

Motivational Interviewing

An Introduction...

Definition of MI

"Motivational Interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring a person's own arguments for change."

Miller and Rollnick 2013

In plain english...

MI is a conversation with a person that helps them explore options.

It is respectful of the person's autonomy.

It pays particular attention to hearing what the person is saying.

In the end it's the person who chooses when and how to change.

Practitioner's endorsements

- <https://youtu.be/MkD-kuPatvc>

Spirit of MI: PACE

- **Partnership**: An active collaboration between two experts (yourself and the person in your consulting room).
- **Acceptance**: understanding and acknowledging where the person is right now.
- **Compassion**: conveying an intention to collaborate in their best interests, and prioritise their needs.
- **Evocation**: eliciting the person's knowledge insight and motivation.

Person Centred counselling plus.

Carl Rogers Person Centred Counselling:

- **O** Open Questions:
- **A** Affirmation
- **R** Reflecting
- **S** Summarising

Expedience and effectiveness

The following link shows part of a MI for Chronic Pain webinar. A Physiotherapist who specialises in Diabetes and Chronic Pain shares her experience of using MI in her practice.

<https://youtu.be/ZDNj7fwBEKI?t=690>

Open questions

- Is being in pain keeping you from being more mobile? vs How does pain affect your life?
- Is your partner supportive? vs How does the pain impact on your relationship?
- Do you want to change? Vs How would you like life to be if things were different?

Affirmations

- 'Living with pain is a constant stressor'
- 'Despite the pain you continue to do what matters to you'
- 'It took courage to come here and discuss the problem'

Reflecting

- **Simple reflection:** Repeat back what you hear

Rephrase using synonyms

" So you can't take the kids to the park"

"I'm hearing you say you aren't able to take the wee ones out like you want"

- **Complex reflection:** May paraphrase, bring attention to emotions

"It feels like you're not able to be the Mum you want to be, and that makes you feel down"

WW Christine Padesky do?

"When I first taught a counseling class as a graduate student in the 1970's, we taught counselors not to parrot but to paraphrase what a client said in order to deepen the discussion. If a client said, "I had a tough week," we might reflect back, "This week was challenging for you."

Today I recommend therapists stop paraphrasing and be a "humble parrot:" only use clients' exact words, metaphors, and images in summaries. Being a humble parrot is being a good therapist. Why is this? When a client says, "I had a tough week" and we reflect those exact words back, the client can stay in their own emotional and cognitive space and choose what to say next and what dimensions of their experience to expand and explore.

When we reflect back different words, "It sounds like this week was challenging for you," the client needs to come out of their current experience to process the meaning of what we said. Was it challenging? Is that the right word? She used the word "challenging" -- does my therapist think I can't handle a tough week? For this reason, being a humble parrot fosters truer client-centered CBT. "

Summarising

- Check you have heard and understood. (and demonstrate that too)
- Bringing together change talk and discrepancy

"So, you spend a lot of time in bed to avoid making pain worse. That way of coping with it takes up a lot of your headspace, and prevents you from doing what you want to do in family life, have I got that right"

- end a brief summary with: 'have I got that right?' 'Am I understanding correctly?'
- And for Wrapping Up summaries 'Is there anything I've left out?' 'Is that a fair nutshell?'

The 'plus' of MI

- Change talk
- Welcoming Ambivalence
- Avoiding pitfalls and noticing discord/disengagement
- Questions to bring ideas outwith the immediate focus to mind
- Focussing, or synthesising
- SMART goal setting
- Planning for obstacles and relapse

Change talk

- **The person's speech that indicates movement in the direction of change:**

I want...

If I were to...

It would make a difference if...

I could/can

I wish...

The reasons are...

DARN-CAT

- Desire: What do you want, wish, hope?
- Ability: What is possible? What can you do?
- Reasons: Why would you make this change? Benefits?
- Need: How much do you need to do it?
- DARN = Commitment, Activation, Taking Steps
- Listen for change talk and build on it

Sustain Talk

- **The person's speech that indicates that they expect things to remain the same:**

There's no point...

