Commercial disclosures: none
Objectives:

- Define Motivational Interviewing “Spirit”.
- Explain the “four-process model” of MI
- Identify forms of change talk referred to by the mnemonic DARN-CAT
Some applications of MI

• Alcohol, tobacco, other drug use
• Medication adherence
• Engagement and adherence with other forms of psychotherapy
• Diabetes self-management
• HIV risk reduction
• Water purification practices
“motivational interviewing” publications in PubMed per year (1993-2014)
Emergence of Motivational Interviewing

Client-centered therapy

Behavior change research

MI
Rogers’ client-centered therapy

- Innate human tendency toward maturation, health, adaptation.
- Therapy provides accepting environment in which client finds own solutions.
- “Non-directive”
- Empathy - reflective listening
From client-centered therapy to MI

• Analysis of Roger’s recorded sessions
  – subtly guiding the conversation through selective reinforcement.
  – CR acknowledged doing so unconsciously.

• MI
  – Maintains client-centered atmosphere
  – Strategic guiding toward change
Behavior change

• Therapist empathy predicts outcome.
• Stages of change (Prochaska & DiClemente)
• Motivation is dynamic; ambivalence is typical.
• Self-perception theory (Bem)
• Reactance (Brehm & Brehm)
Self-perception theory  
(Daryl Bem)

- People infer their attitudes and beliefs by observing their own behavior.
- “People understand what they believe by listening to themselves talk.” (W. Miller)
Reactance

- Tendency to resist others’ efforts to restrict one’s freedom.
- Directive clinician style can elicit resistance to change.
- “Hell no!” or “Yes but…”
- MI involves reining in “righting reflex” (impulse to fix, solve, make right).
motivational interviewing

William Miller, PhD  Stephen Rollnick, PhD  Theresa Moyers, PhD
MI Definitions
2013
Layperson’s definition of MI

“...a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”

-Miller and Rollnick, 2013
Practitioner’s definition of MI

“... a person-centered counseling style for addressing the common problem of ambivalence about change.”

-Miller and Rollnick, 2013
Technical definition of MI

“...a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

-Miller and Rollnick, 2013
Relational aspects

MI

Technical aspects
“Spirit” of Motivational Interviewing

• Reflects the relational component.
• “heart-set” and “mind-set” of MI.
partnership

compassion

evocation

acceptance

MI SPIRIT
Partnership

- Collaborative relationship among equals.
- People are experts on their own lives.
- MI brings joins their expertise with ours.
MI is done with, not to a person.
Acceptance

- Absolute worth
- Autonomy
- Empathy
- Affirmation
Acceptance: Absolute Worth

- Prizing the inherent worth and potential of every human being.
- Rogers’ terms:
  - non-possessive caring
  - unconditional positive regard
Acceptance: Accurate Empathy

- “...active interest in and attempt to understand the other’s internal perspective, to see the world through her eyes.”
Acceptance: Autonomy

• Honoring and respecting each person’s fundamental right and capacity for self-direction.
Acceptance: Affirmation

- Actively seek and acknowledge the person’s strengths, efforts, values.
- Contrasts with emphasis on deficits and symptoms.
Evocation

- Task is to draw forth the patient’s knowledge, insights, values, solutions.
- vs instructing, instilling.
Compassion

• To be compassionate is to actively promote the other’s welfare, to give priority to the other’s needs. (Miller & Rollnick, 2013)

• Beneficence or altruism

• MI methods should only be used for the well-being of the patient, not for clinician or institutional self-interest.
partnership

compassion

MI spirit

acceptance
absolute worth
empathy
autonomy
affirmation

evocation
Four-process model of Motivational Interviewing
Engagement: the relational foundation

- Forming alliance
- Listening to understand values, dilemma
- Person-centered, “following” style
Focusing: choosing a change goal

• Agenda may or may not be clear at outset.
• Elicit client’s agenda
  – What would you like to work on?
• Ask permission to share your agenda
  – “Would it be OK if we talked a bit about...?”
Evoking: the transition to MI

- Strategically **evoking change talk**.
  - Recognize
  - Reflect/reinforce
  - Elicit

- Guiding style
Change Talk (CT)

- Introduced by the linguist Paul Amrhein.
- Language signaling movement toward change.
- Recognizable only in relation to identified target behavior.
- Amount and intensity of CT correlates with behavior change at follow-up.
### Change Talk: DARN-CAT

<table>
<thead>
<tr>
<th>Preparatory Language</th>
<th>D</th>
<th>desire for change</th>
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<tbody>
<tr>
<td></td>
<td>A</td>
<td>ability for change</td>
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<tr>
<td></td>
<td>R</td>
<td>reasons to change</td>
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<td></td>
<td>N</td>
<td>need to change</td>
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<tr>
<th>Commitment Language</th>
<th>C</th>
<th>commitment to change</th>
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<tr>
<td></td>
<td>A</td>
<td>activation (readiness)</td>
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<td></td>
<td>T</td>
<td>taking steps</td>
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</tbody>
</table>
Sustain (counter-change) talk

- Favors status quo.
- Expected in setting of ambivalence.
- Diminishes during successful MI.
- Don’t argue with it, but don’t fish for or reinforce it.
Planning

- May or may not be necessary.
- EVOKING continues while PLANNING.
- Avoid slipping into directive style.
- Consolidate commitment.
When to begin planning?

- Change talk is strengthening.
- Sustain talk is fading.
- Summarize the change talk, then...
- Ask “key question”:
  - Where would you like to go from here?
  - What’s the next step?

