

Motivational Interviewing: *Applications for PATH Services Providers*

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Helping People Change

- “Healers in all ages have sought to understand and to create conditions that lead to beneficial change.”
- “ ‘Lack of motivation’ (to change) is a challenge to your therapeutic skills, not a fault for which to blame your client.”
 - Miller, WR and Rollnick, S, (1991)

Five Important Assumptions

- Motivation is a state, NOT a trait.
- Resistance is not a force we must overcome
- Ambivalence is good
- Our client should be an ally rather than an adversary
- Recovery and change/growth are intrinsic to the human experience

The Risk of Hope

- Recognize that people who have suffered many losses relinquish hope as a means of survival.

Factors that Influence Readiness to Change

1. Perception of Need

Person's experience of discrepancy between the pain of present and potential for future improvement

2. Belief that Change is possible and Can Be Positive

Positive outcome is perceived as achievable within a reasonable period of time

3. Sense of Self Efficacy

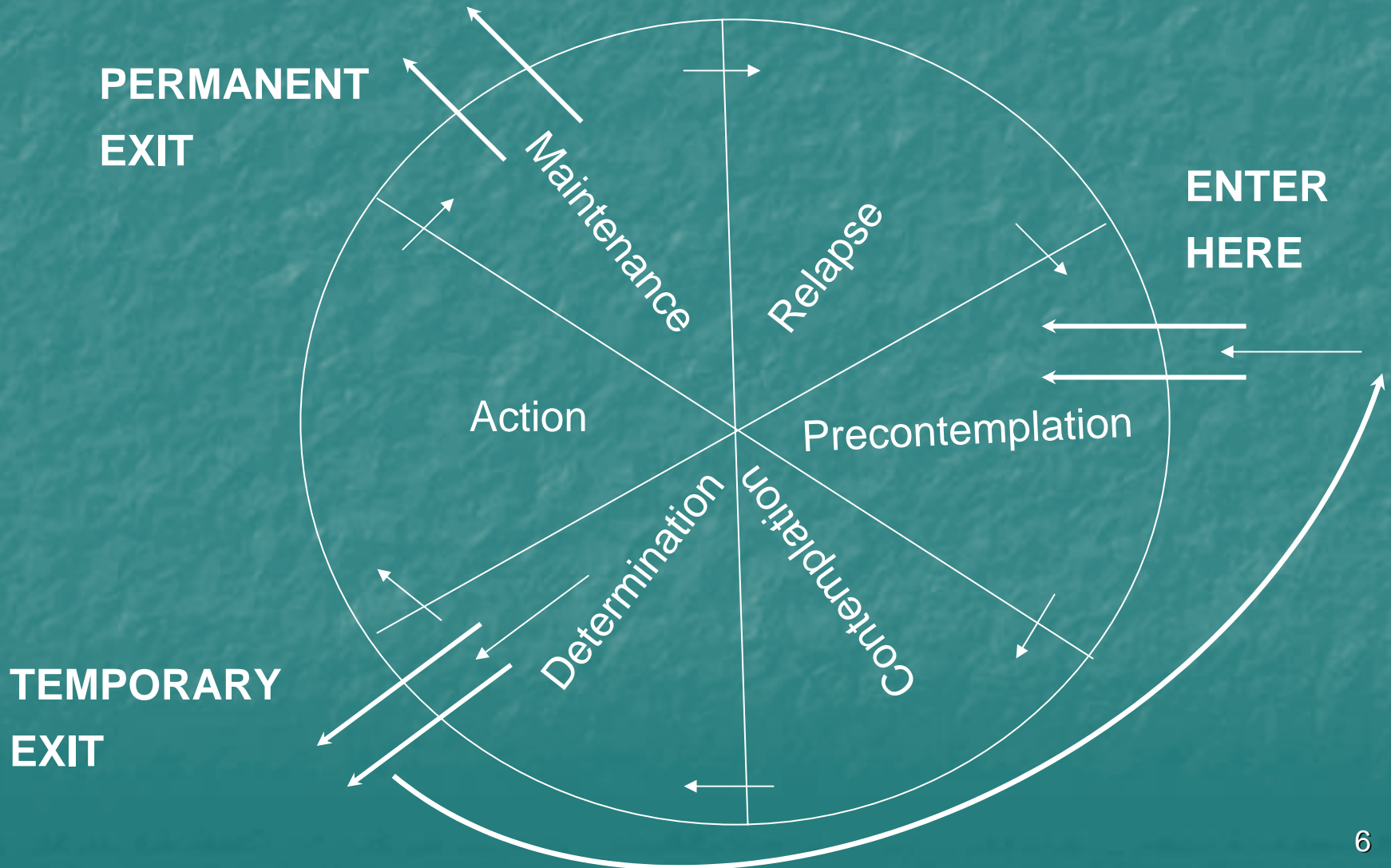
Belief by the person that he/she can take an action to make a change

