Effecting Change through the Use of Motivational Interviewing

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Agenda

- Helping Styles
- Stages of Change
- MI Spirit
- MI Principles
- MI Micro-Skills
- Rolling with Resistance
- Putting it All Together

What are we talking about?

What does “increasing motivation” mean to you?

Understanding How People Change: Models

Directive Style of Helping

Following Style of Helping

Guiding Style of Helping

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Helping Styles

- Directing
  - "I know what you should do, and here's how to do it."
- Following
  - "I trust your wisdom, and will stay with you while you work this out."
- Guiding
  - Incorporates elements of both

Directing ⟷ **Guiding** ⟷ Following

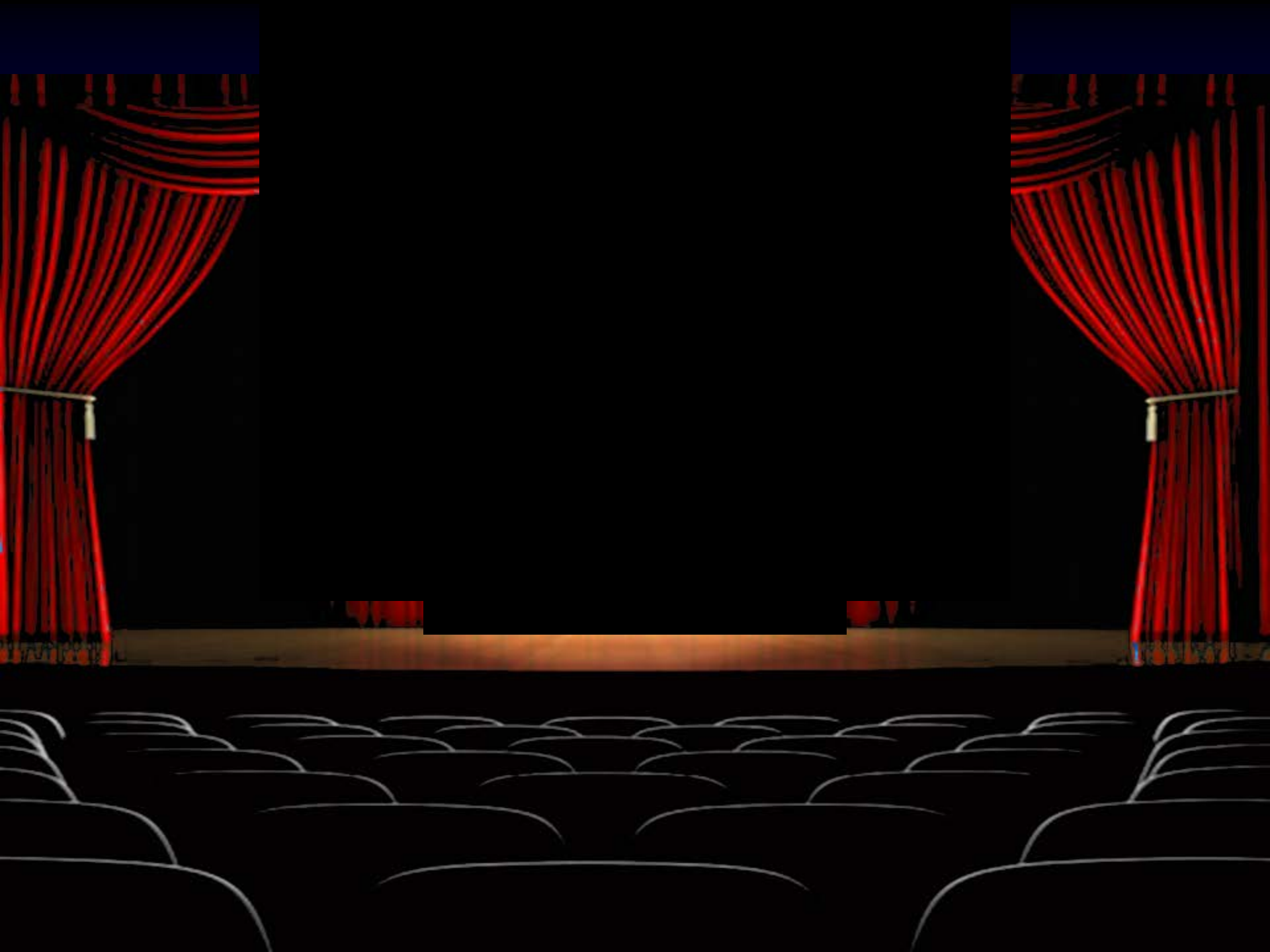
Activity (in pairs)

- Speaker:
- What is something about yourself that you
  - Want to change
  - Need to change
  - Should change
  - Have been thinking about changing, but you haven't done it yet

  (something you're ambivalent about)

Activity

- Listener:
- Tell them how much they need to make this change
- Give them list of reasons for doing so
- Emphasize the importance of changing
- Tell them how to change
- Assure them that they can do it
- Pressure them to get on with it



Directing Style of Helping

Given that you are caring, compassionate, well-intended, and that your advice is sound…

…why does your directing helping style not work as well as you would hope?

Following Style of Helping

- What would you like to talk about today?
- I'll sit and listen for awhile and see where this goes…


A Different Approach:
The Guiding Style

Guiding Style of Helping

- Find out what's important to them
- Have them describe what is working
- Ask what their goals are for treatment
- Ask them if they have a plan for accomplishing those goals
- Respect their choices

Guiding Style of Helping

- Motivational Interviewing can be considered a specialized subset of a Guiding style

- How does MI work to facilitate change?
  - Establishes authentic, empathic working relationship
  - Reduces “resistance”
  - Identifies discrepancy between life goals and current behaviors
  - Elicits change talk

What is Motivational Interviewing?

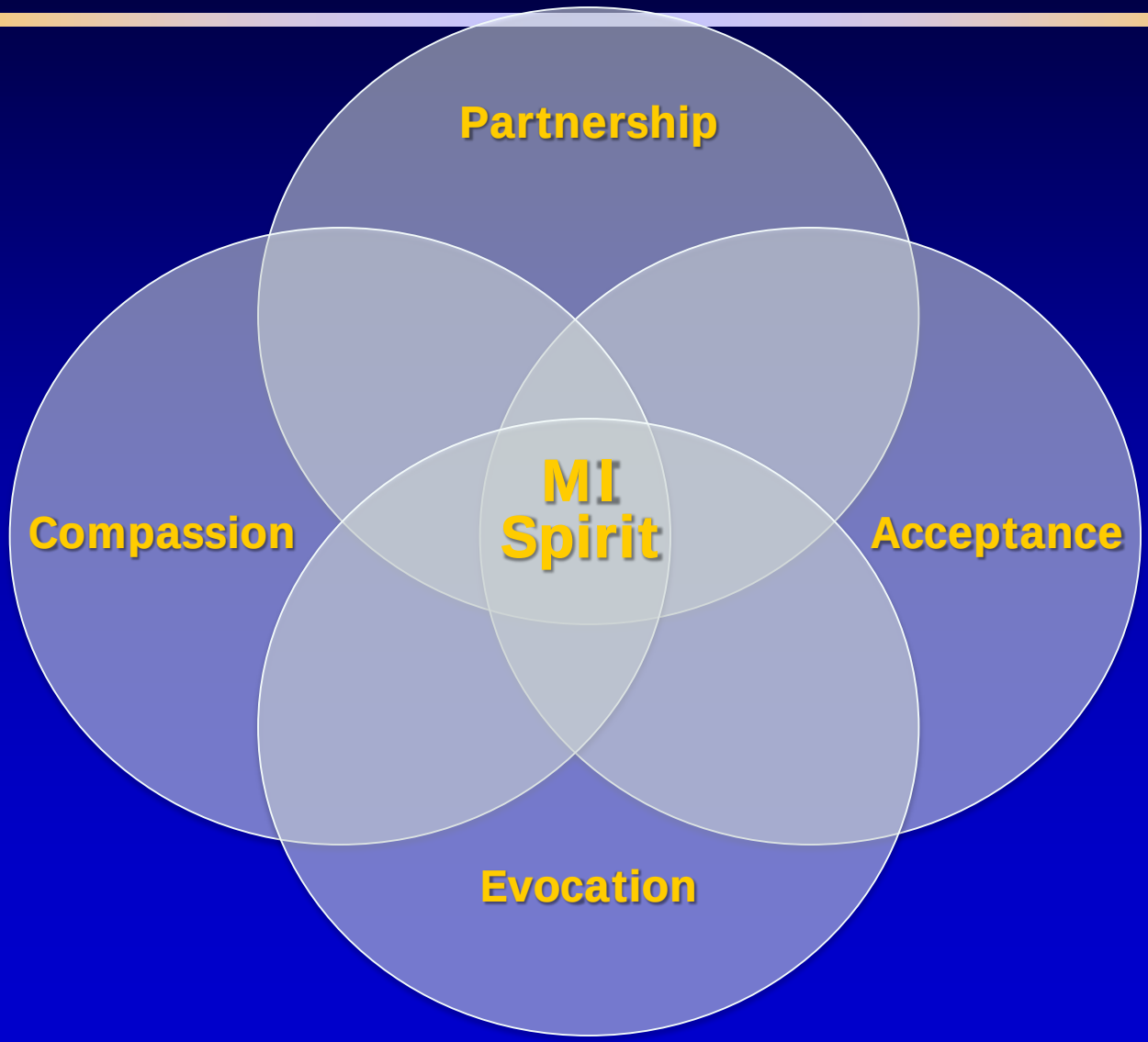
Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

"MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

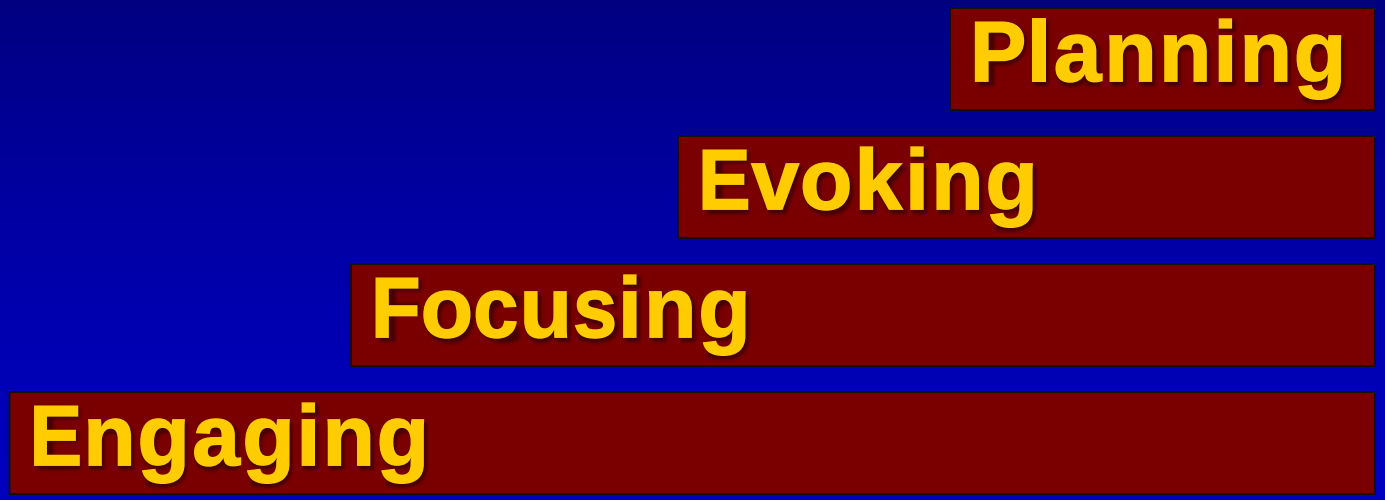
The Concept of Motivation

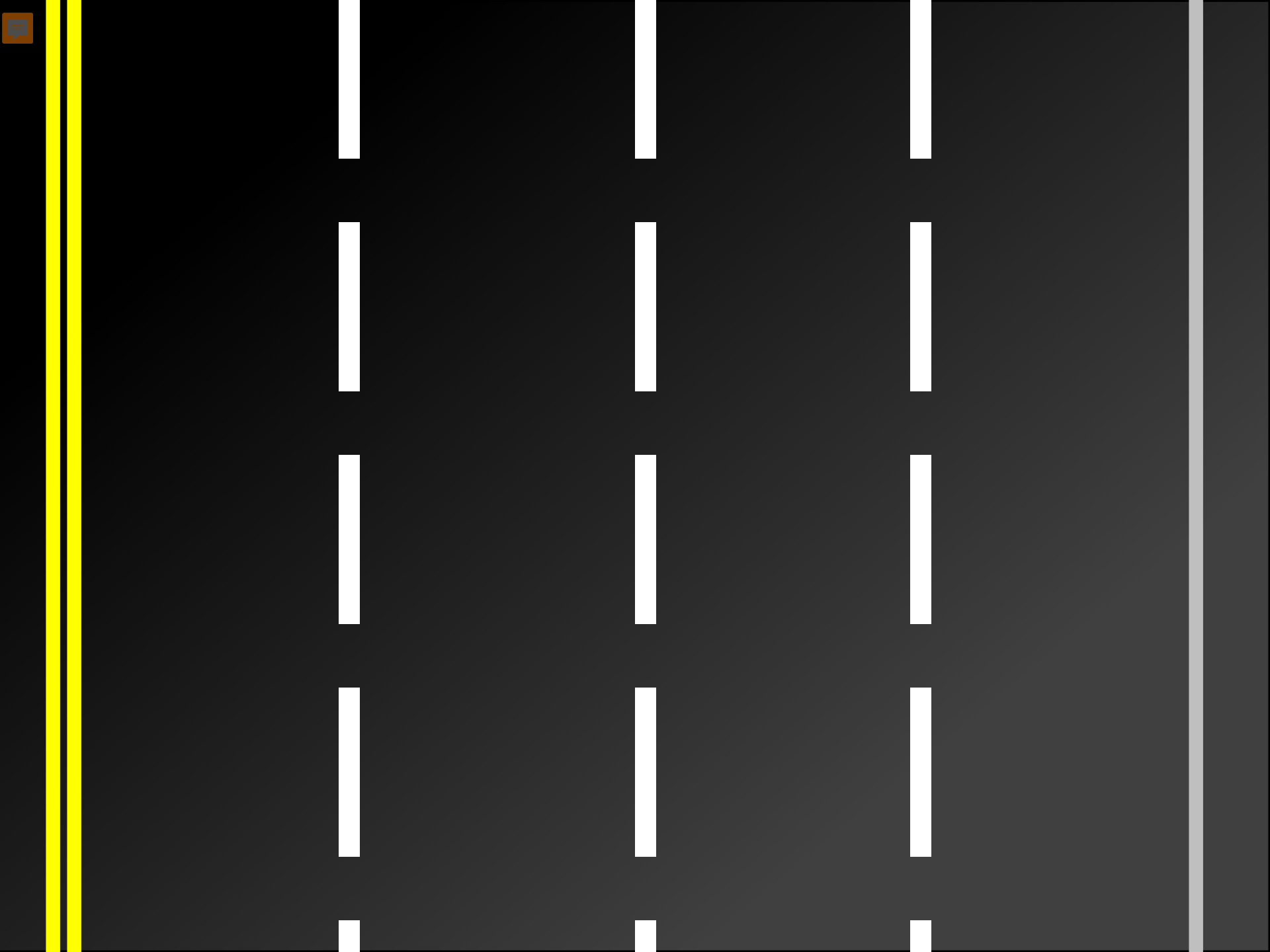
- Motivation is influenced by the clinician's style
- Motivation can be modified
- The clinician's task is to elicit and enhance motivation
- *"Lack of motivation" is a challenge for the clinician's therapeutic skills, not a fault for which to blame our clients/patients*

The Underlying Spirit of MI



Four Processes of MI





What's the Best Way to Facilitate Change?

- Constructive behavior change comes from connecting with something valued, cherished and important
- Intrinsic motivation for change comes out of an accepting, empowering, safe atmosphere where the painful present can be faced by the client

A Personal Change

Think about the most difficult change that you had to make in your life.

