

Motivational Interviewing

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- Is there a change someone else wants you to make, that you don't want to make?
- How do you find the discussions about this change?

- ❑ “Resistance” to change has an interpersonal aspect, it is not a character trait
 - ❑ From observations that attempts to strongly persuade people to change who are ambivalent seems to elicit a response against change.

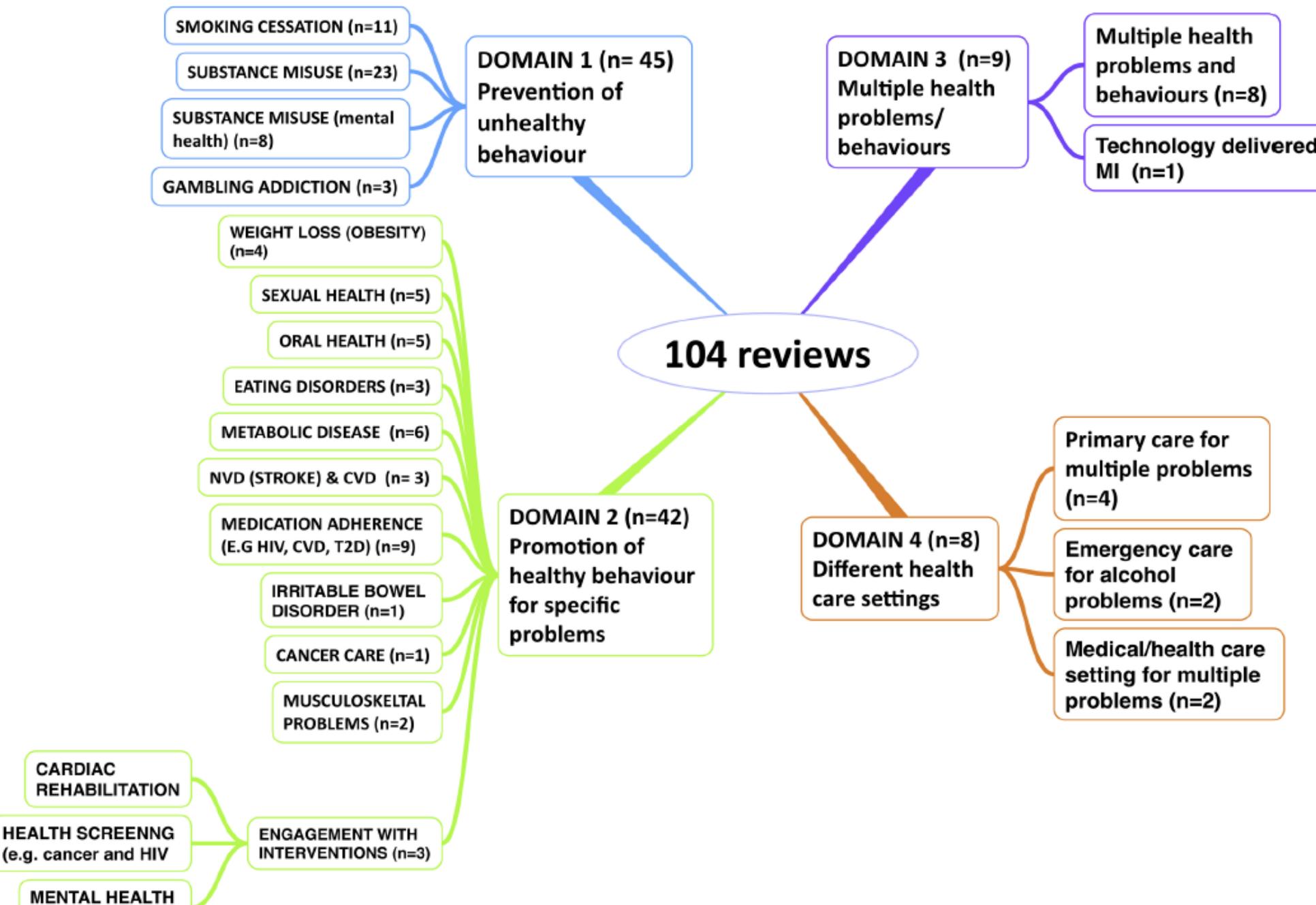
Miller, W.R., & Rollnick, S., 2013.