Plan > Evoke > Focus > Engage
<table>
<thead>
<tr>
<th>Global Scores (1-5)</th>
<th>Behavior Counts</th>
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</thead>
<tbody>
<tr>
<td>Cultivating Change Talk</td>
<td>Simple reflections</td>
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<tr>
<td>Softening Sustain Talk</td>
<td>Questions</td>
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<tr>
<td>Partnership</td>
<td>Seeking Collaboration</td>
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<tr>
<td>Empathy</td>
<td>Affirm</td>
</tr>
<tr>
<td></td>
<td>Emphasize Autonomy</td>
</tr>
</tbody>
</table>
Internet resources

- Center for Alcohol, Substance Abuse and Addictions (CASAA). University of New Mexico, Albuquerque. [http://casaa.unm.edu](http://casaa.unm.edu)

- Motivational Interviewing Network of Trainers (MINT). [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)
Hettema, Steele and Miller (2005)

- Meta-analysis of 72 studies
- 51 involved alcohol, drugs, tobacco
- Average short-term effect size .77
- Declines to .30 at 6-12 months.
- 38 studies (53%) had significant MI effect
- Larger effect size with:
  - non-manual-based interventions
  - ethnic minority populations
Cochrane reviews

SMI+SUD. MI participants more likely to attend 1st aftercare appointment. No other differences. (2013)

Pathological gambling. Modest effect. (2012)

SUD: 59 studies; n>13,000
Significant effect vs. no-treatment
Not different from other treatments. (2011)
3 communication styles: a continuum

<table>
<thead>
<tr>
<th>Following</th>
<th>Guiding</th>
<th>Directing</th>
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</thead>
<tbody>
<tr>
<td>Allow</td>
<td>Accompany</td>
<td>Command</td>
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<tr>
<td>Attend</td>
<td>Arouse</td>
<td>Conduct</td>
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<tr>
<td>Be with</td>
<td>Assist</td>
<td>Decide</td>
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<tr>
<td>Comprehend</td>
<td>Collaborate</td>
<td>Direct</td>
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<tr>
<td>Grasp</td>
<td>Elicit</td>
<td>Exhort</td>
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<tr>
<td>Listen</td>
<td>Enlighten</td>
<td>Lead</td>
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<tr>
<td>Observe</td>
<td>Inspire</td>
<td>Manage</td>
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<tr>
<td>Permit</td>
<td>Kindle</td>
<td>Order</td>
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<tr>
<td>Take in</td>
<td>Motivate</td>
<td>Prescribe</td>
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<tr>
<td>Understand</td>
<td>Offer</td>
<td>Run</td>
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<tr>
<td>Value</td>
<td>Support</td>
<td>Tell</td>
</tr>
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</table>
Basic communication skills

• OARS
  – Open questions
  – Affirming
  – Reflecting
  – Summarizing

• Providing information and advice with permission
Information Exchange (E-P-E)

ELICIT

PROVIDE

ELICIT
A focusing tool

- Take medication consistently
- Cut down on drinking
- Get back to religious services
- Enroll in group therapy
EARS vs. OARS

Unlike OARS, EARS is unique to MI.

- Elaborate change talk
- Affirm change talk
- Reflect change talk
- Summarize change talk

EARS reflects the directional, or guiding aspect of MI.
Change talk examples

- Sometimes I forget to take my medicine, but I do sleep better when I remember.
- My wife would be happier if I drank less.
- I did stay sober for 6 months last year, so I could probably do it again.
- I made an appointment with the psychologist.
Change talk examples

• I want to be a better parent.
• I can’t afford to have another manic episode. It’s going to cost me my job.
• Sometimes when I’m drinking I say things I don’t mean.
• I am going to stop smoking! It’s time.
• I know it’s not so good for my health, but I can’t see myself giving up drinking altogether.

• I don’t use the relaxation exercises often, but I do feel calmer when I get around to it.

• I don’t like taking medication, but I hate that psych ward.

• I’m gonna stick with treatment this time. If I don’t, I’ll lose my marriage. It’s a fact.
Looking ahead:

“Let’s imagine for a moment that you don’t make any changes in your drinking. How will your life look a year from now? Five years from now?”

Querying extremes:

“If you were to enroll in the treatment program and it works out perfectly for you, how will things be different than they are now?”
Responding to sustain talk

• Reflections
  – Straight reflection
  – Double-sided reflection
    • “On the one hand...on the other hand...”
    • Sustain talk first, change talk second.

• Emphasize autonomy
Responding to sustain talk

- Client: I don’t plan to quit drinking anytime soon.
- Clinician: You don’t think abstinence would work for you right now.

- Client: I don’t know why my wife is worried about this. I don’t drink that much.
- Clinician: As you see it, she really has no reason at all to be concerned about your drinking.
Responding to sustain talk

- I’m sick of everyone here hassling me about the way I eat.
- On the one hand you don’t like being constantly told what to do, and on the other hand you’ve indicated you’re pretty concerned about complications of your diabetes.
1a. Elicit permission

To provide information, advice, concerns.

– “If you’re interested, I can tell you about some of the programs we offer here.”

– “May I share some information that may be helpful to you as you make your decision?”

– “I have a concern that I need to share with you. Is that OK?”
1b. Elicit speaker’s knowledge

- What have you read or heard about antidepressant medications?
- What have you heard about marital counseling?
- What have other doctors told you about the effect of alcohol on your liver?
1c. Elicit speaker’s questions

- What questions do you have?
- What sort of information would be helpful to you?
2. Provide information or advice

- Brief, targeted, to fill in key gaps.
- Use plain language; avoid jargon.
- “Some people I work with find it helpful to...”
3. Elicit speaker’s response

- How does that sound to you?
- What do you make of this?
- How does this fit with your situation?
- Consider asking the patient to repeat key information in his/her own words.