Motivational Interviewing

Using MI with colleagues as an effective communications tool

Developed by:

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Disclosure

Learning Objectives

- ✓ Learn the principles and skills needed to deliver court responses effectively

- ✓ Gain an in-depth understanding of Motivational Interviewing as a technique to assist clients in changing their behavior

- ✓ Learn creative evidence-based outreach strategies to improve engagement

- ✓ Understand the value of building case plans that keep participants engaged

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Change is Hard!

All of us encounter significant challenges when we attempt to make changes big and small

Eight Reasons Why*...

1. Negative emotions like guilt and shame are among the least effective motivators for change

2. We often see change as an all-or-nothing proposition, which leads to no-win situations

3. Change is a long, slow process – not one big thing

*https://www.psychologytoday.com/us/blog/neuronarrative/201707/8-reasons-why-its-so-hard-really-change-your-behavior

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Eight Reasons Why*...

4. We forget about accumulating and using the tools necessary for change

5. We tend to take on too many things at once

6. We fail to see that change is a process involving many interconnected parts

7. We don't see failure as part of the process

8. We don't fully commit to the process

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Specific SUD Challenges

1. The addictive process has taken over

2. The incredible power of habits, cravings, and urges

3. Changes in neurochemistry and neuroanatomy result in adaptation to the presence of the substance(s); its absence result in the brain and body attempting to regain equilibrium

4. The challenge of overcoming inertia and ambivalence

5. We tell our clients to change the people, places, and things that serve as triggers for substance abuse. Imagine for a moment trying to change all these central parts of your life, many of which have been in place for years and are so interconnected. For many of our clients, these represent everything they've known for a long time! Is it any wonder why they are ambivalent?

Change IS Possible!

Taken together, all of this suggests that change is best approached gradually, with an understanding that it is often a long, arduous process that will involve setbacks

Transtheoretical Model

- Developed by Prochaska and Di Clemente beginning in the mid 1970s to help people quit smoking

- A central (but not the only) component is the Stages of Change, which are as follows:

  - Precontemplation (not ready)
  - Contemplation (getting ready)
  - Preparation (ready)
  - Action
  - Maintenance

(relapse, also referred to as recycling, is not a stage but a return from the Action or Maintenance stage to an earlier stage)

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Transtheoretical Model

- The focus is on moving from one stage to the next, using interventions and methods that are specifically tailored to each stage ("stage-matched")

- Part of this concerns the concept of "decisional balance", which is similar to the concept of working through ambivalence in Motivational Interviewing

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Motivational Interviewing

"Motivation can be understood not as something that one has, but rather as something that one does. It involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy. There are, it turns out, many ways to help people move toward recognition and action"

(William R. Miller, 1995)

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Motivational Interviewing

- MI was developed by Miller (1983) and later expanded upon significantly by Miller and Rollnick (1991)

- For effective behavioral change to occur, clients must explore and resolve their ambivalence to change

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MI – the basic premises

- Engage clients in change talk by asking them open-ended questions to consider the specific pros and cons – addressing ambivalence

- Motivation must come from the client

- Engage the client in a collaborative approach using a directive and non-judgmental attitude and style

- Knowledge and insight do not equal change

- MI is not a set of tools or techniques; rather, it is a means of communicating and interacting with clients

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MI – The Five Principles

1. <u>Expressing Empathy</u>: actively and reflectively listening, respecting the client and his or her process, communicating genuine interest

2. <u>Develop Discrepancy</u>: explore the differences between the current state and the desired future state, helping the client to understand and appreciate the negative aspects of remaining in the current state. The client needs to present and ultimately own the arguments for change – change is ultimately self-directed, not clinician-directed.

