



**Recommended
Practices:
Motivational
Interviewing**

Motivational Interviewing

Motivational Interviewing (MI) is an empathic, person-centered, counseling approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change. Or, put more simply, helping people talk *themselves* into changing.

The principles and methods of MI evolved from the experience of clinical psychologists William R. Miller and Stephen Rollnick in the treatment of persons with alcohol use issues. Further study demonstrated that MI is effective in a variety of health and social service settings, across many population groups, and with multiple problem areas (see Miller & Rollnick, *Motivational Interviewing: Preparing People for Change*, 2nd edition, 2002).

The MI method is exceptionally compatible with a person-centered, trauma-informed, and recovery-oriented perspective. It promotes hope and self-direction in the context of a safe, hospitable, and collaborative relationship. The approach is effective in enhancing people's readiness, willingness, and ability to change, and their persistence in maintaining the change. The following pages introduce the spirit, principles, and basic skills of MI.

Seven Human Needs

To be treated as an individual

To express feelings

To receive empathic responses

To be recognized as a person of worth

To not be judged

To make one's own choices and decisions

To keep secrets about oneself

Adapted from: Biestek, F. P. (1957). *The casework relationship*. Chicago: Loyola University Press.

The Spirit of Motivational Interviewing

“Motivational interviewing is *not* a series of techniques for doing therapy but instead is a way of being with patients.”

William Miller

One’s “way of being” with people communicates the spirit, or style, of MI. It refers to the attitude and manner conveyed—the part of communication that “speaks louder than words.” There is much documentation indicating that a counselor’s spirit or style has a more significant impact on the therapeutic relationship than the techniques used.

Below are three frameworks—hospitality, story, and care—each of which speaks in a unique way to the spirit of MI.

Hospitality—creating space for the stranger

Estrangement, not belonging, is common to the experience of homelessness. Separations from ordinary activities, relationships, and a sense of place and purpose in the world occur. Literally, one becomes a stranger. The longer homelessness persists, the more deeply ingrained this experience of disaffiliation becomes.

“Offering the gift of hospitality” is an antidote to estrangement. In his book *Reaching Out*, Henri Nouwen defines hospitality as “creating free and friendly space for the stranger” (1975). As such, it is an invitation to relationship. A hospitable relationship provides a welcoming face and presence, and creates an interpersonal refuge from an often impersonal, hostile world. Thus, a person in the midst of homelessness can experience a bit of being “at home” in the context of a safe, friendly relationship.

Hospitality comes with no strings attached. It does not pass judgment or make demands. Instead, it provides space in which the other can freely explore personal needs, concerns, capabilities, and hopes. It allows for self-reflection and restoration. It instills and renews hope. Such a relationship provides both a “resting place” and a “guiding light.” The power of hospitality lies not in coercion but in listening reflectively, sharing information and ideas, and in the art of gentle persuasion. The foundation of hospitality is the trustworthiness, competency, and integrity of the provider.

When we think of our own experiences with the grace of the hospitable presence of another, we remember it as calming, orienting, and renewing. It allows us to remember whom we are—returning to our true home—so that we can move ahead more confidently in our lives. The absence of such a presence often leads to isolation, disorientation, confusion, and despair.

Hospitality come in many ways—sometimes by a simple gesture of acknowledgement, a warm smile, a cup of coffee, listening patiently without interrupting, offering information, a word of encouragement, or simply by being present with the other person in silence. Hospitality is not

something to rush. It requires time, patience, and kindly persistence. It sees the “bigger picture” rather than seeking the “quick fix.”

As trust within the relationship builds, a sense of companionship develops. Time spent together is on a more predictable basis and addresses basic needs. The individual experiencing homelessness tells more and more of his or her story, shares small tasks, and makes inquiries about other resources. In time, hospitality leads to increasing the “circle of care” to help the individual access needed resources and services. This process gradually meets health care, housing, financial, and other treatment and social service needs.

Over time, as the individual progresses toward greater stability, the relationship reflects a growing sense of mutuality. It is not just one-sided. Once a stranger, this person becomes a neighbor and friend. We discover that our interwoven stories bind us to our common humanity. In this mutuality, each person recognizes the strengths and gifts each brings to the relationship as well as to the larger community. In the end, hospitality given becomes hospitality received. (Kraybill, K. (2009). Materials from *2009 Best Practices Conference*, Richmond, VA.)

