

A Brief Introduction to  
Motivational Interviewing

Preparing People for Change

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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

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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

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And yet often it is not enough

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Why *Don't* People Change?

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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

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## 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

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## Persuasion: What Goes Wrong?

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## Ambivalence

### The Dilemma of Change

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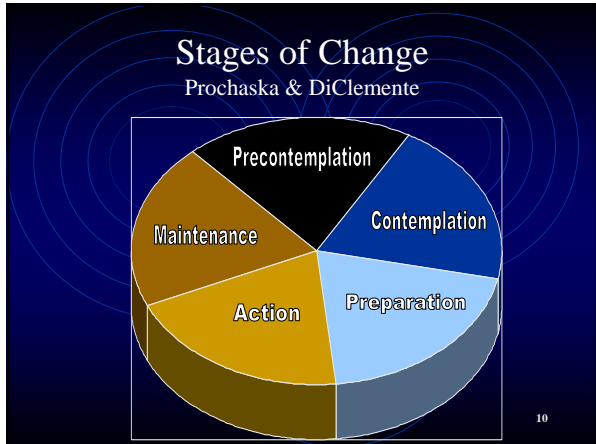
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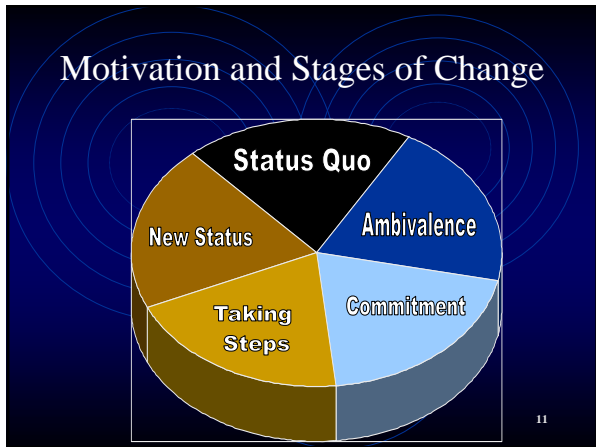
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### The Righting Reflex

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

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# When Worlds Collide

The Righting Reflex ↔ Ambivalence

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# What is MI?

## 1. An Evidence-Based Treatment

>180 published clinical trials

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# Clinical Trials Support the Impact of MI on:

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

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## MI vs. No Intervention

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

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## 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

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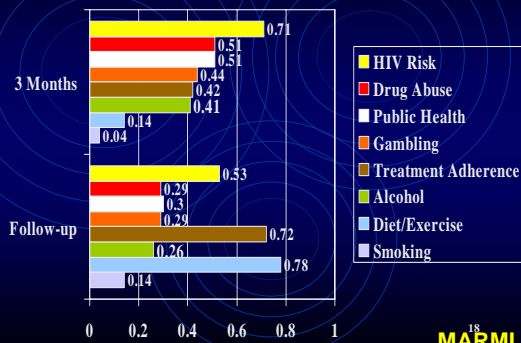
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## Mean Combined Effect Size by Problem Area (N=72 Clinical Trials)



MARMI

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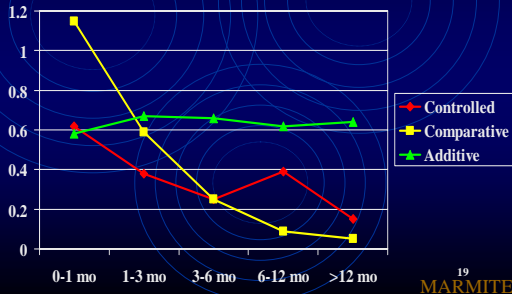
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## Average Effect Size of MI Over Time in 3 Different Types of Comparisons (N=72 Clinical Trials)



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## What is MI?

### 2. A Counseling Method

not a technique

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## 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.

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## 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!

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## A Continuum of Styles

Directing <=> Guiding <=> Following



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## The Spirit of Motivational Interviewing

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

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### Four General Principles

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

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### 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

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### 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**

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What is MI?

3. Person-Centered

Rooted deeply in the work of Carl Rogers

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OARS

Practical Tools for Accurate Empathy

OPEN Questions  
AFFIRM  
REFLECT  
SUMMARIZE

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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

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What is MI?

4. Goal-directed

A way of helping people talk themselves into change

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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

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Eliciting Change Talk  
MI Becomes Directive

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

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Eliciting Change Talk:  
Rowing with OARS

Ask *particular* open questions  
Reinforce change talk  
Reflect and elaborate *selectively*  
Summarize as a bouquet

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Change Talk (DARN-C)  
One Side of Ambivalence

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

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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

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## 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

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## 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

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## Common Human Responses

<p><b>to Confrontive Advice</b></p> <ul style="list-style-type: none"> <li>• Passive</li> <li>• Dismissive</li> <li>• Resistant</li> <li>• Minimizing</li> <li>• Angry, Hostile</li> <li>• Confused</li> <li>• Shut Down</li> <li>• Incompetent</li> <li>• Misunderstood</li> <li>• Want to leave</li> </ul>	<p><b>to Empathic Listening</b></p> <ul style="list-style-type: none"> <li>• Natural, respected</li> <li>• Clearer</li> <li>• Empowered</li> <li>• Movement</li> <li>• Comforted, cared for</li> <li>• Affirmed</li> <li>• Confident</li> <li>• Creative</li> <li>• Feel understood</li> <li>• Want to continue</li> </ul>
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## 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

