Objectives

- Describe the Spirit and Principles of MI
- Describe Potential Roles of MI in gambling treatment
- Practice Some Basic Techniques

Starting Point for Understanding Motivational Interviewing

"People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others"

Pascal's Parises, 17th Century
Motivational Interviewing

Definition

- A directive, client-centred method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002)
- Style versus therapy
- Client centred – listening & reflecting
- Goal-directed – eliciting change talk
- Focused on ambivalence

The paradox of change:

When a person feels accepted for who they are and what they do —no matter how unhealthy— it allows them the freedom to consider change rather than needing to defend against it.

It is all about active listening…
The MI Spirit
(Miller & Rollnick, 2002)

- Collaborative
  - Partner-like relationship
- Evocative
  - Elicit (draw out) motivation rather than instill it
  - The counselling style is quiet and eliciting
- Respectful
  - Respect for individual autonomy – responsibility for change is with client
  - Client needs to be able to choose
  - Client has the resources
  - Compassionate and accepting

MI Spirit

It is all about active listening...

and

Resolving ambivalence about change
Ambivalence = Mixed feelings

- Ambivalence is regarded as a normal aspect of human nature – common to us all
- I want to, but I don’t want to
- I would feel better if I quit smoking but I might gain weight and feel gross.
- I want to lose weight but I hate dieting
- I want to spend time with my wife, but I am so busy
- Change is always associated with ambivalence

Another MI definition

- Helping clients process their mixed feelings about change in an atmosphere of acceptance and understanding

Comparison of MI and Common Therapies

<table>
<thead>
<tr>
<th>Level of direction</th>
<th>Person-centred</th>
<th>MI</th>
<th>Cognitive</th>
<th>Behavioural</th>
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<tbody>
<tr>
<td>Focus in session</td>
<td>feelings</td>
<td>Change talk/ambivalence</td>
<td>cognitions</td>
<td>behaviours</td>
</tr>
<tr>
<td>Form of therapy</td>
<td>therapy</td>
<td>Communicating style</td>
<td>therapy</td>
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<td>Essential ingredients</td>
<td>Core conditions</td>
<td>spirit</td>
<td>Challenging maladaptive thoughts/behaviour</td>
<td>Alternative healthy behaviours</td>
</tr>
<tr>
<td>Mechanism</td>
<td>Resolving incongruence</td>
<td>Change talk</td>
<td>Learning adaptive thoughts and beliefs</td>
<td>Learning healthy behaviours</td>
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</tbody>
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Westra, 2012

Adapted from Schumacher & Madison, 2014
MI in Gambling Treatment

- Building momentum as preparation
- Helping the less ready find their direction
  - Rolling with resistance
- Loss of momentum
  - Shifting in and out of action/directing focus
- General “relational stance”

Components of MI

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<tr>
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<td>Roll with resistance</td>
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<td>Autonomy</td>
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<td>Support self-efficacy</td>
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Basic Principles of MI

Express Empathy
- Listening versus telling
- Reflective listening
  - 2:1 reflection/question ratio

Develop Discrepancy
values/beliefs/goals and behaviours
Basic Principles

Roll with the Resistance
Opposite of challenge
Goal is to evoke client’s solutions

Resistance is under pressure

Basic Principles (cont)

Support self-efficacy
Help client believe that they can change

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<td>Phases</td>
<td>Build commitment</td>
<td>Plan for change</td>
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Phases of MI

1. Building Motivation to Change (the why)
   - Elicit change talk
   - Explore ambivalence

2. Strengthen the Commitment to Change (the how)
   - begin planning for change

Components of MI

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Methods in Stage One

- ELICIT CHANGE TALK
  - Recognize disadvantages of status quo
  - Recognize advantages of change
  - Express optimism about change
  - Expressing intention to change

- Change talk predicts actual change
- We talk ourselves into change; We believe what we say - cognitive dissonance, self-perception theory
How does MI work? Technical Model

• Coded therapy transcripts for Change Talk
• Does amount of Change Talk correlate with change in gambling behavior?
  • 3 months  \( r = -0.39^* \)
  • 6 months  \( r = -0.36^* \)
  • 12 months  \( r = -0.35^* \)

*Amount of change talk predicts change  
\( ^* p < .05 \) Hodgins, Ching & MacEwan, 2009

Miller’s Acronym

D desire
A ability
R reasons
N need

Commitment to Change

Change

Sustain talk

❖ I will never go on a date.
❖ I need to smoke to be creative
❖ I don’t think I have to quit
❖ I intend to keep playing and no one can stop me.
❖ I can’t take that step…. 
11 Strategies for eliciting CT

1. Use of Open-ended questions
   Set tone for non-judgmental setting
   Broad but not too vague – people need help getting going
   I understand that….., Tell me what’s been going on.

