TECHNICAL ASSISTANCE REPORT FOR THE ACCESS TO RECOVERY GRANT PROGRAM

MOTIVATIONAL INTERVIEWING: A COUNSELING APPROACH FOR ENHANCING CLIENT ENGAGEMENT, MOTIVATION, AND CHANGE

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1. Introduction

During the summer of 2007, the Center for Substance Abuse Treatment in the Substance Abuse and Mental Health Services Administration, (SAMHSA/CSAT) tasked its Access to Recovery (ATR) technical assistance contract, the Performance Management Technical Assistance Coordinating Center (PM TACC), to develop a set of resource materials for incoming second-round ATR grantees. The PM TACC prime contractor, the American Institutes for Research (AIR), and their subcontractor, JBS International, Inc., brought to this product-development task the experiential knowledge rooted in service to CSAT and the ATR Round 1 grantees throughout all phases of the first-round grants-- from the pre-application roll-out of the Presidential initiative, to early implementation and sustained operation of the grant programs, to their eventual close-out. SAMHSA/CSAT's selected topics for the resource materials target key issues, barriers, challenges, and decision points that faced the first-round grantees during each of these phases. They are written from the PM TACC contract's experiences with the 15 grantees that broke new ground for the substance abuse field by demonstrating the feasibility of using a voucher model for providing publicly-funded treatment and recovery services.

Some of the newly developed resource materials modify, update, and consolidate technical assistance (TA) reports emanating from the Round 1 grantees' TA experiences. Other products provide syntheses of the Round 1 grantees' experiences related to various topics central to effective and efficient planning, implementation and management of an ATR grant. CSAT has requested that these reports be made available to Round 2 ATR grantees so that the new cohort may benefit from the experience and work accomplished by the initial ATR grant recipients. Below are lists of the available reports.

SYNTHESES

- Access to Recovery Report: Lessons Learned from Round 1 Grantees' Implementation Experiences
- Administrative Management Models: Compilation of Approaches by Initial Access to Recovery Grantees
- Planning and Implementing a Voucher System for Substance Abuse Treatment and Recovery Support Services: *A Start-Up Guide*
- Setting Up a System for Client Follow-Up
- Recovery Support Services
- Case Management
- Summary and Analysis of Grantee Fraud, Waste, and Abuse Activities

TA CONSOLIDATED REPORTS

- Basics of Forecasting and Managing Access to Recovery Program Expenditures
- Compilation of Technical Assistance Reports on Rate Setting Procedures
- Development of a Paper-based Backup Voucher System
- Financial Management Tools and Options for Managing Expenditures in a Voucher-Based System: Round 1 Grantee Experiences
- Motivational Interviewing: A Counseling Approach for Enhancing Client Engagement, Motivation, and Change

- Outreach to Faith-Based Organizations: Strategic Planning and Implementation
- Strategies for Marketing Access to Recovery to Faith-Based Organizations
- Targeted Populations: Technical Assistance Examples

About this TA Report

This report, *Motivational Interviewing: A Counseling Approach for Enhancing Client Engagement, Motivation, and Change,* synthesizes information from three TA reports that briefly described Motivational Interviewing (MI) workshops provided to three Round 1 ATR grantees, and from the writings of MI experts. This is not intended to be a stand-alone training manual, but rather an introduction to the topic of MI. It is intended to provide a broad overview that may be of interest to state-level staff, ATR program directors and other staff, and front-line ATR service providers. Readers who are interested in using this approach will need to get additional training (e.g., via TA offered through to ATR grantees) before successfully implementing it.

About the ATR Program

ATR is a competitive discretionary grant program funded by SAMHSA that provides vouchers to clients for purchase of substance abuse clinical treatment and Recovery Support Services (RSS). ATR program goals include expanding capacity, supporting client choice, and increasing the array of faith-based and community-based providers for clinical treatment and recovery support services. Key among ATR's goals is providing clients with a choice among qualified providers of clinical treatment and RSS. Under the ATR program, treatment and RSS can be provided by both nonsectarian and faith-based organizations (FBOs).

2. Introduction to Motivational Interviewing

A. What Is Motivational Interviewing?

MI is a client-centered, directive counseling approach for enhancing motivation to change by helping clients to explore and resolve ambivalence. *(See Section 9, "Tools and Handouts" Topic—What Motivational Interviewing Is NOT.) (Note: The "Tools and Handouts" section of this document is a compilation of handouts from the three TA workshops provided to Round 1 ATR grantees. Handouts related to various aspects of MI are referenced in the relevant section of this document. However, detailed information about each handout is not provided, as such information was not present in the TA reports upon which this document is primarily based.)*

B. Where, When, and Why Might an Access to Recovery Program Use Motivational Interviewing?

MI has been used to help clients change a wide range of problematic behaviors, but it has been most extensively used to help people overcome substance use problems. Research shows that MI, as well as briefer adaptations of this approach, can be effectively used in a wide range of settings. These include outpatient, residential, medical, faith-based, community-based, and correctional programs. MI can be delivered in individual sessions or groups by a variety of individuals, including professionals and paraprofessionals with differing educational and experiential backgrounds. MI can be readily adapted to diverse cultures and populations, including adults and adolescents, people of various ethnic and racial backgrounds, and those who use different substances of abuse and dependence. It can be used as a stand-alone approach or it can be used along with many other treatment and support services. MI is typically used in multisession contacts with clients, but adaptations of this approach can be used effectively in single sessions (e.g., brief emergency room interventions).

Research shows that MI can improve:

- Treatment retention and engagement
- Treatment adherence
- Counselor perceptions of client motivation
- Client outcomes (e.g., substance use)

An ATR program might train care coordinators to use MI approaches to improve client retention when they move between levels of service such as moving from treatment services to RSS, thereby increasing RSS utilization. Or, an ATR program might train staff to use MI to increase its use of evidence-based best practices and to improve client motivation and readiness to change. An ATR program might also train staff to use MI to improve client outcomes. Finally, MI might be used by assessment staff to increase the likelihood that clients will access and receive the types of care they are assessed as needing.

3. Some Key Motivational Interviewing Concepts

A. Motivation

MI seeks to enhance client motivation, which is viewed as having three key components: willingness, ability, and readiness to change.

"Willingness" concerns the importance of changing. To *want* to change, the client has to think it is important to do so. Importance generally increases when clients perceive discrepancies between their current behavior and their goals and values (e.g., wanting to live a long and healthy life and seeing damage being done to one's health).

"Ability" concerns confidence in changing. To be motivated to change, the client has to be aware of effective change strategies and believe that he or she has the ability to successfully implement them.

"Readiness" concerns priorities related to changing. Even if a client thinks it is important to change and is confident that he or she can do so, the client may not view change as a priority. Readiness can fluctuate over time and in different situations and it can be influenced by external factors. In the context of change efforts, it can be thought of as the probability that a client will enter into, continue, and adhere to a specific change strategy.

MI can be used to enhance motivation—willingness, ability, and readiness to change—throughout the time a client is in an ATR program.

B. Stages of Change

MI is grounded, in part, in the transtheoretical model of change, developed by James O. Prochaska and Carlo C. DiClemente, which is often called the "stages of change" model. In this model, people are viewed as moving through various stages of readiness to change in their efforts to modify their behavior.

The stages of change are:

Precontemplation—No intention to change and unaware or underaware of problems

Contemplation—Aware of problems and seriously thinking about changing

Preparation—Committed to changing and making plans to change

Action—Actively changing (e.g., behavior, environment) to overcome problems

Maintenance—Working to sustain changes and prevent relapse

Movement through these stages is rarely linear, with clients often moving backward and then forward again one or more times before achieving long-term change. Understanding this cycle is important for counselors using the MI approach, as it enables them to empathize with their

clients' struggles to change and to focus on the task of assisting clients to successfully move from one stage to the next.

C. The "Spirit" of Motivational Interviewing

MI views confrontation as a *goal* of counseling—clients need to see and accept reality to be able to change. But MI does not view confrontation—being argumentative, heavy-handed, or coercive—as an effective counseling *style* for achieving this goal. The client-centered MI counseling style is typically gentle; however, it also is directive. Specific techniques, which are discussed later in this guide, are used to operationalize this style. But it is most important for counselors to understand the "spirit" of MI. *(See "Tools and Handouts" Topic—The Spirit of Motivational Interviewing.)*

There are three fundamental aspects of the "spirit" of MI:

1. *Collaboration.* MI counseling involves a partnership in which the counselor creates an atmosphere that is conducive, not coercive, to change.

