

# Evidence-based practice in the clinic: Motivational Interviewing

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# Content

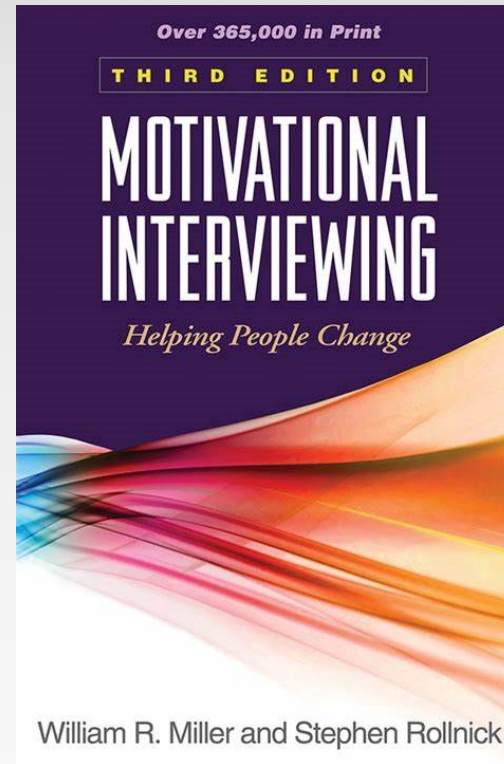
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1. The context of motivational interviewing
2. The spirits of motivational interviewing
3. The processes of motivational interviewing

NOT clinical training on motivation interviewing

# Key reference

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Miller & Rollnick (2013)

# Some questions for you

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Do you help when others have emotional difficulty?

How do you feel when you succeed in helping others feel better?

What do you do when your continuous help is not bringing any change for the intended person?

# Psychotherapy

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An *interpersonal process* designed to bring about *modifications* of feelings, cognitions, attitudes and behaviors which have *proved troublesome* to a person.

# Clinical challenge

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Motivation interviewing (MI) emerged from the study of intervention for addictive behavior (e.g. alcoholism).

Addictive behaviors are considered a clinical challenge. It is not easy to devise and deliver effective treatment aimed at helping people abstain (or reduce) from the use of addictive substance.

Even when they have “recovered” (i.e. abstained from or cut down on the addictive behavior), they often experience relapses.

# Your difficulty?

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Difficulty in making change is a common experience.

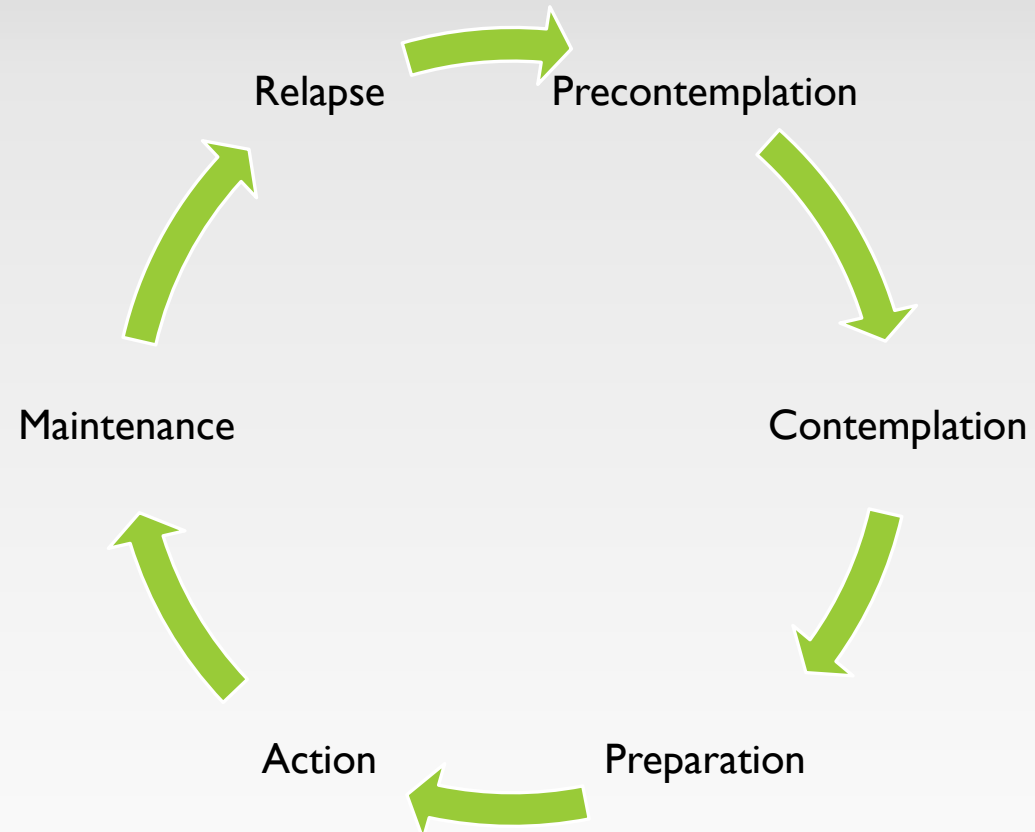
The change could be behavioral, e.g. stopping yourself from addictive video-gaming.

The change could be relational, e.g. leaving a toxic relationship.

The change could be cognitive and emotional, e.g. deciding whether to forgive a person who had offended you.

# Transtheoretical model: Stages of change

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# “Resistant clients”

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Clinically, even if the clients attends therapy sessions regularly, there can be little apparent or sustained therapeutic change.

The therapist’s natural reaction to these “resistant clients” can be desperation or frustration.

Desperate to see the client making meaningful change, therapist works extra hard to **convince** or **persuade** the client to make change.

Frustrated that the client had not made apparent therapeutic change, therapist **confronts** the client on his/her motivation for change.

# Ambivalence

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In MI, the difficulty in making change is not seen as a form of client resistance.

Rather, it views the situation as a result of ***ambivalence***: the person both wants and not-wants to change simultaneously.

“Yes, but ...” conversations, where the clients have motivation for making change, as well as motivation for not making change (i.e. remaining status quo).

# Therapy styles

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Directing

Therapist tells clients what to do or how to think directly.



Guiding

Therapist is both a good listener and offers expertise where needed.



Following

Therapist simply listens to whatever clients are saying.

