

AMAZING
THINGS
ARE
HAPPENING
HERE

Fundamentals of Motivational Interviewing

Sofia Georgoulas Psy.D and Daniel Lowy LCSW

Outline of Learning Objects

- ❖ Learn the origin of MI
- ❖ Define the “spirit” of MI
- ❖ Describe the components of MI
- ❖ Develop MI skills (OARS and beyond)
- ❖ Identify motivation for change
- ❖ Practice MI strategies
- ❖ Apply MI strategies

Motivational Interviewing (MI)



Definition



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

(Miller & Rollnick, 2002)

Basically

MI is an **evidence-based** communication style. In other words ...

“An *effective* way to talk to people about change”



Origin of Motivational Interviewing

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

Origin of Motivational Interviewing

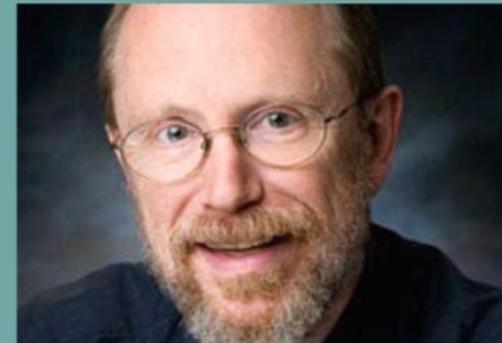
DEVELOPED BY:

- Based on Carl Ransom Roger's person centered therapy.
- Dr. William R. Miller and Dr. Stephen Rollnick.
- Both were clinical psychologists and professors.
- Introduced the theory in 1983
- Elaborated on it in 1991.

