

Making it Real, Making it Work

**Practical Applications of
Motivational Interviewing:**

**From Conflict, to Compliance, to
Commitment**

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CONFLICT
COMPLIANCE
COMMITMENT

Motivational Interviewing is...

A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence

What are we trying to Change?

1. Each person list at least 2 goals you have for participants— things you want them to change
2. Each person list at least 2 specific things you want them to do to achieve those goals—methods
3. Write down three statements that you have heard from participants that indicate “resistance” to you as a helper and/or resistance to change.

Targeted Change Must Be

- Behavioral and specific
- Measurable and achievable
- Voluntary & Intentional
- Universally positive
 - Give examples of “positive change” which may be based on individual or cultural bias and is not universally positive

Agenda

- **Integration of the Transtheoretical Model (TTM), including Stages of Change (SOC) and Goals of MI as a brief intervention**
- **MI**
 - Overview of MI as a brief intervention
 - Resistance and Ambivalence
 - “OARS”
 - Change Talk
- **OUTCOME OBJECTIVES:**
 - Participants will become familiar with the theoretical foundations & applications of MI, and how/why using MI will enhance provider-patient communication
 - Participants will begin to recognize change talk and implement “OARS” skills.

Negative Practice

1. Explain why the person should make the change.
 2. Give at least 3 specific benefits that would result from the change.
 3. Tell the person how they could make the change
 4. Emphasize how important it is for them to make the change, including the consequences of not doing it.
 5. Tell/persuade the person to do it.
- If you encounter resistance, repeat the above more emphatically

