

MOTIVATIONAL INTERVIEWING QUESTIONNAIRE

1. The following are other words that describe the concept of _____

- Confrontation
- Fight
- Battle
- Struggle
- Conflict
- Opposition

2. Motivational Interviewing is a directive, client centered counseling style for eliciting behavior change by helping clients to explore and resolve _____.

3. How many phases are there in Motivational Interviewing?

- a. 7 b. 2 c. 3 d. 5

4. Ambivalence about change is _____.

5. "O" in OARS stands for: Asking _____ -ended questions.

6. In the Stages of Change model, Pre-contemplation is another word that replaces

- a. directive b. ambivalence c. denial d. personal freedom

7. Why is Motivational Interviewing useful in working with many populations because (Please mark T or F):

- | T | F | |
|-----|-----|---|
| ___ | ___ | Motivational interviewing aligns with evidence-based practice. |
| ___ | ___ | It can help the counselor get "back into the game" of behavior change. |
| ___ | ___ | It suggests effective tools for handling resistance and can keep difficult situations from getting worse. |
| ___ | ___ | It can help the counselor get "back into the game" of behavior change. |
| ___ | ___ | It keeps the counselor from doing all the work, and makes interactions more change-focused |
| ___ | ___ | It helps prepare people for change. |
| ___ | ___ | Motivational Interviewing changes who does the talking. |
| ___ | ___ | It allows counselors to keep the client accountable with a positive motivational style. |

General Principles Underlying Motivational Interviewing

- **Develop Discrepancy**
- **Express Empathy**
- **Amplify Ambivalence**
- **Roll With Resistance**
- **Support Self-Efficacy**

Major Motivational Strategies: OARS

- **Open-ended questions**
- **Affirmations**
- **Reflections**
- **Summaries**

How it Works

Set the agenda

Having clarified the agenda around which there is ambivalence ask for 20 minutes or so to try a series of special questions to help sort things out.

Ask about the positive aspects of use.

- This is often an engaging surprise for the addict. However, it will only work if you are genuinely interested.
- What are some of the good things about _____?
- People usually use _____ because they help in some way. How has it helped you?
- What do you like about the effect?

➤ (Summarize positives)

Ask about the less good things:

Can you tell me about the down side?

- What are some aspects you are not so happy about?
- What are some of the things you would not miss?
- Use praise; you have done well to have survived.

Life Goals- These goals will be the pivotal point against which cost and benefits are weighed.

What sort of things are important to you?

- What sort of person would you like to be?
- If things worked out in the best possible way for you, what would you be doing a year from now?

Ask for a decision – Reinstate their dilemma or ambivalence then ask for a decision.

- You were saying that you were trying to decide whether to continue or cut down...
- After this discussion, are you more clear about what you would like to do?
- So have you made a decision?

Goal setting – Use SMART (Specific, Meaningful, Assessable, Realistic, Timed)

- What will be your next step?
- What will you do in the next one or two days?
- Have you ever done any of these things before to achieve this?
- Who will be helping and supporting you?
- On a scale of 1 to 10 what are the chances that you will do your next step? (anything under 7 their goal may need to be more achievable)

➤ **IF NO DECISION OR DECISION IS TO CONTINUE TO USE DRUGS.**

- If no decision, empathize with difficulty of ambivalence.
- Ask if there is something else which would make a decision?
- Ask if they have a plan to manage not making a decision?
- Ask if they are interested in reducing some of the problems while they are making decision?
- IF DECISION TO USE

Ask if they are interested in reducing some of the problems? Use problem solving

GOAL: EXPLORING CONCERNS & OPTIONS FOR CHANGE

Once the subject is out in the open, the goal needs to be assisting the client to express how they feel about the issue - and more importantly, whether they have any concerns about it. Options for change if needed should come at a later time. The following summary of strategies is your menu to use as options available to you as an interviewer. Because you have no idea at this early stage of the person's readiness for change, it is best to begin with non-threatening strategies.

