The Training Model of Motivational Interviewing

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It's a simple approach that's challenging to practice. The necessary ingredients for high-quality training include: instruction, practice, feedback, coaching, and modeling. We will elaborate on all of these components.

Why train in Motivational Interviewing?

- It is an evidence-based practice approach and focuses on motivation and commitment for behavioral change in the person we serve. It can work for a wide variety of behaviors, including substance use and misuse, chronic health care issues, and criminal justice.
- An evidence-based practice (EBP) that is simple enough so that trainees can gain some competence in using it within weeks of training, practice, coaching, and coding of conversations.
- Complicated enough that one can put in a lifetime of work perfecting the use of this model.
- People we serve feel respected, heard, and more willing to make lifelong behavioral health changes. The focus is on people coming up with their own ideas for change.
- Brief (5 - 15 minute) Motivational Interviewing conversations can have a major impact on behavior change.
- Motivational Interviewing can be used as a clinical style, a freestanding therapeutic approach, or can be integrated with other treatment modalities and can be used with individuals, couples, or groups, and as a leadership style of communication.

It is critical for beginning practitioners to learn one therapeutic approach "well" to start off. Trainees who can learn to competently provide this EBP approach can begin to see their interventions as either adherent or nonadherent to the therapeutic model. And when they notice that they have deviated from the frame of the model, they can figure out why they did with the aid of another practitioner. The adherence or fidelity to this model also lets the practitioner know when the person they serve deviates from the treatment frame and cues them to investigate these deviations.

First, **instruction/teaching** is fluid. It may involve participating in an online course or attending a two-day foundational workshop to learn the basics of Motivational Interviewing.The expectation may be to read the 3rd edition of Motivational Interviewing: Helping People Change, Motivational Interviewing: A Guide for Medical Trainees, and other literature about this practice. Trainees listen, read, and get an intellectual sense of Motivational Interviewing. Trainers and trainees teach each other about basic elements of the MI practice. We provide instruction on skills and the spirit of

Motivational Interviewing as they become relevant during discussions in caregivers' support group sessions. Instruction and knowledge alone are not enough and will not change practice. People may think they learn to deliver care from this basic instruction, but they don't change their interventions.

Practice involves the use and repetition of the spirit, skills and structure of Motivational Interviewing. Deliberate practice is mindful and feels effortful. It requires focus and attunement to rough areas and striving toward improvement of your Motivational Interviewing practice. Deliberate practice is by definition practicing what is beyond our current ability. Repetition is focused on breaking down skills (i.e. empathetic reflections, open-ended questions) into basic units and improving on each of those chunks, then continually practicing these skills at more challenging levels. It may take many hours of deliberate practice to become an expert. Research has found that deliberate mindful practice predicts performance well above anything that has been labeled innate talent.

The goal of the training model is not to make trainees "experts" in Motivational Interviewing but to structure their practice of these skills and spirit to be deliberate interventions rather than just repetition.

We practice Motivational Interviewing to create an impactful therapeutic alliance and when we do deliberate practice, that will actually keep us improving. "Practice in practice" means trainees take their learning, and their coaching feedback, and practice with others watching, listening, and coaching.

Practitioners tend to be inaccurate at assessing their own performance. They tend to think they're doing better than they are. Living without feedback helps people keep this "delusional" thinking. **Feedback** and **coaching** after the initial training is an assessment of trainees' work with a focus on how they can improve and where their challenges are during their interventions. Feedback provides them with a map for their own continuing deliberate practice. The best feedback, as reported by trainees, provides examples of what they did well, what they need to work on, and ideas about how to work on it. Feedback has been shown to be vital for Motivational Interviewing training and achieving competency.

