Bringing Your MI Practice Up To Date!

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Learning Objectives

- Review recent developments in the conceptualization, theoretical development, and research of Motivational Interviewing (MI)
- Analyze a video example of MI in action
- Explore the implications for an individual practice
- Identify strategies and tips for further skill development
 Agenda for Today

- Changes in the conceptualization of MI
- Theoretical developments
- Recent research findings
- MI in action
- Implications for practice
- What you can do to improve your practice
Motivational Interviewing
the Title of the Book

- MI 1- Preparing people to change addictive behavior
- MI 2- Preparing people to change
- MI 3- Helping people to change
Current Deep Level Definition

Motivational interviewing is 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 drawing out and exploring a person’s own reasons for change within an atmosphere of acceptance and compassion.
Expanding the Boundaries

Target Behavior - such as addictive behavior

Change goal; more broadly defined as behavior, attitude, decisions, acceptance, self-concept, grief
The Spirit of MI

- MI 3
  - **Compassion**
  - Acceptance (accurate empathy, affirmation, absolute worth of the person, and support of the person’s autonomy)
  - Partnership
  - Evocation

- MI 2
  - Evocation
  - Collaboration
  - Autonomy Support
Compassion

Actively promoting the other’s welfare, to give priority to the other’s needs.

Having your heart in the right place so that the trust you engender will be deserved
Four Foundational Processes

1. Engaging
2. Focusing
3. Evoking
4. Planning
“The reason for developing discrepancy and evoking people’s own motivations for change is to help them move on to actual change. If you fail to negotiate this planning process, the person may reduce distress in some other way and the window of opportunity will close again. You might even inure the person against future considerations of change.”

Miller and Rollnick, 2013, p.
Implications of the Planning Process

- MI can be used to facilitate the client’s problem-solving, goal-setting, and plan development

- MI can be utilized throughout the change process; not just preparing people to change but helping with monitoring the change, modifying the plan, and re-engaging with motivation if it begins to falter
What Happened to Resistance?

- Not found anywhere in MI-3

Resistance

Discord in the relationship  Sustain talk
Sustain Talk and Discord

- **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

- **Discord** 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 counselor style
MI Skills

- Open-ended questions
- Affirmations
- Reflective Listening
- Summarizing
- Exchanging Information
  - Offering education, advice, suggestions, recommendation, and feedback in an artful and respectful manner
Advancements in MI theory

- MI was not developed from theory but was considered a-theoretical
- Many theories about behavior change had some alignment with MI
- MI theory building developed based on the MI research, particularly process research
Hypothesized Relationships Among Process and Outcome Variables in Motivational Interviewing

(Miller & Rose 2009)
Advancements in MI Theory

- Relational Component; the client-centered core
  - Empathy and deep listening
  - Assumes that the client has the resources and the motivation within

- Technical Component; the focus on language
  - Clinician is intentional, directional, and strategic in shaping the client’s language toward a specific change goal
  - The client’s language influences the outcome
MI and Self-Determination Theory

- There are advantages in approach and research to recognizing autonomy as a fundamental human need and a theoretical principle.

- In response, MI community looking at the explicit language associated with supporting autonomy (as opposed to a global measure).
Focusing

- MI has always been directional and goal-oriented. Now the types of change goals has expanded. Focusing is more challenging and evermore important for obtaining outcomes.

- Gobat and colleagues have been making advancements in measuring the focusing process to provide guidance to practitioners.
Focusing

- Agenda mapping is one effective tool for focusing the MI conversation. (Gobat 2015)

- Additional work being done on focusing in more difficult situations with many potential target changes and very complicated clients. (work in progress)
The Client Self-Exploration Scale

- Truax & Carkhuff (1967); Carl Roger’s students

- Not new but incredibly useful. There is a new edition of this book out. The MI Empathy scale is also based on the this work.

- This scale was developed to train clinicians in what to listen for and encourage in the client to facilitate change during therapy
The Self-Exploration Scale

- **LOW**: No personally relevant material is revealed or discussed by the client during the session. If the client brings up personally relevant material, the clinician dismisses it or responds only minimally.

- **MEDIUM**: The client does volunteer or elaborate on some personally relevant material beyond that directly asked for by the counselor, but does not readily explore it further.

