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Introduction

This pre-course reading offers you some background knowledge prior to participation in the Motivational Interviewing Introduction course. Relevant PowerPoint slides

Defining Motivational Interviewing

Motivational Interviewing is described as a form of collaborative conversation which strengthens a person's internal motivation and commitment to change. It is essentially a person-centred counselling style for addressing the common problem of ambivalence about change by paying attention to the language of change (change talk). It is critical that this occurs within an atmosphere of acceptance and compassion. Having a good working relationship (a therapeutic alliance) with the client” helps the person feel a little more comfortable, ease communication, break down barriers, reduce resistance, etc. Elliott and Friere (2008) confirmed, strengthened and extended previous research authenticating and validating the effectiveness of person centred and related therapies in helping people to change.

A non-confrontational approach appeals to a broad client population. In this context, it is noteworthy that less directive motivational approaches appear to demonstrate better outcomes than authoritarian styles of counselling (Miller & Rollnick, 1991, Miller & Rollnick, 2002).

Miller (2011) proposes a direct correlation between the helpers belief in the clients ability to change and actual outcomes. People whose helpers believe in them tend be better at making and sustaining behaviour change. Unfortunately, the opposite can also be the case. Helpers who believe their clients to be hopeless cases may well deliver counterproductive interventions which impede behaviour change. An approach which focuses on the client’s strengths, abilities and resources as opposed to their deficits communicates hope, responsibility and power (Miller et al 2011). *“If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.”* (Miller and Rollnick 2013:14)

Spirit of Motivational Interviewing

The Spirit of Motivational Interviewing should be core to all our conversations. The spirit is a vital component in the approach. There are four interrelated elements to the spirit of Motivational Interviewing: 1) Collaboration, 2) Evocation, 3) Autonomy, & 4) Empathy.

Core Skills

The OARS acronym has become synonymous with Motivational Interviewing. Bill Miller described them as *“four fundamental skills that form a client centred foundation and safety net in counselling”* The OARS acronym is a useful way to remember four key counselling skills for behaviour change: ***Open Questions, Affirmations, Reflections and Summaries***. These four core skills along with Offering Information and Advice form the core skills of motivational Interviewing.

Open Questions

Open Questions help elicit more information than a closed question, they encourage the client to talk, provide him / her with the space to cover areas of concern and explore possible solutions. Client answers to open questions often highlight the client’s own wisdom, knowledge and understanding of the problem behaviour and can guide the direction that the conversation should take.

Affirmations

Affirmations are statements which recognise the clients strengths, accomplishments, achievements and positive actions. These statements help to enhance the clients self-efficacy, show respect and appreciation for the client and help to engage them positively in the helping process. It is very important to affirm the client when the opportunity arises.

Reflections

Reflections are statements that mirror what the worker hears the client say or observes them doing. They are generally a guess or hypothesis. Essentially, you reflect what you think the client means, what feeling you sense or actions you notice. Reflections help convey listening, understanding, and build engagement while prompting the client to go a little deeper with what has been said.

Summaries

Summaries are a collection of client statements presented during the session or at the end of the session as a wrap up. Summaries can be used to 1) highlight or reinforce important statements or change direction, 2) connect different areas of the conversation useful to highlight discrepancy or 3) conclude a theme and move on to a new theme. Offer a concise summary at end of the session which highlights content, main themes, significant emotions, value conflicts and areas of discrepancy with problem behaviour and change options. Summaries may be followed by an open-ended question which helps to move the conversation on or to a new place.

Offering Information or Advice

Steve Rollnick highlighted the importance of *asking permission, offering choice* and talking about “*what others do or have done*” when offering information. Asking permission is vital to the collaborative approach of M.I. Asking permission demonstrates a respect for the client’s autonomy. Giving advice without permission runs the risk of developing an unhelpful resistance and obstructing the conversation flow. Offering choices or a menu of options is another way of emphasising autonomy before asking the client which they think would fit best for them.

Ambivalence

Ambivalence or uncertainty is a normal human condition within change. It involves simultaneous conflicting emotions / thoughts between choices. Contemplating change forces the client to consider the pros and cons of change, the benefits, the losses, the advantages, the disadvantages etc. The client can voice these as change talk statements and sustain talk statements. Helping the client resolve this dilemma is an important component of M.I.

