

An Introduction to Motivational Interviewing

Welcome!!!

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Smith, Goggin, & Gendreau, 2002

- Meta-analyzed 117 studies since 1958 (n = 442,471 criminal offenders)
- No sanction studied reduced recidivism (including juveniles)
- “Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behaviour.”
 - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
 - Some indication of increased risk for low-risk criminals

http://ww2.ps-sp.gc.ca/publications/corrections/200201_Gendreau_e.pdf

Myth: Treatment Doesn't Work

Facts: Treatment can help

- Furby, Weinrott, & Bradshaw (1989).
 - Combined analysis of numerous studies that was unable to detect a significant treatment effect due to methodology variability.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
 - 17% untreated
 - 10% treated
 - Equivalent to a 40% reduction
- Losel, F., & Schmucker, M. (2005).
 - Recidivism reduced by nearly 40%
- SOTEP:
 - No overall differences between treated and untreated groups, but:
- Sex offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they “got it” (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

Can they be cured?

- Treatment won't work equally well for everyone, and 100% success should not be expected.
- Sex offender treatments, like many other types of medical and mental health interventions, don't focus on a cure but on a reduction of symptoms.
- Treatment for diabetes doesn't cure the disease, it manages the disease. Likewise, entering weight watchers with the expectation that simply being in the program will create weight reduction won't work. It takes collaboration and commitment.
- Appendix removal versus weight loss
- Auto Mechanic versus Home Depot manager

(from Kevin Creeden)

Can they be cured?

- Treatment for schizophrenia doesn't cure psychosis, it reduces symptoms and allows people to function more adequately.
- Chemotherapies may not ultimately prevent all cancer fatalities but may increase life expectancy and quality of life for many patients.
- Sex offender treatment teaches clients how to change their thinking and their behavior, and many are able and willing to do so and avoid reoffense.
- Treatment is just the road map; meaningful personal change is the goal (-- Sand Ridge patient)

OK, on to the training...

- Cell phones off
 - (Extra time provided at break)
- Key element: revisiting the basics
 - They aren't so basic!
- There is only one unforgivable mistake:
 - Disrespect

Preconditions

- Show up
- Beginner's mind
 - Suspend disbelief
 - No one is an expert
 - Numerous years of experience may be numerous years of bad habits!

Take-Home Message

- Change Talk/Commitment talk
- Acceptance
- Less Is More
- Righting Reflex
- Michelangelo Belief
- Autonomy and Choice

Take-Home Skills

- **OARS** – Listening
 - Open Questions
 - Affirm
 - Reflect
 - Summarize
- **EARS** – Responding to Change Talk
 - Elaborate
 - Affirm
 - Reflect
 - Summarize

Treatment Plan

- Problem: Coercive measures rarely work
 - Smith, Goggin, & Gendreau, 2002
 - Andrews & Bonta, 2003
- Goal: Efforts at change work best from within
 - Bem, 1972
 - Ryan & Deci, 2000; Deci, 1980
 - Miller & Rollnick, 2002
 - Jenkins, 1990; 1994; 2006
 - Cialdini, 2001

Resistance Traps

- The question-answer trap
- The taking sides trap
- The expert trap
- The labeling trap
- The blaming trap
- The pouncing trap
- **The “righting reflex”**
- The need to...
- Fix things
- Set someone right
- Get someone to face up to reality
- **Premature Action Planning**

Hope Theory

- Agency Thinking
 - Awareness that a goal is attainable
- Pathways Thinking
 - Awareness of how to do it
 - See works by C.R. Snyder
- *“Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking.”* (in Hubble, Duncan, & Miller, 1999)

Parallel Process

- Professionals and clients alike are often more willing to learn new skills than to throw out the old ones that don't work. Worse, sometimes our negative skills actually do work sometimes...

You would think . . .

- that having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication
- that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking

You would think . . .

- that the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control
- that time spent in the dehumanizing privations of prison would dissuade people from re-offending

Client Motivation is a Key to Change

- Substance abuse treatment outcomes are predicted by:
 - Pretreatment motivation measures
 - Treatment attendance
 - Treatment adherence/compliance
 - Counselor ratings of motivation and prognosis
- That is, more “motivated” clients do better

Client Motivation is Greatly Influenced by the Counselor

- Clients' motivation, retention and outcome vary with the particular counselor to whom they are assigned
- Counselor style strongly drives client resistance (confrontation drives it up, empathic listening brings it down)
- That is, the *counselor* is one of the biggest determinants of client motivation and change
- See Hettema, Steele, & Miller, 2005

If it's not personality, then what *behaviors* cause counselors to perceive clients as being "in denial"?

