

## Motivational Interviewing

Dr Joel Porter



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## You would think . . .

- ✦ That having just knowing the facts about the harms of smoking would be enough to persuade someone to stop...
- ✦ That knowing physical benefits for the baby and mother would be enough to encourage a person breastfeed...
- ✦ Spending time in jail, large fines and public embarrassment would prevent someone from attempting to selling drugs again

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## You would think . . .

- ✦ The real risk of contracting hepatitis or HIV would encourage condom use...
- ✦ Just knowing the odds of winning at gambling would stop people from developing gambling addictions...
- ✦ That the long-term advantages of completing high would out weigh the immediate advantages of making some money and moving out...

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## Why *Don't* People Change?

William Miller, Ph.D.



## The problem with them is ...

- ✦ They don't see (denial, insight, etc.)
- ✦ They don't know
- ✦ They don't know how to
- ✦ They don't care

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## What Does It Take? Four Common Ideas

- ✦ Insight Induction - if you can make people *see*, then they will change.
- ✦ Knowledge Induction - if people *know* enough, then they will change.
- ✦ Skill Induction - if you teach people *how* to change, then they will do it
- ✦ Distress Induction - if you can make people feel *bad or afraid* enough, they will change

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## Not Listening Exercise


- ✦ Ask questions
- ✦ Advise
- ✦ Explain
- ✦ Warn
- ✦ Make suggestions
- ✦ Direct
- ✦ Analyze
- ✦ Reassure
- ✦ Shame
- ✦ Humoring

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## Starting Point for Understanding Motivational Interviewing

"People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others"

*Pascal's Pansees, 17th Century*



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## Towards a definition of MI

- ✦ **"A directive, client-centred approach for initiating behaviour change by helping clients to explore and resolve ambivalence."**  
**Miller, 1996**

Motivational interviewing is a *person-centered, directive* method of communication for enhancing intrinsic motivation to change by exploring and resolving *ambivalence*.  
Miller & Rollnick, 2002

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## WHAT IS MI?

"...motivational interviewing, a person-centered goal-oriented approach for facilitating change through exploring and resolving ambivalence."


Miller, 2006. *Re-Thinking Substance Abuse*

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## "What's Love Go to Do With It"

Tina Turner

- ✦ *We have talked about MI as "love with a goal" before, and "goal-oriented" seemed to me a little clearer, and perhaps less ominous sounding than "directive." As awareness of Carl Rogers fades in psychology, the contrast with "non-directive" starts to lose its meaning.*



- Miller, 2006

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## Where did it come from?

In a barber shop in Norway?

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## Motivational Interviewing: *From Norway to Sydney*

- ✦ Developed early 1980s: Miller and Rollnick
- ✦ First used with substance abusers many of whom were not only coerced into treatment but then described as resistive and unmotivated
- ✦ High dropouts rates
- ✦ High relapse rates
- ✦ Poor outcomes

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## Motivational Interviewing *Beyond the Addictions Field*

- ✦ Initially developed for use with substance abusers
- ✦ Now applied to other health/mental health problems: health screening, sexual behaviors, HIV risk, diabetes control, medication adherence health promotion, chronic disease prevention
- ✦ Used in many settings now: public health, medical, health, school, criminal
- ✦ Experts expect Motivational Interviewing to be ranked 8th out of 10 top theoretical orientations used in next decade (Norcross et al., 2002, Prof. Psych)
- ✦ The Miller & Rollnick book Motivational Interviewing: Preparing People to Change (2002) \_\_\_\_\_
  - ✦ 2nd Edition
  - ✦ Translated into six languages
  - ✦ International - Motivational Interviewing Network of Trainers

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## Scientific Support For MI

- ✦ Over 100 scientific studies show Motivational Interviewing successful in
  - ✦ Reducing resistant behaviours
  - ✦ Increasing compliance
  - ✦ Lowering dropout rates
  - ✦ *Better outcomes with a variety of clinical disorders!*
  - ✦ Practitioners report less frustrations with people seeking help

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## A bit more about MI

- ✦ Not discrete or new intervention paradigm
- ✦ Not based on any specific psychological theory
- ✦ Blending of principles/techniques from multiple theories and interventions: social psychology, attribution, motivational psychology, stages of change, cognitive-dissonance, self-efficacy empathic processes from Rogers including a person-centered counseling style
- ✦ A way of being with people intended to foster safety build rapport
- ✦ Is not the *penicillin* of psychosocial interventions

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## Where to begin?

- ✦ Identifying a target behaviour for change
  - ✦ Ambivalence
    - ✦ Something a person has mixed feelings about changing
  - ✦ Agreement
    - ✦ Cards on the Table
      - ✦ The person and the helper are working openly in collaboration with each other

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There are good things and less good things to human behaviours...

