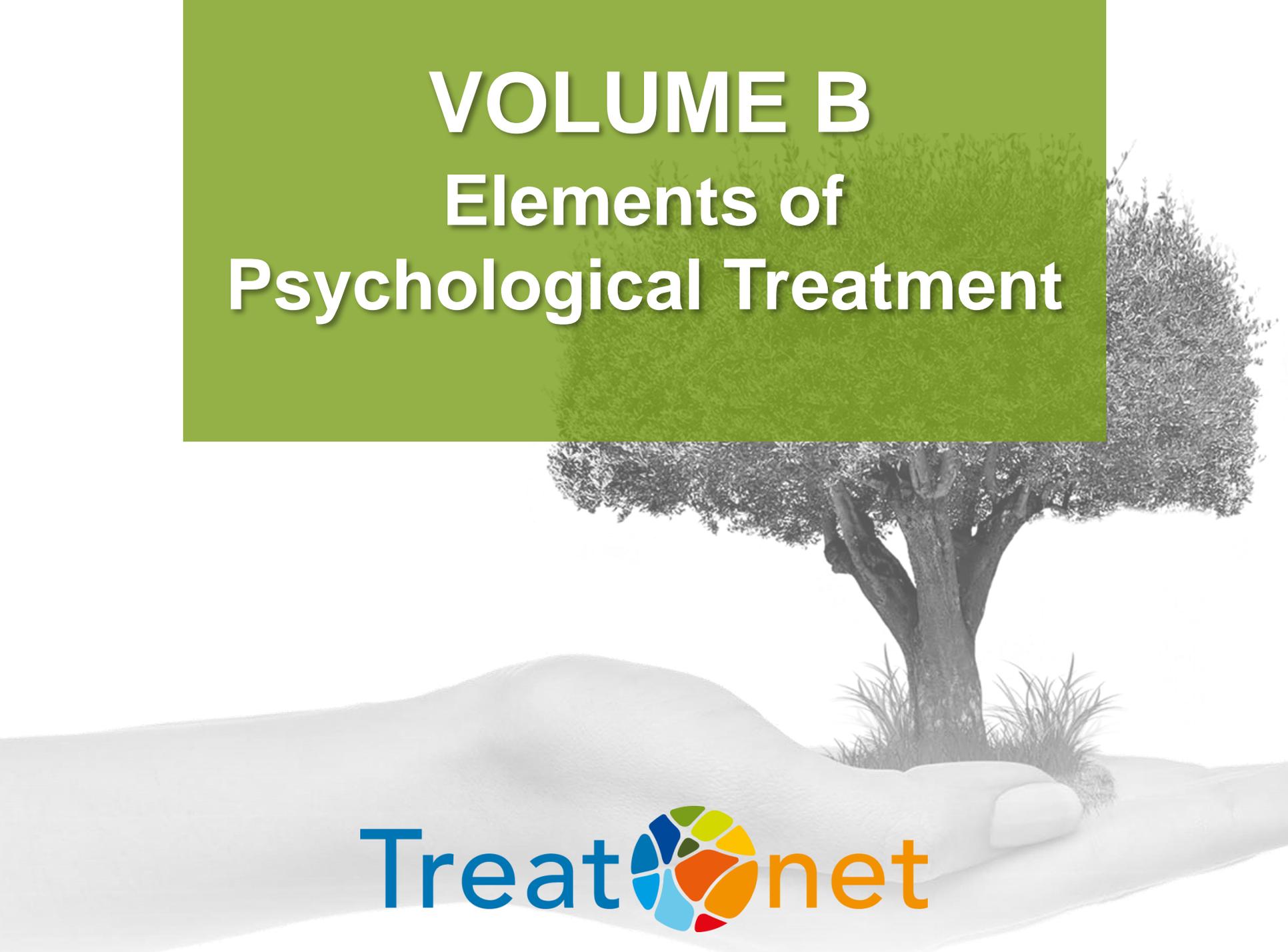


VOLUME B

Elements of Psychological Treatment

A conceptual illustration of a hand holding a tree. The hand is rendered in a light, textured, almost ethereal style, with the palm facing up. A small, detailed tree with a thick trunk and a rounded canopy of leaves sits in the palm. The background is a soft, light green gradient.

