Introduction to Motivational Interviewing

Preparing People for Change

2009 Best Practices Conference
September 24-25, 2009
Richmond, VA

Ken Kraybill, MSW
Center for Social Innovation
kkraybill@center4si.com

Joseph Benson
Center for Social Innovation
jbenson@searchhomeless.org

Spirit of Motivational Interviewing

Motivational interviewing is *not* a series of techniques for doing therapy
but instead is a way of being with patients. – *William Miller, Ph.D.*

Hospitality – Creating Space for the Stranger

Estrangement, a sense of not belonging, is common to the experience of homelessness. People living in shelters and on the streets often become separated from ordinary activities, relationships, and a sense of place and purpose in the world. Literally, one becomes a stranger. The longer homelessness persists, the more deeply ingrained this experience of disaffiliation becomes.

Offering the gift of hospitality is an antidote to estrangement. In his book *Reaching Out*, Henri Nouwen defines hospitality as "creating free and friendly space for the stranger." As such, it is an invitation to relationship. A hospitable relationship provides a welcoming presence and creates a safe refuge from an often impersonal, hostile world. Thus, a person in the midst of homelessness can experience a sense of being "at home" in the context of this dependable, trustworthy relationship.

Hospitality comes with no strings attached. It does not pass judgment or make demands. Instead, it provides space in which a person can freely explore one's own situation, needs, concerns, strengths, and hopes. It invites the telling of one's own story – past, present, and future. It allows for self-reflection and restoration. It provides the fertile ground from which seeds of hope and change can come to light.

Hospitality can be offered in many ways – by a simple gesture of acknowledgement, a warm smile, a cup of coffee, listening patiently without interrupting, a word of encouragement, or simply by being present with the other person in silence. Hospitality cannot be rushed. It requires time, patience and kindly persistence. It sees the "bigger picture" rather than seeking the "quick fix."

Ken Kraybill

Care

The word care finds its roots in the Gothic "Kara" which means lament. The basic meaning of care is *to grieve, to experience sorrow, to cry out with*. I am very much struck by this background of the word care because we tend to look at caring as an attitude of the strong toward the weak, of the powerful toward the powerless, of the haves toward the have-nots. And, in fact we feel quite uncomfortable with an invitation to enter into someone's pain before doing something about it.

Still, when we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief

and bereavement, who can tolerate not-knowing, not-curing, not-healing and face with us the reality of our powerlessness, that is the friend who cares.

To care means first of all to be present to each other. From experience you know that those who care for you become present to you. When they listen, they listen to you. When they speak, you know they speak to you. And when they ask questions, you know it is for your sake and not for their own. Their presence is a healing presence because they accept you on your terms, and they encourage you to take your own life seriously and to trust your own vocation.

Our tendency is to run away from the painful realities or to try to change them as soon as possible. But cure without care makes us into rulers, controllers, manipulators, and prevents a real community from taking shape. Cure without care makes us preoccupied with quick changes, impatient and unwilling to share each other's burden. And so cure can often become offending instead of liberating.

Henri Nouwen, excerpted from Out of Solitude

Story

Everyone has a story. Sharing our stories creates a common ground on which we can meet each other as human beings. Our stories are neither "right nor wrong." They are simply our stories. Some of us can tell our stories with an unclouded memory for our past, clarity about our present situation, and a realistic understanding of where our journey is heading in life.

Some of us find telling our story extremely difficult. Our past may be painful and deeply hidden from memory. Mental illness, intoxication, neurological disorders, developmental disorders, and brain injuries can deprive us of the capacity to tell our story and locate ourselves with others and the world. In the midst of illness the narrative of our lives may take on disjointed or bizarre dimensions. Difficulty in sharing a coherent story may be an indication of illness or disability, and thereby will require a patient, especially careful approach to working together.

Inviting another to share her/his story can be a non-threatening way to gain mutual trust, and develop a picture of a person's situation and needs. A willingness to share a little of our own story in the conversation helps build the common ground. We end, in a sense where we began. As we share our stories over time, hopefully we are both enriched. At best, I have been able to add a little something to another's story – some hope, some concrete help, some encouragement – and they have added something of their courage, their humanness, and their experience to my story.

