Fundamentals of Motivational Interviewing

by

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NewYork-Presbyterian
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Origin of Motivational Interviewing

- Motivational Interviewing was conceptualized by Richard Miller in 1983 stemming from his work in the treatment of problem drinkers.
- In 1991 Miller and Rollnick partnered to created a more detailed concept of MI and the clinical approach to implementing it.

Definition

- “Motivational Interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence (Rollnick S., & Miller, W.R. (1995)
- Resolving ambivalence is central to it’s purpose.

Key Concepts

- Motivation to change is elicited from the client by identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change.
- It is the client's task to articulate and resolve his/her own ambivalence.
- The professional's task is to facilitate both sides of an ambivalent impasse, and guide the client toward an acceptable resolution that produces change.

Key Concepts

- Direct persuasion is not a technique use in MI. Persuasion is not an effective method for resolving ambivalence.
- The focus of the professional is a partnership to help the client to examine and resolve ambivalence.
- Readiness to change is a product of interpersonal interaction and can be influenced by a professional “tuning-in” to resistance and denial as feedback from the client.

Motivational Interviewing Strategies (Sobell and Sobell, 2008)

- Asking Permission
- Eliciting and Evoking Change Talk
- Exploring Importance and Confidence
- Open-ended Questions
- Reflective Listening
- Normalizing
- Decisional Balance
- Columbo Approach
- Statements Supporting Self-Efficacy
- Readiness to Change Ruler
- Affirmations
- Advice Feedback
- Summaries
- Therapeutic Paradox

Asking Permission

- Clients are more likely to discuss changing when asked, rather that being told to change.
- Examples of this include
  - Do you mind if we talk about your smoking?
  - Can we talk about your cigarette use?

Eliciting and Evoking Change Talk

- Change talk involves exploratory open-ended questions designed for the client to use his/her insights into the need to for change. Examples include:
  - What would you like to see different about your current situation?
  - What makes you think you need to change?
  - What will happen if you don't change?
  - What would be the good thing about quitting?
  - Why do you think others are concerned about your smoking?

Eliciting and Evoking Change Talk

- Elicit/Evoke change talk for clients having difficulty changing.
  - How can I help you get past some of the difficulties you are experiencing?
  - If you were to decide to change, what would you have to do to make this happen?
- Elicit/Evoke change talk by provoking extremes
  - Suppose you don't change, what is the WORST thing that might happen?
  - What is the BEST thing that might result from changing?

Eliciting and Evoking Change Talk

- Elicit/Evoke change by looking forward
  - If you make changes, how would your life be different from what it is today?
  - How would you like things to turn out for you in 2 years?

Exploring Importance and Confidence

- Exploring importance and confidence provides professionals with information about how the client views the importance of changing and to what extent they feel change is possible.
- Professionals can use scaling techniques such as the “readiness to change ruler” to scale motivation, sense of importance and confidence in their self-efficacy.
  - Why did you select a score of 6 on the rather than 3?
  - What would you need to happen for your score to move up from a 6 to an 8 or even 9?
  - How would your life be different if your score moved from a 6 to an 8 or 9?

Open-Ended Questions

- Open ended questions encourage the client to do most of the talking, while the therapist responds with a reflection or summary statement.
- Open-ended questions also allow clients to tell their story.
- Examples include:
  - What brought you here today?
  - Tell me what you like about your cigarette use.
  - What makes you think it might be time for a change?
  - What's happened since the last time we met?
  - What happens when you behave that way?
- If there have been any previous efforts to change you might ask:
  - How were you able to not use cigarettes for a month?
  - What was that like for you?
  - What's different for you this time?
  - What's different about quitting this time?

Reflective Listening

- Involves actively listening to clients and then making a reasonable guess about what they are saying (hypothesis). The professional then paraphrases the clients' comments back to them.
- Another goal of reflective listening is to get clients to state the arguments for change rather than the professional trying to persuade or lecture them that they need to change.
- Reflections also validate what clients are feeling and doing thus communicating that the therapist understands what the client has said.

Reflective Listening

- Examples of Reflective Listening include:
  - It sounds like….
  - What I hear you saying….
  - So on the one hand it sounds like….And, yet on the other hand….
  - It seems as if….
  - I get the sense that….
  - It feels as though….

Normalizing

- Normalizing communicates to clients that having difficulties while changing is not uncommon, and that they are not alone in their experience.
- Examples of Normalizing include:
  - A lot of people are concerned about changing and giving up smoking.
  - Many people report feeling like you do. They want to change but find it difficult.

Decisional Balancing

- Decisional Balance asks clients to evaluate their current behaviors by simultaneously looking at the good and less good things about their actions.
- The goal is to (A) realized that they get some benefits from their risky or problem behavior, and (B) there will be some costs if they decide to change their behavior.
- Professionals can ask an open-ended question about the good and less good things regarding their risky or problem behavior and what it would take to change their behavior. For example:
  - What are some good things about smoking? Now on the other hand, that are some of the less good things about smoking?
- After the client talks about the good vs. the not so good, the professional can use a reflective, summary statement with the intent of having clients address their ambivalence about changing.

