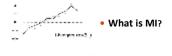
Motivational Inter An Introduction a	_	
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This presentation is intended to give a brief introduction to motivational interviewing (MI).





Why don't people change?

- What do people say when they don't want to make a change?
 - Please respond in the chat
- What do they sound like when they do want to change?
 - Please respond in the chat

Which is MOST effective in producing behavior change? *Please respond to the poll*

- 1. Giving someone reasons to change
- 2. Listening to someone's thoughts about changing
- 3. Teaching someone ways to change
- 4. Providing some consequence for not changing



Exercise: Helping someone change

- Think about something in your life that you'd like to change or have thought about changing, but haven't started changing yet.
 - Could be very small, like drinking less coffee, or getting on a regular sleep schedule, etc.
 - Something that would be appropriate to share with your work colleagues.
- I need one volunteer from the audience that has a microphone

Solutions to the problem

Group	Individual
1.	1.

Confrontation and education don't seem to change people's minds.

	All studies, regardless of population soverity					
Brief intervention Motivational enhancement GABA agonet Opinio antagonist	Rork: 1 2 3 4	280 173 116 100	68 71 100 83	3i 17 5 6	Moon 12.68 13.12 11.60 11.33	% ANG 48 53 20 0
Confirmational counseling Psychotherapy General alcoholism counseling Educational lectures films, proups	41 41 45 46	-190 -225 -239 -343	0 11 10 27	10 10 20 23	10.79 10.94 11.15 8.74	27 22 20 13

Data are from the "Mesa Grande" study, a review of 361 clinical trials for alcoholism

Miller & Willborne, 2002

Origins of MI: Therapist empathy during Tx explained 25% - 66% of variance in outcomes



Therapist style accounted for the lion's share of client's drinking at post-treatment, as well as 12 and 24 months later.

Patterson & Forgatch, 1986

• Drinker's Checkup \rightarrow MET \rightarrow MI

Miller & Baca, 1983; Luborsky et al.; 1985; 1997; McLellan et al., 1988

Motivational interviewing is a collaborative , goal- oriented method of communication with particular attention	
to the language of change.	
It is designed to strengthen an individuals motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.	
William R. Miller, Ph.D. Advanced Motivational Interviewing Training New Mexico, November 4-5, 2010	
10	
Motivational Interviewing helps resolve ambivalence.	
And works best when	
 There is a change target—a behavior that the client is at least considering changing. 	
The client is ambivalent about the change—they want to change, but something is preventing them from making that change.	
11	
MI works for a broad range of changeable behaviors.	
Cardiovascular rehabilitation	
Diabetes management Dietary change	
Hypertension Illicit drug use	
Infection risk reductionManagement of chronic mental disorders	
 Problem drinking Problem gambling Smoking 	
- U	

• Concomitant mental and substance use disorders

Hettema, Steele & Miller, 2005

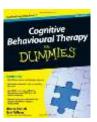
• (over 200 clinical trials to date!)

MI has been extensively studied for a broad range of behaviors in children and adolescents



The second section of the sectio

MI works better in some unexpected situations.



- Clients are ethnic minorities (!)
- Procedures are NOT manualized (!)
 (doubles the effect!)
- Change-language is elicited at the END of the session
 - (but NOT at the beginning!)

Amrhein et al, 2003; Hettema, Steele & Miller, 2005; Miller & Rose, 2009

MI works for a long period of time following intervention.

Particularly when it's added to another treatment!

Follow-up period

Hettema, Steele & Miller, 2009

MI seems to work because people talk themselves into changing.

 "People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come in to the mind of others." -Pascal (1623-1662)

MI is thought to work through increasing the client's inherent commitment to change. Client **Therapist**



...and MI doesn't work when therapists move towards planning change too early!

