The Spirit of Motivational Interviewing

Trans-theoretical and transdiagnostic connections to help foster compassion for clients, decrease burnout for clinicians, and improve motivation in the face of ambivalence.

What this presentation is NOT

- A step-by step how-to guide for MI techniques
- A presentation that will teach you how to trick clients into doing what you think they should do
- A presentation that will increase any burden you might feel as a helping professional

What this presentation will cover

- A broad overview of the MI "mindset and heartset," AKA the spirit that underlies it all
- A description of the experiential and behavioral components of each MI spirit with examples
- A discussion about how the spirit of MI is transdiagnostic and transtheoretical, and how it can be applied in nearly every therapeutic setting.
- An invitation to allow the spirit of MI to decrease the level of burn-out you might feel

Why focus on the "spirit"?

- "Doing MI" (focusing just on technique) without also focusing on the quality of *how* it is practiced is like reading lyrics to a song without the accompanying music.
- "Without this underlying spirit, MI becomes a cynical trick, a way of trying to manipulate people into doing what they don't want to do"

Be this Qui-Gon!   **NOT this one!**

Credits will do fine.

What Makes MI Effective?

- Since 1990, studies on MI doubled every 3 years
- Over 1,200 studies and over 200 RCT's in 2013, from vast array of problems, professions, treatment settings, and countries.
  - (Miller and Rollnick, 2013)

"Variability in effect size seems to be the norm rather than the exception in MI research. What all this suggests to us is that client response to MI is significantly influenced by clinician and contextual aspects of delivery, *factors that are not adequately standardized by following a treatment manual*. As mentioned earlier, one meta- analysis found that the average effect size of MI was smaller by half when the intervention was manual guided (Hettema et al., 2005)." (Miller & Rollnick, 2013)

Why so much variation?

- Manualization (opposite of the spirit of MI) decreases clinical flexibility (Hettema et al., 2005)
  - A manual implies a "right" vs "wrong" way of making change, and is best used when a client is already motivated and ready to make a change.
  - MI is meant to help someone reach this stage, and is not quite as relevant for individuals already there (though not irrelevant either).
- MI alone vs. MI added to "treatment as usual" seemed to have better results (Hettema et al., 2005)
  - Suggests MI is highly effective as a trans-diagnostic "adjunct" approach
  - Suggests the specific skills of MI on their own are much less effective

Why focus on the "spirit"?

- Forgetting the core tenets of the spirit of MI can lead to frustration, feeling stuck, blame-games, decreased compassion, manipulation, battles, and overall burnout.
- Mindfulness of keeping with the spirit can help decrease pressure on therapists and help lower burnout

Be this Gandalf!   **NOT this one!**

Why focus on the "spirit"?

- Trans-diagnostic, trans-theoretical, and trans-modal. The "spirit" of MI is something we can all apply to *how* we practice therapy, regardless of *what* kind of therapy we are doing.
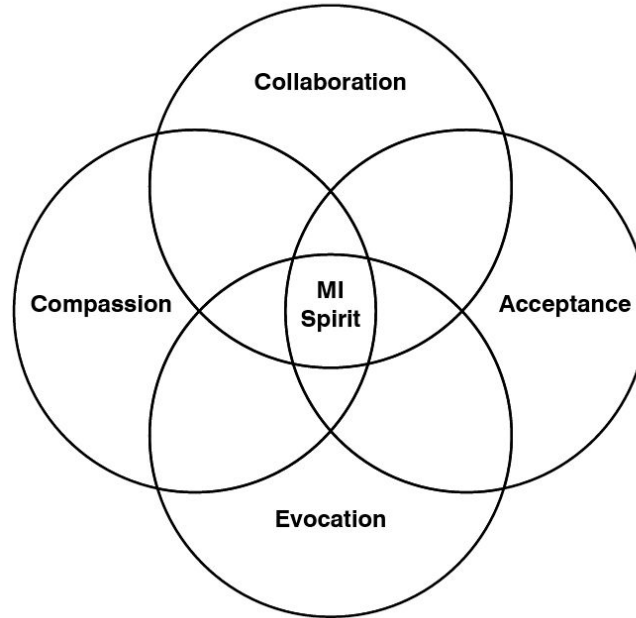
Ambivalence and the Righting Reflex

https://vimeo.com/121078913

"If you are arguing for change and your client is arguing against it, you've got it exactly backward"
(Miller and Rollnick, 2013)

4 Components to the Spirit of MI

1) Partnership
2) Acceptance
3) Compassion
4) Evocation

Collaboration

Compassion

MI
Spirit

Acceptance

Evocation

Partnership

What it is:

