Motivational Interviewing
Hands on Practices
Workshops
10/7/19 – Jacksonville
10/7/19- Orlando
10/9/19 – Ft. Lauderdale
9 a.m. – 4 p.m.

Presented by: J. Tyler Harrell, MS, LPC-S, LCDC
of American Addiction Centers

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>9:00 am – 10:30 am</td>
<td>Section I Concepts of Motivational Interviewing</td>
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<td>10:30 am – 10:40 am</td>
<td>Break</td>
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<tr>
<td>10:40 am – 12:00 pm</td>
<td>Section II Addressing Change &amp; Resistance</td>
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<td>12:00 pm – 1:10 pm</td>
<td>Lunch Break</td>
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<td>1:10 pm – 2:30 pm</td>
<td>Section III Practicing Motivational Interviewing</td>
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<td>Section IV Applications of Motivational Interviewing</td>
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Motivational Interviewing
Hands on Practices

Presented by:
J. Tyler Harrell, MS, LPC-S, LCDC

LEARNING OBJECTIVES

- To improve participant's knowledge of the practice and concepts of Motivational Interviewing.
- To present evidence as to the effectiveness of Motivational Interviewing with different populations.
- To understand how to apply Motivational Interviewing to different populations and different care settings.
- To demonstrate knowledge of the appropriate use of Motivational Interviewing in the helping professions.
- To provide reference for continued reading and educational resources around Motivational Interviewing.
# AGENDA

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Photo courtesy American Addiction Centers
EXERCISE

- Motivation: Favorite Teacher

CONCEPTS OF MOTIVATIONAL INTERVIEWING

Motivational Interviewing is defined as an effective and evidence-based approach to overcoming the ambivalence that keeps many people from making desired changes in their lives (Miller & Rollnick 2002).
Instead of focusing then on why a person doesn’t want to make a particular change, it is sensible to explore what the person does want.

- Why isn’t this person motivated? vs For what is this person motivated?
  (Miller & Rollnick, 2002)
A common misconception by lay-people, is that people suffering from Substance Use Disorders (SUD) simply lack motivation to quit.

When faced with legal, family, medical, financial and occupational consequences a person without a SUD would undoubtedly quit.

It is the deeply entrenched motivation that perpetuates SUD behaviors.

How do we point that motivation in the right direction?
Ready, willing and able

This common phrase contains the three critical components we are looking for in the individuals we are helping...

ABLE...

- Does the individual have what they need to change?
- Have they thought about steps that need to be taken to change?
- Is the individual pessimistic about changing?
  - “I wish I could”
  - “I know it is bad but…”
### WILLING...

- Is the person realistic about how hard it will be to change?
  - "I got this!"
- Willingness implies an understanding of the importance of change.
  - Does the individual agree?
  - Are they able to see the discrepancy between the current situation and the future one after the change has been implemented?

### READY...

- One can be willing and able to change, but not ready.
  - "I will quit tomorrow."
- They may perceive the importance of change and feel an ability to do so, but not take necessary action.
  - "I want to but not now"
  - "Quitting smoking is important to me."
MOTIVATION EXPERIMENT VIDEO

Section I

Carl Rogers

- “The counselor need only offer three critical conditions to elicit change: accurate empathy, non-possessive warmth, genuineness.”
Research indicates that counselor empathy can be a significant determinant in outcomes.

Counselor empathy still accounted for half of the variance in outcomes at 12 months

(Miller & Rollnick, 2002)

AMBIVALENCE: The health and safety quiz
WHAT TRIGGERS CHANGE?

- Common belief is that change is triggered by suffering.
  - “If things get bad enough they will change.”
- Many individuals with SUD have had much suffering.
- Shame, guilt, humiliation are not engines of change. They actually will immobilize the person.
  - This is contrary to aversion programs such as ‘Scared Straight’ or confrontational treatment scenarios.
- Acceptance and empowerment create an environment that fosters change.
  (Miller & Rollnick, 2002)
10 Minute Break

SECTION II: ADDRESSING CHANGE AND RESISTANCE
VIDEO

How to NOT roll with resistance…

https://www.youtube.com/watch?v=dI_M6U615dc

Section II

23

VIDEO

How To roll with resistance…

https://www.youtube.com/watch?v=WE0GMWHebTQ

Section II

24
CHANGE AND RESISTANCE

Roll with the Resistance

Section II

TYPES OF RESISTANCE

4 types of resistance behavior:

1. Arguing
2. Interrupting
3. Negating
4. Ignoring

Section II
RESISTANCE BEHAVIOR

1. Arguing
   - Challenging
   - Discounting
   - Hostility

ARGUING

- When you find yourself in the role of arguing for change while the individual you are helping is voicing arguments against it, you’re in precisely the wrong role.
- It is the individual who should be voicing the argument for change.

