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Motivational Interviewing: An Overview for Social Workers

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Overview

- **Large negative impact of non-communicable diseases (NCDs)**
- **Motivational interviewing (MI) as an approach to enhance behavior change**
- **Specific techniques from MI to enhance behavior changes among clients**
- **Your role as a Social Worker**

Non-Communicable Diseases:

The Major Cause of Morbidity and Mortality in the US

- **Non-communicable diseases (also called “lifestyle” or “chronic” diseases) include:**
 - **heart disease**
 - **stroke**
 - **cancer**
 - **diabetes**
 - **lung disease**

Non-Communicable Diseases:

The Major Cause of Morbidity and Mortality in the US

- **NCDs strongly associated with behaviors and are thus preventable**
 - **physical inactivity**
 - **unhealthy diet**
 - **tobacco use**

Non-Communicable Diseases:

The Major Cause of Morbidity and Mortality in the US

- **The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) consider NCDs to be both epidemic and pandemic – issued a “call to action” for all healthcare providers to address behaviors linked to NCDs**

Increasing Role of Social Workers

- **Social Workers (SWs) can play key role in applying a biopsychosocial model of healthcare**
 - **substantial involvement with client care**
 - **in addition to addressing NCDs, psychologically-informed strategies can be used to increase client motivation**
 - **many clients have conditions that can be improved, controlled, or managed through a change in behavior**
 - **enhancing motivation/behavior change important for critical social work areas, including domestic violence, gambling, HIV prevention, dual disorders, child welfare**

The Utility of MI to Enhance Behavioral Change

- **Motivational interviewing is a tailored, client-centered approach used to change behaviors consistent with social work values of being client-centered, right to self-determination, respect for diversity, and respect for the inherent worth of the individual and ethical importance of human relationships, respect, and practice-based interventions**

The Utility of MI to Enhance Behavioral Change

- **FOCUS:** importance of client intention of initiating and subsequently maintaining a healthy lifestyle – increase readiness to change
- **Successful client education matches learning needs and readiness to change of a given client to alter behavior**

Importance of Readiness to Change

- **Readiness to change is strongly related to:**
 - **perceived importance of the proposed modification**
 - *How important is the proposed modification to the client? (e.g., beginning and adhering to a treatment protocol)*
 - **positive outcome expectancies**
 - *What is the client's confidence that the change will be beneficial?*
 - **self-efficacy**
 - *How confident is the client that they can successfully modify their behavior?*

Using MI to Increase Commitment to Change

- **Evidence suggests dedication to behavioral change can be modified**
- **MI is an approach to increase a client's commitment to change through:**
 - **expressing empathy**
 - **identifying discrepancies between client's values and behaviors**
 - **promoting self-efficacy**

Resistance to Change: A Common But Problematic Occurrence

- **Resistance to change is normative**
- **Common approaches are non-productive, and often counter-productive**
 - **using arguments**
 - **direct persuasion**

Resistance to Change: A Common But Problematic Occurrence

- **MI does not “counter” resistance, but rather “rolls” with resistance**
 - **acknowledging difficulty of change**
 - **considering multiple factors before adopting new behaviors**
 - **emphasizes benefits of new behavior – using specific examples that are relevant to the client’s personal health**

Application of MI in Social Work: An Example

- **A female patient has been admitted to battered women’s shelter though does not want to leave husband (see Wahab, 2005)**
- **Attempting to confront or directly persuade the client to leave abusive husband will most likely not lead to change – client may “counter” arguments, persuasion techniques**

