

# Foundations of Motivational Interviewing: Part 1

Presented By:

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## CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University



A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine



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## A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services



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### Service innovations for people with mental illness, substance use disorders

The infographic displays several evidence-based practice models:

- SAMI**: Substance Abuse & Mental Illness strategies for co-occurring disorders
- ACT**: Assertive Community Treatment (evidence-based practice)
- SE/PS**: Supported Employment/Individual Placement & Support (evidence-based practice)
- IPBH**: Integrated Primary & Behavioral Healthcare
- IDDT**: Integrated Dual Disorder Treatment (evidence-based practice)
- DDCAIT**: Dual Diagnosis Capability in Addiction Treatment (organizational assessment & planning tool)
- DDCAIHT**: Dual Diagnosis Capability in Mental-Health Treatment (organizational assessment & planning tool)
- MI**: Motivational Interviewing (evidence-based treatment)
- TRAC**: Tobacco-Recovery Across the Continuum (stage-based motivational model)
- BENEFITS ADVOCACY & PLANNING**: Supporting recovery through relationships

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## Training Focus

1. Define Motivational Interviewing (MI) and its core elements.
2. Describe provider behaviors that disengage people from behavior change discussions.
3. Explain the use of open-ended questions and affirmations in the process of engaging people in behavior change.
4. Practice reflections and summaries when engaging people with a severe mental illness and/or substance use in behavior change discussions.
5. Explain how to provide information and advice in a MI-consistent manner.

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## First...Some Basics....

- **TREATMENT WORKS.**
- **Getting and Keeping People in Treatment is NECESSARY.**
- **Relationship, Respect and Rapport are the CORNERSTONES!**
- **Stage-Wise and Motivational Interventions should become NATURAL considerations.**

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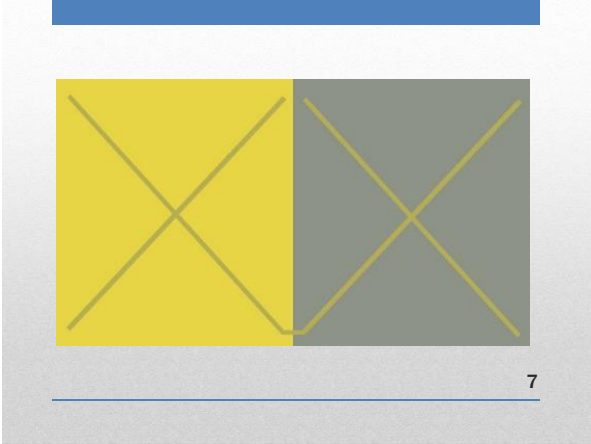
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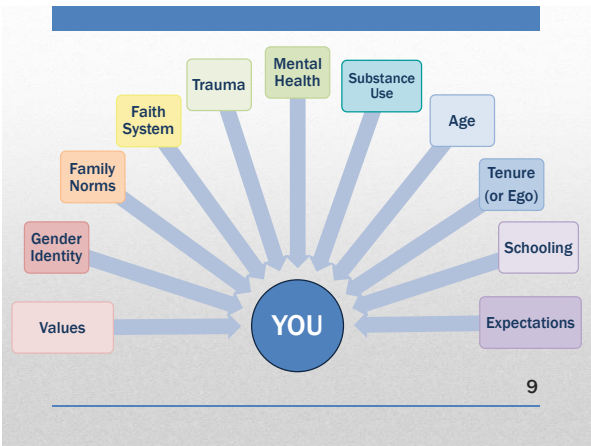
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- In what ways have you seen these things HELP my work with others?

**AND**

- How have you seen these things LIMIT or COMPLICATE my work with others?

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### Self-Reflection Exercise

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### People change voluntarily

#### Only when they become...

- Become ***Interested and concerned*** about the need for change
- Become ***Convinced*** change is in best interest or will benefit them more than cost them
- Organize ***plan of action*** that they are ***committed*** to implementing
- ***Take the actions*** necessary to make and sustain the change

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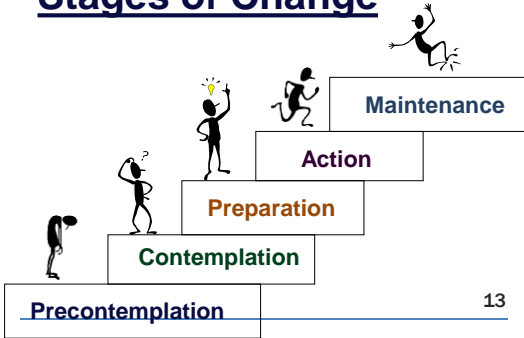
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## Stages of Change



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## Video

It's not about the Nail.....

