



A Brief Introduction to Motivational Interviewing

Preparing People for Change

©Copyright by William Miller, Ph.D., 2008

UBH 2008

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, kidney failure and other complications from diabetes would be enough to motivate weight loss and glycemic control
- that any time spent in the dehumanizing privations of prison would dissuade people from re-offending



And yet often it is not enough



Why *Don't* People Change?

The problem with them is ...

- They don't see (denial, insight, etc.)
- They don't know
- They don't know how
- They don't care

What Does It Take? Four Common Solutions

- Give them **Insight** - if you can just make people *see*, then they will change
- Give them **Knowledge** - if people just *know* enough, then they will change
- Give them **Skills** - if you can just teach people *how* to change, then they will do it
- Give them **Hell** - if you can just make people feel *bad or afraid* enough, they will change



Persuasion: What Goes Wrong?

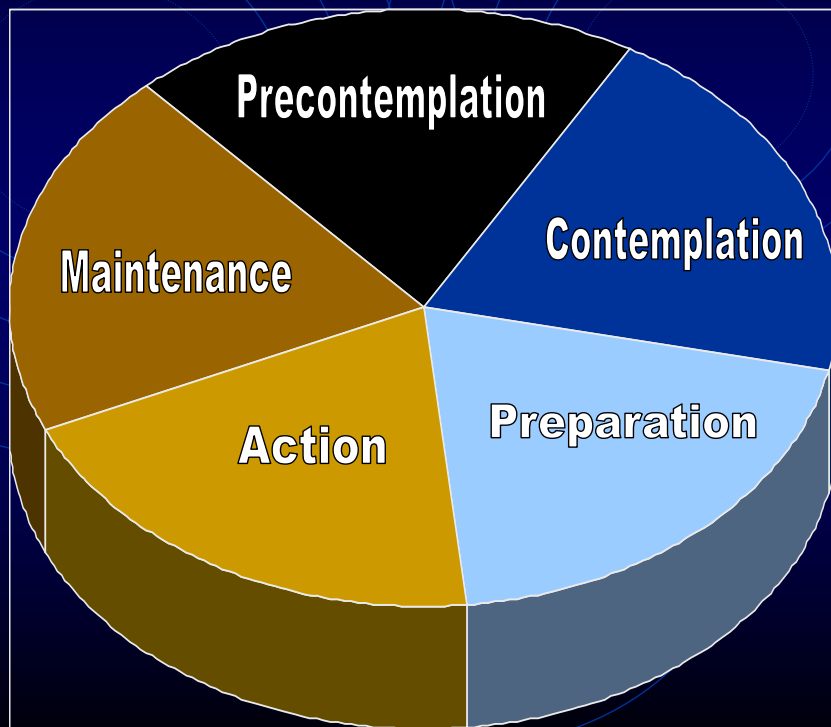


Ambivalence

The Dilemma of Change

Stages of Change

Prochaska & DiClemente



Motivation and Stages of Change





The Righting Reflex

Our desire to keep people from going
down the wrong path, and to set
things aright

When Worlds Collide

The Righting Reflex \Leftrightarrow

Ambivalence

What is MI?

1. An Evidence-Based Treatment

>180 published clinical trials

www.motivationalinterview.org

©Copyright by William Miller, Ph.D., 2008

14

Clinical Trials Support the Impact of MI on:

- Treatment engagement
- Treatment retention
- Treatment adherence
- Behavior change