There is strong research evidence showing that instruction with feedback, coaching, or both raises trainees' performance and competence in Motivational Interviewing, whereas instruction and teaching alone tends not to raise performance. Individuals who had only completed instructional training believed that they improved a great deal, and in fact were less likely to want to engage in more training because they felt they had already learned Motivational Interviewing even though they really had not. This is an important caution. If trainees don't put themselves out there for feedback, especially confidential coding of their recorded conversations or observation, they can think they have mastered something that they are actually incompetent at in practice!

The feedback the trainees receive is delivered in a straightforward, structured manner, using the Motivational Interviewing spirit with specifics about adherent and nonadherent practices and how

and what can be improved. Over time, trainees develop a sense of working with coaching and coded feedback to improve their skills. They improve their Motivational Interviewing spirit, skills, and the structure of the conversations to provide respectful, compassionate conversations with change talk.

Doing “the work” in front of a small group of other trainees who will give each other structured feedback motivates them to continue this deliberate practice in the training. This can also take the form of recording their individual work and submitting the recording for coding and feedback. Practitioners work mindfully in the session to improve their adherence to and competency in Motivational Interviewing, and they also are motivated to work on what they need to improve in the later one-on-one sessions. Trainees have repeatedly expressed fulfillment and increased self-efficacy, and showed major improvements in their skills that they attributed to this intensive deliberate practice both during the training and afterwards.

If we create a culture of showing our work and soliciting competent structured feedback, we are acknowledging that looking at our weaknesses and vulnerabilities is important to becoming competent. This is how we perform “good work,” and this is how we can do our best for the people we serve.

The benefits of the growth of our clinical “competency” include:

- Challenge is fun rather than terrifying (if you have to show yourself and everyone your intelligence, challenges are a threat)
- People with growth mindfulness tend to be better at identifying their strengths and weaknesses, whereas those with fixed thinking tend to overestimate their abilities
- You can, and must, make mistakes rather than needing to be perfect, in order to learn and grow
- People with growth in mind feel smart when faced with challenge, while those with fixed thinking feel stressed and critical of themselves
- Those with fixed thinking tend to have a more fragile self-esteem and therefore avoid or resist change in their practice of Motivational Interviewing

We want to become accustomed to receiving feedback and coaching and to being vulnerable. Though uncomfortable at first, within a competent, safe atmosphere, we can challenge each other to excel, take risks, and be honest about our perceived struggles and successes. At first it can be hard to accept feedback and difficult to be accustomed to it, and with time it will become more comfortable. The use of struggles and successes is a perfect description of the growth - if you struggle, you succeed. Stepping into the duality of our work.

Something that is incredibly helpful in training in Motivational Interviewing is **modeling**. We ask trainees to watch us engage with one of the trainees during the “real-play” practice. This takes the form of debriefing of each exercise, the coaching activity done by the trainer during experiential exercises, and finally a demonstration of our work as a practitioner with a trainee.

Put simply, modeling shows what this “work” looks like. It takes a while to begin to approximate that model. Trainees are encouraged to learn Motivational Interviewing through modeling without losing the identity of their own selves. It is also important during training for trainees to demonstrate their interactions and spend time coaching other trainees.

As articulated by a trainee: “We need to develop an atmosphere of continual improvement - where we are going with the evidence-based practice of Motivational Interviewing rather than status quo. We’re doing interventions that are on the cutting edge of research. We think it is most important that we challenge ourselves for competency in this EBP and have the utmost respect for those we serve by giving them our “best” interventions, to build accurate empathy skills, and to truly listen and understand where the person we serve is and allow ourselves to hear what they hope for and where they can go. Motivational Interviewing is particularly well suited as a framework for the type of work needed for those people we serve who live in their natural ambivalence

What is Motivational Interviewing?

> *"Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."*
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> — Stephen Rollnick and William R. Miller, Sheffield, UK October 2011

Motivational Interviewing is a collaborative and goal-oriented practice for strengthening motivation and commitment to a particular desire. Motivational Interviewing pulls from various therapeutic styles and theories such as humanistic therapy, cognitive dissonance theory, therapeutic relationship building, and positive psychology. Together, the patient or client or person (*We use client, patient, and person interchangeably, depending on the reader's perspective. We defer to the language of the person we serve.*) and the interviewer use reasons for change to address ambivalence and turn the desire into change.

