

## Motivational Interviewing for Drug Endangered Children

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## Introductions?

- Who are you?
- Who am I?

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## Introspective Exercise

## Introspective Exercise

- < 1 mo.
- 1 to 3 mo.
- 4 to 6 mo.
- 7 to 12 mo.
- 13 mo. to 2 yr.
- 3 to 5 yr.
- > 5 yr.

## Introspective Exercise (continued)

✘ **What conclusions  
would you draw  
from the group's  
responses?**

## Possible Conclusions

- Behavioral issues are common
- Change often takes a long time
- The pace of change is variable
- Knowledge is usually not sufficient to motivate change
- Recurrence is the rule

## Possible Conclusions (continued)

- Our expectations of others regarding behavior change are often unrealistic
- Unrealistic expectations can lead to frustration and burn-out

## Summary

- The promise of MI– less frustration and burnout
- We've ALL tried to change behaviors! There is no us vs. them
- MI works!

## Objectives

- MI Definitions
- Processes of MI
- Importance of Change Talk
- Resistance
- Learning to use MI

## MI: A way to talk about behavior change

- Person-centered
- Directional method
- Enhances internal motivation for change
- Explores and resolves ambivalence
- Empirically supported

## Direction Language

- "Directing" as a counselor behavior
- "Direction" as goal-orientation
- "Directional" rather than "directive" as a description of MI

## Motivational Interviewing . . .

- . . . is a clinical method that overlaps humanistic and cognitive therapies
- . . . is not behavior therapy although there is some use of reinforcement to elicit and shape client speech
- . . . Has a strong focus on acceptance and commitment as interpersonal transactions

## Normal Human Reactions to the Righting Reflex (Teach/Direct)

Invalidated	Resist	Withdraw
Not respected	Arguing	Disengaged
Not understood	Discounting	Disliking
Not heard	Defensive	Inattentive
Angry	Oppositional	Passive
Ashamed	Denying	Avoid/leave
Uncomfortable	Delaying	Not return
Unable to change	Justifying	

## Normal Human Responses to a Listen/Evoke/Empathic Style

Affirmed	Accept	Approach
Understood	Open	Talk more
Accepted	Undefensive	Liking
Respected	Interested	Engaged
Heard	Cooperative	Activated
Comfortable/safe	Listening	Come back
Empowered	Hopeful/Able to change	

## MI is an Evidence Based Practice

- On the federal NREPP list
- Being vetted by American Psychological Association
- Strongest evidence in alcohol and drug abuse
- Good outcomes for alcohol, drugs, hypertension, bulimia, and compliance in diabetes
- Some support for smoking, physical activity, and adherence with hyperlipidemia treatment
- AMIs (Adaptations of MI) were superior to placebo controls and equal to active treatments.

○ Noonan and Moyers (1997); Dunn (2003)

## Broader than Behavior Change

- Decision – to make a choice
  - Forgiveness, Leaving or staying
- Attitude – to become a different person
  - To be more Compassionate, Assertive etc.
- Resolution – Acceptance
  - Complicated grief
  - Finding peace regarding a decision
  - Tolerance for anxiety, uncertainty etc.

## Three Essential Elements in any Definition of MI

1. MI is a **particular kind of conversation about change** (counseling, therapy, consultation, method of communication)
2. MI is **collaborative** (person-centered, partnership, honors autonomy, not expert-recipient)
3. MI is **evocative**, seeks to call forth the person's own motivation and commitment

## Definitions of MI

Three *levels* of definition (of increasing specificity)

1. A layperson's definition (What's it for?)
2. A pragmatic practitioner's definition (Why would I use it?)
3. A technical therapeutic definition (How does it work?)

