Motivational interviewing is a person-centered, evidence-based, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual. What that means in more detail is:

> ➤ **Peer-centered** refers to a fundamental collaborative approach to the peer relationship (reflective listening). The guide follows the peer's thoughts, feelings and perceptions, and responds with reflective statements. Reflective statements include degrees of complexity such as possible meaning behind the peer's statement and reflection of possible peer feelings.

> ➤ **Evidence-based** includes practices that are shown to be successful through research.

> ➤ **Person-centered** is a transition of the term peer-centered. It is advocated for use by those who believe it is less clinical, less role defining, more equalizing and more personable than the term peer-centered.

> ➤ **Directive** refers to specific strategies and interventions that may facilitate the peer's movement toward exploration, change talk, problem recognition (resolving ambivalence) or the decision to change.

> ➤ **Intrinsic Motivation** is the motivation that comes from the peer.

> ➤ **Ambivalence** refers to the peer's experience of conflicting thoughts and feelings about a particular behavior or change – advantages and disadvantages.

MI Intent

The intent of Motivational Interviewing is to evoke a spirit of:

> ➤ Collaboration: respect for the peer's ideas, opinions and autonomy. Collaboration is non-authoritarian, ever present, supportive and exploratory.

> ➤ Evocation: works to evoke the ideas, opinions, reasons to change, and peer confidence that change is possible. The guide is invested in facilitating intrinsic change pursued with the peer's own reasons and motivation.

> ➤ Acceptance: accepts the peer for who they are and what they bring. Non-judgment, empathy, autonomy, and affirmation are all components of acceptance.

> ➤ Respect: maintains an attitude for respect for the peer, no matter what the peer is saying or doing, and expresses it through words and deeds.

> ➤ Compassion: maintains and expresses compassion for the peer's plight. Let's the peer know that he/she understands through the reflections used.

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Therefore **the goals of MI training** are to:

1. Build rapport and create authentic engagement with different diverse groups.
2. Use direct, empathetic communication to create an effective relationship
3. Negotiate goal setting with peers.
4. Provide advice and information collaboratively.

FOUR FOUNDATIONAL MI PROCESSES

Four fundamental processes guide MI interactions: **Engaging**, **Focusing**, **Evoking**, and **Planning**. They are somewhat linear with Engaging by necessity coming first, followed by Focusing (i.e. identifying a change goal), then Evoking (ideas, opinions, reasons for change) and Planning (goal setting).

THE GOAL OF MI
The goal of MI is to create and amplify discrepancy between present behavior and broader goals by creating cognitive dissonance between where one is and where one wants to be. The four principles of Motivational Interviewing are:

➤ **Express empathy**: Refers to making a genuine effort to understand the peer's perspective and an equally genuine effort to convey that understanding to the peer. This is an inherent element of reflective listening. It embodies the spirit of MI.

➤ **Develop discrepancy**: This is to listen for or employ strategies that facilitate the peer's identification of discrepant elements of a particular behavior or situation. Discrepancy may result in the peer's experience of ambivalence. Areas of discrepancy may include: past versus present; behaviors versus goals. Evoking change talk is one way to develop discrepancy.

➤ **Dancing with Discord** –avoid argumentation: This refers to the ability to side step or diminish resistance and proceed to connect with the peer and move in the same direction. It also refers to avoiding arguments. Expressing empathy, understanding why a peer has a particular belief might bathe intervention. Shifting focus might be another.

➤ **Support self-efficacy**: This is the ability to support the peer's hopefulness that change or improvement is possible. Identifying and building upon a peer's strengths, previous successes, efforts and concerns. These are some areas that may open the process of addressing and supporting the peer's hope and confidence.

Change comes from the peer's intrinsic motivation. When employing MI, **the guide should avoid trying to change the peer's behavior or make things right (the Righting Reflex, aka No Fixin')**.

