

INSIGHT: Alcohol and Other Drug
Training and Education Unit



Induction Module 5

Motivational Interviewing

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Welcome to Alcohol and Other Drugs Sector Induction Material

Learning Material

This series of modules is designed to service health staff interested in addressing alcohol and other drug (AOD) issues with their clientele. The introductory material seeks to provide information to new workers in the alcohol and drug sector. The modules are based on best practice, and contain the most recent information available.

About InSight

InSight is a clinical support service that provides AOD clinical education and training, and clinical education services. InSight sits within the ADS which has a mission to minimise alcohol and other drug related harm and improve the health and well being of the Queensland people we serve.

Contact InSight

InSight can be contacted by phone or email if you have any queries or comments regarding this module, or for general information regarding training opportunities.

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How to use Module Materials

- The module contains a study guide (PDF) that can be downloaded. Please be aware this is copyrighted material. If a colleague requests this module, direct them to the web page for their personal module download.
- There are suggested readings and references for further study which are located at the end of this module.
- The recommended text for this module is:
Miller, W., & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change*. (3rd ed.). Guilford Press: New York.
- The module is designed as a 2 - 4 hour short course.
- A short multiple choice assessment can be submitted to InSight to enable us to forward your completion certificate.
- You may contact InSight regarding this module at any time.

Motivational Interviewing

Aim

The aim of the Motivational Interviewing (MI) module is to provide health workers with the knowledge to assist their clients move through the cycle of change while addressing their problematic drug and alcohol use.

Objectives

The objectives for this module are to:

- Understand motivational theory.
- Define motivational interviewing.
- Describe the four principles of motivational interviewing.
- Describe the four processes of motivational interviewing.
- Differentiate between different types of change talk.
- Identify the most appropriate stage of change to use motivational interviewing.
- List the steps involved in a brief motivational interview.

Introduction

Motivational Interviewing (MI) is a collaborative conversation about change that assists an individual recognise and address their concerns regarding health or other situations, and move through the process of change. Overall, MI utilises a guiding style of conversation and at times, incorporates elements of both a directing style and a following style of communication (Miller & Rollnick 2013, p. 12). The primary aim is to enhance behaviour change by helping clients to explore and resolve their ambivalence about changing their behaviour. It is particularly useful to conduct a motivational interview with clients who appear tentative or 'stuck' with their current alcohol or drug (AOD) using behaviours.

Behaviour Change

Behaviour change is rarely a discrete, single event; rather it is a process of identifiable stages through which a person passes. Prochaska and DiClemente (2005) identified six discrete stages that frame the transtheoretical model of intentional human behaviour change (as shown in Figure 1).

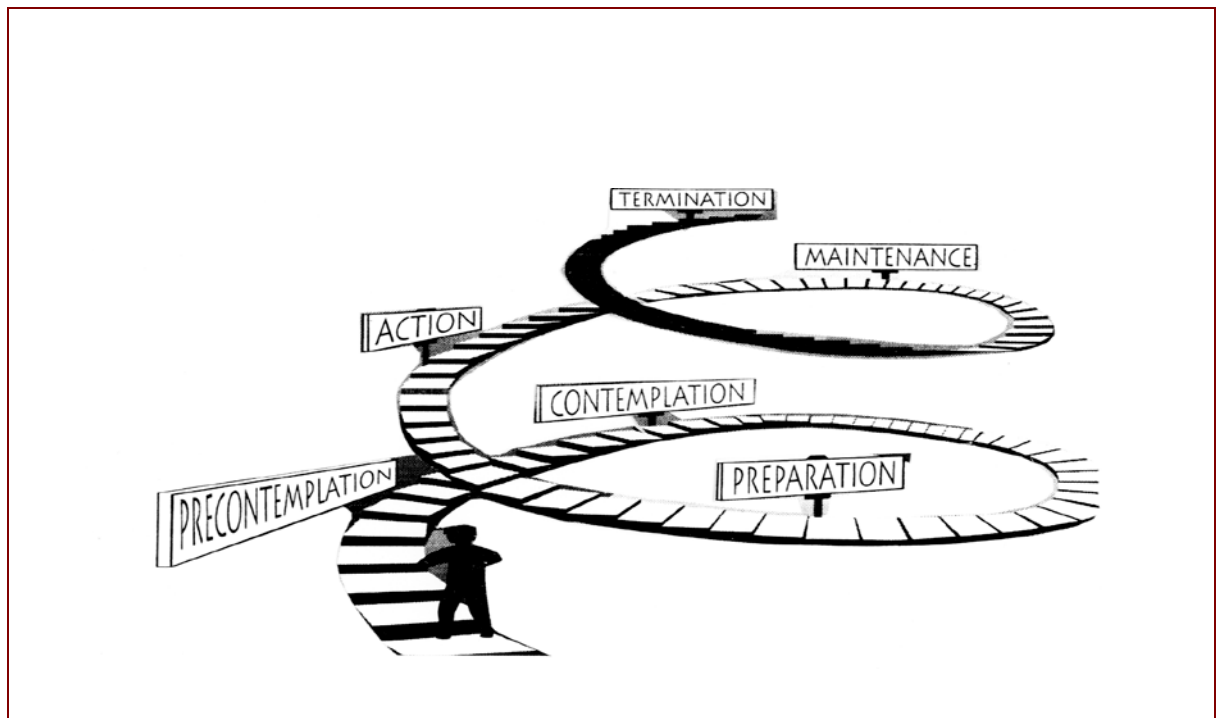


Figure 1. Stages of Change model (Prochaska, Norcross, & DiClemente, 1994).

Stages of Change

A counsellor who recognises the current stage of change their client is at will be able to tailor the appropriate treatment intervention to match that particular stage of change. When a client is in the stage of contemplation, this places them ideally for Motivational Interviewing.

Each stage of change of the transtheoretical model is outlined sequentially below:

Precontemplation

When a person is in the precontemplation stage, they are not thinking about making a change to their AOD use. They are enjoying the positive benefits they are experiencing when using and not aware of any negative costs associated with it. They do not see a need to change their behaviour and may ignore or discount advice from other people who are concerned about their current use.

Contemplation

When someone is in the stage of contemplation, they are in 'two minds', or ambivalent about changing their AOD use behaviour. That is, while they enjoy some aspects of their drug use, they are also experiencing some of the negative impacts associated with it. At this point they are weighing up the costs and benefits of their drug use, and may start thinking about making positive changes.