Change Talk

Change talk is any client speech that favours movement in the direction of change. It comprises preparatory change talk and mobilising change talk.

Preparatory Change Talk has the acronym DARN

- **DESIRE** to change (want, like, wish)
- **ABILITY** to change (can, could)
- **REASONS** to change &
- **NEED** to change (need, must, got to)

Mobilising Change Talk has the acronym CAT

- **COMMITMENT** (intention, decision, promise)
- **ACTION** (willing, ready, preparing) &
- **TAKING STEPS**

When you hear change talk use the acronym **EARS** to guide your responses;

- **E - Elaborate:** Ask for more detail / information, use open questions.
- **A - Affirm:** Affirm reflectively on the client’s statement.
- **R - Reflect:** Provide a reflective statement to go a little deeper.
- **S - Summarize:** Gather a represent different elements of the conversation that guide towards behaviour change.

Sustain Talk

Sustain talk is language that favours the status quo rather than movement toward change. It generally indicates an inclination towards maintaining the current state of affairs without change. The acronym DARNC provides a helpful way of remembering the key aspects of sustain talk also.

- **D - Desire** for status quo (don't want to change)
- **A - Inability** to change ("can't change")
- **R - Reasons** for maintaining status quo
- **N - Need** for status quo ("have to stay the way I am/ things are")
- **C - Commitment** to status quo (not going to change)

PowerPoint Notes – Slides 1-21

Slide 1

Motivational Interviewing

Motivational Interviewing is a collaborative, person centred counselling method for addressing ambivalence and strengthening a person's own motivation and commitment for change.

Slide 2

Motivational Interviewing

- Designed to help clients build commitment and reach a decision.
- Appears quite client centred yet maintains a strong sense of purpose and direction.
- Can be integrated with a broad range of strategies and used to prepare a motivational foundation.

Slide 3

Motivation

Motivation is a key to change

Motivation is multidimensional

Motivation is a dynamic and fluctuating state

Motivation is influenced by the workers style

Motivation can be modified

The worker can elicit & enhance motivation in change

Slide 4

Conceptual Models

Conflict – Kurt Lewin

- “Approach – Approach” Conflict
- “Avoidance – Avoidance” Conflict
- “Approach – Avoidance” Conflict

Self Perception Theory – Daryl Bem

Slide 5

Conceptual Models Cont....

Ambivalence

- Fluctuating and conflicting motivations, they want to but they don't want to
- Fluctuating readiness to consider change
- Recognition of costs, risks and harm involved in behaviour yet attached and attracted to the behaviour
- Not exactly sure what to do

Slide 6

Conceptual Models Cont....

What can sometimes happen next?

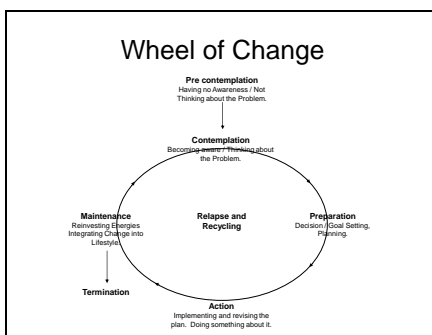
- Worker attempts to persuade
- Existing conflict, “you should change”
- Client voices other side, ...but
- Mirroring, acting out of clients conflict.
- The confrontation-denial spiral is often counter therapeutic.

Slide 7

The Decisional Balance
Janis & Mann (1977)

- Experiences competing motivations, benefits & costs associated to both sides of the conflict.
- How competing forces balance out will determine indulgence or resistance
- Clarification of competing factors can encourage consideration of possibility of change.
- Not a simple thing, ambivalence can be confusing, frustrating and difficult to understand..

Slide 8



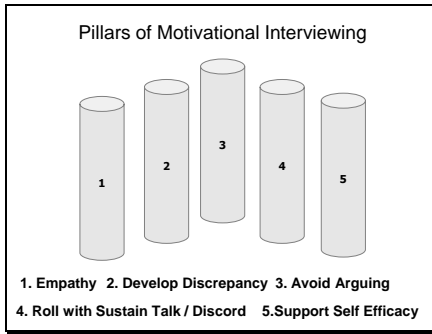
Slide 9

Engines

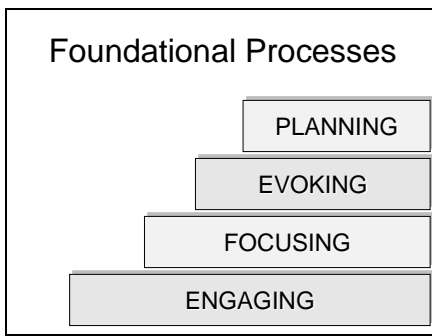
- Experiential Process
- Behavioural

a) Consciousness Raising	a) Stimulus Control
b) Dramatic Relief	b) Counter Conditioning
c) Self Re-evaluation	c) Reinforcement Management
d) Environmental Re-evaluational	d) Self Liberation
e) Social Liberation	e) Helping Relationships