Miller & Rose, 2009; Amrhein et al., 2003

Persuasion Exercise

- Choose one person near you to have a conversation with, and work together
- Not with your boss or supervisor
- One will be the speaker, the other will be a counselor

Speaker's Topic	-
Something about yourself that you	
want to change	-
• need to change	
should change have been thinking about changing but you haven't	
changed yet	
*and not too personal! (No over-sharing. This isn't Oprah!)	
in other words – something you're ambivalent about	
)	

Counselor: Find out what change the person is considering making, and then:

- Explain why the person should make this change
- Give at least three specific *benefits* that would result from making the change
- Tell the person *how* they could make the change
- Emphasize how important it is to change
- Persuade the person to do it.
- If you meet resistance, repeat the above.

P.S. This is *NOT* motivational interviewing

Counselor: Now, let's switch roles and try something different. Just ask questions:

- Ask the why the person should make this change
- Ask what might be some specific benefits that would result from making the change
- Ask *how* they could make the change if they wanted to
- Ask on a scale of 0-10, how important it is for them to make the change
- "How come you're at _____ and not lower?
- P.S. This is *more like* motivational interviewing

Continuum of Styles		,		_
Directing Guiding	Following	,		
	_			
Authoritarian MI	Rogerian			
		'		
	22			
		,		
MI skills without spirit is like	trying to drive a			
car without gas. Collaborative	11/1/1/1/1/			
 working with and sharing power - "You client, might be right" 	ou, the			
Evocative				
 Rather than insert knowledge, draw i from the client - "You have knowledg 	e, wisdom,			
expertise, and my job is to get that or Respectful of autonomy	rt			
 The client retains the right not to cha the right to change the way they wan 				
that isn't what we want.				
)		
MI Approach	Opposite Approach			
Collaborative	Confrontation			
-partnership honors client expertise and perspective	-overriding the client's impaired perspective			
Evocative	Education		 	
 -motivation for change resides within the client, draw that out 	-counselor provides requisite enlightenment			
Autonomy	Authority			
 -counselor affirms the client's right and capacity for self- direction and choice 	-telling the client what to do			_

Recognizing the Spirit of Motivational Interviewing I'm going to read short client statements and practitioner responses *Is it in the spirit of MI or not?* Why? Spirit: Collaboration, Evocation, Autonomy Sarah's husband (Richard): I'm just furious that she lied to me and had this affair behind my back. I can't believe I didn't see it. I feel like such an idiot. Practitioner: In retrospect what signs did you overlook? Is it in the spirit of MI or not? Why? Spirit: Collaboration, Evocation, Autonomy Arthur: "I know that the teachers are complaining about my daughter's behavior in class, but that teacher has it out for her and is treating her unfairly!" Practitioner: "That teacher seems to be worrying needlessly; what do you think she's seeing that makes her worry this way?" Is it in the spirit of MI or not? Why?

Spirit: Collaboration, Evocation, Autonomy Tanya: "I need to come up with some sort of plan to help me get my kids back on track with school now. This latest crisis has thrown us all for a loop. I can't think about anything else. What do you think I should do? Practitioner: "Well, I have some ideas about what might help, but first let's hear what you've already considered." Is it in the spirit of MI or not? Why? Spirit: Collaboration, Evocation, Autonomy Arthur: "I'm not going to follow through with this stupid homework plan. It's not going to work for us, I have to work two jobs, and I don't have anyone else to help me, and it's just too much to ask us to do." Practitioner: Ok, Arthur, you might be right. This works for many folks, but not everyone. Maybe we need to try a different way to approach this. We've talked about other ways to approach this issue. What makes sense to you to practice instead?' Is it in the spirit of MI or not? Why? Spirit: Collaboration, Evocation, Autonomy Esi: "The school says that my kids are behind grade level in their reading scores, and want them to meet with a specialist. But I don't trust them, so I haven't scheduled it yet." Practitioner: "Why take the chance? They're the experts, after all. Let's call from this phone right now – maybe you can get in this week." Is it in the spirit of MI or not? Why?