MI was developed as a ***collaborative conversation style for strengthening a person's own motivation and commitment to change.***

# Structure of MI

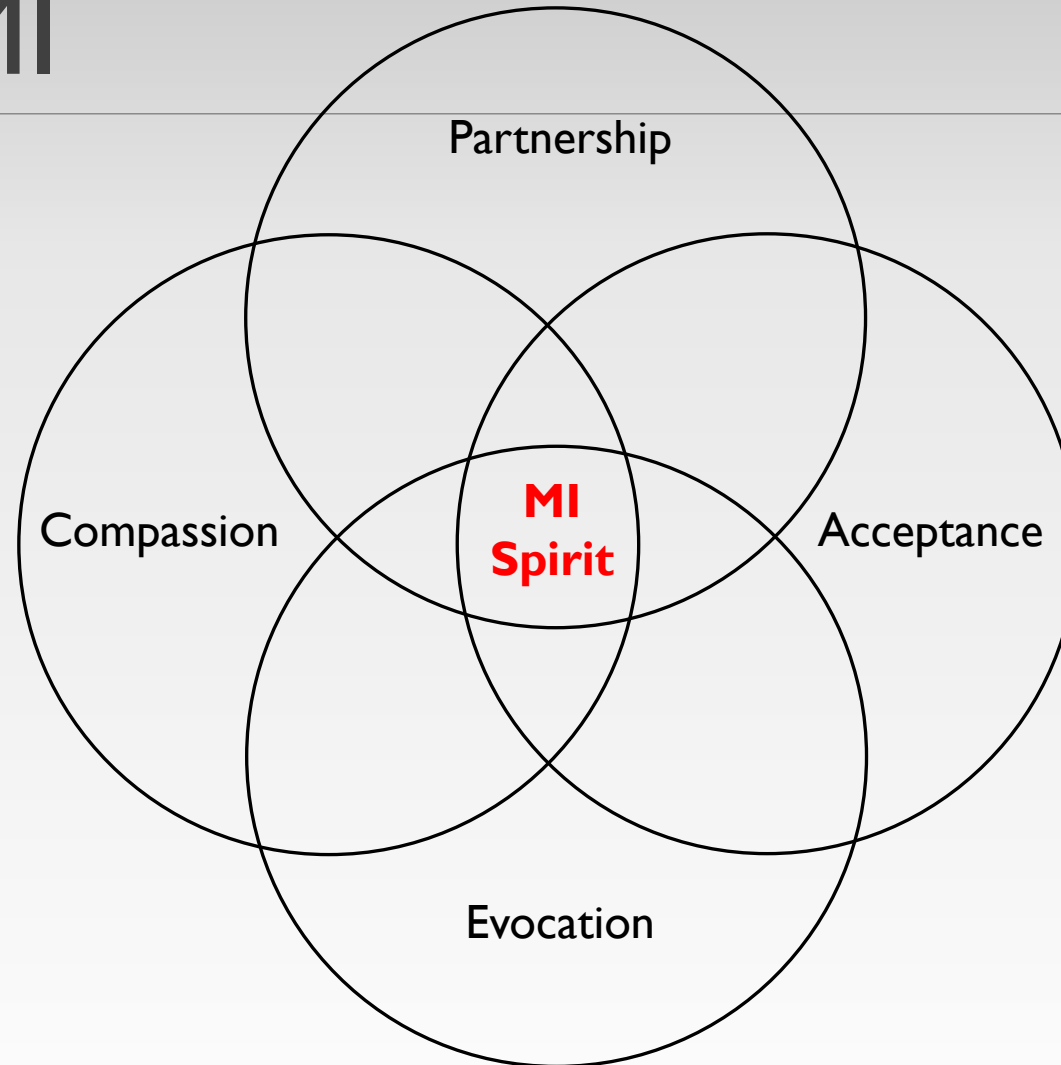
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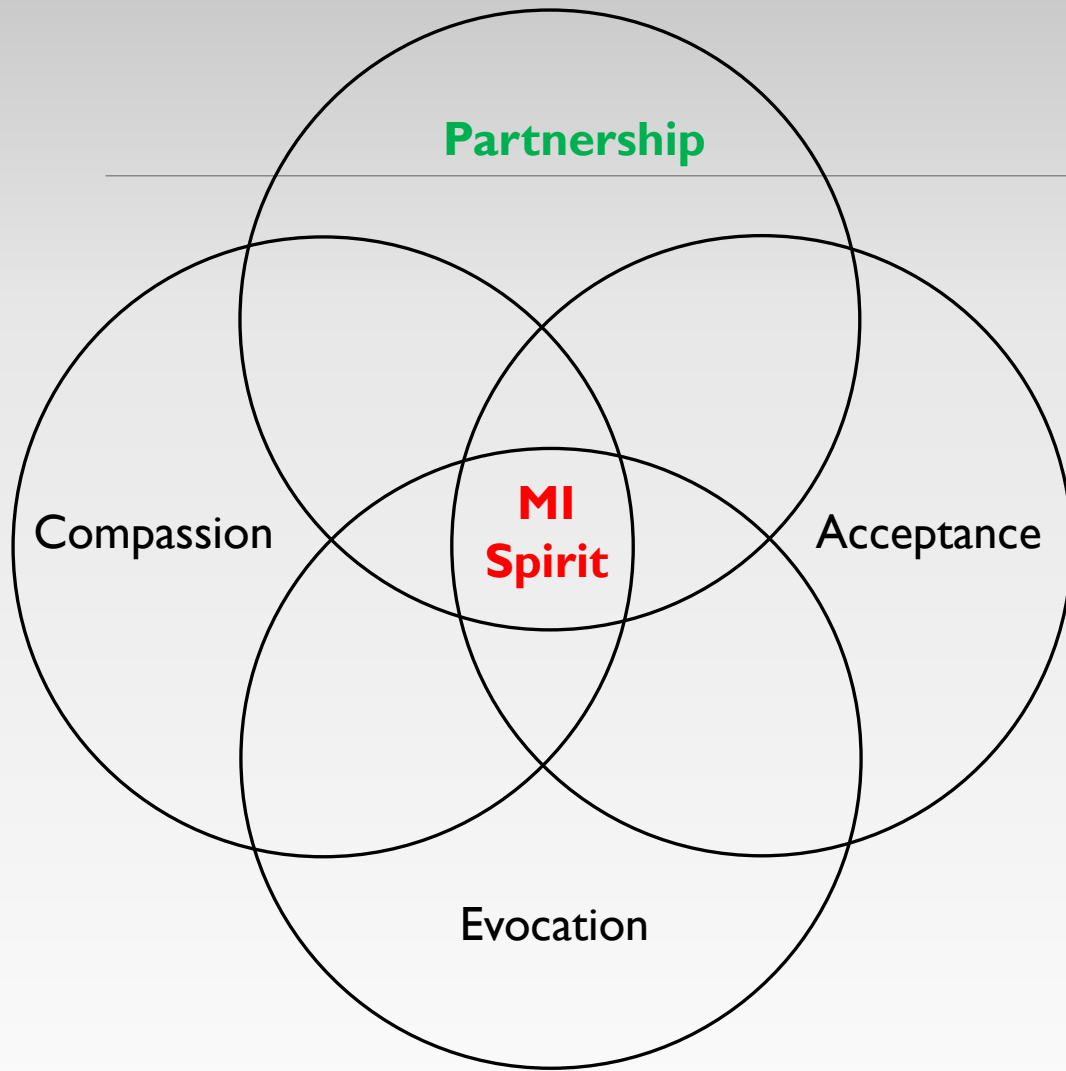
The guiding style of MI involves four interviewing ***spirits*** as an underpinning for going through four interviewing ***processes***, facilitated by four interviewing ***skills***.

