

A Taste of Motivational Interviewing



Steve Martino, Ph.D.
Yale University School of Medicine
VA Connecticut Healthcare System

DISCLAIMERS

- I have no financial or other conflicts of interest to report related to his presentation.



META-ANALYSES

- MI is one of the most researched psychotherapeutic approaches
- Consistently shows small to moderate clinically significant effects
- Effects generalize across a range of targeted behaviors
- Effectiveness trials show smaller effects than efficacy trials
- When performed well, it works well

WHAT IS MOTIVATIONAL INTERVIEWING?



- Developed by Drs. William Miller and Stephen Rollnick
- A way of talking with people about change so that the person rather than the clinician voices the arguments for change
- Person-centered counseling roots with emphasis on expressing empathy
- Use of systematic strategies to help people move toward their change goals

DEFINITION

“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).

IT TAKES TWO



<https://www.youtube.com/watch?v=3xrEaFPbYC8>



https://www.youtube.com/watch?v=f8QSA_5PEFM



THE UNDERLYING SPIRIT OF MI



CORE TRANSACTIONAL COMPONENTS



FOUR FOUNDATIONAL PROCESSES

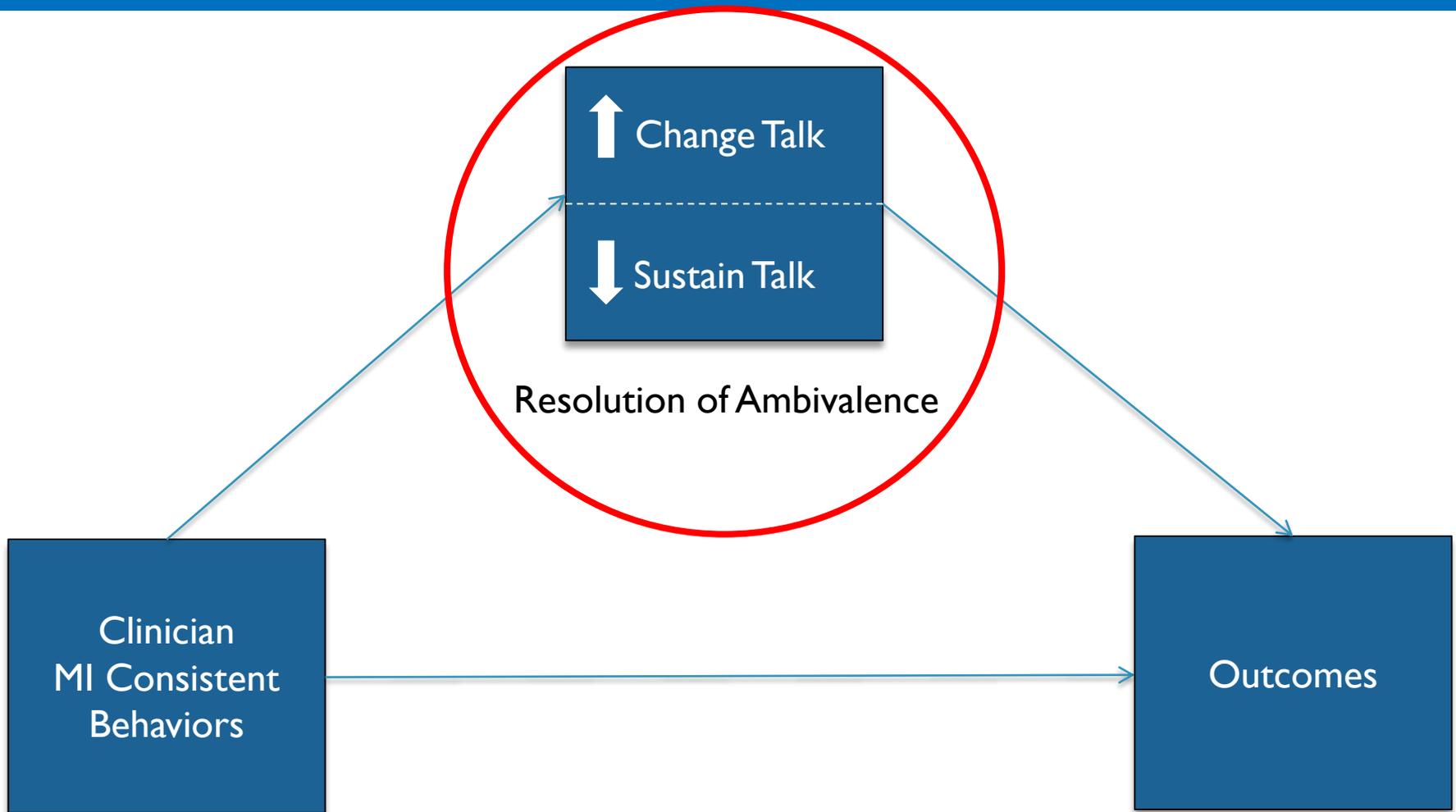
Planning developing
commitment

Evoking Eliciting the client's own motivations
for change

Focusing Developing and maintaining conversation
about change in a specific direction

Engaging Establishing a positive, helpful connection and
working relationship

HOW MI WORKS



EMPHASIS ON CHANGETALK

▶ **D** esire: *I want to*

▶ **A** bility: *I can*

▶ **R** eason: *It's important*

▶ **N** eed: *I should*

▶ **C** ommitment – *I will*

▶ **A** ctivation: *I'll consider*

▶ **T** aking steps: *I did*

EXAMPLES

