# MOTIVATIONAL INTERVIEWING TRAINING

## NOTE TO TRAINERS

*There is no such thing as teaching; there is only learning.*
− Monty Roberts


Motivational Interviewing integrates a complex set of clinical skills and strategies based on the principles of autonomy, collaboration and evocation.  It is more than a set of techniques; it is a way of being.  This concept is difficult to teach; it must often be done through modeling.  Therefore, if we are teaching principles like empathy, we need to be empathetic as trainers.  When we teach that the client is the teacher, we must learn that our trainees are our teachers.  Simplicity and flexibility are a key to MI – simplicity in material presented, and flexibility in applying MI strategies in different contexts.  In this case, simplicity in outlines for lesson plans and flexibility in terms of agenda.  Throughout these lesson plans, we try to maintain a distinction between a simple, work-relevant foreground, and the deeper, more complex background of MI.  These lesson plans will undergo changes as we tailor them to meet your needs as new trainers.  Thus, feedback about what worked and what did not work during the initial training is always welcome.  The final product will be the result of a joint effort between JSAT staff and new trainers.  And in true MI style, this too shall change.

# MOTIVATIONAL INTERVIEWING OVERVIEW
# AGENDA

## Day One

8:00am      Registration/IMI/Pretest

8:15        Overview of training

8:30        Principles of Effective Interventions      (I-1)

10:00       **Break**

10:15       Overview of MI                            (I-2)
- Background
- Principles
- Discrepancy-Ambivalence-Efficacy

11:30       Discussion in tables (applications of MI)

12:00pm     **Lunch**

1:00        Active Listening Exercise                 (I-3)

2:00        MI Fundamental Skills                     (I-3)
- Defensiveness
- Stems
- OARS

2:30        Scaffold skills with quads and scenarios (1-3)
O-A-R-S
- rating
- alternate acting/ non-acting scenarios

2:50        **Break**

3:00        Continue scaffolding

3:30        Baseline Rating exercise                  (I-3)

4:15        Debrief

# MOTIVATIONAL INTERVIEWING TRAINING SEMINAR

## Day Two

8:00am      Review MI Fundamental Skills

8:30      Exploring Change Talk      (II-1)
- Categories of Change Talk
- Eliciting Change Talk

9:15      Eliciting Change Talk exercise    (II-1)

10:15      **Break**

10:30      Exploring Values (card sort)    (11-2)

11:00      MI & Handling Resistance skills   (11-3)

11:30      MI & Dealing with Resistance Video and discussion    (11-3)

12:00pm      **Lunch**

1:00      Fishbowls for double-sided and amplified reflections    (11-3)

1:30      Using resistance skills and strategies  (11-3)

2:30      Break

2:45      Skill rating review

3:00      Skill Rating

4:00      Review and Debrief

**MOTIVATIONAL INTERVIEWING TRAINING SEMINAR**

<u>**Day Three**</u>

8:00am          Review MI Fundamental Skills and Resistance techniques

8:30              Stages of Change theory with exercise (III-1)

9:30              Brief overview of FRAMES (111-2)

1O:oo            Brief Advice, Behavioral Counseling and MI (111-2)

10:45            **Break**

11:00            Ethical Issues in MI (111-3)

12:00pm       **Lunch**

1:oo              Discussion in tables (what helps, holds back)

1:30              Review of all skills and strategies

1:45              **Break**

2:00              Final skill rating exercise (from interviewing to developing and
                    negotiating treatment plans)          (l11-4)

3:00              Implementation Issues                  (111-4)

3:30              Debrief training, post-test, conduct evaluations & Conclusion

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY ONE

**PERFORMANCE OBJECTIVES**
**At this section's conclusion participants will be able to:**
- Understand the principles of effective intervention;
- Be familiar with the origin and background of MI;
- Appreciate the effects of evocative methods as contrasted with advocacy methods;
- Identify and demonstrate any of the fundamental MI skills.

I-1     Principles of Effective Interventions
- ❐ Evolution of Tools
- O Eight strategies of recidivism reduction
- ❐ Risk/Need/Responsivity Principles
- ❐ Enhancing Intrinsic Motivation
- ❐ Theories Supporting MI

I-2     Introduction to MI
- ❐ Origin and Definition of Ml
- ❐ Overview of MI components
- ❐ Findings from Clinical Trials
- ❐ Principles of MI

I-3     Active Listening
- ❐ Defensiveness
- ❐ Roadblock exercise
- ❐ Reflections Clinic
- ❐ Fundamental Skills: show videotape B
- ❐ Scaffold Skills
- O Baseline Skill Rating

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY ONE: I-1 Principles of Effective Intervention

**PERFORMANCE OBJECTIVES**
   **At this section's conclusion participants will:**
- Be prepared for a slight shift in their way of being with offenders;
- Understand the risk, need and responsivity principles;
- Be familiar with the different theories that support Motivational Interviewing (MI);
- Understand the principles of effective intervention as they relate to MI;
- Be cognizant of the components and framework of Social Learning Theory.

**TIME FRAME**

8:00 am – 10:00 am    (2 hours)

**EQUIPMENT NEEDED**

- ❑ Computer
- ❑ LCD Projector
- ❑ Flip Chart Stands (2)
- ❑ Flip Chart Pads (3)
- ❑ Masking tape

**HANDOUTS**

- ❑ Pre test
- ❑ Nameplates
- ❑ Overheads Note-sheets

**REFERENCES**

Andrews, D.A, J. Bonta, and R. Hoge. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17:19-52.

Gendreau, P., & Andrews, D.A., (1990). Tertiary prevention: What the meta-analysis of the offender treatment literature tells us about "what works". *Canadian Journal of Criminology, 32,* 173-184.

Gornik, M. (2001). *Moving from Correctional Program to Correctional Strategy.* Washington, DC: National Institute of Corrections.

Latessa, E., F. Cullen and Gendreau, P. (2002). Beyond correctional quackery: Professionalism and the possibility of professional treatment. *Federal Probation.* September.

Sherman, L.W., D.C. Gottfredson, D.L. Mackenzie, J. Eck, P. Reuter, and S.D. Bushway. (1998). *Preventing Crime: What works, what doesn't, what's promising.* National Institute of Justice.
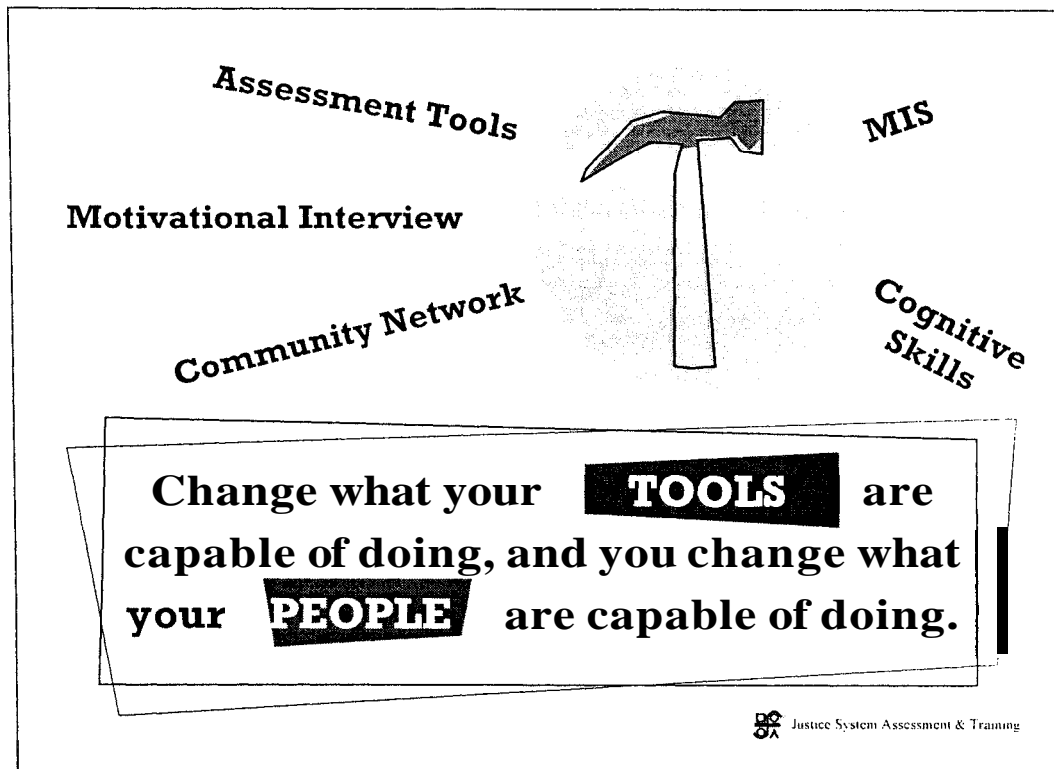
# WELCOME TO

# MOTIVATIONAL

# INTERVIEWING

# TRAINING

*Begin the training by welcoming the participants to training in Motivational Interviewing. Let them know that before you begin, they will need to complete a pre-test and fill out a nameplate in large, bold letters.*

*While they are completing the pre-test, tear of a sheet of flipchart paper and put up a 'Parking Lot'. Collect the pre-test then the participants have completed it and begin the training with an introductions exercise. Structure the introductions exercise based on the size and type of group.*

***Please note: In tlze lesson plans that follow, presentation suggestions to tlze instructor will appear in italics. Portions tlzat can be read to tlze participants directly will appear in normal font.***

Assessment Tools

Motivational Interview

MIS

Community Network

Cognitive Skills

**Change what your TOOLS are capable of doing, and you change what your PEOPLE are capable of doing.**

Justice System Assessment & Training

The evolution of the technology for corrections has started to accelerate as a result of the research in past couple of decades. This can clearly be seen in the types of offender risk assessment tools. the emphasis on sensitive and more constructive communication skills, and programming that is, on the one hand, more differential (adjusted to the individual offender) and on the other. provides more consistent applications of cognitive/behavioral treatmentlintervention.

The most important tool available to us is our thinking. Learning to better tap into how people think, problem-solve and most importantly, follow-through in their work with offenders is paramount if our field is going to add value to the communities it serves. The field of corrections is beginning to navigate a difficult intersection in its strange evolution. There is the conventional practice of safety-oriented corrections based on deterrence notions – pretty much everything we have done up until the past recent ten years or so. And then there are the services that a rapidly growing body of international research shows reduces recidivism. Quite often there is an obvious gap between these two different approaches.

During the past 30 years, while the US population has not quite doubled (183 Million to 300 Million) the population under correctional jurisdiction has more than quintupled. America now has the largest industrial corrections complex the world has ever known. Though the budgets for prisons and jails have sky-rocketed with this expansion, the budgets for community corrections services (probation, parole, etc.) have remained relatively stable proportionate to other public sector functions. Therefore significant increases in caseload sizes for community supervision officers have generally accompanied this expansion in the corrections sector. Many supervision practices within community supervision (e.g., formulating individual case plans, home visits, responsive sanctions for non-accountability). once accepted as standard practice, have attenuated or altogether disappeared in the field. Recidivism, long regarded as relatively stable, in recent national surveys (Bureau of Justice Statistics, 2002) has been shown to be increasing in a distressing direction.

Given the above trends challenging the credibility of community corrections, NIJ sponsored an important symposium of 30 some leaders in the field in 1997. This group attempted to confront the facts behind these trends and concluded the field was facing progressively difficult challenges to its credibility. A subset of the latter leaders. called the "Reinventing Probation Council" (Corbett et al) proclaimed, in a formal position paper widely distributed at the 1999, American Probation & Parole convention in NYC, a limited set of prescriptive principles for the crisis that the field had entered. This seminal paper has provoked considerable responses in the trade and applied criminology journals. but thus far, no evidence suggests any "cure" has taken place. Most recently, according to Mark Lipsey, one of the most respected meta-analytical researchers in the world – who has been tracking offender rehabilitation research for almost 30 years, there is "no evidence probation (or parole) produce any reductions in recidivism.".

At the same time that these negative trends and ominous conclusions regarding the field have been emerging, there has also been significant evolution in terms of treatment (both offender and non-offender) research. This growing body of research analyzing a myriad of treatment populations and research methods strongly suggests that certain strategies and interventions do in fact work reliably to produce positive outcomes. The problem is that the field has not yet adopted these approaches effectively.

# RELATIONSHIP TO RISK

| RISK AVERSIVE | RISK ENGAGING |
|---|---|
| • Rules driven | • Principles driven |
| • Reduced discretion | • Empowered |
| • Individual changes | • Change as interaction in context |

|  |  |
|---|---|
| ⬇ | ⬇ |
| Status quo | Intervening |
| Non outcome oriented | Outcome oriented |
| Custodial practice | Activist practice |

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Adopting the processes of evidence-based practice – the routine techniques and strategies that effectively reduce recidivism – requires a wholesale shift and change in current practices. This level of change goes far beyond merely "shuffling the deck chairs on the Titantic," it represents an entirely different orientation.

It's hard to describe a change that has not exactly been made, but we do have earlier antecedents in the field to inform us. John Augustus, a 19th century forerunner of the contemporary probation/parole officer is renowned for assisting thousands of individuals in rebuilding their lives in the shadow or jurisdiction of the courts. John Augustus may have intuitively understood some of the methods research now supports as being effective. He wasn't reluctant to engage and support offenders in their efforts to rehabilitate themselves in their natural communities. The records indicate that he worked tirelessly to assist offenders in acquiring skills, motivation and opportunities to reunite with families, find jobs, re-engage with their church or communities and embark anew in purposeful lives. His story is about venturing in to support risky people in risky situations.

In a similar, though perhaps not so dramatic fashion, we must learn to engage offenders "where they live" in their everyday thinking and feeling minds. In order to do this, we are well-guided in developing the best active listening skills we can. We are not likely to join very well with clients from behind a desk, using a check-off list or filling in forms. Engaging requires learning to rely more upon our own thinking, feeling and abilities to relate to people and skillfully trouble-shoot the issues that can arise within routine interactions. This requires training and support in skills that most of us never were provided as we advanced through formal education and previous job training.

**Eight Guiding Principles for Risk/Recidivism Reduction**

ENGAGE ON-GOING SUPPORT IN COMM.

INCREASE POSITIVE REINFORCEMENT

SKILL TRAIN WITH DIRECTED PRACTICE

TARGET INTERVENTION

ENHANCE INTRINSIC MOTIVATION

RISK/NEED: ASSESS ACTUARIAL RISK

MEASURE RELEVANT PRACTICES

Justice System Assessment & Training
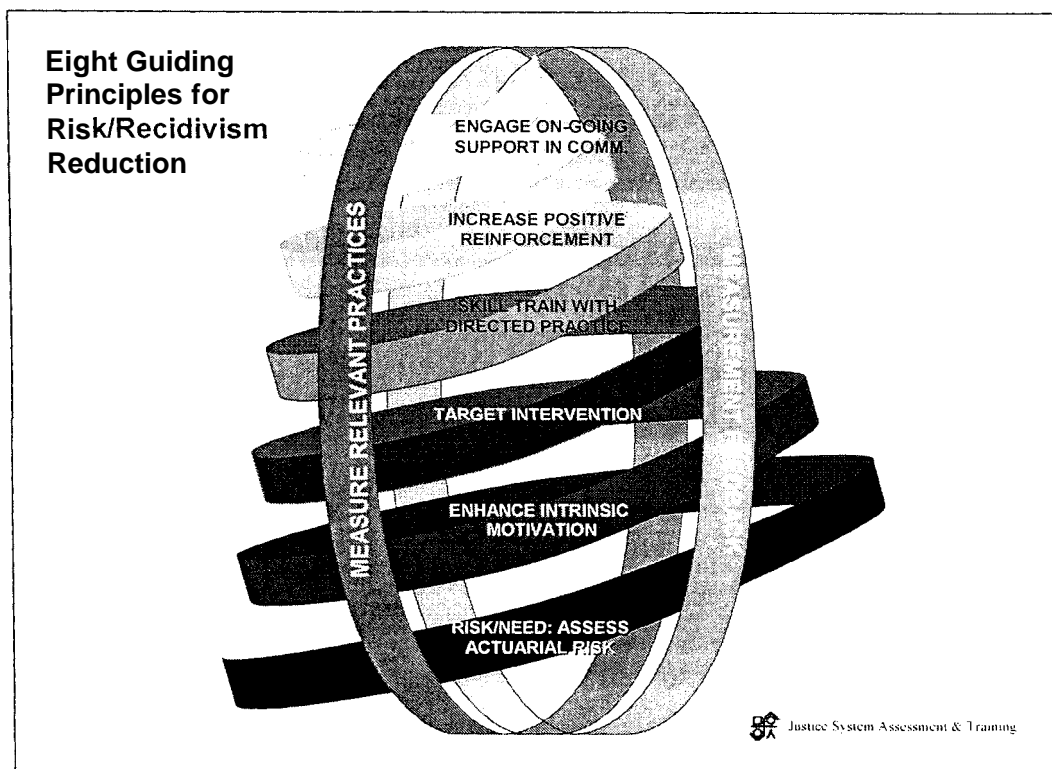
What are some of our goals when working in the corrections field? Public safety. rehabilitation. recidivism reduction? There is a growing body of research that has identified what works, what does not work and what is promising in offender treatment programs and recidivism reduction. It is not a specific program model per se, but a set of principles that make up what works or evidence-based practice. Before we go any further, the buzz words "best practices," "what works" and "evidence based practice" need to be clarified because although they are often used interchangeably and do overlap. they have some subtle distinctions.

Best Practices are principles that the field has agreed are important to maintain while working with offenders. What Works looks at outcomes related to models or strategies, but no particular outcome (e.g., deterrence. rehabilitation) is desired. Evidence based practice are also principles, but are based on empirical evidence that has shown to improve outcomes. particularly recidivism reduction. These principles can be described in eight strategies that significantly affect correctional practice and reduced recidivism outcomes according to research evidence. The first six strategies that spiral upwards, pertain to managing clients on caseloads or delivering specific treatment services. The remaining two strategies, depicted as bands containing the other coiled sis strategies apply to organizations and management practices necessary for appropriately aligning all the strategies.

The basic six principles are in a sequential or developmental order that proceeds. first with sound assessment of an offender. through assistance in manipulating supports an offender may need in the community. The logic of this progression is threefold. based on variation of the risk-need-responsivity principles frequently discussed in applied criminology. Logically. the risk principle supercedes the need and responsivity principles. A central aspect of the risk principle is that triaging population services based on risk is critical, not only for efficiency, but also for effectiveness. Therefore, performing an assessment as soon as possible is invariably recommended in order to adequately manage limited correctional/treatment resources. However. co-terminus with sizing-up someone's risk is the issue of skillfully interacting with them in order to get reliable information and insight into what is making their harmful behavior "tick." In this interaction process. no matter how limited. we find differential opportunities for de-motivating or motivating offenders, in terms of both external and internal motivational factors. This is obviously an on-going process that can be engaged from a variety of angles but the guiding wisdom and best research indicate that the sooner this is done the better the outcomes will be.

Assuming some basic triaging has occurred regarding general placement of offenders. the next level of determination directly corresponds to identifying two types of critical factors within any offender's life situation. First. we must decide which of the common criminogenic factors is strongest or currently presenting the biggest obstacle to pro-social behavior. Second. what kind of motivational readiness does the offender have for working with the various criminogenic issues present in their case? Guiding and developing final case priorities based on the combination of identified (criminogenic) need and individual motivation may be more of an art than a science currently but there is now aggressive research in this area and too many reference points and guidelines are presently available to ignore this effort.
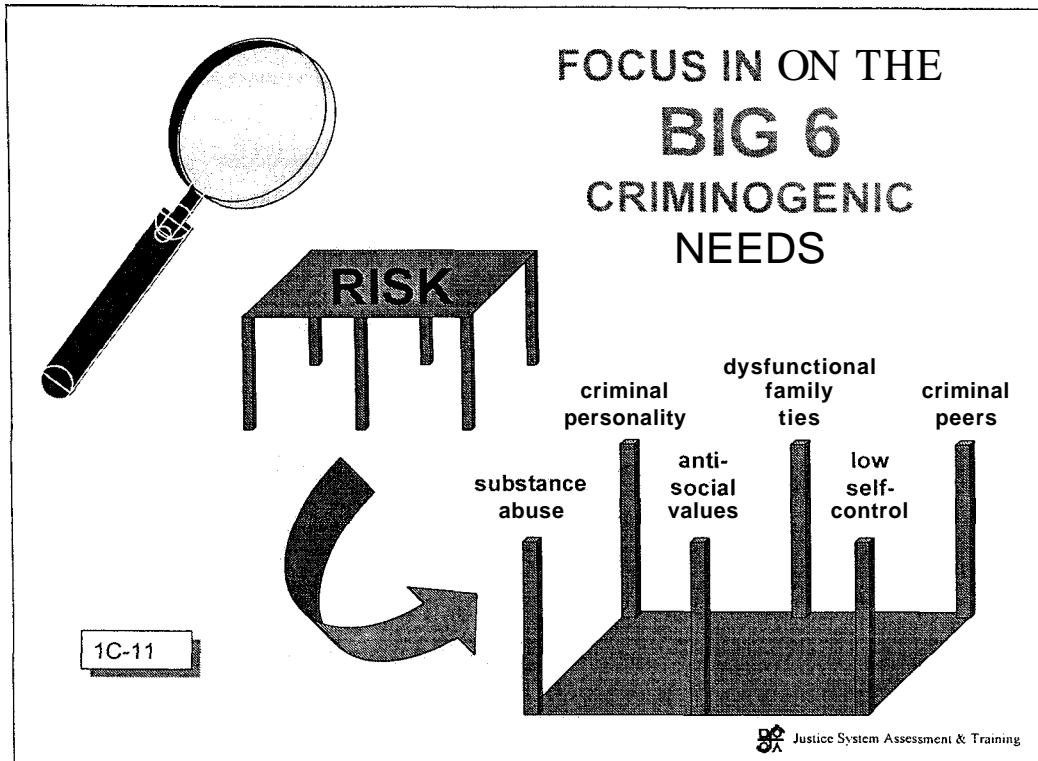
# Risk Level and Treatment
# (% Recidivism)

| STUDY | RISK | MINIMAL | INTENSIVE |
|-------|------|---------|-----------|
| O'Donnell et al. | Low | 16 | 22 |
| (1971) | High | 78 | 56 |
| Baird et al. | Low | 3 | 10 |
| (1979) | High | 37 | 18 |
| Andrews & Kiessling | Low | 12 | 17 |
| (1980) | High | 58 | 31 |
| Andrews & Friesen | Low | 12 | 29 |
| (1987) | High | 92 | 25 |

The basis for these strategies starts with efficiently assessing the actuarial risk level of each offender, along with their particular intervention target features (i.e., their criminogenic needs). An effective assessment helps identify who should receive treatment, what should be treated, and how should treatment be delivered. In short. we begin to implement the risk, need and responsivity principles.

The above overhead highlights a small sample of studied done where low and high risk offenders were randomly assigned to minimal and intensive services to see what effect on recidivism level of service had. What was found was that when low risk offenders were sent to intensive services, recidivism rates were higher than when they received minimal services. Similarly, recidivism rates for high risk offenders were higher when they received minimal services than when they received intensive services. This highlights the risk principle: we need to match level of services to level of risk.
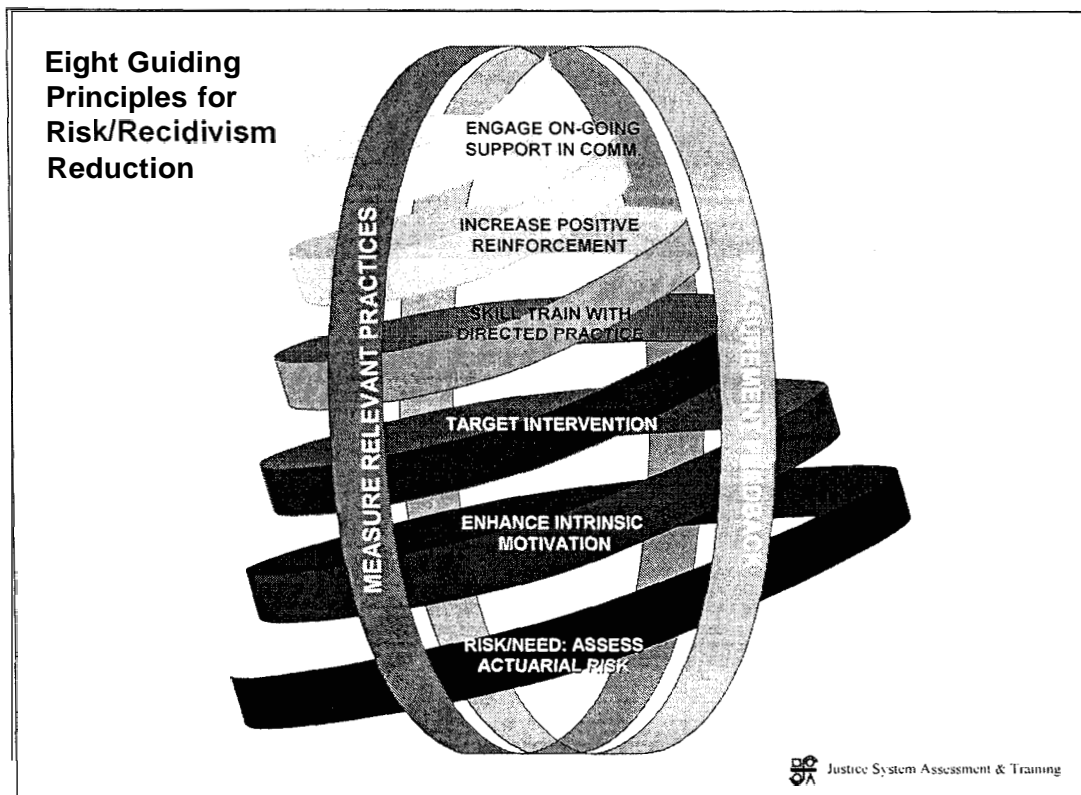
**Risk:** The risk principle states that we need to match level of services to level of risk: the higher the risk, the greater the level of services provided.

FOCUS IN ON THE
**BIG 6**
CRIMINOGENIC
NEEDS

RISK

criminal personality    dysfunctional family ties    criminal peers

substance abuse    anti-social values    low self-control

1C-11

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**Criminogenic Needs:** Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.