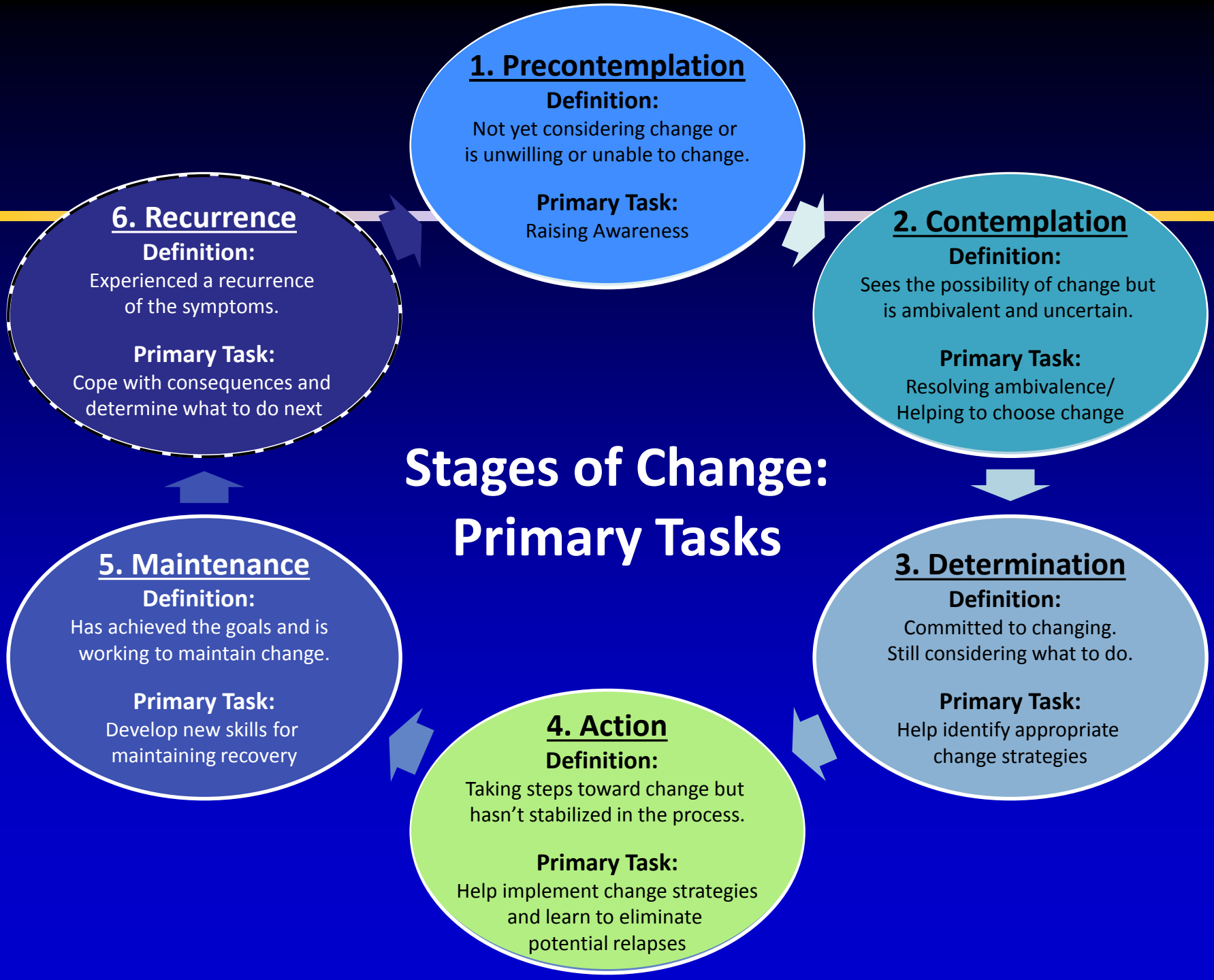
How much time did it take you to move from considering that change to actually taking action?

Where do I start?

- What you **do** depends on where the client/patient **is** in the process of changing
- The first step is to be able to **identify where they are**

STAGES OF CHANGE

Stages of Change: Primary Tasks



Precontemplation Stage

- Definition–

  Not yet considering change or is unwilling or unable to change

- Primary task–

  Raising Awareness

Precontemplation Stage
Knowledge Change

- Offer **factual** information
- Explore the **meaning of events** that brought the person to see you and the **results of previous efforts** to change
- Explore **pros and cons** of targeted behaviors

Contemplation Stage

- In this stage client/patient is beginning to see the possibility of change but is **ambivalent and uncertain** about beginning the process

- Primary task–

  Resolving ambivalence and helping the client/patient choose to make the change

Contemplation Stage
Attitude Change

- Explore the person's **sense of self-efficacy** and **expectations** regarding what the change will require of them
- **Summarize** self-motivational statements (change talk)
- Continue exploration of **pros** and **cons**

Determination Stage

- In this stage the client/patient is **committed to changing** but is still considering exactly what to do and how to do it

- Primary task–

  Help them identify appropriate change strategies

Determination Stage
Behavior Change

- Offer a **menu of options** for change or treatment
- Help client/patient identify **pros and cons** of various treatment or change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

Action Stage

- In this stage the client/patient is **taking steps toward change** (i.e. engaging in tx) but hasn't yet solidified the new behavior

- Primary task–

  Help implement the change strategies and **reduce the potential for relapses**

Action Stage
Continued Behavior Change

- Support a **realistic view** of change through **small steps**
- Help person **identify high-risk situations** and develop appropriate **coping strategies**
- Assist person in **finding new reinforcers** of positive change (i.e. reinforcers that compete with the positive reinforcement of drugs)
- Help access family and social **support**

Maintenance Stage

- Definition–

  A stage in which the client/patient has **achieved the primary tx goals** and is working to **maintain** them

- Primary task–

  Continuing to **develop and reinforce skills** for maintaining recovery

Maintenance Stage
Environment/Support Change

- Help client/patient identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **support system**
- Encourage them to **develop an escape plan**
- Work to **set new** short- and long-term **goals**

Recurrence

- Definition–

  Client has experienced a **recurrence of the symptoms**

- Primary task–

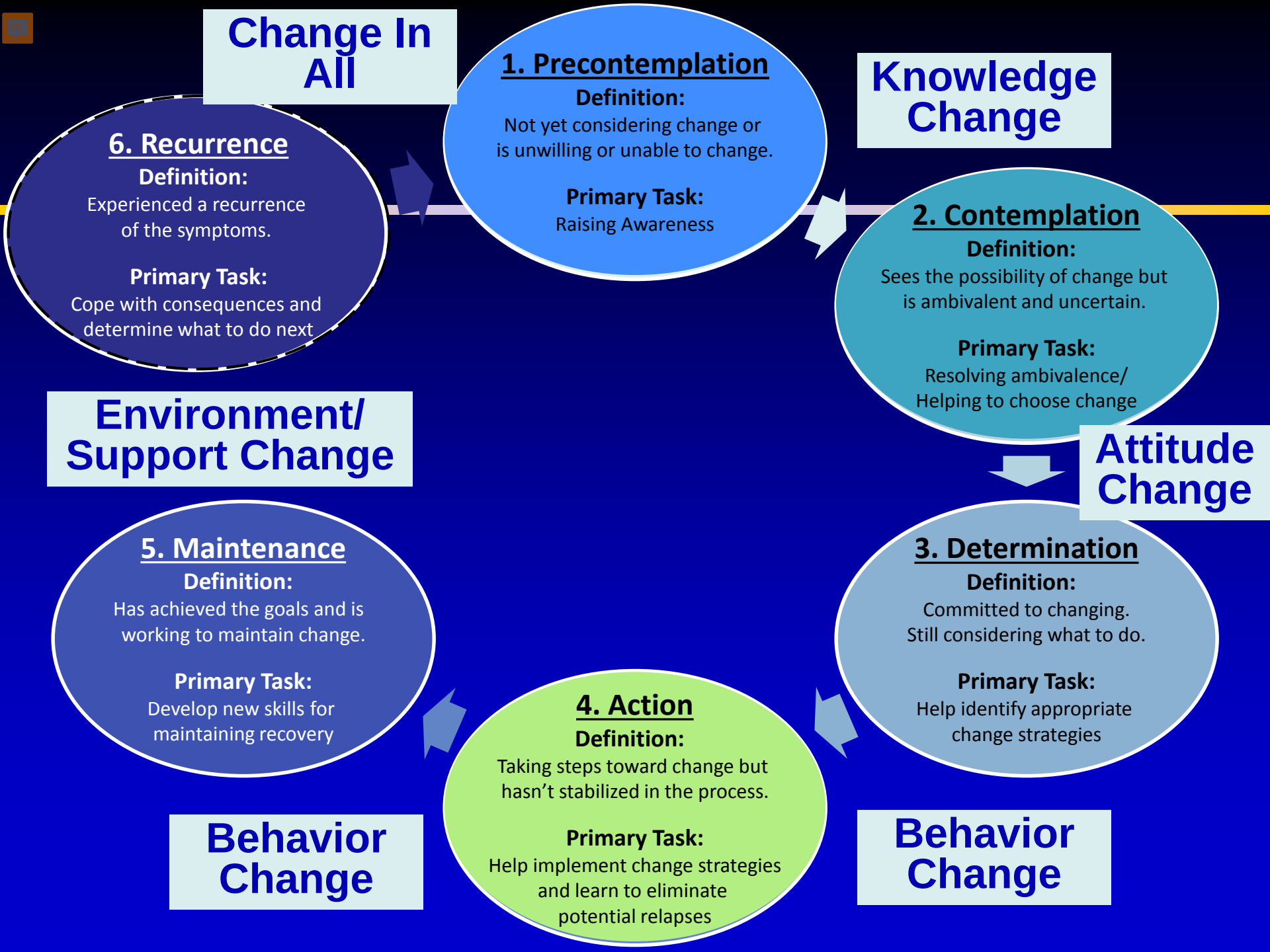
  Must address the **consequences** and determine **next steps**