1. I know I should come to see you more often. It's just that most of the time I can't get a ride.

EXAMPLES

1. I know I should come to see you more often. It's just that most of the time I can't get a ride.
2. I don't need to stop drinking. I need to cut down on my drinking, for sure. But I don't need to stop.

EXAMPLES

1. I know I should come to see you more often. It's just that most of the time I can't get a ride.
2. I don't need to stop drinking. I need to cut down on my drinking, for sure. But I don't need to stop.
3. I don't want to go off on her. She just keeps going on about the past and shoving it in my face as if she wants me to hit her again.

EXAMPLES

1. I know I should come to see you more often. It's just that most of the time I can't get a ride.
2. I don't need to stop drinking. I need to cut down on my drinking, for sure. But I don't need to stop.
3. I don't want to go off on her. She just keeps going on about the past and shoving it in my face as if she wants me to hit her again.
4. That program might be good at helping some people, but not me. I can change by myself.

MI AND THE DIFFICULT PATIENT

- ▶ Clinicians often seek MI training to deal with their most *resistant* patients – the ones clinicians find most difficult to treat.

Resistance = Sustain Talk + Discord

- ▶ Sustain talk is the patient's arguments against change (desire, reasons, and need to stay the same, inability to change, no commitment to change, not making plans or taking steps toward change)
- ▶ Discord is dissonance in the therapeutic relationship (e.g., defending, being adversarial, interrupting, ignoring or being distracted)
- ▶ High levels of either sustain talk or discord predict a lack of change. Both are important patient communications and attended to in MI.

