

*Motivational Interviewing:
Preparing People for Change* 2nd edition
William R Miller & Stephen Rollnick

The information used in this presentation was found on the website "Motivational Interviewing [Resources for Clinicians, Researchers, and Trainers]" available at <http://motivationalinterview.org>



What is MI?

- *Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.*



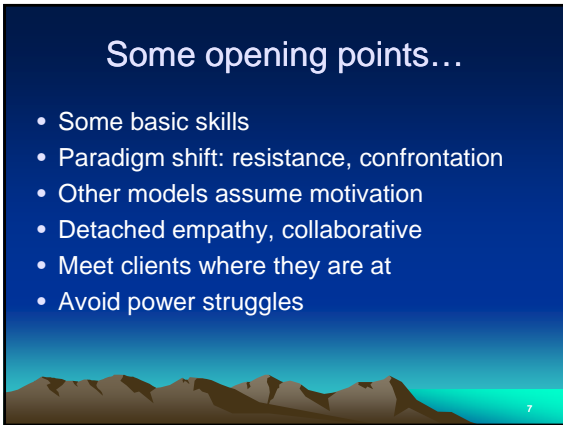
Why learn Motivational Interviewing

- It works
- Effective with "resistant" clients
- Motivate people to get into treatment
- Reduces confrontations
- Reduces tension and trouble/burn out
- Wellness and Recovery



Some opening points...

- Some basic skills
- Paradigm shift: resistance, confrontation
- Other models assume motivation
- Detached empathy, collaborative
- Meet clients where they are at
- Avoid power struggles



MI - Like Dancing

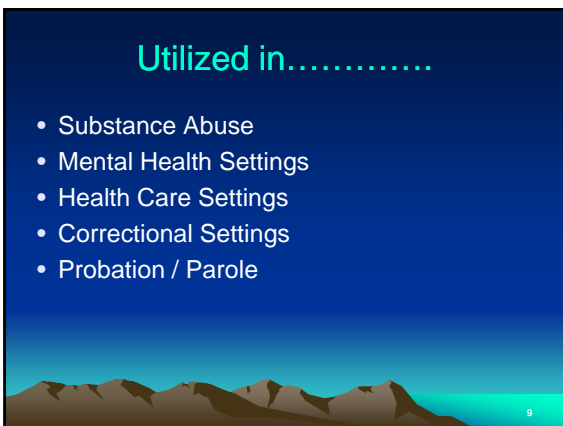


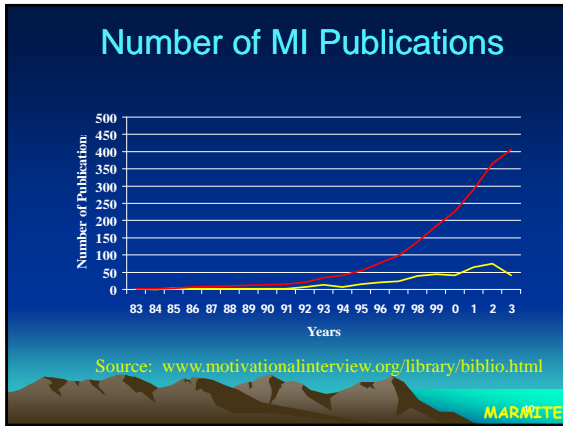
Not Wrestling

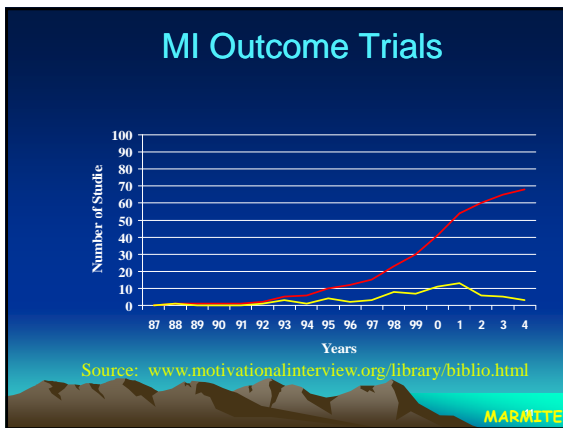


Utilized in.....