2. *Evocation.* Clients are viewed as intrinsically motivated to change and the counselor's role is to elicit this motivation.

3. *Autonomy.* MI respects client autonomy and sees the responsibility for change as residing completely within the client.

These three fundamental aspects of the "spirit" of MI can be elaborated upon as follows:

1. *Motivation to change is elicited from the client and not imposed from without.* MI identifies and mobilizes the client's intrinsic values and goals to stimulate behavior change.

2. *It is the client's task to articulate and resolve client ambivalence.* Ambivalence is a conflict between two courses of action, each with perceived benefits and costs. The counselor's task is to facilitate the client's expression of his or her ambivalence and guide the client toward resolving it in a way that triggers change.

3. *Direct persuasion is not an effective method for resolving ambivalence.* Trying to persuade the client of the urgency of the problem or about the benefits of change generally increases client resistance and diminishes the probability of change.

4. *The MI counseling style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of MI and are prohibited.

5. *The counselor is directive in helping the client to examine and resolve ambivalence.* MI assumes that ambivalence or lack of resolve is the main obstacle to be overcome in triggering change. Once done, there may or may not be a need for the use of other interventions.

6. *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.* MI views resistance as a signal that the counselor is assuming greater readiness to change than is the case, and as a cue to modify his or her motivational strategies.

7. *The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.* The counselor respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior.

4. The Principles of Motivational Interviewing

There are four broad principles that underlie the MI approach. *(See "Tools and Handouts" Topic—Four Principles of Motivational Interviewing.)*

A. Express Empathy

Empathy involves seeing the world through the client's eyes—thinking about things as the client thinks about them and feeling things as the client feels them. Expressing empathy involves accurately and respectfully reflecting this understanding of the client's perspective back to the client, without being judgmental or critical. An empathetic counselor responds to the client's views as understandable and (at least from the client's perspective) valid. He or she also accepts and acknowledges ambivalence as a normal part of human experience and change.

Reflective listening or accurate empathy is a key MI skill that accepts clients where they are, while also supporting them in the process of change. When clients feel that they are understood and accepted, they are more able to open up to their own experiences and share those experiences with others. This facilitates assessment and change planning. Importantly, when clients perceive empathy on a counselor's part, they also become more open to gentle challenges about lifestyle issues and beliefs about substance use. Clients become more comfortable examining their ambivalence about change and are less likely to defend ideas like their denial of problems. In short, the counselor's accurate understanding and expression of the client's experience facilitates change.

B. Develop Discrepancy

While one important part of MI involves being empathic and expressing understanding of where clients *are* currently, another essential part involves being directive and helping clients to move past their ambivalence and change their behavior. "Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 8). Thus, MI counselors gently and gradually help clients to become aware of and examine discrepancies between their current behavior and their values and goals. The counselor does this by helping clients clarify their values and goals and examine the ways in which their current behavior is or may be in conflict with them. Importantly, the counselor guides the *client* to verbalize these concerns and desires to change. When clients see that their current behaviors are inconsistent with important values and future goals, they become more motivated to make changes. Developing discrepancy is concerned with increasing the "importance" of change for the client (i.e., "willingness" to change; see section 2A above).

C. Roll With Resistance

In MI, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenged. Instead the counselor uses the client's "momentum" to further explore his or her views. Using this approach, resistance tends to be decreased rather than increased, as clients are not reinforced for becoming argumentative and playing "devil's advocate" to the counselor's suggestions. MI encourages clients to develop discrepancy

themselves and to develop their own solutions to problems they have defined. Thus, there is no real hierarchy in the client–counselor relationship for the client to fight against. In exploring client concerns, counselors may invite clients to examine new perspectives, but counselors do not impose new ways of thinking on clients or argue for change.

D. Support Self-Efficacy

Self-efficacy is the belief that one can perform a particular behavior or accomplish a particular task. In this case, a client's belief that changing his or her substance use (and other problematic behaviors) is *possible* is an important motivator to making changes. Even if clients believe they have a serious problem, they will not try to change if they do not think they can successfully do so. Thus, a general goal of MI is to increase clients' beliefs or confidence in their ability to overcome obstacles and succeed in changing. This aspect of MI is consistent with the importance of "hope," which is often a key element of faith-based approaches.

In MI, the counselor supports the clients and helps them build self-efficacy or confidence in their ability to change in a variety of ways. First, MI does this by emphasizing personal responsibility for change and the view that only the client can make the change; the counselor can help, but cannot change the client. This view assumes that the client *can* make the change. MI also builds confidence in one's ability to change by emphasizing that there are many approaches to change. Thus, if one approach does not work, the client can try another. Specific ways a counselor can increase client self-efficacy include asking about other successful changes the client has made previously and highlighting skills the client already has; sharing brief examples of similar clients' successes at changing the same problem; and using group settings to show how other people have successfully changed various behaviors.

5. Phase I Motivational Interviewing: Building Motivation for Change

MI is generally divided into two phases: building motivation for change and strengthening commitment to change. Counselors should initially use Phase I MI techniques with all clients, but the amount of time spent in this phase will vary depending on the client's readiness to change. If a client has already decided to change and is committed to it, Phase I techniques may be used less, but they will still be useful in exploring the depth of the client's motivation and consolidating his or her commitment. If a client has not decided to change and/or is not committed to changing, then these techniques are essential for tipping the scales—the "decisional balance"—in favor of change.

To understand the client's ambivalence and build motivation in Phase I, it is useful for the counselor to assess both the importance of change for the client, as well as the client's confidence in changing. This can be done using simple 10-point scales. *(See "Tools and Handouts" Topic—Assessing Importance and Confidence.)* Periodic client ratings on these scales can be used to assist the counselor in determining the relative emphasis needed on increasing importance (by developing discrepancy) and confidence (by building self-efficacy) during Phase I.

Below, six Phase I MI techniques are described. The first four have come to be known by the acronym "OARS" (Open-Ended Questioning, Affirming, Reflective Listening, and Summarizing). *(See "Tools and Handouts" Topic—Learning OARS.)* The goal in using these techniques is to elicit "change talk"—self-motivational statements about the importance of changing and confidence in changing.

A. Open-Ended Questioning

Open-ended questioning is used to encourage clients to talk, explore their problems and the possibility of changing, and establish an atmosphere of trust. Closed-ended questions are ones such as "Have you tried to quit before?" or "When was the last time you had a drink?" which can be answered with short, specific answers such as "yes/no" or "yesterday." In contrast, open-ended questions such as "What are your concerns about your drinking?" and "Tell me about the last time you had a drink," require the client to say and share more. This provides the counselor with important information, as well as opportunities to use other MI techniques.

B. Affirming

Affirming clients is a technique used to build rapport and reinforce open exploration. It also is used to support self-efficacy; to help clients feel that change is possible and that they are capable of successfully changing. Affirmations are statements that recognize client strengths. They generally take the form of compliments and statements of appreciation and understanding, such as "I'm sure it was difficult for you to discuss your drinking with me today, and I admire your openness" and "That's a good idea." Many people who seek help have tried to change in the past, but failed. Thus they are likely to be disheartened and somewhat skeptical about their ability to change. Affirmations are an important tool for enhancing their confidence in

themselves. It is important to note that appropriate affirming may vary with different clients, as those from one culture might be comfortable with a given level and frequency of affirmations, whereas clients from another culture might it find excessive and insincere.

C. Reflective Listening

Reflective listening also is known as listening with empathy and listening reflectively. *(See "Tools and Handouts" Topic—Reflective Listening.)* It involves carefully listening to a client, making a guess at what the client means, and voicing this guess in the form of a statement, usually in a modified or "reframed" form. There are various types of reflective statements including simple repetition, rephrasing, and paraphrasing while also adding a guess as to what the client seems to be feeling. An example of the latter type of reflection might be if the client said, "Lately I've been noticing that I get confused sometimes and have trouble remembering things, even when I'm not drinking," and the counselor said, "You've been having some trouble thinking and you're becoming a little concerned that it may be related to your drinking." Reflective listening is an active process. The counselor selects what to reflect and not to reflect, what to pay more or less attention to, and what words to use in reflecting information back to the client to reinforce certain things (e.g., change talk) and guide the client toward change. Accurate reflections encourage the client to elaborate and keep the momentum of a session moving forward.