Case

- 40 year old male, methamphetamine use disorder.
- Daily use for 5 years, and very heavy use prior to this.
- Persistent psychosis.
- Thinking about going to inpatient treatment.
- Has not decided yet where to go.
- “I want my life back.”

MI is...

- ❑ Simple, but not easy
- ❑ Studied as a short-term therapy (3-4 sessions), though often used as a therapeutic stance as needed by practitioners
- ❑ Has an overarching flow (*4 Processes*) and goal, but is unstructured and flexible
- ❑ Differentiated from other therapies by emphasis on therapeutic stance (*Spirit*) and mechanism of action (facilitation of *Change talk*)



Brief summary of efficacy

- ❑ Most studied in substance use
- ❑ Frost et al., 2018: “Moderate quality evidence for mainly short term (<6 months) statistically significant small beneficial effects of Motivational Interviewing were found in 11 of 155 (7%) of meta-analysis comparisons. These outcomes include reducing binge drinking, frequency and quantity of alcohol consumption, substance abuse in people with dependency or addiction, and increasing physical activity participation.

Project MATCH

- ❑ Largest study of treatments in alcohol dependence
- ❑ MI outperformed no treatment
- ❑ Equal in efficacy to CBT and 12-step facilitation
- ❑ Fewer sessions, may present a resource advantage

[J Stud Alcohol.](#) 1997 Jan;58(1):7-29.

Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH
posttreatment drinking outcomes.

Technical definition

MI is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Miller, W.R., & Rollnick, S., 2013.

- ❑ Empathic communication is essential
 - ❑ Heavily influenced by Rogerian client-centred therapy, “unconditional positive regard”
 - ❑ In addition treatment it was a great departure from confrontational approaches

Miller, W.R., & Rollnick, S., 2013.

Motivational interviewing

- ❑ MI attempts to resolve ambivalence about change
 - ❑ Ambivalence can often be heard with a mix of *change talk* (self-motivational statements) and *sustain talk* (arguments for not changing)
- ❑ In MI *change talk* is listened for, evoked, highlighted, expanded on, and selectively reinforced.
- ❑ In MI we attempt to soften *sustain talk*
- ❑ Pros/Cons list not suggested

Miller, W.R., & Rollnick, S., 2013.

- ❑ The more people talk about making change (“change talk”) the more likely they are to change
- ❑ Bem’s self-perception theory and change talk:
 - ❑ People observe their own behaviour to determine their attitudes
 - ❑ If someone is ambivalent or uncertain, having them argue towards a position causes their attitudes to shift towards these arguments.
 - ❑ People talk themselves into change

Miller, W.R., & Rollnick, S., 2013.

Preparatory change talk: DARN

- Desire

- I want, I would like, I wish, I hope

- Ability

- I can, I am able to, I could, I would be able to

- Reasons

- If... then...

- Need

- I need to, I have to, I must, I've got to, I can't keep on like this, something *has* to change

