

National Hemophilia Foundation Conference: Motivational Interviewing

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What do you want to learn from
this session?

What motivational or
ambivalence issues arise in
your practice?

“When given a choice
between changing and
proving that it is not
necessary, most people get
busy with the proof”

John Galbraith

Defining Motivation

- **Motivation is the tipping point for making change happen**
- **Most of the time it is defined after the fact: if you are successful, you were motivated**
- **Alternative terms for motivation:**
 - **Willpower**
 - **Commitment**
 - **Resolution**
 - **Determination**
 - **Readiness**

Motivation & The Change Process

- **Clients are not unmotivated! They are just motivated to engage in behaviors that others consider harmful and problematic or not ready to begin behaviors that we think would be helpful**

Motivation and the Change Process

- **Motivation belongs to clients and their process of change. However, motivation can be enhanced or hindered by interactions with others and events in the life context of the clients**
- **Motivation is best viewed as the client's readiness to engage in and complete the various tasks that are outlined in the stages of change**

How Do People Change?

- People change voluntarily only when:
 - They become *interested in or concerned* about the need for change
 - They become *convinced* that the change is in their best interests or will benefit them more than cost them
 - They organize a *plan of action* that they are *committed* to implementing
 - *They take the actions* that are necessary to make the change and sustain the change

Motivational Statements

- “The beatings will continue until morale improves”
- “If you don’t stop crying, I’ll give you something to cry about”
- “You will take this medicine, because as your Doctor, I say so”
- “If you don’t stop, I guarantee something bad will happen!”

What approaches have you
used to motivate people?

Motivational Approaches

- Coercion
- Persuasion
- Constructive confrontation
- External Contingencies (threats)
- Bribe/incentive
- Beg

Motivational Interviewing

- Motivational interviewing focuses on the “why” of change, rather than the “how” of change.
 - Motivational interviewing has been used with a variety of populations and problems, including substance abuse, medical illness, mental illnesses, comorbid conditions, HIV, sexual offenders. Training & consultation.
 - MI is used as a stand alone intervention and in conjunction with other approaches.

