C4 Innovations

Community & Behavioral Health | Recovery | Social Change

Motivational Interviewing

Helping People Change

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What is Motivational Interviewing?

Motivational interviewing (MI) is a method of talking with people about change. It's defined as "a collaborative conversation style for strengthening a person's own motivation and commitment to change" (Miller & Rollnick, 2013). In other words, a way of helping people talk themselves into changing!

MI takes the view that people commonly have difficulty changing because they feel two ways about it. They're ambivalent. Part of them wants to change *and* part of them can think of arguments for not changing – "I know I'd feel better if I got more exercise, but it's so hard to get started and besides my life is already way too busy."

In MI, once a concern or change goal has been identified, the practitioner serves as a guide to help explore the person's ambivalence, and more importantly, to elicit the individual's own motivation to change – such as their reasons for considering change, possible benefits, how they might go about making the change in order to be successful, how important or urgent the need is to change, the individual's level of confidence in moving forward, who else could help support the change, and possible next steps.

Where and when did it develop?
The concept of Motivational Interviewing (MI) grew out of the experience of providing treatment for problem drinkers and was first described by psychologist, William R. Miller, in an article published in 1983.

Historically the addictions treatment field, especially in the United States, has been characterized by a highly confrontational, shame-based approach believed to break down people's denial so they will come to their senses about their need to change. This approach has proven to be mostly ineffective. In general, human beings tend to resist other people's attempts to get them to change, even when those efforts are well intended.

With the publication of William R. Miller and Stephen Rollnick's seminal book, Motivational Interviewing, in 1991, care providers were introduced to an alternative way to engage in "helping conversations" with people misusing substances. The authors described a way of interacting based on a particular conversation style and use of specific communication skills and strategies.

A second edition, Motivational Interviewing: Preparing People for Change, was published in 2002. It further refined the MI approach, provided an emerging research base for MI, and detailed its spread to other areas beyond substance use disorders including health, behavioral health, corrections, and schools.

A third edition, Motivational Interviewing: Helping People Change, 2013, expanded on the MI approach and included some new concepts including the four processes of MI conversations (engaging, focusing, evoking, and planning) and distinguishing between sustain talk and discord. Today, MI has circled the globe, and support and respect for the practice is growing.

How does it work?
Practicing MI requires a healthy sense of humility. It brings us face-to-face with the recognition that we don't have the power to change others. In truth, we can only change ourselves. However, we are able to have a positive influence on others and their motivation to change. As Madeline Hunter says: "They say you can lead a horse to water, but you can't make him drink. But I say, you can salt the oats." The goal of MI is to help individuals become "thirsty" for change by skillfully engaging them in an exploratory process to discover, strengthen, and act upon their own motivations to change.

MI practitioners seek to create safe, trusting, non-adversarial relationships with individuals. This makes it easier for people to non-defensively examine their lives, particularly in areas where their own behaviors and values are out of sync. If care providers try to "educate" or convince, people are likely to defend the status quo. When they focus on eliciting the person's own knowledge, experience and inner wisdom in a genuine, empathic manner, change is more likely to happen.

The evidence for MI
A wealth of studies indicate that MI has a statistically significant positive effect on behavior change, with a number of studies showing that those changes are durable over time. MI remains effective when used as a stand-alone intervention, infused within other approaches to treatment, as well as a precursor to other treatment (Lundhal et al., 2013). A number of studies have revealed that patients defined as "least ready to change" experience the largest MI effect (Heckman et al., 2010).

Of course, MI competency varies among practitioners as well as the quality of the alliance that develops between practitioner and client. Poor MI promotes poor results. Structural and environmental factors can also affect the success of MI. For example, social instability can hinder efforts to address substance misuse. For others, a history of trauma may create obstacles to accessing help. MI sees people's struggles in the context of their lives and works with them to focus and prioritize.

Developing competence
Ongoing practice with accurate feedback and coaching is needed to develop MI skills. Research shows that MI competence requires expert feedback based on observed practice and coaching to support shifts from current practice to MI proficiency. Many individuals and organizations have instituted Learning Circles as a way of increasing their MI knowledge and skills. In addition, many excellent training and coaching opportunities exist.

For information about MI resources including the latest MI related research, visit the Motivational Interviewing Network of Trainers website at:
https://motivationalinterviewing.org/motivational-interviewing-resources

Key MI Ingredients

What is MI?

"A collaborative conversation style for strengthening a person's own motivation and commitment to change"... "a way of helping people talk themselves into changing"

The spirit (mindset and heart-set) of motivational conversations

Partnership **–** collaborating with the client's own expertise

Acceptance – communicating absolute worth, accurate empathy, affirmation, and autonomy support

Compassion – promoting the client's welfare, giving priority to the client's needs

Evocation – eliciting the client's own perspectives and motivation

Four processes that guide motivational conversations

Engaging – establishing the relational foundation

Focusing – clarifying a particular goal or direction for change

Evoking – eliciting the person's own motivation for a particular change

Planning – developing a specific change plan that the person is willing to implement

Four conversational skills (OARS)

O*pen question* – offers client broad latitude and choice in how to respond

A*ffirmation* –statement valuing a positive client attribute or behaviors

R*eflections* – statements intended to mirror meaning (explicit or implicit) of preceding client speech

S*ummaries* – reflections that draw together content from two or more prior client statements

Sample questions to explore ambivalence and elicit/strengthen motivation

Tell me more about this **issue/concern/dilemma** (that's been identified)? What's okay about how things are? What's not?