Preparation

Someone in the preparation stage realises that it is necessary to change their AOD use behaviour. They may have made a resolution or decision to change, and are actively engaged in exploring options or making plans to bring about change. In this stage the person's resolution to change may vary from weak to strong, and they may yet decide to maintain the status quo and continue their current drug use.

Action

When a person has reached the action stage they are actively engaged in making changes to their drug use. They are consciously using the strategies that enable them to bring about change and are achieving their goals, be it to cut down in some way, or stop using altogether.

Maintenance

In the maintenance stage, a person has made the necessary lifestyle changes to support their behaviour change. They no longer consciously engage in strategies to support their behaviour change and no longer experience problematic drug use. Any alternative behaviour has been well established and become part of their regular lifestyle.

Lapse/Relapse

A lapse or relapse can occur at any time during the change process, even after long periods of maintenance. A lapse or relapse is viewed as a normal part of the process of change and ought to be recognised and acknowledged as such. If a person has experienced a lapse or relapse, knowing it is part of a normal process will encourage them to learn from their experience and re-initiate their behaviour goals.

What is Motivation?

Motivation

Motivation and its components can be viewed on a continuum which fluctuates across time and situations as illustrated below in Figure 2.

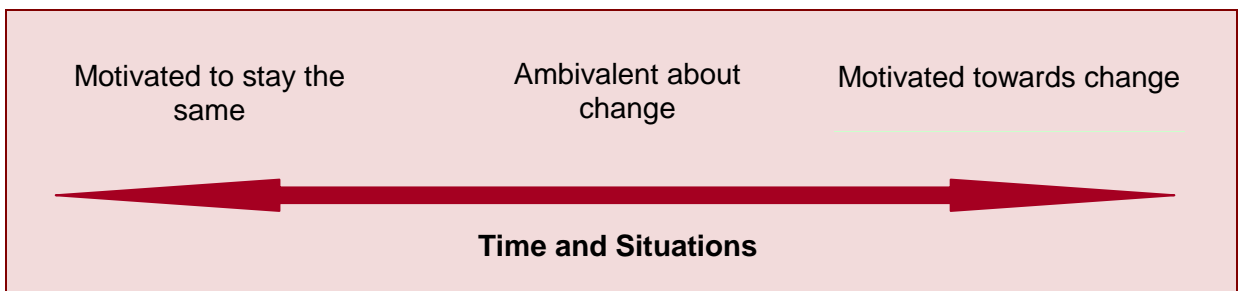


Figure 2. The motivation continuum.

The key tenet for understanding motivation is that it is not something that is either present or absent. Rather, it is consistently present in everyone at all times, and can vary from time to time and from situation to situation on any given day. An important point to note is the **direction** of motivation. Some people are motivated in a direction towards using alcohol or other drugs, while others are motivated in a direction towards not using them. It can be argued that some clients may be highly motivated not to change, just as others can be highly motivated towards making change. People use alcohol and other drugs for a variety of reasons (as previously identified in Module 1), all of which can motivate a person's drug use in one direction or another, or somewhere in between. Motivational interviewing aims to explore and harness a person's motivation, rather than simply assume its presence or absence.

Assessing Motivation to Change

One simple method that can be used to measure a client's readiness to change is to utilise the 'readiness to change' ruler shown in Figure 3 below.

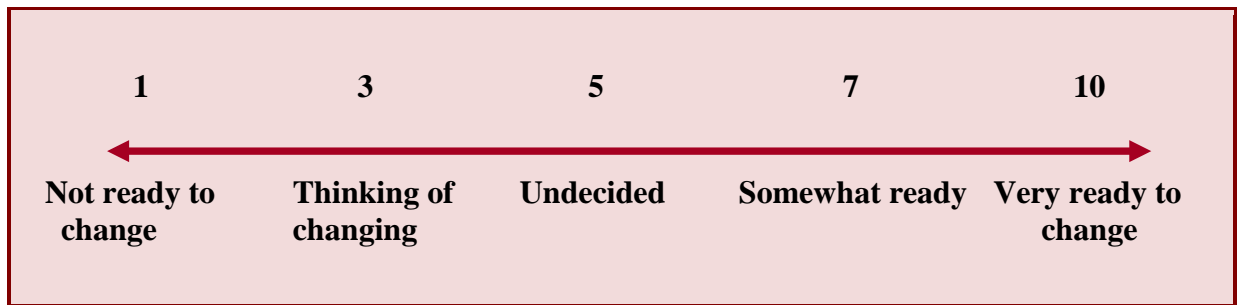


Figure 3. Readiness to change ruler.

A very simple way to assess the client's motivation to change is for the clinician to ask the client: "On a scale from 1 to 10 (1 = not ready, 10 = very ready), how ready are you to change your (the behaviour)?" The clinician then uses the ruler to determine the client's readiness to change.

How does Motivation Influence Change?

Miller and Rollnick (2002) suggest that the three critical components of motivation are interconnected in the process of producing a change in behaviour. These components are a person's willingness, ability and readiness to make a change. **Willingness** represents a desire to change, or the *perceived importance* of a particular change to a person. **Ability** represents the *confidence* a person has to actually engage in the process of change. However, even though a person may feel willing and able, they may not feel **ready** to change, at least 'not right now', despite recognising the risks associated with their current behaviour. They may openly acknowledge their desire for change, and even believe in their ability to change, but still feel they are not ready to pursue the committed action.

Nevertheless, when a discrepancy becomes apparent between the negative effects of a current behaviour and the desire or need to change it becomes strong enough, the *importance* of making a change increases. It is at this time that a person will often look for ways to initiate the change. Once the problem has become sufficiently important, and the person perceives greater self-efficacy (belief in their ability), they may begin to look towards avenues for changing their behaviour. At this point, the person may be willing and able to change, but will also need to be ready to change before new behaviour can be initiated.

The third component of motivation, **readiness**, represents relative priority. A person's readiness to change can fluctuate across time and situations according to relevant priorities. Once their motivation reaches a threshold of readiness, the balance tips and they begin to think about when and how to make that change. Readiness to change is a *core principle* in motivational interviewing as it informs the clinician about the next step that will need to be taken to initiate the change.