- Substance Abuse
- Mental Health Settings
- Health Care Settings
- Correctional Settings
- Probation / Parole







A Meta-Analysis of Research on Motivational Interviewing Treatment Effectiveness (MARMITE)

Jennifer Hettema
Julie Steele
William R. Miller


Annual Review of Clinical Psychology
Vol 1, 2005

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Conclusions

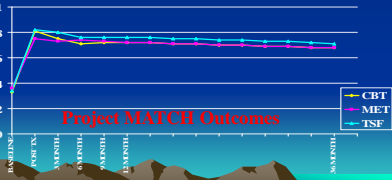
1. Robust and enduring effects when MI is added at the beginning of treatment

- MI increases treatment retention
- MI increases treatment adherence
- MI increases staff-perceived motivation




Conclusions

2. The effects of motivational interviewing emerge relatively quickly
(This is also true of other treatments)




Session	CBT	MET	TSE
0	0.4	0.4	0.4
2	0.8	0.85	0.8
4	0.75	0.8	0.75
6	0.75	0.8	0.75
8	0.75	0.8	0.75
10	0.75	0.8	0.75
12	0.75	0.8	0.75
14	0.75	0.8	0.75
16	0.75	0.8	0.75
18	0.75	0.8	0.75



Conclusions

2a. The effects of motivational interviewing emerge relatively quickly


- This may not be true for certain problem areas or dependent measures where " sleeper " effects occur (e.g., effects of diet and exercise)



Conclusions

3. The between-group effects of motivational interviewing tend to diminish over 12 months


- This is also true of other treatments
- Between-group differences diminish in part because control/comparison groups "catch up" over time
- This may not be true of MI's additive effects with other treatment



Conclusions


4. The effects of MI are highly variable across sites and providers

- This is also true of other treatments, but may be more true with MI
- Provider baseline characteristics do not predict effectiveness with MI
- Treatment process variables do
- Manuals may not be a good idea



Persuasion Exercise

- Groups of 4
- No boss or supervisor in your group
- Three roles: speaker, clinician & observers



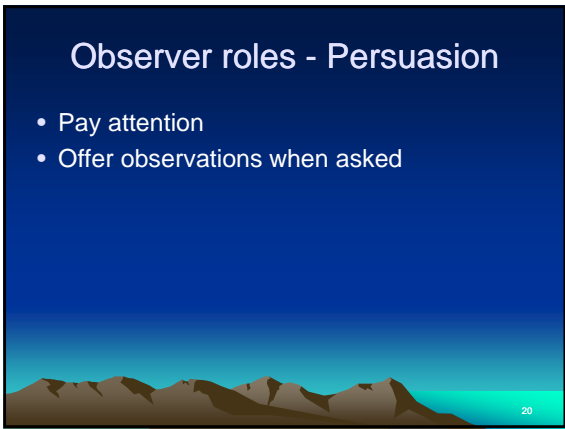
Speaker role – Persuasion

- Play a person concerned about your fruit and vegetable intake
- There is a clear behavior change goal – 5 fruits & vegetables per day
- You are ambivalent and somewhat resistant



Observer roles - Persuasion

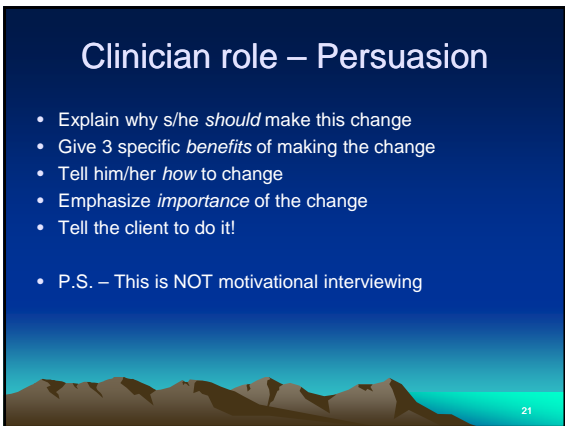
- Pay attention
- Offer observations when asked

