What is
Motivational Interviewing?

with Mary Dugan, PhD, LCSW

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Summary

Motivational Interviewing is a tool for use in helping people resolve their ambivalence, or internal conflict, about changing their behavior. This training covers what MI is, why you hear people talking about the Spirit of MI and why that that is so important. You will learn how MI works and why, and be given resources for further learning or finding information, and for comparing MI with other approaches.

Presenter

Mary Dugan, PhD, LCSW, is a Research Assistant Professor at the Missouri Institute of Mental Health and a Licensed Clinical Social Worker. She got her Master's in Social Work from Saint Louis University and her PhD in Counselor Education from the University of Missouri-St. Louis. Her research interests include cultural responsiveness, prevention, and the use of Motivational Interviewing, particularly with ethnic minorities. She has worked in various social service settings, including a substance abuse treatment center, community mental health agencies, as well in private practice. Her first experience with Motivational Interviewing occurred in the late 1990's, and more recently she participated in the Motivational Interviewing Supervisor's Training with William Miller and Theresa Moyers. In 2007 she was accepted into the Training for New Trainers conducted in Sophia, Bulgaria. After that, she was accepted into the Motivational Interviewing Network of Trainers.

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US Center for Substance Abuse Treatment TIP Manual 35 http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=15543

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Glossary

Client-Centered Therapy—as developed by Carl Rogers, a non-directive approach to therapy wherein the client controls the content and pace of the therapy

Motivational Interviewing-- a client-centered directive method for enhancing intrinsic motivation to change behavior—to resolve ambivalence and change behavior; or, a directive, person-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence

Self-efficacy Theory—people's perception of their ability to plan and reach a particular goal

Stages of Change—a model of six steps along a continuum used to illustrate how change occurs

Notes

Transcript

Thom Pancella: Hello, and welcome to this MIMHTraining.com presentation called, "What is Motivational Interviewing?" I'm Thom Pancella with the Missouri Institute of Mental Health. Thanks for joining us today. With me is a colleague at the Missouri Institute of Mental Health, Dr. Mary Dugan. She's a Research Assistant Professor here at the Missouri Institute of Mental Health. She is a Licensed Clinical Social Worker. She got her Master's in Social Work from Saint Louis University and her PhD in Counselor Eduation from the University of Missouri-St. Louis. Her research interests include cultural responsiveness, prevention, and the use of Motivational Interviewing, particularly with ethnic minorities. She has worked in various social service settings, including a substance abuse treatment center, community mental health agencies, as well in private practice. Her first experience with Motivational Interviewing occurred in the late 1990's, and more recently she participated in the Motivational Interviewing Supervisor's Training with William Miller and Theresa Moyers. Last year, in 2007, she was accepted into the Training for New Trainers conducted in Sophia, Bulgaria. And, after that, she was accepted into the Motivational Interviewing Network of Trainers. Mary thanks for joining us today.

Mary Dugan: You're welcome; thanks for having me.

TP: So, let's start at the beginning. When did Motivational Interviewing start? Who was kind of credited with its formal

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introduction to the world?

MD: Okay, well it's William Miller and Steve Rollnick—in some areas those names are well known, in others not so much—but, they were both clinicians, and they were both at a conference in Europe—I think the United Kingdom, but I'm not positive about the exact country—but, Bill Miller did a presentation with a real client in front of the audience and was, made some astounding progress and success, and had a reputation for being very successful. So after the session was over, Steve Rollnick pulled him aside and said, "You know, hey, what's the deal here? That was awesome. How do you do that?" And Bill said, "Well, I just make it up. You know, it's not anything formalized." And he goes, "Well, it should be." And they started having conversations after that, and started working closer together with a group of their colleagues early on.
So, they started publishing on it, and exchanging information, and doing kind of their own—I guess research—you know, studying just how they did it, and writing down what they did and checking it out. And the first book was published in 1991, <u>Motivational Interviewing</u>, and that's when it really took off, or people really started hearing about it outside that little group of initial friends that worked on it.

TP: So, since then, is there some kind of formal definition of Motivational Interviewing now?

