MOTIVATIONAL INTERVIEWING

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Professor Nan Van Den Bergh
MOTIVATIONAL INTERVIEWING

• A client-centered, directive method for enhancing motivation to change by exploring and resolving a client’s ambivalence

• It is a method of communication more than a “bag of tricks”

• Motivation is conceptualized as an interpersonal process, not as a client characteristic

• The question is never “Why isn’t this person motivated?” but “For what is this person motivated?”

• Motivational interviewing can be used as a complete intervention or as a prelude to other intervention strategies
Motivational Interviewing Overview

- Motivational Interviewing not a specific theoretical perspective but uses concepts from a variety of theories.
- Originally designed for substance abuse, now used for:
  - Eating disorders
  - Adolescent behavior problems
  - Health care issues (diabetes, cardiovascular disease)
  - HIV high risk behaviors
  - Family preservation
  - Sex offenses
  - Pain management
- Typically a brief intervention (four sessions or less)
- Developed by William Miller and associates (1980’s) to address substance abuse clients unmotivated to change
CHARACTERISTICS AND PRINCIPLES OF MOTIVATIONAL INTERVIEWING

Characteristics

- Collaborative vs. confrontational
- Evocative vs. educational - taps into a client’s intrinsic knowledge
- Promotes autonomy vs. relying on authority
  - affirms self-direction and informed choice

Principles of Intervention

- Express empathy – demonstrating acceptance facilitates change
- Develop discrepancy (between how things “are” and “should be”)
  - let the client present arguments for change
- Roll with resistance – acknowledge resistance; then redirect to their perspective
  - Avoid arguments: dance..don’t battle
- Support self-efficacy – validate client’s belief in the possibility of change
Motivational Interviewing Major Concepts: Empathy, Cognitive Dissonance, Confidence

• **Empathy:** borrowed from Rogerian therapy (nondirective)
  – selectively amplifying the client’s experience of dissonance

• **Cognitive dissonance:** people are not capable of holding two incompatible beliefs at one time
  – Ambivalence is a form of cognitive dissonance
  – Ambivalence is inability to choose between two goals/beliefs that are in contrast to each other (playing soccer vs. drinking with the ‘guys’)
  – Worker’s focus is to help client resolve ambivalence

• **Confidence:** client’s belief that s/he can succeed at change behaviors
  – Worker assesses client’s confidence to make change
Impact of Transtheoretical Stages of Change (TSC) on Motivational Interviewing Concepts:

- TSC developed to recognize and address the reluctance of substance abusers to change their behaviors (Prochaska, Norcross DiClemente, 1994)

- Alternative to approaches viewing clients as resistant, in denial, or uncooperative when demonstrating lack of readiness or willingness to change
  - Opposed to the “smacking of denial” and “disease” concept of 12 Step and therapeutic community treatment programs’

- Views motivation as a state of readiness to change

- Is based on assumption that clients follow a predictable course (stages) when changing behavior
Motivational Interviewing Major Concepts:

TSC Stages of Change (cont.)

• Six stages of Transtheoretical Stages of Change:
  – **Precontemplation**: person does not believe s/he has problem and is unwilling to change
  – **Contemplation**: change is contemplated as benefits to altering changed behavior are considered
  – **Preparation**: individual decides to try change in near future and works on a strategy
  – **Action**: person takes action (i.e. attends 12 step meeting)
  – **Maintenance**: sustained change has occurred for six months
  – **Relapse**: person slips and steps are revisit

• Motivational interviewing is designed to work with those who are either in:
  – **Precontemplation** (denying change is needed)
  – **Contemplation** (believe there might be a problem and is considering change)

• Motivational interviewing is most relevant to stages one, two, three, and six of TSC model.
Motivational Interviewing  Major concepts:  
Ambivalence

