UNC School of Social Work / Wake AHEC
Clinical Lecture Series

**Moving People Toward and Through Change:
Understanding and Applying the Four Processes of
Motivational Interviewing**

January 13, 2014

Paul Nagy, LPC, LCAS, CCS
paul.nagy@duke.edu
Assistant Professor
Duke University School of Medicine
Department of Psychiatry and Behavioral Sciences

What We Will Discuss Today

- MI foundations and concepts
- The four processes of motivational interviewing
- Some practical applications

MI is a Shift in the Way We Influence Positive Change

- Old belief: if not ready, people will not change and there's nothing we can do about it
- Helper refrains from "fixing " or persuading
- Seeks understanding as a way of building motivation and mobilizing commitment
- Sees any progress as progress
- A true person centered approach
  - Views the patient as the "expert" on themselves
  - Accepts ambivalence and fluctuations as normal
  - Recognizes and honors personal autonomy

Basic Concepts (Miller, 1983)

- The person rather than helper should make the arguments for change
- This is done when we intentionally and skillfully elicit a person's own concerns and motivations
- The patient is the expert on their lives and will know better than anyone the "what" and "how" of change
- Active Listening, accurate empathy and optimism empowers change

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MI Is An Evidence Based Practice

- >200 controlled trials applied to a wide range of behavioral and health issues
- Rapid and reliable effects seen in most studies
- Specifiable, verifiable and generalizable
- Can be integrated with other approaches
- Adoption and fidelity best ensured with structured practice e.g. coaching with feedback
- Equal possibilities for learning and adopting MI

Doing Successful MI: What Matters

- Helper empathy (MI spirit)
- Fidelity – inconsistent behaviors nullify the effect
- Client change talk

A Recent Study of Interest

Physician's Empathy and Clinical Outcomes for Diabetic Patients, Hojat, Mohammadreza; Louis, Daniel Z.; Markham, Fred W.; Wender, Richard; Rabinowitz, Carol; Gonnella, Joseph S., Academic Medicine. 86(3):359-364, March , 2011.

- The Study: 891 diabetic patients between July, 2006 – June, 2009 treated by 29 physicians with measured levels of empathy per validated Jefferson Scale of Empathy. Patient control of hemoglobin and cholesterol levels evaluated by physician group.
- Findings: Patients of physicians with high empathy scores had good control while patients of physicians with low empathy scores had poor control.
- Conclusion: Empathy is an important factor in patient outcomes.

A Rationale for Using Motivational Interviewing

➤ Usual approaches for influencing behavior change don't work particularly well
➤ People are more often reluctant vs. resistant to change (but may need skilled help getting past themselves)
➤ We can either influence or impede motivation based on our approach and conversational style

Normal Reactions to the "Righting Reflex:" Making People Feel Bad Doesn't Help Them Change (Miller, 2013)

Resent	Resist	Retreat
Not respected	Arguing	Disengage
Not understood	Discounting	Withdraw
Not heard	Defensive	Inattentive
Angry	Oppositional	Passive
Ashamed	Denying	No show
Uncomfortable	Justifying	
Dislike		

Normal Reactions to a Listen/Evoke/Empathic Style (Miller, 2013)

Affirmed	Accept	Approachable
Understood	Open	Talk More
Accepted	Undefensive	Liking
Respected	Interested	Engaged
Heard	Cooperative	Activated
Comfortable	Listening	Will come back
Safe		
Empowered		
Hopeful		

MI is MI When (Miller and Rollnick, 2013)

- The communication style and spirit incorporates person centered, empathic listening
- There is a particular target for change and topic of conversation *(focus)*
- The interviewer evokes the person's own reasons and ideas for change *(evoke)*
- The interviewer guides and assists the person in making a change *(planning)*

Understanding Behavior Change: Some Universal Truths

- People are usually motivated for *something*
- What people want is rarely a problem
  - Want typically trumps need (knowing is not enough)
- Change is an equal opportunity possibility
- People experience safety with sameness
- "Buy in" is essential otherwise forget about it!
  - Compliance does not = commitment
- Change is usually a process, rarely a neat or linear event

"People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others."

- Blaise Pascal

The Transtheoretical (Stages of Change) Model
(Prochaska & DiClemente, 1981)

A sequence of stages through which people typically progress as they think about, initiate, & maintain new behaviors

- Applies to a variety of behavioral changes, including substance use, eating, parenting, exercise, and health behaviors.

