



# Motivational Interviewing

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# Today's Facilitator

## Meagan Gallagher, MS

- Master of Mental Health Counseling (2016)
- Clinical Trainer, Beacon Health Options since 2019
- Intake Specialist, Beacon Health Options 2018-2019
- Previous clinical experience with children, adolescents & adults in behavioral health & substance use settings



# Participant Exercise

**Think of something in your life you've been wanting to change but haven't yet.**

*Examples:*

*losing weight, quitting smoking, budgeting money*

**Why do you want to make the change?  
What's stopping you?**



Image from <https://media.canadianunderwriter.ca>

# Ambivalence to Change

- Ambivalence= having mixed feelings/ contradictory thoughts about something to the point where you do not lean one way or the other
- Goal: Losing weight

Negative Thoughts/Feelings	Motivating Thoughts/Feelings
I'm too tired It's too difficult I won't succeed	I want to be healthy I want to be able to hike that mountain I want to feel better about my body

- When a person is caught between these conflictions, they remain stagnant.

Chapter

# 1

# What is Motivational Interviewing?

“We help people  
live their lives  
to the fullest  
potential.”

Our Commitment

# Defining Motivational Interviewing (MI)

- **Collaborative, goal-oriented style of communication with particular attention to the language of change**
- **Designed to strengthen personal motivation for and commitment to a specific goal**
- **Explores a person's reasons for change in an atmosphere of acceptance and compassion**  
Miller and Rollnick (2012)

**“MI helps clients develop the intrinsic motivation to change and accomplish counseling goals”**  
Erford (2010)

# History of MI

## William Miller & Stephen Rollnick



Image from <https://williammiller.net>

- Developed in 1983 to treat clients struggling with chronic alcohol use
- Purpose was to address clients' resistance to change
- “Confrontational” counseling styles of the 80s appeared to increase resistance in this population
- Influenced by earlier psychology theories: Humanism and the Transtheoretical Model of Behavior Change

# Humanism – from Carl Rogers

In order for a client to grow or change, therapists must create an environment of growth by embodying 3 attributes:

**1**

**Congruence: Being Genuine, Real**

**2**

**Unconditional Positive Regard: Acceptance, Compassion**

**3**

**Empathy: Understanding, Recognition**



# Stages of Change – from James Prochaska

## Precontemplation

- Denial
- Unaware of Behavior
- Resistance
- May feel hopeless

## Contemplation

- Aware of problem
- May have an idea of how to change
- Not quite ready

## Preparation

- Detailed plan established
- Announced intention to change
- Set to take action

## Action

- Visible action
- Overt behavior change
- Shift in thinking & self image

## Maintenance

- Ongoing effort & commitment
- Consolidated change into habit

Image adapted from  
<http://www.splcoaching.com>

# Effectiveness of Motivational Interviewing



MI has an overall rating of 3.9 out of 4.0 on SAMHSA's National Report of Evidence Based Programs



AMA endorses the use of MI to promote health-related outcomes

# Research shows MI is effective for:



Disease management



Lifestyle changes



Addiction / Substance Use



Couples Counseling



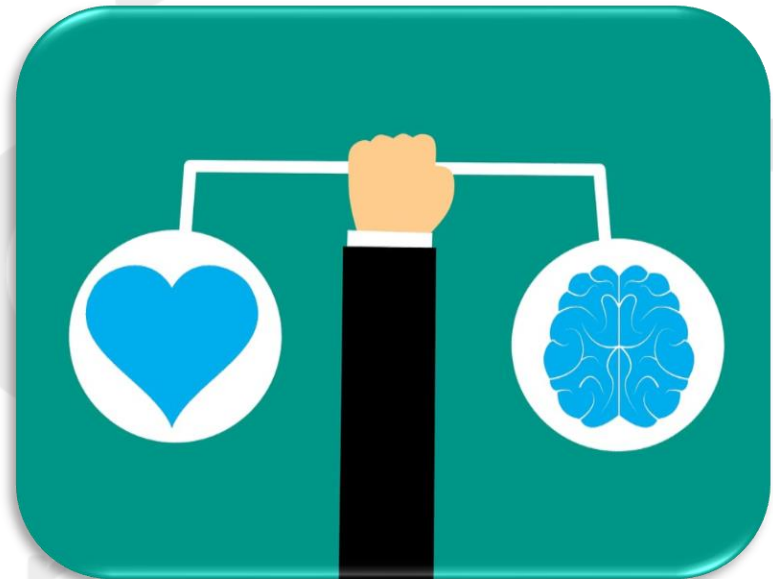
Criminal Justice



Changing any undesired behavior

# Who can practice MI?

- Any trained health professional
  - No special certification required
  - Training available through MINT
- MI is a standard evidence-based practice today
- The professional must be...
  - empathetic
  - patient
  - a good listener
  - emotionally intelligent



Chapter

# 2

## The Spirit & Principles of Motivational Interviewing

“We help people live their lives to the fullest potential.”

