

**Motivational Interviewing!**  
*What is it and how does it work in Corrections?*



Developed by *EckMaahs & Associates, LLC*  
Saint Paul, Minnesota

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**Acknowledgments...**

Most of the material contained within this presentation has been adapted from the work of William R. Miller, PH.D. and Stephen Rollnick, Ph.D (1999, 2002).

Additional credit goes to the members of the MINT (Motivational Interviewing Network of Trainers) who have so generously shared their ideas and resources.



William R. Miller, PhD

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**What Good Listening is *Not***  
**(Roadblocks: Thomas Gordon, Ph.D)**

1. Ordering, directing or commanding
2. Warning or threatening
3. **Giving advice, making suggestions, or providing solutions**
4. **Persuading with logic, arguing, or lecturing**
5. **Moralizing, preaching, or telling clients what they "should" do**
6. Disagreeing, judging, criticizing, or blaming

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**What Good listening is NOT (cont.)**

- 7. Agreeing, approving, or praising
- 8. Shaming, ridiculing, or labeling
- 9. Interpreting or analyzing
- 10. Reassuring, sympathizing, or consoling
- 11. Questioning or probing
- 12. Withdrawing, distracting, humoring or changing the subject

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**The "Righting Reflex" =**

**A Practitioner Problem!**



- Many times the practitioner's "goal" is to
  - "understand it"
  - "fix it"
  - "diagnose it"
  - "control it"
- However, the client needs
  - to be listened to
  - to be understood
  - to be the source of the solution

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**Reactance Theory!**

**An increase in the rate and attractiveness of a "problem" behavior is likely if a person perceives that his or her personal freedom is being infringed or challenged!**



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**AMBIVALENCE:**  
The Dilemma of Change



**Ambivalence is a state of mind in which a person has co-existing but conflicting feelings about something.**

**It is a fundamental and NORMAL part of the change process.**

**“I want to, but I *don't* want to “**

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Common Human Reactions to  
Being Listened to

- Understood
- Want to talk more
- Liking/Respecting the practitioner
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

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**Self-Perception Theory!**

“The more a person argues on behalf of a position, the more he or she is committed to it.”

We believe what we hear ourselves say.

When a person publicly takes a position, his/her commitment to that position increases.

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## Another way to look at it..

- MI principles and strategies allow the client to give his/her OWN reasons and ideas for change so we can avoid "telling" them why they should change and how.

- We call this "pro-change" language: **Change Talk**

EX: "I don't ever want to see that look on my daughter's face again."



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What does Change Talk "sound like" ?

**Problem Recognition**  
**Concern about the problem**  
**Awareness of the problem**  
**Potential benefits of Change**  
**Costs of not Changing**



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## Motivational Interviewing Defined:



**"A collaborative, person-centered form of *guiding* to elicit and strengthen motivation to change."**

Miller & Rollnick, 2009

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## What is the *Spirit* of MI?

A genuine belief we carry with us as we work with clients:

- 1) Intrinsically, people truly want to be healthy and whole.
- 2) Down deep, most people want to make positive changes around unhealthy behaviors.
- 3) Our job is to *draw out* their REASONS and MOTIVATIONS for making a change and help them decide for themselves how they can go about it successfully.



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## The “Spirit” of Motivational Interviewing is composed of:



- Autonomy (Free will)
- Collaboration (Empower)
- Evocation (Draw out)

Also, focus on client *successes* & *competencies*

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## There are times not to use MI



There are times when collaboration & autonomy should not be supported:

- Violence & aggression
- Suicidal ideation/plans
- Homicidal ideation/plans
- Severe medical or mental consequences to behavior

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**Ingredients needed for MI to be useful:**

1. A situation where client behavior change seems to be indicated.
2. Ambivalence around changing that behavior (or the *possibility* of building ambivalence)
3. A clear Target Behavior (i.e., drug use, work/school, treatment, attending support groups, showing up, etc.)




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**The Four Fundamental Processes of MI...**

<b>1. ENGAGE</b>	Listen carefully to understand client's perspective.
<b>2. FOCUS</b>	Help client identify a target area for potential change.
<b>3. EVOKE</b>	Draw out client's own reasons and ideas for change.
<b>4. PLAN</b> <small>(If client is ready for the change)</small>	Engage in action planning together. Remember to ask about client's own ideas/ knowledge first and only give advice with permission.