Why people change

- **Willing**

- **Able**

- **Ready**

TRANSTHEORETICAL MODEL

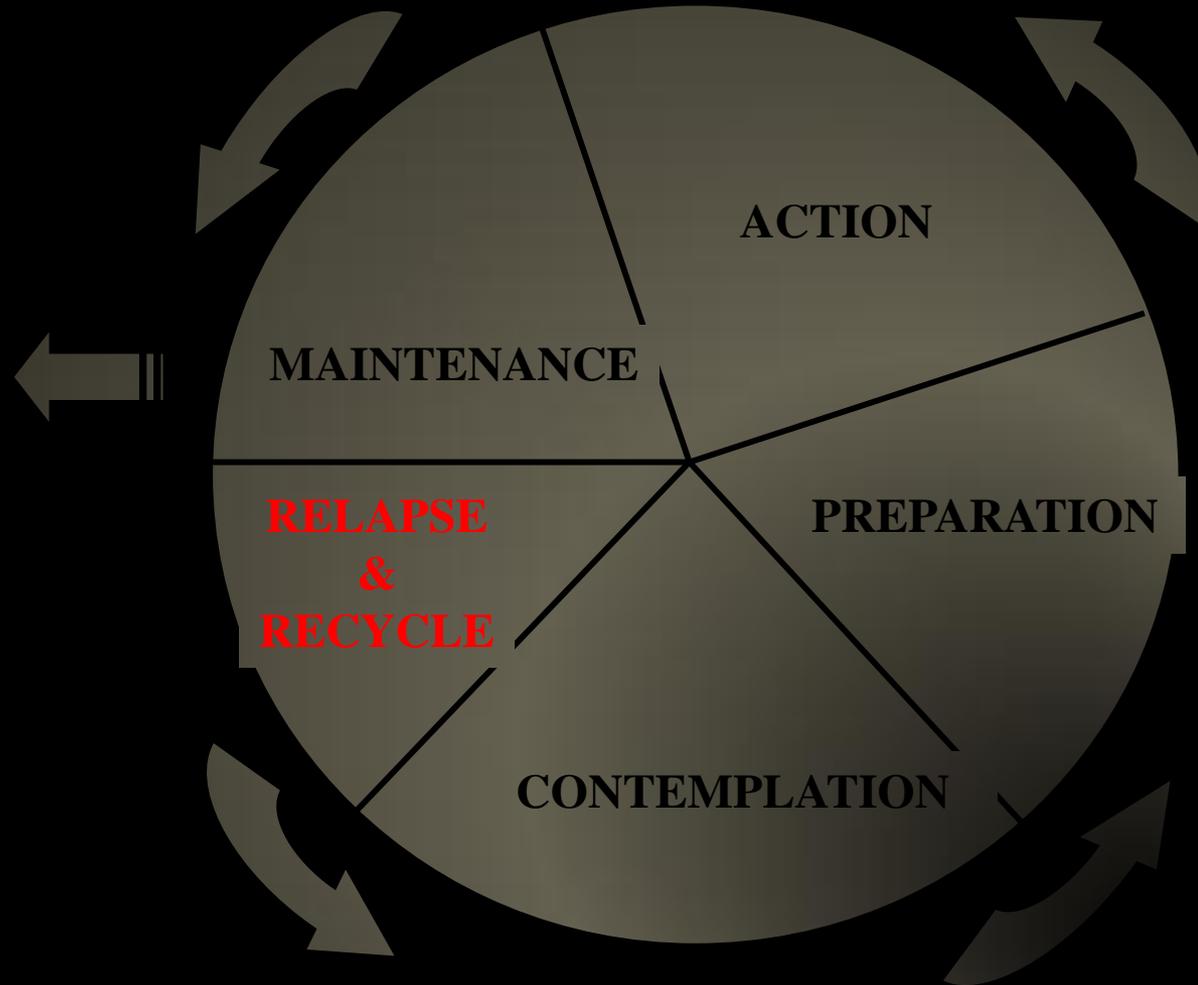
Overview

- Developed by Prochaska and DiClemente in 1984, the TTM provides a framework for understanding the process of:
 - *change of problem behaviors*
 - *adoption of positive behaviors.*
- The TTM framework provides the provider information useful in the tailoring of an individualized intervention to meet the patient/client's stage of readiness to change, regardless of the behavior of focus.
- The client is NEVER labeled as "non-compliant"

Motivational Interviewing

- Often brief; 1-2 sessions
- Stand alone, prelude, or in combination with other treatments
- Commonly combined with feedback
- Training varies
- Diverse populations
- Across behavioral domains

MODEL OF STABLE CHANGE PROCESS



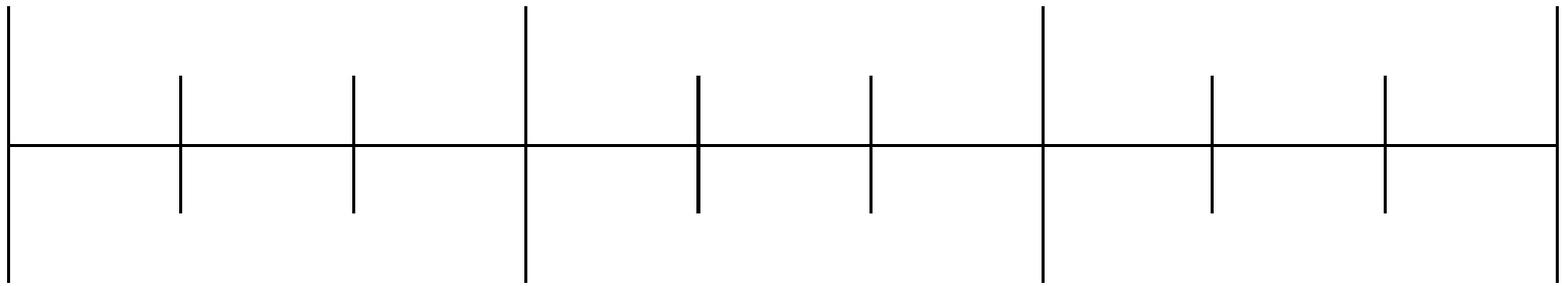
PRECONTEMPLATION

TRANSTHEORETICAL MODEL

Provider Goals by Stage

- Your goals as a provider change depending on where the patient/client is.
 - The first step is to gain an understanding of which stage your patient/client is at “ THE STAGING RULER”
- In this approach, you should go to where the patient/client is... the patient/client shouldn't have to come to you!
- Using the same strategy for people at each of Stage of Change will not be effective.