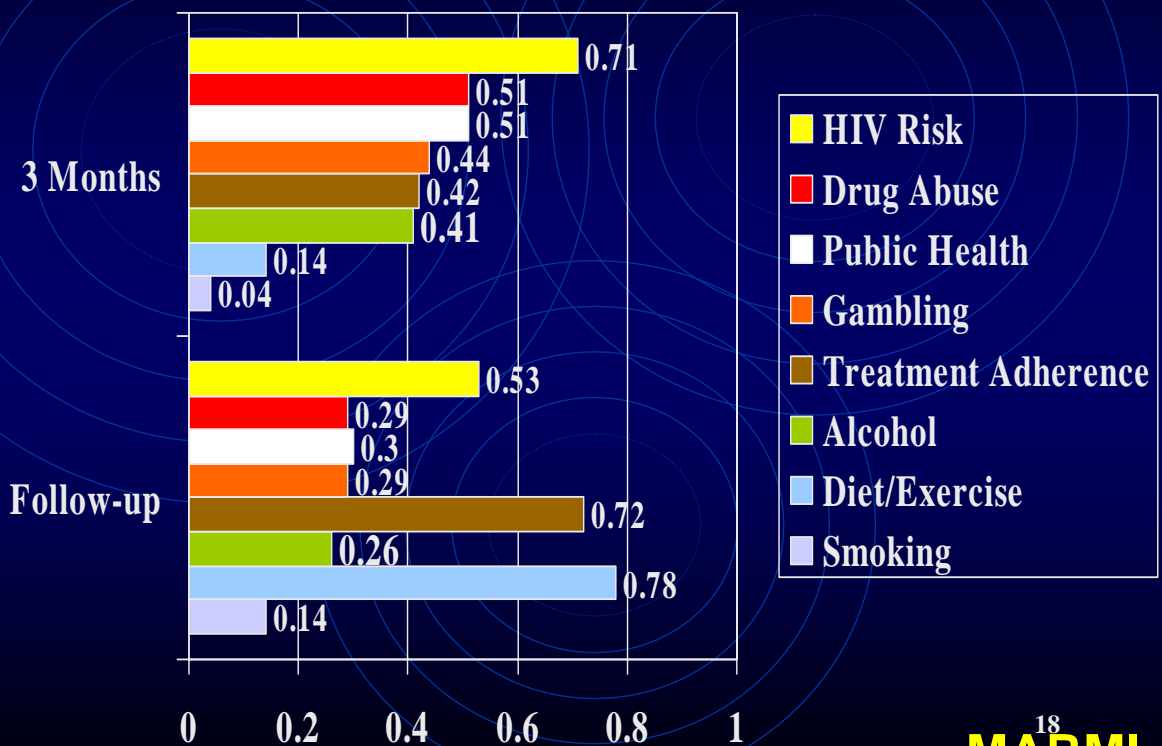
MI vs. No Intervention

- Significant reduction in adverse health behaviors
- Significant enhancement of health promoting behaviors