**Responsivity:** Several factors about an offender influence his/her responsiveness to treatment. Such factors include cognitive ability, learning styles, stage of motivation for change, gender. ethnicity, developmental stage, beliefs and personal temperament. Providing appropriate responsivity to offenders involves providing services in accordance with these factors. For example: a) matching treatment modality to the offender; b) matching treatment provider to the offender; and c) matching style and methods of communication with the offender's stage of change readiness.

*Stress the importance of recognizing criminogenic needs when using Motivational Interviewing to focus on behavior change. The directedness of MI is fed by knowing what behavior to focus on and how (need and responsivity principles).*

**Eight Guiding Principles for Risk/Recidivism Reduction**

ENGAGE ON-GOING SUPPORT IN COMM.

INCREASE POSITIVE REINFORCEMENT

SKILL TRAIN WITH DIRECTED PRACTICE

TARGET INTERVENTION

ENHANCE INTRINSIC MOTIVATION

RISK/NEED: ASSESS ACTUARIAL RISK

MEASURE RELEVANT PRACTICES

Justice System Assessment & Training

The next principle **"Enhancing Intrinsic Motivation"** is based on the belief that behavioral change is quite often an inside job. For lasting change to occur, there needs to be a level of internal or intrinsic motivation. Motivation to change is dynamic and internal motivation or the likelihood that change may occur is strongly influenced by interpersonal interactions. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing-based communication to enhance intrinsic motivation to change so that the offender begins to present arguments for change.

# Protection Motivation Theory
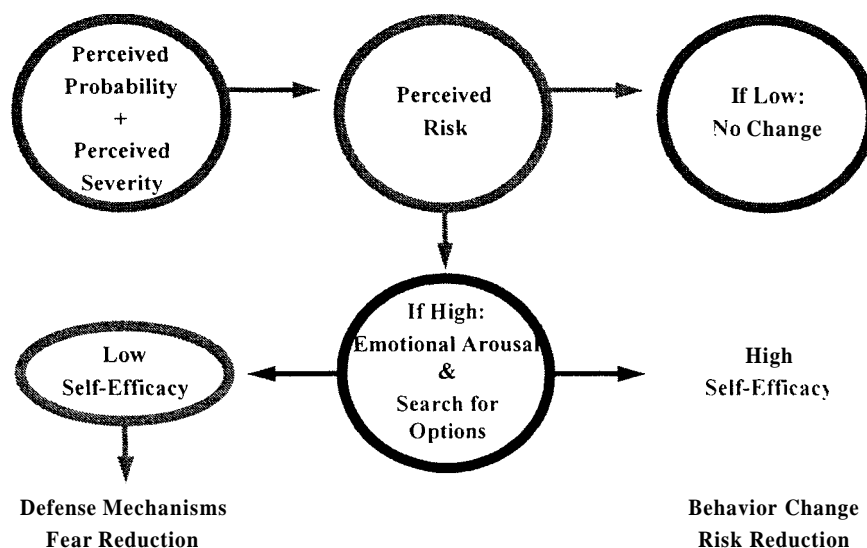


There are several different theories that support MI. This slide demonstrates that the perceived likelihood of something happening and its perceived severity influences perceived risk. If the perceived risk is low, there is no need to change. If the risk is high we move into determining the level of self-efficacy. If the level of self efficacy is low, one moves into defensive avoidance – "there is no problem" or, "it can't be that bad." If the level of self efficacy is high. the heightened arousal provides energy for behavior change.

# Approach / Avoidance
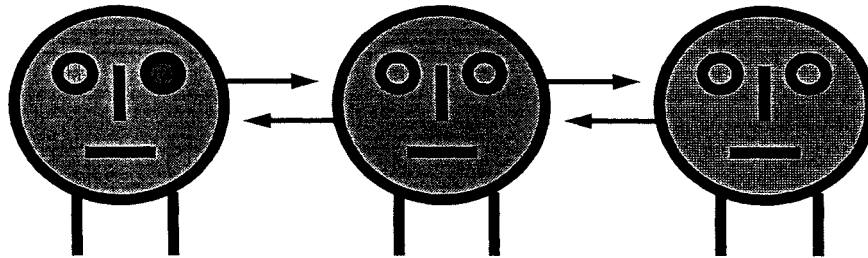


Spouse
Kids

Lover
Substances

**Approach – Avoidance** is feeling two ways about something, e.g., drugs that are biphasic in that they provide a much sought after high in the short haul and longer term negative consequences. Being caught in this approach avoidance is usually a paralyzing condition. An example is an exhausted and starving lion circling a group of hyenas, wanting to attack, but unsure of whether he has enough energy to fight them off. The grand champion of conflicts is double approach avoidance where someone is tom between two alternatives each of which have both powerful negative and enticing qualities. For example, as one moves closer to a lover, the disadvantages of the lover and the advantages of the spouse become more salient and vice versa.
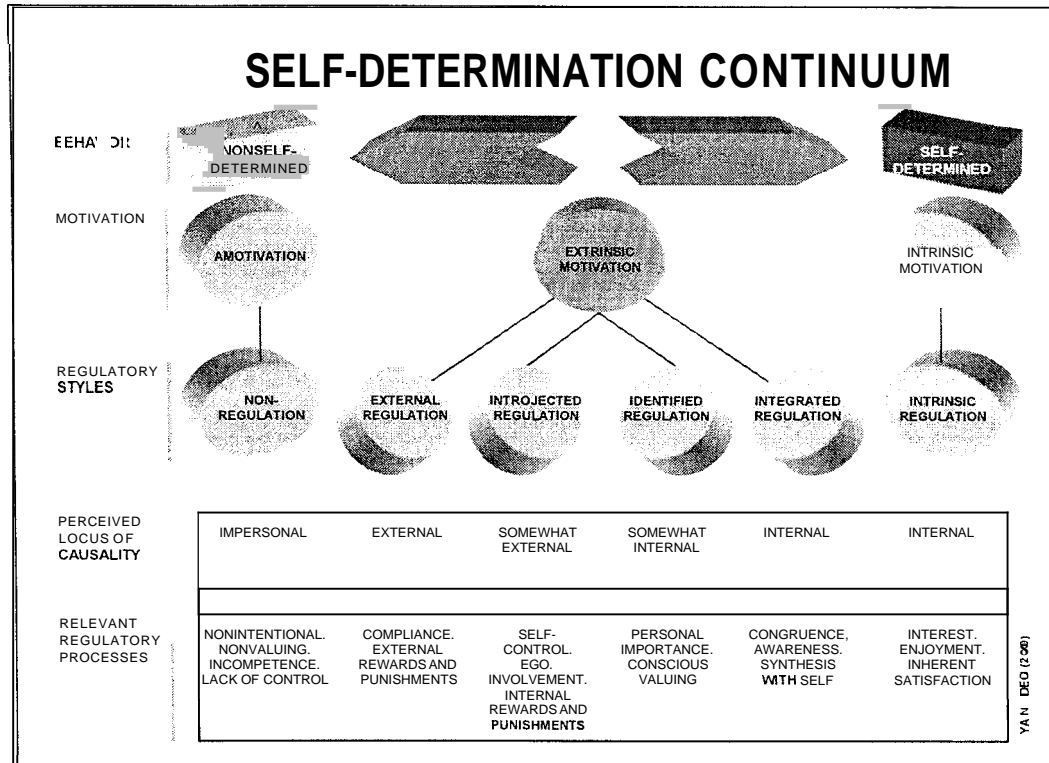
# Reactance

The Brehm's (1981) reactance theory posits that perceived threats to personal freedom and choice will elicit behaviors designed to demonstrate and restore that freedom. When behavioral freedom and autonomy are threatened, the probability and the perceived desirability of the to-be-lost behavior will increase.
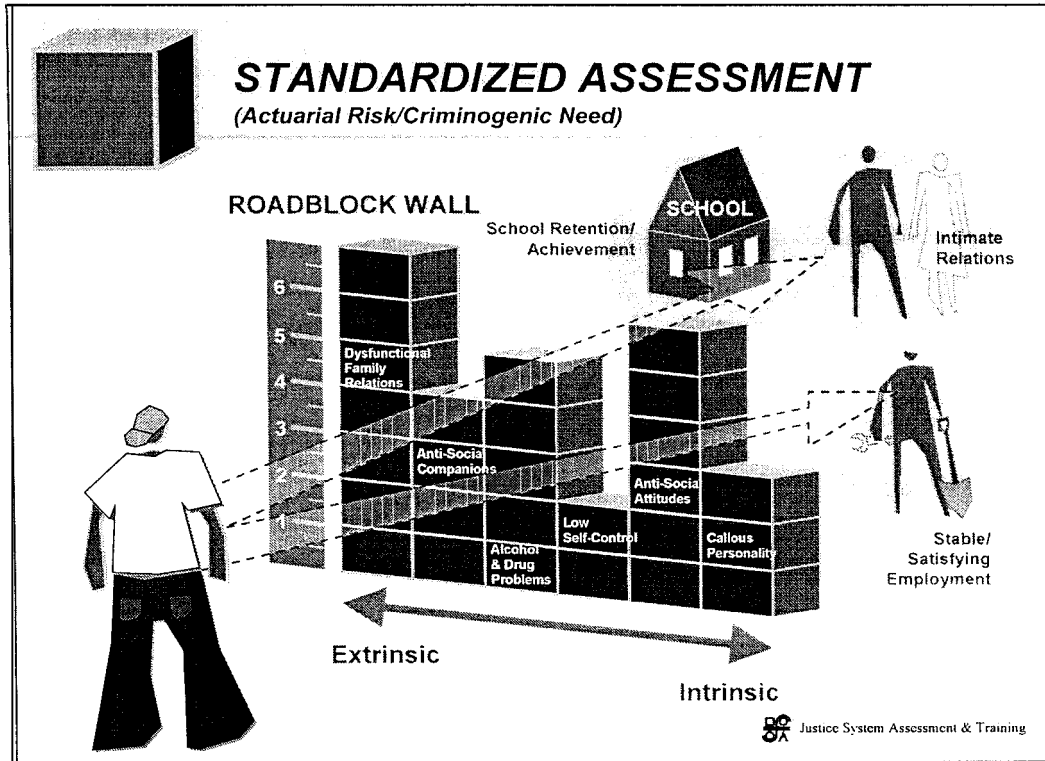
**Reactance theory** states that if there is a threat to a particular behavior (e.g., "you cannot use drugs while on probation") the desirability of that behavior increases.
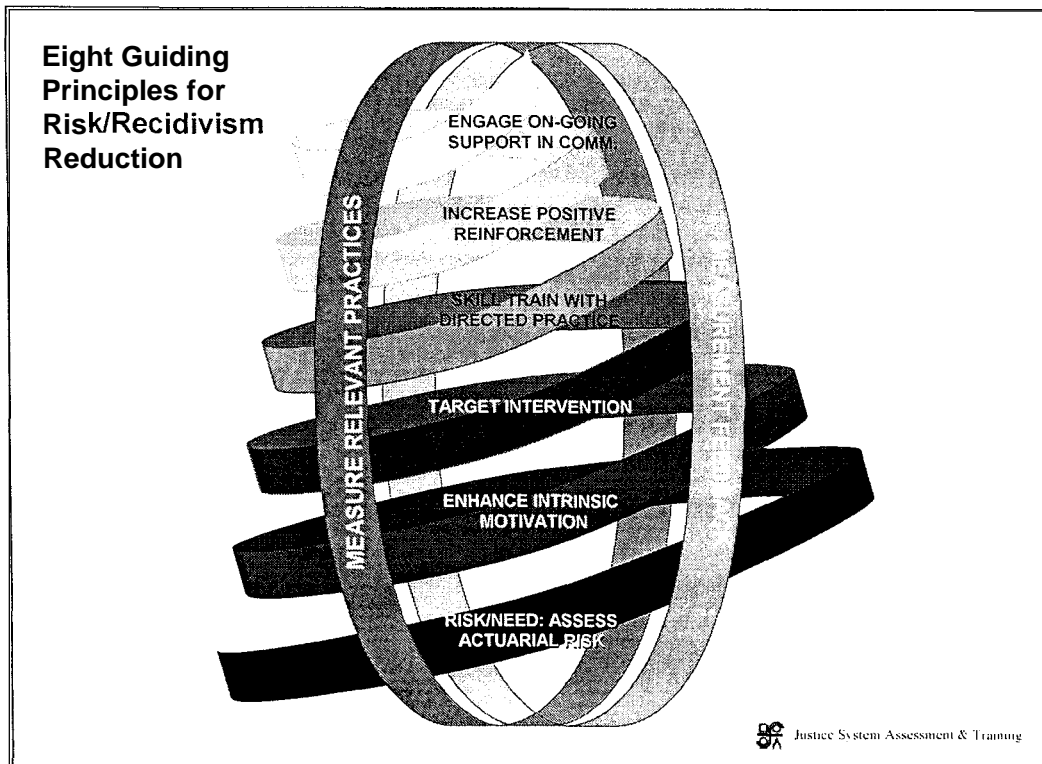
## SELF-DETERMINATION CONTINUUM

| BEHAVIOR | NONSELF-DETERMINED | | | | | SELF-DETERMINED |
|---|---|---|---|---|---|---|
| **MOTIVATION** | AMOTIVATION | | EXTRINSIC MOTIVATION | | | INTRINSIC MOTIVATION |
| **REGULATORY STYLES** | NON-REGULATION | EXTERNAL REGULATION | INTROJECTED REGULATION | IDENTIFIED REGULATION | INTEGRATED REGULATION | INTRINSIC REGULATION |
| **PERCEIVED LOCUS OF CAUSALITY** | IMPERSONAL | EXTERNAL | SOMEWHAT EXTERNAL | SOMEWHAT INTERNAL | INTERNAL | INTERNAL |
| **RELEVANT REGULATORY PROCESSES** | NONINTENTIONAL. NONVALUING. INCOMPETENCE. LACK OF CONTROL | COMPLIANCE. EXTERNAL REWARDS AND PUNISHMENTS | SELF-CONTROL. EGO. INVOLVEMENT. INTERNAL REWARDS AND PUNISHMENTS | PERSONAL IMPORTANCE. CONSCIOUS VALUING | CONGRUENCE, AWARENESS. SYNTHESIS WITH SELF | INTEREST. ENJOYMENT. INHERENT SATISFACTION |

RYAN DECI (200)

Ryan and Deci (2000) describe motivation as being on a continuum from amotivated to extrinsically motivated to intrinsically motivated. Research on different professions reveals that internal or intrinsic motivation is related to interest, enjoyment and inherent satisfaction in that profession. In Motivational Interviewing, the focus is on enhancing the client's intrinsic motivation to change a behavior.

Research indicates that regardless of what behavior is chosen for change in the pro-social direction (e.g., grade advancement, less tooth decay, greater reductions in recidivism, etc.) the more internally (as opposed to externally) motivated the individual is, the better the outcome.

**STANDARDIZED ASSESSMENT**
*(Actuarial Risk/Criminogenic Need)*

ROADBLOCK WALL

School Retention/Achievement

SCHOOL

Intimate Relations

Dysfunctional Family Relations

Anti-Social Companions

Anti-Social Attitudes

Low Self-Control

Alcohol & Drug Problems

Callous Personality

Stable/Satisfying Employment

Extrinsic

Intrinsic

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The third principle **"Target Interventions"** is dependent upon the first two principles. The offender's level of risk, prioritized criminogenic needs and level of motivation in the related need areas determine which interventions are assigned.

**Eight Guiding Principles for Risk/Recidivism Reduction**

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RISK/NEED: ASSESS ACTUARIAL RISK

MEASURE RELEVANT PRACTICES

Justice System Assessment & Training

The fourth principle "Skill Training with Directed Practice" addresses two components: a) what skills are taught and. b) how the skills are taught. In relationship to the offender's criminogenic needs, the skills that are taught are cognitive skills, e.g.. problem solving, goal setting, emotional regulations, etc. These skills are not delivered in a didactic fashion. but follow the "tell-show-try" model where, after the skill is presented and demonstrated, the participants practice or role-play the skills and receive immediate feedback.

The fifth principle "Increase Positive Reinforcement" of positive change, new behavior or skills acquired is an essential component of effective programming. In terms of learning new skills and making behavioral changes. human beings appear to respond better. with more stability in learned behaviors, from "carrots" rather than "sticks." Behaviorists recommend applying a much higher ratio of rewards or positive reinforcements than negative reinforcements or punishments in order to better achieve sustained change in a treatment population. These rewards do not have to be applied consistently to be effective (as negative reinforcement does). but can be applied intermittently either through random or ratio reinforcement schedules. Some examples for the effectiveness of increasing positive reinforcements are Community Reinforcement Approaches. used in recent successful welfare reform initiatives (Job Finding Clubs) or contingency management strategies that have been found to be so successful with indigent, inner-city stimulant users.

The next principle "Providing On-going Support" assists the offender in re-orienting to their local community and neighborhoods where ultimately they must obtain "natural" reinforcement for their new pro-social behaviors and attitudes. This is a process of encouraging, referring and networking to increase the offender's positive linkages to their local communities (e.g.. home. work, school, family) on the one hand; while on the other hand, helping the offender identify triggers and high-risk situations that they need to more effectively navigate within their personal worlds. By better engaging pro-social support of others in sports. 12-step programs. church and education settings, offenders acquire increased reinforcement for their emerging new skills and perspectives that they need to sustain a new, more pro-social orientation.

The last two principles relate to accountability, the core value in evidence-based practice. This occurs at two levels: first. "Measure Relevant Practices" through accurate and detailed documentation of case information to measure program outcomes. This information or "Measurement **Feedback**" needs to be then aggregated and systematically shared within and across agencies so that the practitioner and the larger organization can successfully mobilize more effective resources for reducing recidivism in the future.

These last two principles therefore. intersect and vertically bind all the others in a continuous on-going cycle of improvement
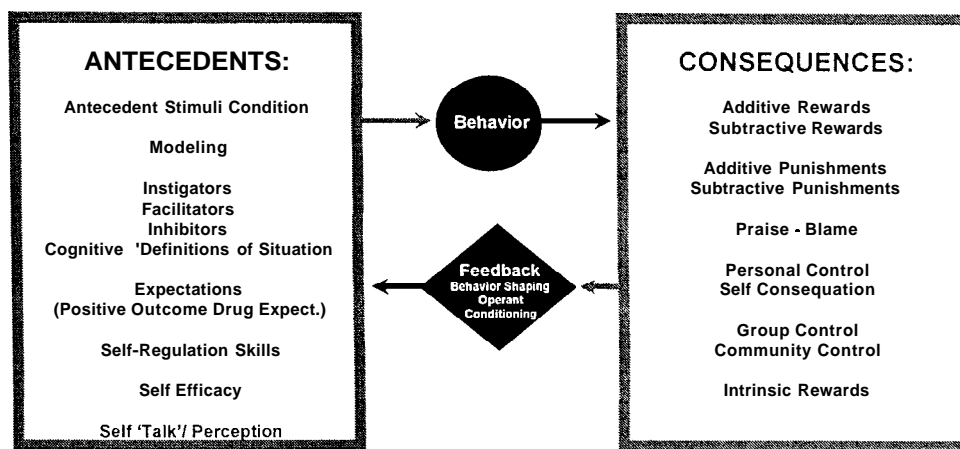
# Social Learning Theory Derivatives:

- Cognitive Skill-Building

- SDRRC

- Relapse Prevention

- Motivational Interviewing

- Graduated Sanctions

In order to understand and best use the skills covered in this training, it is important to understand the theory on which it is based. Social Learning is behaviorism applied to human beings. Behaviorist claim that practically everything people do is learned and if it's not reinforced, it isn't learned. Reinforcement is going on all the time for us at a wide variety of levels, but there is common sequence.

# Antecedents-Behavior-Consequences
## A Simple Framework for Social Learning ( A - B - *C* )

**ANTECEDENTS:**

Antecedent Stimuli Condition

Modeling

Instigators
Facilitators
Inhibitors
Cognitive 'Definitions of Situation

Expectations
(Positive Outcome Drug Expect.)

Self-Regulation Skills

Self Efficacy

Self 'Talk'/ Perception

**Behavior**

**Feedback**
Behavior Shaping
Operant
Conditioning

**CONSEQUENCES:**

Additive Rewards
Subtractive Rewards

Additive Punishments
Subtractive Punishments

Praise - Blame

Personal Control
Self Consequation

Group Control
Community Control

Intrinsic Rewards

Justice System Assessment & Training    16

A simple framework for social learning is the ABC's.

**Antecedents,** things that come before a behavior are often cognitive in nature, but not always (ie, cue stimuli). Antecedents set-up or condition the probability of an event happening (e.g., a crack addict who earl on has come to associate crack use with a lot of euphoria and relief is more likely too pick up a crack pipe).

Then, a given **behavior** occurs — in our case, learning new pro-social skills and avoiding criminal behaviors are the primary concern.

Finally, these behaviors can be reinforced in different ways, for different people **(consequence).** It can easily be simplified as subtractive and additive rewards and punishments (i.e., sticks and carrots that are both either awarded or removed as a result of the behavior.

When we know how someone has become accustomed to being reinforced we know something important about predicting their behavior, and also about helping them to intervene with that behavior.

Modeling is the superhighway for human learning. It provides vicarious reinforcement through two essential elements : 1) the subject is frequently exposed to someone they value or think is cool; 2) they see that individual get well-reinforced for a particular behavior that they (the subject) do not yet have.

Self perception is an important antecedent, especially as it relates to Motivational Interviewing. Self perception theory posits that when people verbalize their thoughts about their level of efficacy or reasons to change a particular behavior, it strengthens the likelihood of their engaging in the behavior. In MI, as we get closer to the Determination stage and begin to get statements supporting change, the more we want to support the verbalization of language that supports change, rather than language that supports the status quo.

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY ONE: I-2 Introduction to Motivational Interviewing

### PERFORMANCE OBJECTIVES
#### At this section's conclusion participants will:
- Be familiar with the origins and background of MI;
- Understand the principles of MI;
- Be introduced to some findings from MI clinical trials:
- Be aware of some milestones in learning MI.

### TIME FRAME
10:15 am – 12:00 pm  (1 hour 45 minutes)

### EQUIPMENT NEEDED
- ❑ Computer
- ❑ LCD Projector
- ❑ Flip Chart Stands (2)
- ❑ Flip Chart Pads (3)
- o Masking tape

### HANDOUTS
- o Overheads Note-sheets
- ❑ Flipchart paper for Community Cafe discussion
- ❑ Index cards for acronyms

### REFERENCES

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

Miller, W. R. and K. A. Mount (2001). A small study of training in Motivational Interviewing: Does one workshop change clinician and client behavior? Albuquerque, NM.

SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol (TIP* 35). USDHHS: Rockville, MD.

### EXERCISES

- **o** Community Cafe discussion about Ml

## Motivational Interviewing Origins

USA: Culture of conflict in treatment

Attributed to pathology of patients; "Alcoholics lack motivation and always deny the severity of the problem."

William R. Miller: Examined behavior of counselors

Direct persuasion elicits resistance

M.I.: An alternative to direct persuasion

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
The authors of MI, William Miller and Stephen Rollnick, are internationally recognized researchers who observed trends in the substance abuse field during the 1980's that concerned and intrigued them. They saw an increasing tendency of practitioners, particularly in the United States, adopting a more confrontive interpersonal approach when interacting with clients. As Miller and Rollnick explored this belief that alcoholics and addicts needed "get tough" treatment, they discovered that the research did not support this approach. Research consistently indicates that the more practitioners confront or aggressively attempt to persuade clients, the worse the outcomes became. There is a large body of research showing that judgmental, sarcastic and punitive interactions are positively correlated with defensiveness, non-compliance and failure.

Variations in effectiveness among therapists with specific treatment approaches indicate that the therapist style appears to be as important as the approach they are using. Therapist style influences client motivation and outcomes.

Carl Rogers's work identified crucial conditions in which the therapist manifests an atmosphere for change. Remember empathy, genuineness and warmth. These attributes of active listening have been reliably used and researched for over forty years. MI uses the skills of active listening to engage the offender in the change process.

MI offers an alternative to direct persuasion. Motivation emerges from the interpersonal interaction between the client and practitioner.
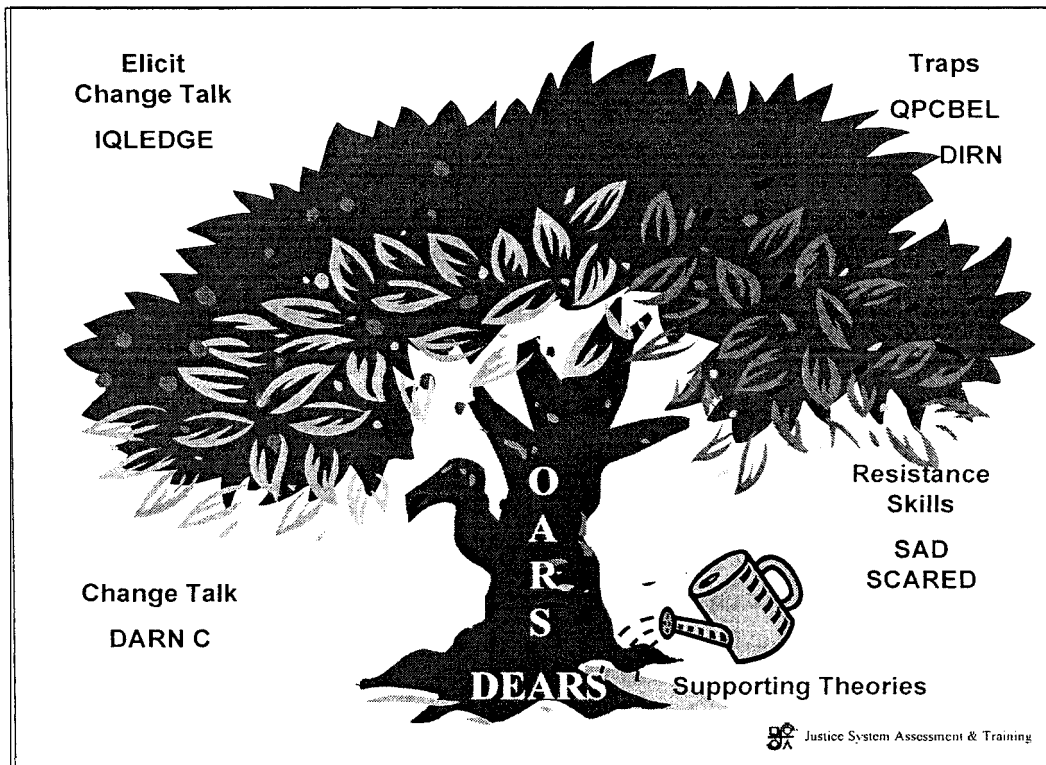
# A Definition of Motivational Interviewing

**"A directive, client-centered counseling style for helping clients explore and resolve ambivalence about behavior change."**

*William R. Miller, 1991*

While Carl Rogers' style was completely client-centered, Motivational Interviewing is a more directive approach. It is based on the understanding that ambivalence is a normal element in change. Ambivalence is feeling two ways about something. Motivational Interviewing offers skills to help the client explore and work with the ambivalence about change.