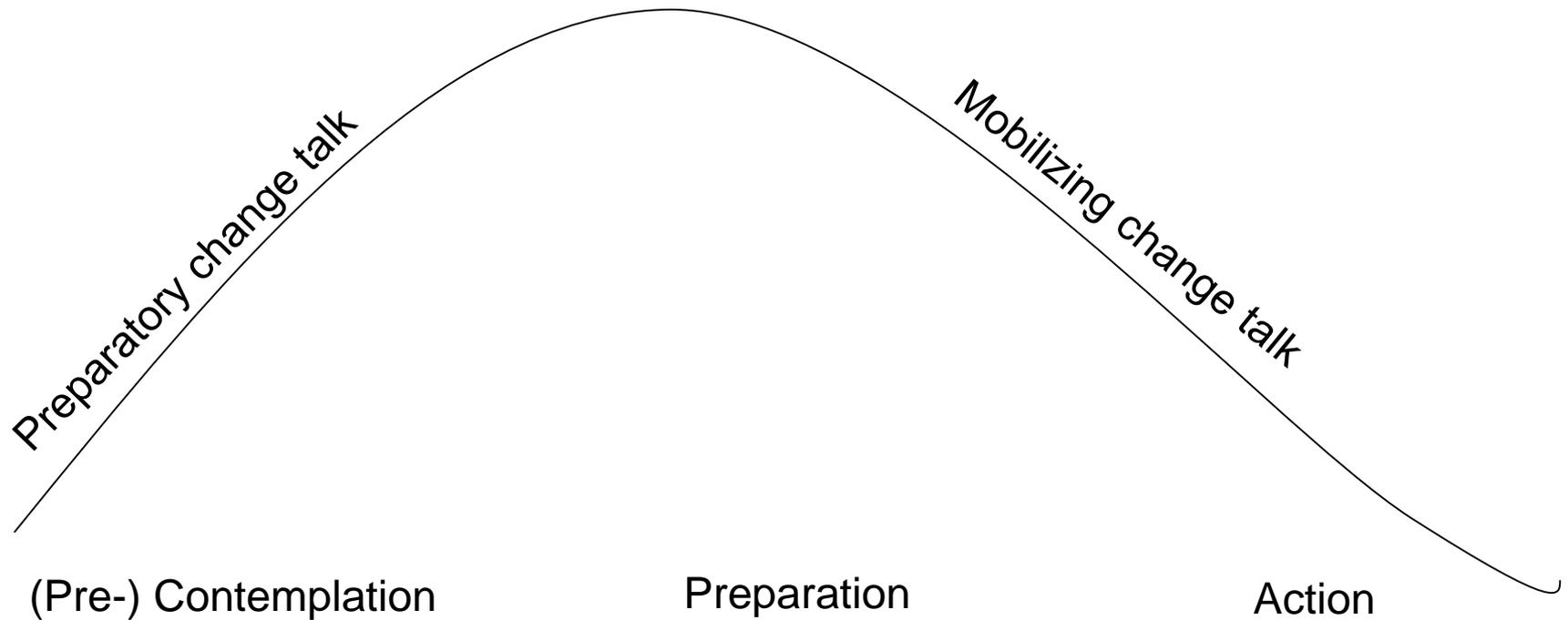
Miller, W.R., & Rollnick, S., 2013.

Mobilizing change talk: CAT

- ❑ Commitment: a decision to do it
 - ❑ I will, I promise, I swear, I give you my word, I intend to
- ❑ Activation: almost there
 - ❑ I am willing to, I am ready to, I am prepared to
- ❑ Taking steps:
 - ❑ Indicates the person has already done something in the right direction
 - ❑ “I filled that prescription you gave me”, “I attended an AA meeting last night”

Miller, W.R., & Rollnick, S., 2013.