(Miller & Rollnick, 2002)
2. **Interrupting**
   - Talking over
   - Cutting off

3. **Negating**
   - Blaming
   - Disagreeing
   - Excusing
   - Claiming impunity
   - Pessimism
   - Reluctance
   - Unwillingness to change
RESISTANCE BEHAVIOR

4. Ignoring
   - Inattention
   - Non-answer
   - No-response
   - Sidetracking

NON-LISTENING BEHAVIORS

- Ordering, directing or commanding
- Warning, cautioning, or threatening
- Giving advice, making suggestions or providing solutions
- Persuading with logic, arguing or lecturing
### NON-LISTENING BEHAVIORS

- Telling people what they should do, moralizing
- Disagreeing, judging, criticizing or blaming
- Agreeing, approving or praising
- Shaming, ridiculing or labeling

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### NON-LISTENING BEHAVIORS

- Interpreting or analyzing
- Reassuring, sympathizing or consoling
- Questioning or probing
- Withdrawing, distracting, humoring or changing the subject

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**RESISTANCE VIDEO**

Motivational interviewing in brief consultations: role-play focusing on engaging.

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**Section II**

35

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**TRAPS TO AVOID**

- Question-Answer Trap
- Trap of taking sides
- Expert Trap

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**Section II**

36
TRAPS TO AVOID

- Labeling Trap
- Premature Focus Trap
- Blaming Trap

4 CATEGORIES OF CHANGE TALK

- A goal is to elicit (Four Categories of) Change Talk
  - Disadvantages of the status quo
  - Advantages of change
  - Optimism for change
  - Intention to change
(Miller & Rollnick, 2002)
EXERCISE

- Addressing Resistance: Three in a Row...

Lunch Break
12:00 – 1:10pm
SECTION III: PRACTICING MOTIVATIONAL INTERVIEWING

VIDEO

https://www.youtube.com/watch?v=3rSfKiaN8I
EMPATHIC LISTENING

- A fundamental skill to MI
- You must have an interest and willingness to hear a person’s inner world.
- Reflective listening is a key component.

GENERAL PRACTICE GUIDELINES

- Talk less than the individual does.
- Offer two or three reflections for every question that you ask.
- Ask twice as many open ended questions as closed questions.
- When listening empathically, most reflections you offer should be deeper, more complex reflections rather than simple repetitions.
The Five Early Methods of MI are essential to ‘weaving the fabric’ of the Motivational Interviewing session. They are a great place to start.

- First four acronym: OARS
- Fifth is evoking change talk

**FIVE EARLY METHODS - OARS**

- **O – Ask Open Ended Questions**
  - Encouraging the client to do most of the talking, by asking open ended questions that don’t allow for short or one-word answers.
    - “What would you like to discuss?”
    - “I understand there are some concerns, tell me about those.”
LETS PLAY OPEN OR CLOSED!

- What do you dislike about your drinking?
  - Open

- Where are you from?
  - Closed

- Don’t you want to make something of yourself?
  - Closed

- Are you willing to come back to the office for a second visit?
  - Closed

- What brings you here today?
  - Open

LETS PLAY OPEN OR CLOSED!

- Do you want to separate from your spouse?
  - Closed

- Have you ever thought about quitting smoking?
  - Closed

- What do you want to do about your bad eating habits? Diet, exercise or something different?
  - Closed

- What has worked for you in the past, when you were able to maintain sobriety?
  - Open

- What date was your last drink?
  - Closed
LETS PLAY OPEN OR CLOSED!

- What possible long-term consequences of drinking concern you the most?
  - Open
- Do you care about your family?
  - Closed
- What are your biggest reasons for wanting to improve your life?
  - Open
- Are you willing to try this until the next time you see me?
  - Closed
- Is this an open or closed ended question?
  - Closed

FIVE EARLY METHODS - OARS

- **A – Affirming**
  - Making a guess as to what the speaker means, encourages them to go on or clarify.
  - Examples of non-listening behaviors:
    - Ordering/Directing
    - Warning/Threatening
    - Providing Solutions/Answers
    - Interpreting/Analyzing
FIVE EARLY METHODS - OARS

- **R – Reflecting**
- Paraphrase often to maintain organized and reality-based interactions.
  - ‘So I hear you saying…”
  - (Martino & Moyers, 2008)

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FIVE EARLY METHODS - OARS

- **S – Summarizing**
- Use of thermometer like scales (1-10) to prompt discussions about level of commitment to cutting down or quitting substance misuse may help patients talk about their level of motivation and what might raise or strengthen their commitment to change.
  - (Carey, Purnine, Maisto, & Carey, 2001)
10 Strategies for Evoking Change-Talk.