# The spirits of MI

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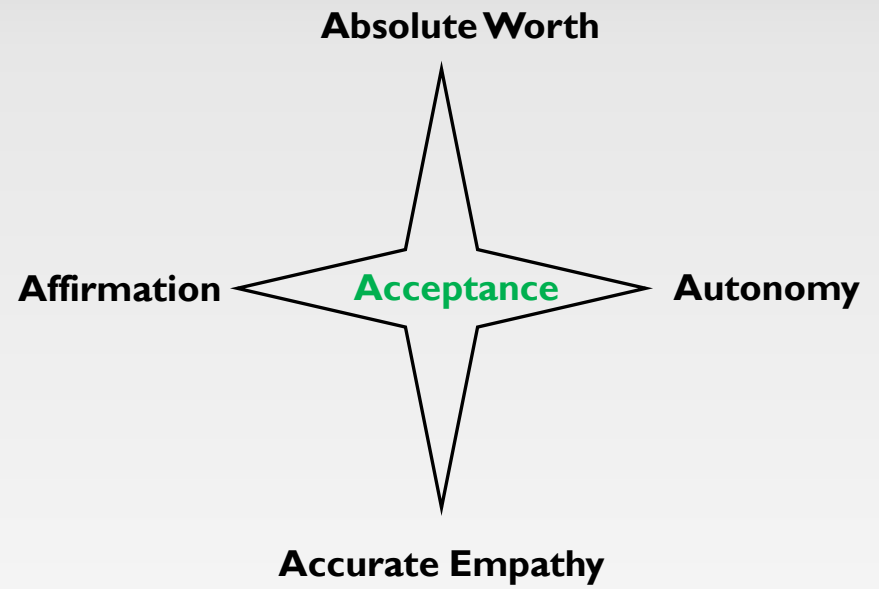
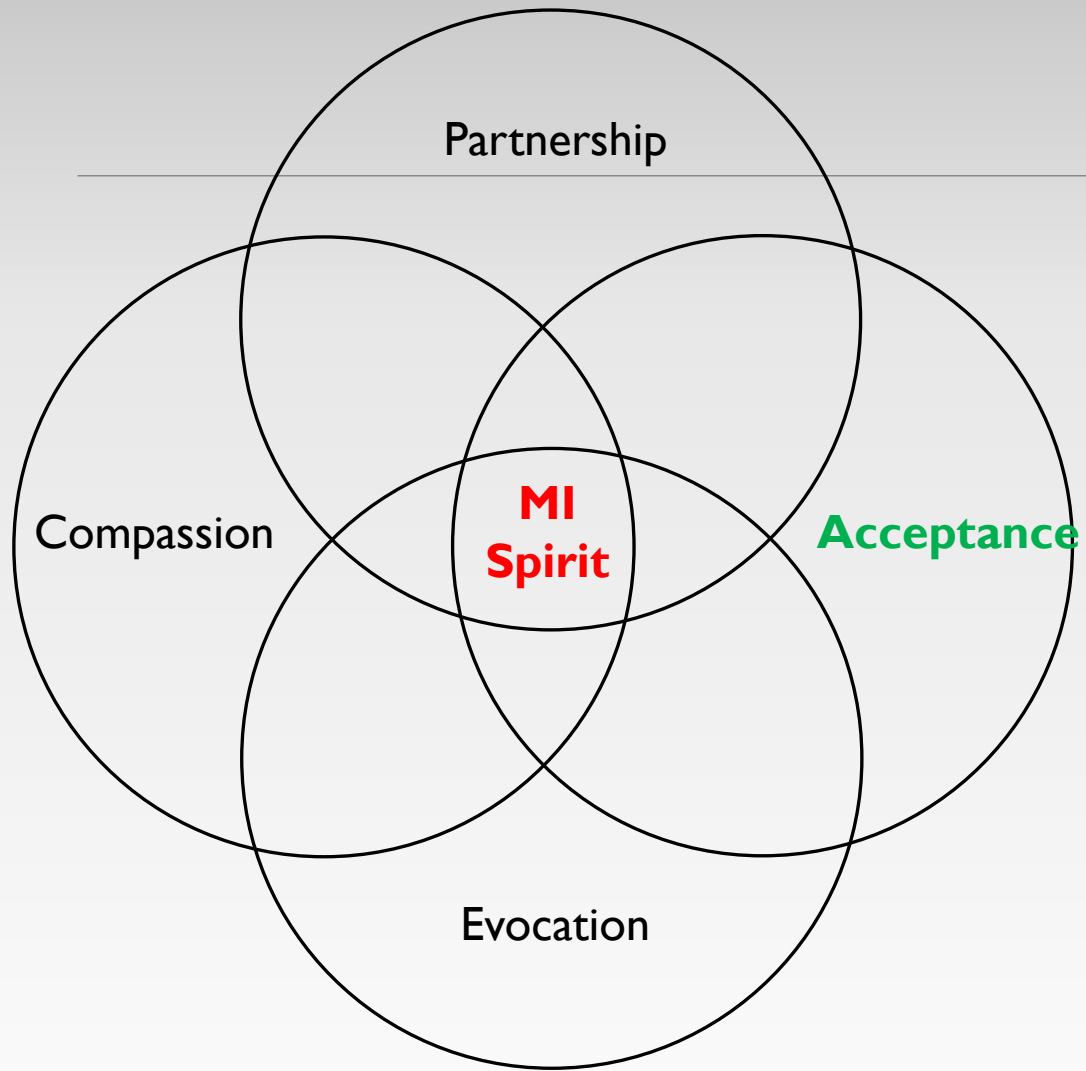
- therapist's guiding principles.