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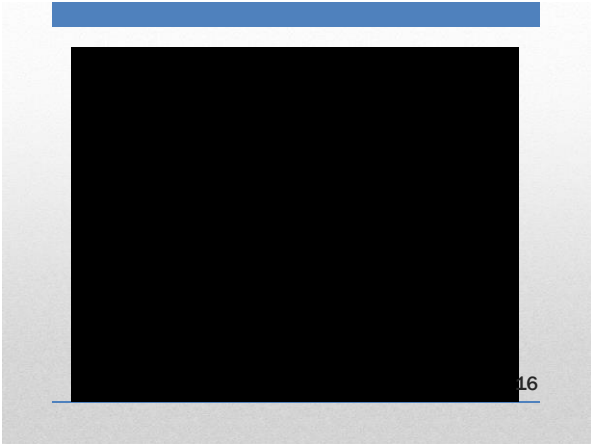
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### Components of Change Overview



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### What is Motivational Interviewing (MI)?

A collaborative conversation style for strengthening a person's own motivation and commitment to change.

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## What is Motivational Interviewing?

- Collaborative, Empathic, Goal-oriented style of communication
- Pays specific attention to “language of change”
- Elicits and strengthens a person’s own reasons and motivation for change.
- Nurtures hope and optimism.
- Occurs within the context of staff acceptance and compassion

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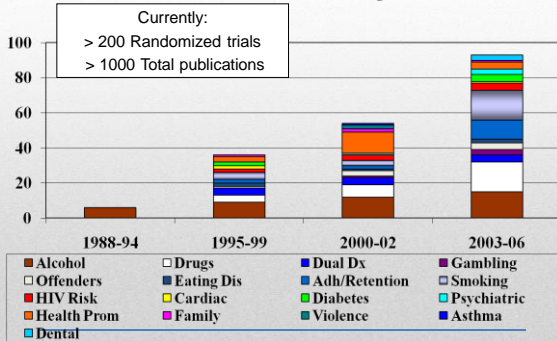
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## MI Studies by Era




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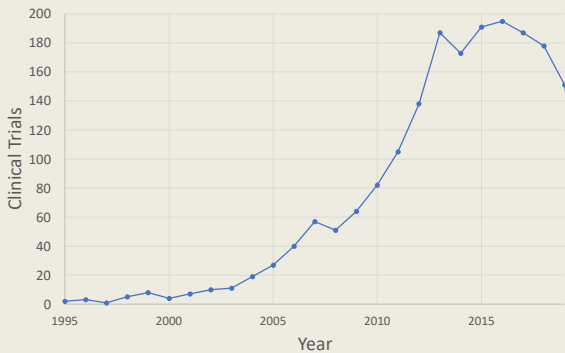
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## Motivational Interviewing Clinical Trials

Total = 1,923 since 1995  
(NIH, PubMed.gov, 2020)




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### MI Problem Areas Showing Efficacy

(Hettema, 2005; Lundahl, 2010)

- Alcohol
- Drug Abuse
- Tobacco
- THC
- Public Health
- Increase healthy behavior
- Diet/Exercise
- Treatment Adherence
- Engagement
- Confidence
- Decrease risky behavior
- Intention to change
- Emotional wellbeing
- Gambling
- Parenting
- Eating
- Drink safe water

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### How does Motivational Interviewing help?

(when added at the beginning of involvement)

The effects of motivational interviewing emerge relatively quickly. MI helps:

- People complete the process
- People follow through with recommendations
- Staff recognize motivation in people they work with
- Save time

The effects of MI vary depending on the organization and the staff providing the intervention.