Our Commitment

“People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.”

-Blaise Pascal

*17<sup>th</sup> century philosopher & academic*

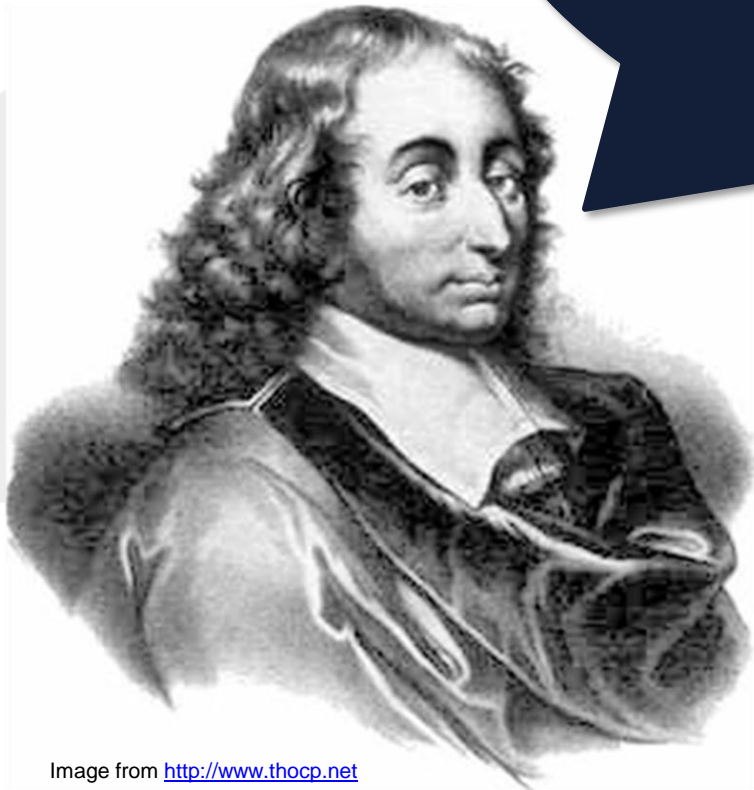
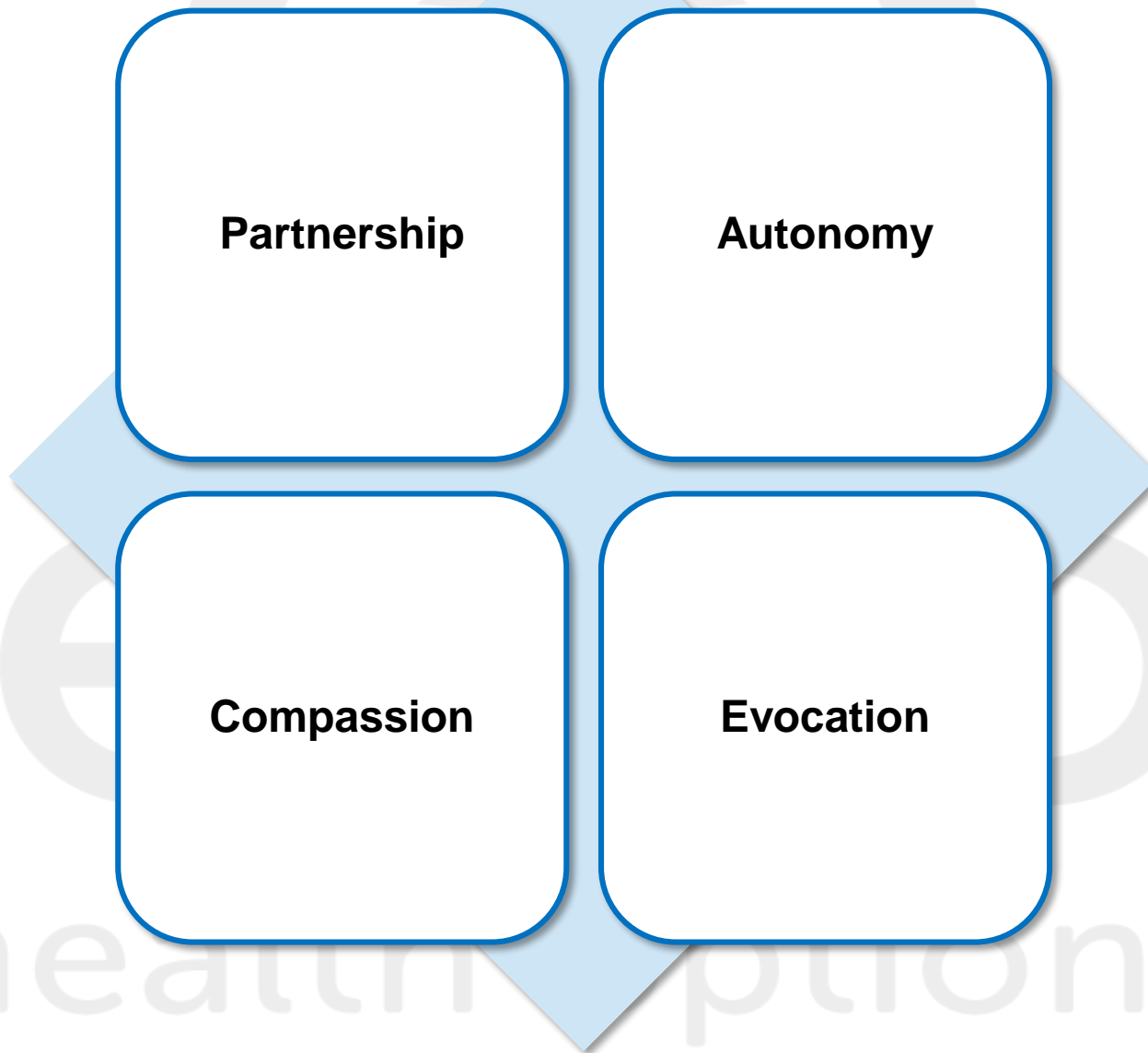