On the following scale, which point best reflects how ready you are at the present time to **use Motivational Interviewing**?



**Not at all
ready to
use MI**

**Thinking
about
using MI**

**Making a
commitment
to use MI**

**Actively
working
on using
MI**

Be honest about your feelings!

TRANSTHEORETICAL MODEL

Stages of Change

(what are they?)

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

TRANSTHEORETICAL MODEL

Precontemplation / Not Ready

■ Stage:

- Hasn't considered change
- Doesn't understand risk
- Unwilling/unable to change

DOESN'T SEE IT

■ Strategy:

- Establish Rapport
- Explore Concerns
- Check in about understanding of risk
- Elicit information
- Focus on getting them back next time

SEES IT

Get the patient/client to think!

**Pre-contemplation, Contemplation, Preparation,
Action, Maintenance**

**You cant order me not
to drink. Drinking is
not my problem. You
all are my problem.**

TRANSTHEORETICAL MODEL

Contemplation / Unsure

■ Stage:

- Understands risk
- Considering possibility of change
- Ambivalent

SEES IT, BUT...

■ Strategy:

- Normalize ambivalence
- Tip the Decisional Balance (focus on pros of changing behavior)
- Explore barriers and self-efficacy
- Enhance commitment

EXPLORE IT

Increase patient self-confidence!

**Pre-contemplation, Contemplation, Preparation,
Action, Maintenance**

**I don't like to think of
myself as an addict.**

**I just like to party
and sometimes I let
it get out of hand.**

TRANSTHEORETICAL MODEL

Preparation / Considering

■ Stage:

- Committed to change
- Considering options
- Making a plan

■ Strategy:

- Clarify goals
- Offer suggestions including several options
- Reinforce personal choice
- Practice skills & negotiate a plan

REALLY READY ...

SOLVE IT!

Help the patient initiate change!

**Pre-contemplation, Contemplation, Preparation,
Action, Maintenance**

**Are there any
drug programs
that will let me
take my kids with
me?**

TRANSTHEORETICAL MODEL

Action / Doing It

■ Stage:

- Actively taking steps
- Not yet stable, great potential for relapse

■ Strategy:

- Reinforce commitment to change and affirm success
- Assist with problem solving
- Support self-efficacy
- Help identify resources (e.g., parents, providers, support groups)

DOING IT, but fragile

KEEP ON IT!

Facilitate commitment to change!

**Pre-contemplation, Contemplation, Preparation,
Action, Maintenance**

**I am attending treatment three
times per week however, my
partner continues to use
drugs in our home**

TRANSTHEORETICAL MODEL

Maintenance / Maintain It

■ Stage:

- Have accomplished the change
- It feels more comfortable, but relapse still a possibility

■ Strategy:

- Affirm commitment and current success
- Identify temptations and problem solve
- Ask about positive benefits they've experienced, reinforce those

THEY'VE DONE IT!

MAINTAIN IT!

Foster continued commitment to change!

**Pre-contemplation, Contemplation, Preparation,
Action, Maintenance**

**I need to get to a meeting
when I leave here
because the thought of
what might happen when I
get sentenced tomorrow
is messing with my head.**

TRANSTHEORETICAL MODEL

Relapse / Return to old behaviors

■ Stage:

- Frustrated
- Sense of failure
- May give up and lose sight of progress

■ Strategy:

- Maintain support
- Reframe experience as a learning opportunity
- Identify other coping strategies
- Develop new plan

Ooops – a SLIP!