Spirit: Collaboration, Evocation, Autonomy Sarah (Richard's wife): "I've had it with Richard's guilt mongering. Okay, so I had an affair. I'm ready to end it and start working on our marriage, but I don't think he's ever going to let me forget it. Maybe we should just get a divorce." Practitioner: "Sarah, you are the only one who can decide if you should stay in this marriage or leave it. I wonder what signs you would need to feel more optimistic about working on things with Richard." Is it in the spirit of MI or not? Why? Spirit: Collaboration, Evocation, Autonomy Peggy: "They had a little "surprise party" for me. Everyone showed up when I wasn't looking and then spent the next 2 hours telling me how my drinking hurt them. They think I'm an alcoholic! I might have a drinking problem, but I'm damn sure not an alcoholic." Practitioner: "(gently) Peggy, if it walks like a duck and quacks like a duck, it's probably a duck. I think if all those people are telling you you're an alcoholic, they're probably right. You might be in denial, don't you think?" Is it in the spirit of MI or not? Why? Spirit: Collaboration, Evocation, Autonomy Tanya: "My doctor gave me a long list of all the things I have to do to manage my care. It's overwhelming; I have to take medication three times a day. I can't even remember to feed my dog every single day. I just can't do it. But I'm afraid I'll die if I don't." Practitioner: "(encouraging) You can do this. You have to." Is it in the spirit of MI or not? Why?

What does MI look like? 5.22-11:31				
	34			

The initial phase of MI is client centered.



Open Ended questions

Open-ended questions

- How does smoking fit with your role as lead singer in the chorus?
- How does smoking fit with your dreams of becoming a pro basketball player?
- How do you feel about smoking?

Closed-ended questions

- How many cigarettes did you smoke today?
- Did you take your medication?

	rm		

- Coming in every week for treatment is really tough. You are handling a difficult treatment protocol really well.
- I'm impressed with how mature you are.
- Absolutely! It is really tough to do all that you need to do when you're not feeling well. And sticking to your diet makes it easier for you to do your chores, complete your homework, and hang out with your friends.

Reflective listening

- You're tired of being different from the other kids.
- It is embarrassing not being able to eat the same things as your friends
- You have already done this for 10 years; having to stick with this diet for longer doesn't seem fair.

Summary Statements

• It's important for you to fit in with your friends. Sometimes adhering to your chest physiotherapy regimen makes that tough. On the other hand, when you don't adhere to your therapy, you notice that you don't feel as well. And when you don't feel as well, it's even harder for you to keep up with the energy of your friends. Is there anything that you want to add that I may have missed?

Нурс	othesis Testing	and Reflecting					
Reflec	ctions are really a hy	pothesis – a guess a	bout what				
	one means with thei						
	What she said	What you heard					
	What she	What you					
	meant	think she meant					
)			
\//ha	at is empathy?						
	pathy is accurate	ly understanding	a client's				
	aning and being		a cheffe 3		 	 	
_							
	pathy is NOT ider storytelling	ntification, shared	l experience				
	, 0						
	w might identifica rytelling work aga						
	lease respond in the cha		SIOII:				
)			
)			
Нурс	othesis Testing an	nd Reflecting, De	monstration				
Kevin.	. Share a quality about	yourself.					
• "I'm	n an organized person.	n					
Audie	nce. Make a hypothes	is, "Do you mean	?"				
	you mean that you lik						
• "Do	you mean that you te	nd to rely on routines	•		 		
• "Do	you mean that your do						
• Plea	se respond in the chat				 		
Kevin	. Each time B. gue:	sses, answer with	"Yes" or "No"		 	 	

	Hypothesis Testing and Reflecting			
	A reflection, however, is a guess that isn't a question – it's a			
	statement. The inflection turns down at the end, not up.			
	 A hypothesis can be a question, "You're getting a divorce?" Or a reflection, "You're getting a divorce." 			
		/		
		\		
	Hypothesis Testing and Reflecting			
	A reflection, however, is a guess that isn't a question – it's a statement. The inflection turns down at the end, not up.			
	Person A. "I'm an organized person."			
	Person B.			
	 "You mean that like to have things orderly." "You mean that you tend to rely on routines."			
	"Your desk is neat." "You think logically."			
_)		
	Hypothesis Testing and Reflecting			
	Reflections often drop the "You mean that" and just go for guessing.			
	• " You mean that you like to laugh."			
	 "You mean that you find humor in everyday life." "You mean that you don't take yourself too seriously." 			
	"You mean that humor helps you lighten the load."			

