Motivational Interviewing: A Skills Update
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Experiencing MI: Lots of Role Plays!

Crawling – Foundations of MI 3.0: Reflections

Walking – Taking It Up a Notch: OARS

Running – Advanced Skills: DARN-CT
The first step towards getting somewhere is to decide that you are not going to stay where you are.

J. Pierpont Morgan
Definition of MI

**MI** is a collaborative, goal-oriented style of communication with particular attention to the **language of change**. It is designed to strengthen personal motivation for and commit to a **specific goal** by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

Hypotheses and Conclusions

Proposed by M&R

- MI is intended to influence client factors that are associated with positive outcomes.
- The instillation of **hope**, supporting **self-efficacy**, and active **engagement**.
- MI may benefit from the contrast effect:
- Clients may have experienced more directive and confrontational approaches and thus find MI relieving.
- Cultural differences may exist:
- There were more substantial effect sizes with minority clients as compared to the majority white population.
Hypotheses and Conclusions Proposed by M&R

- Training in MI may help suppress counter-therapeutic responses
- Findings suggest it takes few directive and confrontational responses by the counselor to lead to resistance and self-defensiveness in the client.
- Effectiveness of MI is linked to aspects of language:
  - Specific forms of language presage greater behavior change and can be demonstrated as directly related to counselor responses:
    - **Change talk** is the precursor to change.
    - **Sustain talk** is the hallmark of ambivalence - maintaining the status quo.

Hypotheses and Conclusions Proposed by M&R

Training in MI may help suppress counter-therapeutic responses

- A counselor who is focused on responding to clients using CORE skills is less likely to insert their own opinions and views
- Client characteristics may moderate the measured degree of effectiveness of MI
- Clients in action typically have already resolved ambivalence
Transtheoretical Change Process

How people change:

- Precontemplation
- Contemplation
- Preparation/Planning
- Action
- Maintenance
- Relapse/Recycle

Stages:
- Fence: No Denial
- Maybe Ambivalence
- Yes, Let's Go: Motivated
- Doing It: Go
- Living It
- Ugh!!

Transition arrows between stages.
## Stages of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Basic Definition</th>
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<tbody>
<tr>
<td>1. Precontemplation</td>
<td>A person that is not seeing a need for a lifestyle or behavior change</td>
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<tr>
<td>2. Contemplation</td>
<td>A person is considering making a change but has not decided yet</td>
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<td>3. Preparation</td>
<td>A person has decided to make changes and is considering how to make them</td>
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<td>4. Action</td>
<td>A person is actively doing something to change</td>
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<tr>
<td>5. Maintenance</td>
<td>A person is working to maintain the change or new lifestyle, possibly with some temptations to return to the former behavior or small lapses</td>
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### Stages of Change & Therapist Tasks

**Precontemplation**
- 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 and support self-efficacy.

**Maintenance**
- Help the client identify and use strategies to prevent relapse - resolve associated problems.

**Event: Relapse**
- Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse.
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>SATS</th>
<th>Interventions</th>
<th>IDDT methods</th>
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<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Engagement</td>
<td>Outreach, practical health, crisis intervention, relationship building, assessment</td>
<td>CRS; SATS, Longitudinal Assessment; Contextual Assessment; Payoff Matrix/Functional Analysis; Motivational Interviewing</td>
</tr>
<tr>
<td>Contemplation &amp; preparation</td>
<td>Persuasion</td>
<td>Education, goal setting, increase awareness of problems practical skills training, family support, peer support</td>
<td>Motivational interviewing (expressing empathy, developing discrepancy, eliciting change talk, rolling with resistance, Supporting self-efficacy)</td>
</tr>
<tr>
<td>Action</td>
<td>Active</td>
<td>Substance abuse counseling, medications treatment, skills training, self-help, groups, family therapy</td>
<td>Functional analysis, skills training</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Relapse prevention</td>
<td>Relapse prevention plan, continuing skill training, expanding recovery to other areas</td>
<td>Continuation of functional analysis, skills training, specific relapse prevention plans</td>
</tr>
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The path out of ambivalence is to choose a direction, follow it, and keep moving in the chosen direction.
Mind Committees:
our personal internal debate team

We trust ourselves and our own opinions more so than others

When the internal debate team is in conflict there is no change.

When the internal debate team settles on a direction change occurs.

“The Righting Reflex”

“A natural and instinctive response of trained care providers is to fix the problem, make things right, to use knowledge acquired from training and experience to help the individual seeking care to overcome their problems.”
What happens when these two meet?

Professional operating from the Righting Reflex says to the:

“You need to stop _____”
“You haven’t been compliant with the treatment plan”
“You have to take this to get better”

Client feeling ambivalent, who says/thinks in response:

“Tell me something I don’t already know”
“I’ve tried numerous times and can’t seem to stick with it”
“You sound like my wife/husband”

Who do we listen to most?