STAGES OF CHANGE

6. Relapse
1. Pre-Contemplation
5. Maintenance
2. Contemplation
4. Action
3. Preparation
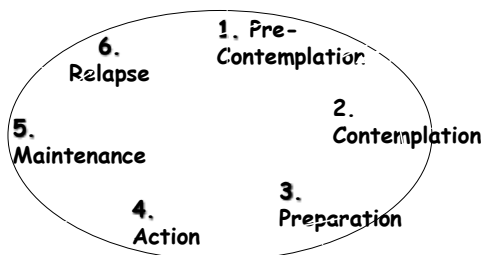
Adapted from Prochaska & DiClemente (1982), "Transtheoretical therapy: Toward a more integrative model of change." *Psychotherapy: Theory, Research, and Practice,* 19: 276-288.

People Either Resist Change or Straddle the Fence for Their Own "Good" Reasons

- Higher priorities
- Doesn't perceive the problem as a problem
- The benefits fall short or the trade offs are not "worth it"
- Life happens
- Good news!
- Overwhelmed and lacking in confidence
- Negative experiences
- Not adequately supported by others

Motivational Interviewing is Based on Some Assumptions about Behavioral Change

- Ambivalence about change is normal especially with competing desires
- Sustainability of a change process is better assured with "change talk," structure (a plan) and accountability
- People will typically take action when the change is tied to significant desires

"Unless a current 'problem' behavior is in conflict with something that a person values more highly, there is no basis for MI to work."

Miller and Rollnick, 2013

From Love and Survival by Dean Ornish, 1997

"Change isn't easy. But if we're in enough pain, then the idea of making changes may seem more attractive. Part of the benefit of pain is to get our attention, to help us make the connection between when we suffer and why, so we can make choices that are more joyful and healthful. It's very hard to motivate most people to make even simple change in their behavior such as altering their diet or exercising when they feel depressed, lonely or fearful…

It is only when these deeper issues are addressed that many people become willing to make lifestyle choices that are life enhancing rather than ones that are self-destructive. Abundance is sustainable, deprivation is not. Joy of living is sustainable, fear of dying is not. 'It's fun for me' is sustainable; 'it's good for me' is not. Instead of resolving to make changes in our lives out of a sense of austerity, deprivation, and asceticism, I find it to be much more effective to be motivated by feelings of love, joy and ecstasy."

What is Motivation?

"….motivation should not be thought of as a personality problem, or as a trait that a person carries through the counselor's doorway. Rather motivation is a state of readiness or eagerness to change, which may fluctuate from one time or situation to another. This state is one that can be influenced."

- William Miller, 1991

What is Motivational Interviewing?

"Motivational interviewing is a person-centered, goal-oriented method of communication for eliciting and strengthening intrinsic motivation for positive change."

Miller & Rollnick, 2009

Motivational Interviewing Described

➤A style of intervention based on the premise that people are most likely to change when the motivation comes from themselves
➤A relational and strengths-based approach that uses a collaborative communication style to elicit a person's desires and resolve ambivalence between want and action
➤MI is done for and with vs. on someone
➤4 Processes
 1) Engaging
 2) Focusing
 3) Evoking
 4) Planning

The "Spirit" of Motivational Interviewing:

"People may not remember what you say, but they will remember how you made them feel"

❖Collaboration
❖Acceptance
❖Evocation
❖Compassion

MI Spirit: Collaboration

•Two experts working together in partnership
•Coming along side
•Agenda by agreement
•Avoids premature focus

MI Spirit: Acceptance

- Values the absolute worth of other
- Accurate empathy
- Autonomy support (restraint)
- Affirmation
- Understanding vs. judging
- Healthy boundaries

MI Spirit: Evocation

- Strengths vs. deficit based
- Helper is dedicated to calling forth client's wisdom and capacities vs. install answers
- Asking vs. telling
- Avoid expert trap

MI Spirit: Compassion

- Genuine care and concern
- Promote welfare of client vs. self interest
- Reason we're here

Motivational Interviewing Skills: OARS

- **O**pen ended questions
- **A**ffirmations
- **R**eflective listening
- **S**ummaries

Open Ended Questions

- Evocative and inviting
- Can't be answered with "yes" or "no"
- Probing (rely on your curiosity)
  - "Explain"
  - "Tell me about"
  - "Say more about"
  - "Clarify"
  - "How," "what" vs. "are," "do" "did" "could"

