# Motivational Interviewing Toolkit

for National Native Alcohol and Drug Abuse Program/National Youth Substance Abuse Program Treatment Centres and Community Workers

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The Thunderbird Partnership Foundation is a leading culturally centred voice in Canada on Indigenous substance use and mental wellness research, advocating for partnerships that involve integrated and wholistic approaches to healing and wellness for First Nations. Thunderbird promotes research and collaboration to empower Hope, Belonging, Meaning, and Purpose within First Nations communities. Thunderbird's mandate is to implement the Honouring Our Strengths: A Renewed Framework to address Substance Use Issues Among First Nations People in Canada (HOS) and the First Nations Mental Wellness Continuum (FNMWC) framework.

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# Purpose

This resource reflects practical and cultural strategies as highlighted in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* (2011).[1] As noted in *Honouring Our Strengths*, skills associated with Motivational Interviewing (MI) are intended to respond to the needs of people who use substances in a harmful way. Their behaviours may put themselves or others at risk and result in a range of negative consequences that include, but are not limited to: violence, injuries, sexual victimization, school dropout, domestic abuse, gang involvement, driving while intoxicated, suicide, needle sharing, HIV infection, having a child with fetal alcohol spectrum disorder (FASD), job loss, family break up, child apprehension, and community crime.

Key components of an effective approach to secondary risk reduction where motivational interviewing skills are crucial include:

- community-based supports;
- outreach;
- risk assessment and management; and
- screening, assessment, referral, and case management.

People who best provide motivational interviewing services and supports include community-based mental health and addiction workers, cultural practitioners, social service workers, maternal child health home visitors, FASD mentors, law enforcement workers, correctional workers, off- reserve outreach workers, staff at urban Aboriginal friendship centres, and a wide range of community and social supports (e.g., family members, Elders, teachers, and friends).

## Objective

The objective of this toolkit is to provide NNADAP/NYSAP and broader community service providers with the key principles of Early Identification and Brief Intervention. This toolkit will use the principles of Motivational Interviewing (MI) to offer practical, hands-on descriptions and examples for working with people who use alcohol and/or drugs in harmful ways.

[1] National Native Addictions Partnership Foundation Inc. (2011). *Honouring our strengths: a renewed framework to address substance use issues among First Nations People in Canada*. Retrieved from: https://thunderbirdpf.org/hos-full

# Motivational Interviewing

While there are many approaches or 'brief therapies' for brief interventions, this guidebook focuses on Motivational Interviewing (MI). MI is an active, client-centred approach to working with people developed by William R.Miller and Stephen Rollnick.[2] MI focuses on the mixed feelings (ambivalence) an individual may have about change. It is a conversation between the client and the counsellor and it uses the client's own values and concerns. MI uses a strength-based and client-centred approach.

As a stand-alone approach, MI can be used briefly and completed in just a few sessions. However, MI can also be used effectively with individuals while using other approaches. Treatment effectiveness is increased when it is used in this way. If you work with people in addictions or mental health, or want to help a person make changes to develop a healthier lifestyle, MI techniques are helpful skills to acquire.

One way of defining Motivational Interviewing is: *A style of behavior change counselling (Miller, 1983). It is defined as a directive, client-centred style of counselling that helps participants explore and resolve their ambivalence about changing. Principles include understanding the client's view accurately, avoiding or de-escalating resistance, increasing the client's self-efficacy and their perceived discrepancy between their actual and ideal behaviour (Miller and Rollnick, 1991). Techniques include listening reflectively and eliciting motivational statements from clients, examining both sides of a client's ambivalence and reducing resistance by monitoring client's readiness and not pushing for change prematurely. MI has been clearly demonstrated to work with both dependent and problem substance misusers, and in all age groups (Dunn et al, 2001). There is substantial evidence that MI is an effective substance misuse intervention when used by clinicians who are non-specialists in substance misuse treatment, particularly when enhancing entry to and engagement in more intensive substance misuse treatment (Dunn et al, 2001). There is no evidence to support the idea that more treatment results in better outcomes, and several sessions of MI may be regarded as an appropriate length of intervention (Dunn et al, 2001).*[3]

Motivational interviewing can support Indigenous people who use substances in a harmful way. Feedback across the United States is that MI is consistent with Native American culture and can be adapted or modified to take the local culture into account.[4]

**MI is described below from an Indigenous point of view:**

*"I believe that the concept of MI is already within our culture. In Navajo it's with the beauty way or positive way of thinking. I think Indigenous cultures, native cultures, we have it in our culture already ..." "I believe we have the state of the art, but then we get our degrees or our training and then the Western culture confuses us ..."* Navajo female participant[5]

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[2] Miller W., Rollnick S. (2002). Motivational interviewing: preparing people for change (applications of motivational interviewing) (2nd ed.). Guilford, New York.

[3] Dunn C., Deroo L., Rivara F.P. (2001). The use of brief interventions adapted from motivational interviewing across behavioural domains: a systemic review. Addiction 96, 1149–1160.

[4] Venner K., Feldstein S., Tafoya N. (2006). *Native American motivational interviewing: weaving Native American and Western practices: a manual for counselors in Native American communities.* University of New Mexico.

[5] Venner, Feldstein, and Tafoya.

MI is considered a brief therapy (1– 4 sessions) that can be effective on its own and/or it can also be used to prepare clients for treatment.[6] MI has been shown to improve the effectiveness of other treatments. The counsellor can use MI as one or two sessions before the client begins a more intense treatment program. Using MI before treatment can double abstinence rates in comparison to a treatment program without MI.[7] MI has been blended with Cognitive Behavior Therapy (CBT)[8] so that sessions begin with MI and then switch to CBT while the principles of MI are maintained.

