Advanced Motivational Interviewing Training

Sofia Georgoulias Psy.D and Daniel Lowy LCSW

NewYork-Presbyterian
Performing Provider System

Outline of Learning Objects

- Define the fundamental concepts of Motivational Interviewing
- Develop Advanced Motivational Interviewing skills (OARS and beyond)
- Practice Motivational Interviewing skills through experiential exercises
- Apply Motivational Interviewing strategies across practice settings

NewYork-Presbyterian
Performing Provider System

Motivational Interviewing (MI)

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

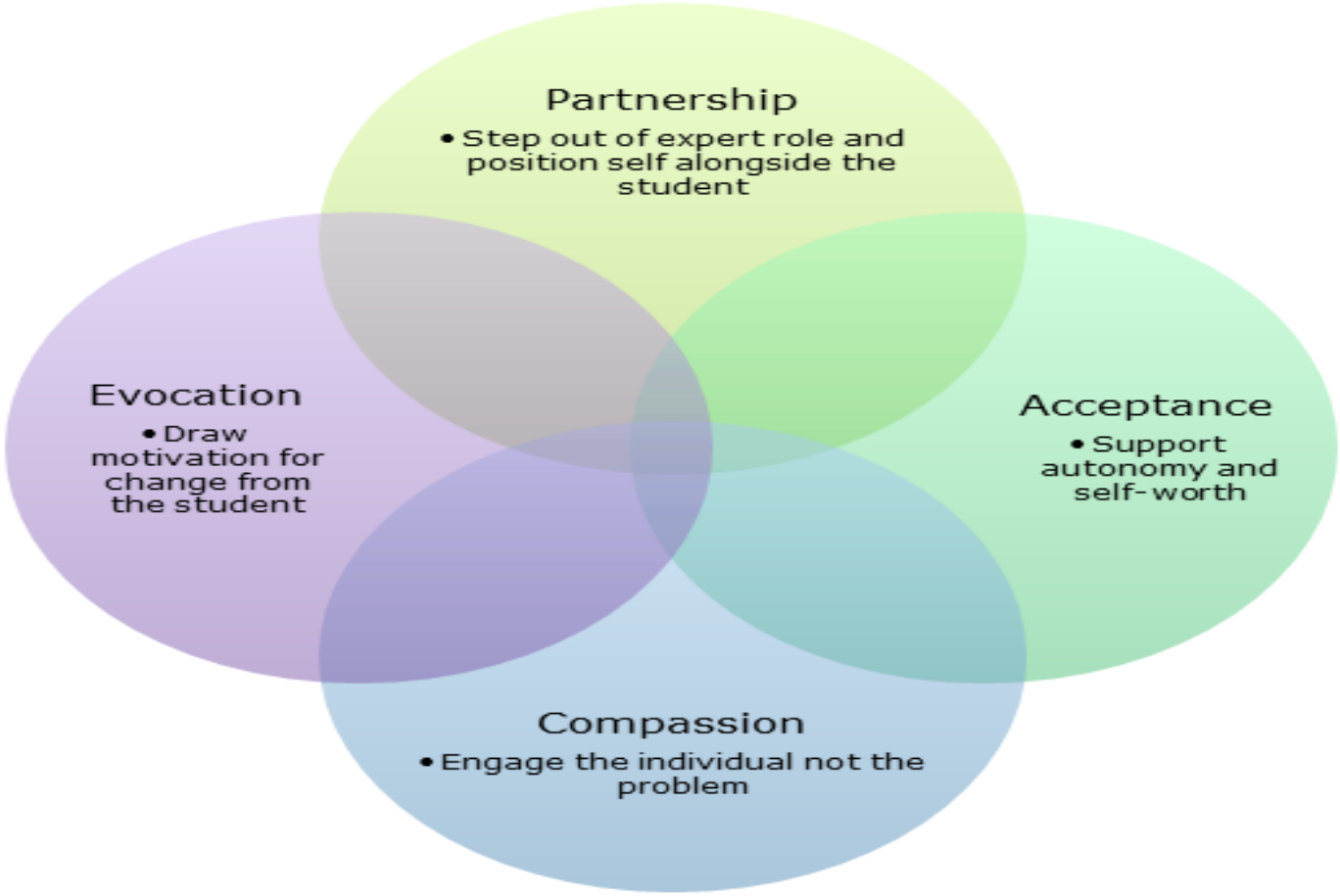
> "Motivational Interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence"
>
> **(Miller & Rollnick, 2002)**

MI is an **evidence-based** communication style.