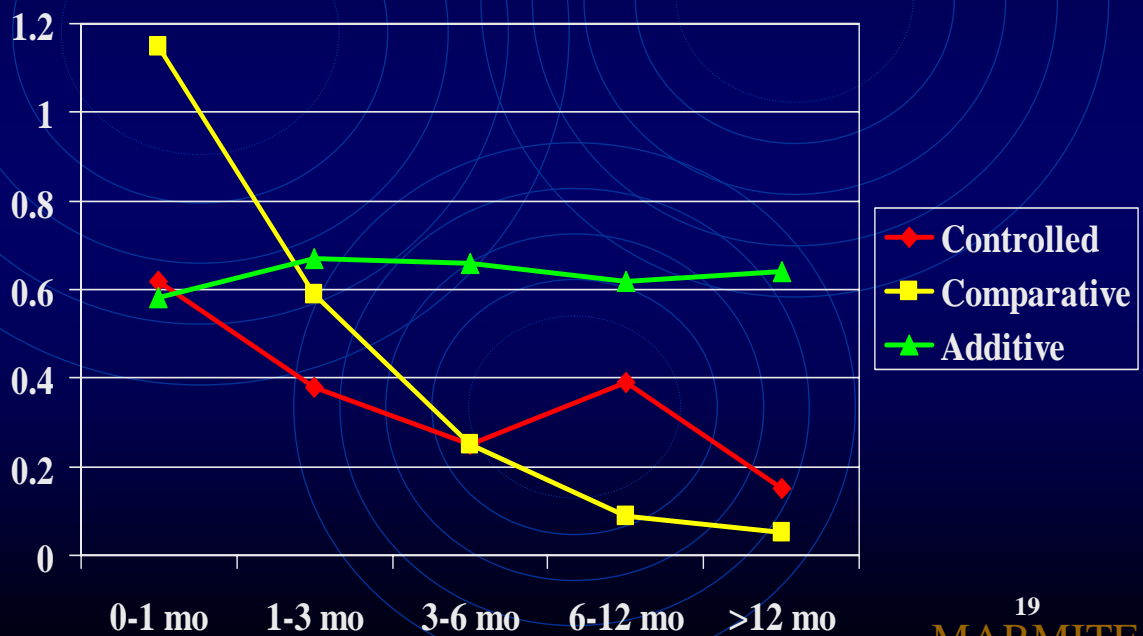
Adding MI to Treatment

- Increased retention in treatment
- Improved adherence to treatment
- Staff-perceptible increase in motivation
- Synergistic effect on outcomes (e.g., doubling of alcohol/drug abstinence rates)
- Significant reduction in rehospitalization

Mean Combined Effect Size by Problem Area (N=72 Clinical Trials)



Average Effect Size of MI Over Time in 3 Different Types of Comparisons (N=72 Clinical Trials)



What is MI?

2. A Counseling Method

not a technique

Motivational Interviewing

A Definition

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

An Interactive Model of Motivation for Change

- Most people are ambivalent about change
- Resolving ambivalence in the direction of change is a key element of effective counseling
- Motivation for change is not a static state, but emerges from an interpersonal interaction
- Resist the righting reflex!

A Continuum of Styles

Directing <=> Guiding <=> Following



The Spirit of Motivational Interviewing

- Collaboration
- Evocation: *docere* and *ducere*
- Respect for Autonomy

Four General Principles

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

Basic Principles

- Focus on understanding the patient's dilemma (ambivalence)
- Evoke the patient's own arguments for change
- Don't be the one arguing for change
- Encourage (realistic) belief that change is possible

A Change of Role

- You don't have to *make* change happen.

You can't

- You don't have to come up with all the answers

You probably don't have the best ones

- You're not wrestling

You're dancing



What is MI?

3. Person-Centered

Rooted deeply in the work of Carl Rogers

OARS

Practical Tools for Accurate Empathy

OPEN Questions

AFFIRM

REFLECT

SUMMARIZE

MI Differs from Expert Roles

- MI is brief and does not:
 - Educate or provide new knowledge
 - Teach behavioral skills
 - Alter behavioral contingencies
 - Challenge or restructure cognitions
 - Interpret transference
 - Provide unsolicited advice

What is MI?

4. Goal-directed

A way of helping people
talk themselves into change

MI differs from “nondirective” Rogerian counseling

- MI is consciously directed toward behavior change
- OARS techniques are used selectively and strategically to elicit and strengthen client “change talk”
- Guiding as a middle ground between Directing and Following

Eliciting Change Talk MI Becomes Directive

- Elicit and strengthen change talk
- Roll with and defuse resistance



Eliciting Change Talk: Rowing with OARS

Ask *particular* open questions

Reinforce change talk

Reflect and elaborate *selectively*

Summarize as a bouquet

Change Talk (DARN-C) One Side of Ambivalence

- **DESIRE** for change
- **REASONS** for change
- **ABILITY** to change
- **NEED** for change
- **COMMITMENT** to change

Change Talk

- Predicts behavior change (especially committing language)
 - Is suppressed by confrontation
 - Is enhanced by listening
 - Is under the control of the counselor
- Counsel in a way that evokes change talk and commitment, and your clients will change

Sustain Talk

The Other Side of Ambivalence

- **DESIRE** for status quo
- **REASONS** for status quo
- **INABILITY** to change
- **NEED** for status quo
- **COMMITMENT** to status quo

Sustain Talk

- Predicts status quo (no change)
- Is increased by confrontation
- Is decreased by listening
- Is under the control of the counselor

