

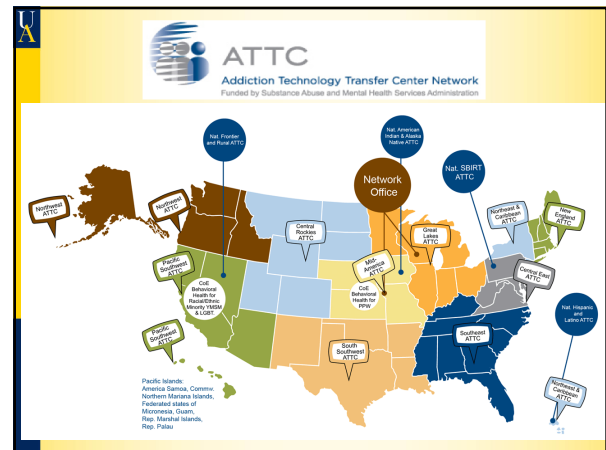
**Using  
Motivational Interviewing  
METHODS  
in Counseling Groups**

**The University of Akron**  
**Northeast Ohio MEDICAL UNIVERSITY**

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**The University of Akron**

**Let's get to know  
each other...**

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**Introduce Yourself**

- I'm...
- At work I am...
- For me, facilitating change in groups is...
- What attracted me to this workshop was...
- On a scale of 1-10 how proficient am I with MI.

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**Now get to know yourself**

**Complete a Self-Care  
Change Plan Draft**  
Pg. 32 of your handouts


...We will come back to this later.

**OVER-ACTING**  
Doing it right!




# How might MI methods enhance group effectiveness?

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## Discussion:


How does your current group curriculum or agency treatment model fit with MI principles? Differences? Similarities?



## Workshop Objectives

- ✦ Review MI process
- ✦ Explore interconnect between MI process and group development
- ✦ Identify activities that integrate MI methods into group counseling

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## Agenda


**Morning**

- Change and MI Review
- Relationship between MI Process and how groups develop
- Facilitating engagement

**Afternoon**

- Establishing a focus on change
- Evoking motivation & building confidence
- Skills practice
- Closure and resources

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## Methods:

Brief instruction, structured learning activities, demonstrations, skill practice


### Sources:

- Miller & Rollnick (2013): *Motivational Interviewing*
- Wagner & Ingersoll (2013): *Motivational Interviewing in Groups*

### Acknowledgement:

Adapted from Northwest ATTC - Steve Gallon PhD and Janis Crawford PhD

**Methods and Sources**



# Hallmark characteristics of MI

- Acceptance and compassion
- Collaborative partnership
- Establishing a focus/goal
- Exploring reasons to change
- Strengthening motivation and commitment

Key Elements of MI

### Research on Motivation

- Assume ambivalence
- Motivation is fluid, interactive and interpersonal
- Motivation is influenced by counselor/peer style and expectations

Internal motivation is more likely to produce change that lasts

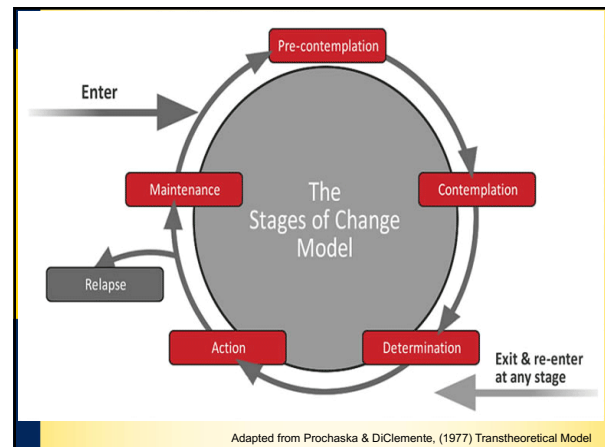
Client talk about change predicts action ..