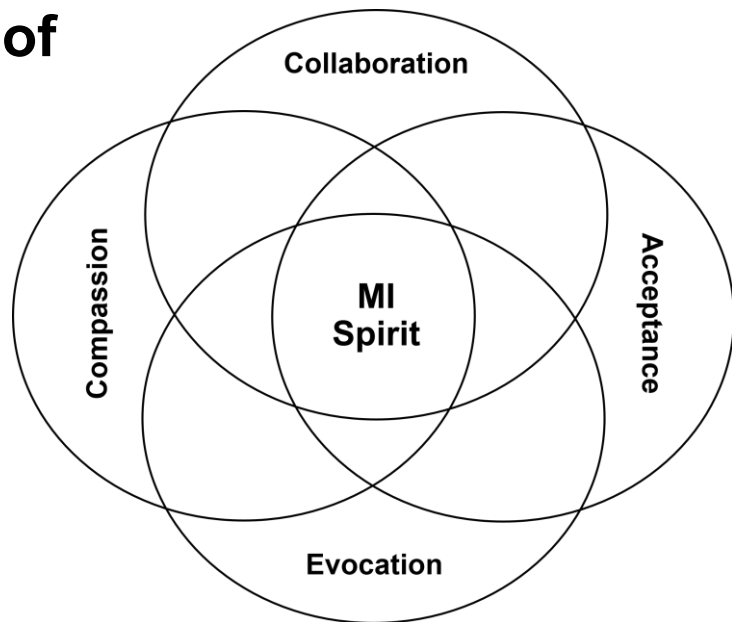
Application of MI in Social Work: An Example

- Using an MI approach, the SW and client will discuss *in a collaborative fashion*:
 - the degree of behavior change required
 - the point where the client should expect to see benefits

Application of MI in Social Work: An Example

- MI recognizes that motivation for behavioral change comes from within the individual
 - role of SW is to evoke the client's own:
 - *personal motives to change*
 - *doubts and concerns regarding their ability to change*
 - *strategies to enhance chances of successful behavioral change*
- But how?

The “Spirit” of Motivational Interviewing



Evocation

- When it comes to lifestyle changes or management of chronic disease, the best reasons and solutions will be “evoked” from the client, rather than “instilled” by the provider
- Hearing themselves talk about why they want to change and how they will do it actually helps clients change

Collaboration

- **During MI, the SW forms a partnership with the client**
 - **the SW is an expert on what has helped other people**
 - **the client is an expert on themselves**
- **A collaborative solution is likely the best solution**
- **A collaborative SW avoids overprescribing and accepts and values client contributions**

Respect for Autonomy

- **Regardless of what the SW wants, the client ultimately makes the decision about what he/she will do**
- **Respecting client choice even when we don't agree**
- **Share your concerns and at the same time recognize you can't force client change**
- **By giving clients the freedom to choose, you actually increase the likelihood they will choose health**

Direction

- **MI is very goal-oriented**
 - **we don't tell clients what to do (100% directing)**
 - **we don't allow the client to spend the appointment talking about non-health related issues (100% following)**
 - **we help the client identify his or her health goals, build motivation to achieve them, and devise the strategy most likely to accomplish them (guiding)**

Empathy

- **Interest and effort to understand the other's perspective**
- **This is not the same as acceptance**
- **This is not the same as sympathy**

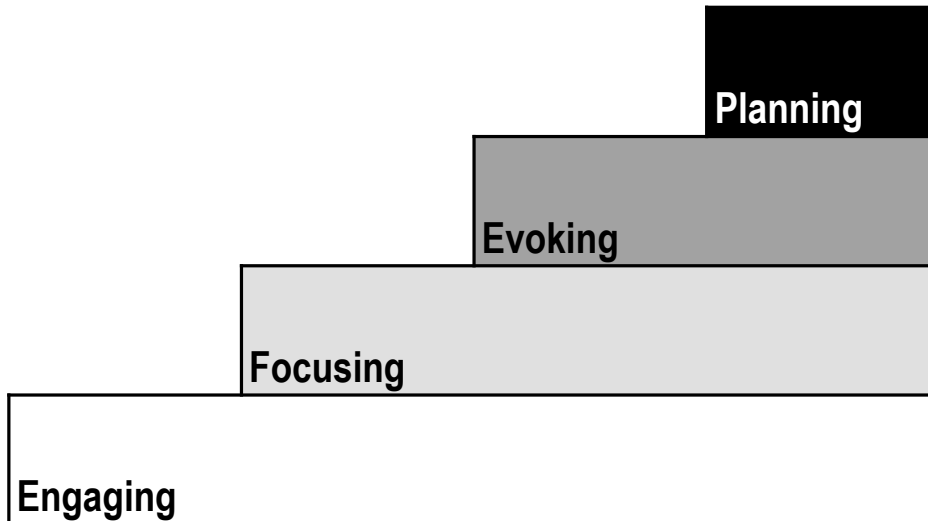
Compassion

- Added in 3rd Edition of MI text
- A deliberate commitment:
 - to actively promote others' welfare
 - to give priority to others' needs