Strategies for eliciting CT

2. Ask for elaboration
3. Ask for examples
4. Looking back –before the problem
5. Looking forward
6. Query extremes
7. Decisional balance - Good Things and Less Good Things
7. Decisional Balance – Pros and Cons

<table>
<thead>
<tr>
<th>Pros of Gambling</th>
<th>Cons of Gambling</th>
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<tr>
<td>Easier to keep gambling</td>
<td>Depression, don’t like myself, $ worries</td>
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<td>Fills my time</td>
<td>Cons of stopping</td>
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<td>Too much time to fill,</td>
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<td>Can’t imagine life without gambling</td>
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Pros of stopping
Can spend time with family, more money to spend, less depressed?, pride

8. Importance & Confidence Rulers

- How important is it to..... on a scale of 1 to 10...?
- How confident are you that.....?
- What would it take to be a 10?
- How come you are not at zero?

Strategies for eliciting CT

9. Explore goals and values –
   - What do you want in life?

10. Reflections and summaries
Summaries can:
- Collect material that has been offered
  - So far you have expressed concern about your children, getting a job, and finding a safer place to work.
- Link something just said with things discussed earlier.
  - That sounds a bit like what you told me about that lonely feeling you get.
- Draw together what has happened and transition to a new tasks.
  - Before I ask you about..., let me make sure I understand... [from Miller, 2008]

11. Affirmations
- Support the patient/client
- Convey respect
- Convey understanding
- Encourage more progress
- Help clients/patients reveal less positive aspects of themselves

Affirmations (continued)

Examples?
Affirmations (continued)

- “You are very courageous to be so revealing about this.”
- “You’ve accomplished a lot in a short time.”
- “The fact that you are tackling this impresses me”

Finding Affirmations

- A harried executive complains that she is struggling to manage the many tasks in her life. She is always tired and finds it a struggle to get out of bed when the alarm goes off at 5am. She finds herself drinking more just to unwind at the end of the day but over the past few months she has started to gamble online after the kids are in bed and the last of the emails have been sent. Her husband is worried about her stress, but his attempts to talk about its impact are met with snarling responses about her needing to wear the pants in the family.
  - What are her strengths?
  - Affirmation?

Remember the goal

- Elicit change Talk

“People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others”

Pascal’s Pensees, 17th Century

- Often weak and fragile
Responding to change talk

- Just don’t sit there...
- Reflect it
- Ask for elaboration
- Ask for more
- Affirm
- Summarize
- Respond to even weak talk

Change Talk Detective

- Become an “ambivalence detective”
- Listen for the “but”
- Where there is a “but” there is ambivalence and change talk is usually buried in the language.
- Amy Winehouse?

Miller’s Acronym

D desire
A ability
R reasons
N need

Commitment to Change

Change
Sustain talk

- I really like poker
- I need to smoke to be creative
- I don’t think I have to quit
- I intend to keep playing and no one can stop me.

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How do you recognize Resistance?

- Arguing / Bickering
- Lack of enthusiasm
- Yes, but...
- Ignoring / tuning out / withdrawing
- Lack of compliance with homework
- “Sustain talk”
  - I can’t change; things can’t change

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Sustain Talk + Discord

- Client expresses:
  - A desire for the status quo
  - An inability to change
  - The benefits of the current situation
  - Need for the status quo
Two related tasks
- Roll
  - Avoid the “righting reflex”
  - Dance, don’t wrestle
- Understand the meaning
  - What is the client communicating to you?

Rolling With Resistance
- Do not meet it head on. “I don’t want to quit”
  - Simple reflection: “So you don’t want to quit”
  - Reflection with amplification: “In fact, you may not be able to quit”
  - Double-sided reflection “On the one hand,…

Rolling With Resistance
- Do not meet it head on. “I don’t want to quit”
  - Shifting focus: ”I think you are jumping the gun to say you have to quit. Let’s talk about…
  - Emphasizing personal control
  - Gentle paradox: “What I hear you saying is that even though there are some negatives, the positives still outweigh them.”
Terri and the rounder

Finding the Meaning in Resistance
- Is the client moving toward me or away from me?
- Rolling helps decode the meaning.
- Exploring the advantages of the status quo is not the same as reinforcing it

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Phase two: Committing to a Change Plan

- Don’t rush into it. Listen to client’s language, let client take the lead but provide direction.
- Use transition question -
- Set goals, discuss options, develop plan
- T: So from what you have said, you are thinking that you need to quit gambling. That makes a lot of sense. Do you feel committed to do this? (commends abstinence and confirms readiness)

When: Signs of Readiness to Change

- Decreased resistance
- Decreased discussion about the problem
- Resolve
- Change talk
- Questions about change
- Envisioning
- Experimenting

How: Transition questions

- What’s the next step?
- Where does this leave you now?
- What are you thinking at this point?
- I’m wondering where does this leave you in terms of a goal you might want to set?
Phase 2 Tasks

• Discussing a plan
  • Draw from client; client’s expertise is prioritized over therapist’s expertise
• Communicate free choice
• Consequences of action and inaction
• Information and advice
  • Playing hard to get
  • Ask permission
• Dealing with resistance

But skill development requires practice and feedback

Resources

- Motivationalinterviewing.org