Hypothesis Testing and Reflecting II (for Pairs, or live demo with volunteer)	
Person A. Share a quality about yourself.	
• "I love to garden."	
Person B. Reflect, "You mean that" (or: "You")	
 "You like to make things grow." 	
Person A. Each time B. guesses, respond naturally but briefly: "Yes, I love to have fresh tomatoes in the summer" OR "No, I like to be outside in the sunshine in the summer"	
Person C. Reflect (to whatever Person A JUST said),	
•"You mean that" or "You"	
	·
Twelve Roadblocks to Listening	
(Thomas Gordon, Ph.D.)	
Ordering, directing, or commanding	
Warning or threatening	
3. Giving advice, making suggestions, or providing solutions	
Persuading with logic, arguing, or lecturing Moralizing, preaching, or telling clients what they "should" do	
Disagreeing, judging, criticizing, or blaming	
7. Agreeing, approving, or praising	
Shaming, ridiculing, or labeling Interpreting or analyzing	
10. Reassuring, sympathizing, or consoling	
11. Questioning or probing	
12. Withdrawing, distracting, humoring, or changing the subject	
What do you get out of reflections?	
Communicate understanding	
 Invite for greater elaboration 	
 Avoid interrogation, and invite collaboration 	
Deflections are such first to the first to t	
 Reflections are great for responding to conflict and discord 	
)

Reflections can range from simple to complex.	
Simple reflections: restate something about what was said "Do you means?"	
Complex reflections: move beyond the client's words to	
present information in a new light	
These reflections are hypotheses about their experiences. Sometimes wrong, but always useful!	
Client: "I know I could do some things differently, but if she would just back off, then the situation would be less tense;	
then these things wouldn't happen."	
Feelings "You're upset about this situation."	
 Meaning "You'd like things to be different." Two sided 	
 "She played a part in what happened, and you know there are parts you might want to do differently too." 	
Cliente William and an analysis and differential behalf also	
Client: "I know I could do some things differently, but if she would just back off, then the situation would be less tense; then these things wouldn't happen."	
Amplification	
 "This situation is beginning to feel impossible to you." Metaphor or analogies 	
 "It's like having a monkey on your back, always feeling bothered." 	

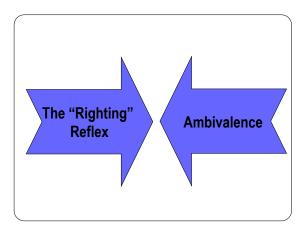
Exercise to try at home: Levels of Complex Reflection At least 2 people, preferably more Person #1: "Something I feel two ways about is..." Persons #2 and beyond #2. Reflect feelings #3. Reflect meaning #4. Reflect two sides of the ambivalence #5. Amplify with a reflection #6. Use a metaphor or analogy Exercise to try at home: Practicing extended reflections • Groups of 3 • Speaker, Listener, Observer • Realplay: pick from sample topics • What it was like growing up in my home • Ways in which I have changed as a person over the years • Good/not-so-good things about my high school years • What I hope and plan to do over the next ten years • Describe one of your parents, or someone close to you How I came to do the kind of work I am doing Exercise to try at home: Practicing extended reflections • Speaker: Choose a topic <u>Listener</u>: Reflect, reflect, (occasionally, say "Tell me a little bit more about that") • Try to vary levels of reflection. See if conversation develops $\underline{\text{without advice}},$ or direct problem solving. (evoke only!) • Observer gives feedback, then rotate.

