

# Homelessness: Knowledge At Work

## Handout #1: Background of MI

### A brief history

The concept of Motivational Interviewing (MI) grew out of the substance abuse treatment field and was first described by the psychologist, William R. Miller, in an article published in 1983. Miller's initial explorations were focused on problem drinkers. He was primarily interested in trying to determine what works most effectively in treating people with substance use disorders.

Historically the addictions treatment field in the United States has been characterized by a highly confrontational, in-your-face, often shame-based approach that was believed to break down people's denial so they would come to their senses about their need to change. This approach proved not to be terribly effective. Clients' resistance to change tended to increase even more, both out of defiance and as a coping mechanism.

With the publication of William Miller and Stephen Rollnick's seminal book, *Motivational Interviewing*, in 1991, practitioners were introduced to an alternative way to have a "helping conversation." The authors described how such a conversation was based on the spirit or style of the counselor along with using specific communication skills and techniques.

A second edition, *Motivational Interviewing: Preparing People for Change*, was published in 2002. It further refined the MI approach, discussed its spread to other areas beyond addictions, and highlighted the evolving research around MI. Motivational Interviewing is now recognized as an evidence-based practice. Its effectiveness has been demonstrated in working with people with acute and chronic health conditions, mental disorders, co-occurring behavioral disorders, and other life concerns.

### Definitions

The traditional by-the-book definition of MI is "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." An alternative definition that has evolved more recently is "a collaborative, person-centered form of guiding to elicit and strengthen motivation for change." A shorthand definition might be that

"MI is a way of helping people talk themselves into changing!" All of these definitions express the essence or spirit of MI, which can be summed up as collaborative, evocative, and empowering.

### Differences from more confrontational approaches

Although Motivational Interviewing is, in one sense, "confrontational," the confrontation is not between the counselor and client. Instead, it occurs within the client, when there is discrepancy between what people value most deeply and their actual behaviors.

MI differs significantly from more directive, confrontational styles of counseling. The MI counseling style is generally quiet and gentle. It's not flashy. The counselor is focused on drawing out the client's knowledge and experience, rather than imparting to the client what the counselor knows. The counselor acts as a guide who is curious and empathic.

Counselors who are used to confronting and giving advice will often feel like they're not "doing anything." But, as Miller and Rollnick point out, the proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready, and thus push them away.

### The evidence base for motivational interviewing

Motivational Interviewing is based on a substantial body of research and is recognized as an evidence-based practice. For example, it is included in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. MI is not a magic bullet. However, it has proven to be an effective method across many population groups and cultures. The practice of MI is also applicable to a broad range of professional disciplines.

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## Handout #1: Background of MI (cont.)

### **Below are some selected findings from the research on Motivational Interviewing:**

- MI promotes positive behavioral change for persons living with chronic conditions—e.g. asthma, COPD, hypertension, cardiovascular disease, diabetes, HIV/AIDS, brain injury, anxiety, depression, PTSD, suicidal behavior, obsessive-compulsive disorder, eating disorders, gambling addictions, schizophrenia, substance abuse, co-occurring disorders, criminal behavior. (Rollnick, et. al., 2008)
- There are strong and enduring effects when MI is added at the beginning of treatment. (Hettema, et. al.)
- MI promotes treatment retention and adherence. (Rollnick, et. al., 2008)
- MI is effective in engaging disenfranchised populations. Effect sizes of MI nearly double with ethnic minority populations as compared to non-minority groups. (Hettema, et. al.)
- MI is effective in briefer encounters as well as longer ones. (Miller & Rollnick, 2002)

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## Handout #2: Spirit of Motivational Interviewing

### The spirit of the method of MI can be characterized in the following key points:

1. Motivation to change is elicited from the client, and not imposed from without. MI focuses on identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change.
2. It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence. The counselor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.
3. Direct persuasion is not an effective method for resolving ambivalence. Although it is tempting to be "helpful" by persuading the client to take a particular course of action, it is likely to backfire by increasing client resistance.
4. The counseling style is generally a quiet and eliciting one. Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of MI.
5. The counselor is directive in helping the client to examine and resolve ambivalence. The operational assumption in Motivational Interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change.
6. Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction. Resistance and "denial" are seen not as client traits, but as feedback regarding therapist behavior. Client resistance is often a signal for the counselor to change strategies.
7. The therapeutic relationship is more like a partnership or companionship than expert/recipient roles. The word companion comes from the Latin *com* (with) and *panis* (bread). When we share bread or food with one another it implies a certain level of safety, comfort and mutuality. In such a relationship, the counselor respects the client's autonomy and freedom of choice regarding his or her own behavior.