Craig Rennebohm

Four Principles of Motivational Interviewing

Motivational Interviewing – a person-centered, goal-oriented, guiding method of communication to enhance motivation to change
Miller & Rollnick, Motivational Interviewing*, 2nd edition, 2002* (adapted)

Express Empathy

- Create space in which client can safely explore conflicts and face difficult realities
- Acceptance facilitates change; pressure to change tends to immobilize it
- Accurate, skillful reflective listening is fundamental – seeks to understand the client's feelings and perspectives without judging, criticizing, or blaming
- Ambivalence is normal, not pathological

Develop Discrepancy

- When one's own behavior is seen as conflicting with important personal goals such as health status, living situation, or self-image, change is more likely to occur
- Counselor uses and amplifies discrepancy *within* the person to explore *importance* of change for him or her
- Goal is to have client, not the counselor, present reasons for change – consistent with self-perception theory – essentially that we come to know what we believe by hearing ourselves say it
- Motivational interviewing designed to *elicit* and *reinforce* change statements that express desire, ability, reasons, need, or commitment to change

Roll with Resistance

- Avoid arguing for change
- Resistance not to be directly opposed; countering resistance generally strengthens it
- Resistance viewed as signal to respond differently
- Offer new perspectives; don't impose them
- Client is primary resource in finding answers and solutions
- Client resistance significantly influenced by the counselor's behavior

Support Self-Efficacy

- Goal is to enhance client's confidence to cope with obstacles and succeed in change
- Assumes client, not the counselor, is responsible for choosing and carrying out change
- Self-efficacy is key element for motivating change and a reasonably good predictor of the treatment outcome
- Counselor's own belief in person's ability to change can have a powerful effect on the outcome – often becomes a self-fulfilling prophecy

Adapted from Miller & Rollnick, Motivational Interviewing*, 2nd edition, 2002*

OARS: Open Questions

Open questions encourage people to talk about whatever is important to them. They help to establish rapport, gather information, and increase understanding. Open questions are the opposite of closed questions that typically elicit a limited response such as yes or no.

Open questions invite others to "tell their story" in their own words without leading them in a specific direction. Open questions should be used often in conversation but not exclusively. Of course, when asking open questions, you must be willing to listen to the person's response.

To contrast open vs. closed questions, consider the following examples. Note how the topic is the same in both questions, but the likely responses will be very different.

- Did you have a good relationship with your parents?
- What can you tell me about your relationship with your parents?

Examples of open questions:

- What was that like?
- Help me understand…
- How would you like things to be different?
- When would you be most likely to ___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?
- How can I help you with ___?

OARS: Affirmations

Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small. They are not the same as praise. Affirmations build confidence in one's ability to change. To be effective, affirmations must be genuine and congruent.

Examples of affirming responses:

- You are clearly a very resourceful person.
- That took a lot of courage to…
- You showed a lot of patience in the way you handled…
- That's a great idea.
- One of your real strengths is your ability to…
- I've really enjoyed talking with you today.

Adapted from Miller & Rollnick, Motivational Interviewing, *2nd edition, 2002*

OARS: Reflective Listening

"People only listen when they feel listened to."
Carl Rogers

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationship, building trust, and fostering motivation to change. Reflective listening appears deceptively easy, but it takes hard work and skill to do well. Sometimes the "skills" we use in working with clients do not exemplify reflective listening but instead serve as roadblocks to effective communication. Examples include misinterpreting what is said or assuming what a person needs.

