Motivational Interviewing

Desk Reference
Foundation of Motivational Interviewing (MI): OARS - The Basics

Motivational Interviewing is an “A directive, client-centered counseling style for helping clients explore and resolve ambivalence about behavior change.” William R. Miller, 1991

Open-ended Questions, Affirmations, Reflective Listening, and summarizing (OARS)

OARS are the foundation of the MI skills and techniques that are used regularly and consistently, and will become a comfortable way of communicating with clients, colleagues and family alike. OARS, an acquired MI skill, will eventually become a natural interpersonal communication skill observable in all interactions.

Open-ended Questions

Open-ended questions allows the client to speak more than the Intensive Supervision Officer (ISO), they allows the client to share information, in their own words, without input from their ISO. ISOs must listen to what the client is saying which will assist the ISO in asking any follow up questions. Open-ended questions while used often in an exchange in dialogue are not exclusive, closed questions (yes or no responses) and will be used as follow up tools to expand on the subject or provide clarification.

Here are some samples of open questions:

- Who is the most important person in your life? And why are important to you?
- How does being on probation affect your home/work life?
- Who are the 5 most important people in your life?
- How can I help you with ___?
- Help me understand ___?
- What was the best 5 minutes of your day?
- What was the worst 5 minutes of your day?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- 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?
- Who in your life support you changing this behavior?
- What do you want to do next?
- How does your (behavior) affect your family?
- “What do you know about the risks of (drinking/drugs)?”
- How will getting off probation affect your home/work life?
**OARS: Affirmations**

Affirmations are positive reinforcements, statements of a client’s behavior that deserve recognition. When a behavior is acknowledged, the pride the client feels from the recognition, can lead them client to continue the positive behavior. Affirmations can encourage and support the client through the change process. Affirmations build self-confidence in the client’s belief that he or she can change, supporting their self-efficacy. For affirmations to be meaningful it must be genuine and appropriate to the positive behavior.

Examples of affirming responses:
- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That’s a good suggestion.
- Congratulations on your successful completion from drug treatment (or GED, class)
- Your counselor informed me you participate well in her group... that is nice to hear.
- If I were in your shoes, I don’t know if I could have managed nearly so well.
- I’ve enjoyed talking with you today.
- “You are very courageous to be so revealing about this.”
- “You’ve accomplished a lot in a short time.”
- “You’ve tried very hard to quit.”

**OARS: Reflective Listening**

Reflective listening is significant in building a rapport. Reflective listening is a skill that engages others with an authentic communication exchange that builds trust, relationship and impacts the desire to change. Reflective listening seems simple, but quite tricky; it involves repeating, rephrasing and/or paraphrasing, as well as, reflecting on feeling statements, at times, reflective listening can be misconstrued as summarizing. In order to master the skills of reflective listening consistent practice is necessary. It requires really listening to what the client is saying, responding back to the client to ensure understanding of what the client just said and/or to clarify. Using some standard phrases may help until the skill feels comfortable:
- So you feel...
- It sounds like you...
- You’re wondering if...
- So what I hear you saying is...
- This is what I am hearing, please correct me if I am wrong...
There are three types or degrees of reflective listening that can effect and impact the rapport building process. In general, the depth should match the situation.

Examples of the three levels include:

- **Repeating or rephrasing**: Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said.
- **Paraphrasing**: Listener makes a restatement in which the speaker’s meaning is inferred.
- **Reflection of feeling**: Listener emphasizes emotional aspects of communication through feeling statements.

This is the sincere and genuine form of listening. Varying the degree of reflection is effective in listening. Also, at times there are benefits to over-stating or under-stating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

**OARS: Summarizing**

Summaries can be used throughout a conversation but are particularly helpful at transition points, for example, If you are in a lengthy conversation with a client, you may summarize at some point to ensure you are on track with where the client is going, then continue with the conversation. Summarizing is also done at the ending of the conversations as well.

**Example of Summaries**: Begin with a statement indicating you are making a summary

- Let me see if I understand so far…
- Here is what I’ve heard. Tell me if I’ve missed anything.
- “What you’ve said is important.”
- “I value what you say.”
- “Here are the salient points.”
- “Did I hear you correctly?”
- “We covered that well. Now let's talk about…”
- In summarizing…

**Change Statements**

During all conversations with a client pay special attention to Change Statements. These are statements made by the client that point towards a willingness to change. Miller and Rollnick (2002) have identified four types of change statements, all of which overlap significantly:

- **Problem recognition**: “My use has gotten a little out of hand at times.”
- **Concern**: “If I don’t stop, something bad is going to happen.”
- **Intent to change**: “I’m going to do something; I’m just not sure what it is yet.”
- **Optimism**: “I know I can get a handle on this problem.”

1) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: “On the one hand you feel... on the other hand you want to...”

2) It can be useful to include information in summary statements from other sources to offer a full picture (e.g., your own professional knowledge, treatment, research, courts, or family).

3) Be clear & concise.

4) End with an invitation. For example:

   - Did I miss anything?
   - If that’s accurate, what other points are there to consider?
   - Anything you want to add or correct?

5) Depending on the client’s response to your summary statement, it may lead naturally to change talk and/or show client’s ambivalence.
DEARS – Used For Ambivalence

**Develop Discrepancy**
- Compare positives and negatives of behavior
- Use the pros and cons form to develop discrepancies
- Acknowledge self-motivational statements

**Empathize**
- Ambivalence is normal
- Be understanding of the fact that behavior change is difficult.

**Avoid Arguments**
- Don’t push for change, avoid labeling
- Change directions

**Roll with resistance**
- Change strategies in response to resistance
- Acknowledge reluctance and ambivalence as understandable
- Reframe statements to create new momentum
- Engage client in problem-solving

**Support Self-efficacy**
- Reinforce responsibility and ability to succeed
- Cultivate hope with menus of options
Motivational Strategies: Develop Discrepancies

- How does your (lack of a GED/using drugs/alcohol/peers) fit in with your goals?

