Introduction to Motivational Interviewing

Manchester Motivational Interviewing Network

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www.mmin.co.uk

@GM_MI_Network

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Acknowledgements

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- To partners at the UoM, MMU, Greater Manchester NHS, and everyone who has supported the MMIN
- To colleagues too numerous to mention in the Motivational Interviewing Network of Trainers (MINT) for their suggestions/exercises and slides.
- To clients we have worked with who have taught us how to have motivating conversations

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Basics

- House keeping – phones, toilets, lunch etc.
- Confidentiality
- Sharing personal information
- Evaluations
- Feedback and questions
- Anything else?

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Aims of the day

- Introduce MI
- Practise the core skills of MI
- Understand the spirit of MI
- Support you in thinking about whether MI is for you and how it might apply to your work

- Have fun! But that's not compulsory!

Today's schedule

10.00	Session 1 – introduction and starting from where you are at
11.15	*Coffee break*
11.30	Session 2 – Overview of core elements, and the spirit of MI
12.30	*Lunch*
13.30	Session 3 - Promoting engagement with the core skills of MI, part 1
14.45	*Coffee break*
15.00	Session 4 - Promoting engagement with the core skills of MI, part 2
15.40	Question and answers; plenary and nest steps
16.00	END

Introductions

- Rather than usual who we are, what we do, why we are here? I'd like you to get into small groups…
- Give your first name and tell the group something about yourself that no one else would know. But make sure this is something you want us to know!'
- Me first

Debrief

- Why did I ask you to do that?
- We all make assumptions/guesses about those attending/perhaps even assuming they knew all about a friend or colleague attending
- The point for MI practice is to remain curious and note when we are making assumptions.

A small task for you

- I would like you to think of a behaviour or personal attribute you are thinking of changing but haven't changed yet.
- Nothing too personal; not your deepest darkest secret
- Something you are prepared to discuss

Starting from where you are at

- Thanks to Steve Rollnick for this exercise
- Aim to anchor this training in your real work life experience
- First of all think of some challenging clients you have worked with
- What, in particular, characterised these clients?
- Can we list these?

Three in a row

- Imagine part of a working day in which you are scheduled to see three of these challenging clients in a row

- What are your thoughts?

- What are your feelings?

Three in a row continued

- What do you do that has been helpful with your clients ?

- What actions do you take?:
  - To improve the responsiveness of the client
  - To maintain a working relationship

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Break

Starting with you

Motivational interviewing (MI)

- Who's tried it?
- How much do you use it?
- Refresh memory?

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What is MI?

- A counselling technique developed to help people with addiction and healthcare problems
- Based on the idea that people are not necessarily always ready to change behaviours like drinking, smoking or diet (Miller & Rollnick, 2002)
- Assumes people are often ambivalent about change and see reasons for and against (Miller & Rollnick, 2012)

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"Motivational Interviewing is a person-centred counselling style for addressing the common problem of ambivalence about change"

Miller & Rollnick (2012)

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"a way of talking to people without pissing them off"

Henck Van Bilsen (2006)

