Guide to Motivational Interviewing for Youth Care Coordinators

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Traditional Assumptions About Motivation

- People must want to change – if not, it's hopeless.
- Motivation is dichotomous (either/or).
- Motivation comes from within.
- Motivation precedes behavior.

New Assumptions About Motivation

- ✓ Motivation is a state of readiness to change.
- ✓ Motivation fluctuates and can be influenced.
- ✓ Motivation involves interpersonal contact.
- ✓ Provider approach is a powerful determinant of an individual's motivation.
- ✓ Ambivalence is a normal part of considering and making change, not pathological.
- ✓ Each person has the potential for change.

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

Why Motivational Interviewing?

- Research has shown that motivation-enhancing approaches are associated with greater participation in treatment and positive treatment outcomes.

(Landry, 1996)

(Miller, et al., 1995)

- A positive attitude and commitment to change are also associated with positive outcomes.

(Miller & Tonigan, 1996)

(Prochaska & DiClemente, 1992)

A person centered

evidence-based

goal-oriented method for enhancing intrinsic motivation to change

by exploring and resolving ambivalence with the individual

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

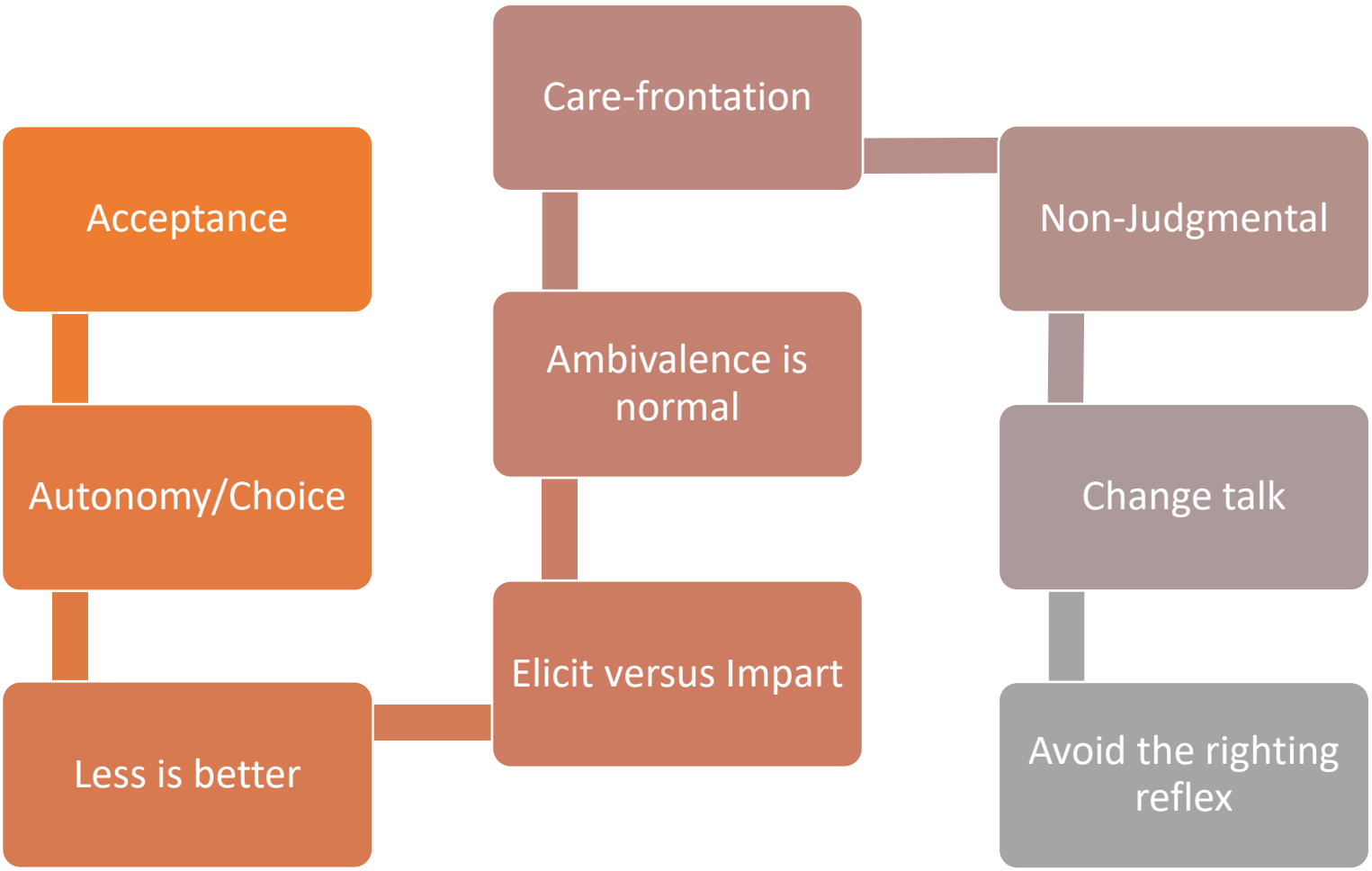
Motivational Interviewing:

- Creates therapeutic partnerships.
  - Motivational Interviewing encourages an active partnership where the client and counselor work together to establish treatment goals and develop strategies.
- Uses empathy not authority.
  - Research indicates that positive outcomes are related to empathy and warm and supportive listening.
- Focuses on less intensive treatment.
  - Motivational Interviewing places an emphasis on less intensive, but equally effective care, especially for those whose use is problematic or risky but not yet serious.
- Assumes motivation is fluid and can be influenced.
- Motivation is influenced in the context of a relationship – developed in the context of a client encounter.
- Principle tasks – to work with ambivalence and resistance.
- Goal – to influence change in the direction of health.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Underlying Assumptions of MI

Like all clinical approaches, MI assumes several things.