Which side of the ambivalence debate is the professional likely to side with?

Which side of the ambivalence debate is left for the client to side with (internally or verbally)?

Sustain Talk opportunity wins! =  No Change
Change Talk opportunity lost!
MI Spirit

Partnership
Compassion
Acceptance
Evocation

Dancing as opposed to wrestling

The willingness to suspend the reflex to dispense expert advise is a key element in establishing collaboration necessary to build partnership.
Acceptance

A professional exhibiting Acceptance as intended in the MI spirit:

- “Honors each person’s absolute worth and potential as a human being;
- Recognizes and supports the person’s irrevocable autonomy to choose his or her own way;
- Seeks through accurate empathy to understand the other’s perspective; and,

Affirms the person’s strengths and efforts

Compassion

To actively promote the other’s welfare by giving priority to their individual needs
Evocation

A strengths-focused premise rather than a deficit-focused model

People already have within themselves much of what is needed and your task is to evoke it

A client’s own arguments for change are more persuasive than whatever arguments you might be able to provide

We’re here for a reason.
I believe a bit of the reason is to throw little torches out to lead people through the dark.

Whoopi Goldberg
Reflective Listening: The Heart of Motivational Interviewing

“...reflective listening is a wonderfully useful skill ... a cornerstone for client-centered counseling. It is also a useful skill not only in professional work, but also in one’s personal life and relationships, and yet relatively few people master it. It is fundamental to good communication. Once you learn reflective listening, you have an invaluable gift to give those with whom you come into contact.”
WE WILL LEARN REFLECTIVE LISTENING BY PARTICIPATING IN A SERIES OF EXERCISES

SO...
WHAT IS REFLECTIVE LISTENING?

*View the following short video in which reflective listening is demonstrated. Watch the listener carefully. What is she doing? What is she not doing?*
Reflective Listening: Not

- adding new information
- asking questions
- giving directions
- giving advice
- telling how you identify
- fixing
- changing the person
- making them happy
- telling them what to do
- making a referral

Reflective Listening: Is

- repeating back what is said with a spirit of warmth and empathy
- a statement to double check what you have understood
- verify that you got it right
- leads to further elaboration
- let them know you are engaged in the topic and listening
Carl Rogers: Author of Client/Person-Centered Counseling

• To produce beneficial change in another,
• To be of maximum helpfulness to another,

✓ Three conditions must be met:
  • *Unconditional positive regard*
  • *Empathy*
  • *Genuineness*

**Empathy**

✓ “An active interest in and effort to understand the other’s internal perspective, to see the world through her or his eyes.” *(Miller & Rollnick, 2013, p. 18)*

✓ “To sense the client’s private world as if it were your own.” *(Rogers, 1961, p. 284)*
Unconditional Positive Regard

- Warm acceptance.
- Unconditional—not putting conditions on acceptance.
- Valuing the person.
- Allowing the other person their autonomy.

Genuineness

- authenticity
- true to one’s self
- congruent: what you feel and what you are aware of feeling match up
- integrated
- opposite of presenting a façade (Rogers, 1957)

- Does not mean that you have to say everything you are thinking and feeling out loud!
REFLECTIVE LISTENING IS MOST EFFECTIVE IF CONDUCTED IN A SPIRIT OF EMPATHY, UNCONDITIONAL POSITIVE REGARD, AND GENUINENESS.

Nuts and Bolts

[Diagram showing a comic strip with characters involved in a situation that illustrates the concept of reflective listening.]

I think you should quit drinking.
It's the beer that is addicted to me.
Oh no! It's back!

No! Stop!
HELP!!!!!
Understanding Change as “a Process”
change is not “an event”

Differentiating between persuasion conversations and motivational conversations
Working for change requires a different skill set than working for compliance
Conversational clues allow you to diagnose readiness, willingness and ability to change
The counseling session creates a safe place in which the MI Spirit has room to unfold
The goal is to strengthen change talk and soften sustain talk with the intent to rescript the sustain talk

Types of Reflective Statements

Simple reflection:
Client: I don’t have anything to say.
Counselor: You’re not feeling talkative today.

Amplified reflection:
Client: No one I know takes medication - it just seems like it would be such a hassle.
Counselor: So, you can’t imagine ever taking medication for something.
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.)
Types of Reflective Statements

Double – sided reflection:
Client: I think I would feel so much better about myself if I were in better shape, but it’s so hard to stick to a workout plan.

Counselor: On the one hand, trying to work out consistently is challenging, but on the other hand, you think your self-esteem would improve if you lost weight.

