An Invitation to Motivational Interviewing

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Try
Show
Tell

You would think...

- that having had a heart attack would be enough to persuade people to quit smoking, change their diet, exercise more, and take their medication
- that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince people to do something about their drinking

You would think...

- that the very real threats of kidney failure, blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control
- that time spent in the dehumanizing conditions of prison would dissuade anyone from re-offending
Motivational Interviewing was originally designed for working with people who are less ready to change.

### Practice #1
- Talk with one other person
- One will be the speaker
- One will be a helper
- 5 minute conversation

### Practice 1
**Speaker’s Topic**
- Something about yourself that you want or need to change
- have been thinking about changing
- know that you should change but you haven’t done it yet

Some specific examples:
- Increase: Exercise, Healthy Eating, Sleep
- Decrease: Computer/TV time, coffee, sugar
Practice 1

**Helper**

- Find out what change the person is considering
- Explain *why* the person should *want* to make this change
- Give at least three good *reasons* to make the change
- Tell the person *how* it could be accomplished
- Emphasize how *important* it is to change
- Tell the person to do it.
- If you meet resistance, repeat the above.

Note: This is *NOT* motivational interviewing

**Persuasion: What Goes Wrong?**

**The Trap**

**Ambivalence**

The Dilemma of Change

**The Righting Reflex**

Normal Human Reactions to the Righting Reflex (Teach/Direct)

<table>
<thead>
<tr>
<th>Resentful</th>
<th>Resistive</th>
<th>Retreating</th>
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<tbody>
<tr>
<td>Not respected</td>
<td>Arguing</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Not understood</td>
<td>Discounting</td>
<td>Withdraw</td>
</tr>
<tr>
<td>Not heard</td>
<td>Defensive</td>
<td>Inattentive</td>
</tr>
<tr>
<td>Angry</td>
<td>Oppositional</td>
<td>Passive</td>
</tr>
<tr>
<td>Ashamed</td>
<td>Denying</td>
<td>Dislike</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>Delaying</td>
<td>Avoid/leave</td>
</tr>
<tr>
<td>Unable to change</td>
<td>Justifying</td>
<td>Not return</td>
</tr>
</tbody>
</table>

What happens when . . .
Practice 2

**Speaker: Same 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

i.e. – something you’re ambivalent about

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**Listener**

- Listen carefully with a goal of understanding the dilemma; Give no advice. You have 10 minutes to:
- Ask these four open questions:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - On a scale from 0 to 10, how important would you want to change
  - How might you go about it, in order to succeed?

- Follow-up: And why are you at ___ and not zero?
- Give a short summary/reflection of the speaker’s motivations for change
- Then ask: “So what do you think you’ll do?”
- and just listen with interest

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**Normal Human Responses to a Listen/Evoke/ Empathic Style**

<table>
<thead>
<tr>
<th>Affirmed</th>
<th>Accepting</th>
<th>Approach</th>
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<tbody>
<tr>
<td>Understood</td>
<td>Open</td>
<td>Talk more</td>
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<tr>
<td>Accepted</td>
<td>Undeference</td>
<td>Liking</td>
</tr>
<tr>
<td>Respected</td>
<td>Interested</td>
<td>Engaged</td>
</tr>
<tr>
<td>Heard</td>
<td>Cooperative</td>
<td>Activated</td>
</tr>
<tr>
<td>Comfortable/safe</td>
<td>Listening</td>
<td>Come back</td>
</tr>
<tr>
<td>Empowered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopeful/Able to change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Which people would you rather work with?**

<table>
<thead>
<tr>
<th>Open</th>
<th>Cooperative</th>
<th>Listening</th>
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</thead>
<tbody>
<tr>
<td>Engaged</td>
<td>Active</td>
<td>Empowered</td>
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<tr>
<td>Hopeful</td>
<td>Liking</td>
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</table>

<table>
<thead>
<tr>
<th>Defensive</th>
<th>Oppositional</th>
<th>Arguing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>Passive</td>
<td>Powerless</td>
</tr>
<tr>
<td>Unable to change</td>
<td></td>
<td>Disliking</td>
</tr>
</tbody>
</table>
**A Change of Role**

- You don’t have to *make* change happen.
  - *You can’t*
- You don’t have to come up with all the answers
  - *You probably don’t have the best ones*
- You’re not wrestling
  - *You’re dancing*

**The Underlying Spirit of MI**

Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.