(Hettema, 2005; Lundahl, 2010)

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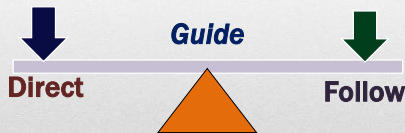
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### Three Core Communication Styles

(Rollnick, Miller, and Butler, 2008)



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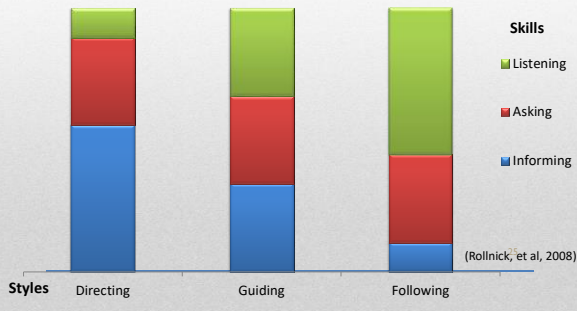
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### Communication Styles with Skills Conceptual Framework



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### The "Spirit" of MI: Elements



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**ACCEPTANCE**  
(AUTONOMY / SUPPORT)

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- Viewing the person as having the potential to move in the direction of health.
- Working to help the person recognize choices.
- Explicitly acknowledging the person has the choice to change or maintain the status quo.
- Expressing an optimism about the person's ability to change.
- Accurate Empathy – reach true understanding of person's experience

## Acceptance

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## Ask Yourself...

1. What do you believe about a person's right to make their own decisions?
2. What if someone chooses to NOT change?
3. At what point are people beyond help?
4. What do you do when you "lose hope" for the people that you are working with?

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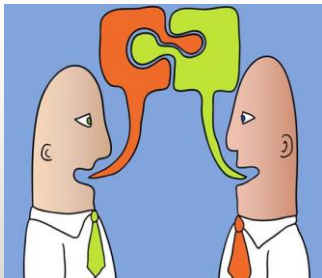
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## EVOCATION

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- Assumes person possesses within them information and ideas about what they need.
- Genuine *curiosity* about person's unique perspective. (Respect for it's purpose...)
- Staff's task is to learn from the person's knowledge, insight, understanding and/or reasoning.

## Evocation

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## Ask Yourself...

1. How do you remain open to other perspectives?
2. How easily can you see things from another person's perspective?
3. How do you deal with silence or lack of response in a conversation?
4. Can people who are making choices far different from the ones we make, still know better what they are doing?

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## COLLABORATION

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- Belief that the person is the expert about themselves and their experience.
- A non-coercive approach.
- Resists the urge to produce the answer (fix or solve) for person. Holding the reins on our own “expertise”, using it mindfully and *not* before the person is ready to receive it.
- Working cooperatively with the person toward their own goals.

## Collaboration

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## Ask Yourself...

1. How important is the information you provide to the person, when compared with what they share with you?
2. What do you have to learn from the person you are helping through change?
3. What do you do when you want to tell the person what they need to do?
4. How do you collaborate with someone that you don't “like”?

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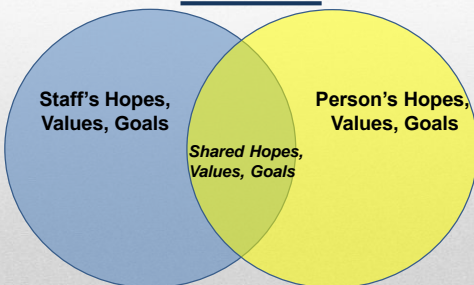
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## FINDING A COMMON FOCUS




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## COMPASSION

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- Actively promote the person's welfare
- Conversation is in service of person's needs NOT the staff's needs
- It is not sympathy or identifying with the person

## Compassion

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## Ask Yourself...

1. Why would it be important to fully understand what someone is going through?
2. What's your awareness around the notion that some people are "comfortable" with the very things that make us most "uncomfortable"?
3. How do you stay soft at heart and not allow yourself to get burnt out?
4. How do you stay connected to the nature of people's suffering?
5. How can you remove yourself from the outcome?
6. Where do you go to process your own thoughts, feelings, attitudes and experiences?

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**EXERCISE:**

**THE "SPIRIT" OF MI**

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**Four Processes of MI**

Shall we travel together? Engaging

Where are we going? Focusing

Why travel? Evoking

How and When? Planning

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Engagement is often the thermometer for the likelihood of change.

People will return to what feels safe, useful, helpful and hopeful!

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## Engaging Process

- Emphasis is to promote a working relationship
- People are making decisions about whether they like you, can TRUST you **AND** whether or not they will return
- Can happen in a short period of time (minutes) or take quite some time
- **Engagement is a prerequisite for the other processes.**

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## Engaging Process:

### What Should I Consider?

- How comfortable is this person in talking to me?
- How supportive and helpful am I being?
- Do I understand the person's perspective and concerns? Am I able to recognize and suspend judgment?
- How comfortable do I feel in this conversation?
- Does this feel like a collaborative partnership?