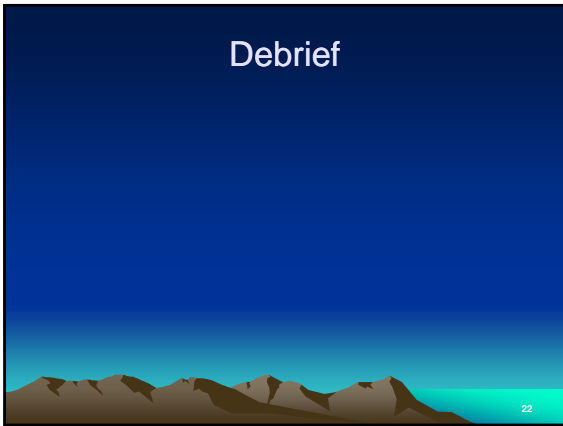


Clinician role – Persuasion

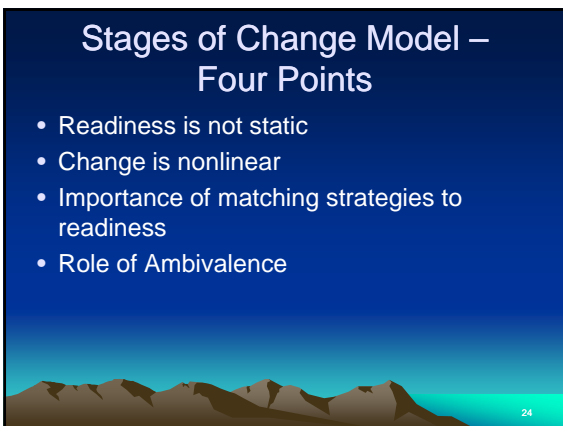
- Explain why s/he *should* make this change
- Give 3 specific *benefits* of making the change
- Tell him/her *how* to change
- Emphasize *importance* of the change
- Tell the client to do it!

- P.S. – This is NOT motivational interviewing



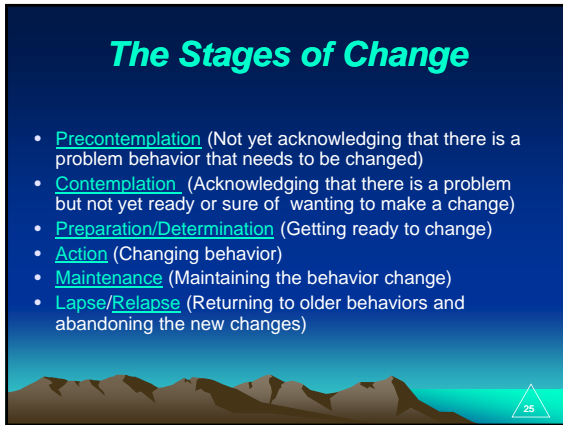




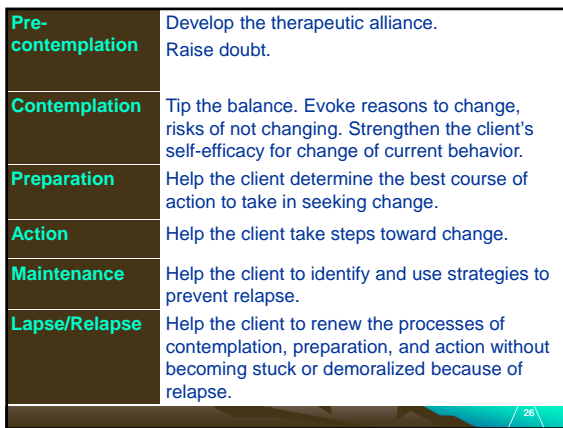


The Stages of Change

- **Precontemplation** (Not yet acknowledging that there is a problem behavior that needs to be changed)
- **Contemplation** (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
- **Preparation/Determination** (Getting ready to change)
- **Action** (Changing behavior)
- **Maintenance** (Maintaining the behavior change)
- **Lapse/Relapse** (Returning to older behaviors and abandoning the new changes)

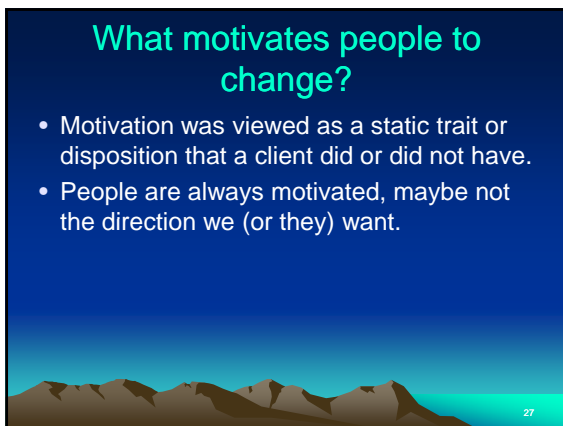


Pre-contemplation	Develop the therapeutic alliance. Raise doubt.
Contemplation	Tip the balance. Evoke reasons to change, risks of not changing. Strengthen the client's self-efficacy for change of current behavior.
Preparation	Help the client determine the best course of action to take in seeking change.
Action	Help the client take steps toward change.
Maintenance	Help the client to identify and use strategies to prevent relapse.
Lapse/Relapse	Help the client to renew the processes of contemplation, preparation, and action without becoming stuck or demoralized because of relapse.



What motivates people to change?

- Motivation was viewed as a static trait or disposition that a client did or did not have.
- People are always motivated, maybe not the direction we (or they) want.



What impacts motivation for change?