1. Ask about the problem in detail.
2. Ask about a typical day.
3. Ask about lifestyle and stresses.
4. Ask about health, then substance use.
5. Ask about the good things, then the less good things.
6. Ask about the problem in the past and now.
7. Provide information and ask "What do you think?"
8. Ask about concerns directly.
9. Ask about the next step.

Wind things up by summarizing the conversation in "you" language. Emphasize freedom of choice and your willingness to provide further support.

Evoking Change Talk STATEMENTS

Open Ended Questions

1. Problem Recognition

What things make you think that there is a problem you had in relation to your drug use?

What difficulties have you had in relation to your drug use?

In what ways do you think other people have been harmed by your drinking?

In what ways has this been a problem for you?

How has your use stopped you from doing what you want to do?

2. Concern

What is it about your drinking that you or other people might see as reasons for concern?

What worries you about your use? What can you imagine happening to you?

How do you feel about your gambling?

How much does that concern you?

In what ways does this concern you?

3. Intention to change

The fact that you're here indicates that at least you think it's time to do something.

What are the reasons you see for making a change.

What makes you think that you need to make a change.

If you were 100% successful and things worked out exactly as you would like, what would be different?

What things make you think you should keep drinking the way you have been?... And what about the other side? What makes you think it is time for a change?

What are you thinking about your gambling at this point?

What would be the advantages of making a change?

I can see you're feeling stuck at the moment. What's going to have to change.

4. Optimism

What makes you think that if you did decide to make a change, you could do it?

What encourages you that you can change if you want to?

What do you think would work for you, if you decided to change?

RATIONALE

- These open questions evoke client's verbal processing of motivational statements.
- Reinforce even if the statements are tentative with head nods, or supportive statements such as: "I can see how that would be a concern to you. or "That must be difficult for you".
- Whether a client will continue offering change talk statements and exploring ambivalence and discrepancy depends largely on how you respond.
- Once they see acceptance, it reinforces and encourages continued exploration. After this you can begin the general format of being straightforward by using "What else" questions.

WHAT ELSE QUESTIONS

What else have you wondered about?

What other concerns have you had?

What are some other reasons why you may need to make a change?

What other things have people told you?

What other problems have you had?

What else worries you?

Motivational Interviewing Guide Sheet - Reflections

Simple reflection

The simplest approach to responding to resistance is with nonresistance, by repeating the client's statement in a neutral form. This acknowledges and validates what the client has said and can elicit an opposite response.

Client: I don't plan to quit drinking anytime soon.

Professional: You don't think that abstinence would work for you right now.

Amplified reflection

Another strategy is to reflect the client's statement in an exaggerated form--to state it in a more extreme way but without sarcasm. This can move the client toward positive change rather than resistance.

Client: I don't know why my wife is worried about this. I don't drink any more than any of my friends.

Professional: So your wife is worrying needlessly.

Double-sided reflection

A third strategy entails acknowledging what the client has said but then also stating contrary things she has said in the past. This requires the use of information that the client has offered previously, although perhaps not in the same session.

Client: I know you want me to give up drinking completely, but I'm not going to do that!

Professional: You can see that there are some real problems here, but you're not willing to think about quitting altogether.

Shifting focus

You can defuse resistance by helping the client shift focus away from obstacles and barriers. This method offers an opportunity to affirm your client's personal choice regarding the conduct of his own life.

Client: I can't stop smoking reefer when all my friends are doing it.

Professional: You're way ahead of me. We're still exploring your concerns about whether you can get into college. We're not ready yet to decide how marijuana fits into your goals.

Agreement with a twist

A subtle strategy is to agree with the client, but with a slight twist or change of direction that propels the discussion forward.

Client: Why are you and my wife so stuck on my drinking? What about all her problems? You'd drink, too, if your family were nagging you all the time.

Professional: You've got a good point there, and that's important. There is a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as one person's drinking. I agree with you that we shouldn't be trying to place blame here. Drinking problems like these do involve the whole family.