4. A Stated Intention to Change

Statements the person makes relative to the need to change

A Stage Model of the Process of Change

Prochaska and DiClemente (1986)



The Stages of Change

1. Precontemplation

No perceived need to change

2. Contemplation

Initial awareness of a problem

Feelings of ambivalence about change

3. Determination Stage

- Initial Movement away from ambivalence and toward action
- Statements reflect the beginnings of motivation

4. Action

The person takes steps to bring about change

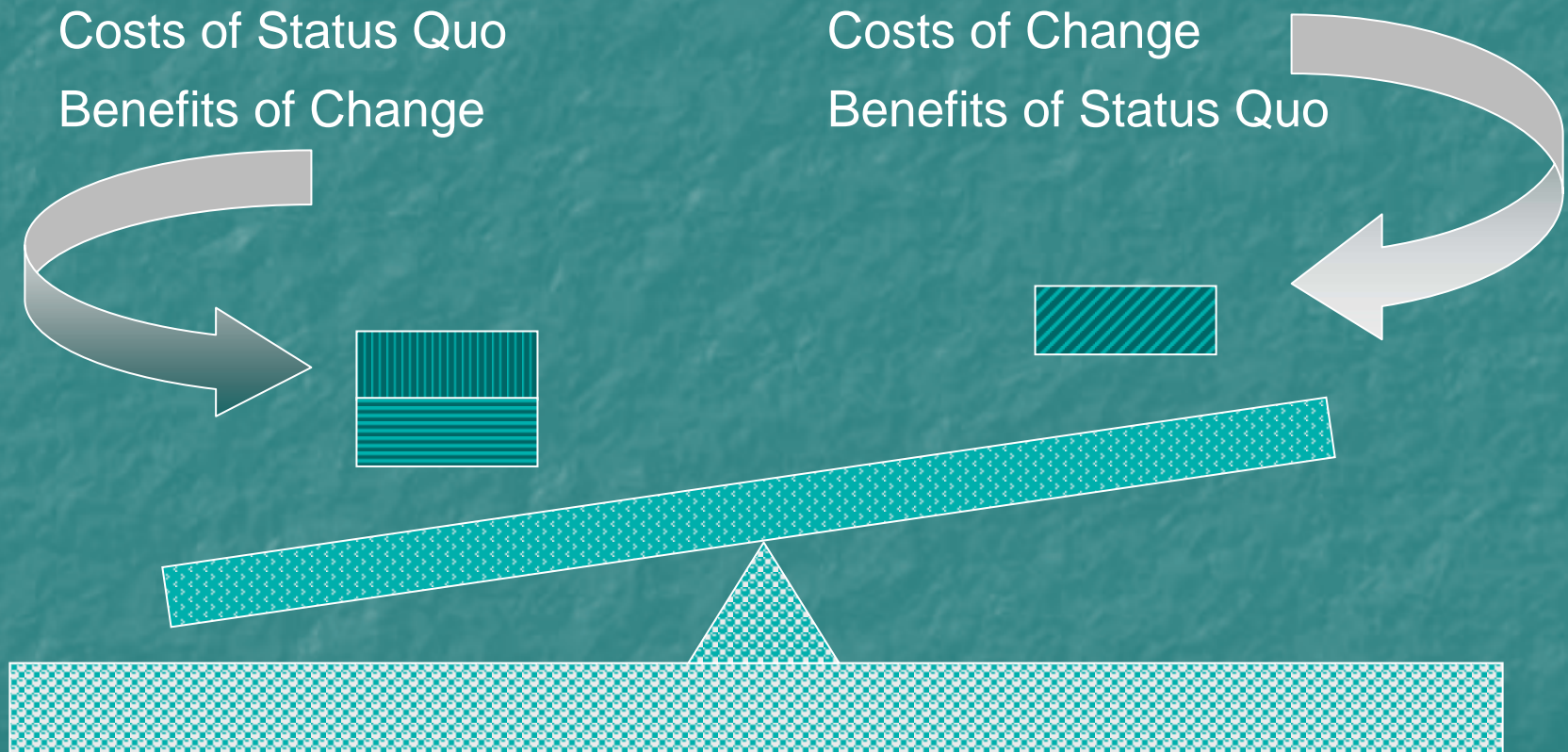
5. Maintenance Stage

- The person sustains the change accomplished by previous actions
- Steps for maintaining long-term change are different from steps for initial change

6. Relapse Stage

- Long-standing change often involves setbacks
- Person may relapse into previous problem behaviors

Understanding Ambivalence



Contemplation: cost-benefit balance

Source: Miller and Rollnick (1991)

Practitioner's Motivational Tasks

1. Precontemplation

Raise doubt-increase the client's perception of risks and problems with current behavior

2. Contemplation

Tip the balance. Evoke reasons to change and risk of not changing.