Summaries are a special form of reflections	
Collect material that has been offered So far you've expressed concern about your children, getting a job, and find the properties of the propertie	
and finding a safer place to live. • Link something just said with something discussed earlier.	
That sounds a bit like what you told me about that lonely feeling you get The sounds are the sound and transition to a new the sound	
 Draw together what has happened and transition to a new task Before I ask you the questions I mentioned earlier, let me 	
 Before Lask you the questions intentioned earner, the messed summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really 	
sick, and it scared you	
Exercise to try at home: Summaries	
 Groups of 3 Speaker, Listener, Observer	
Speaker: "Something I feel two ways about is"	
 <u>Listener 1</u>: Reflect, reflect, reflect, question, reflect, summarize 	
Same routine, observer gives feedback, rotate	
	_
15 minuto buook	
15 minute break	

Handling change and sustain talk

The RIGHTING Reflex

- 1. This person OUGHT to (or should WANT to) change.
- 2. Now is the right (only?) time to change.
- 3. It is my job to tell people what to do.
- 4. A tough/clear/directive approach is best.
- 5. I'm the expert, so he/she should follow my advice.
- 6. If the person decides not to change, the consultation has failed.



Λm	hival	0 n	00

- Feeling two ways about a thing
- Common prior to habit change. Common during habit change.
- <u>A communication trap!</u> Argue one side, person defends the other
- Social-Psychological Model of Attitude Change/Persuasion (D. Bem): <u>individuals must articulate</u> <u>reasons and intentions</u> for change
 - Meta-analysis of intentions interventions show that medium-tolarge changes in intentions (d = .66) lead to small to medium changes in behavior (d = .36) (Webb & Sheeran, 2006)
- Defense of status quo makes change less likely

Tenets of MI: Ambivalence

- "Lack of motivation" is often ambivalence: Both sides are already within the person
- If you argue for one side, an ambivalent person is likely to defend the other
- As a person defends the status quo, the likelihood of change decreases
- Resist the "righting reflex" to take up the "good" side of the ambivalence

Spirit of MI:

Is to

Appreciate Ambivalence

۸	. A	
Appreciate	e Ambivalence	
	Status Quo	Change
BENEFIT OF:	S	
COSTS	OF:	
Appreciate	Status Quo	Change
BENEFITS OF:	Taste Relaxes me Fit in	Healthier Save money Happier marriage
		парры паттаде
COSTS OF:	Poor sleep Calories Spouse complains	New friends Uncomfortable socially
	Mornings sick	Lost enjoyment (loss)
Sowha	t do people so	und liko whon
	dy to make a c	
	espond in the chat	

Change Talk

	Staying the same:	Changing:
BENEFITS OF:		Life could be better
COSTS OF:	I have problems	

Sustain Talk

	STAYING THE SAME:	CHANGING:
BENEFITS OF:	I like my life	
COSTS OF:		Your plan stinks!!

The second phase of MI develops discrepancy: between present and desired state.

PARN-SAT

Desire: "I want to change" Ability: "I can change" Reasons: "I should change" Need: "I need to change"

Commitment (plans, intentions)
Activation (willing, ready, preparing)
Taking steps (actions)



Key Skills for Working with Change Talk	
1. Recognizing	
2. Responding	
3. Eliciting	
Exercise – recognizing for change	
Wait for the statement	
Choose the correct option in the poll	
That's it!	
Change Target: Improved Glycemic Control Component behaviors: Diet, Exercise, Medication,	
Monitoring, Stress management 1. I think I'm doing about as well as I can at this point.	
I certainly don't want to go blind. (R) I've just always disliked exercise.	
4. I really hate pricking my finger! 5. Well, I wouldn't mind cutting down on stress in my life. (D) 6. I probably could exercise more. (A)	
7. Yes, I'm going to take my medication every day. (C*) 8. It's really hard to stay on a strict diet.	
9. But I <i>love</i> chocolate!10. I used to exercise regularly.	
11. I've got to get my blood sugar under control! (N)	

Change Target: Improved Glycemic Control
Component behaviors: Diet, Exercise, Medication,
Monitoring, Stress management

- 12. I'm going to get my blood sugar under control. (C^*)
- I'm willing to take oral medication, but I don't want to take insulin shots. (C*)
- 14. There's no way I want to take insulin.
- 15. I would like to lose some weight. (D)
- 16. I don't think I really have diabetes.
- I wouldn't mind checking my blood sugar once or twice a day. (D?)
- I don't like watching what I eat. I mean I guess I have to, but I don't like feeling restricted. (N)
- 19. I wish I could have less stress in my life. (D)
- 20. I might be able to cut down on sweets. (A)