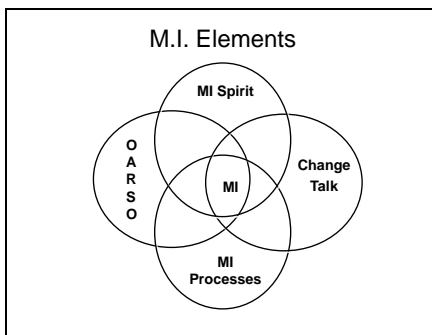
Slide 10



Slide 11



Slide 12



Slide 13

Traps

- The Question – Answer Trap
- The Confrontation – Denial Trap
- The Labelling Trap
- The Premature – Focus Trap
- The Blaming Trap

Slide 14

Core Skills

- Ask Open Ended Questions
- Listen Reflectively
- Affirm
- Summarise
- Offer Advice & Information
- Eliciting Change Talk

Slide 15

Underlying Spirit of M.I.

- Partnership
- Acceptance
- Compassion
- Evocation

Slide 16

Resistance

- Is Interpersonal
- Involves feelings, actions and behaviours
- Sustain Talk (Change) – Discord (Relationship)
- Lower levels are associated with change

Slide 17

Rolling With Resistance

Avoid

- Argue, reiterate rationale for change
- Provide suggestions how to change
- Point out dangers of not changing

Instead

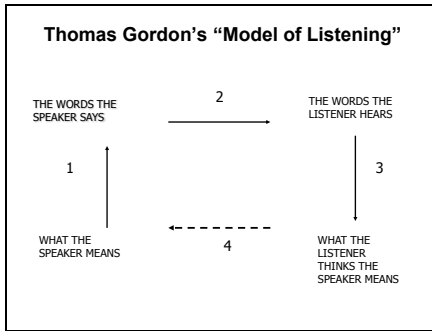
- Listen reflectively, why it's undesirable
- Listen reflectively, difficulties foreseen
- Evoke pros and cons of changing
- Acknowledge choice to change or not

Slide 18

Thinking Reflectively

- A way of thinking that accompanies good reflective listening.
- Interest in what the person has to say and respect for the person's inner wisdom;
- The key at this point, however, is a hypothesis testing approach to listening.
- A good reflective listening response tests an hypothesis.
- It asks, in a way, "Is this what you mean?"

Slide 19



Slide 20

Reflective Strategies	Strategic Responses
<ul style="list-style-type: none"> • Simple Reflection • Amplified Reflection • Double – Sided Reflection 	<ul style="list-style-type: none"> • Shifting Focus • Reframing • Agreement With A Twist • Emphasising Personal Choice And Control • Coming Alongside

Slide 21

Preparatory Change Talk

• Desire:	want, wish, like
• Ability:	can, could, able
• Reason:	specific reason for change
• Need:	have to, must, important

Slide 22

Mobilising Change Talk

- Commitment: Plan, going to, will
- Action Went to, visited
- Taking Steps Did, stopped,

Slide 23

Flow of Change Talk

Preparatory

- Desire
- Ability
- Reasons
- Need

Mobilising

- Commitment
- Activation
- Taking Steps

→ Change

Slide 24

Responding To Change Talk

- Elaborating / Eliciting
- Affirming
- Reflecting
- Summarising

Conceptual Models Helpful for Understanding Motivation as a Process

1. Conflict and Ambivalence

Animals, including people tend to be immobilized by conflict. *Approach-avoidance* conflict seems to be particularly potent in its ability to hold people in repetitive cycles, with *double approach-avoidance* conflicts being still more tenacious (e.g., vacillating between a marital partner and an affair). In conflict situations, ambivalence (feeling at least two different ways about something, or wanting mutually exclusive goals) is a normal and defining condition of the state, and is a key obstacle to change.