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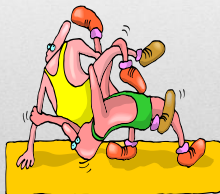
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Motivating =  
**Dancing**



**Not Wrestling**

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## WRESTLING LEADS TO "DISCORD"

(The *OPPOSITE* of Engagement)

### • "Smoke Alarms" – signs of dissonance

(We Must raise our awareness)

- **Defending** –
  - Blaming, Minimizing, Justifying
- **Squaring Off** –
  - Perception is you are adversary
    - "You have no idea what it's like to be me."
- **Interrupting**
  - Especially if it's a change from the cadence of previous conversation style
- **Disengagement**
  - Distracted, Inattentive, Ignoring

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## 7 ways we contribute to our own frustrations...



### "Common Traps"

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Wrestling = Disengagement

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## Arguing for Change



- Trying to fix the problem (telling them what and how) - The "Righting Reflex"
- Gets reasons *not* to change "Yes, but . . ."
- Places person and staff at odds
- Establishes a power struggle you won't win!

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### Question/Answer (Assessment)

- Minimizes engagement
- Promotes superficial conversation. Prevents meaningful conversation.
- Interaction/relationship becomes increasingly hierarchical



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### Being the Expert

- Offers direction without first helping the person determine his or her goals, direction and plans.
- Minimizes engagement
- Results in halfhearted commitments



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### Labelling



- People resist labels
- Creates division and/or barrier to helping relationship
- Limiting
- Affects the staff's outlook of the person and the work ahead

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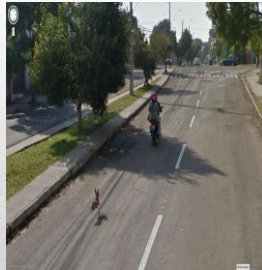
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## Premature Focus

- Moving too quickly or onto unimportant issues
- Demonstrates being “ahead of the person”
- Be aware that your desire to demonstrate competence or insights may be a barrier to person’s motivation



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## Blaming



- Creates a argument rather than a connection
- Focuses on “fault” rather than understanding of person’s perspective or finding solutions and learning from the behavior
- Clinical Definition of Blaming...

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## Chat



- “Small Talk” or “Breaking the Ice”
- Large amounts help **us** feel more comfortable, but can decrease persons engagement in the difficult process of change

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# VIDEO

## Ineffective Physician

{ID any Common Traps} 55

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Small Group Exercise

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## Ways to avoid "Dis-engaging"

Avoiding unnecessary head trauma...



Respond to resistance -  
do not React to resistance..67

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1. **Pause!! Raise your awareness!!**  
*Stop pulling on the goat.....*

2. **Exercise Empathy.**  
*Empathy dissolves tension*

3. **Give them back control!**  
*Use Open-ended Questions*

**Make it about them.**  
Person-centered vs. Organization-centered

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**Person-Centered Core Skills:**

**Basic Skills**

**Utilize O.A.R.S.**

- **O**pen-ended questions
- **A**ffirm the person
- **R**eflect feelings and change talk
- **S**ummarize topic areas related to changing

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**Open-Ended Questions:**

*Learning More About Person's Experience*

- Allow the person to write their own story for you.... Be wary of creating your own meaning.
- DO not listen to *reply*....listen to *understand*  
*Care about what you hear....*
- Perfect way to respond to all those times that feel frustrating... (agitation, feeling "stuck", non-interest in change, assessment..... )

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## Open-Ended Questions:

*Learning More About Person's Experience*

1. What brings you here today?
  2. What concerns you the most...?
  3. How have you been doing since the last time I saw you?
  4. Tell me more about...?
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## Open or Closed Questions?

- What would you like from treatment?
  - Was your family religious?
  - Tell me about your drinking; what are the good things and the not-so-good things about it?
  - If you were to quit, how would you do it?
  - When is your court date?
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## Open or Closed Questions?