- ✦ Assisting people to initiate and maintain behaviour change will become problematic unless helpers accept that some "maladaptive" behaviours have their attractions.
- ✦ **People think its all about misery and desperation and death and all that s\*\*\*, which is not to be ignored, but what they forget is the pleasure of it. Otherwise we wouldn't do it. After all, we're not f\*\*\*ing stupid**

*Renton, Trainspotting*

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**So, in regards to adopting or changing a behaviour, what are we really asking people to do?**

- ✓ Give up or change their current way of thinking and being
- ✓ Give up or change something that is very rewarding, helpful and meaningful to them
- ✓ Resolve their ambivalence
  - ✓ "Just do it!"
- ✓ Find a new a new way of thinking and being

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**The Flow of Motivational Interviewing**

**SPIRIT**

**Evocation**

Critical elements of change are within the person and the helper's task is to draw them out

**Collaboration**

The helper is a resource; the person is the expert

**Autonomy**

It is the person, not the helper who must decide to change and provide the means for it

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**The Flow of Motivational Interviewing**

**SPIRIT**

Autonomy  
Collaboration  
Evocation

Roll with resistance

**Principles**

First and foremost, it is an interpersonal dynamic AND a therapist/helper variable

*"People do not resist, they exist - in the only way they know how" (in this moment, with this other person, about this particular issue).*

Paul Delli

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**The Flow of Motivational Interviewing**

**SPIRIT**

Autonomy  
Collaboration  
Evocation

Roll with resistance  
Express Empathy

**Principles**

Empathy = Acceptance

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**The Flow of Motivational Interviewing**

**SPIRIT**

Autonomy  
Collaboration  
Evocation

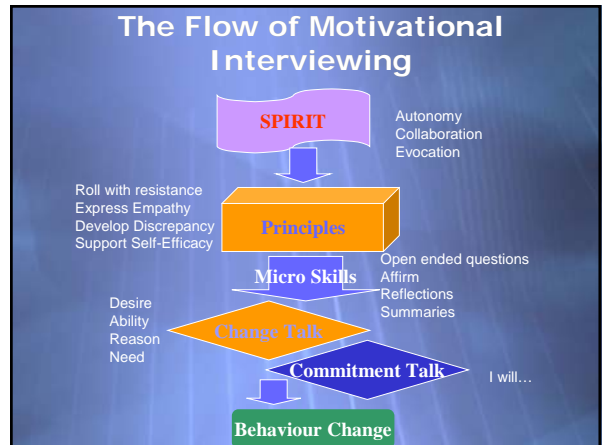
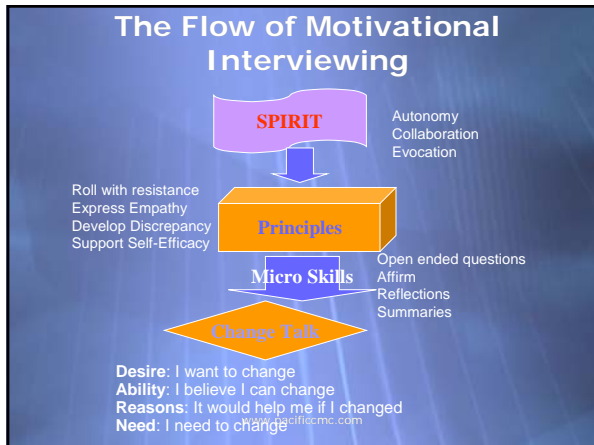
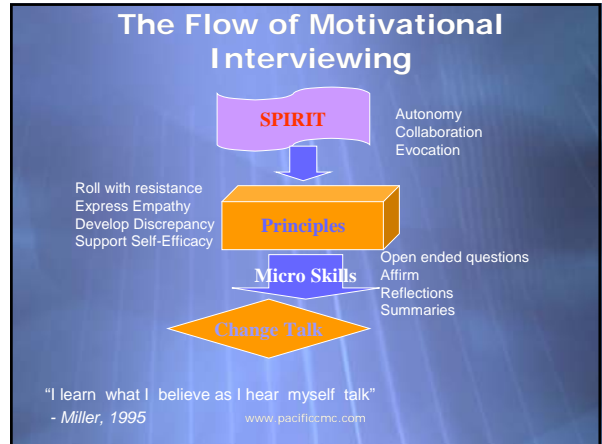
Roll with resistance  
Express Empathy  
Develop Discrepancy

**Principles**

Has to do with the *importance* of change

*Peoples' perceptions of where they are and where they want to be When behaviors are seen as conflicting with important goals change is likely to occur (Miller, 1985)*

No discrepancy, no motivation  
Increase the discrepancy and increase the importance and motivation for change



### MI from Winnie the Pooh's point of view

"But Pooh", cried Piglet, all excited, "do you know the way?"