Readiness, importance, and confidence to change should always be assessed for each of the client's specific goals such as ceasing or reducing their drug or alcohol use. People may differ in the level of readiness, importance, or confidence to change dependent on the target behaviour being questioned.

Ambivalence

It is not uncommon for AOD clients to be ambivalent about their drug use, nor is it uncommon for them to be ambivalent about changing it. Clients often recognise that there are costs and harms associated with their AOD use, and although they may want to change their use, at the same time they may be reluctant to do so. While ambivalence is considered a normal part of human behaviour, it is also considered a normal process in making a behavior change. However, people can often become stuck in their ambivalence, vacillating between one choice or the other, and ultimately not progress towards actually making a change.

When a client is experiencing ambivalence about changing their substance use, using a directing style of communication and arguing for change may make them more determined to resist the counsellor's message. Three underlying psychological principles that can come into play and prevent a favourable outcome are:

- **Rebelliousness:** whenever we are told to do one thing, we usually want to do the opposite.
- **Digging in:** if we are forced to defend a position we become more committed to it.
- **Loss of self-esteem:** if we are forced to give up our view and accept another's, we frequently feel worse about ourselves.

If the counsellor is voicing the reasons for change, and the client is arguing against change, then according to Miller and Rollnick (2013), the outcome will be in the client's favour.

People learn about their own attitudes and beliefs by hearing themselves talk, and are persuaded by what **they** say. This is why the counsellor needs to help the client voice reasons for change, rather than defending themselves against it. Resolving ambivalence is a key issue in motivational interviewing.

So now we have an understanding of motivation theory and the very real dilemma of ambivalence. We are able to recognise the defined stages that people pass through to bring about change. We can begin to explore motivational interviewing.

What is Motivational Interviewing?

Definition

There have been many definitions given for motivational interviewing since its conception. Most recently Miller and Rollnick (2013) define motivational interviewing as the following:

'Motivational Interviewing is 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 & Rollnick (2013 p. 29)

The Spirit of Motivational Interviewing

How a counsellor thinks about and understands the interview process is important in influencing the interview. In this context, fundamental to successful motivational interviewing is its underlying spirit. The spirit of motivational interviewing involves four key interrelated elements being partnership, acceptance, compassion and evocation (Miller & Rollnick, 2013). Each of these four elements has an experiential and a behavioural component.

1. Partnership

The partnership between the clinician and client is central to the spirit of MI. This partnership is seen as an active collaboration. The clinician creates a positive interpersonal atmosphere that is conducive to change, in which the client does most of the talking.

2. Acceptance

There are four aspects to the profound acceptance a counsellor shows their client:

- Absolute worth
- Accurate empathy
- Autonomy support
- Affirmation.

“Taken together, these four person-centred conditions convey what we mean by “acceptance”. One honours each person’s *absolute worth* and potential as a human being, recognises and supports the person’s irrevocable *autonomy* to choose his or her own way, seeks through *accurate empathy* to understand the other’s perspective, and affirms the person’s strengths and efforts.”

Miller & Rollnick (2013, p.19)

3. Compassion

A compassionate counsellor is committed to the best interests of the client and promotes their best interests. Working with the spirit of compassion builds rapport and trust within the therapeutic relationship.

4. Evocation

The spirit of MI emphasises the fact that the client inherently has what is needed to make changes in their lives. The counsellor seeks to evoke these strengths from the client, through implicitly gaining an understanding of the client’s perspective and resources, rather than focusing on deficits.

Ambivalent clients are aware of the arguments for making change and those for staying the same. The counsellor evokes and strengthens the motivation for change already residing within the client. MI is about evoking what is already present, not installing what is missing.

The Method of Motivational Interviewing

The MI Process

There are four central processes that Miller and Rollnick (2013) believe skillful motivational interviewing contains. These four processes are both sequential and recursive such that even though these processes may not all occur in one session or in rigid sequence, they overlay and interact with each other throughout motivational interviewing. The processes will now be explored further.

Engaging

The first process in MI is to engage the client in a collaborative working relationship, and establish an atmosphere of acceptance and trust within which clients can explore their concerns. Engagement of the client is an essential process to allow this exploration to occur and is the relational foundation of motivational interviewing.

Engagement is enabled through the use of a person-centred style where listening is a key tool to establish this relationship. In practice, this means the client should be doing most of the talking, while the counsellor listens carefully and encourages ongoing expression. This is important because part of the process of motivational interviewing is eliciting and shaping certain kinds of client speech. The counsellor listens to understand the client's problems, and gains insight into their values and aspirations. It is important to remember that engagement goes both ways and requires work from both parties, that is, both the counsellor and client need to be engaged together. The distinction of engagement as a process is that it is something that is continued throughout the therapeutic relationship and not merely a task to be completed.

Focusing

Focussing in MI is actually an ongoing process of seeking and maintaining direction. The focusing process within MI is about finding that direction and within it more specific achievable goals. There are three styles of focusing in MI. A skillful counsellor will use all three styles and move across them flexibly as appropriate for the client and the situation.

The three styles of focusing are:

- 1. Directing:** In directing, there is a clear delineation of authority. The directing style in behaviour change states to the client that the counsellor knows what must be done to solve the problem. The requirement of the client is to adhere or comply with the treatment regime. This style could be viewed as a traditional relationship between health care professional and client where an uneven relationship regarding knowledge or expertise is implied. There are numerous situations in which the client requires the health care professional to decide, act and advise in such a directing style.
- 2. Following:** In the context of behaviour change, when you follow someone, you are letting them make decisions in their own time without any pressure to change one way or the other. Listening predominates in a following style and good listening comes without instructing, agreeing or disagreeing, warning, or analysing. Following is a useful style at the beginning of a consultation when you are trying to understand the client.
- 3. Guiding:** The guiding style is employed to help the client find their way. The effective guide will know what is possible, what options are available, and present these to the client. The client decides on what they want to do and the counsellor helps them to get there. In behaviour change, this style indicates to the person that the counsellor will assist them solve the problems themselves.

Three sources of Focus

There are 3 potential sources of focus being:

1. The client: Provide the direction or source with the presenting problem.
2. The setting: The type of service or program itself provides focus within that context.
3. The clinician: The counsellor's clinical experience and their focus preference.