1. Ask Evocative Questions
   - Ask open questions, the answer to which is change talk. The questions used in the “Taste of MI”
   - Exercise offers good examples:
     - Why would you want to make this change? (Desire)
     - How might you go about it, in order to succeed? (Ability)
     - What are the three best reasons for you to do it? (Reasons)
     - How important is it for you to make this change? (Need)
     - So what do you think you’ll do? (Commitment)
2. Ask for Elaboration
   - When a change talk theme emerges, ask for more detail. In what ways?

3. 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?

4. Look Back
   - Ask about a time before the current concern emerged. How were things better, different?

5. Look Forward
   - Ask what may happen if things continue as they are (status quo). If you were 100% successful in making the changes you want, what would be different?
   - How would you like your life to be five years from now?

6. 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?
EVOKING CHANGE TALK

7. 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: And why are you at ___ and not zero?
- What might happen that could move you from ____ to [higher score]?
- Instead of “how important” (need), you could also ask how much you want (desire), or how confident you are (ability), or how committed are you to ____ (commitment).
- Asking “how ready are you?” tends to be a bit confusing because it combines competing components of desire, ability, reasons and need.

8. Explore Goals and Values
- Ask what the person’s guiding values are. What do they want in life? Using a values card sort can be helpful here.
- 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?

9. 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.
EXERCISE

- Coding interactions
- Roles:
  - Therapist - Volunteer
  - Individual - Volunteer
  - Coder (Audience)
  - Use coding worksheet

10 Minute Break
SECTION IV: APPLICATIONS OF MOTIVATIONAL INTERVIEWING

APPLICATION OF MOTIVATIONAL INTERVIEWING

Motivational Interviewing - Good Example - Alan Lyme, TheIRETACchannel, Published on Jul 18, 2013
https://www.youtube.com/watch?v=67I6g1I7Zvo
The goal is for the individual to advocate for themselves, not the therapist to advocate for them.

Too much of this and it can sour the whole intervention.

**Arguing for Change** – The therapist directly takes up the pro-change side of ambivalence on a particular issue and seeks to persuade the client to make the change.

**Assuming the expert role** – The counselor structures the conversation in a way that communicates that the counselor ‘has the answers.’ This includes the question answer trap of asking many closed-ended questions, as well as lecturing the client.
Criticizing, shaming or blaming – the counselor’s underlying intent seems to be to shock or jar the client into changing by instilling negative emotions about the status quo.

Labeling – The counselor proposes acceptance of a specific label or diagnosis to characterize or explain the client’s behavior. The focus is on what the client “is” or “has” rather than on what he or she does.

Being in a hurry – A perceived shortness of time causes the use of forceful tactics. “If you act like you only have a few minutes, something can take all day. Whereas if you act like you have all day, it may take only a few minutes.” (ROBERTS, 1997)

Claiming preeminence – Finally, resistance is created when a counselor claims preeminence – that the counselor’s goals and perspectives override those of the individual. The “I know what is best for you” approach.
EXERCISE

- Concept Review: Out of a hat...

USE WITH DIFFERENT POPULATIONS

- Dual Diagnosis: Some modification may be necessary.
  - Use crisp open-ended questions and reflections
  - Successive organizing summaries
USE WITH DIFFERENT POPULATIONS

- Some modification may be necessary…
  - Frequent paraphrasing
  - Metaphor to elucidate meaning in seemingly odd statements or gestures
  - Simple, concrete and engaging materials and methods to maximize the effectiveness of dual diagnosis MI

WORKING WITH GROUPS

- AMIGOS Scale
  - Measures group adherence to MI principles and can assist with training.
FURTHER RESOURCES FOR MI STUDY

- MINT – Motivational Interviewing Training Network
- Miller and Rollnick

QUESTIONS

What questions do you have?
THANK YOU!

www.greenhousetreatment.com
Or call 1-800-Alcohol

BIBLIOGRAPHY


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- Advanced Motivational Interviewing for Clinicians. *Advanced Motivational Interviewing: Depression*. [https://www.youtube.com/watch?v=3rSt4KlAN8I](https://www.youtube.com/watch?v=3rSt4KlAN8I); Oct. 17, 2013.


