Motivational Interviewing Techniques and A Little Extra

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IQH Tobacco Quitline

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By definition:

- Directive, client-centered style for eliciting behavior change
- Helping clients to explore and resolve ambivalence
- More focused and goal directed
- Central purpose is the examination and resolution of ambivalence
- Counselor is intentionally directive in pursuing this goal

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Thoughts?

- How do you define Motivational Interviewing?
- Have you used it before?
- What is your opinion on using this technique?
- If you have tried it, what were some of your results?

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The 'spirit' of Motivational Interviewing

- 1. Motivation to change is elicited from the client, not imposed from without.
- 2. It is the client's task, not the counselor's, to discuss and resolve their ambivalence.
- 3. Direct persuasion is not an effective method for resolving ambivalence.
- 4. Counseling style is usually a quiet and eliciting one.
- 5. Counselor is directive in helping to examine and resolve ambivalence.
- 6. Readiness to change is not a client trait, but a fluctuating product of the counseling interaction.
- 7. Therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

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Motivation to change is elicited from the client, not imposed from without.

- Other approaches may include coercion, persuasion, constructive confrontation and the use of external contingencies like loss of job or family – not MI
- The client's intrinsic values and goals are to be identified and mobilized to stimulate the behavior change.

"I don't need any counseling, there isn't anything wrong with me."

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It is the client's task, not the counselor's, to discuss and resolve their ambivalence.

- Clients may not have had the opportunity to express the confusing and contradictory elements of their conflict.
- Ambivalence takes the form of a conflict between two courses of action: indulgence (status quo) and restraint (changing responses)
- Counselor's task is to help the client review both sides of the conflict and guide toward an acceptable resolution that will trigger change.

"Do you mind if we talk about why you were referred for counseling?"

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Direct persuasion is not an effective method for resolving ambivalence.

- Trying to persuade the client of the urgency of the need to change is not actually helpful.
- This tactic increases the clients resistance to change and diminishes the probability of change.
- Clients who feel they are listened to and better understood will feel more positive about expressing their feelings on the needed changes.

"Will you tell me about the situation that brought you here for counseling, from your perspective?"

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Counseling style is usually a quiet and eliciting one

- Counselors used to confronting and giving advice will find MI a potentially slow and passive process.
- Active listening is a primary goal for the counselor to ensure the clients perspective is being heard and understood – even if it is not the desired behavior.
- Reflective comments will let the client know they have been heard and offer a chance to clarify if the counselors interpretation was not what was intended – which may lead to the discrepancies the client holds for change.

"It sounds like you knew your behavior was not quite right but not sure why others reacted to you the way they did, is that right?"

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Counselor is directive in helping to examine and resolve ambivalence.

- In MI, the ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change.
- MI is designed to elicit, clarify and resolve ambivalence in a client-centered and respectful counseling atmosphere.
- Using OARS and FRAMES techniques

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O A R S

- **O –** Open-ended questions
- **A –** Affirmations
- **R –** Reflective listening
- **S -** Summaries

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F R A M E

- **F –** Feedback
- **R – e**mphasis on personal **R**esponsibility
- **A –** Advice
- **M –** Menu of Options
- **E –** Empathic counseling style

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Readiness to change is not a client trait, but a fluctuating product of the counseling interaction.

- Be attentive and responsive to the client's motivational signs.
- Resistance and 'denial' are seen not as client traits but as possible feedback from counselors behavior.
- Resistance is often a signal that the counselor is assuming a readiness to change is greater than what the client feels.
- The counselor needs to take a step back and modify the motivational strategy suggestions.

"It sounds like you have some major concerns about getting help. How about if we talk about the biggest concern you have first."

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Therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

- The counselor respects the client's autonomy
- Respects the client's freedom of choice
- Respects the choices and consequences regarding their behavior
- Eliciting and selectively reinforcing the clients own self-motivational statements of the problem
- Reinforce the clients concern, desire and intention to change and ability to change

"I understand you would like to have one session to talk about what brought you here and see where we can go from there, is that right?"

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And a little extra. . .

The Problem: Addiction and Behavioral Health:

The Heavy Burden

- 200,000 annual deaths from smoking occur among patients with CMI and/or substance abuse
- This population consumes 40% of all cigarettes sold in the United States -- higher prevalence -- smoke more -- more likely to smoke down to the butt
- People with CMI die earlier than others, and smoking is a large contributor to that early mortality
- Greater risk for nicotine withdrawal
- Social isolation from smoking compounds the social stigma

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Myths About Smoking and Behavioral Health

- Tobacco is necessary self-medication (industry has supported this myth)
- They are not interested in quitting (same % wish to quit as general population)
- They can't quit (quit rates same or slightly lower than general population)
- Quitting worsens recovery from the mental illness (not so; and quitting increases sobriety for alcoholics)
- It is a low priority problem (smoking is the biggest killer for those with mental illness or substance abuse issues)

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How can you help your clients consider tobacco cessation as a positive health choice?

As a clinician, mental health or addictions professional, you already help your clients with:

- Problem-solving
- Coping with difficult situations/emotions
- Social skills training
- Making better choices
- Avoiding high risk situations

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Motivational Interviewing - examples

- What would you like to change if you could about your tobacco using behavior?
- On a scale of 1 – 10, how motivated are you to quit tobacco use?
- If this isn't a good time to think about quitting tobacco, what would need to change to make it a good time for you?
- What is your biggest concern about quitting tobacco when you think about quitting?

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References

- What is MI?, Stephen Rollnick, PhD., & William R. Miller, Ph.D., What is Motivational Interviewing? Behavioural and Cognitive Psychotherapy, 23, 325-334 (1995)
- Applying motivational interviewing strategies and techniques to psychiatric pharmacy practice, Michael Biglow, PharmD, BCPP, The Mental Health Clinician, Volume 2, Education of the patient with neurological or psychiatric disease, Vol 2, ISS.4
- Source: Prochaska, NEJM, July 21, 2011
- Source: Prochaska JJ. Smoking and Mental Illness – Breaking the Link. N Engl J Med 2011; 365:196-8. doi: 10.1056/NEJMp110524

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Questions?

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