Elicit
Change Talk

IQLEDGE

Traps

QPCBEL

DIRN

Resistance
Skills

SAD
SCARED

Change Talk

DARN C

O
A
R
S

DEARS — Supporting Theories

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Motivational Interviewing has several different components that work together. Some components are always in operation and other components are conditional or situational. In order to understand these parts. it is Important to have an idea of how they fit into a whole. This slide helps put these together and provides acronyms to help us remember the different skills or techniques associated with each component. Participants may find it useful to write these acronyms on index cards to aid their learning process.

There are several theories that support motivational interviewing, e.g., understanding approach avoidance; self determination theory, stages of change theory, social learning theory, etc. These theories help us understand how to work with motivation for and ambivalence about change.

MI is not just a set of techniques or skills that one does to someone. It is a way of being with people based on the belief that people have the capacity to change in a collaborative effort that supports their autonomy and evokes change. Some fundamental principles highlight this way of being. These principles form the acronym DEARS. *Expand the acronym for the participants so that they may write them down. Trainer can choose to go into explaining the principles here by using the slides that describe the principles.*

Relying on these principles are a set of fundamental skills that are used in varying degrees and depths throughout MI. These skills form the acronym OARS. *Expand the acronym for the participants so that they may write them down.*

While there are things that we should do in MI, there are also things that we should not do. *Trainer can choose to go into Defensiveness here. Ask participants how we know when someone is defensive – the two most telling factors are body language and voice tone. Then ask participants how to make someone defensive. Usually you will elicit most of Thomas Gordon's roadblocks. Using the Defensiveness and Roadblocks slides that follow, conduct the Roadblock exercise.*

In Motivational Interviewing, these roadblocks are summed up as traps and form the acronym QPCBEL. And since what is usually evoked as a result of falling into the traps is resistance, there are certain skills we can use to work with resistance. These skills are divided into reflective responses to resistance (SAD) and strategic responses to resistance (SCARED).

Finally, when using MI and targeting behavior change, client statements most strongly associated with behavior change are change talk statements that form the acronym DARN-C. In order to elicit this change talk we use certain techniques encompassed in IQLEDGE.

# *Benefits of Motivational Interviewing*

☐ *Provides a model for the process of change*

■ *Reframes "denial" as "ambivalence"*

☐ *Shows the counselor how to manage ambivalence about change*

*Identifies client motivational structure*

*Correlates with compliance*

Miller and Rollnick (1991), "Motivational Interviewing". Guilford Press

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*There are several benefits of Motivational Interviewing listed across the next three slides. Depending on time availability, conduct an exercise for the participants to divide into smaller groups and prioritize the benefits listed on the next few slides.*

# MOTIVATIONAL INTERVIEWING
## **Findings** from Clinical Trials

| YEAR | AUTHOR | POPULATION | FINDINGS |
|------|--------|------------|----------|
| 1997 | Project Match | **Adult Alcohol** Outpatient and Aftercare **(n=1726)** | No significant differences in levels of **abstinence** among groups using MI, CBT and twelve step **approaches** |
| 1995 | Saunders, B., Wilkinson, C., et al. | 122 Adults in Methadone maintenance clinic | The MI group showed greater immediate (1 week) advance to contemplation stage **(p<.03);** positive view Of abstinence **at** 3 months(pc.05); reduction in drug-related problems at 6 months **(p<.04);** and, reduction in time to relapse to heroin use **(p<.05)** |
| 1993 | Miller, W. | 42 self-referred problem **drinkers** | MI group showed greater percentage reduction in **drinks/week, drink/day,** and frequency than confrontive techniques and **waitlist** condition, persisting at **12** mo follow up |
| 1993 | Brown, J. & Miller, W. | 28 adults in inpatient alcohol treatment | MI group participated more fully in treatment and showed lower alcohol **consumption** at 3 mo follow up |
| 1993 | **Bien, T.,** Miller, W., et al. | 32 Adult alcohol outpatient | Mi group demonstrated greater reductions in # drinks and BAC, and increase in days **abstinent,** though not **significant** on 6 mo follow up |

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*Review each of these studies and talk about the considerable support for MI found in each. Further, explain that MI has been used with a variety of different populations and settings including alcohol/drug abuse: dual diagnosis; sex offenders; eating d/o; medication compliance; in and out patient; ER; diabetes; etc.*

# *General Principles Underlying Motivational Interviewing*

### *Develop Discrepancy*

□ *Express Empathy*

■ *Amplify Ambivalence*

### *Roll With Resistance*

### *Support Self-Efficacy*

*Miller and Rollnick (1991), "Motivational Interviewing", Guilford Press*

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1D-6

*Explain the four principles using the details in the following slides. Highlight for the participants that the Principles form the acronym 'DEARS'.*

## Principle 1:
## DEVELOP DISCREPANCY

- Awareness of consequences is important
- A discrepancy between present behavior and important goals will motivate change

  The client should present the arguments for change

Miller and Rollnick *(1991)*, *"Motivational Interviewing"*, Guilford Press Justice System Assessment & Training

"Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 8). MI counselors work to develop this situation through helping clients examine the discrepancies between their current behavior and future goals. When clients perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes. Of course, MI counselors do not develop discrepancy at the expense of the other MI principles, but gently and gradually help clients to see how some of their current ways of being may lead them away from, rather than toward, their eventual goals.

## Principle 2:

## EXPRESS EMPATHY

### Acceptance facilitates change

### Skillful reflective listening is fundamental

### Ambivalence is normal

Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, and sharing in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel that they are understood, they are more able to open up to their own experiences and share those experiences with others. Having clients share their experiences with you in depth allows you to assess when and where they need support, and what potential pitfalls may need attention in the change planning process. Importantly, when clients perceive empathy from a counselor, they become more open to gentle challenges by the counselor about lifestyle issues and beliefs about substance use. Clients become more comfortable fully examining their ambivalence about change and less likely to defend ideas like their denial of problems, reducing use vs. abstaining, etc. In short, the counselor's accurate understanding of the client's experience facilitates change.

, *Principle 3:*

## AMPLIFY AMBIVALENCE

■ *Ambivalence is normal*

■ *Exploring ambivalence helps remove obstacles*

*Resolving ambivalence moves toward behavior change*

Ambivalence is a common human experience and a stage in the normal process of change. However, this ambivalence can become paralyzing or debilitating and prevent any movement toward change. Resolving ambivalence is the key to change; however, it cannot be forced into resolution. It must be amplified and explored so that its fruits can be used to feed the process of change.

## Principle 4
## ROLL WITH RESISTANCE

Momentum can be used to good advantage

Perceptions can be shifted

☐ New perspectives are invited, but not imposed

The client is a valuable resource in finding solutions to problems

In MI, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenged. Instead the counselor uses the client's "momentum" to further explore the client's views. Using this approach, resistance tends to be decreased rather than increased, as clients are not reinforced for becoming argumentative and playing "devil's advocate" to the counselor's suggestions. MI encourages clients to develop their own solutions to the problems that they themselves have defined. Thus, there is no real hierarchy in the client-counselor relationship for the client to fight against. In exploring client concerns. counselors may invite clients to examine new perspectives, but counselors do not impose new ways of thinking on clients.

As noted above, a client's belief that change is possible is an important motivator to succeeding in making a change. As clients are held responsible for choosing and carrying out actions to change in the MI approach, counselors focus their efforts on helping the clients stay motivated, and supporting clients' sense of self-efficacy is a great way to do that. One source of hope for clients using the MI approach is that there is no "right way" to change, and if a given plan for change does not work, clients are only limited by their own creativity as to the number of other plans that might be tried.

The client can be helped to develop a belief that he or she can make a change. For example, the clinician might inquire about other healthy changes the client has made in their life, highlighting skills the client already has. Sharing brief clinical examples of other, similar clients' successes at changing the same habit or problem can sometimes be helpful. In a group setting, the power of having other people who have changed a variety of behaviors during their lifetime gives the clinician enormous assistance in showing that people can change.

Phase I — Exploring Ambivalence/ Building Motivation

Phase II — Strengthening Commitment

STRATEGIES FOR ELICITING CHANGE TALK

ELICITING CHANGE TALK

OPEN QUESTIONS
AFFIRMATIONS
REFLECTIONS
SUMMARIZATIONS

Harder

Easier

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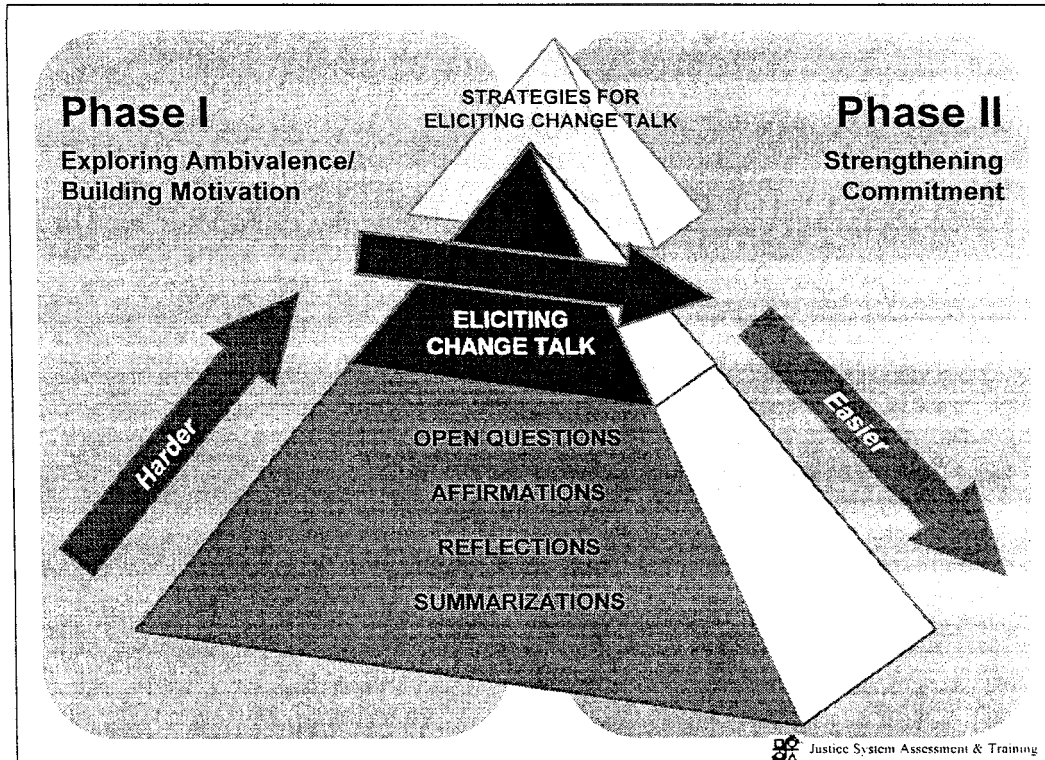
In Phase 1, the client is still resistant or ambivalent to change. In this stage. the MI OARS skills are used to reflect back what the client says in an effort to highlight discrepancies in current behavior that may bring out the client's internal motivation to change. This is a more difficult phase because the counselor is trying to work against the client's status quo without 1) confronting the client directly. which produces further resistance, or 2) turning the client into a passive recipient of outside motivation that does not lead to self-efficacy.

When the client has begun to see the benefits of change, the counselor should elicit self-motivating statements or change talk, as change talk is predictive of commitment, which is predictive of change. The more the client can talk about the benefits of change and the more detailed their plans for change, the more likely it will occur.

Phase II, in which the client has committed to change, is much easier than Phase 1 or transition phases because now the client and counselor are working together. The counselor can now use OARS to help the client develop concrete plans and encourage the motivation and commitment already present.

## MILESTONES FOR TRAINING MI

Menschenbild

Empathy

Recognizing Change Talk

Evoking and Strengthening Change Talk

Collecting bouquets

Rolling with Resistance

Evoking and Strengthening Commitment

Transition to other methods

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*This slide is intendedprimarily for trainers, but if you think it pertinent, you can share this with the participants at any time during the training.* The following eight points are usually where participants get stuck when learning MI. These eight points or hurdles then help form an outline for training and can provide some guidelines for where to focus additional training efforts.

**Menschenbild:** this initial hurdle has to do with beliefs about how people change and how to be with people working on changing. Participants at an MI training need to be open to the underlying assumption of MI and be willing to try a *ducere* (Latin, meaning evoke or draw out) approach while suspending the *docere* (Latin, meaning to put in e.g., in*doctrin*ate) approach.

**Empathy:** without accurate empathy, one can go no further in learning MI. Thus, the importance of understanding and practicing Reflective Listening (conveying empathy) and OARS.

**Recognizing Change Talk:** MI is focused on behavior change. Therefore, in order to evoke and strengthen talk supporting behavior change, we must first be able to recognize it (DARN-C).

**Evoking and Strengthening Change Talk:** Once we're able to recognize change talk, the next hurdle is to evoke it (IQLEDGE) and reinforce or respond to it (using affirmations, reflections, summaries and asking for elaboration). This then involves using OARS to row in a particular direction.

**Collecting Bouquets:** Once DARN statements are being made, the focus is then on collecting these statements into a change talk bouquet so that the client can see all of it together and move forward in the direction of change.

**Rolling with Resistance:** The next hurdle involves using MI consistent skills and strategies (SAD, SCARED) to work with resistance to change, or statements supporting commitment to no change.

**Evoking and Strengthening Commitment:** The seventh hurdle relates to Phase II in MI where commitment language is called forth and a goal or plan is set up.

**Transition to Other Methods:** Once the client is at the action stage, the focus moves away from exploring motivation to taking steps in a particular direction.

*End this section with a discussion in tables about what helps or holds back about MI. What are some components of MI*

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY ONE: I-3 Active Listening and OARS

### PERFORMANCE OBJECTIVES
**At this section's conclusion participants will:**
- Have experienced and be sensitive to traps or roadblocks:
- Be familiar with identifying defensiveness;
  Be able to demonstrate fundamental MI skills:
- Receive feedback about their use of MI skills;

### TIME FRAME

1:00 pm – 4:30 pm      (3 hours)

### EQUIPMENT NEEDED

- Computer
- LCD Projector
- Critiquer Software
- Printer w/ new ink cartridge
- Paper
- Importance/Confidence cards (1-10)
- Timer
- TV/VCR
- Tape B: MI series

### HANDOUTS

- o  Overheads Note-sheets
- Critique Sheets

### REFERENCES

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.
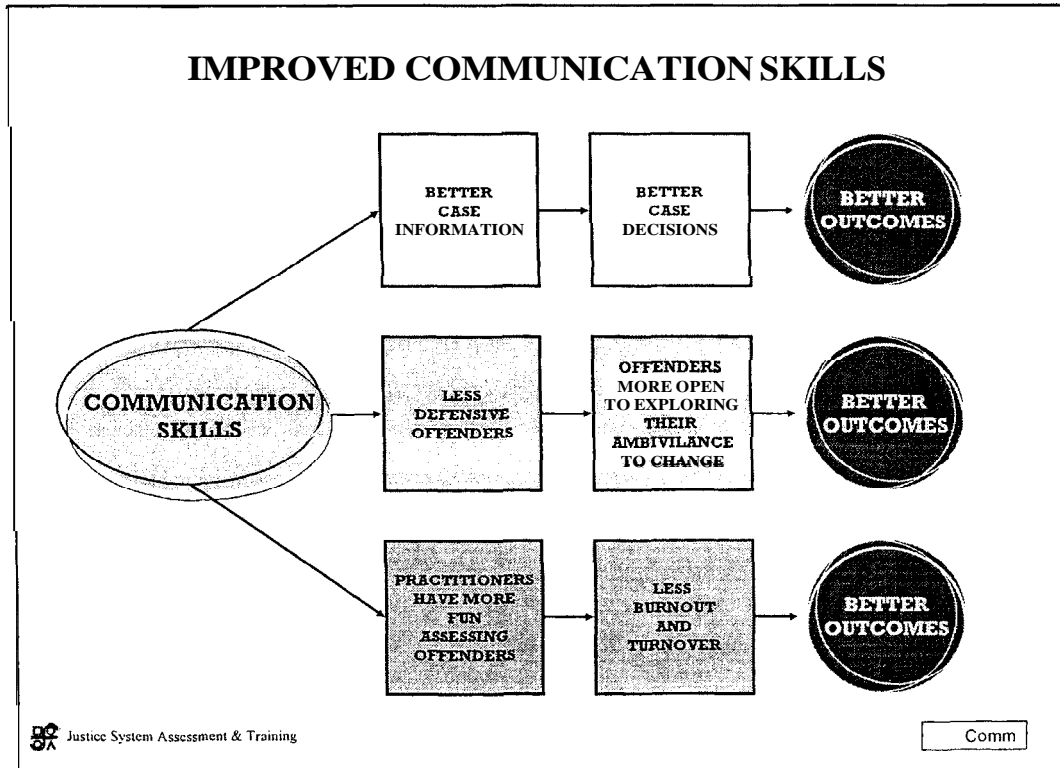
Miller, W. R. and K. A. Mount (2001). A small study of training in Motivational Interviewing: Does one workshop change clinician and client behavior? Albuquerque, NM.

SAMHSA (2002).  Enhancing Motivation for Change in Substance Abuse Treatment.  *Treatment Improvement Protocol* (TIP *35).*  USDHHS: Rockville, MD.

### EXERCISES

- o  Roadblocks exercise (need co-trainer for demo)
- o  'Do You Mean' exercise (need co-trainer for demo)
- Scaffolding exercises with OARS
- Skill rating (need one trainer at the computer entering skills)

**IMPROVED COMMUNICATION SKILLS**

COMMUNICATION SKILLS

BETTER CASE INFORMATION → BETTER CASE DECISIONS → BETTER OUTCOMES

LESS DEFENSIVE OFFENDERS → OFFENDERS MORE OPEN TO EXPLORING THEIR AMBIVILANCE TO CHANGE → BETTER OUTCOMES

PRACTITIONERS HAVE MORE FUN ASSESSING OFFENDERS → LESS BURNOUT AND TURNOVER → BETTER OUTCOMES

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Communication skills are always in demand. Seldom do we see employment adds or personal adds asking for people with poor communication skills. Ironically, they are rarely taught to most of us formally.

Aside from job promotions, there are three basic pathways that better communication skills might bring to agents. Take a minute to study what this overhead is suggesting. Which pathway do you think is the most important? Let's take a quick straw poll!

*Conduct a straw poll with hash marks on flipchart; walk then? through the process they endorse the most, then walk through the one they endorse the least.*

# Defensiveness & Interaction Time
# (with High Skill Balance)



**Time (minutes)**

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1F-3
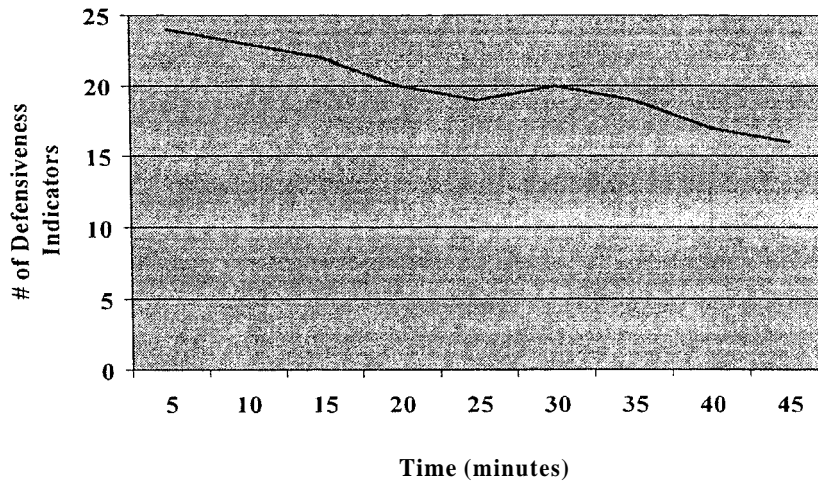
Experts in communication, counseling and psychology long ago established that certain skills and techniques tend to decrease a person's defensiveness. Can we check-in on that term defensiveness?

*Generate a short list on flipchart, make sure it includes both aspects of non-verbal body language, voice volume, tone and verbal content. Emphasize voice tone (strident vs gutteral) and body language.*

Once we sufficiently understand fundamental communication techniques and can read people's defensiveness efficiently, we begin see a pattern in almost any interaction we have with other people The more we can decrease people's defensiveness, the better the quality of the information they provide us. In the case of offenders, this information helps to score the LSI and build a good working relationship with officers. Remember, from a motivational point of view, the end goal is to help offenders explore and resolve their ambivalence toward changing issues related to their criminogenic needs.

What are some things we can do to decrease people's defensiveness?

*Reinforce comments with reflections, summarize ambiguous comments and affirm and highlight comments that refer to: 1) reducing overall amount of questions (no more than three in a row if possible); 2) increasing the amount of variation in skills beyond monotonic use of questions; 3) placing emphasis on affirmations; 4) using more open than closed questions.*

## Traps to Avoid

The Question/Answer Trap

The Premature Focus Trap

The Confrontation Trap

The Blaming Trap

The Expert Trap

The Labeling Trap

Question-Answer Trap — Because of the need for specific information, or because of initial interview anxiety, counselors can fall into a pattern of asking many questions in a row to which the client offers only "yes" or "no." This can increase defensiveness in clients, as they feel interrogated. It can also place them in the passive role of a responder with no perceived self-efficacy in the process of change. Having clients complete surveys before the meeting, or interspersing reflections between strings of questions can help with this trap.

Premature Focus Trap — Sometimes the counselor's opinion about which issue should be the client's primary focus differs from the client priorities. It is key to avoid struggles about the proper topic for early discussion because the client may be put off and become defensive. Starting with the issues that are the client's main concerns reduces resistance and often eventually leads back to the topic that concerns the counselor.

Confrontation Trap--Confronting the client by taking the opposite side of the issue may produce defensiveness. By taking responsibility for the "problem-change" side of the conflict, the counselor elicits oppositional "no problem" arguments from the client. Clients can then talk themselves out of change. Reflections and re-frames of what the client is saying helps counselors avoid this trap by making the client argue both sides, rather than pitting the client against the counselor.

Blaming **Trap**—Client's are often concerned with whose fault the problem is/was. This can waste time and energy in needless defensiveness. Letting the client know that the aim of counseling is not primarily identifying fault. but seeking solutions in current situations can re-direct the client's attention away from blaming.

Expert Trap — When a counselor comes across as having all the answers because they want to help "fix" the client's problem, clients can become passive recipients, discouraged from the main MI goal of exploring and resolving ambivalence for themselves. MI should be about collaborating with the client, not instilling the "solution" into them.

Labeling Trap — Often, counselors want to insist that the client accept a diagnostic label. Perhaps the counselor wants control or, in family situations, it may be judgmental. Labels can make clients feel stigmatized or cornered, evoking dissonance that can descend into side-taking and hinder progress toward change.

# Thomas Gordon's 12 Roadblocks

1) Ordering, directing
2) Warning, threatening
3) Giving advice, making suggestions, providing solutions
4) Persuading with logic, arguing, lecturing
5) Moralizing, preaching
6) Judging, criticizing, blaming

We have discussed how we can tell when someone is defensive, and what to do to reduce defensiveness, but what are some things that increase defensiveness? Thomas Gordon, a student of Carl Rogers, identified 12 roadblocks that engender defensiveness.

*Demonstrate some examples of using roadblocks. Divide the participants in dyads and ask them to use as many roadblocks as possible when interviewing their partner to find out about a behavior they are trying to change.*
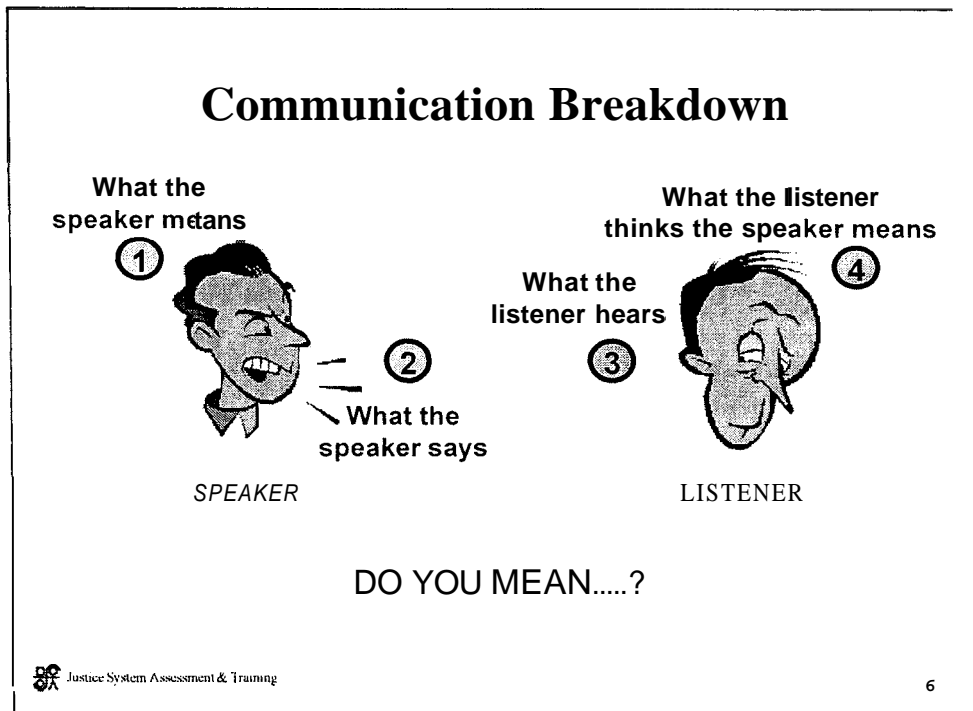
## Thomas Gordon's 12 Roadblocks *(cont.)*

7) Agreeing, approving, praising
8) Shaming, ridiculing, namecalling
9) Interpreting, analyzing
10) Reasoning, sympathizing
11) Questioning, probing
12) Withdrawing, distracting, humoring, changing the subject

*The Roadblocks exercise helps participants viscerally feel the term 'psychological distancing" (or what we could call 'putting our puke shields up"). Another exercise that you could use instead of the roadblocks is a "convincing exercise," where one person states what they are thinking about changing and the other person tries to CONVINCE them to change. It evokes a similar "get away from me" response!!*

*Give each person about two minutes being the client and the interviewer. Then debrief it as a group. First debrief how it felt as a client and then as an interviewer. You are looking for words like "it felt demeaning, powerless, it wasn't about me. etc"from the client role and "it felt powerful, mean, fun, it was about me, I was in charge" from the interviewer role. Use this to show how defensiveness can be a product of the interaction between two people and that as the interviewer, we can affect it.*

*Follow this exercise with a Reflections Exercise.*

**Communication Breakdown**

What the speaker means ①

What the listener thinks the speaker means ④

What the listener hears ③

② What the speaker says

SPEAKER

LISTENER

DO YOU MEAN.....?

