3rd Millennium Classrooms

Motivational Interviewing Handbook

Motivational Interviewing in Community Corrections A Guide for Probation Officers and Case Workers

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*Portions of this material have appeared previously in research manuals, and other public domain sources such as Walters et al. (2007). *Motivating offenders to change: A guide for probation and parole.* Washington DC: National Institute on Corrections.

Table of Contents

A. Overview

This guide suggests ways to implement motivational interviewing (MI), a person centered, directive method of communication, to help people make changes in alcohol and marijuana use. This guide describes the MI style, outlines some of the basic strategies, and suggests dialogue and visual aids that might be used to structure the conversation. Each interaction is unique; the illustrations are just examples that might be helpful in different scenarios.

The guide can be used with all kinds of clients in the criminal justice system, however it has been specially prepared for working with clients who have previously completed either Under the Influence or Marijuana 101 online sanction courses. These 4-hour courses contain lessons that target key mechanisms of behavior change—factors identified in research as strongly influencing alcohol and drug use. The courses are organized similarly, with material that covers

- risk assessment
- norm perceptions
- alcohol expectancies
- confidence/plans to change drinking or marijuana use

Each section can be used to facilitate discussion around motivational issues that may affect drinking and drug use.

Upon completion of the program, clients are given the option of printing out a summary report. This report can be used to facilitate a conversation around current use, possible problems, and strategies for making changes.

- **Lesson 1: Pros and Cons of Use.** This section helps clients to identify the pros and cons of alcohol or marijuana use. It provides tailored messages about perceived benefits, as well as the most common drawbacks experienced by the client. For instance, alcohol users commonly say that alcohol helps them to be more social, to relax, or to reduce stress. However, drawbacks of alcohol can include physical effects, interpersonal problems, shame/guilt, or risk of dependence.

- **Lesson 2: Personalized Feedback.** In this section, each client receives tailored feedback from the e-CHECKUP TO GO brief intervention tool. This tailored report provides a summary of alcohol/marijuana use over the last 30 days, a comparison to age and gender matched norms, estimated risk level, amount of money spent on alcohol/marijuana, calories consumed (for alcohol), and common medication interactions. Upon completion of the program, clients are given the option of printing out a summary of their personalized feedback. This summary can be used to facilitate discussion around substance use (See Section D).

- **Lesson 3: Motives.** This section explores common motives for substance use, and provides tailored messages based on the client's most important reasons for using alcohol or marijuana. For instance, people might use marijuana to fit in with others, cope with boredom, be more creative, or manage anxiety.

- **Lesson 4: Expectancies.** This section talks about things that people expect to happen after they drink or use marijuana. For instance, people may say that alcohol helps them to relax, be social, or be more outgoing. This section also helps clients to identify other activities that might help them to achieve the desired results, without substance use.

- **Lesson 5: Consequences.** This section highlights things that have happened recently because of alcohol or marijuana use. Common areas for both alcohol and marijuana users include social problems, personal regrets, school or work problems, and engaging in risky behaviors. This section also gives feedback on the risk of developing substance dependence.

- **Lesson 6: Making Changes.** This section helps people to identify ways to make changes in alcohol or marijuana use. Common strategies include setting limits, planning ahead, and changing the environment. Based on the strategies a client selects, the program can offer additional suggestions that might be helpful in avoiding future problems.

In addition to the 4-hour basic course, some clients are asked to complete 4 brief check-ins in the month following the course. At each contact, clients report on their alcohol or drug use, and identify strategies that have been helpful in avoiding use. The program can reinforce changes and provide tailored suggestions and advice for avoiding future problems. Some jurisdictions may require this follow-up component, while others may offer it as an option.

B. Interview Approach and Delivery

B.1. What is Motivational Interviewing?

MI is a conversational style for strengthening a person's motivation and commitment to change.[1,2] MI is related to Client-Centered Counseling in its emphasis on empathy, optimism, and respect for client choice.[3] MI also draws from Self-Perception Theory, which says that a person becomes more or less committed to an action based on the verbal stance he or she takes.[4] In other words, a person who talks about change is more likely to make that change, whereas a person who argues and defends current behavior is more likely to continue in the status quo.

