

MOTIVATIONAL INTERVIEWING: HELPING PEOPLE CHANGE

Introductory Level



Greg Merrill, LCSW
Berkeley Social Welfare

Welcome to Motivational Interviewing: Helping People Change

“What people really need is a good listening to.” -- Mary Lou Casey

COURSE DESCRIPTION

Motivational interviewing (MI) is a modern clinical paradigm that dialectically integrates humanistic, client-centered principles with goal-focused strategies. MI seeks to explore, clarify, and if relevant, strengthen client motivation for a specific goal by: 1) creating an interpersonal atmosphere of acceptance, compassion, and hope; 2) identifying and exploring the client’s own, intrinsic subjective reasons and factors for deciding if, what, when, and how to change; 3) attending and responding strategically to the client’s language related to change; and 4) improving the client’s confidence and/or ability to influence factors within his or her control.

Considered an evidence-based practice for treating substance abuse, MI is now being tested in health, mental health, forensic, and child welfare settings where it appears to be a promising practice. A flexible and portable method, it can be applied in 5-20 minute segments, in a single session, or over the course of multi-session psychotherapy. Moreover, it blends nicely with other interventions commonly employed by social workers such as case management, supportive psychotherapy, cognitive-behavioral therapy, and trauma-focused therapy.

In this 6-hour introductory class, students will be introduced to key aspects of motivational interviewing including its underlying spirit (*acceptance, compassion, and evocation*) and primary tenets. The primary skill components emphasized will be open-ended questions, affirmations, reflections, and summaries (OARS).

COURSE OBJECTIVES

On completing this course, students will be able to:

1. Describe and define motivational interviewing and compare and contrast it to other counseling techniques;
2. Understand the conditions under which most clients are willing to attempt behavioral change (the change trifecta: *importance, confidence, readiness*);
3. Describe elements of the provider style that precontemplative or highly ambivalent clients appear to respond most favorably to;
4. Demonstrate beginning proficiency with core client-centered counseling skills including asking open-ended questions, affirming, reflecting, and summarizing (OARS);
5. To understand that it is the provider’s job to create the relational conditions and guide the conversation so that the client can reflect upon his/her circumstance and decide if, when, and how she or he would like to change.

TIMED AGENDA

DAY ONE

9:00-10:00 a.m.	Overview of the Training Why People Change Precontemplative and Ambivalent Clients
10-11:00 a.m.	A Taste of Motivational Interviewing: The Spirit
11:00-11:15 a.m.	BREAK
11:15-12:00 p.m.	Client Centered, Opening Micro-Skills: OARS in Water O pen-Ended Questions (50-70%) A ffirmations R eflections (2:1) S ummaries
12:00 – 12:45 p.m.	LUNCH BREAK
1:00-2:30 p.m.	Client-Centered, Opening Micro-Skills: OARS in Water
2:30-2:45 p.m.	BREAK
2:45-4:20 p.m.	Client Centered, Opening Micro-Skills: continued . . .
4:30 p.m.	Evaluation of Day

Formal Definition

“Motivational interviewing 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.”

– Miller & Rollnick (2012), p. 29

A Better Definition

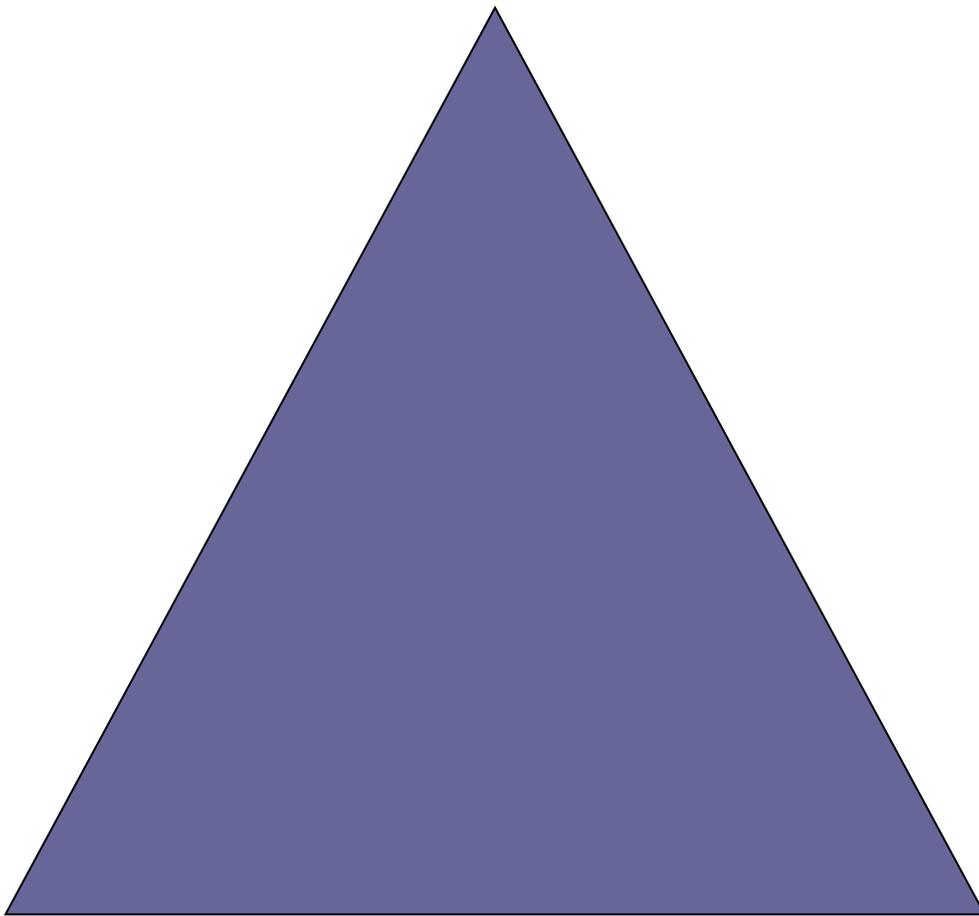
“Motivational Interviewing is a soft way of asking people to take a hard look at themselves.”



-Rosa Ontiveros
Community Solutions
Gilroy, CA

The Change Trifecta

READINESS
(the right time, the right way)



IMPORTANCE
(willing)

CONFIDENCE
(able)

Key Goals of MI

- To increase counselor effectiveness at “guiding difficult decisions about behavior change”
- To help clients resolve naturally key questions about change:
 - “*Should* I change? Why should I? What do others want me to do? What do *I* want to do?”
 - “*Can* I succeed?”
 - “*When* is the right time? *How*?”