**Venner *et al* (2006) believe MI may work successfully for you, the counsellor, if:**

- you are culturally competent and a good listener.
- you honour and hold a deep respect for clients.
- you are warm and caring with people.
- you feel comfortable acting as an equal with clients.
- you believe it is important to be genuine.
- you believe that the answers and motivations lie within the client.
- you accept and expect that participants will disagree with you and challenge you.
- you understand that making a decision to change is often difficult.
- you know that the process of change does not usually go smoothly and often includes needing to repeat steps in the process.
- you appreciate how complex people's lives and motivations can be.
- you are sensitive to the clients' verbal and nonverbal behavior and are willing to change your behavior to see if it will help them.
- you are willing to take responsibility for your part in decreasing or increasing a client's movement toward change in their harmful use of drugs and/or alcohol (although not taking all of the responsibility).

**Some of the ideas behind MI[9]**

- Motivation for change honours the wisdom within the participant instead of trying to force a therapist's wisdom upon them.
- The client is seen as a person rather than a problem. They identify and process their own feelings about change. Some take this level of respect to new heights and call clients by their clan relation such as sister, uncle, etc.
- The counsellor provides humble, respectful, and active guidance in helping the participant examine and move forward with their feelings about change.
- Persuasion is not an effective method because trying to convince others to change often invites them to argue against change.
- The counseling style is peaceful and draws the wisdom out from inside the participant.
- Readiness to change is not steady. Instead, it changes depending on the participant's internal and external environments (i.e., social relationships, job status, financial status, family and friends, community).
- The therapeutic relationship is more of a partnership, rather than an expert talking to a patient.

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6 Venner, Feldstein, and Tafoya.

7 Venner, Feldstein, and Tafoya, *Native American Motivational Interviewing*

8 "CBT is a psychological treatment that addresses the interactions between how we think, feel and behave. It is usually time-limited (approximately 10-20 sessions), focuses on current problems, and follows a structured style of intervention. The development and administration of CBT have been closely guided by research. Evidence now supports the effectiveness of CBT for many common mental disorders. For some disorders, carefully designed research has led international expert consensus panels to identify CBT as the current 'treatment of choice' for some disorders. CBT is less like a single intervention and more like a family of treatments and practices. Practitioners of CBT may emphasize different aspects of treatment (cognitive, emotional, or behavioural) based on the training of the practitioner. Nevertheless, the identified techniques of CBT prove their family resemblance in a number of ways. All techniques and approaches to CBT are practically applied. What gets used (that is, which technique for which problem) is what has been proven effective and the techniques themselves derive from science (for example, the 'behavioural experiments' used to help people overcome feared objects or situations). CBT has been studied and effectively implemented with persons who have multiple and complex needs, and who may be receiving additional forms of treatment, or have had no success with other kinds of treatment." Julian M. Somers and Matthew Querée, *Cognitive Behavioural Therapy: Core Information Document* (Victoria: British Columbia, Ministry of Health, 2007).

9 Adapted from S. Rollnick & W.R. Miller. (1995). "What is motivational interviewing?" *Behavioural and Cognitive Psychotherapy* 23: 325-334.

# Examples of Ceremonies to explain Motivational Interviewing:[10]

## Pueblo

The ceremony is an attempt to bring sacredness to the healing process when initially meeting with your clients. We begin by acknowledging that we are entering a special space. As we enter this space we leave all of our bad feelings and anger on the outside. We enter this space, where we will be interacting, with a clear mind and heart. We say our prayers asking our ancestors for their wisdom and help so that we may have a successful gathering. We ask the Ancient Ones to bring good energy and healing energy into our space and our time together. We put our thoughts and healing feelings together and become one. *Based on Nadine Tafoya's experience*.

## Maori (Aboriginals of New Zealand)

When Maori people invite outsiders (even other Maori communities) into their Marai (special building for spiritual and community activities), they use a ceremony that reminds everyone that we are all one, that everyone is safe within the Marai, and that we all have the same goals. Based on the first author's simple understanding, each group introduces themselves and lets the other know that they come in peace. There is a specific process of talking back and forth and singing. Near the end of this welcoming ceremony, each person from each group greets the other. The men touch noses, thereby breathing the same air and signifying that they are one. The women usually kiss the cheek. Then everyone goes to have tea and eat together. *Based on Kamilla Venner's experience*.

## Northwest Canadian Tribe (De Cho)

Everyone is asked to stand up and form a circle. The leader addresses the people and emphasizes the importance of greeting and honoring each other and acknowledging that we are all one in the world. The circle evolves into two circles that are connected. The person in the inner circle is the introducer while those in the outer circle listen. After you introduce yourself, you move into the outer circle. The first person begins to show the others what to do while music plays (in this case the song 'O Siem', which translates to 'We are all family', by Susan Aglukark, an Inuit woman). The introducers tell the other person their name, shake hands, and tell one thing about themselves. Each person has the chance to greet the others face to face. Then when they see each other later during the activity, they feel more at ease with each other and connected and seem more likely to interact. *Based on Wendy Kalberg's experience at a fetal alcohol conference emphasizing community wellness.*

[10] Venner, Feldstein, & Tafoya.

# The Four Principles of Motivational Interviewing[11]

## 1. Express Empathy

Empathy is the most complex and necessary skill for people trained in MI, but it is a skill that can be slow to develop. This impacts First Nations and Inuit people in several ways. From a western perspective, this is limited by worldview and values that focus on the individual who may not have been understood in the context of history. In this regard, the focus is on the individual, in a time limited problem/issue, and within a limited environmental context (i.e., not everyone in the community has the same issue).

However, the individual must be understood within the context of family and community, the intergenerational impacts of trauma, and all within the total environment and the impacts of colonization. Empathy demonstrated through reflective listening is limited without this context. Clients may instead be understood as resistant or avoiding when they continue to talk about family and community as priority in their path of change. In reality, family and community are reflections of values and cannot be separated from the individual's motivation for change. So, when empathizing, it becomes important to:

- make an effort to accurately understand your client – being able to get a very clear sense of what it would be like to walk in their shoes.
- be accepting of your client which increases the chance that they will make positive changes.
- reflect on what your client has said (verbally and nonverbally). This is a necessary skill for using MI. People are more likely to consider making changes when they feel understood
- understand that feeling unsure about change is normal.