Reframing

A good strategy to use when a client denies personal problems is reframing--offering a new and positive interpretation of negative information provided by the client. Reframing "acknowledges the validity of the client's raw observations, but offers a new meaning...for them" ([Miller and Rollnick, 1991, p. 107](#)).

Client: My husband is always nagging me about my drinking--always calling me an alcoholic. It really bugs me.

Professional: It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry. Maybe we can help him learn how to tell you he loves you and is worried about you in a more positive and acceptable way.

In another example, the concept of relative tolerance to alcohol provides a good opportunity for reframing with problem drinkers ([Miller and Rollnick, 1991](#)). Many heavy drinkers believe they are not alcoholics because they can "hold their liquor." When you explain that tolerance is a risk factor and a warning signal, not a source of pride, you can change your client's perspective about the meaning of feeling no effects. Thus, reframing is not only educational but sheds new light on the client's experience of alcohol.

Siding with the negative

One more strategy for adapting to client resistance is to "side with the negative"--to take up the negative voice in the discussion. This is not "reverse psychology," nor does it involve the ethical quandaries of prescribing more of the symptom, as in a "therapeutic paradox." Typically, siding with the negative is stating what the client has already said while arguing against change, perhaps as an amplified reflection. If your client is ambivalent, your taking the negative side of the argument evokes a "Yes, but..." from the client, who then expresses the other (positive) side. Be cautious, however, in using this too early in treatment or with depressed clients.

Client: Well, I know some people think I drink too much, and I may be damaging my liver, but I still don't believe I'm an alcoholic or in need of treatment.

Professional: We've spent considerable time now going over your positive feelings and concerns about your drinking, but you still don't think you are ready or want to change your drinking patterns. Maybe changing would be too difficult for you, especially if you really want to stay the same. Anyway, I'm not sure you believe you could change even if you wanted to.

Support Self-Efficacy

Many clients do not have a well-developed sense of self-efficacy and find it difficult to believe that they can begin or maintain behavioral change. Improving self-efficacy requires eliciting and supporting hope, optimism, and the feasibility of accomplishing change. This requires you to recognize the client's strengths and bring these to the forefront whenever possible. Unless a client believes change is possible, the perceived discrepancy between the desire for change and feelings of hopelessness about accomplishing change is likely to result in rationalizations or denial in order to reduce discomfort. Because self-efficacy is a critical component of behavior change, it is crucial that you as the Professional also believe in your clients' capacity to reach their goals.

Discussing treatment or change options that might still be attractive to clients is usually helpful, even though they may have dropped out of other treatment programs or returned to substance use after a period of being substance free. It is also helpful to talk about how persons in similar situations have successfully changed their behavior. Other clients can serve as role models and offer encouragement. Nonetheless, clients must ultimately come to believe that change is their responsibility and that long-term success begins with a single step forward. The AA motto, "one day at a time," may help clients focus and embark on the immediate and small changes that they believe are feasible.

Education can increase clients' sense of self-efficacy. Credible, understandable, and accurate information helps clients understand how substance use progresses to abuse or dependency. Making the biology of addiction and the medical effects of substance use relevant to the clients' experience may alleviate shame and guilt and instill hope that recovery can be achieved by using appropriate methods and tools. A process that initially feels overwhelming and hopeless can be broken down into achievable small steps toward recovery.

Affirm

When it is done sincerely, affirming your client supports and promotes self-efficacy. More broadly, your affirmation acknowledges the difficulties the client has experienced. By affirming, you are saying, "I hear; I understand," and validating the client's experiences and feelings. Affirming helps clients feel confident about marshaling their inner resources to take action and change behavior. Emphasizing their past experiences that demonstrate strength, success, or power can prevent discouragement.