- Disagreeing with the counselor
- Resisting a diagnosis/label
- Declining help
- Showing little distress
- Disavowing a need for counseling or change
- Being non-compliant with treatment prescriptions
and
- Not changing

In contrast, counselors tend to perceive clients as being “motivated” when they:

- Agree with the counselor
- Accept the counselor’s diagnosis/label
- Express a desire for help
- Show distress
- Voice a need for the counselor/counseling
- Comply with the counselor’s treatment plan
and
- Change

Client motivation is evident in:

- Low resistance
- Openness and collaboration
- Expressing emotion
- Adhering to a change plan, and
- Changing

All of which are strongly influenced, for better or worse, by what the counselor *does*

Common Human Reactions to the Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Don't come back – avoid
- Uncomfortable
- Resistant



Are you doing more work than the client?

Common Human Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the counselor
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

A Change of Role

- You don't have to *make* change happen.
You can't
- You don't have to come up the answers
You probably don't have the best ones
- You're not wrestling anymore!
You're dancing!

Definition

Motivational interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Eliciting and Strengthening Confidence

- Evocative Questions
- The Confidence Ruler
- Reviewing Past Successes
- Personal Strengths and Supports
- Brainstorming
- Giving Information and Advice
- Reframing
- Hypothetical Change

Responding to Confidence Talk

- Reflecting
- Elaborating
- Summarizing
- Affirming
- Raising possible problems and challenges

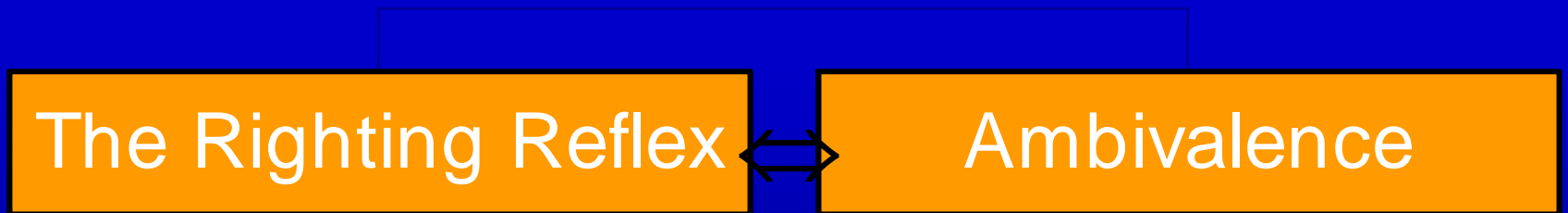
Providing Feedback

- Elicit (ask permission)
 - Provide
 - Elicit (I wonder what thoughts you have...)
-
- An extremely important skills for working with sexual abusers
 - Think E-P-E

Feedback Sandwich

- Affirm strengths
- Provide Feedback
- Re-Affirm strengths and express confidence

When Worlds Collide



A Continuum of Styles

Directing

<=>

Guiding

<=>

Following

Ambivalence



The Dilemma of Change

Sand Ridge Phase Model

- Phase One: Self-management issues, including managing treatment-interfering factors.
- Some areas of ambivalence:
 - Do I really want to change?
 - Do I really want to give up Old Me?
 - Do I really want to work with others?
 - Do I really want to depend on others?

Phase Two

- Developing an understanding of one's life and an agreed-upon history of sexual offending
- Some areas of ambivalence:
 - Do I want to understand my life differently?
 - Do I want to look at the harm I've caused?
 - Do I want to discuss shameful aspects with others?
 - Do I want to develop new attitudes?

Phase Three

- Refine understanding of factors that contributed to offending and manage them in daily life, in the here and now.
- Some areas of ambivalence:
 - Do I really want to develop new skills?
 - Do I really want to give up old ways?
 - Do I really want to give up my fantasy repertoire?
 - Do I really want to give up sexual coping?