"No", said Pooh. "But there are twelve pots of honey in my cupboard, and they have been calling to me for hours. I couldn't hear them properly before, because Rabbit *would* talk, but if nobody says anything except those twelve pots, I *think*, Piglet, I shall know where they're calling from. Come on."

- A. A. Milne

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Video of Dr Miller working with a client

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## The Principles of MI

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

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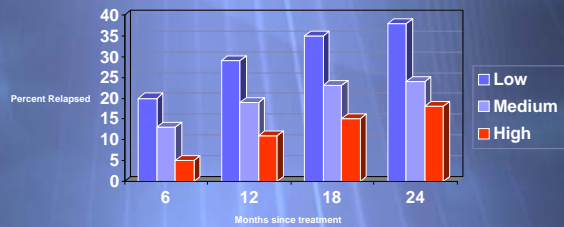
## Miller, Benefield & Tonigan, (1993) Problem Drinkers



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## Valle, 1981

Client Relapse Rates by Therapist Interpersonal Functioning



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## Resistance is Ambivalence Under Pressure



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## Resistance

- ✦ Reflections
- ✦ Emphasising personal control & responsibility
- ✦ Coming alongside
- ✦ Shifting Focus

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Video of Dr Moyers rolling with resistance

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## Measuring Empathy

- ✦ Number of Reflections
- ✦ Quality of Reflections
- ✦ Question to Reflection Ratio
- ✦ Open to Closed Question Ratio

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## Develop Discrepancy

- ✦ Definition of discrepancy
- ✦ Discrepancy and ambivalence
- ✦ Ways to achieve this clinically
  - ✦ Exploring goals, meaning and values
  - ✦ Values card sort

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## Discrepancy

Has to do with the *importance* of change  
(Miller & Rollnick, 2002)

- ✦ Clients perceptions of where they are and where they want to be
- ✦ When addictive behaviors are seen as conflicting with important goals change is likely to occur (Miller, 1985)
- ✦ No discrepancy, no motivation
  - ✦ *Increase the discrepancy and increase the importance and motivation for change*

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## Discrepancy & Ambivalence

- ✦ First step towards change is to become ambivalent
- ✦ As discrepancy increases ambivalence intensifies
- ✦ If discrepancy continues to increase then ambivalence can be resolved in the direction of change

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## Discrepancy and MI

- ✦ Make use of it, amplify it, increase it
- ✦ Change then occurs within the client and does not rely up external motivators or "leverage"
  - ✦ People provide the arguments for change *not* the counselor

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## Ways to achieve this

- ✦ Listening
- ✦ Reflections
- ✦ Summary Statements
- ✦ Reframing
- ✦ Ledgers
- ✦ Values Card Sort

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## Open-ended Questions

- ✦ Allow us to get a sense of the situation as the client sees it
- ✦ Implies that you are interested in what they think and have to say
- ✦ Leads to material to develop reflections

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## Affirm the Person

- ✦ Builds rapport and encourages open exploration of problems.
- ✦ Needs to be suited to your individual style so that it is sincere and doesn't sound contrived or patronizing
- ✦ Can be used at various stages throughout the interview

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## Reflections

- ✦ Reflections are a very powerful tool for strengthening the therapeutic alliance and for eliciting and reinforcing change talk.
- ✦ Reflections are important after open-ended questions.
- ✦ Try to follow a question with at least one reflection but be aiming for two to three reflections per question asked.

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## Complex Reflections

- ✦ Amplified and Understated
  - ✦ Client will usually take the opposite stance
- ✦ Double-sided- reflecting ambivalence.
  - ✦ The use of **AND** rather than **BUT** can change resistance to ambivalence

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## Points about Reflections

- ✦ The **length** of the reflection dictates the tempo of the interaction
- ✦ The **part** of the statement you highlight (usually where the reflection ends) very subtly shifts the focus- directive
- ✦ **Stabilising** -Allows clients to think more deeply about something. Solidifying concern or commitment *as opposed to moving*

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## Points about Reflections

- ✦ Talk less than your client does
- ✦ Your most common response should be a reflection
- ✦ Use complex reflections more than half of the time
- ✦ When you do ask questions, ask mainly open questions
- ✦ Avoid getting ahead of the person's readiness to change

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## Summaries

- ✦ A summary lets the client know you have heard and understood what they said.
- ✦ Summaries should include a check out for accuracy.
- ✦ Summaries can be skillfully used to provide a new angle or to take the conversation one step further and can focus on change talk.

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## Change Talk

"I learn what I believe as I hear myself talk"  
- Miller, 1995

- ✦ **Desire:** I want to change
- ✦ **Ability:** I can change
- ✦ **Reasons:** It would help me if I changed
- ✦ **Need:** I need to change
- ✦ **Commitment Talk**
- ✦ I will do...