Image from <http://www.thocp.net>

# Spirit of MI



# Key Principles

## Express Empathy

- Rogers' core conditions:
  - Acceptance
  - Compassion
  - Empathy

## Roll with Resistance

- Counselor acknowledges that resistance is part of the process, refrains from “righting reflex”
- Client maintains responsibility

## Develop Discrepancy

- Counselor helps client verbalize thoughts & feelings
- How clients are living vs. how they would like to live

## Support Self-Efficacy

- Reinforcing client beliefs in promoting change to improve one's life
- “Change Talk”



Chapter

# 3

## MI Process & Techniques

“We help people  
live their lives  
to the fullest  
potential.”

Our Commitment

# Main Methods of MI Process



Engaging



Focusing



Evoking



Planning



Engaging

Focusing

Evoking

Planning

## Goals

- Establish a connection & good working relationship between client & therapist
- Trust, Familiarity, Comfort
- Orient therapist to client concerns
- Orient client to therapists' role

## Techniques

- Rapport Building
- Empathetic Listening
  - OARS
    - Open-ended Questions
    - Affirmations
    - Reflecting Skills
      - Sentence Stems
    - Summaries



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## Rapport Building

- Clarify roles, set boundaries
- Conversational assessment style
- Therapist learns patient concerns, goals & priorities
- Active / Empathetic Listening builds comfort & trust



Image from [MHAnational.org](https://www.MHAnational.org)

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## Empathetic Listening

### Open-ended Questions

- Probing questions meant to evoke a thoughtful response vs. a yes/no answer
- “What emotions are you experiencing right now?” vs. “Are you feeling down today?”

### Affirmations

- Verbalizing support & understanding
- “That makes sense”; “I hear you”, “I understand that this is a difficult situation for you”

### Reflecting Skills

- Mirroring what the client is saying, shows collaboration & understanding
- Use Reflection Stems (next slide)

### Summaries

- Links relevant information, focuses priorities
- Allows clarification to occur
- Allows client to hear their own motivations & ambivalence