➤ Counsel in a way that evokes sustain talk,
and your clients will not change

Common Human Responses

to Confrontive Advice

- Passive
- Dismissive
- Resistant
- Minimizing
- Angry, Hostile
- Confused
- Shut Down
- Incompetent
- Misunderstood
- Want to leave

to Empathic Listening

- Natural, respected
- Clearer
- Empowered
- Movement
- Comforted, cared for
- Affirmed
- Confident
- Creative
- Feel understood
- Want to continue

Responding to Sustain Talk and Resistance

Do not push against resistance, but
turn in the direction of the skid

Example MI responses to resistance

- Simple Reflection
- Amplified Reflection
- Double-Sided Reflection

Change Talk Predicts Change

Desire
Ability
Reasons
Need

Commitment

Behavior
Change



Phase 1: Strengthening
Motivation to Change

Phase 2: Eliciting and
Strengthening Commitment

Recognizing Readiness for Commitment to Change

- Diminished resistance
- Decreased discussion about the problem
- Resolve
- Change talk
- Questions about change
- Envisioning
- Experimenting

Initiating Phase 2

- Recapitulation
- Key Questions
- Giving Information and Advice
- Negotiating a Change Plan

Giving Advice with Permission

1. The person asks for advice
2. You ask permission to give advice
3. You qualify your advice to emphasize autonomy

Psycholinguistic Analyses of Motivational Interviewing Sessions

- Randomized clinical trial
- Offered a 1-session (up to 90 minutes) motivational enhancement session prior to or soon after treatment entry
- Sessions videotaped and transcribed

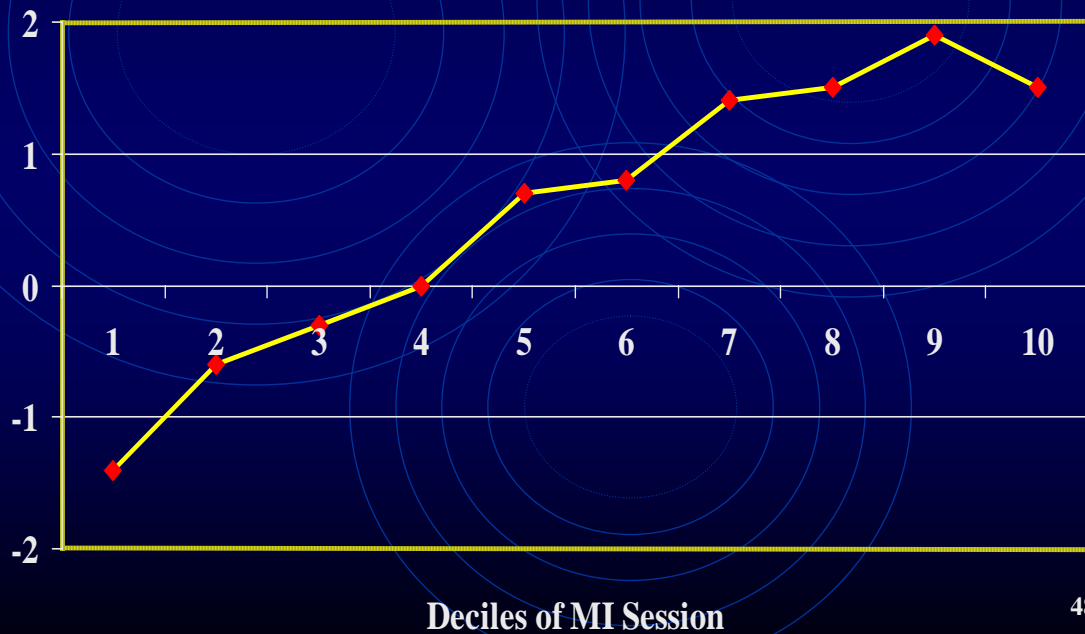
Funded by a grant from the National Institute on Drug Abuse