- Cognitive Dissonance
- Hope Theory
- Relationship issues
- Extrinsic factors
- Desire/Ability/Reason/Need

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Ambivalence

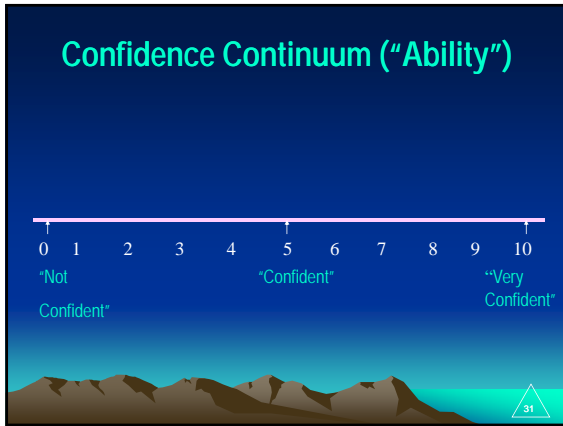
- Is normal
- Moving to the country versus staying in the city
- The greater the decision more the ambivalence
- Occurs throughout the change process
- Reflects costs and benefits of change and status quo
- Is uncomfortable
- May become chronic

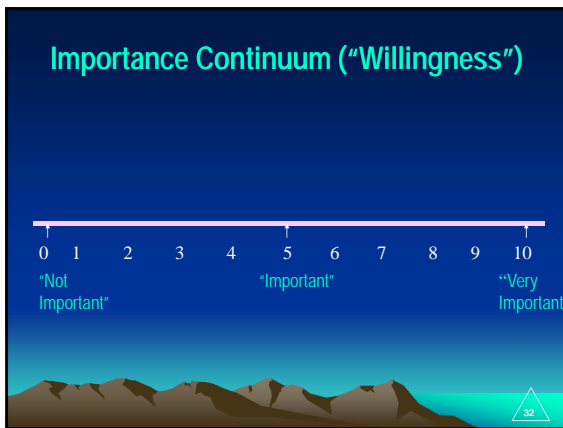
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Importance & Confidence

- Understanding a person's ambivalence is to know his or her perception of both of the above.

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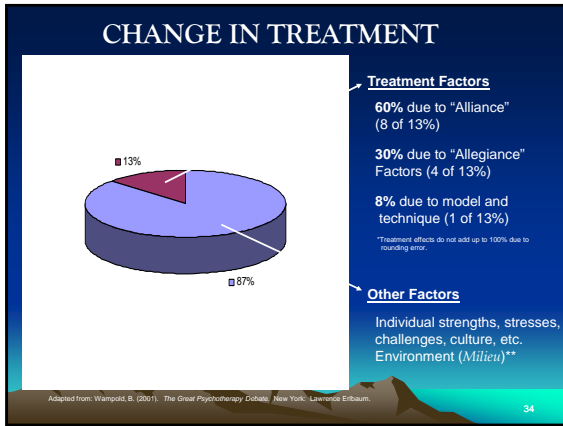


The Spirit and Philosophy of MI
(the Foundation)

Supports

The Interventions used

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- ### Four general principles of motivational interviewing
- Express empathy
 - Develop discrepancy
 - Roll with resistance
 - Support self-efficacy
- (Rollnick & Miller, 1991)
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Components of MI Spirit

- A = Autonomy
- C = Collaboration
- E = Evocation

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The skills of a good motivational therapist

- Match the processes used in the theory to the stage of change; ensure that they do not jump ahead of the patient
- Express acceptance and affirmation
- Affirm the patient's freedom of choice and self-direction



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Differences From More Confrontational Approaches


- *Although motivational interviewing does, in one sense, seek to "confront" clients with reality, this method differs substantially from more aggressive styles of confrontation.*



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Motivational interviewers do not:

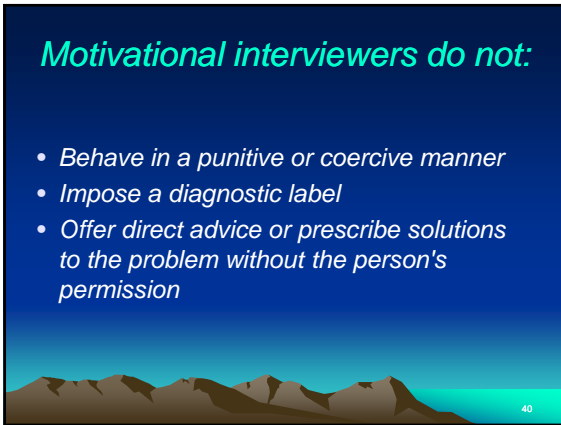
- *Argue that the person has a problem and needs to change*
- *Function as a unidirectional information delivery system (do most of the talking)*
- *Use an authoritative/expert stance leaving the individual in a passive role*