Story

Everyone has a story. Sharing our stories creates a common ground on which we can meet each other as human beings. Our stories are neither right nor wrong; they are simply our stories. Some of us can tell our stories with an unclouded memory for our past, clarity about our present situation, and a realistic understanding of our life journey.

Some of us find telling our story extremely difficult. Our past may be painful and deeply hidden from memory. We lacked support in putting together any real, coherent sense of ourselves in relationship to others. Current stresses in life may upset or confuse the sense of who I am, where I was, and where I will go.

Mental illness, intoxication, neurological disorders, developmental disorders, and brain injuries can deprive people of the capacity to tell their story and locate themselves with others and the world. In the midst of illness, a person’s story may take on disjointed or bizarre dimensions. Difficulty in sharing a coherent story may be an indication of disability, and a need for a patient, especially careful approach to working together.

Inviting another to share his or her story can be a non-threatening way to gain mutual trust and develop a picture of a person’s situation and needs. A willingness to share a little of our own story in the conversation helps build the common ground. We end, in a sense, where we began. Sharing our stories over time enriches both of us. At best, we add a little something to other stories, some hope, some concrete help, some encouragement, and they add something of their courage, their humanness, and their experience to our stories. (Rennebohm, C. (2009). Materials from *2009 Best Practices Conference*, Richmond, VA.)

Care

What does it mean to care? The word care is a very ambivalent word. When someone says: “I will take care of him!” it is more likely an announcement of an impending attack than of tender compassion. Besides this ambivalence, the use of the word care is often negative “Do you want coffee or tea?” “I don't care.” “Do you want to stay home or go to a movie?” “I don't care.” This expression of indifference toward choices in life is commonplace. Often it seems that not to care is more acceptable than to care, and a carefree lifestyle more attractive than a careful one.

Real care is not ambiguous. Real care excludes indifference and is the opposite of apathy. The word “care” finds its roots in the Gothic “*kara*,” which means lament. The basic meaning of care is to grieve, to cry out with, and to experience sorrow. This background of the word care is remarkable because we tend to look at caring as an attitude of the strong toward the weak, of the powerful toward the powerless, of the haves toward the have-nots. In fact, we feel quite uncomfortable with an invitation to enter into someone's pain before doing something about it.

Still, when we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving much advice, solutions, or cures, choose rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not-curing, not-healing, and face with us the reality of our powerlessness; that is the friend who cares.

First of all, to care means to be present to each other. From experience, you know that those who care for you become present to you. When they listen, they listen to you. When they speak, you know they speak to you. When they ask questions, you know it is for your sake. Their presence is a healing presence because they accept you on your terms, and they encourage you to take your own life seriously and to trust your own vocation.

Our tendency is to run away from the painful realities or to try to change them as soon as possible. Cure without care, however, makes us into rulers, controllers, and manipulators, and prevents a real community from taking shape. Cure without care makes us preoccupied with quick changes, impatient and unwilling to share each other's burden. Cure can often offend instead of liberate.

Adapted from: Nouwen, H. (1974). *Out of solitude: Three meditations on Christian life*. Notre Dame, IL: Ave Maria Press.

Other source:

Nouwen, H. (1975). *Reaching out: The three movements of the spiritual life*. New York, NY: Doubleday.

Four Principles of Motivational Interviewing

Motivational Interviewing—a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence

William Miller & Stephen Rollnick

Express empathy:

- Create an atmosphere in which the client can safely explore conflicts and face difficult realities
- Acceptance facilitates change, pressure to change tends to immobilize it
- Accurate, skillful reflective listening is fundamental—seeks to understand the client’s feelings and perspectives without judging, criticizing, or blaming
- Ambivalence is normal, not pathological

Develop discrepancy:

- When one’s own behavior conflicts with important personal goals such as health status, living situation, and self-image, change is more likely to occur
- Counselor uses and amplifies discrepancy within the person to explore the importance of change for him or her
- Goal is to have client, not the counselor, present reasons for change—consistent with self-perception theory—essentially that we come to know what we believe by hearing ourselves say it
- The design of the MI approach elicits and reinforces change statements—these statements include recognition of the problem, expression of concern, intention to change, and optimism for this change