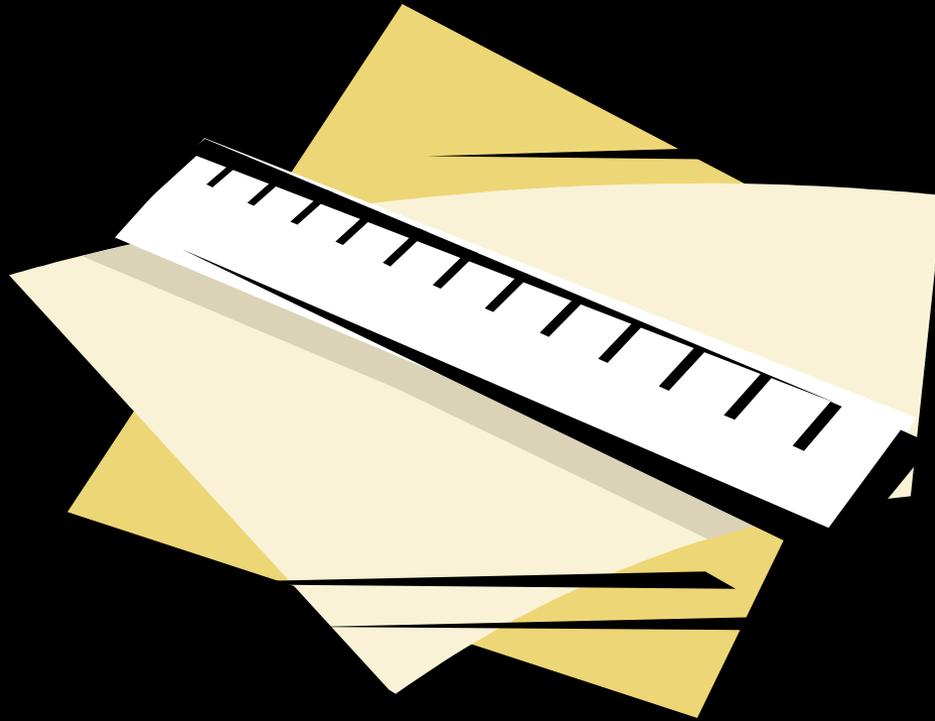
TRY AGAIN!

Facilitate NEW commitment!

How are the strategies executed?

- **By identifying stage where client is at**
 - The Staging Ruler
- **By using brief motivational counseling techniques**
 - Motivational Interviewing skills

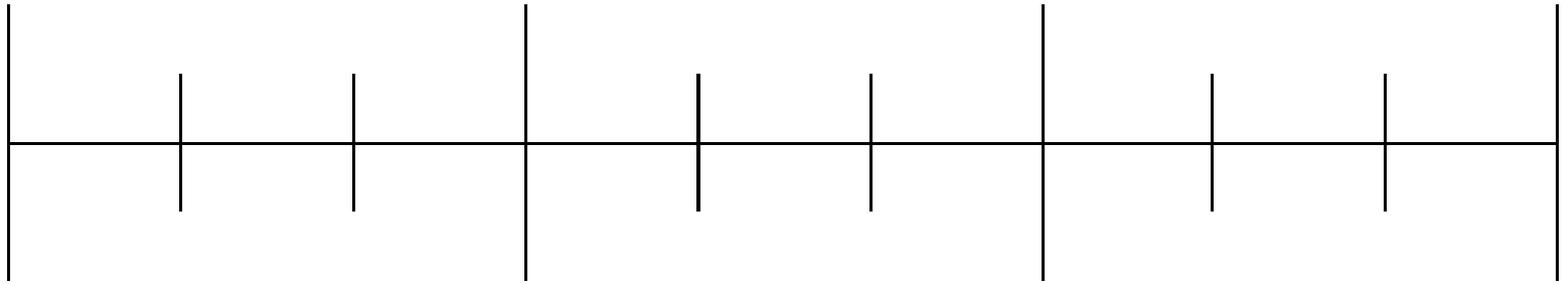
The Staging Ruler



Refer to your separate handout

TTM & MI

On the following scale, which point best reflects how ready you are at the present time to reduce your cocaine use?



**Not at all
ready to
reduce/stop
using**

**Thinking
about
reducing/
stopping
cocaine**

**Making a
commitment
to reducing /
stopping
cocaine**

**Actively
working on
changing
my cocaine
use**

TRANSTHEORETICAL MODEL

- An *index* of the individual's assessment of the positives or "*pros*" and the negatives or "*cons*" of engaging in a specific behavior.
- Helpful for understanding patient/clients' cognitive and motivational aspects of decision making.
- Pros and cons have been found to vary across the stages with higher cons for the new behavior seen in the *precontemplation* and *contemplation* stages while higher pros for the new behavior are seen in the *action* and *maintenance* stages.

