

# MAKING THE **ARGUMENT** CASE FOR CHANGE

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# Dictionary

## Definition

**verb**

noun

Synonyms

Synonym Chooser

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### changed; changing

*transitive verb***1 a** : to make different in some particular : **ALTER**| never bothered to *change* the will**b** : to make radically different : **TRANSFORM**| can't *change* human nature**c** : to give a different position, course, or direction to| *changed* his residence from Ohio to California**2 a** : to replace with another| let's *change* the subject**b** : to make a shift from one to another : **SWITCH**| always *changes* sides in an argument**c** : to exchange for an equivalent sum of money (as in smaller denominations or in a foreign currency)| *change* a 20-dollar bill**d** : to undergo a modification of





***“PEOPLE ARE BETTER  
PERSUADED  
BY THE REASONS THEY  
THEMSELVES DISCOVERED  
THAN THOSE THAT  
COME INTO THE MINDS OF  
OTHERS”***

Blaise Pascal



# WHAT/WHO MOTIVATES YOU?

Health  
My Faith  
A challenge  
Fear  
Jewelry  
My probation officer

My boss  
My children, parents, partner, my family  
Things that make me feel good, food, drugs, alcohol, sex.  
My boss

Money, paycheck  
Sense of accomplishment, recognition  
My Friends  
Cheesecake

Praise  
Fear of failure



Motivation is influenced by the clinician's style

Motivation can be modified

The clinician's task is to elicit and enhance motivation

*“Lack of motivation” is a challenge for the clinician's therapeutic skills, not a fault for which to blame our patients*

# THE CONCEPT OF MOTIVATION



# WHERE DO WE START?

- What you do depends on where the patient is in the process of changing
- The first step is to be able to **identify where the patient is coming from**



# WHAT ARE YOU LOOKING TO CHANGE?

Think about a difficult change that you believe you should make.  
How long have you been thinking about this?



# ASK YOURSELF

Why do I want to make that change?

How important to me is making that change?

How ready am I to make that change?

What are the benefits of staying the same?

- What is the cost of staying the same?

What are the benefits of making the change?

- What is the cost of changing?

Who is this going to impact, and how?

Who can I ask to help me make that change?





**Avoid questions that inspire a yes/no answer.**



# **THE “RIGHTING REFLEX”**

- “The righting reflex involves the belief that you must convince or persuade the person to do the right thing.”

Motivational Interviewing:

Helping People Change

Third Edition

Miller and Rollnick





## WHAT'S THE BEST WAY TO FACILITATE CHANGE?

- Constructive behavior change comes from connecting with something valued, cherished and important
- Intrinsic motivation for change comes out of an accepting, empowering, safe atmosphere where the painful present can be challenged



# MI: 8 UNHELPFUL ASSUMPTIONS

The patient ought to change behavior

The patient wants to change

Health is the patient's primary motivator

The intervention has failed if the patient doesn't choose to change

Patients are either motivated to change, or not

Now is the right time to choose to change

A tough approach is the best approach

Medical staff are the experts; the patient must follow the their advice



# MI STYLE OF HELPING

- Respect their decisions
- Have patients describe what is working
- Ask them about their plan(s) to change
- Find out what's important to them
- Have them talk about their health and their goals
- Ask what their goals are for treatment



Motivational Interviewing can be considered a specialized subset of a Guiding style.



How does MI work to facilitate change?

Reduces  
discord

Raises  
discrepancy

Elicits  
change talk

**MI AS A  
GUIDING  
STYLE OF  
HELPING**



# WHAT IS MOTIVATIONAL INTERVIEWING ?

- Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:
- “MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”



# YOU ARE USING MI IF YOU:

- Talk **less** than your patient does
- Offer **one reflection** for every **three questions**
- Reflect with **complex reflections** more than half the time
- Ask mostly **open-ended** questions
- Avoid **getting ahead** of your patient's stage of readiness (warning, confronting, giving unwelcome advice, taking "good" side of the argument)