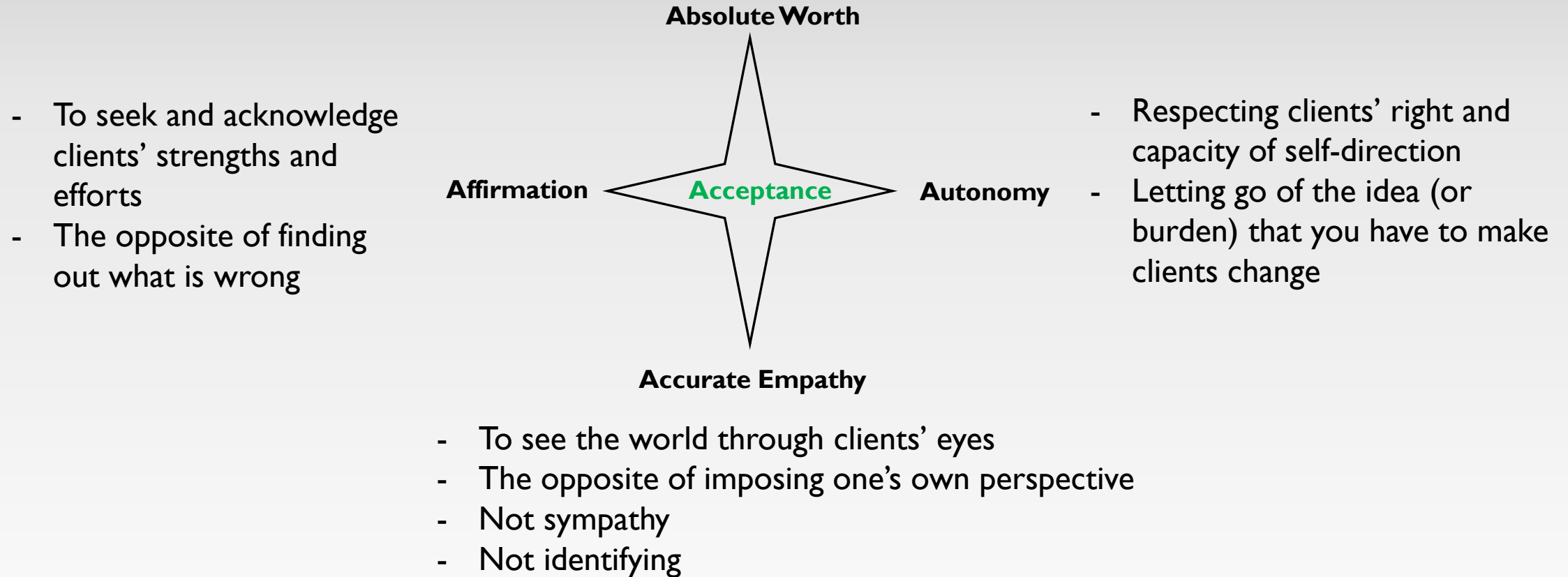


## Partnership

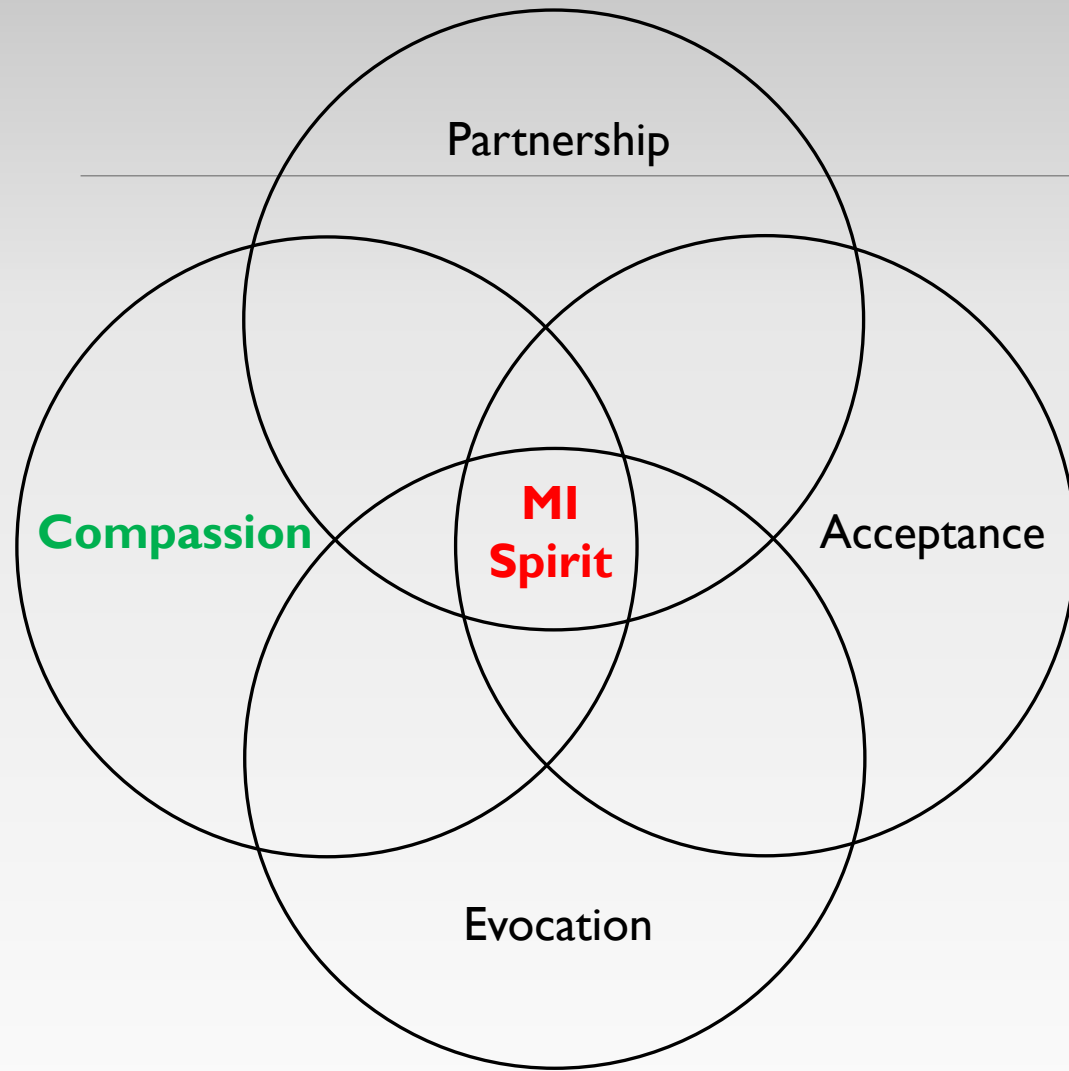
- A humble attitude which the therapist does not take the stance that “I know better”.
- Therapists should avoid falling into the “expert trap”, i.e. having all the right answers for clients’ difficulties.
- Therapists should not do MI “to” or “on” clients, but MI “with” them.