Decisional Balance Sheet

<p>What are some good things about your current behavior? (PRO)</p>	<p>What are some not-so-good things about your current behavior? (CON)</p>
<p>What are some not-so-good things about the new behavior? (CON)</p>	<p>What are some good things about the new behavior? (PRO)</p>

Refer to your separate handout

TRANSTHEORETICAL MODEL

Self-Efficacy

(i.e., Confidence and Temptation)

- Self-Efficacy refers to a person's belief in his or her ability to carry out or succeed with a specific task
- Studies have shown that the provider's belief in the patient/client's ability to change can be a significant determinant of outcome
- Conceptualized as a person's level of
 - *temptation* to engage in a problematic behavior
 - *confidence* to abstain from that behavior in the face of temptation.

TRANSTHEORETICAL MODEL

Self-Efficacy

- The provider supports the patient/client's belief in his/her ability to change as a way to increase motivation and readiness for change.
- One way to enhance self-efficacy is to *present the patient/client with examples of positive change they have made in the past.*
- Another way is to *emphasize the importance of taking responsibility.*
- Finally, the patient/client should feel a strong support from and a positive rapport with the provider, which furthers their sense of self-efficacy.

GENERAL PRINCIPLES

1. Express Empathy
2. Support Self-Efficacy
3. Roll with Resistance
4. Develop Discrepancy

4 Principles

- **D**iscrepancy (Develop it)
- **E**mpathy (Express it)
- **E**fficacy (Support it)
- **R**esistance (Roll with it)

Develop Discrepancy

- The client should present the arguments for change.
- **Change is motivated by a perceived discrepancy**
- Values and priorities
- **What matters most?**
- Current behavior/situation versus what matters most

Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

Support Self-Efficacy

- A person's belief in the possibility of change is an important motivator.
- **The client is responsible for choosing and carrying out change.**
- The case managers belief in the person's ability to change becomes a self-fulfilling prophecy
- **May be hampered by lack of insight and ability**

Roll with Resistance

- The defendant is the primary resource in finding answers and solutions.
- **Resistance is not directly opposed.**
- New perspectives are invited, but not imposed.
- **Avoid arguing for change.**
- Resistance is a signal to respond differently.

**What does
Resistance Look
Like?**

Categories of Resistance

- **Arguing**
 - Challenging Accuracy, Discounting Expertise, Hostility, disagreeing
- **Interrupting**
- **Negating**
 - Blaming, excusing, minimizing, pessimism
- **Ignoring**
- **Agreeing**

How Not to Respond to Resistance?

Advocating

1. Arguing for Change
2. **Assuming the Expert Role**
3. Criticizing, Shaming, or Blaming
4. **Labeling**
5. Being in a Hurry (justifying forcefulness)
6. **Claiming Preeminence**

How to Roll with Resistance

1. Simple Reflection
2. Shifting Focus
(temporarily shifting away from focus of resistance)
3. Reframing
4. Emphasizing Choice and Control

Big Hint

When “rolling with resistance” don’t respond with a question, unless it serves to temporarily shift focus.

THE SPIRIT OF MI

COLLABORATION—Counseling involves a partnership that honors the patient/client's expertise and perspectives. The provider provides an atmosphere that is conducive rather than coercive to change.

EVOCATION—The resources and motivation for change are presumed to reside within the patient/client. Intrinsic motivation for change is enhanced by drawing on the patient/client's own perceptions, goals, and values.

AUTONOMY—The provider affirms the patient/client's right and capacity for self-direction and facilitates informed choice.

Motivational Interviewing is a way of helping people acknowledge and accept that they feel two different ways about something, and then helping them choose which is the best for them.

