

Promoting Readiness to Change through Motivational Interviewing

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Motivational Interviewing (MI)

- Definition: an interpersonal style of communicating that guides individuals to **explore and resolve ambivalent feelings** about personal lifestyle choices that have negative effects on their self and others.
- First Developed: Originally defined in 1983 by Dr. William Miller through direct experiences and observations while counseling persons who abused alcohol.
 - Following continued research, the concepts, procedures, techniques and theory of motivational interviewing were further described by Dr. Stephen Rollnick with Dr. Miller in 1991.
- Other Background: MI has been used and studied intensely in social and healthcare fields working diverse populations of individuals with a variety of problem behaviors such as substance abuse, health and wellness, interpersonal issues, criminal activity, compulsive gambling, etc.

Source: Rollnick, S and Miller, WR (1995).



Ambivalence

ambivalent ~ undecided

- Motivational interviewing emerged as a style of counseling because it was observed that “ambivalence or lack of resolve is the principal obstacle to be overcome” before positive behavior change can occur.
- Ambivalence is a state of mind in which a person has coexisting but conflicting feelings, thoughts and actions about something



Source: Rollnick, S and Miller, WR (1995).

Key Points of the MI Philosophy



- Motivation to change comes from within a person and cannot be imposed on them.
- It is the client's task to resolve their ambivalence.
- Direct persuasion or "giving advice" is not effective.
- Readiness to change and level of resistance to change varies by individual.
- Collaborate and guide clients to define, examine and resolve ambivalence through person-centered, self-defined goals
- Promote and respect the client's autonomy (freedom of choice)



Source: Rollnick, S and Miller, WR (1995).

MI does NOT occur when a professional...

- **Argues** that the person has a problem and needs to change
- **Offers direct advice** or prescribes solutions to the problem without the person's permission or without actively encouraging the person to make his or her own choices.
- **Uses an authoritative/expert stance** leaving the client in a passive role
- Does most of the talking or "**giving of information**"
- **Provides a diagnosis** of "the problem"
- Behaves in a punishing or **coercive manner**



Source: Rollnick, S and Miller, WR (1995).

MI is an “interpersonal style”

- MI is a style of communicating and collaborating with a client that is built on trust and respect
- It is not “a trick” or technique meant “to be used” on people
- However, there are definable characteristics of MI that can be learned



Source: Rollnick, S and Miller, WR (1995).

Learnable Characteristics of MI

- Using interaction techniques (OARS)
- Express acceptance
- Encourage self-motivating expressions
- Monitor readiness to change
- Avoid resistance by not “moving ahead of client’s readiness to change”
- Affirm freedom of choice and self-direction



Source: Rollnick, S and Miller, WR (1995).

Using Interaction Techniques: OARS

- Open-Ended Questions
- Affirmations
- Reflective Listening
- Summaries



OARS: Open-Ended Questions

- Provides the client with an opportunity to move forward in sharing
- Examples:
 - Tell me about what's been happening since we last talked.
 - What makes you feel like it might be time for a change?
 - So you were able to quit smoking for one week before, how were you able to do that?



Source: Rollnick, S and Miller, WR (1995).

oARS: Affirmations

- **Affirmations are sincere**, positive statements targeted at a specific set of beliefs, to challenge and undermine negative beliefs and to replace them with positive self-nurturing beliefs.
Source: <http://www.vitalaffirmations.com/affirmations.htm>
- Help clients feel that change is possible and that they are capable of implementing that change.
- Example:
 - “You said it was really difficult but you did it anyway. That must mean this is really important to you.”
 - “You said you were sober for a month before. How did you accomplish that?”



Source: Rollnick, S and Miller, WR (1995).

oARs: Reflective Listening

- Listen to the client's words and reflect them back, providing emphasis on change
- Example: *"I hear you saying that you are not ready to begin an exercise program, but also you are aware that your lack of exercise is contributing to your weight gain and that your family and doctor are concerned about your health."*



Source: Rollnick, S and Miller, WR (1995).