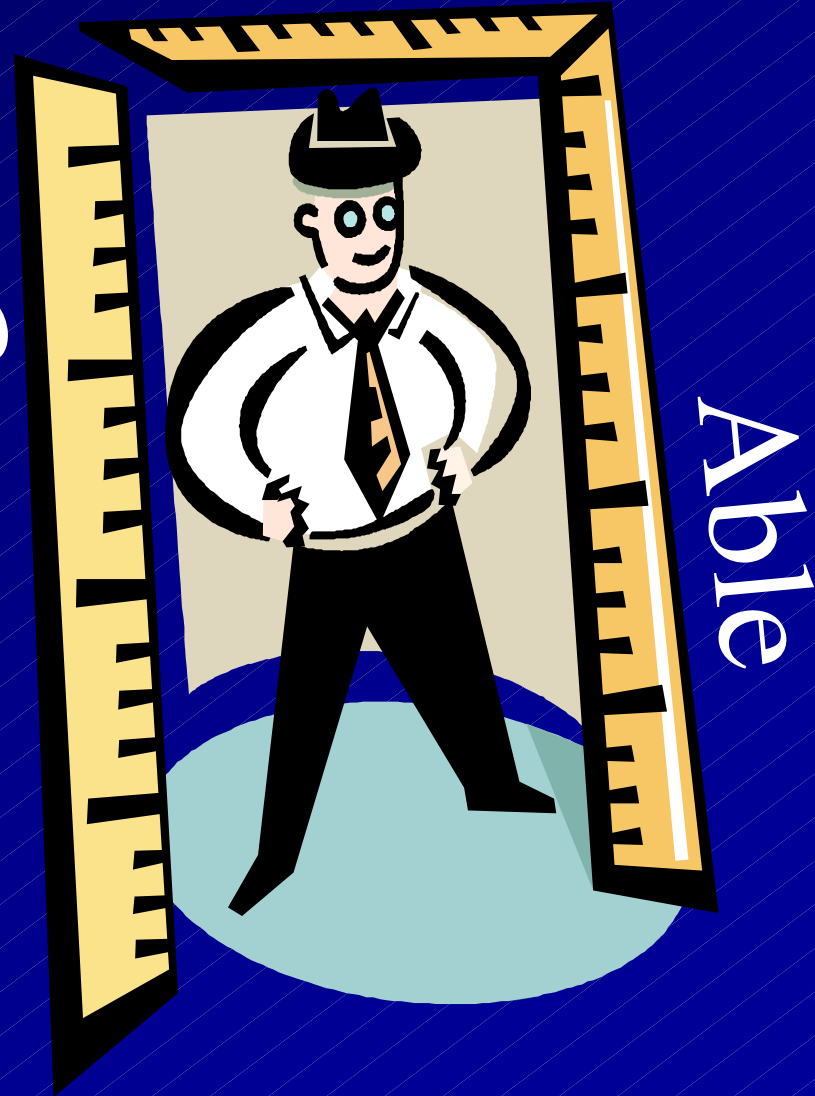
Readiness Ruler

Ready

- Willing: The importance of change
- Able: Confidence for change
- Ready: A matter of priorities