- TheIRETACHannel. *Motivational Interviewing - Good Example - Alan Lyme*. Published on Jul 18, 2013. [https://www.youtube.com/watch?v=67I6g1f7Zao](https://www.youtube.com/watch?v=67I6g1f7Zao)

Ten Strategies for Evoking Change Talk

1. Ask Evocative Questions
   Ask open questions, the answer to which is change talk. The questions used in the “Taste of MI” exercise are good examples:
   - Why would you want to make this change? (Desire)
   - How might you go about it, in order to succeed? (Ability)
   - What are the three best reasons for you to do it? (Reasons)
   - How important is it for you to make this change? (Need)
   - So what do you think you’ll do? (Commitment)

2. Ask for Elaboration
   When a change talk theme emerges, ask for more detail. In what ways?

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   When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?

4. Look Back
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5. Look Forward
   Ask what may happen if things continue as they are (status quo). If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?

6. 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?

7. 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: And why are you at ___ and not zero? What might happen that could move you from ____ to [higher score]? Instead of “how important” (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to ____ (commitment). Asking “how ready are you?” tends to be a bit confusing because it combines competing components of desire, ability, reasons and need.

8. Explore Goals and Values
   Ask what the person’s guiding values are. What do they want in life? Using a values card sort can be helpful here. 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?

9. 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.

This training is sponsored by Florida Alcohol and Drug Abuse Association and State of Florida, Department of Children and Families
Hello,

Welcome to Motivational Interviewing – Hands on Practice workshop by Tyler Harrell, COO. I hope you enjoyed the workshop. I have few logistics to share with you to hopefully to answer any questions you may have on obtaining your Continuing Education Units.

Florida Behavioral Health Association/Florida Alcohol and Drug Abuse Association (FADAA) produces many webinars and workshops through the support of the Florida Department of Children and Families. To help participants track credits earned through attendance, we host an online community that provides a personalized digital journal where participants can maintain Statements of Credit for webinars and workshops taken through FADAA.

At the end of today’s workshop, you will be asked to fill out and turn in an evaluation form that is located at the back of your packet. The information, you provide FADAA as part of registering remains confidential. Statements of Credit will be posted within 20 business days after the workshop. The statement of credits will be posted in your Professional Journals for person completing the evaluation and attending the full workshop. The proof of attendance is signing in and signing out. Completing the evaluation is necessary to receive CE Credits or to access your Statement of Credit.

We will provide up to 5.5 continuing education credits for participating in today’s workshop for persons licensed through the Board of Nursing, the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, and for persons credentialed through the Florida Certification Board.

If you are licensed healthcare practitioner, be sure to include your Florida license number(s) for reporting to CE Broker. If you are certified with the Florida Certification Board or licensed outside the state of Florida, you don’t need to provide your certification number when you register with our site.

Note please that FADAA monitors arrival and departure of attendees by signing in and signing out. We are not permitted to provide Contact Hours or a certificate of attendance if you do not attend the entire workshop. We are not permitted to provide partial credit.

If you have any questions, regarding your statement of credit, please contact Diane Perez at diane@floridabha.org.

Thank you for participating in today’s workshop. We’d also like to recognize and thank especially the Florida Department of Children and Families Office of Substance Abuse and Mental Health for funding today’s education.

Have a great rest of your day, and please turn in your evaluation.

Regards,

Diane

Diane Perez
Florida Behavioral Health Association
Workshop Title: Motivational Interviewing – Hands on Practice  
Date: October 10, 2019  
Location: Coconut Creek

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<tr>
<th>Please rate your satisfaction with the training workshop:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>1. The presenter(s) was knowledgeable, organized and effective.</td>
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<td>2. The pace of the presentation was appropriate.</td>
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<td>3. The content provided me with new information I can apply in my work.</td>
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<td>4. The training materials were easy to understand.</td>
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<td>5. The presentation was aligned with the description and learning objectives.</td>
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<td>6. The presentation improved my knowledge.</td>
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<td>7. The presentation was engaging.</td>
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<td>8. There were opportunities to ask questions</td>
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<td>9. The venue was comfortable and conducive to learning</td>
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<td>10. Overall, the presentation met my expectations</td>
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11. How can the training workshop be improved?  
________________________________________________________________________________  
________________________________________________________________________________  
________________________________________________________________________________

12. The main reason(s) I attended the training workshop was to (check all that apply):  
☐ Improve my skills or knowledge.  
☐ Secure new resources  
☐ I was asked to attend by my supervisor  
☐ Receive Continuing Education Credits  
☐ Other (please specify): __________________________________________________________

13. What topics would you like to see offered in the future?  
________________________________________________________________________________  
________________________________________________________________________________  
________________________________________________________________________________