# THE UNDERLYING SPIRIT OF MI





# MI - THE SPIRIT (1) : *STYLE*

Nonjudgemental and collaborative

Based on patient and clinician partnership

Gently persuasive

More supportive than argumentative

Listens rather than tells

Communicates respect for and acceptance for patients and their feelings



Explores the patient's perceptions without labeling or correcting them

No teaching, modeling, skill-training

Resistance is seen as an interpersonal behavior pattern influenced by the clinician's behavior

Resistance is met with reflection

## **MI - THE SPIRIT (2) : *STYLE***




# MI - THE SPIRIT (3) : *PATIENT*

Responsibility for change is left with the patient



Change arises from within rather than imposed from without\*\*\*



Emphasis on patient's personal choice for deciding future behavior



Focus on eliciting the patient's own concerns



# MI - THE SPIRIT (4) : *CLINICIAN*



Implies a strong sense of purpose



Seeks to create and amplify the patient's discrepancy in order to enhance motivation



Elicits possible change strategies from the patient



Systematically directs the patient toward motivation for change



# MI SPIRIT

- People are full glasses rather than empty glasses who need things from us.
- People have expertise about themselves.
- People have motivation, even if it's hard to see.
- We want to help them see what they already have in themselves.

**“You already have what you need, and together we will find it.”**  
**Miller & Rollnick, 2013.**



# AMBIVALENCE

Ambivalence is normal

Patients usually enter treatment with fluctuating and conflicting motivations

It's human to “want to change and not want to change”

*“Working with ambivalence is working with the heart of the problem”*



# RECOGNIZING CHANGE TALK DARN - CAT

Desire (want, like, wish ...)

Ability (can, could ...)

Reasons (if...then)

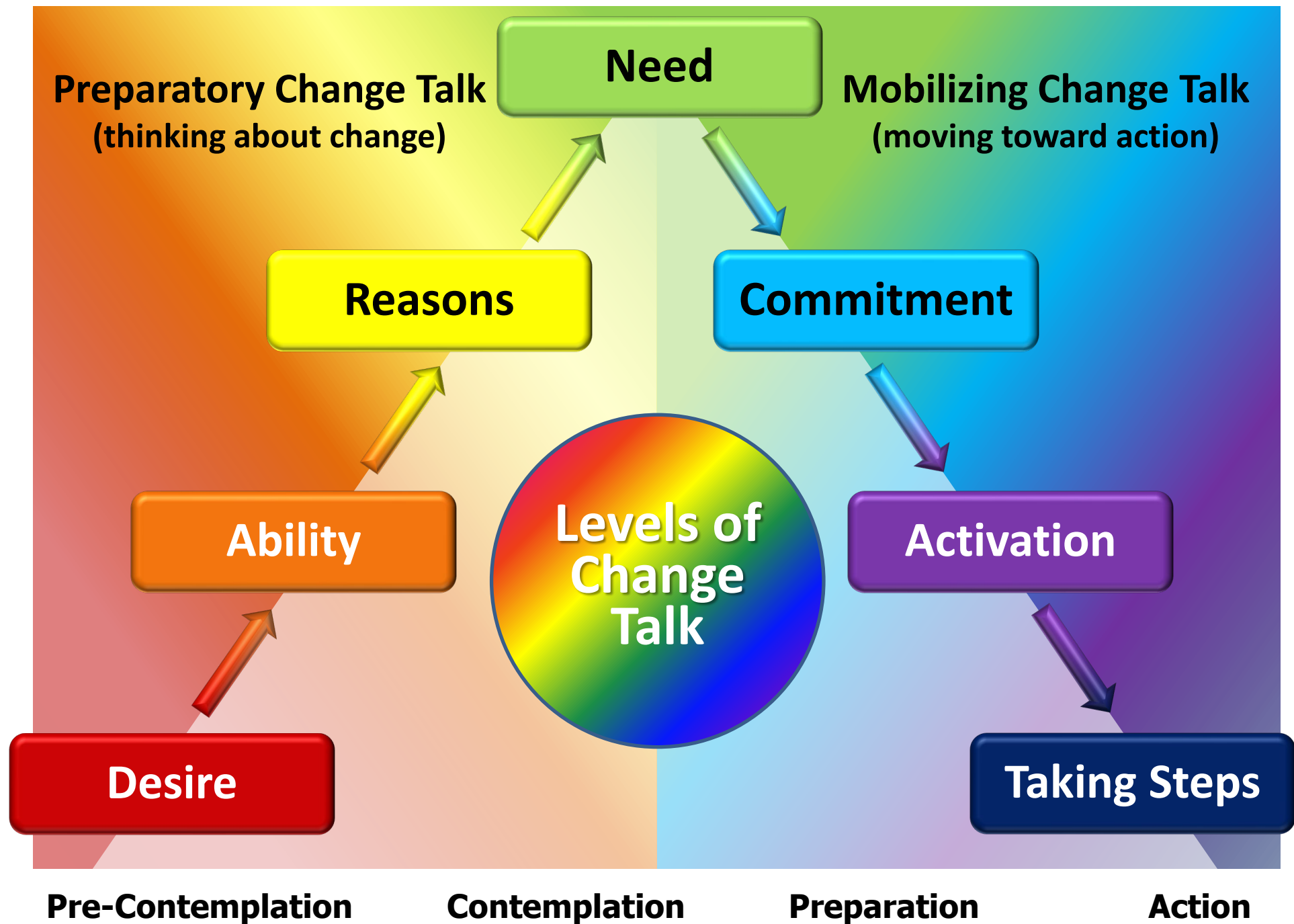
Need (need, have to, got to ...)