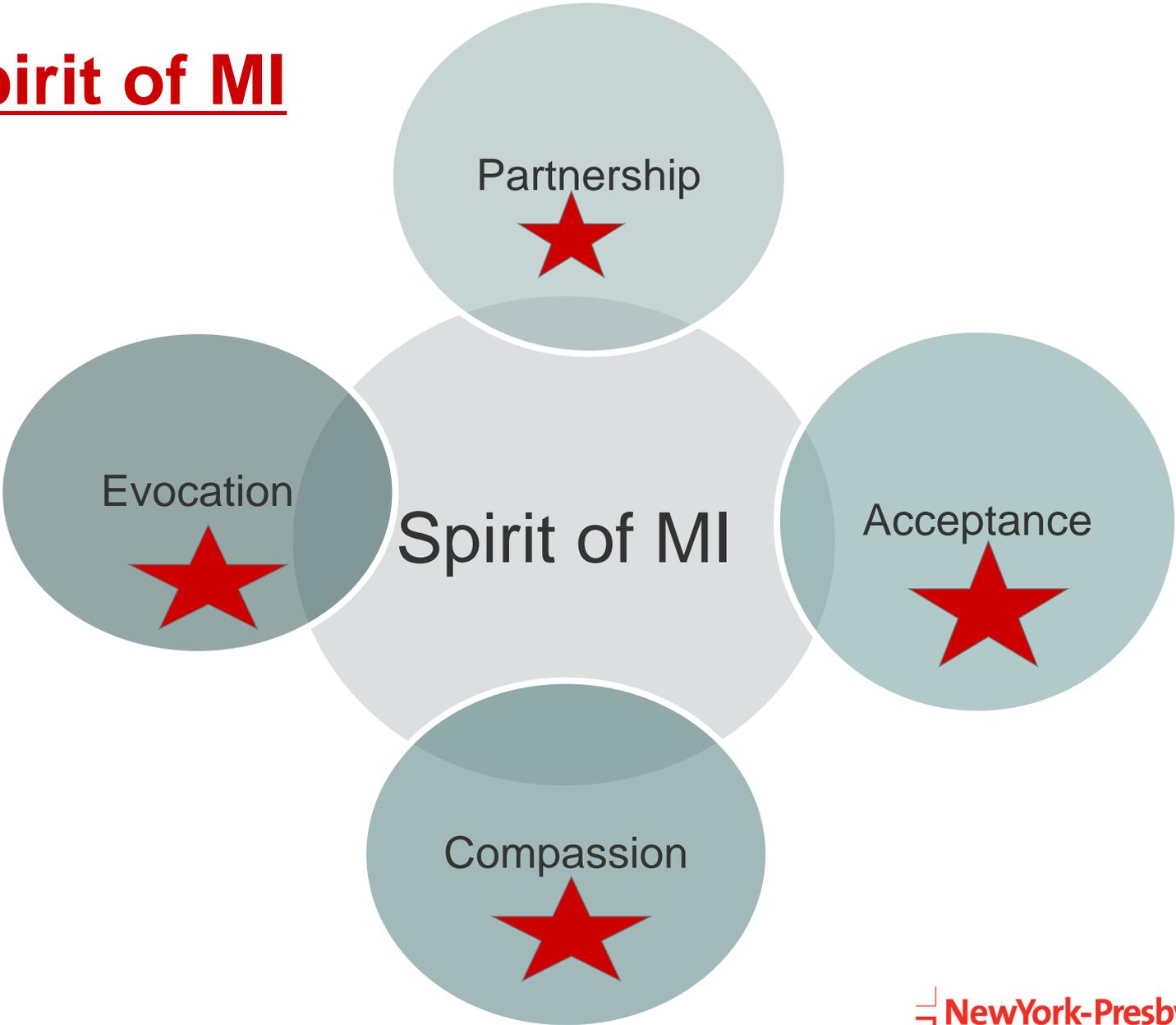


Dr. Rollnick

Dr. Miller



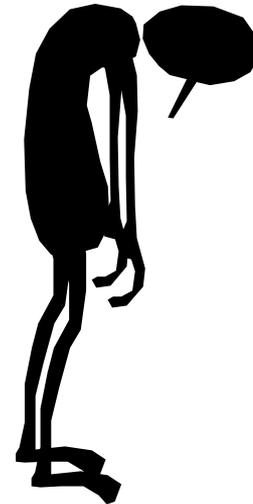
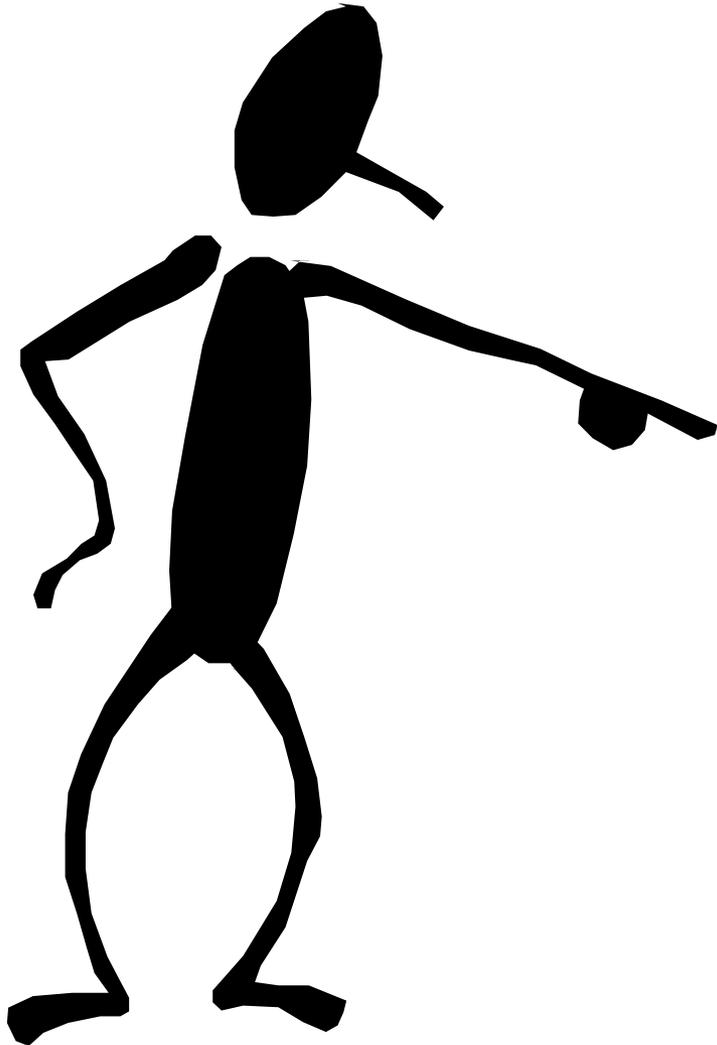
Spirit of MI



Principles of MI

- ❖ **Express Empathy:** Using reflective listening to communicate acceptance & respect.
- ❖ **Develop Discrepancy:** Using strategic reflecting to recognize discrepancy between clients competing “wants” & situation.
- ❖ **Avoid Argumentation:** Avoid power struggles.
- ❖ **Support Self-Efficacy:** Highlight the client’s capacity to change.
- ❖ **Rolling with Resistance:** Understand clients ambivalence.