The Columbo Approach

- This approach deploys the use of discrepancies by attempting to have a client make sense of their discrepant information.
- The professional poses a curious inquiry about discrepant behaviors without being judgmental or blaming.
- It allows the professional to address discrepancies between what clients say and their behavior without evoking defensiveness or resistance. For instance:

  - It sounds like when you started using smoking their were many positives. Now, however, it sounds like the costs, and your increased use, coupled with your girlfriend's complaints, have you thinking about quitting. What will your life be like if you do stop?

  - On the one hand you're coughing and are out of breath, and on the other hand you are saying cigarettes are not causing you any problems. What do you think is causing your breathing difficulties?

Statements supporting self-efficacy

- A healthy sense of self-efficacy involves self-confidence.
- This is done by having clients voice changes that they have made in the past.
- The objective is to increase their self-confidence that they can change.
- Self-confidence can be explored by using scaling techniques (Readiness to Change Ruler, Importance and Confidence related to goal choice).
  - Last week you were not sure you could go one day without a cigarette, how were you able to do that?
  - So even though you have not been abstinent every day this past week, you have managed to cut your smoking significantly. How were you able to do that?
  - Follow up with, How do you feel about the changes you made?

Readiness to Change Ruler

- Clients enter into treatment at different levels of motivation or readiness to change.
- The concept of readiness to change is an outgrowth of the Stages of Change Model.
- Using a ruler of a 10-point scale conceptualized readiness or motivation to change along a continuum and asks clients to give voice to how ready they are to change on a scale of 1 to 10. 1 = definitely not ready to change and 10 = definitely ready to change.

Readiness to Change Ruler

- Readiness to Change Ruler Example:
  - professional: On the following scale from 1 to 10, where one is definitely not ready to change and 10 is definitely ready to change, what number best reflects how ready you are at the present time to stop smoking?
  - Client: Seven.
  - professional: And where were you six months ago?
  - Client: Two.
  - professional: So it sounds like you went from not being ready to quit, to thinking about changing. How did you go from a two six months ago to a seven now?
  - professional: How do you feel about making those changes?
  - professional: What would it take to move a bit higher on the scale?

Affirmations

- Affirmations are statements made by therapists in response to what clients have said, and are used to recognize clients' strengths, successes, and efforts to change.
- Affirmative responses or supportive statements by professionals verify and acknowledge clients' behavior changes and attempts to change. Examples include:
  - Your commitment really shows by your efforts to cut down on smoking. [insert a reflection about what the client is doing].
  - it's clear that you're really trying to change and give up smoking?
  - You show a lot of strength, courage, determination. [insert what best describes the client's behavior].

Advice/Feedback

- Advice and feedback should be used in a neutral, nonjudgmental, and sensitive manner that empowers clients to make more informed decisions about quitting or changing a risky behavior.
- One way to do this is to provide feedback that allows clients to compare their behavior to that of others so they know how their behavior relates to national norms.
- Another way to provide advice and feedback is to ask clients if they would like to learn more about the topic and then being prepared to provide them with relevant advice on the positives of changing. For example:
  - Do you mind if we spend a few minutes talking about….? [Followed by] What do you know about ….? [Followed by] Are you interested in learning more about….?
- After this clients can e provided with relevant materials relating to changing their risky or problem behavior or what affects it has on other aspects of their life.

Summaries

- Summaries are used to relate to link what clients have already expressed, especially in terms of reflecting ambivalence, and to move them on to another topic or have them expand the current discussion further.
- Summaries require that the professional listen carefully to what the client has said throughout the session.
- Summaries are also a good way to end a session, or to transition to the next topic
  - It sounds like you are concerned about your cigarette use because it is costing you a lot of money and there is a chance you could end up sick. You also said quitting will probably mean not hanging around with people you're friends who smoke. That doesn't sound like an easy choice.

Therapeutic Paradox

- Paradoxical statements are used with clients in an effort to get them to argue for the importance of changing.
- Paradoxical statements are intended to be perceived by clients as unexpected contradictions.
- It is hoped that after clients hear such statements clients would seek to correct by arguing for change. For example,
  - You have been attempting to quit for two months, but you are still smoking, maybe now is not the right time to change?
- It is hoped that the client would counter with an argument indicating that he/she wants to change.
- If it is established that the client does want to change, subsequent conversations can involve identifying the reasons why progress has been slow up to now.

Therapeutic Paradox

- When a professional makes a paradoxical statement, if the client does not respond immediately by arguing for change, the professional can then ask the client to think about what was said between now and the next session.
- Often times just getting clients to think about their behavior in this challenging manner acts as an eye-opener, getting clients to recognize they have not made changes.
- Making such paradoxical statement are risky however for several reasons.
  - The client could agree with the statement.
  - Could have a negative effect on clients.
  - Could come off as sarcastic sounding if not done genuinely.