2. Decisional Balance

The classic Janis and Mann (1977) decisional balance is a rational view, describing decision as a process of weighting cognitively the pros and cons of change. Change here depends on the pros (of change) outweighing the cons.

3. Stages of Change

The widely-used trans theoretical model of Prochaska and DiClemente (1982) describes several stages through which people normally pass in the process of changing. Change wheels have been drawn with 4, 5, or 6 stages. PRECONTEMPLATION is the state in which people are not considering change. Sometimes this stage is placed outside the wheel, implying that people leave it permanently once they begin to contemplate. When Precontemplation is drawn inside the wheel, the implication is that people can go back to it, or recycle around to it again.

CONTEMPLATION is the stage characterized by ambivalence or a more conscious decisional balance process. “Confronting” contemplators is likely to evoke resistance by eliciting counterargument (Miller, 1983). Prochaska and DiClemente have at times distinguished between early and late contemplators, depending on the extent to which they are experimenting with or approaching change.

DETERMINATION or DECISION was a stage included in the original trans theoretical model. It implies a moment or window of opportunity in which the person has made a firm decision or commitment to change, but may not yet have taken action. Because of difficulty in finding this stage in their research subjects, Prochaska and DiClemente later abandoned the stage, returning to a five-stage model. Difficulty in finding people in this stage may be due to its transitory nature, or due to the fact that it does not exist as a separate stage. Contemplation and Action tend to overlap. Later contemplators tend to be trying out change, and early Action people tend still to be ambivalent about change. In the most recent revision, a sixth stage has been reinserted between Contemplation and Action, called Preparation, and corresponding with “late Contemplation” as well as certain aspects of the original Decision Stage.

ACTION is the stage characterized by the taking of action in order to achieve change. It persists as long as active change efforts are underway, and the change goal has not been attained. This is the stage corresponding to most “treatment” as well.

MAINTENANCE. Once a change goal has been attained, the challenge is to prevent backsliding or relapse. Efforts to maintain change often involve different strategies from those used to achieve change in the first place.

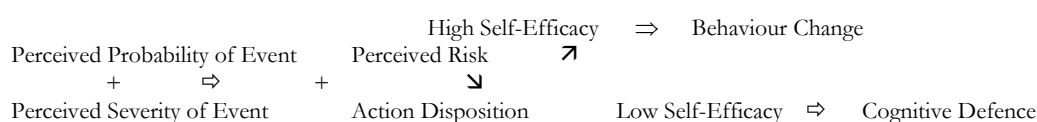
RELAPSE. Sometimes Relapse is described as a separate stage occurring when the person’s maintenance efforts have failed, and sometimes the event of relapse is seen simply as movement

from Maintenance back into Precontemplation or Contemplation. The overall model has 4, 5, or 6 stages depending upon whether Precontemplation and Relapse are considered separate stages within the wheel. If both are excluded, individuals are seen as cycling through Contemplation, Preparation or Determination, Action, and Maintenance. We prefer the full six-stage model. Note that whatever the number of stages, movement is possible in *either* direction.

4. Health Beliefs

Health Beliefs models have emerged primarily from the public health field. An example is Ronald Rogers' Protection Motivation Theory. Such models typically include two elements: (1) *degree of perceived risk*, the perceived availability of personally efficacious action. Motivation for change depends upon the presence of a sufficient degree of perceived risk, in combination with sufficient self-efficacy. Perceived risk without self-efficacy tends to result in defensive cognitive coping (e.g., denial, rationalization, projection) rather than behaviour change. The first element of this change model can easily be converted to *degree of perceived promise* (for a positive goal), being the cross-product of perceived probability of reward and perceived value of reward.

Projection Motivation Theory (Ronald Rogers)



5. Reactance

The Brehms' (1981) *reactance* theory posits that perceived threats to personal freedom and choice will elicit behaviours designed to demonstrate and restore that freedom. When behavioural freedom and autonomy are threatened, the probability and the perceived desirability of the to-be-lost behaviour will increase. This is consistent with the effects of more aggressive confrontational strategies, which tend to elicit resistance and are associated with lack of long-term behaviour change (Miller, Benefield, & Tonigan, 1993).