Treatnet

Module 2

Motivating clients for treatment and addressing resistance



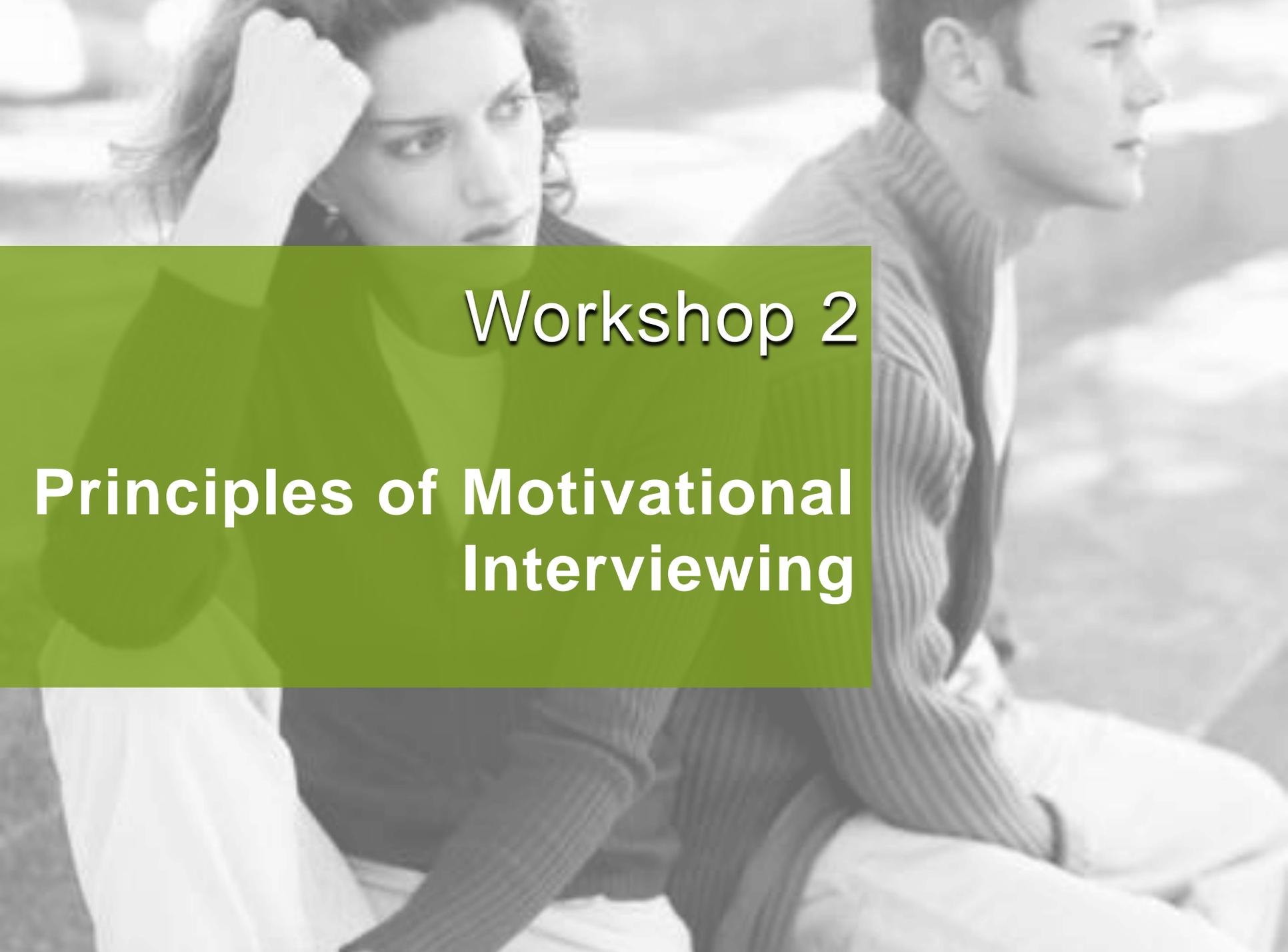
**Approaches to
change**



**Principles of
Motivational
Interviewing**



**How to use
motivational skills
in clinical settings**



Workshop 2

Principles of Motivational Interviewing

Training objectives

At the end of this workshop, you will be able to:

- ▶ Explain and discuss the concepts and fundamental beliefs of Motivational Interviewing (MI), and understand the three definitions of MI
- ▶ Become familiar with the concept of empathy
- ▶ Explain the MI Spirit concerning the clinician's style and the client
- ▶ Detail dose effect of MI and the MI brief intervention effect



Training objectives

At the end of this workshop, you will be able to:

- ▶ Define and discuss the four key processes of engaging, focusing, evoking and planning
- ▶ Identify the concepts of resistance, ambivalence, sustain talk, discord and change, and explain the two concepts now used instead of the word “resistance”
- ▶ Identify some of the signals of discord



**Motivational
Interviewing:
definition**

Concepts & fundamental beliefs of Motivational interviewing

**What we have learned about the “right reason”
with a “more helpful” approach?**

“People are better persuaded by the reasons they
themselves discovered than those that come into
the minds of others”

(Blaise Pascal)

Concepts & fundamental beliefs of MI

“Motivation can be defined as the probability that a person will enter into, continue and adhere to a specific change strategy”

(Council of Philosophical Studies, 1981)

Motivation is:

- ▶ A key to change
- ▶ Multidimensional
- ▶ Dynamic and fluctuating



Concepts & fundamental beliefs of MI



- ▶ Motivation is influenced by the clinician's style
- ▶ Motivation can be modified
- ▶ The clinician's task is to elicit and enhance motivation

Concepts & fundamental beliefs of MI



One of the biggest differences between MI concepts and other approaches is that in Motivational Interviewing the **PERSON** is the one who verbalizes the need for change rather than the health care provider.

Concepts & fundamental beliefs of MI



Motivation for change can be fostered by an accepting, empowering and safe atmosphere.

Concepts & fundamental beliefs of MI

Faith / Hope effect

- ▶ A person's perception of how likely it is that he/she can succeed in making a particular change is a good predictor of the likelihood that actual change will occur
- ▶ The effect of believing (placebo) often brings about 30% of the outcomes of treatment
- ▶ The doctor's/counsellor's/teacher's beliefs can become self-fulfilling prophecies

Concepts & fundamental beliefs of MI

Support self-efficacy

- ▶ Support the person's belief that change is possible
- ▶ Reinforce the person's capacity and responsibility for choosing and carrying out personal change
- ▶ Reinforce hope for the future using past success
- ▶ The practitioner's belief in the person's ability to change becomes a self-fulfilling prophecy
- ▶ Reduces dependency on systems/services

Concepts & fundamental beliefs of MI

Motivation is elicited... not imposed

“Lack of motivation” is a challenge for the clinician’s therapeutic skills, not a fault for which to blame our clients.”

(Miller & Rollnick, 1991)

MI definitions

Lay definition

Technical
definition

Practitioner's
definition

Lay definition of motivational interviewing

A collaborative conversation style for strengthening a person's own motivation and commitment to change.



Technical definition of MI

- ▶ A collaborative, goal-oriented style of communication with particular attention to the language of change
- ▶ 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



Practitioner's definition of MI

A person-centred counselling style for addressing the common problem of ambivalence about change.