The MI Oath

- “I will *honor* the patient/client’s expertise and perspective on their thoughts and behaviors.”
- “I will *recognize* that the resources and motivations for change reside inside the patient/client.”
- “I will *affirm* the patient/client’s right and capacity for self-direction and make it easy for him/her to make informed choices.”

MI must be executed with:

■ Listening

- Helps to acknowledge others' realities

■ Empathy

- Helps you see things from the patient's point of view

MI involves acknowledging, and practicing acceptance of a broad range of patient/client concerns, beliefs, emotions, and motivations, *even when the provider does not necessarily agree with the patient/client's views.*

Listen Reflectively

- **Repeating** - simply repeats an element
- **Rephrase** - substitutes synonyms
- **Paraphrase** - infer meaning
- Reflect affect
- Reflect values
- Reflect ambivalence

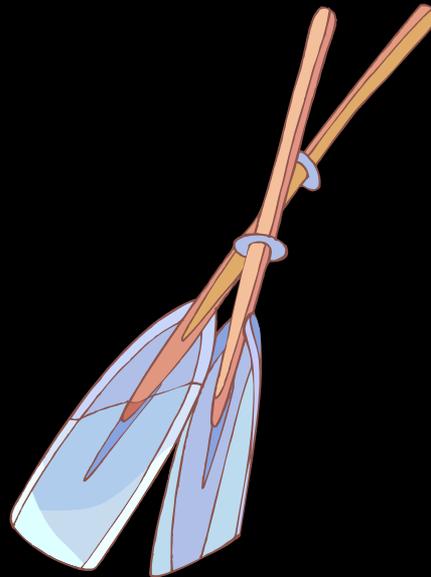
Not Listening Reflectively

- Giving Advice, Making Suggestions, or Providing Solutions
- Ordering, Directing, or Commanding
- Warning, Cautioning, or Threatening
- Distracting, Humoring, Changing Subject
- Reassuring, Sympathizing, or Consoling
- Agreeing, Approving, or Praising
- Disagreeing, Judging, Criticizing, Moralizing
- Persuading with Logic, Arguing, or Lecturing
- Interpreting or Analyzing
- Questioning or Probing

MOTIVATIONAL INTERVIEWING



OARS



MOTIVATIONAL INTERVIEWING

OPEN-ENDED QUESTIONS

- Open-ended questions encourage the patient/client to think about their own goals and concerns.
- NEVER ask three questions in a row.
- Ask questions that *cannot* easily be answered with a brief “yes” or “no” or short response.
- With *ambivalent* patient/clients ask for both *positive* and *negative* aspects of the problem (“*decisional balance*”).
- This helps establish trust and lets the patient/client know you are interested in their situation.
- Allows you to get a lot of information and insight into the patient/client’s issues.

MOTIVATIONAL INTERVIEWING

OPEN-ENDED QUESTIONS

- “What is it about crystal meth that makes you feel good?”
- “When in your life have you been able to bounce back after feeling defeated?”
- “How do you handle situations that cause you a lot of stress?”
- “Tell me more about that.”

MOTIVATIONAL INTERVIEWING

AFFIRM

- Affirm and support the patient/client with compliments and statements of appreciation and understanding.
- Affirmations are a demonstration of a positive view of patient/client (e.g., recognition of determination, talent, overcoming adversity)

“I think it’s great that you want to do something about this.”

“That’s a good suggestion.”

“I appreciate how hard it must have been for you to decide to come here.”

MOTIVATIONAL INTERVIEWING

REFLECTIVE LISTENING

- *THE foundation of MI* – helps demonstrate empathy
- Fundamental, but not “easy”
- Patient/clients are far more likely to be open to you, to new ideas, and to themselves if they feel understood and accepted.
- Involves forming a reasonable guess as to what the meaning of the patient/clients' statements are and giving voice to this guess in the form of a statement.
- Helps to clarify what patient/client is *really* saying
- *In particular, any statements that indicate the patient/client is motivated to change (change talk) should be reflected back.*

MOTIVATIONAL INTERVIEWING

REFLECTIVE LISTENING

- A “wrong” reflection is just as valuable as a “right” one.
- You reflect back in the form of a statement rather than a question.
 - ”It sounds like you ...”
 - ”You are feeling ...”
 - ”You mean that ...”
 - “It seems to you that ...”
 - “So you ...”
- Your inflection goes DOWN, not up.