**Four Fundamental Processes in Motivational Interviewing**
**Relational Foundation**

1. Engaging

2. Focusing

3. Evoking

4. Planning

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**Motivational Interviewing**

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**The 4 processes are somewhat linear.**

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage → Focus → Evoke → Plan

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**Four Foundational Processes**

- Planning
- Evoking
- Focusing
- Engaging

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**...and yet also recursive**

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event; re-focusing is needed, and focus may change
- Evoking can begin very early
- “Testing the water” on planning may indicate a need for more of the above

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**4 FUNDAMENTAL PROCESSES IN MI**

1. Engaging – The Relational Foundation

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**Engaging with a mandated client**

A contrast example

“Successful Intervention” (1994)
Basic Engaging Skills in MI

OARS:
- Open questions
- Affirmation
- Reflection
- Summary

Engaging with a mandated client

I just want my daughter back

4 FUNDAMENTAL PROCESSES IN MI

1. Engaging - The Relational Foundation
2. Focusing - The Strategic Direction

Where does a focus come from?

1. From the client
2. From the context
3. From the clinician

Is this the person's goal?

Yes No

Is this your hope for the person?

Yes 1 2
No 3 4

Relational Foundation
Motivational Interviewing

Engaging
Focusing
Evoking
Planning

Evoking is the Heart of Motivational Interviewing
Intentional, differential evoking and strengthening of change talk
Strategic goal-directed use of client-centered counseling methods (reflection, summary)

Recognize Change Talk
Elicit Change Talk
Respond to Change Talk

Change talk is any client speech that favors movement in the direction of change
Change talk is by definition linked to a particular change goal

Mobilizing Change Talk reflects resolution of ambivalence
Commitment (intention, decision, promise)
Activation (willing, ready, preparing)
Taking steps

DARN
Preparatory Change Talk
Four Examples
DESIRE to change (want, like, wish . . )
ABILITY to change (can, could . . )
REASONS to change (if . . then)
NEED to change (need, have to, got to . . )
Change Talk
- I wish I could quit smoking  (Desire)
- I might be able to do it   (Ability)
- I’d breathe better on the soccer field (Reason)
- I really need to quit   (Need)
- I’m willing to quit   (Activation)
- I’m going to quit  (Commitment)
- I trashed of all my cigarettes  (Taking Steps)

Sustain Talk
The other side of ambivalence
- I really like smoking  (Desire)
- I don’t see how I could quit   (Ability)
- Smoking is the only way I can relax (Reason)
- I don’t need to quit   (Need)
- I intend to keep smoking and nobody can stop me   (Commitment)
- I’m not ready to quit   (Activation)
- I bought four cartons today   (Taking Steps)

Evoking Change Talk
Glynn & Moyers (2010), Journal of Substance Abuse Treatment 39: 65-70
- 9 counselors alternated (in 12-minute segments) between
  - MI: Intentional change talk evocation and
  - FA: Functional analysis of drinking
- with counterbalanced order
- in 47 conversations about drinking concerns
- Coded change talk (CT) and sustain talk (ST)
- Dependent measure: % CT vs. ST

% Change Talk and Sustain Talk
- Glynn & Moyers (2010), Journal of Substance Abuse Treatment 39: 65-70
When your goal is to remain neutral with regard to the client’s decision (Equipoise)
In this case you thoroughly and equally explore all four cells of the balance sheet in order not to inadvertently evoke one side.
Janis and Mann (1977) developed the decisional balance to help people make difficult decisions with minimal post-decisional regret.