D. Summarizing

Summarizing is a special type of reflective listening where the counselor reflects back what the client has been saying over a more extended period of time. A summary consists of a statement indicating that a summary is to follow, a selected listing of what has been discussed, a request to correct any omissions, and, if the session is continuing, an open-ended question to restart the discussion. An example might be as follows: "So, to summarize, you're concerned because your drinking is causing problems for you on the job and with your family, and it's starting to hurt your health. But you've tried to quit before and haven't been able to for more than about a month, so you're feeling unsure about your ability to do so. Did I miss anything? What other thoughts have you been having about your drinking?" Summaries are useful for building rapport (by showing that the counselor has been listening), emphasizing key aspects of the session (particularly change talk), shifting the direction of a session, and/or linking together things that have been discussed within or across sessions. They can be used periodically during a session, to conclude a session, to begin a session and build on what was discussed in the previous one, and to transition to a new topic or phase of work.

E. Eliciting and Responding To Change Talk

As was noted earlier, the goal in using the four OARS techniques discussed above is to elicit "change talk"—self-motivational statements that indicate the client may be considering the possibility of change. *(See "Tools and Handouts" Topic—Change Talk.)* Change talk generally takes one of four forms:

Recognizing disadvantages of the status quo—"I'm starting to see that my drinking is causing more problems than I'd thought."

Recognizing advantages of change—"I'd probably feel better if I quit."

Optimism about change (self-efficacy)—"It's going to be hard, but I think I can do this."

Direct or implied intentions to change—"I have to find a way to stop."

There are a variety of specific approaches that build on the OARS techniques and can be used to elicit change talk. These include:

Asking Evocative Questions—Asking open-ended questions to explore the client's concerns and perceptions, often focusing on eliciting the four forms of change talk noted above.

Using the Importance Ruler—Asking the client to discuss his or her rating, for example, why it is not a zero or what it would take to go from where he or she is to a higher number.

Exploring Decisional Balance—Asking the client to discuss the positive and negative aspects of his or her current behavior.

Asking for Elaboration—Asking the client for details, clarification, and examples when a reason for change has been named.

Querying Extremes—Asking the client to describe the extremes of his or her concerns. For example, "What worries you the most about your drinking?"

Looking Backward—Asking the client to describe what things were like before the problem emerged and to compare this with the present.

Looking Forward—Asking the client to envision what things will be like in the future if he or she doesn't change and if he or she does change.

Exploring Goals and Values—Asking the client about his or her goals and values and how his or her current behavior fits with these things.

When change talk does occur, the counselor's goal is to reinforce and increase such talk. This is done using the same four OARS strategies discussed previously—using open-ended questions to get the client to elaborate, and affirming, reflecting, and summarizing the client's change talk.

F. Responding To Resistance

Resistance is evidenced by observable behaviors such as arguing, interrupting, denying, and ignoring. Avoiding or diminishing client resistance during sessions is a primary goal of the MI approach. And, the way counselors respond to resistance is viewed as critically important since

client resistance is viewed as a function of counselor behavior. Resistance indicates that the counselor may be using strategies that are inconsistent with the client's stage of change. A variety of strategies can be used, alone or in combination, to defuse or diminish resistance. *(See "Tools and Handouts" Topic—Resistance.)* These include:

Simple Reflection—Simply acknowledging what the client has said.

Amplified Reflection—Reflecting the client's perspective in an exaggerated, overstated form. Must be done in a supportive, nonsarcastic manner.

Double-Sided Reflection—Reflecting what the client said, as well as the other side of the client's ambivalence from previous information provided.

Shifting Focus—Redirecting attention away from the client's resistance to a different topic.

Reframing—Offering a new meaning or interpretation of what the client has said.

Emphasizing Personal Choice and Control—Reassuring the client that ultimately he or she controls what happens.

6. Phase II Motivational Interviewing: Strengthening Commitment for Change

The Phase I MI techniques discussed above are used to build client motivation, elicit change talk, and tip the decisional balance in favor of change. Phase II MI techniques are used consolidate the client's commitment to change. *(See "Tools and Handouts" Topic—Phase II of Motivational Interviewing.)*

Key indicators of when a client may be ready to prepare for action and begin to make behavioral changes include exhibiting decreased resistance and discussion about the problem and increased change talk. In addition, clients may increasingly talk about how their life would be different if they changed and they may tentatively begin to experiment with change. Clients may switch from contemplation into action in a slow, progressive way or the change may be fairly distinct.

When moving into Phase II, it's important for counselors to keep several potential pitfalls in mind. One is that clients may continue to experience ambivalence even after they have committed to change, thus Phase I MI strategies are likely to be needed throughout the counseling process. Also, counselors need to be mindful of the need to strike a balance between "overprescribing" and "insufficient direction." Counselors should not dictate what the client should do to change and instead should continue to be client-centered and emphasize client responsibility for change. At the same time, counselors should provide clients with guidance and assistance in developing a change plan.

Below, four Phase II MI techniques are discussed that are used to help clients transition from the contemplation to action stages of change, strengthen their commitment to change, and begin the process of changing their behavior.

A. Recapitulation

Recapitulation is a specialized form of a summary that signals the end of Phase I and the beginning of Phase II. It is designed to summarize as many reasons for changing as possible, while also acknowledging the client's ambivalence. Recapitulation begins with an announcement of the summary and an indication that its purpose will be to review what has been discussed to date and to determine next steps. This is followed by brief summaries of the client's views of the problem (reasons for changing), remaining ambivalence (reasons for not changing), and prior change talk, as well as any factual evidence of problems and risks (e.g., from assessments, medical tests) and the counselor's view of the client's situation.

B. Key Questions

After offering a transition summary, the counselor asks "key questions," which are a specific type of open-ended question used to get the client thinking about what to do next. These questions might include "Where do we go from here?" "What do you see as the next step?" and "What are your options?" Previously discussed MI techniques such as reflective listening are useful here to clarify and encourage the client's thoughts and plans.

C. Information and Advice

In Phase II, clients often will ask for information and advice. There are two circumstances under which it is appropriate to provide information and advice in the MI approach. One is when it is requested, and the other is with the client's permission. In general, the counselor waits for an invitation before offering any such guidance. But the counselor can ask open-ended questions designed to elicit an invitation, such as "I'm wondering if you have any questions for me" or "Are there any things you've been wanting to know?" When a client asks for advice or information, it's best to qualify the answer and disconnect it from the individual so they can determine whether and how it applies to them. For example, the counselor might say, "I'm not sure if this will work for you, but it's worked for some people" or "One possibility is to do XXX, but you'd have to test it out for yourself to see whether it will work for you." The counselor also can provide several options so the client can choose among them. If guidance has not been invited, but the counselor believes he or she has something to say that is important to the client's safety or that is likely to enhance the client's motivation for change, and the counselor has already elicited the client's views on the topic, then the counselor can request permission to provide information and advice. For example, the counselor might say, "I wonder whether it would be OK with you if I told you about something that worries me about your plan."

D. Change Plan

Using the techniques discussed above, a plan for change should begin to materialize. Key aspects of creating a change plan are setting goals, considering options for change, and arriving at a plan. Once a plan is developed, the counselor helps the client to commit to and begin to implement the plan. *(See "Tools and Handouts" Topic—Putting it all Together.)*

First, the client needs to set clear, achievable goals. It's very important for the goals to be the *client's* and not the counselor's. It's also important to remember that the client's goals may evolve over time (e.g., a client may want to start with small changes first) and that a client may have multiple goals that need to be prioritized. The counselor might ask the client to brainstorm different possible goals, discuss things like how his or her life might be different (in both positive and negative ways) if he or she achieved each goal, what might interfere with his or her ability to achieve each one, and which are most urgent or important.

After goals are defined, different change strategies need to be considered. The client should be actively involved in the process of generating different options and evaluating them. It's important to describe possible strategies in laymen's terms and to discuss their pros, cons, and anticipated outcomes. It's also important to remind clients that not all approaches work for all people, so a strategy that's tried may not work, but, if this happens, the client can try another.

To arrive at a plan, the counselor can help the client complete a "Change Plan Worksheet" *(See "Tools and Handouts" Topic—Putting It All Together.)* that summarizes the information derived from using the Phase I and Phase II techniques described above. Specifically, the plan summarizes the client's reasons for changing, his or her goals and plans, possible barriers to change, and the anticipated results of the plan (so the client can monitor progress and adjust the plan over time as needed).

Once a change plan has been drafted, the next step is to elicit commitment to the plan. Another recapitulation may be useful here, to summarize the change plan before asking the client to commit to it. Commitment to the plan can be verbal (telling the counselor and other people), written (signing the change plan), and/or public (e.g., telling family and friends, posting the change plan). If a client is uncertain, it's best to acknowledge the difficulty in committing to change and to suggest postponing further discussion of the plan to the next session.