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Stages of Change

Precontemplation

Contemplation

Preparation

Action

Maintenance
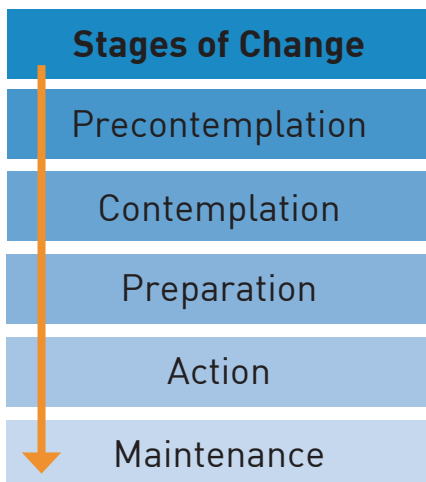
MI is also connected to the Stages of Change model, which suggests that people go through a sequence of stages when thinking about change.[5] In fact, there is evidence that MI is particularly useful with clients who are in the earlier stages of change or who are more angry or resistant to change.[6,7] MI can be delivered as a stand-alone intervention, as a prelude to other treatments, or combined with other elements, such as personalized feedback.

MI has an excellent track-record preparing people to engage in alcohol and drug treatment programs.[8-10] It also has been used in many different research studies of adolescent and young adult substance abusers.[11-15] For instance, in one research study, heavy marijuana users were randomized to either a one-hour MI session with a counselor, or to a control group. The one-hour MI session included a personalized feedback report summarizing the client's pattern of use, negative consequences, and a comparison of their own use to other young adults. Six months later, those who had received the single MI session reported less marijuana use than the group that did not receive the intervention.

In another study, DUI offenders were randomized to either a single "ultrabrief" MI session, or to a group that received standard information and advice. The 30-minute intervention included personalized feedback on the person's current level of drinking, and tailored information on alcohol misuse and intervention options. After twelve months, those who had received the MI session showed significantly fewer heavy drinking days, compared to the group that received only information and advice.[16]

Overall, a review of studies found that MI had significantly better outcomes in three out of four studies and outperformed traditional information and advice 80% of the time.[17]

There are two basic components of MI—relational and technical.[18]

Relational Components

Relational components involve the overall listening tone and "spirit" of the interaction.

This includes basic reflective listening strategies such as open-ended questions, affirmations, reflections and summaries (OARS), as well as through an overall MI "spirit" that demonstrates evocation, collaboration, and autonomy support.

Core Aspects of the MI "Spirit"

Evocation:
Agent works to evoke the client's reasons and ideas around change.

Collaboration:
Agent encourages power sharing so that the client's ideas influence the direction of the interaction.

Autonomy:
Agent emphasizes the clients own personal control and choice in deciding outcome.

Empathy:
Agent shows a deep understanding of the client's perspective, not just what has been explicitly stated, but what the client means and how he or she feels.

Technical Components

Technical components involve decisions about how to use OARS strategically to reduce resistance and elicit client arguments in support of change. MI is distinct from other approaches in that it explicitly focuses on shaping a person's language.

In short, the MI agent uses OARS to evoke client language in support of Desire, Ability, Reasons, Need and Commitment (DARN-C) to change. It is the client's own DARN-C talk that makes him or her more motivated and ready to change; ideally, the client does the "work" by voicing the arguments for change.

B.2. Using OARS to Engage

Engaging means establishing a working relationship with the client. This is partly accomplished through a tone that emphasizes evocation, collaboration and support for autonomy. However, an important part of engaging can be quantified by the kind of language that the agent uses.

Open Questions   **Affirmations**   **Reflections**   **Summaries**

OARS demonstrates that the agent is really listening to the client. In MI rating scales, a ratio of (Reflections > Questions) and (Open Questions > Closed Questions) is seen as beginning competence; that is, the agent is using more reflections than questions, and more open questions than closed questions.[19] In fact, many MI trainings begin by simply counting the kind of utterances that an agent is using.

B.2.1. Ask Open Questions

Closed questions ask for yes/no or limited-range responses, while open questions ask for longer answers or elaboration. Closed questions are often used to gather short answers or verify the agent's viewpoint. However, if the purpose of the question is to gather detailed information or encourage the client to think about the answer, open questions are usually better. This means avoiding question stems such as "Do you…" or "Can you…" in favor of "What/Who…" or "Tell me about…" stems.

Closed Questions	Open Questions
Do you feel you have a problem with alcohol?	What problems has your alcohol use caused for you?
Is it important to you to successfully complete this program?	How important is it for you to successfully complete this program?
Anything else?	What else?

Open Questions "pull out" speech and encourage a person to think about what he or she is saying:

- Tell me about your marijuana use
- What are some good things about...? What are some not-so-good things about...?
- What was the most interesting thing about the course you completed? What was most surprising?
- Who would (or will) help you to...?
- What worked for you in the past?