The MI Hill

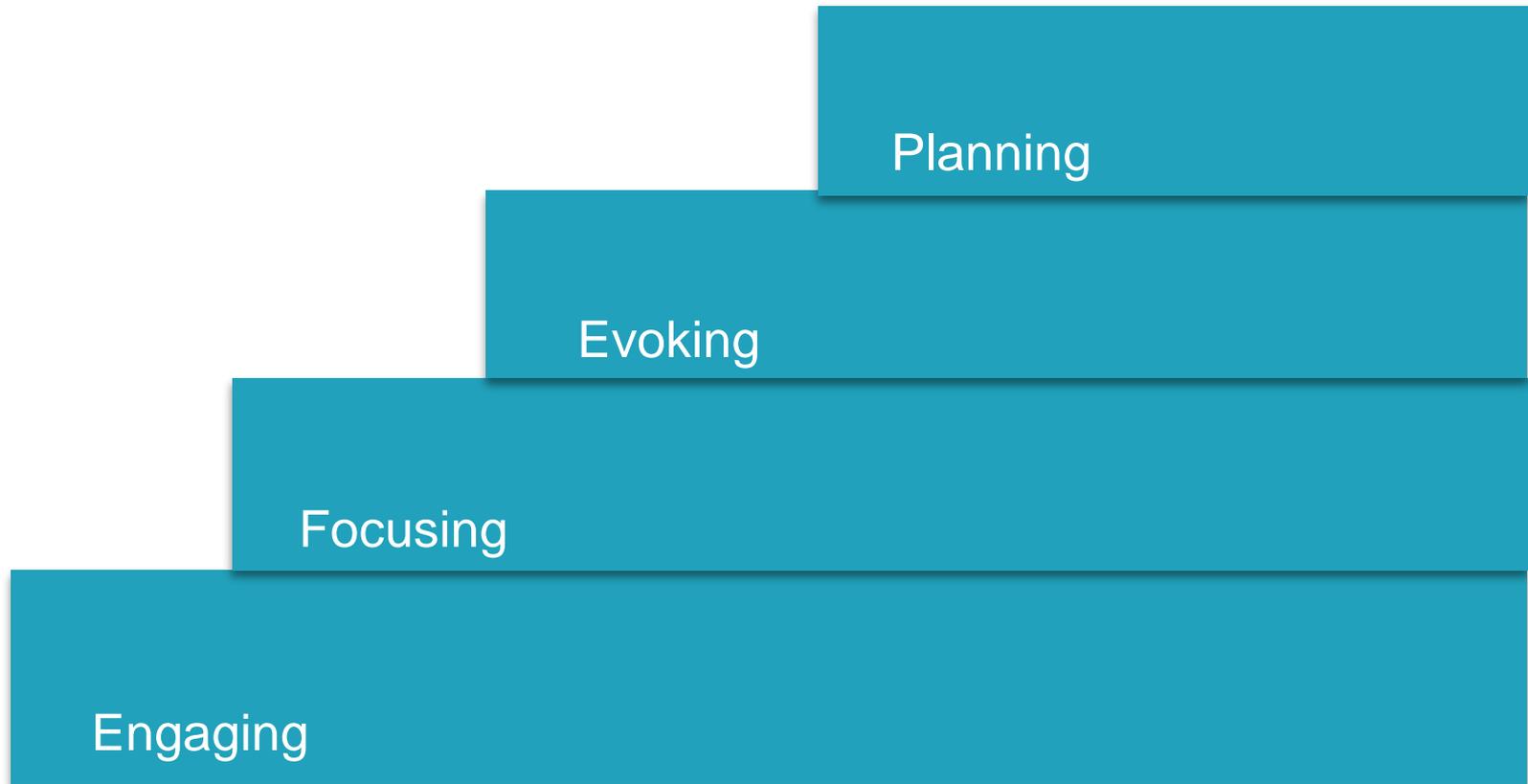


Miller, W.R., & Rollnick, S., 2013.

Example of enhancing change talk

- ❑ Therapist: On a scale of 1 to 10, how important is it to stop using crystal meth?
- ❑ Client: I would say 5.
- ❑ MI inconsistent response:
 - ❑ Therapist: Why a 5 and not a 7?
 - ❑ Client: I like the energy and focus that it gives me.
- ❑ MI consistent response:
 - ❑ Therapist: Why a 5 and not a 3?
 - ❑ Client: I can't live like this anymore. I need more in my life than crystal meth.

Four processes of MI



Miller, W.R., & Rollnick, S., 2013.

Spirit of MI: PACE

- ❑ Foundation of the therapy, underlies technical aspects
- ❑ **Partnership** vs. **Authority**
- ❑ **Acceptance** vs. **Coercion**
 - ❑ Absolute worth
 - ❑ Autonomy
 - ❑ Accurate empathy
 - ❑ Affirmation
- ❑ **Compassion** vs. **Detachment**
- ❑ **Evocation** vs. **Education**

Miller, W.R., & Rollnick, S., 2013.