1. A layperson's definition  
(What's it for?)

**Motivational interviewing is a collaborative conversation to strengthen a person's own motivation for and commitment to change**

2. A pragmatic practitioner's definition (Why would I use it?)

**Motivational interviewing is a person-centered counseling method for addressing the common problem of ambivalence about change**

3. A technical therapeutic definition (How does it work?)

**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 the person's own arguments for change**



Four Fundamental Processes in MI

Relational Foundation

Motivational Interviewing

1. Engaging

2. Focusing

3. Evoking

4. Planning



4 Fundamental Processes in MI

**1. Engaging – The Relational Foundation**

**Person-centered style**  
**Listen – understand dilemma and values**

**OARS core skills**  
**Learn this first**

## The "Spirit" of Motivational Interviewing

- Collaboration
- Evocation
- Autonomy
- Compassion

## The Underlying Spirit of MI



## Fundamental MI Skills

- ❖ Open Questions
- ❖ Affirmation
- ❖ Reflective Listening
- ❖ Summarizing
- ❖ Elicit

## 4 Fundamental Processes in MI

1. **Engaging – The Relational Foundation**
2. **Focusing – Strategic Centering**
  - Agenda setting
  - Finding a focus
  - Information & advice

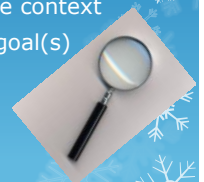


## Agenda Setting

- Eliciting the client's agenda
  - What would you like to talk about (today)?
  - "Miracle question"
- Offering a menu
  - What are the options?
- Asking permission to discuss your agenda
  - I'd also like to talk a bit about ? and you can decide if that would be helpful

## Finding a Focus

- What is the focus, the "change goal" for MI?
- Most often, it is from the client's agenda
- Sometimes prescribed by the context
- What if you have your own goal(s) that the client does not currently share?



## 2 x 2 Decisional Balance Grid

PROs and CONs of Change

	Status Quo or Option A	Change or Option B
Advantages +	Good things about <i>Status Quo</i> or Option A  CON	Good things about <i>Change</i> or Option B  PRO
Disadvantages -	Less-good things about <i>Status Quo</i> or Option A  PRO	Less-good things about <i>Change</i> or Option B  CON



## 4 Fundamental Processes in MI

1. **Engaging – The Relational Foundation**
2. **Focusing – Strategic Centering**
3. **Evoking – The Transition to MI**
  - Selective eliciting
  - Selective responding
  - Selective summaries

## Change Talk

- Change talk is any client speech that favors movement in the direction of change
- Previously called “self-motivational statements” (Miller & Rollnick, 1991)
- Change talk is by definition linked to a particular behavior change goal

DARN CATs



## Preparatory Change Talk

### Four Examples

#### DARN

- **D**ESIRE to change (want, like, wish . . .)
- **A**BILITY to change (can, could . . .)
- **R**EASONS to change (if . . . then)
- **N**EED to change (need, have to . . .)

## Mobilizing Change Talk

Reflects resolution of ambivalence

### CATs

- **C**OMMITMENT (intention, decision, promise)
- **A**CTIVATION (willing, ready, preparing)
- **T**AKING STEPS

## Yet another metaphor

### MI Hill





## 4 Fundamental Processes in MI

1. **Engaging – The Relational Foundation**
2. **Focusing – Strategic Centering**
3. **Evoking – The Transition to MI**
4. **Planning – The Bridge to Change**

Replacing prior Phase I and Phase II  
 Negotiating a change plan  
 Consolidating commitment



Can it be MI without . . .

**Engaging ? No**

**Focusing ? No**

**Evoking ? No**

**Planning ? Yes**

So it's MI when . . .