When decisional balance is a good idea

Recognizing Change Talk

Practice 3

When you hear change talk, DRUM
**Underlying Theory of MI**
- Clients are ambivalent about change
- Counselor advocacy for change evokes “resistance” from the client
- Resistance predicts lack of change
- Evoking the client’s own change talk will enhance behavior change
- Relational + technical components of MI

**Eliciting Change Talk:**

- MI Becomes Directive
  - Asking Evocative Questions
  - Using The Importance Ruler
  - Querying Extremes
  - Looking Back / Looking Forward
  - Exploring Goals and Values

**What was she thinking?**

A closer look at
The Confirmed Smoker

- Right. And then there’s a part that says, “You really don’t want to, or you shouldn’t.” And it has nothing to do with people saying you can’t. It’s the fact that after a period of time you start – the flavor of the taste, the problem becomes an issue.
- Mm hmm. On the other hand you really like it, and it’s good for you – helps you, and on the other hand you’re noticing some things you don’t like about it, like you have to go out at night and get it, you have to look for a break, and then there’s also something about the flavor and the taste, you said.

- If I could have a cigarette right now I would.
- It’s that much a part of your life, that you feel like you would have one even right now.
- Absolutely. And I think you find yourself going out at 10 o’clock, 11 o’clock at night to go to the store to grab a pack of cigarettes when you smoke because it’s what you need, physically need it, but you also like it because you enjoy it.
- Right. There’s a part of you that really enjoys smoking.

- Yeah. You just get to a point where it’s not enjoyable anymore. You’re just doing it strictly out of habit, probably because of the nicotine that you want, but it’s really not because you want it. It’s because it gets to a point where you have to have it. And I’ve never tried to quit. I mean, I’ve been smoking for a long time and I never once said, “You know what, I’m going to quit smoking.”
- And why is that, do you think?
I think it becomes so much a part of your life, it becomes what you do, it's everything that you are . . if you go fishing, you go hunting, you go to sporting events, everything you do - that cigarette becomes part of who you are, even to a point where you can't imagine yourself looking in a mirror without holding a cigarette. It is part of you, part of who your character is, even.

So cigarettes are now a part of your character.

Absolutely. It becomes part of your character. I've had people tell me they can't even imagine me without a cigarette, can't imagine what I'd look like without a cigarette.

And you can't even imagine yourself without a cigarette.

No, so you just . . it becomes who you are . . But at the same time you know some things are happening. One is you know that the taste isn't there anymore. The cost is getting really really high, so now you're finding yourself going to these lesser brands, or making this run to the rez so you can bypass . . I mean you have to do so much to smoke a cigarette and to maintain that desire that it gets really ridiculous, quite frankly.

Smoking used to be carefree for you, but now it's actually causing you a lot of trouble.

It's a challenge now. It's not just go get a pack of cigarettes. It's now, “How much do they cost? Which ones are the cheaper ones? Did you pick up a carton at the reservation 'cause it's so much cheaper with no taxes. Did you burn that hole in your clothes? Oh my God, that shirt – I burned a hole.” I mean, you start running into more and more issues. Then you start wondering, “What's the return of this? What is the value?”

You're smoking more and enjoying it less, and not only that, but then here come all of these sort of burdens or costs.

I would be a terrible smoke commercial. A terrible commercial.

It's almost like if you were trying to convince yourself to smoke, you'd have a hard time doing it.

It would be like the old saying, “Smoke less and enjoy more,” but it's just the opposite: smoke more and enjoy less, so it would be a terrible advertising campaign. You just get to the point where you finally decide for yourself, you know, somewhere along the line you know in the back of your mind, somewhere in the back of your mind you're saying, “You know there's gonna come a time when I'm gonna put these down.”

You're thinking about it.
Absolutely, because of the involvement, the... how much its involvement is to smoke. It's too much...
You have to... There's a physical part of that, and then there's a mental part, so both of those have got to mesh at the same time before you finally say, "OK, I don't care if I have to go through ten days. I've got to quit." And I think that when finally those two... for me anyway, when those two roads collide, or when those two roads intersect with each other, I think that's when you're finally able to make that choice.
And how is that going to happen for you?