Resisting the “righting reflex”

- ❑ A directive style
- ❑ The temptation to tell someone who is ambivalent how “to set things right”
- ❑ Often done with the best of intentions
- ❑ With people who are ambivalent, this can often provoke them to take up the other side, ie. To reinforce the status quo

Contraindications to MI

- ❑ Action stage, where there is no ambivalence
- ❑ Situations in which an authoritative intervention cannot be avoided (e.g., Form 1, or CAS call); however, it's recommended that clinician start with an MI spirit–informed stance and stay with it as long as possible (e.g., suicidality)

MI techniques: OARS

- O**pen-ended questions
- A**ffirmations
- R**eflections
 - Simple
 - Complex
- S**ummaries
- I**nforming/Advising

Miller, W.R., & Rollnick, S., 2013.

Open-ended questions

- ❑ CLOSED questions invite a yes/no, one-word, or very limited answer
- ❑ OPEN questions encourage elaboration – they evoke the client's ideas, opinions, hopes, concerns, etc.

Miller, W.R., & Rollnick, S., 2013.

Affirmations

- ❑ “Statements of appreciation... and strengths.” (Rosengren, 2009.)
- ❑ Accentuating and appreciate a positive action
- ❑ Express positive regard and caring
- ❑ Should be genuine and based on what you know to be true
- ❑ Facilitates openness and trust
- ❑ To combat the schema as a “failed self-changer.”

Miller, W.R., & Rollnick, S., 2013.

Gathering affirming material

- ❑ Ways of questioning:
 - ❑ E.g., “Given all that, how did you manage to take your medications as long as you did?”
- ❑ Examining previous change experiences, and focusing on what was accomplished, rather than what was not accomplished.
- ❑ Reframing “resistant” behaviour into affirmation:
 - ❑ E.g., “You have a lot of resolve to come in today, despite your strong reservations about treatment.”

Rosengren, 2009.

Affirmations

- ❑ Can be tricky: clients may feel judged or patronized
- ❑ Tips:
 - ❑ Focus on specific behaviours, not attitudes, decisions and goals.
 - ❑ Avoid using “I”
 - ❑ Focus on descriptions, not evaluations
 - ❑ Help develop a view of competence with clients instead of deficits
 - ❑ Attend to non-problem areas rather than problem areas

Rosengren, 2009

Example: Rosengren (2009)

- ❑ Suggests instead of:

“You managed to avoid cocaine use.”

(focused on the avoidance)

- ❑ Something like:

“Despite serious temptation, you were able to make decisions for yourself – like not using cocaine.”

(focuses on the positive element, may help elicit change talk)

Reflections

- ❑ Are statements rather than questions
- ❑ Make a guess about the client's meaning (rather than asking)
- ❑ In general should not be longer than the client's statement
- ❑ **Theory:**
 - ❑ "mirroring" thoughts, feelings, experiences; will promote the quickest way and most positive change
 - ❑ or the deepest acceptance of unchangeable reality

Miller, W.R., & Rollnick, S., 2013.

Why reflections?

- ❑ “Active listening” (Rogers, 1965) – conveys understanding.
- ❑ Facilitates self-exploration
 - ❑ Promotes the client/patient to go deeper
- ❑ Question-answer trap:
 - ❑ Derails self-exploration
 - ❑ Therapist-centred rather than client/patient-centred
 - ❑ Questions tend to distance people from what they are experiencing