• **Ambivalence**: viewed as a natural process. **Working with ambivalence is key to MI approach**
  – Advantages and disadvantages of both the problem behavior as well as change are openly considered
  – Worker selectively reflects and affirms change talk
  – Client is asked to elaborate on statements about change
  – Worker needs to create dissonance between client’s goals/values and problem behavior so that desire to change is increased

• **The Decisional Balance of Ambivalence:**
  • Costs of the status quo vs. the benefits of change
  • Benefits of the status quo vs. the costs of change
Motivational Interviewing Perceptions About Change

- **Change happens** when client sees that **disadvantages of problem behavior outweigh the advantages**

- **Clients need to build** a sense of **self-efficacy** (via worker’s reflections) so that they **believe they can change**
  - Self efficacy is encouraged by an emphasis on client strengths

- **Initial goal** is to **build client’s motivation to change rather than focusing on actual behavior change**

- **Stage 1**: Client perception of the problem is focus of beginning work
- **Stage 2**: In action stage client behavior becomes a target for intervention
Motivational Interviewing Perceptions About Change (cont.)

- **Change is:**
  - natural
  - can occur quickly
  - dependent on the client’s faith in its possibility
- Attributes of the social worker (empathy) are highly significant for change to occur
- **Change talk:** when a client begins to argue for change, the likelihood of its occurrence increases
- **For change to occur** person must be:
  - **Ready** (to make a priority of change)
  - **Willing** (seeing the importance of change)
  - **Able** (confident about change)
Motivational Interviewing: Resistance

• Resistance occurs when:
  • client verbalizations move away from considering change
  • arguing, interrupting, negating, and ignoring

• Client’s “resistance behavior” is a sign of dissonance in the worker-client relationship

• Resistance is better characterized as “reactance”
  • Presence of reactance is problem for the practitioner rather than the client
  • Practitioner needs to adjust strategies to match client’s position toward change

• Resolutions to resistance/reactance:
  • Use of reflective listening to affirm client’s perspective and freedom of choice in dealing with situation
  • Elicits and reinforces client’s self motivational statements about resolving problem
Assessment

• No formal assessment procedure

• No clear distinction between assessment and intervention

• Reason for referral might not be what client chooses as topic for exploration
Intervention Principles and Guidelines

Intervention Principles

• Expressing empathy
• Developing discrepancy between goals and problem behaviors
• Rolling with resistance
  – Avoid arguing
• Supporting self-efficacy

Guidelines

• Start where the client is at
  – Don’t assume client is ready to engage in change
• Explore client’s problem behaviors and reflect client’s perceptions
  – Listen empathically to accurately assess person’s relationship to change process
• Reinforce client statements about wanting to change
  – Attend selectively to client expressions of change
  – Point out discrepancies between goals/values and behavior
• Affirm client’s statements about their ability to change
  – Confidence is built and individual feels empowered
Stages of Change and Intervention Tasks

1. **Precontemplation** - The client is not yet considering change; does not see him or herself as having a problem

**Intervention Tasks** - Provide information and feedback to raise awareness of the problem and the possibility of change

- raise doubt
- increase client’s perceptions of risks

2. **Contemplation** - High ambivalence; the client both considers and rejects change; vacillates between reasons to change and reasons to stay the same

**Intervention Tasks** - Tip the balance in favor of change

- evoke reasons to change,
- discuss risks of not changing,
- strengthen the client’s belief that change is possible.
Stages of Change and Intervention Tasks (cont.)

3. Preparation - Client accepts the need to change; to do something about the problem; but, may enter into action or slip back into contemplation

**Intervention Tasks** - Help client determine a course of action for making changes that is acceptable, accessible, and likely to be effective

4. Action - The client engages in specific actions to bring about change in the problem areas

**Intervention Tasks** - Support client’s steps toward change, monitor the process, provide feedback, and help client revise actions if needed
5. **Maintenance** - client attempts to maintain the changed behavior and avoid the problem behavior. The **challenge is to sustain the change** accomplished by the previous actions.