- “Unconditional positive regard” (Carl Rogers)
- The opposite of being judgmental to clients

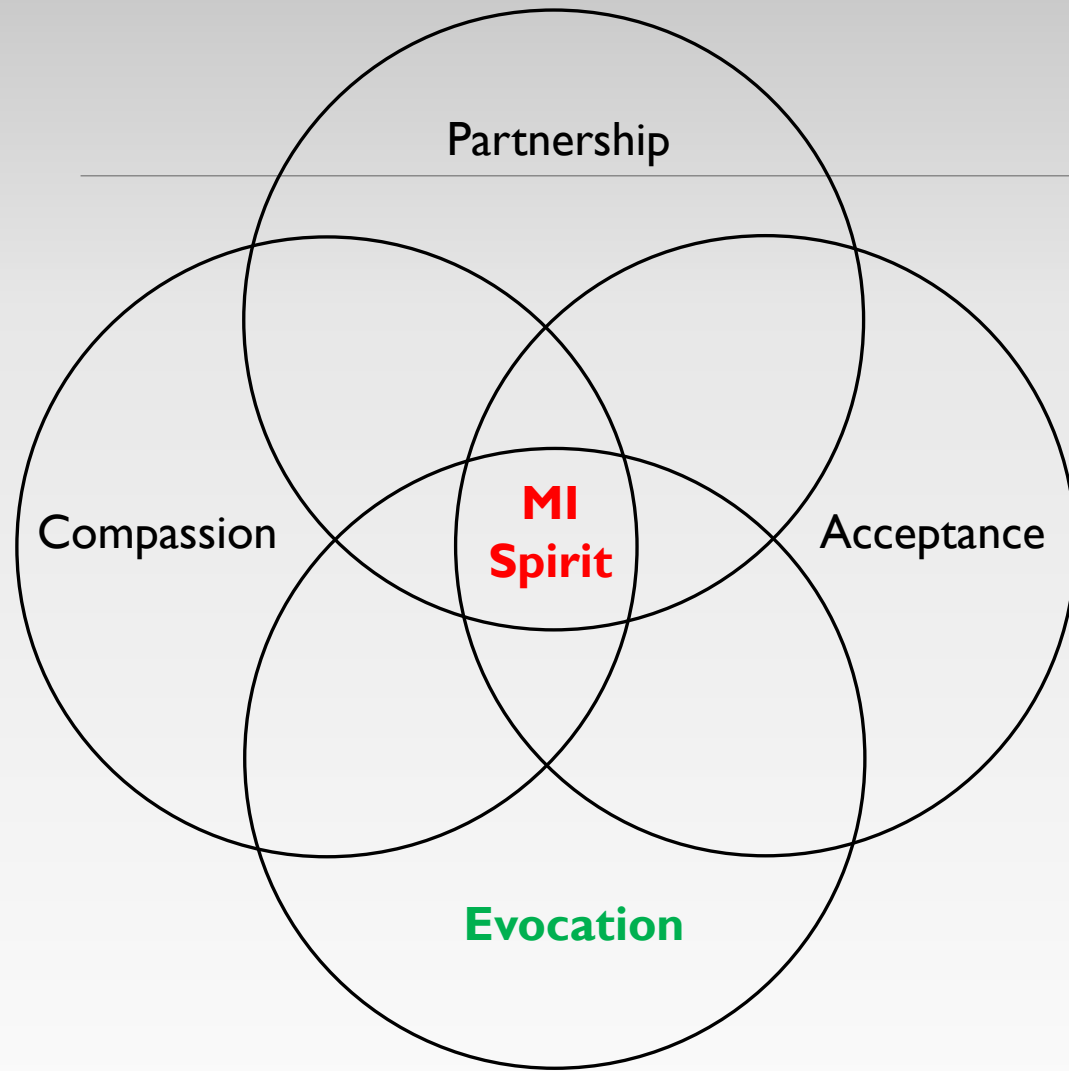






## Compassion

- Actively promotes clients' welfare.
- Relatively new addition to the spirits of MI.
- Reminds us that the techniques of MI should not be used for self-interest.