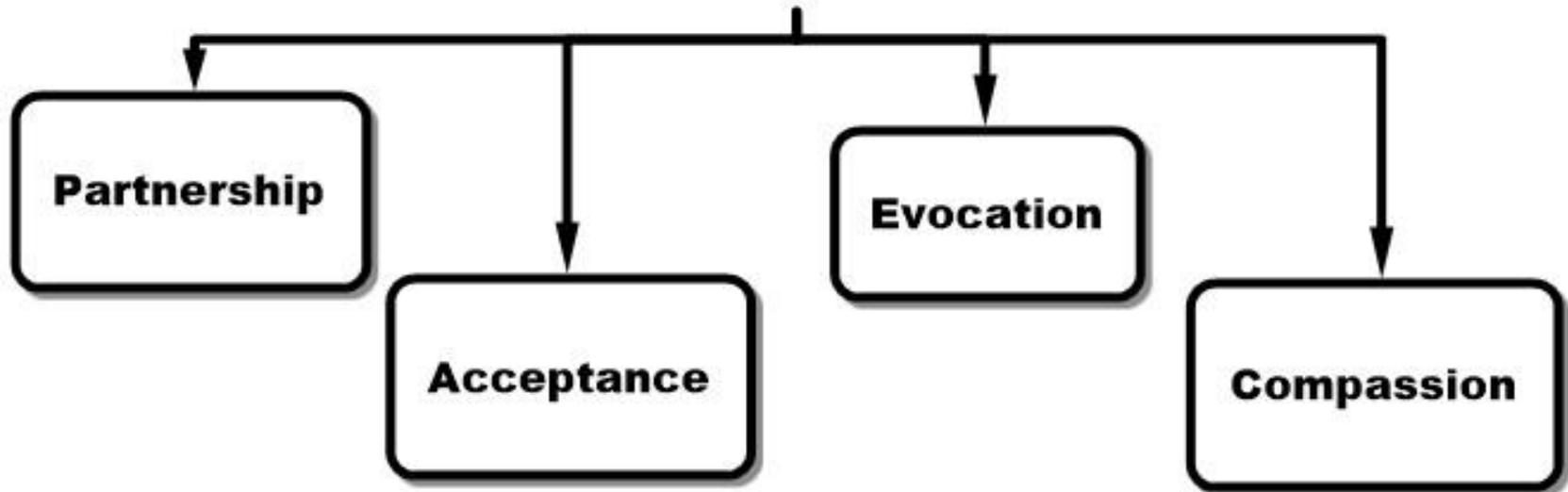


**Spirit of MI, basic
skills and brief
interventions effect**



Spirit of motivational interviewing

The Underlying Spirit of Motivational Interviewing



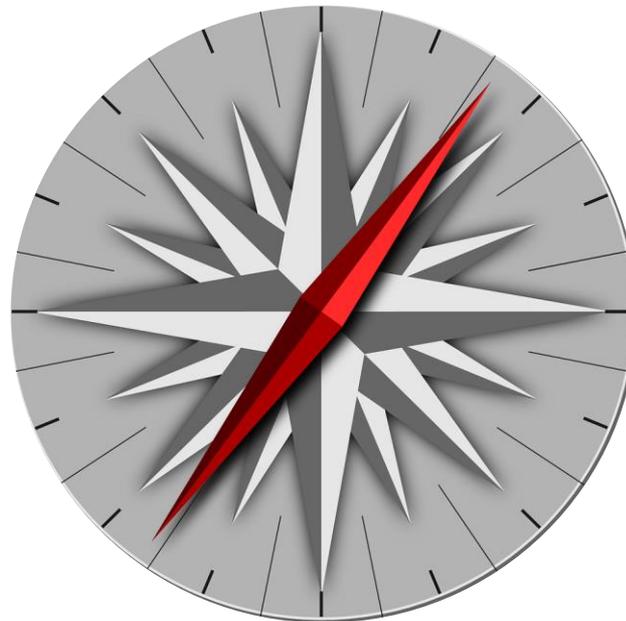
Components of the underlying spirit

- ▶ **Partnership/Collaboration:** Functioning as a partner or companion, collaborating with the client's own expertise
- ▶ **Acceptance/Autonomy:** Uses person's experience to teach rather than directly advising the person about their experience. Honouring the person's autonomy, resourcefulness, and ability to choose. Communicating absolute worth, accurate empathy, affirmation and autonomy support.
- ▶ **Evocation:** Eliciting or drawing out the client's own perspectives and motivation
- ▶ **Compassion:** Acting benevolently to promote the person's welfare, giving priority to the person's needs

Four aspects of acceptance

Absolute Worth

Affirmation



Autonomy

Accurate Empathy

Acceptance

- ▶ **Absolute Worth:** Prizes the inherent value and potential of every human being.
- ▶ **Autonomy:** Accepts and confirms the person's irrevocable right to self-determination and choice.
- ▶ **Accurate Empathy:** The skill of perceiving and reflecting back another person's meaning.
- ▶ **Affirmation:** Accentuates the positive, seeking and acknowledging a person's strengths and efforts.

Empathy



- ▶ Acceptance facilitates change
- ▶ Skill of reflective listening is fundamental
- ▶ Ambivalence (feeling two ways about something – I want to change but I don't want to change) is normal & expected

Express empathy

Empathy is NOT...