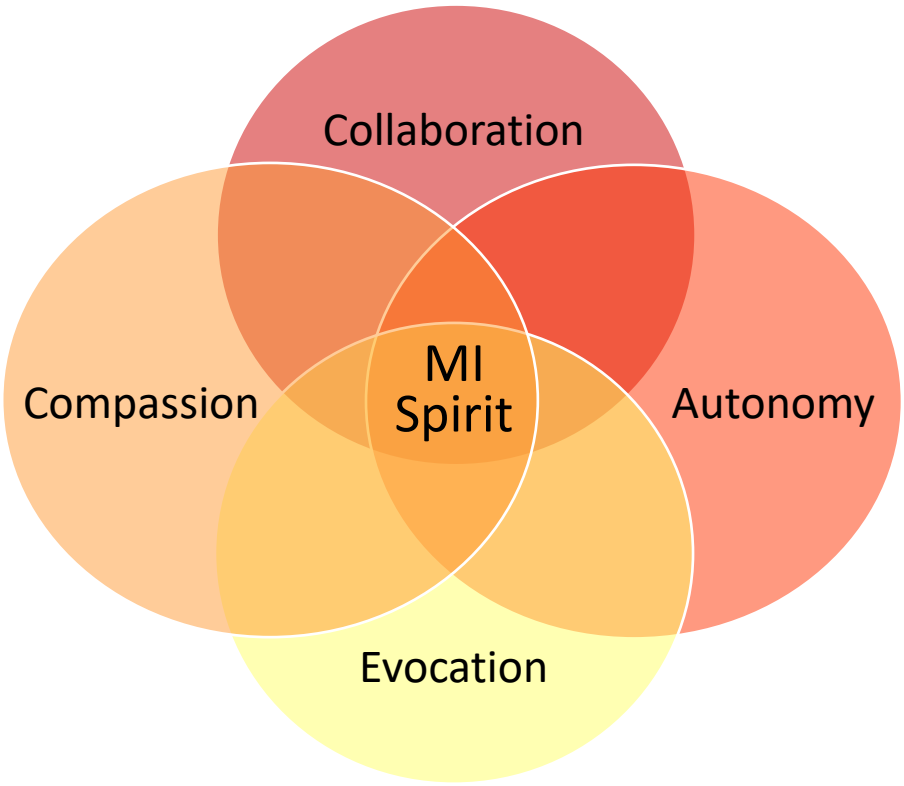
The client is the expert in the collaborative relationship.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The MI Shift

From feeling **responsible** for changing clients' behavior to **supporting** them in thinking & talking about their own **reasons** and means for behavior change.

MI focuses on empowering individuals to make changes. Practitioners support the individuals in reaching their own conclusion about change, rather than demanding it.



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Goal of MI

To create and amplify discrepancy between present behavior and broader goals or values.

How?

Create cognitive dissonance between where one is and where one wants to be.

Ambivalence

All change contains an element of ambivalence. We often "want to change and don't want to change".

MI recognizes that people often have mixed feelings about change, rather than unwilling or resistant.

This is a more positive approach, helping people to resolve ambivalence by eliciting and reinforcing change talk.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Effective Motivational Interviewing

- ✓ Personalized feedback
- ✓ Recipient takes responsibility/ownership
- ✓ Menu of options
- ✓ Empathy
- ✓ Support the client's self-efficacy
- ✓ Advice – only when requested!