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6

*he following exercises form the most important building blocks to understanding and using reflections. As a trainer, it is*
*nportant to be absolutely clear about the flow and reasons for these exercises.*

eflections are one of the hardest skills to learn, so depending on the group, slow down here. The exercise is in two parts ecause there are basically two pieces to a reflection: 1) it is a HYPOTHESIS of what may be going on, 2) it is a statement.

o here's the first part of the exercise. Either use this slide or draw the face of a speaker and the face of a listener. Ash the roup the four places that things can go wrong just in the mechanics of communication. These four places are: 1) the speaker hooses words that do not represent what they actually want to say; 2) they say the wrong words; 3) the listener hears the wrong ⁄ord; 4) the listener interprets it incorrectly. In other words, communication can go wrong in expression, transmission and nterpretation. Ask the group "How can we avoid this?" The response you are looking for is "ask the speaker if you have it orrectly" or "reflect it." Now ask the group to get into dyads again. The speaker will tell the listener in one statement omething that he/she feels two ways about (e.g., gun control, racial profiling, war, church/state, abortion. etc.) The listener now as to make up hypotheses that begin with "DO YOU MEAN....." The speaker can ONLY respond with YES or NO (or naybe!!). This helps the group become comfortable with the notion that reflections can be hypotheses.

Here's an example:
Speaker: I feel two ways about racial profiling.
Listener: Do you mean that you think it's okay.
speaker: No.
Listener: Do you mean you see some times where it may be helpful, but that it can be used unfairly?
speaker: Yes.
Listener: Do you mean that you think it's okay for people to be screened selectively based on their ethnicity?
Speaker: Maybe.

*Debrief this exercise. Often, Speakers feel frustrated because they want to talk more, which is a good response to generate from hose quiet ones that we interview. Listeners often find it difficult to generate more hypotheses without more information.*

## Reflective Listening

### N.....?

### So...............

- A statement: to understand meaning
- Inflection down

>           "You..."
>           "So you..."
>           "Its..."
>           "Its like..."
>           "You feel..."

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*Now use the SAME pairs and same issue they feel two ways about, except that now the Listener needs to convert these "Do you mean" hypotheses into STATEMENTS. Stress that the difference between questions and statements is in their intonation Statements can begin with "Stems" like "So..", "So what you're saying…" etc. The Speaker can respond with whatever information they want, not restricted to Yes or No. Move around the room listening for those groups stuck on questions and help them out.*

*Debrief this exercise. Responses are usually, "I was surprised by how much I really had to listen; it helped me clarify some things; I felt listened to; etc."*

## *Major Motivational Interviewing Strategies*

*Open-Ended Questions*

■ *Reflective Listening*

☐ *Affirmation*

☐ *Summarization*

**Miller and Rollnick (1991).** "Motivational Interviewing" **Guilford Press**    Justice System Assessment & I,

*Now begin scaffolding the fundamental skills by adding one skill at a time to the exercises. Explain that these fundamental skills form the acronym OARS. Provide stems and examples for each of the skills and explain that each of the skills can be used at different levels of depth. For example, a simple reflection could be basic paraphrase of what the client just said. A deeper reflection might highlight the meaning or underlying fear beneath what the client said The more complex amplified and double-sided reflections will be discussed later.*

*For the scaffolding exercises, divide the group into quads with one client, one interviewer and two raters. Explain how to use the rating sheet and have them practice recognizing each skill as you add it to their list.*

*Then, set up a role-play that requires the participants to w e u combination of any or all of the skills just taught The three following exercises might help*

*Structured: Have the participants follow a specified order of skills, e.g. open question; open question; reflection; reflection.*

*Unstructured: Have them use as many skills as possible in a period of time*

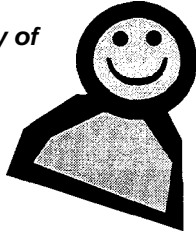*Semi-structured: Have them use only reflections and affirmations, ending with a summary.*
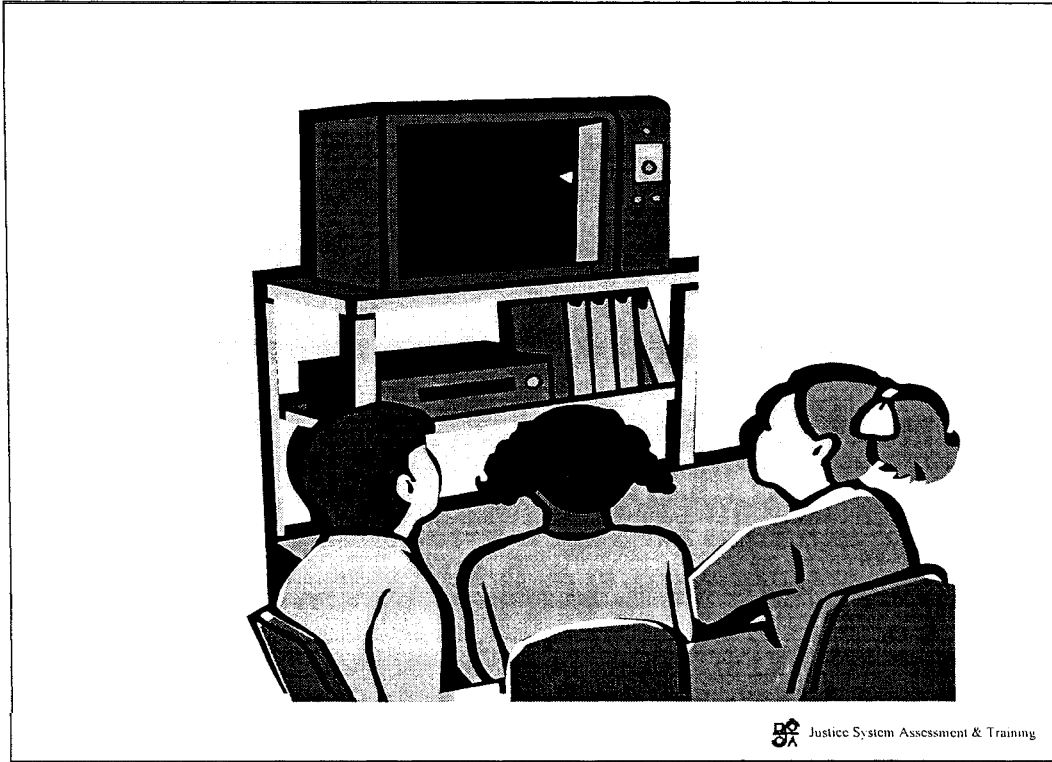
*Once you have introduced OARS to the participants, show them Tape B: Phase 1,
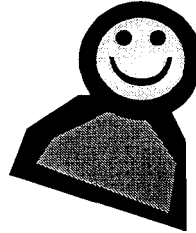Part 1 so they can view examples of OARS.*

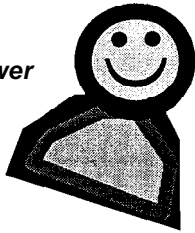# SKILL RATING
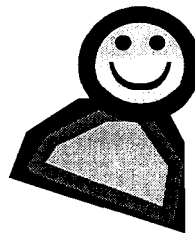
**Interviewer:**

uses a variety of
MI skills

**Client**

**Rater:**

rates interviewer
MI Skills

**Rater:**

rates interviewer
MI Skills

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*This exercise provides us with a baseline rating of the participants' MI skills.
Before you begin this exercise, the participants need to be comfortable with using
OARS in several exercises to scaffold their skills. If you feel that the participants
are not ready to put all the skills together, continue to work on the individual skills
or any combination of OARS. Only conduct this exercise if you have the time and
the participants are ready for it.*

*Have them break up into groups of four. There will be one client and one
interviewer. The interviewer is to use as many skills (OARS) as possible, while the
client responds. (Please encourage the client NOT to play the client from hell!) The
goal here is for the interviewer to use a variety of skills. The two other members of
the group will be Raters, rating the Interviewer's skills. This rating is done using a
Critique sheet as shown on the next slide.*

**CLINICAL CRITIQUE**

Reviewed By

_____

Interviewer:

_____

**Interviewer**
Qo - Question Open
Qc - Question Close
Qo/R – Question Open Reflection
Qc/R  Question Close Reflection
SMS - Self-Motivating Statement

A -Affirmation
R - Reflection
T  Teaching
C  Confront
S - Summary

**Client**
F - Following

| CLINICAL SKILL MEASURES | (Raw#)/ Hours= | Proportion Skill Used | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
| # Open Questions  (   %) | | | | | | | | | | | |
| # Closed Questions(  %) | | | | | | | | | | | |
| # Affirmations | | | | | | | | | | | |
| # Reflections | | | | | | | | | | | |
| # Summarizations | | | | | | | | | | | |
| # Elicitation Self Motivating State. | | | | | | | | | | | |
| # Teaching Advice Comments | | | | | | | | | | | |
| # Confrontive Interactions | | | | | | | | | | | |
| # Total Interactions | | | | | | | | | | | |
| Skill Balance Rating | | | | | | | | | | | |

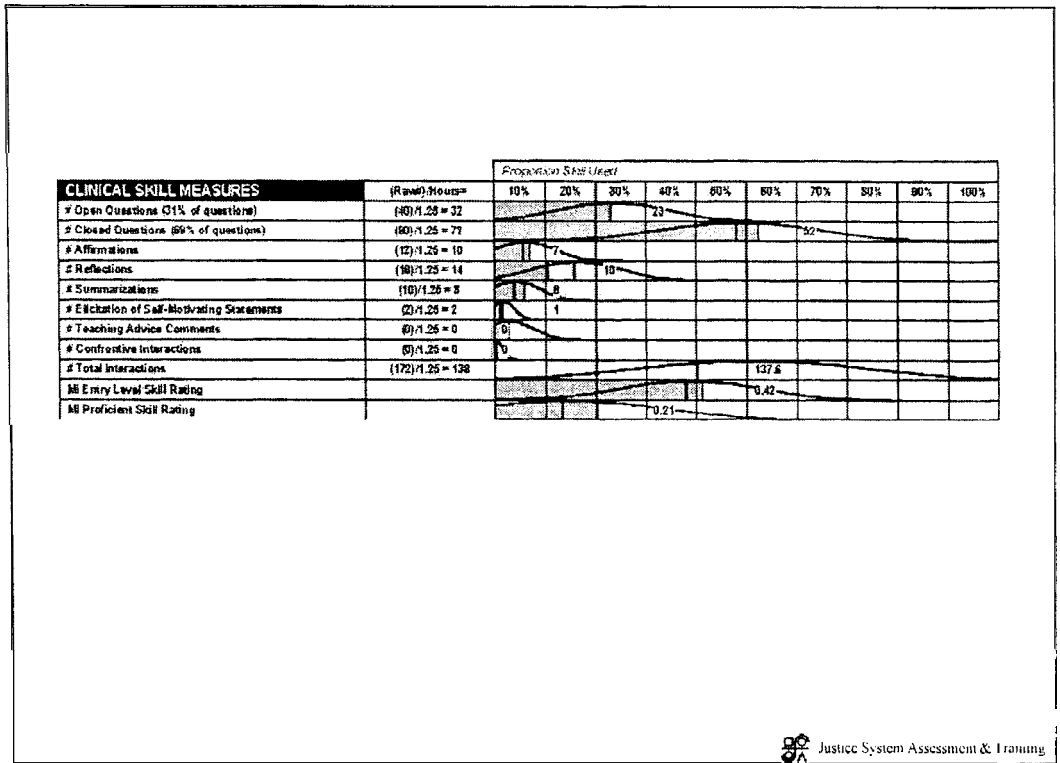| No. | Intv. | Client | Intv. | Client | Intv. | Client | Intv. | Client | Intv | Client |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | | | | | | | | | | |
| 20 | | | | | | | | | | |

_Explain to the participants that they will be using this form to rate the OARS skills. This sheet has a key at the top right hand corner.  Open questions are coded as Qo; Closed Questions, as Qc; Reflections, as R; Affirmations, us A, and Summarizations, as S.  Depending on the comfort level of the group, have them code anything that does not fall into these categories as O for Other, T for Teaching, or C for Confrontation.   For this exercise, the participants will only be coding the interviewer, not the client.  Coding is done in the columns under "Interviewer" in the lower box.  Ask the participants not to code by putting hash marks next to each skill in the upper box._

_The Raters will keep time on this exercise and will ask the interviewer to bring the session to a close when s/he has provided 20 ratable skill interactions.  The Raters will then compare their ratings and the group will debrief  The raters will hand their sheets in to you and the group will switch roles until everyone has had a chance to be the interviewer (or as many as time permits)._

_When you receive the ratings, enter them into the Critiquer software and print out their feedback.  Provide this feedback to the participants and explain what they have received (as explained on the next slide)._

*This is a sample of what the participants will have received once you have entered and printed out their skills. Explain to the participants that feedback pertinent to this exercise is located in the middle of the page where it says" Clinical Skill Measures" (as enlarged in the next slide).*

| CLINICAL SKILL MEASURES | (Raw)/Hours= | Proportion Skill Used | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
| # Open Questions (31% of questions) | (40)/1.25 = 32 | | | 23 | | | | | | | |
| # Closed Questions (69% of questions) | (90)/1.25 = 77 | | | | | | 52 | | | | |
| # Affirmations | (12)/1.25 = 10 | 7 | | | | | | | | | |
| # Reflections | (18)/1.25 = 14 | | 10 | | | | | | | | |
| # Summarizations | (10)/1.25 = 5 | 8 | | | | | | | | | |
| # Elicitation of Self-Motivating Statements | (2)/1.25 = 2 | 1 | | | | | | | | | |
| # Teaching Advice Comments | (0)/1.25 = 0 | 0 | | | | | | | | | |
| # Confrontive Interactions | (0)/1.25 = 0 | 0 | | | | | | | | | |
| # Total Interactions | (172)/1.25 = 138 | | | | | | 137.6 | | | | |
| MI Entry Level Skill Rating | | | | | | 0.42 | | | | | |
| MI Proficient Skill Rating | | | | 0.21 | | | | | | | |

Under the title "Clinical Skill Measures" are each of the MI skills, starting with Open Questions. Next to where it says "Open Questions" is a percentage in parentheses. This is the percentage is the number of Open Questions used, divided by the total number of both Open and Closed questions asked during the interview. In the slide, 31% of the questions were Open Questions. That means the remaining 69% of questions were Closed Questions. This interviewer, Santa Claus. relied on Closed Questions more than Open Questions.

In the next column is the actual number of Open Questions used (the raw number). That number is then plotted on the graph to the right to indicate the percentage of overall skills that were Open Questions. The bell curve shows the average number of each skill based on a sample of 1000 correctional officers that used MI to conduct assessment interviews. The grey bar represents the interviewer, Santa Claus' percentage. In this case, Santa used as many Open Questions as the norm and more Closed Questions than the norm. The grey bars can also be used to compare all the skills and see which skills could be used more and which could be used less. In this example, Santa could probably use fewer Closed Questions and more Affirmations and Reflections.

The second to last line in the graph shows the calculated "Skill Balance." This is a numerical representation of the balance of all the skills used. If all the skills were used equally, a perfect balance would be indicated by 1.0. The average in the database of 1000 correctional and treatment staff conducting interviews is 0.38.

# Importance & Confidence

**Importance**
*How important is it for you right now to...? On a scale from 0 - 10... what number would you give yourself?*

**0** ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬ **10**

**Confidence**
*If you did decide to change, how confident are you that you would succeed? On a scale from 0 -10... what number would you give yourself?*

**0** ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬ **10**

*Before ending for the day, inform the participants that you are going to ask them two questions and have them vote with their feet to answer them. These questions are based on an Importance-Confidence scale from 0 to 10. Have cards representing each of these numbers lined up in the room with enough space in front of each number for participants to stand. Ask the participants, "On a scale of 0 to 10, how important is it for you right now to learn and understand MI? 0 represents 'not important at all' and 10 represents 'extremely important.'" Instruct the participants to stand in front of the number that represents their response. When they do, record the number of participants that stood by each number on the Importance Scale.*

*Now, ask the participants,* "On a scale of 0 to 10, how confident are you in your ability to use MI? 0 represents 'not at all confident' and 10 represents 'extremely confident.'" *Instruct the participants to stand in front of the number that represents their response. When they do, record the number of participants that stood by each number on the Confidence Scale. Inform the participants what the modal category was for the Confidence scale and ask them what they think it would take to get to one number higher, e.g.* "What would it take to move from a 5 to a 6 on the confidence scale?"

*Let the participants know that you will be doing this again at the end of the training.*

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY TWO

**PERFORMANCE OBJECTIVES**
**At this section's conclusion participants will be able to:**
- Elicit, identify and respond to change talk;
- Appreciate the influence of values in behavior change;
- Handle resistance using MI skills and techniques;
- Demonstrate increased ability to use a variety of MI skills.

II-1    Identifying and Eliciting Change Talk

 ❑ Types of Change Talk

 ❑ Eliciting Change Talk

 ❑ Structured exercises to elicit and respond to change talk


II-2    Values Exploration

 ❑ Introduction to values as related to behavior change

 ❑ Values card-sort


II-3    Working with Resistance

 ❑ Reflective responses to Resistance

 ❑ Strategic Responses to Resistance

 ❑ Show videotape 'Handling Resistance: Tape C'

 ❑ Scaffold Resistance Skills

 ❑ Baseline Skill Rating


II-4    Acronym Model and Review

 ❑ Review model and acronyms

 ❑ Practice acronym recall

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY TWO: II-1 Identifying and Eliciting Change Talk

**PERFORMANCE OBJECTIVES**
**At this section's conclusion participants will be able to:**
- Identify and categorize client change talk;
- Elicit change talk;
- Respond effectively to change talk.

**TIME FRAME**

8:00 am – 10:15 am    (2 hours 15 minutes)

| **EQUIPMENT NEEDED** | **HANDOUTS** |
|---|---|
| ❑ Computer | ❑ Overheads Note-sheets |
| ❑ LCD Projector | ❑ Critique Sheets |
| ❑ TVNCR | |
| ❑ Tape B: Part 2 | |
| ❑ Flipchart pads and stand | |

**REFERENCES**

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol (TIP 35).* USDHHS: Rockville. MD.

**EXERCISES**

❑ Scaffolding skills to elicit change talk (need co-trainer for demo)
❑ Change Talk role play in quads

# Facilitating and Deterring Conditions

| Style F | | Style D |
|---|---|---|
| | **Way of Being** | |
| *Agape* | | Authoritarianism |
| | *Menschenbild* | |
| **Potential** | | **Incapacity** |
| | **Environment** | |
| **Freeing** | | **Restrictive** |
| **Direction** | | **Enabling** |

As previously discussed, an interpersonal interaction can create an atmosphere that is either facilitative of change (using OARS) or that deters change (using traps or roadblocks). We can distinguish between a facilitative style and a deterring style in three basic ways. A facilitative style is based in unconditional positive regard or *agape,* meaning selfless, unattached, accepting love. Here, the belief about the nature of people (or *Menschenbild)* is that they have potential and can change if provided with a freeing environment and some direction through interpersonal interaction. A deterring *Menschenbild* would be the authoritarian view that people do not have the capacity to change, creating a restrictive or negatively enabling environment.

GOAL OF BEHAVIOR CHANGE

| PRACTITIONER | CLIENT | CLIENT | PRACTITIONER |
|---|---|---|---|
| **Evocative Methods**<br><br>E liciting Change Talk<br>O pen Questions<br>A ffirmations<br>R eflections<br>S ummarizations<br><br>D evelop Discrepancy<br>E xpress Empathy<br>A mplify Ambivalence<br>R oll with Resistance<br>S upport Self-Efficacy | **Change Talk**<br><br>D esire to Change<br>A bility to Change<br>R eason to Change<br>N eed to Change | **Resistance**<br><br>D esire for Status Quo<br>I nability to Change<br>R eason for the Status Quo<br>N eed for the Status Quo | **Advocacy Methods**<br><br>Roadblocks<br>Confront<br>Convince<br>Argue<br>Teach |
| | C ommitment to Change | C ommitment to the Status Quo | |
| | **Behavior Change** | **No Behavior Change** | |

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Given that our goal when working with individuals is behavior change (whatever the behavior may be), we have a choice as to which kind of interpersonal environment to create. Using advocacy methods, we can create a deterring condition, rife with roadblocks, arguments and confrontation. Or, we can use evocative methods, based on the fundamental MI principles and skills, which include eliciting change talk from the client. When Miller and his colleagues researched the client language that is most correlated with actual behavior change, they found that commitment statements made by the client (e.g., I will; I guarantee; I'm going to) were the greatest predictors of change. While DARN statements were correlated with commitment language, they were not found to correlate with actual behavior change. However, they did correlate with commitment language. So using Evocative methods can elicit DARN statements which can build the ground for commitment language and finally behavior change.

Advocacy methods, by comparison, elicit commitment to the *status* quo, or the way things are, resulting in no behavior change.

# Eliciting Change Talk:
## MI Becomes Directive

- Importance/Confidence Ruler
- Querying Extremes
- Looking Back / Looking Forward
- Evocative Questions
- Decisional Balance
- Goals and Values
- Elaborating

These are methods of eliciting change talk in clients.

*Using the next few slides, explain each of these methods, emphasizing that each method has certain components — all of which are necessary in eliciting change talk.*

# Importance & Confidence

**Importance**
*How important is it for you right now to...?  On a scale
from 0 - 10... what number would you give yourself?*

**0**  ▬▬▬▬▬▬▬▬▬▬  **10**

**Confidence**
*If you did decide to change, how confident are you that
you would succeed?  On a scale from 0 -10... what
number would you give yourself?*

**0**  ▬▬▬▬▬▬▬▬▬▬  **10**

One of the methods to elicit change talk is using the **Importance-Confidence** ruler.
For example, when asked, "On a 0-10 scale, how important is it for you right now to
quit smoking," a client may say, "About a 6."  A follow up question might be,
"What keeps it from being a 5?" This question will elicit some statements about the
importance of changing the behavior.

After asking how confident the client feels about changing the behavior (let's say
5), a follow up question may be, "What would it take for you to get to a 6?"
Remember that the ruler must be focused on whatever the target behavior is, i.e.
how important is it for the client to change the **target behavior.**

The components of the Importance-Confidence Ruler are (a) target behavior (b) on
a scale from 0-10, (c) a follow up question.

*Provide a demonstration of this skill and ask the participants to practice this skill in
dyads, making sure that they use each component of the skill.*

QUERYING                    EXTREMES


Worst case scenario                    Best case scenario


←─────────────────┤ **TARGET BEHAVIOR** ━━━━━━━━➤
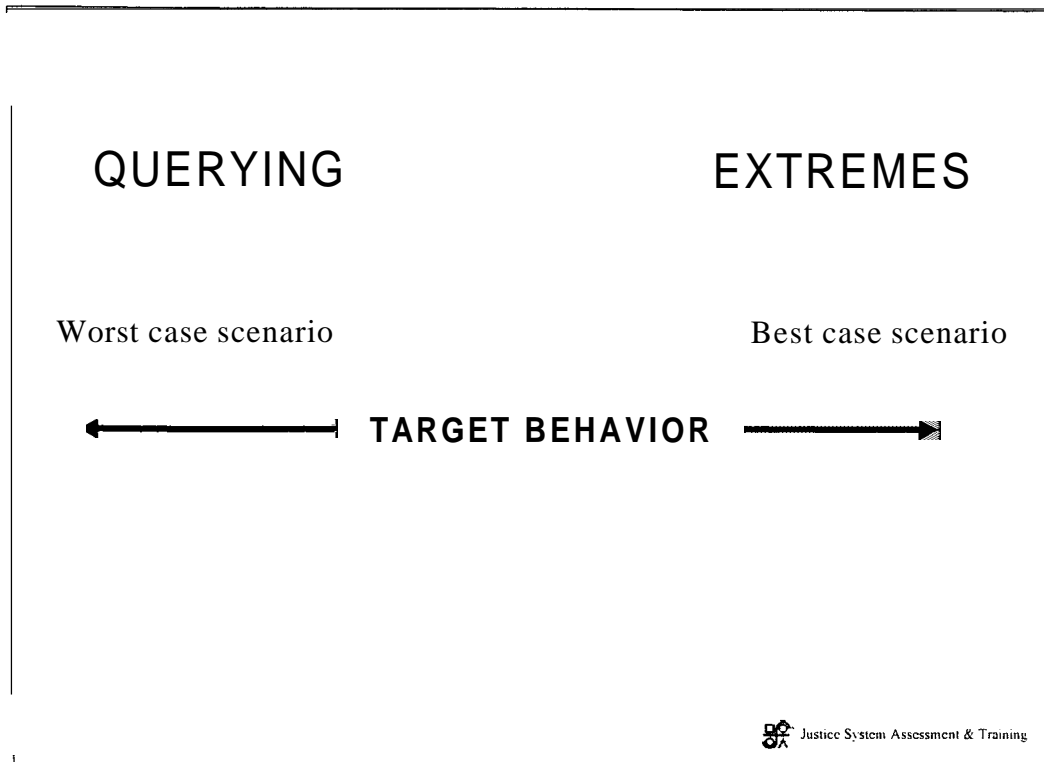
Querying extremes asks questions such as, "What is the worst thing that would happen if you did change this behavior," and "What is the best thing that could happen if you did?" Or, "If changing this behavior went miraculously well. what would it look like?'