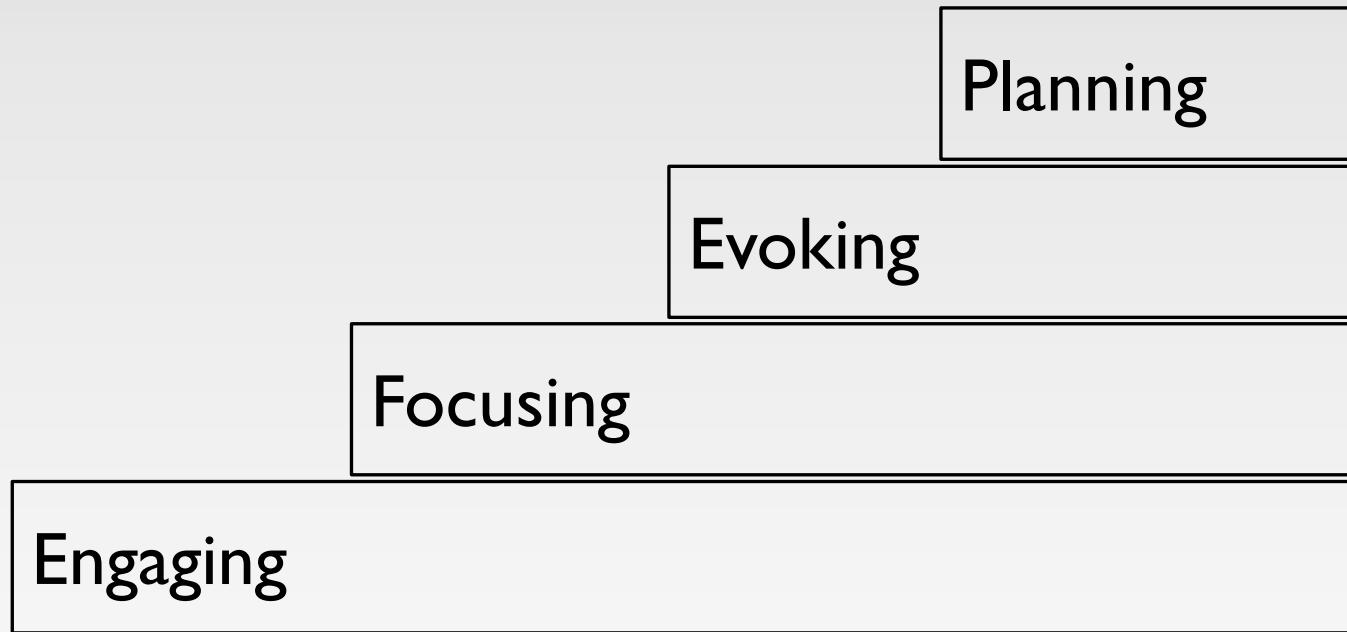


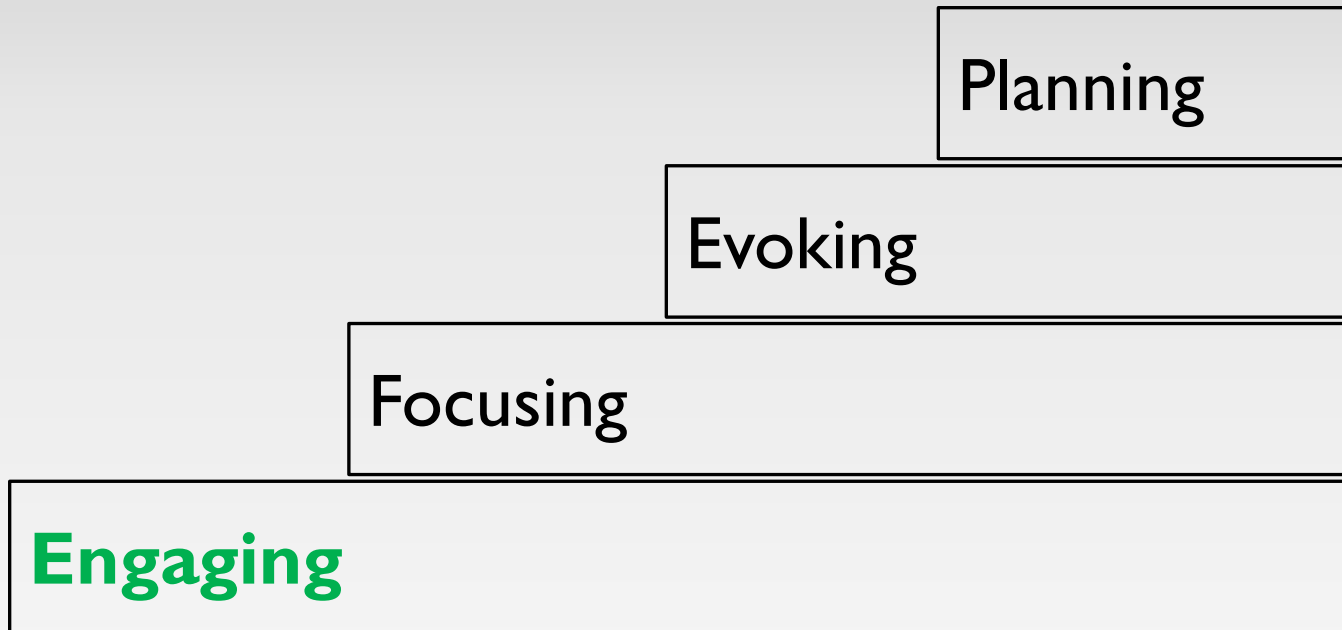
## Evocation

- Clients already have what they need for change, just needed to find it.
- Not installing what is missing in the clients.
- “People are more likely to be persuaded by what they hear themselves say.”
- Reflects MI as a strength-based model.