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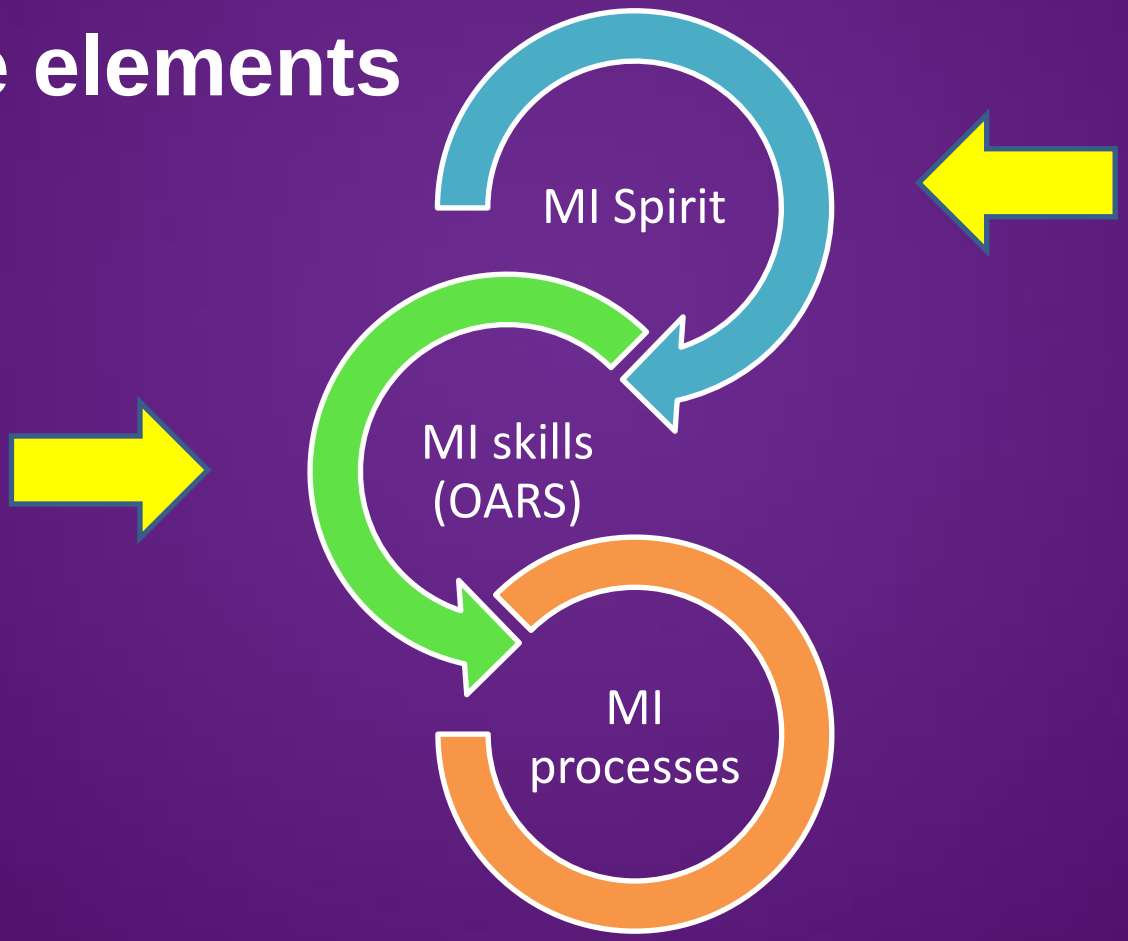
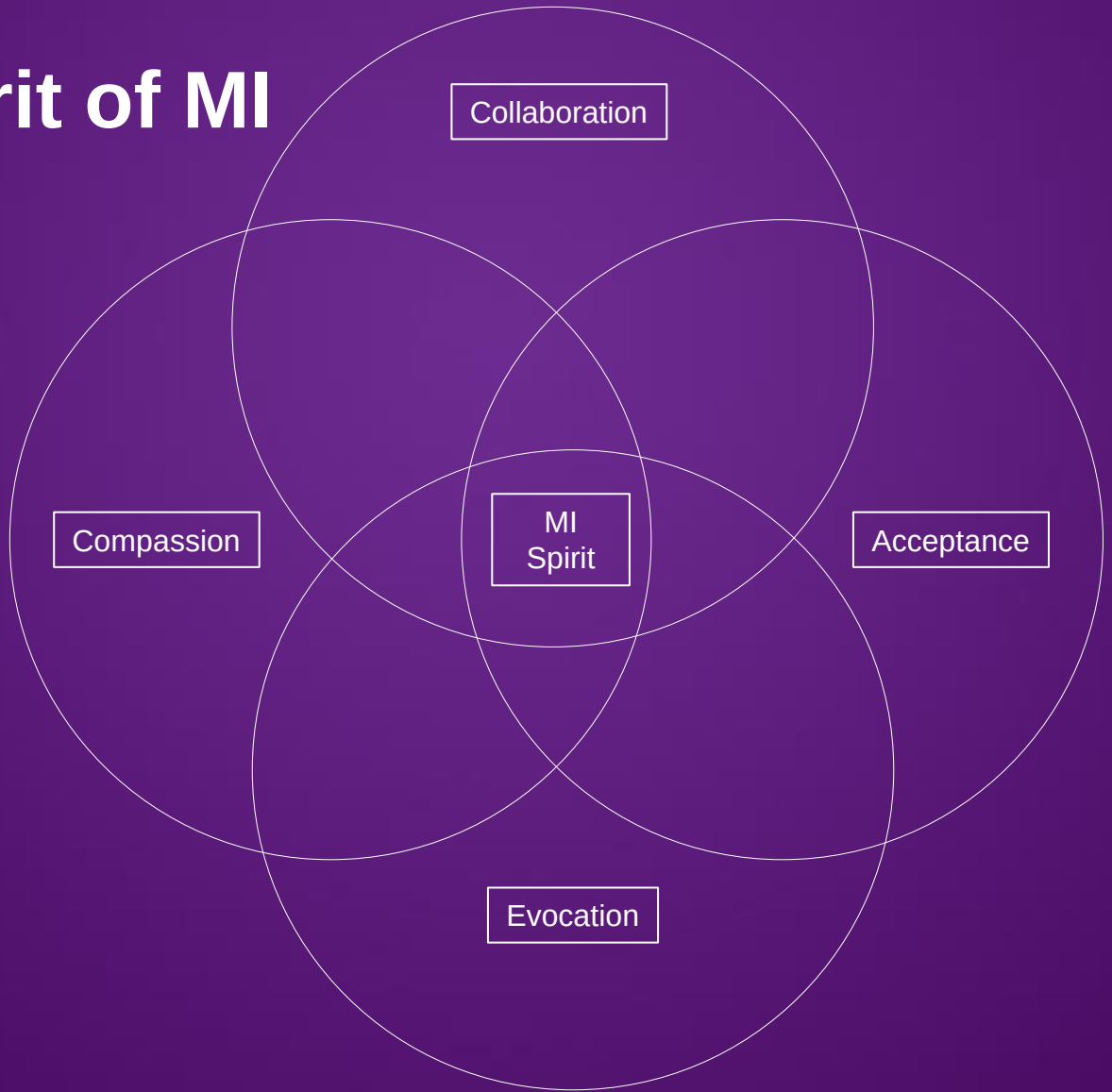
MI core elements