Recurrence
Knowledge/Attitude/Behavior Change

- Frame recurrence as a **learning opportunity;** recurrence does not equal failure!

- Explore possible behavioral, psychological, social **antecedents** to the recurrence/relapse

- Help person develop **alternative coping strategies** for those antecedents
- Refresh their knowledge of the Stages of Change and encourage him/her to **stay in the process**
- Maintain **supportive** contact


Change In All
1. Precontemplation
Definition:
Not yet considering change or is unwilling or unable to change.
Primary Task:
Raising Awareness
Knowledge Change
2. Contemplation
Definition:
Sees the possibility of change but is ambivalent and uncertain.
Primary Task:
Resolving ambivalence/ Helping to choose change
Attitude Change
3. Determination
Definition:
Committed to changing. Still considering what to do.
Primary Task:
Help identify appropriate change strategies
Behavior Change
4. Action
Definition:
Taking steps toward change but hasn't stabilized in the process.
Primary Task:
Help implement change strategies and learn to eliminate potential relapses
Behavior Change
5. Maintenance
Definition:
Has achieved the goals and is working to maintain change.
Primary Task:
Develop new skills for maintaining recovery
Environment/ Support Change
6. Recurrence
Definition:
Experienced a recurrence of the symptoms.
Primary Task:
Cope with consequences and determine what to do next

The Concept of Ambivalence

- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They “want to change and don’t want to change”
- *“Working with ambivalence is working with the heart of the problem”*

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

Blaise Pascal

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MI - The Spirit (1) : *Style*

- nonjudgmental and collaborative
- based on client and clinician partnership
- gently persuasive
- more supportive than argumentative
- listens rather than tells
- communicates respect for and acceptance of clients' feelings and worldview

MI - The Spirit (2) : *Style*

- explores client's perceptions without labeling or correcting them
- no teaching, modeling, skill-training

- "resistance" is seen as an interpersonal behavior pattern influenced by the clinician's style of interaction
- "resistance" is met with reflection rather than blunt force

MI - The Spirit (3) : *Client*

- Responsibility for change is left with the client
- Change arises from within rather than being imposed from without
- Focus on eliciting the client's own concerns
- Emphasis on client's personal choice for deciding future behavior

MI - The Spirit (4) : *Clinician*

- Implies a strong sense of purpose
- Seeks to create and amplify discrepancy between values/goals and current behavior in order to enhance motivation
- Elicits possible change strategies from the client
- Systematically directs client toward motivation for change

Activity: Experiencing MI Spirit

Someone speaking and someone listening (not counselor/client) about the issue you identified earlier:

Speaker: what is something about yourself that you:

- Want to change
- Need to change
- Should change
- Have been thinking about changing, but you haven't changed yet

(in other words, something you're ambivalent about)

Activity: Experiencing MI Spirit

As the Listener, ask:

1. Why do you want to make this change?
2. How might you go about it in order to succeed?
3. What are the 3 best reasons for you to do it?
4. How important is it for you to make this change, and why?

Give short summary/reflection of speaker's motivation for change, then:

5. So what do you think you'll do?

MI: 8 Unhelpful Assumptions

1. The client ought to change behavior
2. The client wants to change
3. Health is the client's primary motivator
4. The intervention has failed if the client doesn’t choose to change
5. Clients are either motivated to change, or not
6. Now is the right time to choose to change
7. Tough love is the best approach
8. The clinician is the expert; the client should follow the clinician’s advice

Summary--The process of change is a continuum

- Strategies for various interventions are linked to the stages of change
- Pre-contemplation stage: client does not consider giving up
- Contemplation stage: client begins to think about doing something
- Action stage: client attempts to quit or reduce intake
- Maintenance stage: client succeeds in giving up and works to maintain status
- Recurrence stage: client resumes use for a discrete period of time (a normal part of the change process)

Summary--The process of change is a continuum

- MI is a style of counseling that aims to facilitate patient-driven decisions to change harmful behaviors
- MI is useful with a person who is “contemplating” changing his/her behavior but may be experiencing ambivalence
- When people hear their own words they are more likely to commit to desired changes

Example of a patient, “gently persuasive” guiding style

Horse whisperer

MI Spirit in Action

MI: PRINCIPLES

MI: Origins

- MI evolved from Carl Rogers' client-centered therapy
- Client-centered therapy was/is very non-directive
- MI shares many of the same principles but is more directive; there is a specific destination
- "It should be remembered that this approach (client-centered therapy) is something more than merely a listening and reflecting technique. It is based on a set of attitudes that the therapist brings to the relationship, and more than any other quality, the therapist's *genuineness* determines the power of the therapeutic relationship."

(1991, Corey G. Theory and Practice of Counseling and Psychotherapy.)

MI: Principles

- Motivational interviewing is founded on 4 basic principles:
  - Express empathy
  - Develop discrepancy
  - Roll with resistance
  - Support self-efficacy

MI: Principles

1. Empathy
   - Is probably the most crucial principle
   - Creates environment conducive to change, instills sense of safety, of being understood and accepted, and reduces defensiveness
   - Sets the tone within which the entire communication occurs. Without it, other components may sound like mechanical techniques

MI Principles

What exactly IS empathy?

MI: Principles

1. Empathy (cont'd)

   – Empathy "is a specifiable and learnable skill for *understanding* another's meaning through the use of reflective listening. It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning"

(Miller and Rollnick, 1991, p. 20)

MI: Principles

Empathy:

"An intellectual and emotional awareness and understanding of another person's thoughts, feelings, and behavior, even those that are distressing and disturbing. Empathy emphasizes understanding; sympathy emphasizes *sharing* of another person's feelings and experiences."

http://medical-dictionary.thefreedictionary.com/empathy

MI: Principles

1. Empathy (cont'd)
   - Nature of clinician-client relationship, even in a single session, predicts treatment retention and outcome
   - Rogers – skillful reflective listening that clarifies and amplifies the client's own experience and meaning, without imposing the clinician's material
   - It is a paradox but true nevertheless that acceptance facilitates change

MI: Principles

1. Empathy (cont'd)
   - Empathy represents conceptual opposite of confrontational strategies
   - Establishing empathy builds trust and rapport and provides a doorway through which to introduce more difficult addiction issues
   - Asking about *positive* aspects of substance use can be a good starting point and help put client at ease

Example of expressing empathy

I am so tired, but I cannot even sleep… So I drink some wine.

You drink wine to help you sleep.

…When I wake up…it is too late already… Yesterday my boss fired me.

So you're concerned about not having a job.

...but I do not have a drinking problem!

MI: Principles

2. Develop discrepancy
   - Help client to become more aware of the discrepancy between their addictive behaviors and their more deeply-held values and goals
   - Part of this is helping client to recognize and articulate negative consequences of use. More effective if the *client* does this, not the clinician
   - Explore values and life goals and then ask client to reflect on how their addictive behavior fits into them
   - Tone is critical

Example of developing discrepancy

I enjoy having some drinks with my friends…that's all. Drinking helps me relax and have fun…I think that I deserve that for a change…

So drinking has some good things for you…now tell me about the not-so-good things you have experienced because of drinking.

