

# **Introduction to Motivational Interviewing**

*Preparing People for Change*



*Workforce Development Council of Snohomish County  
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## **Training Objectives**

*Participants will be able to:*

- Describe what motivates people to change
- Name the four characteristics of the spirit of MI
- Demonstrate basic proficiency using the core skills of MI

8:00 A taste of MI

Rethinking what it means to “help”  
Why people don’t change – why they do  
The spirit of MI  
A guided MI conversation

9:45 *BREAK*

10:00 The core skills of MI

Open questions  
Affirmations  
Reflective statements  
Summaries

11:50 Next steps

12:00 *ADJOURN*

# A Brief History of Motivational Interviewing

The concept of Motivational Interviewing (MI) grew out of experience providing treatment for problem drinkers and was first described by psychologist, William R. Miller, in an article published in 1983. Miller sought to understand the most effective way to treat people with substance use problems.

Historically the addictions treatment field in the United States has been characterized by a highly confrontational, in-your-face, shame-based approach believed to break down people's denial so they will come to their senses about their need to change. This approach has proven not to be terribly effective. Clients' resistance to change tends to increase even more, both out of defiance and as a coping mechanism.

With the publication of William Miller and Stephen Rollnick's seminal book, *Motivational Interviewing*, in 1991, practitioners were introduced to an alternative way to engage in a "helping conversation." The authors described a way of interacting based on a particular counseling style and use of specific communication skills and strategies.

A second edition, *Motivational Interviewing: Preparing People for Change*, was published in 2002. It further refined the MI approach, discussed its spread to other areas beyond substance use disorders, and highlighted the evolving research around MI. Motivational Interviewing is now recognized as an evidence-based practice in working with people with a variety of health, mental health and substance use concerns.

The traditional definition of MI is "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." An alternative definition is "a collaborative, person-centered form of guiding to elicit and strengthen motivation for change." MI can also be described as "a way of helping people talk themselves into changing." The MI approach embodies a spirit, or mindset, that can be summed up as compassionate, collaborative, evocative, and empowering.

Motivational Interviewing is, in one sense, "confrontational" – the confrontation is not between the counselor and client. Instead, it occurs *within* the client, when there is discrepancy between what a person values most deeply *and* their actual behaviors. MI differs significantly from advice-giving or confrontational styles of counseling. The MI counseling style is generally quiet and gentle. It's not flashy. The counselor is focused on drawing out the client's knowledge and experience, rather than imparting to the client what the counselor knows. The counselor acts as a guide who is interested and empathic.

Counselors who are used to confronting and giving advice will often feel like they're not "doing anything." But, as Miller and Rollnick point out, the proof is in the outcome. More aggressive strategies, sometimes guided by a desire to confront client denial, easily slip into pushing clients to make changes for which they are not ready, and thus push them away.

# The Spirit of MI: Compassionate, Collaborative, Evocative and Empowering

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

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## Hospitality – Creating Space for the Stranger

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

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

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

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

*Ken Kraybill*

## Care

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

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

friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not-curing, not-healing and face with us the reality of our powerlessness, that is the friend who cares.

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

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

*Henri Nouwen, excerpted from Out of Solitude*

## **Story**

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

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

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

*Craig Rennebohm, Mental Health Chaplaincy, Seattle, WA*

## **QARS: Open Questions**

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

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

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

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

### **Examples of open questions:**

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

## **OARS: Affirmations**

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

### **Examples of affirming responses:**

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

*Adapted from Miller & Rollnick, Motivational Interviewing, 2<sup>nd</sup> edition, 2002*

# OARS: Reflective Listening

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

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

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

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

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

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

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

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

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

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

## OARS: Summaries

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

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

### Structure of summaries:

- 1) Begin with a statement indicating you are making a summary. For example:
  - Let me see if I understand so far...
  - Here is what I've heard. Tell me if I've missed anything.
- 2) Give special attention to *change statements* – client expressions that indicate a DARN-C:
  - Desire to change
  - Ability to change
  - Reasons to change
  - Need to change
  - Commitment to change
- 3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: “On the one hand you, on the other hand it sounds like ...”
- 4) It can be useful to include information from other sources (e.g. your own clinical knowledge, research, courts, and family members.)
- 5) Be concise.
- 6) End with an invitation. For example:
  - Did I miss anything?
  - What other points are there to consider?
  - What would you like to add or correct?
- 7) Depending on the response of the client to your summary statement, it may lead naturally to planning for or taking concrete steps towards the change goal.

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

# Eliciting Change Talk

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

## Methods for Evoking Change Talk

- *Ask evocative questions*
  - “What worries you about your current situation?”
  - “Why would you want to make this change?”
  - “What are the three best reasons to do it?”
  - “How might you go about it, in order to succeed?”
- *Use the importance ruler (also use regarding client's confidence to change)*
  - “On a scale from 0 to 10, how important would you say it is for you to make this change?” ...“And why are you at \_\_\_ and not zero?” ...“What would it take to move from \_\_\_ to (next highest number)?” ...“And how I can I help you with that?”

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

- *Explore the decisional balance* – “What are the good things about (the way things are)? And what are the not so good things? If you were to change, what would be the challenges of doing so? What would be the benefits?”
- *Ask for elaboration* – “What else?” “Help me understand.” “Tell me more about that.” Or, ask for an example or to describe the last time this occurred.
- *Query the extremes* – “What concerns you absolutely most about \_\_\_? What are the very best results you could imagine if you made a change?”
- *Look back* – “What were things like before you \_\_\_? What has changed?”
- *Look forward* – “How would you like things to be different a month/a year/three years from now?”
- *Explore goals and values* – “How does this fit with your personal goals/what you value most?”