If you decide not to change anything, **what would be at stake**?

If you *were* to make a change, what would be the **benefits** of (or your **reasons** for) doing so? The **most important** benefit or reason?

If you *were* to decide to change, **how** would you go about it to be successful? What do you think would work for you?

Looking at your life currently, **how important** or urgent is it for you to make this change? *For example, on a scale of 0-10 (0 = not at all important; 10 = totally important), where would you place yourself? What makes it already a ___ and not a ___ (several numbers lower)? What would it take to move from a ___ to a ___ (next highest number)?*

How confident are you that you could be successful in changing? (scaling questions works well here too)

How can I or others be helpful to you in supporting this change?

What do you think you might do as a very **next step** to move towards this change?

Exchanging information

A few considerations

- It's all right, and sometimes imperative, to express your concerns
- There are many pathways to change
- Focus on helping the person evaluate options
- Offer information and advice, don't impose it

Method: Elicit-Provide-Elicit

Elicit

- Ask what person already knows
- Ask what person would like to know
- Ask permission to provide information/advice

Provide

- Prioritize what person most wants to know
- Be clear; use everyday language
- Offer small amounts of information with time to reflect
- Acknowledge freedom to disagree or ignore

Elicit

- Ask for person's response, interpretation, understanding

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013*

The Underlying Spirit of Motivational Interviewing

"MI is done *for* or *with* someone, not *on* or *to* them."
Motivational Interviewing, 3rd edition

Imagine taking a drink of a carbonated beverage that has gone flat. It still tastes vaguely like itself, but the fizz has gone out of it. It's no longer worth drinking, and you'll probably pour it down the drain. The spirit, or the mindset and heart-set, of MI is the "fizz" of motivational conversations.

In describing MI spirit, Miller and Rollnick write: "When we began teaching MI in the 1980s we tended to focus on technique, on *how* to do it. Over time we found, however, that something important was missing. As we watched trainees practicing MI, it was as though we had taught them the words but not the music… This is when we began writing about the underlying *spirit* of MI, its mind-set and heart-set." (*Motivational Interviewing, 3rd edition*)

The spirit, or mindset and heart-set, of how we provide care and services significantly impacts people's willingness to accept our assistance. Helping is fundamentally relational – taking the form of a partnership.

Our approach, mindset and heart-set, needs to be genuine and real. It's embodied in how we carry and conduct ourselves. It's conveyed through our eyes, non-verbal expressions, and tone of voice. It's communicated in how we express ourselves. It's imparted through our attitudes and intentions. This mindset and heart-set is the essence of what people experience in our presence. Each element is briefly described below.

PARTNERSHIP

Forming a collaborative working relationship with someone; letting go of the need to be the expert; showing genuine respect for the other person's life experience, hopes, and strengths; assuming that both of you have important expertise and ideas; "dancing rather than wrestling"

ACCEPTANCE

Meeting a person "where they're at" without negative judgement; believing in the person's inherent worth and potential; conveying empathy – seeking to understand where they're coming from; shining a light on the good things you see in them instead of focusing on what's wrong with them

COMPASSION

Coming alongside people in their suffering (e.g., homelessness, trauma, mental illness, addiction, grief, stigmatization, racial injustice, denial of rights); offering the gift of a safe, listening presence; being in solidarity with; acting *for* and *with* people

EVOCATION

Inviting or "calling forth" from people what they already possess – their hopes, values, desires and aspirations; learning what people are passionate about, what they already know and can do, what they want to learn, what's important to them, how they'd like their lives to be different, what changes they're willing to consider making, and more.

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013*

Four Processes of Motivational Interviewing

MI conversations have a purpose and direction. They seek to help people identify and explore their hopes, values, and change goals using an empathic, guiding approach. This guiding approach used in motivational conversations generally moves through four processes.

These processes – *engaging, focusing, evoking,* and *planning* – tend to be sequential in MI conversations but sometimes each requires revisiting. Using MI is similar to improv theatre; you don't have a script, but there is a basic storyline that you're trying to follow.

Below is a sampling of inquiries you might use within in each of these processes.

Engaging – getting to know someone and building trust

- "Welcome. It's really good to meet/see you."
- "How are things going in your life currently?"
- "What are some things you've been doing to support your health?"

Focusing – figuring out together what to talk about

- "What would you like to focus on in our time together today?"
- "You mentioned some concerns about your weight. Also, about occasional shortness of breath. And that you've been feeling more anxious lately. Where shall we start?"
- "Would it be all right if we took a closer look at you and alcohol?"

Evoking – drawing out the person's own desire, reasons and ability to change (with a focus on drinking)

- "How would you describe the role of alcohol in your life?"
- "What does drinking do for you?"
- "What concerns, if any, do you have about your drinking?"
- "What impact, if any, does it have on you're the way you want to live your life?"
- "If you were to cut back or quit drinking, what would be some reasons for doing so? What benefits do you think it might have?"
- "How would you go about it in order to be successful?"
- "Given everything in your life, how important is it for you to make this change?"
- "How confident are you that you could cut back or quit if you wanted to?"