# The processes of MI

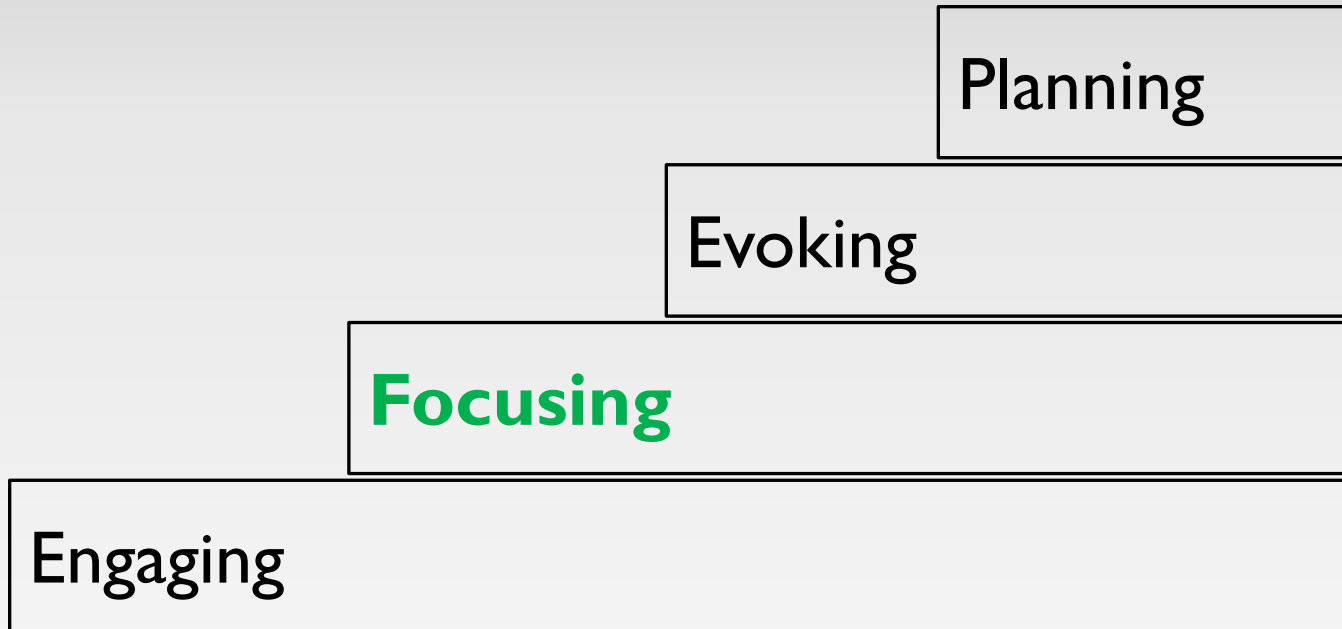
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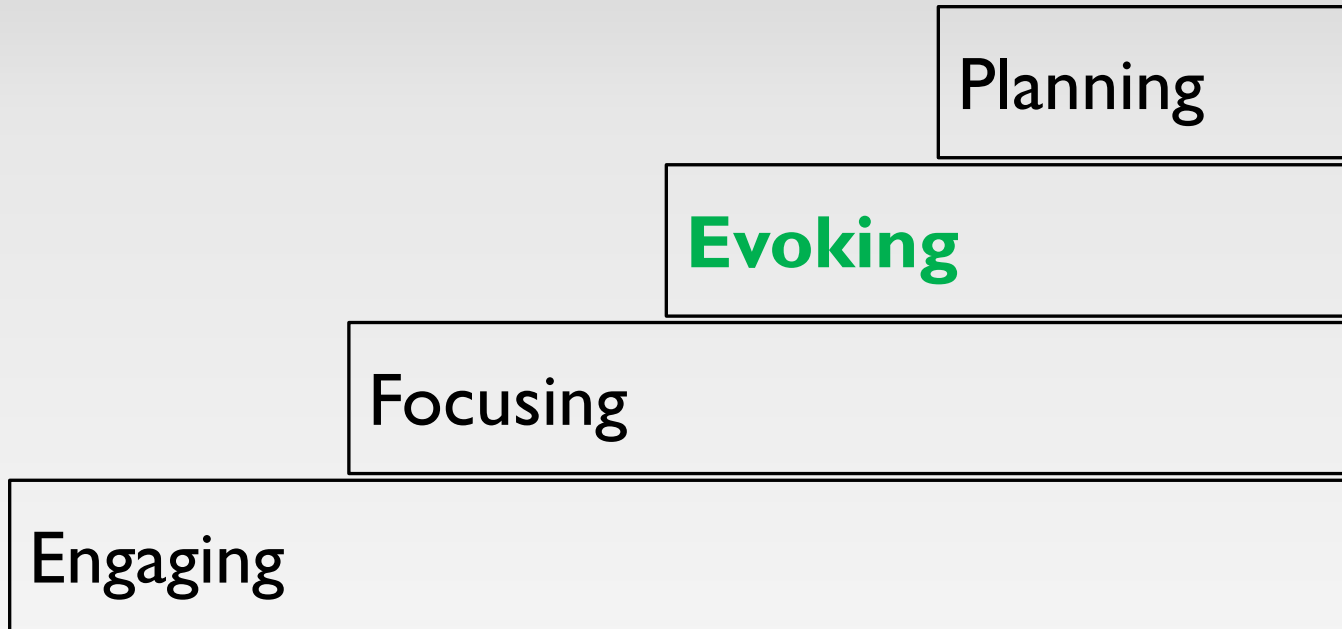
- The process of establishing a mutually trusting and respectful helping relationship.
- The quality of **therapeutic alliance** directly predicts therapy retention and outcome.

1. Reflective listening
  - “accurate empathy” (Carl Rogers)
  - Reflecting rather than questioning.
  - Avoids the question-answer trap.
  - Therapist makes a guess on what the client means.
2. Exploring values and goals
  - Moving beyond the presenting problems.
  - Seeing (not confronting) the discrepancy between personal values and behaviors.



- “Meta-conversation”, i.e. a talk about talk.
- Stepping outside the conversation to consider the way ahead and what to talk about.
- It is possible to be well-engaged with clients but with no clear direction in the conversation.

- The collaborative process of finding ***mutually agreeable direction***.



- Therapist facilitates the change in the ratio of **change talk** and **sustain talk**.

- This is the distinctive process of MI.
- The stage for strengthening motivation by **resolving the ambivalence** in the direction of change.

# Change talk and sustain talk

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- Change talk: the self-expressed language that is an argument for change.
- Sustain talk: the self-expressed language that is an argument for the status-quo.
  - “The relationship is really causing me problem.” (change talk)
  - “Leaving the relationship is so troublesome.” (sustain talk)

The predominance of sustain talk or equal mix is associated with maintenance of the status-quo.

The predominance of change talk predicts subsequent behavior change.