B.2.2. Affirm

Positive statements build rapport, provide feedback, and make positive behaviors more likely. In an MI style interview, the agent goes out of his or her way to call attention to positive progress. Appreciative statements are particularly useful when working with clients with cognitive impairments. One kind of affirmation reinforces something the client has done or intended to do:

> Positive statements make positive behaviors more likely.

- You've already thought a lot about this. That's great.
- Thanks for being honest with me about that.
- Those are really good ideas.

Another kind of affirmation calls attention to something admirable or interesting about the client:

- You care a lot about your family and want to make sure this doesn't create trouble for them.
- You're the kind of person who speaks up when something bothers you, and that's a real strength.
- You have a lot of leadership qualities. It's clear that people listen to you.

B.2.3. Reflect

Reflections are statements that summarize what the client is saying or thinking. They may repeat or rephrase what the person has said, summarize an emotion, or point out mixed feelings. Rather than just "parroting" what the client has said, the best reflections use different words to demonstrate that the agent really understands what the client is thinking or feeling. Some reflections may push just beyond what the client said by inferring a meaning, or drawing a conclusion from what he or she said:

- Repeat/Rephrase — Says the same thing using similar words
- Paraphrase — Uses different language; infers additional meaning beyond what the client has explicitly said
- Double-Sided Reflection — Captures both sides of the argument
- Reflection with a Twist — Frames what the person said in a different light, perhaps by calling attention to some positive aspect, or a logical conclusion based on what the client has said

More advanced reflections may guide the client's response by giving more weight to part of what he or she has said.

Reflective responses to statement: **I don't know why this is such a big deal for everyone. All my friends drink like I do.**

Repeat/Rephrase

It's not a big deal for you. All your friends drink.

Paraphrase

...and so you're having a hard time coming up with reasons for change.

Double-Sided Reflection

So, on the one hand you know you have to quit drinking to finish probation, but on the other hand, you're having a hard time coming up with a lot of good reasons to change.

Reflection with a Twist

...and so, your main motivation at this point for making changes is just the legal pressure.

B.2.4. Summarize

A summary is a "grand" reflection that reminds the person about what has been said, including his or her most important reasons for change and plan of action. Like reflections, summaries may emphasize parts of what the client has said or point out a pattern. Summaries can help make a transition from talk about motivation to talk about action, or move from one behavior to the next:

So, let me summarize and see if I have this right. For you, the two main drawbacks to marijuana use are the health risks, and the threat of more legal trouble. The health thing is a minor concern, but you have noticed that you have more difficulty running when you've been smoking. The big thing is the concern that this could create more legal trouble for you, or cost you more money if you have to stay on probation. So, I'm wondering what ideas you have about ways you could remain clean?

Transition from one part of planning to another

Okay, so that's a bit about your plans to avoid marijuana use. One goal you said you would like to set for yourself is to spend more time with people who don't use. Like, people from school, rather than work friends. That way you wouldn't be tempted to use. I think that's a good idea, and will help keep you out of trouble. So let me shift a bit and ask you how your brother will fit into this plan.

B.3. Using OARS to Evoke

Evoking means pulling out a client's motivation and commitment to make changes. In MI, this involves paying close attention to the client's language. The MI "language chain" suggests that preparatory talk about desire, ability, reasons, and need, leads to commitment (DARN-C) talk ("I will..."), which in turn increases the probability that the client will follow through with the behavior change. In other words, people are more likely to act in a way that is consistent with how they speak.

Desire

Ability

Reasons

Need

• • • • • • • • • •

Commitment

To evoke change statements, the agent uses Open Questions, Affirmations, Reflections, and Summaries to highlight statements that are in support of change, while avoiding statements that would be likely to result in "sustain" talk in support of the status quo. Under the Influence and Marijuana 101 have sections that are specifically focused on raising motivation to make changes.

The simplest way to elicit change statements is to ask for them. Here are some questions that ask about **desire**, **ability**, **reasons**, or **need** to change:

- What concerns do you have about your alcohol use?
- Who would be able to help you stay clean?
- On a scale from 1 to 10, how important is it for you to/how confident are you that you could...
- If you went ahead and made that change, how would that make things better for you?
- How would you do that if you wanted to?

Here are some questions that ask about **commitment** to change:

- How are you going to do that?
- What will that look like?
- How are you going to make sure that happens?
- What would be your first step?

A second way to elicit change statements is to recognize and respond to DARN-C statements that the client has already said. Attending to the "pro-change" part of the statement makes it more likely that the client will continue to talk in this direction.