It is vital to learn to *think* reflectively. This is a way of thinking that accompanies good reflective listening that includes interest in what the person has to say and respect for the person's inner wisdom. Its key element is a hypothesis testing approach to listening. What you think the person means may not be what they really mean. Listening breakdowns occur in any of three places:

- **Speaker does not say what is meant**
- **Listener does not hear correctly**
- **Listener gives a different interpretation to what the words mean**

Reflective listening is meant to close the loop in communication to ensure breakdowns don't occur. The listener's voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client's flow. Some people find it helpful to use some standard phrases:

- **"So you feel..."**
- **"It sounds like you..."**
- **"You're wondering if..."**

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation. Examples of the three levels include:

- **Repeating or rephrasing –** listener repeats or substitutes synonyms or phrases; stays close to what the speaker has said
- **Paraphrasing –** listener makes a major restatement in which the speaker's meaning is inferred
- **Reflecting person's feeling –** listener emphasizes emotional aspects of communication through feeling statements – deepest form of listening

Varying the levels of reflection is effective in listening. Also, at times there are benefits to over-stating or under-stating a reflection. An overstatement (i.e. an amplified reflection) may cause a person to back away from a position while an understatement may lead to the feeling intensity continuing and deepening.

Adapted from handouts created by David B. Rosengren, Ph.D. and from
Motivational Interviewing *by Miller & Rollnick, 2002*

OARS: Summaries

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points. For example, after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.

Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards change.

Structure of summaries:

1) Begin with a statement indicating you are making a summary. For example:
   - Let me see if I understand so far…
   - Here is what I've heard. Tell me if I've missed anything.

2) Give special attention to *change statements* – client expressions that indicate a DARN-C:
   - Desire to change
   - Ability to change
   - Reasons to change
   - Need to change
   - Commitment to change

3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: "On the one hand you, on the other hand it sounds like …"

4) It can be useful to include information from other sources (e.g. your own clinical knowledge, research, courts, and family members.)

5) Be concise.

6) End with an invitation. For example:
   - Did I miss anything?
   - What other points are there to consider?
   - What would you like to add or correct?

7) Depending on the response of the client to your summary statement, it may lead naturally to planning for or taking concrete steps towards the change goal.

Adapted from handouts created by David B. Rosengren, Ph.D. and from
Motivational Interviewing *by Miller & Rollnick, 2002*

Eliciting Change Talk

Eliciting change talk is a guiding strategy to help resolve client ambivalence. Instead of the counselor advocating for change, which often puts the client in the position of defending against it, the counselor uses the OARS micro-skills of motivational interviewing to elicit and reinforce clients' change talk, statements that express a desire, ability, reasons, need, or commitment to change.

Methods for Evoking Change Talk

- Ask evocative questions

  "What worries you about your current situation?"
  "Why would you want to make this change?"
  "What are the three best reasons to do it?"
  "How might you go about it, in order to succeed?"

- Use the *importance* ruler (also use regarding client's *confidence* to change)

  "On a scale from 0 to 10, how important would you say it is for you to make this change?"…"And why are you at ___ and not zero?"…"What would it take to move from ___ to (next highest number)?"…"And how I can I help you with that?"

0	1	2	3	4	5	6	7	8	9	10
Not at all important										Extremely important

- Explore the decisional balance – "What are the good things about (the way things are)? And what are the not so good things? If you were to change, what would be the challenges of doing so? What would be the benefits?"

- Ask for elaboration – "What else?" "Help me understand." "Tell me more about that." Or, ask for an example or to describe the last time this occurred.

- Query the extremes – "What concerns you absolutely most about ____? What are the very best results you could imagine if you made a change?"

- Look back – "What were things like before you ____? What has changed?"

- Look forward – "How would you like things to be different a month/a year/three years from now?"

- Explore goals and values – "How does this fit with your personal goals/what you value most?"

Adapted from Motivational Interviewing *by Miller & Rollnick, 2002*

Responding to Resistance

From an MI perspective, resistance is relational. Resistance is viewed as a response to dissonance in the provider-client relationship. This dissonance can occur for various reasons as noted below.

Rather than placing blame on the client for being resistant to wanting help or treatment, an MI-consistent provider seeks to understand how his or her own behavior or responses may have prompted the client's resistance. Thus, resistance is viewed as a signal or information for the provider to make a shift in approach.