OARS: Summaries

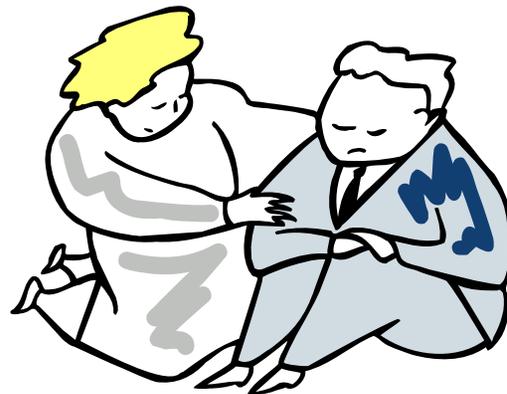
- Effective in communicating your interest, building rapport and calling attention to the most important aspects of the discussion
 - Begin with intent to summarize, e.g., “Let me stop and summarize what we just talked about....”
 - List selected points of conversation, e.g., “You don’t think you should quit drinking but your partner does, and at the same time you notice that you are having more health problems and moodiness and have missed several days of work.”
 - Provide an invitation to correct the summary, e.g., “Did I miss anything that we talked about?”
 - End with an open-ended question, e.g., “What do you make of this?”



Source: Rollnick, S and Miller, WR (1995).

Express acceptance

- The motivational interviewer does not insist or even believe that a client must change
- If a person feels “unaccepted” in their current state they cannot change



Encourage Self-Motivating Expressions

- Goal is to elicit “change talk” that indicates a client may be considering the possibility of change
 - Problem recognition
 - Concern about the problem
 - Commitment to change
 - Belief that change is possible
- Any statement oriented toward the present or future either in the cognitive (thinking) or emotional (feeling) realm. Examples:
 - I think that [problem] may be causing problems (present-cognitive)
 - I’m kind of worried it may be getting out of hand (present-emotional)
 - I’m definitely going to do something about that (future-cognitive)
 - I’m starting to feel like this might work out (future-emotional)



Monitor Stages of Change...

The Prochaska & DiClemente Stages of Change Model helps monitor a client's progression toward their change goal.