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## Change Talk

- ✦ Problem recognition
- ✦ Expression of concern about the perceived problem
- ✦ Intention to change
- ✦ Optimism about change

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## Change sounds like

- ✦ Problem recognition
- ✦ Expression of concern about the perceived problem
- ✦ Intention to change
- ✦ Optimism about change

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## Signs of Readiness to Change

Miller & Rollnick, 2002

- ✦ Decreased resistance
- ✦ Problem recognition and decreased discussion about the problem
- ✦ Resolve
- ✦ Change Talk
- ✦ Questions about change
- ✦ Envisioning and optimism
- ✦ Experimenting with new behaviours

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## Readiness Rulers

*An Exercise to Elicit Change Talk*

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## Importance

**Outcome expectations** relates to personal judgments about whether the behaviour change will lead to valued outcomes.

*\* Predictor of treatment outcome*

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## Confidence

**Efficacy expectations** refers to a person's confidence in their ability to master a particular behaviour and maintain that behaviour over a range of circumstances.

*\* Predictor of treatment outcome*

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## Readiness Rulers

- ✦ Two dimensions: Importance and Confidence
- ✦ Goal is to elicit change talk
- ✦ Wording is critical to success
- ✦ Designated behavior change must be specific (use this after a specific change is on the table, not before)

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## Importance

1. "On a scale of 0 to 10, where 0 is not very important and 10 is extremely important, how important is it for you to change \_\_\_\_\_ right now?"
2. "What makes you choose (client's number) and not (LOWER) number?"

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## Confidence

1. "On a similar scale, where 0 is not very confident and 10 is extremely confident, how confident are you that you *could* change \_\_\_\_\_, if you decided to?"
2. "What makes you choose a (client's number) and not a (LOWER) number?"

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## Evoke - Provide - Evoke

- ✦ Evoke from the person what they already know about changing the behaviour
  - ✦ *What do you already know about breastfeeding?*
- ✦ Provide information (not advice) about what you know about changing the behaviour
  - ✦ **ASK PERMISSION BEFORE DOING SO**
  - ✦ *Is it all right with you if I tell you what I know about breastfeeding?*
- ✦ Evoke from the person their thoughts about the information provided
  - ✦ *What do you think about those options?*

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## Change Plan Worksheet *Project MATCH*

1. The most important reasons why I want to make this change are :
2. My main goals for myself in making this change are:
3. I plan to do these things in order to accomplish my goals:  

|                        |             |
|------------------------|-------------|
| <u>Specific action</u> | <u>When</u> |
|------------------------|-------------|
4. Other people could help me with change in these ways:  

|               |                              |
|---------------|------------------------------|
| <u>Person</u> | <u>Possible ways to help</u> |
|---------------|------------------------------|
5. These are some of the obstacles (barriers) to change and how I could handle them:  

|                                    |                       |
|------------------------------------|-----------------------|
| <u>Possible barriers to change</u> | <u>How to respond</u> |
|------------------------------------|-----------------------|
6. I will know that my plan will be working when I see these results:  

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No significant change in client responses predictive of outcome

- ✦ Global ratings: Engagement, Cooperation, Benefit, Affect, Disclosure
- ✦ Change talk
- ✦ Resistance

Note: "Standard client" actors do not behave like actual clients  
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### A Training Inoculation Effect?

After the workshop, trainees:

- ✦ perceived themselves to have high understanding and proficiency in MI
- ✦ believed they were already practicing it
- ✦ showed less interest in learning more about MI (because they already "had" it)
- ✦ showed modest increases in observed skill that were maintained 3-5 months after training,

**but not enough to make a difference to clients**

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### Conclusions from EMMEE Study

- ✦ Proficiency in MI is *not* substantially increased by reading the MI book and viewing MI videotapes

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### Conclusions from EMMEE Study

- ✦ Proficiency in MI is *not* substantially increased by reading the MI book and viewing MI videotapes
- ✦ Proficiency in MI is modestly increased by a 2-day clinical MI training workshop
- ✦ Proficiency in MI is substantially increased by a 2-day clinical training followed by either or both:
  - ✦ Personal performance feedback from actual practice
  - ✦ Individual telephone coaching sessions

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## 8 Stages of Learning MI

Miller & Moyers

1. The Spirit of MI
2. Client Centred Counselling Skills
3. Rolling with Resistance
4. Recognising and Reinforcing Change Talk
5. Eliciting Change Talk
6. Developing a Change Plan
7. Consolidating Client Commitment
8. Switching Between MI and other Counselling Methods

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Thank you for your time.

Comments or questions?  
[joel.porter@pacificcmc.com](mailto:joel.porter@pacificcmc.com)

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