Good listening is not:

➤ Asking questions
➤ Agreeing, approving, or praising
➤ Advising, suggesting, providing solutions
➤ Arguing, persuading with logic, lecturing
➤ Analyzing or interpreting
➤ Assuring, sympathizing, or consoling
➤ Withdrawing, humoring, distracting, or changing the subject

➤ Warning, cautioning, or threatening
➤ Moralizing, telling what they "should" do
➤ Disagreeing, judging, criticizing, or blaming
➤ Shaming, ridiculing, or labeling
➤ Ordering, directing, or commanding

Common reactions to the **Righting Reflex** (ak a No Fix in') would certainly include anger, agitation, shame, defensiveness and the feeling of being overwhelmed. However when a peer perceives that someone is truly listening to them they feel accepted, respected, engaged, empowered, safe and more hopeful.

Empathy is key to establishing a therapeutic environment. It is critical to understand that empathy is not having had the same experiences or problems and identifying with the peer.

Empathy is:
➢ The ability to accurately understand the peer's meaning and
➢ The ability to reflect that accurate understanding back to the peer

OARS

Four strategies employed throughout Motivational Interviewing are represented by the acronym OARS which stands for **OPEN ENDED QUESTIONS**, **AFFIRMATIONS**, **REFLECTIONS**, and **SUMMARIES**.

OPEN ENDED QUESTIONS

Open ended questions facilitate a peer's response to questions from his or her own perspective and from the area(s) that they deem as important or relevant. This provides the opportunity for peers to express their point of view, and for the guide to discover and follow the peer's perspective. This is in contrast to closed questions that are leading, target specific information, and give the peer very little room to move.

CLOSED QUESTIONS LIMIT THE PEER'S ANSWER OPTIONS AND MAY INCLUDE:
➢ Short answer or yes/no: "Did you drink this week?"
➢ Ask only for specific information: "What is your address?"
➢ Multiple choice: "What do you plan to do: quit, cut down or keep on smoking?"

OPEN QUESTIONS ENCOURAGE THE PEER TO TALK AND OPEN UP by allowing them broader latitude
for how they respond. Typical open ended questions might include:
➢ "What makes you think you should make a change"?
➢ "How have you managed in prior situations?"
➢ "What can you tell me about …"

AFFIRMATIONS
AFFIRMING MEANS TO ACTIVELY LISTEN FOR THE PEER'S STRENGTHS, VALUES, ASPIRATIONS AND POSITIVE QUALITIES AND TO REFLECT THOSE TO THE PEER IN AN AFFIRMING MANNER. For example: a peer
discusses many previous efforts to change a particular behavior from the position of feeling like a failure or hopelessness. The guide reframes the peer's statement (from a negative to positive perspective) and affirms: "What I am hearing is that it is very important to you to change this behavior. You have made numerous efforts over a long period of time. It seems that you have not found the way that works for you." This reframe accomplishes both affirming the peer for his or her efforts and perseverance, and provides a framework for the peer and guide to explore solutions that will work for the peer. This is in keeping with collaborative change plans that are used in motivational interviewing.

Affirmations should be: genuine, emphasize strength, notice and appreciate positive actions, express positive regard and caring, and help strengthen therapeutic relationships.

Affirmations include:

- Commenting positively on an attribute: "You're a strong person, a real survivor."
- A statement of appreciation: "I appreciate your openness and honesty today."
- Catch the person doing something right: "Thanks for coming in today!"
- A compliment: "I like the way you said that."
- An expression of hope, caring, or support: "I hope this weekend goes well for you!"

REFLECTIONS

Reflective listening entails a skillful manner of responding to what a peer says. In MI one responds to peers with more reflective statements than questions. Reflections vary in complexity from simply repeating, to reflecting implicit meaning or reflecting feelings. The guide follows the peer's ideas, perceptions and feelings making every effort to convey understanding; the peer explores, defines or discovers what the behavior or lack of action may be about.

Reflective listening facilitates the peer's focus on his or her knowledge and resources. Reflections are always collaborative and non- judgmental.