Goal of Motivational Interviewing

The overarching goal of motivational interviewing is to *elicit* and *strengthen* a client's *commitment* to change

Four Foundational Processes



Engaging

- Process where both parties establish a connection and working relationship
- A prerequisite for using MI
 - person-centered style
 - listen – understand dilemma and values
 - OARS core skills
 - Open-ended questions
 - Affirmations
 - Reflections
 - Summaries

Questions to Ask Yourself MI Consistent Engaging

- How comfortable is the client talking to me?
- How supportive and helpful am I being?
- Do I understand the client's perspective and concerns?
- How comfortable do I feel in this conversation?
- Does this feel like a collaborative partnership?

Focusing: Strategic Centering

- Clarify the direction toward which one wants to move
- Developing and maintaining a specific direction in the discussion
- What changes are expected from the consultation?
 - agenda setting
 - information and advice

Questions to Ask Yourself MI Consistent Focusing

- **What are this client's goals for change?**
- **Do I have different goals than the client?**
- **Are we working together with a common purpose?**
- **Do I have a clear sense of where we are going?**
- **Are we moving together or in different directions?**

Evoking

- **Selective eliciting**
 - **client's own motivations for change**
- **Selective responding**
 - **reflect "change talk" more than "sustain talk"**
- **Selective summaries**
 - **client statements in favor of change**

Questions to Ask Yourself MI Consistent Evoking

- **What are this client's reasons for change?**
- **Is the reluctance more about confidence or importance?**
- **What change talk am I hearing?**
- **Am I steering too far or too fast in a particular direction?**
- **Am I the one arguing for change?**

Planning: The Bridge to Change

- **Negotiating a change plan**
- **Consolidating commitment**

Questions to Ask Yourself MI Consistent Planning

- **What would be a reasonable next step toward change?**
- **What would help this client to move forward?**
- **Am I remembering to evoke vs. prescribe a plan?**
- **Am I offering information and advice with permission?**
- **Am I retaining a quiet curiosity about what works best for this person?**

When to Use MI

- **Whenever there is ambivalence, either about desire or ability to change (e.g., adhering to treatment protocol) – when ambivalence is resolved MI is not necessary, just offer standard care until ambivalence emerges/re-emerges**
- **Whenever readiness for change is unknown (e.g., at initial intake or feedback appointment)**

Basic Skills of MI: OARS

- **MAIN GOAL: INCREASE *CHANGE TALK***
- **Open-ended questions: questions that do not invite brief answers**
- **Affirmations: directly affirming and supporting the client during the counseling process**
- **Reflections: making a guess at what the speaker means, using a statement rather than a question**
- **Summaries: summary statements link together and reinforce material that has been discussed**

Open-Ended Questions

- **An open-ended question is one that has a wide range of possible answers**
- **The question may seek information, invite the client's perspective, or encourage self-exploration**
- **The open question allows the option of surprise for the questioner**
- **"Tell me more" statements are usually considered open questions**

Closed Questions

- **Closed questions invite only a small range of answers**
- **Closed questions can't and shouldn't be avoided entirely**
- **Even at expert proficiency in MI, up to 30% of questions will be closed**
- **Most people find that closed questions come more naturally**

Making Open Questions

- **Typical closed questions can be phrased as open questions**
 - **CLOSED: Have you considered changing your exercise regime?**
 - **OPEN: What are the pros and cons of staying active?**

Making Open Questions

- **Typical closed questions can be phrased as open questions**
 - **CLOSED: It's very important that you start taking your medication every day. Are you ready to do that?**
 - **OPEN: What is your plan to ensure you take your medications daily?**

Making Open Questions

- **Typical closed questions can be phrased as open questions**
 - **CLOSED: Have you thought about the impact your death would have on your children?**
 - **OPEN: What are your biggest concerns regarding your health?**

Affirmations

- **Affirmations can come in the form of:**
 - compliments or statements of appreciation and understanding
 - commenting on the client's strengths, abilities, or efforts in any area (not simply related to the target behavior)
 - reviewing client's past successes can help identify strengths, abilities, and efforts
- **An affirmation is typically more subtle than “praise” and doesn't have the feel of a power differential**