To summarize, empathy involves looking at the world through the clients' eyes; thinking, feeling and experiencing the world within them, listening and reflecting back to them so they feel they are being heard and understood. Then the client will be more likely to share honestly and provide in-depth details about their experiences.

[11] Venner, Feldstein, & Tafoya, 17-18.

## 2. Develop Discrepancy - Develop Connections

- Change occurs when present behavior is not in line with important personal goals or values. For example, using drugs and/or alcohol regularly in a harmful way often makes it hard to be living in harmony with oneself, one's family, community, and the universe.
- Developing connections is an initial step and a way to mind map client values with present-day experiences. If the client has no expressed values, the counsellor should sense from their talk some form of anchor, such as children, pets etc. Asking open-ended questions will help the counsellor retrieve relevant and personal information.
- People have specific roles and responsibilities within their communities. One person not fulfilling their role can have a negative impact on themselves and the community, especially when the community is small. Using substances in a harmful way can make it difficult to be a good role model for one's family and community. It can lead to people feeling disconnected from their families and communities. People may feel like they are not living in harmony or in the 'beauty way.'
- The client, not the counsellor, should bring up any reasons for change.
- Listen carefully when clients tell you what their values are or ask open ended questions to learn what they value and whether their harmful use of drugs and/or alcohol interferes with a lifestyle that is true to their values.
- The hope is that once your client realizes that using substances in a harmful way is getting in the way of upholding their values and goals, they will be motivated to make changes. Changing habits is a good step toward living a life consistent with one's values.

In other words, the counsellor helps the client identify where they are right now and how this might impact their values and goals.

### 3. Discover the Roots of Resistance

People may be resistant to change and both you and the client must discover what the resistance is about.

- Do not fight for change. The more you do the more likely the participant is to fight against it, making them less likely to make successful changes.
- Do not go head-on into a client's resistance; try not to argue with them. When counselors see resistance in a client, it is a signal to respond to them differently.
- Invite the client to share their point of view. The counsellor does not force their own point of view upon a participant.
- The client has answers and solutions. Ask them questions so you can help them understand where they are at in the change process.

To summarize, client resistance can occur when they feel that the counsellor is imposing their own views and solutions on them, or they have mixed feelings about change. Invite the participant to share their point of view. Look for the root of their resistance. Actions and statements that show resistance should remain unchallenged by the counsellor. Your belief in the client's ability to change helps them do so.

## 4. Support Self-Efficacy - Support Self-Identity

- Your belief that change is possible is an important motivator for your clients.
- The client, not the counsellor, is responsible for choosing and carrying out change.
- Your belief in the client's ability to change helps them change.

Self-efficacy is also the client's belief that they can successfully make a change. This is a strength-based approach that instils hope in their ability to change. The counsellor focuses on a client's previous successes and helps them identify the skills and strengths they already have that can be used to make changes.

Other sources of support (friends, family, community, etc.) and belief in your client are helpful. It can be helpful to build a community of people that believe in your client's ability to change their use of harmful substances and contribute back to their community. Communities need each person to fulfill their role.

**According to Spence (2006) there are four pillars of Motivational Interviewing:**[12]

- Collaboration – Working in partnership with the client.
- Evocation – Learning from the client.
- Empowerment – Helping the client take ownership over their own health management by creating an informed, activated participant who is 1) willing to work in partnership with the health care system and 2) feels capable of making healthy choices to achieve their own goals.
- Autonomy – Having the client realize they are responsible for change.

**Basic assumptions about Motivational Interviewing**

- Motivation is a state of readiness to change that fluctuates with time and situations.
- Motivation often involves an *interaction*.
- People who consider making a change often have mixed feelings, known as *ambivalence*.

[12] Richard Spence, "*A Culturally Relevant Adaptation of Evidence Based Practice*," BMI: Brief Motivational Interviewing (2006), PowerPoint presentation.

As noted by Spence, *"Ambivalence is a normal part of the change process."* Examples of the difference between MI and styles that are non-MI are noted below.[13]

### The MI way
(person-centred)

**Partnership.** Counselling involves a partnership that honours the client's own natural wisdom and point of view. It may be important to include the wisdom and participation (attendance at session, help, support, etc.) of others in the client's family, clan and community. The counsellor provides an atmosphere that is open to change but does not force or require change.

**Drawing Out.** The client has the tools (desire, reasons, need, and ability to change) within themselves. They also know about community resources. Encouraging the client to describe and share their thoughts, goals, point of view, and values increases their natural motivation for change.

**Independent Choice.** The counsellor supports and encourages the client's right and ability to determine and follow their own chosen path. It may be important to know whether the client's choice ought to involve the wisdom of others in the community. The counsellor does this through helping the client make informed choices.

### The non-MI way
(not person-centred)

**Confrontation.** Counselling involves pointing out and correcting the client's problematic way of thinking through forcing them to 'stop denying and face reality.'

**Education.** The counsellor believes that the client does not have important information, insight, and/or skills that are necessary for change. The counsellor seeks to 'fill the gaps' by providing the necessary information.

**Authority.** The counsellor tells the client what to do. The counsellor knows what the client needs to do to 'fix' the problem.

Adapted from: Miller & Rollnick. (2002). *Motivational Interviewing: Preparing People to Change.* (2nd ed.). The Guilford Press, New York.

MI takes a wholistic approach and looks at the client's needs resulting from circumstances in life as opposed to viewing them as problematic, broken, and in need of repair or fixing. Client, family, and community are not disconnected in the MI process but are instead intertwined throughout and in-between sessions. Viewing the table above through a First Nations lens would interpret 'relationship' as a more personally relevant and less clinical term. The term 'independent choice' can also be seen as family and culturally driven.

The counselor typically determines where the client is at in this model through the use of empathy and cultural knowledge. Participants may feel that they are in a different stage of the six stages of change at various times; sometimes they will appear to be in a different stage each time they speak.[14] For example, Venner et al (2006) state, "a client may say some things that are in line with the 'action' stage and then immediately say something about their doubts as to how bad their problem is indicating some mixed feelings (contemplation stage).