- Don't you think it's time for a change?
  - What do you think would be better for you – A.A. or Women for Sobriety?
  - What do you like about cocaine?
  - What do you already know about buprenorphine?
  - Is this an open question?
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## Core Skill Exercise

**Speaker:**

- “Something you should understand about me is that I am \_\_\_\_\_”

**Listener:**

- Ask only *closed* questions:  
(Do you mean that you \_\_\_\_\_?)
- speaker may answer *only* “Yes” or “No” 64

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## Core Skill Exercise

**When to Rotate Roles...**

- When the two listeners have asked at least 6-8 “do you mean” questions and heard “yes” or “no” answers
  - The speaker may say a sentence or two about what he/she really meant
  - Then the next person becomes the speaker and you repeat the exercise
- You may go around twice if needed 65

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## Affirmations

- Promote a positive relationship
  - Engagement
  - Retention in treatment
- Focus on person (Avoid using the word “I”)
- Are genuine, true, believable and nonjudgmental.
- Acknowledge the person’s strengths, abilities, good intentions and efforts 66

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## **Affirmations**

- “You’re the kind of person that puts a lot of thought into something.”
- “You contributing some really important things here.”
- “You spend a good deal of time thinking about things.”
- “It’s important to you that your family is taken care of.”

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This can be challenging with our folks, right!?

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## **EXERCISE:**

## **MINING FOR AFFIRMATIONS**

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## **Reflections**

Making a statement that reflects what the person has said to you. This might include:

- A simple restatement of their words
- Restatement with different words
- A metaphor
- Making a guess at what person means

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## Forming Reflections

- Hypothesize - makes a guess about what the person means.
- There's no penalty for guessing wrong.
- Form a *statement*, not a question.
  - Inflect your voice *down* at the end.
- In general, a reflection should not be longer than the person's statement.

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## Reflections

- Validates the individual
  - When people feel understood, they go deeper and say more
  - You are less likely to be judgmental
  - Will help you avoid taking sides
- Rule of thumb:
  - 2-3 reflective statements for every question

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## Types of Reflections

- **Simple Reflection**
  - Restate feelings, beliefs, perceptions or attitudes reported by person
- **Complex Reflection**
  - Reflect back more than what has been said by adding substantial meaning.
  - Make a guess at what the other feels or means
  - Continue the paragraph from where the person left off.

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## Levels of Reflections

- Non-verbal communication
- Verbal communication
  - **Content:**  
*"You see a connection between your drug use and the possibility of going back to jail."*
  - **Feeling:**  
*"You are worried that if you continue using you might go back to jail."*
  - **Meaning:**  
*"Your children are important to you and you want to be there for them."*

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## Real Play

- Choose one person near you to have a conversation with, and work together
- Not with your boss or supervisor
- One will be the speaker, the other will be a counselor reactions from Speaker and Listeners

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**Listener: Find out what change the person is considering making, and then:**

- Explain **why** the person should make this change
- Give at least three specific **benefits** that would result from making the change
- Tell the person **how** they could make the change
- Emphasize **how important** it is to change
- Persuade the person to do it.
- If you meet resistance, **repeat** the above.

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**\*\*P.S. This is NOT Motivational Interviewing\*\***

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### Common Reactions to Being Told What to Do

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

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# VIDEO

## Non Verbal Client

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### Same Exercise, but... Listener uses *Reflective Listening*

- Non-verbal communication
- Verbal communication

**Content:**

*"You see a connection between your drug use and the possibility of going back to jail."*

**Feelings:**

*"You are scared that if you continue using you might go back to jail."*

**Meaning:**

*"Your children are important to you and you want to be there for them."*

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### 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

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### Reflective Responses

**“But I can’t quit using!  
I mean, all of my friends get  
high.”**

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### Reflective Responses

#### Simple Reflection

Simple restatement of what the person said.



*“Quitting seems difficult because you spend so much of your time with people who use.”*

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## Reflective Responses

“But I can’t quit using!  
I mean, all of my friends get  
high.”

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## Reflective/ Strategic Responses

### Amplified Reflection

Reflect back in an  
exaggerated form, the  
person’s statement *without*  
the use of sarcasm.



*“There’s NO WAY you can quit using because you’ll lose ALL of your  
friends.”*

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## Reflective Responses

“But I can’t quit using!  
I mean, all of my friends get  
high.”

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## Reflective/Strategic Responses

### Double-Sided Reflection

Reflect both sides of the ambivalence separated by "and".

(Start with the "Sustain Talk")



*"You can't imagine how to be around your friends and not get high and at the same time you're having some thoughts about how using is affecting you."*

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## Reflective Responses

**"But I can't quit using!  
I mean, all of my friends get high."**

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## Strategic Responses

### Shifting Focus

Reflect person's concern and then shift the focus toward what is important to the person.



*"Hang on - I'm not wanting to talk about you quitting here, and I don't think you should get stuck on that concern right now. Let's just keep talking about what's going on right now - talking through the issues - and we'll talk about what to do about them later."*

87

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## Reflective Responses

“But I can’t quit using!  
I mean, all of my friends get  
high.”