Willing

Able

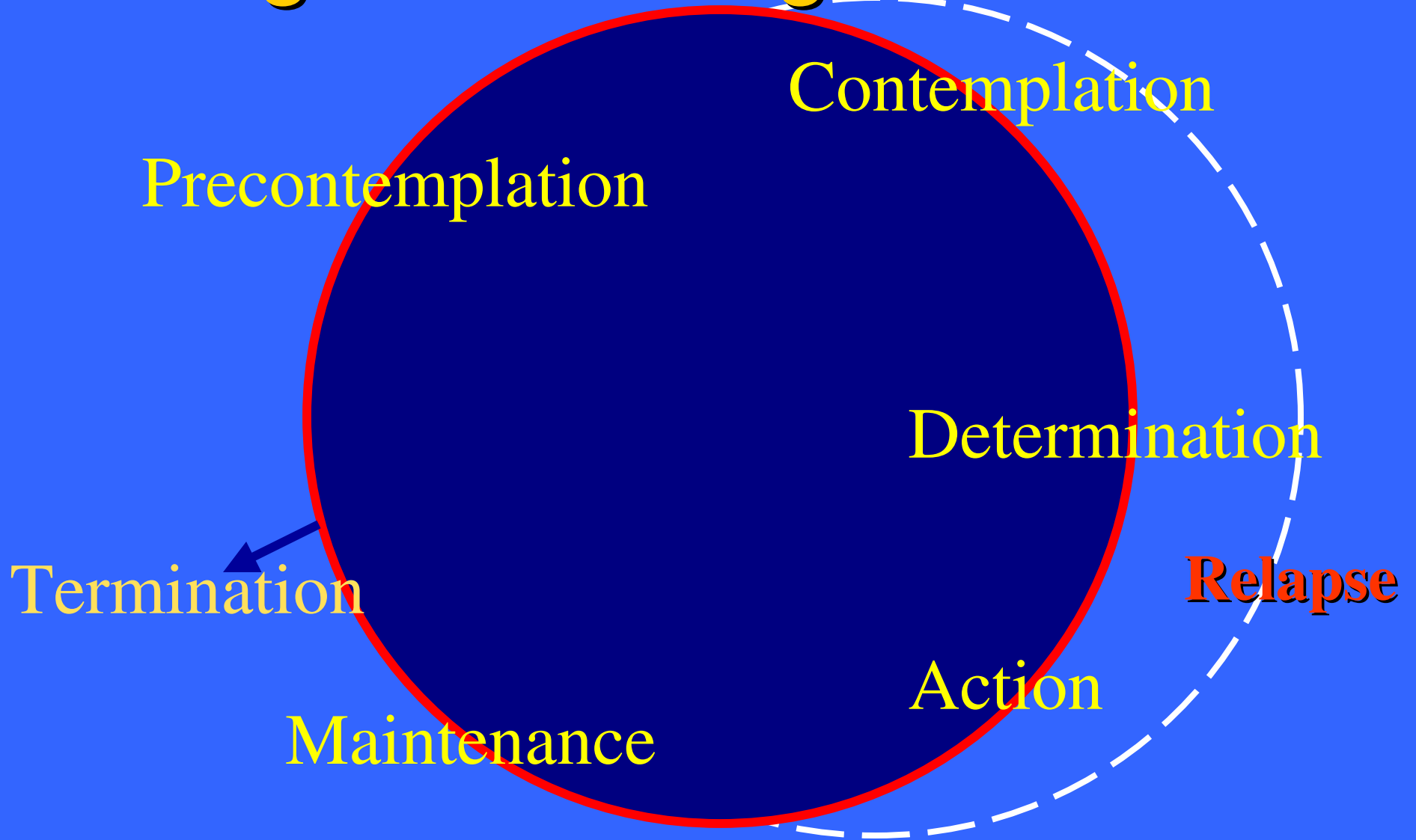


Change

The underlying structure of change is
neither technique oriented
nor problem specific.

The kind of help people need depends on
where they are in the process of change.

Stages of Change



Stages of Change

Precontemplation: No intention to change behavior in the foreseeable future. Individuals in this stage are unaware or underaware of their problems.

The “Five R’s” of How and Why People Stay in Precontemplation

- Reveling
- Reluctant
- Rebellious
- Resigned
- Rationalizing

Why a person might be in Precontemplation Stage-4 R's

- Reluctance. Through lack of knowledge or inertia does not want to change. Impact of problem is not fully conscious. (Provide feedback in empathetic manner.)
- Rebellion. Heavy investment in problem behavior or making own decisions. Resistant to being told what to do. Hostile. May result from insecurity and fear. (Provide choices.)

Why a person might be in Precontemplation Stage-4 R's

- Resignation. Lack of energy and investment. Given up on possibility of change and seem overwhelmed by problem. (Instill hope and explore barriers to change.)
- Rationalization. Has all the answers. Have reasons why problem is not a problem—or is problem for others but not them. Session feels like a debate. (Empathy and reflective listening.)

Stages of Change (cont.)

Contemplation: A person is aware that a problem exists and are seriously considering changing, but have not yet made a commitment to take action. Contemplators perform a risk-reward analysis. Ambivalence.

Stages of Change (cont.)

Preparation: Individuals are intending to take action and may practice some of the behaviors necessary.

Action: In this stage individuals modify their behavior, experiences, or environment in order to overcome their problems.

Maintenance: Individuals in this stage work to prevent relapse and consolidate gains.

Termination: The problem ceases to be a problem.

STAGES OF CHANGE & THERAPIST TASKS

PRECONTEMPLATION

Raise doubt - Increase the client's perception of risks and problems with current behavior

CONTEMPLATION

Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client's self-efficacy for behavior change

PREPARATION

Help the client to determine the best course of action to take in seeking change; Develop a plan

ACTION

Help the client implement the plan; Use skills; Problem solve; Support self-efficacy

MAINTENANCE

Help the client identify and use strategies to prevent relapse; Resolve associated problems

RELAPSE

Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse

Transtheoretical Model (TTM) and Motivational Interviewing

- Note: Motivational interviewing is not based on the TTM (Stages of Change).
- “The TTM is intended to provide a comprehensive conceptual model of how and why changes occur, whereas motivational interviewing is a specific clinical method to enhance personal motivation for change.”

Miller & Rollnick, 2009

Roadblocks to Listening

- Ordering, Directing, or Commanding
- Warning or Threatening
- Giving Advice, Making Suggestions, or Providing Solutions
- Persuading with Logic, Lecturing, or Arguing
- Moralizing, Preaching, or Telling Clients what they “should” do.

Roadblocks to Listening

- Disagreeing, Judging, Criticizing, or Blaming.
- Agreeing, Approving, or Praising.
- Shaming, Ridiculing, or Labeling.
- Interpreting or Analyzing.
- Questioning or Probing.
- Withdrawing, Distracting, Humoring, or Changing the Subject.

From T. Gordon (1970). *Parent Effectiveness Training*. New York: Wyden.

Predictable Effects of Confrontation

- Resistance: Non-cooperation
- Reversal: Eliciting the opposite in ambivalence
- Reactance: Assertion of autonomy.
- In motivational interviewing, confrontation (= creating dissonance) is a goal, not a technique.