The Transtheoretical Model/Stages of Change (Prochaska & DiClemente)

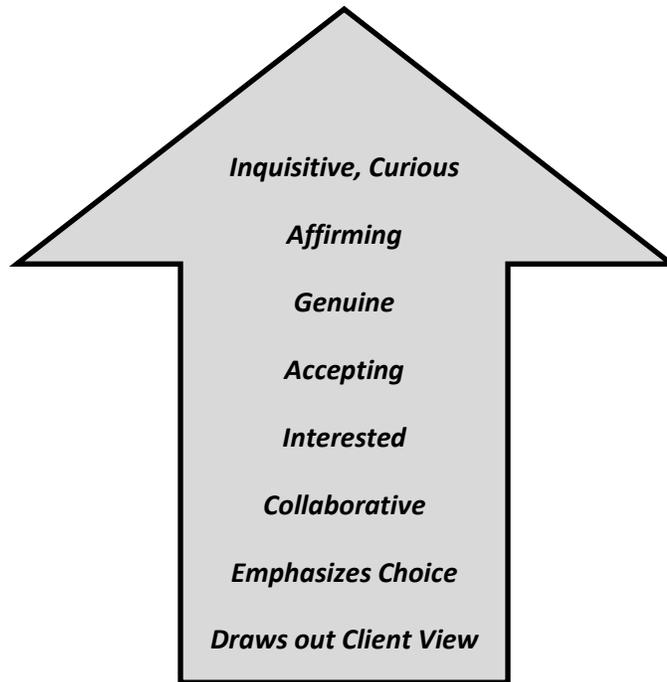


THE TRANSTHEORETICAL MODEL: STAGES OF CHANGE

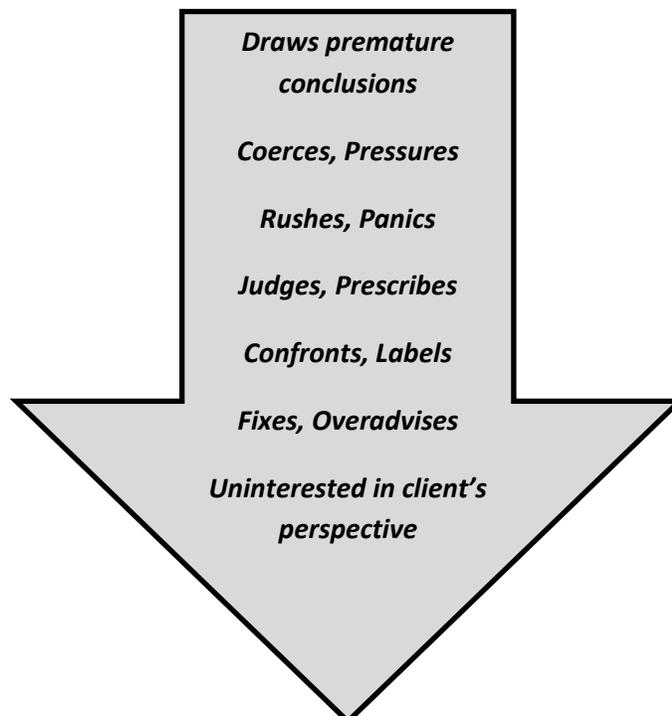
Stage	Quote	Essential Features	Provider Strategies
Precontemplation	“Problem? What Problem?”	Client does not recognize the problem; is unaware or underaware of the extent of the problem; denies, minimizes, rationalizes, and displaces blame and responsibility; has conflictual conversations with family, friends, and providers about this area; has no immediate intention of changing but may be thinking about it more than lets on.	
Contemplation	“There may be a problem.”	Client struggles with whether or not the problem is real and significant, whether to address it, and whether he/she is willing and able to do what it would take to address it; becomes aware of the problem, willing to discuss and consider but not ready yet to take action and does not generally like to feel rushed, pressured, or coerced.	
Preparation	“I’m getting ready to deal.”	Client is willing to admit there is a problem and gets ready to do something about it.	
Action	“I’m dealing.”	Client actively sets about changing their behavior, environment, and patterns, requiring considerable energy and devotion.	
Maintenance	“I’m continuing to deal.”	The client works to maintain the changes so that the problem does not recur.	
Relapse	“Oops, I did it again.”	The client reverts back temporarily to behaviors and environment that constituted the original problem.	

Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to Addictive Behaviors. *American Psychologist*, 47(9), 1102-1114.

Clinician Style Influences Motivation Level



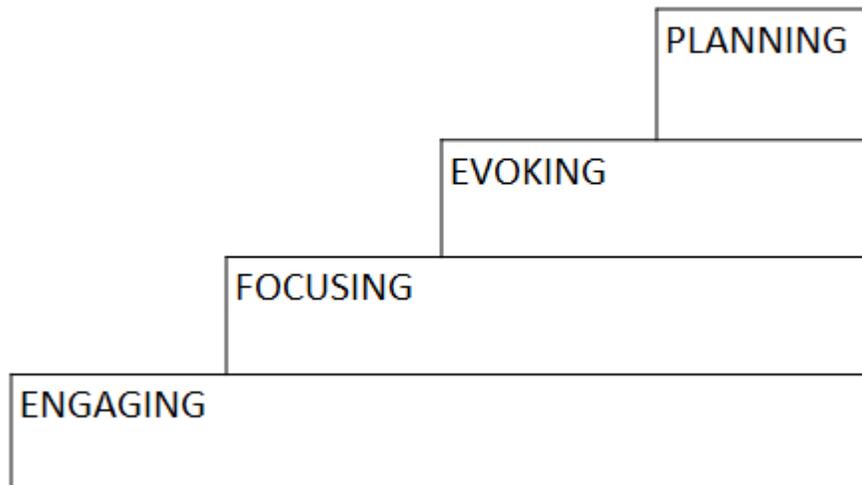
MOTIVATION



Clinician Style:
High Empathy, Low Control

Low Empathy, Low Control	High Empathy, High Control
Low Empathy, High Control	High Empathy, Low Control

The Four Processes of MI



Opening Strategies (OARS)

- **O**pen Ended Questions (50-70%)
- **A**ffirm (at least 1x)
- **R**eflective Listening (2:1)
- **S**ummarize (1-2 x)



(WIDE) OPEN ENDED QUESTIONS

- Ask brief questions that do not invite brief answers, and more important, invite the client to tell their story.
- Common constructions:
 - Tell me more about . . .
 - How did you decide to . . . ?
 - In what ways did . . . ?
 - What was it like to . . . ?
- Followed by punctuation (?) and PAUSE.