Once the client commits to the change plan, the client and counselor delineate specific next steps that the client will implement from the plan. Subsequent sessions then focus on reviewing progress and modifying the change plan as needed. Throughout the process of changing, Phase I and Phase II MI techniques continue to be used as needed to help the client deal with ambivalence, stay committed to change, deal with setbacks, and celebrate accomplishments.

7. Getting Training and More Information About Motivational Interviewing

There are a variety of ways that an ATR program can get more information about MI and obtain training for staff. There are a variety of books and treatment manuals, as well as a videotaped training series. *(See "Tools and Handouts" Topic—More Information About Motivational Interviewing.)* In addition, there is a network of trainers who offer workshops and consultation (the Motivational Interviewing Network of Trainers or MINT; see www.MotivationalInterviewing.org).

In training workshops, the MI approach is typically taught using a combination of didactic instruction with interactive questions and answers, live and/or videotaped modeling, and role-playing involving trainee participation. Key MI techniques or skills that may be taught include:

- Assessing importance, confidence and readiness to change
- Conducting a decisional balance exercise
- Using client values as a motivator for change by developing discrepancy between behavior and values
- Using open-ended questions to build rapport and engage the client
- Using reflective listening as a relationship building tool and a means of increasing client motivation
- Dealing with and minimizing client resistance through reflective listening
- Designing collaborative change plans
- Allowing the client to set the agenda for a counseling session

One-day training events with an expert trainer can be adequate to introduce the topic of MI and provide training in basic skills such as reflective listening and responding effectively to client resistance. But the time available for skill development via role-playing and feedback will be limited. Two-day training events allow trainees to achieve a higher level of proficiency and facilitate application of new skills on-the-job. *(See "Tools and Handouts" Topic—Sample Two-Day Training Session on Motivational Interviewing.)* Ongoing training and supervision are also important for helping trainees to increase their skill levels and integrate the MI method into their daily practice. A train-the-trainer approach can be useful for developing MI champions within an ATR program who can support the use of MI and provide training and ongoing feedback to other staff. "Booster" training sessions (e.g., every 6 months) and ongoing telephone coaching sessions with an expert MI consultant can also be useful.

8. References and Sources

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior.* NY: Guilford Press.

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Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence.* Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. Available from: NIAAA Distribution Center, P.O. Box 10686, Rockville, MD 20849–0686.

www.motivationalinterview.org

9. Tools and Handouts

The following pages contain a variety of tools and handouts that can be used for training staff in MI and for conducting sessions with clients using the MI approach. The first page of this section contains a table of contents that outlines the topics covered and the tools and handouts that correspond to each topic.

Tools and Handouts: Contents

Topic	Tools and Handouts
What Motivational Interviewing Is NOT	Not Listening: Twelve Roadblocks Convincing Exercise
The Spirit of Motivational Interviewing	Favorite Teacher The Spirit of Motivational Interviewing
Four Principles of Motivational Interviewing	Four Fundamental Principles of Motivational Interviewing
Assessing Importance and Confidence	Rulers Confidence and Importance
Learning OARS	Open Questions Affirm Summarize Exercise: "What I'd like my life to be like over the next 5 years."
Reflective Listening	Communication Model From Thomas Gordon Reflection Exercises Levels of Reflection Levels of Reflection Coding Sheet
Change Talk	Recognizing Change Talk Eliciting Change Talk Evocative Questions
Resistance	Responding To Resistance Wrestling/Dancing
Phase II of Motivational Interviewing: Strengthening Commitment to Change	Phase II: Strengthening Commitment to Change
Putting It All Together —For a longer 30–50 minute session —When you have 5–15 minutes with a client	Change Plan Worksheets Outline for Motivational Interviewing (Full Session) Brief Motivational Interviewing Outline
Sample 2-Day Training Session on Motivational Interviewing	Clinical Workshop in Motivational Interviewing—Day 1 Clinical Workshop in Motivational Interviewing—Day 2
More Information About Motivational Interviewing	Resources for Learning More About Motivational Interviewing

Not Listening: Twelve Roadblocks

(From Thomas Gordon)

Many people are surprised to learn that responses such as reassuring, asking questions, and giving advice are not helpful responses when someone else has a problem. In fact, these responses can be major barriers because they block the other person from talking further about what's bothering them. Thomas Gordon identified 12 responses that get in the way of listening to, understanding, and ultimately helping our clients.

> *Note: This list does not indicate that all 12 responses are uniformly "bad" responses. It simply means that when we use these responses, they tend to get in the way of full understanding our clients' situations, especially early on when we first meet with clients.*

1. **Ordering, directing, or commanding.** Telling the person to do something, giving them an order or command.

2. **Warning, cautioning, or threatening.** Telling the person what consequences will occur if they do (or don't do) something.

3. **Giving advice, making suggestions, or providing solutions.** Telling the person how to solve a problem, giving them advice or suggestions, providing answers or solutions for them

4. **Persuading with logic, arguing, or lecturing.** Trying to influence the person with facts, logic, information, or opinions.

5. **Moralizing or should-telling.** Telling a person what he should or ought to do.

6. **Disagreeing, judging, criticizing, or blaming.** Making a negative judgment or evaluation of the person.

7. **Agreeing, approving, or praising.** Offering a positive evaluation or judgment, agreeing.

8. **Shaming, ridiculing, or labeling.** Making the person feel foolish, putting the person into a category, or shaming him.

9. **Interpreting or analyzing.** Telling the person what his or her motives are, or analyzing why he or she is doing or saying something, communicating that you "figured them out."

10. **Reassuring, sympathizing, or consoling.** Trying to make the person feel better, or trying to make bad feelings go away.

11. **Questioning or probing.** Trying to find reasons, motives, causes, or searching for more information to help you solve the problem.

12. **Withdrawing, distracting, humoring, or changing the subject.** Trying to get the person away from the problem, withdrawing from the problem yourself, distracting the person, kidding or joking about it, or pushing the problem aside.

Convincing Exercise

Nurse's Role

The Situation. You are a busy occupational health nurse. Your company has encouraged you to conduct health screening among the employees. Having done this, you are giving back the results of a health screen to an employee. You only have about 10 minutes for your first discussion with this person.

The Client. This person is clearly overweight, also smokes, and drinks about six beers a night. Both blood pressure and cholesterol are elevated, and you are very concerned about this person's diet and weight. The employee is married, has three children, and has been working with the company for 15 years.

Your Task. Try as hard as you can to persuade this person to do something about his or her diet, smoking, or drinking. This is a serious matter, and you do not have a lot of time. It's not your job to be a "therapist," rather you are paid to be a competent, concerned, and forthright health practitioner.

Employee's Role

The Situation. You filled out a health questionnaire at work, and had a blood pressure reading and blood test as part of a company-wide effort to improve employee health. Now you have been called in to see the company nurse. You have been a hard-working and loyal employee for 15 years. You're not looking forward to this session, because you know you are overweight, besides which you will probably be told to quit smoking, but you don't think there is anything you can or want to do about it.

Your Home Situation. You lead a busy life, and have a spouse (who also works) and three children. You don't have much in the way of recreation, besides going out for a meal and some drinks with your spouse and friends on Saturday nights. You drink a six-pack of beer most nights, but don't see this as a problem. You like your food, and though you are a bit overweight, you're not really concerned about it.

The Session. Though you're not looking forward to the session, you don't plan to be rude to the nurse. You have only 10 minutes to talk, before you have to get back to work.

Favorite Teacher

One way to understand the overall style or spirit of motivational interviewing is through an exercise called the "Favorite Teacher." Think back to someone in your life who was a teacher or mentor in some way, either in school or in your personal or professional development; someone who stands out somehow as different from all of the other teachers that you have had. This may be a person who somehow pushed you to a higher level, or saw some special potential or ability that you had. Describe that person. Often what emerges is a picture of someone who is "gently challenging." That is, a person who listened to you and encouraged you, was supportive and made you feel comfortable; but at the same time had high expectations of you, had confidence in you, and pushed you to push yourself in some way.

It is these characteristics that we try to capture when we engage in motivational interviewing—being with clients in a way that is supportive and nonjudgmental, but also gently encouraging and pushing them to move in a new direction.

