Enhancing Motivation to Change

Increasing Proficiency in Motivational Interviewing While Fostering a Culture of Organizational Change

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Part I: Introduction to MI
What is Motivational Interviewing?
MI changes the standard approach

knowledge ≠ change
problems with standard responses

• unsolicited advice elicits sustain talk ("resistance")
• knowledge weakly correlated with behavior change
• variability in personal motivation (readiness rulers)
• intervention must match motivation (stages of change)

“Motivation to change is not a personality trait, but is affected by interpersonal interaction.”

MILLER & ROLLNICK, 2013

MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice).

directing
- teaching
- instructing
- leading

guiding
- drawing out
- encourage
- motivation

following
- listening
- understanding
- going along
communication styles

all 3 are valid...

- **directing** may be needed if there is a direct threat or impending threat or safety concern
- **following** is best there is no threat and listening is needed
- **guiding** is the best tool for **behavior change** and **enhancing motivation**

following style results in

**engagement**
- builds therapeutic relationship
- self-understanding
- optimism
- person-centered

**empathic**
- unconditional positive regard
- congruency

**non-confrontational**
- positive
there is evidence that **reflective listening** alone is insufficient to produce change

directing style results in
disengagement
defensiveness
pessimism
noncompliance
tension
anger
hostility
frustration
breakdown in working relationship
directing communication style

- our innate tendency to **correct** other people’s behavior or problems
- premise: “I have the answer, if you just do things this way, things will get better for you.”
- this is well-intended, the intent is to help
- we need try to repress this “righting reflex”
skillful advice-giving is not the same thing as the “righting reflex”

the evidence (cont’d)

- large meta-analysis of 119 MI studies
- results:
  - 3/4’s of the sample (75%) demonstrated improvement
  - resulted in improvement across many change goals (treatment retention, reduced substance use, etc.)
  - MI took less time, but produced equivalent results to CBT, 12-Step, etc.
  - MI improved one’s intention to change
  - effects often maintained over time (up to two years after intervention)

(Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010)

“Thirty nations have adopted MI for use within their courts, prisons, and community corrections and supervision agencies, as is evidenced by the availability of trainers and trainings in multiple languages and locations.”

–Stinson & Clark, 2017
Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.

(MILLER & ROLLNICK, 2013)
>1,200 publications on the MI model since 1990

>200 randomized clinical trials reflecting a wide array of problems, professions, and practice settings

(Miller & Rollnick, 2013)

MI was 2-3 times more effective with ethnic minorities

effective in even very brief interventions.

(Bernstein et al., 2005; Nock & Kazdin, 2005; Rubak et al., 2005; Soria, Legido, Escolano, Lopez Yeste, & Montoya, 2006)

“We know of no evidence, however, that directing-style interventions are more effective than MI when time is brief. If patient behavior change is what’s needed and time is short, MI is likely to be more effective than telling people what to do and why.”

-Bill Miller & Steve Rollnick
spirit in dialog form

I’d like to help you (compassion) and talk this through with you; (partnership) you are a valuable person and I will refrain from judging you (acceptance) instead, I’d like to listen and find out what you think will work well for you to change (evocation).
ambivalence

state of having these simultaneous, conflicting feelings towards something or situation:

- “mixed feelings”
- uncertainty
- indecisiveness

This state of mind can lead to avoidance or procrastination, or to deliberate attempts to resolve the ambivalence that may result in success or failure…
sources of focus

• inmate
• officer
• setting/facility

focusing

• think of a vector
• moving the person toward the target behavior
• minimizing tangents
target behaviors

what we want the individual to do...

...becomes, “What is the desired behavior?”

if you are arguing for change, and they are arguing against it...
you’ve got it exactly backwards
How do we get to the target behavior?