It is the interviewer's role, through empathy and behavior, to implement Motivational Interviewing's core interviewing spirit and help their client to navigate their way out of hesitation, propelling them forward into change talk. These interviewing skills build the acronym OARS.

- **O**pen Questions - asking open-ended questions (Tell me more ... Describe for me ...)
- **A**ffirmations - accentuating the positive, look for courage
- **R**eflective Listening - reflecting back what is said with a spirit of compassion
- **S**ummarize - collecting and linking what is said with the focus of ambivalence or change

People we serve move loosely through four overlapping processes in the Motivational Interviewing worker's dialogue. This is to gently move through:

1. **Engaging** - building a therapeutic relationship, a working alliance between the interviewer and the person
2. **Focusing** - maintaining a specific issue and direction in "change talk" and "change theory"
3. **Evoking** - eliciting the person's own motivations for change, the desire, hope, reason, or need for change
4. **Planning** - developing the commitment language, listening for the commitment language, and establishing a plan of action

Motivational Interviewing seeks to engage with and amplify ambivalence and listen for the "change talk". Moving through each of the processes can create hesitation - a factor that can stand in the way of behavior change. Motivational Interviewing's core skills are used to bring the client closer to their

own arguments for their desired goals, rather than to strengthen their own arguments for resisting change.

The process of engaging their own dreams and, therefore, change is driven by four elements that are the Spirit of Motivational Interviewing:

1. **Partnership / Collaboration**
2. **Acceptance**
3. **Compassion**
4. **Evocation**

Partnership emphasizes the therapeutic relationship, the working alliance, between the interviewer and the person. Intentionally building a strong collaborative relationship with the people we serve, the role of Motivational Interviewing is to reduce discord and resistance to change and to increase internal motivation.

Acceptance comes from the work of Carl Rogers and incorporates Absolute Worth, Autonomy, Accurate Empathy, and Affirmation. Each aspect of acceptance characterizes the person centered focus of the model. Absolute Worth affirms each person has inherent worth as a human being and that their experiences matter. Autonomy describes the self-directed approach led by the client. Accurate Empathy is the active interest the worker invests in understanding the person's perspective. Affirmation seeks and acknowledges strengths and efforts the patient exhibits in their changing behaviors and builds self worth.

Compassion. To be compassionate is to promote the client's welfare and give priority to his or her needs, engendering trust. It is our ability to sit and effectively reflect with the person's suffering.

Evocation means to bring about the strengths, resources, and wisdom that the individual already has. The belief of Motivational Interviewing is that the patient innately has what is needed to resolve their own ambivalence about change.

Motivational Dialogue

Motivational dialogue is a respectful communicative style used in Motivational Interviewing, often called "change talk". It sounds similar to engaging in a natural conversation with someone, adding a constructive guiding style led by the worker. This conversation is used to motivate, collaborate, elicit, and encourage patients to work through the challenges that prevent change. Motivational dialogue is used in versatile treatment settings and contexts such as a brief intervention and medical check-ups.

Brief interventions, like SBIRT (Screening, Brief Intervention, Referral, Treatment), often use Motivational Interviewing skills, structure, and spirit as ingredients to disrupt a problematic situation. A brief intervention is a time-limited (5 - 15 minutes) and discrete conversation that raises awareness of a problem and encourages the person to consider steps to address it. This is generally done in one

to two sessions within the early stages of care.

Systemic Motivational Therapy is a variation of Motivational Interviewing piloted as a multi-person approach. This modality adapts couples work and family-systems therapy, which focus on relational issues, to the framework of Motivational Interviewing. A family belief system developed to manage/solve/neutralize problematic behaviors that stand in the way of change. Addressing the barriers of ambivalence for change within a family system may take away the environmental instigators. Also, teaching the couple or family basic communication skills using empathy and compassion.

