

# **Motivational Interviewing:**

Stages of Change May 21, 2015





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## **Acknowledgements & Disclaimer**

These slides and associated materials were developed by:

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Center for Applied Behavioral Health Policy

# **Introductions**

- Name
- What is something you do out of habit?
  - Caffeine
  - Shopping
  - Buying things
  - Nicotine
  - Bite your nails



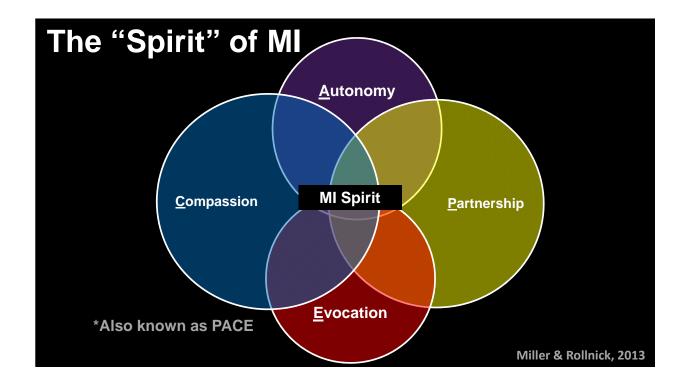
## **Objectives**

- Brief definition of Motivational Interviewing
- •Identify the elements of change and techniques for supporting behavior changes
- Increase knowledge regarding the application of Stages of Change and practice of MI when working with individuals
- Describe characteristic of people in each of the Stages of Change

# part I: brief definition of Motivational Interviewing



It is an <u>evidence-based treatment</u> that addresses ambivalence to change. It is a conversational approach designed to help people identify their readiness, willingness, and ability to change and to make use of their own change-talk.



part II: identify the elements of change and techniques for supporting behavior changes

# Change

Stages of Change

Motivation

**Ambivalence** 

It is important for the helper to meet the person where they are at ... not where they want them to be.

 "A natural and instinctive response of trained care providers is to fix the problem, make things right, to use knowledge acquired from training and experience to help the individual seeking care to overcome their problems."



Miller & Rollnick (2012)

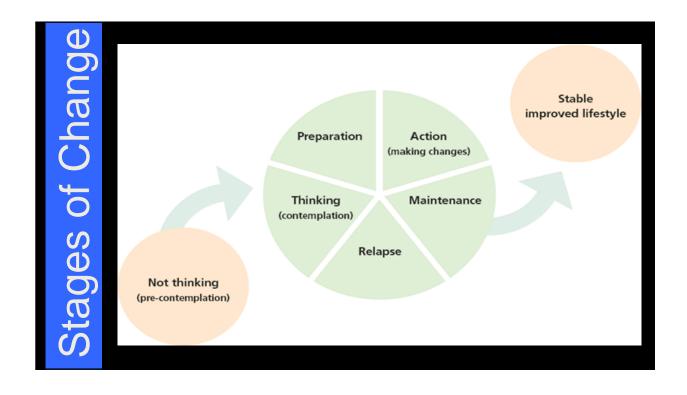
"The Righting Reflex"

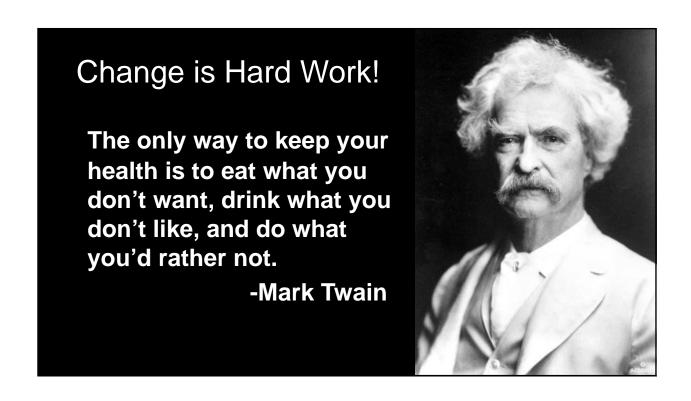


goal is for individuals to talk *themselves* into changing

part III: increase knowledge regarding the application of Stages of Change and practice of MI when working with individuals







# **Pre-Contemplation**

#### Barriers & Misconceptions

- Unaware
- No Connection

#### Strategies

- Increase Awareness
- Educate
- Examine Discrepancies



It is NOT on their radar screen

pre-contemplation: not aware can't see the problem

# Contemplation

#### **Barriers**

- Ambivalence
- Lack of Self-Efficacy

#### **Strategies**

- Examine an individual's personal values
- Weigh the pros and cons
- Tip the balance



contemplation: problem acknowledgment thinking about changing no specific plans in place