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

# A Guided MI Conversation

Your client is ambivalent about a particular behavior or concern (drinking in this example). Use open questions and a mix of simple and complex reflective statements to explore the person's ambivalence and to elicit "change talk." *AVOID* giving "helpful" information or advice.

## SEEK PERMISSION

"Would it be all right if we took a closer look at your relationship with drinking?"  
"Do you mind if we explore your use of alcohol further?" (*Reflect*)

## EXPLORE AMBIVALENCE

"Tell me about you and drinking?" "What are the good things for you about drinking?" "What concerns do you have about your relationship with alcohol?"  
(*Reflect*)

## ELICIT CHANGE TALK

- *DESIRE* (want, wish, like, etc.)  
"If you *were* to stop or cut back your drinking, why might you want to do so?"  
(*Reflect*)
- *REASONS* (specific reasons for change)  
"What would be the *best* reasons for you?"  
(*Reflect*)
- *ABILITY* (can, could, able, etc.)  
"How might you go about it in order to succeed?" "How confident are you that you could make this change?" (Can also use 1-10 scaling question)  
(*Reflect*)
- *NEED* (have to, important, etc. without stating specific reason)  
"How important is it to you to make this change?" (Can also use 1-10 scaling question)  
(*Reflect*)
- *COMMITMENT* (will, plan to, intend to, going to, willing, ready, etc.)  
"How ready are you to make this change?" "What do you think you will do next?"  
(*Reflect*)

**SUMMARIZE** (summary of client's statements with particular emphasis on "change talk" that indicates the person's *desire, ability, reasons, need, or commitment* to change)  
Start with "Here's what you've told me thus far..." "Finish with "What would you add?"  
(*Reflect and continue conversation*)

# Responding to Resistance

From an MI perspective, resistance is relational. It is seen as a response to discord in the provider-client relationship. Resistance is viewed as a signal or information for the provider to make a shift in approach.

## **Common causes of discord in the provider-client relationship:**

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

## **Provider behaviors that tend to elicit or increase resistance:**

- Trying to persuade the client to change
- Assuming the expert role, not working collaboratively
- Criticizing, shaming, blaming – using negative emotions to invoke change
- Labeling - “that’s because you’re an alcoholic/addict”
- Being hurried
- Paternalistic attitude – “I know what’s best for you.”

## **Responding to resistance:**

- Using reflections
  - Repeating/mirroring or rephrasing what is said
  - Paraphrasing, making a guess at client's meaning
  - Reflecting client's feelings
  - Double-sided – reflecting both sides of the ambivalence
  - Amplified – taking client's statement and overstating it to some degree
- Other responses
  - Shifting focus – use when client is “stuck” focusing on obstacles and barriers
  - Reframing – offering a different and positive interpretation – “I wonder if that nagging is your partner's way of expressing concern for you.”
  - Agreeing with a twist – combines a reflection with a reframe – “You're really feeling frustrated; you're also eager to see your efforts result in some success.”
  - Emphasizing personal choice and control – “It is entirely up to you. This is your decision. No one else can make it for you.”
  - Coming alongside – taking the side of the person who continues to engage in sustain-talk – “You might be right, it might just be too difficult right now to change”

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

# Giving Advice

## Intent of advice-giving in MI

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

## Advice-giving: a few thoughts

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

## Suggested methods

- Ask permission – “Is it okay if I share something with you?”
- Then make a statement of concern: “Your situation concerns me and here's why ...”
- List concerns in a non-judgmental manner. For example:  
*“You've told me that you've been drinking a half gallon of vodka a day. The doctor has informed you that your liver is in trouble and you've noticed the physical changes. You also told me your partner is pretty frustrated with your drinking.”*  
*“You've told me you want to take control of your life and the best way to do this is to leave the shelter. That concerns me because it also means going back to your boyfriend. Even though you want to believe he's not going to hit you again, he's said this before and you expressed some doubts. In addition ...”*
- Recognize and affirm it is the individual's decision to make. “Of course, it really doesn't matter what I think, because this is your decision to make.”
- Inquire about the client's thoughts. “I wonder what you think.”
- Emphasize change statements, provide affirmations and statements of hope

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

# MI Self Check

## My clients would say that I...

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

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

## Selected Resources

Arkowitz H, Westra HA, Miller WR, Rollnick S. (Eds.). (2008). *Motivational Interviewing in The Treatment of Psychological Problems*. New York: Guilford Press

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Website: [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

## **This work...**

exhilarating  
and exhausting

drives me up a wall  
and opens doors I never imagined

lays bare a wide range of emotions  
yet leaves me feeling numb beyond belief

provides tremendous satisfaction  
and leaves me feeling profoundly helpless

evokes genuine empathy  
and provokes a fearsome intolerance within me

puts me in touch with deep suffering  
and points me toward greater wholeness

brings me face to face with many poverties  
and enriches me encounter by encounter

renews my hope  
and leaves me grasping for faith

enables me to envision a future  
but with no ability to control it

breaks me apart emotionally  
and breaks me open spiritually

leaves me wounded  
and heals me

*- Ken Kraybill*