Using Motivational Interviewing METHODS in Counseling Groups

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Let’s get to know each other...

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.

Now get to know yourself

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

...We will come back to this later.
How might MI methods enhance group effectiveness?

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

**Methods and Sources**
**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

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

**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

**Hallmark characteristics of MI**
Key Elements of MI

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

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

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.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>&quot;No need to change&quot;</td>
<td>• RELATIONSHIP • GOALS and VALUES • REDUCE SHAME</td>
</tr>
<tr>
<td>Contemplation</td>
<td>&quot;I am considering change&quot;</td>
<td>• EMPATHIZE W MIXED FEELINGS and THOUGHTS • DEVELOP DISCREPANCY</td>
</tr>
<tr>
<td>Preparation</td>
<td>&quot;I am learning how to change&quot;</td>
<td>• BUILD CONFIDENCE • ELICIT PROVIDE-ELICIT</td>
</tr>
<tr>
<td>Action</td>
<td>&quot;I'm pursuing my goals.&quot;</td>
<td>• SMART GOALS • MONITOR AND REINFORCE</td>
</tr>
<tr>
<td>Maintenance</td>
<td>&quot;I need to maintain my change.&quot;</td>
<td>• SUPPORT CHANGE • RELAPSE PLANNING</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>&quot;I've gone back to old habits.&quot;</td>
<td>• REDUCE SHAME • LEARNING EXPERIENCE</td>
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Adapted from Prochaska & DiClemente, (1977) Transtheoretical Model
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**
  - Absolute worth

- **Acceptance**
  - Accurate empathy

- **Compassion**
  - Autonomy support

- **Evocation**
  - Affirmation

Miller & Rollnick 2013

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**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

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**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?

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**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?

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**WHAT MAKES MI DIFFERENT?**

- Counselor RESISTS fixing
- Emphasizes AMBIVALENCE as NORMAL
- Acceptance & Support can yield CHANGE
- Evokes talk about the FUTURE
- Reframes resistance as DISCORD

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**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 listed 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?

The MI Process of Change

Engage
Focus
Evoke
Motivation
Plan
Act

Strength of Relationships (Engage)  Clarity of Group Purpose (Focus)

Group Effectiveness

Structure and Relevance (Evoke) Interdependence (Plan & Act)

Leadership Principles

1. Normalize AMBIVALENCE
2. MOTIVATION
   Importance + Confidence + Willingness
3. Combine EMPATHY & DIRECTION
4. Embrace the SPIRIT of MI
Overall, MI groups focus more on making positive changes than on resolving problems.”

Chris Wagner (2016)

SUMMARY
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

The Language of MI

<table>
<thead>
<tr>
<th>Skill</th>
<th>Impact</th>
</tr>
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<tbody>
<tr>
<td>Open questions</td>
<td>exploration</td>
</tr>
<tr>
<td>Affirming</td>
<td>note strengths, appreciations</td>
</tr>
<tr>
<td>Reflecting</td>
<td>convey intent, meaning</td>
</tr>
<tr>
<td>Summarizing</td>
<td>essence, linkage, transition</td>
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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

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

Reflections

Simple
• Close, paraphrase
• Keeps flow going

Double-sided
• Describes both sides of client’s ambivalence

Complex
• A guess about deeper unsaid meaning/emotion

What you think the person means

Simple, Double-sided & Complex Reflections

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

• Patient statement: “It's been fun, but I can’t 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.

Reflection Practice

**Synthesis**
- What’s been said

**Linking**
- Connecting inputs

**Transitions**
- Shifting the focus

SUMMARIES

3 Types
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 patient’s attention to the most important elements of your conversation.

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
- Help the patient see both sides of his or her ambivalence for change

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?”

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

Practice, Practice, Practice
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
- Forming
- Storming
- Norming
- Performing

MI Process
- Engaging
- Focusing
- Evoking
- Planning

Some ??’s Regarding Group Processes

- 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

MI Methods in Group

Evoke energy
Bridge change targets
Link participant comments

Engaging group members

OARS
E-Q-E
Dyads
Exercises
Model
Reframe

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
Getting members engaged

Orientation
Decontaminate Referral
Structured Activities
Proactive Goals
Shift focus to the future

“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

MI Processes
Engage
Focus
Plan
Evoke
Integrate
ACTION

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

Evidence
Members of MI groups increase:
- Sense of autonomy
- Readiness to change
- Awareness of ambivalence
- Willingness to try new behaviors
- Attendance
- Participation
- Completion rate
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

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?

Change talk

Member focus is the key

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

LISTEN FOR...

Self-expressed language ... that is an argument for change

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...
**If your horse dies...**

...Get off it

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**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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**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

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**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

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**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?”

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.”

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.

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

EXAMPLE

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
3. Ask members to share their importance rating
4. Ask why the number and not zero?
5. Ask members to make a confidence rating
6. Again, why the number and not zero?
### 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.

### 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

### References


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