Evoking

Evocation has been described as the heart of motivational interviewing. The counsellor evokes the client's arguments for change. Through this process there is a clear change goal that the counsellor and client work towards. To facilitate working toward this change goal, the counsellor is attuned to and guided by change talk. Strategic, directional use of the client-centred OARS micro counselling skills assists the counsellor in attending to change talk.

Planning

Once the client has identified significant reasons for change and made a commitment for change, the counsellor's role is to assist in making the change process occur through careful planning.

A specific plan of action is developed in a conversation about action that covers a range of topics. The counsellor and client negotiate a change plan where the clients own solutions are developed, thereby promoting autonomy and decision making and strengthening change talk as the plan emerges. Once the change plan is developed, the client commits to the plan. The counsellor assists the client in implementing and adjusting the plan. During this process, the counsellor will also be aiming to consolidate and strengthen the client's commitment to change.

The Flow of Motivational Interviewing

Motivational Interviewing begins with the counsellor engaging the client using an open ended form of engagement which then moves towards a clear focus, identifying the direction and goals of the session. Once the change goal has been identified, the flow of engagement continues throughout the process of evoking. The counsellor attends to, evokes and responds to the client using the person centred style and spirit of MI.

Flowing naturally from evoking, planning is then conducted utilising the same collaborative counselling style. Change goals and a plan are negotiated with steps for implementation of the plan outlined. Further treatment options discussed if necessary.

Core Skills and Processes of MI

MI involves the use of five core counselling skills that cut across the four processes described above. These skills do not constitute a MI, but are essential to the practice of MI to strategically move a client through the direction of change. The particular way in which these skills are used may vary with each MI process.

Core Interviewing Skills - OARS

The acronym OARS, describes the first four counselling skills used by the counsellor to build the therapeutic relationship, and enable the activation of the spirit and principles of motivational interviewing. The skill of using open ended questions, affirmations, reflections, and summaries, provides the opportunity to move the change process forward by eliciting discussion about change.

- **O**pen Questions
- **A**ffirm
- **R**eflective Listening
- **S**ummarise

Each of these counseling skills will be individually outlined below.

Asking Open Questions

One technique for allowing clients to do most of the talking and encourage client speech is to ask open questions, that is, questions that do not invite brief or one word answers. While some closed questions may be necessary, particularly when specific information is required, it is better to start with questions that open the door for the client's response. Skilful motivational interviewing requires the counselor to respond in specific ways to the client. In the engaging and focusing process, open questions allow the counselor to understand the client's point of view and strengthen the collaborative relationship. Open questions also assist in evoking motivation to change and planning change. In general, a counsellor will ask an open question, and respond to the client's reply with reflective listening, affirming, and summarising skills.

Affirming

In MI the counsellor respects and honours the clients worth, their ability for growth and change as well as their right to choose whether or not to make change. The use of affirmations or statements that recognise a client's strengths is another way of developing rapport and encouraging open exploration. This can be done in the form of compliments or statements of appreciation and understanding. Affirmations may involve reframing behaviours or concerns to allow the client to see themselves in a more positive light. Affirmations will be more successful when they are appropriate to the social context, and are offered in a genuine and congruent manner. The key skill is to recognise and appropriately affirm the client's strengths and efforts.

Reflective Listening

The skill of reflective listening is an important and challenging aspect of motivational interviewing. In the first instance, motivational interviewing brings to life the principle of expressing empathy by showing the client that the counsellor understands their perspective. Reflective listening is a core skill used in motivational interviewing for guiding the client toward change. It is also selective in that the clinician chooses what to reflect from what the client has said. There are clear guidelines on what to reflect during the evoking and planning process of MI to enhance the communication process.

In motivational interviewing, the counsellor makes a reasonable presumption at what the client's message is and reflects this back to the client in the form of a statement. The crucial element in reflective listening is the way the counsellor responds to what the client has said. It is an effective way of confirming what the client means, rather than assuming what was meant.

Miller and Rollnick (2013) caution against using reflective statements that may block the communication process. These types of statements may include disagreeing, telling people what to do, giving advice, or providing solutions. Reflections should encourage the client into further exploration, progressing towards change rather than being simply repeating what the client has said without any direction or goal.

Summarising

Summarising brings together the main points of what the client has been saying. The counsellor draws together what was covered during the session and reflects this information in an organized format to describe the discussion between the client and the counsellor.

Summaries promote understanding and indicate that the counsellor has been listening to the client, and values their perspective during the engaging and focusing process of MI. The client's motivations, intentions and plans for change during the planning processes are drawn together in a summary. In this way, summarising clarifies what has been said by the client and provides an overview of the content of the MI.

Informing and Advising

An important aspect of the counsellor role in MI is providing clients with information on a range of facts, diagnoses, and treatment recommendations. The main means of conveying this type of information to the client is by informing and advising them. Before offering this information, it is necessary to ask the client's permission to do so first. This is in keeping with the spirit of motivational interviewing and honouring client autonomy.

There are a number of ways to obtain permission to inform and offer advice:

- When the client asks for information,
- The counsellor asks the client directly if they can provide information to them e.g. "Would you like to know about some things that other clients have done?"
- Where the counsellor must give provide information:
 - announce to the client that you have important information that you need to give e.g. "There is something that I need to tell you."
 - provide them with the choice on when that information is given e.g. "I have some information for you, but is there anything you would like to talk about first?"
 - preface the information with a statement that acknowledges the client's autonomy e.g. "This may not concern you, but..."

When providing information or advice to the client, it is important to acknowledge directly that the client is free to decide what they want to do with that information or advice.

Change Talk

The use of speech is important in increasing a commitment to change. The more a person defends a position, the more committed they become to it. In the same way, when a person's conversation increasingly reiterates a commitment to change, the more likely it is that they will make that change. For this reason, what people say about change is important in a motivational interview. The skillful counsellor will be able to recognise change talk, elicit change talk using selective questioning, respond to change talk with selective reflections, and summarise the change talk. In addition, the counsellor should be aware of the concept of resistance and the language of sustain talk. We will now discuss how the counsellor attends to client language in practice.

Recognising Change Talk

Miller and Rollnick (2013) describe change talk as any statement made by the client that favours an argument in the direction of change. They have identified two categories of change talk that the counsellor needs to recognise.