The Spirit of MI



Skills of MI - OARS

- Open-ended questions
- Affirmations
- Reflections
- Summaries

Change talk

(statements by the client revealing consideration of, or motivation for change)

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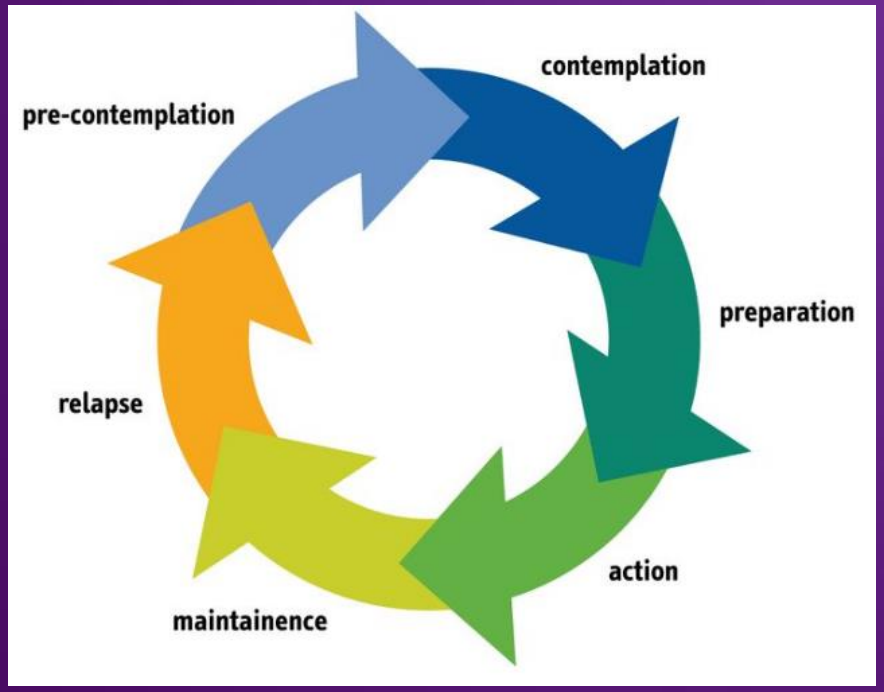
The Transtheoretical Model (TTM)