ENCOURAGERS EXTEND

- Encouragers are short follow-up questions or prompts that help the client to answer the original, open-ended question more completely.
 - *What else?*
 - *What example of that comes to mind?*
 - *Say more.*
 - *Wow! That's really interesting!*
 - *Go on.*
 - *Mmm-hmmm.*
 - *Really?*



AFFIRMATION



- **Recognize effort (over success)**
 - “The important part was that you tried so hard.”
- **Recognize strengths (reframe resistance)**
 - “You are very persistent and strong-minded.”
- **Express confidence**
 - “If you decide to change this, I believe you can eventually succeed.”
- **Express support**
 - “You’re doing a great job, considering the circumstances.”

CONVERT THESE TO OPEN-ENDED QUESTIONS

1. What is the last grade in school that you were able to complete?
2. How many cigarettes do you smoke per day?
3. Have you ever had a sexually transmitted infection or an abortion?
4. Don't you think it would be a good idea to stop smoking cigarettes?
5. In the last week, how many alcoholic drinks have you had?
6. Did anyone in your family growing up have a mental illness?
7. When is the last time you were tested for HIV?
8. Do you physically discipline your child?
9. Have you ever witnessed or experienced yourself a life-threatening accident or physical or sexual assault?
10. Have you ever been incarcerated?
11. Have you felt sad, lifeless, or exhausted most of the day every day for the last two weeks?
12. Do you carry a gun or a knife on you?
13. Have you paid your rent this month?
14. Do you have enough access to food?
15. Are you thinking about harming yourself or others?



“We can make our minds still like water
that beings gather around us
to see their own images,
and so live for a moment with a clearer
perhaps even a fiercer life
because of our silence.”

-- William Butler Yeats

Reflective Listening



- ▶ **A hypothesis as to what the talker is getting at said as a statement, not a question.** Voice tone turns down at the end of the reflection, not up.
 - ▶ **Integrate underlying feeling, values, and unsaid portions.**
 - ▶ **Brief: 5-10 words.**
 - ▶ **Period. Pause.** Wait, Watch.
-



LEVELS OF REFLECTION

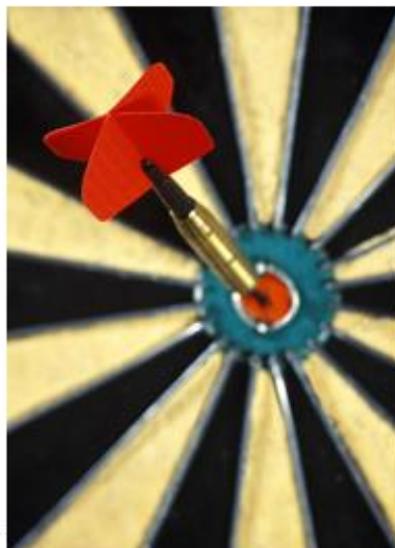
■ **Simple Reflections:**

- Repeating – simply repeats an element
- Rephrase – substitutes synonyms

■ **Complex Reflections:**

- Affective – emphasizes the emotional dimension
- Values – emphasizes beliefs and principles
- Over/understating – changes the intensity
- Continuing the paragraph – completes next sentence
- Double-sided – states both sides
- Uses images or metaphors – to increase perspective

Reflections Target the Center of
What The Client is Trying to
Express



YOUR REFLECTIONS, PLEASE -- Literally

Instructions: Below you will find a sample of statements made by a range of clients. In this exercise, you are to withhold all advice and questions. You may only respond with brief reflective statements followed by a pregnant pause. Think deeply: what is this client really trying to say – what is their underlying meaning here? Then generate as many reflections as you can and feel free to take creative risks.

Adolescents/Young Adults

1. "I don't care what I do with myself. I just want to do nothing when I 'grow up.'"
2. "I can't do better in school because the teachers and principal already hate me."
3. "It is not my fault. The bus was late and the guy that interviewed me told me that stuff I would do at the job sounded like I would be a slave."
4. "What's the point of learning to read and write when I'm only going to die and get shot tomorrow? I won't even make it to 17, you watch."

5. "You know, I'm just doing my thing right now until it's played out. Then I'll go straight and settle down."

6. "I'm not going to work some stupid job at Carl's Jr., making minimum wage. I make a lot more doing what I am doing now."

7. "You haven't gotten me my housing yet or a job."

8. "My parents used [drugs and alcohol] throughout my childhood. Why can't I?"

9. "Those squares go and work those minimum wage jobs. I make great money selling dime bags, and pot should be legal anyway."

Mental Health

12. "Everybody's pressuring me to get a payee but there is no way in Hell that's going to happen."

13. "I don't have a gambling problem. I just like to gamble a little too much sometimes."

14. "I think the building manager is blowing this incident out of control. All I did is cuss out the front desk person, and everyone knows she's a fucking idiot."

15. "I'm not going to a homeless shelter ever. Those places are nasty and I'm better off in the park."

16. "The last care manager I had was useless. She never even returned my calls, she didn't help me with SSI, and all she wanted to do was talk about my 'feelings.'"

17. "Talking, taking pills, these things are boring, and they don't help me. They depress me."

18. "My dog is the only living thing I care about, and she loves me, too. People think that's weird but I don't care. She's better than any human as far as I can tell."

19. "I've had a miserable life from start to finish. And I just want to die. If I get evicted, I'll kill myself. I'm not going to be homeless."

20. "I like spending a couple weeks in the hospital. It's like taking a vacation from my life."

21. "All you people want to know is if I took my medication. Did you take yours?"

22. "The CIA have bugged my room and my cell phone and the Blackhawk helicopters follow me everywhere."

23. "I don't slit my wrists to kill myself. I just do it to feel something, and I kind of like watching the blood starting to drip out."

24. "The gay people have it out for me in this town. They are trying to make a sexual slave out of me."

Birth Parent Statements

10. "I just used crack the one time. It was just one little time. I just needed to see if I could walk away from it again, and I did. It's done."

11. "He didn't mean to get so mad. He's a good guy. He was just high. If anything, I'm the one who started it."

25. "I can raise my child anyway I want. Children need discipline, and I am strict. And you got a problem with that?"