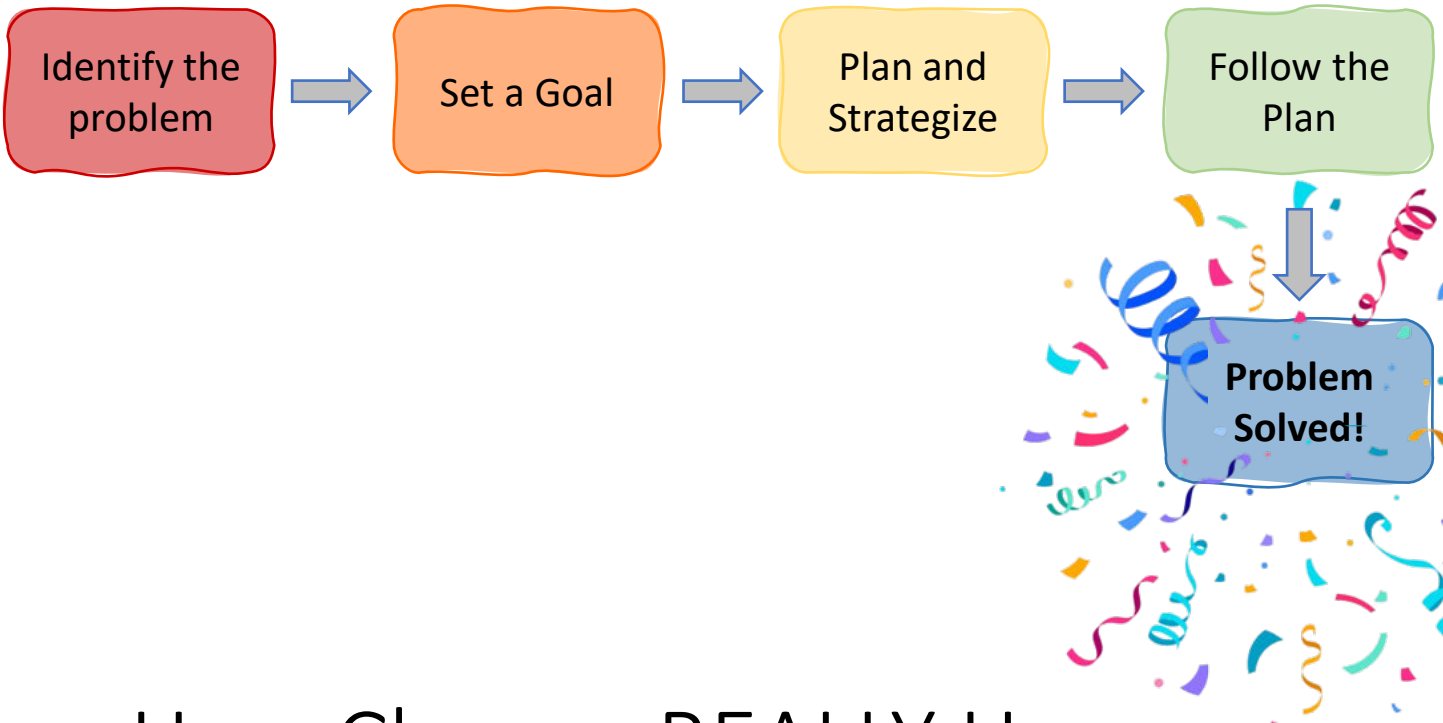
How do people change?

Research has shown **increases in resistance when people used teaching and confrontation** as opposed to when they used supportive comments.

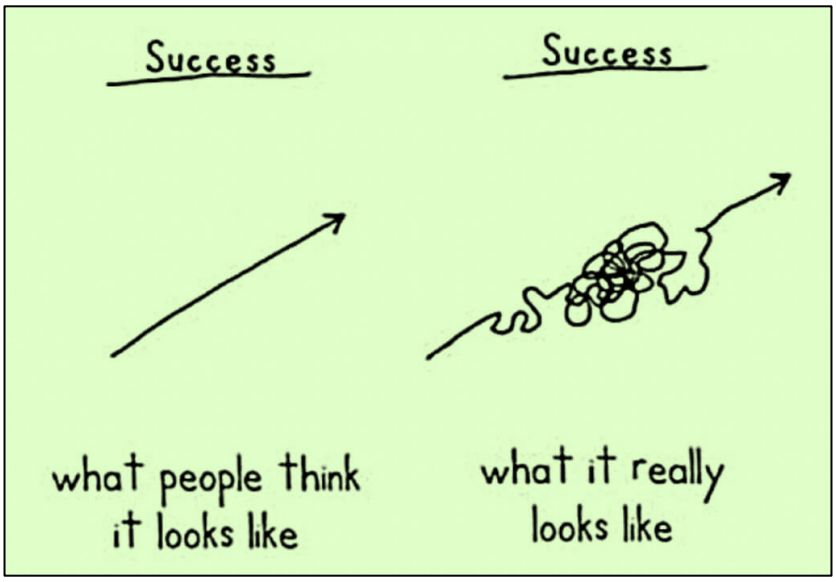
LESS HELPFUL	**MORE HELPFUL**
✗ Giving instructions	✓ Expressing empathy
✗ Making suggestions	✓ Paraphrasing comments
✗ Providing rationale	✓ Affirming concerns and effort

Logic, facts, and lectures alone are not enough to evoke change.