1. increasing change talk
2. decreasing sustain talk

sustain talk

anything the person says that indicates they’re moving away from the target behavior...

examples:
1. This is so hard. Everybody expects too much out of me.
2. I don’t know why I can’t do it.
3. I haven’t succeeded at anything in the past.
4. No one’s gonna trust me.
change talk

anything the person says that indicates they’re moving toward the behavior we want them to engage in…

examples:

1. I don’t want to use when I get out.
2. I can’t get more time added on.
3. I might be able to get a job when I get out.
4. I could probably be on time to the med window tomorrow.
using the skills in MI isn’t difficult, but it must be done with intention.

communication style predicts change talk

change talk is strongly correlated with change.
**OARS**

1. **Open-ended questions**
2. **Affirmations**
3. **Reflections**
4. **Summaries**

**closed questions** = those that can be answered “yes,” “no,” or in a few words

1. Where are you releasing to?
2. What was your drug of choice?
3. When’s your release date?

**open questions** = those that require longer answers

1. What are your release plans?
2. How have drugs impacted your life?
3. What would you like to do when you get out?
the impact of closed-ended questions:

• leave the person waiting for the next question
• feel more like an interrogation
• don’t expand the conversation
• if you don’t ask the right question, you might miss something

affirmations

• positive affirming
• support autonomy & empathy
• build the therapeutic relationship
simple MI reflections

• responding to resistance with non-resistance
• clarify, acknowledge, and validate
• encourage and emphasize change talk
• enhance collaboration, trust, and rapport

complex reflections
We want **twice** as many reflections as questions in an MI style.

we want **half** of our reflections to be complex versus simple reflections.
**summaries**

“Let me see if I have this right...”

- Reflection
- Reflection
- Reflection

“How does what I said align with your experience?”

“What did I miss?”

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**OARS recap**

Open-ended questions (50-70%)

Affirmations- (at least 1x)

Reflections- (2:1)

Summaries- (1-2x)
**…reflex**
- giving advice
- reassure
- nonspecific praise
- gathering information
- prescribing

**intention…**
- elicit-provide-elicit
- emphasize autonomy
- affirmations
- open questions
- seeking collaboration

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**review:**
**a formula for MI**

- increase **reflections** ↑
  - focus on complex reflections
- decrease questions ↓
  - use 2x's as many reflections as questions
  - eradicate closed-ended questions
- reflect **change talk**; deflect sustain talk
- **ask permission** to provide information
- express **empathy** through affirmations and reflections
- step out of the expert role; avoid advice giving
Part II: Measuring & Predicting Outcomes

MI coaching

Without feedback, it’s natural to think we’re doing a good job.

Studies show people rate their MI skills higher than they really are.

Coders provide the benefit of feedback to improve one’s skills.
key MI factors

- increased change talk
- improved working relationship

MIA-Step

MITI 4.2.1

measuring fidelity to MI

Motivational Interviewing Treatment Integrity Tool (MITI)

officer response questionnaire

helpful response questionnaire
MITI 4.2

• pronounced ‘mighty’

• developed by Terri Moyers & Bill Miller

• validated tool

• available at: http://casaa.unm.edu/download/miti4_2.pdf

MITI 4.2 (cont’d)

The MITI:

• is a treatment integrity measure and a means to provide feedback

• gauges helper’s behavior, not the person being interviewed

• the tool measures:
  1. global scores (e.g. empathy)
  2. behavior counts (e.g. complex reflections)
global ratings

cultivating change talk

- evoking change talk from the person
- interviewer doesn’t miss opportunities to capitalize on change talk
- through the use of open questions
- through reflecting back their change talk
  **requires a clear change goal**
**cultivating change talk scale**

<table>
<thead>
<tr>
<th>Low</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinician shows no explicit attention to, or preference for, the client’s language in favor of changing</td>
<td>Clinician sporadically attends to client language in favor of change – frequently misses opportunities to encourage change talk</td>
<td>Clinician often attends to the client’s language in favor of change, but misses some opportunities to encourage change talk</td>
<td>Clinician consistently attends to the client’s language about change and makes efforts to encourage it</td>
<td>Clinician shows a marked and consistent effort to increase the depth, strength, or momentum of the client’s language in favor of change</td>
</tr>
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**softening sustain talk**