26. "I'm a good parent. I love my kids."

27. "The reason my test came back positive was because I had the flu and took flu medication. The test must have picked that up by accident."

28. "I was at this party and somebody spiked my drink. That's the only reason I can think of why my test was positive."
29. "I've called those people several times, and they never get back to me. What else can I do?"
30. "The reason the house is such a mess is because we just moved in and I've been sick so I haven't had time to clean it up yet."
31. "The real problem is the economy. There are no jobs, and if I could just find a job, everything would be fine."
32. "I do smoke a little marijuana, but I have a cannabis card so I can't be arrested."

Older Adults

33. "I appreciate your concern but I'm not usually hungry, and if I am, I find something in the cupboard. I really don't want Meals on Wheels."

34. "I know the bills are piling up but I'll get to them. I've just been busy."
35. "I wish my know-it-all daughter would just leave me the hell alone. I don't tell her how to live her life."
36. "I take my medications when I feel I need them. I don't think I need them every day."
37. "I know my daughter is an alcoholic and you probably think I'm nuts for letting her live with me, but I like her company and I know that I wasn't the best mother when she was little."
38. "When my husband died, I just might of well have jumped in the grave with him."
39. "I wish the good Lord would just take me. I've had a good life, and I'm ready to go. I'll wait for his call but I'm ready."

40. "My house is just fine. I'm not sure why people keep making such a big deal of things, saying that I'm going to fall. I've never fallen in my life and my house has always been like this."
41. "I'm retired now, and I worked hard my entire life. If I want to sit in this recliner every day and sleep, that's my right."
42. "I don't want to move. I've lived in that building for 42 years. This is home."

Health/Medical

43. "My doctor says if I keep drinking, my liver is going to quit out on me, and I think he's full of shit."
44. "I'm not too worried but it's been over a year since I had an HIV test and let's just say I've been sexually busy."

45. "My doctor is trying to scare me, saying my foot will be amputated if I don't smarten up."

46. "The physicians really want my daughter to have the transplant, but I just have a funny feeling about it. They think I'm crazy but I say leave well enough alone and let her stay on dialysis."

47. "My son tells me that I have to get some grief counseling and move on. I was married to him for 58 years, and if I want to be sad for a while, I think I've got the right, don't you?"

48. "I'm not going to wear Depends. I'd rather just keep peeing my pants. I get new ones at Goodwill, and it all works out."

49. "I don't want to be a burden on my family. I just want to be left alone to die. This will be too hard for them."

50. "The doctors say he is brain dead but his eyes flutter and I know he's in there. I just can't kill my own son. A mother can't do that."

51. "The doctors say I have to gain weight but they won't give me Boost. I like that stuff. I'd drink it all the time if they'd just give it to me."
52. "First I got cancer. Then as soon as I recovered, my husband had his stroke. My daughter just lost her job, and then my son died suddenly of a cocaine overdose. I can't take one more piece of bad news."
53. "I love food, that's my problem. Other people can eat whatever they want and stay skinny as a rail. Me, if I so much as eat two leaves of lettuce, I gain another 10 pounds."
54. "The dietician wants me to eat these weird foods that I've never even heard of and certainly don't like the looks of. That's just now how my family and friends eat."
55. "I need the Vicodin. It's the only thing that helps my pain. I have rheumatoid arthritis for Christ's sake. They are making me feel like a junkie."

What Your Clients Say

1.

2.

3.

4.

5.

Summarizing

- ▶ Draw together a series of prior client statements and offer them back to the client “like a strand of pearls”
- ▶ Preface: “Let me try to summarize what you’ve been expressing here . . . ”
- ▶ One, Two, or Three “Pearls of Wisdom” (brief)
- ▶ Ask for feedback: “What would you add or subtract?”



Summarize



Preface:

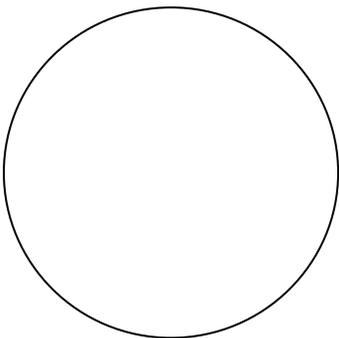
“Let me see if I am understanding you properly . . .”

“Let me summarize . . .”

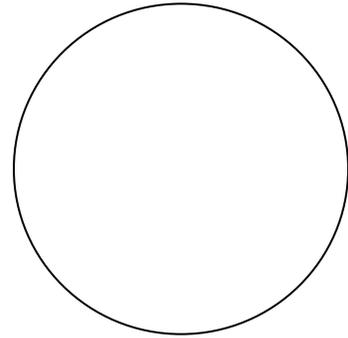
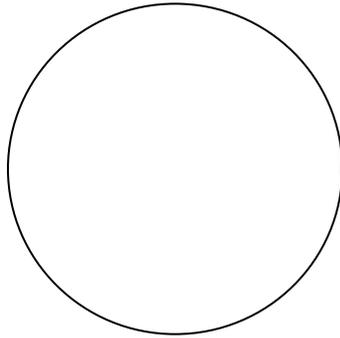
“Allow me to make sure I am following you correctly . . .”

Pearls of Client Wisdom (Pick 1-3):

Status Quo



Other Side



If Ambivalent, Start with Status Quo and then move to the “Other Side” . . . If not ambivalent, OK to summarize their resistance only. Concision counts!

Elicit:

“What else?”

“What would you change?”

“Did I get that right?”

Reflecting Forward . . . and Summarizing

A1

“All you people seem to care about is whether or not I take my medication. Did you take your medication today?”

B1

“I don’t think my memory is so bad. My daughter has a tendency to exaggerate, you know. She’s always been little miss perfect.”

C1

“My toddler is all over the place. He’s into everything, he breaks everything, and he crapped on the floor last week, just took his diaper off and went. Yelling is the only thing that gets his attention. I have enough stress in my life without that, you know?”

A2

“It makes me feel like I’m not me anymore, and I want to be me and for people to accept me as me. It’s like my parents and friends only like me when I’m drugged up.”

B2

“I don’t need to eat as much. I’m just not hungry. I’m perfectly happy with the food I have. Just because I don’t want to cook anymore doesn’t mean I want somebody else’s food.”

C2

“The parenting class is a waste of time. I do what they tell us to but it never works. The teacher is very pie in the sky, a real Santa Cruz granola type. I don’t even think she has kids of her own.”