The Spirit of Motivational Interviewing

First, a Definition

> Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

The Spirit of Motivational Interviewing

- Motivation to change is elicited from the client, and not imposed from without.
- It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The counseling style is generally a quiet and eliciting one.
- The counselor is directive in helping the client to examine and resolve ambivalence.
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
- The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

The spirit of MI is summarized by the acronym ACE, which stands for: Autonomy, Collaboration, and Evocation:

> **Autonomy—**Respecting the client, and acknowledging that it's ultimately up to him or her to decide whether or not to change.
>
> **Collaboration—**Working together with the client on an equal level.
>
> **Evocation—**Evoking or eliciting from the client his or her own reasons for change, rather than imposing our thoughts as to why he or she <u>needs</u> to change.

Source: Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy, 23,* 325–334.

Four Fundamental Principles of Motivational Interviewing

Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

Develop Discrepancy

- The client, rather than the clinician, should present arguments for change
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values

Roll With Resistance

- Avoid arguing in favor of change
- Resistance is not directly opposed
- New perspectives are invited but not imposed
- The client is a primary source in finding answers and solutions
- Resistance is a signal to respond differently

Support Self-Efficacy

- Belief in the possibility of change is an important motivator
- The client, not the clinician, is responsible for choosing and carrying out a plan
- The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy

Rulers

It is useful in understanding a person's ambivalence to know his or her perceptions of both importance and confidence. Both should be addressed, because they are both components of intrinsic motivation for change. One simple method involves the use of rulers with gradations from 1 to 10 for each dimension.

Importance

> *"How important would you say it is for you to _____? On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, where would you say you are?"*

1 2 3 4 5 6 7 8 9 10

Not at all Important — Extremely Important

This can be followed up with two questions:

> *"What makes you a _____ and not a 1?"*

This question pulls for change talk, as it encourages the client to verbalize any reasons it may be important to make a change.

> *"What would it take for you to go from _____ to [a higher number]?"*

This question is generally useful if the client is not interested in changing at the moment, but indicates he or she may change in the future. In other words, the question encourages reflection on the idea "it's not bad enough to change now, but if _____ happens, I should change."

Confidence

> *"How confident are you that if you decided to _____, you could do it? On a scale from 1 to 10, where 1 is not at all confident, and 10 is extremely confident, where would you say you are?"*

1 2 3 4 5 6 7 8 9 10

Not at all Confident — Extremely Confident

(continues on next page)

This can be followed up with two questions:

"What makes you a _____ and not a 1?"

This question pulls for confidence talk, eliciting from the client reasons he or she believes in his or her ability to make a change.

"What would it take for you to go from _____ to [a higher number]?"

This question is generally useful if the client is somewhat low in confidence. This may elicit ideas of other resources or sources of strength.

—from Miller and Rollnick (2002)

Confidence and Importance

If importance is low. . .

You can use any of the methods from "eliciting change talk" to try to boost importance and motivation to change.

- Asking evocative questions
- Using the importance ruler
- Using the decisional balance
- Elaborating
- Querying extremes
- Looking backward / Looking forward
- Exploring goals and values

There are also useful questions to ask:

- What would have to happen for it to become much more important for you?
- What would move your importance score from x to y?
- What concerns do you have about [current behavior]?
- If you were to change, what would it be like?

If confidence is low. . .

Here is a list of useful questions to ask to try to boost a client's confidence:

- What would make you more confident about making these changes?
- How could you move up higher, so that your score goes from x to y?
- How can I help you succeed?
- Is there anything you found helpful in any previous attempts to change?
- What have you learned from the way things went wrong the last time you tried?
- Are there ways you know that have been successful for other people?
- What are some of the practical things you would need to do to achieve this goal?
- Is there anything you can think of that would help you feel more confident?

—from Rollnick, Mason, and Butler (1999)

Open Questions

In the early phases of motivational interviewing, the client should do most of the talking, while the counselor listens carefully and encourages expression. One way to do this is to ask open questions: questions that do not invite brief answers.

Examples of Open Questions

- What would you like to discuss?
- What do you like about using marijuana?
- What changes have you noticed?

Open or Closed?

1. What do you like about drinking? _____

2. Where did you grow up? _____

3. Isn't it important for you to have meaning in your life? _____

4. Are you willing to come back for a followup visit? _____

5. What brings you here today? _____

6. Do you want to stay in this relationship? _____

7. Have you ever thought about walking as a simple form of exercise? _____

8. Do you want to quit, cut down, or stay the same? _____

9. In the past, how have you overcome an obstacle? _____

10. What would you like to set as your quit date? _____

11. What possible long-term consequences of diabetes concern you most? _____

12. Do you care about your health? _____

13. What are the most important reasons why you want to stop?_____

14. Will you try this for 1 week? _____

15. Is this an open or closed question? _____

Now make up three of your own examples of OPEN questions:

_____

_____

_____

—from Miller and Rollnick (2002)

Affirm

Directly affirming and supporting the client during the counseling process is another way of building rapport and reinforcing open exploration. This can be done as complements or statements of appreciation and understanding.

Examples

- Thanks for coming in today.
- I appreciate that you took a big step in coming here today.
- That's a good suggestion.
- You're clearly a resourceful person, to cope with such difficulties for so long.
- You seem like the type of person who really sticks to her goals.
- I enjoyed talking with you today, and getting to know you a bit.

Now write three AFFIRMATIONS you might make to a client:

_____

_____

_____

—from Miller and Rollnick (2002)

Summarize

Summary statements serve to link together and reinforce material that has been discussed. There are at least three types of summaries.

Collecting Summary

Offered during the process of exploration, particularly after hearing several change talk themes, these are usually short (just a few sentences) and should continue rather than interrupt the client's momentum. The purpose is to draw together change talk and invite the person to keep going. It is useful to end with "What else?"

> *Example:* "So this heart attack has left you feeling vulnerable. It's not dying that scares you, really. What worries you is being only half alive—living disabled or being a burden to your family. In terms of things you want to live for, you mentioned seeing your children grow up and continuing your work, which is meaningful to you. What else?"

Linking Summary

Ties together something the client has just said with material from earlier. The purpose is to encourage the client to reflect on the relationship between two or more previously discussed items. This can be especially helpful in clarifying ambivalence. It's better to use "and" rather than "but" to link discrepant components ("and" emphasizes the simultaneous presence of both).

> *Example:* "On the one hand, you're somewhat worried about the possible long-term effects of your diabetes if you don't manage it well. The ER visit a while back also scared you, and you realized that if no one had found you, your children could be without a father. On the other hand, you're young and you feel fairly healthy most of the time. You enjoy eating what you like, and the long-term consequences seem far away."

Transitional Summary

Marks a shift from one focus to another, such as the wrap-up at the end of a session, or a transition from Phase I to Phase II. Remember that you are deciding what to include and emphasize, not everything that has transpired. Transitional summaries are typically somewhat longer than linking or collecting summaries.

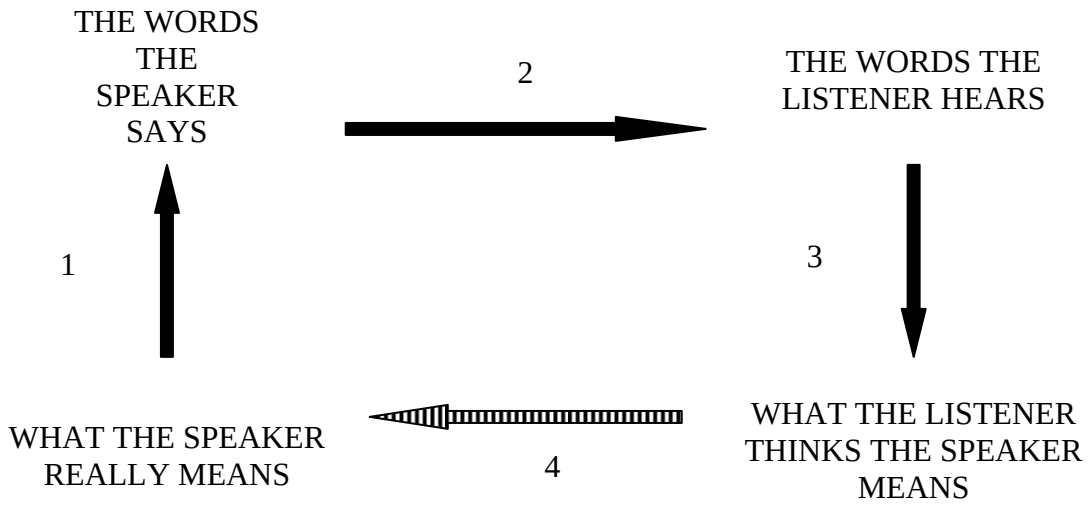
> *Example:* "OK, we're almost out of time, so I'd like to pull together what's been said so far so we can figure out where to go from here. Your husband is concerned about your drinking and marijuana smoking. You've been very open about exploring this, and I appreciate that. You mentioned several problems in your life that could be related to alcohol and marijuana, such as . . . When you were arrested that time 2 years ago, your breath test showed that you were over 0.20, which is really quite intoxicated, even though you didn't feel very drunk. On the other hand, it helps you to relax and . . . So you're not sure what to do at this point. Is that a fair summary? What have I missed?"