In other words …

"An effective way to talk to people about change"

Spirit of MI



NewYork-Presbyterian
Performing Provider System

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.

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 that **being told** to change.

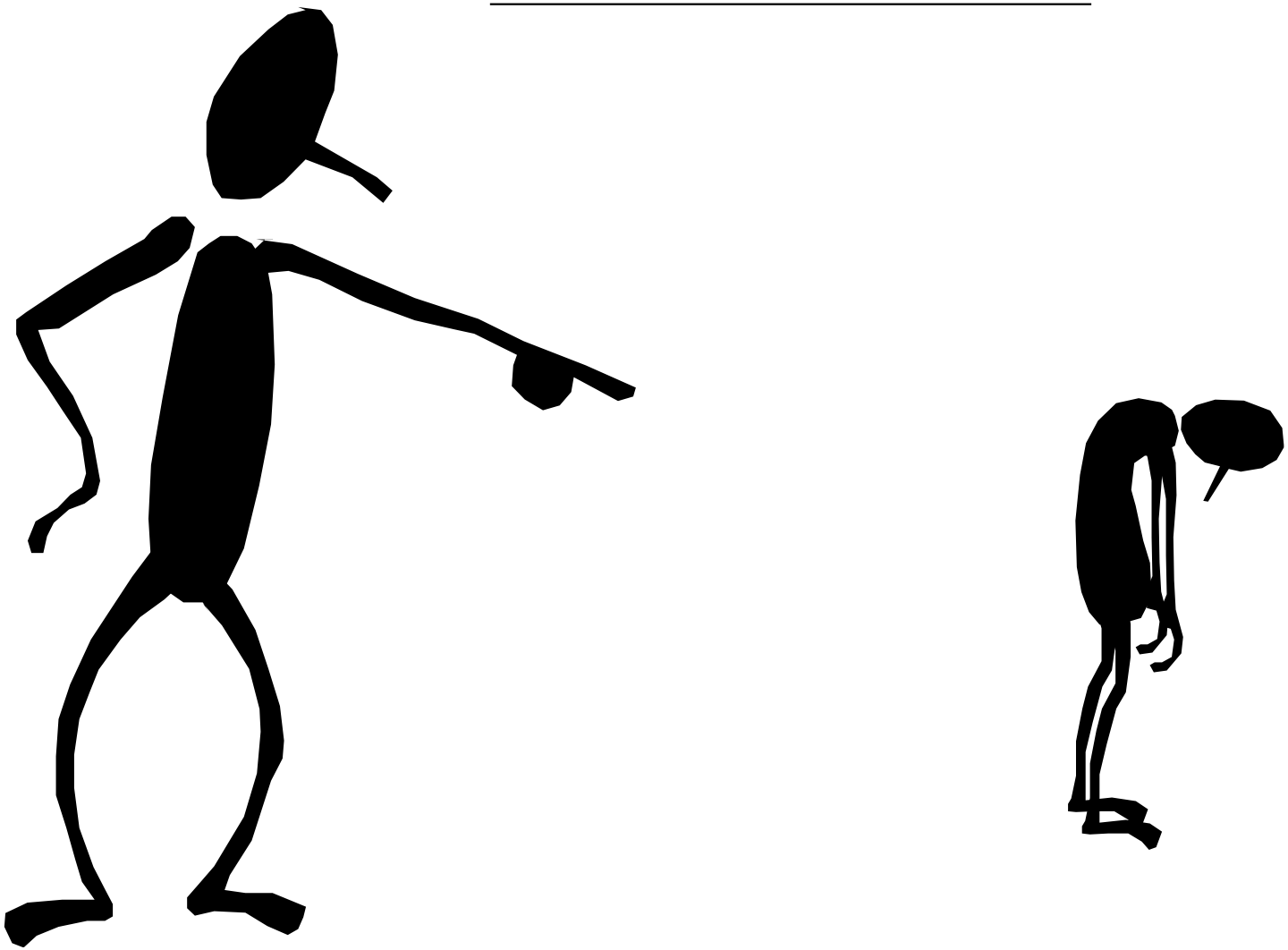
- Do you mind if we talk about your smoking?
- Can we talk about your cigarette use?
- I noticed on your medical history that you have hypertension
- Do you mind if we talk about how diet can affect hypertension?