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**OARS: Core Listening Skills**



The tools used to carry out the fundamentals...

- Open-ended Questions** - avoid Yes/No
- Affirming** - support & encourage
- Reflective Listening** - repeat & clarify
- Summarizing** - link together & reinforce

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Converting closed questions to open...

Closed Question	Open Question
Do you think you have a problem with alcohol?	What concerns you about your alcohol use? What problems has your drinking caused for you?
Anything else?	What else?
Is it important for you to complete probation?	How important is it for you to complete probation?
Don't you have anyone who can watch the kids during group?	What options do you have for child care during group?

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We can use open questions to emphasize forward vs. backward focus...

Backward Focus	Forward Focus
Why did you do that?	How can you get back on track?
Why can't you do that?	How could you do that?
Why haven't you been able to get a job?	What can you do this week to move forward with this?
Why didn't you follow through with that?	What will help you follow through with that?

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We can use open questions to *facilitate* solutions rather than *dictate* solutions:

Dictate Solutions	Facilitate Solutions
Why can't you borrow your mother's car for meetings?	How are you going to make it to your meetings?
What about that job at McDonald's?	Sounds like McDonald's might be one option. What else you've thought of?
What about counting to 10 before acting?	When you think about times you've been able to manage your anger, what things have worked for you?

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**Simple Reflections add little or no meaning to what has been said...**

**"I try and stay away from that neighborhood."  
"You're staying clear of there."  
"My drinking isn't as bad as you think"  
"Your drinking's ok"  
"I don't want to answer these personal questions."  
You're not sure about all of this."  
"I only drink in the evening to relax after a stressful day,  
that's all"  
"Drinking helps you chill out after a busy day"**

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**Complex reflections make an guess about the deeper meaning...**

**"I try and stay away from that neighborhood."  
"Staying clear of those connections is important to you.  
You've made it a priority."  
"My drinking isn't as bad as you think"  
"Your drinking is not a cause for concern, and you're  
wondering why other people are worried."  
"I don't want to answer these personal questions."  
"This feels a little invasive. You want to know where the  
info is going to go."  
"I only drink in the evening to relax after a stressful day.  
That's all."  
"You're not so sure what it's going to be like to try and give up  
the drinking. Right now it helps with the stress."**

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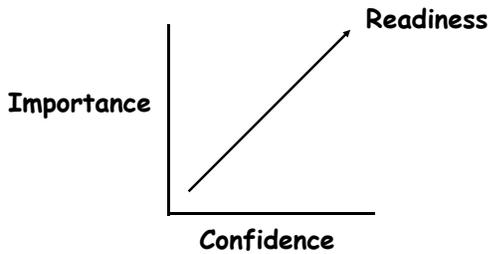
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**Readiness for Change is Determined by...**



(Rollnick et. Al 1997, Keller and White 1997)

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**Explore client's levels of Importance and Confidence**

1                      Importance                      10

1                      Confidence                      10

- “On a scale of 1-10, how important is it for you to \_\_\_\_?”
- “On the same scale, how confident are you that you can do it?”
- “What makes you a 5 instead of a 3 or 4?”
- “What would it take for you to go from a 5 to a 7?”

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**When IMPORTANCE is low:  
Try Hypothetical Questions (What if...?):**

- “What would have to happen for you to be ready to change.....”?
- “If you decided to change, what would be some of the benefits for you”? 
- “Let's imagine for a moment that you decided to change X.....what would that be like”?
- “If things don't change what do you think may happen for you”? 

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**When IMPORTANCE is low:  
Try Pros and Cons**

- How do you feel about smoking marijuana.....**
- What are the good things for you about smoking.....**
- What's the other side? What are the downsides? Where does it get in the way or cause problems for you?**
- (Always do CONS last!)**

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## When COFIDENCE is Low...

**Bandura 1995 – Self-Efficacy**

If you think you can do it, you will do it. If you don't feel you can do it, you may not even try

**ASK open questions that draw out client's own knowledge or ideas for increasing potential success and support:**

- What ideas do you have?
- Who/what could provide some support?
- What has worked in the past?
- What have you heard of that interests you?
- What seems like a good starting point?

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## When COFIDENCE is Low...