—from Miller and Rollnick (2002)

Exercise: "What I'd like my life to be like over the next 5 years."

This exercise is designed to help participants practice the core MI skills of Open Questions, Affirmations, Reflective Listening, and Summaries (OARS). The interviewing process uses these skills to interview a speaker talking about the above topic. The topic is intentionally broad in order to allow for a 15–20-minute interview. The interviewer does not try to solve any problems at this point; rather he or she simply tries to gain as clear of an understanding as possible of the speaker's situation. Again, this is NOT a role-play in which speakers pretend to be someone else; rather they talk about themselves.

Communication Model From Thomas Gordon



Communication can go wrong because:

(1) The speaker does not say exactly what is meant.

(2) The listener did not hear the words correctly.

(3) The listener gives a different interpretation to what the words mean.

The process of **reflective listening** is meant to connect the bottom two boxes (4) to check on whether "what the listener thinks the speaker means" is the same as "what the speaker means."

Reflection Exercises

The following exercises can be used to learn and continue to practice reflective listening skills, which are fundamental in Motivational Interviewing. Note that these exercises are not "role-plays," where the speaker pretends to be someone else. Rather, the speaker actually talks about himself or herself.

Thinking Reflectively

Speaker: One thing I like about myself is _____.

Listener: Do you mean that _____?

Speaker may respond only "Yes" or "No" without elaboration.

Forming Reflections

Speaker: One thing about me that I'd like to change is _____.

Listener: Respond with a reflective listening statement.

Speaker may then elaborate, and listener continues with reflection.

Sustained Reflection

Speaker's topic: Something I feel two ways about

Listener: Respond with > 90% reflective listening statements

Levels of Reflection

Level 1: Repeat

These reflections add nothing at all to what the client has said, but simply repeat or restate it using some or all of the same words.

Client: This has been a rough week for me. I came that close to using when my ex and I had an argument. I think I'm feeling kind of down.

Level 1: It's been a rough for you this week, and you're feeling down.

Level 2: Rephrase

These reflections stay close to what the client has said, but slightly rephrase it, usually by substituting a synonym. It is the same thing said by the client, but in a slightly different way.

Level 2: You're feeling pretty discouraged.

Level 3: Paraphrase

These reflections change or add to what the client has said in a significant way, to infer the client's *meaning.* The therapist is saying something that the client has not yet stated directly. Level 3 reflections include (but are not means limited to):

> **Continuing the Paragraph**—in which the therapist anticipates the next statement that has not yet been expressed by the client. *(It scared you, how close you came to using again.)*
>
> **Amplified Reflection**—in which content offered by the client is exaggerated, increased in intensity, overstated, or otherwise reflected in a manner that amplifies it. *(It's been such a hard week that you're really demoralized.)*
>
> **Double-Sided Reflection**—in which both sides of ambivalence are contained in a single reflective response. *(You've been doing really well these past few weeks, and then this week has been harder.)*
>
> **Metaphor and Simile**—used as a reflection. *(It's like the bridge nearly collapsed this week.)*
>
> **Reflection of Feeling That Was Not Directly Verbalized by the Client Before.** *(This really surprised you.)*
>
> **Summary**—which gathers together at least two different client statements, at least one of which was not contained in the immediately preceding client statement. *(You said before that you often feel like using after you get into an argument or conflict with somebody important to you, and it sounds like this was another example.)*
>
> —from Miller and Rollnick (2002)

Levels of Reflection Coding Sheet

Note: When practicing reflective listening exercises, or watching video or audio examples of Motivational Interviewing, it can be useful to code and write examples of what levels of reflective listening the speaker is using. The following coding sheet can be used.

Level	Tally	Examples
Repeat (restate what client has said)		
Rephrase (synonym)		
Paraphrase (infer client's meaning) * continuing the paragraph * amplified reflection * double-sided reflection * metaphor or simile * reflection of feeling * summary		

Recognizing Change Talk

Some clients may come to the first session with little thought about a need to change. Others may be ambivalent about making a change, while still others come already voicing an intention to change, and need relatively little motivation building. While Phase I of MI involved building intrinsic motivation to change, there comes a point when it is time to shift the approach to strengthening commitment to a change plan (Phase II). Once a person has reached a point of readiness, there is usually a window of time during which change should be initiated. How long this window stays open will vary widely. It is important to recognize when the window is open in order to help move the client forward. Recognizing change talk is crucial in order to not rush a client toward a change plan before he or she is ready, and to not continue building motivation to change when the client is ready for action. A number of cues have been described to provide an idea of when to switch from Phase I to Phase II strategies. Not all of these will happen in all or even most cases, but they are some indicators of readiness for change.

Signs of Readiness for Change

- Little or no resistance.
- Decreased discussion about the problem.
- **Resolve**—client appears to have reached some kind of resolution, and may seem more peaceful, relaxed, calm or settled.
- **Envisioning**—client is talking about how his or her life will be different after a change, or discuss advantages of changing, reasons why he or she simply must make a change.
- **Experimenting**—the client may have begun to consider or experiment with possible change actions since previous session.
- Increased change talk.

There are four main categories of change talk, which have been described by Miller and Rollnick:

Disadvantages of Status Quo

- Maybe I have been taking a lot of risks.
- In the long run, I can’t really keep this up.
- I’m sick of waking up with a hangover.

Advantages of Change

- I'd probably feel better.
- I wouldn't have to worry about DUIs any more.
- Maybe my wife would get off my back.

Optimism About Change

- I think I could probably do it if I wanted to.
- I quit smoking a few years ago. That was tough, but I did it.

Intention To Change

- I've got to do something.
- I'm going to get through this.
- It's time to think about quitting.

In addition to the above four categories, change talk may be present in the form of statements of desire, ability, reasons, need, and commitment (which can be remembered by the acronym DARN–C).

Desire—indicates a wanting, wishing, or willingness for change.

- I want to be sober, period.
- I really wish I could cut down.
- I just want to wake up without a hangover.
- Part of me wants to change this.
- I sort of wish things were different.

Ability—indicates personal perceptions of capability or possibility of change.

- I'm positive that I could quit.
- Very likely, I could do it if I tried.
- I can do it.

- I think I have it in me.
- I might be able to.

Reason—specifies a particular rationale, basis, incentive, or motive for change.

- I definitely can't afford to get another DWI.
- I'm right on the brink of losing my job and my retirement.
- If I lose a lot of money again, my husband is going to divorce me.
- I don't want to set the wrong example for my kids.
- I'm sort of embarrassed when I can't remember what I did.

Need—indicates a necessity, urgency, or requirement for change.

- I definitely have to get sober.
- I really have to quit getting messed up like this.
- I have to clean up my act.
- I probably need to do something about my drinking.
- I guess I need to cut down.

Commitment—implies an agreement, intention, or obligation to change.

- I guarantee I'll quit.
- I'm prepared to stop drinking.
- I plan to cut down.
- I intend to change.
- I'll try to strop drinking and driving.

NOTE: The task of the therapist is to be attuned to the fluctuating level of client readiness to best determine when to switch from Phase I to Phase II of Motivational Interviewing. When there are such signs of readiness, it may be time to shift direction to the new goal of strengthening commitment (Phase II).

Eliciting Change Talk

These are specific techniques the interviewer can use that are designed to get the client talking about change.

1. Ask Evocative Questions

   Ask open questions, the answer to which is change talk. (What would have to happen for it to become much more important for you? What concerns do you have about [current behavior]? If you were to change, what would it be like?)

2. Explore Decisional Balance

   Ask first for the good things about status quo, then ask for the not-so-good things ("pros and cons").

3. Ask for Elaboration

   When a change talk theme emerges, ask for more detail. (In what ways?)

4. Ask for Examples

   When a change talk theme emerges, ask for specific examples. (When was the last time that happened? Give me an example. What else?)

5. Query Extremes

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

6. Look Backward

   Ask about a time before the current concern emerged. (How were things better, different?)

7. Look Forward

   Ask what may happen if things continue as they are (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?