- ▶ Feeling sorry for someone
- ▶ Having had the same problem or experience
- ▶ Identification with the person

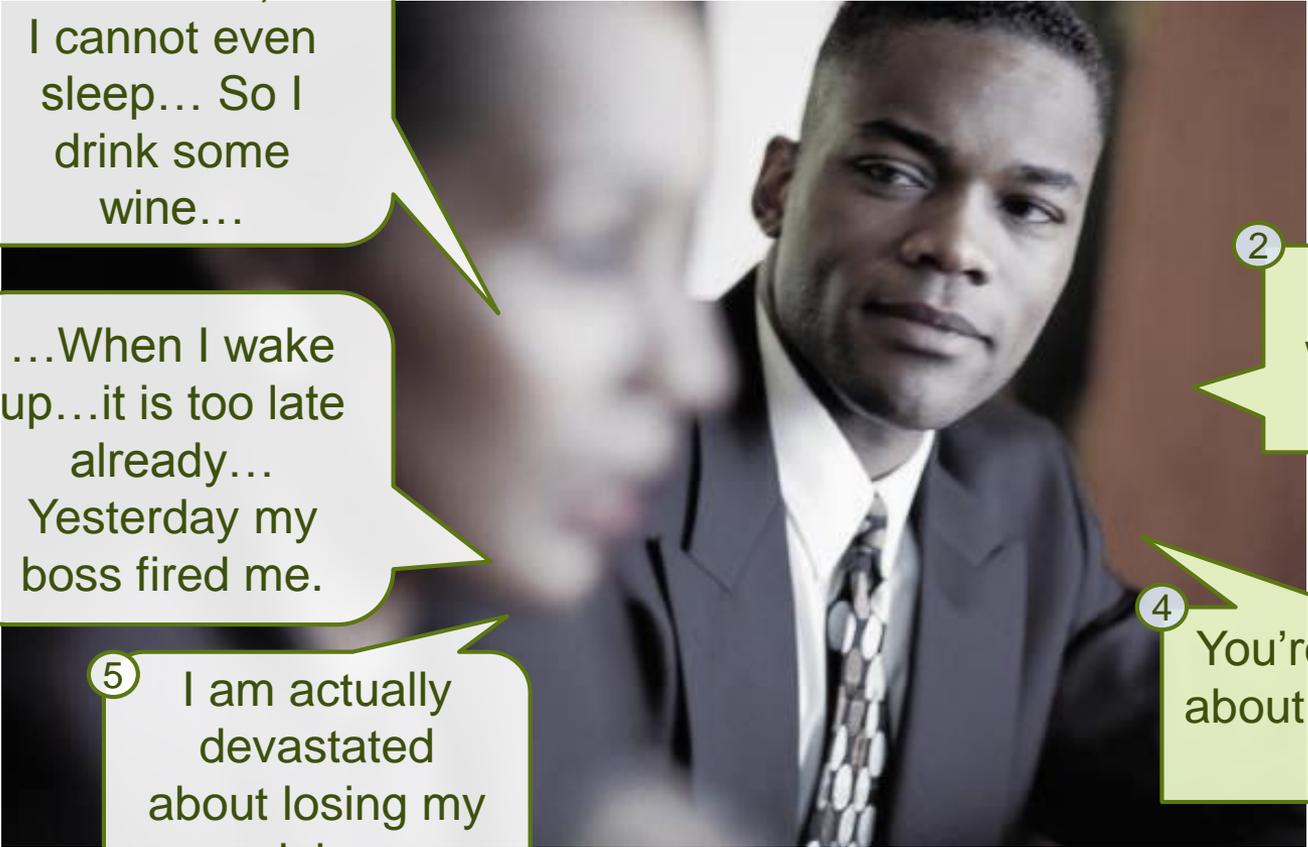
Empathy IS...

- ▶ The ability to accurately understand the person's meaning –“Accurate Empathy”
- ▶ The ability to reflect that accurate understanding back to the individual

Expressing empathy

- ▶ The crucial attitude is one of acceptance
- ▶ Skilful reflective listening is fundamental to the client feeling understood and cared about
- ▶ Client ambivalence is normal; the clinician should demonstrate an understanding of the client's perspective
- ▶ Avoid labelling

Example of expressing empathy



1 I am so tired, but I cannot even sleep... So I drink some wine...

2 You drink wine to help you sleep.

3 ...When I wake up...it is too late already... Yesterday my boss fired me.