Engaging

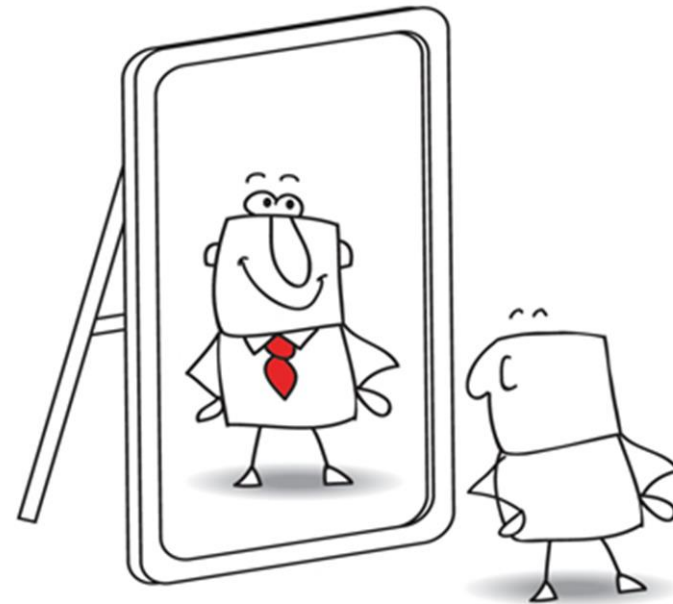
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## Reflection Stems

- “it sounds like...”
- “so you’re saying that...”
- “from your point of view...”
- “you believe...”
- “your fear is...”
- “it seems that...”
- “it’s important to you that...”
- “you feel as though...”



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## Goals

- To target specific changes
- Clarify client's priorities
- To collaboratively develop a direction in the conversation about change

## Techniques

- Agenda Mapping
- Giving Information
- Establishing “patient dilemma”

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## Agenda Mapping

1. Brainstorm topics to address
2. Narrow down priorities
3. Finalize agenda

Alcohol  
Use



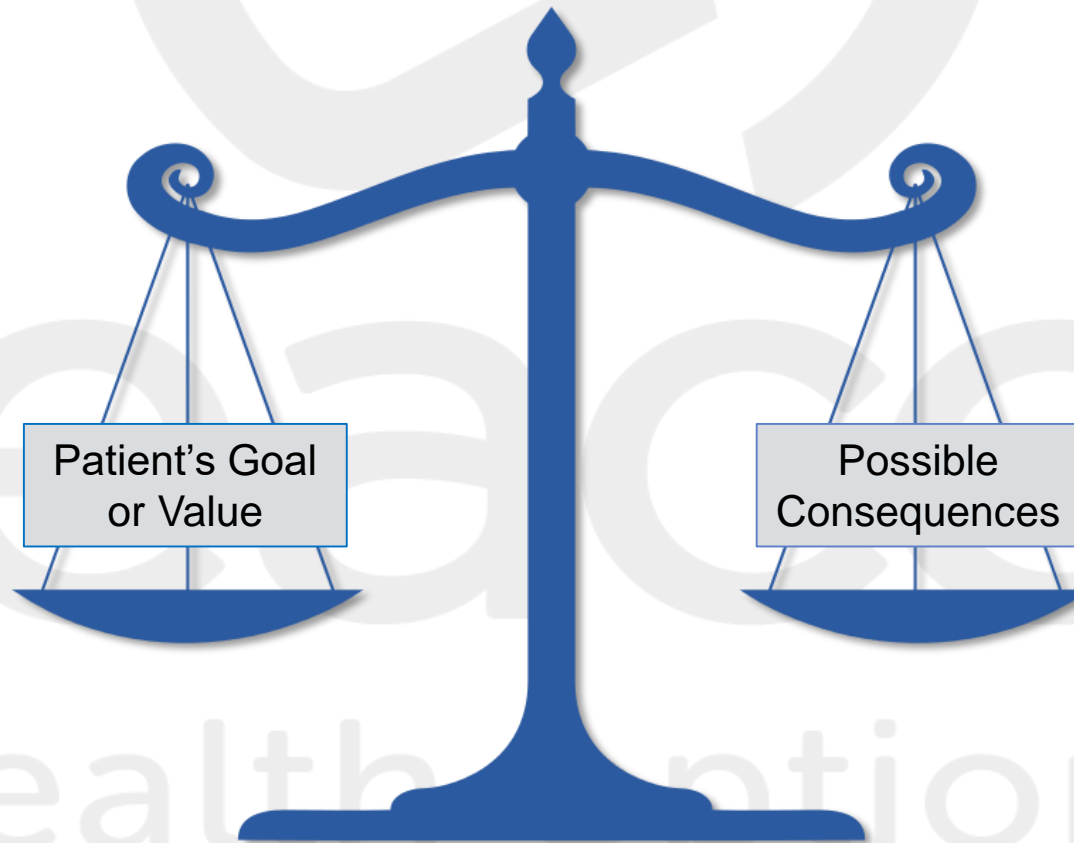
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## Establishing the “Patient Dilemma”