Reflections are statements rather than questions. The guide makes an informed guess about the peer's meaning in order to yield more information and better understanding. Reflections with successively deeper levels of empathy are:

1. **REPEAT**: Restate what peer has said. Example:

Peer: "I don't want to quit smoking"
Guide: "You don't want to quit smoking"

2. **REPHRASE**: Slightly alter what the peer says in order to provide the peer with a different point of view. Example:

Peer: "I really want to quit smoking"
Guide: "Quitting smoking is very important to you"

3. **PARAPHRASE**: Infer meaning. This includes:

    a. **AMPLIFIED**: Exaggerating or under-stating what the peer has stated. Example:

        Peer: "I don't drink that much"
        Guide: "You hardly drink at all and it's hard to imagine what the fuss is all about"

    b. **DOUBLE-SIDED**: Acknowledge both sides of the peer's ambivalence. Example:

        Peer: "Smoking helps me reduce stress"
        Guide: "On the one hand smoking helps you to reduce stress. On the other hand you said previously that it also causes you stress because you have a hacking cough, have to smoke outside and spend money on cigarettes."

    c. **METAPHOR**: Creating an image that can clarify a peer's position. Example

        Peer: "Everyone keeps telling me I have a drinking problem and I don't feel it's that bad"
        Guide: "It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you

d. **Shifting Focus**: Provide understanding for the Peer's situation and diffuse resistance. Example:

> Peer: What do you know about quitting? You probably never smoked.
> Guide: It's hard to imagine how I could possibly understand.

e. **Reframe**: Offer new meaning to help peer think about their situation differently. Example:

> Peer: I've tried to quit and failed so many times
> Guide: You are persistent even in the face of discouragement. This change must really be important to you.

f. **Emphasizing Personal Choice**: Reflect Peer's autonomy. Example:

> Peer: I've been considering quitting for some time now because I know it's bad for my health
> Guide: You're worried about your health and want to make different choices

g. **Side with the Negative**: Encourages peer to argue less and can elicit other side of their ambivalence. Example:

> Peer: My smoking isn't that bad
> Guide: There's no reason at all for you to be concerned about your smoking

Summaries

Summaries are a special form of reflective listening that help to ensure clear communication. They are used throughout interactions to review the direction of the conversation, change focus, slow down and address peer' statements or clarify what has been discussed so far. Summaries must be concise and can reflect ambivalence and accentuate change talk.

Summarizing includes directive elements. The guide may reinforce the peer's change talk, highlight realizations, identify transitions and progress, and identify themes. Examples of interim summaries Include:

➢ Collect material that has been offered: "So far you've expressed concern about your children, getting a job, and finding a safer place to live."
➢ Link something just said with something discussed earlier: "That sounds a bit like what you told me about that lonely feeling you get"
➢ Draw together what has happened and transition to a new task: "Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you."

Summarizing is an important element of MI methodology and all conversations are ended with a strategic, collaborative summary.

CHANGE TALK

Change talk is any speech that signifies a movement toward change. From its inception a guiding principle of MI was to have the peer, rather than the guide, voice the arguments for change. Change talk refers to peer statements that indicate an inclination or a reason for change. The MI guide actively listens for change talk in its various strengths (from weak to strong or committed).

Commitment talk has been shown to correlate with actual behavior change. Motivational modifiers include **preparatory change talk represented by the acronym DARN** which stands for:

D: Desire to change (I want to… I would like to… I wish . .)

A: Ability to change (I can… I am able to… I could . .)

R: Reasons to change (if .. . then… There are good reasons to…This is important…)

N: Need to change (I really need to…I have to ...got to…)

Implementing change talk is represented by CAT:

C: Commitment talk (I'm going to…I will…I plan to)

A: Activation (I looked into…)

T: Taking Steps to change (I started…)

Evoking and responding to change talk is the point at which the directive aspect of MI is introduced. MI is done in relation to a clear change goal. The guide uses specific strategic methods to elicit and strengthen change talk (i.e. self-motivational statements). This is a defining aspect of MI that differentiates it from general counseling.

Evocative open questions are asked that are targeted to change talk areas. For example the guide may ask: "In what ways does this concern you" or "What do you see as a problem?" If the peer responds, change talk has been elicited.

The peer may be asked to look ahead: "What might your life look like in five years if very little changes?" What might your life look like in five years if a good deal of change takes place?" This can be a verbal or written exercise and responses to these questions may include peer change talk. At first the peer may offer a statement of negative consequences such as: "If very little change takes place I'll probably lose my children and end up in jail." However to the second question the peer might state that: "If a good deal of change takes place I will no longer be involved with the criminal justice system, I will have a good relationship with my children and I will have a job."