The components of this method are: (a) target behavior, (b) worst case scenario, and (c) best case scenario.

*Provide a demonstration of this skill and ask the participants to practice this skill in dyads, making sure that they use each of the components of the skill.*

**LOOKING FORWARD**

TARGET BEHAVIOR

**LOOKING BACK**

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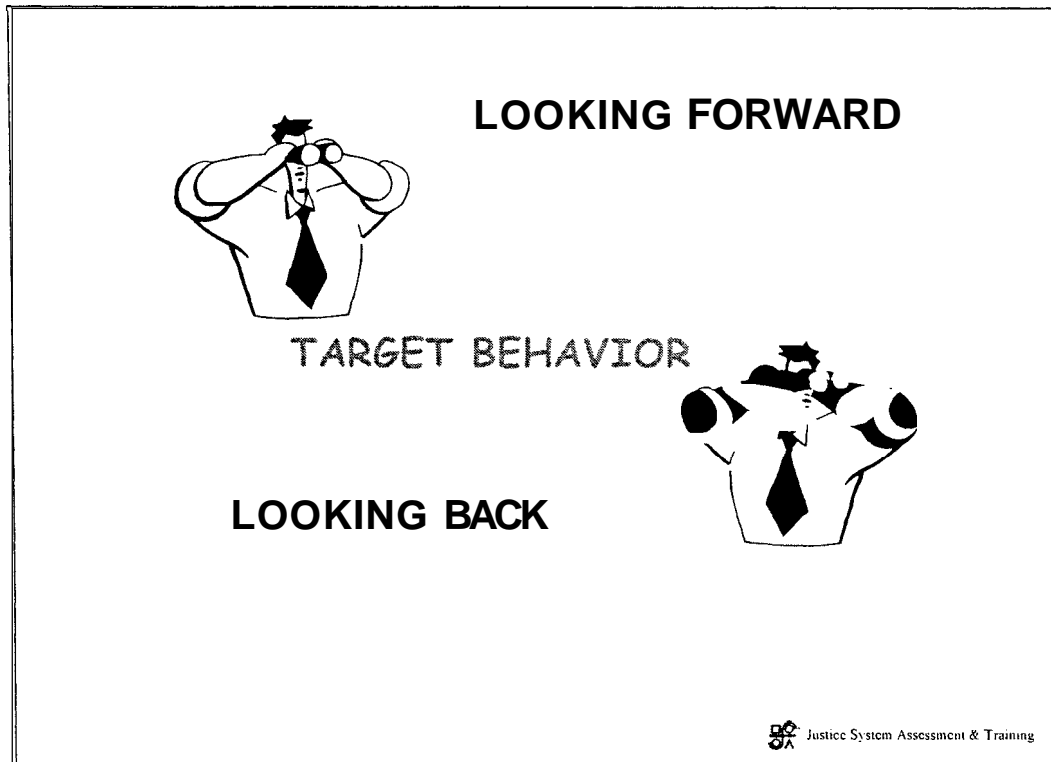
Looking forward asks clients to imagine what their life would look like (related to the target behavior) two years from now; looking back involves asking what the client's life looked like when things were the way s/he wanted them to be.

The components of this method are: (a) target behavior (b) a time ahead (c) a time before.

*Provide a demonstration of this skill and ask the participants to practice this skill in dyads making sure that they use each of the components of the skill.*

EVOCATIVE OPEN QUESTIONS

**Desire:** "What do you want to do about this behavior?"

**Ability:** "What makes you believe you can do this?"

**Reason/Need**: "Why would you want to make this change?"

**Commitment:** "So what are you willing to do now?"

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Some open questions can be asked in such a way that the client ends up providing reasons against change. For example, "What keeps you from making this change" causes the client to coming think up inability to change statements. Evocative Questions should provide the client an opportunity to make statements in support of change.

Evocative questions are (a) questions (b) related to the target behavior, that (c) elicit change talk.

*Provide a demonstration of this skill and ask the participants to practice this skill in dyads, making sure that they use each component of the skill.*

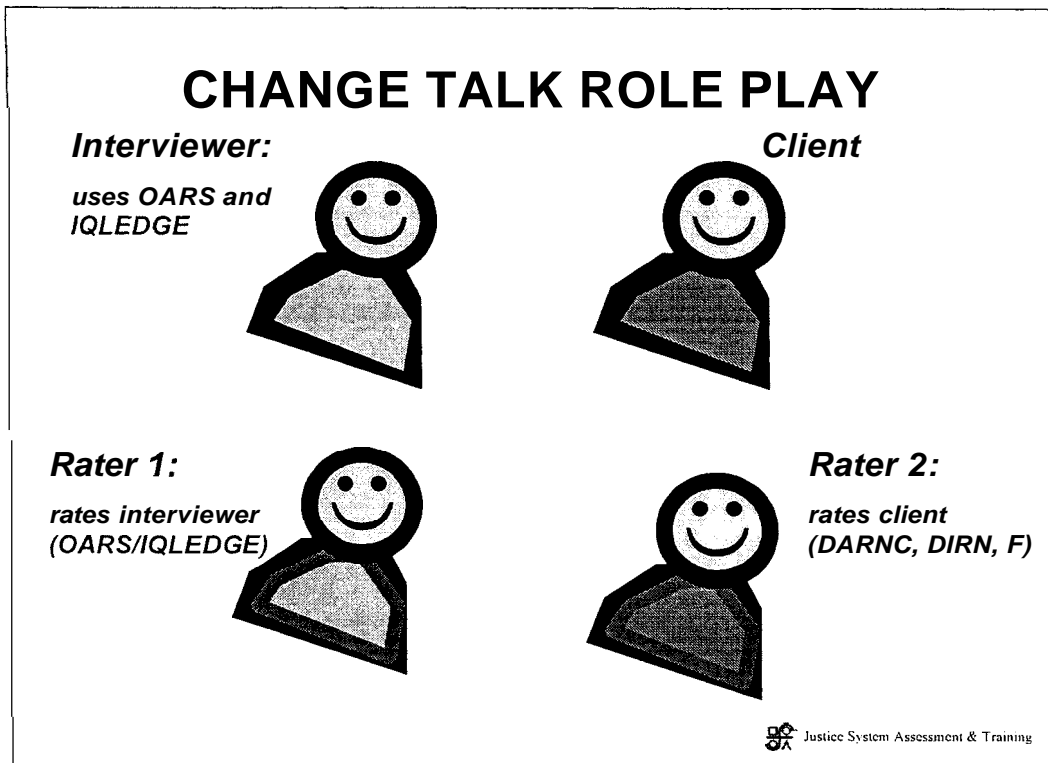# DECISIONAL BALANCE

| Benefits of changing | Consequences of changing |
|---|---|
| Benefits of not changing | Consequences of not changing |
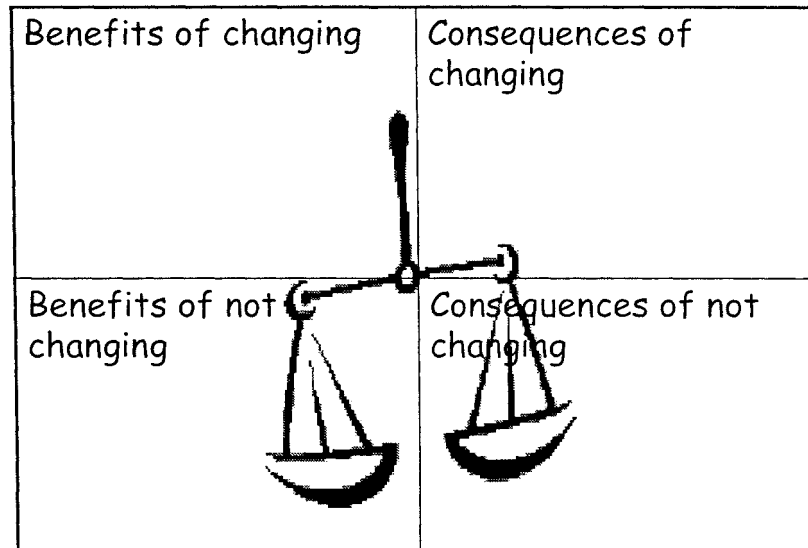
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Exploring the decisional balance involves discussing the short or long term benefits and consequences, or pros and cons, of the target behavior.

*Provide a demonstration of this skill and ask the participants to practice this skill in dyads, making sure that they use each component of the skill.*

# EXPLORING

# GOALS AND VALVES

What are some o f the goals o r values you hold?

How does drinking/drugging fit in with these values?

Exploring goals and values helps develop discrepancy or uncover what the client really values. In Milton Rokeach's work on values, he found that there are certain values that are universal across countries and cultures. What varies is the weight or importance that is placed on each. Some values are bipolar, in that when one value is strongly supported, another is not and vice versa. For example, when looking at the values that people trying to lose weight endorsed, those that were successful in losing weight and keeping it off prioritized wisdom above happiness. For those that were not successful, happiness was a higher priority than wisdom.

*Inform the participants that after practicing change talk they will be provided a list of values generated by Rokeach and will be asked to prioritize them. Let them know that you will then discuss which values MI proficient interviewers prioritize and which they don't. Provide a demonstration of this skill and ask the participants to practice this skill in dyads, making sure that they use each of the components of the skill.*

# ELABORATING

? Asking for a specific example

? Asking for clarification: In what ways? How much? How often?

? Asking for a description of the last time this occurred

? Asking "What else?"

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Exploring the decisional balance involves exploring the pros and cons of the behavior in question. Elaborating asks the client to expand on what was said. Some examples are provided on the slide.

*Provide a demonstration of this skill and ask the participants to practice this skill in dyads, making sure that they use each of the components of the skill.*

# Responding to Change Talk

- Reflecting
- Elaborating
  Summarizing
- Affirming

When the client is making statements about change (DARN-C), it is important that interviewers recognize that and respond using the above skills. It would be a shame if the client made statements about change and the interviewer passed them by with a question about something else.

*If time permits, show Tape B: Phase 1 Part 2 that provides examples of eliciting change talk.*

# CHANGE TALK ROLE PLAY

**Interviewer:**

uses OARS and
IQLEDGE

**Client**

**Rater 1:**

rates interviewer
(OARS/IQLEDGE)

**Rater 2:**

rates client
(DARNC, DIRN, F)

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*Providing clear directions for this exercise is important for its success. It may be helpful to draw this slide on a flipchart and highlight each person's role.*

*Set up this role-play in quads. There will be one client in the quad. The client will choose some personal behavior whose current stage of change is either Contemplation or Determination. The interviewer will choose 2-3 skills from IQLEDGE that s/he will use to elicit change talk in the DARN-C category. If the interviewer feels that the client is in the Precontemplation stage, and therefore cannot get any change talk, the interviewer can fast-forward the client to Contemplation. Remind the interviewer to respond to change talk using reflections. affirmations, summarizations or asking for elaborations. There will be two raters for this exercise. The first rater will rate the skills of the interviewer, specifically, OARS and any IQLEDGE used. The second rater will categorize the client statements into DARN-C, DIRN, or Following. You will need to provide examples of this rating.*

*There are several goals of this exercise: encouraging 1) the interviewer to practice using IQLEDGE, 2) the first rater to practice recognizing OARS and IQLEDGE, and 3) the other rater to practice recognizing change talk. This exercise may appear overwhelming at first, so clear instructions are important.*

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY TWO: II-2 Values Exploration

### PERFORMANCE OBJECTIVES
**At this section's conclusion participants will be able to:**
- Appreciate the influence of values in behavior change;
- Explore goals and values to examine behavior change and elicit change talk.

### TIME FRAME

10:30 am – 11:00 am  (30 minutes)

### EQUIPMENT NEEDED

- ❑ Computer
- ❑ LCD Projector
- ❑ Flipchart pads and stand

### HANDOUTS

- ❑ Overheads Note-sheets
- ❑ Values cards

### REFERENCES

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

Rokeach, M. (1979). *Understanding Human Values.* Free Press.

### EXERCISES

- ❑ Values Sorting exercise (need co-trainer for demo)

'he work of Milton Rokeach and others has long established that a core set of values exist. and that people across many :ultures identify them as being important. The core values do not seem to vary considerably, but different groups of )eople prioritize them differently.

Though some practitioners often neglect or overlook discussing values with clients, there are many reasons that exploring values with clients should be given a high priority. First, all of the identified core values are positive in nature. When the .nterviewer introduces values with some sensitivity, clients often identify with them and this topic can also introduce a positive shift in focus. Personal value orientations may tap into the core of an individual's conscious and unconscious identity, going beneath surface beliefs, attitudes and thinking patterns. Even slight shifts in value orientation and priorities may produce significant changes in orientation and subsequent behavior.

Various value researchers concluded that the core values can be divided into two fundamental sets: *Terminal Values* or Preferred Experiences that people strive to obtain, and Behavioral Ideals or *Instrumental Values* that describe modes of behavior and moral conduct associated with various rewards.

Research shows that value priorities vary across cultures and walks-If-life, such as trades. Survey research shows that police tend endorse a different value orientation than teachers or dentists. Within different subpopulations, certain value norms have been determined to be strongly or less strongly associated with success in a given goal orientation (sales volume, political votes or successful treatment). In addition, most of the core values have been determined to have bipolar value counterparts. For instance, Wisdom and Happiness are sometimes found to be opposing values for some populations (obesity patients). Clinical trials for treatment studies using *values self-confrontation techniques* show that when clients are presented with the known value priorities of similar successful and unsuccessful clients, this evidence alone can cause positive shifts in these patient's value priorities.

The alignment between behaviors and values is another potential area for exploring and developing discrepancy. Three common ways that behaviors may breakdown in their ability to serve values are depicted above.

## Values Congruent Behavior

### Factors that *Decrease* It:

- Lack of recognition of the relevance of values to specific behavioral choices;

- Lack of recognition of the negative consequences of the behavior upon one's self or others;

- Denial/ambivalence of personal responsibility for behaving in a values-congruent manner or for consequences;

- Attributing responsibilities for values incongruent behavior to situations or others instead of self;

- Positive role models express rejection of relevant values or when negative role models endorse those values

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Personal value orientations are worth exploring because of their potential to highlight discrepancies in internal cognitive-behavioral relationships. For example, what information people let in or allow themselves to access; their decision-making processes and judgments ranging from unconscious, automatic thinking to refined analytical assessments — all serve to influence value-congruent behavior. In addition, outside cues and stimuli (models) can provide insidious negative reinforcements through casual observation and involvement.

<u>Values Congruent Behavior</u>

Clinical Factors that Increase It:

- Encouraging the client to adopt the role of a self-investigator;

- Encouraging the client in seeing the value choices offered by various situations and related consequences;

- Helping the client define goals;

- Promoting increased hope, confidence and positive attitude.

Given that natural and informal processes can undercut values-congruent behavior, deliberate clinical interventions can promote values-congruence.  Recall the processes of change and note how readily some of these techniques can be identified with these sequential processes.

Before we take a look at some of the core and universal values, let's recall the distinction between Preferred Experiences and Behavioral Ideals and remember that value orientation and priorities not only influence behavior, but also can be influenced by the individual's interaction with their environment. According to Maslow, there is a hierarchy of needs that dictates that biological needs must be met before social needs can be addressed. Similarly, only after social needs are met, can a person work on psychological needs.

Quickly reviewing Rokeach's Universal values, either on your handout or the overhead, can you see the relationship between his Terminal and Instrumental Values? We're going to do a quick card-sorting exercise to get a picture of how each of you currently prioritize these different sets of values. We're going to hand out two sets of value cards to each of you. The one that is italicized is the Terminal or Preferred Experience Values, and the other set, in normal font. are the Instrumental or Behavioral Ideals. We want you to work through each set, one at a time.

*Hand out a value card set to each participant.*

First, we would like each of you to sort through the Terminal (italicized) cards and divide them into three relatively equal size stacks: one that represents the *5-6* values that are most important to you, another stack of the *5-6* values that are the least important to you, and then a stack of values that are of medium importance to you. Once you have done that, sort each of the three stacks in order of priority, placing the most important at the top and the least at the bottom. Then put your three stacks on top of one another, again with the most important at the top. Place a rubber-band around it. Then go through the same procedure with the Instrumental cards. You have approximately five minutes to complete this task.

Next, we're going to ask all of you to think of seven words ending in **-ing** that currently describe your self-image. at least in part. Try to summarize as much of your self-image as you can, but don't be afraid to be playful about it. This task is actually a little harder than the card-sort because it usually requires that we move from right to left brain, or left to right, before we are through. You have five minutes.

Now, we have set the stage for an expedient exercise in values exploration. Partner-up in dyads and take turns telling each other what your **-ing** words were. Then, for 2-3 minutes, use OARS to discuss the possible value priorities of the other individual. Then give four guesses at what the top four Terminal and top four Instrumental values of your partner might be. Debrief and then reverse roles.

*Another option is to do this in triads with the third person rating the ratio of reflections to questions.*

*Ask how successful the participants were in determining the others' top values. Two out of four is very very good, hut not unusual. Explore how much they felt they learned about their partner and how they might use a similar technique in a client/practitioner setting.*

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY TWO: II-3 Working with Resistance

## PERFORMANCE OBJECTIVES
**At this section's conclusion participants will be able to:**
- Recognize and respond to resistance;
- Demonstrate reflective responses to resistance;
- Demonstrate strategic responses to resistance:
- Receive feedback on skill balance using MI skills.

## TIME FRAME

11:00 am – 4:00 pm    (3 hours 45 minutes)

## EQUIPMENT NEEDED

- ❑ Computer
- ❑ LCD Projector
- ❑ Flipchart pads and stand
- ❑ TVNCR
- ❑ Tape C: Handling Resistance
- ❑ Critiquer Software
- ❑ Printer w/ new ink cartridge
- ❑ Paper

## HANDOUTS

- o Overheads Note-sheets
- ❑ Skills cards for fishbowl exercise

## REFERENCES

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

SAMHSA (2002).  Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol* (TIP 35).  USDHHS: Rockville, MD.

## EXERCISES

- o Scaffolding Resistance skills
- o Tag fishbowl (need one volunteer client; three volunteer interviewers)
- o Fishbowl exercise using skill cards
- o Skill rating (need one trainer at the computer entering skills)

# Handling Resistance

- Simple reflection
- Amplified reflection
- Double-sided reflection

- Shifting focus
- Coming Alongside
- Agreement with a twist
- Reframing
- Emphasizing personal choice/control
- Disclosing feelings

*Explain to the participants that the resistance strategies can be divided into reflective responses to resistance and strategic responses to resistance. Use the following slides to explain these strategies. Generally, the strategy is to respond to resistance with non-resistance. Simply acknowledging what clients say can allow them to further explore the behavior in question, rather than the resistance itself. This kind of acknowledgement can be categorized as a simple reflection, similar to what was covered in OARS.*

*Provide examples for each of these skills and then show MI Tape C. Handling Resistance.*

# Amplified Reflection

## Increasing the intensity of the resistant element
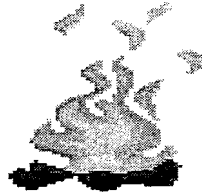
An amplified reflection, reflects back what the person has said, but increases its intensity. Usually, the resistant element that is intensified. For example, the client says, "Quitting drinking is not something I've thought about." An amplified reflection could be, "Drinking is something you will do for the rest of your days." Amplified reflections allow the client to argue the other side, and in this case, argue for change.

Some key elements to an amplified reflection are: a) it is a reflection (a statement); b) the resistant element is intensified, increased or exaggerated.

## DOUBLE SIDED REFLECTIONS

On the one hand...
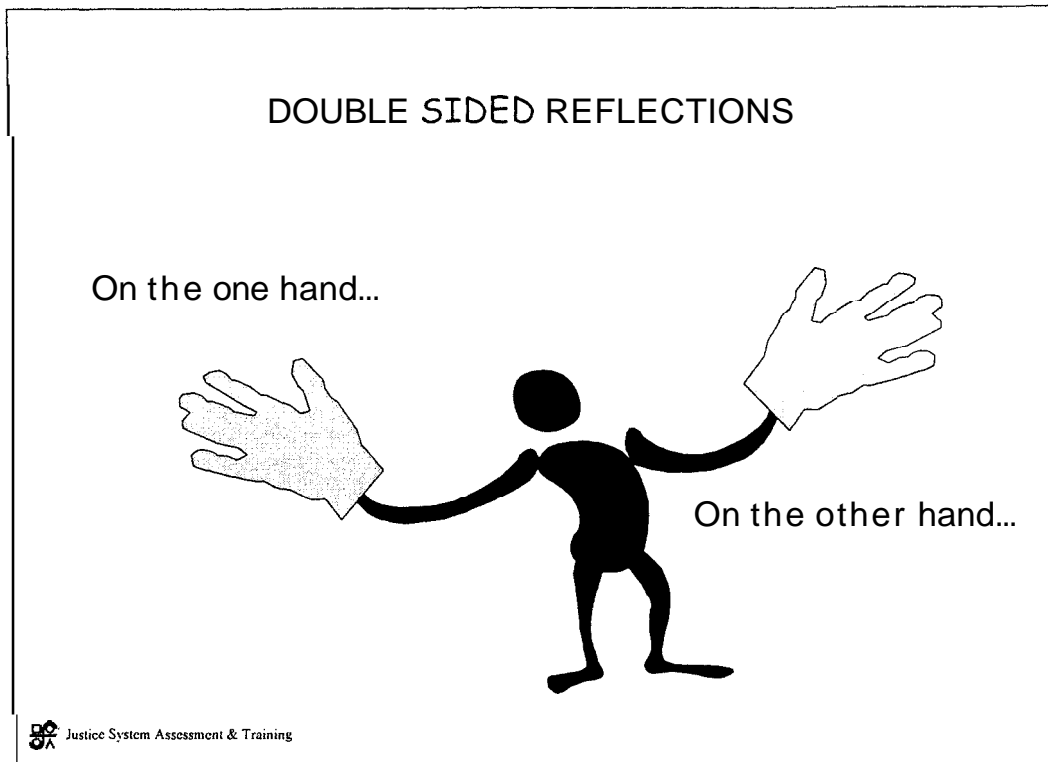
On the other hand...

**A double sided reflection** reflects both sides of the ambivalence.  A stem for double sided reflections is, "On the one hand... on the other hand..."

Some key elements to a double-sided reflection are: a) it is a reflection (a statement); b) that reflects BOTH sides of the ambivalence.

*Highlight for the participants that in order to provide a double-sided reflection, they need at least two sides of ambivalence from the client.  It is difficult to use a double sided reflection if only one side of the argument is being presented.*

*Divide the group into triads and have them practice using amplified and double-sided reflections.*

SHIFTING FOCUS          COMING ALONGSIDE

"It sounds like the pros of using still far outweigh the cons. So **it** may be that you decide smoking is something that you don't want to give up"
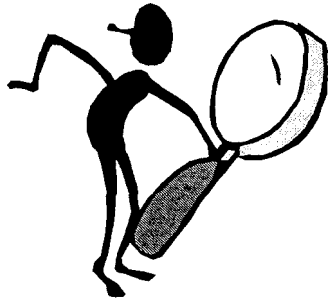
"We've talked about what other people say about your drinking; let's now talk about what you think."

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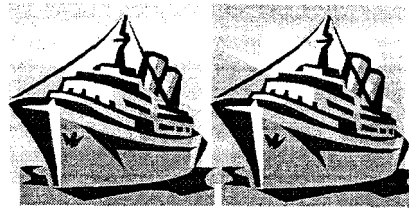
The next skills are strategic responses to resistance. Shifting Focus involves bypassing the topic that the client is resisting, rather than confronting it, i.e. changing the subject. In Coming Alongside, or siding with the negative, the practitioner acknowledges that the client may indeed decide not to change their behavior. In order to resist or oppose the practitioner, therefore, the client must begin to argue in favor of movement toward behavior change.

Agreement with a **twist**

Reflection with a REFRAME
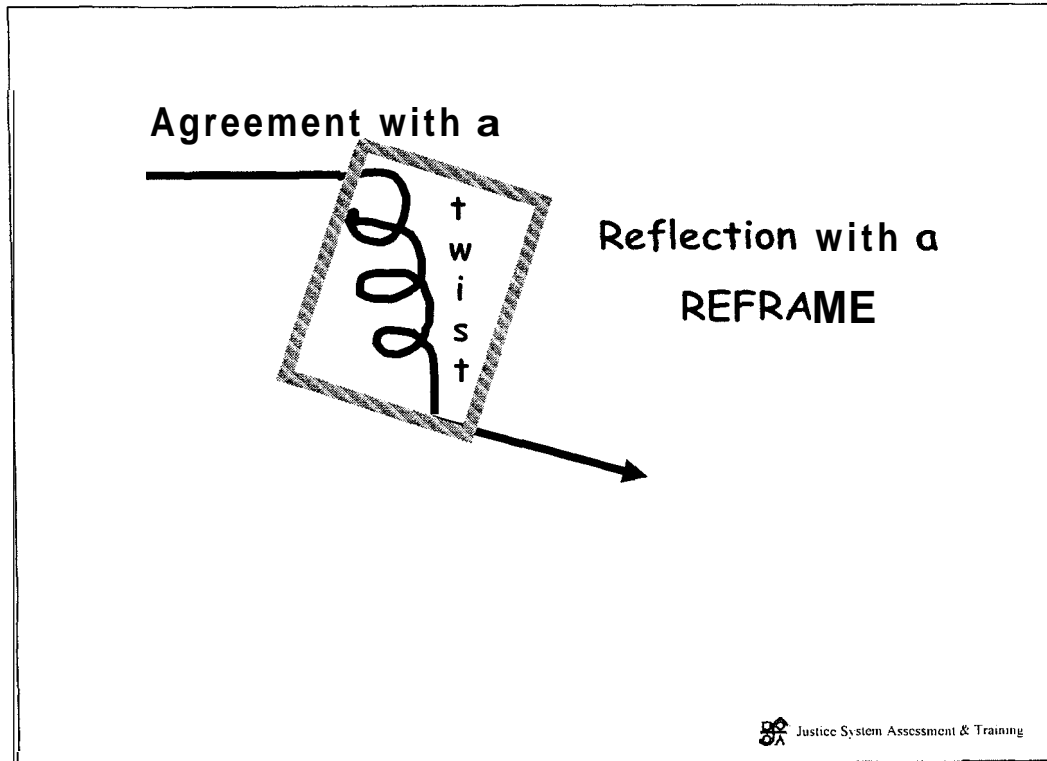
**Agreement with a Twist** is a reflection followed by a Reframe. It begins with agreeing with what the client says and ends with a slight twist or change in direction. A Reframe offers a different meaning or interpretation of what the client is saying. Reframes are particularly powerful when they show how an accepted behavior might be considered risky, or show clients that something they see as a weakness might be reframed as a strength.