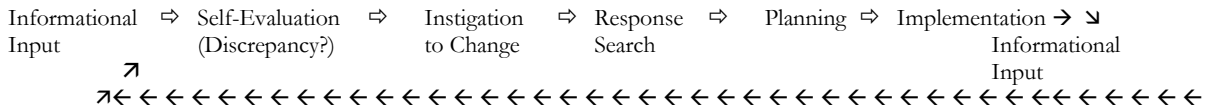
6. Self-Perception Theory

Daryl Bem proposed *self-perception* theory as an alternative conceptual explanation for many of the empirical findings from cognitive dissonance research. Rather than postulating, as Festinger did, that there is an inherent Hullian drive to be internally consistent (cognitive dissonance), Bem proposed that people learn what they believe in the same way that others do: by hearing them(selves) talk. When people publicly take a position, their commitment to that position increases. The more a person argues on behalf of a position, the more committed he or she becomes to it. This is a way of understanding the counter therapeutic nature of the confrontation/denial trap, in which the therapist argues for change and the client argues against it.

7. Self-Regulation Theory

Yet another way of understanding what triggers change is found in *self-regulation* theory, originally described by Kanfer (for a recent review see Miller & Brown, 1991). In this view, behaviour is regulated by cycles involving the monitoring of one's own status, comparison of status with expectations, and "course correction" when status does not match goal or expectancy. To trigger change, one would seek to increase the discrepancy between status and goal, which could be accomplished either by increasing awareness of status (e.g., through feedback such as self-monitoring) or by affecting goal states (see the work of Miles Cox on goals in motivational counselling; chapter 19 in MI).

Self-Regulation Theory (Kanfer/Miller & Brown)



8. Rokeach’s Value Theory

The New Mexico group has been studying people who have undergone sudden transformations in personality (Miller & C’de Baca, 1994). We have been seeking conceptual models to understand why such dramatic shifts in behaviour and identity (the fictional model is Ebenezer Scrooge) occur and endure. One promising model is found in Milton Rokeach’s 1973 classic volume on “The Nature of Human Values.” He conceptualized personality as hierarchically organized, with immediate behaviours and cognitions at the most peripheral level. An individual’s attitudes, which number in the thousands, represent one organizational step inward. More central are beliefs, and behind these a set of a few dozen core personal values. Beyond these, Rokeach alluded to a most central sense of personal identity. The further “in” the shift occurs, the more sweeping will be the resulting change.

Confrontation: A Goal, not a Strategy

Some observers of motivational interviewing have described it as “confrontational.” This point can raise confusion in workshops, because the term “confrontation” has also been used to refer to more aggressive Synanon-style counselling (e.g., breaking down denial, attacking defences, “hot seat,” “tear them down to build them up”).

A useful reframe here is to describe confrontation as *goal* rather than a strategy. In its etymology, the term refers to coming “fact to face,” and that is indeed a common goal; to have clients come face to face with a difficult reality, in a way that it will change them. Seen in this way confrontation is the *goal*, and the question is: What method(s) will be most effective in achieving that goal? The effect of more aggressive strategies is typically to increase defensiveness, entrench the client in a no-change position, and decrease the likelihood of change. The possibility remains open that for *some* clients, a more directive and aggressive tactic is more effective in achieving the goal of confrontation and change. So far, however, there is no research documentation for this, and findings to date have shown a clear overall advantage for gentler, empathic strategies.

It is noteworthy that “Minnesota model” programs, to which aggressive confrontation has sometimes been attributed, now clearly denounce such heavy-handed tactics, and favour a supportive, empathic style (c.f., Johnson, 1973). In its professional newsletter, the Hazelden Foundation in 1985 renounced aggressive confrontational tactics, and expressed regret that such approaches have sometimes been used in the name of a Minnesota model. Bill Wilson’s advice on how to work with alcoholics in the A.A. “big book” is also quite consistent with this approach, and can be useful to quote in workshops (for example, see page & in MI). There is, in fact, a rather striking difference between original A.A. views on alcoholism, and those sometimes advocated (e.g., Milam & Ketcham, 1983) in what John Wallace has called “naïve disease-model” programs (for a contrast of A.A. and disease model views, see Miller & Kurtz, 1993).

Taken from: - Motivational Interviewing: Preparing People for Change (2nd Edition). William R. Miller PhD., Stephen P. Rollnick PhD. Guilford Press. 2002.