Example of OARS responses to client statement: **I'd like to quit drinking, but it's hard when my whole family drinks.**

Open Question	Affirm	Reflect	Summarize
Why would you want to quit drinking?	I'm really impressed by how much you want this even though it might be difficult. You're really trying to figure this out.	You do really want to quit drinking. (single-sided) Even though it would be hard, you really do want to quit drinking. (double-sided)	So let me summarize and see if I have this right... (summarize most important change elements)

B.4. Giving Information, Advice, and Referrals

Ideally, the client should come up with the solution. However, when the agent does provide suggestions or advice, there are strategies that make it more likely that people will act on that information.

- Ask for permission before providing advice or referrals.
  e.g., "Would it be okay if I give you some information about...?"

- Preface advice with permission to disagree.
  e.g., "This may or may not work for you, but one thing you might think about is..."

- Give more than one option.
  e.g., "There are a couple of things that people in your situation sometimes do. One option is to think about... Another route would be to..."

- Emphasize personal responsibility.
  e.g., "I want to make sure you have information about how this might affect your probation. But ultimately, you're the one who has to decide what you want to do here."

Here's an example where the agent shares concerns about a client's inability to complete a required drug class. The agent frames the information in the midst of affirmation and an emphasis on personal responsibility.

> **"**We've been talking about avoiding drug use, and it seems like you've found something that will really work for you. Getting rid of all your drug equipment so you're not tempted to use. Also, putting a number in your phone of someone you could call if you needed to talk. Those are great ideas. *[affirmation]* One thing I want to make sure you're aware of is the way your lack of class attendance might affect your probation. Would it be okay to make a couple of suggestions about that? *[ask for permission]*

One format for providing advice in the MI style is called Elicit-Provide-Elicit. In this format, the agent first asks the client what he or she already knows about a behavior change, or what concerns or questions they have (Elicit). Then the agent gives a small amount of information (Provide), building on what the client has said. Finally, the agent asks the patient what he or she would like to do with the information (Elicit). This format puts the client's autonomy and responsibility at the forefront of the exchange.

1. ELICIT readiness and interest
- "What do you know about the effects of...?"
- "What concerns do you have about...?"

2. PROVIDE clear information or feedback
- "That's right. What happens to some people is that..."
- "You've got the gist of it. One thing you should be aware of is..."

3. ELICIT the interpretation or reaction
- "What's your plan to...?"
- "How do you think you might...?"

The more specifically a client talks about an action plan, the more likely he or she is to be successful.

Written or visual cues, such as notes, schedules, or worksheets, can help a client to think through the pros and cons, set goals, and identify social support.

This handbook gives examples of several quick sketches that an agent can use to help a client develop a plan for change. Again, the client should be the one who is doing most of the talking. The agent might add a bit of advice or information where appropriate, and use reflections or summaries to reinforce the plan.

Under the Influence and Marijuana 101 have sections that are specifically focused on goal setting over the next 30 days.

30 days

Developing a plan for change

- What would that look like? Where would you start? What would happen next?
- How will you know if you're successful?
- What would you like to accomplish before our next meeting?
- What were some of the goals you set in the program?
- What are some things that might get in your way? How would you deal with that?

Here's an example of a summary of the client's short-term plans to stay clean, followed by a question about the client's long term plans, and menu of options:

"Those are really great ideas. You thought that you'd like to start spending more time with family members who don't use marijuana. So that's a great start. *[affirmation, summary of plans]* Let me push you just a bit and ask what you know about support groups that are available. What do you know about those kinds of groups? *[open question about action]*

C. Interview Phases

C.1. Focusing

Most people will be working on more than one area of change. For instance, some people must meet several conditions to successfully complete their program. Even when the topic is making changes in drug use, there may be different aspects, such as making changes in peer groups, avoiding triggers, and changing cognitions. The order in which those goals are discussed is based partly on the client's preference, and partly on which goals the agent thinks would be most beneficial to the client.

One basic template for talking about changes is to introduce the behavior, talk about motivation, develop a plan (if the client is ready), and move to the next behavior. In subsequent meetings, the agent begins by checking in on progress, revisits motivation, and helps to develop new plans.

Most times it will make sense to discuss behaviors one at a time. In some cases, it may make sense to discuss more than one behavior at a time, particularly if several behaviors are related to the same goal.

For instance, a conversation about drug use might lend itself to discussions about stress, relationships, and employment. Some goals may be important action items now, while others can be left for a later discussion. Sometimes early success in one or two small goals can lead to larger successes later. Below is a range of strategies that might be used to discuss behavior change. A few sample visual diagrams are provided as examples.