Roll with resistance:

- Avoid arguing for change
- Do not directly oppose resistance—opposing resistance usually strengthens it
- Resistance is a signal to respond differently
- Offer new perspectives but do not impose them
- The client is a primary resource in finding answers and solutions
- The counselor’s behavior significantly influences client resistance

Support self-efficacy:

- Goal is to enhance the client’s confidence in his or her capability to cope with obstacles and to succeed in change
- Assumes the client, not the counselor, is responsible for choosing and carrying out change
- Self-efficacy is a key element for motivating change and a reasonably good predictor of the treatment outcome
- The counselor’s own belief in the person’s ability to change can have a powerful effect on the outcome—often becomes a self-fulfilling prophecy

Adapted from: Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.

OARS



Open questions, affirmations, reflective listening, and summary reflections (OARS) are the basic interaction techniques/skills used “early and often” in the MI approach.

OARS: Open questions

Open questions encourage people to talk about whatever is important to them. They help to establish rapport, gather information, and increase understanding. Open questions are the opposite of closed questions that typically elicit a limited response such as yes or no.

Open questions invite others to “tell their story” in their own words without leading them in a specific direction. Use open questions often in conversation, but not exclusively. Of course, when asking open questions, you must listen to the person’s response.

To contrast open and closed questions, consider the following examples. Note how the topic is the same in both questions, but the likely responses will be very different:

- Did you have a good relationship with your parents?
- What can you tell me about your relationship with your parents?

Examples of open questions:

- What was that like?
- Help me understand...
- When would you be most likely to _____?
- What are the good things and not so good things about _____?
- What concerns you most about _____?
- How would you like things to be different?
- What do you think you would lose if you gave up _____?
- What did you try before to make a change?
- What do you want to do next?
- How can I help you with that?

OARS: Affirmations

Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small. They are not the same as praise. Affirmations build confidence in one’s ability to change. To be effective, affirmations must be genuine and congruent.

Examples of affirming responses:

- You are a very resourceful person.
- That took a lot of courage to...
- You showed a lot of patience in the way you handled...
- That is a great idea.
- If I were in your shoes, I do not know if I could manage nearly so well.
- I really enjoyed talking with you today.

OARS: Reflective listening

“People only listen when they feel listened to.”

Carl Rogers

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationship, building trust, and fostering motivation to change. Reflective listening appears deceptively easy, but it takes hard work and skill to do well. Sometimes the “skills” we use in working with clients do not exemplify reflective listening but instead serve as roadblocks to effective communication. Examples include misinterpreting what a person says or assuming what a person needs.

It is vital to learn to *think* reflectively, which is a way of thinking that accompanies good reflective listening. It includes interest in what the person has to say and respect for the person’s inner wisdom. The key element is a hypothesis-testing approach to listening. What you think people mean may not be what they really mean. Listening breakdowns occur in any of three places:

- **Speaker does not say he or she means**
- **Listener does not hear correctly**
- **Listener gives a different interpretation to what the words mean**

Reflective listening closes the loop in communication to ensure breakdowns do not occur. The listener’s voice turns down at the end of a reflective listening statement. It may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client’s flow. Some people find it helpful to use some standard phrases:

- **“So you feel...”**
- **“It sounds like you...”**
- **“You’re wondering if...”**

Three basic levels of reflective listening may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation. Examples of the three levels include:

- **Repeating or rephrasing**—listener repeats or substitutes synonyms or phrases; stays close to what the speaker said
- **Paraphrasing**—listener makes a major restatement that infers the speaker’s meaning
- **Reflection of feeling**—listener emphasizes emotional aspects of communication through feeling statements; deepest form of listening

Varying the levels of reflection is effective in listening. In addition, at times there are benefits to overstating or understating a reflection. An overstatement (i.e., an amplified reflection) may cause a person to back away from a position while an understatement may lead to the feeling intensity continuing and deepening.

OARS: Summaries

Summaries are special applications of reflective listening. They are useful throughout a conversation but are particularly helpful at transition points, for example, after the person spoke about a particular topic, recounted a personal experience, or near the end of the encounter.