4 You're concerned about not having a job.

5 I am actually devastated about losing my job.

MI spirit: clinician's style

The clinician's counselling style is one of the most important aspects of motivational interviewing:

- ▶ Non-judgemental and collaborative
- ▶ Based on client and clinician partnership
- ▶ Gently persuasive
- ▶ More supportive than argumentative
- ▶ Listens rather than tells
- ▶ Communicates respect for and acceptance for clients and their feelings
- ▶ Explores client's perceptions without labelling or correcting them

MI spirit: client

- ▶ Responsibility for change is left with the client
- ▶ Change arises from within rather than imposed from outside
- ▶ Emphasis on client's personal choice for deciding future behaviour
- ▶ Focus on eliciting the client's own concerns



MI – dose effect

- ▶ It is reasonable to presume that the amount of change is related to the amount (dose) of counselling/treatment received

...but this is not always the case!

- ▶ It is possible that treatment adherence and positive outcomes are related to some other factor – such as motivation for change

MI – brief intervention effect

- ▶ Brief interventions can trigger change
- ▶ 1 or 2 sessions can yield much greater change than no counselling
- ▶ A little counselling can lead to significant change
- ▶ Brief interventions can yield outcomes that are similar to those of longer treatments

Our views of clients produce different responses

Our View

- Resourceful
- Motivated
- Competent
- Strong
- Resilient
- Capable
- Ally

“They” Feel

- Respected
- Empowered
- Affirmed
- Hopeful
- Confident
- Resourceful
- Understood
- Want to Continue

Where are we so far?

- 
- ▶ What are the basic concepts and fundamental beliefs of MI?
 - ▶ What are the four components of the underlying spirit of MI?
 - ▶ What is empathy? What it is not?
 - ▶ What is important for clinician when counselling using MI?
 - ▶ How effective brief interventions are?

A black and white photograph of a white ceramic coffee cup filled with a frothy beverage, sitting on a matching white saucer. To the left of the cup are several chocolate chip cookies. The entire set is placed on a dark, textured wooden surface. A green rectangular overlay is positioned in the lower-left corner, containing the word "Break" in white text.

Break



Key processes in MI

Four key processes of MI



- ▶ Engaging
- ▶ Focusing
- ▶ Evoking
- ▶ Planning

Key Processes in MI

- ▶ **Engaging:** The process of establishing a mutually trusting & respectful helping relationship to collaborate toward agreed-upon goals
- ▶ **Focusing:** Involves clarifying a particular goal or direction for change
- ▶ **Evoking:** Eliciting or drawing out the person's own perspectives and motivation
- ▶ **Planning:** The process of establishing a mutually trusting & respectful helping relationship to collaborate toward agreed-upon goals

Engaging: the relational foundation

- ▶ Active listening
- ▶ Accurate empathy
- ▶ Striving to understand fully from the person's perspective without an agenda
- ▶ Person-centred style
- ▶ Listening carefully to understand BOTH sides of the ambivalence
- ▶ Avoiding righting reflex or “fixing”

Focusing: identifying target behaviour

- ▶ Ambivalence (feeling two ways about something –I want to change but I don't want to change) is usually present
- ▶ What is important to the person?
- ▶ What is currently getting in the way?
- ▶ Be clear about the target once identified



Evoking: listen & recognize change talk

- ▶ Drawing out the person's own ideas and reasons for change
- ▶ Selectively reinforcing change talk
- ▶ Summarizing change talk
- ▶ Avoiding the expert trap
- ▶ Using Elicit-Provide-Elicit and advice (with permission only) after asking the person's own ideas and reasons

Planning: reinforcing commitment language

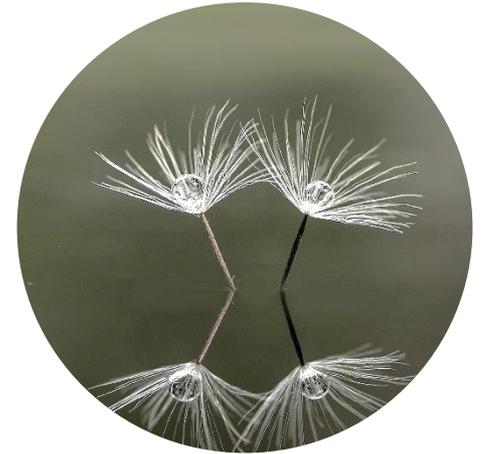
- ▶ Asking key questions to determine the person's readiness for action planning
- ▶ Assisting with change plans
- ▶ Revisiting change plans to determine need for more work in former stages and/or changes? Additions to the plan...etc.