STRATEGIES

Recognizing Change & Sustain Talk

Open Questions

Evocative Questions & Reflections

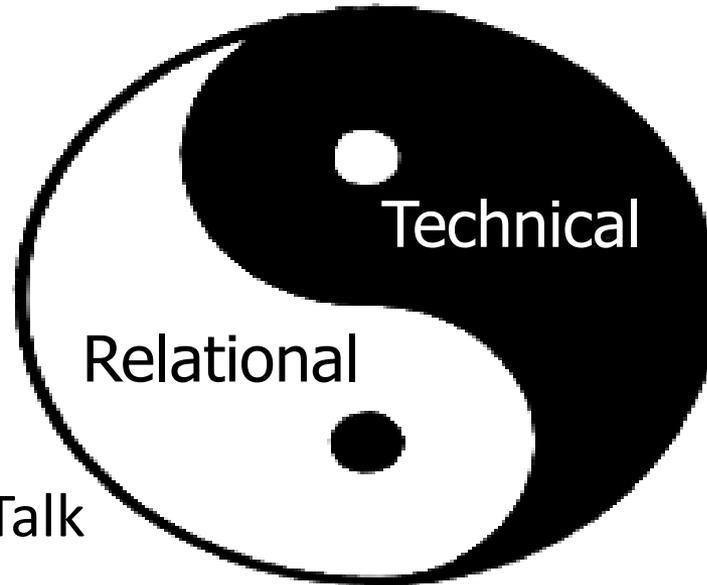
Affirmations

Importance &
Confidence Rulers

Reflections

Exploring Goals
and Values

Summaries



Personal Strengths

Responding to Discord

Past Successes

Responding to Sustain Talk

Change Planning

Agenda Mapping

Looking Back/Forward

Expert Advice and Information Giving

Emphasizing Choice/Autonomy

AN EXAMPLE

**Reasons for Quitting or Cutting Down:
Check All that Apply to You**

I would have more money for things.	I would feel more right with my religious beliefs or God.
I would feel better about myself.	I would get along better with my family.
I would be healthier.	My child or children would never see me drinking too much.
I might be a better parent.	I would be less likely to lose my child or children.
I would be safer.	My family and friends would have a more positive view of me.
I would look better.	I would be more able to get a job or to perform better at my work.
I will be less likely to have risky sex.	I would feel that I would be more able to help rather than hurt my community.
I would be less likely to get in trouble with the law or lose my driver's license.	I wouldn't feel bad or sick from drinking or because of withdrawal.
I will be more likely to go to my HIV medical appointments.	I will be more likely to take my HIV medications the way they are prescribed.
My family and friends will stop nagging me.	Nothing. I really don't see any good reason to quit or cut down.

Feedback - Cost of Use

Looking at the chart, if you use [primary substance] _____ days per week and spend on average \$_____ per day on it, then you are spending \$ _____ per year.

Number of Days Primary Substance Used Per Week

		1	2	3	4	5	6	7
Average Amount Spent Per Day (\$) on Primary Substance	1	52	104	156	208	260	312	364
	2	104	208	312	416	520	624	728
	3	156	312	468	624	780	936	1092
	4	208	416	624	832	1040	1248	1456
	5	260	520	780	1040	1300	1560	1820
	6	312	624	936	1248	1560	1872	2184
	7	364	728	1092	1456	1820	2184	2548
	8	416	832	1248	1664	2080	2496	2912
	9	468	936	1404	1872	2340	2808	3276
	10	520	1040	1560	2080	2600	3120	3640
	11	572	1144	1716	2288	2860	3432	4004
	12	624	1248	1872	2496	3120	3744	4368
	13	676	1352	2028	2704	3380	4056	4732
	14	728	1456	2184	2912	3640	4368	5096
	15	780	1560	2340	3120	3900	4680	5460
	16	832	1664	2496	3328	4160	4992	5824
	17	884	1768	2652	3536	4420	5304	6188
	18	936	1872	2808	3744	5680	5616	6552
	19	988	1976	2964	3952	4940	5928	6916
	20	1040	2080	3120	4160	5200	6240	7280
25	1300	2600	3900	5200	6500	7800	9100	
30	1560	3120	4680	6240	7800	9360	10920	
35	1820	3640	5460	7280	9100	10920	12740	
40	2080	4160	6240	8320	10400	12480	14560	
45	2340	4680	7020	9360	11700	14040	16380	
50	2600	5200	7800	10400	13000	15600	18200	
75	3900	7800	11700	15600	19500	23400	27300	
100	5200	10400	15600	20800	26000	31200	36400	

ANOTHER EXAMPLE

Change Plan Contract

Date: _____

Primary Substance: alcohol marijuana drug (specify): _____

I agree to the following goal:

- I will quit completely.
- I will cut down.
- I will take my prescription medications only as prescribed.
- I will continue to not drink or use drugs.
- I will continue to use less.