Preparatory Change Talk

The first category is **preparatory change talk**. Client speech may indicate a desire, ability, reason, and need (have to, need to) to make change. The acronym **DARN** can be used to remember these four components.

- **Desire** statements tell you about the person's preferences either for change or to stay the same e.g. 'I want'; 'I would like to'; 'I wish'; 'I hope'.
- **Ability** related change talk reveals what the client perceives of their ability e.g. 'I can'; 'I am able to'.
- **Reason** statements reveal specific reasons, such as health, for making change e.g. 'I would sleep better if I gave up caffeine'.
- **Need** statements point to necessity for change, without providing a specific reason e.g. 'I need to....' 'I need to...'

Mobilizing Change Talk

The second category of change talk is identified as **mobilizing change talk**. The types of talk in this category include activation, commitment and taking steps:

- **Activation:** When someone is using words activated toward change, statements such as *'I am ready to'* indicate they are moving towards action.
- **Commitment:** The extension of activation is commitment, usually represented by terms e.g. *'I will'; 'I promise'*. Commitment talk can take many forms.
- **Taking steps:** This indicates the person has taken some form of action towards change e.g. *'I haven't used today'*.

Evoking Change Talk

Evoking change talk is a directive strategy for resolving ambivalence, and as such is a key motivational interviewing skill. As previously discussed, the aim of motivational interviewing is to have the client give voice to the arguments for change, and Miller and Rollnick (2013) have suggested a number of methods to elicit client change talk, including:

- Ask evocative questions.
- Using the importance ruler shown in figure 4 below.
- Elaborating.
- Querying extremes.
- Look back / look forward.
- Exploring goals and values.

The Importance Ruler

To assess how important it is for the client to change, asks them.....

- **On a scale of 1 – 10 (1= not important, 10 = very important), how important is it for you to reduce/stop/change/alter your.....use?"**
- **"Why have you put yourself there?"**
- **"Why so high?"** (*This question is asked to elicit motivating statements. Even if the score given is low, you can always ask why it wasn't lower. This question is to help explore the importance of change to the client*)
- **"What would help you move higher? or ask "Is there anything you can think of which would help you move up a step?"** (*This question is to find out what would motivate the client towards changing*)
- **"Is there anything I can do to help you move up a step?"** (*This question will identify how you could help the client directly*)

(Rollnick, Mason, and Butler, 1999)

Figure 4. Assessing the level of importance.

Responding to Change Talk

So far we have identified what change talk looks like and identified methods to assist the counsellor elicit change talk. In motivational interviewing, the counsellor also needs to know how to respond when change talk occurs. Miller and Rollnick (2013) identify four counsellor responses to change talk. They suggest using the acronym OARS (discussed earlier) to encourage more detailed change talk:

- **Open Questions**
- **Affirmation**
- **Reflection**
- **Summarising.**

Sustain Talk and Discord

Sustain Talk

Sustain talk is all about the target behavior or change. It is considered to be a normal part of ambivalence, such that it represents the other side of ambivalence. As sustain talk is about change, it cannot occur unless a clear focus has been identified. The kinds of sustain talk are similar to preparatory talk and can be recognized as:

- **Desire:** A desire for the status quo e.g. 'I love the way smoking makes me feel'.
- **Ability:** An inability to change e.g. I can't quit; I've tried heaps of times and couldn't do it'.
- **Reason:** The reasons for sustaining the status quo e.g. 'smoking calms me down'.
- **Need:** A need for the status quo or a commitment to the status quo e.g. I need to smoke, I couldn't cope without it'.

Discord

Where as sustain talk is about the target behavior, discord is about the working alliance. Discord can occur at any time across the four processes of MI and there may be number of reasons why it is present. The counsellor needs to be able to recognize discord. Discord may be present if the any of the following becomes apparent during the session:

- **Defending:** This can take several forms which include blame, minimizing and justifying.
- **Squaring off:** When the client takes this oppositional stand the counsellor is perceived as an adversary and the therapeutic alliance is threatened.
- **Interrupting:** the client interrupts and talks over the counsellor while they are speaking.
- **Disengagement:** The client becomes distracted and starts to ignore the counsellor.

Responding to Sustain Talk and Discord

The counsellor's response to both sustain talk and discord can heavily influence whether it will be increased or whether it will decrease during MI. For this reason, knowing how to respond to sustain talk and discord once they become apparent is extremely important to the client's progress in a direction of change.

Miller and Rollnick (2013) recommend using reflective listening when responding to sustain talk. The specific forms they suggest using are:

- **Straight Reflection:** The counsellor simply reflects back what the client has said.
- **Amplified reflection:** The counsellor accurately reflects what the client has said and adds to its intensity, or exaggerates it in such a way that it evokes change talk. Care is taken to ensure that the counsellor does not sound sarcastic.
- **Double-sided reflection:** The counsellor acknowledges what the client has said by reflecting it back and also includes the other side of their ambivalence i.e. previously stated change talk.

There are a number of different ways a counsellor can use to facilitate effective responses to discord. Miller and Rollnick suggest the key tool to use is reflection. Other possible ways they suggest to respond include:

- **Apologising:** By apologising to the client the counsellor is acknowledging the collaborative nature of the relationship e.g. 'I'm sorry, I didn't mean to offend you'.
- **Affirming:** When the counsellor uses affirming respect is conveyed to client and lessens defensiveness e.g. 'I can see you have considered this carefully'.
- **Shifting focus:** If the focus has been shifted away from the topic, then any discord can no longer be exacerbated.

Evoking Hope and Confidence

Often clients will express how important they believe making a change is to them while at the same time they will also express their lack of confidence in being able to do so. While they may indicate their desire, reason or need to change, they may also indicate a lack of belief in their ability to actually make a change. As noted earlier in MI, the concept of ability is an important element in motivation for change, as the client is responsible for making change happen. Therefore, their belief in their ability to make change can affect their overall chances of succeeding. By using MI, a skillful counsellor can increase the client's hope that change is possible, thereby increasing their confidence that they can make it happen.

Strengthening Confidence

Self-efficacy is a person's belief in their ability to successfully achieve a specific goal or task. Motivational interviewing enhances a client's self-efficacy by increasing their confidence in their ability to cope with obstacles and succeed in change. The counsellor achieves this by seizing opportunities to support and re-iterate the positive statements the client makes about mastering past and present problems.