88

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## Strategic Responses

### Reframe

Acknowledge the  
person’s perspective  
in a different light.



*“It’s important that your friendships get protected while you sort  
through your thoughts about your using.”*

89

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## Reflective Responses

“But I can’t quit using!  
I mean, all of my friends get  
high.”

90

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### Strategic Responses

#### Agreement with a Twist

Reflection followed by a reframe.



*"You are feeling like quitting brings some big personal risks and yet you're still coming in to try to discover possible solutions."*

91

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### Reflective Responses

**"But I can't quit using!  
I mean, all of my friends get high."**

92

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### Strategic Responses

#### Emphasizing Personal Choices and Control

Verbally acknowledge the person's ability to make decisions about their own life.



*"I'm not at all trying to tell you what to do. In the end, knowing everything you think and feel about your life, it will be up to you to decide what, if anything, you think would improve things for you."*

93

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## Reflective Responses

“But I can’t quit using!  
I mean, all of my friends get  
high.”

94

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## Strategic Responses

### Coming Alongside

Reflect and  
summarize the  
person’s own  
arguments against  
change.



*“Quitting your use comes with too big of a loss to your social life.  
It just doesn’t feel worth it right now.”*

95

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## Summaries

- Pull together information the person has said and check your understanding
- Three types of summaries
  1. Collecting – brings together interrelated elements
  2. Linking – something the person said with a prior conversation
  3. Transitional – highlights important elements followed by transition to something new

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## Summaries are ...



...like gathering a bouquet of flowers

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VIDEO (THE ROUNDER)  
OR  
EXERCISE (HANDOUTS 6.2)

## RESPONDING TO RESISTANCE

"ID THE RESPONDING TO RESISTANCE STRATEGIES SHE USES, WRITE DOWN EXAMPLES"

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## Informing & Advice-Giving

### Potential reasons for giving information

- Providing education about illnesses and treatments
- Clarifying what something means
- Giving guidance
- Providing information about resources
- Teaching

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## Informing & Advice-Giving

- **Ask permission first**
  - Promotes collaboration
  - Information is more likely to be heard and considered
- **Three forms of permission**
  - Person asks for information or advice
  - You ask permission to give it
  - Offer permission to disagree/disregard

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## Elicit - Provide - Elicit

(Ask - Inform - Ask)

Elicit	<ul style="list-style-type: none"> <li>• Ask permission</li> <li>• Clarify information needs and gaps</li> </ul>	<ul style="list-style-type: none"> <li>• May I?</li> <li>• Would you like to know about...?</li> <li>• What do you know about...?</li> <li>• What would you like to know about...?</li> </ul>
Provide	<ul style="list-style-type: none"> <li>• Prioritize</li> <li>• Be clear</li> <li>• Support autonomy</li> <li>• Don't prescribe response</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid jargon</li> <li>• Offer small amounts</li> <li>• Acknowledge freedom</li> <li>• Present w/o your meaning</li> </ul>
Elicit	<ul style="list-style-type: none"> <li>• Ask for the client's interpretation, understanding or response.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask open questions</li> <li>• Reflect reactions</li> <li>• Allow time to process</li> </ul>

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## Acknowledge Choice

- Explicitly acknowledge the person has a choice
- It conveys respect and promotes the relationship
- Be sincere and genuine
- When offering suggestions – provide multiple options

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### Acknowledge Choice: Samples

1. "Only you can decide what is best for you."
2. "This is a lot to think about. It is important for you to have the opportunity to think things through, so that you can make your own decision."
3. "The decision is yours to make, no one can make it for you."
4. "Some of these things may or may not be of interest to you. Things other people have tried are..."

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## VIDEO

### Effective Physician

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## HOMEWORK

- Increase your self awareness
  - Take notice of signs of Discord & Common Traps
  - Focus on Rolling with Resistance
  - Increased Engagement

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## Contact Us

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Trainer and Consultant

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[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

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## Join Our Mailing List

 [create account](#) | [sign in](#) 

- Get connected to ...
- Training events
  - Educational resources
  - Consulting resources
  - Evaluation resources (fidelity & outcomes)
  - Professional peer-networks



[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

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## Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers



[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

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## Tools | Education & Advocacy

Booklets



Posters



Reminder Cards



[www.centerforebp.case.edu/resources/tools](http://www.centerforebp.case.edu/resources/tools)






[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

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## Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:

- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research






[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

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