Key Elements of MI



**First**

**A little review about change, resistance to change, and action**



It is most effective to “meet the client where they are at. Thus providing **“Stage-wise Interventions”** are key.

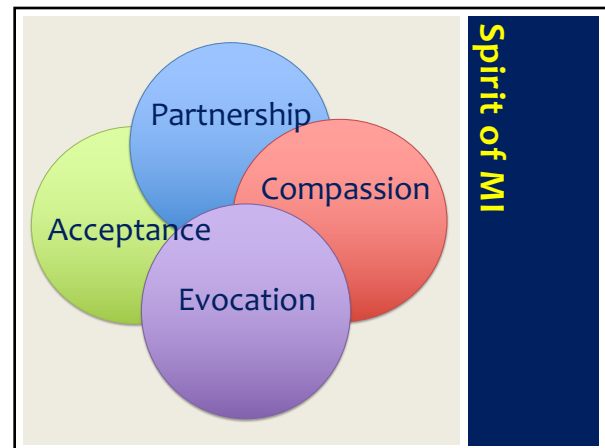
Key Elements of MI

Stage of Change	Characteristics/Issues	Strategies
<b>Pre-contemplation</b> “What problem”	“No need to change”	<ul style="list-style-type: none"> <li>• RELATIONSHIP</li> <li>• GOALS and VALUES</li> <li>• REDUCE SHAME</li> </ul>
<b>Contemplation</b> “Sitting on the fence”	“I am considering change”	<ul style="list-style-type: none"> <li>• EMPATHIZE W MIXED FEELINGS and THOUGHTS</li> <li>• DEVELOP DISCREPANCY</li> </ul>
<b>Preparation</b> “Trying change on for size”	“I am learning how to change”	<ul style="list-style-type: none"> <li>• BUILD CONFIDENCE</li> <li>• ELICIT-PROVIDE-ELICIT</li> </ul>
<b>Action</b> “Started changing”	“I’ m pursuing my goals.”	<ul style="list-style-type: none"> <li>• SMART GOALS</li> <li>• MONITOR AND REINFORCE</li> </ul>
<b>Maintenance</b> “Sustaining Change”	“I need to maintain my change.”	<ul style="list-style-type: none"> <li>• SUPPORT CHANGE</li> <li>• RELAPSE PLANNING</li> </ul>
<b>Relapse Prevention</b> “back to old habits”	“I’ ve gone back to old habits”.	<ul style="list-style-type: none"> <li>• REDUCE SHAME</li> <li>• LEARNING EXPERIENCE</li> </ul>

## What is Motivational Interviewing?

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence

(Miller)



## Who was your favorite teacher?



## Why?

## Rapport: Credibility

- Credibility- "trustworthiness". Receivers trust those perceived to be:
  - *Reliable*
  - *Motivated to tell truth*
  - *Friendly*
  - *Possession of expertise*
  - *Dynamic*

*We listen more to folks we trust*

## Partnership



**"You are the best judge of what is going to work for you."**

## Acceptance



**"I am here to help whatever you decide to do."**



## The "Spirit" of Motivational Interviewing

- **Partnership**
- **Acceptance** →
- **Compassion**
- **Evocation**

- Absolute worth
- Accurate empathy
- Autonomy support
- Affirmation

Miller & Rollnick 2013

### Compassion

*"Guide me to be a patient companion, to listen with a heart as open as the sky. Grant me vision to see through his eyes, and eager ears to hear his story. Let me honor and respect his choosing of his own path"*