Motivational Interviewing

- By changing their therapeutic style between confrontational and client-centered, therapist can drive client resistance rates up and down (Miller, Benefield & Tonigan, 1993, Patterson & Forgatch, 1985).
- Client resistance behavior, in turn, is predictive of failure to change.

A Working Definition of Motivation

- ❖ **The probability that a person will enter into, continue, and comply with change-directed behavior**

Motivational Interviewing

Motivational interviewing is a **directive, client-centered** counseling style that **enhances motivation** for change by helping the client **clarify and resolve ambivalence** about behavior change.

The Goal of motivational interviewing is to **create** and **amplify the discrepancy** between present behavior and broader goals.

Create cognitive dissonance between

Where one is now



Where one wants
to be

The Spirit of MI

- MI consists of both a spirit and techniques. While techniques are easier to describe, it is important to understand and exhibit the spirit in order to do MI properly. **The MI spirit is characterized by a client-centered therapeutic relationship based on empathy, unconditional positive regard, collaboration, evocation, respect, autonomy, and acceptance.**

Motivational Interviewing Assumptions – I

- ❖ **Motivation is a state of readiness to change, which may fluctuate from one time or situation to another. This state can be influenced.**
 - ❖ **Motivation for change does not reside solely within the client.**
- ❖ **The counselor's style is a powerful determinant of client resistance and change. An empathic style is more likely to bring out self-motivational responses and less resistance from the client**

Motivational Interviewing Assumptions – II

- ❖ People struggling with behavioral problems often have fluctuating and conflicting motivations for change, also known as ambivalence. Ambivalence is a normal part of considering and making change and is NOT pathological**
- ❖ Each person has powerful potential for change. The task of the counselor is to release that potential and facilitate the natural change process that is already inherent in the individual.**

Two phases of Motivational Interviewing

- ❖ **Phase I: Building motivation**
- ❖ **Phase II: Strengthening commitment to change**

Motivating Movement through the Early Stages of Change

- Critical tasks of the early stages are eliciting concern, dealing with ambivalence regarding change, decision-making, creating commitment, careful and comprehensive planning.
- Motivational Interviewing/Enhancement approaches are important strategies to engage and work with clients helping them successfully complete these tasks.
- **MI is like dance, not wrestling.**

Motivational Interviewing Principles

- **Express Empathy**
- **Develop Discrepancy**
- **Avoid Argumentation**
- **Roll with Resistance**
- **Support Self-efficacy**

1. Express Empathy

- **Acceptance**
- **Warmth**
- **Openness**
- **Personal value**
- **Understanding**

Express Empathy

Convey sense that
client's behaviors
make sense given
their context and
client's current way
of thinking about
them.

Reflective listening

- Reflective listening is key to accurate empathy.
- Reflective listening is a fundamental skill of motivational interviewing.
- Use reflective listening when you get ahead of your client, i.e., when there is resistance.

Reflective Listening.

- Attempt to determine what the individual means and reflect this back to him/her in the form of a statement (not a question).
- Any statement can have multiple meanings. The worker's task is to choose the most likely of these meanings and to reflect it back to the individual.

Reflective Listening.

- Reflective listening is a way to check out your understanding of what the individual is telling you, rather than to assume you know what he/she is saying.

Reflective Listening

Reflection is not a passive process, it is a highly selective process involving:

- Direction (to draw attention)
- Reinforcement (to strengthen and build up)
- Exaggeration (to elicit correction from the client)
- Amplification (to heighten effect)
- Increase awareness (linking pieces of information)

Types of Reflective Statements

- Repeating: Repeat a portion of what the client has said. May only consist of one or two words.
- Rephrasing: Stay close to what the client said, but substitute words or slightly rephrase.

Types of Reflective Statements

- Paraphrasing: Therapist makes a guess at the unspoken meaning and reflects this back in new words.
- Reflection of feeling: Paraphrase which emphasizes the emotional content of the consumer's statement. (Not an interpretation.)