Common causes of dissonance in the provider-client relationship:

- Different goals
- Mismatch of provider strategy with client's readiness
- If either brings anger, frustration into the situation
- Not listening, assuming, interrupting
- Lack of agreement about roles in relationship

Provider behaviors that tend to elicit or increase resistance:

- Trying to persuade the client to change
- Assuming the expert role, not working collaboratively
- Criticizing, shaming, blaming - trying to invoke change by instilling negative emotions
- Labeling - "that's because you're an alcoholic/addict" - focus on what person "is" or "has"
- Being hurried
- Paternalistic attitude – "I know what's best for you."

Responding to resistance:

- Using reflections
    - Repeating/mirroring or rephrasing what is said
    - Paraphrasing, making a guess at client's meaning
    - Reflecting client's feelings
    - Double-sided – reflecting both sides of the ambivalence
    - Amplified – taking client's statement and overstating it to some degree

- Other responses
    - Shifting focus – use when client is "stuck" focusing on obstacles and barriers
    - Reframing – offering a different and positive interpretation – "I wonder if that nagging is your partner's way of expressing concern for you."
    - Agreeing with a twist – combines a reflection with a reframe – "You're really feeling frustrated; you're also eager to see your efforts result in some success."
    - Emphasizing personal choice and control – "It is entirely up to you. This is your decision. No one else can make it for you."
    - Coming alongside – taking the side of the person who continues to engage in sustain-talk – "You might be right, it might just be too difficult right now to change"

Adapted from Motivational Interviewing *by Miller & Rollnick, 2002*

Giving Advice

Intent of advice-giving in MI

- Not an attempt to convince person of the folly of his/her ways
- It is an opportunity to express concerns and help the individual make an initial commitment to the process of change
- Can be conceptualized as helping with decision-making

Advice-giving: a few thoughts

- It's all right to express concerns
- Recognize there are many ways people change - your way may not be the client's way
- Help the person evaluate options
- Provide information when asked, or ask permission first - be a resource
- Offer advice, don't impose it
- If the person is not ready for change, set the stage for when she/he might be

Suggested methods

- Ask permission – "Is it okay if I share something with you?"
- Then make a statement of concern: "Your situation concerns me and here's why …"
- List concerns in a non-judgmental manner. For example:

  "You've told me that you've been drinking a half gallon of vodka a day. The doctor has informed you that your liver is in trouble and you've noticed the physical changes. You also told me your partner is pretty frustrated with your drinking."

  "You've told me you want to take control of your life and the best way to do this is to leave the shelter. That concerns me because it also means going back to your boyfriend. Even though you want to believe he's not going to hit you again, he's said this before and you expressed some doubts. In addition …"

- Recognize and affirm it is the individual's decision to make. "Of course, it really doesn't matter what I think, because this is your decision to make."
- Inquire about the client's thoughts. "I wonder what you think."
- Emphasize change statements, provide affirmations and statements of hope

Adapted from handouts created by David B. Rosengren, Ph.D. and from Motivational Interviewing *by Miller & Rollnick, 2002*

MI Self Check

My clients would say that I…

- ☐ Believe that *they* know what's best for themselves
- ☐ Help them to recognize their own strengths
- ☐ Am interested in helping them solve their problems in their own way
- ☐ Am curious about their thoughts and feelings
- ☐ Help guide them to make good decisions for themselves
- ☐ Help them look at both sides of a problem
- ☐ Help them feel empowered by my interactions with them

Adapted from Hohman, M. & Matulich, W. Motivational Interviewing Measure of Staff Interaction, 2008

Selected Resources

Motivational Interviewing (2nd Ed.), Miller, WR & Rollnick, S., The Guilford Press, 2002.

Motivational Interviewing in Health Care, Rollnick, S, Miller, WR and P, & Butler, C. The Guilford Press, 2008.

Motivational Interviewing in the Treatment of Psychological Problems, Edited by Arkowitz, Westra, H, Miller, WR, & Rollnick, S, The Guilford Press, 2007.

Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) # 35., CSAT, 1999. 1-800-729-6686 – NCADI

Website: www.motivationalinterviewing.org