

Motivational Interviewing

An Evidence Based Practice

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History

Developed by clinical psychologists Professor William R Miller, Ph.D. and Professor Stephen Rollnick, Ph.D.

It was first described by Miller in 1983.

Derived from Carl Rogers person-centered approach.

It was first used as treatment for substance dependence.

Change is a Process, Not an

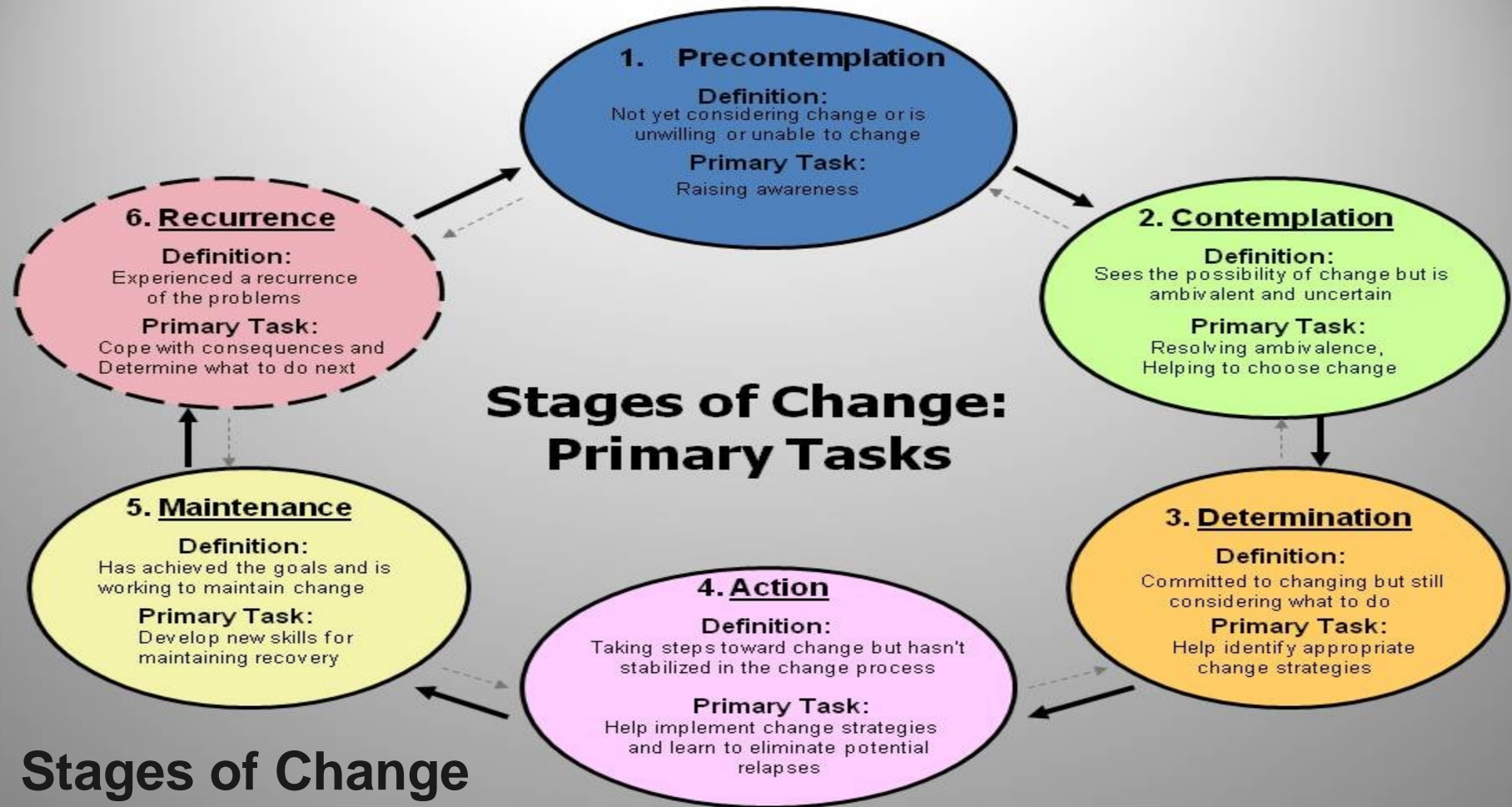
Event.

Motivational interviewing is a practice that addresses a person's ambivalence to change.

This practice helps clients who have a reluctance to change identify how their current behavior causes, or has the potential to cause, problems

The goal of motivational interviewing is to encourage intrinsic motivation so that change comes from within

Eliciting and reinforcing the client's belief in ability to carry out and succeed in achieving a specific goal is essential



Stages of Change

The Four Core Principles of MI

- Express Empathy:
 - Skillful reflective listening is pertinent to the client feeling understood and cared about
- Develop Discrepancy:
 - Establish the client's goals and explore the potential consequences of the client's current behavior
 - Identify the discrepancy between current behavior and the client's goals
- Roll with Resistance:
 - Avoid resistance and shift perceptions
- Support Self-Efficacy:

MI process

1. Engaging - used to involve the client in talking about issues, concerns and hopes, and to establish a trusting relationship with a counselor.
2. Focusing - used to narrow the conversation to habits or patterns that clients want to change.
3. Evoking - used to elicit client motivation for change by increasing client's sense of the importance of change, their confidence about change, and their readiness to change.
4. Planning - used to develop the practical steps clients want to use to implement the changes they desire.

OARS

Open-Ended questions

Affirmation

Reflective Listening

Summarizing



MI strategies and Techniques

1. Asking permission

Ex: “Do you mind if we talk about [insert behavior]?”

- “Can we talk a bit about your [insert behavior]?”