A3

“I like the powers I get. I can read people’s minds, I get signals, it’s like that’s when I really know what is going on. I don’t care if that drives people away.”

B3

“The last thing I want to spend my day doing is being around other old people. Now that would truly be depressing. Judge Judy and I are just fine.”

C3

“I’m beginning to think I should just quit my job and go back on welfare. I could be a better mom if I stayed at home.”

A4

“If I lose my housing, so be it. I’m not taking the medication, and that’s final. Discussion over.”

B4

“I don’t want to be a burden to anyone. If people want to come help me, they will but if they don’t, I’ll manage just fine like I always have. I’m a tough old bird.”

C4

“What would you do if you were me?”

A5 SUMMARIZE

B5 SUMMARIZE

C5 SUMMARIZE

“Listening is an act of love and when you listen with the intention of helping someone to change their life in accordance with their values, that’s love with a goal.”
--Allan Zuckoff



Focusing



- Who decides the focus/destination and how?
 - Common problems: no specific focus or disagreement and tension between client and provider about the focal priorities
 - Agenda Mapping: a metaconversation “talk about our talk”
 - Guiding Role: “A conversation between two experts”
-

THE CHANGE MENU: WHAT'S TYPICALLY ON IT?



- **Radical Behavior Change** - the complete stopping or starting of a (set of) behaviors
- **Incremental Behavior Change** - gradual reduction or increase of a behavior or set of behaviors
- **Attitudinal or Perceptual Change** - shifting the way one thinks about or responds to a situation without necessarily changing the situation or other person
- **Making a Decision** - making a selection among options which initially seem equally desirable and/or undesirable or have complicated cost/benefit ratios
- **Accepting the Status Quo** - choosing to stay exactly where one is behaviorally and attitudinally

Client Talk: Change vs. Sustain

CHANGE TALK



- Any client speech that favors the possibility of change
- Examples include:
 - discomfort persisting with the status quo
 - confidence in self-ability
 - optimism about how the future might be better if change occurred.

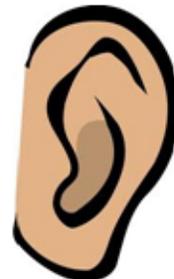
SUSTAIN TALK



- Any client speech that favors the status quo or no change position
- Examples include:
 - minimizing the problems and/or consequences
 - expressing pessimism about ability to change successfully

When you hear change talk . . . *

- **E**laboration or Example (*Ask For*)
- **A**ffirm
- **R**eflect
- **S**ummarize



*but avoid rushing toward premature commitment

CATEGORIES OF CHANGE TALK

<p>Desire (intrinsic)</p>	<ul style="list-style-type: none"> • If you could change one thing about yourself, what would it be? • If there is a small part of you that would like to be different, what does that part want? • What kind of life do you eventually want for yourself and/or your family? How does this (problem behavior) fit into that life?
<p>Ability (confidence)</p>	<ul style="list-style-type: none"> • If you decided you wanted to change this, how would you go about it? • If you decided you wanted to change this, how confident are you that you could succeed? • If you decided you wanted to change this, what, if anything, might get in your way? • When there have been occasions you were able to stop or decrease, how were you able to do this?
<p>Reason (Benefits of Change)</p>	<ul style="list-style-type: none"> • If you can imagine yourself succeeding eventually, how might your life improve if you did? • If you did want to change this, how might this benefit your family? • What do you imagine people who succeed at this report about their lives after they've succeeded?
<p>Need (Adverse consequences)</p>	<ul style="list-style-type: none"> • You've mentioned what you like about _____. On the other hand, what is the down side? • If you were to continue in the same way and look down the road, what do you see? • If you don't change this, what's at stake? • What would your family say they worry about? • Down the road, what would be some signs that would cause you to reconsider _____ ? • What are the best and worst case scenarios about how this could play out?

- 1. If the client begins spontaneously talking about change themes, you can extend this by making strategic reflections (“You’ve been growing more concerned about this”) as well as by asking for elaboration or examples. (“Tell me more.” “I’m curious about why you say that.” “Could you give me an example of what you mean?”).**
- 2. For resistant clients, make it clear that this is just a hypothetical exploration: “I know you are saying you don’t want to go to a rehab program. I hear you loud and clear. Just so I know, though, please tell me what some of the possible benefits, if any, might be.”**
- 3. If the client becomes argumentative or defensive, roll with resistance. Do not argue!**
- 4. When you have reached a logical ending point for this exploration, remember to reinforce it with affirmations (“I appreciate your willingness to talk about this – it says a lot about you”) and a summary which highlights in an even-handed way their mixed feelings. Sequence the “pearls” from least to most threatening so as to highlight their ambivalence and let them feel that.**
- 5. Remind the client that he can explore the possibility of change with you and still be in charge of if, when, and how to change.**

Evoking Change Talk: Quickie Questions

1. You feel really strongly about _____ (reflection), what about the other side, just for balance sake?
2. What do you like about _____? (disarming question). On the other hand, what has been the not-so-good?
3. It seems like you are not ready to give this up right now. When you look down the road, what would be some of the future signs that may cause you reconsider?
4. It seems like you don't want to do this right now. If you did want to change this, what do you think your reasons would be?
5. If you decided you wanted to change this, how would you go about it? How confident are you that you could succeed if you wanted to?
6. You mentioned that _____ really gets on you about this. What are his/her concerns? If she/he were here right now and I asked what worried him/her, how might they answer?
7. How does _____ fit into the kind of future life you want for yourself?

FIND THE CHANGE TALK



Fawn is a 23 year-old, male-to-female transgendered immigrant from Samoa who is employed as a clerk and has been residing with a boyfriend for 12 months who appears to be addicted to heroin, using her for money, and batters her at the end of the month when they run out of money and he goes through withdrawal. She has a history of depression and self-harmful behaviors.

The first three weeks of the month are so pleasant. We have a lot of fun together, you know. It's not all bad. He's really sweet. When I'm at work, he cooks for me, cleans up, and sometimes he even leaves me a rose on the bed. He's not all bad. I talk to his Mom by phone and she says he's always been a sweetheart.

I couldn't come out as transgender until I moved far away from my family. I was raised in the upper class – we had servants – and we were very Catholic. We had a reputation to uphold. I didn't want to hurt them.

I mean honestly who is going to date somebody like me. I know I pass for a real woman but I haven't had the surgery down there, can't afford it, and don't know if I want to switch equipment anyway (laughs). I don't want a gay man, I want a man man, straight out of prison (laughs). When it comes to down there, I don't have the options of other women. I'd rather be with him than be alone.