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.
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
- Disagreeing, judging, criticizing, blaming
- Agreeing, approving, or praising
- Shaming, ridiculing, labeling
- Interpreting, analyzing
- Questioning, probing
- Withdrawing, distracted, sarcastic/humorous, changing the subject

Traps that Promote Disengagement

- The Assessment Trap
- The Expert Trap
- The Premature Focus Trap
- The Labeling Trap
- The Blaming Trap
- The Chat Trap
Factors Influencing Engagement

- Desires or goals
- Importance
- Positivity
- Expectations
- Hope

Each of these factors should be attended to in the first visit when engagement is the goal.

Red Light / Green Light

SUSTAIN TALK
- LURE: listen, understand, resist the urge to “fix it,” empathize

AMBIVALENCE
- OARS: open-ended questions, affirm, reflect, summarize
- Use elicit-provide-elicit to educate

CHANGE TALK
- EARS: explore, affirm, reflect, summarize
- Challenge the change
Engaging: Reflective Listening

Takes a fair amount of practice to become skillful, in spite of seeming easy to do

The crucial element of good listening is what the counselor says in response to what the speaker offers. The choice in what content the counselor reflects and how is where MI becomes directional.

Avoid Communication Roadblocks

Focusing

“The process by which you develop and maintain a specific direction in the conversation about change”

Both client and counselor have agendas which may or may not align
**Styles of Communication**

**Directing:** the focus is provider determined
- As a default approach for promoting personal change, this approach has serious limitations

**Following:** entirely from what the client brings to each consultation.
- This may be the communication style used in initial encounters, particularly when building engagement

**Guiding:** promotes a collaborative search for direction, the focus is negotiated between experts (the client and counselor)
- Focusing calls for this is the style of communication (wherein MI falls)

**Evoking:** preparing people to change

*The heart of MI*: It is in the process of evoking that counseling becomes distinctly MI

Evoking involves eliciting the client’s own motivations for change
- **The expert/directing approach does not facilitate personal change**

Personal change requires the individual’s active participation and is a long term process
### Component skills in Evoking

**Recognizing *change talk* when you hear it**
And, knowing how to evoke and respond to it when it occurs

**Recognizing *sustain talk* when you hear it**
And, understanding what it signifies and how to respond to it

*Sustain Talk is the hallmark of ambivalence*

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If someone else voices an argument for change, people are likely to respond by expressing a counter-change argument from the other side of their ambivalence.

*People literally talk themselves out of changing.*

Similarly, people talk themselves into changing by continuing to voice pro-change arguments.
Preparatory Change Talk
The DARN’s

Desire, Ability, Reasons, and Need

Each reflect the pro-change side of ambivalence.

They are considered preparatory change talk because none of them, alone or together, indicate that change is going to happen.

Mobilizing Change Talk:
The CATs

The CATS signal movement toward resolution of the ambivalence in the favor of change.

Commitment: signals the likelihood of action

“I will”; “I promise”; “I guarantee”; “I intend to”
(decision with a little doubt)

Activation: movement toward but not quite a commitment

“I’m willing to try”; “I am ready to”; “I am prepared to”
Ask evoking questions

Ask open-ended questions surrounding the DARN’s:

**DESIRE**: “How would you like for things to change?”

**ABILITY**: “Of these various options you’ve considered, what seems most possible?”

**REASONS**: “Why would you want to get more exercise?”

**NEED**: “How serious is this to you?”

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Ask evoking questions

**Querying Extremes**: “What concerns you the most about...?”

**Looking back**: “Do you remember a time when things were going well for you?”

**Looking forward**: “If you did decide to make this change, what do you hope would be different in the future?” OR: “Suppose you don’t make any change, what do you think the future would hold?”

**Explore broader goals and values**
Wrong Questions?

Questions that would be ill-advised from an MI perspective.
“Why haven’t you changed?”
“What keeps you doing this?”
“Why do you smoke?”
“Why aren’t you trying harder?”
“Why can’t you?”

Responding to Change Talk

When you hear it, respond to it!

Open-ended questions: Ask for more detail or examples
Affirmation: Comment positively about what you heard
Reflections: simple or complex, continuing the paragraph
Summaries: include change talk content in summaries
Signs: clients are ready to transition to planning

There is an increase in change talk with noticeable strength in commitment language (The CATS)
The client has begun taking steps toward change-testing the water
There is a noticeable reduction in the amount of Sustain Talk
The Client demonstrates resolve
The client asks questions about change

Transitioning Methods

Recapitulation: A transitional collecting summary of Change Talk, like adding flowers to a bouquet

“I’ve heard you say you want to feel better, live a longer life, be able to do more things with your grandkids and set a better example for them by not smoking. What do you think you need to do to get there?”

Key question: from the bouquet, ask a short and simple question about doing

“What do you think will make that happen?”