Well…as I said, I lost my job because of my drinking problem…and I often feel sick.

Weighing the Decisional Balance

Strategies for weighing the pros and cons…

- ***"What do you like about drinking?"***
- ***"What do you see as the downside of drinking?"***
- ***"What else do you think about it?"***

Summarize both pros and cons…

"On the one hand you said..,
and on the other you said…."

The Decisional Balance

The good things about _____	**The not-so-good things about _____**
The not-so-good things about changing	**The good things about changing**

- Open-ended questioning
- Affirming
- Reflective listening
- Summarizing

Avoid questions that inspire a yes/no answer.

Importance/Confidence/Readiness Rulers

On a scale of 1–10…

- ***How important is it for you to change your drinking?***
- ***How confident are you that you can change your drinking?***
- ***How ready are you to change your drinking?***

For each ask…

- ***Why didn't you give it a lower number?***
- ***What would it take to raise that number?***

MI: Principles

3. Roll with resistance
   - In general, it is unhelpful to argue with clients. Confrontation elicits defensiveness, which predicts a lack of change
   - Particularly countertherapeutic for clinician to argue that there is a problem while client argues that there isn't one
   - Client does not need to accept diagnostic label (e.g. "addict" or "alcoholic") for change to occur

MI: Principles

3. Roll with resistance (cont'd)
   - Seemingly "resistant" responses from clients/patients are met not with opposition but rather with acceptance and an invitation to try new perspectives
   - The ambivalence about treatment, about change, that is usually interpreted as "resistance" is probably a normative response to giving up well-established ways of being, thinking, and behaving, and attempting to establish new ones

Example of NOT Rolling with Resistance

I don't want to stop drinking…as I said, I don't have a drinking problem…I want to have a drink when I feel like it.

But, Anna, I think it is clear that drinking has caused you problems.

You don't have the right to judge me. You don't even understand me.

Example of Rolling with Resistance

You do have a drinking problem

I do not want to stop drinking…as I said, I do not have a drinking problem…I want to drink when I feel like it.

Others may think you have a problem, but you don't.

That's right, my mother thinks that I have a problem, but she's wrong.

MI: Principles

4. Support self-efficacy
   - Can be conceptualized as a specific form of optimism, a "can-do" belief in one's ability to accomplish a particular task or change.
   - Crucial to help clients/patients see and experience their own ability to make changes.
   - Part of this is the *clinician* believing in the client's ability to change.

MI: Principles

4. Support self-efficacy (cont'd)
   - Clinician must support the client's belief that they can change
   - A realistically optimistic belief in the possibility of change can be a powerful instigator and motivator of change
   - Ultimately, client is responsible, but the sense of hope that the clinician can generate is very important (we tend to focus less on hope as an important therapeutic factor)

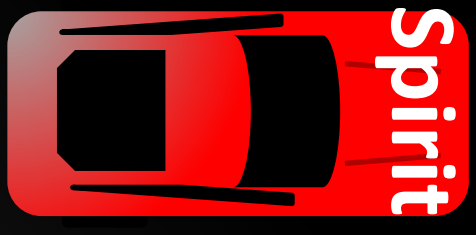
Example of supporting self-efficacy

I am wondering if you can help me. I have failed many times. . .

Anna, I don't think you have failed because you are still here, hoping things can be better. As long as you are willing to stay in the process, I will support you. You have been successful before and you will be again.

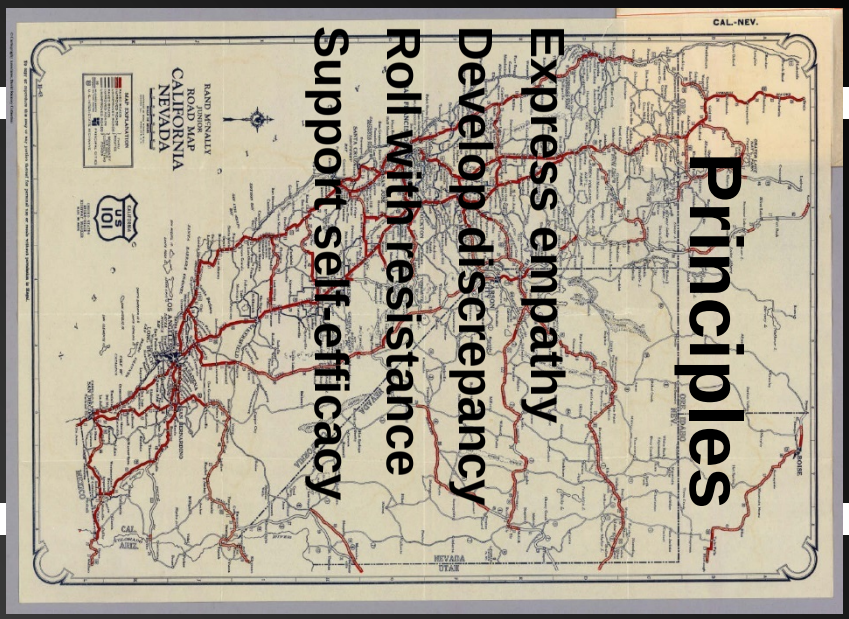
I hope things will be better this time. I'm willing to give it a try.

Engaging



Focusing

Evoking



Planning

MI Skills and Strategies

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Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing

Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

Keeps the person talking…

- Tell me about your drug use.
- What's that like for you?
- What was your life like before you started drinking?
- How do you want things to end up when you're done with supervision? Where do you want to be?
- What other ideas do you have? What else might work for you?

Encourages thought about what person is saying…

- What concerns do you (does your wife, husband, girlfriend, etc.) have about your drinking?
- How has this caused trouble for you?
- What do you think might happen if you got another positive urinalysis?
- If you did go ahead and finish the class, how would that make things better for you?

Open and Closed Questions Quiz

1. Don’t you think your drinking is part of the problem? C
2. Tell me about when you were able to quit smoking? O
3. How is it going with managing your pain meds? O
4. Do you know you might die if you don’t stop using? C
5. What do you want to do about your drinking? O
6. Can you tell me about what you know about your heart condition? C

Converting Closed Questions

1. Do you think your drug use is a problem?
2. Do you have any health problems related to your drinking?
3. Have you considered getting some professional help?
4. Are you worried about dying?
5. Would there be any benefits to not smoking marijuana?

Activity: Open-Ended Questions

- Form pairs
- Each pair has a statement commonly made by clients or a brief client scenario
- Develop 4 or 5 open-ended questions you could use to explore the situation

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing

OARS: Affirmations
(Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges client's challenges
- Validates client's experiences and feelings
- Reinforcing successes reduces discouragement & hopelessness

Affirmations

- Catch them doing something right!
  - Support person's persistence
  - Recognize effort
  - Assist person in seeing positives
  - Support individual's strengths
  - Support their confidence

Some questions to guide you…

- What successes, even little ones, have you had in the past?
- If your best friend was describing your strengths, what would they say?
- What are the qualities that describe you when you're at your best?

Reinforce something the person has done or intended to do…

- Thanks for talking to me. I know it’s difficult to talk to a stranger.
- You’re aware of what you need.
- You’re surviving out here. That says a lot.
- You took the time to come in today.

Highlight their successes…

- How did you do this?
- How did you know that would work?
- You know, a lot of people on parole never seem to get it together, but you have really found a way to make this happen. How did you manage to do all that?