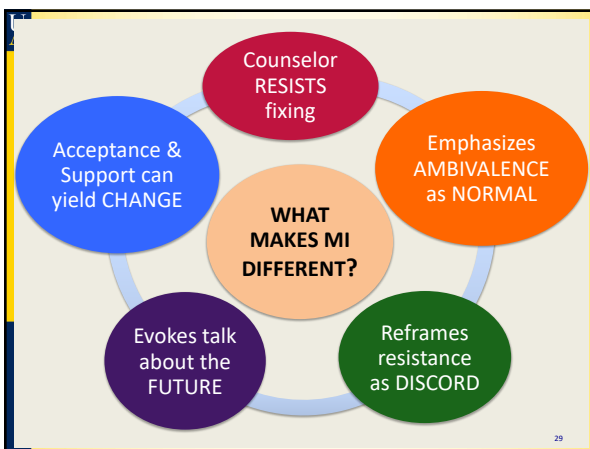
Miller, W. 2013

### Evocation

- What are you hoping will happen by coming here today?
- How would you know if therapy was successful?
- How does your current behavior fit with your goals and values?

### Evocation (group examples)

- What is a successful group experience?
- What is a good reason for sharing in a group?
- What are some benefits to listening to others in group?
- Others?



## MI counters our Righting Reflex

*you know- that thing that makes us want to constantly correct folks, give advice, tell them what to do, etc.*

**Some human reactions to this “righting reflex:”**

- Angry
- Agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Afraid
- Helpless
- Overwhelmed
- Trapped
- Disengaged
- **Don’t want to come back**

Adapted from W. Miller

**Some human responses to being listened to:**

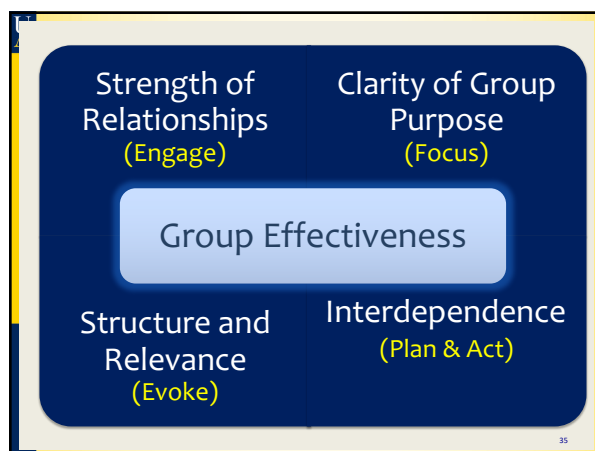
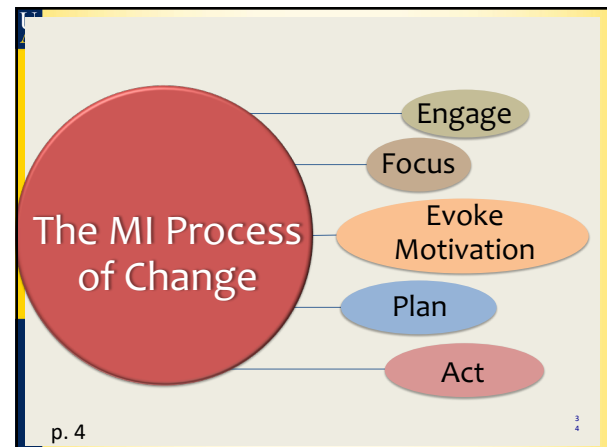
- Understood
- Want to talk more
- Like the clinician
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Cooperative
- Want to come back

Adapted from W. Miller

**Discussion**

How have your professional thoughts, feelings, and/or behaviors been modified since first being trained in or introduced to Motivational Interviewing?

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**Leadership Principles**

- 1 Normalize **AMBIVALENCE**
- 2 **MOTIVATION**  
Importance + Confidence + Willingness
- 3 Combine **EMPATHY** & **DIRECTION**
- 4 Embrace the **SPIRIT** of MI

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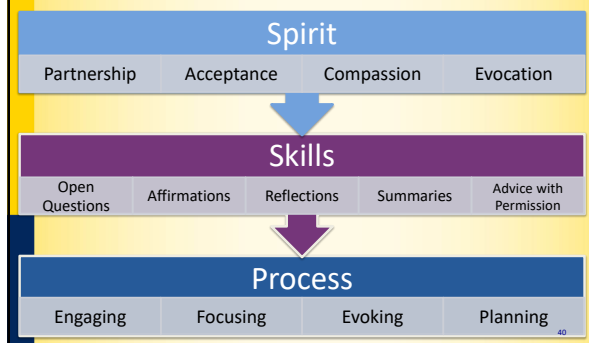
Overall,  
MI groups focus  
more on making  
positive changes than  
on resolving problems.”