**Intervention Tasks** - Help the client **identify and utilize strategies** (personal strengths, outside supports, and resources) **to avoid relapse**

6. **Relapse** - Revision back to the problem behavior. *This is normal and expected*, especially when the client is trying to change long-standing behavior patterns

**Intervention Tasks** - Help the client **renew the process of contemplation, determination, and action without becoming demoralized.**
Techniques of MI: Eliciting Self Motivational Statements to Explore Disadvantages of Status Quo

• Self motivational statements are made by clients indicating their desire to bring about a change.

• **Problem recognition questions:**
  – “What things make you think that ____ is a problem?”

• **Concern questions:**
  – “What worries you about your behavior?”
  – “So if you continue to ____, how will that affect ____”

• **Extreme:**
  – “What concerns you the most about this in the long run?”
  – “What might you know about what can happen if you continue with this behavior, regardless of whether you think this will happen to you?”
  – “What are the worse things that could happen if you…..”
Techniques of MI: Eliciting Self Motivational Statements to Explore Advantages of Change

• **Intention to change:**
  – “What are the reasons you see for making a change?”
  – “If you were to stop _____, how might that affect ____”

• **Optimism about change:**
  – “What makes you think that if you decided to make a change that you could do it?”
  – “Given what you have told me before about how you dealt with ____ , I am really confident that you could ____”

• **Extremes:**
  – “What might be the best results you could imagine if you make a change?”
  – “If you were completely successful, how would things be different?”
Techniques of MI: Handling Resistance

• **Use reflective statements:**
  – They diffuse power struggles and mobilize that aspect of ambivalence that is geared toward change

• *Simple reflection*: acknowledging the clients' feelings, thoughts or opinions
  – “You have a lot of stressors at this time and wonder about taking on another challenge”

• *Amplified reflection*: client’s statement is acknowledged in the “extreme”.
  – This can have a paradoxical effect by siding with client’s defensiveness
  – “You say you are fine right now.... So, maybe there is nothing that you should change......”
Techniques of MI: Handling Resistance (cont.)

• **Double-sided reflection:** Acknowledges that with ambivalence people are divided between wanting to change as well as holding onto problematic behavior
  – “Your job is important to you but at the same time you believe you have a right to do what you want in your “free time…”

• **Shifting focus:** Redirecting the focus from a potential impasse
  – “We’re not talking about stopping ________for the rest of your life, at this point. What is the best goal for you to pursue at this point?”

• **Agreeing with a twist:** agree with the client in a way that orients them toward change
  – “You don’t need to consider yourself a _____. There are aspects of ___ you like; but, it also causes you trouble”
Techniques of MI: Handling Resistance (cont.)

• **Reframing**: Taking arguments clients use against change and altering meaning to promote change
  
  – “You don’t notice effects from alcohol...you think that is because your body has become ‘immune’ to it... Actually, that means you have developed tolerance and more alcohol is needed for the same effect......”

• **Clarifying free choice**: The client is “in the driver’s seat” related to what change might occur
  
  – “You could move toward making a change now; or, at some other time in the future”
Techniques of Motivational Interviewing: Decisional Balance

• Weighing the costs and benefits of problem behavior as well as costs and benefits of change
• Actual ‘balance sheet’ techniques is used to make decisional balance more concrete
• Similar to cost-benefit strategy used in cognitive therapy
Techniques of Motivational Interviewing: Building Self-Efficacy and Developing a Change Plan

• **Ask evocative questions** (non-directive, open-ended questions about ambivalence, change, motivation)
  – “How might you go about making this change?”
  – “What would be a good first step?”

• **Use the ruler assessment** (1-10) to assess the client’s perceptions of the **importance of change and confidence about change**
  – “How important is it for you to change _________?”
  – “On a scale of 1-10 with 10 being the highest, what is your current intention to _____”
  – “How confident are you that you could stop _________?”