Resistance

- *Resistance* is interpersonal,
- *Resistance* involves feelings, actions and behaviours at different levels.

Research has shown that it is lower levels of resistance that are associated to change.

Recognising Resistance;

1. **Arguing;** bickering, disagreeing, things not going well between worker and client, moving in different directions.
2. **Ignoring;** tuning out, non-answer, no response, side-tracking.
3. **Negating;** Unwillingness to recognise problems, to co-operate, accept responsibility, or take advice. Blaming, disagreeing “yes but”, excuses, claims impunity, minimising, pessimism, reluctance & unwillingness to change.
4. **Interrupting;** talking over the worker, distracting from subject, cutting off, talking over.

If you are encountering resistance think to yourself,

- What do I need to do different?
- How can I get us to a place where we can work together?
- Roll with Resistance

Dealing with Resistance

Group 1 Reflective Responses

Simple Reflection
Amplified Reflection
Double-sided Reflection

Group 2 Strategic Responses

Shifting Focus
Reframing
Agreement with a twist
Emphasising Personal Control
Coming Alongside

Helpful Responses Questionnaire

The following six statements are things that a person might say to you. Think about each statement as if you were really in the situation, with that person talking to you. In each case write the *next thing* that you would say if you wanted to be helpful. Write only one or two sentences for each situation.

1. A 41-year-old woman says to you: “Last night Joe got really drunk and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me really hard! He broke a window and the TV set, too! It was like he was crazy. I just don’t know what to do!”
2. A 36-year-old man tells you: “My neighbor is really a pain. He’s always over here bothering us or borrowing things that he never returns. Sometimes he calls us late at night after we’ve gone to bed and I really fell like telling him to get lost”
3. A 15-year-old girl tells you: “I’m really mixed up. A lot of my friends, they stay out real late and do things their parents don’t know about. They always want me to come along and I don’t want them to think I’m weird or something, but I don’t know what would happen if I went along either.”
4. A 35-year-old parent says: “My Maria is a good girl. She’s never been in trouble, but I worry about her. Lately she wants to stay out later and sometimes I don’t know where she is. She just had her ears pierced without asking me! And some of the friends she brings home – well I’ve told her again and again to stay away from that kind. They’re no good for her, but she won’t listen.”
5. A 43-year-old man says: “I really feel awful. Last night I got drunk again and I don’t even remember what I did. This morning I found out that the screen of the television is busted and I think I probably did it, but my wife isn’t talking to me. I don’t think I’m an alcoholic, you know, because I can go for weeks without drinking. But this has got to change.”
6. A 59-year-old unemployed teacher tells you: “ My life just doesn’t seem work living any more. I’m a lousy father. I can’t get a job. Nothing good ever happens to me. Everything I try to do turns rotten. Sometimes I wonder whether it’s worth it.”

Motivational Interviewing Self Evaluation Form

Date: _____ Worker Name: _____ Client Ref: _____

1. Overall how do you think the intervention went and what makes you think that?

What area do you think you may need to strengthen? _____

Below is a list of intervention objectives,
some may correspond to your intervention.

2. Goal: Engagement

- a) Worked to fully understand problem and client's perspective before moving towards change
- b) Focused on engagement before change
- c) Used reflective listening to convey empathy and understanding
- d) Used affirmations to build a positive relationship

How did engagement go? _____

What were you pleased with? _____

What would you do differently? _____

3. Goal: Assessing motivation

- a) Identified a target behaviour
- b) Identified stage of change
- c) Used importance, confidence, readiness ruler
- d) Differentiated between different areas of motivation (e.g. substance use and values; current behaviours and future goals, remaining the same and change)

How did you get on assessing motivation? _____

What were you pleased with? _____

What would you do differently? _____

4. Goal: Addressing ambivalence

- a) Normalized ambivalence
- b) Explored ambivalence
- c) Reframed ambivalence
- d) Used a decisional balance
- e) Avoided direct persuasion
- f) Explored pros and cons of remaining the same
- g) Explored pros and cons of change

How do you think addressing ambivalence went? _____

What were you pleased with? _____

What would you do differently? _____

5. Goal: Promoting internal motivation

- a) Elicited client's goals for change
- b) Elicited reasons for change
- c) Explored values underlying motivation for change
- d) Supported autonomy in decision making