A number of different techniques can be used to strengthen a client's level of confidence:

- **Affirmation:** Building confidence and hope can be achieved by affirming the client's strengths. This can be accomplished by simply asking the client what they believe their positive attributes are and then exploring these using reflective listening.
- **Reviewing past successes:** Hope can be built by exploring times in the client's life where they have been successful at making changes in the past.
- **Brainstorming:** In MI brainstorming is another way to elicit confidence. Have the client generate a list of as many ideas as possible for how change might be accomplished. Once this list is complete, ask them which ideas are promising or acceptable and why.

- **Reframing:** If the client starts to list their failures, often reframing failure in a way that encourages change can be helpful in building a client's confidence to make change.
- **Hypothetical thinking:** Clients may find their creativity to think of practicalities is increased if the counsellor uses hypothetical thinking to elicit ideas about change e.g. "If you had given up smoking and were looking back on it now, how might that have happened?"
- **Confidence Talk:** The client's confidence to make change can be increased by evoking confidence talk. Using open questions and listening for ability language such as can, able to, could, as well as the clients ideas.

Responding to Confidence Talk

When the client talks about their confidence and success with change, it is important for the counsellor to affirm and reinforce confidence talk. The central skill here is reflective listening, listening for themes, experiences, ideas and perceptions that indicate the client's confidence to make the change. Reflect these preferentially, both immediately when they occur and in subsequent summaries.

Once again OARS can be used to respond to confidence talk by:

- Asking open questions to elaborate examples
- Affirming the clients strength and ability
- Reflecting statements the client makes about their confidence
- Summarising the reasons given by the client's that indicate confidence about change.

Confidence Ruler

A simple method of assessing a client's level of confidence towards changing their behavior is to directly ask them. This can be done by utilising a confidence measure early in the MI process and asking the client:

"How confident are you that you could do this if you decided to? On a scale of 1-10, where 0 is no at all confident and 10 is extremely confident, where would you say you are? "

The same questions as those used with the importance ruler (see Figure 4) can then be used here, to elicit the clients level of confidence in making change and the answers the client gives to these will be confidence talk.

Exploring Ambivalence and Developing Discrepancy

Exploring Ambivalence

Clients often recognise there are costs and harms associated with their AOD, and although they may want to change it they are reluctant to do so. The client can be assisted to resolve this dilemma by the counsellor thoroughly exploring both sides of their ambivalence.

Decisional Balance

One useful way to explore ambivalence with a client is so that the advantages and disadvantages of each option being considered is to conduct a decisional balance. The client evokes the information for each box, while the counsellor explores each factor by asking for elaboration and reflecting back to the client. By giving each box equal attention, the decisional balance assists the client to assess the pros and cons of their substance use.

	Good Things	Less Good Things
If I continue smoking	<ul style="list-style-type: none">• Relaxes me• My friends smoke, I like socializing with the other smokers	<ul style="list-style-type: none">• Costs a lot of money• Feel breathless and unfit• My partner doesn't like the smell
If I quit smoking	<ul style="list-style-type: none">• I would save money• My partner would be happy• I would get more work done• I would be healthier	<ul style="list-style-type: none">• I would miss "smoko" with my friends• My stress levels may increase

Figure 5. Decisional balance chart.

Developing Discrepancy

In Motivational Interviewing the notion of 'discrepancy' underlies the process of resolving ambivalence towards change. If the client does not perceive a need to change, or appears uncommitted to change, any counter arguments are unlikely to produce change. However, supporting the clients own exploration of the gap between what is happening for them now and how they would like things to be serves to clarify the distance between each position. A discrepancy is reflected when the client is able to recognize a difference between their present situation and their desired goals and values, or 'how they would like it to be'. Skillful motivational interviewing can amplify this discrepancy to a point that leads the client to voice their concerns, and subsequently provide their motivation for change.

Change Plan

Planning

Once discrepancy has been developed and the client's motivation for change has been evoked, the planning process begins. Planning is the bridge to change. Once the client has made a commitment for change, the counsellor's role is to engage them in negotiating a specific change plan that they will be able to commit to, and assist them in implementing and adjusting the plan. During this process, the counsellor will also be aiming to consolidate and strengthen the client's commitment to change.

Clinicians need to be able to recognize when it is time to shift from evoking to planning. The planning process involves collaboration, drawing on both the client's and counsellor's expertise to negotiate the change plan.

Signs of Readiness

As well as an intuitive component, Miller and Rollnick (2013) suggest a number of signs the counsellor can recognise to indicate that the client is ready for planning. These signs include:

- **Increased Change Talk:** Clients will increase the frequency and strength of their change talk. The more preparatory and mobilizing change talk the counsellor hears is a particularly good indicator.
- **Taking Steps:** The client may have taken a small step towards change that the counsellor is able to affirm.
- **Diminished Sustain Talk:** The client has decreased the amount and frequency of sustain talk along with the increase in change talk.
- **Resolve:** As the client resolves ambivalence and a quiet resolve occurs, whereby there may be less discussion about the problem.

- **Envisioning:** As the client starts to think about making a change, they begin to imagine a possible change and may voice positive or negative aspects about it. Positive envisaging statements sound similar to preparatory talk.
- **Questions about Change:** Clients will often start to ask questions about change as they consider options.

Developing a Change Plan

The planning process continues to involve the core spirit and skills of MI and use of change talk. The change talk during planning is about statements involving the goal, the plan in general, and the specific actions the client will take. In this way the counsellor continues to use the processes of engaging, focusing, and evoking to develop the plan with the client.

The client needs to voice as much of the plan as possible during its development, as they will be the one to action it. The plan needs to clearly state all the actions that will be necessary to carry it out. Once it is devised, the counsellor then summarises the plan and reflects it back to the client.

Now that the plan for change has been developed, the counsellor works to elicit the client's commitment to action that plan. At this point the counsellor needs to firstly elicit the client's approval and have them confirm whether or not they intend to action it. Therefore the counsellor asks the client directly whether this is what they want to do, giving them the opportunity to amend any part of the plan if they want to.

The counsellor needs to establish the client's level of commitment to the plan. If the client indicates a low level of commitment, then the counsellor will need to explore this reluctance and possibly revisit the previous methods used to resolve ambivalence.