Pregnant Pause: waiting for the client to hear themselves or feel the affect associated with their statement, allows them to sit with the discomfort without rescuing them.
Supporting Change

Support persistence
Provide flexible revisiting
Re-planning
Reminding
Refocusing
Reengaging

Affirming

Happens through the MI spirit in a general sense and specifically through **direct recognition** of particular strengths, abilities, good intentions and efforts

Opposite stance to supporting and providing affirmations is the idea that people will change if you can just make them feel bad enough.

“You keep drinking when you know it’s ruining your relationship”
Summarizing

Reflection statements that collect what the person has been saying and offers it back, as if in a basket.

Summaries:
- Pull together information at the end of a session
- Suggest links between present material and past
- Function to transition from one task to another
- Provide a ‘what else?’ opportunity
- Have different functions

Exchanging Information

Practitioners often overestimate the amount of information clients need
- It is unhelpful to give clients information they already have (e.g., “smoking is bad for your health”)
- It is more useful to learn what they know, what they’ve already done or tried
Information Exchange: Principles of Good Practice

Clients are the experts on themselves
(using affirmations and reflections elicits a wealth of information)

Find out what they know and need to know
Match information to clients needs
Clients can tell you what kind of information would be helpful
Advice that meets clients needs is helpful

Simple Strategy for Information Exchange

Elicit  Provide  Elicit
Elicit Information Needs

Ask permission and clarify information gaps and needs:
- “May I...?”
- “Would you like to know about...?”
- “What would you like to know about...?”
- “Is there any information I can help you with?”
- “What might be the biggest benefit to you if you were to quit smoking?”
- “What might you be most interested in knowing about treatment options that help people quit smoking?”

Provide the needed information
Prioritize, be clear and concise, avoid jargon
Support autonomy
Offer small amounts with time to reflect
Acknowledge the freedom to disagree or ignore
Present what you know without interpreting the meaning for the client
Elicit (again)

Check back in with the client to see what they understand the information to mean, their interpretation, or response

“So, what do you make of that?”
“Have I been clear so far?”
“You look puzzled?”
“How does this apply to you?”
“I wonder what all this means to you?”
“Tell me in your own words what I’ve said.”

Offering Advice

A special form of information giving as it implies a “do” component: a recommendation about making personal change

Follow steps to providing information: EPE

Advice carries a strong potential for reactance

Emphasize personal choice and offer a menu of options
!! IMPORTANT TO REMEMBER !!

The vast majority of people do not like receiving unsolicited advice.

Even more people don’t think twice about giving it.

MI: Is NOT

Other Ideas/Concepts

1. Are identical to Rogers’ non-directive counseling.

2. A technique or gimmick to make people change.

MI

1. MI’s focusing, evoking, and planning have clear directionality to them.

2. MI was specifically developed to help clients resolve ambivalence and strengthen their own commitment to change.
### MI: Is NOT

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<td><strong>3. MI is a panacea, the solution to all clinical problems.</strong></td>
<td><strong>3. MI blends well with other approaches and does not negates the value of other techniques. MI is a style of being with people, an integration of clinical skills to foster movement for change.</strong></td>
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<td><strong>4. The Transtheoretical Model (TTM), although they are compatible and complementary.</strong></td>
<td><strong>4. TTM defines stages of change while MI provides a means of moving through the stages.</strong></td>
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<td><strong>5. The “Decisional Balance” technique exploring the pros and cons of change.</strong></td>
<td><strong>5. Decisional balance is more associated with counseling with neutrality as the counselor explores con’s of change. MI is more directional, with the intent being to strengthen the arguments for change.</strong></td>
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MI: Is NOT

Other Ideas/Concepts

6. Require the use of assessment feedback.

7. A way of manipulating people into doing what you want them to do.

MI

6. While personal feedback may be particularly useful for persons who aren’t considering change, it is not a necessary nor a sufficient component of MI.

7. MI cannot be used to manufacture motivation that isn’t already there. It is a collaborative partnership that honors and respects the other’s autonomy, seeking to understand the person’s internal frame of reference.

Workshop Summary

• clinicians “talk with” as opposed to “talk at” clients
• “helpful conversations” imbedded in therapy
• joining together – in conversation and planning
• guiding conversation – keeping it on the rails
• avoiding turning talks into tugs of war
• always deescalate irritation, anger, hostility
• difference between selectively listening and reflectively listening
• learning to focus conversations and avoiding bunny trails and extraneous data
• giving options and suggestions rather than giving advice
• transitioning smoothly through OARS and DARN
• using OARS all the time
• practicing OARS and DARN-CT on TV show personalities
“Don't ever let someone tell you that you can't do something. Not even me. You got a dream, you gotta protect it. When people can't do something themselves, they're gonna tell you that you can't do it. You want something, go get it. Period.”

- Will Smith

(The Pursuit of Happiness, 8Mi)