EMPHASIZING PERSONAL *CHOICE/CONTROL*

"It really is your choice about what you do in this situation"

"No one can make you do this. The decision is yours"

The next strategy puts the responsibility for change on the client by emphasizing that what they do is really their choice.  It is an empowering strategy that supports the client's self-efficacy.

## DISCLOSING FEELINGS

"I'm getting a stuck feeling as we sit here. And I'm wondering whether you feel the same?"

**Disclosing the Interviewer's Immediate Feelings** is an addition to the resistance skills outlined by Miller and Rollnick. When stuck with a resistant client, sometimes simply acknowledging that as the practitioner you feel stuck helps normalize the situation and creates potential for some movement.

*After providing examples for each of these skills, show the MI Tape C, Handling Resistance.*

CLIENT

INTERVIEWERS

LISTENERS

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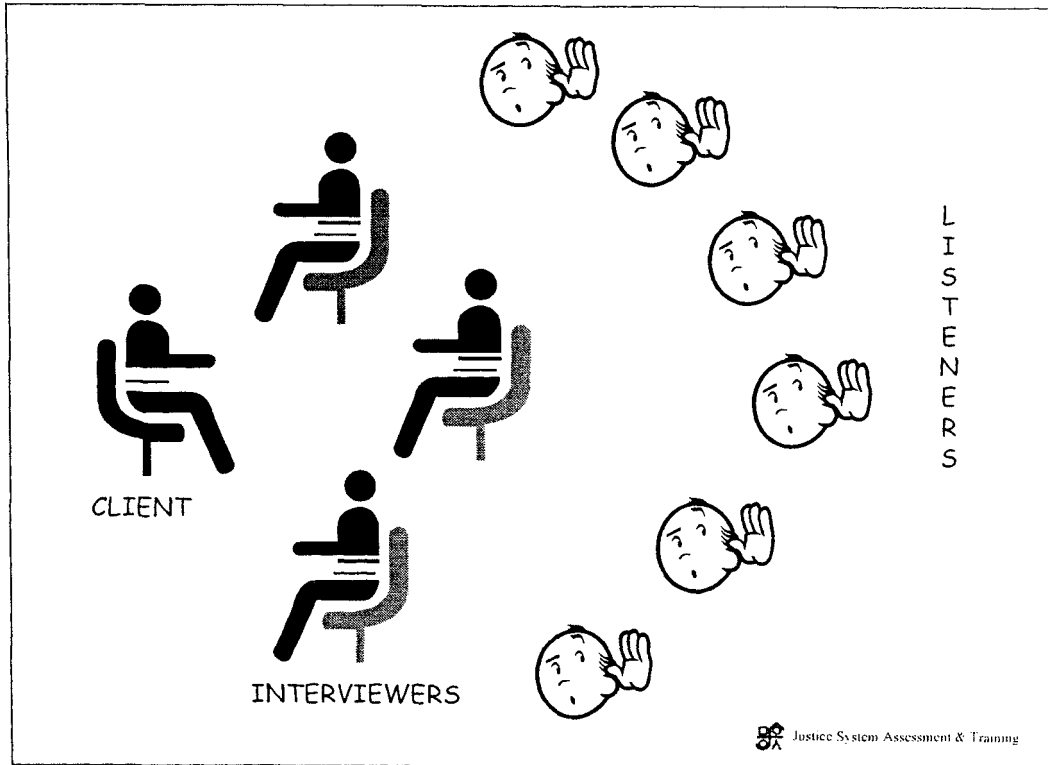
*Resistance skills are sometimes difficult for people to use after a brief video demonstration. This exercise provides more examples of these SAD and SCARED skills. In this exercise, three interviewers are on the "hot-seat." They SAD and SCARED skills with the client, while the rest of the participants watch as Listeners. One interviewer starts and can tag off to the next interviewer when s/he gets stuck, or the next interviewer can tag and begin when s/he feels it is appropriate.*

**FISHBOWL EXERCISE**
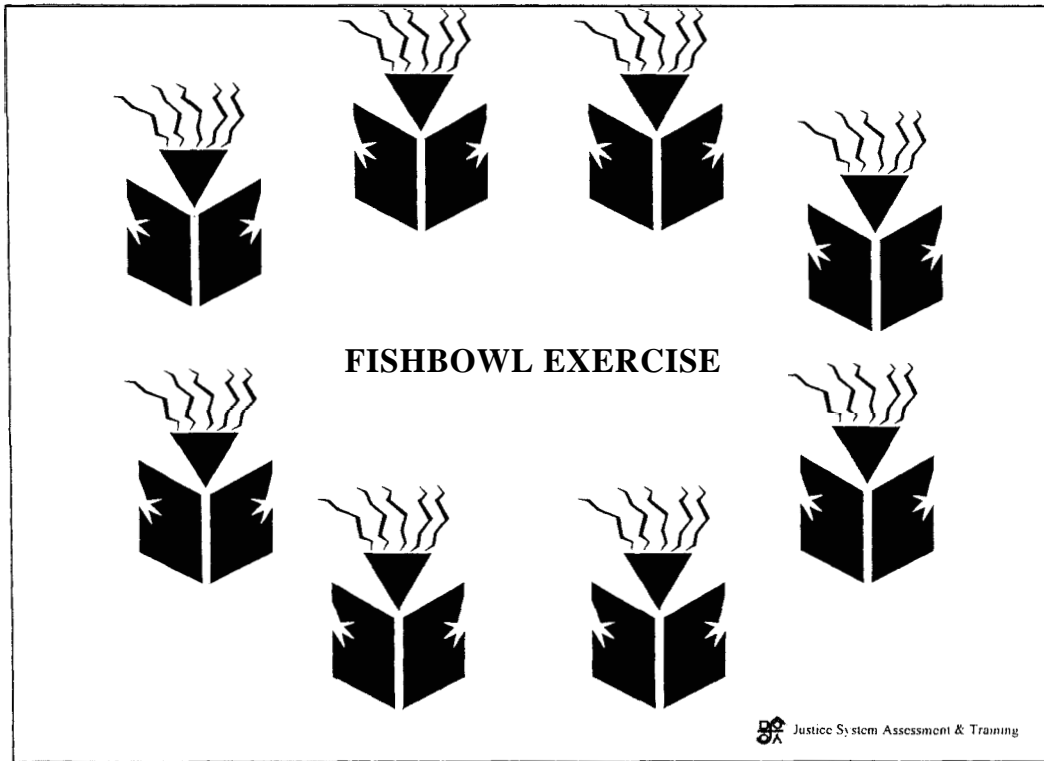
*This exercise can be used at any time during the training. In this exercise, 1/70 participants are handed cards with an MI skill written on it. One volunteer (or trainer) sits in the center. The participants have to demonstrate their assigned skill before it moves to the next person. Try starting off with some Open Questions and let the card assigned to the last person in the circle be a Summary. Stop the process every so often to check in with the group about what skills were used.*
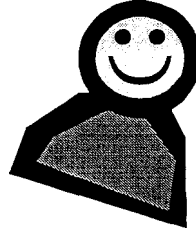
# SKILL RATING

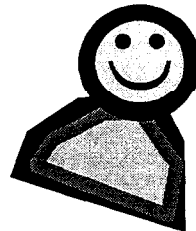**Interviewer:**
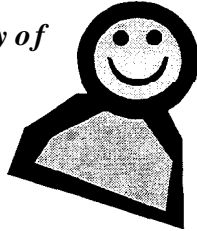
*uses a variety of MI skills*

**Client**

**Rater:**

*rates interviewer MI Skills*

**Rater:**

*rates interviewer MI Skills*

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*Review the rating skills before providing instructions for this exercise. This exercise aims to gather skill ratings on as many participants as possible so that skill balance feedback can be provided using the Critiquer software. In this exercise, everyone gets to play each role. We start off with one client, one interviewer and two raters who rate the interviewer's skills. After the raters rate about 20 skills demonstrated by the interviewer, the group debriefs, providing feedback to the interviewer. The participants then switch roles in the group.*

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY TWO: II-4 Acronym Model and Review

**PERFORMANCE OBJECTIVES**
**At this section's conclusion participants will be able to:**
- Appreciate how the MI model fits together;
- Recall different acronyms that relate to MI skills.

**TIME FRAME**

4:00 pm – 4:30 pm     (30 minutes)

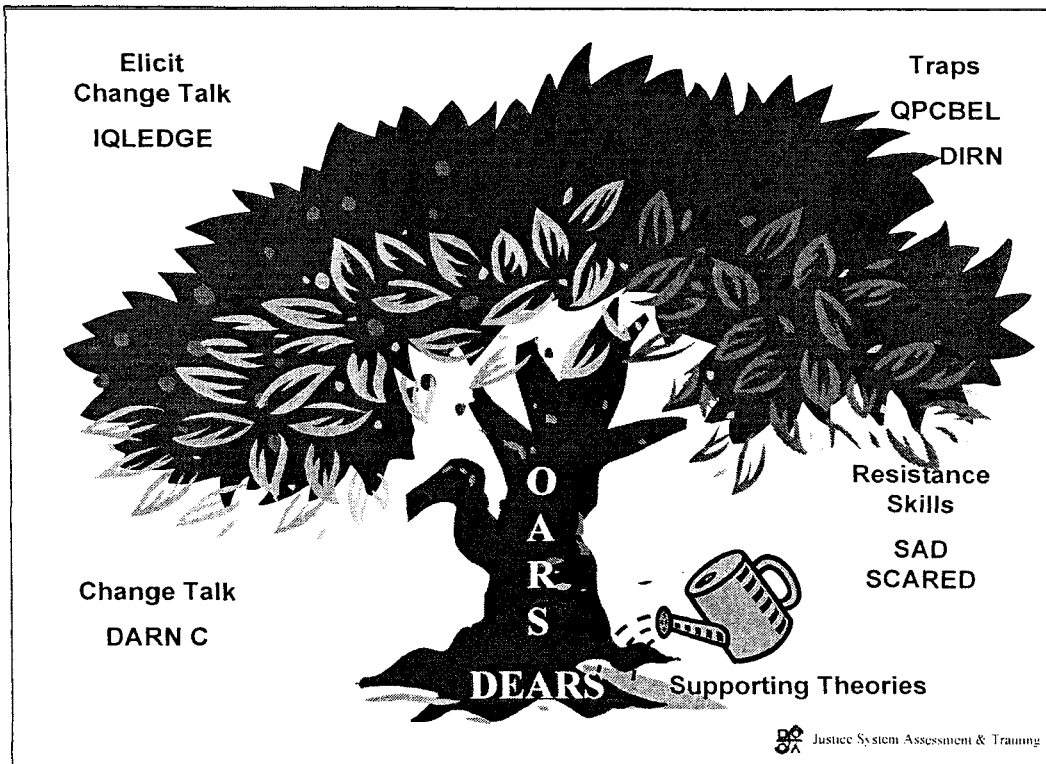| **EQUIPMENT NEEDED** | **HANDOUTS** |
| --- | --- |
| o Computer | o Overheads Note-sheets |
| o LCD Projector | o Index cards or Paper for acronym game |

**REFERENCES**

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol* (TIP 35). USDHHS: Rockville, MD.
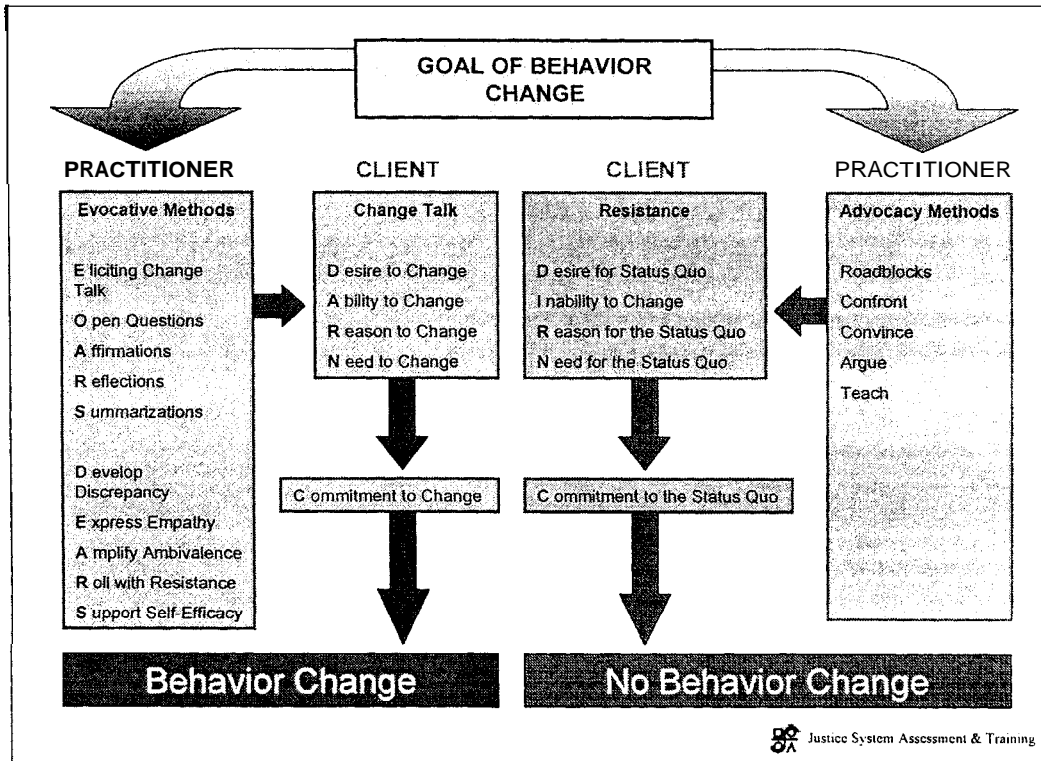
**EXERCISES**

❑ Acronym review

Elicit Change Talk
IQLEDGE

Traps
QPCBEL
DIRN

Resistance Skills
SAD
SCARED

Change Talk
DARN C

O
A
R
S

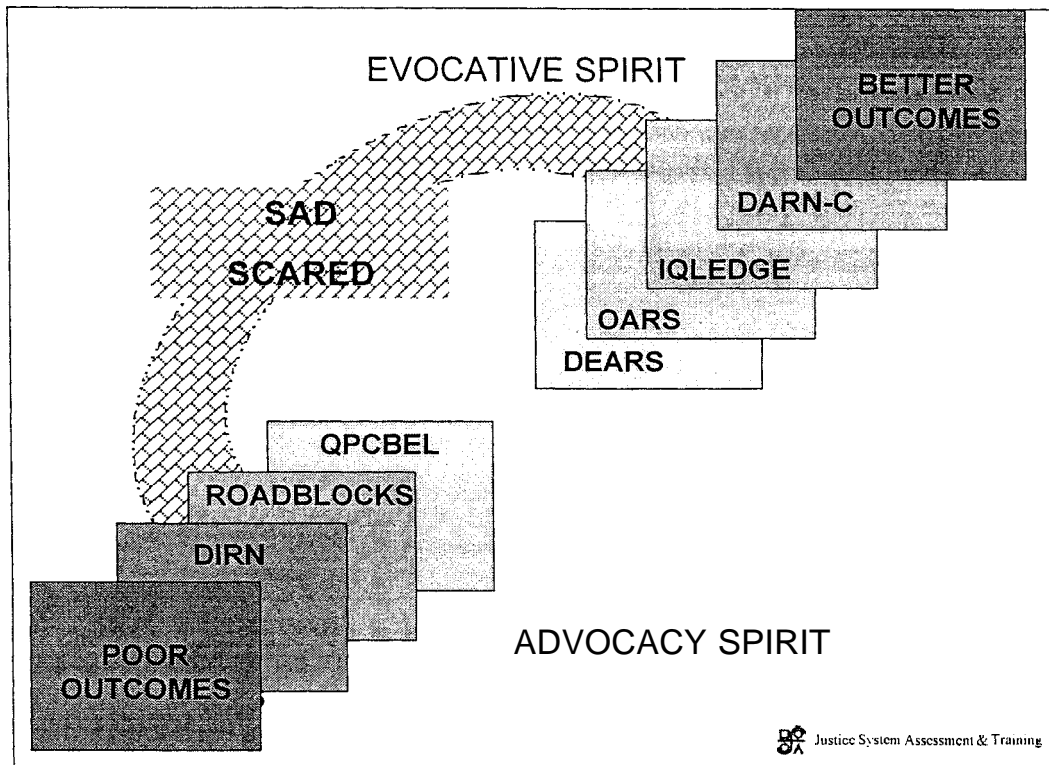DEARS    Supporting Theories

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Ve've reviewed the various acronyms used to identify specific skills, change talk or principles earlier. Now we're oping to bring these together in a way the will be useful in providing all of you the essential tool kit to turn your veryday work routines into an on-going learning laboratory for evolving better and better skills. Remember the ssential ingredients are: 1) ability to put trust in the interaction process and 'read' the client's defensiveness and notivational stages; and, 2) ability to identify what pattern of skills, techniques or strategies you have been employing at ;iven point in the interaction, and a working understanding of what your fuller options might be. In short. we are alking about developing greater and greater insight and ability regarding the 'dance' that occurs within sensitive and :onstructive interpersonal communications.

**GOAL OF BEHAVIOR CHANGE**

| PRACTITIONER | CLIENT | CLIENT | PRACTITIONER |
|---|---|---|---|
| **Evocative Methods** | **Change Talk** | **Resistance** | **Advocacy Methods** |
| E liciting Change Talk | D esire to Change | D esire for Status Quo | Roadblocks |
| O pen Questions | A bility to Change | I nability to Change | Confront |
| A ffirmations | R eason to Change | R eason for the Status Quo | Convince |
| R eflections | N eed to Change | N eed for the Status Quo | Argue |
| S ummarizations | | | Teach |
| D evelop Discrepancy | C ommitment to Change | C ommitment to the Status Quo | |
| E xpress Empathy | | | |
| A mplify Ambivalence | | | |
| R oll with Resistance | | | |
| S upport Self-Efficacy | | | |

**Behavior Change** | **No Behavior Change**

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Within Motivational Interviewing there are a number of sets of specified terms for different skills and related types of change/no change talk. These sets of skills are also associated with specified dynamics. For instance the principles in DEARS naturally engenders the fundamental skills OARS. Conversely, a disregard for the these principles leads to Traps and Roadblocks. It is at this fundamental fork in the road of our interpersonal skills that we begin to clearly discern there are differential or different response patterns that are more likely from our clients depending which path we take with our choice of techniques. If we want more (DARN-C) change talk we stick to the principles, fundamentals and extend into the techniques for eliciting change talk (IQLEDGE), if we want more resistance, we avoid the fundamental skills, exercise more traps (QPCBEL) and roadblocks and elicit more DIRN resistance talk. Underlying this fork in the road may be some deeper underlying assumptions and paradigms about how people change – one path is inherently an evocative style, the other an advocacy approach. Many of us learned as part of our on-going 'self-instruction' in MI, that it was beneficial to challenge some of our earlier, hard-earned assumptions about these two different approaches.

The evidence, which is not insignificant any longer, clearly supports the notion that "As I hear myself talk, I learn what I believe" that is that personal covert and overt self-talk is very influential and potentially motivating. We stand a much better chance of directly influencing and enhancing this type of talk in our clients by using evocative rather than advocacy methods.

EVOCATIVE SPIRIT

BETTER OUTCOMES

DARN-C

IQLEDGE

OARS

DEARS

SAD

SCARED

QPCBEL

ROADBLOCKS

DIRN

POOR OUTCOMES

ADVOCACY SPIRIT

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Thus, to simplify, there is a clear enough delineation that we can make between certain techniques and related responses and others. The difference is what, in our manner of being, do we present a greater alignment with; an advocacy or evocative style?

The backdoor, or escape valve for advocacy methods and the resistance they bring up are two sets of techniques, based on MI principles for dealing with resistance referred to as SAD and SCARED. These individual techniques are obviously have a one to one, almost isomorphic relationship to the six traps (QPCBEL). SAD simple clinical skills address the Question & Answer trap; Shifting focus addresses Premature focus and Confrontation/Denial; Coming Along Side of (and Disclosing immediate feelings are often an antidote for the Expert trap; Agreement with a twist can solve some Blaming traps; and, Reframing and Emphasizing Personal Control can often extricate one from labeling problems.

## PIECES OF A PUZZLE: 'ACRONYM P■E'

D_evelop  D_iscrepancy
E_express  E_mpathy
A_amplify  A_mbivalence
R_oll w/  R_esistance
S_upport  S_elf-Efficacy

    O_pen Questions
    A_ffirmations
    R_flections
    S_ummarizations

I_mportance Ruler
Q_uery Extremes
L_ooking back/ahead
E_vocative Questions
D_ecisional Balance
G_oals & Value Exploration
E_laboration

    D_esire
    A_bility
    R_easons
    N_eeds
   C O M M I T M E N T

Q_uestion/Answer
P_remature Focus
C_onfrontation
B_laming
E_xpert
L_abeling

D_esire for status quo
1 – ability to change
R_easons for status quo
N_eeds for status quo
  R E S I S T A N C E

S_imple Reflections
A_mplified Reflections
D_ouble-sided Reflections

S_hift Focus
C_ome Alongside
A – gree w/ a Twist
R_eframe
E_mphasize Personal control
D_isclose Feelings

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'here are approximately 40 different principles, techniques/strategies and categories of change/resistance talk related to /II. Initially, for most of us, this represented a bewildering array of conceptual material. However, over time we have earned as practitioners and trainers that this information and knowledge can be collapsed into eight acronyms organized nto two strings – one representing how things are when they are Honki-Dori, that is perfect, and, the other 'string' lepicts a process involving a tremendous amount of adjustments. Of course neither of these paths flow perfectly like this n real life but there is a bit of logic to the sequence in each of the two sets of acronyms or constructs.

On the left we have the underlying principles of MI portrayed in the acronym DEARS, that drops immediately into the fundamental skills (OARS) and progresses on down into techniques for eliciting change talk, with IQLEDGE. our most awkward acronym perhaps and into change talk (DARN-C). The 'adjustment path', moves from common traps (QPCBEL) to non-change or resistance language, and into methods for dealing with resistance, first the more simple clinical tactics (SAD) and then the more strategic techniques in (SCARED).
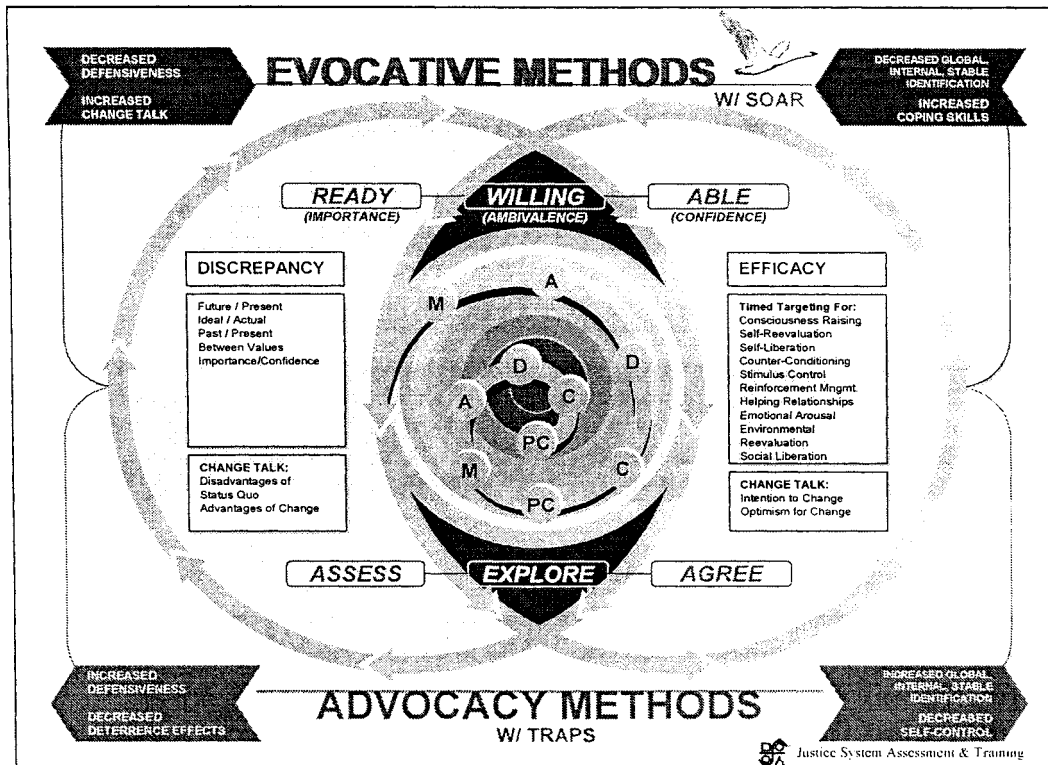
The goal of the coming drill is to get our cognitive arms around this whole pie, once and for all. What we would like you to tum upside down or remove all documents with reminder information from view.

*Cover any pertinent flipcharts*

Pair off in dyads and grill each other, first one way, then the other, to see how much recall you have of this material. First try testing each other to see if you can remember the basic eight acronyms and then each take a turn at breaking the acronyms down into their component parts. Partners can coach or give clues, but they need to do it in a manner that will support person in retaining the maximum amount of information. *You can fast-forward and describe to the group the endgame exercise where everyone is going to write-out the entire model cold.* You have four minutes each way.