Affirmations

- Recognizes and reinforces success
  - (key: needs to be expressed with genuineness)
- Offers perspective in face of difficulties
- Expresses optimism
- Sees <u>any</u> progress as progress

Reflective (Active) Listening

- Mirrors what the patient is <u>saying</u>

- States what the patient is <u>meaning</u>

- Shows collaboration and equity

- Should be done frequently responsive to key communications

Summaries

- Lets patient know you're listening and understanding

- Pulls together and links relevant information

- Allows patients to hear their own motivations and ambivalence

- Helps to clarify any disordered thinking or communication

- Helps to bridge and transition between topics

The Four Processes of Motivational Interviewing

Informed by experience
Synchronicity
Overlapping
Sequential and recursive

1) Engaging – empathic listening
2) Focusing – targeting change
3) Evoking – client's ideas
4) Planning – getting to change

4 Processes

Relational   Motivational Interviewing

Engaging   Evoking

Focusing   Planning

SPIRIT   OARS
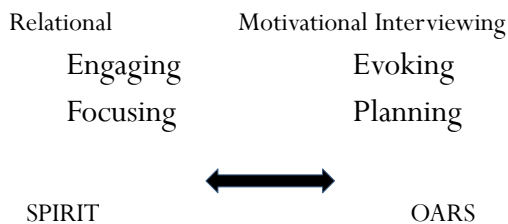
Engaging: The Relational Foundation

<u>Goal:</u>

- Establish the helping relationship (can happen in seconds esp. with an affirmation)
- The thing we do before we do anything else
- Generate buy in and agreement to having the conversation
- Avoid the "righting reflex" with an "uncluttered mind"
- Discovery of what matters, marvels and motivates:
      - goals and values
- Skills: Spirit and OARS

Peaceful Engagement

- Pace – slow and deliberate
- Explore reasons, roles, restrictions
- Accepting
- Curious
- Empathy

Engaging Technique: Agenda Setting

- Welcome!
- Take care of first things first
- Ask about client's concerns and priorities
  - "As we have about 15 minutes together I'd like to be sure to understand what brings you here and what you would like to be sure we accomplish today?"
- If you have an agenda - fit the assessment into the interview not the interview into the assessment:
  - conversational vs. question/answer
- Review plan for next session

Focusing: The Strategic Direction

Goal:
- Clarify 1 or more goals
- Following and guiding vs. directive approach
- Avoid premature focus
- Balance of expertise

Skills:
- OARS, Spirit
- Steering to a direction
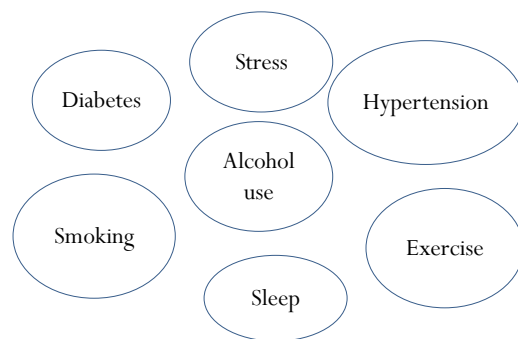- Clarification and specification of goal

Focusing: 3 Scenarios

- Clear focus – proceed to evoke
- Menu of options – agenda mapping
- Unclear focus – provide assistance

Focusing Technique: Agenda Mapping

Diabetes

Stress

Hypertension

Alcohol use

Smoking

Exercise

Sleep

Focusing Technique: Assessing Client Priorities and Reasons

- Ask about top 2 or 3 goals
  ("how would you like things to be different?")
- If there are identified problems ask:
  - Are you concerned about…….?
  - If so, do you want to do anything about it and when?
  - If not now, when and how will you know?

Focusing Technique: Informing and Advice Giving

- Ask for permission first
- Tie information or advice to patient's concerns
  - "Can I share some information about the effects of alcohol that might explain the change in your blood pressure?"
- Ask most helpful way to show and interpret data
  - e.g. numbers, pictures, metaphors
- Offer menu of options

Focusing Technique: Elicit-Provide-Elicit

- <u>Elicit</u> – ask permission to provide information or advice or clarify what client already knows
  - Elicit - "Do you think alcohol use contributes to the difficulty you are having sleeping?"
  - "Would you like to hear about alcohol use can interfere with sleep?"
- <u>Provide</u> information (responsive to client's concerns)
    - Share only useful nuggets
    - Be careful about jargon

Focusing Technique: Elicit-Provide-Elicit, cont.