SUSTAIN TALK

Sustain Talk is the other side of ambivalence and refers to the peer's stated reasons not to make a change or to sustain the status quo. Sustain talk is noted to counter change talk, but it is not peer resistance. The MI Guide is cautioned in general not to elicit and thereby risk reinforcing sustain talk and to shift the focus to change talk. The objective is to facilitate high levels of change talk and low levels of sustain talk.

Discord and resistance on the part of the peer may be a result of a peer-guide relationship that lacks agreement, collaboration, empathy or peer autonomy. This resistance may be expressed by arguing, ignoring, interrupting, etc. The guide makes best efforts to identify the source of dissonance in the relationship, and works strategically to join with the peer. The guide does not confront resistance or push up against it. There are a variety of MI strategies and skills used to diminish or side step resistance. **The goal is to join with the peer in moving together toward a mutually agreed upon goal.**

DECISIONAL BALANCE

Decisional balance is a form of identifying pros and cons (i.e. the positive and negative experiences) a peer may have regarding a particular behavior. This technique is seen as potentially

useful when the peer is in early readiness for change, or offers very little in the form of change talk, and when guides do not want to influence a peer's choice.

Decisional balance:
➢ **Recognizes that ambivalence is a normal part of the change process**
➢ **Uses ambivalence to promote positive change**
➢ **Weighs the pros and cons of behavior**
➢ **Increases discrepancy**

The MI guide begins with an exploration of the positive experiences the peer may have (sustain talk); reaches a level of comfort in this discussion; and then moves on to what is "not so good" about the behavior. A peer who is comfortable may begin to identify some elements of concern either for the first time or in a way that is not resistant or guarded. There is more emphasis on guiding the peer to change talk with less emphasis on sustain talk. As noted eliciting sustain talk may be counterintuitive to MI, sustain talk may be reinforced or it may deflect from change talk.

Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. Also this can help us to "hang on" to our plan of action in times of stress or temptation.

One decisional balance exercise would be to answer the following questions:

➢ What are some of the good things about your_____(using, drinking, smoking, etc.)?
➢ What else?
➢ What are some the not so good things about your_____(using, drinking, smoking, etc.)?

These techniques provide in the peer's own words a reflection of both sides of the coin. **In responding to decisional balance the guide provides a double-sided reflection that acknowledges both sides of the peer's ambivalence**. For example if the peer states "smoking helps me reduce stress" the guide could respond as follows: "On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes"

In negotiating a change plan it is essential that the peer explores how important a change of habit or behavior is to them; how confident they are about making this change; as well as their readiness to change. Rulers are important tools in measuring change importance, confidence and readiness.

For example a peer may be asked to rate the importance of changing their smoking habit on a scale of one to ten using the below ruler:

Importance Ruler

How important is it to you to change your smoking habit?

If 0 was "not important," and 10 was "very important," what number would you give yourself ?

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 +--+--+--+--+--+--+--+--+--+--+
 0  1  2  3  4  5  6  7  8  9  10
```

MI Basic Training   48
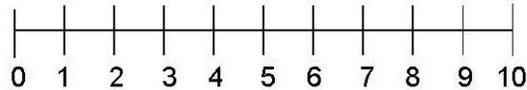
The guide can then further explore the peer's response asking the following questions:

➢ Why are you at x and not (x – 2)? (always start with the higher number)
➢ (If 9 or 10) That's great. I'm curious why it is that important.
➢ Where would you like to be on that scale?
➢ What would need to happen for your importance score to move up from x to (x+2)?
➢ What stops you moving up from x to (x + 2)?

Peer confidence in making this change can be similarly measured by the following ruler:

Confidence Ruler

How confident are you that if you wanted to change your smoking habit, you could do so?

If 0 was "not confident," and 10 was "very confident," what number would you give yourself ?

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 +--+--+--+--+--+--+--+--+--+--+
 0  1  2  3  4  5  6  7  8  9  10
```

MI Basic Training   50
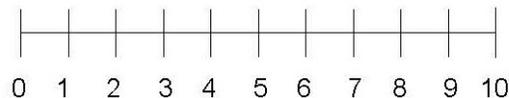
Again the guide would ask the following questions to explore the peer's response:

> I'm curious about your confidence. What makes it an x and not (x – 2)?
> Where would you like to be?
> What would make you more confident about making these changes?
> What might move you from x to (x + 2)?
> How can I help you succeed?