1. Ask the client what concerns he or she has about his or her alcohol or marijuana use, or share your own concerns. Alcohol users may have concerns about physical or social effect; marijuana users may have concerns about memory problems, respiratory difficulties, or school/work performance.[20] All clients may have concerns about how alcohol or marijuana use affects his or her legal status. Ask the client to tell you about how a behavior has affected (or might affect) him or her, with a particular attention on problems that the behavior has created, people who might be concerned, or motivation to make changes. Use OARS to reinforce statements in support of behavior change.

- What's your number one concern right now?
- One thing that I noticed is that...
- What do you know about the ways that drug use might affect your...?
- What thoughts have you had about talking to your girlfriend about...?

2. Ask the client about his or her desire, ability, reasons, or need to change alcohol or marijuana use. Reflect and explore response.

- Why would you want to make that change?
- If you decided to make that change, how would you do it?
- How do you think that would affect your success on probation?
- Why would you like to do that?...?

3. Ask the client to list some things he or she likes about alcohol or marijuana use ("Good Things"), as well as some of the downsides ("Not So Good Things"). Use OARS to call attention to change statements. Reflect and explore response.

- What are some of the positives about marijuana use?
- What are some of the downsides?

4. Ask the client to rate his or her level of motivation and confidence to change behavior. Follow up by asking why he or she did not pick a lower number and (in the case of confidence) what it would take to raise his or her estimate slightly. Reflect and explore response.

- On a scale of 1-10, how important is it to you to make changes in your drug use? Why not a lower number? What else?
- On a scale of 1-10, how confident are you that you could make changes if you wanted to? Why not a lower number? What else? What would it take to move your estimate up one number?

How important?

none   very

How confident?

not at all   a lot
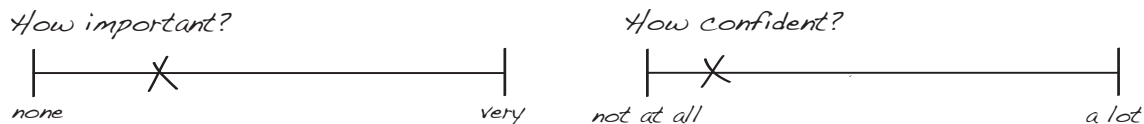
C.2. Planning

When transitioning from talk about motivation to talk about action, begin with a summary of the reasons the client said that change was important. Ask an action question, and talk specifically about how the client would like to address that behavior. If the client's level of commitment is low, consider using a hypothetical change question (How would you, if you wanted to?). Talk about the timeline, and ask what things the client will need to do at each step in his or her plan. Ask how you can assist the client, or provide written instructions.

- What would you like to do about that?
- What would be the first step?
- What things would you need to do to make that happen?
- How would you remind yourself?

Help the client to brainstorm situations that might cause problems.

- What are some parts of your plan that might be challenging?
- What would you have to do to address that?

Ask the client who else would be able to help him or her achieve the goals. Talk specifically about that person's role in the change process, and what the client would need to do to involve this person.

- Who is someone who might be able to help you?
- How would you talk to them about that?
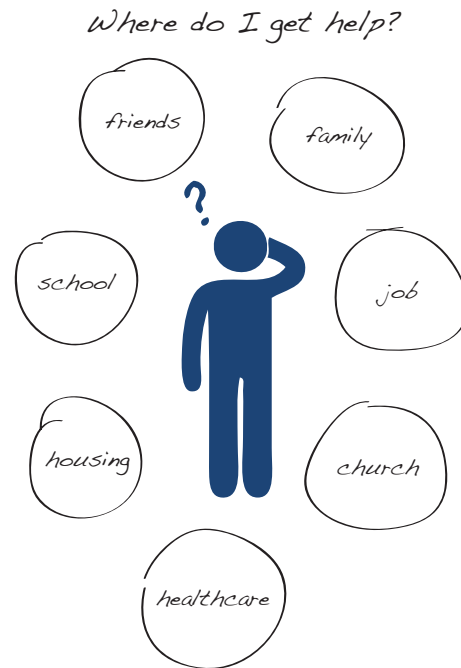
C.3. Following Up

Use Elicit Provide Elicit to inquire how the person has been doing since the last contact, and any issues that have arisen. Affirm any positive progress. If necessary, revisit motivation for making changes. Ask the person to identify what goals he or she would like to work on in the next month. If possible, allow the client to set the order in which the goals will be discussed.