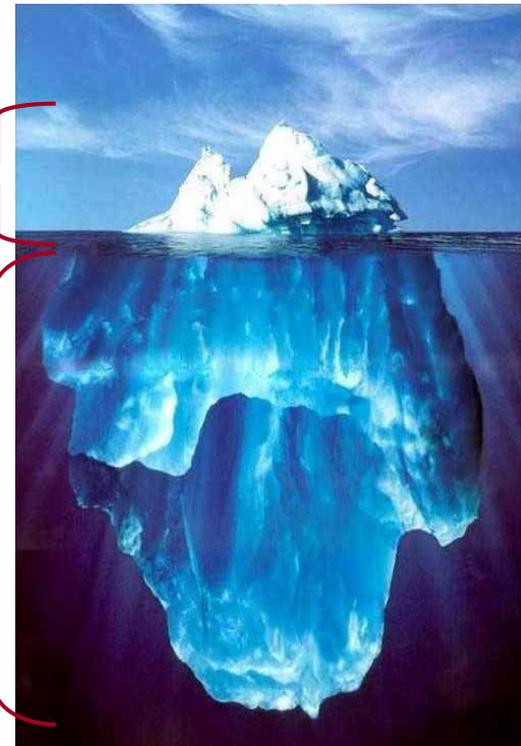
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Reflections

- ❑ Key aspect of *engagement* process
- ❑ The most common skill used by the MI therapist (about 2/3 to 3/4 of utterances)

**Simple
Reflection**

**Complex
(Enhanced)
Reflection**



Simple reflections

- ❑ Client: “I’m having a really hard day and could barely get out of bed to come here.”
- ❑ Simple reflections:
 - ❑ You’re having a hard day.
 - ❑ It was hard to make it to the appointment today.
 - ❑ You got here despite it being very difficult.

Reflections

- Client: “My life has become unmanageable. I am using every day. I can’t live like this anymore and it is because of my substance use.”
- Simple reflections:
 - Using every day is making life impossible.
 - You can’t live like this anymore.
- Complex reflections:
 - You want life to be different.
 - Something has to change about your substance use.
 - You are frustrated with your current circumstances and something needs to change.

Reflecting emotion (1)

Overstating:

- Client: I continue to have arguments with my wife.
- Therapist: You're really angry with your wife.
- Client: Sometimes, but married couples often fight.

With overstating, the person will usually tend to minimize or deny the emotion.

Miller, W.R., & Rollnick, S., 2013.

Reflecting emotion (2)

Understating:

- Client: I continue to have arguments with my wife.
- Therapist: You can get a bit upset with her.
- Client: Yes! I get furious with her constant criticizing.

Understating usually facilitates the person exploring the emotion more.

Miller, W.R., & Rollnick, S., 2013.

Working with sustain talk (1)

Double-sided reflection:

- ❑ Client: But I can't quit drinking. I mean, all of my friends drink!
- ❑ Therapist: You can't imagine how you could not drink with your friends, and at the same time you're worried about how it's affecting you.
- ❑ Client: Yes. I guess I have mixed feelings.

Can help capture the ambivalence. Often the client will continue on talking about the last part mentioned, so this is where information leading to change talk could be placed.

Thanks: Anu Goodman

Working with sustain talk (2)

Amplified reflection:

- ❑ Client: But I can't quit using. I mean, all of my friends use!
- ❑ Therapist: Oh, I see. So you really couldn't quit using because then you'd be too different to fit in with your friends.
- ❑ Client: Well, that would make me different from them, although they might not really care as long as I didn't try to get them to quit.

An exaggeration towards one side of the argument may prompt the person to argue the other point of view. Use cautiously, authenticity is important, and do not be too extreme to avoid it coming off as sarcasm.

Thanks: Anu Goodman

“Rolling with resistance”

- ❑ Client: But I can't quit using. I mean, all of my friends use!
- ❑ Therapist: And it may very well be that when we're through, you'll decide that it's worth it to keep on drinking as you have been. It may be too difficult to make a change. That will be up to you.
- ❑ Client: Okay.

Thanks: Anu Goodman

- ❑ Longer reflections, pulling together several pieces of information
- ❑ Can be used as a segue
- ❑ Can be used strategically to highlight change talk, and soften sustain talk
- ❑ E.g., “You would like your life to be different than it is now. You have been seeing your doctor regularly, you are concerned about your use, and have been looking at treatment options. What do you think you will do?”