Journal of Consulting and Clinical Psychology 2003 71:862-878

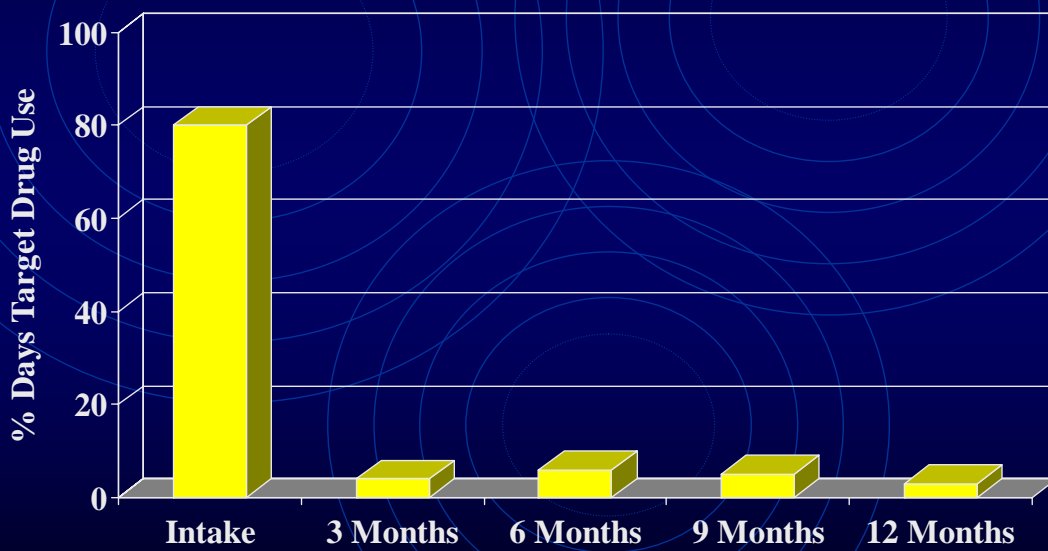
Deciles of MET-Drug Interview

- 1-2 Open motivational interviewing
- 3-6 Personal feedback
- 7-9 Eliciting change talk
- 10 Eliciting change plan

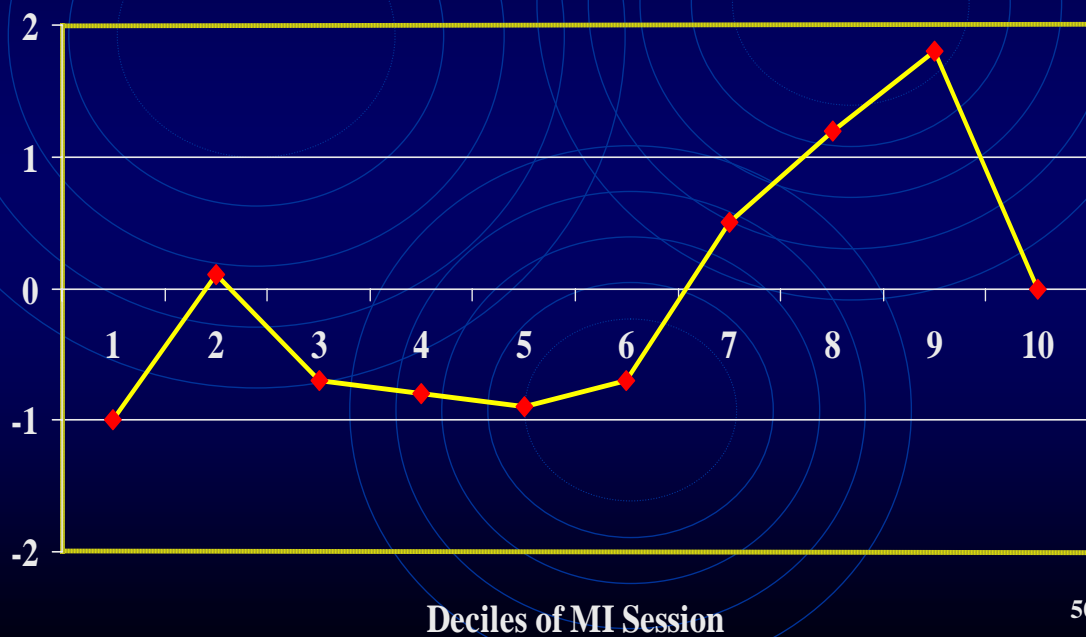
Typical In-Session Commitment Language for Successful Cases