Chris Wagner (2016)

1. Key elements of MI
2. What makes MI different
3. Uses of MI in group
4. Leadership principles and behavior
5. How MI fits you, your agency, and your groups

## SUMMARY

## The Language of MI



## Core MI skills

Skill	Impact
Open questions	exploration
Affirming	note strengths, appreciations
Reflecting	convey intent, meaning
Summarizing	essence, linkage, transition

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## OARS-Open Questions

Closed questions invite a yes/no or short answer

Open questions encourage elaboration- evoke ideas, opinions, hopes, etc.

\* Assessment tools often encourage closed questions

Open questions	
What...	... do you think...? ... was that like...? ... might cause you...? ... would happen if...?
How...	... does that make you...? ... might you like to...? ... could you...? ... would you like...? ... can you get past...?

### How do you ask open-ended questions?

Begin the question with “What, Who or How”

“What is your dream...”

“What are your ideas...”

“What steps can you take...”

“Who has helped you...”

**Probe for more information:**

Please elaborate

Tell me more about...

### A few more examples of Open Questions

“What’s happened since we last met?”

“What makes you think it might be time for a change?”

“What brought you here today?”

“What was it like to hear him say that to you?”

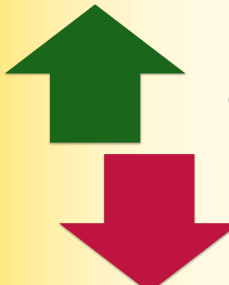
“What do y’all think about what he/she said?”

“How is your change process similar to his/hers?”

Others???

SAMHSA Training, Motivational Interviewing <http://www.samhsa.gov/co-occurring/topics/training/motivational.aspx>

### Affirmations



Increase change talk

Reduce sustain talk

J Subst Abuse Treat. 2016 Feb 46

### OARS-Affirm

You can empower a patient by helping them recognize their strengths and see themselves more positively. By offering positive affirmations, you build a patients’ confidence (or self-efficacy).



Something you appreciate

Acknowledging effort

**AFFIRMING**

Noticing a value

Something positive

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## How do you give 'affirmations'?

You can use positive language such as:

- "I'm really glad you brought that up."
- "I think what you are doing is really difficult. I'm really proud to be working with you on this."
- "That was great feedback."
- "I appreciate that you are willing to talk about this."
- "That's a good idea."
- "I've enjoyed talking with you today."
- Others????

## How do you give 'affirmations'?

**Emphasizing past successes**

- "You have struggled, but you have had some real successes"
- "You are clearly a very resourceful person"
- "You handled yourself well in that situation"
- "If I were in your shoes, I don't know if I could have managed nearly so well."

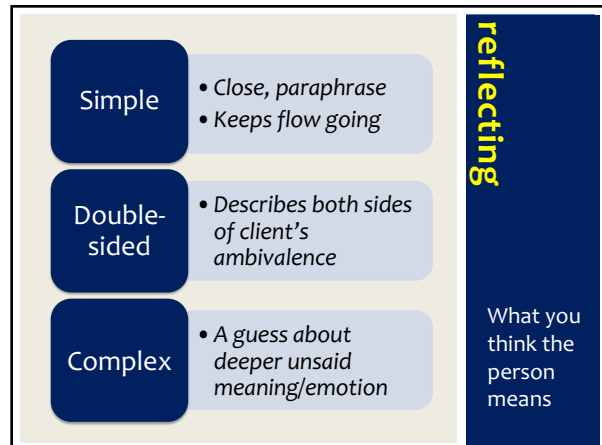
**Reframe behaviors or concerns as evidence of strengths:**