Planning – developing a specific change plan that the person is willing to put in action

- "What do you think you'll do next?"
- "Who or what could be of help?""
- "What might get in the way of your plan?"
- "How will you know when your plan is working?"

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013*

OARS: Open Questions

Open questions invite people to say as much or as little as they want about a topic. They allow people to decide for themselves what ideas, thoughts or feelings they want to share. Answering open questions tends to help people understand themselves better and think in new ways about their situation. Here are some examples of open questions:

What's going well in your life? What's not going so well?
What would you like to talk about today?
Would it be all right if I told you a bit about myself and my role?
What's most important to you in your life currently?
If you could change anything about your current circumstances, what would it be?
What do you value most about your current living situation?
If you were to cut back or quit using meth, what would be your reasons to do so?
What specific changes are you thinking about making?

Closed questions, in contrast, limit the conversation. They are most often used to gather specific information or ask yes or no questions. For example:

What is your date of birth?
What is your income?
When is the last time you saw a dentist?

Open questions are used throughout the four processes of MI and help to engage with the person, increase understanding, strengthen collaboration, find a focus, draw out motivation, and develop a plan for change. As a general guideline, open questions should be used more than closed ones.

OARS: Affirmations

Affirmations are statements that shine a light on what is good about a person. They put emphasis on people's strengths rather than their deficits. Strengths can include a person's behaviors, attitudes, qualities, knowledge, skills, efforts, and much more. Affirmations often help people recognize strengths they have difficulty seeing for themselves. Affirmations can also build a person's confidence in being able to make changes.

Affirmations typically focus on:

Highlighting positive traits or skills
Prizing of the person in general
Emphasizing intentions and actions
Reframing actions or situations in a positive light

An affirmation must be genuine and from the heart. People will know if it seems false and might be less likely to trust you. Affirming someone's strengths is different than cheerleading or praising. Praise statements put you in a "one-up" position and are usually based on judging someone's performance. Furthermore, praise can be both given and withdrawn. When forming affirmations, it's usually best to avoid starting with "I" and instead center the comment on "you." It's also helpful to be specific. Here are a few examples of affirmation.

You were very courageous to speak up for yourself in that situation.
You know what's best for you and you aren't going to be easily swayed.
You're showing your commitment to getting better by taking your meds as prescribed.
It was hard, yet your efforts to not drink on the weekend paid off.
Thank you for taking the time to talk with me about this health concern.

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013*

OARS: Reflective Listening

"What people really need is a good listening to." – *Mary Lou Casey*

"Good listening is fundamental to MI. The particular skill of reflective listening is one to learn first because it is so basic to all four processes of MI. It takes a fair amount of practice to become skillful in this way of listening so that reflections come more naturally and easily." [p. 48]

Reflective listening is the skill of "bending back" to people what we hear them saying in an effort to understand "where they're coming from." In other words, to see the world through the other person's eyes. This kind of listening means giving a person your full attention. We do this with our words, actions, and body language. Reflective listening is a special gift we can offer to others in both our work and personal lives.

Reflective listening takes the conversation to a deeper level. This is especially true of reflective statements that go beyond repeating what was said by making a reasonable guess about the person's meaning. Such statements "have the important function of deepening understanding by clarifying whether one's guess is accurate. Reflective statements also allow people to hear again the thoughts and feelings they are expressing, perhaps in different words, and ponder them. Good reflective listening tends to keep the person talking, exploring, and considering. It is also necessarily selective, in that one chooses which aspects to reflect from all that the person has said." [p. 34]

Forming reflections requires the ability to *think reflectively*. Since words can have multiple meanings, and people don't always say exactly what they mean, it is useful to regard people's statements as a "first draft." In other words, rather than assuming what someone means, check it out. Because reflections are statements, not questions, the inflection usually turns down at the end. For example, notice the difference between:

You don't have any concerns about your smoking?
You don't have any concerns about your smoking.

Some reflective statements basically repeat or slightly rephrase what a person has said. These *simple reflections* can convey basic understanding and help the flow of the conversation. However, they add little or no meaning to what the person said and can stop the conversation from going to a deeper level. For example:

Statement: *I can never seem to find the time to check my blood sugar regularly.*
Response: *It's hard to find the time./It's a challenge to fit it in.*

Complex reflections add meaning or emphasis to what someone has said by making a guess about what is unspoken. Complex reflections tend to help people think more about their situation. When first learning to use complex reflections, it can feel a bit strange. However, when you get used to it, such reflections communicate real understanding. For example:

Statement: *I can never seem to find the time to check my blood sugar regularly.*
Response: *You've got a lot going on./Your feeling frustrated about this./Even though it's a challenge, you have a desire to check it regularly./You're hoping to find a way to make it more of a priority.*

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013*

Common Sentence Stems in Forming Reflections

It sounds like…

As I listen to you, I get a sense that...

What I think I'm hearing is that...

You're thinking about…

My sense is that you're feeling…

It's almost as if…

It's like…

It would be...