Commitment (intention, decision, promise)

Activation (willing, ready, preparing)

Taking Steps (early/preparatory actions)







# Questions to Pull for Levels of Change Talk

## Desire

- How badly do you want that?
- How would you like for things to change?
- How would you like for things to be different?
- What do you wish for ...?
- What would you enjoy about that?
- Tell me what you don't like about how things are now?

## Ability

- How would you do that if you wanted to?
- What do you think you might be able to change?
- If you did decide to change, what makes you think you could do it?
- What abilities (skills) do you have that would make it possible?
- How have you managed this before?

## Reasons

- What concerns do you have about \_\_\_\_?
- What concerns does your spouse/partner have about your \_\_\_\_?
- What has \_\_\_\_ cost you?
- What are some of the not-so-good things about \_\_\_\_?
- What would make it worth your while to \_\_\_\_?
- What might be some good things about no longer \_\_\_\_?

## Need

- What needs to happen?
- How important is it for you to \_\_\_\_?
- How serious or urgent does this feel to you?
- What do you think has to change?
- Complete this sentence: I really must \_\_\_\_.

## Commitment

- How are you going to do that?
- What will that look like?
- How are you going to make sure that happens?
- How will you know that you are ready?
- What do you think needs to happen next?

## Activation

- How are you going to do that?
- What do you need to do first?
- What additional steps will be needed?
- Where will you get support?
- What help do you need to take action?

## Taking Steps

*Here the client is doing the work of treatment. (S)he is taking active steps toward goal.*

*This is not change talk but supporting actual change is happening*

- How is it going?
- What is working?
- What are you struggling with?
- What else could you/we do to help you?



# **MI PROCESSES, SKILLS AND STRATEGIES**



# FOUR PROCESSES OF MI

**Planning**

**Evoking**

**Focusing**

**Engaging**



# **RETENTION**

**IS THE NAME OF THE GAME  
WHEN MANAGING  
CHRONIC ILLNESS**





## MI CORE SKILLS

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



# OPEN-ENDED QUESTIONS

Are difficult to answer with brief replies or simple “yes” or “no” answers.

Contain an element of surprise; you don’t really know what the patient will say.

Are conversational door-openers that encourage the patient to talk.