For some clients, such as many African-Americans, affirmation has a spiritual context. Affirming their inner guiding spirit and their faith may help resolve their ambivalence. Several examples of affirming statements ([Miller and Rollnick, 1991](#)) follow:

- I appreciate how hard it must have been for you to decide to come here. You took a big step.
- I think it's great that you want to do something about this problem.
- That must have been very difficult for you.
- You're certainly a resourceful person to have been able to live with the problem this long and not fall apart.
- That's a good suggestion.
- It must be difficult for you to accept a day-to-day life so full of stress. I must say, if I were in your position, I would also find that difficult.

Elicit Self-Motivational Statements

Engaging the client in the process of change is the fundamental task of motivational interviewing. Rather than identifying the problem and promoting ways to solve it, your task is to help the client recognize how life might be better and choose ways to make it so.

Remember that your role is to entice the client to voice personal concerns and intentions, not to convince him that a transformation is necessary. Successful motivational interviewing requires that clients, not the Professional, ultimately argue for change and persuade themselves that they want to and can improve. One signal that the client's ambivalence and resistance are diminishing is the self-motivational statement.

Four types of motivational statements can be identified ([Miller and Rollnick, 1991](#)):

- Cognitive recognition of the problem (e.g., "I guess this is more serious than I thought.")
- Affective expression of concern about the perceived problem (e.g., "I'm really worried about what is happening to me.")
- A direct or implicit intention to change behavior (e.g., "I've got to do something about this.")
- Optimism about one's ability to change (e.g., "I know that if I try, I can really do it.")

Accessing Reflective Thinking

- Clues that you are not in reflective mode:
 - You want to control the outcome
 - You feel anger, frustration, unease, fear, etc. in yourself
 - You hold as true any negative view of the other person
 - You miss what was said
 - You interrupt or jump ahead
 - The other person feels judged or not heard
 - You are stuck in your “truth,” or what is “right”

- Noticing the clue may be enough to bring you back (i.e., re-
presence your commitment to reflective listening)

Traps to Avoid

- The question/answer trap
- The premature focus trap
- The confrontation trap
 - The blaming trap
 - The expert trap
 - The labeling trap

Thomas Gordon's 12 Roadblocks to Listening

- 1) Ordering, directing
- 2) Warning, threatening
- 3) Giving advice, making suggestions, providing solutions
- 4) Persuading with logic, arguing, lecturing
- 5) Moralizing, preaching
- 6) Judging, criticizing, blaming
- 7) Agreeing, approving, praising
- 8) Shaming, ridiculing, name calling
- 9) Interpreting, analyzing
- 10) Reasoning, sympathizing
- 11) Questioning, probing
- 12) Withdrawing, distracting, humoring,
changing the subject

How To Ask Open-Ended Questions	
Closed Question	Open Question
So you are here because you are concerned about your use of alcohol, correct?	Tell me, what is it that brings you here today?
How many children do you have?	Tell me about your family.
Do you agree that it would be a good idea for you to go through detoxification?	What do you think about the possibility of going through detoxification?
First, I'd like you to tell me some about your marijuana use. On a typical day, how much do you smoke?	Tell me about your marijuana use during a typical week.
Do you like to smoke?	What are some of the things you like about smoking?
How has your drug use been this week, compared to last: more, less, or about the same?	What has your drug use been like during the past week?
Do you think you use amphetamines too often?	In what ways are you concerned about your use of amphetamines?
How long ago did you have your last drink?	Tell me about the last time you had a drink.
Are you sure that your probation officer told you that it's only cocaine he is concerned about in your urine screens?	Now what exactly are the conditions that your probation officer wants you to follow?
When do you plan to quit drinking?	So what do you think you want to do about your drinking?