MI gold standards



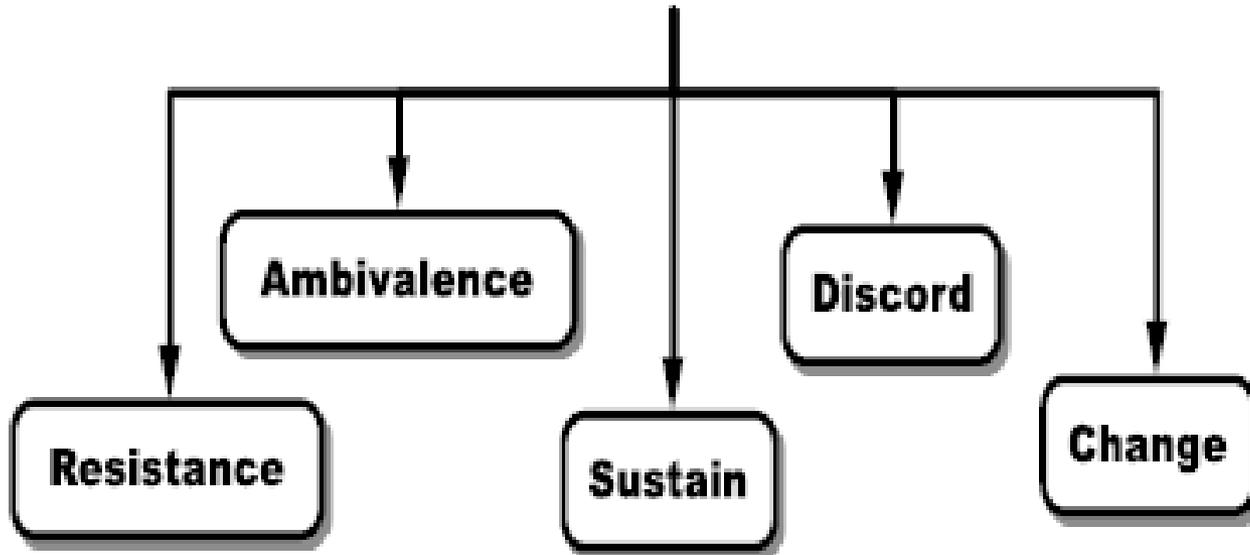
MI gold standards

- ▶ Talking vs. Listening – 40% : 60%
- ▶ Reflecting vs. Questioning – 2 : 1
- ▶ Depth of reflection –
Simple: Complex
- ▶ Open vs. Closed questions –
30% : 70%
- ▶ Percent “MI” consistent – 90%



Concepts & comparisons

We have the ability to create discord or resolve it.



Resistance

- ▶ A term previously used in MI, now viewed in a much more MI-consistent way of sustain talk and discord.

Viewing a person as resistant only increases discomfort and does not create an empathetic atmosphere where change can occur.

We realized our views had been...

- ▶ When the person disagrees with the counsellor = resistance
- ▶ When the person agrees with the health care provider = insight

Ambivalence

“Working with ambivalence is working with the heart of the problem”

- ▶ MI is the approach choice for ambivalence
- ▶ All change contains an element of ambivalence or feeling two ways about something
- ▶ Ambivalence is normal
- ▶ Clients usually enter treatment with fluctuating and conflicting motivations
- ▶ They “want to change” and “don’t want to change”

Ambivalence

- ▶ Both sides are already within the person
- ▶ If you persuade or raise one side, an ambivalent person is likely to defend, justify, or explore the other
- ▶ As a person defends the status quo, the likelihood of change decreases
- ▶ Resist the “righting reflex” – to take up the “good” side of the ambivalence



Ambivalence

Example of weighing the pros and cons of change

1

I enjoy having some drinks with my friends...that's all. Drinking helps me relax and have fun...I think that I deserve that for a change...

2

So drinking has some good things for you... now tell me about the not-so-good things you have experienced because of drinking.