*Is this an open-ended or closed-ended question?*





## CORE SKILLS

- **O** pen-Ended Questions
- **A** ffirmations
- **R** efective Listening
- **S** ummarizing



# AFFIRMATIONS

- Catch your patient doing something right!
  - Support person's persistence
  - Recognize effort
  - Assist person in seeing positives
  - Support individual's strengths
  - Support their confidence





# REINFORCE SOMETHING THE PERSON HAS DONE OR INTENDED TO DO...

- Thanks for talking to me. I know it's difficult to talk to a stranger.
- You're aware of what you need.
- You're surviving out here. That says a lot.
- You took the time to come in today.



# HIGHLIGHT THEIR SUCCESSES...

- How did you do this?
- How did you know that would work?
- You know, a lot of people on parole never seem to get it together, but you have really found a way to make this happen. How did you manage to do all that?





## CORE SKILLS

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



# TYPES OF REFLECTIVE STATEMENTS

1. Simple Reflection (repeat)
2. Complex and Amplified Reflection  
(continue the thought or exaggerate the emotion)
3. Double-Sided Reflection  
(captures both sides of the ambivalence)





# REFLECTIVE LISTENING

Making your best guess  
about what a patient  
means.





# **FORMING REFLECTIVE STATEMENTS**

If you find it helpful, start your reflections with the following:

“It sounds like you...”

“You’re feeling...”

“It seems that you...”

“So you...”



# TYPES OF REFLECTIVE STATEMENTS

- Simple reflections
  - Stay very **close to the speaker's original words and meaning**
- Amplified reflections
  - Continues the thought; **takes a guess** at what the patient really means and/or feels
  - Emphasizes the patient's point; **adds intensity and emotion**
  - **Overstate** what your patient has said **and exaggerate** at times
- Double-sided reflections
  - So on the one hand you.....and on the other you want.....
  - **Captures both sides of the ambivalence**



Reflective listening is used to:

Check out whether you really understood the client

Highlight the patient's own motivation for change about substance use

Steer the patient towards a greater recognition of their problems and concerns, and

Reinforce statements indicating that the patient is thinking about change.

# **EXPRESSING EMPATHY THROUGH REFLECTIVE LISTENING**



# CORE SKILLS

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing





# SUMMARIES

- Summaries highlight important points of what the person said.
- Helps to ensure you understand each other.
- Facilitates the transition to a new topic of conversation.



# SUMMARY STATEMENTS

Collection



Linkage



Transition





# 5 KEY MI PRINCIPLES

Reduce	Facilitate	Express	Avoid	Use
Reduce ambivalence & develop discrepancy	Facilitate self-motivational statements	Express empathy	Avoid or “roll with” resistance	Use counseling skills to elicit discussion about change <ul style="list-style-type: none"><li>• Open-ended questions</li><li>• Affirmations</li><li>• Reflective listening</li><li>• Summarizing</li></ul>



Clarify

Clarify important goals for the patient



Explore

Explore the consequences or potential consequences of the patient's current behaviors



Create  
and  
amplify in

Create and amplify in the patient's mind a discrepancy between their current behavior and their life goals

**DEVELOPING  
DISCREPANCY**



# EXPLORING THE GOOD THINGS



What are some of the good things about\_\_\_\_\_?



People usually use alcohol because it helps in some way - how has alcohol helped you?



What do you like about the effects of alcohol?



What would you miss if you weren't able to drink?



What else?



NOTE: Be sure to give praise & support of self-efficacy



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Tell me about the downside of drinking?

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What are some aspects that you are not so happy about?

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What are the things you wouldn't miss?

---

If you continued as before, where do you see yourself 3 years from now?

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What else?

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NOTE: Be sure to give praise & support self-efficacy

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## **EXPLORING THE NOT-SO-GOOD THINGS**



# Building Motivation

(the microskills)

- Open-ended questioning
- Affirming
- Reflective listening
- Summarizing

The goal is to elicit and reinforce  
self-motivational statements (Change Talk)



**THANK YOU!!**

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**Resources:**

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**[www.psattc.org](http://www.psattc.org)**

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