# Influencing the talk

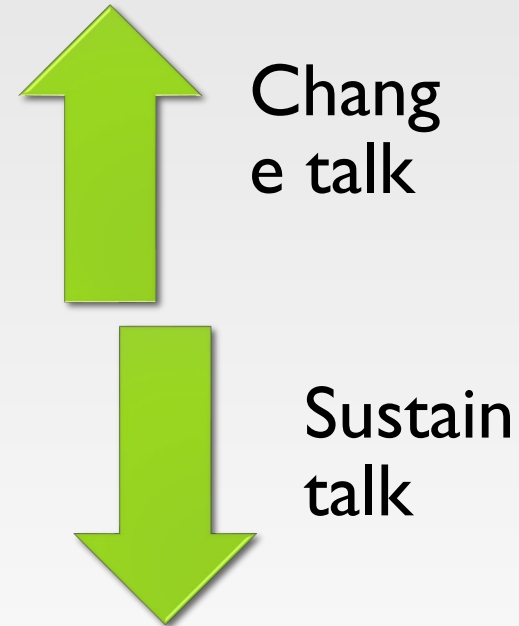
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Therapist's role is to be interested and curious (recognize and strengthen) about **change talk**:

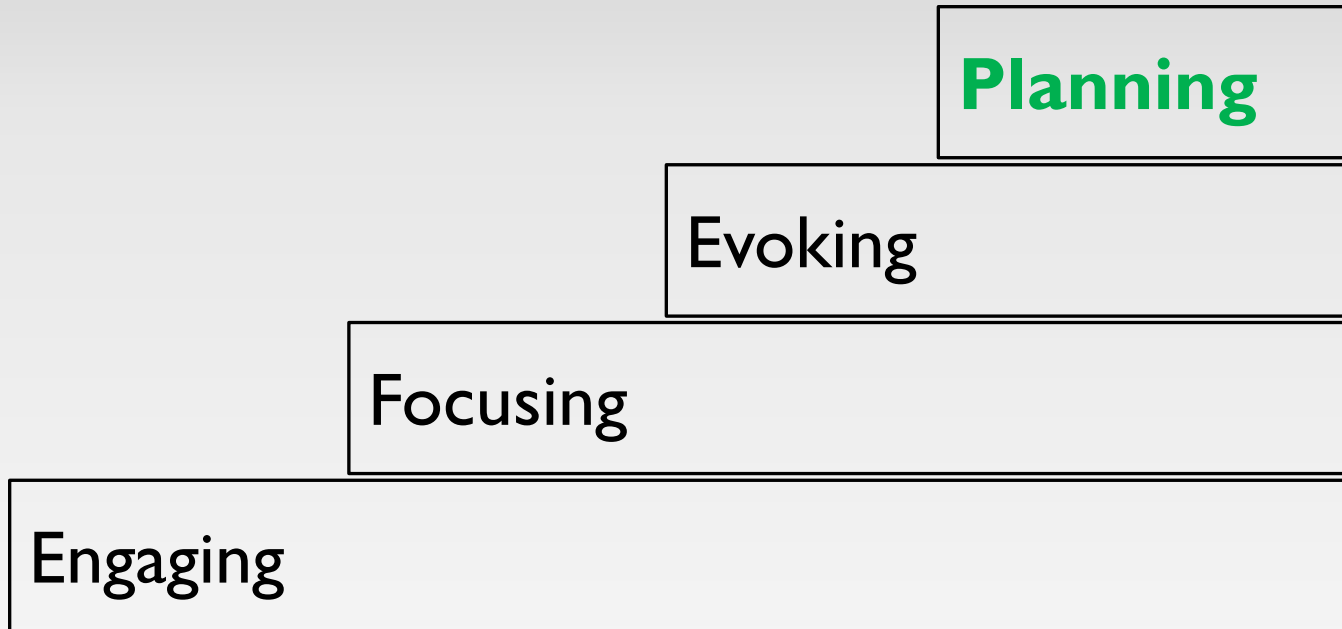
- The desire, ability, reason, need, and plan for change
- Similar for the downside of the status-quo.

The motivation interviewing skills:

- Open questions
- Affirmation
- Reflection
- Summary





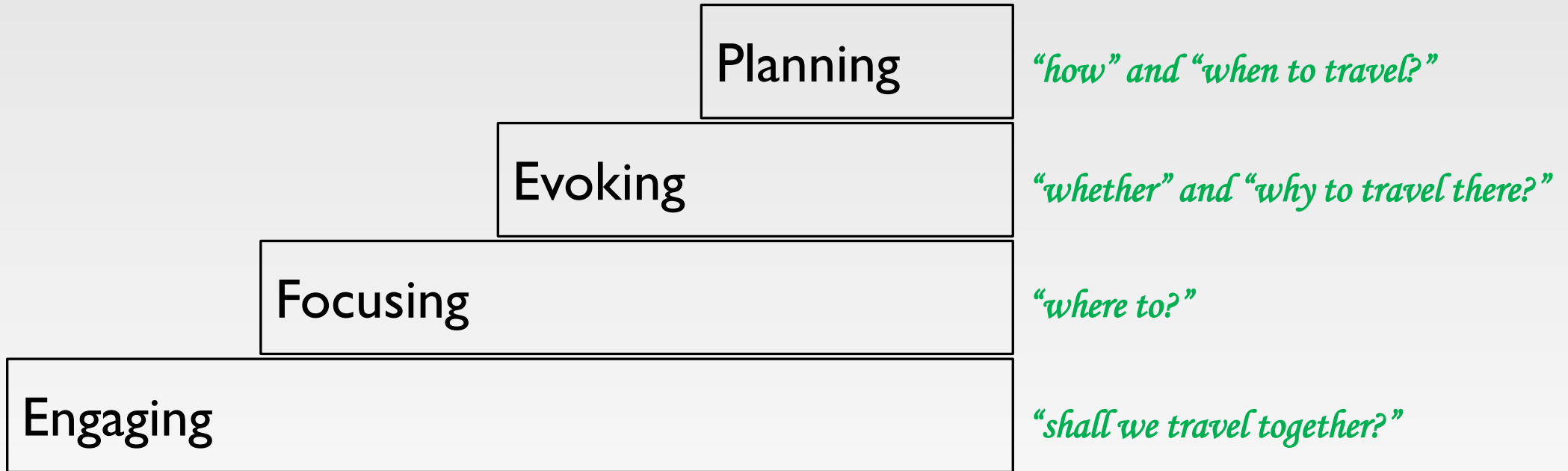


- People are more likely to follow through a change if they have a specific plan and express to another person the intention to carry it out.
- Three planning scenarios:
  1. change plan is already clear
  2. there are different options for change
  3. the way for change is unclear and needed to be worked out

- The transition from a general intention to a **specific implementation plan**.

# A therapeutic journey

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# To conclude:

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Making changes in what we do and how we feel can be difficult.

This is especially the case when there are both costs and benefits in making the change.

MI is a person-centered counseling style for addressing the common problem of ambivalence about change.

It can be defined, described, and quantified.

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Thank you for your time!

Q & A