Avoid “Expert Trap” Understand the Patient's Motivation



Righting Reflex

Provider

- “You have to stop drinking”
- “Things are Terrible”
- “You can do it!!”
- “You will get lung cancer...”



Client

- “I don’t want to stop”
- “Things aren’t half bad.”
- “No I can’t!!”
- “My Grandad smokes and he does not have cancer.”

Four Guiding Principles

- **R** Resist the Righting Reflex
- **U** Understand your Patients Motivation
- **L** Listen to your patient
- **E** Empower your patient

Ambivalence?

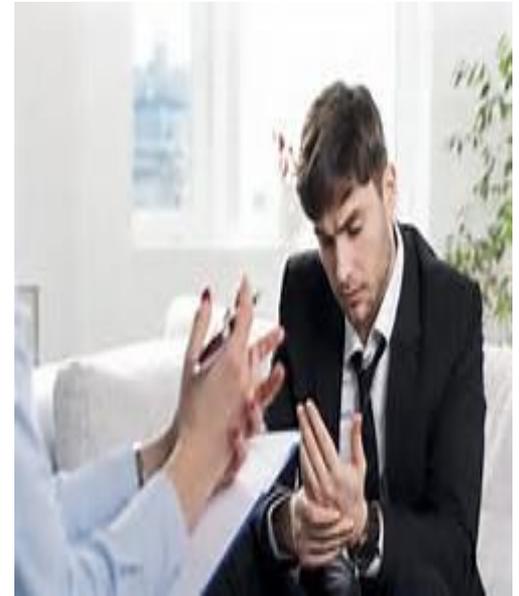
- ❑ Ambivalence about change is **normal**
- ❑ Ambivalence **can be resolved** by working with intrinsic motivations!



Resolving Ambivalence

- Resolving Ambivalence is central to MI.
- MI allows patients to explore **their own** motivation, ambivalence, and resistance to change.
- Client must **articulate and resolve** his/her own ambivalence.
- MI **activates discussion** about change.
- Direct persuasion is not a technique use in MI.

- 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.



- The professional’s task is to facilitate both sides of an **ambivalent impasse**, and guide the client toward an acceptable resolution that produces change.

Roll With Resistance



Motivational Interviewing Strategies

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

(Sobell and Sobell, 2008)

Ask Permission First



Asking Permission



Clients are more likely to discuss changing when asked, rather than being told to change.

- Do you mind if we talk about your **smoking**?*
- Can we talk about your **cigarette use**?*
- I noticed on your medical history that you have hypertension, do mind if we talk about how **diet** can affect hypertension?*

Asking Permission

Do you mind if we spend a few minutes talking about _____ ?

What do you know about _____ ?

Are you interested in learning more about _____ ?

After this point, clients can be provided with relevant materials relating to changing their problem behavior or what affects it has on other aspects of their life.