How People WANT Change to Happen



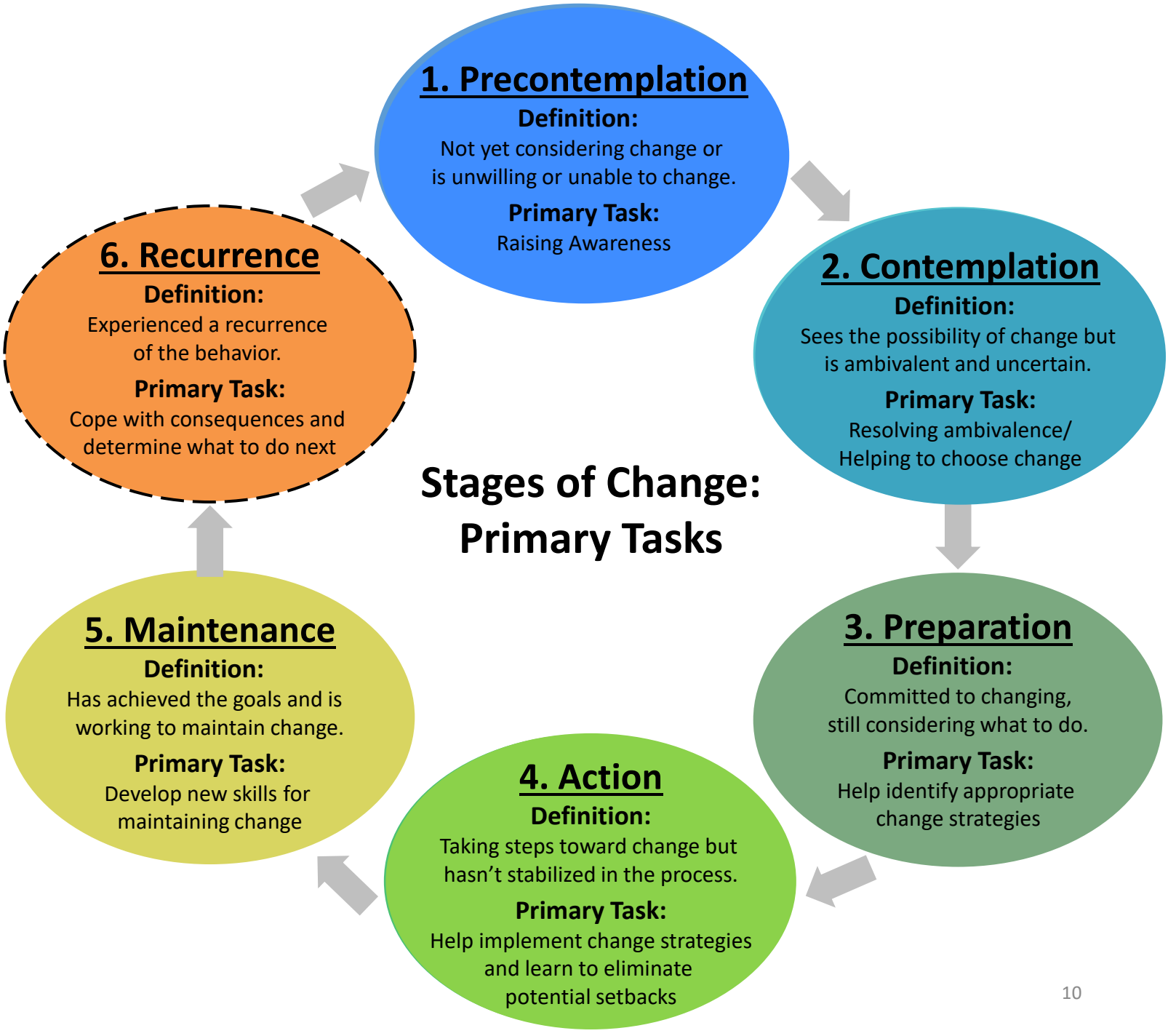
How Change REALLY Happens



Where do I start?

What you **do** depends on where the client **is** in the process of change.

The first step is to be able to **identify where the client is coming from.**



Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

2. Contemplation

- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of **pros and cons**

3. Preparation

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

4. Action

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

5. Maintenance

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

6. Recurrence

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact

Roadblocks to Listening

- ✗ Ordering, directing, commanding
- ✗ Warning or threatening
- ✗ Giving advice, suggestions, solutions
- ✗ Persuading with logic, arguing, or lecturing
- ✗ Moralizing, preaching, telling what should do
- ✗ Disagreeing, judging, criticizing, blaming
- ✗ Agreeing, approving, praising
- ✗ Shaming, ridiculing, labeling
- ✗ Interpreting or analyzing
- ✗ Reassuring, sympathizing, or consoling
- ✗ Questioning or probing
- ✗ Withdrawing, distracting, humoring, or changing subject

MI Tools

Three Important MI Acronyms:

- DARN CAT- listen for specific words that imply that the adolescent is moving toward change.
- OARS- helps conversationally to create a supportive environment for change.
- EARS- assists as you respond to change talk.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Types of Change Talk

Change Talk is…

…language that conveys a person's desire, ability, reasons, need, or commitment to change.

The practitioner's role is to elicit change talk in a collaborative fashion that avoid imposing it on the client.

DARN-CAT is an acronym used to remind us to listen for specific words that imply that the adolescent is moving toward change.

Desire: I want to…. I'd really like to….I wish….

Ability: I would….I can….I am able to….I could….

Reason: There are good reasons to….This is important….

Need: I really need to….

Commitment: I intend to….I will….I plan to….

Activation: I'm doing this today….

Taking Steps: I went to my first group….

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Listening for Change Talk

If the client is not at the point of change talk, but seems to be contemplating change, ask some open-ended questions that get them thinking in the direction of change.

4 Categories

- Recognizing the disadvantage of the status quo (*This is more serious than I thought.)*
- Recognizing the advantages of change (*I'd probably feel a lot better.)*
- Expressing optimism for change (*I think I could do that if I decided to.)*
- Expressing intention for change (*I've got to do something.)*

Disadvantages of Status Quo

- What worries you about your ____?