2. Eliciting change talk

Ex: “What would you like to see different about your current situation”

“What will happen if you don’t change?”

“What would be the good things about changing your [insert risky/problem behavior]?”

MI Strategies and Techniques

3. Open Ended Questions

Ex: • “Tell me what you like about your [insert risky/problem behavior].”

- “What makes you think it might be time for a change?”
- “What happens when you behave that way?”
- “Tell me more about when this first began.”

MI Strategies and Techniques

4. Reflective Listening

Ex: “So on the one hand it sounds like And, yet on the other hand....”

- “I get the sense that....”

5. Normalizing

Ex: “A lot of people are concerned about changing their [insert risky/problem behavior].”

- “Most people report both good and less good things about their [insert risky/problem behavior].”

MI Strategies and Techniques

6. Affirmations

Ex: “Your commitment really shows by [insert a reflection about what the client is doing].”

- “You showed a lot of [insert what best describes the client’s behavior—strength, courage, determination] by doing that.”
- “With all the obstacles you have right now, it’s [insert what best describes the client’s behavior—impressive, amazing] that you’ve been able to refrain from engaging in [insert risky/problem behavior].”

Tools

Action Plan

I will _____

What can I do to overcome the difficulties? _____

Readiness Ruler

On a scale of 1-10, how ready am I to make this change? _____

Decisional Balance

No change : Advantages / Disadvantages

Change: Advantages/Disadvantages

Confidence Rating

On a scale of 1-10, how confident am I that I can do it? _____

Goals of MI

Engage clients

Finding out which stage the client is at, and addressing the concerns specific to their stage.

Elicit change talk

Have the client articulate their “pros” and “cons” so they can better rationalize and resolve the conflict between them.

Evoke motivation to make positive changes.

Empathize and empowering the client to take steps towards change by affirming their strengths.

Who can MI Help?

Anyone willing to make changes in their life but don't know how

Anyone ready to make changes but struggling with the motivation, confidence, and resources to do so

Anyone ambivalent about whether or not they want to change their behaviors

Where have you used motivational interviewing? Was it successful?

How has ml has been

successfully used ?

Alcohol Abuse

Smoking

Drug Abuse

Gambling

Mental Health

Chronic Illnesses

Eating Disorders

Risky Behavior

Effectiveness

According to Burke and Lundahl (2009) in the article “the effectiveness and applicability of motivational interviewing” they found that motivational interviewing is significantly (10–20%) more effective than no treatment and generally equal to other viable treatments for a wide variety of problems ranging from substance use (alcohol, marijuana, tobacco, and other drugs) to reducing risky behaviors and increasing client engagement in treatment. Although most client-related variables were unrelated to outcomes (e.g., age, gender, severity), some decisions about treatment format (e.g., individual vs. group) are important. For example, while looking at group-delivered MI it appeared to be less effective than one-on-one MI, whereas delivering MI with problem feedback was likely to generate better outcomes for some problems than MI alone.

limitations

You Need Time to Build a Relationship

Clients often become very resistant to changing when they don't like their therapists. A confrontational approach can alienate a client and cause them to refuse to change. With motivational interviewing, you need time to build trust with patients, who sometimes don't have the time to come to their own conclusions because of impending legal issues or health problems.

Patients Need Cognitive Clarity

Motivational interviewing only works if clients can participate fully in the process. If they are suffering from a mental disorder that is physically based, such as bipolar disorder or depression, they have little control over their responses unless they take medication to control their conditions. Once a client is medicated, you run into additional problems that could interfere with motivational interviewing treatment styles.

Not One-Size-Fits-All

You can't take the techniques used in motivational interviewing and apply them equally across the board. It's a very individual style of treatment, and you must be able to change the way you do business for each and every client. As such, therapists employing motivational interviewing must themselves be prepared to change the way they deliver treatment with each client. For example, every person displays their readiness to change in different ways and at different times.

Follow-Up Is Crucial

Since behavior modification is the primary goal of motivational interviewing, it must be tied into some kind of follow-up treatment for a substantial period of time. That often isn't possible, especially if the client relies on insurance reimbursement to pay for her treatment. The client may have changed the harmful behavior, but it may not last.

Videos

TALKING ABOUT SAL AND HIS ASTHMA

Not using motivational interviewing

https://www.youtube.com/watch?v=kN7T-cmb_l0

Motivational Interviewing

<https://www.youtube.com/watch?v=-RXy8Li3ZaE>

David and the Dentist (smoking cigarettes) MI

<https://www.youtube.com/watch?v=rFLrDvUexC8&nohtml5=False>

Resources

<http://www.motivationalinterviewing.org/>

Center on Alcoholism, Substance Abuse & Addictions (CASAA): University of New Mexico's Research Center where Motivational Interviewing was developed by William R. Miller and colleagues. <http://casaa.unm.edu/>

National Institute on Drug Abuse (NIDA): The site for the American government's resources about research, prevention and treatment of substance misuse. Carolina E. Yahne has served as co-investigator with William R. Miller on 3 research grants on Motivational Interviewing funded by NIDA. <https://www.drugabuse.gov/about-nida/organization/cctn/ctn/research-studies/motivational-interviewing-mi-to-improve-treatment-engagement-outcome-in-sub>

references

http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf

<https://www.centerforebp.case.edu/practices/mi>

<http://bjgp.org/content/bjgp/55/513/305.full.pdf>

Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people to change* (2nd ed.). New York, NY: Guilford Press.

Substance Abuse and Mental Health Services Administration (1999). Motivational interviewing as a counseling style. In *Enhancing Motivation for Change in Substance Abuse Treatment* (pp. 39-55). Rockville, MD: US Department of Health and Human Services.