I notice that I begin to feel very worried and depressed toward the end of the month. That's when things get bad. We run out of money, he starts going through withdrawal, then he starts demanding I bring him more money. He has even encouraged me to do sex work. Look at what he did to me last month (rolls up sleeve to show what appears to be a scar from a bite mark).

I went to a psychic and she told me that love will conquer all demons. I really trust her. She knows what she's doing. She knows things about me without me saying a thing. She's definitely the real deal. You probably think I'm crazy for going to a psychic but I believe in that stuff.

I have to be honest that I have a little crush on my boss. He's such a nice guy, and I think he's probably nice four weeks of the month (laughs). I don't really think I could have a man like that. It's sad but I have to accept the reality that I have limited options. It's not right but it's okay – you know, Whitney and I have a lot in common!

I just love watching Dancing with the Stars. I feel so happy watching those folks dance, and I just dream of being able to be that beautiful and happy. I used to love to dance. Before I transitioned, I was a great ballroom dancer but I'd have to switch roles now (laughs).

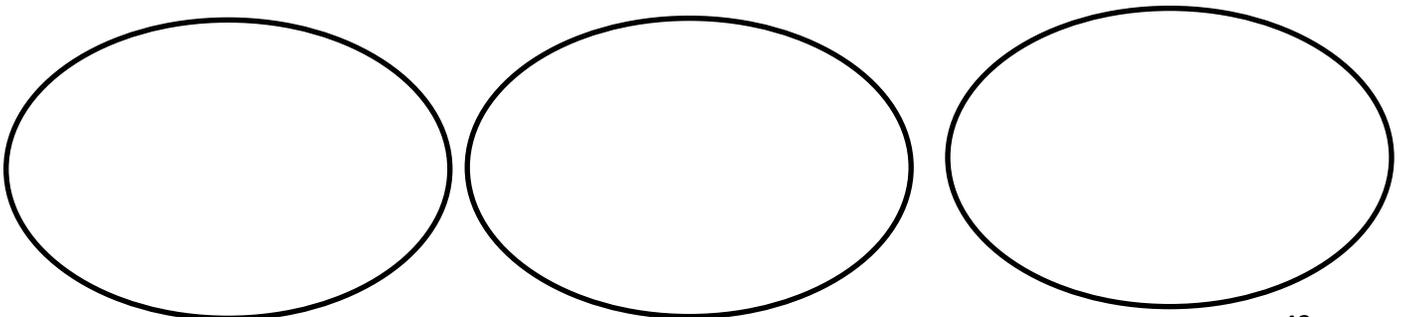
APPLY EARS:

What would you *Encourage Elaboration* upon or ask for
Examples of?

What would you *Affirm*?

What would you *Reflect*?

How would you *Summarize*?

Three empty, horizontally-oriented ovals are arranged in a row, providing space for the user to write their responses to the questions above.

Evoking Change Talk

Adapted from: Motivational Interviewing Training for New Trainers, Resources for Trainers (September, 2004), www.motivationalinterview.org

When you ask certain types of questions, they elicit or evoke more change talk which, then, can encourage and reinforce motivation to change and feelings of self-efficacy.

1. Ask Evocative Questions

- a. Ask open-ended questions, the answers to which are likely to increase the client's anxiety and discomfort with the status quo.
- b. Examples
 - i. You mentioned before that (discrepancy you noted earlier). Can you tell me more about that? (Elaborate on theme they initiated)
 - ii. If the friends or family that truly love you best were here talking with us, what would they say worried them most?
 - iii. What part of you has some slight concerns about this?
 - iv. Most people have a small part of them that disagrees even if most of them feels a certain way. I'd like to hear from the small part of you that thinks _____ may not help you in the long run.
 - v. For the most part, you don't seem worried about _____. If you were worried, what would you be worried about?
 - vi. You seem confident that if you wanted to change this you could. Tell me more.
 - vii. Every behavior has a good and bad side. I've heard from you about the good. What's the other side?

2. Explore Decisional Balance

- a. Ask first about the good things about the status quo, then ask for the not-so good things
- b. Examples
 - i. You have a lot of good reasons why you are doing _____. What are the reasons that you worry may not be so good?
 - ii. _____ really helps you right now. What is the downside, if any?

3. Looking Back

- a. Ask about a time before the current concern emerged (if this ever existed) or experiences during a period of abstinence. How were things better, different?

4. Looking Forward

- a. Ask what may happen if things continue as they are (the status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?

5. Querying Extremes

- a. What are the worst things that might happen to you if you don't make this change?
- b. What are the best things that might happen if you do make this change?

6. Use Change Rulers

- a. Ask "On a scale of zero to ten, how important is it to you today to [target change] – where zero means not at all and ten extremely important. Follow up: "Why are you not at zero?" "What might happen to move you from [current score] to [a higher score]?" You can also rephrase this question to account for how much you want (desire), how confident you are that you could (ability), or how committed you are (commitment).

7. Explore Goals and Values

- a. Ask what the person's guiding values are and how this behavior fits in with that.
- b. Examples
 - i. You seem like a person who values _____. Tell me how ____ fits or does not fit into that.
 - ii. How does this fit in with the things you want for yourself in life?
 - iii. Does ____ help you reach a goal, interfere with reaching a goal, or is irrelevant to what do you want in life? Using a values card sort can be helpful here. If there is a "problem behavior", ask how that behavior fits in with the persons' goals or values. Does it help realize a goal or value, interfere with it, or is it irrelevant?
 - iv. Values Card Sort. Have 10 values written on cards and ask the client to sort from most to least important. Deliberately place values that may evoke discrepancy (i.e. if patient values being seen as smart, put that in the deck). After identifying their most important values, ask them how these values guide them in their current dilemma/situation?

CHANGE RULERS

Importance

On a scale of 0-10 with 0 being not important at all and 10 being extremely important, how important would you say it is to you right now to . . . ?

0	1	2	3	4	5	6	7	8	9	10

*Not Important
At All*

*Somewhat
Important*

*Extremely
Important*

Confidence

On a scale of 0-10 with 0 being not confident at all and 10 being extremely confident, how confident are you right now that you could . . . if you decided to?

0	1	2	3	4	5	6	7	8	9	10

*Not Confident
At All*

*Somewhat
Confident*

*Extremely
Confident*

Readiness

On a scale of 0-10 with 0 being not ready at all and 10 being extremely ready, how ready would you say are right now to . . . ?