The most important point of this model is to listen carefully to your clients and not get ahead of them. Also, if you notice that they have moved back to a previous stage, it is best to move back there too. The goal is to continually meet the client where they are at in the moment in order to help them move toward positive change. When we get ahead of them, they are less likely to move forward".

It is also important to remember that MI is not based on the Stages of Change model. Rather, MI is complementary to the Stages of Change model[15]. Think of the Stages of Change model as a comprehensive way of understanding how people change and MI as a clinical method that helps people prepare for change[16].

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[13] Venner, Feldstein, and Tafoya.

[14] Venner, Feldstein, and Tafoya.

[15] Steve Martino, et al., A Nurse-Delivered Brief Motivational Intervention for Women Who Screen Positive for Tobacco, Alcohol, or Drug Use: An Intervention Manual for Project START (Screening To Augment Referral and Treatment), (National Institute on Drug Abuse, 2011).

[16] Martino, et al.

Brief interactions such as the form of MI are most effective when clients' concerns and needs are elicited, and messages are tailored to address these concerns and desires.[17] The three primary components of MI are:

- screening for heavy use of alcohol/drugs;
- feedback and advice about cutting back; and
- motivational interaction using rulers to assess readiness, talking about change based on readiness, and goal setting if the participant is ready.

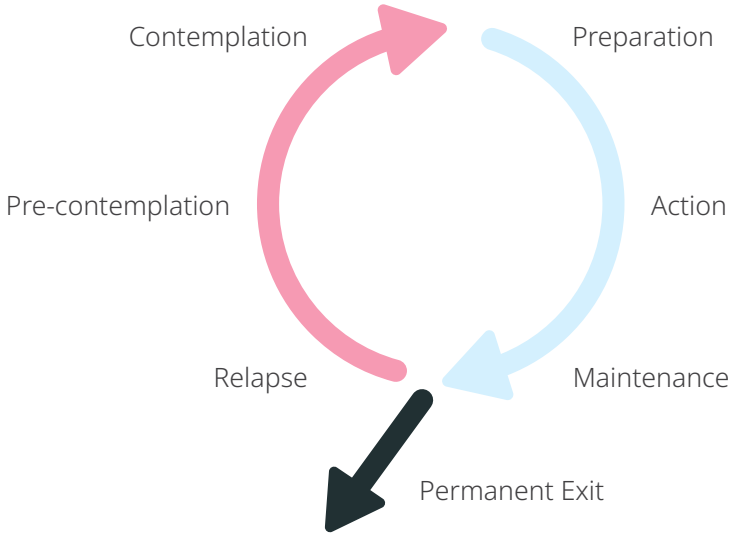
The Motivational Interviewing and Stages of Change approach is also complementary to the cultural values of Indigenous people and emphasizes listening, learning, and respect.[18]

In Tomlin's model, an evaluation similar to the 6 stages of change is used in many Indigenous settings when considering planned actions that impact the community—that is:

*"... discuss the plan and its goals, implement the plan, assess the implementation and make adjustments, discuss the outcomes, and articulate learnings from the process to inform new goals and plans. This process should involve the community as much as possible. The model of the medicine wheel shows how the researchers and practitioners worked together to learn and apply the Motivational Interviewing approach (and the key concepts of Stages of Change) to adapt a manual written for mainstream counselors to meet the needs of counsellors serving Indigenous people."*[19]

**Recall the Stages of Change model:**[20]

Some counsellors have an easier time fitting MI into their mind when they are familiar with the stages of change model. We thought we would include it for you, so you could get a sense of where your clients are in terms of 'readiness for change.'