Advantages of Change

- How would you like things to be different?

Optimism About Change

- What makes you think you could do it?

Intention to Change

- What would you be willing to do?

- "I'm worried that…"
- "If I don't do something soon…"
- "Things would be better if I…"
- "I know I can do this…"
- "I'm going to do this because…"
- "I'd like to get better with…"

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

Strategies for Evoking Change Talk

1. Ask Evocative Questions
   - ❑Ask open questions, the answer to which is change talk.
   - ❑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)
2. Ask for Elaboration
   - ❑When a change talk theme emerges, ask for more detail. In what ways?
3. Ask for Examples
   - ❑When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example.
4. Look Back
   - ❑Ask about a time before the current concern emerged. How were things better, different?
5. Look Forward
   - ❑Ask what may happen if things continue as they are (status quo). If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?
6. Query Extremes
   - ❑What are the worst things that might happen if you don’t make this change? What are the best things that might happen if you do make this change?

OARS

OARS skills are essential for effective motivational interviewing. They create a supportive environment for change and empower individuals on their journey.

Like the oars on a boat, OARS skills helps you smoothly move through conversation, avoiding resistance.

O pen-ended questions

A ffirmations

R eflections

S ummarize

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

OARS

Open-ended questions…

…can't be answered in a single word:

- "What are your concerns about…?
- "Why do you want to make these changes…?"
- "How have you handled these problems in the past?"

OARS

Affirmations…

…are specific & genuine:

- "You're really putting a lot of thought and time into this."
- "I see how hard you are trying"
- "You did an amazing job with following through last week!"

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

OARS

Reflective statements…

…paraphrase and give attention to implied feelings:

- "You're really frustrated by how things are going."
- "You're enjoying time that is free of conflict and drama."
- "You just really want the best for your family."

OARS

Summaries…

…use 2-3 sentences to draw connections:

- "Let me make sure I am understanding all of the big ideas so far…"
- "You are feeling pretty worn out from all of the chaos in your life right now and tackling this problem just seems like another burden."
- "At the same time part of you is hopeful that spending time on it now could eventually give you more time."

Responding to Change Talk

EARS reminds you to **elaborate** by asking for more detail, **affirm** by making a positive comment, **reflect** what the adolescent says or **summarizing** the adolescents' comments.

Elaborating - asking for more detail, in what ways, an example, etc.

Affirming – commenting positively on the person's statement

Reflecting – continuing the paragraph, etc.

Summarizing – collecting bouquets of change talk

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Other MI Tools

- Repeating: Reflect what is said
- Rephrasing: Alter slightly
- Altered/Amplified: Add intensity or value
- Double –sided: Reflect Ambivalence
- Metaphor: Create a picture
- Shifting Focus: Change the focus
- Reframing: Offer new meaning
- Paradoxical: Siding with the negative
- Emphasize personal choice: "It's up to you"

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Other MI Tools

Repeating:

- *Adolescent:* I don't want to quit smoking.
- *Counselor:* You don't want to quit smoking.

Rephrasing:

- *Adolescent:* I really want to quit smoking.
- *Counselor:* Quitting smoking is very important to you.

Altered/Amplified:

- *Adolescent:* My smoking isn't that bad.
- *Counselor:* There's no reason at all for you to be concerned about your smoking. (*Note:* it is important to have a genuine, not sarcastic, tone of voice).

Double-Sided:

- *Adolescent:* Smoking helps me reduce stress.
- *Counselor:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Other MI Tools

Metaphor:

- *Adolescent*: Everyone keeps telling me I have a drinking problem, and I don't feel it's that bad.
- *Counselor:* It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you.

Shifting Focus:

- *Adolescent:* What do you know about quitting? You probably never smoked.
- *Counselor:* It's hard to imagine how I could possibly understand.

Reframing:

- *Adolescent:* I've tried to quit and failed so many times.
- *Counselor:* You are persistent, even in the face of discouragement. This change must be really important to you.

Emphasize Personal Choice:

- *Adolescent:* I've been considering quitting for some time now because I know it is bad for my health.
- *Counselor:* You're worried about your health and you want to make different choices

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Commitment Language

"People are better persuaded by the reasons they themselves discovered than those that come into the minds of others"

Blaise Pascal

- People are much more likely to do things THEY say they will do versus things that they are told to do.
- When the amount of change talk increases over the session or if it is more pronounced at the end of the session = better outcomes!
- Commitment language especially during the last 5 minutes of the meeting is the most predictive of CHANGE!!!

