

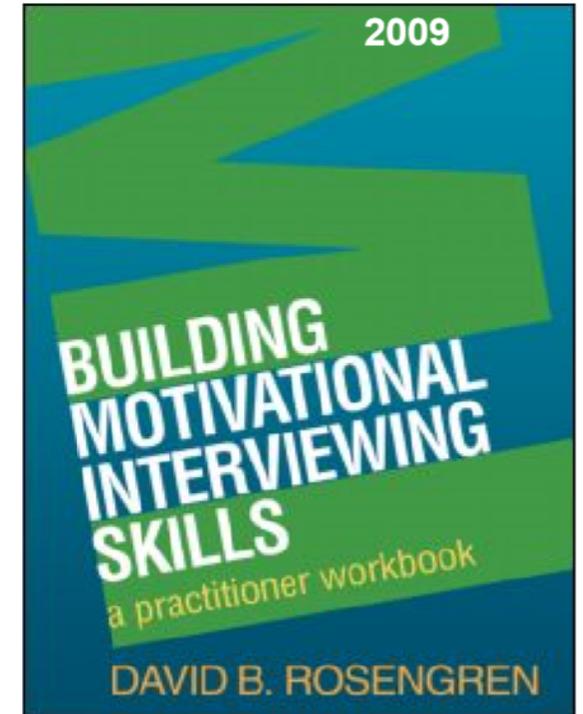
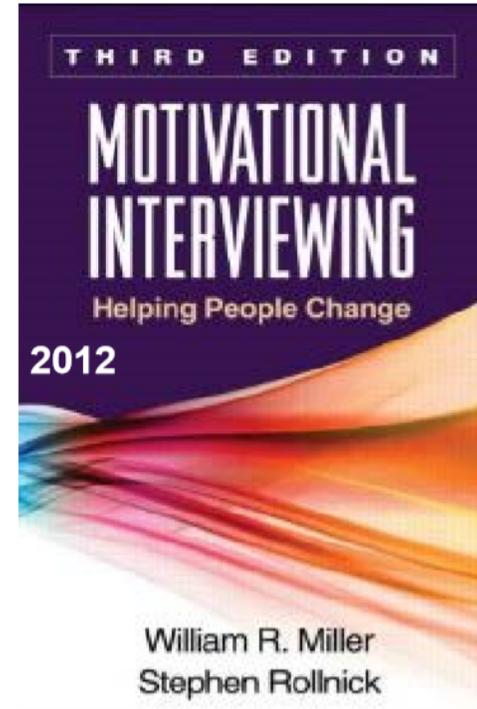
MOTIVATIONAL INTERVIEWING

The story behind MI

Bill Miller



Steve Rollnick



INTEGRATION OF INTERVENTIONS

- CBT
- MOTIVATIONAL INTERVIEWING
- MINDFULNESS



WHAT IS MOTIVATIONAL INTERVIEWING?

Motivational interviewing is a **directive**, client-centered counselling style that **enhances motivation** for change by helping the **client** clarify and resolve **ambivalence** about behavior change.

Create cognitive dissonance between

Where one
Is now



Where one
wants to be

AMBIVALENCE

Want to make changes but at the same time finding excuses why not to make changes.

CHANGE TALK: Client's own words why they want to change

SUSTAIN TALK: Arguments to keep status quo

Often occur in the same sentence

Motivational interviewing aims to enhance self-efficacy and personal control for behavior change. It uses an interactive, empathic listening style to increase motivation and confidence by specifically emphasizing the discrepancy between personal goals and current health behaviors

MOTIVATIONAL INTERVIEWING

- The therapist's style is a powerful determinant of client resistance and change. An empathic style is more likely to bring out self-motivational responses and less resistance from the client
- Each person has powerful potential for change. The task of the therapist is to release that potential and facilitate the natural change process that is already inherent in the individual.

Applications of MI

- Public health & workplace
- Sexual health
- Dietary change
- Weight management
- Voice therapy
- Gambling
- Physical activity
- Stroke rehab
- Chronic pain
- Medication adherence
- Diabetes
- Mental health
- Addictions
- Fibromyalgia
- Chronic leg ulceration
- Self-care
- Criminal justice
- Vascular risk
- Domestic violence



How does MI work?

