

# INTRODUCTION TO MOTIVATIONAL INTERVIEWING

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**For decades, the field of substance use disorder treatment encompassed a fairly rigid and often a confrontational approach to care.**

# IT OFTEN ENCOMPASSED:

- \* **abstinence only model of care**
- \* **acute care rather than chronic care models**
- \* **12 Step was the endorsed model**
- \* **separate from mainstream medical or psychiatric care**
- \* **confrontational approach to patients**
- \* **advice driven and rules driven**
- \* **one strike you are out**
- \* **theme of being “deficient”, “addicts do this.....”**
- \* **Cookie-Cutter programs**

## WORKING TOWARD RECOVERY

- Recovery from substance use disorder is typically a series of engagements and re-engagements in care or help.
- Therefore ..... Its important to “make a friend of health care” The goal is to stay connected. Sometimes the goal **IS** the next appointment.

# PIVOTAL SHIFT IN CARE PHILOSOPHY

- THE ADVENT OF MOTIVATIONAL INTERVIEWING as developed by William R. Miller and Steve Rollnick from UNM in the 1980s
- SHIFT TO HARM REDUCTION
- Use of MEDICATION
- SHIFT FROM ACUTE CARE TO CHRONIC CARE MINDSET

# MY BASIC ASSUMPTIONS

## (from my professional and personal experience)

- **People are the experts in their own lives, we can be experts in our professions and our lives.**
- **No person is comfortable in a state of active addiction. Internally they know something is wrong, despite what they say.**
- **All people want to feel better.**
- **All moms instinctively love their children.**
- **Patients usually work their own treatment plan, and not necessarily ours.**
- **Sometimes we mistakenly think patients want to “get high”, rather than they want to feel better, avoid withdrawal, etc.**

# MOTIVATIONAL INTERVIEWING

- **“Motivational Interviewing is a way of BEING with a client, not just a set of techniques for doing counseling.”**

**Miller and Rollnick, 1991**

- **“Motivational Interviewing is a person-centered, goal-oriented approach for facilitating change through exploring and resolving ambivalence”**

**Miller, and Carroll, 2006**

# MI ASSUMPTIONS

- Ambivalence about substance use (and change) is **NORMAL**, and constitutes an important motivational obstacle in recovery.

“I want to, BUT I don’t want to”

- Ambivalence can be resolved by working **WITH** your client’s **INTRINSIC MOTIVATION AND VALUES**.
- Alliance between you and your client is a collaborative partnership to which you each bring important expertise.
- Empathic, supportive, yet directive counseling style provides conditions under which change can occur.
- (Direct argument and aggressive confrontation may tend to increase client defensiveness and reduce likelihood of change.)



# MANY APPLICATIONS FOR MI

- **Education**
- **Corrections**
- **Substance use disorder**
- **Mental Health Care**
- **Health Care**
- **Employment/Voc Rehab**
- **Medication Compliance**
- **Many other possible changes**

# DOES IT WORK?

- **MI had significant effect and clinically relevant effect in approximately 3 of 4 studies, with equal effect on physiological (72%) and psychological (75%) diseases.**
- **72 randomized controlled trials meta-analysis show a significant effect (95% confidence interval) for MI for combined effect estimates for BMI, total blood cholesterol, systolic blood pressure, blood alcohol concentration, and standard alcohol content.**
- **In brief encounters of 15 minutes, 64% of studies showed effect.**

Rubak, Sandbaek, Christensen, British Journal of General Practice, 2005, April 1; 55(513): 305-312

# DOES IT WORK?

- **Use of MI has shown to help during pregnancy to reduce alcohol use and to help drinkers who do not want to become pregnant.**
- **Other studies suggest MI may increase duration of breast feeding, helps reduce fear of childbirth, increase effective use of contraception, reduce sexually transmitted disease**
- **MI can help reduce “risk behaviors” in adolescents**

Motivational Interviewing : A Tool for Behavior Change. American College of Obstetrics and Gynecologists, Number 423, January 2009.