You've noticed that...

For you, it's a matter of…

From your point of view…

You're feeling…

As you see it…

You…

You're wondering...

You really…

It's really important to you that...

This is really…

You care a lot about...

You're hoping...

On the one hand..., on the other hand...

You're uncertain about...

Part of you... , yet another part of you...

It's not that you..., it's that...

You believe…

Your concern is that…

You're not really…

You feel as though…

Your fear is that…

It seems that you…

You're not terribly excited about…

You're not all that concerned about…

As you look back...

As you look ahead...

It's hard to understand why...

Even though others think...

Your heart is telling you that...

Your best instinct is to....

You really value...

(Others)

OARS: Summaries

A summary is a statement that draws together two or more things that someone has said previously. It is basically a paragraph of selected reflective statements. Deciding what to choose to include in a summary depends on the situation. However, usually you want to pick the things that move in the direction of change – kind of like picking the tastiest chocolates from a box of candy. Summaries can be offered at various times in a conversation to draw ideas together and guide the conversation.

Summaries, like the other OARS skills, are used throughout the four processes of MI. Particularly in the engaging and focusing processes, summaries show that you have been listening carefully and that you value what the person has said. They also provide an opportunity for asking the person to fill in what you have missed.

In the evoking process, summaries are often used to emphasize things that support a person's change goal. *S*ummaries can have different purposes. *Collecting* summaries pull together "in one basket" various statements the person has made. *Linking* summaries connect what the individual has said with something they said in a prior conversation. *Transitional* summaries are used as a wrap-up at the end of a conversation, or to create a bridge for shifting the conversation. In all three cases, emphasis is placed on shining a light on the persons *change talk* (see more on page 9).

During the planning process of MI, summaries are generally used to recap the person's reasons for wanting to change and what they intend to do. This can help strengthen commitment to make the change.

Below are some guidelines for developing and offering summaries. Remember to keep summaries brief and to the point.

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. If the person is "feeling two ways" about changing, name both sides of the uncertainty in the summary. For example:
   On the one hand, you . . . on the other hand . . ."

3. Highlight *change talk* you heard – statements indicating the person's *desire*, *ability*, *reasons*, *need*, and *commitment* to change. For example:
   You mentioned several reasons why you would want to make this change, including . . .

4. End with an invitation. For example:
   What would you add?

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013 and handouts created by David B. Rosengren, Ph.D.*

Evoking Change Talk

Change talk refers to anything someone says that "favors movement toward a particular change goal." Evoking, or "calling forth," change talk helps people come up with their own reasons to change. This is far better than someone else trying to convince them to change, which often makes people defensive and argue against changing. As a worker you can use the OARS skills (Open questions, Affirmations, Reflective listening, and Summaries) to "ask for" and respond to change talk. Notice that change talk comes in different flavors that form the phrase DARN-CAT.

Preparatory Change Talk – "thinking about changing"

Desire – *I want to, I would like to, I wish, I hope*
Ability – *I can, I could, I am able to*
Reasons – *It would help me, I'd be better off if*
Need – *I need to, I have to, something has to change*

Mobilizing Change Talk – "taking action"

Commitment– *I will, I promise, I give you my word*
Activation – *I'm willing to, I am ready to, I am prepared to*
Taking steps – *I cut back on my weekend drinking*

Methods for Evoking Change Talk

Asking evocative questions

What worries you about your current situation?
Why would you want to make this change?
How might you go about it, in order to succeed?

Using the *importance* ruler (also use regarding person's *confidence* to change)

On a scale of 0 to 10, how important is it for you to make this change? Tell me about being at ___ compared to (several numbers lower)? What would it take to move from ___ to (next highest number)? And how I might I help you with that?

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

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

Looking back – *What were things like before you...?*

Looking forward – *How would you like things to be different in the future regarding ____?*

Exploring goals and values – *What do you value most in life? What are your most important reasons for wanting to decrease your risk for cancer? How do your current eating habits fit with your personal goals around healthy eating?*

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013*

Exchanging Information

While MI is inherently a person-centered approach, it doesn't mean that the practitioner never offers information, suggestions, or even advice. In MI, both parties are viewed as having expertise; thus, there may be occasions when this kind of input is valuable. However, information and suggestions are provided sparingly and with permission, not as a first line of response.

There are two main differences in how input is offered in MI, as compared to being dispensed in an unsolicited, authoritative manner. The first is that it is offered only *with permission* from the person. Secondly, it is provided not as the "final word" but rather in the context of helping people come to their own conclusions about its relevance and value. It is often helpful to verbally acknowledge this with people.

Intent of providing information and suggestions in MI

- *Not* an attempt to convince people of the folly of their ways
- Provides an opportunity to express concerns and help the individual move further along in the process of change
- Can help a person come to a decision

A few considerations

- It's all right to express your concerns
- There are many pathways to change; your way may not be the way of another
- Focus on helping the person evaluate options
- Offer information and advice, don't impose it

Suggested method: Evoke-Provide-Elicit (E-P-E)

Elicit

- Ask what the individual already knows about the issue at hand
- Inquire what more the individual would like to know
- Ask permission to provide input – e.g., "Would it be all right if I share some ideas/information/possible options/suggestions for your consideration?"