To achieve my goal, my next step(s) is/are:

WHEN _____

I WILL _____

WHEN _____

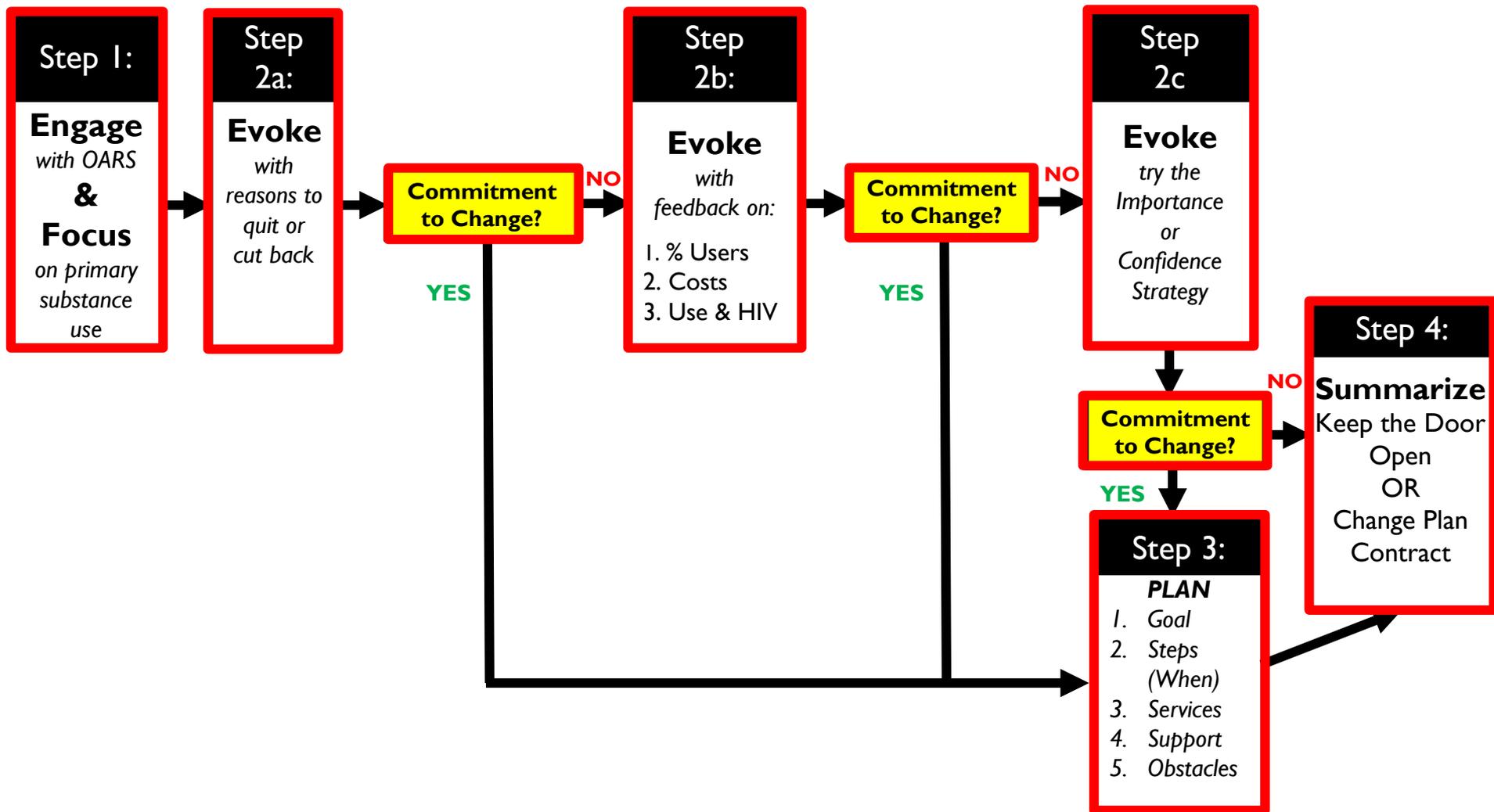
I WILL _____

Specific referral(s) will be to:

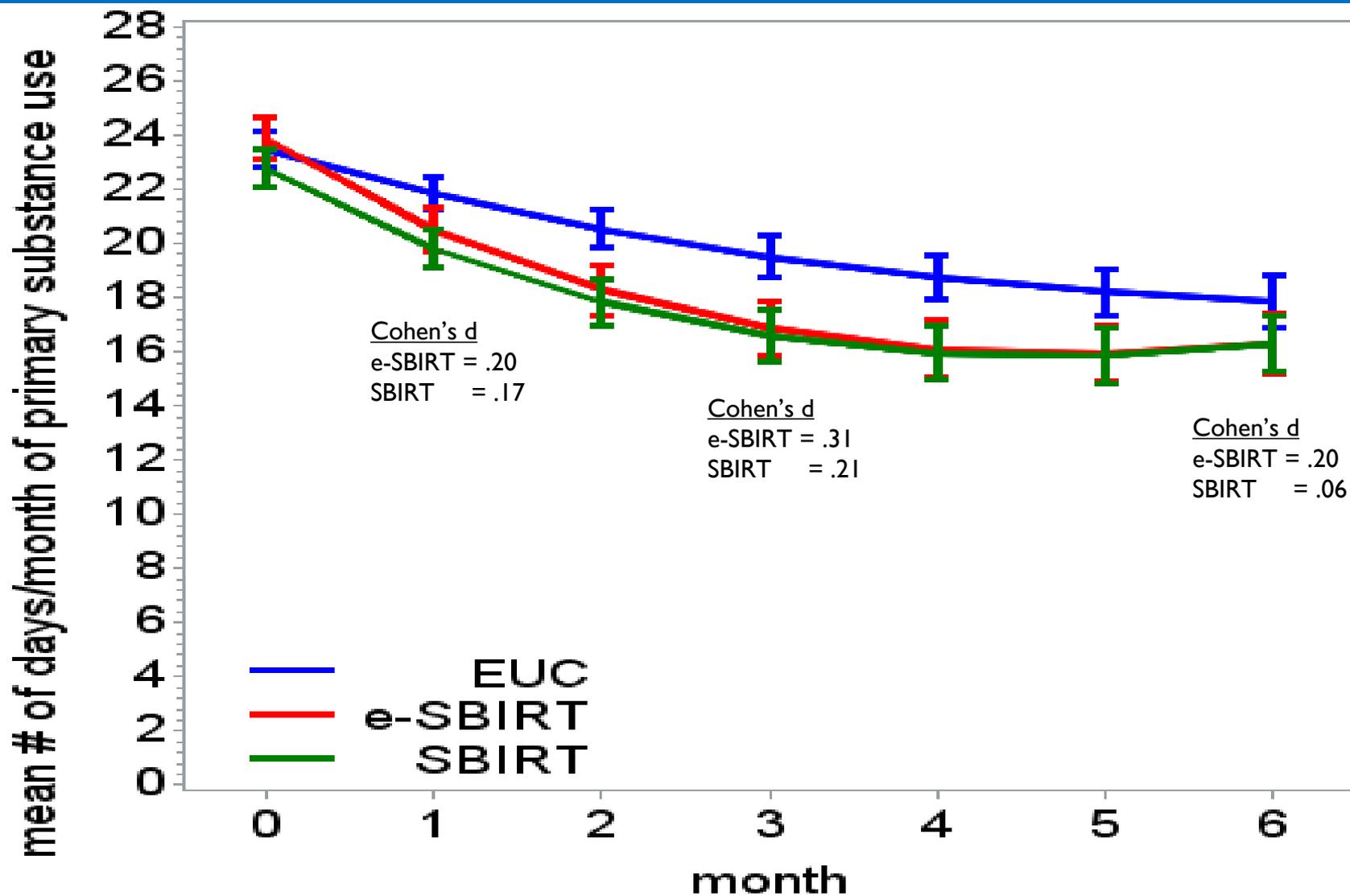
Client Signature

CM Signature

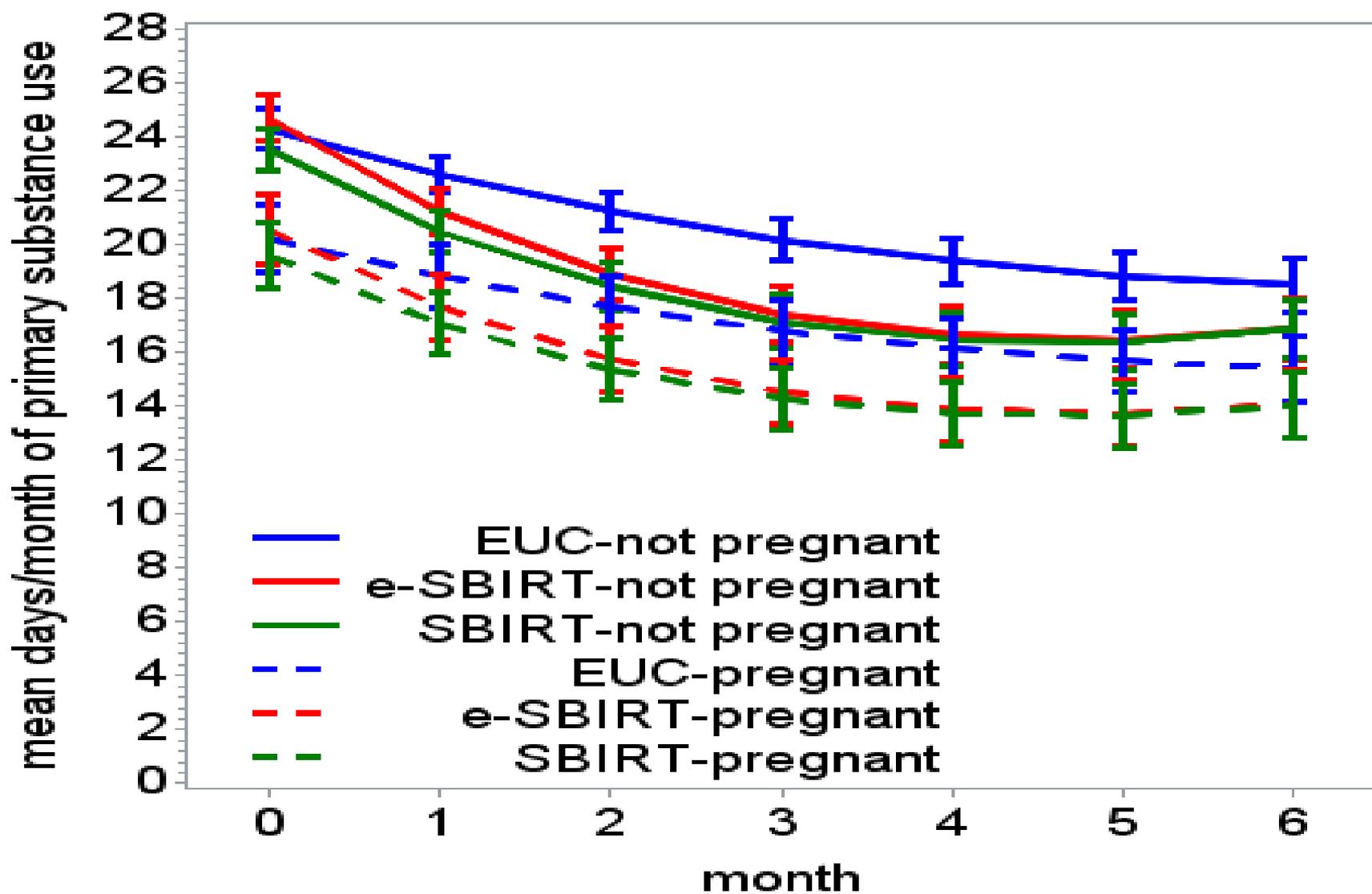
PUTTING IT ALL TOGETHER



DAYS/MONTH OF PRIMARY SUBSTANCE USE OVER TIME X GROUP