Change Target: Improved Glycemic Control
Component behaviors: Diet, Exercise, Medication,
Monitoring, Stress management

- 21. I'm not much on eating vegetables. I guess I'll eat more of them, but I don't enjoy them. (C*)
- 22. It's pretty scary thinking about losing my feet. (R)
- 23. I'll think about eating more fruit. (C*)
- 24. I heard that taking chromium can help with blood sugar levels.
- 25. I hope to take off about twenty pounds. (C*)
- 26. I certainly don't want to wind up on dialysis. (R)
- 27. I started keeping track of what I ate this week. (TS)
- 28. I bought a glucose monitor and read the manual. (TS)
- 29. What kinds of things do I have to eat?
- 30. There's no way I'm joining a gym.
- 31. I don't mind walking, but I'm not going to a gym. (D^*)
- 32. I want to be a better parent.

We can fish for change talk with some specific strategies, but only at the right time!

Ask Evocative Questions

Why would you want to make this change? (Desire)
How might you go about it, in order to succeed? (Ability)
What are the three best reasons for you to do it? (Reasons)

How important is it for you to make this change? (Need)
So what do you think you'll do? (Commitment)



We can fish for change talk with some specific	
strategies, but only at the right time!	
Query Extremes What's the worst thing that might happen if you don't	
change? What's the best thing that might happen if you do?	
We can fish for change talk with some specific	
strategies, but only at the right time!	
Look Back	
Ask about a time before the problem emerged. How were things different?	
Look Forward	
How would you like your life to be in 5 years? If you were 100% successful in making the changes, what would be different?	
Explore Goals and Values	
What do you want in life? How does XX behavior fit in with that? Does it help it, hurt it, or is it irrelevant?	
, , , , , , , , , , , , , , , , , , ,	
Change talk is selectively reinforced using client-	
centered techniques, while sustain talk is not.	
EARS	
•When we hear change talk, we draw for more through:	
•Elaborate	
•Affirmations •Reflections	
•Summaries	

Responding to Change Talk: EAR	
"When you hear change talk, don't just stand there!"	
 Elaboration: When was the last time? in what ways? Ask for more: What else? What other reasons? 	
Affirm change talk: reinforce, encourage, support it	
• Reflect it: Restate it back to the person	
Nenectic restate to back to the person	
 Summarize: - "Collecting flowers into a bouquet" 	
Recognizing and Responding to Change Talk	
 A 16 year old boy comes into your office after being referred by his PCP because of his weight. He had been a 	
wrestler until he tore his ACL, and since then he stopped	
exercising but continued to eat as if he were still wrestling.	
He has gained enough weight that his BMI is now in the obese range. He also is suffering from depression, and he	
seems to binge eat more when his mood is bad. His	
parents are very concerned about how rapidly he's gained	
weight, and although he seems to be concerned he feels hopeless.	
C: "When I tore my ACL, I thought I'd be back on the mat and	
wrestling really quickly. But it's been two years and I'm just not	
sure I'm really interested in it anymore. Besides, my knee still	
bothers me sometimes, and my parents are always on my back about eating even though I know how to take care of myself."	
and the control of th	
Write out your answers at home. I will ask for responses in the	
chat in 1 minute	
 Change talk? yes/no 	
2. If yes, what type? (DARNCAT)	
3. If yes, provide a reflective response that would reinforce	
change talk:	
 If no, write an evocative question that might elicit change talk: 	
	_

C: (client continues) I know what you're going to say. I have to eat right and exercise. But don't you understand how hard that is with a bad knee? I don't think the doctors fixed it right, and because I stopped wrestling I'm hardly friends with my teammates anymore. I'm just a lot happier when I don't have to worry all the time about whether I'm eating the right thing or not.