(Prochaska & DiClemente, 1982)



Ten things that MI is not (Miller & Rollnick, 2009)

- Distanced MI from the TTM
- “TTM is intended to provide a comprehensive conceptual model of how and why changes occur, whereas MI is a specific clinical method to enhance personal motivation for change” (p.130)
- Placed much greater focus on the spirit of MI
- *But* can be a useful heuristic for practice

SPIRIT summary

- Talk less than them
- Invite them to talk
- Listen to their answers and listen out for talk about change
- Help them straighten things out for themselves
- Encourage them on their way

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Why exercise?

Thanks to David Rosengren

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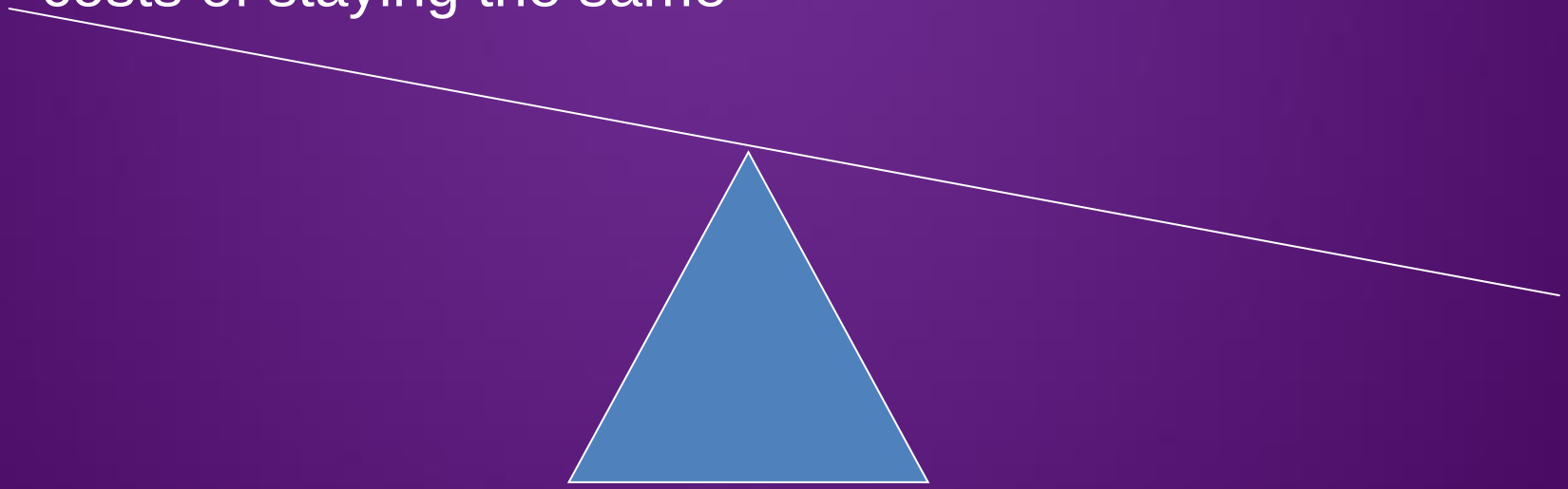
Why Exercise?

- What do you like about exercise?
- What are the reasons you do exercise?
- If you don't exercise, what are the consequences?
- If you could do as much exercise as you liked how would life be different for you?

Change Talk

Benefits of changing and
costs of staying the same



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Why not exercise?

Why not exercise?

- What don’t you like about exercise?
- What are the reasons you don’t exercise?
- What are the benefits of not exercising?

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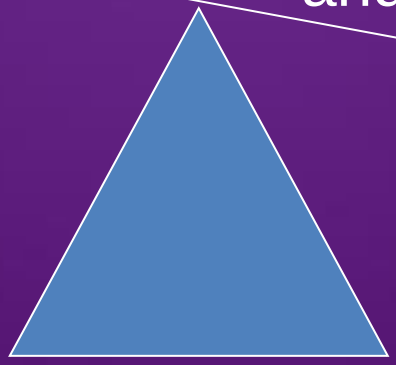
Sustain Talk

Dilemma and ambivalence

Change Talk

Benefits of change and
costs of staying the same

Benefits of staying the same
and costs of changing



Sustain Talk

What is the evidence for MI?