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

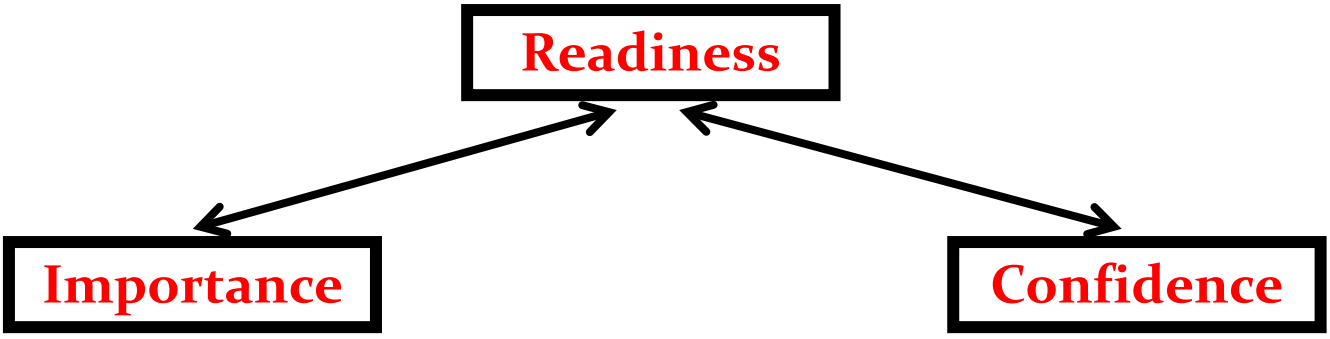
The Keys to Readiness

"The more important a change is perceived to be and the more confident an adolescent is that they can achieve a change, the readier they will be to actually change.

When a client expresses and importance to change and expresses the confidence to do it, we will begin hearing that they are ready to make the change.

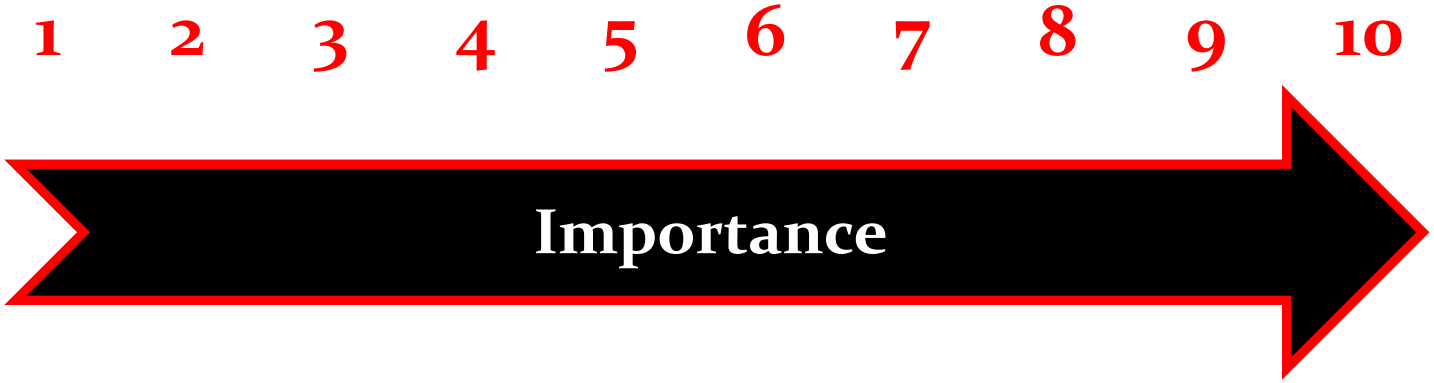
We are likely to hear importance and confidence from the client in the form of DARN statements.

As readiness increases we are likely to hear it in the form of CAT statements (commitment, activation, taking steps)"



Importance Ruler

- On a scale of 1-10 how important is it for you to change your drinking, drug use, substance use?
- What brought you to ___ instead of a lower number?
- What would it take to move to a higher number?

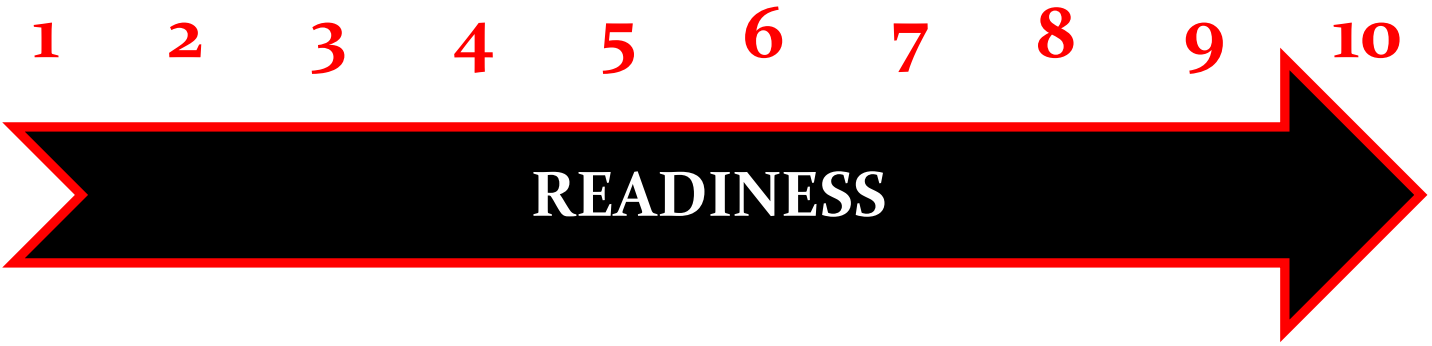


It's important to remember that when we ask the **question why, it can often make the client feel defensive**. Using **how, and what** will help maintain the Spirit of MI.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Readiness Ruler

- On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?
- What brought you to a ___ instead of a lower number?
- What would it take to move it to a higher number?



