



# **WISEWOMAN Motivational Interviewing Training**

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### **OBJECTIVES**

- Understand the stages of change model and implement this model with your clientele
- Demonstrate the skill set involved in conducting motivational interviewing
- Create a paradigm shift that focuses on solutions and strengths based practices
- Experience a significant difference in your work with difficult or resistant clients

### **WHY MOTIVATIONAL INTERVIEWING?**

- Evidence Based Treatment
- It's Effective, particularly with resistant clients
- It's Fluid (adapts to numerous theoretical contexts)
- Best Practice – Solid Counseling Techniques

**DEFINITION:** Motivational Interviewing is a client centered method of counseling. It works from the framework of the Stages of Change model. It is not judgmental or confrontational but is a collaboration between worker and client to explore change.

### **WHAT IS IT?**

- (MI) initially introduced by William Miller and Stephen Rollnick in the early 1990s
- Technique designed as brief, non-confrontational, way of helping someone to make changes in her or his behavior
- Goal of MI—create a safe and supportive rapport with people, in order to facilitate their thinking about their behavior and – whether/how they might make change
- MI recognizes that if the idea of change was entirely positive, then it would be easy
- Instead, MI techniques recognize both positive and negative aspects of change

### **HOW DOES IT WORK?**

- Help the individual to explore behavior for herself or himself
- Make a cost-benefit analysis of the status quo
- Decrease potential resistance to change
- Help an individual to move toward being more ready to discuss and potentially begin to make changes in his or her behavior
- Clarify goals
- Assist in developing realistic strategies to facilitate behavior change
- Create a safe, non-threatening environment for discussion of behavior and change

### **CHOICE**

- Critical component of MI
- Essential to always reinforce for a person that he or she is in charge of making his or her own decisions
- Very important for an individual to feel that the decision and responsibility for change is entirely up to that person

### **RESISTANCE**

- Sometimes a person may feel frightened by the idea of change and may resist any efforts that you try to make to move them toward change
- This is very normal and it is important to recognize and respect a person's fears and concerns

### **PARADIGM SHIFTS OF MOTIVATIONAL INTERVIEWING**

- Client, not the therapist, is the agent of change
- Client, not the therapist, holds the key for change
- Therapist/client alliance is seen as a collaborative effort
- Confrontation is used through a technique called developing discrepancy

### **ON THERAPY**

- Good therapy is more alike than it is different
- The therapist shows a profound ability to connect and understand a client and their dilemma
- The therapist shows an ability to be optimistic and convey hope
- There is a plan of action

### **STAGES OF CHANGE**

- Pre-Contemplation
- Contemplation
- Determination
- Decision
- Action

### **SCALING**

- On a scale of 1-10, where are you today?
- What would make you one point lower? Higher?

### **PRINCIPLES OF WORKING WITH STAGES OF CHANGE**

- Don't assume all clients are ready for action (research indicates 10-15% are at first session)
- Assess, don't judge, the current stage
- Anticipate backsliding (4 Agreements – Don't Take Anything Personally)
- Avoid inappropriate interventions (match to stage of change)
- Honor every stage of change



### **OARS**

- Open-ended questions
- Affirm the client
- Reflective listening
- Summaries

### **SOME OPEN ENDED QUESTIONS**

- “How can I help you?”
- “Would you tell me about \_\_\_?”
- “How would you like things to be different?”
- “What are the positive things and what are the less good things about \_\_\_?”
- “What will you lose if you give up \_\_\_?”
- “What have you tried before?”
- “What do you want to do next?”

### **AFFIRM**

- Who they are
- The choices they make
- Their values
- Past changes . . .