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## Giving Information

- The client is the expert on themselves
- Ask permission to share info
- Tie information to identified client concerns
- Ask most helpful way to share
  - Numbers, pictures, etc
- Check in for understanding/ reaction to info
- “Ask/Tell/Ask” Model



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Goals

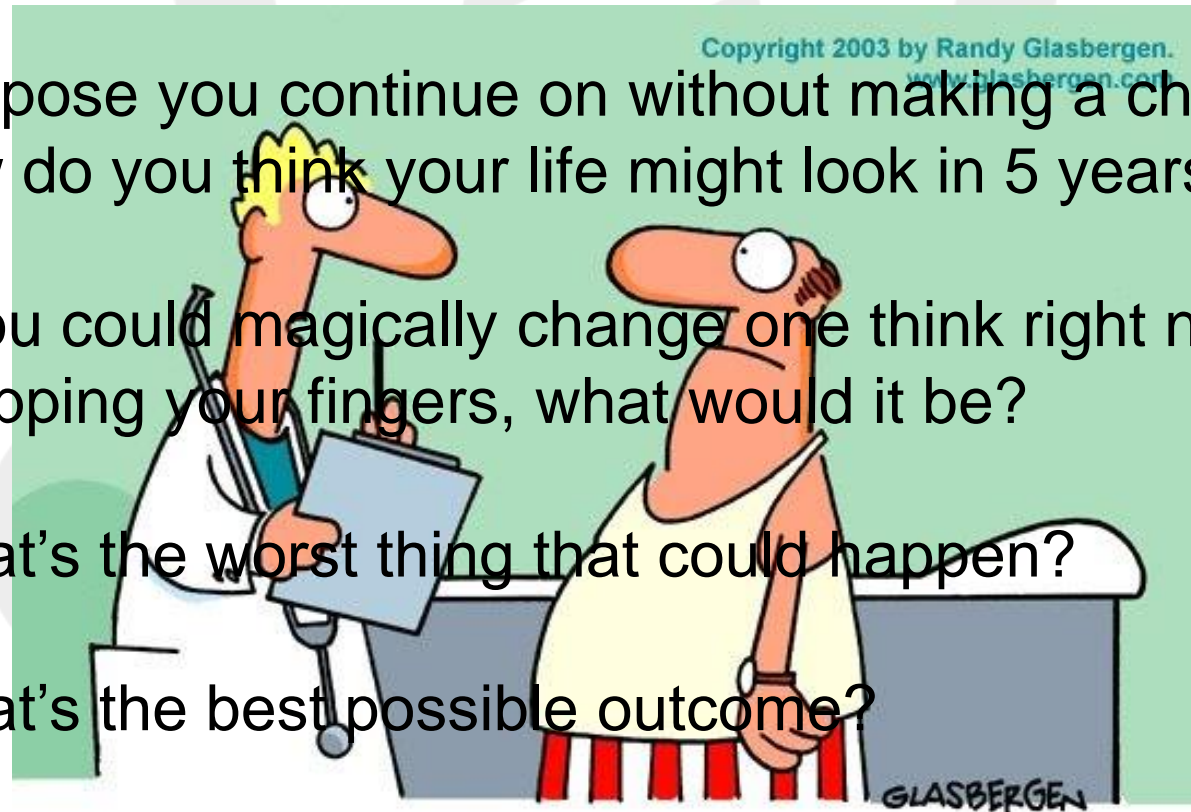
- To bring client ideas & motivations to the forefront
- To identify and resolve barriers to change
- To prepare supports and resources for change

Techniques

- Questions/ Hypotheticals
- Pros & Cons tables
- Readiness Ruler
- Change Talk (DARN)
- Responding to Change Talk

## Hypotheticals & “Extremes”

- Suppose you continue on without making a change-how do you think your life might look in 5 years?
- If you could magically change one thing right now by snapping your fingers, what would it be?
- What's the worst thing that could happen?
- What's the best possible outcome?