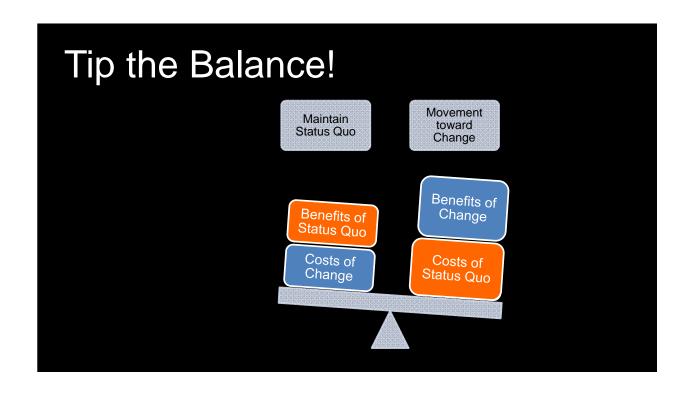
# **Ambivalence**

H DON'T



- A state of mind in which a person has co-existing but conflicting feelings, thoughts, and actions about something.
- Ambivalence is normal and it's easy to feel two ways about it. "I do want to change and I don't want to change."
- Simultaneously wanting and not wanting something or wanting both of two incompatible things.

80% of people will be in pre-contemplation or contemplation





# determination/preparation: focus on solution (problem) and future (past) small behavioral changes

# Reduce Barriers

"I want to quit smoking"

Situation 1 - Driving To Work x 3

Situation 2 - Smoke Breaks With Co-workers

Situation 3 - After A Meal x 4

Situation 4 - When I'm Feeling Stressed

Situation 5 - In Social Settings x 6



# Action

#### **Barriers**

- Overconfidence in ability
- Unplanned events/crisis

#### **Strategies**

- Consistent support
- Focus on successes
- Provide positive reinforcement
- Treatment/Crisis plan



Action: observable behavioral changes

# Maintenance

#### **Potential Barriers**

- Unfulfilled
- Lack of competing reinforcers

#### **Strategies**

- Affirm changes made
- Develop internal and external rewards
- Help the individual find activities to replace the previous problematic behaviors
- Provide encouragement and Support



maintenance: old behavior is still a temptation (possible relapse)

# Relapse

- Strategies
- Relapse <u>can</u> be a normal part of the recovery process
- Assist the individual in learning from the relapse before committing to a new plan of action
- Discover the triggers that lead to the relapse



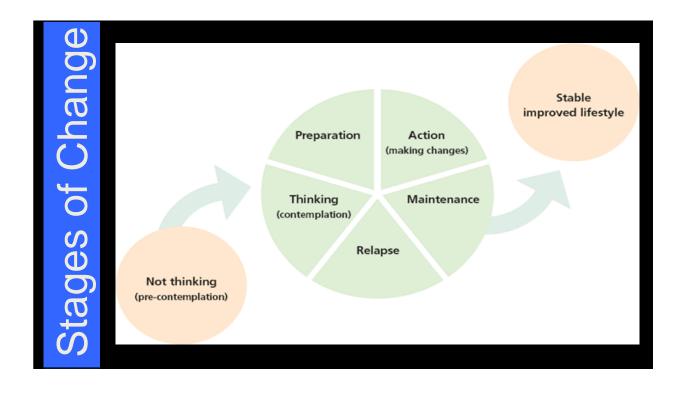
relapse: not offered as a contingency plan but learn from relapse

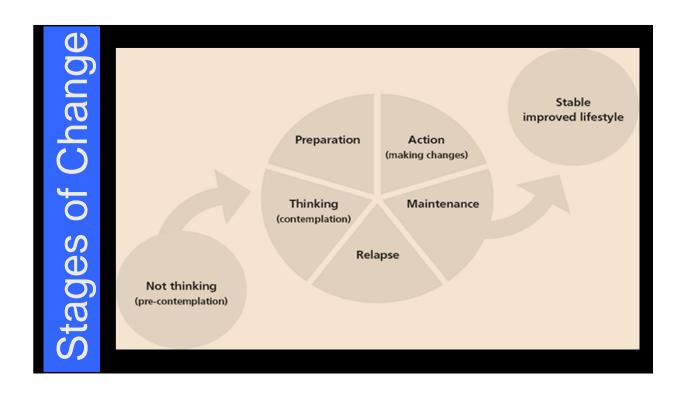
# Stable Improved Lifestyle

- Relapse is less likely and a new stable lifestyle is present
- Strong coping skills
- New habits are adopted



stability: not triggered and moved on to another goal





# Activity: Guess the Stage of Change

- "I think I may need to slow down on my drinking"
- "I went ahead and made some changes so I'll be ready to take the substance abuse class"
- "It hasn't been easy but I've been going to the class and even done the homework."
- "I don't have a problem. The people around me do"
- "I am so proud to have got my 5 year chip"

# part IV: practical application

# What is your statement of change?



#### Exercise

Think back to the behavior that you have been considering changing, but you have been ambivalent about.

#### Ask yourself:

- 1. How long have you been considering changing this behavior?
- 2. What has stopped you from making the change?
- 3. What would need to happen for you to make the change?