How did you get on with this goal? _____

What would you do differently? _____

How could you improve? _____

6. Goal: Eliciting change talk

- a) Asked about concerns using open-ended questions or reflective listening
- b) Elicited elaboration about concerns, intention, optimism
- c) Explored client values as they relate to change
- d) Developed change talk as it arose
- e) Selectively responded to change talk
- f) Explored pros and cons / decisional balance

How did eliciting change talk go for you? _____

What were you pleased with? _____

What would you do differently? _____

7. Goal: Commitment Talk

- a) Provided a recapulation & key question
- b) Created a space to negotiate goals
- c) Elicited and explored change options
- d) Assisted client arrive at a plan
- e) Elicited Commitment

What were you pleased with? _____

How could you become more efficient? _____

What are your overall thoughts about your interaction and the process? _____

8. Goal: Rolling with resistance

Avoided confrontation/direct persuasion

Met resistance with:

- a) Reframes
- b) Affirmation (external reframe)
- c) Empathic response
- d) Reflective listening
- e) Providing choice

How did you negotiate the above principal? _____

What pleased you? _____

How could improve? _____

9. Goal: Supporting Self Efficacy

- a) Explored previous successes
- b) Explored positive qualities
- c) Accentuated *any* motivation for change
- d) Highlighted any efforts towards change
- e) Used affirmations to highlight strengths, motivation, commitment

How did you get on with this principal? _____

What pleased you? _____

How would you develop this further? _____

Mnemonics to remember:

REDS (“spirit”)

- **R**oll with **R**esistance – never meet force with force; avoid “righting reflex”
- **E**xpress **E**mpathy - even (especially?) in the face of resistance
- **D**evelop **D**iscrepancy - between actual and ideal behaviour; between behaviour and larger values
- **S**upport **S**elf-efficacy - actively support and affirm client strengths; allow maximum freedom and choice

AROSE (“micro skills”)

- **A**ffirmations - to support strengths, convey respect and appreciation, deflect resistance
- **R**eflective listening – to explore concerns, convey understanding, deflect resistance; elicit change talk
- **O**pen-ended questions – to explore concerns, promote collaboration, understand client’s perspective
- **S**ummaries - to organize discussion, clarify motivation
- **E**licit change talk – get the *client* to move toward the change goal

With thanks to Jonathan Krejci, Ph.D.

Resource List:

Books:

Rethinking Substance Abuse – what the science shows and what we should do about it. Edited by William R. Miller and Kathleen M. Carroll. The Guilford Press. 2006.

Motivational Interviewing - Helping People Change. 3rd Edition. Miller & Rollnick.

Building Motivational Interviewing Skills - a practitioner workbook. David B. Rosengren. Guilford Press. 2009.

A Toolkit of Motivational Skills. 2nd Edition. Catherine Fuller and Phil Taylor. J Wiley 2008.

Motivational Interviewing in Health Care: Stephen Rollnick

Motivational Interviewing with Adolescents and Young Adults Sylvie Naar-King

Motivational Interviewing in Groups Christopher C. Wagner, Karen S. Ingersoll

Motivational Groups for Community Substance Abuse Programs. Karen S. Ingersoll, Christopher C. Wagner and Sandra Gharib.

<http://people.uncw.edu/ogler/MI%20Groups%20for%20Com%20SA%20Prog.pdf>

Websites that may be of interest:

Motivational Interviewing Website - <http://www.motivationalinterviewing.org/>

SAMHSA MI Website - <http://www.motivationalinterview.org/>

M.I. Interview coding.pdf

- <http://www.motivationalinterviewing.org/sites/default/files/MITI%203.1.pdf>

Motivational Interviewing-based interventions in group settings with adolescents

<https://groupmiforteens.org/>

Steve Rollnick Website - <http://www.stephenrollnick.com/>

Pip Mason Website - <http://www.pipmason.com/>

Youth Alcohol Screening & Intervention Booklet (Page 29 - 31) -

<http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>

<http://www.attcnetwork.org/regcenters/productresources.asp?rcid=6>

Dr. William Miller, "Motivational Interviewing: Facilitating Change Across Boundaries"

<http://www.youtube.com/watch?v=6EeCirPyq2w&feature=related>

Motivational Interviewing for Child and Adolescents

<http://www.youtube.com/watch?v=KrUlkiDkgI4>

brian@motivationalinterviewingtrainingireland.com