Write out your answers at home. I will ask for responses in the chat in 1 minute

- 1. Change talk? yes/no
- 2. If yes, what type? (DARNCAT)
- 3. If yes, provide a reflective response that would reinforce change talk:
- If no, write an evocative question that might elicit change talk:

C: I really hate feeling so gross and out of shape. I have to do something about this or else I'm going to end up fat for the rest of my life. But my PT said I should avoid running on my bad knee, because that's what got me here in the first place, and besides, I tried doing that and starting getting shin-splints because I'm so heavy. It just feels like an impossible goal, to lose all this weight.

Write out your answers at home. I will ask for responses in the chat in 1 minute

- Change talk? yes/no
- 2. If yes, what type? (DARNCAT)
- If yes, provide a reflective response that would reinforce change talk:
- 4. If no, write an evocative question that might elicit change

C: It's frustrating, because I even know how to work out and eat well; you don't get good at wrestling without knowing how to take care of your body. I really want to start getting my body back, I'm not just not sure if I can do it.

Write out your answers at home. I will ask for responses in the chat in 1 minute

- 1. Change talk? yes/no
- 2. If yes, what type? (DARNCAT)
- If yes, provide a reflective response that would reinforce change talk:
- If no, write an evocative question that might elicit change talk:

Dissonance, Sustain Talk and Discord	
	<u> </u>
What do people say when they don't want to make a change?	
make a change:	
Contain Talle	
Sustain Talk STAYING THE CHANGING:	
SAME:	
BENEFITS I like my life OF:	
COSTS OF: Your plan stinks!!	
Stinks??	

Confrontation

- Confrontation is a goal, not a method of intervention
- Confrontation is helping someone come face to face with their reality, helping them see something scary
- What is the best way to do that?

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Examples of Sustain Talk The other side of ambivalence

 I really like marijuana 	(D)
 I don't see how I could give up pot 	(A)
 I have to smoke to be creative 	(R)
 I don't think I need to quit 	(N)
 I intend to keep smoking and nobody 	(C)
can stop me	
 I'm not ready to quit 	(A)
 I went back to smoking this week 	(T)

Thinking about dissonance

"Resistance" is dissonance – a difference between you and the client. It's basically information. The client is telling you something:

- "I'm afraid I'll hear something I don't want to hear."
- "You're not listening to me!"
- "You're not keeping up with me!"
- "There's something you don't know."

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Dissonance is *information* about a relationship or interaction

- An interpersonal behavior a reaction to an intervention, not a characteristic or quality of the client.
- What is the most common reason for dissonance?
- Let's experiment: Take 30 seconds to decide how you will change...
- The natural reaction to coercion is defense.
 - You take the pro side of changing a behavior, the client will take the con side.
- From this perspective, denial is also an interaction.

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Dissonance: Sustain Talk and Discord

- Sustain Talk is about the target behavior
 - I really don't want to stop smoking
 - I have to have my pills to make it through the day
- Discord is about your relationship
 - You can't make me quit
 - You don't understand how hard it is for me
- Both are highly responsive to counselor style

What is Discord?

- Behavior
- Interpersonal (It takes two to have discord)
- A signal of dissonance in your relationship
- Predictive of (non)change
- Should be a SIGNAL
 - To remedy relationship....
 - To change strategies...

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Como Discord Cignals	
Some Discord Signals	
Defensiveness Arguing	
Challenging, Discounting, Hostility	
InterruptingTalking over the counselor	
• Ignoring	
 Inattention ,Changing the subject 	
	-
Key Skills for working with Sustain Talk and	
Discord	
Recognizing	
Responding	
Responding	
)
Responding to Sustain Talk and Discord	
Already in skills repertoireSustain Talk	
Acknowledge, honor reflect	
Generally do not explore – no open questions Discord	
• Reduce "heat"	
 Get off the hot seat (reflect, change subject) Revisit engagement 	

Responses to Zingers	
(sustain talk and discord) • Reflective • Strategic	
Simple Reflection Shifting Focus	
Amplified Reflection Emphasizing Personal	
Choice • Double-sided Reflection • Reexamine agenda	
- neexamme agenda	
Responding to the zinger	
I don't smoke pot every	
day	
You're paying attention and not	
smoking daily Good News? You're trying	
to smoke safely	
Responding to the Zinger	
Well, I never drink and drive	
You keep alcohol and cars away from each other	
Good News?: You don't want	
to endanger others	