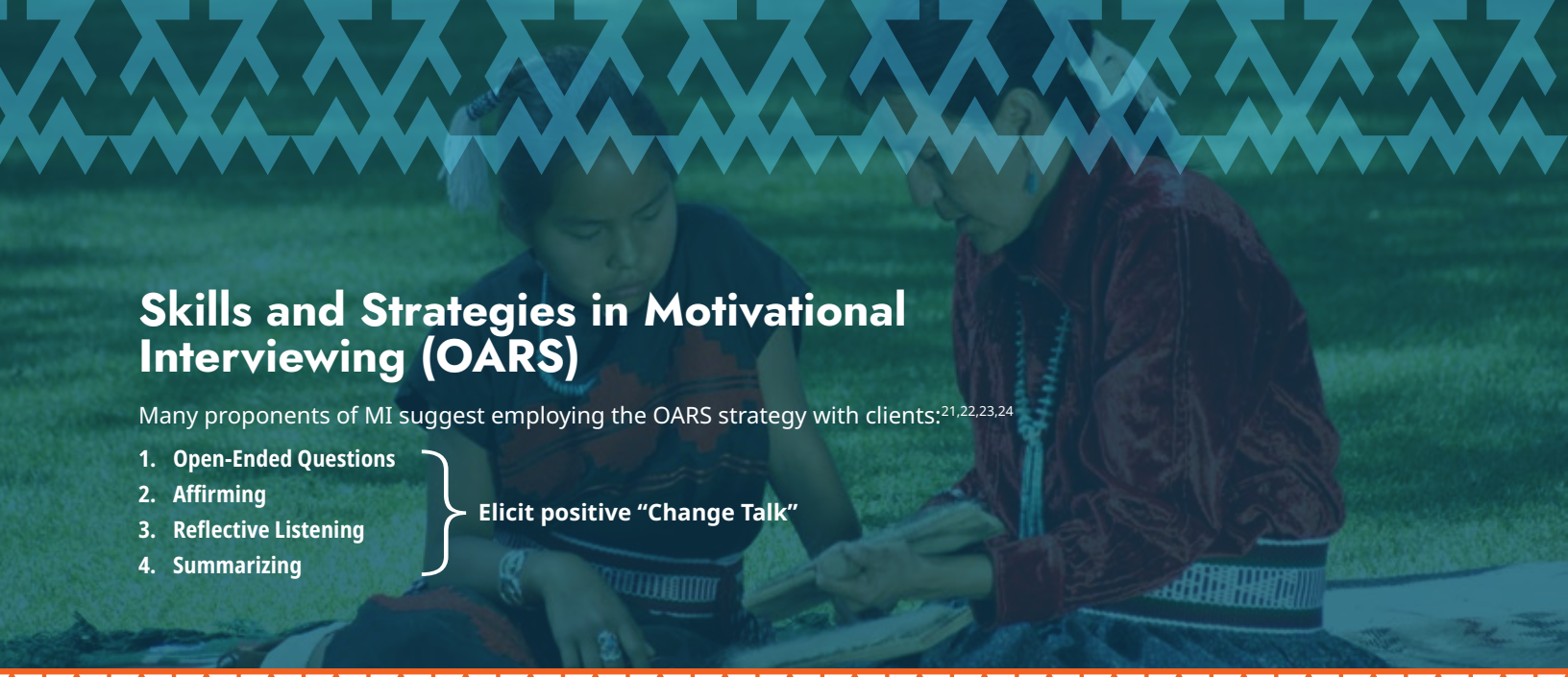



[17] Spence.

[18] Tomlin, K., et al., Motivational Interviewing: Enhancing Motivation for Change – A Learner's Manual for the American Indian/Alaska Native Counselor, (Portland: One Sky National American Indian Alaska Native Resource Center for Substance Abuse Services, 2005): 7.

[19] Tomlin, et al., 8.

[20] Venner, Feldstein, and Tafoya, 41.



# Skills and Strategies in Motivational Interviewing (OARS)

Many proponents of MI suggest employing the OARS strategy with clients:[21,22,23,24]

1. **Open-Ended Questions**
2. **Affirming**
3. **Reflective Listening**
4. **Summarizing**

} **Elicit positive "Change Talk"**

**Open-ended questions** are those that cannot easily be answered with a yes/no or short answer. Open-ended questions invite the client to think more deeply about an issue and help them to explore reasons for and the possibility of change. For example

- *To what extent do you think your use of alcohol and/or drugs has affected your family life?*
- *How has your relationship with your co-workers been affected by your harmful use of substances?*
- *Can you give me an example of a time when you were happy before you started using drugs and/or alcohol?*

**Affirmations** are statements that recognized client strengths. They can help them see themselves in a more positive light and feel that change is possible. Affirmations must be real and honest to be successful. It helps with self-efficacy which is the second principle of motivational interviewing. As Tomlin notes, "genuine affirmation can improve clients' sense of well-being. Through affirmation, the counselor communicates understanding of and empathy for the client's struggles. Affirmations build on client's strengths and past successes. Affirmations are best when focused on something the client has done or stated."[25]

Storytelling is a good way to incorporate affirmations for Indigenous people. A positive story might remind them of who they are because of where they came from. Another affirmation technique is to acknowledge good deeds. For example

- *Thanks for coming today.*
- *I appreciate how hard it gets to have to listen to complaints about your behavior from loved ones.*
- *You have been working hard on these assignments; it shows in the work you have completed.*
- *This meeting brought out a lot of painful feelings. Thanks for staying through it.*

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21 Spence.

22 Tomlin.

23 Venner, Feldstein, & Tafoya.

24 Miller & Rollnick.

25 Miller & Rollnick, 26

Reflections or **reflective listening** is the most important skill in motivational interviewing. When the counsellor reflects back to the client what they have heard, the client knows that the counsellor has been truly listening and feels that they understand the issues from the client's perspective. The counsellor can help guide the client towards positive change by reflecting on their statement of negative feelings regarding current behaviour and positive goals. Reflective listening helps with the expression of empathy, the first principle of motivational interviewing. For example

- *It sounds like you are overwhelmed by recent events; would you like to share?*
- *You're feeling anxious by the sound of your voice; could you tell me what's going on?*

**Summaries** are a special type of reflection where the counsellor recaps what has occurred in the session and helps the participant move on towards their goals.[26] You may want to try some open-ended questions to engage the client and promote change in their behaviour. For example

- *Problem Recognition: How do you feel about your current use of substances in a harmful way (or your health)?*
- *Expression of Concern: What worries do you have about your use of substances in a harmful way (or your health)?*
- *Intention to Change: What would **you** like to do about this?*
- *Optimism: What makes you feel that now is a good time to get started?*

**Alternatively, you should also try to turn closed questions into open questions**

**Closed – Do you use a lot of drugs and/or alcohol in the evening?**
**Open - How much do you use drugs/alcohol in the evening?**

**Closed - Do you want to reduce your substance use?**
**Open - How do you feel about making changes in your substance use?**
**Open - What might make you want to reduce using substances in a harmful way?**

**Closed - Do you know that using too much alcohol and/or drugs can be harmful?**
**Open - What do you know about the risks of using too much alcohol and/or drugs?**
**Open - What happens to you when you use substances in a harmful way?**

[26] Miller & Rollnick

# An Exercise in Reflective Listening

## Reflective Listening is an empathic process of...

- **Hearing** what someone has to say with cultural empathy,
- **Making a guess** about what they mean; and
- Giving voice to this guess in the form of a **statement**.

## Forming Reflections

***For starters...***

- It sounds like you are not ready to stop using drugs and/or alcohol.
- It seems that you are having difficulties remembering things.
- It sounds like you are feeling guilty about your use of substances in a harmful way.
- From what you are saying, you are having trouble limiting your use of substances.

***As you improve, you can shorten the reflection...***

- You're not ready to stop using drugs and/or alcohol.
- You're having difficulties remembering things.
- You're feeling guilty about your use of drugs and/or alcohol.
- So, you're having trouble limiting your use of substances.

## Levels of Reflection

1. Sustained Reflective Listening
2. Repeating – Repeats what participant says
3. Rephrasing – Begins to add new meaning
4. Paraphrasing – Extends what participant is saying
5. Reflecting Feeling – Reflects a deeper level

**Rule of Thumb:** Begin with simpler reflections and delve into deeper reflections as understanding increases.

## Try this:

- Talk with a co-worker about a behaviour that you have wanted to change but you're struggling with.
- One person listens and the other person talks.
- At the end of 1.5 minutes the listener uses reflective statements to summarize what the person has been saying, including at least one 'feeling' statement.