- interviewer’s ability to get away from sustain talk
- minimal focus on the difficulties of changing or arguments against changing
- may acknowledge ambivalence if ending on change talk
softening sustain talk scale

<table>
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<th>Softening Sustain Talk</th>
<th>Low</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clinician consistently responds to the client's language in a manner that facilitates the frequency or depth of arguments in favor of the status quo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Clinician usually chooses to explore, focus on, or respond to the client's language in favor of the status quo.</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Clinician gives preference to the client's language in favor of the status quo, but may show some instances of shifting the focus away from sustain talk.</td>
<td></td>
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<tr>
<td>4</td>
<td>Clinician typically avoids an emphasis on client language favoring the status quo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clinician shows a marked and consistent effort to decrease the depth, strength, or momentum of the client's language in favor of the status quo.</td>
<td></td>
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partnership

- dancing vs. wrestling
- shared problem solving
- equal partnership
- stepping out of the expert role
- minimal advice giving

example:

“No one can make you ‘behave’ or ‘follow the rules,’ so to speak, this is your life, I'm here to help you consider what you want or need to do.”
partnership scale

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Low</th>
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<tr>
<td>Clinician actively assumes the expert role for the majority of the interaction with the client. Collaboration or partnership is absent.</td>
<td>Clinician superficially responds to opportunities to collaborate.</td>
<td>Clinician incorporates client's contributions but does so in a lukewarm or erratic fashion.</td>
<td>Clinician fosters collaboration and power sharing so that client's contributions impact the session in ways that they otherwise would not.</td>
<td>Clinician actively fosters and encourages power sharing in the interaction in such a way that client's contributions substantially influence the nature of the session.</td>
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empathy

demonstrating what the other person may mean but has not explicitly said through active reflective listening
# empathy scale

## Empathy

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<th>Low</th>
<th>High</th>
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<tbody>
<tr>
<td>1</td>
<td>Clinician gives little or no attention to the client’s perspective.</td>
<td>Clinician shows evidence of deep understanding of client’s point of view, not just for what has been explicitly stated but what the client means but has not yet said.</td>
</tr>
<tr>
<td>2</td>
<td>Clinician makes sporadic efforts to explore the client’s perspective.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Clinician’s understanding may be inaccurate or may detract from the client’s true meaning.</td>
<td>Clinician is actively trying to understand the client’s perspective with modest success.</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Clinician makes active and repeated efforts to understand the client’s point of view. Shows evidence of accurate understanding of the client’s worldview, although mostly limited to explicit content.</td>
</tr>
<tr>
<td>5</td>
<td></td>
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Part III: Managing Organizational Change

when is MI not appropriate?

• someone is actively engaging in self-harm
• someone is actively engaging in the harm of someone else
• someone is in crisis / someone is in shock
• someone is making a personal decision that has no public safety implications
• indefinitely
• someone is already motivated to engage in the target behavior
communication isn’t magic

- communication is an art not a science
- the best communicators are the best listeners
- should be personalized and not mechanical
- have a conversation

stages of change

Activate Motivational Interviewing Skills

(Prochaska & DiClemente, 1983)
80% of people will be in pre-contemplation or contemplation

the move away from “resistance”

- “resistance” implies the person has a deficit
- “resistance” absolves the helper from any responsibility in the outcome
- saying things about not changing = “sustain talk”
- breakdown in the working relationship = “discord”
signs discord is occurring

- person appears/sounds defensive
- argument/debate ensues
- person ignores you
- person interrupts you

(Miller & Moyers, 2012)

Sometimes people will hear you better if you speak from a voice of compassion instead of authority. They long to be understood more than to be lectured.