Provide

- Offer small dose of information or advice in a kind, nonjudgmental manner

Elicit

- Ask for the person's response – e.g., "I wonder what you think of that"
- Emphasize change talk, provide affirmations, and instill hope.
- Recognize and affirm it is the individual's decision to make – e.g., "Of course, you're the only one who can make this decision."

Adapted from Motivational Interviewing, *3rd edition by Miller & Rollnick, 2013 and handouts created by David B. Rosengren, Ph.D.*

MI Self-Appraisal

As the interviewer, I…	*0- not at all*					*5- extremely well*
1. Provided a **safe, welcoming** presence with my words and actions. *Example:*	0	1	2	3	4	5
2. Engaged with and showed **genuine interest** in the person, e.g., what she or he enjoys, needs, values. *Example:*	0	1	2	3	4	5
3. Found out and clarified what the person wanted to **focus** on currently. *Example:*	0	1	2	3	4	5
4. Helped explore **both sides of the person's dilemma**, e.g., what's working and what's not; upsides and downsides. *Example:*	0	1	2	3	4	5
5. Avoided trying to **"fix"** the problem or *get* the person to change by advising, confronting, warning, or teaching. *Example:*	0	1	2	3	4	5
6. Elicited what might be some possible **reasons** to change *if* the person were to decide to change. *Example:*	0	1	2	3	4	5
7. Learned about **possible ways** that he or she might go about making this change. *Example:*	0	1	2	3	4	5
8. Asked **how important** it is at this time for the person to make this change. *Example:*	0	1	2	3	4	5
9. Asked **how confident** she or he feels to be *able* to make this change. *Example:*	0	1	2	3	4	5
10. Inquired about **what steps**, if any, the person might take next. *Example:*	0	1	2	3	4	5
11. Asked permission before providing **information or suggestions.** *Example:*	0	1	2	3	4	5
12. Used the **core skills** of MI (open questions, affirmations, reflective listening, summaries) throughout the conversation.	0	1	2	3	4	5
13. Consistently demonstrated the **spirit** of MI:						
> Partnership	0	1	2	3	4	5
> Acceptance	0	1	2	3	4	5
> Compassion	0	1	2	3	4	5
> Evocation	0	1	2	3	4	5

Developed by Ken Kraybill based on Miller, W.R. & Rollnick, S., Motivational Interviewing: Helping People Change, 2013

Possible Behaviors for Change

Instructions: Pick a change that you've been thinking about making but haven't made yet. It could be a behavior, attitude, relationship, situation, or role about which you have mixed feelings. It should not be too personal or private (e.g. illegal activities), nor too inconsequential (what to eat for dinner). The dilemma should be something that you feel comfortable talking about with your learning partner.

- Accepting what I cannot change
- Alcohol/other substance use
- Allowing others to take advantage of me
- Anger/frustration management (e.g., swearing)
- Arriving late
- Avoiding action on issues such as the environment or social justice
- Avoiding conflict
- Awfulizing; making "mountains out of molehills"
- Behaviors regarding rules/policies
- Behaviors with my supervisor or managers
- Blaming
- Bossy, pushy
- Can't say no—take on too much responsibility
- Cluttered mind—lack of serenity
- Co-dependent behaviors
- Computer games
- Controlling others
- Creating drama
- Criticizing others
- Criticizing others to third parties
- Diet, food choices
- Disorganized
- Dominating conversations
- Driving behaviors (e.g., speeding, road rage)
- Exercise, under-exercising
- Failure to set priorities, goals
- Failure to take risks
- Failure to reconcile breached relationships
- Failure to volunteer; Always volunteering
- Fear of speaking up
- Fighting lost causes
- Getting even
- Giving unsolicited advice
- Gossiping
- Hard to admit I'm wrong
- Health issues
- Holding grudges
- Impulsive spending
- Interpersonal control issues
- It's all about me
- Judgmental attitudes/behaviors
- Jumping to conclusions
- Know-it-all
- Lack assertiveness
- Lack confidence
- Lack generosity (e.g., giving to worthy causes)
- Lack empathy, compassion
- Lack tolerance
- Leaving undesirable tasks to others
- Listening to spouse, partner, teenage child
- Materialistic
- Meddling
- Money management
- Neglecting time with family or friends
- Not sticking to goals (e.g., furthering education)
- Not doing my part
- Not letting go – "beating dead horses"
- Neglecting my needs for sake of others
- Opinionated
- Over-eating; Under-eating
- Overly concerned about what others think of me
- Overly confident
- Passive-aggressive behaviors
- Pessimism, cynicism
- Perfectionistic
- Picking fights
- Procrastinating
- Smoking
- Social media
- Solving other people's problems
- Spending emotional energy on issues over
- which I have no control
- Spiritual or religious disciplines (e.g., church attendance, meditation, study)
- Stirring up conflict
- Taking medications
- Taking offense easily
- Tactless
- Take things too personally
- Too critical of myself
- Too much TV
- Time management
- Too outspoken
- Too neat; too messy
- Unforgiving
- Wasting time
- Whining
- Worry too much

Motivational Interviewing and Harm Reduction

by Tom Horvath, Ph.D., ABPP

In this article I compare these two important contemporary recovery concepts. From my perspective they are mostly similar, but have dramatically different rates of acceptance in the addiction treatment industry.