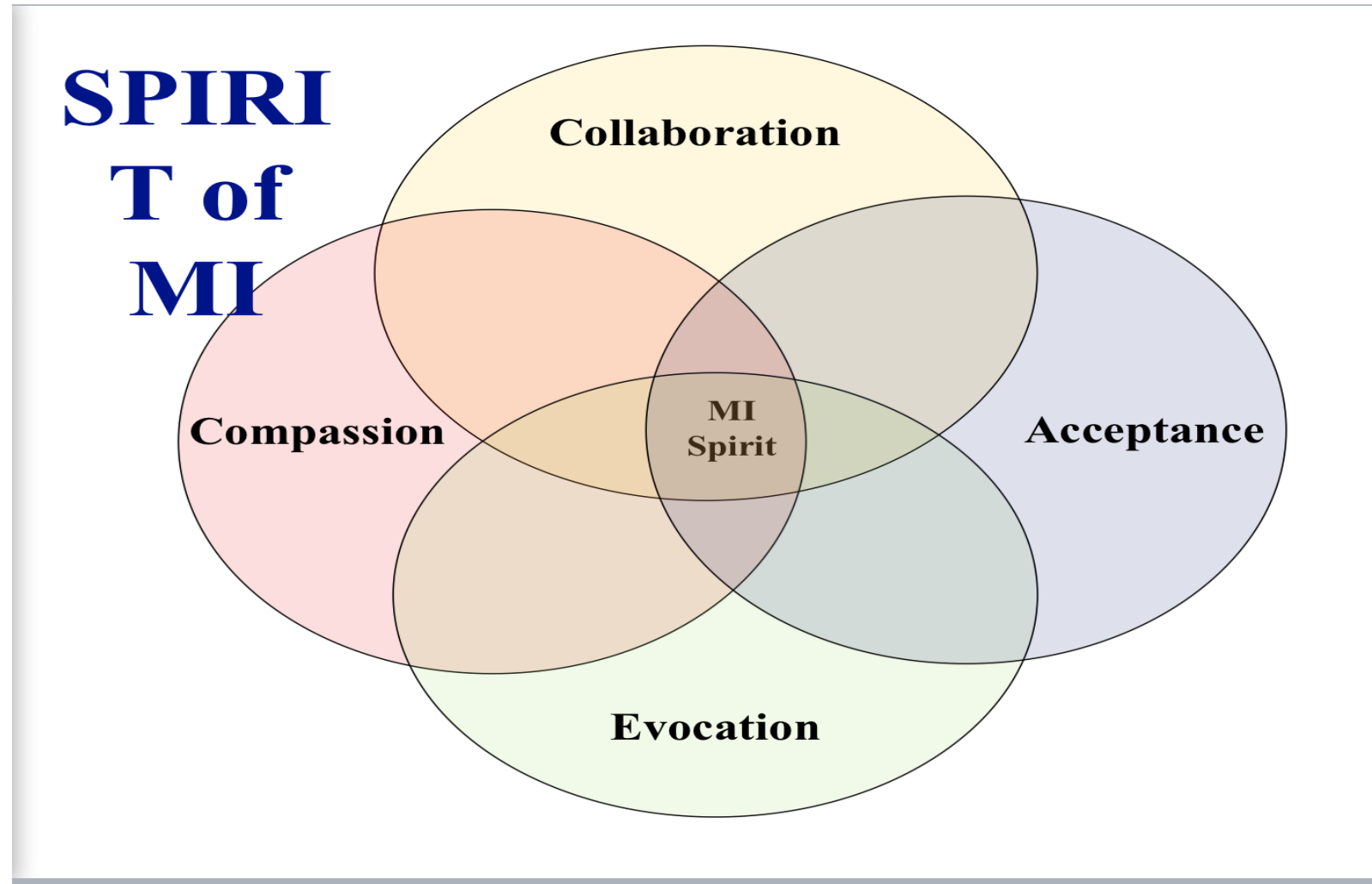
DOES IT WORK?

• **AND THEN THERE IS THIS.....**



Meet the  
Gooch!

# THE SPIRIT OF MOTIVATIONAL INTERVIEWING



# THE SPITIT OF MI IN DIALOG FORM

- “ I would like to help you, **(COMPASSION)** and talk through this with you **(PARTNERSHIP)**.
- You are a valuable person, and I will refrain from judging you **(ACCEPTANCE)**.
- Instead, I’d like to listen, and find out what you think will work well for you **(EVOICATION)**. ”

# SPIRIT OF MI

- **ACCEPTANCE**

- **Accurate Empathy by taking effort to understand the client's perspective and show you understand it.**
- **Autonomy by providing options and accept that the client has a right to choose or not choose.**
- **Affirmation by consistently identify and acknowledge the persons strengths, ideas, worth and abilities**



# SPIRIT OF MI

- **EVOCAATION**

- **Drawing out the client's own desire and reason for change before educating and advocating for change.**
- **Its about "drawing out" not trying to "push in"**

# SPIRIT OF MI

## • **COMPASSION**

- **Compassion is the deliberate commitment to pursue the welfare and the best intent of the other**
- **Gives priority to the other's needs**
- **Actively promotes the other's welfare**