8. Explore Goals and Values

   Explore the person's short- and long-term goals. Ask about what the person's guiding values are. What do they want in life? Ask how the behavior in question fits in with the goals or values.

   —from Miller and Rollnick (2002)

Evocative Questions

These are examples of evocative questions an interviewer can ask to get the client talking about change.

1. Disadvantages of the status quo
    - What worries you about your current situation?
    - What makes you think that you need to do something about your blood pressure?
    - What difficulties or hassles have you had in relation to your drug use?
    - What is there about your drinking that you or other people might see as reasons for concern?
    - How has this stopped you from doing what you want to do in life?
    - What do you think will happen if you don't change anything?
2. Advantages of change
    - How would you like for things to be different?
    - What would you like your life to be like 5 years from now?
    - If you could make this change immediately, by magic, how might things be better for you?
    - The fact that you're here indicates that at least part of you thinks it's time to do something. What are the main reasons you see for making a change?
    - What would be the advantages of making this change?
3. Optimism about change
    - What makes you think that if you did decide to make a change, you could do it?
    - What encourages you that you can change if you want to?
    - What do you think would work for you, if you decided to change?
    - When else in your life have you made a significant change like this? How did you do it?
    - How confident are you that you can make this change?

- Who could offer you helpful support in making this change?

4. Intention to change

    - What are you thinking about your gambling at this point?
    - I can see that you're feeling stuck at the moment. What's going to have to change?
    - What do you think you might do?
    - How important is this to you? How much do you want to do this?
    - What would you be willing to try?
    - Of the options I've mentioned, which one sounds like it fits you best?
    - Never mind the "how" for right now—What do you want to have happen?
    - So what do you intend to do?

—from Miller and Rollnick (2002)

Responding To Resistance

In Motivational Interviewing, resistance is seen as interpersonal behavior rather than a client trait. In other words, how the interviewer responds to resistance is important. If resistance is confronted, it tends to increase and get worse. On the other hand, resistance tends to decrease when responded to in the following ways.

Three Reflective Responses to Resistance

Simple Reflection—a simple acknowledgment of the person's disagreement.

Amplified Reflection—states resistance in an exaggerated form, with the idea of getting the person to back off a bit. Must be done empathically, with no sarcasm.

Double-Sided Reflection—captures both sides of the ambivalence, combining current resistance and previous material.

Other Responses to Resistance

Shifting Focus—acknowledges resistance, then redirects to a different topic.

Reframing—offers a new meaning (tolerance, concern of others).

Emphasizing Personal Choice and Control—reassure client that it is ultimately he or she who decides what happens next.

Wrestling/Dancing

Wrestling = Two parties locked in combat, each one trying to win or throw the other off balance.

Dancing = Two parties working together, responding appropriately to one another.

Wrestling						Dancing					What made a difference?*
-5	-4	-3	-2	-1	0	1	2	3	4	5	

* What was said or done by either the therapist or the client that seemed to move things in a different direction?

Phase II: Strengthening Commitment to Change

While Phase I of Motivational Interviewing involves building intrinsic motivation for change, there comes a point when it is time to shift focus to strengthening commitment to a change plan.

Timing

While there are no exact prescriptions for when to switch from Phase I to Phase II, there are signs to use as guidelines. For example:

- Decreased resistance
- Decreased discussion about the problem
- Resolve
- Increased change talk
- Questions about change
- Envisioning
- Experimenting

Hazards

There are several hazards to be aware of when transitioning from Phase I to Phase II.

Underestimating ambivalence. People often begin action toward change while still experiencing a fair amount of ambivalence. Be careful not to become too overeager at the first signs of a shift toward change. Ambivalence does not disappear just because the change process has begun.

Overprescription. Remember the concept of collaboration in the spirit of motivational interviewing. It can be tempting to "take over" the process of change and be overly directive; remind yourself that the emphasis on personal responsibility and choice extends to Phase II and the negotiation of change strategies.

Insufficient direction. This is the opposite risk: being nondirective and providing too little help, leaving the client to flounder. The question "What can I do?" is better answered in Phase II by a menu of alternatives rather than by reflective listening. ("You're not sure where to go from here," is not likely to be helpful at this point.)

Initiating Phase II

Recapitulation. Remember that the idea of a transitional summary is to mark a transition from Phase I to Phase II. You are deciding what to include and emphasize, not everything that has transpired. Transitional summaries are typically somewhat longer than other summaries, and are meant to have the effect of drawing Phase I to a close. This often leads directly to a key question.

Key questions. A key question is an open question that elicits from the client what they want and plan to do. Examples:

> "What changes, if any, are you thinking about making?"
>
> What happens next?"
>
> "What could you do at this point?"

Meet answers to key questions with reflective listening to clarify the client's thoughts and plans and to encourage future exploration. Reflection can be used selectively to reinforce change talk and diminish resistance.

Giving information and advice. There are two circumstances in which it is appropriate within motivational interviewing to give information and advice: when the client asks for it or with the client's permission. A clinician should always elicit the client's own ideas on the subject before providing information or advice. It is generally helpful to offer several ideas (a menu) rather than just one or two.

Negotiating a Change Plan

Setting goals. The clinician assists the client in considering and selecting realistic, specific goals.

Considering change options. It is useful to generate a range of options when considering possible methods of achieving the chosen goals. Elicit ideas first from the client, then offer suggestions with permission. The client then has a variety of methods from which to choose.

Arriving at a plan. It can be useful to fill in a written change plan, summarizing what it is that the client plans to do. Using a change plan worksheet is often helpful.

Eliciting commitment. Once the plan is in place, the clinician should look for the client's approval of and assent to the plan. Essentially you are asking, "Is this what you want to do?" Remember that if the person is not quite ready to make a commitment, do not press.

—from Miller and Rollnick (2002)

Change Plan Worksheet (Sample 1)

The following change plan worksheet can be helpful in working with a client to formulate concrete steps to take in order to accomplish a goal.

The most important reasons why I want to make this change are:

My main goals for myself in making this change are:

I plan to do these things in order to accomplish my goals:

Specific action	**When?**

These are some possible obstacles to change, and how I could handle them:

Possible obstacle to change	**How to respond**

Other people could help me with change in these ways:

Person	**Possible ways to help**

I will know that my plan is working when I see these results:

Change Plan Worksheet (Sample 2)

The changes I want to make are:
The most important reasons why I want to make these changes are:
The steps I plan to take in changing are:
The ways other people can help me are:
I will know that my plan is working if:
Some things that could interfere with my plan are:

Change Plan Worksheet (Sample 2) Outline

The changes I want to make are:

List specific areas or ways in which you want to change Include positive goals (beginning, increasing, improving behavior).

The most important reasons why I want to make these changes are:

What are some likely consequences of action and inaction?
Which motivations for change seem most important to you?

The steps I plan to take in changing are:

How do you plan to achieve the goals?
Within the general plan, what are some specific first steps you might take?
When, where, and how will these steps be taken?

The ways other people can help me are:

List specific ways that others can help support you in your change attempt.
How will you go about eliciting others' support?

I will know that my plan is working if:

What do you hope will happen as a result of the change?
What benefits can you expect from the change?

Some things that could interfere with my plan are:

Anticipate situations or changes that could undermine the plan.
What could go wrong?
How might you stick with the plan despite the changes or setbacks?

Change Plan Worksheet (Sample 2) Example

The changes I want to make are:
1. Stop smoking crack.
2. Reduce my drinking.
3. Take better care of my kids.

The most important reasons why I want to make these changes are:
1. Get out of trouble with probation—avoid dirty urines.
2. Take better care of my health.
3. Give my kids a better chance.

The steps I plan to take in changing are:
1. Keep coming to group and treatment here.
2. Give urines to my P.O. every week.
3. Spend time each day focusing on my children.
4. Go to my kids' schools to meet their teachers.
5. Stop using crack, one day at a time.
6. Get a sponsor at NA.
7. Avoid hanging out with people who use.
8. Go back to church.

The ways other people can help me are:
1. My P.O. can encourage me when I give a clean urine.
2. My counselor can help me deal with my depression.
3. My group can help me talk about my difficulties in quitting.
4. My mom can care for my kids when I'm working or at treatment.
5. My sponsor can help me when I have a craving.

I will know that my plan is working if:
1. I am not using crack.
2. I am giving clean urines.
3. I am coming to group 8 out of 10 times.
4. I am spending time each day focusing on my children and their needs.
5. I am going to NA three times a week.