### **REFLECTIVE LISTENING**

- Listening for content
- Listening for emotion
- Double sided reflection: “on the one hand...”
- Listening for motivation & ambivalence

### **TRAPS TO AVOID**

- The Question-Answer Trap
  - Reinforces the client being in a passive role, waiting for the therapist to figure out the answer
  - Encourages brief answers, without the additional information needed for MI
  - Open-ended questions without reflective listening responses can have the same effect
  - Generally, avoid asking 3 questions in a row
- The Taking Sides Trap
  - The most common trap
  - Most important to avoid
  - Increases the likelihood the client will argue for the other side of the ambivalence
  - The more they hear themselves arguing against change, the more they reinforce their opinion that they don't have a problem



### **EVEN MORE TRAPS!!!**

- Expert Trap (I know, you don't)
- Labeling Trap
- Premature Focus Trap
- Blaming Trap

### **CONFRONTATIONAL MODELS**

- Emphasis on disease and limited choices
- Emphasis on powerlessness
- Client is helpless
- Treatment is superimposed
- Convinces client of diagnosis
- Resistance is a client trait
- Resistance is met with confrontation
- Objective data is used to confront and double bind client

### **STRENGTH BASED MODELS**

- De-emphasis on labels
- Emphasis on choices
- Emphasizes power
- Client is in-control
- Treatment is negotiated
- Solicits residents concerns
- Resistance is seen as Interpersonal
- Resistance is met with reflection
- Objective data is presented in an un-imposed manner

### **TOOLS OF MOTIVATIONAL INTERVIEWING**

- Express Empathy
- Avoid Argumentation
- Roll With Resistance
- Develop Discrepancy
- Support Self Efficacy

### **EXPRESS EMPATHY**

- Empathy communicates respect, understanding and acceptance.
- It is essential to create an atmosphere where these principals exist for true change to occur.
- Empathy does not equal agreement, but communicates an interest in the client's world
- Don't Confuse Compliance with Change



### **AVOID ARGUMENTATION**

- One of the primary reasons MI works so well is that it doesn't evoke resistance. When the sessions are really going well, it's the client and not the therapist who argues that change is necessary.
- If the client becomes hostile, the therapist should consider whether or not their previous reply or question may have elicited this reaction.
- A quick way to de-escalate an argument is to show that you understand ("Let me see if I understand you...") and use a double sided reflection ("You really enjoy partying, but you hate to be in front of the court").

### **ROLL WITH RESISTANCE**

- Rather than meeting resistance head on the therapist deals with resistance by restating the client's hesitancy to change and letting the client know that it's up to them to decide if and when to change.
- Resistance is a clear aligning with only one side of the ambivalence. Express both sides.
- Resistance to change is seen as natural. The interviewer can actually elicit and escalate resistance with the client if they aren't careful.

### **DEVELOP DISCREPANCY**

- This is an invaluable tool when combined with empathy.
- It helps the client understand the cognitive dissonance between what they say they value and what their behavior is.
- "You say you want to stay out of trouble, but you also want to keep drinking" is a way to heighten the client's sense of their conflict.
- This also helps them feel understood, and puts their dilemma in language that they may not have fully explored before.

### **SUPPORT SELF-EFFICACY**

- Self-Efficacy is the development and support of the client's ability to change. Most people really want a better life, and want to break out of negative habits.
- Most people will not move toward change unless they believe it can be successful.
- Great areas to explore that increase self-efficacy are:
  - Previous times when the client made a change, even if it was temporary
  - Earlier successes
  - Other problems that the client conquered

### **RESILIENCY**

Teaching Resilience (suggestions by Dr. Patricia O'Gorman)

- Help your clients develop a vocabulary of their own unique personal strengths.
- Demonstrate that they already rely on their resilience
- Find examples when they used their resilience in the past
- Assist them in consciously using their resilience to deal with the challenge that they are currently facing



### **MORE RESILIENCY**

- Resiliencies, strengths, assets, all describe positive attributes of our clients that often get overlooked while we looking at diagnosis or symptoms or legal charges and labels. It's hard to appreciate a 'perp' as a father or a student, a 'drunk' as a musician or a hard worker, a 'character disorder' as a daughter or a gardener.
- Strengths include an individual's experiences. Their personal traits and virtues. Their talents and their work. Their roles, and their pride. The community they live in and the family they belong to.
- Exercise of viewing strengths vs. pathologies

### **THE ART OF COLLABORATION**

- understanding the stage of client's motivation
- understanding their model of change
- aligning with their reasons to change
- operationalizing their model of change
- goal setting and creating objectives accountability

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