Motivational Interviewing: Asking the Right Question

January 23rd, 2019
THREE THINGS TO REMEMBER

• AMBIVALENCE IS NORMAL

• EFFECTING CHANGE IS A PROCESS

• CLIENTS NEED TO COME UP WITH THEIR OWN ARGUMENTS FOR CHANGE
PROCHASKA-DICLEMENTE’S WHEEL OF CHANGE

PROVIDER’S ROLE: To provide information and feedback in order to raise client’s awareness of problem behavior and to increase the client’s perception of risks associated with current behavior.

Precontemplation
STAGES OF CHANGE

Provider’s Role: To help resolve ambivalence by evoking reasons to change and risks of not changing. To assess and strengthen client’s level of self-efficacy for behavior change.

Precontemplation
RISKS

+ SELF-EFFICACY

= CHANGE
Provider’s Role: To help match the client with an acceptable, appropriate and effective change strategy.
Provider’s Role: To collaborate with the client as they take steps toward achieving their goal.
Provider’s Role: To collaborate with the client in identifying and using strategies to prevent the return of old patterns and behaviors.
Provider’s Role: To collaborate with the client and renew the processes of contemplation, preparation and action.
F.R.A.M.E.S.
Key Elements That Elicit Change

UTILIZING A CLIENT-CENTERED APPROACH
Feedback
Responsibility
Advice
Menu of Alternatives
Empathy
Self-efficacy
MILLER’S RESEARCH

A PROVIDER CAN SIGNIFICANTLY INFLUENCE CLIENT MOTIVATION

MOTIVATION IS NOT SEEN AS A CLIENT TRAIT, BUT THE INTERPERSONAL PROCESS BETWEEN CLIENT AND PROVIDER

HOW A PROVIDER THINKS ABOUT MOTIVATION AND CHANGE GREATLY INFLUENCES WHAT A PROVIDER DOES
MILLER’S BROAD PRINCIPLES

- Express empathy
- Develop discrepancy
- Roll with resistance
- Avoid argumentation
- Support self-efficacy
Early Counseling Traps

“Hey! You’re not listening!”

“I’m the expert here.”
Early Counseling Traps

- Expert Trap
- Question-Answer Trap
- Confrontation-Denial Trap
- Labeling Trap
- Premature Focus
- Blaming Trap
From Connie Davis, MN, ARNP
IHI FORUM
DECEMBER 2003

• Professionals are experts about behavior change

• Clients are experts about their own lives

• The provider’s role is to be in partnership with the client
CONFRONTATION IS THE GOAL, NOT THE STRATEGY

• Assist clients in exploring their own arguments for change

• Clients come face to face with a difficult reality in a way that will change them
Asking The Right Question
Asking the Right Question

• What do we mean by this?
  • Open ended
  • Invites elaboration

• Why is inviting elaboration so important?
  • Elaboration makes the client take responsibility for session content
  • The client teaches you about themselves and what is important to them, values, children, job, faith, etc.
  • Affirmations, Reflections and Summaries come very easily by the counselor just listening to a high quality question
O.A.R.S.

- O  Open-Ended Questions
- A  Affirmations
- R  Reflective Listening
- S  Summarizing
Open-ended Questions

• Open-ended questions are the type of questions that require more than a short answer.
  Ex. “Tell me what brings you here today?”
  “Tell me what your next steps are going to be?”
  “How can I help you?”
Asking Open-Ended Questions (Higher Quality)

• To what extent did the clinician use open-ended questions (i.e., questions or requests that elicit more than yes/no responses) to elicit the client’s perception of his/her problems, motivation, change efforts and plans?
Strengths of Good Open-Ended Questions

Questions that elicit open conversation by the client about their problems and commitment to change

Don’t pull for yes/no answers or terse answers or specific pieces of information


Lead off with “Tell me” or “describe”
Examples

**CORRECT**
- “What brings you here today and how I can help you”
- “What are some of the ways that substance abuse has affected your life?”
- “What kinds of difference have you noticed in...?”