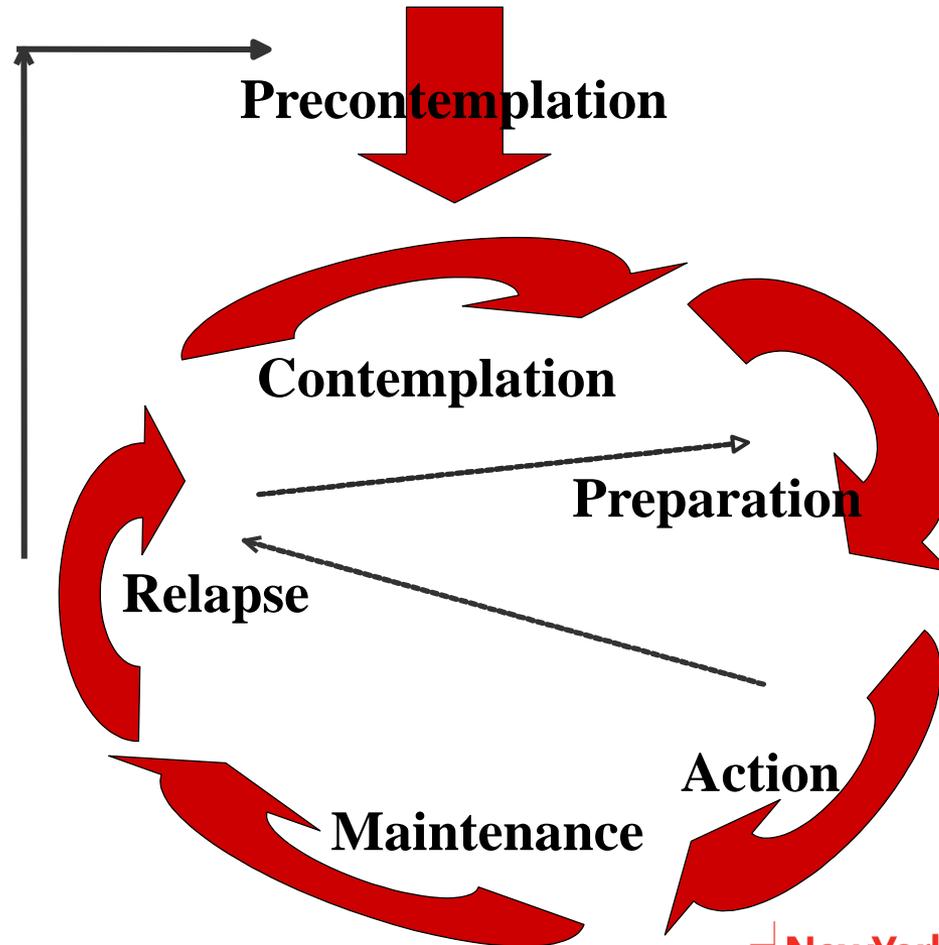


Eliciting and Evoking Change Talk



STAGES OF CHANGE

(Prochaska and DiClemente 1991)

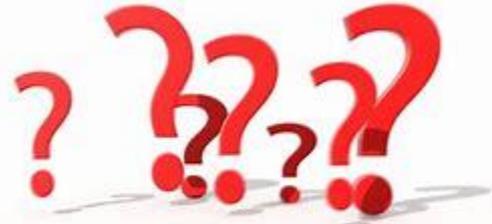


Elicit/Evoke Change

- Change talk involves exploratory open-ended questions designed for the client to use his/her insights into the need to for change.



Examples



- 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 will be different if you complete your probation/referral to this program?

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?

Eliciting and Evoking Change Talk

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?

OARS

Summary of Listening Skills

OPEN ENDED QUESTIONS

AFFIRM

REFLECT

SUMMARIZE

OARS

Summary of Listening Skills

Open Ended Questions

Why Open-Ended Questions?

- ❑ Establishes a safe environment, and builds a trusting and respectful relationship.
- ❑ Explores, clarifies and gains an understanding of your client's world.



Why Open Ended Questions?

- ❑ To learn about the client's past experience, feelings, thoughts, beliefs, and behaviors.
- ❑ To gather information (client does most of the talking).
- ❑ Helps the client make an informed decision.



Open-Ended Questions

Tell me what you like about your

[insert risky/problem behavior]?

What's happened since we last met?

What makes you think it might be time for a change?

What brought you here today?

Open-Ended Questions

- How were you able to not use *[insert substance]* for *[insert time frame]*?”
- Tell me more about when this first began?
- What’s different for you this time?
- What was that like for you?
- What’s different about quitting this time?
- What happens when you behave that way?

Examples continued...



- What do you do to protect yourself from pregnancy or STDs including HIV?
- What has worked in the past?
- How would you feel if you found out you were pregnant or HIV positive?
- How can I help you today?

OARS

Summary of Listening Skills

Affirmations

Affirmations

- ❑ Affirmations are statements made by therapists **in response** to what clients have said.
- ❑ Affirmations are used to recognize clients' **strengths, successes, and efforts to change.**
- ❑ Affirmative responses **verify and acknowledge** clients' behavior changes and attempts to change.

Affirmations Continued

- ❑ Emphasize a **strength** and focus on **specific** behaviors.
- ❑ Notice and appreciate a **positive action**.
- ❑ Affirm the **process**, not the **outcome**.
- ❑ Avoid empty affirmations.

Examples

- Commenting positively on an attribute
 - You're a strong person, a real survivor.

- A statement of appreciation
 - I appreciate your openness and honesty today.

- Catch the person doing something right
 - Thanks for coming in today!

- An expression of hope, caring, or support
 - I hope this weekend goes well for you!

More Examples

❑ 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].