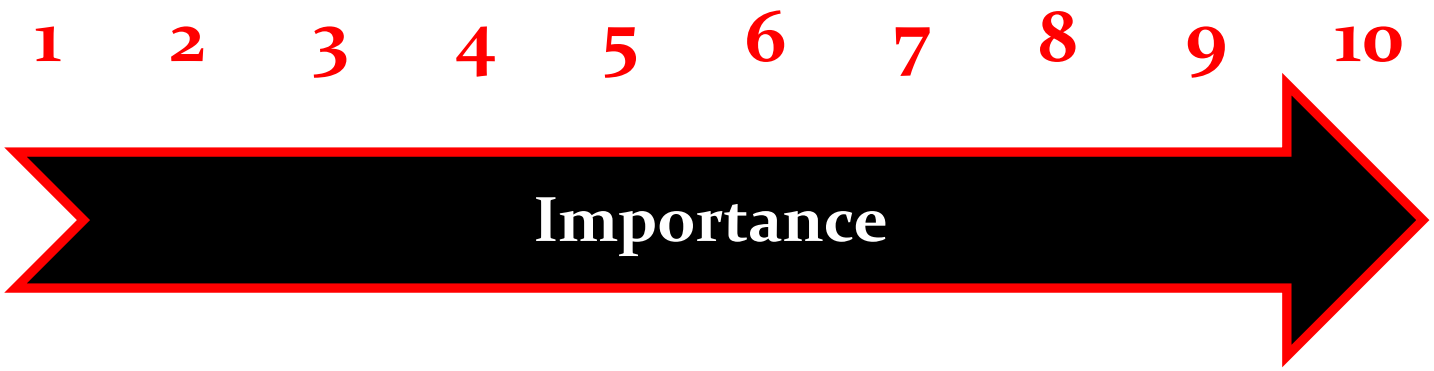
The readiness ruler provides adolescents with an opportunity to explore their readiness to make a change in their substance use behavior.

Asking them to explain why they didn't choose a lower number they require them to discuss the reasons why they are ready. Asking them to explain what it would take to move to a higher number provides you with information that can be reflected back to help them define ways that their readiness can be increased.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

Confidence Ruler

- On a scale of 1-10 how confident are you that you could change your drinking, drug use, substance use?
- What brought you to a ___ instead of a lower number?
- Why would it take to move it to a higher number?



The more confident a person is the more likely they are to try something. The confidence ruler provide adolescents with an opportunity to explore their level of confidence related to changing behavior.

Asking them to explain why they didn't choose a lower number **will require them to discuss the reasons they feel confident**. Asking them to explain what it would take to move to a higher number provides you with information that **can be reflected back and helps them define ways that their confidence could be increased**.

Source: Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from http://attcnetwork.org/home/.

The Check-In Question

- Regularly assess the person's reaction/buy-in

- Use check-in questions frequently:
  - "What's your reaction to that?"
  - "Would it be helpful if I …?"
  - "What do you think about that?"

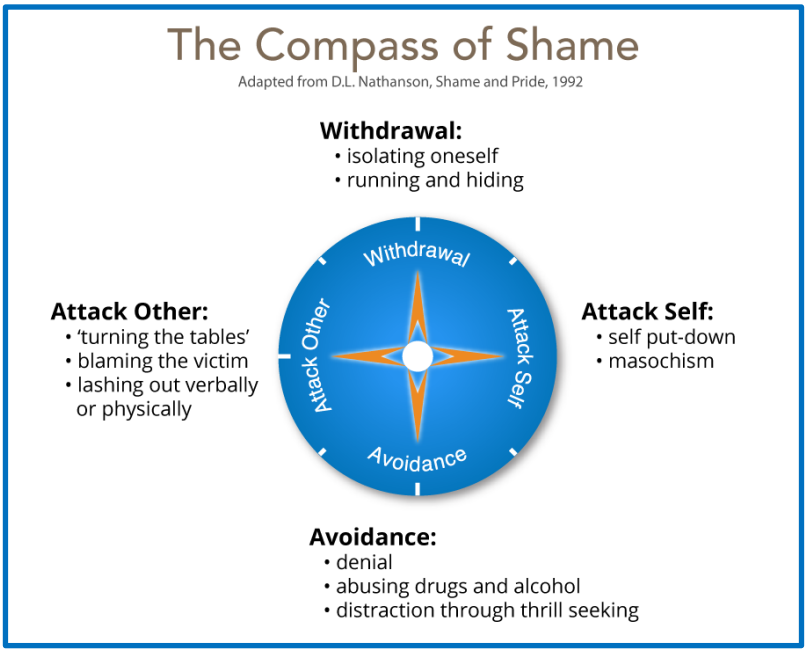
The key is that you stay in touch with and adapt your response to how the person is responding to new information that you have given them.

~~Resistance~~ Reluctance

- Humans have a natural tendency to avoid persuasion and do not like to be told what to do.
- When we hear reasons why we should change, our minds automatically contemplate the reasons *against* change.
- Rule of thumb: If you hear yourself arguing for change, do something different. You want the client to make the arguments in favor of change.