**INCORRECT**
- “Do you use marijuana? When was the last time you used?”
- “Can you tell me how heroin affects you?”
- Your husband thinks you are addicted to cocaine. Are you addicted to cocaine?”
Higher Skill Level

- Questions are relevant to the clinician-client conversation
- Pull for client exploration & recognition of problem areas
- Pull for motivation to change
- Non-judgmental and not leading to the client
- Simple and direct, increasing chances of client clearly understanding what clinician is asking
- Don’t occur too rapidly in close succession and never more than three in a row
- Interspersed with reflections and ample client conversation
- Clinician pause after each question to allow time for client responses
Key Questions

• What do you think you will do?
• What does this mean about your use of...?
• What do you think has to change?
• What could you do? What are your options?
• In what areas do you want to make a change?
• What are the likely consequences of your actions?
• How do you plan to reach the goals?
More Key Questions

• In what ways could other people help you?
• How will you arrange for support?
• What do you hope to see happen as a result of this change plan?
• What benefits could be expected from this change?
• What could go wrong?
• How can you continue to work on this even if you encountered problems or setbacks?
• What is the first step towards your goals.
• It must be uncomfortable for you now, seeing all this.....What’s the next step?
• How would you like for things to turn out for you now, ideally?
• It sounds like things can’t stay the way they are now. What are you going to do?
• How will you recognize your progress toward goals?
Play Open Ended Questions Short-Video
Affirmations of Strengths

• Affirmations are statements of praise or encouragement to the client acknowledging past or current efforts and successes
  • “This is your sixth treatment, your need to be commended for your persistence.”
  • “I want to praise you for stopping the alcohol use and cutting back on the crack use.”
  • “I can tell when you talk that your children are really important to you.”
Strengths of Good Affirmations

• Clinician:
  • Expresses confidence in client’s abilities to achieve his/her goals
  • Uses compliments or praise
  • Acknowledges client’s personal qualities, competencies or abilities that might promote change
  • Recognition of small steps taken by client to change
  • Reframes to turn a potential negative into a positive, such as complimenting a client “as being persistent” on multiple treatment attempts as opposed to focusing on “what they missed.”
  • Fostering the belief that there is hope in client’s abilities to change behaviors
Affirmation of Strengths and Change Efforts

- To what extent did the clinician verbally reinforce the client’s strengths, abilities or efforts to change his/her behavior?

- To what extent did the clinician develop the client’s confidence by praising small steps taken in the direction of change or expressing appreciation of personal qualities in the client that might facilitate change?
Higher Skill Rating

• Clinician:
  • Affirms qualities or efforts by client that promote produce change or that the client might harness in future change efforts rather than being general compliments
  • Affirmations are derived directly from client conversations
  • Higher quality affirmations are meaningful and not contrite
  • Appearance of genuineness by clinician is key to high quality, not knee-jerk or mechanical
It sounds as if this has been really hard for you. You are really trying hard to work on yourself.

It sounds as if you have really thought a lot about this and have some good ideas about how you might want to change your drug use.

I really want to commend for having the strength to come here today even though you were forced to come against your will. That’s a
Play Affirmations
Short-Video
Reflective Listening

• Reflective listening communicates understanding and acceptance. To give all of your energy to the process of understanding what the person means and to reflect the meaning back to the person accurately.

• The ideal reflection takes the form of a statement rather than an inquiry. Your voice will drop an octave at the end. If your voice goes up it becomes a question.
Types of reflection:

**Repeat:** “Your wife nags you about your drinking all of the time.”

**Rephrase:** “You are tired of your wife nagging about your drinking.”

**Reflect a feeling:** “You are frustrated with your wife’s nagging.”

**Paraphrase:** “You don’t like being picked on.”

**Double-sided reflection:** “On the one hand you would like to try to stop drinking but it irritates you a great deal that your wife nags you so much.”
Strengths of Reflective Statements

• Accurately clarifies and captures client meaning and clinician conveys understanding of client’s meaning or point of view
• Uses technique to encourage client to elaborate and explore the topic(s)
• Repeats, rephrases, paraphrases and summarizes thoughts and feelings of client
• Summaries include the reflection of several pieces of client information that invite further elaboration of material to highlight ambivalence or invite transition to another topic.
• Often in depth
Examples

- Simple Reflection
  - “Using drugs makes you feel worse now.”

- Rephrasing
  - “So, you have found that using drugs to deal with how badly you feel is not working well for you anymore.”

- Paraphrasing Using a Double-Sided Reflection
  - “In the past using drugs helped you feel better when you were having a hard time or feeling badly. Now, it is only making matters worse for you.”