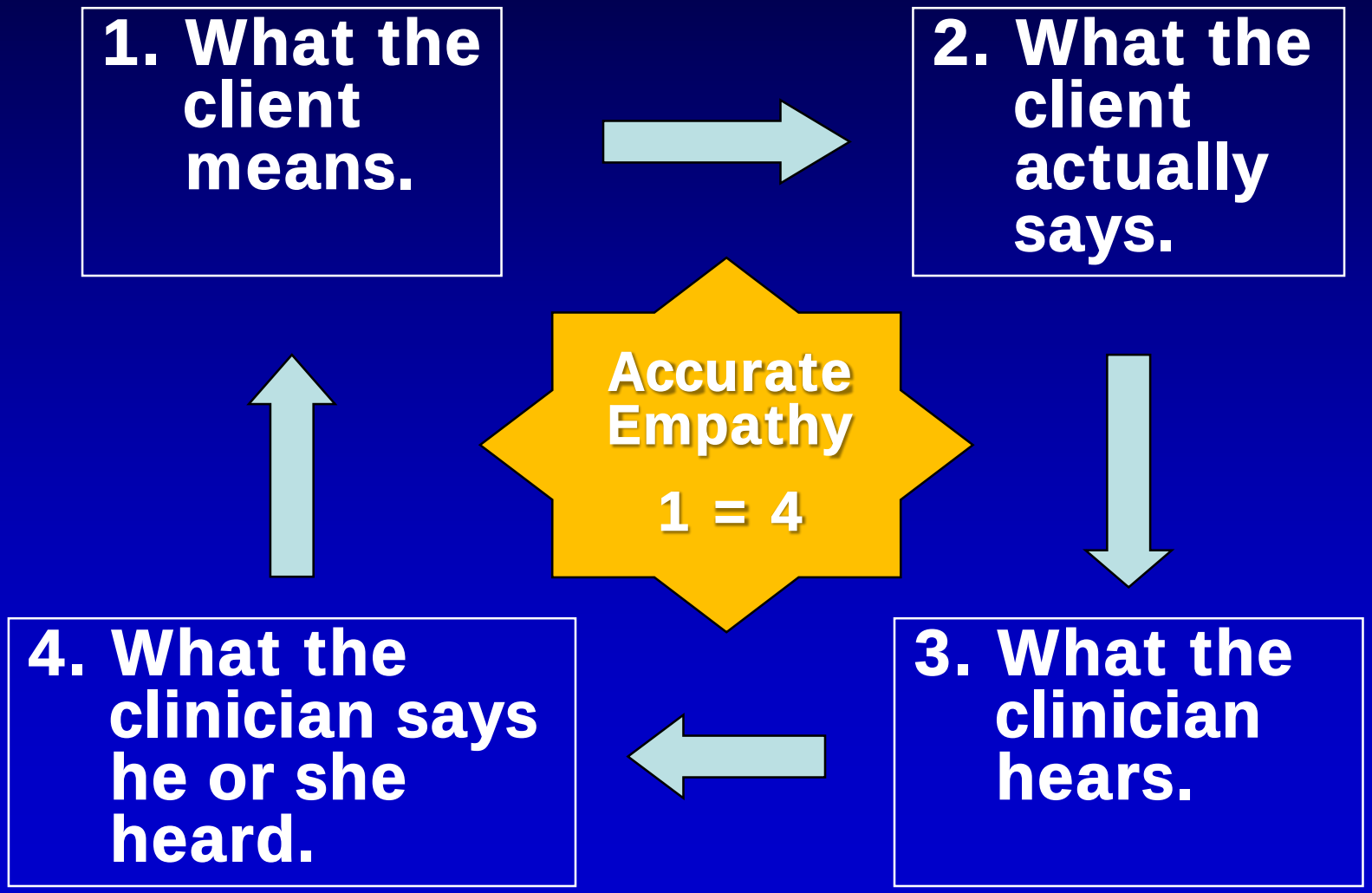
Affirmations: Use Thoughtfully

- Praise and cheerleading is not MI
- Carefully think about using affirmations
  - do not use liberally
    - Can be a roadblock and stop the conversation
- Use specific, concrete affirmations based on strengths or efforts made

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing

The Communication Cycle

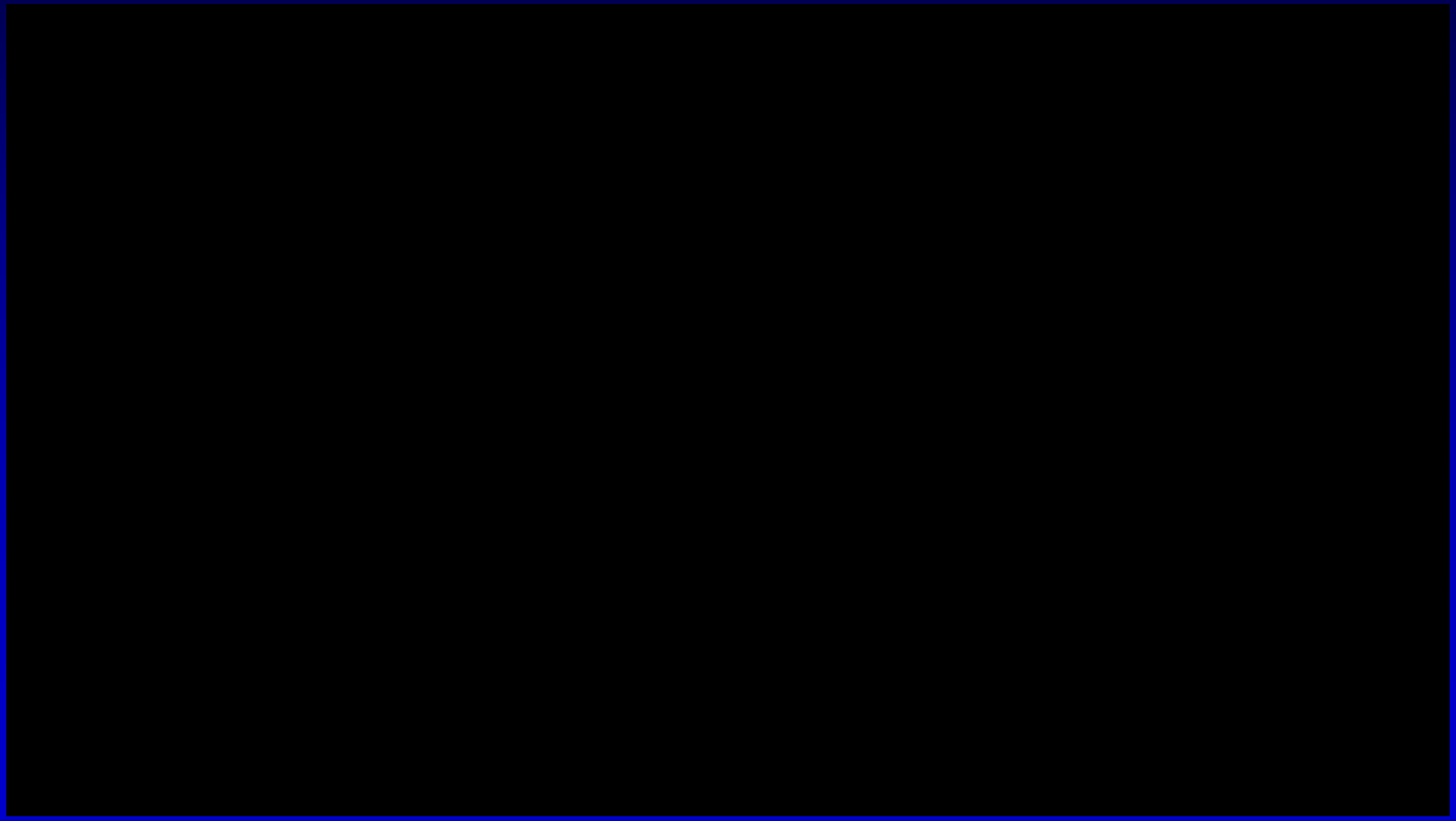


Reflective Listening

Reflective Listening

What it is NOT: listening for the purpose of diagnosing and fixing a problem

It’s Not About the Nail



Expressing Empathy through Reflective Listening

Reflective listening is used to:

- Check out whether you really understood the patient/client
- Highlight the client's own motivation for change about substance use
- Steer the client towards a greater recognition of her or his problems and concerns, and
- Reinforce statements indicating that the client is thinking about change.

Nonverbal Listening

- Form pairs
- Speaker: talk about one of the following for 5 minutes:
  - What it was like growing up in my home
  - Ways I've changed over the years
  - The good things and not-so-good things about my high school years
  - Describe a parent or sibling
  - How I came to do the work I'm doing
- Listener can say **nothing**, not even "mm hmm"
- Demonstrate that you are listening and understanding with **nonverbal skills only**
  - **Goal is for speaker to feel heard & understood**

Types of Reflective Statements

1. Simple Reflection (repeat)
2. Complex Reflection (making a guess as to underlying meaning)
3. Double-Sided Reflection (captures both sides of the ambivalence)

Simple Reflections

- Stay very close to the speaker's original words and meaning

- **Client:** Everybody out there is trying to make me confused.
- **Clinician:** ??