- "So many people avoid seeking help. It says a lot about you that you are willing to take this step."
- "You've had a setback, but you are really trying. Look at the progress you are making"

## How do you give 'affirmations'?

Ask questions to prompt the patient to give themselves affirmations

- "What have you noticed about yourself in the past few months since you started coming here?"
- "I've noticed you having more positive interactions with others lately, why do you think that is?"
- You haven't had an urge to "use" in over a week. Why do you think that is?



## Simple, Double-sided &Complex Reflections

- **Simple Reflections:** Repeat substitute synonyms and phrases. Stay close to the content.
  - **Patient statement-** *"but using is the only way I can cope"*
  - **Simple reflection-** *"You use in order to handle stress"*

## Simple, Double-sided &Complex Reflections

**Double Side Reflections:** Captured both sides of ambivalence, ending with the change talk side.

- **Patient statement-** *"Its been fun, but I cant go on like this anymore"*
  - **Simple reflection-** *"Your fun has come at a cost"*
  - **Double Sided-** *"one on had you've had a good run, on the other- you can see it coming to an end."*
  - **Complex:** *"You're a bit worried where this is all going"*

**Simple & Complex Reflections**

- **Complex Reflections:** Assumptions. A guess what you think is going on.
  - **Patient statement:** *“but using is the only way I can cope”*
  - **Complex reflection:** *You are a little afraid you may not be able to handle life without using.”*

**Simple & Complex Reflections (cont)**

- **Patient statement:** “I’m only here because my family and girlfriend are pressuring me about my drinking”
  - **Simple Reflection:** *They’re really on your case about your use.*
  - **Complex reflection:** *‘It wasn’t your idea to be here, and your not sure this will be helpful”*
  - “It would feel a lot better if they respected your choices”
  - “all this pressure makes it hard to want to change”

**Reflection Practice**

How I live my life is nobody’s business, especially not yours!

**Reflection Practice**

I know you mean well, but I don’t need this medication

**Reflection Practice- Couple more**

I don’t like sharing with others

I’m not calling a crisis line.

I don’t have time for meetings

I procrastinate cuz anxiety motivates me

This Group Sucks.

<b>Synthesis</b>	• What’s been said
<b>Linking</b>	• Connecting inputs
<b>Transitions</b>	• Shifting the focus

**SUMMARIES**

3 Types



## OARS-Summarize

Summarizing a patient's storyline can help him or her get motivated to make a change by helping them see the bigger picture. This process can help you call the patients attention to the most important elements of your conversation<sup>4</sup>

<http://www.everydaylearners.org/sites/uwucdev.org/files/attachments/Open%20Ended%20Questions.pdf>



## A summary may:

- Help you encourage an cue to action or an "Aha moment"
- Encourage a patient to look their strengths
- Give the patient an alternative view his or her options
- Prepare the patient to move on<sup>2</sup>
- Help the patient see both sides of his or her ambivalence for change<sup>3</sup>



## How to summarize a conversation

Pull together the information you gathered in your interview/counseling session and create the storyline – what are the:

- Problems/concerns/challenges
- Potential solutions,
- Patient's strengths
- Feelings and emotions expressed

How do you start the summary?

- "If we add up the puzzle pieces and put them together..."
- "The picture that I see is..."
- "Can anyone summarize what was just discussed?"



# Putting it Together



## Now What?

Learning MI is like learning a new language; without constant practice the skills erode.

**Practice, Practice, Practice**

## Practice

1. Share appreciation for the group's participation
2. Today's task: Share methods we currently use to engage group members and build cohesiveness
3. Facilitator engages members by using:
  - Open question to start
  - Reflections to expand the conversation
  - Linking members to each other
  - Noting themes



**Now get to know yourself**

## Complete a Self-Care Change Plan Draft

Pg. 32 of your handouts

... We will come back to this later.