*After debriefing the above exercise, distribute a blank sheet of paper to everyone and ask them to write out the eight acronyms. Tell them they have five minutes. After three minutes let the participants know you will answer any three questions and do so. After five minutes ask the original partners to check-out how well their partners did and try to determine with the group how many completed 100% - shoot for 100% but 50% is good.*

**EVOCATIVE METHODS** W/ SOAR

DECREASED DEFENSIVENESS / INCREASED CHANGE TALK

DECREASED GLOBAL INTERNAL, STABLE IDENTIFICATION / INCREASED COPING SKILLS

READY (IMPORTANCE) — WILLING (AMBIVALENCE) — ABLE (CONFIDENCE)

DISCREPANCY

Future / Present
Ideal / Actual
Past / Present
Between Values
Importance/Confidence

CHANGE TALK:
Disadvantages of
Status Quo
Advantages of Change

EFFICACY

Timed Targeting For:
Consciousness Raising
Self-Reevaluation
Self-Liberation
Counter-Conditioning
Stimulus Control
Reinforcement Mngmt.
Helping Relationships
Emotional Arousal
Environmental
Reevaluation
Social Liberation

CHANGE TALK:
Intention to Change
Optimism for Change

ASSESS — EXPLORE — AGREE

INCREASED DEFENSIVENESS / DECREASED DETERRENCE EFFECTS

INCREASED GLOBAL INTERNAL, STABLE IDENTIFICATION / DECREASED SELF-CONTROL

**ADVOCACY METHODS** W/ TRAPS

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Motivational Interviewing has several different components that work together; some components are always in operation and other components are conditional or situational. MI is also closely linked to several different theories, especially the processes and stages of change. While MI is more about what we as practitioners do, and change theory is more about what happens in the client, the overlap between the two is important to keep in focus. When we look at behavior change, we can look at it in terms of the different components required for behavior change to happen. Three such components can be described as ready, willing and able. Readiness can be equated with importance; how important is it for me to change this behavior. When working in this area, developing discrepancy is helpful. Types of change talk that fit into this category include DRN. Ability is related to confidence and efficacy. What drives willingness and the stages that we go through when faced with changing behavior is ambivalence. Using MI, it is this ambivalence that is explored as the client moves through the stages of change from precontemplation through to determination. We know from change talk that commitment is predictive of behavior change and from there we step into the action stage of change where there is a modification in the target behavior and ambivalence is further explored and resolved. As mentioned earlier, certain MI components are always in operation (e.g., expressing empathy), others are conditional or situational. Being familiar with the stages of change helps us gauge what situations to use certain MI skills. For example, it would be more appropriate to elicit change talk in the contemplation stage and further, rather than in precontemplation. Ultimately, what gets things moving in terms of change is the use of evocative methods (DEARS, OARS) rather than advocacy methods (TRAPS).

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY THREE

**PERFORMANCE OBJECTIVES**
**At this section's conclusion participants will be able to:**
- Understand and identify stages of readiness for change;
- Appreciate the responsivity principle as it relates to the stages;
- Identify situations for the appropriate use of MI, Behavioral Counseling and Brief Advice;
- Understand and appreciate the ethical complexities involved in using MI.

III-1   Transtheoretical Model of Change

&#9633; Processes of Change

O Stages of Change and corresponding interventions


III-2   Providing feedback and the FRAMES model

&#9633; FRAMES

&#9633; Brief Advice and Behavioral Counseling


III-3   Ethical Issues in MI

&#9633; Ethical Complexity in MI

&#9633; Compassion, Investment and Power

&#9633; Guidelines for Ethical Practice


III-4   Conclusion

&#9633; Final Skill Rating

&#9633; Implementation Issues

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY THREE: III-1 Transtheoretical Model of Change

### PERFORMANCE OBJECTIVES
**At this section's conclusion participants will be able to:**
- Understand and identify stages of readiness for change;
- Appreciate the responsivity principle as it relates to the stages.

### TIME FRAME

8:00 am – 9:30 am     (1 hour 30 minutes)

### EQUIPMENT NEEDED

o  Computer
☐  LCD Projector

### HANDOUTS

o  Overheads Note-sheets

### REFERENCES

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

Prochaska, J., C. DiClemente, et al. (1992). "In Search of How People Change: Applications to Addictive Behaviors." <u>American Psychologist</u> **47**(9): 1102-1114.

SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol* (TIP *35*). USDHHS: Rockville, MD.

### EXERCISES

,  ☐  Stage of Change guessing game

# Stages of Change Model



Prochaska & DiClemente (1986)

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Motiv
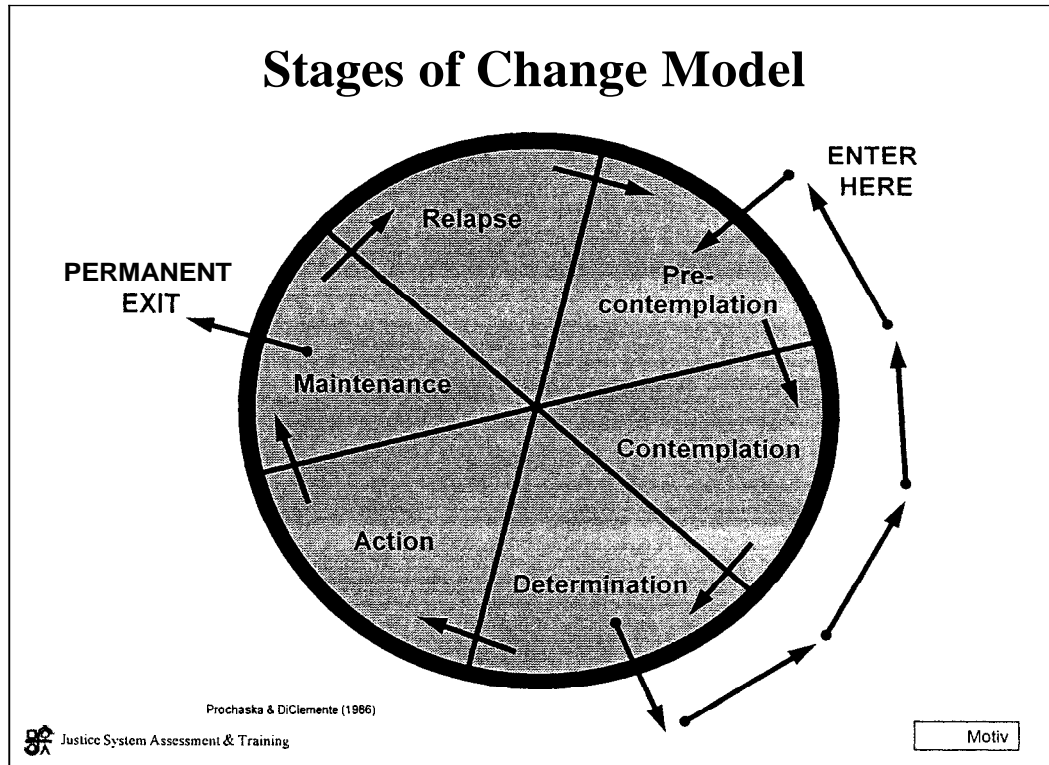
*Begin the day with a review of what has previously been covered, including a review of all the acronyms used.*

When looking at behaviors that people were attempting to change, researchers Prochaska and DiClemente found that people go through similar stages of readiness to change that behavior. This slide outlines the six stages of readiness for change.

*Explain the characteristics of each stage to the participants.* Pre-contemplators are not considering change. They would say, "There is no problem." Contemplators are thinking about change, but haven't made up their minds. At the Determination/Planning stage, they are ready to do something about the behavior, but have not started making the change yet. At the Action stage, the change begins; it is maintained in the Maintenance stage. Once the last vestiges of the behavior are gone, people exit the change cycle, as the behavior has changed. At either of the last two stages, Relapse is possible as part of the change cycle.

It is important for us to know what stage of change someone is in because our interventions are tailored to match that stage. Otherwise, we run the risk of losing the individual to a previous stage! For example, if someone is in the Contemplation stage and we assume that they are in the Action stage and act as cheerleaders for change, we may back them into the "Actually I don't have a problem" Pre-contemplation stage. Each stage has a goal, as outlined in the next slide.

**GOAL: Identify Stage of Change**

**ASSESS**
**Attitude, Intention, Past Efforts**
*re: Change*

| Pre-Contemplation | Contemplation | Determinationl Preparation | Action | Maintenance | Relapse |
|---|---|---|---|---|---|
| *Raise doubt* | *Explore ambivalence* | *Tip the balance* *Remove obstacles* *Initiate steps to change.* | *Begin the change process* | *Develop skills to maintain behavior* | *What have we learned? Where are we now? Start again based on stage of readiness* |

**"The Process Is the Message"**

**ASSESS**

**AGREE**        **EXPLORE**

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Motiv

*Review the goals of each stage for the participants.*

In order to quickly assess what stage of change an offender is in for a particular behavior, we need information about their past efforts at changing the behavior. their present attitude toward the behavior, and their future intention of changing that behavior.

## PROCESSES OF CHANGE

Precontemplation    Contemplation    Preparation    Action    Maintenance

Consciousness raising
Emotional arousal
Environmental reevaluation
           Self-reevaluation
                      Self-liberation
                      Social liberation
                                 Counter-conditioning
                                 Stimulus control
                                 Reinforcement
                                 management
                                 Helping relationships

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The processes one goes through in preparation for the next stage are related to each of the stages of change

**Consciousness Raising** increases information about the problem. Interventions include observations, interpretations and bibliotherapy.

**Self-Reevaluation** assesses how one feels and thinks about oneself with respect to problem behaviors. Interventions include clarifying values and challenging beliefs or expectations.

**Self-Liberation** means choosing and committing to act or believing in the ability to change. Interventions include commitment enhancing techniques and preparing an action plan.

**Counter-Conditioning** substitutes coping alternatives for the anxiety caused by substance-related behaviors. Interventions include obtaining a list of available resources, learning relaxation techniques and using positive self-statements.

**Stimulus Control** means avoiding or countering stimuli that elicit problem behaviors. Interventions include avoiding high risk cues and removing obstacles to changing behavior from one's environment.

**Reinforcement Management** is rewarding oneself or being rewarded by others for making changes. Interventions include overt and covert reinforcements.

**Helping Relationships** are created by being open about problems and trusting of people who care. Interventions include self-help groups, social groups, and therapy.

**Emotional Arousal** involves experiencing and expressing feelings about problems and possible solutions. Interventions include role-playing and psychodrama.

**Environmental Reevaluation** assesses how one's problems affect the personal and physical environment. Empathy training is one possible intervention.

**Social Liberation** increases alternatives for non-problematic behavior.

(Adapted from Prochaska, DiClemente & Norcross (1992) In Search of How People Change. *American Psychologist.* 47, *9* )

*Ask the participants to write down a sentence a client would say in two different stages. Then ask them to read the statement out loud, while the rest of the group guesses what stage the client is in.*

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY THREE: III-2 FRAMES, Brief Advice and Behavioral Counseling

**PERFORMANCE OBJECTIVES**
### At this section's conclusion participants will be able to:
- Understand the FRAMES model;
- Appreciate situational uses of MI;
- Recognize what skills to focus on when limited by time and goals.

**TIME FRAME**

9:30 am – 10:45 am    (1 hour 15 minutes)

**EQUIPMENT NEEDED**

- Computer
- LCD Projector

**HANDOUTS**

- Overheads Note-sheets

**REFERENCES**

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol* (TIP 35). USDHHS: Rockville, MD.

# FRAMES
**(Guidelines for conducting brief intervention; no time limit)**

**F**=Feedback
**R**=Responsibility
**A**=Advice
**M**=Menu of options
**E**=Empathy
**S**=Self-efficacy

**This acronym provides the guidelines for conducting brief intervention.  Training can embrace the teaching of listening skills.  Care should be taken about misunderstanding the use of advice-giving.**
(Rollnick & Miller, 1995; Senft et al., 1995)

Assisting offenders in resolving ambivalences to change requires more than simply decreasing their defensiveness.  Once we become really successful in decreasing offenders' defensiveness, we need to begin using techniques that encourage them to explore and effectively resolve their ambivalence, enhancing motivation.

The acronym FRAMES captures the key components of brief and solution-focused therapies.  Think of these six components as reference points or "buoys" for guiding our on-going improvement in communication.

*Briefly and informally review the FRAMES components.  Finish by eliciting questions.*

BRIEF ADVICE

BEHAVIORAL COUNSELING

MI

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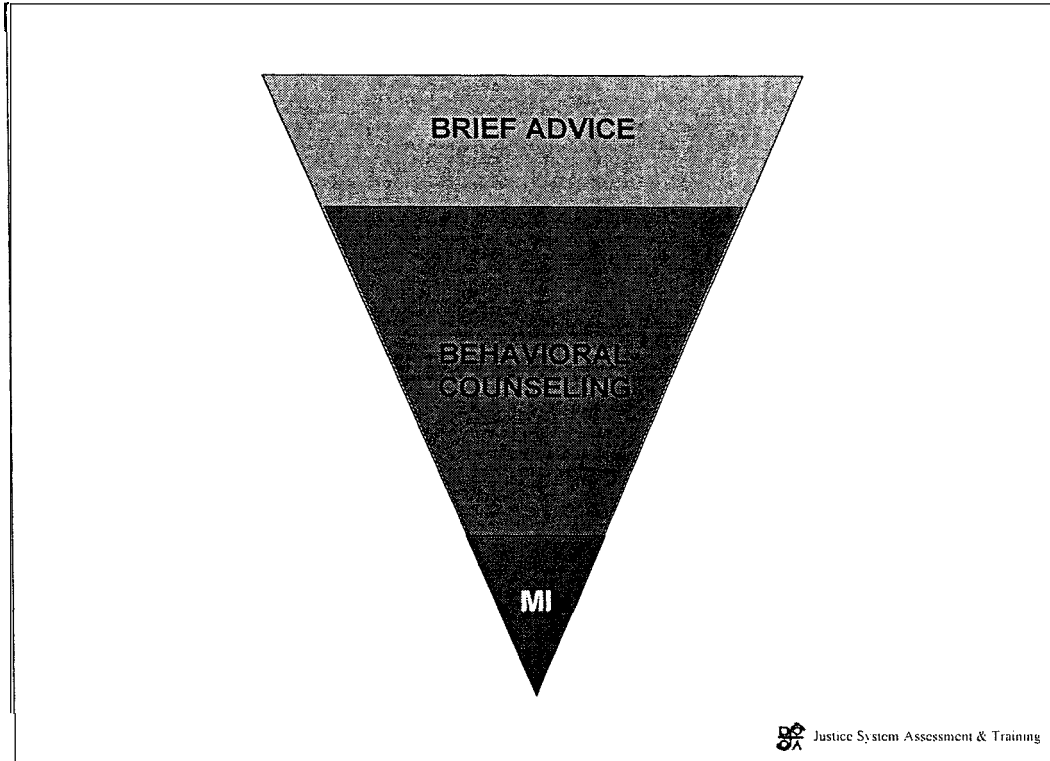
*Explain to the participants that Motivational Interviewing can be used as an intervention unto itself, or as an adjunct to skills already being used. Further delineations can be made regarding what constitutes pure MI, Behavioral Counseling and Brief Advice.*

## BRIEF ADVICE

| TIME | GOALS | SKILLS |
|------|-------|--------|
| 5-15 minutes | ■ Demonstrate respect<br>■ Communicate risk<br>■ Provide information<br>  Initiate thinking about<br>  problem behavior | ✓ Open Questions<br>✓ Affirmations<br>✓ Ask Permission<br>✓ Provide advice<br>✓ Encourage personal<br>  choice / responsibility |
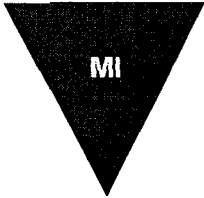
*Using the next three slides describe the differences between MI, Behavioral Counseling and Brief Advice. Explain that the setting for Brief Advice is mostly opportunistic and that the practitioner is usually the active expert.*

| TIME | GOALS | SKILLS |
|---|---|---|
| 5-30 minutes | BA goals plus:<br>• Establish rapport<br>• Identify client goals<br>• Exchange information<br>• Build motivation for change | ✓ OARS<br>✓ Elicit Change Talk<br>✓ Ask Permission<br>✓ Provide advice<br>✓ Encourage personal choice / responsibility<br>✓ Roll with resistance |

The setting for Behavior change counseling is either opportunistic or help seeking. In this case, the practitioner is more of a counselor with an actively involved participant. A confrontational or challenging style is seldom used; instead, an empathic style is preferred.

| TIME | GOALS | SKILLS |
|---|---|---|
| 30-60 minutes | BA, BC goals plus:<br>■ Develop relationship<br>■ Develop discrepancy<br>■ Resolve ambivalence<br>■ Elicit commitment to change | ✓ OARS<br>✓ Elicit Change Talk<br>✓ Ask Permission<br>✓ Deeper/complex reflections<br>✓ Encourage personal choice / responsibility<br>✓ Roll with resistance<br>✓ Help articulate values |

The setting for pure MI is mostly help seeking with the practitioner being the leading partner for the help-seeking partner. A confrontational style is never used; empathy is paramount; information is exchanged to develop discrepancy.

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY THREE: III-3 Ethical Issue in using MI

**PERFORMANCE OBJECTIVES**
**At this section's conclusion participants will be able to:**
- Appreciate the ethical complexities that arise when using MI;
- Identify when situations pose ethical itches;
- Be familiar with guidelines for ethical practice.

**TIME FRAME**

11:00 am – 12:00 pm (1 hour)

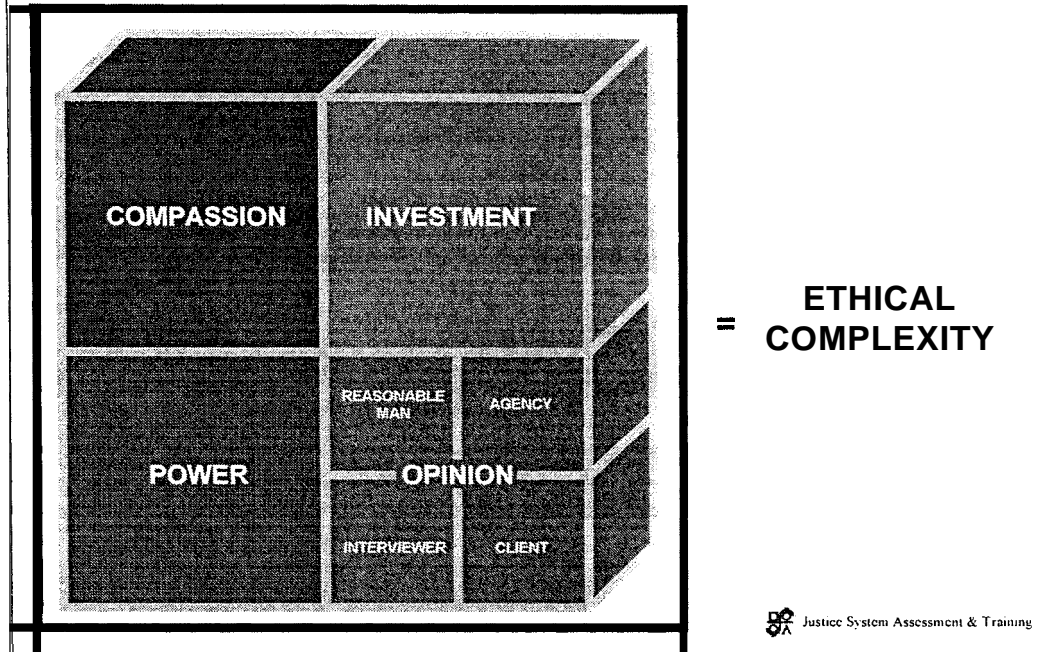**EQUIPMENT NEEDED**

❑ Computer
❑ LCD Projector

**HANDOUTS**

❑ Overheads Note-sheets

**REFERENCES**

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change.* New York, NY: Guilford Press.

**BUILDING BLOCKS (VARIABLES)
FOR ETHICAL COMPLEXITY IN CLINICAL PRACTICE**

COMPASSION | INVESTMENT

POWER | OPINION — REASONABLE MAN | AGENCY — INTERVIEWER | CLIENT

= ETHICAL COMPLEXITY

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*This lesson plan is to be used by the trainer when the trainer notices either an interest in the ethical itches related to MI, or if some of the participants' Menschenbild is contrary to Motivational Interviewing, because that in itself will raise some ethical dilemmas. Otherwise, use this lesson plan to review some concepts like compassion that are fundamental to MI and the effect that investment, power and opinion have on the spirit of MI. For reference, read Chapter 12 in the second edition of Motivational Interviewing.*

When learning or teaching Motivational Interviewing, it is important to keep in mind some of the ethical issues involved in the effort to change what people wants – a key theme of MI. We might understand this ethical complexity in terms of the client's aspirations and the counselor's aspirations. Asking, "What do you want?" or more specifically, "What do you want from me (the counselor)?" reveals the client's desires. When a client is standing at a crossroads. looking at the different sides of ambivalence related to behavior change, the counselor's aspirations come into play. Counselor aspirations can be divided into compassion, investment, opinion and power.

COMPASSION:
selfless, unattached, accepting love, called "agape" in ancient Greek, or "Unconditional Positive Regard" in Rogerian terms.

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Compassion can be defined as selfless, unattached, accepting love, or Roger's "unconditional positive regard." Counselors with compassion desire the best for the client. If the counselor has no compassion and is indifferent to what happens, it is questionable whether the counselor is or can be doing MI. Can MI be done without compassion??? An absence of compassion greatly increases the ethical dilemmas regarding MI.
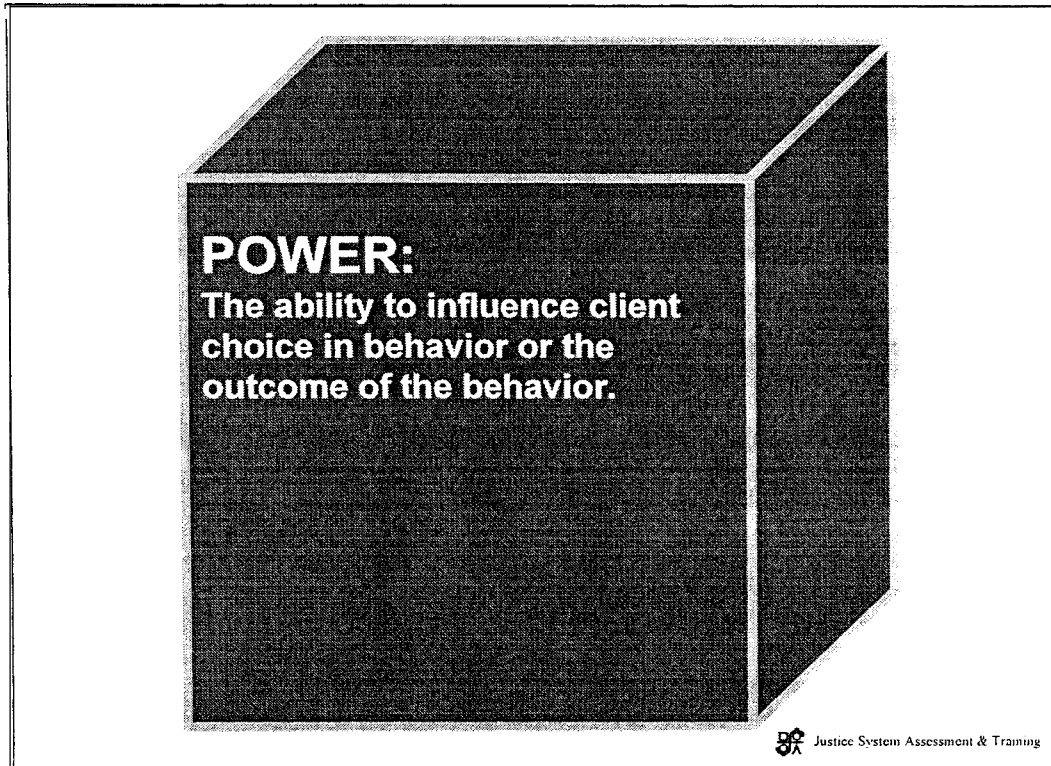
INVESTMENT:

Practitioner's attachment to client choices or outcomes of client behavior, benefiting the practitioner:

- Materially – penalized for not expediting case loads; monetary rewards for maintaining clients on active case loads
- Symbolically – affects status within agency culture (e.g., being heavy handed; having skillful counseling means) or reinforces deeply held values (e.g., over-identified with clients of the same background; pushing for value-based outcomes when working with substance abusing pregnant mothers)
- Relationally – having a pre-existing relationship with the client that brings up a level of attachment in the outcome

The opposite of investment is what medical ethicists term 'equipoise'.

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Investment can be defined as the practitioner's attachment to client choices or behavior outcomes that benefit the practitioner:
*Monetarily, e.g. maintaining clients on active case loads;
*Symbolically, by affecting the practitioner's status within agency culture (e.g., being heavy handed, having skillful counseling means) or reinforcing the practitioner's deeply-held values (e.g., being over-identified with clients of the same background, pushing for value-based outcomes when working with substance abusing pregnant mothers); and/or
•Relationally, when the practitioner has a pre-existing relationship with the client that brings up a level of attachment in the outcome.

The opposite of investment is what medical ethicists term "equipoise." Having an investment in the outcome increases the level of ethical complexity in using MI.