**“Compassion is the wish to see others free from suffering”**  
His Holiness the Dalai Lama

# SPIRIT OF MI

- **COLLABORATION**

- **Non-authoritarian**
- **Active listening**
- **Starting where the client is**
- **Guiding without taking the wheel**
- **Giving options**

- In the spirit of MI, we need to practice and pay attention to our **“RIGHTING REFLEX”**

**Our righting reflex is our desire to fix what seems “wrong” with people and set them properly on a better course, relying on our direction. This often comes in the form of directions, “shoulds”, and giving advice.**

# Four Processes in MI

**PLANNING**

Commitment & action

**EVOKING**

Collect Participant's ideas for change

**FOCUSING**

Develop and maintain a direction for change

**ENGAGING**

Establish a working relationship

# CORE SKILLS OF MI

- **OPEN ENDED QUESTIONS** (avoid yes/no)
- **AFFIRMING** (support and encourage)
- **REFLECTIVE LISTENING** (repeat what you heard and clarify)
- **SUMMARIZING** (linking together by reinforcing what you heard with a focus on future change)

# DEVELOPING DISCREPANCY

- **A key element of MI is the concept of developing discrepancy.**
- **When clients recognize discrepancies between their values, goals, and hope in relation to their behavior their motivation for change increases.**
- **Use MI to help clients focus on how their behavior conflict with THEIR values and goals.**
- **Use their stated conflict as a backdrop to help them identify and plan ACTIONS that would help resolve the conflict.**

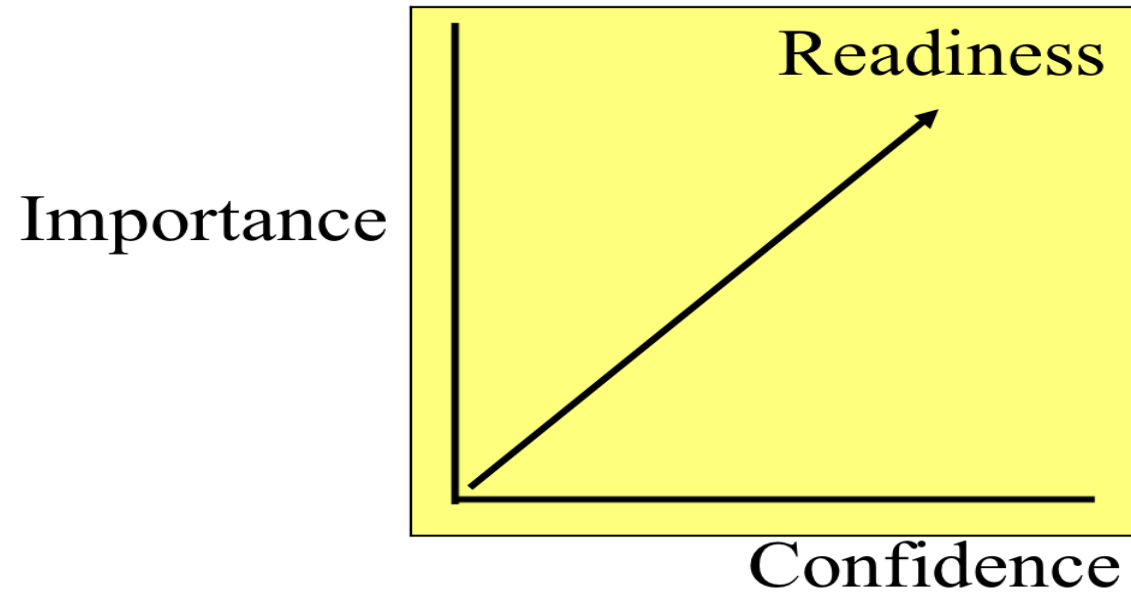
# SOLICITING CHANGE TALK

- **CHANGE TALK IS CLIENT SPEECH THAT FAVORS MOVEMENT IN THE DIRECTION OF CHANGE**
- **LEARN TO RECOGNIZE AND REINFORCE IT**
- **LINGUISTIC RESEARCH SHOWS THAT THE MORE CHANGE TALK THE PARTICIPANT GIVES, THE MORE LIKELY THE CHANGE**

**Armheim, 2007**



# Readiness for change is determined by...



*(Rollnick et. Al 1997, Keller and White 1997)*

## TIP 35



## Enhancing Motivation for Change in Substance Use Disorder Treatment

Other strategies for evoking change talk (Miller & Rollnick, 2013) include:

- **Eliciting importance of change.** Ask an open question that elicits “Need” change talk (Exhibit 3.8): “How important is it for you to [name the change in the target behavior, such as cutting back on drinking]?” You can also use scaling questions such as those in the Importance Ruler in Exhibit 3.9 to help the client explore change talk about need more fully.

