Motivational Interviewing
10 Things You Should Know

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Outline

• What is Motivational Interviewing?
• What is Motivational Interviewing training like?
• How is Motivational Interviewing being used in Minnesota (Dissemination and Application)?
MI Defined 2012

- **Essential Elements of any MI Definition**
  - A particular kind of conversation about change (a method of communication)
  - Is collaborative (person-centered, partnership, honors autonomy)
  - Is evocative, seeks to call forth the persons own motivation, ideas and commitment
LI Defined 2012

Layperson = MI is a collaborative conversation to strengthen a person's own motivation for and commitment to change.
MI Defined 2012

Practitioner = MI is a person-centered method for addressing the common issues of ambivalence about change
MI Defined 2012

• Technical Definition = MI is a collaborative method of communication with particular attention to the language of change. It is designed to strengthen an individual’s motivation for and movement toward a specific goal by eliciting and exploring the person’s own arguments for change.
MI Spirit 2012

- Partnership
- Evocation
- Acceptance
- Compassion

- Intrinsically, people truly want to be healthy
- People usually know what’s best for them
- Our job is to help people decide for themselves
MI Spirit 2012

- Direct
  - Manage, prescribe, lead
- Guide
  - Shepherd, encourage, motivate
- Follow
  - Permit, let be, allow

It’s still “a way of being with people”
MI Defined 2012
Principles and Processes

- **Principles**
  - Express Empathy
  - Develop Discrepancy
  - Roll with Resistance
  - Support Self Efficacy

- **Four Processes**
  - Engaging, Focusing, Evoking, Planning
OARS

• Opening Strategies
• Client-centered listening skills
• Operational skills
  – O = Open Questions
  – A = Affirmation
  – R = Reflection (simple & complex
  – S = Summarization (guide & change talk)
A Taste of MI

Exercise
- Work in pairs
- One speaker and one counselor
Speaker’s 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 are ambivalent about)
Counselor

• Listen carefully with the goal of understanding the dilemma
• Give no advice
• Ask the following open questions:
5 Questions

1. What are you considering changing?
2. Why would you want to make this change?
3. What are the three best reasons to do it?
4. How might you go about it, in order to succeed?
5. On a scale from 0 to 10, how important would you say it is to make this change? – And why are you at ____ and not zero?
6. So what do you think you’re going to do?
10 Things To Know
1 – MI is **Not** about Content

- Relational
- Technical
  - (equal time between two)
- Collaborative
2 – Assessment Not Necessary

• Focused on evocation of clients own motivation for change (including engagement)
• Draws out what client knows
  • Assessment for safety purposes
3 – Giving Information May Not be Good Practice in MI

- Knowledge rarely helps with destructive behavior
- Objective feedback may help
- MI & Motivational Enhancement Therapy is different
- Does giving information provoke discord?
4 – MI is Not the Right Thing for Every Client

- Most useful for ambivalence
- Clinicians need many skills to use once ambivalence is resolved
- MI is a tool that you can put down when not needed
- Sometimes you may use MI elements such as MI Spirit
5 - MI is Empirically Supported

- Efficacy is highly variable
  - Sometimes it works and sometimes it doesn’t
  - May be related to active ingredients not being specified
  - May be related to quality of intervention
  - Affected by Practitioner/Clinician
6 – MI Can be Learned, but not by everyone

• Four Randomized Clinical Trials directly addressing the training of MI (thorough research)
• Can tell if person is doing MI correctly (standardized fidelity measures; MITI, MISC)
• Rule of thirds (1/3 easy, 1/3 struggle, 1/3 never get it)
  • Balance of relational & technical
7 – Learning MI Requires Direct Observation

• People can’t tell you the important things they know about using MI in sessions
• No correlation between perceived and actual behavior in counseling
• Direct observation is possible (transparency)
• Cultural shift in practice
  • (people want feedback)
8 – Client Language Key

Client language in the session may explain why MI works

- Shapes language that favors change
- Change talk predicts actual change
- Sustain talk evoked by therapist too, does not favor or move toward change
  - Relational & Technical
9 – Clinicians Evoke Client Language

• Practitioners/Clinicians have a lot to do with what clients say during sessions
• Compared Change Talk Evocation and Functional Analysis
  • Technical MI skill; draw out client change talk language
  • Technical FA skill; provide feedback about behavior and direction to either avoid or repeat behavior
• Change talk can be evoked/elicited from client
10 – Outcome

- Sometimes the outcome of MI is that the client realizes they don’t need you to change
  - Emphasizes autonomy
  - Acceptance of client choice
  - Influence of client is earned by clinician
  - Systems often fail to grasp the important points
So...About Minnesota

- Motivational Interviewing Training, Dissemination, Adoption and other projects
- Substance Abuse Professionals (2006-2008)
- Corrections (2006-2010)
- COSIG (2009)
- MH & Psychiatric (2008-2012)
- MFIP (2010)
- Vocational (2011-2012)
- Center of Excellence
- Academic (classroom and advising/counseling)
Types of Training

- Introduction
- Level 1 Clinical Skills
- Level 2 Advanced Clinical Skills
- MITI Coding
- Coaching
- MIST/MIASTEP
- Train the Trainer (TNT)
- MINT TNT & Forum
Stages of Learning MI

- Spirit
- OARS
- Recognize Change Talk and Sustain Talk
- Eliciting & Strengthening Change Talk
- Rolling with Sustain Talk & Resistance
- Developing a Change Plan
- Consolidating Commitment
- Transition & Blending MI with other techniques

— W. Miller & T. Moyers (2007)
References & Resources

• Minnesota Department of Human Resources MH Division
• Theresa Moyers, Ph.D., University of New Mexico, CASA. Conference Presentation, MARRCH, 2012. Dr. Moyers is a major contributor of these presentation materials