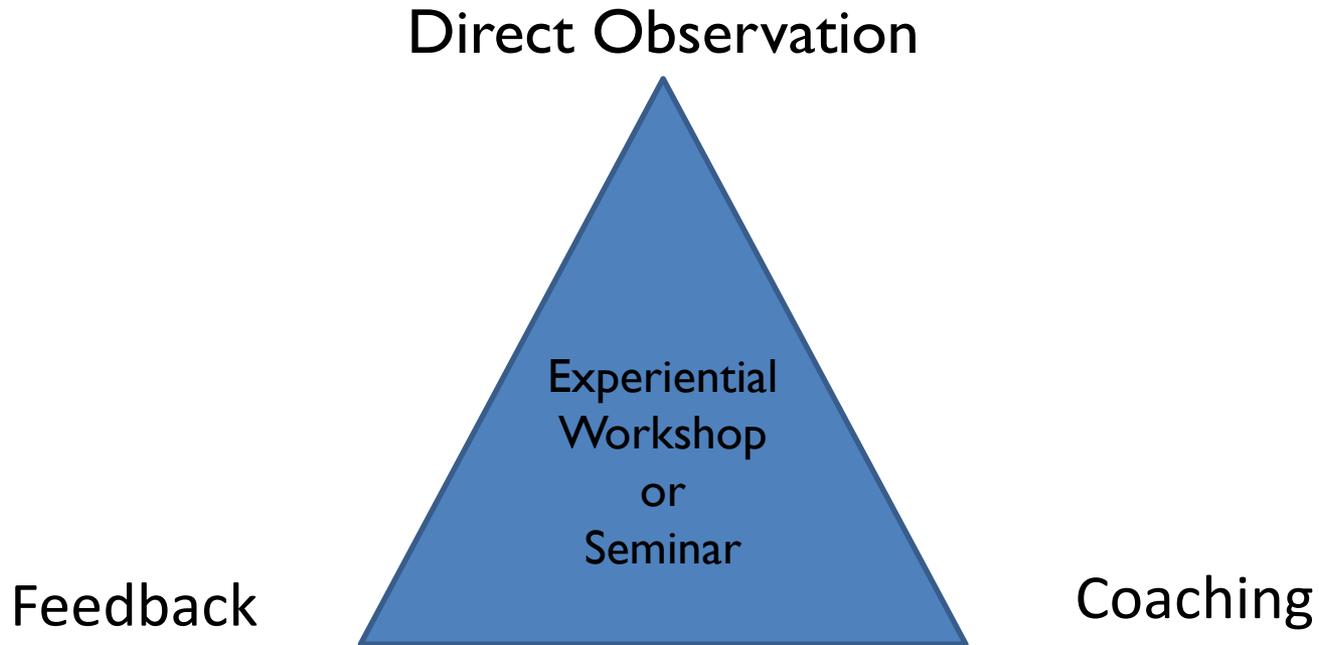


DAYS/MONTH OF PRIMARY SUBSTANCE USE OVER TIME X GROUP X PREGNANCY STATUS





LEARNING MI



On average, 3-4 feedback/coaching sessions totaling at least 5 hours of contact time over a 6-month period sustain skills among learners of MI (Schwalbe et al., 2014).

Questions/Comments