**Client talk ABOUT change**

- OA and R increase change talk
- Giving information and closed questions reduce change talk
- Affirmations reduce sustain talk
- By using OARS counselors improve potential for change

**discussion**

**“What core MI skills do you prefer? Which come easily and which take a bit more work to feel proficient?”**

**MI PROCESS GOALS**

1. Engaging	• Strengthen relationships
2. Focusing	• Clarify purpose, resolve conflicts, & increase skills
3. Evoking	• Elicit motivation for change
4. Planning	• Commit to action steps

**Parallel processes**

Group Development	MI Process
Forming	Engaging
Storming	Focusing
Norming	Evoking
Performing	Planning

**Some ??'s Regarding Group Processes**

**Engaging/ Forming**

- How comfortable are members sharing with each other?
- How effectively have I modeled MI Spirit?
- Do group members understand and respect one another's concern and ambivalence?
- Do Members share an awareness of the groups goals/guidelines?
- Have I helped them communicate more effectively?

Adapted from Miller, Rollnick (2013) Motivational interviewing: helping people change. P 32

**Some ??'s Regarding Group Processes**

**Focusing/  
Storming**

- What goals for change do group members have?
- Do I have different goals for change than they do?
- Have I modeled how to empathize with discord and ambivalence?
- Have conflicts that emerged been resolved?
- Am I working WITH them towards a common purpose
- Do I, and group members, have a clear sense of where we are going?

Adapted from Miller, Rollnick (2013) Motivational interviewing: helping people change. P 32

**Some ??'s Regarding Group Processes**

**Evoking/  
Norming**

- Are group members sharing their own desires, reasons, or needs to change?
- Is any reluctance to change more about confidence and/or importance?
- Are group members recognizing discrepancy between their values/goals and behaviors?
- Am I steering them too far or too fast in a specific direction?
- Are members working to resolve ambivalence towards any change?
- Is the “righting Reflex” pulling me to being the one arguing most for change?

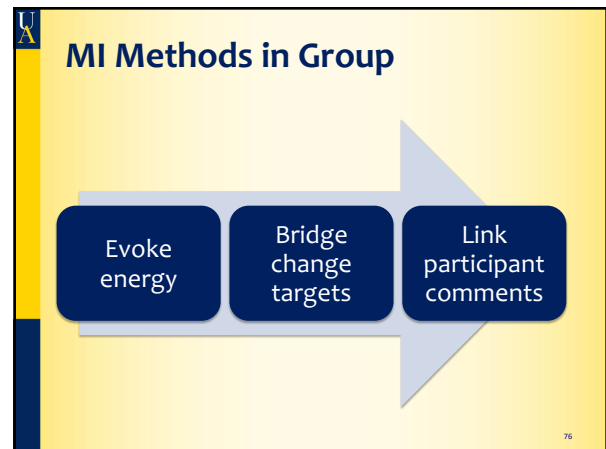
Adapted from Miller, Rollnick (2013) Motivational interviewing: helping people change. P 32

**Some ??'s Regarding Group Processes**

**Planning/  
Performing**

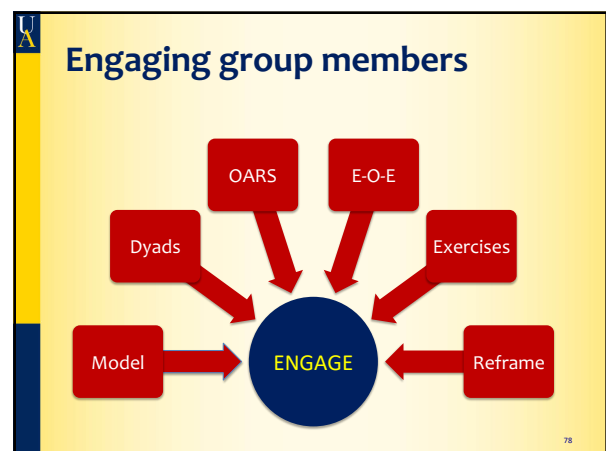
- Are members beginning to make specific decisions about change?
- What would help members to move forward?
- Are members evoking rather than prescribing plans?
- Am I offering any needed advice or information with permission?
- Am I hearing any commitments to change from group members?