Therapeutic Paradox

- Examples of using a therapeutic paradox include:
  - Maybe now is not the right time for you to make changes.
  - So it sounds like you have a lot going on with trying to balance a career and family, and these priorities are competing with your desire to change.
  - You have been continuing to smoke and yet you say you want to Quit. Maybe this is not a good time to try and make those changes…

Conclusion

- The purpose of this training was to provide the fundamentals techniques involved in Motivational Interviewing that assists health care and human service providers address the needs of patients and clients who are ambivalent or resistant to behavior change.

- Motivational Interviewing is an essential counseling technique that requires patience and understanding as clients progress and regress–

The natural cycle of behavior change.

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    - This presentation will feature **Andrew Missel, MPH**, Manager of DSRIP Quality and Project Management at the NewYork-Presbyterian PPS.
    - *Register on our website*

Presenter Biography

Daniel Lowy has been working in the field of social work for 16 years. Mr. Lowy has a Bachelor of Science Degree in Psychology from the State University of New York College at Cortland (Cortland, NY, 1997), and a Masters Degrees in Social Work from Adelphi University (Garden City, NY, 2002). Mr. Lowy was originally licensed as a Certified Social Worker in 2003, and has been licensed as a Clinical Social Worker since 2008.

Mr. Lowy joined Argus Community, Inc. in November of 2002, working in the ACCESS COBRA Case Management Program as a Clinical Case Manager Supervisor. Mr. Lowy worked jointly with case managers providing services to clients infected with HIV and their collaterals. In August of 2006, Mr. Lowy was promoted to the position of Assistant Director of the ACCESS Program, and in November of 2006, Mr. Lowy was promoted to the position of Clinical Director of The Elizabeth L. Sturz Outpatient Center at Argus Community, Inc., an Office of Alcoholism and Substance Abuse Services (OASAS) certified medically supervised intensive outpatient chemical dependency program. In 2010, Mr. Lowy was promoted to the position of Executive Oversight Director at Argus Community. Mr. Lowy supervised the intensive outpatient chemical dependency center Program Director as well as the Office of Children and Family Services certified Youth Prevention Program. Mr. Lowy was also responsible for grant writing and grand development projects, and administrative functions. In January of 2012, Argus Community acquired Phase Piggy Back, Inc. and Mr. Lowy was additionally responsible for direct oversight of three new OASAS certified programs: An Intensive Outpatient Chemical Dependency Program, an Intensive Residential Drug Treatment Program, and Youth Prevention Program. Mr. Lowy worked directly with OASAS providing a transitional management plan and implementing transitional projects throughout the acquisition. In May of 2012, Mr. Lowy began to oversee Argus Community's Ryan White HIV/AIDS Care Coordination program known as ACCESS II, and Argus Community's Health Home Chronic Illness Care Management program (the former COBRA Case Management Program). Most recently, Mr. Lowy was promoted to the position of Vice President of Argus Community in July of 2014, and Senior Vice President in May of 2015.

Presenter Biography

In addition to his role at Argus, Mr. Lowy has been teaching undergraduate and graduate courses as an Assistant Adjunct Professor at the City University of New York Lehman College since September of 2006. Mr. Lowy's courses include: Generalist Social Work Practice I and II, Introduction to Social Work Practice with Substance Abuse Clients, Theories and Social Work Practice Interventions with Substance Abuse Clients, Supervision in Agency-Based Practice; Administration in Urban Agencies, and Social Work Research II.

Mr. Lowy's Grant Work: Between 2004 and 2005, Argus Community Inc. was awarded a grant to implement Partner Counseling and Referral Services (PCRS) in community-based organizations for people living with HIV/AIDS. The purpose of this grant was to assist people living with HIV/AIDS identify past and/or present sex or needle sharing partners that may have been exposed to HIV and are in need of testing, counseling and referral services. Mr. Lowy was assigned as Project Coordinator achieving grant milestones, and developing protocols, policies and procedures to implement and maintain PCRS services at Argus Community's ACCESS program. Mr. Lowy trained and taught over 50 staff members how to conduct PCRS interviews and services to clients in an effort to elicit contact names and provide partner notification services. In 2009, Mr. Lowy co-developed a 1.2 million SAMHSA federal grant to implement an Offender Reentry Program to provide in-reach, assessment, and placement for ex-offenders in need of Chemical Dependency as well as other essential ancillary services. Argus Community, Inc. was awarded and was considered by SAHMSA as one of the top-performing agencies nationwide. In 2010, Mr. Lowy co-developed an Office of Children and Family Services State grant to implement a Special Delinquency Prevention Program for at-risk youth ages 14-21. Argus Community was awarded the grant and to date, Mr. Lowy oversees the performance of the initiative. In 2015, Mr. Lowy co-developed three Department of Youth and Community Development grants to implement an Adult Basic Education Program, a youth employment program, and a youth educational support program for young adults ages 16-24 that are struggling academically. Also in 2015, Mr. Lowy co-developed two HIV Early Intervention Service grants for Bronx and New York counties. Both grants were recently awarded by OASAS to provide oral HIV testing in OASAS programs.