3. Determination Stage

Help the client to determine the best of action to take in seeking change

4. Action

Help the client take steps toward change

5. Maintenance Stage

Help the client to identify and use strategies to prevent relapse

6. Relapse Stage

Help the client to renew the process of contemplation, determination and action

GRACE: Five Principles of Motivational Interviewing

- Generate a Gap
- Roll with Resistance
- Avoid Argumentation
- Can Do
- Express Empathy

Principles of Motivational Interviewing:

Generate a Gap



- Develop a discrepancy between individual's current behaviors *and* his/her stated values and interests
 - Let client present arguments for change
 - Acknowledge both the positives *and* negatives of behavioral change

Principles of Motivational Interviewing:

Roll With Resistance

- Seek to clarify, understand
- Invite consideration of new perspectives
- Reinforce person's role as a problem-solver

*Principles of Motivational
Interviewing: **A**void
Argumentation*

- Keep on your client's side
- Arguing for change often promotes resistance, thus causing the client to defend the behavior you want them to change

Principles of Motivational Interviewing:

Can Do

- Increase individual's perception of self as a capable person
- Affirm positive statements and behaviors
- Offer options, instill hope
- Encourage consideration of role models, past successes

Principles of Motivational Interviewing:

Express Empathy

- Create a “free and friendly space” to explore difficult issues
- Use reflective listening
- An accepting attitude facilitates change, pressure to change thwarts it (paradox)

OARS: The Basic Skills of Motivational Interviewing



- Open-ended Questions
- Affirmations
- Reflective Listening
- Summaries

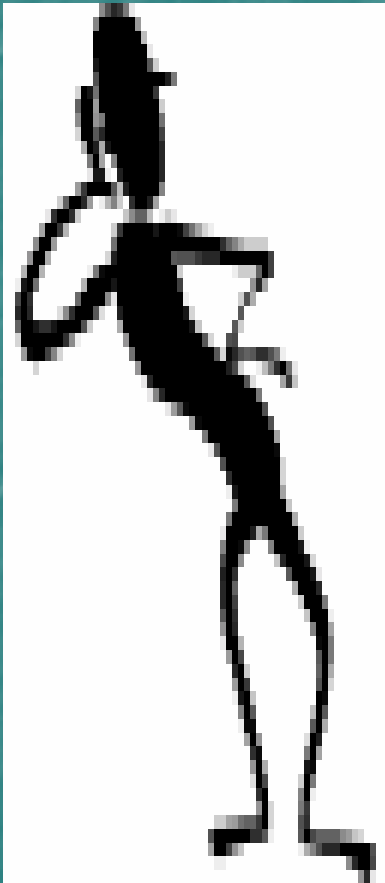
Open-ended Questions

- “How can I help you?”
 - “Would you tell me about ____?”
 - “How would you like things to be different?”
- “What are the positive things and what are the less good things about ____?”
- “What will you lose if you give up ____?”
 - “What have you tried before?”
 - “What do you want to do next?”

Affirmations

- Statements of recognition of client strengths
- Build confidence in ability to change
- Must be congruent and genuine

Reflective Listening



"Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen."

(Miller & Rollnick, 1991)

Levels of Reflection

1. Simple

Repeating, rephrasing; staying close to the content

2. Amplified

Paraphrasing, double-sided reflection; testing the meaning/what's going on below the surface

3. Feelings

Emphasizing the emotional aspect of communication; deepest form

Summarizing

"Let me see if I understand thus far ..."

- Special form of reflective listening
- Ensures clear communication
- Use at transitions in conversation
- Be concise
- Reflect ambivalence
- Accentuate "change talk"

Motivational Interviewing with Dually Diagnosed Individuals: Does It Work?

- Pilot research suggests increased treatment engagement and adherence.

Strategies for Increasing Treatment Engagement and Adherence

- Addressing the Hierarchy of Needs
- Raising Awareness of Non-Adherence
- Eliciting Pros and Cons of Non-Adherence

Special Issues with Co-Occurring Substance Abuse and Mental Disorders

- Harm Reduction or Abstinence?
- Where to Begin?
- Presence of cognitive Impairment
- Individual or group Interventions?