I've tried all that before

I don't see why I should

My spouse made me come

It's not a problem for me

Changing will just make
it worse

Welcome Ambivalence

- A mixture of **change** and **sustain** talk is evident in the person's conversation.

Click to add text
Click to add text

" I need to do more to manage my pain, but I have tried loads of treatments and nothing has worked. I mean, I know motion's lotion, but I'm just too sore to risk it."

- Meet this with **equipoise**.

Addressing sustain talk

- **Simply reflect, and wait:**

"If I move I will make my pain worse"

"At this point you feel it's too risky to try moving more"

- **Amplified reflection:**

"From your point of view staying bed bound is the only way you can see your life going"

Discord

Engagement disruption or deficit:

- Arguing
- Interrupting
- Ignoring
- Discounting
- Single word answers
- Posture and facial expressions.

Low empathy

Low equipoise

Avoiding pitfalls

- **Assessing:** asking a series of tickbox questions.
- **Telling:** providing lectures, directive advice, talking too much and not listening, premature focussing
- **Power:** assuming the expert role, condescending, impatience.
- **Righting reflex:** The desire to fix by telling people what they ought to do.
- **Labelling:** conveying stigma or shame: "Ah, you're a boom and buster!" "resistant"

Moving towards change:

- Process 1: engagement (seen and heard)
- Process 2: Evoking (respectfully drawing out the discovery)
- Process 3: Focusing (synthesising what they want to change)
- Process 4: Planning (developing mutually agreed smart goals)

Focusing

- Reflect: "So you're saying that..."
- Summarise "From what you have said, on the one hand... and on the other hand..."
- **Synthesise**
 - "What do you make of that?"**
 - "How would you like it to be?"**
 - "What can you do differently to get there?"**
 - "What might get in the way of that?"**
 - "How are you going to handle that?"**

Scaling questions:

"On a scale of 0-10 how important is change?"

"On a scale of 0-10 how confident do you feel about making the change?"

"What makes the importance 8 rather than 1?"

"What makes your confidence 4 rather than 1?"

"What would be your first step?"

Magic Wand question

- **"Suppose a magic wand was waved tonight and when you wake up your life is the way you want it to be?"**
- "What is the first thing you notice?"
- "What has changed?"
- "Who is there with you?"
- "What are your family's reactions?"

Better days question

- "Was there a time when things were going better even with the pain?"
- "What were you doing differently then?"
- "How were you feeling at that time?"
- "How was family /relationships at that time?"

Cost benefit analysis

	Not changing behaviour	Changing behaviour
Pros	1	4
Cons	2	3

Principles of MI

Express Empathy

Develop Discrepancy

Avoid Argumentation

Roll with Resistance

Support Self-Efficacy

If we practice like this then even if we are not at our best the patient won't be negatively impacted

Conclusion

- This is a great video demo of an MI session addressing problem substance abuse. The different techniques and processes are labelled.
- <https://youtu.be/PQzrx7JmUkM>
- Ultimately we want people with long term conditions like Chronic Pain to manage their problem autonomously. Using MI empowers the patient. In supporting them to choose and make changes rather than adopting an expert role, we promote that autonomy.

Further MI learning

- Miller, W.R. and Rollnick, S. 2013. Motivational Interviewing: Helping People Change. New York, NY: The Guildford Press.
- [Padesky Invited Address - Action, Dialogue & Discovery: Reflections on Socratic Questioning 25 Years Later](#)
- BMJ Motivational interviewing in brief consultations. 1hr module.
- NES Motivational Interviewing module 1: Foundations of MI Practice
- NES Motivational Interviewing module 2: Strategic elements of MI Practice
- NES AsSET training (Astley Ainslie Psychological Skills Training) 2 days + emodule.