- **Client:** Usually when I get depressed, I just try to stay busy, and it eventually goes away. But this time…..I can't seem to shake it.
- **Clinician:** ??

Complex Reflections

- How To Form a Complex Reflection:
  - Think of the question (Do you mean that…)
  - Remove question (Do you mean) and insert your guess
  - Turn your voice downward at end of statement

Complex Reflections

- Reflecting the *inferred meaning* of a statement, or a paraphrase that focuses on the *emotional aspect* of the statement (meaning is added to what was said)

Reflections

Client says:

- I'm so tired of this life. I've tried to get clean so many times and it only works for a little while, then I'm out using again and it's worse than before. I don't know what to do.

Simple Reflection

(repeat)

- You're so tired of using and you don't know what to do about it.
- Every time you start using again it gets worse and you don't know what to do.

Reflections

Client says:

- I'm so tired of this life. I've tried to get clean so many times and it only works for a little while, then I'm out using again and it's worse than before. I don't know what to do.

Complex Reflection

(continuing the thought)

- You're so tired of getting high and you're confused as to how to get out of this.
- Every time you relapse it gets worse and you don't know if you'll be able to stop. You're afraid you'll always be hooked

Reflections

Client says:

- I'm so tired of this life. I've tried to get clean so many times and it only works for a little while, then I'm out using again and it's worse than before. I don't know what to do.

Amplified Reflection

(emphasizes the client's point; add intensity; overstate)

- You're so discouraged about staying clean, you're not sure you should even bother anymore.
- Every time you relapse it gets worse, so why even bother trying.

Reflections

Client says:

- I'm so tired of this life. I've tried to get clean so many times and it only works for a little while, then I'm out using again and it's worse than before. I don't know what to do.

Double-sided Reflection

(captures both sides of ambivalence)

- On the one hand you want to get clean, and on the other hand, you're not sure if you can do it so why bother?
- It's a real struggle for you to stay off drugs, and at the same time you know it's important for you to keep trying.

Complex Reflection: Example

- Continues the thought; **takes a guess** at what client really means and/or feels

- **Client:** Everyone should just relax. I'm doing the best I can in finding a job.
- **Clinician:** ???

- **Client:** I don't know how I'm going to come here every day. What do these people expect of me?
- **Clinician:** ???

Double-Sided Reflections

So on the one hand you…..and on the other you want……..

Client: I know it might not be good for me, but it is the only thing that helps me sleep.

Clinician: ??

Client: I know that it is a bad idea to keep secrets from my family. I am just so tired of them judging me.

Clinician: ???

Reflections

- "I'm so tired of feeling this way. My depression is taking over my life."
  - **"Well, you could take your meds and stop drinking. That might help.**
  - *No – that's not listening and is judgmental. I want to tell him what he needs to do (stop drinking, complete treatment, really apply himself this time, take his medication)* ***but I need to understand. How does he feel? Why is he tired?*** *Does he mean that he's unsure if he'll ever be able feel "normal"? Does he feel overwhelmed with his life? Does he feel inadequate about his ability to cope? Does he not want to be on medication? Now make it a reflection.*
    - "Life is overwhelming right now and you feel you don't have the ability to cope."
    - "You're worried that you may not feel normal again."
    - "You're scared that this is really affecting your relationship with your wife."

Summary Statements

Collection

Linkage

Transition

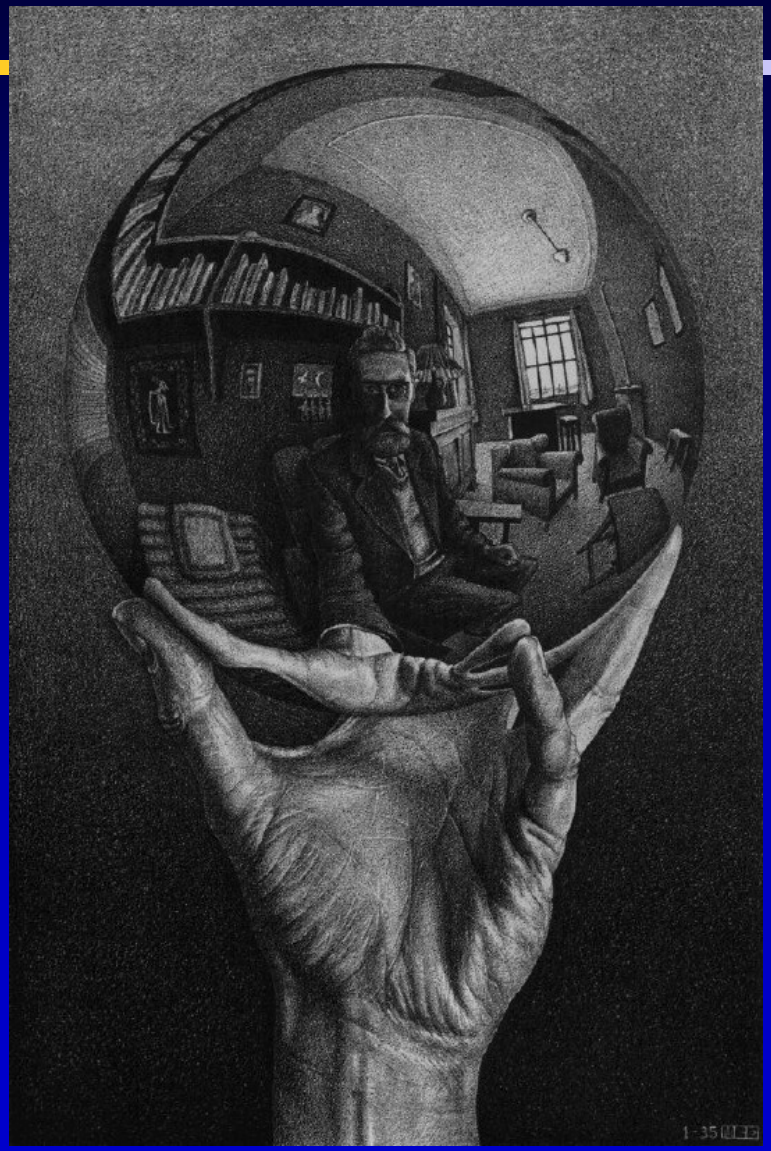
Next

Reflections in the Round

1. Everyone writes down something a client might say about his/her substance use during an intake. Make it at least 2 sentences long.
2. Everyone sits in a circle.
3. One person is speaker. The others are interviewers. Speaker reads the client statement and interviewers, one right after the other, pose different reflective responses to the client statement.

Empathic Listening & Reflections

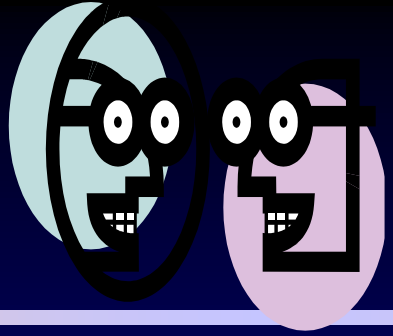
Reflective Listening Exercise



Talk about a personal change you are making or need/want to make.

Listener will only respond with reflections. No questions.

The Listener will use as many complex and double-sided reflections as possible.



Types of Reflective Statements:

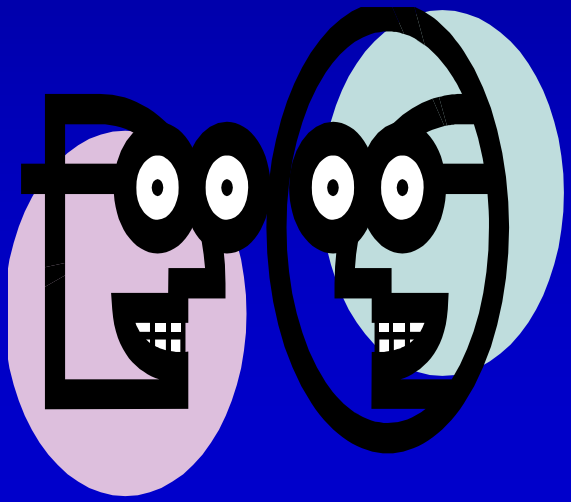
1. Simple Reflection (repeat)
2. Complex Reflection (continue the paragraph, amplify/exaggerate the client's point)
4. Double-Sided Reflection (captures both sides of the ambivalence)

Questions to guide you:

1. **Where are they going with this?**
2. **How do they feel about this?**
3. **What do they really mean?**
4. **What have they said?**
5. **How does this affect how they think?**
6. **How does this affect how they feel about themselves or their world?**

End

What was your experience like?