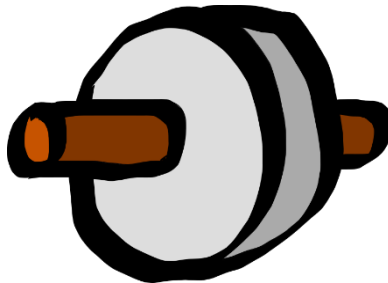# MI – The Five Principles

3. <u>Avoid Arguments</u>: Arguments can result in the client "bucking up" or withdrawing, neither of which are likely to move the client along a process of change. Progress is made ultimately when the client presents their own arguments for change, with the client overcoming their ambivalence and moving through the process of change

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MI – The Five Principles

4. <u>Rolling with Resistance</u>: Clients will resist change – it is a given and speaks to just how difficult it is to change. Expecting resistance and working through the resistance, providing the client with opportunities to present their own arguments for change and overcome their ambivalence will ultimately win over the resistance

MI – The Five Principles

5. Support Self-efficacy: Typically, clients have failed to make necessary changes dozens of times before, and they initially have little reason to believe that this time will be any different. Reinforce that change is hard, that it is a process, and that setbacks are part of the process. Reward "successive approximations" that will reinforce change efforts and serve to provide a greater sense of self-efficacy.

MI – The Four Processes

1. Engaging: truly and empathetically getting to know the client, their struggles and challenges. Building trust and establishing a collaborative relationship is central to this process. Using open-ended questions and ensuring that the client has a sense of control and sees him or herself as a participant in the process of change is critical.

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MI – The Four Processes

2. <u>Focusing</u>: Arrive at a shared understanding of what is important to the client and what changes are to be addressed. Another aspect of this process is to expose and start addressing ambivalence, using open-ended questions in a collaborative approach.

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MI – The Four Processes

3. <u>Evoking</u>: Working collaboratively to elicit and bring forward the client's own motivations and reasons to change. It is important in this process to also foster a sense of self-efficacy and confidence that change, while difficult, is indeed possible.

MI – The Four Processes

4. <u>Planning</u>: Here the client commits to change for their reasons, and then works with the clinician to develop and implement a specific action plan to bring about the desired change.

[If time permits]

Demonstration of Motivational Interviewing

https://www.youtube.com/watch?v=67I6g1I7Zao

Combining MI and TTM

MI is easily adapted to the TTM, focusing on moving clients through the stages

1. From *precontemplation* to *contemplation*:

    Plant seeds of doubt regarding the belief that substance abuse is harmless, perhaps by engaging significant others and/or family and friends

Combining MI and TTM

2. From *contemplation* to *preparation*

Help the client move from extrinsic to intrinsic sources of motivation

Emphasize the client's role in making choices and that change is their responsibility

Combining MI and TTM

3. From *preparation* to *action*

Look for signs that the client is ready to enter into a change process, such as reduced resistance and decreasing ambivalence. It is important to strike while the iron is hot, as this heightened state of ambivalence gets uncomfortable quickly.

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Combining MI and TTM

4. From *action* to *maintenance*

Continue to provide significant support and encouragement to stick with the change process and to maintain and even extend the gains they have made

Use the tools to maintain the change!

MI – Keeping Clients Engaged

- Using MI can help keep clients engaged in and advancing in treatment by keeping them motivated

- MI focuses on developing internal, intrinsic motivation – the client provides the motivation, rather than the therapist, friends and family, workplace, or any other external source

- Progress is encouraging and rewarding

MI and Case Planning

- Incorporate facets of MT and TTM into your case plans, focusing on using MI techniques to help clients move through the stages of change

- Employ specific interventions that are appropriately matched to the stages of change and that also reflect the principles of the Risk-Need-Responsivity (RNR) model

What's Next?

- MI is an approach to communication rather than a specific intervention

- As such, you can use MI within practically any treatment modality and setting, with clients, colleagues, friends, and family members – because everybody can use some help tackling the difficult changes they are trying to make

- Get trained in MI

- Start using it in your interactions!

Resources

- Center for Substance Abuse Treatment (1999). Enhancing Motivation for Change in Substance Abuse Treatment (TIP 35). Rockville, MD: US Department of Health and Human Services. Available for free at: https://roar.nevadaprc.org/system/documents/3229/original/NPRC.607.TIP35.pdf?1435777533

Resources

- MI trainer network website: https://motivationalinterviewing.org/

- Georgia Council on Substance Abuse MI training: https://www.gasubstanceabuse.org/motivational-interviewing

- Miller, W.R. & Rollnick, S. (2012). Motivational Interviewing: Helping People Change (3rd Edition). New York: The Guilford Press.

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