Adapted from Miller & Rollnick, *Motivational Interviewing*, 2nd edition, 2002

### Hospitality— Creating Space for the Stranger

Estrangement, a sense of not belonging, is common to many people we encounter in our practice. The experience of living with a chronic health condition, mental illness, substance use disorder, a history of trauma—living in poverty or homelessness, being unemployed, being incarcerated are all conditions that create a sense of separation from ordinary activities, relationships, and a sense of place and purpose in the world. Literally, one becomes a stranger. The longer these conditions persist, the more deeply ingrained this experience of disaffiliation becomes.

Offering the gift of hospitality is an antidote to estrangement. In his book *Reaching Out*, Henri Nouwen defines hospitality as "creating free and friendly space for the stranger." As such, it is an invitation to relationship. A hospitable relationship provides a welcoming presence and creates a safe refuge from an often impersonal, hostile world. Thus, a person can experience some sense of social connection in the context of this dependable, trustworthy relationship.

Hospitality comes with no strings attached. It does not pass judgment or make demands. Instead, it provides space in which a person can freely explore one's own situation, needs, concerns, strengths, and hopes. It invites the telling of one's own story—past, present, and future. It allows for self-reflection and restoration. It provides the fertile ground from which seeds of hope and change can come to light.

Hospitality can be offered in many ways—by a simple gesture of acknowledgement, a warm smile, a cup of coffee, listening patiently without interrupting, a word of encouragement, or simply by being present with the other person in silence. Hospitality cannot be rushed. It requires time, patience and kindly persistence. It sees the "bigger picture" rather than seeking the "quick fix."

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## Handout #3: Four Principles of Motivational Interviewing

### Motivational Interviewing—

a person-centered, goal-oriented, guiding method of communication to enhance motivation to change.  
Miller & Rollnick, *Motivational Interviewing*, 2nd edition, 2002 (adapted)

### Express empathy

- Create space where client can safely explore conflicts and face difficult realities
- Acceptance facilitates change; pressure to change tends to immobilize it
- Accurate, skillful reflective listening is fundamental—seeks to understand the client's feelings and perspectives without judging, criticizing, or blaming
- Ambivalence is normal, not pathological

### Develop discrepancy

- When one's own behavior is seen as conflicting with important personal goals such as health status, living situation, or self-image, change is more likely to occur
- Counselor uses and amplifies discrepancy within the person to explore importance of change for him or her
- Goal is to have client, not the counselor, present reasons for change—consistent with self-perception theory—essentially that we come to know what we believe by hearing ourselves say it
- Motivational Interviewing designed to elicit and reinforce change statements that express desire, ability, reasons, need, or commitment to change

### Roll with resistance

- Avoid arguing for change
- Resistance not to be directly opposed; countering resistance generally strengthens it
- Resistance viewed as signal to respond differently

### Offer new perspectives; don't impose them

- Client is primary resource in finding answers and solutions
- Client resistance significantly influenced by the counselor's behavior
- Support self-efficacy
- Goal is to enhance client's confidence to cope with obstacles and succeed in change
- Assumes client, not the counselor, is responsible for choosing and carrying out change
- Self-efficacy is key element for motivating change and a reasonably good predictor of the treatment outcome
- Counselor's own belief in person's ability to change can have a powerful effect on the outcome—often becomes a self-fulfilling prophecy

Adapted from Miller & Rollnick, *Motivational Interviewing*, 2nd edition, 2002

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## Unit 9: Motivational Interviewing: Changing the Conversation

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### Handout #4: OARS

#### **OARS: Open Questions**

Open questions encourage people to talk about whatever is important to them. They help to establish rapport, gather information, and increase understanding. Open questions are the opposite of closed questions that typically elicit a limited response such as yes or no.