MI is a **collaborative**, goal-oriented **style 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****

Working with clients

- Collaborative approach – client autonomy
- Not giving instructions, lecture or fix
- Instill hope
- Increase self-acceptance
- Reduce shame

WHY USE MOTIVATIONAL INTERVIEWING?

- Most people who seek out a weight loss option are already motivated
- But after a few weeks motivations levels come down
- Making excuses
- Wanting to make changes, but not wanting to make those changes – ambivalence
- Applying MI skills to help move forward

Four process model:

- Engaging
- Focusing
- Evoking
- Planning

All 4 process may be present in every session and helps with structuring the session.

Engaging	Focusing	Evoking	Planning
<ul style="list-style-type: none">• Give a warm, friendly greeting.• Make introductions.• Ask rapport-building questions.• Establish time available to meet.• Give an overview of what to expect.• Determine the reason for the visit.	<ul style="list-style-type: none">• Invite the client to select a topic to discuss.• Present topic ideas to the client if the client is unsure.• Find out the reason behind topic selection.	<ul style="list-style-type: none">• Identify and respond to ambivalence.• Evoke change talk.• Assess readiness to change.• Transition to planning process.	<ul style="list-style-type: none">• Ask permission before giving information.• Offer information using elicit–provide–elicit.• Offer a concern.• Invite client to set goals• Assess barriers to change.

5 General Principles of MI

1

Express
empathy

2

Develop
discrepancy

3

Avoid
argumentation

4

Roll with
resistance

5

Support self-
efficacy

1) Express Empathy

- Acceptance facilitates change (non-judgmental)
- Skilful reflective listening is fundamental (paraphrase, summarising, reflection of feeling)
- Ambivalence is normal

2) Develop Discrepancy

- Amplify cognitive dissonance
- Difference in where one wants to be & where one is
- Awareness of consequences is important
- Encourages clients to present reasons for change
- Elicit self-motivational statements

3) Avoid Argumentation

- Avoid arguing for change – they'll fight against it!
- Avoid the “expert” mode

4) Roll with Resistance

- Use momentum to your advantage
- Avoid opposing resistance - accept that change is difficult
- New perspectives are invited, not imposed
- Clients are valuable (best?) resource in finding solutions – look to them!

5) Support Self-Efficacy

- Belief in possibility of change is critical
- Research shows good predictor of change
- Client is responsible for choosing and carrying out change.
- If we create alarm without providing a way out (hope), client will move into defence mechanisms to justify/rationalise behaviour & reduce hope.

TO ELICIT CHANGE-TALK WE USE “O A R S”

- **O**PEN ENDED QUESTIONS
- **A**FFIRMATIONS
- **R**EFLECTIVE LISTENING
- **S**UMMARISING

O A R S

OPEN ENDED QUESTIONS

Who? What? How? When? Where?

The general guideline re: Open Questions, is to **avoid asking three in a row...**

the questions are “door openers” which provide opportunities to use other skills, such as reflective listening

Also

Describe to me... Tell me about...

Elicit the max amount of info with the least amount of intervention!

Assessing ambivalence



Examples of open-ended questions

- How is your current weight affecting your life right now?
- What strategies have worked for you in the past?
- Some people talk about part of them wanting to change their eating patterns, and part of them not really wanting to change. Is this true for you?
- On a scale from 1-10, how ready are you to make changes in your eating patterns?
- How much does it worry you that you might return to old patterns of eating?
- What makes you feel like you can continue to make progress if you decide to?

Readiness to change



Examples of open-ended questions

- How do you feel about changing your eating or exercise behaviors?
- How ready to change are you?
- How would you like your health to be different?
- People differ in how ready they are to make these kinds of changes. What about you?
- Some people don't want to talk about their weight at all, where as some people don't mind at all. How do you feel about this?

Importance of change:



Examples of open-ended questions

What do you think would happen if your eating habits don't change?

What are the most important things to you?

What impact does your weight have on that?

What would have to happen before you seriously considered changing?

What are the good things about _____
(eating healthier, exercising more)?

What concerns do you have about _____
(changing habits, eating healthier, exercising more)?

If you were to change, what would it be like?

Building confidence



Examples of open-ended questions

What would make you more confident about making these changes?

How can I help you succeed?