- On one hand you say your (Health/Children) are important to you, however, you continue to (Drink/Use Drugs/get arrested), help me to understand....

- What do you feel you need to change to obtain your goals?

- How is being unemployed working for you? And/or your family?

- How will things be for you a year from now if you continue to _____?

- Hypothetically speaking, if you were to make a change in any area of your life, what would it be?
Motivational Strategies: Owning Problems

• How has owning this affected your relationships/family?

• But, how is this a problem for YOU?

• Do you agree with what they say?

• How has taking responsibility benefitted you?

• Do you think that these things will ever happen to you?

Give praise and support self-efficacy:

• You’ve done well to have survived all of that…

• I can tell this has really bothered you…
Motivational Strategies: Life Goals

- What are some of the good things your family or friends say about you?

- What do you see yourself doing in a year from now?

- As a child, what did you want to be when you grew up? At what point in your life did that dream change?

- Once off probation, what do you see as the ideal situation for you?

- What is it going to take for you to have the ideal situation?

- What steps can you take now, to get closer to your dream?

- On a scale of 1-10, how confident are you that you will do your next step?

- What sorts of things are important to you?

Give praise and Support Self-efficacy:

- It seems as though you have put a lot of thought into your goals…

- You’ve got a good plan of action…
Motivational Strategies: Asking For A Decision

- Repeat/Rephrase client’s ambivalence

- You were saying that you were trying to decide whether you should continue or cut down…

- After this discussion, on a scale of 1 to 10, how sure are you of your decision?

- Tell me about your decision?

- What is it you would like to do?
Motivational Strategies: If No Decision

- Accept no decision Empathize with difficulty of ambivalence
- Ask if they have a plan to manage not making a decision
- Ask what is the barrier (information, time) standing in their way of making a decision?
- Ask what do they need to feel comfortable with making the decision?
## Appropriate Motivational Strategies for Each Stage of Change

<table>
<thead>
<tr>
<th>Client's Stage of Change</th>
<th>Appropriate Motivational Strategies for the ISO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong></td>
<td>❖ Establish rapport, ask permission, and build trust.</td>
</tr>
<tr>
<td></td>
<td>❖ Raise doubts or concerns in the client about current unwanted behavior patterns</td>
</tr>
<tr>
<td></td>
<td>❖ Express concern and keep the door open.</td>
</tr>
</tbody>
</table>

**Precontemplation**

The client is not yet considering change or is unwilling or unable to change.
### Clients Stage of Change

**Preparation**

The client is has decided to take steps necessary to make a change and is in the planning process. This requires determining what is needed, visualizing what the action will look like and ensuring everything needed is in place prior to beginning the change process.

### Appropriate Motivational Strategies for the ISO

- Discuss steps client feels are needed to make the change.
- Have client to repeat goals then rephrase what client stated.
- Using statements client has previously mentioned (goals, steps, important people, need for change, etc.), negotiate a change--or treatment--plan and/or behavior contract.
- Consider and lower barriers to change.
- Assist the client enlist social support.
## Stages of Change

<table>
<thead>
<tr>
<th>Clients Stage of Change</th>
<th>Appropriate Motivational Strategies for the ISO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
<td></td>
</tr>
<tr>
<td>The client is taking steps to change, (maybe in treatment/school) but has not yet reached a stabilization.</td>
<td>- Have client make the contact, provide information needed, (treatment program/school, etc.) and reinforce the importance of their commitment for the changed behavior.</td>
</tr>
<tr>
<td></td>
<td>- Acknowledge difficulties for the client in early stages of change.</td>
</tr>
<tr>
<td></td>
<td>- Assist the client identify high-risk situations and develop appropriate coping strategies to overcome these.</td>
</tr>
<tr>
<td></td>
<td>- Be Supportive throughout the process.</td>
</tr>
<tr>
<td>Clients Stage of Change</td>
<td>Appropriate Motivational Strategies for the ISO</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>◆ Affirm the client's determination for the accomplishments and continued positive lifestyle.</td>
</tr>
<tr>
<td></td>
<td>◆ Review and document with clients the coping strategies that are being used to avoid a return to the unwanted behavior.</td>
</tr>
<tr>
<td></td>
<td>◆ Maintain a supervision plan that supports the lifestyle change: proactive friends, prosocial leisure activities, stable employment and positive support system, which includes the ISO.</td>
</tr>
<tr>
<td></td>
<td>◆ Review long-term goals with the client.</td>
</tr>
</tbody>
</table>

The client is maintaining the accomplishment of completing their goal. They are in a daily routine of normalcy and appears to be stabilizing, sustaining the behavior change.
## Stages of Change

<table>
<thead>
<tr>
<th>Clients Stage of Change</th>
<th>Appropriate Motivational Strategies for the ISO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relapse</strong></td>
<td>✗ Assist client in reentering and understanding the change cycle reconsider positive change.</td>
</tr>
<tr>
<td></td>
<td>✗ Discuss the meaning of a lapse and relapse as a learning opportunity. Agree on a plan if a lapse occurs in the future.</td>
</tr>
<tr>
<td></td>
<td>✗ Develop or update supervision plan with new goals and plan of action, depending on behavior may want to develop an agreement.</td>
</tr>
<tr>
<td></td>
<td>✗ Support positive decision to get back on track. Offer encouragement.</td>
</tr>
</tbody>
</table>

- The client has started the unwanted behavior again. Treatment clients experiencing relapse often occurs, generally a lapse (thinking about relapsing prior to actually relapsing) Client must address with consequences and decide what to do next.