0	1	2	3	4	5	6	7	8	9	10

*Not Ready
At All*

*Somewhat
Ready*

*Extremely
Ready*

CONFIDENCE BUILDING

Strategy Shortlist

Evocative Question	<p><i>“From what do you draw confidence that you could succeed?”</i></p>
Personal Strengths	<p><i>“What qualities do you have as a person that you are proud of that might be of assistance to you in overcoming this situation?”</i></p> <p><i>“Tell me a few of your better qualities.”</i></p> <p><i>“If I talked to someone who knows you well, what would they say some of your positive traits are and how these might help you succeed?”</i></p>
Review Past Success	<p><i>“When in your life have you made up your mind you were going to do something and did it?”</i></p> <p><i>“When you think back about your life, tell me about a time when you overcame something very difficult that you didn’t think you could do.”</i></p> <p><i>“What are the lessons you have learned from previous attempts about what works for you and what does not?”</i></p>
Hypothetical Change/ Miracle Question	<p><i>“Suppose you did succeed and are looking back on it now: What most likely is what worked? How did it happen?”</i></p> <p><i>“Suppose that one HUGE obstacle wasn’t there. Then how would you feel about making this change?”</i></p>

Resistance Producing Style

- *Confronting*
- *Persuading*
- *Nagging*
- *Interrupting*
- *Ordering*
- *Judging*
- *Showing the way*
- *Taking charge*
- *Directing*
- *Talking down to*
- *Pulling the stroke*
- *Exerting authority*
- *Pressuring*
- *Criticizing*
- *Scaring*
- *Rescuing*
- *Shaming*
- *Scolding*

Resistance Traps:

- The question-answer trap
- The taking sides trap
- The expert trap
- The labeling trap
- The scare tactics trap
- The pouncing trap
- The information overload trap
- **The premature action planning trap**

The “righting reflex”

The need to...

- Fix things
- Set someone right
- Get someone to face up to reality

NO FIXIN’

NO FIXIN’

NO FIXIN’

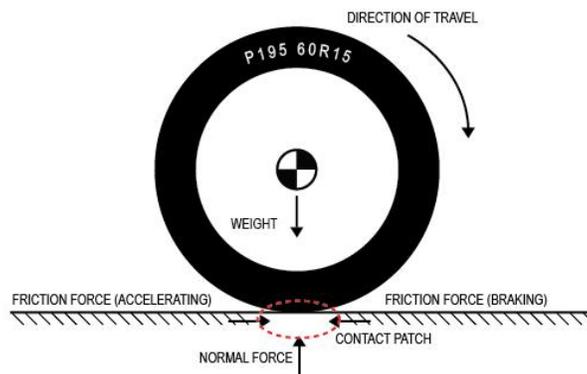
Adapted from Berg-Smith Training and Consultation, 2012

Roll With Me, Baby: Motivational Interviewing Techniques for Responding to Resistance



Key Point

- *“Roll with Resistance.” Whatever you do, REFUSE to confront, cajole, argue, persuade, lecture, reason with, blame, shame, or otherwise vehemently disagree with your client’s resistance/denial more than is necessary to accomplish your notification/clarification duties. In other words, don’t spin your wheels in the mud; instead, wait until you have some “traction.” Why add to the reasons your client can say she or he is not willing to change (blaming/hating you is easier than feeling more helpful emotions: sadness, regret.) This is a somewhat radical concept in clinical work and yet a very simple and basic one.*



Clinical Techniques When Responding to Resistance

WHEN IN DOUBT, REFLECT, REFLECT, AND OMG, YOU GUESSED IT: REFLECT

- 1. Simple Reflection.** Reflection is particularly difficult for therapists when they disagree with the client's perspective and when they feel the client is at risk. Frequently, then, therapists reserve reflection only when the client says something they want to hear or voices a plan they feel is safer. It is more effective, however, to evenly reflect and to take your opinion out of the equation. (Example: *You feel your SRO hotel management is incompetent.*)
- 2. Amplified Reflection.** Reflect back what the person has said in amplified or exaggerated form – to state it in a more extreme fashion. This is always executed with empathy and sincerity, not hostility or sarcasm. (Example: *You hate everything about the SRO you live in.*)
- 3. Double-Sided Reflection.** Reflect back both of the client's conflicting perspectives, usually requiring the use of previously verbalized material. Use the conjunction "and" instead of "but" when doing this. (Example: *You don't really want be on the streets again AND yet you are extremely frustrated about living in the SRO.*")

BEYOND REFLECTION: OTHER RESPONSES

- 1. Shifting Focus.** By changing the topic or detouring skillfully around it, you travel around the obstacle rather than trying to crash through it or "break it." Diffuse the initial concern, and then direct attention to an issue that client appears more willing to discuss. (Example: *"It seems like we're not going to agree on whether or not you need a representative payee to help you manage your money. You mentioned earlier that you would like to know more about paratransit . . ."*)
- 2. Reframing/Agreeing With a Twist.** Reframing acknowledges the validity of the person's raw observations but offers a new meaning or interpretation for them. It often validates the uses or benefits of the problematic behavior in the short-term and then offers a perspective on

the long-term disadvantages by offering information. Reframes are best kept brief. Let the client decide if she or he wants to accept or disagree with the reframe. (Example: *“When I hear you express so many concerns about your SRO hotel, it makes me realize again how much care about where you live. I agree that this is a major issue in your well-being.”*)

- 3. Emphasizing Personal Choice and Control.** Firmly and enthusiastically remind the client that, in the end, it is she or he who determines what will happen. (Example: *“You have total control of your money. It’s up to you to decide if you are going to pay your rent or not – it’s 100% your decision. There’s only one person in the world who can make you pay your rent: YOU.”*)
- 4. Coming Alongside.** In this strategy developed through an understanding of paradox and “reverse psychology,” the therapist assumes the client’s argument that he or she should not change and names it, often freeing up the client to think and feel the other side. This is really a special form of amplified reflection, used strategically (Example: *“You are so dissatisfied with your SRO hotel management that you have decided not to pay your rent. You understand that this may lead to you being evicted and you are willing to take your chances. You really want me to back off, and so I will.”*).