Examples of Affirmations

- I appreciate that you took a big step in coming here today
- You're such a resourceful person to cope with such difficulties for so long
- That's a good suggestion
- It seems like you're the kind of person who once you make up your mind you are going to do it
- You are a really warm and caring person
- Not everyone is willing to do the kind of difficult self-exploration you are doing

Affirming “Difficult” Clients

- **It can be difficult to affirm clients who are resistant to treatment**
 - **it is natural to perceive weaknesses or faults more easily in these individuals than strengths are perceived**
 - **it is difficult to support a client’s self-efficacy if you cannot see their strengths**
- **To practice affirming difficult clients, it can be useful to think of anyone you don’t like and try to think of one or more genuine strengths this person possesses**

Reflection Stems

- **Some people find it helpful to have some words to get them started in making a reflective listening statement**
 - **So you feel...**
 - **It sounds like you...**
 - **You’re wondering if...**
 - **What I’m hearing is...**
 - **You...**

Reflective Listening Strategies: Simple Reflection

- **This is a basic acknowledgement of what a person has just said; the provider restates without adding new meaning**
 1. **Repeating: the simplest reflection simply repeats an element of what the speaker has said**
 2. **Rephrasing: here, the listener stays close to what the speaker said, but substitutes synonyms or slightly rephrases what was offered**

Reflective Listening Strategies: Complex Reflection

- **Complex reflections add meaning to what the speaker has said and can often be used to emphasize key elements (e.g., change talk) or even guide the appointment**

Reflective Listening Strategies: Complex Reflection

1. Paraphrasing

- *this is a more major restatement, in which the listener infers the meaning in what was said and reflects this back in new words – this adds to and extends what was actually said*
- *in artful form, this is like continuing the paragraph that the speaker has been developing – saying the next sentence rather than repeating the last one*

Reflective Listening Strategies: Complex Reflection

2. Reflection of feeling

- *often regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.*

Reflective Listening Strategies: Double-Sided Reflection

- **Reflection of ambivalence or double-sided reflection**
 - this can be considered a special case of reflection of feeling
 - a double-sided reflection is appropriate when the patient is expressing some ambivalence about change
 - the SW reflects that the person seems to “feel two ways about” the issue, “on the one hand...and on the other hand...”

Reflective Listening Strategies: Summary

- **A summary is simply a reflection that includes two or more separate ideas**
 - a double-sided reflection can be considered a type of summary
 - summaries are useful after a sustained period of reflective listening for checking in with a patient about what the SW has heard, and allowing the patient to elaborate on anything the SW may have missed

Reflective Listening Strategies: Expert Tip

- Using simile and metaphor as reflections
 - these may be used as reflective listening
 - these are generally complex reflections and often work very well therapeutically:
 - *“Kind of like...”*
 - *“It’s as though...”*

Reflective Listening: Overstating Versus Understating

- Choosing a word that overstates the patient’s feeling tends to cause the person to stop talking or back away from the experience – if a patient is making resistant statements, overstating might cause a patient to step back from counter-change statements

Reflective Listening: Overstating Example

- Client: “I’m only here because my wife made me come.”
- SW: “So nobody else in your life is concerned about your health. It’s really just your wife.”
- Client: “Well, I wouldn’t say that. I know my parents have been worried, and my boss even mentioned something the other day.”

Reflective Listening: Overstating Versus Understating

- Using a word that understates the intensity of feeling tends to cause the person to continue experiencing and discussing it – if a patient is making statements that are pro-behavior change, understating might cause a patient to advocate for change

Reflective Listening: Understating Example

- **Client: “Things are so much better after leaving my abusive relationship.”**
- **SW: So you’re fairly certain that this time you won’t go back to your husband.”**
- **Client: “I’m not fairly certain. I’m very certain. I want a new life.”**

Other MI Behaviors

- **Asking permission before giving advice or information – “I have a suggestion about how you might remember to take your medication. Would it be all right if I shared it with you?”**
- **Emphasizing control – “Only you can decide whether or not you are ready to set a quit date.”**
- **Support**
 - **“This is a really difficult situation for you”**
 - **“It must be difficult to manage all of these stressors at the same time”**

MI Inconsistent Behaviors

- **Advice (without permission)**

- “I’d recommend you take your medicine before watching television”
- “If I were in your shoes, I’d start exercising ASAP”

- **Confront**

- “You are an addict, and if you’re not willing to admit that, you can’t recover”
- “Your lack of dedication to your treatment shows you will never change”

