and angry with your work situation.

Three Level Exercise

- Create a Simple, Complex, and Affective reflection for the following statements:
  - My husband keeps nagging me to "slow down on the wine" with dinner every night.
  - I wish I could get a handle on my rage, but it's out of my control.

Using Reflections in the Face of Resistance

- Remember, ambivalence and resistance are normal. Resistance is a signal of dissonance in the client-provider relationship and a sign YOU need to do something different. Don't fall into "traps."
- You can recognize resistance when the client begins to:
  - Talk about the advantages of continuing to do what they're doing
  - Discuss the disadvantages of changing
  - Outright identify their intention not to change
  - Express pessimism about change

Using Reflections in the Face of Resistance: Three Types

- Simple- acknowledgement
  - Client: The court is making me come here and I don't need this.
  - Provider: You don't feel like the mandated therapy is necessary.

Using Reflections in the Face of Resistance: Three Types

- Amplified- exaggerated reflection (very powerful when done correctly). The goal is to get the client to acknowledge there are SOME advantages to change.
  - Client: I'm a better parent on meth and can keep up with the kids.
  - Provider: There is absolutely no reason why you should stop using meth.
  - Client: Well, I mean, the kids got taken away and I'm having to see you…

Using Reflections in the Face of Resistance: Three Types

- Double-sided: capturing both sides of the argument while always trying to end on the positive/argument toward change
  - Client: The doctor said I should take these antidepressants, but it makes me feel like a zombie.
  - Provider: On one hand, the side effect of the medications are unpleasant; but on the other hand, your doctor feels like they might be helpful in controlling the sadness you've been talking about.

Reflection

- Example statements
  - I wish I could [BLANK], but I don't think I can.
  - My family says I should [BLANK], but I don't feel like they know what's best for me.
  - You can't understand my problems with [BLANK] because you haven't gone through what I've gone through.
  - I don't see how therapy can help me with [BLANK].
  - My doctor says I'll feel better if I [start/stop] [BLANK], but I don't know.
  - I probably should [BLANK], but, eh.

Transitioning to Phase 2

Recognizing and Eliciting Change Talk

Review: Stages of Change (Transtheoretical Model)

DiClemente & Prochaska

- Precontemplation- Not ready
- Contemplation- Getting ready
- Preparation- Ready
- Action
- Maintenance
- Termination

Recognizing Change Talk

- Looking for that DARN CAT
- **D**esire
- **A**bility
- **R**easons
- **N**eed
- **C**ommitment

and

- **T**aking steps

Recognizing Change Talk

- Desire- statements about a preference for change
  - I want to…
  - I wish I could…
  - I'd like to…
- Ability- statements about capacity to change
  - I could [BLANK] if I wanted.
  - I might be able to…

Recognizing Change Talk

- Reasons- specific arguments for change
  - I would probably feel better if…
  - Things would be easier if…
  - It's scary to think [BLANK] might happen if I don't…
- Need- statements about feeling obligated to change
  - I probably should…
  - I have to…

Recognizing Change Talk

- Commitment- statements about the likelihood of change
  - I am going to…
  - I will…/ I'm willing to…
  - I plan to…
- Taking steps- statements about action taken
  - This week I actually…
  - I went ahead and…
  - I've already started…

Recognizing Change Talk: Practice

- **D**esire
- **A**bility
- **R**easons
- **N**eed
- **C**ommitment

or

- **T**aking steps

Eliciting Change Talk

- Elaboration
- Exploring Goals and Values
- Evocative Questioning
- Importance and Confidence Rulers
- Decisional Balance

Eliciting Change Talk

- Elaboration
  - Using open-ended questions and following-up to invite the client to make their own argument for change
  - "Do you feel like you should stop drinking?" vs. "What reasons have other people given you to stop drinking?"

Eliciting Change Talk

- Exploring Goals and Values
  - Attempting to find motivators for change
  - Can be done formally
    - Questionnaires, checklists, assessment instruments
  - Or informally
    - "Being there for your family is really important to you."
  - "Is there any relationship between decreasing your drinking and being there for your family?"

Evocative Questioning

- Disadvantages of status quo (staying the same)
  - What worries you the most about [BLANK]?
  - What do you think might happen if you don't start [BLANK]?
  - How has [BLANK] stopped you from doing what you want in life?

Evocative Questioning

- Advantages of change
  - What would be the advantages of [BLANK]?
  - If you were to decide to [BLANK], how might things be better for you?
  - What do you think life would be like in five years from now if you [BLANK]?

Evocative Questioning

- Optimism about change
  - What assets do you have that might help you [BLANK]?
  - Who would be supportive or happy you [BLANK]?
  - Why might you be excited to [BLANK]?

Evocative Questions

- Intention to change **__Best predictor of change__**
  - What do you think you will do?
  - What would you be willing to try?
  - What would have to happen before you would consider changing?

Evocative Questions Exercise

- Into your breakout groups
- Identify one client and two providers
- Provider 1
  - Disadvantages of status quo and advantages of change
- Provider 2
  - Optimism for change and intention to change
- Refer to earlier slides and/or consult with your team if needed
- Try to use reflective listening
- Be thinking of a summary statement

Evocative Questions Exercise

- Client
  - What did it feel like to be questioned by Provider 1?
  - Provider 2?
  - Did you feel one elicited more feelings of change?
- Provider 1
  - What did it feel like strictly discussing the disadvantages of the status quo and advantages of change?
- Provider 2
  - What did it feel like strictly discussing optimism for change and intention to change?