ROLLING WITH RESISTANCE

Strategy Shortlist

<p>Simple Reflection (restate)</p>	<p><i>"You resent having to be here."</i></p>
<p>Amplified Reflection (overstate intensity)</p>	<p><i>"I hear you loud and clear that this is the last place you'd want to be today."</i></p>
<p>Double-Sided Reflection (capture ambivalence)</p>	<p><i>"You don't want to be here and yet I can tell that you made the effort anyway."</i></p>
<p>Shift Focus (direct away)</p>	<p><i>"You know. I think I'm started off on the wrong foot. Let's move to another topic if that's all right."</i></p>
<p>Reframe (agree with raw data/offer new interpretation)</p>	<p><i>"You've said several times that you can use more than other people and still function. This is called tolerance. People with high tolerance truly don't notice as many negative effects, and it can actually put them more at risk."</i></p>
<p>Emphasize Personal Choice (restores sense of control)</p>	<p><i>"It's my job to inform you of available services and to encourage you to participate in your case plan. It is up to you to decide what, if anything, you are ready, willing, and able to do. I can't decide that for you."</i></p>
<p>Come Alongside (Side with resistance)</p>	<p><i>"We've talked about this quite a bit, you've really thought about it, and you're not willing to get into a program. You feel strongly that it would not help you."</i></p>

The Final Process: Planning

- What, if anything, does the client wish to do about their concern in the focal area?
- Highlight their ability to decide what, if, when, and/or how to attempt change throughout
- Emphasizing acceptance and personal choice and control helps to facilitate client decision-making

SERENITY PRAYER

God grant me the serenity
to accept the things
I cannot change.
The courage
to change the things I can,
and the wisdom
to know the difference.

The Next Steps . . .



“What next steps, if any, make sense for you now?”

“What, if anything, are you thinking about at this point?”

“What next steps, if any, do you feel ready to take?”

“What do you think you’ll do?”

“What, if anything, are you willing to commit to?”

Elicit –Provide – Elicit

Elicit First.

What do you already know about _____?

What have you heard about _____?

Would it be OK if I shared with you a piece of information/concern/advice?

Provide Information and/or Advice.

Be brief. Stay relevant.

Present 2-3 options or Make 2-3 points.

Do not talk for more than 1-2 minutes.

Watch their reactions carefully for resistance, disengagement.

Elicit Feedback.

What do you make of this?

What do you think?

How relevant is this to you?

What do you agree or disagree with?

Asking Permission

In Motivational Interviewing, you are only allowed to provide information or advice or to express a concern if the client asks you to do so OR if you ask permission in advance. And just because the client asks or gives permission does not mean that you have carte blanche to express your point of view at length or without sensitivity. Prioritize your key information points, pieces of advice, and/or concerns so as to remain brief, relevant, and focused. At the first sign of resistance or disinterest, stop, put a period on it, and engage the client in evaluating the information, advice, or concern you shared. Even if they seem interested, remain brief and ask them for their opinion of what you shared. Then reflect, and if necessary, roll.

Nice ways to seek permission:

Would it be all right if . . . ?

If you'd permit me to, I'd like to . . .

I'd like to share a worry with you if you are open to that.

I'm wondering if I could ask for 2-3 minutes to provide you with some pieces of information that may be helpful to you.

If you're OK with it, I'd like to share some of the resources that have helped other clients I've worked with who have had similar dilemmas.

I am really worried about something, and I was hoping you would give me the floor for a few minutes to explain to you what I am worried about.

I'm going to need to spend a few minutes today . . . Would that be all right with you? When would you prefer that we take care of that?

Nice ways to ask for their reaction:

What part of that information, if any, applies to you?

What are your immediate thoughts and reactions?

**Top 12 Highlights from
Motivational Interviewing Training
Greg Merrill, LCSW**

1. ***Everybody changes in their own time and in their own way.*** Change usually occurs after a period of “uncomfortable discrepancy” between one’s actions and intentions and after a long period of going back and forth (ambivalence).
2. ***Style matters.*** When people are thinking about changing, talking to someone who provides high empathy with low control tends to hasten the natural change process. Other styles tend to block it. Who do you want to be?
3. ***Whenever possible ask open-ended questions.*** Allow the client to elaborate fully upon their perspective – how *they* see it, what *their* values and intentions are, how *they* experience problems and solutions, what *their* priorities are.
4. ***“Every person needs a good listening to.”*** Listen below the surface to the real meaning of what the client is trying to tell you. What is this client really trying to say through their words, their nonverbal expression, and their actions? Listening for the unspoken, true meaning is the deepest level of listening.
5. ***Reflect back your best estimation of what the client appears to be telling you.*** Repeat: “Every person needs a good listening to” -- especially persons in the precontemplative stage of change. This requires you to stop yourself from giving advice, information, and resources prematurely and to exercise more patience, more trust, and less control. Can you change *that*?
6. ***PERIOD. PAUSE. Wait. Watch.*** After your reflection, stop, pause and let the statement “hit.” This allows for the client to experience related emotions. In most cases, you will be able to tell if you “hit the dart board” or missed the wall altogether.
7. ***When there is a natural lull in the conversation or you are near the session’s end, summarize.*** Provide a statement that ties together the themes you have been exploring together. Ask: “What else?” This allows you and the client to transition to the next topic or wrap up for the day.

8. **After rapport has been established, look for opportunities to respond to and elicit change talk.** Here you are trying to get the client to talk or think about “the other side,” to feel enough discomfort to create change momentum but not so much to make them become closed or defensive and to have an increased sense of confidence, self-efficacy, and/or optimism.
9. **When a client begins to argue with you, refuse to argue back .** Instead, go right into reflective listening: “You disagree with me.” “You don’t feel I get you right now.” “You are annoyed with me because I got it wrong.” “My idea doesn’t fully apply to you.”
10. **If you want to express a concern or give advice, you have to ask permission.** Then be brief. Then ask the client to evaluate your concern or suggestion. Remember: *their opinion matters more than yours.*
11. **Let them suggest the next step.** By asking the key question “given what we’ve talked about today, what next step, if any, makes sense to you?” puts the responsibility on them to decide whether or not, if, and how to use the conversation.
12. **Remember that clients are responsible for deciding upon whether or not, when, and how to make change.** They have the same right as any other to make dozens of mistakes in the process or to altogether fail. By contrast, you are responsible for mandatory reporting and, short of those conditions, for providing a professional relationship that provides the right interpersonal climate for change. It’s that simple, and it’s that complex. . .

BUCKET O' PEARLS *(courtesy of Berg-Smith training and consultation 2010)*