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## Change Talk Predicts Change

```
graph TD; A[Desire  
Ability  
Reasons  
Need] --> B[Commitment]; B --> C[Behavior  
Change];
```

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## Phase 1: Strengthening Motivation to Change

## Phase 2: Eliciting and Strengthening Commitment

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## Recognizing Readiness for Commitment to Change

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

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## Initiating Phase 2

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

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## 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

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## 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

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## Deciles of MET-Drug Interview

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

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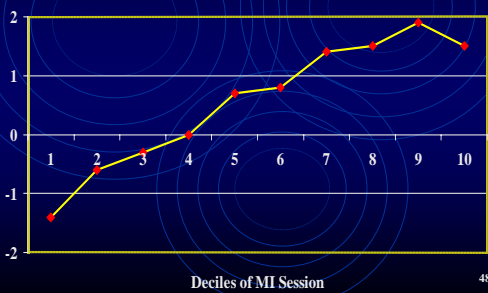
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## Typical In-Session Commitment Language for Successful Cases



Deciles of MI Session

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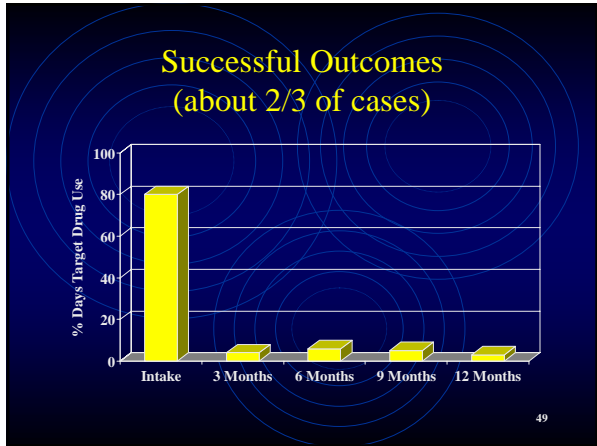
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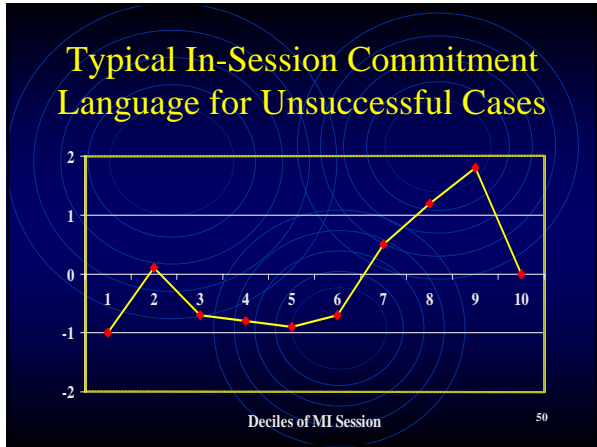
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# Evaluating Methods for Motivational Enhancement Education (EMMEE)

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.

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## 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)

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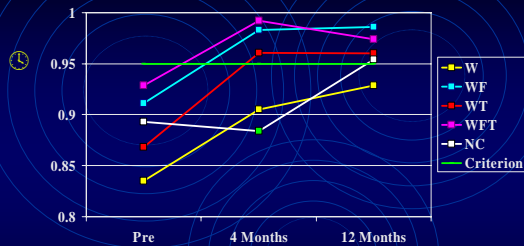
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## Percent MI-Consistent Responses



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

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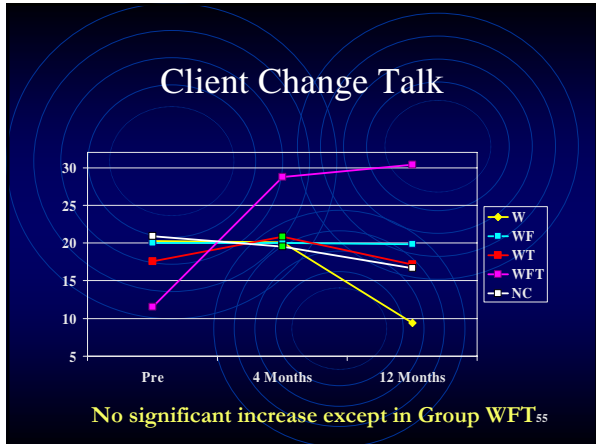
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- So after 30 years of research we have a treatment method that is:
- Evidence-based >180 clinical trials
  - Relatively brief
  - Specifiable (but be careful with manuals)
  - Grounded in testable theory
  - With specifiable mechanisms of action
  - Generalizable across problem areas
  - Complementary to other treatment methods
  - Learnable by a broad range of providers
  - Verifiable – Is it being delivered properly?

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**And we're just getting started**

for more information:  
[www.motivationalinterview.org](http://www.motivationalinterview.org)

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