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MD: Yeah, though that's also evolving, and it's come out of Bill Miller and Rollnick's work. Basically, that it's a client-center—client centered directive method of helping people to look at change. And, originally—it's interesting because originally the word 'behavior' change was in there, and then, in the second edition of the book which came out about ten years later, 2001 I think is the date on the second book, the 'behavior' part was left off the change. And people thought it was a big shift in the way they were looking at Motivational Interviewing. And just recently I saw a post from Bill Miller—somebody asking him about that—and he says, "You know, it's interesting. That was just a typo." He says, "I was typing—writing it in, and I just didn't put the word 'behavior' change in." He commented how it's interesting that a caffeine deficit resulted in a policy change. So, but the point is, and the real gist of it is, that it's both client-centered and directive, which, for some people, are contradictory terms.

TP: So, where is it used today?

MD: It is used in a lot of places today. It started in the Substance Abuse treatment field. Rollnick—Steve Rollnick's background is in more Health Psychology—and so he was doing a lot of work in the health fields, though, it's used for—just about anyplace people wanna change behavior, or reduce the resistance to behavior—so, you find it in the health field with cardiac patients, with diabetics, people that have to work on their cholesterol, teenagers that

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you're trying to make health changes with—less risky
behavior or more healthy activities—exercise, smoking—just
the whole range.

It's interesting, it's also been adapted and embraced by the
correctional, criminal justice system. That's about a third of
the people using it now and publishing and researching are in
corrections, which surprises some people at first because you
think, well, they're incarcerated, what changes do they have?
Or, they're on probation or parole and they have to do X, Y
and Z. But it's been very successful in helping them reduce
recitivism, reduce resistance, and have more—well, less
unpleasant—I won't say more pleasant, but less unpleasant
working situations.

TP: Well, let's get into it a little bit, then. Can you describe
it to us then? Can you describe Motivational Interviewing?

MD: I guess, if I was to draw a picture, I would draw a
pyramid. And I would have—much like the food pyramid
that we have from the Food & Drug Administration—and I
would have Spirit on the bottom, as the very foundation and
the broadest piece of Motivational Interviewing. And then
kind of in the middle, kind of the Principles of Motivational
Interviewing. And then at the top I would have the
Strategies.

TP: Okay, Spirit, Principles and Strategies.

MD: Right.

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TP: So, let's start with Spirit.

MD: Okay, Spirit is actually, I guess the core of MI.
There's an acronym called ACE—A.C.E.—a deck of cards
for people who like acronyms, and the A is Autonomy, C is
Collaboration and E is Evocation. And the idea is that you
have MI Spirit—or you're practicing or relating to people in
the MI Sprit if you respect their autonomy—that people have
the right to make their own decisions, and it's their choice
and their decision, even though we know certain things are
better and have better outcomes, it ultimately comes down to
their choice, and we can't make them do it or hammer it into
them.
The collaboration is a respectful way to work with people
that—I may know more things about some areas, but you're
the expert on your life; you know more about your situation
and what you have to deal with, and what works for you and
what doesn't work for you. So our work together should be
collaborative; it shouldn't be me giving you a lecture and
then giving you a prescription and then saying, "Go do this."
We should work together.
And the E part, the evocation refers to the fact that with
Motivational Interviewing, I know you have it within you to
make healthy choices and do what's best for you in your life
in your situation. You may not know that, or you may not
believe it. So it's my job to kind of pull it out, or evoke it
out of you.
So that's kind of the whole picture of MI Spirit.

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TP: You put that at the bottom of the pyramid; why is it considered to be the foundation? Why is it so important?

MD: Well, it's considered to be so important because the Strategies are basic skills, and you can practice those strategies without practicing in the Spirit of MI. By the same token, if you have the MI Spirit, you can not do everything perfectly, but if you—that relationship really comes across to the person you're working with—then that helps build the therapeutic relationship that will help you get your work done.

TP: Interesting. So, what are the principles—Principles came next right?

MD: Principles are—expressing empathy, that we're gonna express empathy, we're going to develop discrepancy, and that's important because if somebody's going to change they have to see a reason for change, so we wanna create ambivalence or help them become more uncomfortable with the difference between what they wanna do, what they're supposed to do, what they're behavior actually is and what it's supposed to be—so that's the develop discrepancy. Let's see…support self-efficacy is another one—so we wanna support the person in making their own decisions, in taking the steps that they need to take to make the change. And then R is roll with resistance—that instead of pounding against them when we get resistance from a client, or getting defensive, or digging our heels in and not moving, we wanna

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learn to kind of roll with the resistance, and that will help us deflate it, which will let the person express their feelings— just kind of takes the wind out of their sails, I guess.
So those principles are kind of the meat—the core of how you—what you're doing with the Spirit of MI.