- **HIGH**: The client engages in active intrapersonal exploration, openly exploring values, problems, feelings, relationships, fears, turmoil, life-choices, and perceptions. Clients may experience a shift in self-perception.
Personally Relevant Material May Include the Following:

- Personal problems
- Self-descriptions that reveal the self to the counselor, expressions of the internal world
- Personally private material which when revealed tends to make the client more vulnerable or could be personally damaging
- Personal values, life choices
- Expression of feelings
- Personal roles, perception of one’s relationship to others
- Perception of self worth
Research Findings
Substantial evidence for the MI Spirit

- Low levels of empathy render the micro-skills less effective and may even be toxic
- MI spirit predicted higher levels of self-exploration, Borsari, et al. (2014)
- Higher levels of self-exploration predicted better outcomes, Apodaca, et al. (2014)
- High levels of empathy in combination with more complex reflections can lead to reduced sustain talk (Gaume, et al. 2015)
Current Evidence Regarding Client Language (Magill, 2014)

- Therapist MI-consistent skills were correlated with more change talk but not less sustain talk.
- MI-inconsistent skills were associated with less change talk and more sustain talk.
- Client change talk was not associated with follow-up outcome.
- Sustain talk was associated with worse outcomes.
- Composite client language showed an overall positive relationship with client behavior change.
What to do About the Decisional Balance (DB)?

• No longer recommended for most MI sessions. (Miller and Rose, 2015) Why?

• In the DB, sustain talk is intentionally elicited and enhanced. In most situations, this is counter-productive, if not harmful.

• DB is appropriate when the clinician is intentionally maintaining neutrality or is in equipoise.
New Meta Analyses of MI Training (Schwalbe, et al. 2014)

- Key finding: initial training resulted in some skill acquisition with a significant erosion of skills by 3 months if nothing else was done to promote learning.

- Post workshop activities were associated with maintaining or even enhancing skills.

- Coaching and MI-based feedback about real practice were most widely used (and shown to be effective).

- Effectiveness of these activities was increased with more frequency of trainings, spreading out the activities over 6 months, and increased number of hours spent in activity.
Can Clinicians be Trained to Soften Sustain Talk?

- Project ELICIT: Testing Theory Based Training in Motivational Interviewing

- Theresa Moyers, Jon Houck, Jennifer Knapp Manuel, Lisa H. Glynn & Kevin Hallgren

- NIDA R01 DA021227-01

- Presented at APS 2015
Conclusions of ELICIT

- Clinicians can be trained to intentionally influence client language.

- This training results in differences in the amount of sustain talk from clients.

- Differences in client language are not accounted for by changes in general counseling skills in MI but only to specialized training focused on technical element.
Treatment Fidelity Measures

- All of the research referenced previously required good, solid, and accurate evaluation of what was actually happening in the sessions under study. Without a measure of treatment fidelity it is not possible to replicate or generalize findings.

- There are several useful tools available to facilitate MI supervision, coaching, and self-evaluation i.e. MIA:STEP, MIST, MISC, and MIPC.

- These tools also need to be updated in response to new developments and research.
Advancements in coding

- Motivational Interviewing Treatment Integrity Coding Manual 4.2.1 (MITI 4.2.1) was recently updated to reflect the findings.

- Measures of the relational component; Empathy and Partnership

- New measures of the technical component; Cultivating Change Talk and Softening Sustain Talk

- Measurement of specific skills (reflections, questions, exchanging information, affirming, emphasizing autonomy, etc.)
Advancements in Coding

- The new MITI is being used widely
  - To evaluate a clinician’s demonstrated skills

- As a platform for feedback to clinicians and to guide skill coaching

- As a tool for clinician’s to become better evaluators of their own practice

- To inform organizational implementation and research efforts about treatment fidelity
MI in action

- The Confirmed Smoker
What did you notice?

Use the scales below to rate how the clinician did.
<table>
<thead>
<tr>
<th><strong>Cultivating Change Talk</strong></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Softening Sustain Talk</strong></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<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>Clinician usually chooses to explore, focus on, or respond to the client’s language in favor of the status quo.</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>Clinician typically avoids an emphasis on client language favoring the status quo.</td>
<td>Clinician shows a marked and consistent effort to decrease the depth, strength, or momentum of the clients language in favor of the status quo.</td>
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What Was She Thinking?

A closer look at

The Confirmed Smoker
• If I could have a cigarette right now I would.

• It’s that much a part of your life, that you feel like you would have one even right now.

• Absolutely. And I think you find yourself going out at 10 o’clock, 11 o’clock at night to go to the store to grab a pack of cigarettes when you smoke because it’s what you need, physically need it, but you also like it because you enjoy it.

• Right. There’s a part of you that really enjoys smoking.
Right. *And then there’s a part that says, “You really don’t want to, or you shouldn’t.”* And it has nothing to do with people saying you can’t. *It’s the fact that after a period of time you start – the flavor of the taste, the problems becomes an issue.*

*Mm hmm. On the one hand you really like it, and it’s good for you – helps you, and on the other hand you’re noticing some things you don’t like about it, like you have to go out at night and get it, you have to look for a break, and then there’s also something about the flavor and the taste, you said.*
Yeah. You just get to a point where it’s not enjoyable anymore. You’re just doing it strictly out of habit, probably because of the nicotine that you want, but it’s really not because you want it. It’s because it gets to a point where you have to have it. And I’ve never tried to quit. I mean, I’ve been smoking for a long time and I never once said, “You know what, I’m going to quit smoking.”