## The value of empathic reflective listening:

It lets the person know that you are listening and encourages them to tell you more.

It is perceived as neutral and lacking judgment.

It allows the participant to hear you repeat/rephrase what they are saying for further consideration.

It allows the person to clarify their thoughts.

**So taking this one step further in Motivational Interviewing** (Spence, 2006)**, you now want to use your reflections to promote change**

*"So if you could find a way to relax without alcohol, you might feel better."*

*"So, you tell yourself to cut back on drinking sometimes."*

*"Using substances in a harmful way gets in the way of doing things that you need to do."*

*"You're afraid that something really bad might happen to you if you continue to use substances in a harmful way."*

*"You're worried that if you don't do something about your use of drugs and/or alcohol, you might forget something really important."*

*"You've tried to cut back on using drugs and/or alcohol, but you weren't able to limit yourself."*

*"You're in a lot of pain and need to find a way to make things better."*

*"You're wondering how you could cut back on your substance use when all of your friends use."*

# Applying Motivational Interviewing in a Clinical Setting

A motivational intervention is any clinical strategy designed to enhance client motivation for change. It can include counseling, client assessment, multiple sessions, or a thirty-minute brief intervention. There are a set of assumptions in the Substance Abuse and Mental Health Service Administration's (SAMHSA) *Enhancing Motivation for Change in Substance Abuse Treatment* guidebook (1999)[27] about the nature of motivation that will also help you in your work with clients.

- Motivation is a key to change.
- Motivation is multidimensional.
- Motivation is a dynamic and fluctuating state.
- Motivation is interactive.
- Motivation can be modified.
- The clinician's style or attitude influences client motivation.

**The counselor can use the following strategies to incorporate these assumptions about motivation while encouraging a client to change substance-using behavior**

- Be culturally competent. Know the community history and intergenerational life experiences.
- Focus on the client's strengths rather than their weaknesses.
- Focus on the wholistic needs of the participant.
- Respect the participant's autonomy and decisions.
- Make treatment individualized and client centred.
- Do not depersonalize or stigmatize the client by using labels such as addict or alcoholic.
- Develop a therapeutic relationship.
- Use empathy, not authority or power.
- Focus on early interventions.
- Recognize that substance misuse exists along a continuum.
- Recognize that many clients have more than one substance use disorder.
- Recognize that some clients may have other coexisting disorders (mental health and substance use) that affect all stages of the change process.
- Accept new treatment goals which involve interim, incremental, and even temporary steps toward ultimate goals.
- Integrate substance misuse treatment with other health provider services.

[27] Center for Substance Abuse Treatment. (1999). Enhancing Motivation for Change in Substance Abuse Treatment, Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 12-4212. Rockville: Substance Abuse and Mental Health Services Administration.

**Successful MI will help to:**

- express empathy through reflective listening.
- communicate respect for and acceptance of clients and their feelings.
- establish a nonjudgmental, collaborative relationship.
- develop cultural competence with the participant.
- be a supportive and knowledgeable consultant.
- compliment rather than belittle a person.
- listen rather than tell.
- gently persuade with the understanding that change is up to the participant.
- provide support throughout the process of recovery.
- develop discrepancy between clients' goals or values and current behavior; help them recognize the discrepancies between where they are and where they hope to be.
- avoid argument and direct confrontation which can turn into a power struggle.
- adjust to, rather than oppose, participant's resistance.
- support self-identity and optimism: focus on clients' strengths to support the hope and optimism needed to make change.

**The following five strategies are particularly useful in the early stages of working with people if you adopt MI as your clinical style.[28]**

1. Ask open-ended questions: Open-ended questions cannot be answered with a single word or phrase. For example, rather than asking, "Do you like to drink?" ask, "What are some of the things that you like about drinking?"
2. Listen reflectively: Demonstrate that you have heard and understood the client by reflecting what they said.
3. Summarize: It is useful to summarize periodically what has transpired up to that point in a counseling session.
4. Affirm: Support and comment on the participant's strengths, motivation, intentions, and progress.
5. Elicit self-motivational statements: Have the client voice personal concerns and intentions rather than trying to persuade them that change is necessary.

[28] Center for Substance Abuse Treatment, 20.

# Evaluating Your MI Skills – Are You Improving?[29]

Your clients are your best teachers of MI.

***Reflective Listening…***

- If you make an accurate reflection, your client will agree (remember that simple agreement might not mean they actually really agree) and usually continue talking about the topic in more depth. Or if it was a summary statement and they say you were accurate in your understanding, then you can move on to another topic or use a 'key' question about what the next step will be for them.
- If you are wrong, your client will either correct you (good outcome) or will stop talking (bad outcome). To offer an incorrect reflection can be expected sometimes; too many and the participant will lose patience.
- If the client seems overly agreeable this may be a sign of non-engagement or that they are just agreeing out of respect.

***If the participant is making resistance or challenging statements…***

- This may be a sign for you to stop what you are doing. Instead, reflect on the resistance with an aim to understanding it and make an effort to get back on the same 'team' and work in partnership with the client.

***If the participant is making change statements…***

- This is a great sign! Keep doing what you are doing and let the participant do what they are doing. Reflect these change statements and ask for more details and other examples from them. Be sure to notice whether it is time to talk about making a change plan or to refer back to the change plan already created.

***If the participant is making both resistance and change statements…***

- Try using double-sided reflections. Be sure to voice both the resistance and the change statements beginning with the resistance and ending with the change talk.
- Try exploring resistance more fully.
- Explore barriers to change.

***Pay attention to your own feelings…***

- If your relationship with the client is going downhill, usually you both notice it. You may think to yourself "uh oh" or have a physical sensation like a knot in your stomach or start clenching your teeth. This is often a sign to stop what you are doing and try something different.
- You may want to consider consulting with other professionals.