Importance vs. Confidence

- Importance
  - The WHY of change
- Confidence
  - The HOW of change
- Both are important for recognizing current priorities as well as the development of future change plans

Importance and Confidence Rulers

- How IMPORTANT is it for you to change right now?

0—1—2—3—4—5—6—7—8—9—10

Not at all Important — Extremely Important

- Why are you at a [X] and not at zero?
- **THE ORDER IS ESSENTIAL!**
  - Why?

Importance and Confidence Rulers

- How CONFIDENT are you that you could make that change right now?

0—1—2—3—4—5—6—7—8—9—10

Not at all Confident — Extremely Confident

- Why are you at a [X] and not at zero?
- What would need to happen for you to get from [X] to, say, a [Y]?
- **Again, the order of these questions is essential**

Decisional Balance

	Good Things	Not-so-good Things
Not Changing	1. Status quo	**2. CHANGE TALK**
Changing	**4. CHANGE TALK**	3. Status quo

Decisional Balance

- 1. What are the best things about drinking the way you do?
  - Status quo
- 2. What are some of the not-so-great things about your drinking?
  - Change talk
- 3. What might be the consequences of trying to cut back?
  - Status quo
- 4. What good things might come out of cutting back?
  - Change talk

Decisional Balance

- Be sure to summarize
  - MI is inherently directive; guide the client and tip the scales toward change with what you choose to summarize and ending with change talk.
- Wrap up with an open-ended question
  - So, after considering all that…
    - where does this leave you?
    - what do you want to do?

Phase 2

Phase 1 vs. Phase 2

- Phase 1- Increasing readiness
  - Focusing on the WHY of change
  - The DARN's
- Phase 2- Strengthening commitment
  - Focusing on the HOW of change
  - Building a specific change plan

When to Start Phase 2

- When you recognize:
  - Decreased resistance
  - Increased change talk
  - Decreased discussion of the "problem"
  - Resignation change should occur
  - Questions about change
  - Envisioning change or life after change
  - Experimenting

Recapitulation

- Summary of the client's own perceptions of the problem
- Restate the client's confidence and commitment talk

Recapitulation

- "So, when we first met, you talked about your ex-wife being upset with your meth use and not letting you see the kids. While you didn't really see your meth use as that big of a problem at the time, you talked about how important your children are to you and how you'd like to see them more often. You also recognized what might happen if you continued to use meth and dropped dirty during a UA with your PO. You said you tend to stick to things when you put your mind to it and have increased your confidence in cutting back on meth from a four to an eight, especially if making changes means you get to see your kids again."

Building Confidence

- Exploring past efforts
  - Affirm hard work
  - Ask about what worked
  - Ask about what didn't work
  - Look for evidence that change is possible
  - Discuss personal strengths
  - Acknowledge, but don't dwell, on barriers

Negotiating a Change Plan

- Setting goals
  - Brainstorm with the client
  - Ask how realistic the goals might be
  - Explore what would be good as well as NOT SO GOOD about reaching the goal

Negotiating a Change Plan

- Considering options for change
  - When working from an MI framework, always ask if it is okay to offer options
    - "I might have some ideas on ways to change, if you'd like to hear them."
  - Present a menu of options
    - "Here is what we know has been helpful to others: [Option 1]; [Option 2]; [Option 3]… which of these might work best for you?"

Negotiating a Change Plan

- Arriving at a plan
  - Make it a step-by-step process
  - How to navigate/troubleshoot potential barriers
- Eliciting commitment
  - Identifiable/quantifiable ways in which to track progress
  - Make it public
    - Invite support

Avoiding Phase 2 Traps

Avoiding Phase 2 Traps

- Over-prescription- "Now that you're ready to change, here is what you need to do…"
  - K.I.S.S.
  - Maintain focus on client goals
- Insufficient direction
  - Review the menu of options
  - Provide advice and education when asked
- Underestimating ambivalence
  - Look for reductions in commitment or confidence and reinforce

Integrating MI with Other Approaches

MI and CBT Example (Earnshaw)

- Combination approach
  - Use MI as a prelude to CBT (Arkowitz et al., 2008)
  - "Fall back" on MI during CBT to explore specific issues around ambivalence, treatment adherence, etc.
- Integrative approach
  - Freely using MI techniques during CBT

Stages of Readiness & Therapy Style

Client's Stage of Change	Style of Therapy
Precontemplation	Motivational Interviewing
Contemplation	
Determination	
Action	Cognitive Behavioural Therapy
Maintenance	
Relapse	

Integrating MI with Other Approaches

- Be aware of potential complications from integration
  - CBT is exceptionally directive and sets the clinician as the "expert" as opposed to the "client-centered" stance of MI
  - MI can result in cognitive shifts which could be counterproductive for CBT
  - Irrational thinking is not challenged with MI and must be in CBT

Putting It All Together: A Kinda Good Example

Questions? Comments?