Are there things that you have found helpful in previous attempts to change?

What are some practical things that you need to do to achieve this goal?

Assessing barriers



Examples of open-ended questions

- What things stand in the way of your taking a first step?
- What barriers might hinder you? (e.g., child care, transportation, distance, cost, accessibility)

O A R S

AFFIRMATION

Affirming in a non patronizing manner

Acknowledge how difficult the process is

Affirm strengths

Give credit

Point out all the positive changes already achieved

“You’ve really come to know what your body needs.”

“It’s important to you to be a good role model for your kids.”

“You’ve learned to trust yourself when you’re around sweets.”

“It can be hard to face certain problems. Coming here took courage.”

“You stuck to your goal even when it was challenging to do so.”

“You have a lot of compassion in your heart.”

“You know you can do it because you’ve done it before.”

O A R S

REFLECTIVE LISTENING

1. Reflection of Content
2. Reflection of Feeling
3. Paraphrasing
4. Summarising
5. Minimal Encouragers

“So you feel. . . .”

“You’re wondering if. . . .”

“It seems as though. . . .”

“You are. . . .”

OARS

SUMMARISING

Bring together what the client has said to you which will let the client know you understand.

Helps establishing a client/practitioner relationship

“Let’s see if I have it all. . . .”

“Let’s take a step back for a moment and look at all the pieces. . . .”

“In considering all that you’ve just told me, it sounds like. . . .”

“I’m noticing a few themes here. . . .”

The Collecting Summary

- This is a type of summary that is used periodically during the elicitation of change talk.
- It shows you have been listening carefully, reinforces what has been said, and allows the client to hear their own change talk for a third time. It is useful to end them with the question, “**what else?**”

The Linking Summary

- Linking summaries tie together what a person has just been saying with material that was offered earlier. They are meant to encourage the person to reflect on the relationship between two or more previously discussed items.
- We are encouraged to use “**and**” rather than “but”.
- Phrases such as “on the one hand....and on the other”...and “At the same time” are useful when using linking summaries.

HOW TO NOTICE CHANGE TALK

- Change talk is essentially the self-motivational statements that the client makes; *their* arguments *for* change.
- Types: **DARN-C**
 - D = Desire Statements
 - A = Ability Statements
 - R = Reasons Statements
 - N = Need Statements
 - C = Commitment Statements

Change Talk

- D = “I want to stop using coke”
- A = “If I wanted to stop, I could”
- R = “I’m going to loose my kids if I don’t stop”
- N = “I need to give clean urines for the judge”
- C = “I’ll give this a go; I’ll try my best”

What are some other examples of these statements?