Open questions invite others to “tell their story” in their own words without leading them in a specific direction. Open questions should be used often in conversation but not exclusively. Of course, when asking open questions, you must be willing to listen to the person’s response.

To contrast open vs. closed questions, consider the following examples. Note how the topic is the same in both questions, but the likely responses will be very different.

- Did you have a good relationship with your parents?
- What can you tell me about your relationship with your parents?

#### **Examples of open questions:**

- What was that like?
- Help me understand...
- How would you like things to be different?
- When would you be most likely to \_\_\_?
- What do you think you will lose if you give up \_\_\_?
- What have you tried before to make a change?
- What do you want to do next?
- How can I help you with \_\_\_?

#### **OARS: Affirmations**

Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small. They are not the same as praise. Affirmations build confidence in one’s ability to change. To be effective, affirmations must be genuine and congruent.

#### **Examples of affirming responses:**

- You are clearly a very resourceful person.
- That took a lot of courage to...
- You showed a lot of patience in the way you handled...
- That’s a great idea.
- One of your real strengths is your ability to...
- I’ve really enjoyed talking with you today.

Adapted from Miller & Rollnick, *Motivational Interviewing*, 2nd edition, 2002

#### **OARS: Reflective Listening**

**“People only listen when they feel listened to!”** -Carl Rogers

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationship, building trust, and fostering motivation to change. Reflective listening appears deceptively easy, but it takes hard work and skill to do well. Sometimes the “skills” we use in working with clients do not exemplify reflective listening but instead serve as roadblocks to effective communication. Examples include misinterpreting what is said or assuming what a person needs.

It is vital to learn to think reflectively. This is a way of thinking that accompanies good reflective listening that includes interest in what the person has to say and respect for the person’s inner wisdom. Its key element is a hypothesis testing approach to listening. What you think the person means may not be what they really mean. Listening breakdowns occur in any of three places:

- Speaker does not say what is meant
- Listener does not hear correctly
- Listener gives a different interpretation to what the words mean

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### Handout #4: OARS (cont.)

Reflective listening is meant to close the loop in communication to ensure breakdowns don't occur. The listener's voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client's flow. Some people find it helpful to use some standard phrases:

- "So you feel..."
- "It sounds like you..."
- "You're wondering if..."

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation. Examples of the three levels include:

- Repeating or rephrasing—listener repeats or substitutes synonyms or phrases; stays close to what the speaker has said
- Paraphrasing—listener makes a major restatement in which the speaker's meaning is inferred
- Reflecting person's feeling—listener emphasizes emotional aspects of communication through feeling statements—deepest form of listening

Varying the levels of reflection is effective in listening. Also, at times there are benefits to over stating or understating a reflection. An overstatement (i.e. an amplified reflection) may cause a person to back away from a position while an understatement may lead to the feeling intensity continuing and deepening.

Adapted from handouts created by David B. Rosengren, Ph.D. and from *Motivational Interviewing* by Miller & Rollnick, 2002



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## Handout #4: OARS (cont.)

### Activity: Finding Reflections

This transcript is excerpted and modified slightly from the *Motivational Interviewing Professional Training Videotapes Series* © 1998 The University of New Mexico, Albuquerque, New Mexico, USA.

Bill (**B**) is the counselor. John (**J**) is the client.

Underline all of the reflective statements that you notice. Note that reflections can focus not only on the words the client says, but also on body language and guesses about what the client may be thinking or feeling.

**B:** John, you called up and indicated you'd like to talk to someone here. I'd like to know how I might be of help to you?