Reflecting Change Talk

- An important aspect of motivational interviewing is the clinician's reinforcement of change talk.
- Change Talk refers to the client's mention and discussion of his or her Desire, Ability, Reason, and Need to change behavior and Commitment to changing.
- The point here is that when people talk about change themselves, they are more likely to change than if someone else (such as the clinician, a friend or relative) talks about it.

Reflecting Change Talk

- Desire: Why would you want to make this change?
- Ability: How would you do it if you decided?
- Reason: What are the three best reasons?
- Need: How important is it? and why?
- Commitment: What do you think you'll do?

Summarizing

- Allows individual to hear him/herself a second time.
- Allows the interviewer to reflect both sides of the ambivalence. “On the one hand... On the other hand...”
- Provides a summary of the conversation up to that point.
- Can be used to transition to a new topic.

2. Develop Discrepancy

- ❖ **Awareness of consequences is important**
- ❖ **Discrepancy between behaviors and goals motivates change**
- ❖ **Have the client present reasons for change**

3. Avoid Argumentation

- ❖ Avoid pushing or arguing with clients in an attempt to convince them of discrepancies in their thinking**

Dealing with resistance

Categories of resistant behavior

- ❖ **Arguing**
- ❖ **Interrupting**
- ❖ **Denying**
- ❖ **Ignoring**

4. Roll with Resistance

- ❖ **Use momentum to your advantage**
- ❖ **Shift perceptions**
- ❖ **Invite new perspectives, do not impose them**
- ❖ **Clients are valuable resources in finding solutions to problems**

5. Support Self-efficacy

- ❖ Belief that change is possible is important motivator**
- ❖ Client is responsible for choosing and carrying out actions to change**
- ❖ There is hope in the range of alternative approaches available**

Self-Efficacy

- **Refers to a person's belief in his or her ability to carry out or succeed with a specific task**
- **Studies show that the counselors belief in the client's ability to change can be a significant determinant of outcome**

Five Early Strategies: OARS

- Ask Open-ended questions
- Affirm: Try to reinforce anything that leads to change and builds the relationship.
- Listen Reflectively
- Summarize
- Elicit self-motivational statements
 - problem recognition
 - intention to change
 - expression of concern
 - optimism about change

Categories of Self-motivational Statements

- ❖ **Recognizing the problem**
- ❖ **Expressing concern**
- ❖ **Stating intention to change**
- ❖ **Optimism about change**

Consider trying to...

- When you do ask questions, ask mostly open questions
- Avoid getting ahead of your client's readiness (warning, confronting, giving unwelcome advice or direction, taking the "good" side of an argument)

Consider trying to...

- Talk less than your client does
- On average, reflect (at least) twice for each question you ask
- When you reflect, use complex reflections more than half the time

Providing Information to Promote Adherence

- **Chunk-Check-Chunk vs. Elicit-Provide-Elicit.**
 - **Chunk-Check-Chunk (a directing style):** Provide a chunk of information, check understanding, provide another chunk of information.
 - Continues to actively engage the patient in their own care even when you are informing.
 - Communicates patience and respect.
 - Helps you detect and correct misunderstanding.

Providing Information

■ Chunk-Check-Chunk vs. Elicit-Provide-Elicit.

– Elicit-Provide-Elicit (a guiding style): cyclical style that requires drawing from the patient what they want to know.

- Start with open question to focus informing: *What would you like most to know about _____? OR What do you already know about _____? THEN What more would you like to know?*
- Provide information in a manageable chunk. (Focus initially on information more than on your interpretation of what it means for the patient.)
- Elicit patient's response to information you provided: *What do you make of that? OR What does this mean for you? OR What more would you like to know?*

Providing Information

- EPE involves a more collaborative mindset when *goal is health behavior change*.
 - The issue is not so much how to get your information across as how to help the patient make sense of it, make good decisions about health behavior, and stick to them. You provide and the patient interprets.