3

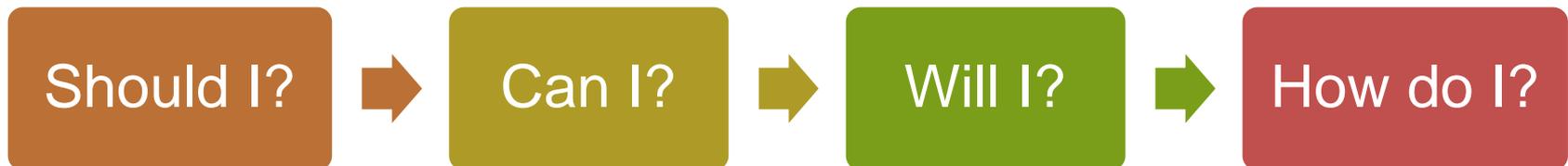
Well...as I said, I lost my job because of my drinking problem...and I often feel sick.

Ambivalence

Lacking a “Culture of Motivation”



Culture of Motivation



What is sustain talk?

- ▶ Sustain Talk is about the target behaviour
- ▶ The client's statements include the behaviour.

For example:

1. "I really don't want to change my drinking."
2. "I'll never have fun again without drinking."

Discord signals



We have the ability to create discord or prevent it.

- ▶ **Defensiveness:** challenging, discounting
- ▶ **Arguing:** hostility
- ▶ **Interrupting:** talking over the counsellor
- ▶ **Ignoring:** inattention; changing the subject

Counsellor behaviours that increase discord

- ▶ **Arguing for change:** “If you don’t go on medication, your mental health will deteriorate rapidly.”
- ▶ **Assuming the expert role:** “I’ve worked with lots of people like you and I know that you need to...”
- ▶ **Criticizing, shaming or blaming:** “If you just wouldn’t...”
- ▶ **Labelling the person’s behaviour:** “You need to admit that you are an alcoholic.”
- ▶ **Being in a hurry:** “We talked about this last week, shouldn’t we move on to solutions?”
- ▶ **Claiming to know what is best for the person:** “If you are going to ever recover, you have to...”

Let's practise!



Is it Sustain Talk or Discord?

Both sustain talk and discord are highly responsive to clinician style

1 This program is horrible

3 I don't think I can get a job

5 Trying to change my gambling is a waste of time

7 Yeah, whatever

2 I may have some anxiety but I don't need medication

4 You really don't care about me

6 Drinking is not really a problem

8 My partner may be angry but I don't need to cut back on smoking pot.

Any
Questions

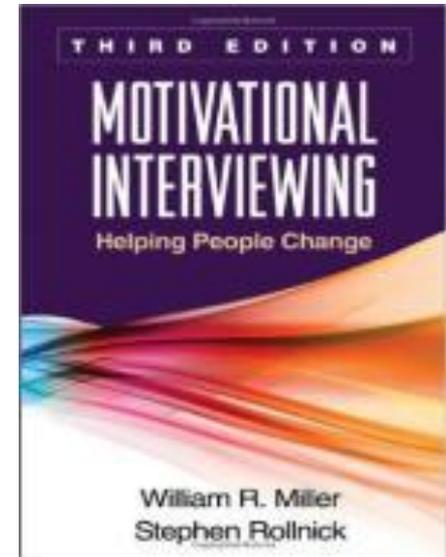
Wrap-up



- ▶ What are the four Key Processes in MI?
- ▶ How does Evoking work?
- ▶ What is...
 - Resistance
 - Ambivalence
 - Sustain talk
 - Discord
- ▶ Why the word “resistance” is no longer used in MI? What concepts are used instead?
- ▶ How can we identify “Lacking a culture of MI” and “A Culture of MI?”

Sources

- ▶ William R. Miller & Stephan Rollnick. THIRD EDITION MOTIVATIONAL INTERVIEWING Helping People Change, 2013; Guilford Press; New York, NY
- ▶ William R. Miller & Stephen Rollnick, 2002. Motivational Interviewing, Preparing People for Change: Second Edition. New York, NY: The Guilford Press.
- ▶ William R. Miller & Stephen Rollnick, 1992. Motivational Interviewing, Preparing People To Change Addictive Behavior. New York, NY: The Guilford Press.



Thank you for your time!

End of workshop 2

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