- So, how have things been going since the last time we met?
- When we last talked, you had set a goal to... How is that going?
- What things have you been able to accomplish? If your goal is over here (show ruler) where would you rate yourself now? What would it take to move up just a little bit?
- What else would help you stay clean?
- How can I help?
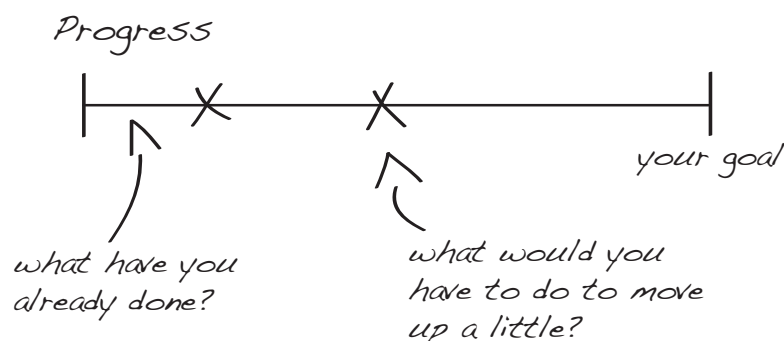
D. Discussing the Summary Report

D.1. Overview of the Report

Some agencies encourage (or even require) clients to print out the summary report that follows UTI/MJ 101 completion. Some providers use the summary report to facilitate a motivational discussion around substance use. Motivational feedback is an evidence-based strategy that has been validated in many clinical trials, including in trials of young people mandated to attend counseling because of alcohol infractions.[21]

The conversation could take from 10-30 minutes depending on whether providers cover each item on the summary report, and the depth of discussion.

The report is not a comprehensive summary of all material presented in the program; rather, it presents some of the most important elements that can increase motivation for change.

Since data are self-reported, it is sometimes better for the report to be discussed with a counselor or other professional who does not have judicial authority over the client.

Note: Clients may have a conflict of interest in reporting drinking to a criminal justice professional. Clients may be more honest when they are assured that there is no penalty for truthful responses. Additionally, both courses ask about substance use in the past month. If the summary report is discussed days or weeks later, clients may have made changes since the time of the initial assessment. Thus, the report may represent historical, rather than current drinking or drug use.

The summary report has four sections.

Section	Under the Influence	Marijuana 101
1: Your Drinking/ Your Personal Use	• Shows the total number of drinks reported in a typical week and past month • Shows the percent of young adults (gender matched) who drink less than the client (comparing client's drinking to young adults age 18-25 in the National Survey on Drug Use and Health)	• Shows the number of days of marijuana use reported in a typical week over the past month • Shows the pattern of use during a typical week • Shows the percent of young adults (gender matched) who use less marijuana than the client (comparing client's marijuana use to young adults age 18-25 in the National Survey on Drug Use and Health)
2: Level of Intoxication/ Your Time	• Shows the estimated peak blood alcohol concentration (BAC) in a typical week and past month, taking into account gender, weight, time, and number of drinks reported • Shows the time it would take for the client's peak BAC to return to 0	• Shows the amount of waking hours spent under the influence of marijuana, compared to three other activities: working, exercising, and socializing
3: Personal Risk	• Shows family history of alcoholism (using criteria developed for Project Match[22]); alcohol dependence symptoms (using the World Health Organization's AUDIT screening test[23]); and recent alcohol-related consequences. These three factors are meant to give a sense of the likelihood of future problems, assuming the client continues to drink at similar levels. • Shows number of times the client reported driving shortly after drinking • Shows estimated money spent on alcohol in a year, and estimated calories consumed from alcohol in a month	• Shows recent marijuana-related consequences and marijuana dependence symptoms • Shows estimated money spent on marijuana, alcohol, and cigarettes in a year • Shows number of times driving shortly after using marijuana
4: Looking Ahead	• Shows the client's level of motivation and confidence in making changes in drinking or marijuana use • Shows a list of the strategies that the client indicated would work for him or her to make changes • Suggests additional strategies that the client might use in the next few weeks to avoid problems	

D.2. Using the Report

Introduce the summary report. It is designed to give a picture of where clients were in their drinking or marijuana use just prior to completing the program. It may be helpful in pointing out things that the client could do to avoid future problems. If they have made changes in their substance use since completing the program, some of the information may have changed.

> The summary report gives a picture of where clients were in their drinking or marijuana use just prior to completing the program.

1. Present Sections 1-3 of the report, moving slowly and giving background information when necessary. To cover the report in 5-10 minutes, ask the client what information was most interesting in each section; to cover the report in 10-20 minutes, discuss each summary item individually. Note: The most important task is to elicit the client's thoughts and feelings about the information. Do not "defend" the information on the summary report; in many cases, clients will need time to consider the information to decide how they feel.