**“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”**

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## Pros & Cons Tables

Advantages to Changing Behavior	Consequences of Not Changing Behavior
<ul style="list-style-type: none"><li>• What are some good things about changing you can name?</li><li>• How can you see your situation improving if you were to make this change?</li><li>• How could making a change improve your relationships?</li></ul>	<ul style="list-style-type: none"><li>• What concerns you about not making this change?</li><li>• What about your current situation do you NOT want to continue or get worse?</li><li>• In what ways do your current choices negatively effect your relationships?</li></ul>

Engaging

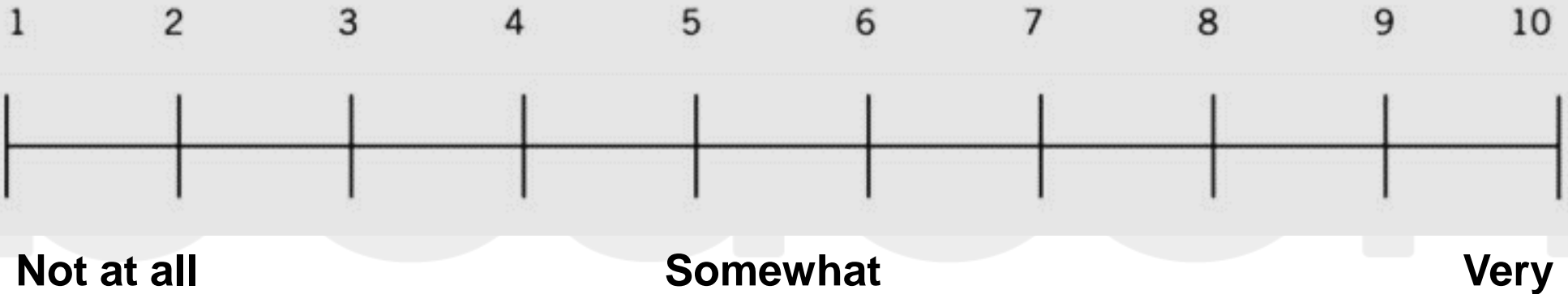
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## Readiness Ruler

*Readiness= Importance + Confidence*



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## Change Talk & Commitment Language

### Desire

- A want, wish or will to achieve change
- “I really want to lose weight”; “I wish I could stick to my medication regimen”

### Ability

- Perception of capability or possibility of change
- “I could quit drinking if I tried”; “I know it’s possible to do this”

### Reasons

- Particular rationale or justification for making the change
- “If I stop smoking, I’ll be healthier & add years to my life”; “I have to quit using marijuana if I ever want to get the job I want”

### Need

- Urgency, necessity to make a change
- “I need to lose weight”; “this has to happen”

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## Change Talk & Commitment Language

### Commitment

- A statement committing to the change
- "I am going to get help with my drug problem."

### Activation

- Making a small change in preparation for making change
- "I've erased the dealers' phone numbers from my contact list, and I am getting a new phone number so they can't call me anymore."

### Taking Steps

- Indicating they are ready to or have already started changing
- "I've started taking a fitness class at the gym twice a week."



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Evoking



Planning

## Goals

- Going from “why” to “what” and how”
- Develop a concrete plan
- Develop incremental goals

## Techniques

- Change Plan worksheets
- Brief Action Planning
- SMART Goals
  - Specific
  - Measurable
  - Attainable
  - Realistic
  - Timely

Engaging

Focusing

Evoking



Planning

### Change Plan Worksheet

The change I want to consider is:

---

---

My main goals in making this change are:

---

---

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

Obstacles:

---

---

How I could respond:

---

---

I plan to do these things in order to reach my goal:

Action (Be specific):

---

---

When?

---

Other people could help me in these ways:

Name:

---

---

How they could help me change:

---

---

How do I know my plan is working? What results should I expect?

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## Brief Action Planning

“Is there anything you would like to do for your health in the next week or two?”

Yes I have an idea.

I’m not sure...

No, not right now.

Offer Behavioral Menu

Ask permission to ask next time

SMART Behavioral Goal with Commitment Statement

Specific – Measureable –  
Attainable – Realistic – Timely

How confident are you that you’ll be able to carry out your plan, on a scale of 1-10?

7 or higher

6 or lower

Problem Solving

“Let’s schedule a check-in time to review how things go”

Chapter

# 04

## In Conclusion

“We help people  
live their lives  
to the fullest  
potential.”

Our Commitment

# Key Takeaways

**“People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.” -Blaise Pascal**



Image from [travex.com](http://travex.com)

# Additional Resources



Motivational Interviewing Network of Trainers  
[www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)



American Society of Addiction Medicine  
<https://elearning.asam.org/motivational-interviewing>



Institute for Research, Education & Training in Addictions  
<https://ireta.org/resources/motivational-interviewing-toolkit/>



# Thank You!

## Any Questions?

## Feel free to email:

**ClinicalTrainingDepartment@Beaconhealthoptions.com**

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