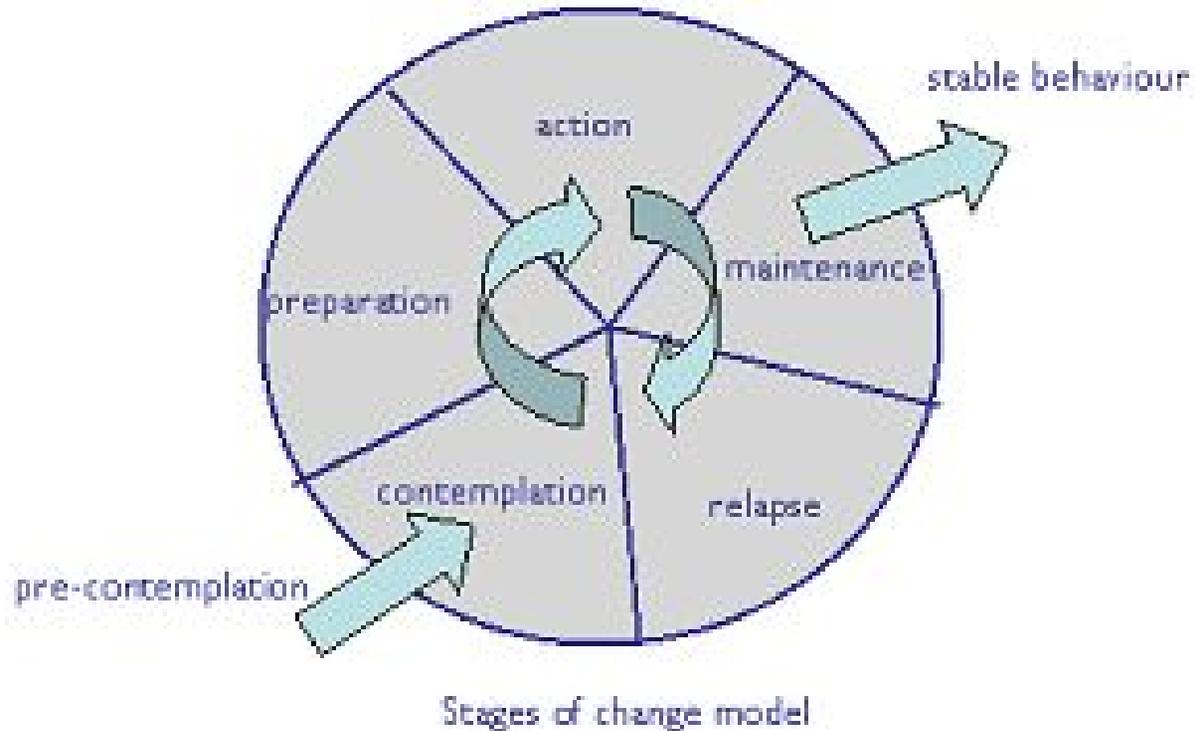


Image Source: www.addictioninfo.org

Source: Prochaska J.O., DiClemente C.C. (1982)



...Monitor Stages of Change

5 Stages of Change plus options for relapse

1. **Pre-contemplation** – Not currently considering {“Provide information and feedback to raise awareness of the problem and the possibility of change; increase client perception of risks”}
 2. **Contemplation** – Ambivalent about change {“Strengthen client’s belief that change is possible”}
 3. **Preparation** – Planning to act within 1 month {“Help client determine a change strategy that is acceptable, accessible, appropriate and effective”}
 4. **Action** – Practicing new behavior 3-6 months {Support positive change with OARS}
 5. **Maintenance** – Continued commitment to new behavior 6 months to 5 years {Support positive change with OARS; Help client identify and use strategies to prevent relapse}
- + **Relapse** – Resumption of old behaviors {“Help the client to renew the process of contemplation, preparation and action without becoming stuck” or discouraged}



Personal Reflection

- Think of a behavior you have considered changing, but have not done so yet.
 - How long have you considered changing?
 - What has stopped you from changing?
 - What would need to happen for you to make the change?
 - What stage of change are you in with this behavior?

Source: Hall, D and Finegood, B. (2006)



Don't "move ahead of client's readiness to change"

- "Have you moved ahead to working toward change plans without first checking the client's level of readiness?"
 - If so, you may be causing the client to argue, interrupt you, deny the problem, or ignore you.
 - These are signs that the client is not feeling heard, respected, or taken seriously, or that the client is simply not yet ready to consider implementing what may seem to you like an obviously needed change in behavior."
- **Monitor and document the client's degree of readiness to change over time**, and ensure you do not create resistance is by jumping ahead of the client.



Source: Rollnick, S and Miller, WR (1995).

Affirm freedom of choice and self-direction

- Respect the client's freedom of choice regarding his or her own behavior.
- Help client identify the consequences/risks associated with their choices
- Emphasize the client's own responsibility to make change.



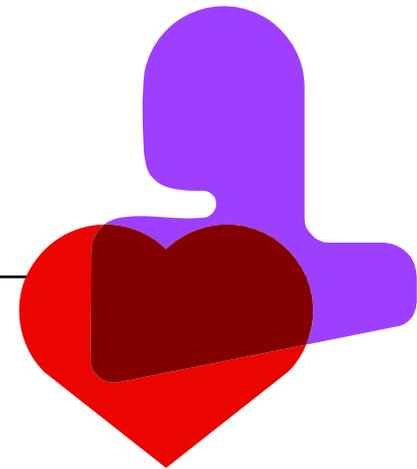
Source: Rollnick, S and Miller, WR (1995).