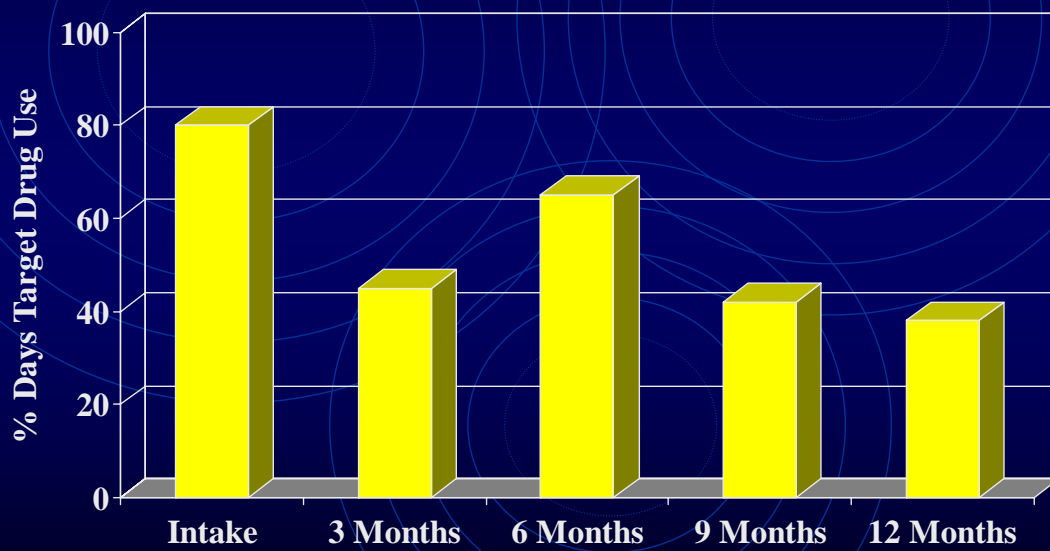
Successful Outcomes (about 2/3 of cases)