Summarizing helps to ensure that there is clear communication between the speaker and listener. In addition, it can provide a stepping stone toward change.

Structure of summaries

- 1) Begin with a statement indicating your statement is a summary. For example:
 - Let me see if I understand so far...
 - Here is what I heard. Tell me if I missed anything.
- 2) Give special attention to “change statements,” which are statements the client makes that point toward a willingness to change. Miller and Rollnick identified four types of change statements, all of which overlap significantly:
 - **Problem recognition**—“My use has gotten a little out of hand at times.”
 - **Concern**—“If I don’t stop, something bad is going to happen.”
 - **Intent to change**—“I’m going to do something; I’m just not sure what it is yet.”
 - **Optimism**—“I know I can get a handle on this problem.”
- 3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example, “On the one hand...”; “on the other hand...”
- 4) It can be useful to include information in summary statements from other sources (e.g., your own clinical knowledge, research, courts, family).
- 5) Be concise.
- 6) End with an invitation. For example:
 - Did I miss anything?
 - If that’s accurate, what other points are there to consider?
 - Anything you want to add or correct?
- 7) Depending on the response of the client to your summary statement, it may lead naturally to planning for or taking concrete steps toward the change goal.

Adapted from: Handouts by David Rosengren and Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.

Eliciting Change Talk

Eliciting change talk is the consciously directive strategy on the part of the counselor for resolving ambivalence. If open questions, affirmations, reflective listening, and summarizing were the only skills used by the counselor, it would be quite possible for the client to remain stuck in ambivalence.

Instead of the counselor advocating for change, which often puts the client in the position of defending against it, MI takes a different tack. The idea is to have the counselor facilitate the client's expression of change talk, that is, for the client to present the arguments for change.

Four categories of change talk:

- Recognizing disadvantages of the status quo—"This is more serious than I thought."
- Recognizing advantages of change—"I'd probably feel a lot better."
- Expressing optimism about change—"I think I could do that if I decided to."
- Expressing intention to change—"I've got to do something."

Methods for evoking change talk:

- Asking evocative questions—"What worries you about your current situation?"
- Using the *importance* ruler (also use regarding client's *confidence* to change)—"How important would you say it is for you to ____? On a scale of 0 to 10, where 0 is not at all important and 10 extremely important, where would you say you are?"

0	1	2	3	4	5	6	7	8	9	10
Not at all important									Extremely important	

- Exploring the decisional balance—"What do you like about your present pattern?" "What concerns you about it?"
- Elaborating—"What else?"
- Querying extremes—"What concerns you most about ___? What are the best results you could imagine if you made a change?"
- Looking back—"What were things like before you ___? What has changed?"
- Looking forward—"How would you like things to be different a year from now?"
- Exploring goals and values—"What things are most important to you?"

Adapted from: Handouts by David Rosengren and Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.

Giving Advice

Intent of giving advice in MI:

- Not an attempt to convince person of the folly of his or her ways
- It is an opportunity to express concerns and help the individual make an initial commitment to the process of change
- Can conceptualize as helping with decision-making

Giving advice—a few thoughts:

- It is all right to express concerns
- There are many ways people change—your way may not be the client’s way
- Help the person evaluate options
- Provide information when asked, or ask permission first—be a resource
- Offer advice, do not impose it
- If the person is not ready for change, set the stage for when she or he might be

Suggested methods:

- Ask permission: “Is it okay if I share something with you?”
- Then make a statement of concern: “Your situation concerns me and here’s why...”
- List concerns in a non-judgmental manner:
 - “You’ve told me that you’ve been drinking a half gallon of vodka a day. The doctor has informed you that your liver is in trouble and you’ve noticed the physical changes. You also told me your partner is pretty frustrated with your drinking.”
 - “You’ve told me you want to take control of your life and the best way to do this is to leave the shelter. That concerns me because it also means going back to your boyfriend. Even though you want to believe he’s not going to hit you again, he’s said this before and you expressed some doubts. In addition...”
- Recognize and affirm it is the individual’s decision to make. “Of course, it really doesn’t matter what I think, because this is your decision to make.”
- Inquire about the client’s thoughts: “I wonder what you think.”
- Emphasize change statements, provide affirmations and statements of hope

Adapted from: Handouts by David Rosengren and Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.