Helpful hints

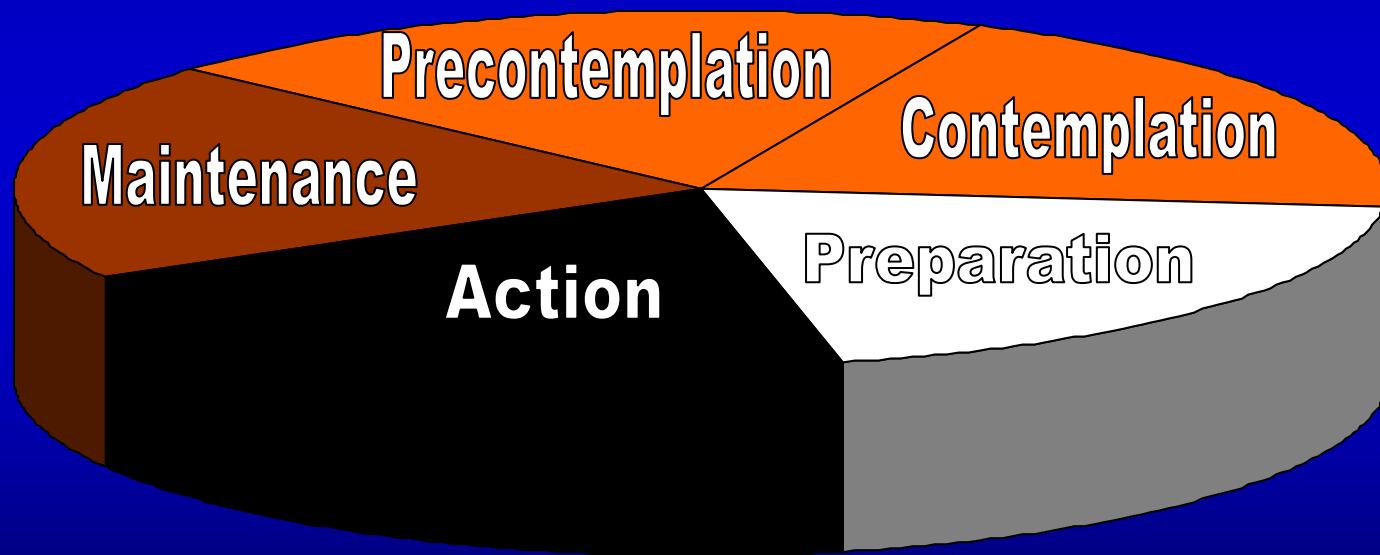
- Use “on the one hand you... and on the other hand you...”
- Get rid of “but”
- Get rid of “It sounds like...”
- Never use the word “why”

Discrepancy

- The difference between where you are and where you want to be

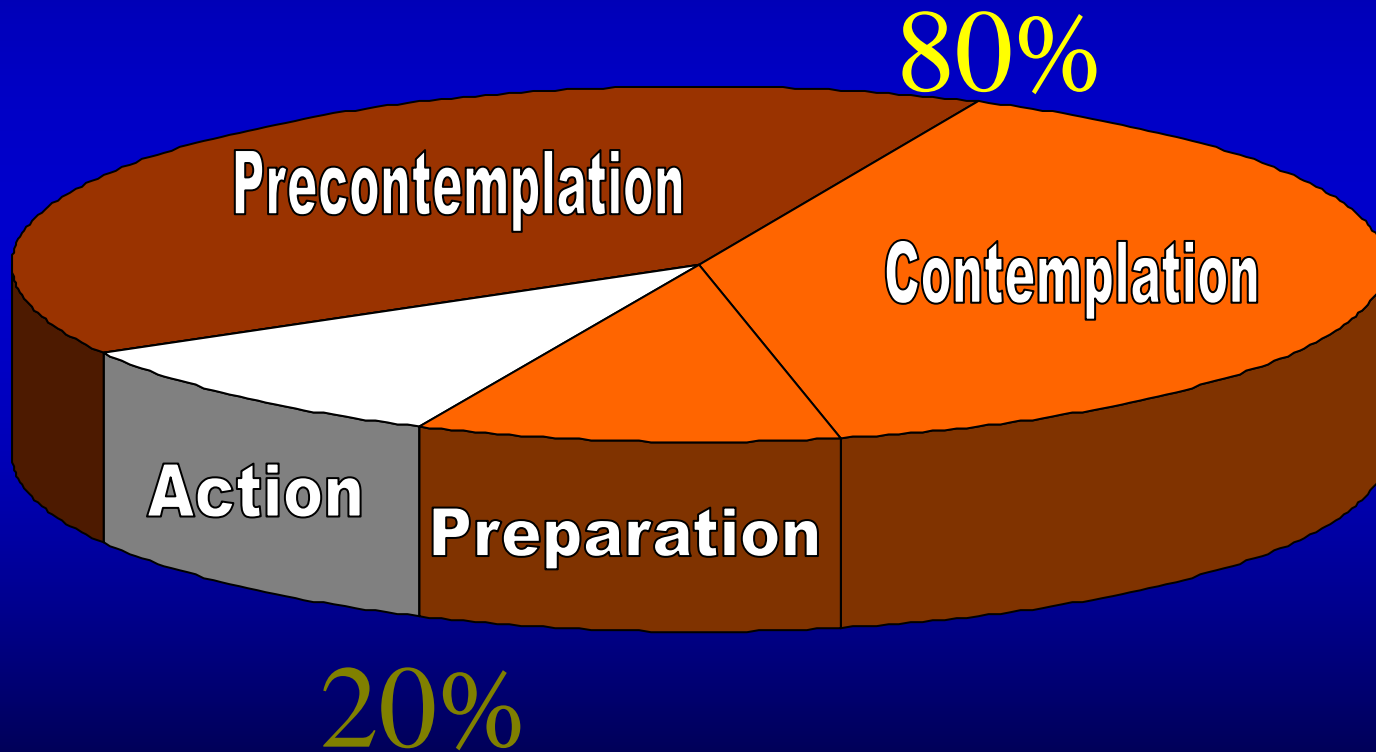
Stages of Change

Prochaska & DiClemente



Stages of Change

Prochaska & DiClemente



Remember...