Adapted from Miller, Rollnick (2013) Motivational interviewing: helping people change. P 32



**Practice**

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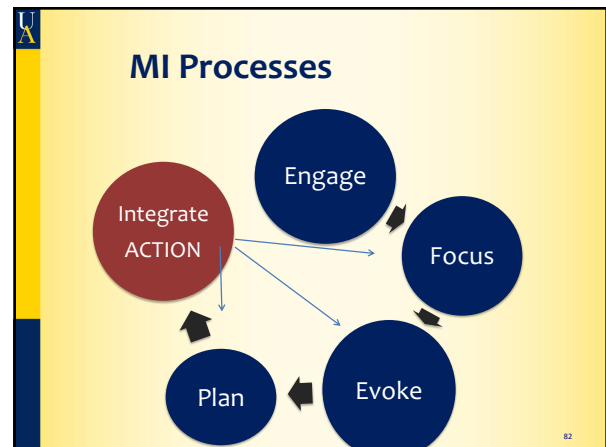
*“If the client is raising the problems and you’re providing the answers, you’re in the wrong chair.”*

Miller & Rollnick (2013), p.273

**Methods for:**

1. building relationships
2. focusing participation
3. evoking motivation for change
4. change planning

*Using MI Methods in Groups*



**Group processes**

1. Engaging • Strengthening relationships
2. Focusing • Clarifying purpose
3. Evoking • Eliciting personal motivation for improving life situation
4. Planning • Committing to specific action steps

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**Evidence**

Members of MI groups increase:

- ✱ Sense of autonomy
- ✱ Readiness to change
- ✱ Awareness of ambivalence
- ✱ Willingness to try new behaviors
- ✱ Attendance
- ✱ Participation
- ✱ Completion rate

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### Sharpening Focus Activities (example)

- **When facilitating:**
  - Take a client-centered perspective
  - Focus on the positives
  - Bring the group into the moment
  - Acknowledge suffering without eliciting grievances

Wagner & Ingersoll, 2013, chapter 10


### Practice Example

### Real Play

**Introduce a group topic about change:**

1. What is something you have thought about changing but have not taken action?
2. What are some of the “not so good things” about changing?
3. What are some of the good things about changing?

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# Change talk

Member focus is the key

### LISTEN FOR...



Self-expressed language

...that is an argument for change

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### Preparatory Change Talk (DARN)

**Desire:** I want to, I would like to, I wish

**Ability:** I can, I could, I might be able to

**Reasons:** Too much Money, more energy

**Need:** It's important, I have to, I should

### Mobilizing Talk (CAT)

**Commitment:** I will, I intend to, I will

**Activation:** I could do that, I am willing, I hope to, I'll consider it, I plan to, I will try to

**Taking steps:** I went to a meeting, this week I started to...



### HOW TO ELICIT CHANGE TALK

Evocative questions	• How...? What...?
Elaboration request	• Tell me about...
Using extremes	• The worst...? The best...?
Looking back	• How were you able to...?
Looking forward	• What does success look like?

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Change Talk Skills (the Readiness Ruler)

### Readiness Rulers

- Determine if a client is on the continuum between “**not going to change**” versus “**already changing**”
- The tool helps us identify and discuss what **they** perceive are barriers to change

### Readiness Rulers

How Ready are you to make this change?

1. Not ready at all
5. Unsure
10. I'm changing, right now, here we go...

Clients need to know what 1 and 10 mean

### Readiness Rulers- follow up

- On a scale of 1-10 how ready are you to make a change?
  - If you are a 5, why not a 2?
  - What would it take to get to a 7?
  - How can I help you get to 7?