2. Ask an open-ended question about the client's reaction to each item. Pay special attention to areas of interest or concern. Some items will be more interesting to clients than other items. Many of the skills in B.2.1. (Ask Open Questions) can be helpful in this regard. Here are some examples:

- How does that strike you?
- What was your reaction to that part?
- What part of this section was most interesting to you?
- Tell me about that.

3. Reflect and summarize (or affirm) what the client is saying or thinking. Pay special attention to areas of interest or concern. Many of the skills in B.2.3. (Reflect) can be helpful in this regard. In some cases, the agent may have to infer a reaction from the client's body language (e.g., surprised, angry, dismissive), rather than something the client actually says. Here are some examples:

- It's hard to believe. It was a lot more than what you were thinking.
- You're surprised.
- Thanks for sticking with me.
- So this information is somewhat different now. You've made a lot of changes in the past few weeks.

4. At the end of Section 3, summarize the client's overall reaction to the report. Pay special attention to any concerns, areas of interest, or plans to change.

5. If appropriate, use Section 4 to discuss changes the client would like to make in his or her drinking or marijuana use. The discussion can be framed in terms of change, or (in when the client does not need or want to change) in terms of things the client could do to avoid future problems. Section 4 lists some potential early steps the client could use to avoid future problems. Reflect, affirm and summarize ideas that the client has about how he or she would avoid problems. Here are some example questions, reflections, and affirmations that relate to behavior:

- Where does this leave you in terms of your drinking/marijuana use?
- Where would you start? What would be your first step?
- What are some things that might cause trouble for you? How will you deal with that?
- Who would help you with that?
- That's a great idea. This is a really good plan.

E. Troubleshooting

E.1. When Clients Talk Too Little

To a great extent, an agent's choice of questions and statements determine how much clients talk. In terms of the overall tone of the interaction, agents should work to create an equal partnership, including asking the client what ideas he or she has, and being interested in the client's point of view of how he or she could make changes. In terms of basic listening strategies, it is important to use "forward-focused" open questions and reflections to encourage the client to talk. This is especially important in the first few moments of the interaction, when the client is determining the basic "rules" of communication, for instance, whether he or she is expected/encouraged to talk, or whether the agent will do most of the talking. For this reason, it is important to get the client talking right away. Rule of thumb: ask an open question and wait for the client to answer. Never do "work" that the client could be doing himself or herself.

E.2. When Clients Talk Too Much

Most of the techniques in this guide are designed to get people talking more. However, for some people the goal is to get them back on track, or talking less. With clients who talk too much, there is no substitute for being assertive. Many times when clients keep talking, it's because they aren't convinced that you really understand what they are saying. Look for a natural break in the client's speech (or create a break), offer a summary of what he or she has said, and ask a question that shifts the direction or moves the conversation forward. Reflections can help to "ground" a person in the main points of the conversation.

E.3. When Clients Fail to Make Progress

People move at all different speeds. A common error is to push the client toward change before he or she has indicated that they are ready, or become impatient with the client's lack of progress.

If the client continually shows a lack of progress, or offers excuses for why he or she has not completed tasks that were set, agents should determine whether this is a lack of motivation (where the solution is to work on motivation), a lack of confidence/planning (where the solution is to target planning, resources, etc.), or a lack of ability (where the solution is to seek resources or support). Some of the skills in earlier sections can be helpful if the agent wants to provide information or advice that is beyond the person's current level of motivation. The best kind of interaction is one that balances a positive working alliance, with elements of procedural justice (i.e., firm but fair and respectful). The most effective agents are clear about his or her dual role and about the sanctions that can result from lack of compliance, and address any violations with an "even keel" attitude that does not take the violation personally.

E.4. Dealing with Cognitive Impairment

Some clients have cognitive deficits that limit their participation or understanding. The ways that MI is most often modified for clients who are cognitively impaired include:

- Specifically addressing issues that might affect mental status, including medication compliance
- Using clear, concise questions that ask for a single response (i.e., avoiding compound questions)
- Moving slowly, and using more affirmations
- Including visual aids, practice, and frequent reminders.[24]

In some instances where it is difficult to follow the client's train of thought, it can be helpful to use reflections to structure the logical flow of the conversation. Frequent summaries can help to remind the client of what he or she has said. In general, though, there is no substitute for repetition and patience. Restate questions in a different way, wait for the client to respond, and check in more frequently to ensure the client's understanding. It can also be helpful to engage significant others who can give a better picture of the client's situation, or provide ongoing support.