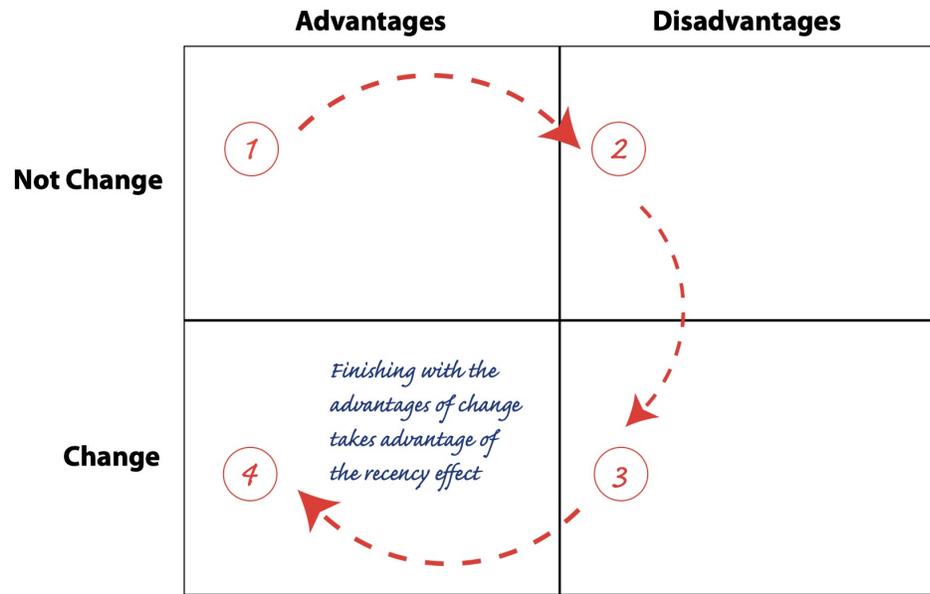
Affirmation

SKILLS

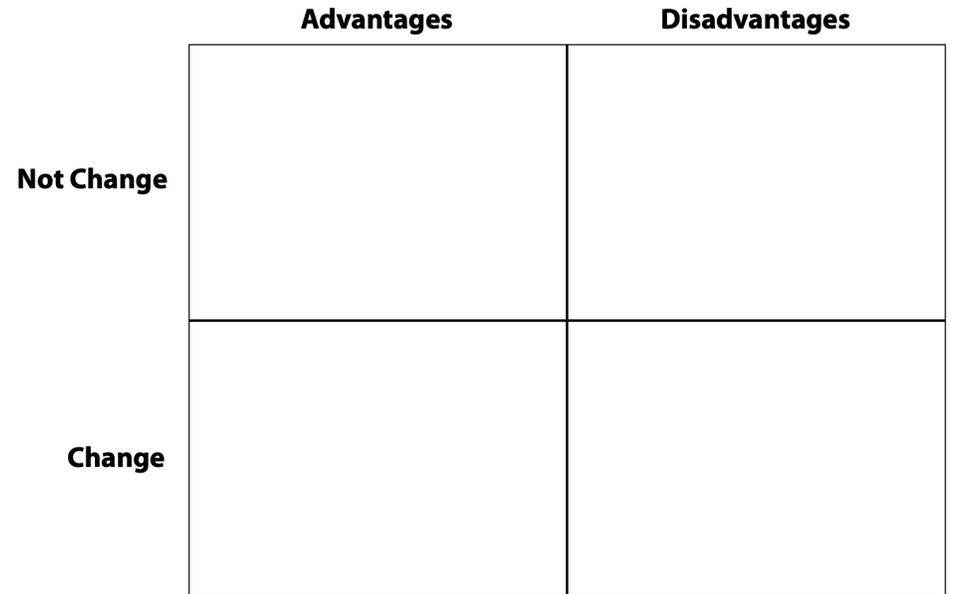
What to do when motivation diminishes?

- 1) Look back at “Reasons Why”
- 2) Advantages and disadvantages of change
- 3) Look back on all the changes that have already happened
- 4) Empathise, agree it is difficult

Motivation & Ambivalence



Motivation & Ambivalence

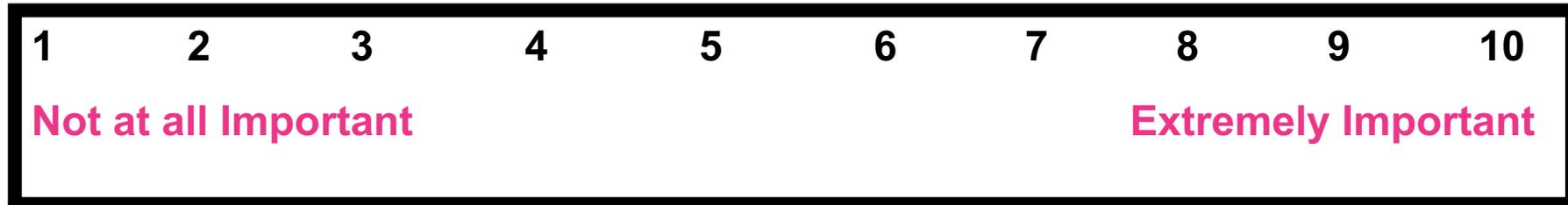


2. Building Self-Efficacy

Importance And Confidence

- Miller and Rollnick state to understand a person's ambivalence, we need to know his perceptions of both confidence and importance.

“How Confident would you say you are that If you decided to _____, you could do it? On the same scale of 0-10, where is 0 is not at all confident and 10 is extremely confident, where would you say you are?”



“How important would you say it is for you to _____? On a scale of 0-10, where is 0 is not at all important and 10 is extremely important, where would you say you are?”