• **Reviewing past successes:**
  – “Tell me about times in your life when you decided to do something difficult and you did it?”
  – “What did you do that worked?”
  – “Tell me about what you did to handle ____ when you were not ____”
Techniques of Motivational Interviewing: Building Self-Efficacy and Developing a Change Plan (cont.)

• Discussing strengths and supports:
  – “What is there about you that could help you succeed in making this change?
  – “What sources of social support do you have?”

• Asking questions about hypothetical change:
  – “Consider for a moment that in the future you have been able to____. Looking back on what happened, what most likely allowed that to happen?”
  – “What might _____look like without _______”
  – “What is really important to you about ______”

• Brainstorming: generating ideas as to how change might be accomplished
Techniques of Motivational Interviewing: Giving Information and Advice

• **What the Social Worker Does**
  • Makes suggestions about ways of thinking or behaving
  • Cautions the client against certain actions
  • Provides information
  • Emphasizes a course of action the client is already contemplating

• **Issues to Consider when Giving Advice**
  • Explore the client’s expectations when advice is requested
  • If the request is denied, explain why
  • Given in a context of reflective discussion
  • Try to guide the client to a decision rather than give direct advice
  • Discuss the risks of giving advice with the client
  • Avoid giving advice about most major life decisions
  • Give advice or make suggestions tentatively if possible
  • Always act to meet the client’s (not your own) needs
MOTIVATIONAL INTERVIEWING, PHASE I: BUILDING MOTIVATION FOR CHANGE

Early “Traps” to Avoid

• The “questions - short answers” routine
  • Don’t come across as a “detective….”

• Taking sides about the issue (perhaps unwittingly)
  • Don’t come across as believing one way is the only way
  • Example: Only abstinence works in curbing an addiction

• Coming across like an “expert” (formal and authoritative)
  • Don’t condescend to the client with sharing all the “facts”

• Using diagnostic labels to summarize a client’s behavior or condition
  • Don’t give client your “diagnostic “ conclusion

• Feeding into the client’s desire to blame others

• Arguing for change
THE FIRST SESSION

Housekeeping Items

• Explain the motivational interviewing process
• Set an agenda with the client’s input

Initial Interviewing Methods

• Ask open-ended questions
• Listen reflectively
• Affirm client’s dignity (and support the client’s efforts)
• Summarize (link together and reinforce what has been discussed)
• Elicit change talk (the four categories described earlier)
  • Disadvantages of behavior
  • Advantages of behavior
  • Convey optimism
  • Evaluate and encourage intention to change
Responses to Change Talk

- **Ask the client to elaborate on change thinking**
  - “Tell me more what you mean by _____”

- **“Focused” reflective listening** (evidence of change interest)
  - Reflect immediately those signs of interest in change

- **Summarize change statements**
  - Reflect back to client what you have heard her/him say about change

- **Affirm change statements**
  - Validate interest in change and ideas about change

- **Clarify the ambivalence** (explore each side in depth)
  - “On one hand I hear you saying _____ but on the other hand you _____”

- **Clarify the person’s values**
  - Reflect back what you have heard is important to them
Responses to Change Talk: Confidence Traps

• “Confidence” Traps
  – Do not move too quickly when exploring client’s confidence

• Do not “take over:”
  • “Okay, here’s how you do it……”

• Do not minimize client’s lack of confidence:
  • “There, there, you'll be fine…….”
PRECONTEMPLATION INTERVENTION

Four Types of “Pre-Contemplators:” What To Do

• The Reluctant Client
  – Empathic listening and feedback

• The Rebellious Client (much energy invested in the problem behavior)
  • Allow to vent
  • Remind about free choice
  • Provide a menu of options

• The Resigned Client
  • Instill realistic hope
  • Explore barriers to change
  • Determine what the client has learned from failed change efforts

• The Rationalizing Client:
  • Reflect the pros and cons of continuing the behavior (asking client to elaborate on all of these)
  – Empathy and reflection
CONTEMPLATION STAGE INTERVENTION