(Repeat using Confident and Important)

**Readiness Rulers**

**Assess Importance**

“How important is making this change, with 1 being not important, and 10 being your top priority?”

**Readiness Rulers**

**Assess Confidence**

“If you’re willing to make this change, how confident are you that you can? One is **I can’t**, and 10 is **piece of cake**.”

**Practice Example**      **The Good and Not So Good Things**

This conversational strategy works well when a few members have identified current target behaviors, whether similar or different.

1. Recall the term ambivalence and note that sometimes it helps to look at the *big-picture* when thinking about making a change in our lives. Ask each person in the group to think of something they have thought about changing but have not yet taken action. Ask them to write some not-so-good things about changing, and some good things.
2. Go around the group quickly, ask them to state in one sentence what they have thought about changing. Inquire about some of the not-so-good things about changing.
3. Share reflections and make connections where there are common or similar issues. Ask someone for who the change is high on performance to share some of the good things about changing.
4. Summarize, reflect, and invite others to share, listen carefully for change talk. Try to make connections between group members, facilitating them talking to one another.

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Adapted from Wagner and Ingersoll (2013) p 191-192

**Practice Example**      **Ready- Willing- and Able**

People tend to change when they are motivated. Three aspects of motivation include readiness to change, willingness to make the effort to change, and ability to do what's necessary to accomplish change. In this activity group members think of one change they are considering and rate their preparedness on three scales:

1. Introduce the concept of “Ready, Willing, and Able” to the group and ask what each word means to them. Consider writing responses on a flip-chart.
2. If the members aren't willing to share in a large group you may have them break off into pairs or triads for steps 3&4.
3. Suggest that group members each consider a change in their drug/alcohol use and rate themselves for each of the 3 words: ready, willing, able.
4. For each word ask group members to share their rating and ask them to share a bit what the ratings mean.
5. If the group had been divided into pairs or triads- bring them back together and ask them to share their ratings. Encourage the sharing of both high motivation AND low motivation examples. For low rating examples try brainstorming with the whole group on ways to raise the low ratings.

100  
Adapted from Wagner and Ingersoll (2013) p 215

**EXAMPLE**      **Importance**

1. Place numbers 1-10 on floor
2. Participants asked to position themselves on the continuum with regard to **IMPORTANCE** of the change each is considering
3. Discuss in large group, asking participants
  - What makes you a \_\_ and not a \_\_ (lower)?
  - What would have to happen to move you from a \_\_ to a \_\_ (higher)?
4. Use OARS to highlight change talk and encourage more sharing

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**EXAMPLE**      **Importance and Confidence**

1. Ask members to think of 1 specific change they would like to make
2. Draw a line on flipchart or whiteboard:  
 0.....5.....10  
 no importance      medium      high importance
4. Ask members to share their *importance* rating
5. Ask why the number and not zero?
6. Ask members to make a *confidence* rating
7. Again, why the number and not zero?

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**EXAMPLE**

## Change Success Stories

1. Ask members to think of 2-3 things they have accomplished in their life
2. Reflect and summarize
3. Ask, "How could you apply what you learned to your current situation?"
4. If need be, remind the group that everyone has had successes in their life
5. Note themes

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## Workshop Review

- Key elements of MI
- Importance of MI Spirit
- Core skills: O-A-R-S
- Leadership principles
- MI processes that parallel group development
- Group exercises to incorporate MI techniques

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## Workshop Review

- Key elements of MI
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## Many MI resources on the web

- [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)
- [www.motivationalinterview.net](http://www.motivationalinterview.net)
- Examples of MI interviews on YouTube  
– [www.youtube.com/user/teachproject#p/u](http://www.youtube.com/user/teachproject#p/u)
- Addiction Technology Transfer Centers  
– [www.attcnetwork.org](http://www.attcnetwork.org)

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