Four General Principles of Motivational Interviewing

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



Expressing Empathy



- Listen with respect to their experiences
- Make a visible effort to see, feel and think about the world from their point of view
 - Clients become more comfortable and willing to examine their ambivalence to change
 - Clients become less likely to defend ideas about problem behaviors

Source: Rollnick, S and Miller, WR (1995).



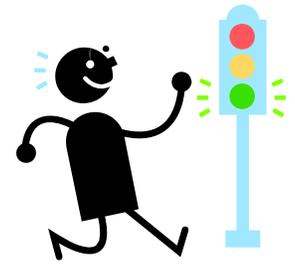
Support Self-Efficacy

Self-efficacy: is the degree to which a person believes they can accomplish their goals

- There is no “right way” to change – any creative plan can be made
- Inquire about other healthy changes a client has successfully accomplished
- Highlight a client’s positive accomplishments and abilities
- Share brief examples of other similar client’s successes



Source: Rollnick, S and Miller, WR (1995).



Roll with Resistance

- Statements demonstrating resistance are not challenged
- Encourage clients to develop their own solutions to problems they have defined
- Invite clients to examine new perspectives without imposing new ways of thinking
 - Example: “You told me that you felt good after you have {done positive behavior}. What can you do to continue?”



Source: Rollnick, S and Miller, WR (1995).

More About Resistance

- Signs of resistance include interrupting, ignoring, arguing, denying, changing the subject, daydreaming, etc.
- If a client is doing any of these while discussing 'behavior change' it could mean you have moved ahead of their level of readiness to change



Source: Rollnick, S and Miller, WR (1995).

Traps to Avoid

- Counselors have identified certain “traps” that occur when discussing behavior change
 - Question/Answer
 - Confrontation/Denial
 - Expert
 - Labeling
 - Premature Focus
 - Blaming

To learn more about these “traps” and how to deal with them, visit:
<http://motivationalinterview.org/clinical/traps.html>



MI Strategies...

- **Reviewing a typical day:** Verbal prompt: “Tell me about a typical day for you and how [behavior e.g, substance abuse, gambling, etc] fits into your day”
- **Looking back:** Encourage the client to discuss their life before the “problem behavior.” What dreams did they have, what accomplishments they had?
- **Good things and less good things:** Instead of labeling the behavior as a “problem” using the terms “good things and less good things” to explore the aspects of the behavior can be very effective. Perhaps a client might say a less good thing about a behavior is that it affects other members of their family. You might help them explore this by saying, “You mention that your [behavior, “drinking”] affects your family. Tell me about a time this happened.”



Source: Rollnick, S and Miller, WR (1995).

To learn more about these strategies and how to use them, visit:
<http://motivationalinterview.org/clinical/strategies.html>

...MI Strategies

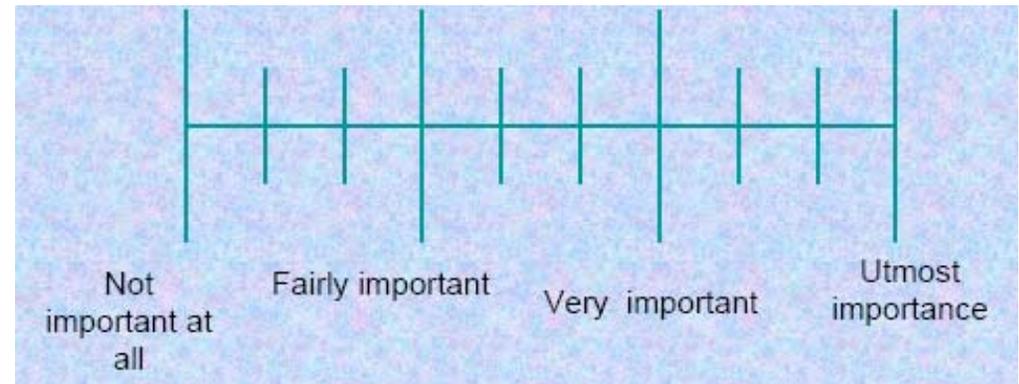
- Discussing the stages of change
- **Assessment feedback:** formal substance abuse assessments include: AUDIT, DRInC, InDUC and informal feedback
- **Values exploration:** help a client describe their “Ideal Self” and explore how it differs from their current self
- **Looking forward:** Help a client envision and describe two futures: 1) their future if they stay on their current path and 2) Their future IF they decide to make a change.
- Exploring importance and confidence
- Decisional balance
- Change planning