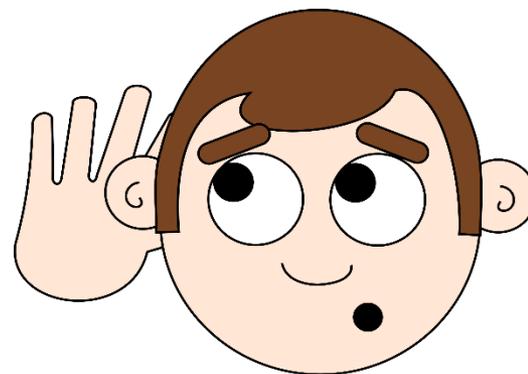
OARS

Summary of Listening Skills

Reflect

Examples of Reflective Listening (generic)

- 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....



Examples of Reflective Listening (specific)

- ❑ It sounds like you recently became concerned about your *[insert risky/problem behavior]*
- ❑ It sounds like your *[insert risky/problem behavior]* has been one way for you to [insert whatever advantage they receive]
- ❑ I get the sense that you are wanting to change, and you have concerns about *[insert topic or behavior]*

Examples Continued...

- What I hear you saying is that your *[insert risky/problem behavior]* is really not much of a problem right now?
- What you do think it might take for you to change in the future?
- I get the feeling there is a lot of pressure on you to change, and you are not sure you can do it because of difficulties you had when you tried in the past.

OARS

Summary of Listening Skills

Summarize

Summaries

- Summaries link what clients have expressed.
- Summaries are used to allow client to expand the current discussion further.
- Summaries require that the professional listen carefully to what the client has said.
- Summaries are also a good way to end a session, or to transition to the next topic.



Summarization

- Let me see If I understand what you've told me so far...
- Soooooooooooooooooooo.....

Double-Sided Summaries

- *On the one hand _____. On the other hand _____.*
- *You feel both _____ and _____ about this.*

The Ineffective Clinician



The Effective Clinician



Normalizing

- Normalizing is intended to communicate to clients that having difficulties while changing is not uncommon, that they are not alone in their experience.



Examples of Normalizing

- ❑ **A lot of people** are concerned about changing their
[insert risky/problem behavior].
- ❑ **Most people** report both good and less good things about their
[insert risky/problem behavior].
- ❑ **Many people** report feeling like you do. They want to change their
[insert risky/problem behavior], but find it difficult.
- ❑ **That is not unusual, many people** report having made several
previous quit attempts for
[insert risky/problem behavior].
- ❑ *A lot of people are concerned about gaining weight when quitting.*

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).

Examples

- 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.

Importance/Confidence

1. How **important** is it for you right now to change?

On a scale of 0 to 10, what number would you give yourself?

0 10

not at all
extremely

important

important

- A. Why are you there and not at **5**?
- B. What would need to happen for you to raise your score a couple of points?

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?

Decisional Balance

- ❑ Decisional Balance asks the client to evaluate their current behaviors by simultaneously looking at the **good** and the **less good** things about their actions.
- ❑ The goal is to (A) realize 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.

Examples

- ❑ What are some **good** things about smoking?
- ❑ Now on the other hand, what 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.

Examples

- ❑ **It sounds like** when you started smoking there 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?

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.



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.

Examples

- ❑ 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.
- ❑ 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.

Risks of using Therapeutic Paradox

Making such paradoxical statement are risky however for several reasons.

- ❑ The client **could agree** with the statement.
- ❑ The client could **have a negative effect** on clients.
- ❑ The client **could come off as sarcastic** sounding if not done genuinely.

Therapeutic Paradox Example

- ❑ 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.

MI Overview



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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Sofia Georgoulis Psy.D
Director of MCMH's
Family and Individuals in
Recovery (F.A.I.R) program
1090 St Nicholas Ave
New York, NY 10032
[sgeorgoulis@metropolitan
center.com](mailto:sgeorgoulis@metropolitancenter.com)

(Office): 1 212 543 4445
(Fax:)1 212 543 2326
(Cell):1 9172977393

Mr. Daniel L. Lowy, LCSW
Senior Vice President
Argus Community, Inc.
760 East 160th Street
Bronx, NY 10456

dlowy@arguscommunity.org

(Office): (718) 401-5650
(Fax): (718) 993-5308
(Cell): (646) 533-8131

MCMH METROPOLITAN CENTER
FOR MENTAL HEALTH