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Motivational interviewers do not:

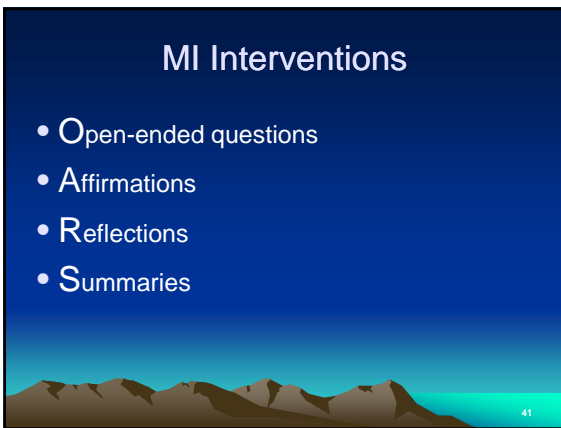
- Behave in a punitive or coercive manner
- Impose a diagnostic label
- Offer direct advice or prescribe solutions to the problem without the person's permission



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MI Interventions

- Open-ended questions
- Affirmations
- Reflections
- Summaries



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More on Reflections, Rolling with Resistance, Reframing


- Simple Reflection
- Amplified Reflection
- Double-sided Reflection
- Reflection with a twist
- Shifting Focus
- Rolling with Resistance



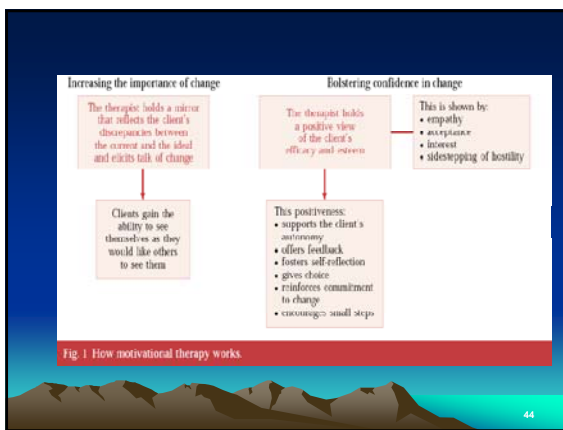
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Change Talk

- Change talk is the language of the client indicating a thought or desire for change
- “Maybe I do have a problem”
- “I may need to go to treatment”
- “I am going to go to treatment”



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Change Talk

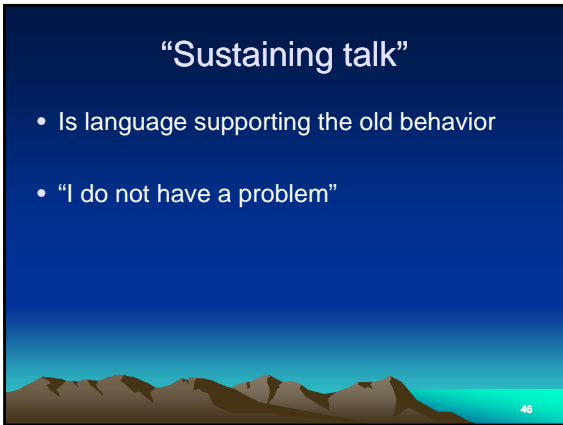
- D = desire statements
- A = ability statements
- R = reasons statements
- N = need statements
- C = commitment language



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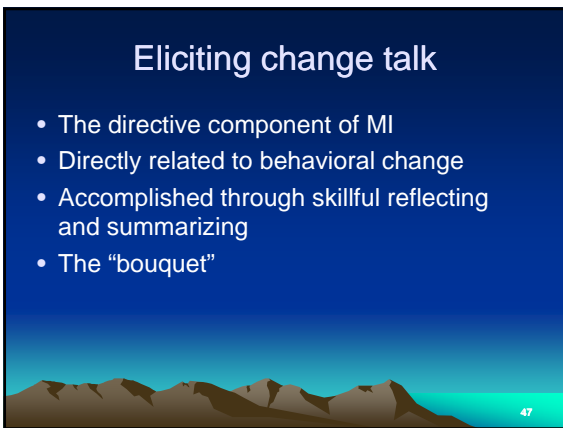
“Sustaining talk”

- Is language supporting the old behavior
- “I do not have a problem”



Eliciting change talk

- The directive component of MI
- Directly related to behavioral change
- Accomplished through skillful reflecting and summarizing
- The “bouquet”



Stuck points for MI

- Clients that desire direct intervention
- Not accepting client’s choice
- Ambivalence is resolved
- The loop