Motivational Interviewing (MI)

Motivational interviewing (MI) is a psychotherapeutic approach for promoting any healthy behavior change. MI was created for work with addiction, then extended to any behavior change about which someone is ambivalent. Ambivalence is a crucial aspect of MI. The person who is completely committed to change is actually changing, and not sitting in front of you discussing the possibility of it. MI accepts a person's ambivalence, but works toward reducing ambivalence in favor of healthier behavior. One of the principal methods of MI is to engage the individual to think about and articulate reasons for change.

MI is a radically different approach to addiction treatment. MI offers no direct guidance or education. There may be little history taking or diagnostic assessment (although these components may occur in the broader context of treatment). There is no treatment plan or set of treatment goals specific to the individual. The general plan for every client is to identify and develop motivation for change, in order to move the individual in the direction of healthier behavior. MI assumes that individuals who act self-destructively are nevertheless underneath not self-destructive, but rather, just like everyone else, interested in being healthier and happier. Strikingly, MI is generally as effective as other addiction treatments such as CBT or 12-step facilitation, even though it is much shorter in length. In some studies the MI treatment lasts only one-third as long as the comparison treatment.

What is healthier behavior? In diagnosable addiction there is not much need to make fine distinctions between what is healthy or less healthy. Eating regular nutritious meals, getting regular sleep, exercising adequately, and not using (damaging) substances are simple concepts to understand. "Healthy" is generally synonymous with "long-term satisfaction." Addiction is acting on short-term satisfaction. Health and recovery involve acting on long-term satisfactions.

Harm Reduction (HR)

Harm reduction (HR) is a public health approach that accepts client/patient goals as primary, even though these goals may be short-sighted, while still working to engage the individual in considering longer-term goals. Classic HR interventions include needle exchange programs (trade in your dirty needles for clean ones, to reduce your chance of infection), opiate replacement (use methadone or Suboxone so that you don't have to stop opiates altogether, but can now use safer ones) and safe injection sites (shoot up in safer conditions for yourself and reduce problems for the public).

Individuals who accept HR assistance are willing to make some changes in their use or behavior (for the purpose of reducing harm or the risk of harm), but are not willing to abstain. If abstinence is the ultimate solution to addiction, then these individuals can be viewed as willing to go only a small distance in that direction. One of the main arguments in support of HR has been the suggestion that individuals with significant addiction may be able to approach abstinence only by degrees. If we do not give them a "ladder" to climb to

abstinence one step at a time they are unlikely to jump (to that seemingly impossibly high perch) all at once.

HR makes use of the behavioral principle of "small steps" in the right direction. In cases of severe addiction the goal may be simply to keep someone alive long enough so that "recovery happens." Dead individuals cannot recover. HR services also give someone an entry into services that is denied to someone who only has the options of abstinence-oriented treatment, or no treatment or assistance at all.

MI and HR compared

Both HR and MI view human beings as easily persuaded by short-term considerations (e.g., the desirability of getting high) at the expense of long-term considerations (e.g., doing well at school or work). Both approaches recognize that instructing someone not to act on short-term considerations might be helpful in the short-term, but probably won't be helpful in the long term. On the contrary, by setting up too many rules and regulations, it is easy to drive people away. People ultimately do what they want to do. Both approaches are willing to engage the person in discussion to activate motivation for long-term satisfaction, while accepting whatever progress the individual makes in that direction. Both approaches support individuals deciding to pursue deeper change, to include abstinence and/or seeking additional treatment or services.

The fundamental differences appear to be that MI is a short-term effort conducted by sit-in-the-office therapists, while HR actively engages addicted individuals anywhere they might be found, possibly for long periods of time. HR can include all of MI (if there is opportunity to speak at length with the client), but HR also includes active helping as well as discussion. In HR oriented psychotherapy active helping might include engaging the individual in resolving problems that maintain addiction, thereby setting the stage for ending addiction.

Looking ahead for MI and HR

MI is widely accepted in US addiction treatment (judging by how many treatment facilities state they use it). HR would typically be controversial in the same facility. If the above analysis is accurate, the differences between MI and HR are not major. Why the difference in acceptance?

Perhaps some professionals do not understand how radically different MI is. If so, and they say they use MI, they are probably not true practitioners of it. On the other hand, there is no missing the in-your-face attitude of HR. If the practitioners who support MI do so because they don't understand it well, I hope that when they do understand it, they will still support it (and practice it properly).

HR continues to build a substantial body of supportive research. I hope that in time HR will become the over-arching perspective for all addiction treatment and prevention, because it can incorporate everything else we do. With luck the acceptance of motivational interviewing is leading to the greater acceptance of harm reduction.

https://www.practicalrecovery.com/prblog/motivational-interviewing-harm-reduction/

Activity: A Guided Conversation across the Four Processes of MI

Instruction: Find a willing partner. The designated interviewer facilitates a 10-15 minute conversation (or longer if you choose) using the template below to guide your conversation. After you conclude, debrief and discuss together all of the things the interviewer did well, and one thing that could be improved upon. Switch roles if you wish and do it again.