**Engage in Information "Exchange" (vs. Information Giving):**

- Two-way process
- Encourages client to be active, to think & discuss
- Provides information or facts and leaves interpretation to client

**USEFUL TOOL: Elicit-provide-elicite...**

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## **E-P-E: Elicit-Provide-Elicit**

**Elicit ideas & knowledge from client**

"What do you already know about...?"

"What would help?" "What ideas do you have?"

**Provide information with permission**

Keep to information, away from personal interpretation, judgement, or disagreement

May talk about other patient's experiences (some find that...)

**Elicit client's response**

"What do you make of that?"

"How does that fit for you?"

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	<b>Applications of MI</b>
	<ul style="list-style-type: none"> <li>■ Chemical Dependency    ■ Corrections</li> <li>■ Education                    ■ Primary care <ul style="list-style-type: none"> <li>- Diet</li> <li>- Exercise</li> <li>- <i>Smoking</i></li> <li>- <i>HIV</i></li> <li>- <i>Eating disorders</i></li> </ul> </li> <li>■ Mental Health <ul style="list-style-type: none"> <li>- Making appointments</li> <li>- Treatment completion &amp; Engagement</li> <li>- Problem recognition</li> </ul> </li> </ul>

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<b>Some MI Applications in Corrections</b>
<ul style="list-style-type: none"> <li>✓ <b>Field: Probation, Parole, Adult &amp; Juvenile</b></li> <li>✓ <b>Intake: Interviewing &amp; Assessment</b></li> <li>✓ <b>Institution, Detention, Placement</b> <ul style="list-style-type: none"> <li>• <b>Increase Treatment Readiness</b></li> <li>• <b>Increase Problem Recognition</b></li> <li>• <b>Increase social-perspective taking and understanding responsibility</b></li> <li>• <b>Improve institution culture</b></li> <li>• <b>Others....</b></li> </ul> </li> </ul>

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<b>MI supports other EBP approaches to decrease recidivism...</b>
<p><b>The Black Box of Community Supervision Study* demonstrated that PO's who adhere to risk, need and responsivity (as a result of good assessment and other EBP's) WHILE also using positive reinforcement, empathy, openness, warmth, prompting and encouragement, prosocial modeling, etc. (MI) showed more reduction in recidivism among their clients.</b></p> <p><b>Also, MORE recidivism resulted from significant time spent discussing conditions of supervision recidivism VS LESS recidivism when more time was spent discussing a targeted need area.</b></p> <p style="font-size: small;">*Journal of Offender Rehabilitation, Vol 47, July 2008</p>

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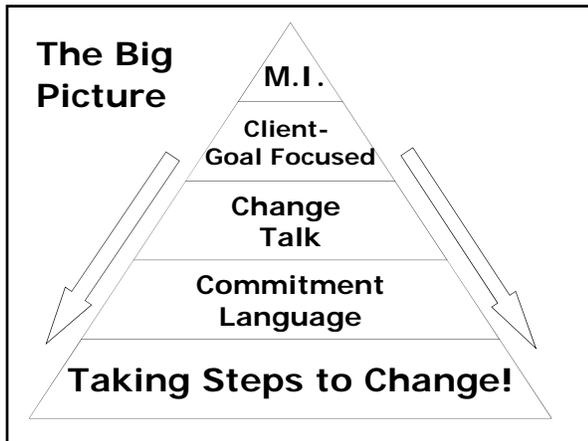
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- RECAP: What Makes MI Unique...**
- ✓ Builds a **WORKING ALLIANCE** quickly
  - ✓ Focuses on a **TARGET BEHAVIOR**
  - ✓ Avoids **PERSUASION**
  - ✓ Decreases **REACTANCE/RESISTANCE**
  - ✓ The **CLIENT** does the change work
  - ✓ Is **DIRECTIVE** and can be very **EFFICIENT**
  - ✓ Pays close attention to client **"CHANGE TALK"**

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**Just an Introduction!**

**MI is a clinical skill that takes skill practice and feedback to acquire, just as with any other skill such as playing the piano or riding a bike.**

**Consider this a starting point in your journey of learning how to include MI as a part of your professional skill set!**

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**Great Resources:**

- "Motivational Interviewing: Preparing People for Change" (2<sup>nd</sup> Ed.) by William Miller & Stephen Rollnick
- A Guide for Probation and Parole: Motivating Offenders to Change – NIC (can download from their site: <https://www.nicic.org>)
- [www.motivationalinterview.org](http://www.motivationalinterview.org)

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***Thank You for  
Attending!***

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