Questions you can ask your client:

- If you stop now, what do you see happening in 5 years?
- How would you like things to be different?
- If you decide to continue, what would it be like?
- Once client engages again in “Change Talk” ask what is the smallest change for the next week - **Plan**

PLAN:



Make a list of pros and cons for and against behaviour change



Assess importance and confidence to make changes on a scale between 1 and 10



Ask client to reflect back on a time when behaviour change was successful



Explore goals, how realistic are they, how do the goals match current behaviour

Eating more
regularly
throughout the
day

Adding small
bouts of
activity
throughout the
day

Adding
structured
exercise to the
week

Planning
satisfying,
balanced meals
at home

Being more
mindful
while eating

Other: _____

Tuning in to
hunger and
fullness

Beverages

Choosing
satisfying,
balanced meals
when eating out

SUMMARISE

- Directive & Person-centered style to resolve ambivalence
- Engaging, Focusing, Evoking, Planning
- Empathy
- Roll with resistance
- Support self-efficacy
- OARS
- Recognise Change Talk, DARN-C
- Plan

National weight control registry

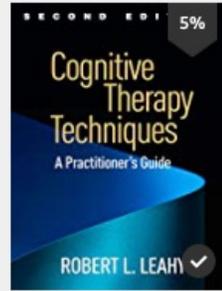
www.nwcr.ws

- Requirement to join study – minimum 30 lb weight loss of 1 year
- Over 10,000 members
- There is variety in how NWCR members keep the weight off.
- Most report continuing to maintain a low calorie, low fat diet and doing high levels of activity.
- - 78% eat breakfast every day.
 - 75% weigh themselves at least once a week.
 - 62% watch less than 10 hours of TV per week.
 - 90% exercise, on average, about 1 hour per day.
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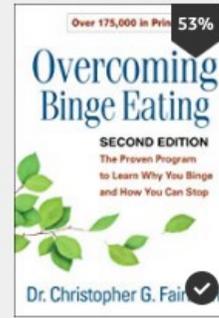
Recommended Reading



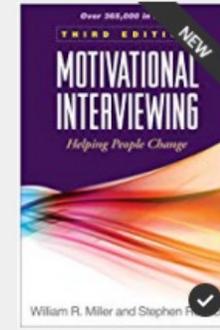
An Introduction to...
Helen Kennerley, Joan ...



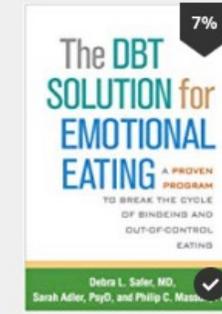
Cognitive Therapy ...
Robert L. Leahy



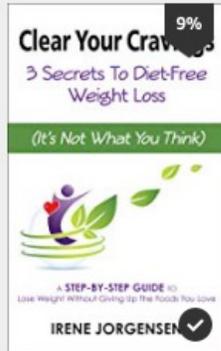
Overcoming Binge...
Christopher G. Fairburn



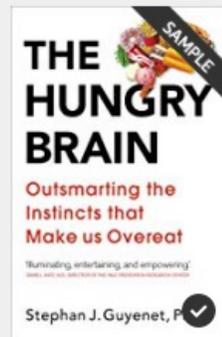
Motivational Inter...
William R. Miller and St...



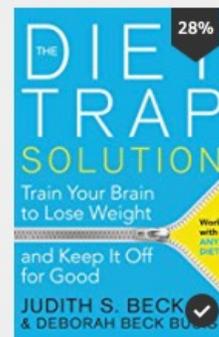
The DBT® Solution...
Debra L. Safer, Sarah A...



Clear Your Craving...
Irene Jorgensen



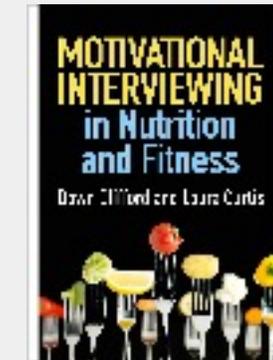
The Hungry Brain...
Stephan Guyenet



The Diet Trap Solu...
Judith S. Beck



Mini Habits for We...
Stephen Guise



Further Reading

<https://psycnet.apa.org/record/2018-65356-004>

<http://www.ncbi.nlm.nih.gov/pubmed/15846683>

<https://www.psychologytoday.com/intl/therapy-types/motivational-interviewing>

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