MET (Motivational Enhancement Therapy) is a stand-alone treatment involving the spirit and skills of Motivational Interviewing plus additional feedback. The more traditional type of session adds an assessment interview, personal feedback of assessment results, and exploration of problems the person has experienced. There are two types of MET: one is a brief treatment of four to six sessions that may be sufficient in itself, and the other as a motivational catalyst designed for the unmotivated seeker with ambivalence toward change.

Populations

Motivational Interviewing is effective for problem drinkers, alcohol and other drug users and misusers, and people who demonstrate resistance to changing problematic behaviors, “sustain talk”. Severity of problem, gender, and age do not affect outcomes. However, there is a greater effect on outcomes in general among minority and adolescent populations. Literature suggests Motivational Interviewing based on a compassionate conversational style may present a more culturally respectful modality of care. Motivational Interviewing does not work best for young children, for them try play therapy using Motivational Interviewing, or cognitively impaired individuals because of the necessary higher order mental functioning demands.

People We Serve

The typical person receiving Motivational Interviewing for alcohol and other drug use and misuse is wary about changing their destructive behaviors for healthier ones. A person receiving Motivational Interviewing could be any race, gender, age (except a young child), attending any service for care, and unsure whether they have a problem at all. Motivational Interviewing is designed to start wherever the person is. Motivational Interviewing based care does not have a set number of sessions, but generally the worker uses Motivational Interviewing for the first one to four sessions.

Outcomes

Research suggests that Motivational Interviewing is an effective modality for alcohol, nicotine, and other drug use and misuse, education, criminal justice, and health care. Its applications as a philosophy provide a set of methods that can be used to generate a spirit of motivation and positive change alongside a wide variety of modalities. It can be used with the wide range of people we serve,

is adaptable for various levels of care, and is as effective, and in the face of "sustain talk" or discord maybe even more effective than, other gold-standards of care. Motivational Interviewing is named an evidence-based practice (EBP), reporting efficacious outcomes in over 500 peer-reviewed studies.

In one of the largest analyses done on Motivational Interviewing's overall effectiveness, researchers reviewed over 115 studies to sum the average effects that influence Motivational Interviewing outcomes. They examined treatment length, the most effective time to use Motivational Interviewing, diverse deliveries of Motivational Interviewing, manual use, ideal populations, specific problematic behaviors, and use with other EBPs and levels of care. Results varied slightly between the kind study and format, but overall they were able to generate the following effects of Motivational Interviewing:

- Motivational Interviewing was effective for 75% of all participants, significantly effective overall compared to no treatment, and as effective as other evidence-based practice for alcohol, nicotine, and other drug use (e.g. cognitive behavioral therapy, Twelve Step facilitation).
- Motivational Interviewing is most effective when used as a prelude to other models of care or in addition to other models of care.
- Motivational Interviewing is typically can be completed in one to four sessions. Research is unclear on ideal care duration, however, more engaging and focused sessions tend to lead to better long-term outcomes, and the spirit and skills can live beyond the resolution of the ambivalence.
- Motivational Interviewing is ideal for all populations regardless of gender, age, or problem severity and shows the greatest impact in minority, adolescent, and young adult populations when compared to other common care models.
- Motivational Interviewing can increase client engagement up to 15% and increase care program retention when given at intake assessment.

A large body of research supports Motivational Interviewing as an effective evidence based practice. The better you get at utilizing the spirit, structure, and skills of Motivational Interviewing, the better the outcomes. Motivational Interviewing displays significant results and is recommended for use in targeting specific behavioral changes as a stand-alone model of care. Basic Motivational Interviewing research illustrates its effectiveness as a prelude to other models of care and with additional care modalities. Diverse and adaptable, Motivational Interviewing shows positive outcomes in validity, reliability, and potential to be carried out in a multitude of setting and contexts.

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