Responding to the Zinger	
I'm do not have an eating disorder	
You don't like being labeled.	
Good News?: You're a go <mark>o</mark> d person (boyfriend/girlfriend, son/daughter, student, athlete)	
Responding to the Zinger	
I'm sick of you and all these people telling me what to do	
You sure are tired of everyone being in your business	
I appreciate you telling me how yo <mark>u</mark> feel. Ultimately its up to you	
Responding to the Zinger	
I didn't do anything wrong!	
This does not make sense to you. You know right from wrong	

Responding to the Zinger	
I just wish you and all these people would leave me	
alone You're feeling a lot of pressure	
Good News:? If left to	
yourself you can solve lots of things.	
Ways to Dance with Dissonance	
Simple reflection	
Double-sided reflectionEmphasize the client as decision maker	
There are more ways too – but we'll start here	
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Ways to Dance with Dissonance	
Client: "Why do I have to be here? I know things aren't	
perfect, but I am doing better. There have been no incidents with my kids, so why do you still make me come?"	
Simple reflection	
• "You're ready to be done."	
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Ways to Dance with Dissonance	
Client: "Why do I have to be here? I know things aren't perfect, but I am doing better. There have been no incidents	
with my kids, so why do you still make me come?"	
Double sided reflection	
"Things are better, and maybe there are still a few troublesome spots."	
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Ways to Dance with Dissonance	
Client: "Why do I have to be here? I know things aren't perfect, but I am doing better. There have been no incidents	
with my kids, so why do you still make me come?"	
Emphasize the client as the decision maker	
"It feels like I'm making you come here, rather than your own choice. There's more we could work on, but really	
you're the one who decides about whether it's worth the hassle of coming. It really is your call."	
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Other applications: Providing	
Information	

Something you can take away: how to give	
information in an MI consistent way	
 Information with permission 	
 Would you like to know some things that other patients in your situation have done? 	
Offer choices	
Talk about what others do	
 Some patients really enjoy going for a walk in the morning. What do you think you might be able or willing to try? 	
,,	
Two strategies for informing	
Chunk – Check – Chunk Provide info – What questions do you have/Does that make sense to	
you? – Next info	
Danger of moving into a directing style!	
Elicit - Provide – Elicit	
What do you already know about/What would you like to know	
about?	
 Provide information What do you think about that/What do you make of that/What 	
more would you like to know?	
How to learn MI effectively	

Learning MI takes time, training and practice with feedback.	
1. Getting the spirit of MI	
Using client-centered skills (OARS) Recognizing change talk Eliciting and spinforcing change.	
Eliciting and reinforcing change talk Rolling with resistance	
Developing a change plan Consolidating client commitment	
8. Integrating MI with other intervention methods	
Miller & Moyers, 2008	
Sink Chapta Lan	
MI is often confused with a lot of other things. Indeed, MI is NOT:	
 Based on the transtheoretical model A way of tricking people into doing what they don't want to do 	
 A technique. A decisional balance 	
5. Requiring assessment feedback6. A form of cognitive-behavior therapy	
7. Just client-centered counseling8. Easy	
9. What you were already doing10. Not a panacea	
Miller & Rollnick, 2009	
Resources	
 William R. Miller Ph.D. and Stephen Rollnick Ph.D. <u>Motivational Interviewing 3rd Edition: Helping People Change</u>. Guilford Press. New York: 2013. 	
David Rosengren. <u>Building Motivational Interviewing Skills: A</u> <u>Practitioner Workbook.</u> Guilford Press. New York: 2009. Video 1000 Meticational Hydrogianal Professional Tablesia (PUD)	
 Video: 1998 Motivational Interviewing Professional Training DVD Series. casaa.unm.edu/download/mitrain98.pdf Motivational interviewing website: www.motivationalinterview.org 	
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