Rollnick et al., 2008

Decisional Balance

- **Ambivalence is a normal part of the process of change**
- **Use “conflict” to promote positive change**
- **Weighing pros and cons of behavior**
- **Increasing discrepancy**
- **Most useful in Precontemplation and Contemplation stages as a tool to increase motivation**

Decisional Balance Worksheet

No Change

Change

■ PROS (Behavior)

- _____
- _____
- _____

■ CONS (Change)

- _____
- _____
- _____

■ CONS (Behavior)

- _____
- _____
- _____

■ PROS (Change)

- _____
- _____
- _____

Decisional Balance Worksheet

	Good things	Not so good things
Current Behavior	1. 2. 3. 4.	1. 2. 3. 4.
Change	1. 2. 3. 4.	1. 2. 3. 4.

Decisional Balance Worksheet

	Good things		Not so good things	
Current Behavior	Short Term	Long Term	Short Term	Long Term
Change	Short Term	Long Term	Short Term	Long Term

Thinking About Drinking

Here is an example of a woman drinker. Remember, every person has different reasons in their decisional consideration about drinking

Good things about my drinking:

More relaxed

Will not have to think about my problems for a while

More comfortable with drinking friends

Good things about changing my drinking:

More control over my life

Support from family and friends

Less legal trouble & Better health

Not so good things about my drinking:

Disapproval from family and friends

Increased chance of legal and job trouble

Costs too much money

Not so good things about changing my drinking:

More stress or anxiety

Feel more depressed

Increased boredom

Conducting a Decisional Balance Discussion

- Accept all answers. (Don't argue with answers given by client.)
- Explore answers.
- Be sure to note both the benefits and costs of current behavior and change.
- Explore costs/benefits with respect to client's goals and values.
- Review the costs and benefits.

Two phases of MI

- ❖ **Phase I: Building motivation**
- ❖ **Phase II: Strengthening commitment to change**

Phase II: Strengthening Commitment to Change

Signs of readiness to change

- ❖ **Less resistance**
- ❖ **Fewer questions about the problems**
- ❖ **Resolve**
- ❖ **Self-motivational statements**
- ❖ **More questions about change**
- ❖ **Looking ahead**
- ❖ **Experimenting with change**

Strategies in Phase II

- **Review**
- **Use open-ended key questions**
- **Offer advice carefully and with permission**
- **Negotiate a plan**

Negotiating a Plan

- ❖ **Goals of change**
- ❖ **Options for changing behaviors:
Self- or therapist-directed**
- ❖ **Options for changing behaviors:
Treatment alternatives**
- ❖ **Deciding a plan**

Change Plan Worksheet

1. The changes I want to make are:
2. The most important reasons I want to make these changes are:
3. The steps I plan to make in changing are:
4. The ways people can help me are:

Person

Possible ways to help

5. I will know that my plan is working if:
6. The things that could interfere with my plan are:

Therapist Pitfalls in Phase II

- **Underestimating Ambivalence**
- **Prescribing unacceptable program of change**
- **Not providing sufficient direction**

Learning MI

- MI is simple but not easy.
- Proficiency in MI is not gained through self-study or a workshop. Proficiency is gained over time through practice and feedback...like any other clinical skill.
- Learn from your clients.

Eight Stages in Learning MI

- Openness to collaboration with clients' own expertise
- Proficiency in client-centered counseling, including accurate empathy
- Recognition of key aspects of client speech that guide practice of MI
- Eliciting and strengthening client change talk
- Rolling with resistance
- Negotiating change plans
- Consolidating client commitment
- Switching flexibly between MI and other intervention styles

Miller & Moyers, 2006

Resources

- Miller, W.R. & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change, 2nd Ed.* New York: Guilford.
- Squires, D.D. & Moyers, T.B. (2002). Motivational Interviewing. Online at www.bhrm.org (There are actually two different papers, one is in the substance abuse section and the other is in the MISA section.)

Resources

- Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford.
- McCracken, S.G. & Corrigan, P.W. (2008). Motivational interviewing for medication adherence in individuals with schizophrenia. In H. Arkowitz, H.A. Westra, W.R. Miller, & S. Rollnick (Eds). *Motivational Interviewing in the Treatment of Psychological Problems*. 249-276. New York: Guilford.

Resources

- Drinking evaluation:
www.camh.net/addiction/pims/evaulate_your_drinking.html
- Motivational Interviewing webpage
www.motivationalinterview.org