Examples

- Blaming
- Denial
- Self-defeating talk
- Admiring the problem
- Arguing against change (defensiveness)



Deep Dive: Reflective Listening

OARS

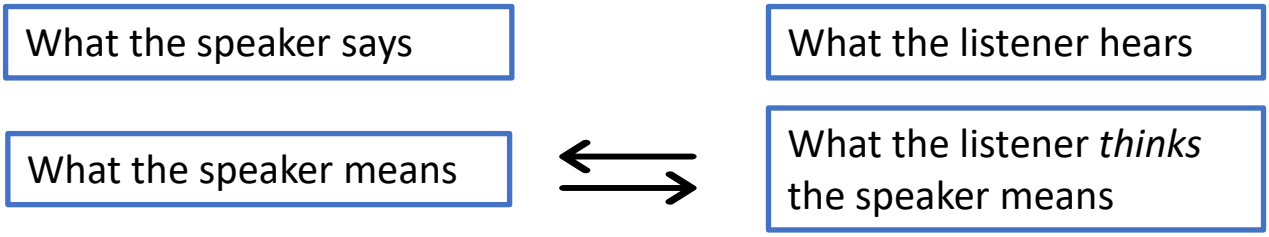
Reflective Listening

Communication can go wrong because:

(1) The speaker does not say exactly what is meant

(2) The listener does not hear the words correctly

(3) The listener has a different interpretation of what the words mean



The process of reflective listening is meant to connect the bottom two boxes, to check on whether "what the listener thinks the speaker means" is the same as "what the speaker means."

Reflective statements…

…paraphrase and give attention to implied feelings:

- "You're really frustrated by how things are going."
- "You're enjoying time that is free of conflict and drama."
- "You just really want the best for your family."

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

Deep Dive: Reflective Statements

Client: *"I guess I drink too much sometimes but I don't think I have a problem with alcohol."*

- ✗ Confrontation: *"Yes you do! How can you sit there and tell me you don't have a problem when…"*
- ✗ Question: *"Why do you think you don't have a problem?"*
- ✓ Reflection: *"So on one hand you can see some reasons for concern, and you really don't want to be labeled as having a problem."*

Client: *"my mom is always telling me I am an alcoholic."*

- ✗ Judgment: *"what's wrong with that? She probably has some good reasons for thinking so."*
- ✗ Question: *"Why does she think that?"*
- ✓ Reflection: *"And that really annoys you."*

Client: *"If I quit drinking, what will I do for friends?"*

- ✗ Advice: *"You'll need to get new friends who don't drink"*
- ✗ Suggestion: *"Well you could tell your friends that you don't drink anymore but would like to still be friends."*
- ✓ Reflection: *"It's hard for you to imagine living without alcohol."*

Adapted from: Marchese, D. (2016, October 25). *Classroom Check-Up* [PowerPoint slides].

Motivational Enhancement Therapy

- Based on the premise that people will best be able to achieve change when motivation comes from within (intrinsic), rather than being imposed by the therapist.
- Employs motivational strategies to mobilize the client's own resources
- Focuses on increasing motivation and setting goals.
- Helps individuals overcome ambivalence about making changes.
- Grounded in principles from
  - Motivational Interviewing
  - Process of Change
- Treatment outcome research has shown **MET, alone, to be effective** as a short-term treatment option for adolescents between the ages of 12 and 18 years old who are being treated for alcohol and marijuana use disorders.
- MET draws on motivational interviewing principles that have been empirically shown to be effective in the treatment of substance use disorders.

https://www.mentalhelp.net/adolescent-development/treatment-for-substance-abuse/

The Five Strategies of Motivational Enhancement Therapy

1. Express empathy and acceptance

- *Prioritizes communicating respect to the client*
- *Non-confrontational*
  - ➢ *Roll with resistance*
- *Therapist's role is a blend of supportive listener and knowledgeable consultant*
  - ➢ *Much of MET is listening rather than telling*
- *Empathic listening and accurate reflection are crucial to facilitating change*
- *Expresses empathy regarding the client's ambivalence about the possibility of stopping marijuana use (use double sided reflections).*

2. Developing Discrepancy

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be.
- *The therapist helps clients recognize the discrepancy between the effects of marijuana use on their lives now and how they would like their lives to be.*

The Five Strategies of Motivational Enhancement Therapy

3. Avoid argumentation

- The MET style explicitly avoids direct argumentation (tends to evoke resistance).
- *If a client becomes increasingly defensive or hostile, the therapist should consider the possibility that their previous comments may have played a role in eliciting this reaction.*

4. Roll with Resistance

- Do not meet resistance head on.
- *Treat ambivalence as normal.*
  - *Explore it openly using double-sided reflections*
- *Reframe resistance.*

5. Support Self-efficacy

- Help to develop/support the client's belief that they CAN change.
- *Ask client about previous successful experiences they have had with:*
  - *Previous periods of abstinence.*
  - *Earlier success in quitting or reducing use.*
  - *Past accomplishment in gaining control over another problematic habit.*
  - *Attainment of previous goals that was facilitated once they set their minds to it .*

For More Information

For more information about MET/CBT5, please contact:

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