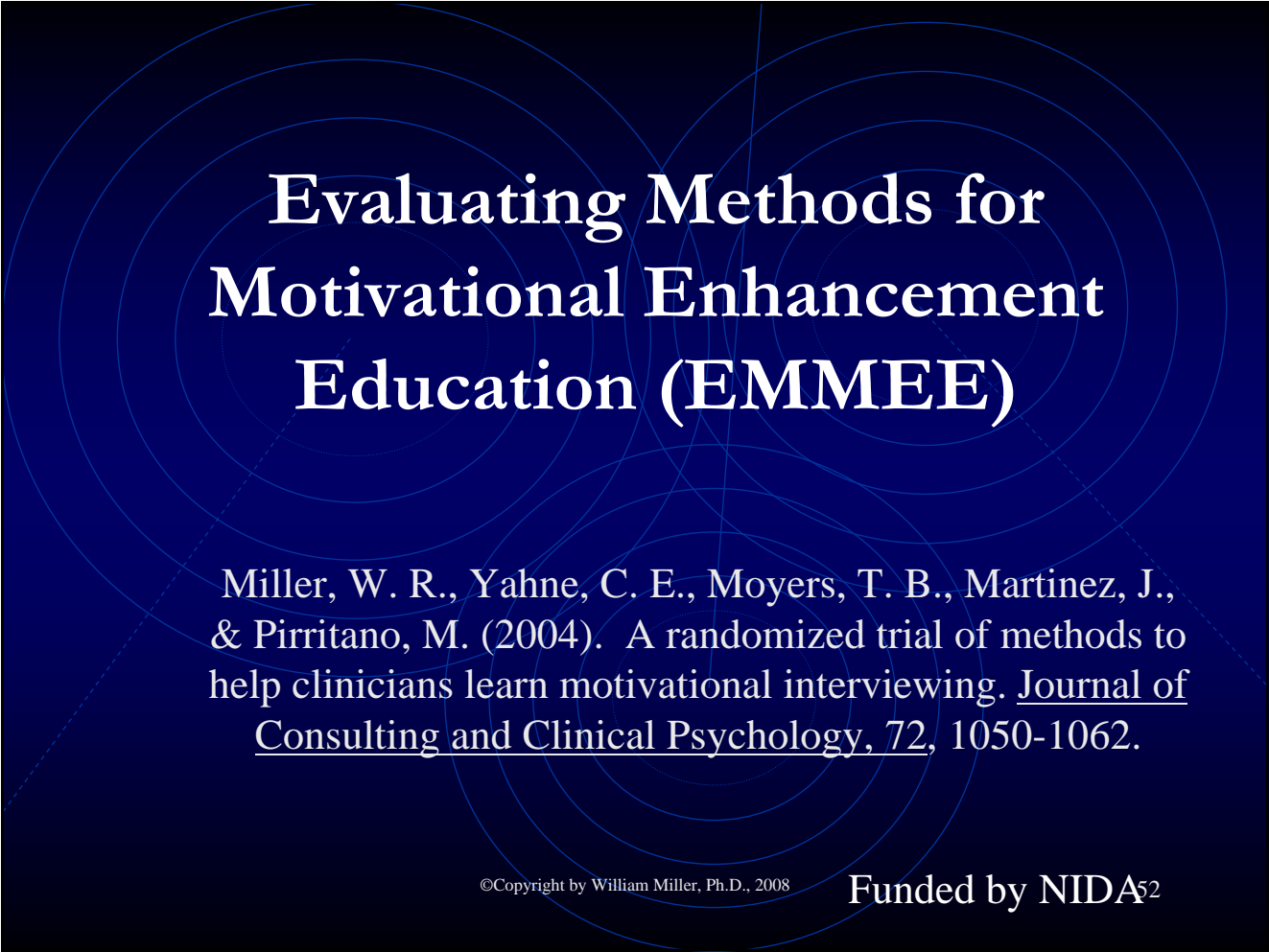


Typical In-Session Commitment Language for Unsuccessful Cases



Less Successful Outcomes (about 1/3 of cases)





Evaluating Methods for Motivational Enhancement Education (EMMEE)

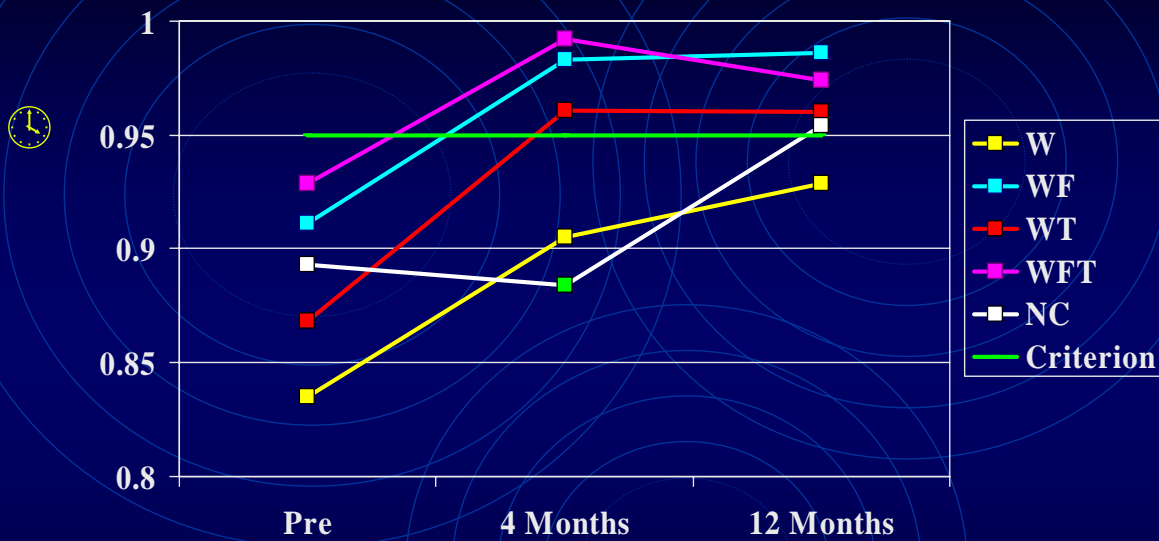
Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J.,
& Pirritano, M. (2004). A randomized trial of methods to
help clinicians learn motivational interviewing. Journal of
Consulting and Clinical Psychology, 72, 1050-1062.