### EXHIBIT 3.9. The Importance Ruler



Not Important

Extremely Important

- Initial question: “On a scale of 0 to 10, how important is it for you to change [name the target behavior, like how much the client drinks] if you decided to?”
- Follow-up question 1: “How are you at a [fill in the number on the scale] instead of a [choose a lower number on the scale]?” When you use a lower number, you are inviting the client to reflect on how he or she is already considering change. If you use a higher number, it will likely evoke sustain talk (Miller & Rollnick, 2013). Notice the difference in the following examples:

#### Lower number

- **Counselor:** You mention that you are at a 6 on the importance of quitting drinking. How are you at a 6 instead of a 3?
- **Client:** I’m realizing that drinking causes more problems in my life now than when I was younger.

#### Higher number

- **Counselor:** You mention that you are at a 6 on the importance of quitting drinking. How are you at a 6 instead of a 9?
- **Client:** Well, I am just not ready to quit right this second.

In the higher number example, the counselor evokes sustain talk, but it is still useful information and can be the beginning of a deep conversation about the client’s readiness to change.

- Follow-up question 2: “What would help move from a [fill in the number on the scale] to a [choose a slightly higher number on the scale]?” This question invites the client to reflect on reasons to increase readiness to change.

- **Exploring extremes.** Ask the client to identify the extremes of the problem; this enhances his or her motivation. For example: “What concerns you the most about [name the target behavior, like using cocaine]?”
- **Looking back.** To point out discrepancies and evoke change talk, ask the client about what it was like before experiencing substance use problems, and compare that response with what it is like now. For example: “What was it like before you started using heroin?”
- **Looking forward.** Ask the client to envision what he or she would like for the future. This can elicit change talk and identify goals to work toward. For example: “If you decided to [describe the change in target behavior, such as quit smoking], how do you think your life would be different a month, a year, or 5 years from now?”

## EXHIBIT 3.10. The Confidence Ruler



**Not Confident**

**Extremely Confident**

- Initial question: “On a scale of 0 to 10, how confident are you that you could change *[name the target behavior, like stop drinking]* if you decided to?”
- Follow-up questions:
  - “How are you at a *[fill in the number on the scale]* instead of a *[choose a lower number on the scale]*?” Using a lower number helps clients reflect on how far they’ve come on the confidence scale. Using a higher number with this question may discourage clients, which can elicit sustain talk. If that should happen, use strategies discussed previously for responding to sustain talk.
  - “What would help you get from a *[fill in the number on the scale]* to a *[choose a slightly higher number on the scale]*?” This open question invites clients to reflect on strategies to build confidence. Don’t jump to a much higher number, which can overwhelm clients and lower confidence.

Whatever the client’s response to these scaling questions, use it as an opportunity to begin a conversation about his or her confidence or perceived ability to move forward in the change process.

- **Identify and reinforce any change talk as spoken by the client.**
- **The trick to using the importance rulers and confidence rulers is to help identify, affirm, and encourage the actions the client selects that will help them move up the ruler.**
- **Plan the next action steps and ask permission to check in with them at a future date to explore the outcome of those actions.**
- **When actions are operationalized, provide affirmation and celebrate success. If not try something else.**

- **Today was only a brief introduction to some basic concept and components of MI.**
- **If you have not done more in-depth MI training, I would suggest that you do.**
- **Experiencing the “feel” of MI compared to advice giving, direction, problem solving, etc. during training with role plays and real plays is very helpful.**
- **MI takes practice.**

# ADDITIONAL REFERENCES

- Miller, W.R., and Rollnick, S.; Motivational Interviewing: Preparing People to Change Addictive Behavior. New York: Guilford Press 1991.
- Treatment Improvement Protocol 35, SAMHSA: Enhancing Motivation for Change In Substance Abuse Treatment, [www.ncbi.nlm.gov](http://www.ncbi.nlm.gov).
- <http://www.motivationalinterviewing.org>.
- <http://casaa.unm.edu>: Center on Alcoholism, Substance Abuse, and Addiction
- Miller, W.R. (2006), Motivational Factors in Addictive Behavior. In W.R. Miller and K.M. Carroll (Eds). Rethinking Substance Abuse; What the Science Shows and What We Should Do About It. ( pp 134-150 ) New York, Guilford Press.