# **Assessing Motivation**

The mental process, function, or instinct that produces and sustains incentive or drive in human and animal behavior.

#### Components

- Willing: Degree of discrepancy between current behavior and future values
- Able: Confidence for change
- Ready: Has to do with priorities

# Ultra Brief Personal Action Plan

- Do something that you wouldn't normally do for yourself...
- "Is there something that you could do by the next time we meet that you would find valuable/helpful?"
- "What is one thing you could do towards reaching your goal?"



# part V: describe characteristic of people in each of the Stages of Change

# Pre-contemplation

#### Participant:

- May or may not be aware of the problem
- Overwhelmed, hopeless
- Resigned, low energy
- Hostile, high energy
- · No feeling of control
- Denial
- Little or no fear of consequences
- Minimizes harmful consequences

#### Helper: Build Trust & Rapport

- Non judgment
- Accept client-autonomy
- Empathy
- Listen and help clarify
- What are participants goals?
- Provide information
- Focus on Safety (reduce harm)
- Look for Ambivalence

#### Pre-contemplation Rebellious Resigned Reluctant Rationalizing Not aware of • Does see the • Does see the • Does see the problem problem problem Problem behavior or behavior behavior Appears to have harm • Lots of • Overwhelmed, all the answers hopeless Not thinking emotional Intellectualizes about change energy to resist · Lack of energy and Minimizes change • Passive the harm • Will argue and · Fearful or • Resistance lies in be hostile uncomfortable "thinking" rather than emotions with change

#### Contemplation

#### **Participant:**

- Acknowledges that a problem exists
- Ambivalence is high!
- Struggles to understand the problem and possible causes and solutions
- Considers action-this could take time!

#### Helper: Build Trust & Rapport

- Clarify Ambivalence-Tip the balance!
- Assess how long they have been contemplating change. Past attempts to change?
- Give accurate information, make it personal
- Don't forget the positive (what is the client getting out of the negative behavior?)
- Increase self-efficacy (confidence)

# Determination/Preparation

#### Participant:

- Motivation for change evolves into a plan of action
- Gathers knowledge and resources necessary for change
- Client begins to set goals with realistic timelines
- Many clients get overwhelmed and get stuck here!

#### Helper:

- What are participants goals?
- Change plan should be acceptable, accessible and effective
- Identify and troubleshoot barriers and triggers
- Identify Supports
- Menu of options

#### Action

#### Participant:

- Implements plan
- Client begins to modify behavior
- Gives greatest commitment of time and energy
- Most visible to others

#### Helper:

- Careful listening
- Affirmation
- Does plan need revision?
   Plan for relapse
- Build self-efficacy!
- Action is not change, it is only one step in the process

# Maintenance

#### Participant:

- Sustains behaviors
- It takes time to make actions into established behaviors
- Work with relapse triggers
- Realize that relapse is a potential part of the process not failure

#### Helper:

- Careful listening
- Affirmation
- Identify triggers, unexpected stress
- Plan for relapse

## Relapse

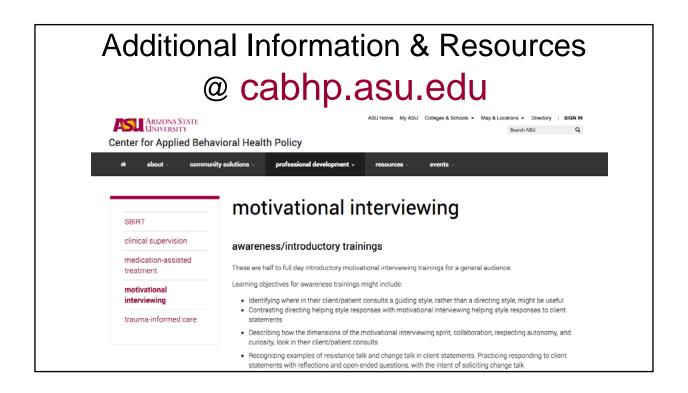
#### **Participant:**

- Fear that the habit is stronger than they are
- Takes place gradually after initial slipup
- Self efficacy erodes
- Why:
  - Strong unexpected urge
  - Relaxed guard
  - Didn't realize cost of the change

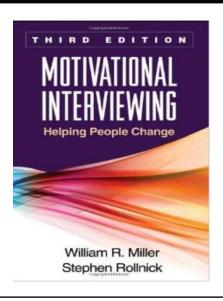
#### Helper:

- Opportunity to learn
- Normalize Relapse
- Help them understand the cycle of change
- Tweak the plan

# part VI: next steps



# **Additional Resources**



Miller & Rollnick

Motivational
Interviewing: Helping
People Change
(3rd edition, 2012)

Available used on Amazon



# **References & Links**

#### Miller & Rollnick

http://www.motivationalinterview.org

SAMHSA's National Registry of Evidence-Based Programs and Practices, MI Overview

http://www.nrepp.samhsa.gov/ViewIntervention

#### Prochaska & DiClemente

http://www.prochange.com/transtheoretical-model-of-behaviorchange