The rapid rise in interest around using MI has more recently translated into a surge in research interest too – 2 large meta-analyses indicating that MI is useful for a range of difficulties, or target behaviours (Burke, Arkowitz, & Menchola., 2003; Hettema, Steele & Miller, 2005; Lundahl & Burke, 2009).

- **Shows outcome effectiveness** (in brief forms, typically 1-4 sessions) shown with:
  - **Substance abuse** and dependence, across drugs (alcohol, cocaine, amphetamines, opiates, marijuana),
  - **Medical issues** (diet and physical activity, medication adherence, HIV prevention, cardiovascular and diabetes management, hypertension, asthma, bulimia, & gambling)
- **Processes**: increased insight, goal-setting, attendance, participation, adherence, & successful transition from inpatient to outpatient services
- **Settings:** in residential, inpatient, outpatient, outreach & colleges

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Cathy Atkinson recently undertook a fascinating review with Kevin Woods (2017) exploring the theoretical stability and treatment integrity of MI - important factors if we are to investigate and evaluate MI work efficiently.

- A lot of variation
- Practitioners enjoy the flexibility of the approach

MI is very much an approach used across professions, from social work (Sampson, Zayas, & Seifert, 2013) to nursing (Wu & Lin, 2009), practitioner psychology (Dean, et al., 2016), physiotherapy (McGrane, Galvin, Cusack, & Stokes, 2015) and many more.

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4 sessions or less

- New mothers who had access to a four-session MI protocol aimed at hearing their story and accessing support services were four times more likely to seek help for emotional distress than those who did not (Holt, Milgrom, & Gemmill, 2017) and attended more intervention sessions.
- Employing MI as a pre-cognitive behavioural therapy intervention aid also appears effective for people experiencing severe generalised anxiety (Westra, Arkowitz, & Dozois, 2009), anxiety following a traumatic brain injury (Hsieh, et al., 2012; Ponsford, et al, 2016), and depression for young people (Hoek, et al., 2011)

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Lunch

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Core skills

O pen questions

A ffirmation

R eflective Listening

S ummarising

Exercise:
Is it an open or closed question?

- What has changed in your life since you started drinking?
- Where did you grow up?
- Do you want to be fitter?
- Have you ever thought about walking as a simple form of exercise?
- What concerns do you have about cannabis use?
- Do you think you will ever be able to change?
- What are some reasons you have for starting to exercise?
- Is this an open question?

Open and closed Questions

- Cannot be answered in one word
- Creates forward moving momentum
- Encourages clients to talk and express themselves
- Helps establish an atmosphere of trust and acceptance by allowing client to do most of the talking
- Asking is not the same as listening!
- Closed Questions are not bad

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Open ended starters

Open	Closed
To what extent…?	Did you…?
Tell me more about…?	Can you…?
What, if any….?	Will you…?
When, if ever…?	
How, if at all…?	
What else…?	
Help me understand…?	

Engage

Key Questions – What next?

- “What do you think you want to do?”
- “What are you thinking of at this moment?”
- “What changes, if any, are you thinking about making at this point?”
- “What could you do first?”
- “What are your options here?”

Open questions and adolescents

- Sometimes find it difficult or don't like to answer very open ended questions, so for example:
  - What do you make of all this?
  - Consider multiple choice questions.
  - Do you feel upset by this, fine with it, or maybe something else?

Affirmation as a core skill

- The purpose of affirmations is to strengthen self-efficacy and hence confidence in new behaviour
- Affirmations involve noticing, recognising and acknowledging the positive
- Affirmations can include validations of clients' personal qualities, strengths, abilities and efforts

Affirmations examples

You are really trying with your weight, even though you find it a struggle

You're someone who can stop smoking; you managed to quit for three weeks

You didn't want to come today, but you did anyway. I appreciate the effort that took

You are the kind of person who cares a lot for other people

Being the best mum you can be is really important to you

Managing your diabetes well is something you're really trying to do

Why focus on affirmations?