Confidence (ability) talk can be further elicited and strengthened by asking evocative questions such as:

> What, if anything, have you found helpful in any previous attempts to change?
> What have you learned from the things that went wrong last time you tried?
> If you were to decide to change, what might your options be?
> What ways do you know about that
> What are some of the practical things you would need to do to achieve this goal? How could you put them into action?
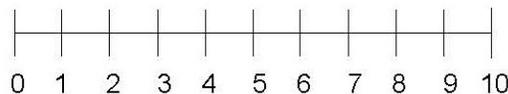> What, if anything, can you think of that would help you feel more confident?

These questions lead the peer to review past successes, discover personal strengths and supports, brainstorm and explore hypothetical change.

The following similar ruler can be used to discover readiness for change:

Questions to further explore readiness for change as expressed by the peer's response would include:

> Why do you give yourself an x and not (x - 2) (begin with the higher number)?
> Where would you like to be?
> What would be your first step in making a change?

Signs that the peer is showing readiness to change include:

> Increased questions about change: asks what they could do about the problem.
> Envisioning: begins to talk about how life might be after a change.
> Experimenting: begun by experimenting with possible change approaches (e.g., going to support group, going without for a few days, reading/looking up information on the internet).

When negotiating a plan of action the MI Guide invites active participation by the peer. The peer determines goals & priorities, weighs options and together with the guide works out details of a plan. The guide will also find out or elicit what the peer already knows or has done about the desired change and also which, if any, ideas the peer is willing to consider.

The guide must ask permission to give advice or provide information. Either the peer asks for advice or the guide asks permission to give advice. The guide may also qualify their advice to emphasize autonomy.

The peer and MI guide will also collaboratively identify and agree to a menu of options (alternatives) to include in a behavior change plan. This menu specifically refers to the identification of at least several (six, seven, etc.) actions versus one or two. Emphasis is placed upon the peer's willingness to pursue an identified action. Only actions that a peer wants to pursue are included in a plan. Also, ask permission to provide education. Information should be provided according to the interest of the peer.

When giving information and advice then the guide must:

➢ **Always ask for permission**: "Other peers have found   (AA, NA, etc.) to be of help. Are you interested in knowing about that or is there something we should discuss first?"
➢ **Offer alternatives (menu of options)**: "We could find you a recommended diet or set up a session with a nutritionist."
➢ **Provide more information according to the interest of the peer**: "Would you like to know more about budgeting?"
➢ **Express concern when indicated**: "Would it be all right if I tell you one concern I have about this plan?"

When finalizing the motivational interview the guide should:

➢ Examine and review the commitment
➢ Review the plan which should be Specific, Measurable, Achievable, Relevant and Time-limited (SMART)
➢ Set up a new time to meet and discuss progress
➢ Express encouragement

Motivational Interviewing facilitates a fundamental shift in the approach taken by coaches and providers: From feeling responsible for changing peer's behavior to supporting them in thinking and talking about their own reasons and means for behavioral change.

Sample Questions: *Motivational Interviewing*

1. Motivational Interviewing is:

    A. person-centered
    B. evidence-based
    C. directive
    D. All of the above
    E. A and B only

2. For MI guides empathy is having the same feelings and/or experiences as the peer while telling your recovery story.

    A. True
    B. False

3. Ambivalence is:

    A. An example of denial
    B. A peer's expression of oppositional behavior
    C. A peer's experience of positive and negative thoughts or feelings about a particular behavior
    D. All of the above
    E. None of the above

4. Open Ended Questions (OARS) are used to:

    A. Facilitate a peer's response to questions from his or her own perspective
    B. Provide peers the opportunity to express their point of view
    C. Target specific information and lead the peer toward a course of action
    D. Enable CARES to discover and follow the peer's perspective
    E. A, B and D only

5. Commenting positively on an attribute: "You're a strong person, a real survivor", or a statement of appreciation: "I appreciate your openness and honesty today" are examples of:

    A. Summaries
    B. Reflections
    C. Affirmations
    D. None of the above

6. Summaries are used throughout interactions to review the direction of the conversation, change focus, slow down and address peer' statements or clarify what has been discussed so far.

    A. True
    B. False