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.

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.”

slideshare.net

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.

Roll With Resistance

VERSUS

Summary of OARS

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?

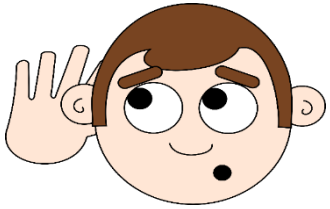
Why Open Ended Questions?

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

Affirmation 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!

Reflective Listening



- 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….

Summaries

- Summaries link what clients have expressed.
- Summaries allow client to expand the current discussion further.
- Summaries require 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.

Advanced Skills

- Decisional Balance
- Columbo Approach
- Readiness to Change Ruler
- Therapeutic Paradox

Advanced Skill 1: 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 important

extremely 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?

NewYork-Presbyterian
Performing Provider System

Importance/Confidence

2. If you did decide to change, how confident are you that you could do it?

0 ……10

not at all confident — extremely confident

A. Why are you there and not at *6*?

B. What would need to happen for you to raise your score a couple of points?

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?

Techniques and Skills Practice – 1 Readiness to Change Ruler

Advanced Skill 2: 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 they get some benefits from their risky or problem behavior

(B) (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.

Decisional Balance 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

Techniques and Skills Practice – 2 Decisional Balance

Advanced Skill 3: 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.

The Columbo Approach 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?

Techniques and Skills Practice – 3 **The Columbo Approach**

Advanced Skill 4: 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.
- 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.

Therapeutic Paradox 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 Examples

- 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.

Making such paradoxical statement are risky 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.

Conclusion

- The purpose of this training was to provide advanced Motivational Interviewing strategies. Applying MI skills can assist health care providers in addressing the needs of individuals ambivalent or resistant to behavior change.

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

NewYork-Presbyterian
Performing Provider System

References

- Bundy, C. (2004). Changing Behavior: using motivational interviewing techniques. *Journal of the Royal Society of Medicine, 97, Supplement 44. 43-47.*
- DiClemente, C.C. (1991). Motivational interviewing and the stages of change. In: Miller, W.R., and Rollnick, S., Eds. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press. 191-202.
- Motivational Interviewing Training New Trainers Manual (2014). Motivational Interviewing: Resources for Trainers. *Motivational Interviewing Network of Trainers.* https://motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf
- Miller, W.R.; Sovereign, R.G.; and Krege, B.(1988). Motivational interviewing with problem drinkers: II. The Drinker's Check-up as a preventive intervention. *Behavioral Psychotherapy*. 16, 251-268.
- Miller, W.R., and Rollnick, S. (1991). *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: The Guilford Press.
- Miller, W.R. and Rollnick, S. (1995). What is Motivational Interviewing? *Behavioural and Cognitive Psychotherapy, 23, 325-334.*
- Miller, W.R., & Rollnick, S. (2002). Motivational Interviewing: Preparing people for change (2nd ed.). New York: Guilford Publications, Inc.
- Rollnick, S., Miller W.R., Butler, C. (2008). Motivational Interviewing in Healthcare: Helping Patients Change Behavior. New York, The Guilford Press.
- Sobell, L.C. & Sobell, M.B. (2011) Group Therapy for Substance Use Disorders: A Motivational Cognitive-Behavioral Approach. New York: The Guilford Press


QUESTIONS
ANSWERS

AMAZING THINGS ARE HAPPENING HERE

Sofia Georgoulias Psy.D
Director of MCMH's
Family and Individuals in Recovery (F.A.I.R) program
1090 St Nicholas Ave, New York, NY10032
sgeorgoulias@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