Engaging:
Begin with an *open inquiry*: "Please tell me about three core values or goals that are important to you in your life?" (perhaps related to health, integrity, creativity, open-mindedness, competency, family, spirituality, community, autonomy, meaningful work, security, fairness, love, and more)

Listen, using mostly reflections, affirmations or supportive statements; please, no closed questions, no problem solving or advising

When you feel your partner has had an ample opportunity to self-explore and express her/his perspective regarding the three core values, *summarize* your understanding of what you heard, and then ask, "What would you add to that?"

Focusing:
Now you might *ask* this question: "Of these three values, which one would you like to continue to talk about together for the next few minutes?"

Evoking:
Below are possible inquiries you might use in the evoking process. Remember to listen, reflect and affirm as your primary skills.

"Tell me more about why this value is important to you." *(Listen, reflect, affirm)*

"In the last month or so, what are some things you have been doing that support this value?" *(Listen, reflect, affirm)*

*"*In the last month or so, what have been some challenges in supporting this value?" *(Listen, reflect, affirm)*

"How important is it to you to continue making efforts to support this value?" *(Listen, reflect, affirm)*

"How confident are you in being *able* to do so, if you choose?" *(Listen, reflect and affirm)*

Planning:
Possible inquiries:
"What are some ways that you might be considering to more strongly support this value? *(Listen, reflect, affirm)*

"What would be some next steps you'd be ready to take, to support this value?" *(Listen, reflect, affirm)*

"Who or what would be helpful to support you?" *(Listen, reflect, affirm)*

Adapted from activity developed by Ali Hall

Change Talk Activity

Modified from Moyers & Martin, 2005

Instructions: Underline any parts of the patient statements below that sound like change talk, including the less obvious statements that only hint at change. This is not an exact science so don't be concerned about being right or wrong.

1		**Interviewer:** Tell me about your drinking.
2		**Client:** Well, I just love the way it makes me feel. It makes me feel great. I can't really imagine a day without that feeling.
3		I: It sounds like a day without alcohol would be difficult.
4		C: Yeah, I don't think I could cope. I mean, I get really stressed by my work, and I need a few drinks to calm down.
5		I: So, you use alcohol to deal with stress.
6		C: Yeah, I don't think I'll ever quit drinking. I really don't want to quit, and I mean, what would be the point?
7		I: You don't see any reason to quit.
8		C: Yeah, I tell you, just this week I bought a pack of beers from around the world, and I started drinking a different one each day, to start the evening out each night.
9		I: What, if anything, do you not like about alcohol?
10		C: Well certainly, it costs a lot of money. I mean, I'm sure I could spend the money in better ways.
11		I: The money is an issue for you. Is there anything else you don't like about it?
12		C: Yeah, the way I feel when I wake up. I still feel pretty groggy all day at work. I would like to feel a little more clear-headed.
13		I: You've been noticing that the grogginess affects your work.
14		C: Well, certainly I'm a little more short-tempered than I might be. I really gotta get a handle on that. I mean, I'm a salesperson, so if I'm not patient with the idiots who call up wanting something, then I lose the sale.
15		I: So, alcohol has affected your ability to do your job.
16		C: Yeah, I guess so.
17		I: So, on a scale from 0-10, with 0 being not at all motivated, and 10 being extremely motivated, how motivated would you say you are to cut down or quit drinking?
18		C: I'd say a 2.
19		I: And why not a 0? Why not the lowest possible motivation?
20		C: Well, I really want to feel better at work. And, I need to make more sales, which means I need to drink less. And things would certainly be better financially if I wasn't spending so much money on alcohol. In fact, I'd say I'm more around a 3 than a 2. I just don't think I can do it, you know. I don't think I can cut down.
21		I: So, part of you is not sure you'd be *able* to cut down, and yet another part of you *want*s to cut down, *has reasons* to cut down, and thinks you *need* to cut down.

Change Plan Worksheet

A change I want to make…

The reasons why I want to make this change…

My strengths and skills that will help me be successful…

Specific ways others can assist and support me…
Person, program, resource *Ways to assist and support*

The next steps I plan to take…

How I'll know when my plan is working…

Who I'll turn to if I get discouraged…

How I'll celebrate successes along the way…

MI Self Check for Practitioners

Individuals I meet with 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. & Matulich. Motivational Interviewing Measure of Staff Interaction, 2008

Selected Resources

Arkowitz, H, Westra, H.A., & Miller WR, Rollnick S. (Eds.). (2015). *Motivational Interviewing in The Treatment of Psychological Problems (2nd edition).* New York, NY: Guilford Press.

Hohman, M. (2011). *Motivational Interviewing in Social Work Practice.* New York, NY: Guilford Press.

Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change* (3rd Ed.). New York, NY: Guilford Press.

Miller, W.R., & Rose, G. (2009). Toward a Theory of Motivational Interviewing. *American Psychologist,* 64(6), 527-537.

Naar-King, S., & Suarez, M. (2011). *Motivational Interviewing with Adolescents and Young Adults*. New York, NY: Guilford Press.