MOTIVATIONAL INTERVIEWING

REFLECTIVE LISTENING

- There are three levels of reflective listening:

1) Repeating;

2) Rephrasing

3) Paraphrasing

MOTIVATIONAL INTERVIEWING

SUMMARIZE

- A form of reflective listening, used periodically and as a transition.
- You choose which points to summarize--making it directive.
- This helps both you and the patient to stay focused.
- Useful after a patient/client says a lot in one breath or rambles on
- At the end of a session, it is useful to offer a major summary, pulling together what has transpired.

MOTIVATIONAL INTERVIEWING

SUMMARIZE

- Capture both sides of ambivalence
- Can include information from other sources (lab results, information from other providers, statistics, etc).
- End with an invitation for patient to respond:
 - How did I do?
 - What have I missed?
 - What else would you like to add?

MOTIVATIONAL INTERVIEWING

ELICITING CHANGE TALK

- This is a guiding strategy to help patient/clients resolve their ambivalence.
- Elicit arguments for change from patient/clients instead of presenting them yourself.
- The focus is on getting the patient/client to start talking about the possibilities of making changes in their behavior.
- ALWAYS reinforce these statements through reflective listening and supportive statements.

MOTIVATIONAL INTERVIEWING

Change Talk

disadvantages of status quo

advantages of change

intention to change

optimism about change

Resistance Talk

advantages of status quo

disadvantages of change

intention not to change

pessimism about change

“I don’t want to die. I want to stop using drugs!”

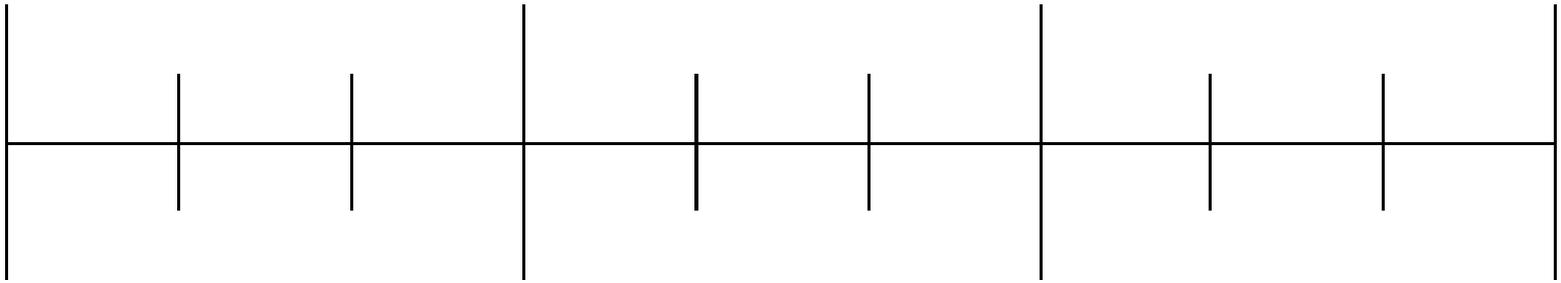
“I believe I can take my meds the right way now.”

“Drugs ain’t so bad! I don’t need to change!”

“The meds won’t make me any better. I won’t take them!”

MOTIVATIONAL INTERVIEWING

On the following scale, which point best reflects how ready you are at this point in time to **use Motivational Interviewing**?



**Not at all
ready to
use MI**

**Thinking
about
using MI**

**Making a
commitment
to use MI**

**Actively
working
on using
MI**

If you need assistance...

Write Down

- Something about yourself that you:
 - Want to change
 - Need to change
 - Should change
 - Have been thinking about changing
- But you haven't changed yet
- Choose something you are comfortable sharing with another participant

GROUP EXERCISE

Contact Information

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