Once the client has committed to the change plan, the MI is complete. To follow on from here, it can be useful for the counsellor to move the client into action focused counselling if the client is comfortable to continue in this way.

Where does Motivational Interviewing Fit?

The following figure illustrates both the stages of change and useful strategies and techniques that can be implemented at each of the different stages. More specifically this diagram also shows when it can be useful to implement motivational interviewing when working with clients through the transition of change. Motivational interviewing can be used at any time in a client's treatment; however its strength is best achieved in the contemplation stage of change, when the client is ambivalent.

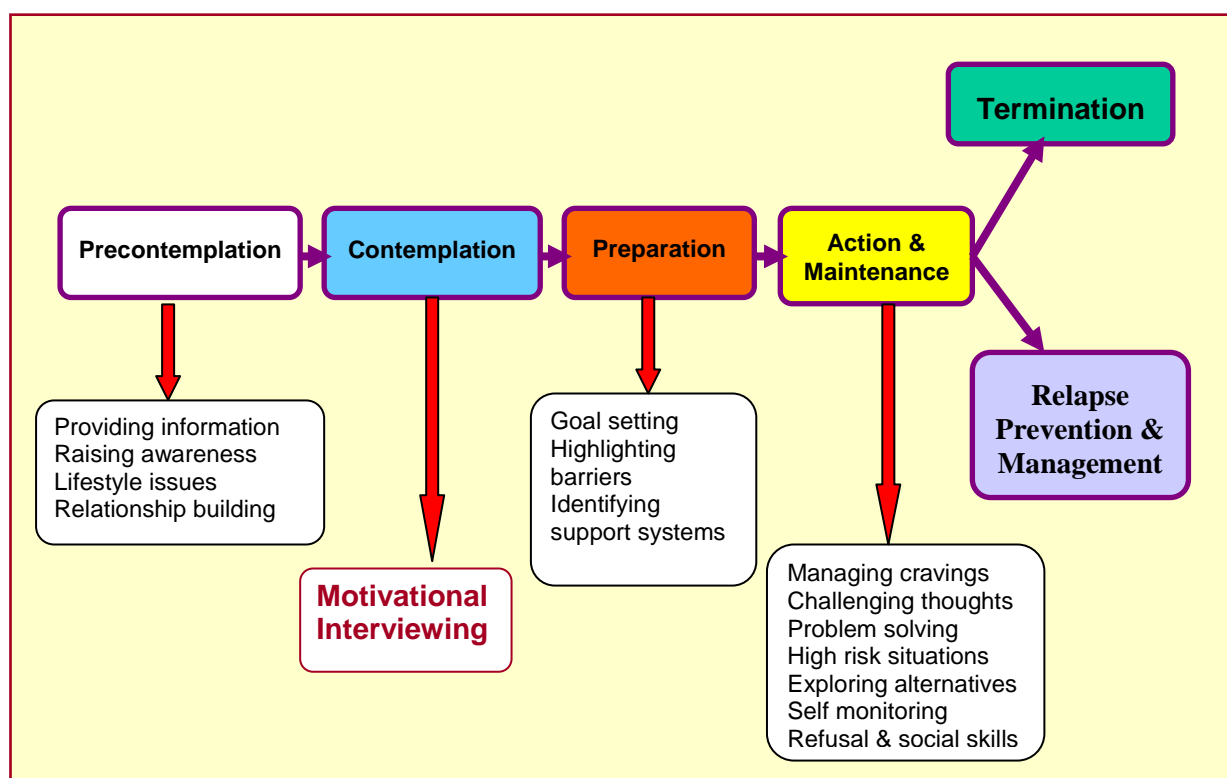


Figure 6. Treatment strategies matched with the Stages of Change (adapted from Prochaska and DiClemente, 2005).

A Brief Motivational Interviewing Framework

The Brief Motivational Interview

Brief interventions are very useful therapies in the substance misuse counselling area as they can be delivered opportunistically. Brief interventions can be delivered as stand alone treatments or be incorporated into longer term therapies. Knowing how to conduct a brief motivational interview successfully is an important skill to have as a counsellor and will have wide application when counselling clients in the substance misuse field.

To recap on some of the material we have covered so far, the following diagram (Figure 7) illustrates some of the steps we might incorporate when conducting a brief motivational interview with a client.

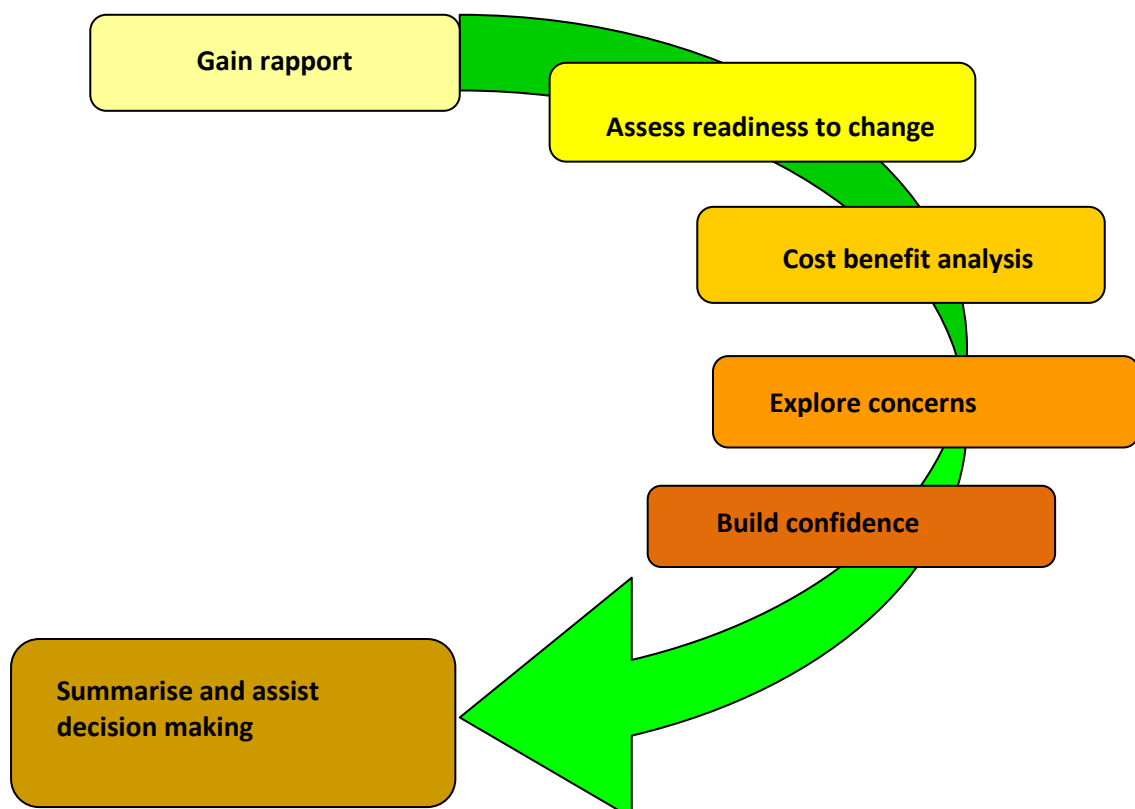


Figure 7. A brief motivational interview framework.