Rollnick, S., Miller, W.R., & Butler, C. (2008). *Motivational Interviewing in Health Care*. New York, NY: Guilford Press.

Rosengren, D.B. (2017). *Building Motivational Interviewing Skills: A Practitioner Workbook (2nd Ed.).* New York, NY: Guilford Press.

Psychwire Motivational Interviewing resources (free video clips and PDF resources) https://psychwire.com/motivational-interviewing/resources

Wagner CC, Ingersoll KS. (2012). *Motivational Interviewing in Groups*. New York, NY: Guilford Press.

Website: www.motivationalinterviewing.org

Zuckoff, Allan with Gorscak, B. (2015). *Finding your Way to Change.* New York, NY: Guilford Press.

Selected Online MI Resources

MI Resources – MINT website
http://www.motivationalinterviewing.org/motivational-interviewing-resources

MI Learning Activities
MI Training for New Trainers Manual 2014 (213 pages - allow extra time to download)
http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf

Interactive MI iBook
Authors: Ken Kraybill, Jeff Olivet, Scott R. Petersen, Collin Whelley
https://itunes.apple.com/us/book/changing-conversation-interactive-tool-to-build-motivational/id627539414?mt=11

MI Podcast series: Changing the Conversation
http://us.thinkt3.com/podcast

Podcast: The Power of Motivational Interviewing
Revolution Health Radio – podcast #49. Chris Kresser interviews Ken Kraybill (June 2018)
https://chriskresser.com/podcasts/

MI Blogposts - University of North Carolina Center for AIDS Research
https://uncmotivationalinterviewing.wordpress.com/

MI Learning and Demonstration Clips
William R. Miller on MI (~ 2 min) https://www.youtube.com/watch?v=a0chqEXb43w

William R. Miller - Righting Reflex (~ 2 min) https://vimeo.com/18469694

Stephen Rollnick - MI and the Righting Reflex (~ 2 min)
https://www.youtube.com/watch?v=17qHqklweYM

William R. Miller and MI and Quantum Change (~ 1 hr 25 min – starts at around 8.5 minute mark) https://www.youtube.com/watch?v=2yvuem-QYCo

Intro to MI - Bill Matulich (~ 17 min) https://www.youtube.com/watch?v=s3MCJZ7OGRk

Empathy: The Human Connection (~ 5 min) https://www.youtube.com/watch?v=cDDWvj_q-o8

Motivational Interviewing in Child Welfare Services (~ 39 min)
http://ats.ucdavis.edu/ats-video/?kmid=0_pcc9au5x

MI for the Busy Clinician: Mr. Smith's Smoking Evolution
https://www.youtube.com/watch?v=0z65EppMfHk (~ 10 min)

Stop It – Bob Newhart (An example of what MI is *not*!)
https://www.youtube.com/watch?v=n-Tej0297wk (~ 6 min)

MI in Dental Practice

How NOT to do Motivational Interviewing in Dental Practice Addressing Tobacco Use with David - Marilyn Herie (~ 3 min)
https://www.youtube.com/watch?v=SytVckoox4U

Motivational Interviewing in Dental Practice Addressing Tobacco Use with David - Marilyn Herie (~ 4 min) https://www.youtube.com/watch?v=rFLrDvUexC8

Motivational Interviewing in Dental Practice: Emily's Oral Piercing
https://www.youtube.com/watch?v=HMS6acj3Fjw

MI with Survivors of Intimate Partner Violence (scenarios 1, 2, 3)

Emmy's first encounter with an IPV counselor (~ 23 min)
https://www.youtube.com/watch?v=P3JUXQ4kkHs

Vanessa's second meeting with a hospital social worker (~ 16 min)
https://www.youtube.com/watch?v=lrnkEQRUyJM

Liv's fourth session with an IPV advocate (~ 18 min)
https://www.youtube.com/watch?v=jxNBQKMW1wg

MI in a Vocational Rehabilitation Setting (The videos below feature two different VRC's and follow "William" from intake to the decision to move forward to build a VR plan for employment and the steps he commits to takes.)

Building engagement during the intake process https://youtu.be/Z0mSNm20ZWU

Using agenda mapping to focus the conversation https://youtu.be/b4xqR_gzVXo

Conversation about values to demonstrate sustained reflective listening practice to deepen meaning https://www.youtube.com/watch?v=0DAncPnGOiw

Roadmap for change strategy https://youtu.be/ZlEa6UPLufU

Change planning conversation https://www.youtube.com/watch?v=oZmvfMaEPK4

MI in a Vocational Rehabilitation Setting (The videos below demonstrate a team intake and three picture card sort activities to generate information about "Mike's" preferences, strengths, priorities, needs and concerns to contribute to a "comprehensive assessment" for development of a VR plan for employment. Mike experiences an intellectual and developmental disability.)

Building engagement with a group during the intake process. Includes Mike, family member and advocate https://youtu.be/RyT6I66jtbI

Strengths Picture Card Sort https://youtu.be/EfPTNZdWYE4

Values Picture Card Sort https://www.youtube.com/watch?v=miOEme0JL8o

Roadblocks Picture Card Sort https://youtu.be/R0JQVpmTWds