And why is that, do you think?
I think it becomes so much a part of your life, it becomes what you do, it’s everything that you are . . if you go fishing, you go hunting, you go to sporting events, everything you do – that cigarette becomes part of who you are, even to a point where you can’t imagine yourself looking in a mirror without holding a cigarette. It is part of you, part of who your character is, even.

**So cigarettes are now a part of your character.**
Absolutely. It becomes part of your character. I’ve had people tell me they can’t even imagine me without a cigarette, can’t imagine what I’d look like without a cigarette.

And you can’t even imagine yourself without a cigarette.
No, so you just . . it becomes who you are. But at the same time you know some things are happening. One is you know that the taste isn’t there anymore. The cost is getting really really high, so now you’re finding yourself going to these lesser brands, or making this run to the rez so you can bypass . . I mean you have to do so much to smoke a cigarette and to maintain that desire that it gets really ridiculous, quite frankly.

Smoking used to be carefree for you, but now it’s actually causing you a lot of trouble.
It’s a challenge now. It’s not just go get a pack of cigarettes. It’s now, “How much do they cost? Which ones are the cheaper ones? Did you pick up a carton at the reservation ‘cause it’s so much cheaper with no taxes. Did you burn that hole in your clothes? Oh my God, that shirt – I burned a hole.” I mean, you start running into more and more issues. Then you start wondering, “What’s the return of this? What is the value?”

You’re smoking more and enjoying it less, and not only that, but then here come all of these sort of burdens or costs.
I would be a terrible smoke commercial. A terrible commercial.

It’s almost like if you were trying to convince yourself to smoke, you’d have a hard time doing it.
It would be like the old saying, “Smoke less and enjoy more,” but *it’s just the opposite: smoke more and enjoy less, so it would be a terrible advertising campaign.* You just get to the point where you finally decide for yourself, you know, somewhere along the line you know in the back of your mind, somewhere in the back of your mind you’re saying, “*You know there’s gonna come a time when I’m gonna put these down.*”

You’re thinking about it.

Absolutely, because of the involvement, the . . . how much its involvement is to smoke. *It’s too much . . .*
You have to . . There’s a physical part of that, and then there’s a mental part, so both of those have got to mesh at the same time before you finally say, “OK, I don’t care if I have to go through ten days. I’ve got to quit.” And I think that when finally those two . . for me anyway, when those two roads collide, or when those two roads intersect with each other, I think that’s when you’re finally able to make that choice.

And how is that going to happen for you?
I think constantly reinforcing in your mind that you want to quit. I think you know constantly saying to yourself, “Gee, this is getting to be a pain.” Or maybe it could be just that one time when you are sneaking out of the house on a cold winter night at 11:30 with ice on the road, and you’re driving to go get a pack of cigarettes, you finally go, “Wait a minute. This is insane! This is really insane.”

Well, I get the feeling that it’s coming for you.
• *It is.*

• It’s on the way.

• *Right, it is on the way, because it’s time. You just know somehow.*

• It’s time right now.

• *It’s time.*

• And you know.

• *And you know it’s time, and the body is saying it’s time, and the mind is saying it.* That’s why I say I think the two roads have to intersect, and when they do, you’ll do it.
And when you look ahead, right – if you look ahead, say, a year, do you see those two roads coming together?

I think I see it sooner than a year. I think I see it sooner.

Even sooner.

Yes. I think there comes a time when you just have to just finally say . . . I just gave you the reasons why it’s so bad to smoke.
Implications for practice

- To increase the likelihood that a client will change, clinicians need to:
  - Have their skills evaluated, preferably by someone skilled in MI coding
  - Develop strategies for ongoing skill development. This could include additional training, individual or group coaching, peer learning groups, self-guided learning, and others
  - Apply directed attention to building an intentional, mindful, and reflective practice
Cuddling the Problem a Common Pitfall!

In service of engagement, clinicians often spend too much time and energy and empathy on the client’s problem.
A Few Practical Tips

- Strengthen your MI relational skills; MI spirit and empathy matter
- Deepen your reflective listening practice
- Learn to cuddle up to the client’s values, goals, hopes, desires, and dreams-not just the problem.
- You influence and guide the conversation each time you speak; become more intentional about where you are going
- Reign in the righting reflex; learn about how and when it shows up for you. Look closely at your language
A Few Practical Tips

- Build your capacity to recognize, respond to, and elicit change talk and to soften rather than strengthen sustain talk
- Reconsider your use of the decisional balance
- Practice offering the opportunity to plan and then do so in a client-centered manner
A few practical tips

- Find a way to connect with a learning group to continue to practice and get feedback

- Take advantage of opportunities for training

- Work to become a more accurate and effective evaluator of your own practice. For you are the only one who can decide what your practice should consist of. It is yours to do!
References


References


References