TP: Now you mentioned that the strategies themselves were actually fairly basic techniques, fairly basic tools. What are some of the strategies?

MD: Well, we have another acronym, and that acronym is would be OARS—O.A.R.S. And the O would be for Open-ended questions; A would be for Affirmations; R would be for Reflections; and S would be for Summaries. And those are actually things that people learn in Counseling 101 or Helping 101, sometimes even at the undergrad level, so people look at them and they say, "Well, that's not new. I've been doing that for a long time."

TP: Now you talked at the beginning about how this was born almost accidentally. Has it been tied to a particular theory?

MD: It's related to—well, I guess there's two things to say about that. Theory is developing about Motivational Interviewing with the research that's being done. There are over 160 clinical trials now, and they're getting closer and closer now to refining the definition and the theory of what Motivational Interviewing is. But it's also very related to

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some theories that exist already. The Self-efficacy Theory—
that a person has within themselves, and that, if they believe
they have it, then they can pull it out—so there are some
theories that it definetely relates to.

TP: How would you say that Motivational Interviewing
relates to Stages of Change?

MD: Stages of Change is actually a cousin of Motivational
Interviewing. It's the latest—or the way they talk about it—
as you might have heard, Prochaska and DiClemente (are
the creators or developers of the Stages of Change, and
Miller and Rollnick and some long-time MI trainers are
getting away from talking about Stages of Change now,
because there's been so much confusion, and kind of
blending of the two, that people think they're the same
thing. They actually were developed around the same
time—Prochaska and DiClemente were doing their work
www.cellinteractive.com/ucla/physcian_ed/
stages_change.html) around the same time, and started
publishing around the same time that Miller and Rollnick
did—but they actually weren't working together. They
were colleagial, and I'm sure they probably ran into each
other, or knew of each other's works through the literature
and through conferences. But the way we look at it is that
the Stages of Change model is a model of how change
happens; Motivational Interviewing is an intervention that
you implement to facilitate change happening. So you
can't—there's five stages in the Stages of Change—

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Precontemplation, Contemplation, and so on—you can't
precontemplate somebody or contemplate somebody, but
you can use Motivational Interviewing with somebody.

TP: So, how does it work? How does Motivational
Interviewing help people change? What does the clinician
do?

MD: The clinician will use their Strategies in a
Motivational Interviewing—well we say adherent, or style.
They'll, of course, keep in the back of their mind that they
wanna evoke what's in the client; they wanna be empathic
and, you know, those things we talked about before, so
they'll use their strategies. They'll use open-ended
questions, and the reflections, and then summaries and
affirmations are less frequently used, but they use these
things to direct the—direct the individual towards either
developing the discrepancy in the beginning—because
sometimes people don't know—that they don't have any—
they don't think that they have any problem; they're there
because somebody said, "You have to come in," or, "You
have to meet with this person." So—or they may be in what
they used to call denial, that, "Oh, I don't believe that I have
a problem; it's everybody else that has a problem."
So they use their skills, in using those techniques, those
strategies, to help the person come to recognize they don't.
I think we also talked about—or maybe we didn't this
time—but we talk about Rogerian, or Client-Centered
Therapy, and MI is very much related to and based on

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Client-Centered—it adds the directiveness to it. So, a Rogerian therapist would be with the client, join with the client—but, what some people found was that wasn't enough—that you could join and be with them and support them and have this wonderful relationship, but it wasn't going anywhere. So I guess that's the beauty or the innovation that Bill Miller made up himself or found, is a way to be that way and still be directive.

TP: That kind of springs into the next question, which is how Motivational Interviewing really is different from how people are used to helping other people. Besides the Rogerian connections, are there other ways?

MD: Yeah. Steve Rollnick talks about it in his new book— that the Rogerian way would be kind of a following way that we work with people, that we're with them—well, we just had that converation—all those things. But another way that people help people is to be very directive—so, you go to the doctor and he writes a prescription and says, "Exercise three times a week; take this medication; and follow this diet." Or, "Do this for your high blood pressure.'' Reduce your salt—you know, that it's very directive—he tells you what to do; he's the expert; you're coming in for advice.
So, Rollnick talks about, and discusses in his book, how those two seem to be very opposed to each other, or opposite ends of the spectrum. And that what they envision Motivational Interviewing is as somewhere in the middle—

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kind of a guide—so that sometimes the counselor, the clinician, will follow the client, much like a guide might take you where you want to go, or sometimes the clincian will be more directive and say, "Well, you really missed this, or you really ought to check this out," much like a guide would say if you hired a guide to take you fishing or if you're on vacation and say, "Oh, these are the main tourist attractions, but people really like this, or people really enjoy that." So the guide moves back and forth between the two styles of being a follower and being more directive.