**J:** Uh... had to come... because of problems.

**B:** Some problems you've been having and someone has made you come here.

**J:** Yeah (Body language suggests discomfort—poor eye contact, head down.)

**B:** And you're not too happy about it.

**J:** Just like to take care of my own problems.

**B:** So talking to someone else is hard. It is not something you are used to doing.

**J:** No.

**B:** And yet someone has said you need to be here. Tell me a little about that.

**J:** My wife. Uh. She wants to...you know. She works and I work...take care of the kids together.

**B:** Mm Hmm

**J:** She says she wants to go back and...go back to school. You know. Study to be a nurse or something...and I don't think she needs to.

**B:** That seems silly to you.

**J:** We are just doing ok.

**B:** You like things the way they are.

**J:** Yeah.

**B:** There are some things about it you don't particularly like ... and that feels like a real big change.

**J:** Yeah...it's just everything is ok.

**B:** So why change...why mess it up. Things are going ok. She wants to get more school, more education and that's disturbing. Changes things.

**J:** She's got the kids. You know...she's got her job.

**B:** She already has enough to keep her busy.

**J:** I think so but she don't. So we argue.

**B:** You're happy the way things are. She's not...she's not so satisfied with how things are and she wants to get some education...and that's not ok with you.

**J:** She says things will be better. I can see that I guess... but she has plenty to do...things are ok...she keeps on and on about it.

**B:** It's really important to her.

**J:** I guess ... sometimes I wish she would shut up.

**B:** And you're worried that maybe things will be worse. If she goes back to school ... that somehow it won't be as good as it is now.

**J:** Yeah...I mean...she would go back to school... you know...she might flunk out...or she might go back to school and decide she don't want nothing no more... she don't want no family.

**B:** So one thing that might happen, that would hurt is if she went back to school and she might decide she doesn't want to be with you any longer.

**J:** (Makes quick eye contact lowers head and nods)

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## Handout #4: OARS (cont.)

**B:** And she is really important to you.

**J:** Yeah

**B:** So in a way it's not her getting an education that worries you. It's how that would affect your relationship.

**J:** She is smart enough.

**B:** Doesn't need any more education.

**J:** Sometimes...sometimes she's too smart.

**B:** Mm Hmm. What other kinds of troubles are there? Sounds like that's one piece of it. What else is happening?

Comment: The client in this example is relatively non-verbal. In addition, the client has been required to come see the counselor and is not particularly eager to talk. The counselor asks a few elaborative questions and otherwise uses reflective statements almost exclusively throughout the interview to draw out the client.

### OARS: Summaries

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points. For example, after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.

Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping-stone towards change.

Structure of summaries:

1. Begin with a statement indicating you are making a summary. For example:
  - Let me see if I understand so far...
  - Here is what I've heard. Tell me if I've missed anything.
2. Give special attention to change statements—client expressions that indicate a DARN-C:

- **D**esire to change
- **A**bility to change
- **R**easons to change
- **N**eed to change
- **C**ommitment to change

3. If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: "On the one hand you, on the other hand it sounds like ..."
4. It can be useful to include information from other sources (e.g. your own clinical knowledge, research, courts, and family members.)
5. Be concise.
6. End with an invitation. For example:
  - Did I miss anything?
  - What other points are there to consider?
  - What would you like to add or correct?
7. Depending on the response of the client to your summary statement, it may lead naturally to planning for or taking concrete steps towards the change goal.

Adapted from handouts created by David B. Rosengren, Ph.D. and from *Motivational Interviewing* by Miller & Rollnick, 2002



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## Handout# 5: A Guided Conversation

Your client is ambivalent about drinking (or some other concern). You want to explore the ambivalence and draw out change statements. Ask open questions using the examples below as a guide. Respond with both simple and complex reflective statements. *Avoid* giving “helpful” information or advice.

### Seek Permission

“Would it be all right if we took a closer look at your relationship with drinking?”

### Explore Ambivalence

“Tell me about you and drinking. What are some of the good things about it? What are some of the concerns you have about drinking?” (Respond with reflective statements.)