- <u>Elicit</u> understanding and reaction using autonomy supportive language
  - Elicit for understanding – "I'd like to check on whether this made sense to you?"
  - Elicit for reaction – "What are your thoughts about what you would like to do with this information?"
  - Autonomy support – "Whether you decide to do anything with this information is up to you."

Focusing Technique: Teach Back

- Do not take communication for granted
- Check for comprehension
- Clarify any uncertainties
- Anchor the understanding
  - "If you were to describe to someone what I just shared with you with your friend what would you say"

Focusing Technique for Formatting the Conversation: FRAMES*

- Provide Feedback with permission
- Emphasize patient's choice and Responsibility
- Offer Advice without judging
- Discuss a Menu of options for taking action
- Normalize ambivalence using an Empathic style
- Promote Self-efficacy by identifying strengths and accomplishments

*Miller & Sanchez, 1993

Evoking – Preparing for Change

<u>Goal:</u>
- Evoke vs. "install" motivation
- Opposite of expert-didactic approach
- Curious about client's motivation and ideas
- Elicit change talk – language matters
- Identify and resolve ambivalence
- Focus on past successes
- Strategic thinking – target dates, supports, resources

"What is necessary to change a person is to change his awareness of himself."

- Abraham Maslow

Evoking Skills

- Recognizing change talk (DARN)
- Evoking confidence
- Mobilizing commitment (CAT)
- Responding to change talk:
  - EARS:
    - Elaborating
    - Affirming
    - Reflecting
    - Summarizing bouquets

"Change Talk" : DARN CAT

- Desire (want, wish, like)
- Ability (can, could)
- Reason (if……then)
- Need (have to, got to)
- Commitment (decision, determined)
- Activation (preparing)
- Taking steps

Recognizing Change Talk:

Desire statements – "I want to quit smoking"
Ability statements – "I can quit"
Reason statements – "I want to quit so I can breathe better"
Need statements – "I need to quit in order to be in better shape"
Commitment statements – "I plan to quit"
Activation statements – "I will quit by….."
Taking steps toward change – "This is what I am doing to quit"

Evoking Technique: Elicit Self Motivational Statements (DARN)

- Desire: How much do you want to make this change?
- Ability: How successful do you think you can be to make this change?
- Reason: What is a good reason for to you make this change?
- Need: Why is it important for you to make this change?

Evoking Technique: Mobilizing Commitment

- Commitment: "When will you know it's time to close the deal with yourself?"
- Activation: "What are you ready or willing to do?" "When might you get started?"
- Taking steps: "What have you done or how will you get started?"

Sustain Talk: The Other Side of Ambivalence (Miller, 2013)

- I really like smoking   (Desire)
- I don't see how I could quit   (Ability)
- Smoking is the only way I relax   (Reason)
- It hasn't killed me yet   (Need)
- I intend to keep smoking and no one can make me stop   (Commitment)
- I'm not ready to quit   (Activation)
- I bought four packs today   (Taking steps)

Evoking Technique: Develop Discrepancy

- Distance between personal goal and status quo
- There needs to be one otherwise ask permission to inform without judgment
- Amplify ambivalence: "you really wish you didn't like chocolate so much"
- Explore both sides of an issue only *if* person is undecided
- Clarify and negotiate choices
- Empower client by acknowledging autonomy

Tips for Addressing Discrepancy

- Avoid "but" statements or inflections that infer judgment or your own agenda
- Maintain a <u>neutral</u> tone of voice
- Take a curious approach:
  - "There must be a good reason for this, is it okay if we take a look at what's going on?"
- <u>Normalize</u> and honor the struggle – "change is always hard" "we all feel stuck at times especially when….." Reflect change talk

Evoking Hope and Confidence

- See your client as heroic
- Review past successes
- Reframing - offer perspective
- Hypothetical thinking

Evoking Technique: Exploring Pros and Cons to Tip the Decisional Balance

Advantages of behavior	Advantages of changing behavior
Disadvantages of behavior	Disadvantages of changing behavior

Evoking Technique: Scaling

Importance
Confidence
Readiness
7-point scales or "spot on" phrases

<u>Confidence</u> Ruler

How confident are you that you can make this change?

Not at all … Somewhat confident …Very Confident

Importance Ruler

Making this change is:

Not at all important---somewhat important---very important---extremely important

Commitment Ruler

If wanting to make a change, how committed are you to making this change?