TP: Your background is in social work. What about Motivational Interviewing drew you into that?

MD: Well, the foundations are kind of the background of social work. I think, theoretically, it's—it looks at people wholistically; it's not just looking at what's inside the person's head like psychology or some other things might look at—but it looks at not only what's internal, what's going on inside the person, but what their eviron—what environment they're in, and what's going on around them, and their relationships—what are their relationships with other people? And, for me it was a very respectful way to work with people—and that was part of the reason I chose social work—and the MI aspect of it seems to be a natural flow, or a natural intervention to fit with that. I hesitate to say spiritual because Miller and Rollnick are very careful about not saying spiritual, but when you think about

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spirituality separate from religion, it feels like a very spiritual, respectful approach to work with people.

TP: Now Motivational Interviewing is considered to be an evidence-based practice. Tell us a little about what that is, what that means, and why that's important.

MD: Well, what it means is that it's been recognized by lots of people. First of all, there's been—I think I mentioned—160 or more clinical trials. In addition to the clinical trials, there's probably over 700—between 700 and 750—publications in peer-reviewed journals. So there has been a lot of research and work with Motivational Interviewing, and these clinical trials and the research are producing evidence that it works. So, evidence-based means that we've got hardcore facts, we've got data that show that it works. Motivationa Interviewing has been recognized by NIDA, the National Institute of Drug Abuse, which is part of National Institute of Health, one of the, I guess major, or largest federal funders of research in this country. And, more recently, Motivational Interviewing and kind of a way to use it—Motivational Enhancement Therapy—have both been recognized by the National Register of Evidence-Based Practices. So it's on the NREPP (nrepp.samhsa.gov/about-**evidence**.htm) NREPP website now as an evidence-based practice, and when you go to that website—anybody can go to that website—and they have a menu when you want to look for an intervention. So you go to the intervention, and you can

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click in what the population is that you're working with—
kind of age, gender, other descriptives—some problem
behaviors, you know, if you want to do treatment or
prevention or different things to help your search, and then
NREPP has the database, and it'll match your search to all
the criteria that you put in. So, Motivational Interviewing is
now on that list, and there are several steps that the practice
or the intervention has to be evaluated on before they will
put it on that list. Lots of hoops to jump through to get
listed on there, so it's kind of a big deal.

TP: So where can people get more information?

MD: There's lots of places. I would start with the
Motivational Interviewing website,
motivationalinterviewing (one word) dot com; the
University of New Mexico has a section on their website, or
a link on their site to a separate website—CASAA, Center
for Alcohol and Substance Abuse, something—CASAA.
There are lots of books. Motivational Interviewing first
came out in '91; the second edition around 2001. More
recently, in just the last few months, we've had two new
books come out. One is Motivational Interviewing for
Psychological Problems, and the other is Motivational
Interviewing in the Healthcare Setting. And then, if you're
so inclined, you can go to the peer-reviewed literature, and
the website—the Motivational Interviewing website—has a
list, a bibliography section, where they list them by years,
and then alphabetized by author's last name—anything that

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they're either aware of, or people let them know—and they also have an abstract link where you can read abstracts of certain articles. A lot of people like to just do that rather than go to the library, so either way would get you there. On the website the clinical trials are highlighted in blue, so it's kind of an easy way to find—if you really want to look for the evidence, look through and just look at the clinical trials.

TP: Well, very good; this has been a really good foundation. Thanks for joining us today.

MD: Thanks for having me.

TP: And, thank you for joining us. If you are watching this program online, and you'd like to receive CEU credits for it, click on the post-test button, take the post test and fill out the CEU application. If you're watching off line, say on a DVD, the information regarding the CEU application and the post-test should have been included with your materials. As always, you can drop us a line at feedback@mimhtraining.com if you have any suggestions for speakers or topics you'd like to see in this or any other format. The Missouri Institute of Mental Health is always insterested in your ideas for topics and speakers, so that we get you the training that you need. Again, I'd like to thank you for joining us today, and Mary, thank you for joining us.

MD: Thanks for having me.

Notes