Miller, W.R., & Rollnick, S., 2013.

MI-inconsistent information exchange

I am the expert on why and how clients should change.

I collect information about problems.

I rectify gaps in knowledge.

Frightening information is helpful.

I just need to tell them clearly what to do.

MI-consistent information exchange

I have some expertise, and clients are the experts on themselves.

I find out what information clients want and need.

I match information to client needs and strengths.

Clients can tell me what kind of information is helpful.

Advice that champions client needs and autonomy can be helpful.

Miller, W.R., & Rollnick, S., 2013.

Tasks

- Ask permission.
- Clarify information needs and gaps.

In practice

- “May I...?”
- “Would you like to know about some strategies?”
- “What do you know about...?”
- “Is there any information I can help you with?”

Miller, W.R., & Rollnick, S., 2013.

Provide

Tasks

- Prioritize.
- Be clear.
- Elicit-Provide-Elicit.
- Support autonomy.
- Don't prescribe the person's response.

In practice

- What does the person most want/need to know?
- Avoid jargon.
- Offer small amounts with time to reflect.
- Acknowledge freedom to disagree or ignore.

Miller, W.R., & Rollnick, S., 2013.

Tasks

- Ask for the client's interpretation, understanding, or response.

In practice

- Ask open questions.
- Reflect reactions that you see.
- Allow time to process and respond to the information.

Miller, W.R., & Rollnick, S., 2013.

A Meta-Analysis of Motivational Interviewing Process: Technical, Relational, and Conditional Process Models of Change

- ❑ MI consistent skills correlate with increased change talk, as well as increased sustain talk
 - ❑ Also MI consistent skills increase the *proportion* of change talk to sustain talk, and when higher is associated with *decrease* in problem behaviour.
- ❑ MI inconsistent skills associated with increased sustain talk, and sustain talk was associated with worse outcome.
- ❑ Relational hypotheses were not supported.

Magill et al., 2018

Contrasting practice

- ❑ Try this at home:
 - ❑ Speaker: Discuss something about yourself that you want to change, need to change, should change, have been thinking about changing BUT you haven't changed yet.
 - ❑ Counsellor: Your task is to try as hard as possible to convince and persuade the speaker to make the change he or she is considering.
 - ❑ Explain why the person should make the change. Give at least 3 specific benefits that would result from the change. Tell the person how they could change. Emphasize the importance of the change. If there is any resistance, be more emphatic!

A taste of MI (1)

- Partner A (speaker):
 - Discuss something about yourself that you...
 - want to** change
 - need to** change
 - should** change
 - have been thinking about** changing
 - but haven't changed yet (i.e., something you're ambivalent about)

A taste of MI (2)

- Partner B (counsellor):
 - Listen carefully with a goal of understanding the dilemma
 - Give no advice
 - Ask these four open questions:
 1. Why would you want to make this change?
 2. How might you go about it in order to succeed?
 3. What are the three best reasons to do it?
 4. On a scale from 0 to 10, how important would you say it is for you to make this change? Why is it ___ and not 0?

A taste of MI (3)

- ❑ Partner B (counsellor):
 - ❑ Give a short summary/reflection of the speaker's motivations for change
 - ❑ Desire for change
 - ❑ Ability to change
 - ❑ Reasons for change
 - ❑ Need for change
 - ❑ Then ask “So what do you think you'll do?”
 - ❑ Then just listen with interest

Helpful resources

- ❑ Youtube: videos role-playing contrasting practice and MI, “Ineffective Physician” and “Effective Physician”.
- ❑ Miller, W.M. & Rollnick, S. (2009). Ten Things that Motivational Interviewing is Not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.
- ❑ Moyers, T. (2014). The Relationship in Motivational Interviewing. *Psychotherapy*, 51(3), 358-363.
- ❑ Rosengren, D.B. (2017). Building Motivational Interviewing Skills: A Practitioner Workbook, 2nd Ed. New York: Guildford Press.

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