Study Design

140 clinicians randomly assigned to:

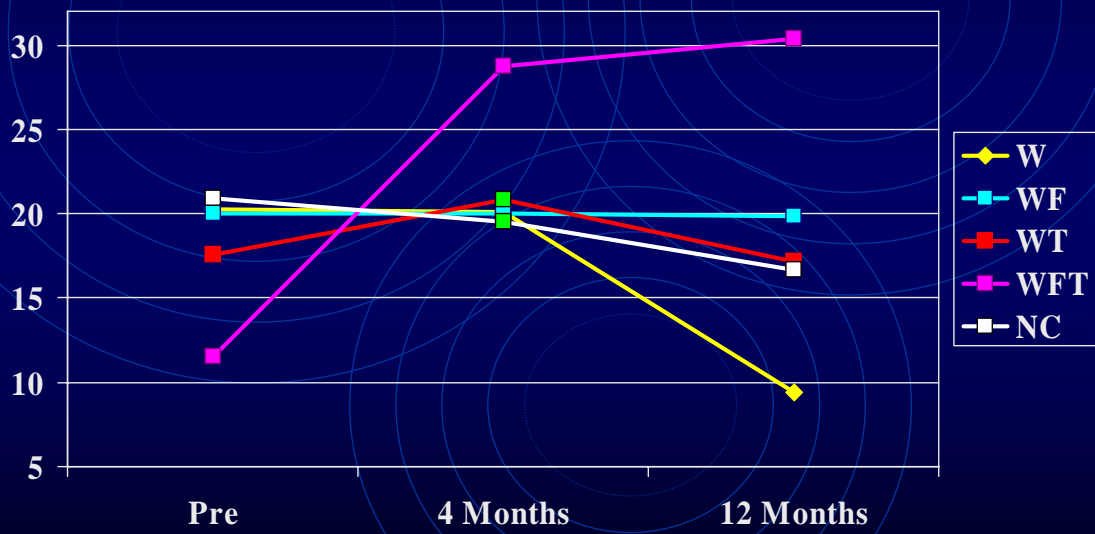
- W: 2-day CPE workshop only
- WF: Workshop + **Feedback** from practice samples
- WT: Workshop + 6 **Telephone Coaching** sessions
- WFT: Workshop + **Feedback** and **Coaching**
- SC: Self-Training **Control** (waiting list)

Percent MI-Consistent Responses



Trained groups > control at 4 months $p < .001$
All enhanced training groups exceed criterion
Due mostly to decreased MI-inconsistent responses

Client Change Talk



No significant increase except in Group WFT₅₅

So after 30 years of research we have a treatment method that is:

- Evidence-based >180 clinical trials
- Relatively brief
- Specifiable (but be careful with manuals)
- Grounded in testable theory
- With specifiable mechanisms of action
- Generalizable across problem areas
- Complementary to other treatment methods
- Learnable by a broad range of providers
- Verifiable – Is it being delivered properly?



And we're just getting started

for more information:
www.motivationalinterview.org