- Affirm is the only therapist behaviour that is MORE likely to be followed by change talk and also LESS likely to be followed by sustain talk (Apodaca, 2014)

- Self-affirmation improves problem solving under stress (Creswell 2013)

What things can we affirm in conversations with clients?

- Their emotions about a particular situation
- Their values and goals
- Efforts expended in relation to a task
- Strengths - e.g. creativity, resilience, frustration tolerance, patience, problem solving, commitment
- Traits - e.g. humour, sociability, empathy
- Achievements

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Exercise: Persuade, when its not MI?

- Get into threes
- An observer, therapist and client
- Client
  - someone from your practice
  - changing a behaviour (e.g. binging and vomiting)
  - ambivalent and a little resistant to change

Thanks to Bill Miller

Worker

- Explain why s/he *should* make this change
- Give three specific *benefits* of making the change
- Tell him/her how to address their problem and *how* to change
- Emphasise the *importance* of the change
- Tell the client to do it!

Observer

- Observe the reaction of the client
- Notice the non-verbal communication
- Notice sustain or change talk

Eliciting change talk: the short path to MI

- Remain in your groups
- Speaker, Worker 1, Worker 2
- Change roles from last time

Speaker role – real play

- Talk about something real that you:
  - Want to change
  - Need to change
  - Should change
  - Have been thinking about changing
- But, haven’t yet changed.
- Not your deepest, darkest secret!

Worker 1 role – real play

- Listen carefully - GIVE NO ADVICE - the goal is to understand the dilemma
- Ask these four questions:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons to do it?
  - On a scale of 1-10, how important would you say it is to make this change? And why are you a ___ and not zero?

Worker 2 role – real play

- Listen carefully to the client for their motivations to change
- Because…there will be a test!

Worker 2: test answer

1. Give a short summary / reflection of what you heard, of the person's motivations for change
2. Affirm them for a quality or strength
3. Then ask, "So what do you think you'll do?"
4. ….and just listen with interest

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Break

Reflective listening

- A hypothesis testing approach to listening - "How does this person see themselves and their situation?"

- A way of getting the client to ask themselves a question – “Is that what I mean?” *rather* than a question which gives the therapist an answer

Core Skills:
reflective listening and summaries

- Reflections are a best guess at meaning
  - They are NOT a question
  - They ARE a statement
  - They selectively reinforce client talk
  - They direct the client's exploration

- Summaries are an extended reflection
  - They let the client hear what they are saying
  - They reflect ambivalence
  - They present a 'change bouquet' to the client

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Reflections:

- “You have become so used to ‘the problem’ that it is hard to imagine life without it.”
- “You feel as though changing the ‘target behaviour’ would make a big difference to some areas of your life, although it feels overwhelming when you think about where to start.”

Summaries:

- “That sounds really important to you, can I check I understand correctly, …., does that sound right to you?”
- “It sounds as though…, is that right?”
- “I hear that…, have I understood that properly?”

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Three pennies

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Possible prompts

- Tell me more…
- Please go on…
- I'm listening
- It sounds like…
- You've given this some thought…
- You've made a start…
- You're wondering whether making some changes would be helpful…

Summaries

"You have put a lot of work into supporting Jacob and as a result he is making great progress with his reading, maths and handwriting. His excellent attendance suggests he is keen to come to school… and yet you are worried that he is increasingly isolated and has difficulties with social skills and understanding. At times his aggression and behaviour make it difficult for you to teach the other children."

To conclude…

- Motivational interviewing:
  - works in a variety of settings with a variety of behaviours
  - It can be blended with existing practice
  - May well lead to better outcomes for patients / clients
  - May improve practitioner wellbeing
- You can get better at it over time, the same way you can with any complex skill

Why might you want to get better at MI?

- What would be your three best reasons
- How important is it for you to become better at MI (0 – 10)
  - Why X and not lower?
- How would you go about it?
- Summarise:
  - What do you think you will do?

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Questions (and answers!)

MMIN next steps

- Date of next meeting (tbc) – Tuesday 2nd October, 4-6pm, Birley Building, MMU
- Evaluations
- Resources at www.mmin.co.uk
- Practice development opportunities