Not at all………..Somewhat………….Very

Follow-up Clarifying Questions

1) Please explain your reason for the higher vs. lower number? (elicit change talk)
2) What would you like it to be?
3) What would it take to go from your number to the next higher number?
4) What do you think you can do about that?

Evoking Technique: Hypotheticals

- What do you want to do with this information?
- Is there anything from the past that you could draw on to help with this situation?
- What do you think might happen if…?
- Suppose you were willing to try to make this change, how would you succeed?
- If you were to succeed, how did it happen?
- What advice might you give others?

Things that Can Happen When Evoking

- "Windshield wiper" effect - ambivalence
- Helper induced changes in the client:
  - Sustain talk – "I plan to smoke until the day I die"
  - Discord –"I intend to smoke and nothing you say can change my mind"

Strategies for Responding to Sustain Talk and Discord

- Attend, acknowledge, apologize (if induced) and affirm
- Express autonomy
- Clarify choices
- Offer to collaborate on solutions
- Use your client as consultant
  - Don't: Argue   Try to persuade
          Blame   Shame

Planning: The Bridge to Change

Goal:
- A process vs. event
- Focus less on whether and why and more about how
- Uses client's expertise to negotiate a plan
- Apply a SMART approach

Setting Goals: Plan SMART

- S – Specific
- M – Measurable
- A – Attainable
- R – Realistic
- T - Timely

"Don't set out to build a wall. Just focus on laying a brick as best you can."
 - Will Smith

Planning – When?

- Willing, able and ready
  - Change talk
  - Diminished sustain talk
  - Questions about change
  - Taking steps

Skills Needed in Planning

- OARS
- Testing the water – awareness and flexibility
- Evoking and negotiating
- Anticipatory (Plan B) guidance
- Calling the CATS
- Affirming client strengths

Change Plan

- The change I want to make is_____by_____
- The most important reasons I want to make this changes are…
- The first steps I will take to get started will be…
- Other people can support me in these ways (who and how they can help)

Change Plan

- I will monitor my progress and know my plan is working by……..
- Some things that could interfere with my plan …
- My plan for dealing with these challenges or with any setbacks is………
- How I will plan to celebrate my success…

Goal Attainment Scale

+3 = Walk at least one mile 5 days per week

+2 = Walk at least one mile 3 days per week

+1 = Walk at least one mile 2 days per week

 0 = Walk at least one mile 1 day of the week

-1 = Walk the stairs at work but no other walking

-2 = Take the elevator some of the time and no walking

-3 = Take the elevator all week and do no walking

Planning: Supporting Change

- Remember: change is not linear
- Refocus if priorities change
- Replanning: continue to call on the client's wisdom
- Reminding
- Refocusing
- Reengaging

Am I Doing MI?

- Do I seek to understand my clients with an uncluttered mind?
- Do I ask and actively listen to my clients more than talk?
- Do I have a clear sense of focus with my clients?
- Do I ask my clients their own reasons for changing?
- Do I elicit and reflect change talk?
- Do I ask permission to give feedback?
- Do I reassure my clients that ambivalence is normal?
- Do I assist my clients to recognize successes?
- Do I trust my clients to discover their own solutions?

The "RULE" Of Motivational Interviewing
(Miller, Rollnick & Butler, 2009)

- RESIST the righting reflex
- UNDERSTAND your client's motivations
- LISTEN to your client
- EMPOWER your client

Recommended Strategies for Learning and Developing MI Skills

- Coaching and mentoring
- Peer learning collaborative
  - Case consultation re: real world applications
  - Role play
  - Supportive feedback
- Taping
- Fidelity coding

Some Recommended Resources

- Miller, William and Rollnick, Stephen, Motivational Interviewing: Helping People Change. Third Edition. New York: Guilford Press, 2012.

- Prochaska, J., Norcross, J. and DiClemente, C. Changing for Good. New York: Harper and Collins, 1994

- Rollnick, S. and Miller, W.R., What is Motivational Interviewing? Behavioural and Cognitive Psychotherapy, 23, 325-334, 1995.

- Rollnick, Stephen, Miller, William, and Butler, Christopher, Motivational Interviewing in Health Care, New York, Guilford Press, 2008.

- Rosengren, David, Building Motivational Skills: A Practitioner Workbook, Guilford Press, 2009.

- Also see www.motivationalinterview.org