**POWER:**
The ability to influence client choice in behavior or the outcome of the behavior.

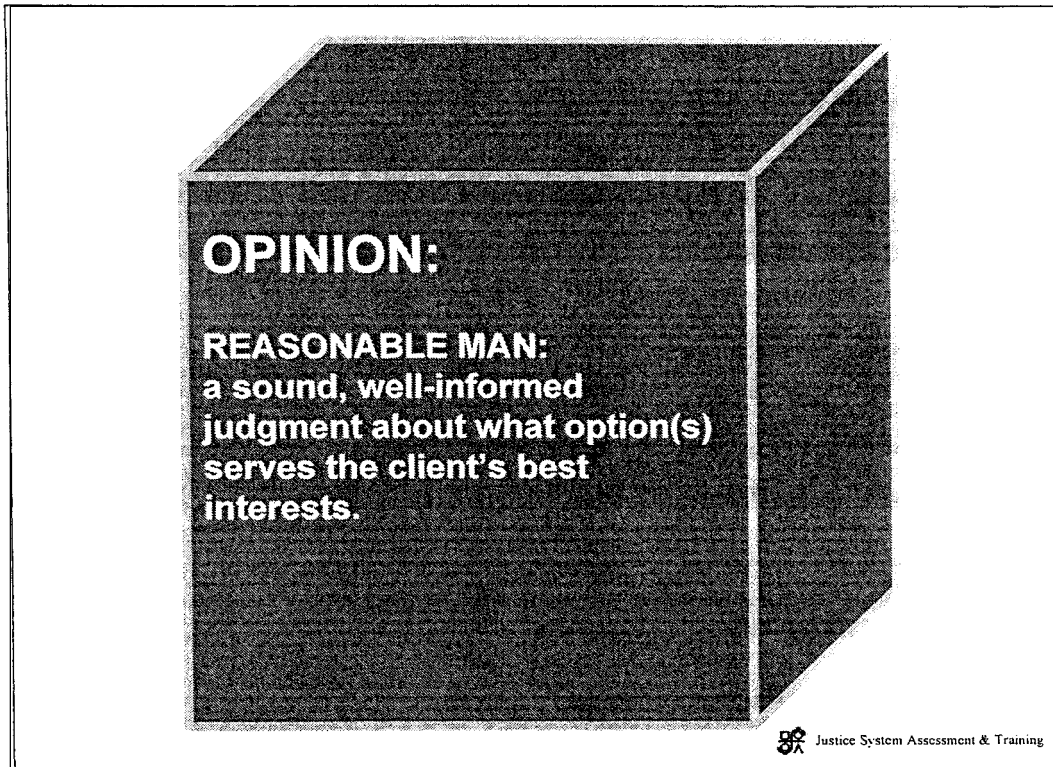Justice System Assessment & Training

Power is the ability to influence what choice the client makes about the behavior and/or the outcome for the client based on that choice. The more coercive power the practitioner has, the less appropriate the use of MI is.

**OPINION:**
**A judgment about what options serve the client's best interests.**

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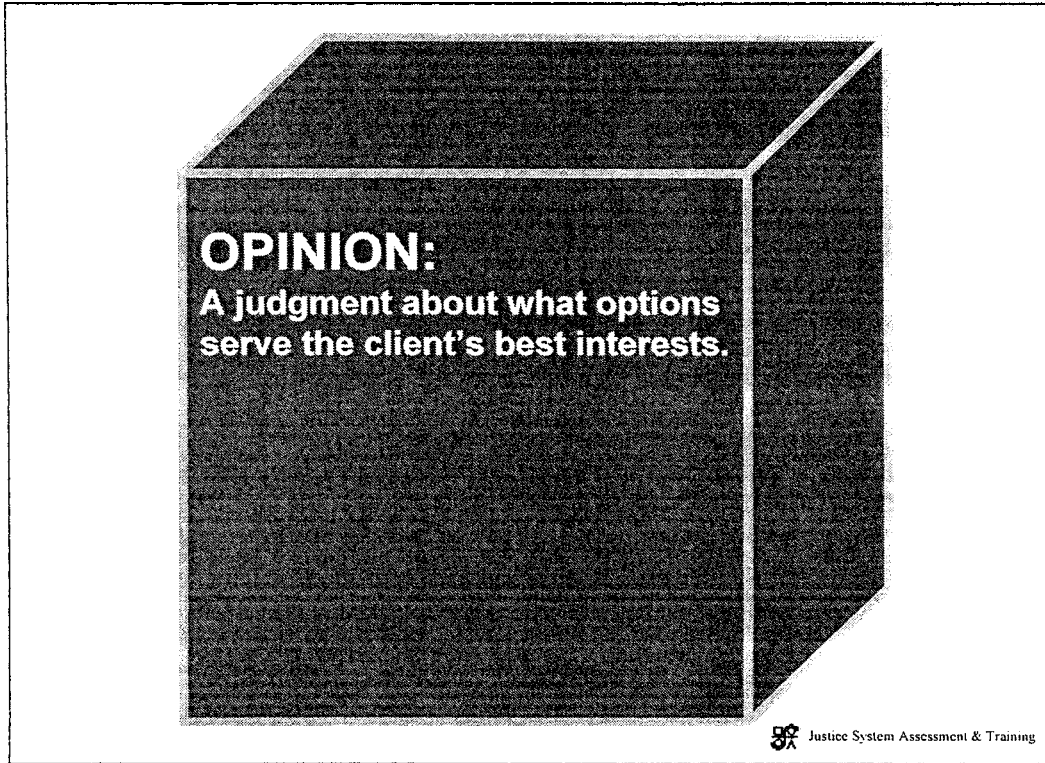
Opinion is a value judgment about what serves the client's best interest. It can be divided into four different types: Reasonable Man, Agency, Counselor. and Client. The next four slides define these types.
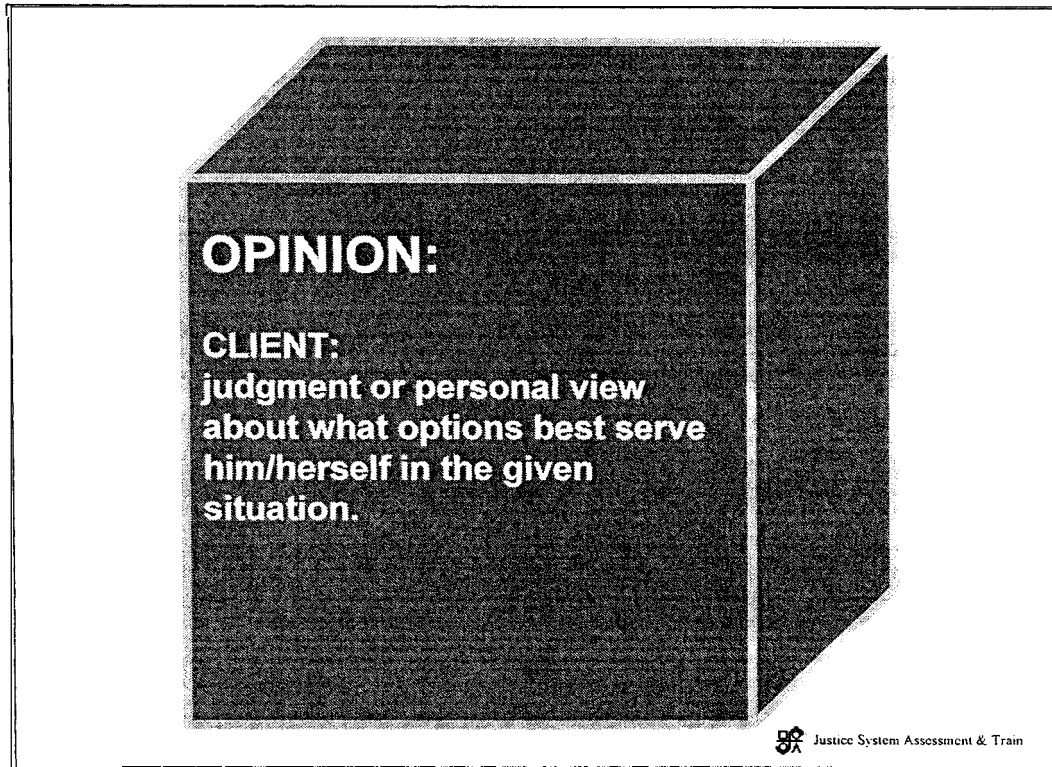
OPINION:

REASONABLE MAN:
a sound, well-informed
judgment about what option(s)
serves the client's best
interests.

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REASONABLE MAN OPINION is a sound, well-informed judgment about what option(s) serves the client's best interests.
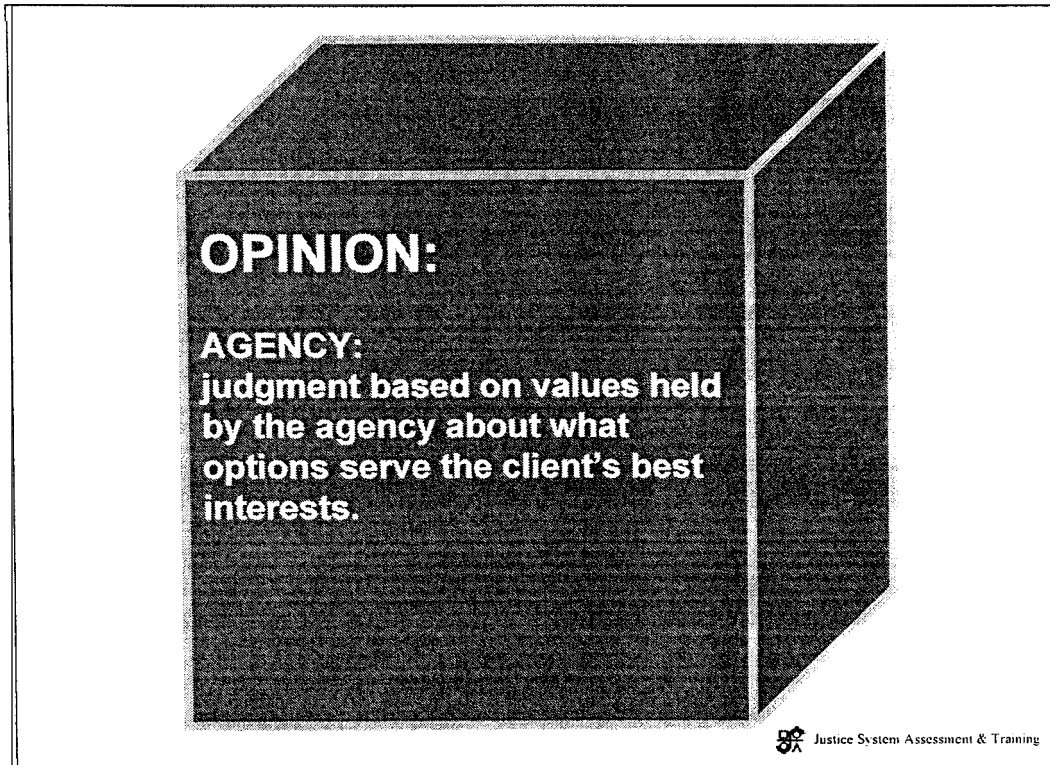
AGENCY OPINION is a judgment based on the values held by the agency about what options serve the client's best interests.

OPINION:

INTERVIEWER:
judgment based on values held
by the interviewer about what
options serve the client's best
interests.

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INTERVIEWER OPINION is a judgment based on the values held by the
interviewer about what options serve the client's best interests.

OPINION:

CLIENT:
judgment or personal view about what options best serve him/herself in the given situation.

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CLIENT OPINION is the client's judgment or personal view about what options best serve him/her in the given situation.

**GRADIENT OF ETHICAL COMPLEXITY**
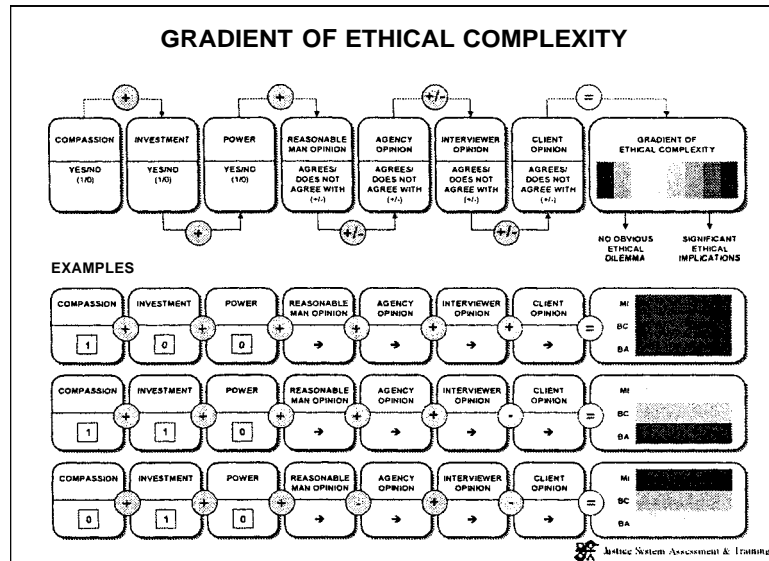
This slide unites these eight different variables to generate a level of ethical complexity ranging from green (very few ethical considerations) to purple (significant ethical considerations). The first three variable--Compassion, Investment and Power — can either be present (1) or absent (0). The next four variables are related to Opinion, specifically whether the agency agrees with the counselor (+) or disagrees (-).

Three examples have been provided to illustrate this range. In the first example, compassion exists (1), and there is no investment or power (0). The Agency, Counselor, Client and Reasonable Man Opinions all agree with each other. The resulting ethical complication is low. In the third example, however, there is no Compassion (0), there is Investment in the outcome, as well as practitioner Power over the situation. Reasonable man opinion does not agree with the agency opinion or the counselor's opinion, and the agency and counselor do not agree with the client's opinion. The resulting ethical consideration or complication is significant. An example of this situation would be a burned-out counselor at a residential facility who has no compassion. This counselor gets paid if the client stays in the residential facility and so has a monetary investment. The counselor also has contact with the client's probation officer and can cause the client to receive a violation of probation is the client does not continue treatment at the residential facility. The client has been at this facility for an extended period of time and Reasonable Man Opinion would say that he is ready to be discharged. The Agency and Counselor agree because the value held by both is that clients can never make an accurate assessment of when they are ready to be discharged, and more time spent at the facility, the better the success rate for the client. Finally, the client feels that he is ready to be discharged and therefore his opinion, while concurrent with Reasonable Man, is not in accordance with the agency or counselor opinion. This results in an ethically complex situation.

Client and Practitioner aspirations do not always match. The question, then, is how to set goals and agendas for case planning or counseling. Here are some guidelines Miller and Rollnick provide for ethical practice:

1.   If there is a dissonance in aspirations, clarify the client's aspirations and your own.

2.   When your opinion of what is in the client's best interest differs from what the client wants, clarify this with the client and be willing to negotiate your agenda.

3.   The greater your personal investment in a particular outcome, the more inappropriate it is to use MI.

4.   When you have coercive power to influence the client's choice or outcome of that choice, be cautious when using MI. If it is coupled with a significant personal investment, using MI is probably inappropriate.

# MOTIVATIONAL INTERVIEWING TRAINING

## DAY THREE: III-4 Conclusion

### PERFORMANCE OBJECTIVES
**At this section's conclusion participants will:**
- Be able to demonstrate fundamental and complex MI skills:
- Receive feedback about their use of MI skills and score differences between this skill rating and the first.

### TIME FRAME

1:00 pm – 4:30 pm      (3 hours)

### EQUIPMENT NEEDED

o  Computer
a  LCD Projector
☐  Critiquer Software
❏  Printer w/ new ink cartridge
☐  Paper
o  Importance/Confidence cards (1-10)
❏  Timer

### HANDOUTS

❏  Overheads Note-sheets
❏  Critique Sheets

### REFERENCES

Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparingpeople for change.* New York, *N Y:* Guilford Press.

Miller, W. R. and K. A. Mount (2001). A small study of training in Motivational Interviewing: Does one workshop change clinician and client behavior? Albuquerque, NM.

SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol* (TIP *35).* USDHHS: Rockville, MD.

### EXERCISES

☐  Community Café discussion
❏  Skill rating (need one trainer at the computer entering skills)

# SKILL RATING

**Interviewer**
Uses a variety of
MI skills

**Client**

**Rater:**

rates interviewer
MI Skills

**Rater:**

rates interviewer
MI Skills
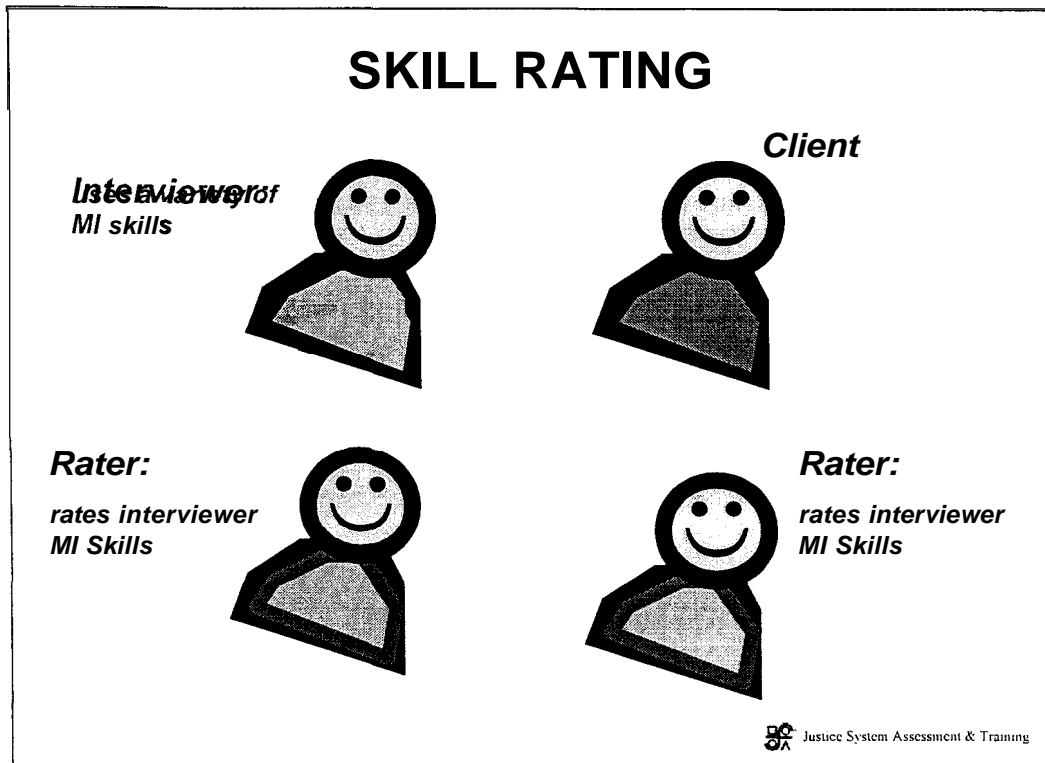
*Review rating skills before providing instructions for this exercise. This exercise aims to gather skill ratings on as many participants as possible so that skill balance feedback can be provided using the Critiquer software. This is the last skill rating, so start with any participants who have not received feedback yet. In this exercise. everyone gets to play each role. We start off with one client, one interviewer and two raters who rate the interviewer's skills. After the raters rate about 20 skills demonstrated by the interviewer, the group debriefs, providing feedback to the interviewer. The participants then switch roles in the group.*

# Implementation Debrief
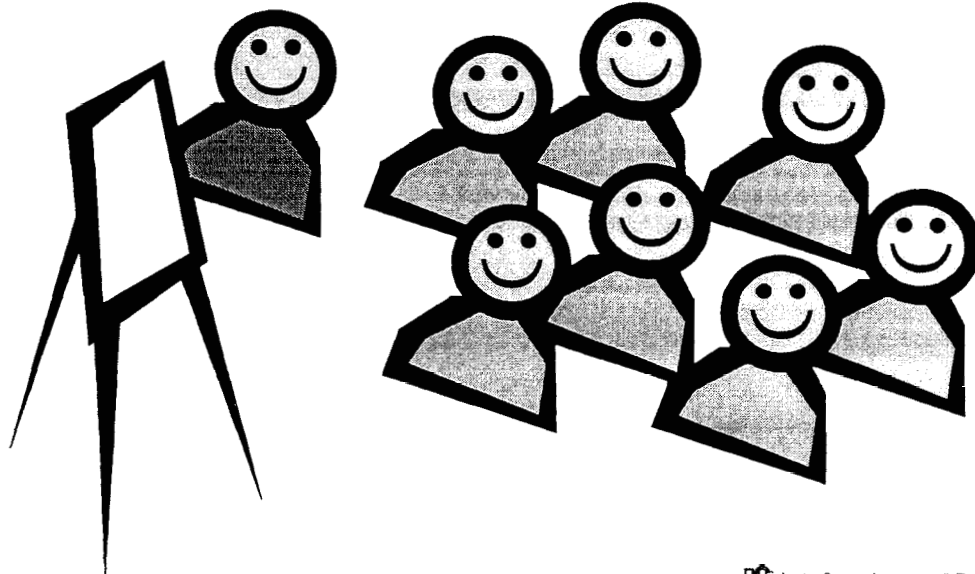
*Debrief any pending parking lot issues with the participants. Ask them what the next step should be in terms of implementing MI in their work and lives. Provide resources that they can reference for additional information on MI (e.g., TIP 35, www.motivationalinterview.org, www.nicic.gov).*

*Conduct the importance/confidence exercise again (see end of I-3). Have the participants stand by the number that corresponds to the importance they place on learning MI on a scale of 0 to 10, and then by the number corresponding to how confident they feel in their ability to use MI. Provide feedback about any change in Importance or Confidence levels since the first day. End by providing the participants with a post test and evaluation forms.*

**Name (please print):**_____

**Agency/Unit:** _____ **Phone:** _____

**Ethnicity (Circle):**    White       Black       Hispanic     Native American     Other

**Gender (Circle):**    Male       Female

**Age:**_____     **Today's Date:**_____

**Years of Correctional/Treatment Experience:**_____

**Years of Education (High School = 12; BA = 16; etc.):** _____

1) What is Motivational Interviewing?

_____
_____
_____
_____

2) The clinical technique most strongly associated with empathetic or active listening is:
      a)   Affirmations
      b)   Summarizations
      c)   Open questions
      d)   'Magic questions'
      e)   Reflections

3) For persons beginning to confront a need to change a significant maladaptive behavior pattern, ambivalence is a very normal state: true_____, or, false_____?

4) What are the four fundamental MI skills?
      a.
      b.
      C
      d.

5) Provide an example of or stems for each of the four fundamental MI skills:

      a)_____

      b)_____

      c)_____

      d)_____

6) What are three of the principles of MI?
      a.
      b.
      C

7) The general rule for minimizing making people defensive through questioning is never ask more than _____ (fill in the number) questions in a row.

8) How productive and what course an assessment interview takes is largely a function of:
    a) the skills of the interviewer
    **b)** the attitude of the client
    c) the setting of the interview
    d) at what stage the interview occurs

9) There is little, if any support for the notion that confrontive, judgmental techniques are effective in treatment settings: true_____, or, false_____.

10) What are four traps that interviewers can fall in to?
    a.
    b.
    c.
    d.

11) Name any four stages of readiness for behavior change as described by Prochaska and DiClemente?
    a.
    b.
    C
    d.

12) What is self-efficacy?

_____

_____

13) What are the five levels of **change talk** clients can make?

    a)_____

    b)_____

    c)_____

    d)_____

    e)_____

14) Name two areas in which we can develop discrepancy with clients (e.g., between values):

    a)_____

    b)_____

15) Fill in the blanks with the name of the clinical skill that fits best:

    a)_____ are used to encourage the client to talk more.

    b)_____ let the client know that you are listening carefully & attentively to more than just the words they are using.

    c)_____ are used to clarify issues, highlight key aspects of the client's ambivalence and, sometimes to shift the focus of discussion.

    d)_____ are a direct method for eliciting change talk.

e) A very efficient skill for helping someone explore their ambivalence about something is a

_____.

f) _____ go a long way towards helping the client feel appreciated and respected.

g) A good skill to use when it is becoming apparent that the client is shifting gears into a new stage of motivational readiness is a _____

h) _____ is one skill that really helps the 'interviewer' from falling into the 'Question and Answer Trap'.

i)A client showing symptoms of Reluctance Resistance might benefit from some brief

_____, but generally this particular skill won't do much to reduce defensiveness.

j) Using _____ are a positive way to assist clients showing Rationalizing Resistance become a little less stuck mentally.

16) What are the three different kinds of reflections useful when handling resistance?

a)_____

b)_____

c)_____

17) Provide examples (or stems) for the reflections noted above:

a)_____

b)_____

c)_____

18) Offering suggestions on ways the patient might improve is the best way to increase the patient's internal motivation.  True or False

What would you like most from this training?  And, what don't you want?

_____

_____

_____

_____

_____

_____

**Name:**_____          **Date:**_____

1) What is Motivational Interviewing?

_____

_____

_____

_____

2) The clinical technique most strongly associated with empathetic or active listening is:
   a) Affirmations
   b) Summarizations
   c) Open questions
   d) 'Magic questions'
   e) Reflections

3) For persons beginning to confront a need to change a significant maladaptive behavior pattern, ambivalence is a very normal state: true_____, or, false_____?

4) What are the four fundamental MI skills?
   a.
   b.
   C.
   d.

5) Provide an example of or stems for each of the four fundamental MI skills:

   a)_____

   b)_____

   c)_____

   d)_____

6) What are three of the principles of MI?
   a.
   b.
   C.

7) The general rule for minimizing making people defensive through questioning is never ask more than _____ (fill in the number) questions in a row.

8) How productive and what course an assessment interview takes is largely a function of:
   a) the skills of the interviewer
   b) the attitude of the client
   c) the setting of the interview
   d) at what stage the interview occurs

9) There is little, if any support for the notion that confrontive, judgmental techniques are effective in treatment settings: true_____, or, false_____.

10) What are four traps that interviewers can fall in to?

        a.

        b.

        C

        d.


11) Name any four stages of readiness for behavior change as described by Prochaska and DiClemente?

        a.

        b.

        C

        d.

12) What is self-efficacy?

_____

_____

13) What are the five levels of **change talk** clients can make?

    a)_____

    b)_____

    c)_____

    d)_____

    e)_____

14) Name two areas in which we can develop discrepancy with clients (e.g., between values):

    a)_____

    b)_____

15) Fill in the blanks with the name of the clinical skill that fits best:

    a)_____ are used to encourage the client to talk more.

    b)_____ let the client know that you are listening carefully & attentively to more than just the words they are using.

    c)_____ are used to clarify issues, highlight key aspects of the client's ambivalence and, sometimes to shift the focus of discussion.

    d)_____ are a direct method for eliciting change talk.

    e) A very efficient skill for helping someone explore their ambivalence about something is a

    _____

    f) _____ go a long way towards helping the client feel appreciated and respected.

    g) A good skill to use when it is becoming apparent that the client is shifting gears into a new stage of motivational readiness is a _____

h) _____ is one skill that really helps the 'interviewer' from falling into the 'Question and Answer Trap'.

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j) Using _____ are a positive way to assist clients showing Rationalizing Resistance become a little less stuck mentally.

16) What are the three different kinds of reflections useful when handling resistance?

a)_____

b)_____

c)_____

17) Provide examples (or stems) for the reflections noted above:

a)_____

b)_____

c)_____

18) Offering suggestions on ways the patient might improve is the best way to increase the patient's internal motivation. True or False

What did you like most about this training? And, what would you change?

_____

_____

_____

_____

_____

_____

_____

_____