PACIFIC SOUTHWEST attc

UCLA

Association of Therapist Skills With Change & Sustain Talk

A meta-analysis of 12 studies examined the central MI "technical hypothesis" that change talk and sustain talk predict treatment outcome

- Expected Findings:
  - Therapist MI-*inconsistent* skills were associated with less change talk and more sustain talk
  - Higher rates of sustain talk were associated with worse outcomes
  - MI-inconsistent therapist techniques i.e. confrontation, warnings, or unsolicited advice, "appeared to be particularly harmful to a motivational interview"
- Unexpected finding:
  - Therapist MI-*consistent* skills were associated with more change talk, *but not with less sustain talk*
    - Implications: in a context of exploring and resolving ambivalence, therapist MI-consistent skills may increase *both* change and sustain talk, particularly when clients are highly ambivalent
    - It may not be helpful for clinicians to focus on reducing sustain talk but rather to create an atmosphere where clients feel safe and supported enough to fully explore both sides of the ambivalence

The Technical Hypothesis of Motivational Interviewing: A Meta-Analysis of MI's Key Causal Model (Magill et al, 2014)

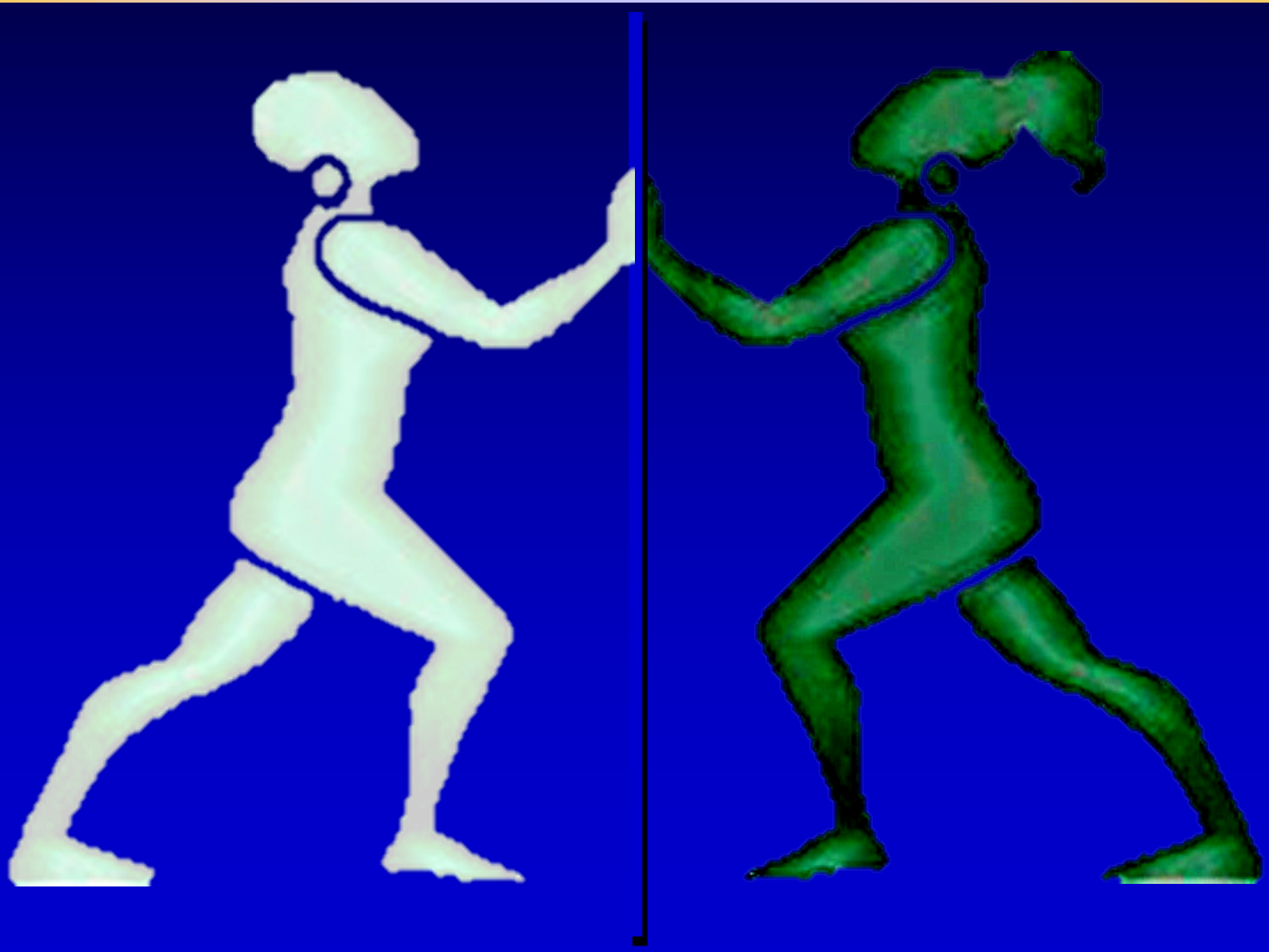
Evidence for MI

- Over 500 controlled trials have been published testing applications of MI across a wide array of clinical problems, including substance use, smoking cessation, weight loss, eating disorders, diabetes, problem gambling, and medication adherence (Miller & Moyers, 2017)

- Open-ended questions and complex reflections predict preparation-level change talk, and complex reflections predict commitment-level change talk (Brown, Masterson, Latchford, & Tober, 2018)

A few more words on “resistance”

Where does resistance start?



Recognizing Resistance

Some forms of resistance, when clients:

- argue
- interrupt
- fail to link (problems to use)
- ignore problems
- are passive-aggressive i.e. agree to do something, then fail to follow through

Roadblocks to Communication

Roadblocks to Communication

- Ordering, directing
- Warning or threatening
- Giving advice
- Persuading, arguing, lecturing
- Moralizing, preaching, telling clients what they "should" do
- Disagreeing, judging, blaming
- Praising prematurely or in excess
- Shaming, ridiculing, labeling
- Excessive reassuring, sympathizing, consoling
- Questioning or probing excessively
- Withdrawing, distracting, humoring
- Cultural/Racial roadblocks
- Organizational roadblocks
- Gender/Age roadblocks

Rolling with Resistance

To reduce resistance:

- Reflect the resistance back to the client
- Shift the focus
- Reframe
- Emphasize personal choice and control
- Stop providing solutions
- Talk about something else

Rolling with Resistance

- “One view of resistance is that the client is behaving defiantly. Another, perhaps more constructive, viewpoint is that resistance is a signal that the client views the situation differently. This requires you to understand your client's perspective and proceed from there. Resistance is a signal to you to change direction or listen more carefully.
- Adjusting to resistance is similar to avoiding argument in that it offers another chance to express empathy by remaining nonjudgmental and respectful, encouraging the client to talk and stay involved.”

(Miller & Rollnick, 1991)

“Resistant” Trucker - Alcohol

Putting It All Together

Pair up again (different partner)

Speaker: what is something about yourself that you:

- Want to change
- Need to change
- Should change
- Have been thinking about changing, but you haven't changed yet

Putting It All Together

Listener: you will have 10 minutes to establish a strong alliance and develop a thorough understanding of your client

- Using as many open-ended questions, affirmations, reflections, and summaries as possible, talk with your client until you can answer the following questions:
  - What does your client want to change?
  - What would be the benefits of changing?
  - What will be the challenges in making this change?
  - How might they go about making the change?
  - How confident are they that they can do it?

What if no commitment to change is made?

- Accept it
- Understand that ambivalence can be difficult to resolve in a single session
- Ask if he/she can manage the consequences of not making a decision
- Ask if there is anything else that will help with the decision (i.e. having more time or information, etc.)

Remember to leave the door open…

- *“In summary, it seems that at the moment you don’t want to cut down on your drinking, but if you want to talk about it further at some point, or if you decide that it is starting to cause you problems, please feel free to come and see me again and I’d be happy to discuss it further with you…”*

Go out and practice your MI skills!

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For additional information on this or other training topics, visit:

www.psattc.org

www.motivationalinterview.org

www.uclaisap.org/dmhcod