Some things that could interfere with my plan are:
1. If I get sent back to jail for a dirty urine.
2. If I don't plan ahead for cravings and urges.
3. If I don't stop hanging with using friends.
4. If I quit treatment.

What I will do if the plan isn't working:
1. Be honest with my counselor and my group and ask for help.
2. Make another plan that takes care of cravings/urges better.
3. Tell my P.O. I need residential treatment or more treatment.
4. Refuse to let myself feel like a failure.

Outline for Motivational Interviewing (Full Session)

Here is how a motivational interview might proceed if you have 45–60 minutes to meet with a client:

Prepare for the Session

- Review any information available

  - Open session with a structuring statement

  - Build rapport/Gain better understanding of client situation

- Use OARS

- Elicit Change Talk (using some of the following techniques, but probably not all)

  - Explore pros and cons of substance use (decisional balance)

  - Looking forward/looking back

  - Explore client's goals and values

  - Ask evocative questions

  - Query extremes

  - Use importance and confidence rulers

Recognize Change Talk/Transition to Phase II

- Change plan

  - Help client set goals

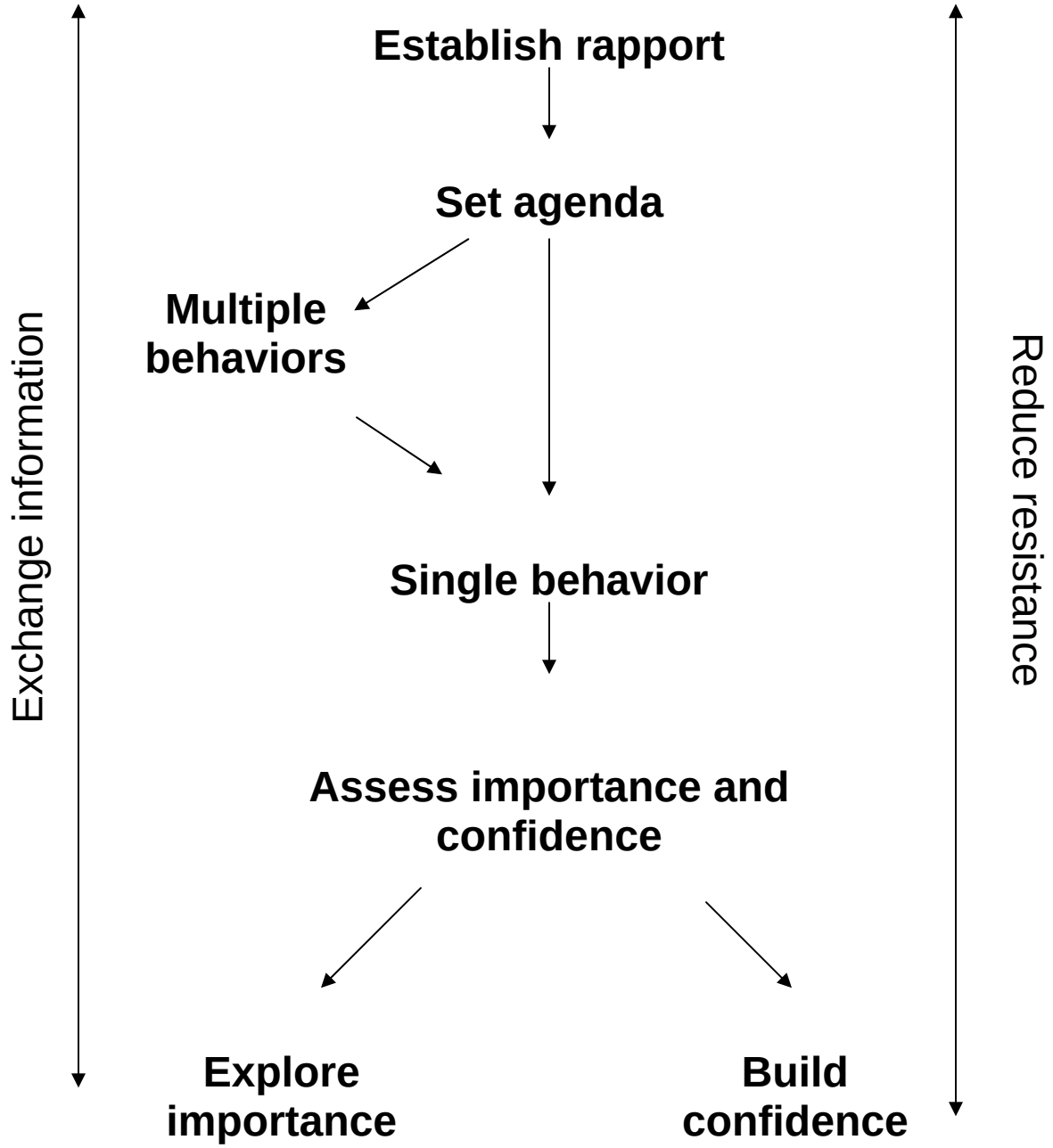
  - Consider range of change options

  - Arrive at plan, using written change worksheet

  - Elicit commitment from client

End on a good note (affirm and voice confidence in patient)

Brief Motivational Interviewing Outline



—from Rollnick, Mason, and Butler (1999)

Clinical Workshop in Motivational Interviewing

DAY 1

Time	Topic	Handouts
9 a.m.	Welcome and Introductions The Limits of Persuasion: Convincing Exercise	* Not Listening: Twelve Roadblocks * Convincing Exercise
9:30 a.m.	The Spirit of Motivational Interviewing	Favorite Teacher * The Spirit of Motivational Interviewing
10:30 a.m.	Break	
10:50 a.m.	Overview of the Four Principles of MI Ambivalence Stages of Change	* Four Fundamental Principles of Motivational Interviewing
11 a.m.	Thinking Reflectively	* Communication Model From Thomas Gordon
11:30 a.m.	Forming Reflections	* Reflection Exercises * Levels of Reflection * Levels of Reflection Coding Sheet Ponytail (video)
12 noon	Lunch	
1 p.m.	What Is Resistance? Responding to Resistance	*Responding To Resistance *Wresting/Dancing The Rounder (video)
2 p.m.	Using Resistance Skills: Batting Practice	Group Exercise
2:45 p.m.	Break	
3:15 p.m.	Opening Strategies: “OARS” * Open Questions * Affirmations * Reflections * Summaries	* Open Questions * Affirm * Summarize
3:45 p.m.	Getting Your OARS in the Water	Role-Play
4:15 p.m.	Debrief	
4:30 p.m.	Adjourn	

Clinical Workshop in Motivational Interviewing

DAY 2

Time	Topic	Handouts
9 a.m.	Welcome and Introductions Orientation to Day 2 of Training	
9:30 a.m.	Brief Review of Day 1 Training Address Questions From Day 1	
10 a.m.	Change Talk	* Recognizing Change Talk * Eliciting Change Talk Soccer Player (video)
10:45 a.m.	Break	
11:15 a.m.	Change Talk in Action	Role-Play
12 noon	Lunch	
1 p.m.	Phase II Importance and Confidence	*Rulers *Confidence and Importance
1:20 p.m.	Strengthening Commitment to Change	*Phase II: Strengthening Commitment to Change
1:45 p.m.	Putting it all Together For a longer 30–50-minute session	*Change Plan Worksheet *Outline for Motivational Interviewing (Full Session) Group Exercise
3 p.m.	Break	
3:20 p.m.	Using MI when time is limited When you have 5–15 minutes with a client	* Brief Motivational Interviewing Outline * Building Rapport * Agenda Setting Group Exercise
4 p.m.	Debrief Address Final Questions	
4:30 p.m.	Adjourn	

Resources for Learning More About Motivational Interviewing

Books

Motivational Interviewing: Preparing People for Change
By William R. Miller & Stephen Rollnick, Publisher: Guilford Press (2002)

Health Behavior Change: A Guide for Practitioners
By Stephen Rollnick, Pip Mason, and Chris Butler, Publisher: Churchill Livingstone (1999)

Internet

www.motivationalinterview.org

Videos

Motivational Interviewing: Professional Training Videotape Series, 1998
William R. Miller and Stephen Rollnick, Directed by Theresa B. Moyers

This series of six videotapes, produced at the University of New Mexico, is intended to be used as a resource in professional training, offering 6 hours of clear explanation and practical modeling of component skills. Because it is helpful to see how a method is practiced in various contexts, the tapes include clinical demonstrations of the skills of motivational interviewing, showing 10 different therapists working with 12 clients who bring a variety of problems.

Available at: http://motivationalinterview.org/training/videos.html