Readiness Rulers

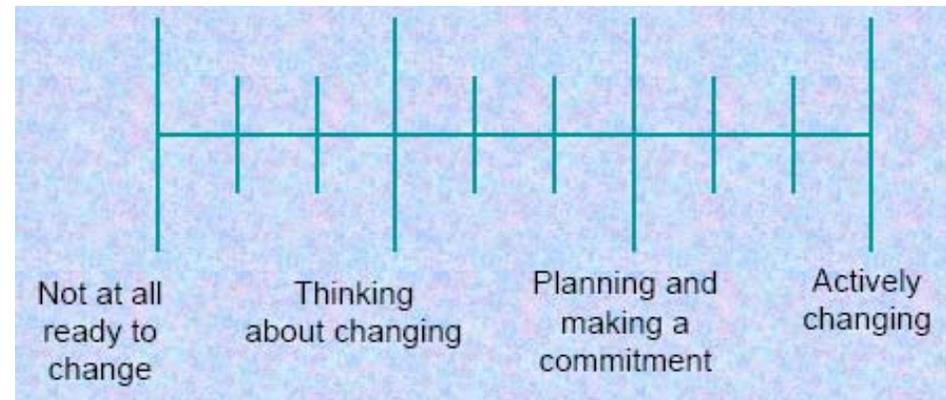
Importance Ruler:

Use this scale to help clarify a client's perception of how important they feel changing is at this time



Confidence Ruler:

Use this scale to show their level of confidence in their ability to change at this time



Decisional Balance Activity

- Help the client make a list of pros and cons of keeping and changing the behavior.

The good things about {behavior}.	The not-so-good things about {behavior}.
The good things about changing.	The not-so-good things about changing.



Source: Hall, D and Finegood, B. (2006); Rollnick, S and Miller, WR (1995).

Decisional Balance Activity Example

- Example: Help the client make a list of pros and cons of keeping and changing the behavior of excessive alcohol consumption.
- Then you may help them identify which option best meets their goals and ideals

<p>The good things about my drinking.</p> <ul style="list-style-type: none">○ Fun with friends○ Feel happier while drinking	<p>The not-so-good things about my drinking.</p> <ul style="list-style-type: none">○ Feeling bad/sick the next day○ Missing work
<p>The good things about changing.</p> <ul style="list-style-type: none">○ Might feel more healthy.○ Miss less work	<p>The not-so-good things about changing.</p> <ul style="list-style-type: none">○ Hard to do○ Will not have as much fun



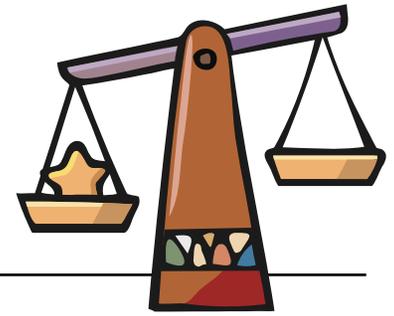
Source: Hall, D and Finegood, B. (2006); Rollnick, S and Miller, WR (1995).

Goal Setting/Change Planning

- A change plan is a tool that can be used to discuss behavior change
- Fill the plan out together
- Could include a wide range of actions from “thinking” to “doing”
- See examples on next slides
- Change Plan worksheet available for download at:
<http://motivationalinterview.org/clinical/changeplan.PDF>



Develop Discrepancy



- Motivation for change occurs when people define the difference between where they are and where they want to be (Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 8).
- Help clients examine the discrepancies or differences between their current behavior and their future goals



Source: Rollnick, S and Miller, WR (1995).