[29] Venner, Feldstein, and Tafoya, 68.

# A MI Practice Scenario[30]

**"JOE L.'s Story – Background and Context"**

Joe L. is a 40-year-old Apache man. He was referred to the Tribal Wellness and Treatment Center for 90-days by the Family Court.

Joe lives with his girlfriend of 7 years, Regina. They have 5-year-old twin boys. Joe's girlfriend works at the near-by Tribal Electronics factory. Currently Joe is unemployed after he suffered a back injury while herding cattle. He worked as a cattle wrangler for the Tribe's cattle industry.

Joe stays at his elderly mother's house when he is drinking. Joe's mother is quite traditional and speaks very little English. She lives in the traditional way, cooks on a wood stove, carries water into the house from a well, tends a few goats and chickens, and has a small garden with corn, beans, and chili. Joe has five brothers and two sisters; they are all married and live off the reservation.

Joe drinks heavily most days. He started drinking when he was 12 years old away at boarding school in California. He was eventually sent home to his reservation during his junior year of high school, and he never finished school. Most of Joe's brothers also struggle with alcohol. They all left home at young ages, being sent away to boarding school and then joining the military service.

Regina took Joe to Family Court after a domestic disturbance between them. She said she was tired of Joe not being able to support the family due to his drinking. She threatened to put a restraining order on Joe if he doesn't change his ways.

Although Joe was angry at Regina for giving him this ultimatum, Joe agreed to enter treatment. His reason for getting counselling was to show the court that it is not his fault for not being able to work and it's not his fault that he and Regina fight all the time. After all, he thinks, Regina is drinking too. He thinks that she is not a great mother or provider either.

***Let's imagine it is Joe's first session with you as the therapist. Please feel free to look at the answer key in the back throughout this section.***

[30] Venner, Feldstein, and Tafoya, 69-73.

What's the first thing you, as a MI therapist, might say to Joe to begin the session? (write it below)

_____

_____

_____

***Feeling stuck? Here's a clue to get you started...***

*You might start with an introduction of yourself and a structuring statement. It might sound like:*

"Hi, I'm Kamilla Venner from an Athabaskan tribe up in Alaska. I'm your counsellor today. I specialize in addictions and I like working with all kinds of people. It takes a lot of courage to come here and I thank you for coming in today.

Let me give you a little overview of our time together. We have 50 minutes to use today in any way you see helpful. Everything you say here will be confidential unless you mention any sort of intention to hurt yourself, others, or any sort of child or elder abuse. Do you have any questions? (If so, answer the questions).

Tell me what brought you here today."

Let's consider that Joe says this in return:

**Joe: I'm here because the court told me I had to come.**

*1. What might you say next? (Hint: Try to show acceptance of Joe's reasons for being here. Try to use a reflection.)*

*So, let's say that you reflected that one well. Now, Joe says:*

**Joe: I don't know what they're hoping that I'll do here.**

*2. What do you say now? (Hint: Try to use ANOTHER reflection to get at underlying meaning.)*

_____

_____

_____

*Joe now says:*

**Joe: Well, I've been through this before. And the lady didn't help me. She just tried to make me talk about my feelings.**

*3. You're on a roll with reflections – keep going!*

_____

_____

_____

*Now, Joe says:*

**Joe: I don't see that talking like this does any good.**

*4. In the MI way, say something that will let Joe know that you'd like to work together with him…*

_____

_____

_____

*In hearing that you want to work with him as partners, Joe says:*

**Joe: Huh. This is some crazy stuff!**

*5. While you are practicing reflections, it'd be nice to hear you do another one.*

_____

_____

_____

With good reflections, you and Joe are likely to be working well together. So, now Joe says:

**Joe: So, I guess, do I have to talk about my use of alcohol? And do I have to go to AA?**

*6. He's asked you some important questions – feel free to answer them but try to do so in a MI way or reflect.*

*Joe is going to be confused because the MI way is different from what he has experienced before. He lets you know that by saying:*

**Joe: So what do we do here?**

*7. Again, Joe has asked you a question so feel free to answer it – remember to stay with the MI way or reflect!*

_____

_____

_____

*In the MI way, you are letting Joe steer the wheel of the session. Even though Joe is in the session due to his drinking, this is what Joe wants to talk about:*

**Joe: Well, I just hurt my back.**

*8. With the goal of working together, what could you say?*

_____

_____

_____

*Joe notices that you aren't trying to wrestle with him to take charge of the session. Instead, you are letting him guide the conversation. So, Joe goes on:*

**Joe: Yeah, and now I've lost my job because of it. And my girlfriend is nagging me for not helping with the bills. But it's not because of my drinking. That's what she says. But she is just as bad; she drinks all the time too.**

*9. Let's see you use some of your reflection skills again: (Hint: try a double-sided reflection)*

_____

_____

_____

*Thanks for trying out your reflection skills again. You'll know if your reflection worked well if Joe continues talking without feeling interrupted. He says:*

**Joe: I've only been drinking because I've had no work and I don't have much to do during the day. I wouldn't drink if I had a job.**

*10. You do have to do a lot of reflections when using the MI way! (As a guiding rule you should try to use at least two reflections per question with MI.) But you are better than that! In fact, you are so good that you just roll out another.*

_____

_____

_____

*The nice thing about reflections is that the client keeps talking. Joe now says:*

**Joe: I know I should do more at home. My mom's old and needs help too; I just can't do everything with my hurt back and my girlfriend doesn't understand. I just wish they would get off my back.**

*11. Let's hear another reflection!*

_____

_____

_____

*Let's say that your reflections have made Joe feel like you are on his side. He lets you know that by saying:*

**Joe: That's right! It's just not a big deal.**

12. *Let's try to find out why else Joe might be using alcohol. How about a quick summary statement to let Joe know you heard him? And THEN let's try an open question to ask for change talk.*

_____

_____

_____

*Joe responds to your open question by saying:*

**Joe: Sometimes I get a little carried away. That's all.**

13. *Joe has just opened a great door for you. Let's finish this exercise with an open question – your choice!*

_____

_____

_____

# MI Tip Sheet[31]

Here are some ways in which you could be responding to Joe. These are not the only answers; they are meant to provide some guidelines as you are beginning to practice reflections with resistant clients. For each response we provided three possible answers and labeled them 'Hot,' 'Warm,' and 'Cold'

- **Hot:** You're an expert in MI! This is one of the most MI consistent responses.
- **Warm:** You're on your way! You're in the range of good MI practice.
- **Cold:** Oops, try again! This one is not MI. Don't try this in a million years!