### Elicit Change Talk—

#### Desire (want, wish, like, etc.)

“If you were to cut back or stop drinking, why might you want to do that?” (Reflect)

### Elicit Change Talk—

#### Reasons (specific reasons for change)

“What would be some reasons for you to make this change?”  
“What would be the most important reasons?” (Reflect)

### Elicit Change Talk—

#### Ability (can, could, able, etc.)

“How might you go about it in order to succeed?” “How confident are you that you could make this change?” (Reflect)

### Elicit Change Talk—

#### Need (have to, important, etc. without stating specific reason)

“How important is it to you right now to change your smoking behavior?” “On a scale from 0 to 10, how important would you say it is for you to make this change? (Reflect)

### Elicit Change Talk—

#### Commitment (will, plan to, intend to, going to, willing, ready, etc.)

“How ready are you to make this change?” “What do you think you will do next?” (Reflect)

### Summarize

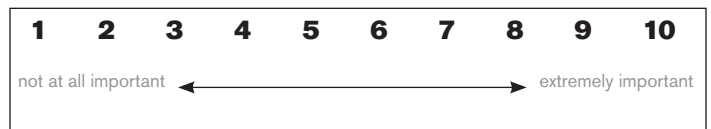
Provide a brief summary of the conversation. Include in the summary both sides of the client's ambivalence, without taking sides. In addition, emphasize the person's statements indicating a desire, ability, reasons, need, or commitment to change. Then, ask if you missed anything or ask, “What would you add?”

## Eliciting Change Talk

Eliciting change talk is a guiding strategy to help resolve client ambivalence. Instead of the counselor advocating for change, which often puts the client in the position of defending against it, the counselor uses the OARS micro-skills of Motivational Interviewing to elicit and reinforce clients' change talk, statements that express a desire, ability, reasons, need, or commitment to change.

## Methods for Evoking Change Talk

- Ask evocative questions
  - “What worries you about your current situation?”
  - “Why would you want to make this change?”
  - “What are the three best reasons to do it?”
  - “How might you go about it, in order to succeed?”
- Use the importance ruler (also use regarding client's confidence to change)
  - “On a scale from 0 to 10, how important would you say it is for you to make this change?”...“And why are you at \_\_\_ and not zero?”...“What would it take to move from \_\_\_ to (next highest number)?”...“And how I can help you with that?”



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### Handout# 5: A Guided Conversation (cont.)

- Explore the decisional balance—“What are the good things about (the way things are)? And what are the not so good things? If you were to change, what would be the challenges of doing so? What would be the benefits?”
- Ask for elaboration—“What else?” “Help me understand.” “Tell me more about that.” Or, ask for an example or to describe the last time this occurred.
- Query the extremes—“What concerns you absolutely most about \_\_\_\_? What are the very best results you could imagine if you made a change?”
- Look back—“What were things like before you \_\_\_\_? What has changed?”
- Look forward—“How would you like things to be different a month/a year/three years from now?”
- Explore goals and values—“How does this fit with your personal goals/what you value most?”

Adapted from *Motivational Interviewing* by Miller & Rollnick, 2002



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## Handout #6: MI Self Check and Selected Resources

### MI Self Check

My clients would say that I...

- Believe that they know what is best for themselves
- Help them to recognize their own strengths
- Am interested in helping them solve their problems in their own way
- Am curious about their thoughts and feelings
- Help guide them to make good decisions for themselves
- Help them look at both sides of a problem
- Help them feel empowered by my interactions with them

Adapted from Hohman, M. & Matulich, W. *Motivational Interviewing Measure of Staff Interaction*, 2008

### Selected Resources

*Building Motivational Interviewing Skills: A Practitioner Workbook*. Rosengren, David B., The Guilford Press, 2009.

*Motivational Interviewing* (2nd Ed.), Miller, WR & Rollnick, S., The Guilford Press, 2002.

*Motivational Interviewing in Health Care*, Rollnick, S, Miller, WR and & Butler, C. The Guilford Press, 2008.

*Motivational Interviewing in the Treatment of Psychological Problems*, Edited by Arkowitz, Westra, H, Miller, WR, & Rollnick, S, The Guilford Press, 2007.

*Enhancing Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) # 35. CSAT, 1999. 1-800-729-6686—NCADI

Website: [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)