1. The communication style and spirit involve person-centered, empathic listening (Engage)  
AND
2. There is a particular identified target for change that is the topic of conversation (Focus)  
AND
3. The interviewer is evoking the person's own motivations for change (Evoke)

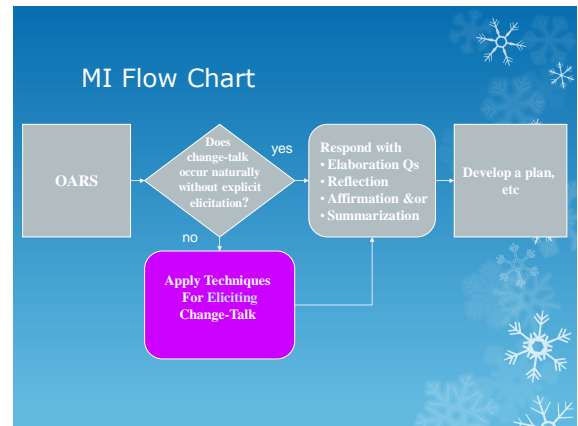
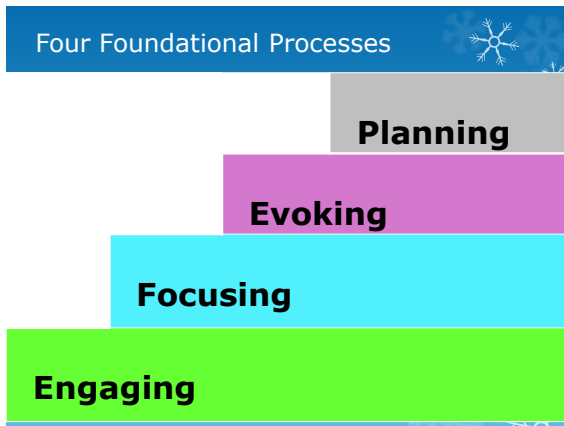
The 4 processes are somewhat linear ...

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage → Focus → Evoke → Plan

. . . . and yet also recursive

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event; re-focusing is needed, and focus may change
- Evoking can begin very early
- "Testing the water" on planning may indicate a need for more of the above



### Ambivalence: A Central Concept

- Simultaneous motivations leading in different directions
  - Desire to gain medication benefits and avoid side-effects
  - Desire to be strong and healthy and to relax and eat enjoyable foods
  - Desire to be in greater control/feel on top of things, desire to let go and escape
  - Hope for change / fear of failure

### Role of Ambivalence

- Ambivalence is a normal component of psychological problems
- Acknowledge and **protect** the side that doesn't want to change
- Explore pros and cons of change (**decisional balance**)
- Specifics are unique to each person--try not to assume

### What is Resistance?

- ❖ Behavior (a state not a "trait")
- ❖ Interpersonal (It takes two to resist)
- ❖ A signal of dissonance
- ❖ Predictive of (non) change
- ❖ Highly responsive to practitioner style

### Psychological reactance

- Individuals will defend their freedom when it is threatened, especially when the threat is perceived as unfair.
  - Restricted behaviors may increase in attractiveness (forbidden fruit)
  - Person may become aggressive or assert other freedoms
- Therapeutic relationship (advising, addressing problems) may induce reactance (Brehm, 1966)

## Rolling with Resistance

*What do you feel when the individual resist?*



- Don't push back
- Avoid arguments
- Reflect
- Remind the person (and yourself) about autonomy

## Sustain Talk and Resistance

- **Sustain Talk** is about the target behavior
  - I really don't want to stop smoking
  - I have to have my pills to make it through the day
- **Resistance** is about your relationship
  - You can't make me quit
  - You don't understand how hard it is for me
- **Both** are highly responsive to practitioner's style

## Traps to Avoid

- Question/Answer
- Premature Focus
- Taking Sides
- Expert Role
- Blaming



## Possible contraindications for MI

- Clients who are already ready for change or appear to be at the action stage
- Clients who are low in anger or resistance
- Clients making a decision we should not be involved with!

## Building MI Skills

- Ongoing training in MI
- Supervision/Coaching and feedback
- Reading
- MI Workbook
- Watching training videos (YouTube)
- Watching or listening to your own sessions
- Coding sessions
- Peer support

## Getting Stuck while learning MI

- Being open to change & letting go of some old habits
- Proficiency in reflective listening
- Recognizing change talk & evoking change talk
- Summarizing
- Transitions to other therapeutic methods

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## Thank You!

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