## Examples:

**Hot:** "You don't really want to be here."
(Said warmly and supportively)
**Warm:** "The court said to come."
**Cold:** "Well, you'd better come back when YOU are ready for change and not just because the court sent you."

**Hot:** "Tell me a little bit more about that." (Said warmly and supportively) "You're wondering whether counseling can help you."
**Warm:** "The court said to come."
**Cold:** "Yeah, your PO said that you were in denial."

**Hot:** "Therapy has been a bad experience for you. and you're worried that it is going to be more of the same."
**Warm:** "You don't want to be here."
**Cold:** "You're a man so you couldn't even talk about your feelings if you tried."

**Hot:** "Well I'm not sure about your previous therapy experience but I'm hopeful that we will work together rather than me making you do anything."
**Warm:** "Let's try to work together."
**Cold:** "Therapy hasn't done any good for you because you haven't admitted that you have an alcohol problem."

**Hot:** "This isn't what you were expecting."
**Warm:** "You can't believe it."
**Cold:** "Crazy? If anything is crazy here it's you."

*Hint: Avoid a premature focus on treatment goals and labeling. Make sure to emphasize personal choice!*

**Hot:** "You don't have to talk about anything you don't want to and you don't have to do anything you don't want to do. It's really up to you."
**Warm:** "You're worried about being called an alcoholic and having to go to AA."
**Cold:** "You are an alcoholic so just admit it! And yes, you have to go to AA."

**Hot:** "I'd like this time to be helpful for youso we might start by talking about what you think is most important."
**Warm:** "You're not sure what counseling is all about."
**Cold:** "We try to get through your denial!"

**Hot:** "That must be painful."
**Warm:** "You want to spend the session talking about your back."
**Cold:** "Oh no! I bet you're addicted to painkillers too!"

**Hot:** "Your girlfriend thinks your unemployment is due to your drinking but you're not so sure."
**Warm:** "You think your girlfriend is wrong."
**Cold:** "You think you've lost your job because of your back? C'mon buddy, it's obviously because of your drinking."

**Hot:** "So, drinking helps you pass the time but if you had more responsibilities you might drink less."
**Warm:** "With a job, you'd drink less."
**Cold:** "But you've been drinking since you were 12 years old."

[31] Venner, Feldstein, and Tafoya, 74-76.

**Hot:** "You wish your girlfriend would be more understanding. It's only because of the pain that you drink." (Note: Joe's mention of his mother might be an invitation to explore cultural identification and traditional roles).
**Warm:** "You wish your girlfriend would be more supportive."
**Cold:** "Can't you see that you are just telling yourself stories? That's the booze talking."

**Hot:** "Some of the good things about alcohol for you are that it fills the time and helps with your pain. What are some of the not-so-good things about drinking for you?"
**Warm:** "OK. How about the ways drinking has been a problem for you?"
**Cold:** "It's all about you, isn't it?"

**Hot:** "Tell me more about getting carried away."
**Warm:** "Sometimes your drinking gets out of hand."
**Cold:** "Can't you see that you are minimizing your drinking?"

## REMEMBER...

"Skilled active listeners perform these three steps automatically, naturally, smoothly, and quickly. Active listening saves time by reducing or preventing resistance, focusing the client, focusing the clinician, encouraging self-disclosure, and helping the client remember what was said during the intervention."[33]

[32] Ric Kruszynski, et al., (2012). *MI Reminder Card (Am I Doing This Right?)*. Cleveland: Center for Evidence-Based Practices at Case Western Reserve University.

[33] Kristen Lawton Barry. (1999). *Brief Interventions And Brief Therapies for Substance Abuse*, Treatment Improvement Protocol (TIP) Series Rockville: Substance Abuse and Mental Health Services Administration.

## "Am I doing this right?"[32]

The cheat-sheet that follows is something you can quickly refer to, to ensure your MI techniques are on track – all the best with your new skills!

### Encouraging Motivation to Change
### Am I Doing this Right?

1. ☑ **Do I listen more than I talk?**
   ☒ Or am I talking more than I listen?
2. ☑ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
   ☒ Or am I talking about what I think the problem is?
3. ☑ **Do I invite this person to talk about and explore their own ideas for change?**
   ☒ Or am I jumping to conclusions and possible solutions?
4. ☑ **Do I encourage this person to talk about their reasons for *not changing*?**
   ☒ Or am I forcing them to talk only about change?
5. ☑ **Do I ask permission to give my feedback?**
   ☒ Or am I presuming that my ideas are what they really need to hear?
6. ☑ **Do I reassure this person that ambivalence to change is normal?**
   ☒ Or am I telling them to take action and push ahead for a solution?
7. ☑ **Do I help this person identify successes *and* challenges from their past and relate them to present change efforts?**
   ☒ Or am I encouraging them to ignore or get stuck on old stories?
8. ☑ **Do I seek to understand this person?**
   ☒ Or am I spending a lot of time trying to convince them to understand me and my ideas?
9. ☑ **Do I summarize for this person what I am hearing?**
   ☒ Or am I just summarizing what I think?
10. ☑ **Do I value this person's opinion more than my own?**
    ☒ Or am I giving more value to my viewpoint?
11. ☑ **Do I remind myself that this person is capable of making their own choices?**
    ☒ Or am I assuming that they are not capable of making good choices?

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Online resources can also be found at *https://www.youtube.com/c/ThunderbirdPartnershipFoundation*


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