1) Awareness of your own values and agenda for change. It's OK to have them, but awareness and recognition that they could be different than the client's is key.
2) Considering it a privilege to witness another person's inner life.
3) Curiosity to learn about it from their perspective
4) Letting go of any urge to superimpose your own vision, because you are able to see the world through your client's eyes.
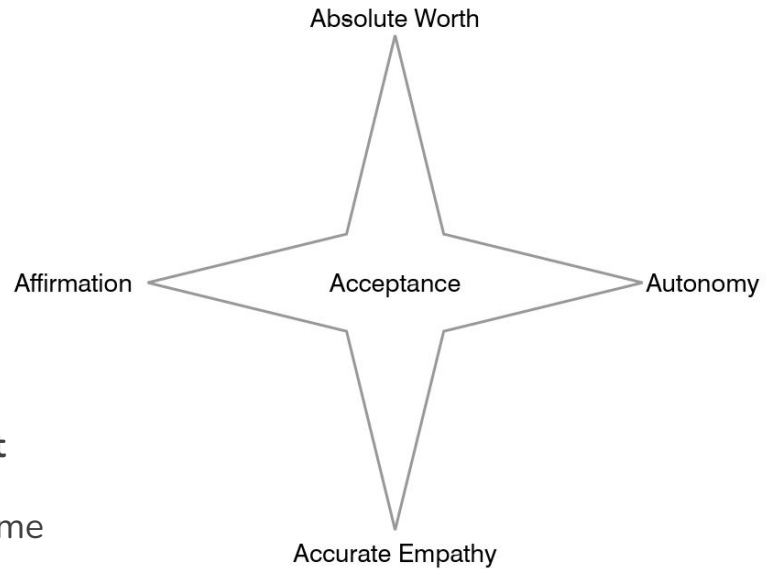
Partnership

Pitfalls:

1) The Expert Trap
2) Convincing
3) Working harder than the client

Acceptance

What it is:

1) Absolute Worth
   a) Experiential: Unconditional Positive Regard, **Trust**
2) Accurate Empathy
   a) Behavioral:working to see things from client's frame
   b) Experiential: assuming it is worthwhile to do so
   c) **Behavioral: Client experiences and provides feedback of accuracy**
3) Autonomy/Support
   a) Experiential: Assumption of **irrevocable right to self-direction and growth** in right conditions
   b) Behavioral/Experiential: relinquishing the burdensome belief that you can make someone change
4) Affirmation
   a) Experiential: Truly Acknowledge strengths and efforts of client
   b) Behavioral: **Actually communicating this acknowledgment**

Absolute Worth

Affirmation — Acceptance — Autonomy

Accurate Empathy

Acceptance - "approval or disapproval are irrelevant"

Pitfalls:

1) Absolute Worth
   a) Experiential: Misconstruing acceptance for approval
   b) Behavioral: **Putting conditions of worth on your clients (e.g. "they are only a 'good' client if they are not difficult to work with,' or 'they are only worth my time if they are motivated.')**
2) Accurate Emptahy
   a) Experiential: feeling sympathy, pity, camaraderie
   b) Experiential: starting to identify with the client
   c) Behavioral: **Imposing your own perspective (giving advice)**
3) Autonomy/Support
   a) When you find yourself wanting to make the client do something
   b) Behavioral: **saying things like "can't," "you don't have a choice," or "you need to"**
4) Affirmation
   a) Experiential: **you find yourself searching for what is *wrong* with the client**
   b) **You are not expressing acknowledgment of strengths and efforts of the client**

Compassion

What it is:

1) Experiential: Ongoing, deliberate commitment to pursue the best interests of the client
2) Behavioral: Engendering trust that is *real*.

Be this Boromir:

Compassion

Pitfalls:

1) Experiential: Taking a "sales-person" approach
2) Behavioral: Practicing the skill-set of MI from a place of self-interest.

Do NOT be this Boromir:

IT IS A GIFT

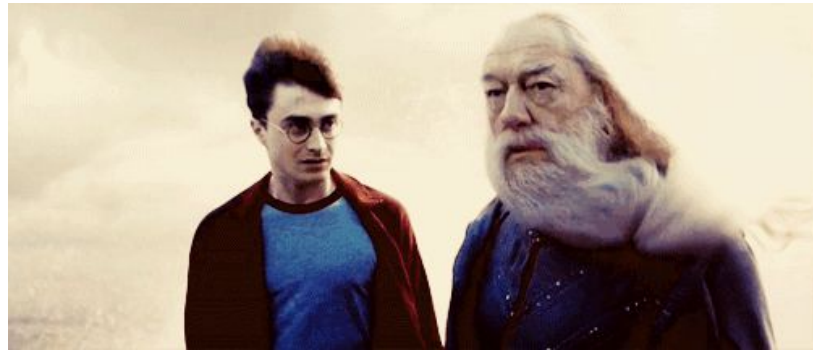# Evocation

What it is:

1) Experiential: the conversation feels more like a dance than a wrestling match.
2) Experiential/Behavioral: you commit to and **actually do rely on the client's own wisdom they already have within them**.
3) Behavioral: You operate from a strengths-based assumption: your client already has what is needed inside them to change and you only need to call it forth.

Be Dumbledore:

Evocation

Pitfalls:

1) Experiential: You are assuming the "**deficit model**" of change
2) Experiential: You find yourself thinking that you have to provide the answer to their questions or problems.
3) Behavioral: You find yourself lecturing or providing psychoeducation without asking if it is wanted information
4) Experiential/Behavioral: you find yourself sucked into an argument or power struggle (wrestling not dancing)

Do NOT be Umbridge:

THIS IS A LIE

makeagif.com

References

- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology* , *1* , 91–111

- Miller, & Rollnick, S. (2013). *Motivational Interviewing, Third Edition*. Guilford Publications.

UPCOMING EVENTS

March 18   Walking the Tightrope: Best Practices and Ethics for Treating Suicidal Patients -- Jordan Kugler, Ph.D.

April 8   Working with Narcissism: Caring for Our Clients and Ourselves -- Robin Lange, Ph.D.

May 20   Calm and confident approaches for assessing self-harm and suicidality: Best practices for risk and liability management -- Sheila Crowell, Ph.D.

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