• This is the stage of highest ambivalence

• **Help the client think through:**
  • Risks and benefits of the problem behavior
  • Risks and benefits of change efforts

• **Use double sided reflection**
  • Acknowledge ambivalence between wanting to change and holding on to problem behaviors
  • Allow client to articulate the “good things” about problem

• **Provide information** (what has worked for others)

• Instill hope and affirm
MOTIVATIONAL INTERVIEWING PHASE II: STRENGTHENING COMMITMENT TO CHANGE

Signs of Client Readiness to Change

• Decreased “reactance”
  • client less likely to be reactive/oppositional to worker’s statements

• Decreased focus on the problem

• Increased change talk:
  • disadvantage of status quo
  • advantages of change
  • optimism
  • intention

• Envisioning life after change (both positively and negatively)

• Experimentation with new behaviors

• Worker poses questions about how change could occur
  • “What is likely to happen if you __________?”
COMMON PHASE II HAZARDS

• Underestimating the client’s ambivalence
  • Ambivalence may persist long after change begins

• Prescribing a change plan that is:
  • too ambitious
  • too fast-faced
  • not collaborative

• Providing too little guidance

• Hazard reduction strategy:
  • jointly working out a “menu of alternatives”
INITIATING PHASE II

Negotiate a Change Plan
(This is not unique to Motivational Interviewing)

- Set goals
- Consider change options
- Arrive at a plan
- Elicit the client’s commitment
MOTIVATIONAL INTERVIEWING: 
SUMMARY OF PRACTICE GUIDELINES

• Always talk less than your client

• Offer two or three reflections for every question

• Ask twice as many open-ended questions as closed questions

• More than half the reflections you offer should be deeper and more complex than basic repetition
  • Do not “parrot” back to client exact words that she or he has used
ETHICAL ISSUES IN MOTIVATIONAL INTERVIEWING

• **When ethical challenges can arise:**
  • Client aspirations are dissonant with the social worker’s opinion
  • Social worker has an investment in a certain direction of change
  • The client / social worker relationship includes formal coercive power.

• **Resolution of ethical challenges:**
  • When dissonance occurs, clarify your own and your client’s aspirations
  • When dissonance persists, be open about your concerns and invite the client to participate in (new) agenda-setting

• **Be reluctant to use motivational interviewing when you have:**
  • An investment in the outcome
  • Formal power over the client
MOTIVATIONAL INTERVIEWING FOR WOMEN WITH BINGE EATING DISORDER

A single MI session followed by the use of a self-help book

The MI Session Protocol

• Elicit concerns about binge eating (impact on physical and mental health, finances, relationships)
• Explore ambivalence
• Discuss stages of change and client’s stage
• Write a decisional balance related to continuation of the behavior
• Bolster self-efficacy (encourage recall of past experiences where client has shown mastery)
• Values exploration (dissonance between actual and ideal life)
• Assess readiness and confidence for change
• Elicit ideas for possible behavioral alternatives to binge eating
• Collaboratively develop a change plan consisting of small steps
AMI FOR WOMEN WITH BINGE EATING DISORDER (Cont.)

Contents Binge Eating Self-Help Book

• What is binge eating?
• Learning to take small steps
• Understanding hunger and food cravings
• Beginning the work
• Working with hunger and appetite
• Working with food and feelings
• Preventing relapse
• Local mental health and Internet resources
GROUP MOTIVATIONAL ENHANCEMENT THERAPY AS AN ADJUNCT TO INPATIENT TREATMENT FOR EATING DISORDERS

A four-week, 1.25 hours per session, open group, with the goals of addressing ambivalence about recovery and change, and encouraging participation in the standard hospital program

Specific Strategies
Discuss the stages of change model
Group decisional balancing exercise of the benefits and costs of maintaining versus giving up the eating disorder
A card-sort task to foster awareness of incompatibility of current behavior and more deeply help values
Exploration of the origins, history, current state, and likely future presentation of the behavior
Overall reliance on the principles of motivational interviewing