I think constantly reinforcing in your mind that you want to quit. I think you know constantly saying to yourself, "Gee, this is getting to be a pain." Or maybe it could be just that one time when you are sneaking out of the house on a cold winter night at 11:30 with ice on the road, and you're driving to go get a pack of cigarettes, you finally go, "Wait a minute. This is insane! This is really insane."
Well, I get the feeling that it's coming for you.

It is.
It's on the way.
Right, it is on the way, because it's time. You just know somehow.
It's time right now.
It's time.
And you know.
And you know it's time, and the body is saying it's time, and the mind is saying it. That's why I say I think the two roads have to intersect, and when they do, you'll do it.

And when you look ahead, right – if you look ahead, say, a year, do you see those two roads coming together?
I think I see it sooner than a year. I think I see it sooner.
Even sooner.
Yes. I think there comes a time when you just have to just finally say... I just gave you the reasons why it's so bad to smoke.

Responding to Change Talk

Responding to Change Talk
All EARS
- Elaborating: Asking for elaboration, more detail, in what ways, an example, etc.
- Affirming – commenting positively on the person’s statement
- Reflecting, continuing the paragraph
- Summarizing – collecting bouquets of change talk
**Preparation**

- Write down a few statements about some change that you are thinking about making within the next six months:
- D: Why you **want** to make this change
- A: How you **could** do it
- R: A good reason for making the change
- N: How important it is, and why
- C: What you **intend** to do
- A: What you are **ready** or **willing** to do
- T: What you have **already done**

“**I ____________________**”

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**Easy as 1-2-3**

- Sit or stand in a circle of 6-7
- 1. One speaker offers a change talk statement
- 2. Person to the right (listener) responds **once** by:
  - Evoking elaboration, example, etc. or
  - Affirming or
  - Reflecting
- The original speaker gives a natural reply
- Then the listener becomes the next speaker
- (10 minutes – Keep going around)

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**What is “Resistance”?**

- **Sustain Talk**
- **Discord**

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**Sustain Talk and Discord**

- **Sustain Talk** is about the change goal
  - 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

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**What is Discord?**

- Observable behavior
- Interpersonal (It takes two to have discord)
- A signal of dissonance in your relationship
- Predicts (non)change

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**Some Discord Signals**

- Defensiveness
- Arguing
  - Challenging Discounting Hostility
- Interrupting
  - Talking over the counselor
- Ignoring
  - Inattention Changing the subject
Responding to Sustain Talk and Discord: "Roll with it"

**Reflective Responses**
- Simple Reflection
- Amplified Reflection
- Double-Sided Reflection

Responding to Sustain Talk and Discord: Other Examples
- Shifting Focus
- Apology
- Emphasizing Personal Control

Practice 5
**Evoking and Responding to Change Talk**

Talk to one person

Speaker’s topic: A change that you want or hope to make within the next six months, but haven’t done yet

Practice 5
**Evoking and Responding to Change Talk**

Interviewer’s task:

Listen for, evoke, and respond to change talk using open question, reflection, affirmation

Then offer a summary “bouquet” putting together all the change talk you have heard

4 FUNDAMENTAL PROCESSES IN MI

1. Engaging – The Relational Foundation
2. Focusing – The Strategic Focus
3. Evoking – The Transition to MI
4. Planning – The Bridge to Change
   - Negotiating a change plan
   - Consolidating commitment

Practice 5
**What does it take to learn MI?**

Self-study yielded no change in practice behavior

Attending a 2-day workshop yielded little change in practice, not enough to improve client outcomes

Feedback and coaching improved skill in MI

Only those receiving both feedback and coaching were able to increase client change talk

After 35 years of research we have a clinical method that is:

- Evidence-based >850 controlled clinical trials
- Relatively brief
- Specifiable (but be careful with manuals)
- With observable mechanisms of action
- Verifiable – Is it being delivered properly?
- Generalizable across problem areas
- Crosses cultures well (52 languages)
- Complementary to other treatment methods
- Learnable by a broad range of providers

and we’re just getting started

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