- Dodinsky
developing discrepancy

change is motivated by a gap between present behavior and important personal goals or values

MIND THE GAP

recognize the gap

current behaviors or choices which don’t support their goal

things which are important to them
empathic understanding

• “You have been struggling and want help. What does help look like for you?”
• You are depressed, describe to me what that feels like for you.
• “Are you so sad that you are thinking of killing yourself?” – Yes / No
  (If suicidal don’t ask, “… hurt yourself…”)
• “What do the voices say to you, and do you feel the need to listen to them?”

empathy is vital to all human interactions
gut check – “...am I doing MI correctly?”

<table>
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<tr>
<th>Engaging</th>
<th>Focusing</th>
<th>Evoking</th>
<th>Planning</th>
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</thead>
<tbody>
<tr>
<td>• How well do I understand how this person perceives the situation or dilemma? Could I give voice to what this person is experiencing? How many of my responses are reflective listening statements? How engaged in our conversation does the person seem to be?</td>
<td>• Do I have a clear sense of focus? Do I know the direction in which I hope change occurs? What goal(s) do we have for change, and to what extent do we agree about them?</td>
<td>• What do I know about this persons’ own motivations for change? Am I hearing change talk? What am I doing intentionally to evoke and strengthen change talk? What concerns, goals, or values does this person hold that would encourage this change?</td>
<td>• Am I hearing mobilizing change talk that may signal readiness to discuss when and how change might occur, even a first step? Would it be premature at this point to be discussing a plan? To what extent am I evoking mobilizing change talk from the person rather than providing solutions myself? If I am giving information and advice, is it with permission?</td>
</tr>
</tbody>
</table>

MI learning continuum

introductory MI training  

receiving coaching on MI skills  

intermediate MI training  


giving feedback on MI skills (coaching others)
what types of trainings are effective?

140 clinicians randomly assigned to:

- Book only (waiting list)
- Two day workshop only
- Workshop + feedback on practice samples
- Workshop + 6 telephonic coaching samples
- Workshop + feedback + coaching

(Miller, Yahne, Moyers, Martinez, & Pirritano, 2004)
additional resources

Miller & Rollnick

Motivational Interviewing: Helping People Change
(3rd edition, 2012)

Motivational Interviewing | Coaching | Fidelity Checks

Develop your motivational interviewing skills through our virtual ASU MI Coding Lab.
With our innovative secure MI portal, users may upload video or audio samples for review, coaching, and fidelity checks to improve their motivational interviewing techniques. Individuals, groups, and agencies may use the MI portal for ongoing work sample submission, to track their progress and development over time.

Why choose the ASU MyMI Coding Lab?

As a New American University, Arizona State University remains one of the fastest growing research institutions in the country and has been ranked #1 in innovation by U.S. News and World Report for three consecutive years. The ASU Center for Applied Behavioral Health Policy’s MI coding lab has been operating for over a decade, and is made up of members of the Motivational Interviewing Network of Trainers (MINT), as well as other university MI subject matter experts. ASU coders undergo extensive training in the MI model, as well as the Motivational Interviewing Treatment Integrity (MITI) fidelity instrument. ASU coders
patient simulations

Talking to Patients about Health Risk Behaviors
Tony is having chest pain. Use the spirit of Motivational Interviewing in a primary care setting to uncover the health risk behaviors behind the symptoms and help him plan for changes.

https://training.simmersion.com/Launch/Free/6201ae6-0e5b-4ed6-87d1-ede0ce9db0e4

Engaging Adolescent Patients About Marijuana Use
David is 15, shared his intake form that he smokes marijuana. As his primary care provider, practice a Motivational Interviewing (MI) approach to engage David and explore the reasons for change that resonates with him.

https://training.simmersion.com/Launch/Free/3f9f4dde-c68c-44d3-a143-041e6604aaf3

agenda

A Brief Introduction to MI
- Measuring & Predicting Outcomes
- Managing Organizational Change
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thank you!