- **Direct**

- “Complete your exercises before next week”

Eliciting Change Talk: Types of Change Talk

- Desire to change the behavior
- Ability to change the behavior
- Reasons to change the behavior
- Need to change the behavior
- Commitment to change the behavior

Strategies for Evoking Change Talk

- **Ask evocative questions – ask open questions, the answer to which is change talk**
 - **“What concerns you about...?”**
 - **“Why are you thinking about making a change?”**
 - **“And why would you do that?”**
 - **“What’s she/he concerned about?”**

Strategies for Evoking Change Talk

- **Ask for elaboration – when a change talk theme emerges, ask for more detail: “In what ways?”**
- **Ask for examples – when a change talk theme emerges, ask for specific examples: “When was the last time that happened?” “Give me an example.” “What else?”**

Strategies for Evoking Change Talk

- **Look back – ask about a time before the current concern emerged: “How were things better, different?”**
- **Look forward – ask what may happen if things continue as they are (status quo)**
- **Query extremes – “What are the worst things that might happen if you don’t make this change?”
“What are the best things that might happen if you do make this change?”**

Strategies for Evoking Change Talk

- **Use change rulers – ask, “On a scale from zero to ten, how important is it to you to [target change], where zero is not at all important and ten is extremely important?” Follow up: “Why are you at five and not three? What might happen that could move you from five to seven?”**

Strategies for Evoking Change Talk

- **Explore goals and values – ask what the person’s guiding values are: What do they want in life? If there is a “problem” behavior, ask how that behavior fits in with the person’s goals or values. Does it help realize a goal or value, interfere with it, or is it irrelevant?**

Strategies for Evoking Change Talk

- **Come alongside – explicitly side with the negative (status quo) side of ambivalence: “Perhaps _____ is so important to you that you won’t give it up, no matter what the cost.”**

What is Resistance?

- **What used to be termed resistance is now referred to as “discord” and “sustain talk”**

- **Discord**

- the patient does not agree with the SW, does not feel understood by the SW, or is feeling attacked by the SW
- when there is discord, collaboration between the client and SW is low
- passive agreement with SW suggestions or statements
- arguments against change
- “yes, but” statements
- critical comments about the SW, the clinic, the legal system, etc.

What is Resistance?

- **Sustain talk**

- the patient voices the benefits of staying the same
- the patient voices the cons of changing

How Do You “Roll with Resistance?”

- Normally when we are confronted with resistance, the “righting reflex” kicks in – we try to directly counter resistance with persuasion, cheerleading, logic, data, scare tactics – anything that is the logical opposite of resistance
- In MI, resistance is never directly opposed – but that doesn’t mean we aren’t working very hard to elicit the opposite

Strategies for Managing Resistance

- Simple reflection
 - general principle: respond to resistance with non-resistance
 - *acknowledge person’s disagreement, feeling, or perception*
 - *a small shift in emphasis may also be accomplished*

Strategies for Managing Resistance

• Amplified reflection

- general principle: reflecting a resistance statement in an amplified form can elicit the other side of ambivalence (e.g., the pro-change side of resistance)
 - *it is usually at least useful at getting the person to back off from an extremely resistant stance*
 - *be careful not to be sarcastic or overstate things too extremely*
 - *when used, amplified reflection must be used empathically*

Strategies for Managing Resistance

• Double-sided reflection

- general principle: use this approach to capture both sides of ambivalence
 - *the conjunction “and” should be used rather than “but” to maintain a balance of emphasis – this allows the therapist to acknowledge and validate the resistance, but use information the participant himself has provided to provide a counter-resistance perspective*

Strategies for Managing Resistance

• Shifting focus

- **general principle: this technique involves diffusing the participant's concern and then directing his attention to a more workable issue**
 - *this technique is often useful when an interviewee is manifesting resistance by trying to focus prematurely on solutions or therapy goals (e.g., "So I suppose you're going to tell me I need to stop drinking." or "I know I screwed up. I got a DWI and now I have to go through your program.")*

Strategies for Managing Resistance

• Reframing

- **general principle: client statements of resistance are reframed in a way that is more likely to be helpful and support change**
 - *this approach may be helpful when clients talk about repeatedly trying to make a change and failing; this can be reframed as persistence, or great motivations for change*
 - C: I've tried so many times to change and I've failed!
 - T: You were very persistent even in the face of discouragement. This change must be really important to you.