Change Plan Worksheet

The changes I want to make (or continue making) are:

The reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know that my plan is working if:

Some things that could interfere with my plan are:

What I will do if the plan isn't working:

Source: Rollnick, S
and Miller, WR
(1995).



Change Plan Worksheet Outline

<p>The changes I want to make are:</p> <p><i>List specific areas or ways in which you want to change Include positive goals (beginning, increasing, improving behavior)</i></p>
<p>The most important reasons why I want to make these changes are:</p> <p><i>What are some likely consequences of action and inaction? Which motivations for change seem most important to you?</i></p>
<p>The steps I plan to take in changing are:</p> <p><i>How do you plan to achieve the goals? Within the general plan, what are some specific first steps you might take? When, where and how will these steps be taken?</i></p>
<p>The ways other people can help me are:</p> <p><i>List specific ways that others can help support you in your change attempt How will you go about eliciting others' support?</i></p>
<p>I will know that my plan is working if:</p> <p><i>What do you hope will happen as a result of the change? What benefits can you expect from the change?</i></p>
<p>Some things that could interfere with my plan are:</p> <p><i>Anticipate situations or changes that could undermine the plan. What could go wrong? How might you stick with the plan despite the changes or setbacks</i></p>

This provides questions for you to ask the client to help them complete the Change Plan.

Source: Rollnick, S and Miller, WR (1995).



Change Plan Worksheet Example

<p>The changes I want to make are:</p> <ol style="list-style-type: none"> 1. Stop smoking crack 2. Reduce my drinking 3. Take better care of my kids
<p>The most important reasons why I want to make these changes are:</p> <ol style="list-style-type: none"> 1. Get out of trouble with probation—avoid dirty urines 2. Take better care of my health 3. Give my kids a better chance.
<p>The steps I plan to take in changing are:</p> <ol style="list-style-type: none"> 1. Keep coming to group and treatment here. 2. Give urines to my P.O. every week. 3. Spend time each day focusing on my children 4. Go to my kids' schools to meet their teachers. 5. Stop using crack, one day at a time. 6. Get a sponsor at NA. 7. Avoid hanging out with people who use. 8. Go back to church.
<p>The ways other people can help me are:</p> <ol style="list-style-type: none"> 1. My P.O. can encourage me when I give a clean urine. 2. My counselor can help me deal with my depression. 3. My group can help me talk about my difficulties in quitting. 4. My mom can care for my kids when I'm working or at treatment. 5. My sponsor can help me when I have a craving.
<p>I will know that my plan is working if:</p> <ol style="list-style-type: none"> 1. I am not using crack. 2. I am giving clean urines. 3. I am coming to group 8 out of 10 times. 4. I am spending time each day focusing on my children and their needs. 5. I am going to NA 3 times a week.
<p>Some things that could interfere with my plan are:</p> <ol style="list-style-type: none"> 1. If I get sent back to jail for a dirty urine. 2. If I don't plan ahead for cravings and urges 3. If I don't stop hanging with using friends. 4. If I quit treatment.
<p>What I will do if the plan isn't working:</p> <ol style="list-style-type: none"> 1. Be honest with my counselor and my group and ask for help. 2. Make another plan that takes care of cravings/urges better. 3. Tell my P.O. I need residential treatment or more treatment. 4. Refuse to let myself feel like a failure

Example of
a completed
Change Plan

Source: Rollnick,
S and Miller, WR
(1995).



Summary

- Developed for use in counseling persons with substance abuse problems but could be used for any behavior such as unhealthy diet, missing doctor appointments, not taking medications as prescribed, etc.
- Incorporates learnable skills
- Interpersonal communication style that emphasizes collaboration, active listening and freedom of choice



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