- *The cake of contemplation is frosted with precontemplation!*
- SOC model nice in theory, but doesn't adequately account for developmental or contextual factors (e.g., Sutton, 2001)

Motivational Interviewing

A Definition

Motivational interviewing is

a person-centered,

directive

method of communication

for enhancing intrinsic motivation to change
by exploring and resolving ambivalence.

Eight Stages in Learning MI

- 1. The spirit of MI
- 2. OARS – Client-centered counseling skills
- 3. Recognizing and reinforcing change talk
- 4. Eliciting and strengthening change talk
- 5. Rolling with resistance
- 6. Developing a change plan
- 7. Consolidating client commitment
- 8. Shifting flexibly between MI and other methods

Miller, W. R., & Moyers, T. B. (in press). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions*.

The Spirit of Motivational Interviewing

- Collaboration
- Evocation
- Autonomy

Two Phases of MI

- Phase 1: Building Motivation for Change
- Phase 2: Strengthening Commitment to Change

Four General Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

What Good Listening Is *Not*

(Roadblocks: Thomas Gordon)

- Asking questions
- Agreeing, approving, or praising
- Advising, suggesting, providing solutions
- Arguing, persuading with logic, lecturing
- Analyzing or interpreting
- Assuring, sympathizing, or consoling

What Good Listening is *Not*

(Roadblocks, from Thomas Gordon)

- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Moralizing, telling what they “should” do
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Withdrawing, distracting, humoring, or changing the subject

Why are these “roadblocks”?

- They get in the speaker’s way. In order to keep moving, the client has to go around them
- They have the effect of blocking, stopping, diverting, or changing direction
- They insert the listener’s “stuff”
- They communicate:
 - One-up role: Listen to *me!* I’m the expert.
 - Put-down (subtle, or not-so-subtle)
- *Roadblocks are not wrong. There’s a time and place for them, but they are not good listening.*

Therapeutic Empathy

- Empathy is not:
 - Having had the same experience or problem
 - Identification with the client
 - Let me tell you my story
- Empathy is:
 - The ability to accurately understand the client's meaning
 - The ability to reflect that accurate understanding back to the client

Empathy as a Hiring Criterion

- If the counselor's degree of empathy is the best predictor of successful client outcomes
- Then why not select new counselors on the basis of demonstrated empathic skill?
- Self-reported empathy does not predict skill
- Skill in reflective listening can be specified as a criterion for hiring
- Set up a role-play and ask the candidate to demonstrate his/her best reflective listening

Reflections

- Are statements rather than questions
- Make a guess about the client's meaning (rather than asking)
- Yield more information and better understanding
- Often a question can be turned into a reflection

Forming Reflections

- A reflection states an hypothesis, makes a guess about what the person means
- Form a *statement*, not a question
 - Think of your question: Do you mean that you . . . ?
 - Cut the question words ~~Do you mean that~~
You . . .
 - Inflect your voice *down* at the end
- There's no penalty for missing
- In general, a reflection should not be longer than the client's statement.

Reflective listening

- Simple Reflection
 - Exact words
 - Closely related words
- Complex Reflection
 - Continuing the paragraph
 - Reflecting emotion
- 80/20 Rule: Talk no more than 20% of the time!
- *The best reflections have the fewest words*

Group reflection exercise

- David's dilemma:
- Going to conferences or staying at home with family?

Drumming for Change Talk

- DARN CAT!
- Desire
- Ability
- Reason
- Need
- Commitment
- Activation
- Taking Steps

Amrhein et al. (2003)

- Change Talk (Miller & Rollnick, 2002)
 - Desire *"I want to..."*
 - Ability *"I can..."*
 - Reason *"There are good reasons to..."*
 - Need *"I need to"*
- Taking Steps (e.g., *"I've been..."*)
- Commitment talk

Change talk

- *When you hear change talk, don't just stand there!*
- Reflect
- Reinforce
- Ask for more

I'm gonna git me some...

- EARS
- Elaborate (Tell me more!)
- Affirm
- Reflect
- Summarize

Getting Moving: OARS

- Open questions
- Affirmations
- Reflections
- Summaries