Information Exchange: Elicit-Provide-Elicit

- **Elicit** – What does the patient already know about their disease, the treatment options, etc.?
- **Provide** – provide the patient with the information he or she needs (i.e., what he or she doesn't already know)
- **Elicit** – What does the patient think about what you've told him or her?

Giving Advice

- **The person is more likely to hear and heed your advice if you have permission to give it**
- **Different forms of permission**
 - the patient offers it (e.g., asks for advice)
 - you ask permission to give it
 - *“There’s something that worries me here. Would it be all right if I...”*
 - *“Would you like to know...”*
 - *“Do you want to know what I would do if I were in your situation?”*
 - *“I could tell you some things other patients have done that worked...”*

Developing a Plan

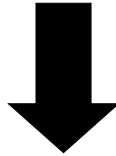
- **Signs of readiness for change**
 - decreased resistance
 - decreased discussion about the problem
 - greater discussion about the future
 - change talk
 - questions about change
 - envisioning

Developing a Plan

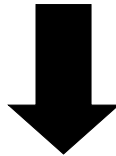
- **Hazards**
 - underestimating ambivalence
 - over-prescription
 - insufficient direction

Initiating Phase II

Summary



Key Question



Change Planning

Key Questions

- **“What do you think you will do? What are you thinking at this point about _____?”**
- **“What changes, if any, are you thinking of making?”**
- **“At this point, after reviewing all of this, what’s the next step for you?”**
- **“What could you do? What are your options?”**

Key Questions

- **“It sounds like things can’t stay the way they are now. What do you think you might do?”**
- **“Of the things we have talked about, which ones concern you the most? What do you want to do at this point?”**
- **“What happens next?”**
- **“Where do we go from here?”**

Negotiating a Change Plan

- **Setting goals**
- **Considering change options**
- **Arriving at a plan**
- **Eliciting commitment**
- **Information and advice are given only as needed (and with permission) – patient is the primary source of ideas**

Responding to Change Talk

- **When you hear change talk, don't just sit there!**
 - **reflect it – restate it back to the person**
 - **ask for examples/elaboration – When was the last time? In what ways?**
 - **ask for more – What else? What other reasons?**
 - **affirm change talk – reinforce, encourage, support it**
 - **summarize – “Collecting flowers into a bouquet”**

Ending an Appointment with MI

- **Complete a session by giving a summary**
 - **bouquet: draw together a person's desire, ability, reasons, and need themes**
 - **briefly acknowledge areas of reluctance, if appropriate**
 - **summarize the person's commitment strength**
 - **if commitment is strong, elicit/negotiate a change plan**

Characteristics of MI Provider

- **Cultivating change talk: provider shows a marked and consistent effort to increase the depth, strength, or momentum of the patient's language in favor of change**
- **Softening sustain talk: provider shows a marked and consistent effort to decrease the depth, strength, or momentum of the patient's language in favor of the status quo**

Based on scoring guidelines from Moyers et al. (2016)

Characteristics of MI Provider

- **Partnership: provider actively fosters and encourages power sharing in the interaction in such a way that the patient's contributions substantially influence the nature of the session**
- **Empathy: provider shows evidence of deep understanding of patient's point of view, not just for what has been explicitly stated, but what the patient means but has not yet said**

Based on scoring guidelines from Moyers et al. (2016)

Using MI as a SW: Summary

- **“There are a thousand hacking at the branches of evil to one who is striking at the root.” Henry David Thoreau**
- **Client motivation (or lack thereof) contributes directly to health issues**
- **SWs are well-positioned to enhance behavioral change**

Using MI as a SW: Summary

- **MI is an excellent tool to increase patient self-efficacy**
- **With practice, one can enhance the impact of social work on patient health and wellbeing via MI**

MI: Resources for SWs

- <http://www.motivationalinterviewing.org>
 - This website provides resources for those seeking information on Motivational Interviewing. It includes general information about the approach, as well as links, training resources, and information on reprints and recent research.
- <http://www.amazon.com/Motivational-Interviewing-Practice-Applications-Interviewin/dp/1609189698>
 - Motivational Interviewing in Social Work Practice, 2011

Motivational Interviewing: An Overview for Social Workers

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