- Introductions to a Reflective Summary
  - “Let me see if I understand what you have told me so far…”
  - “Here is what I have heard you say so far…”
Higher Skill Rating

- Clinician:
  - Accurately identifies essential meaning of client conversation and reflects back in terms easily understood by the client
  - Clinician reflection at the end is downward
  - Pauses sufficiently to allow client time to respond and develop conversation
  - Well-delivered reflections are concise and clear
  - Have more depth, i.e., paraphrasing thoughts and feelings that bring together discrepant elements or to clarify what client meant
  - Increase time spent talking by client, foster a collaborative tone and decrease resistance
Play Reflective Listening Short-Video
Summarizing

• Summarizing is when you bring together all the main points of the session or part of a session that you wish to emphasize. It is a great opportunity for the counselor to stress the points they want to emphasize or change direction in the session.

• “Let me see if I got this right. Your want to quit drinking, but your wife nags too much and it makes your want to drink some more. Also you are not sure if your ready to stop drinking altogether. Is that about it?”
Play Summarizing Short-Video
M.I. STRATEGIES CONTINUED

• Elicit Change Talk
  Problem recognition
  Concerns
  Optimism
  Intention to change

• Affirm and Support Change Talk
• Summarize Change Talk
• Evocative Questions
• Exploring Pros and Cons
• Asking for Elaboration
• Imagining Extremes
• Looking Forward
• Looking Back
Evocative Questions

- **Problem recognition**
  - “What makes you think this is a problem?”

- **Concerns**
  - “What is there about your drinking/drugging that you or other people might see as reasons to worry?”

- **Optimism**
  - “What makes you think that if you decided to change that you can do it?”

- **Intention to change**
  - “The fact that you are here indicates that at least a part of you thinks it is time to do something. What are your reasons for making a change?”
Play Evocative Questions Short-Video
• To what extent did the clinician address or explore the positive and negative effects or results of the client’s substance use and what might be gained and lost by abstinence or reduction in substance use?

• To what extent did the clinician use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use?

• How much did the clinician express appreciation for ambivalence as a normal part of the change process?
  • “Tell me about the good things and not so good things involved in making these changes?”
Play Pros & Cons Short-Video
Asking for Elaboration

• After a self-motivational statement ask the client to elaborate more, to reinforce the changes they have identified.
  • “So you want to spend more time with your wife and children. Can you elaborate or tell me more about how you plan to accomplish that goal?”
• Another technique is for the counselor to ask the client to describe a typical day and ask for details.
Play Asking for Elaboration Short-Video
• Imagining extremes is when the client is ambivalent about making changes and the counselor asks about extremes.

  • “What concerns you the most?”
  • “What are your worst fears about what might happen if you don’t make a change?”
  • “What do you suppose are the worst things that might happen if you keep on the way you’ve been doing?”
Play Imagining Extremes Short-Video
Looking Forward

• A technique used to look forward and to create possibilities and hope.
  • “If you decided to make a change, what are your hopes for the future?”
  • “How would you like to see things turn out for you?”
  • “I can see that you’re feeling really frustrated right now. How would you like things to be different?”
  • What are your choices now? What could you do?”
  • “What would be the best results you could imagine if you make a change?”
Play Looking Forward Short-Video
Looking Back

• Looking back is when the counselor asks about when things were going well, before the drinking/drugging became a problem. Counselors use the feedback to reframe any dangerous signs.
  • “What were things like before you started drinking/drugging? What were you like then?”
  • Do you remember a time when things were going well for you? What has changed?”
  • How has your use of drugs stopped you from progressing, from moving forward?”
Play Looking Back Short-Video
How important is it to change?

How confident are you that you can change?

“Readiness Ruler”

Not Ready to Change  | Unsure  | Ready to Change  | Trying to Change
Play Native American Short Video
Transition from Phase I to Phase II

Summarize Phase I
• Concerns
• Reluctance
• Reasons for change (Most important)
• Self-motivational Statements (All)
• Question – Now what?

Move to Phase II
• Negotiate a plan (general)
• Decision of next step (specific)
The Change Plan Worksheet

1. The changes I want to make are...
2. The most important reasons why I want to make these changes are...
3. The steps I plan to take in changing are...
4. The ways other people can help me are....
5. I will know if my change plan is working if...
6. Some things that could interfere with my plan are...
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*5-15 Minute Menu of Strategies Based on Degree of Readiness to Change*

Steve Rollnick, PhD