F. Summary

This handbook has talked about ways to use MI to help people make changes in alcohol and drug use. MI conversations are most appropriate when the client is struggling with ambivalence, or is actively resistant to change. This guide describes the basic style of MI, outlines some strategies, and provides dialogue that might be used to structure different conversations after clients have completed either Under the Influence or Marijuana 101.

MI puts a substantial emphasis on basic listening elements, such as Open-Ended Questions, Affirmations, Reflections and Summaries. These "OARS" skills are used both to engage the client through active listening, as well as to evoke client speech that supports behavior change. In terms of basic listening, a rule of thumb is to try to use more reflections than questions, and more open questions than closed questions. OARS can also be used strategically, through recognizing and responding to client speech that supports behavior changes. In general, people who talk about their desire, ability, reasons or need to change are more likely to make successful changes.

G. Useful Questions & Statements

Useful Questions

- What concerns do you (does your wife, girlfriend, etc.) have?
- How has...caused trouble for you?
- What are some good things about...? What are some not-so-good things about...?
- How would things be better for you if you made that change?
- What thoughts have you had about change?
- What do you think will happen if you don't...?
- If there were no more drugs or alcohol in the world, what do you think would replace how drugs make you feel?
- If you look forward to, say, a year from now, how would you want your life to be different?
- How do you want things to end up when you're done with probation? Where do you want to be?
- How would that pay off for you, if you went ahead and made this change?
- In what situations is it hardest for you to stay sober?
- There are a few things that might work for you (provide a short list). Which of these would you like to talk about first?
- On a scale of 1-10, how important is it for you to make a change in your...?
- On a scale of 1-10, how confident are you that you could change if you wanted to?
- If you wanted to change, how would you go about it?
- Who would (or will) help you to...?
- What worked for you in the past?
- What would you like to work on first?
- When would be a good time to start?
- How could (or will) you do that?
- How can you make that happen?
- What can I do to help you succeed at...?
- What else?

Useful Statements

- Thanks for coming in on time.
- It feels to you that people might be blowing this out of proportion.
- You don't feel like I can understand where you're coming from.
- At this point, it doesn't seem that big a deal to you.
- Drinking has some positive aspects for you.
- It's frustrating. (You're frustrated with having to be here.)
- It's difficult. (I know this must be difficult for you.)
- It's hard for you. (It might be hard for you.)
- I can see why you might think that.
- So the thing that most concerns you is...
- You want to do the right thing.
- That's a good idea.
- I think you could do it if you really wanted to.
- I think that will work for you.
- Thanks for talking with me.
- I appreciate your honesty.

H. Where to Find More Info

There are many different ways to find out more about MI. Below is a list of free and low cost resources focused specifically on MI in corrections settings.

- 3rd Millennium Classrooms has developed a 5-session training curriculum to accompany this guide. Lessons include detailed instructions and examples designed to accompany this guide.

- The National Institute on Corrections (NIC) website has a section dedicated to MI resources. http://nicic.gov/MotivationalInterviewing
    Examples from the NIC Website:
    - o Exercises for Developing MI Skills in Corrections
        http://nicic.gov/Library/025557
    - o A Comprehensive Guide to Implementing MI in Corrections
        http://nicic.gov/Library/025556
    - o Motivating Offenders to Change: A Guide for Probation and Parole
        http://nicic.gov/Library/022253

- The National Parole Resource Center has developed a brief overview of MI and three short training videos.
    http://nationalparoleresourcecenter.org/the-parole-interview-as-an-opportunity-to-enhance-an-offenders-motivation-to-change

- The Illinois Higher Education Center has developed a low-cost training DVD showing how to use MI and personalized feedback with adjudicated college students. http://www.eiu.edu/ihec/motivationalinterviewingDVD.php

- The RAND Corporation has developed a training website showing how to use MI in groups of adolescent substance users. The site contains material, training videos, and examples. http://groupmiforteens.org/

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a 7-session counseling intervention focused on cannabis use among young people. http://store.samhsa.gov/list/series?name=Cannabis-Youth-Treatment-Series-CYT-

- The US Department of Health and Human Services has developed a 9-session counseling intervention focused on cannabis use among adults. http://store.samhsa.gov/product/Brief-Counseling-for Marijuana-Dependence-A-Manual-for-Treating-Adults/SMA12-4211

- The Motivational Interviewing Network of Trainers is an international group of people who conduct MI trainings, ranging from brief overviews to extended coaching and feedback. http://www.motivationalinterviewing.org/

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