Steps in the Brief Motivational Interview

The steps involved when conducting a brief motivational interview are:

Step 1: It should come as no surprise that the first step is to **gain rapport** with the client. This engagement is vital regardless of the length of time available.

Step 2: A simple method of **assessing a client's readiness** for change is to use importance and confidence measurements (Rollnick, Mason, and Butler, 1999).

Step 3: Ask your client to provide a **cost benefit analysis**, that is, to explore what they like about their behavior, and conversely the aspects they don't like. It is important for the client to express their own thoughts here as this determines the degree of importance held for making a change.

Step 4: Invite the client to **explore concerns** that have emerged when performing the cost benefit analysis. This develops discrepancy between the client's goals and values and their present situation, highlighting the importance of change.

Step 5: Seize on opportunities to **build confidence** through affirming the client's strengths and ability to make these changes.

Step 6: Summarising the client's cost benefit analysis, their concerns, and highlighting their confidence building allows reflection and corrections to take place, as well as perspective. It is also the opportunity to help with decision making in a manner that is consistent with the client's aspirations.

Once you have completed a brief motivational interview, remember to ask the question 'Where does this leave us now?' This will allow you to transition the client for further treatment if needed. Some clients may decide not to change their behavior. If this is the case, respect the client's decision, remain non-judgmental and invite them to return should they change their minds in the future.

Conclusion and Course Completion

Conclusion

Motivational Interviewing is an evidence based non-judgemental counselling style that assists people make behaviour change. It works by assisting people become ready to change and then take the steps needed to make change possible. By emphasising the client's strengths and promoting their involvement, they own the decisions and actions for their behaviour change. In this way clients are provided with the ability to keep control of their own lives.

Course Completion Certificate

To complete this module and **receive a completion certificate**, the following multiple choice questions must be completed and submitted to InSight. Please ensure you follow the guidelines for submission.

Guidelines:

- **Your full name**
- **Work place address:**
- **Date of submission:**
- **Module number:**
- **Evaluation of the module attached (last page of this module)**

Mail, fax or email to:

**Senior Clinical Education Coordinator
Insight: Centre for AOD Training and Education
Alcohol and Drug Service
270 Roma Street
Brisbane Qld 4000**

FAX NO: (07) 3837 5716

EMAIL: InSight @ health.qld.gov.au

Motivational Interviewing Module Assessment

ASSESSMENT QUESTIONS

Please circle your response to the following multiple choice questions.

1. At what stage of change is Motivational Interviewing most often used?

- (a) Precontemplation
- (b) Contemplation
- (c) Maintenance
- (d) All of the above
- (e) None of the above

2. The signs of a client's readiness to develop a change plan include which of the following?

- (a) Increased change talk
- (b) Diminished sustain talk
- (c) Resolve
- (d) All of the above
- (e) None of the above

3. When strengthening confidence, the counsellor can use which of the following techniques?

- (a) Reframing
- (b) Brainstorming
- (c) Reviewing past successes
- (d) All of the above

4. Read the statements below. Which statement suggests the person is in the 'contemplation' stage of change?

- (a) I was going fine until this morning
- (b) Its been a difficult first week but I am still clean
- (c) I'm sick of not having money; I need to get help to stop smoking
- (d) The judge ordered me to come here

5. Which of the following are critical components of motivation?

- (a) Readiness
- (b) Willingness
- (c) Ability
- (d) All of the above

6. Ambivalence is associated with which stage of change?

- (a) Precontemplation
- (b) Contemplation
- (c) Action
- (d) Maintenance

7. Motivational interviewing can be described as:

“Taken together, these four person-centred conditions convey what we mean by “acceptance”. One honours each person’s *absolute worth* and potential as a human being, recognises and supports the persons irrevocable *autonomy* to choose his or her own way, seeks through *accurate empathy* to understand the other’s perspective, and affirms the person’s strengths and efforts.”

- (a) True
- (b) False

8. Which of the following best describes the acronym OARS used in Motivational Interviewing?

- (a) Open questions, affirming, reflecting summarizing, summarise decision
- (b) Open posture, affirm, reflective listening, summarise
- (c) Open posture, affirm decision, reflect plan, summarise
- (d) Open questions, affirm, reflective listening, summarise

9. Which of the following are steps in a brief motivational interview?

- (a) Gain Rapport
- (b) Build confidence
- (c) Explore concerns
- (d) Assess client's readiness for change
- (e) Cost benefit analysis
- (f) Summarise
- (g) All of the above

10. The Motivational Interviewing process involves which of the following?

- (a) A client's belief they can change is essential
- (b) Engaging, focusing, evoking and planning
- (c) The client is responsible for choosing and carrying out personal change
- (d) All of the above

Module Evaluation

(please attach this evaluation to your assessment)

Your name:

Date:

Module number: **5**

Module name: **Motivational Interviewing**

Please tick the box where appropriate:

After completing this module:	None	Limited	Some	Very Good
My understanding of Motivational theory is:				
My understanding of roadblocks to motivation is:				
My understanding of appropriate use of stages of change in Motivational Interviewing is:				
My understanding of the brief interview framework is:				
My understanding of Motivational Interviewing is:				
My understanding of the four principles of motivational interviewing is:				
My understanding of change talk is:				
	Not at all	Limited	Some	Very
Was the module useful?				
Was the eLearning material readily accessible?				

As an introductory in-service what other information would have been useful:

Thank you.

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