Source: Enhancing Motivation for Change – TIP 35

Figure 2-2 Appropriate Motivational Strategies for Each Stage of Change	
Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p style="text-align: center;">Precontemplation</p> <p>The client is not yet considering change or is unwilling or unable to change.</p>	<ul style="list-style-type: none"> • Establish rapport, ask permission, and build trust. • Raise doubts or concerns in the client about substance-using patterns by <ul style="list-style-type: none"> ○ Exploring the meaning of events that brought the client to treatment or the results of previous treatments ○ Eliciting the client's perceptions of the problem ○ Offering factual information about the risks of substance use ○ Providing personalized feedback about assessment findings ○ Exploring the pros and cons of substance use ○ Helping a significant other intervene ○ Examining discrepancies between the client's and others' perceptions of the problem behavior • Express concern and keep the door open.
<p style="text-align: center;">Contemplation</p> <p>The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.</p>	<ul style="list-style-type: none"> • Normalize ambivalence. • Help the client "tip the decisional balance scales" toward change by <ul style="list-style-type: none"> ○ Eliciting and weighing pros and cons of substance use and change ○ Changing extrinsic to intrinsic motivation ○ Examining the client's personal values in relation to change ○ Emphasizing the client's free choice, responsibility, and self-efficacy for change • Elicit self-motivational statements of intent and commitment from the client. • Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment. • Summarize self-motivational statements.
<p style="text-align: center;">Preparation</p> <p>The client is committed to and planning to make a change in the near future but is still considering what to do.</p>	<ul style="list-style-type: none"> • Clarify the client's own goals and strategies for change. • Offer a menu of options for change or treatment. • With permission, offer expertise and advice. • Negotiate a change--or treatment--plan and behavior contract. • Consider and lower barriers to change. • Help the client enlist social support. • Explore treatment expectancies and the client's role. • Elicit from the client what has worked in the past either for him or others whom he knows. • Assist the client to negotiate finances, child care, work, transportation, or other potential barriers. • Have the client publicly announce plans to change.
<p style="text-align: center;">Action</p>	<ul style="list-style-type: none"> • Engage the client in treatment and reinforce the importance of remaining in recovery.

<p>The client is actively taking steps to change but has not yet reached a stable state.</p>	<ul style="list-style-type: none"> • Support a realistic view of change through small steps. • Acknowledge difficulties for the client in early stages of change. • Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these. • Assist the client in finding new reinforcers of positive change. • Help the client assess whether she has strong family and social support.
<p style="text-align: center;">Maintenance</p> <p>The client has achieved initial goals such as abstinence and is now working to maintain gains.</p>	<ul style="list-style-type: none"> • Help the client identify and sample drug-free sources of pleasure (i.e., new reinforcers). • Support lifestyle changes. • Affirm the client's resolve and self-efficacy. • Help the client practice and use new coping strategies to avoid a return to use. • Maintain supportive contact (e.g., explain to the client that you are available to talk between sessions). • Develop a "fire escape" plan if the client resumes substance use. • Review long-term goals with the client.
<p style="text-align: center;">Recurrence</p> <p>The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.</p>	<ul style="list-style-type: none"> • Help the client reenter the change cycle and commend any willingness to reconsider positive change. • Explore the meaning and reality of the recurrence as a learning opportunity. • Assist the client in finding alternative coping strategies. • Maintain supportive contact.

Precontemplation

- Is unaware, unable, or unwilling to change:
- Is likely to be wary of counselor
 - Don't rub client the wrong way
 - Establish rapport
 - Raise doubts about problem behavior
 - Provide info on risks – pros & cons

Contemplation

- Is uncertain – ambivalent
- May meet you halfway – willing to explore
 - Discuss and weigh the pros & cons
 - Emphasize client free choice/responsibility
 - Elicit self-motivational statements
 - Ask questions that prompt motivation – ie “When you have made changes in the past, how has you worked? What are some things you think of when you make changes?”

Preparation/Determination

- Asks questions, indicates willingness and considers options to change
 - There is a shift from “thinking about it” to making actual plans
 - Therapist acts as a guide in the process
 - Clarify goals and strategies
 - Offer a menu of options
 - Negotiate a contract or plan
- “Would you be willing to consider starting with a small plan – let’s see how that might look”.

Action

- The client takes steps toward change, motivation waxes and wanes.
 - Is receptive – but is still unstable.
 - Negotiate an action plan
 - Acknowledge difficulties & support attempts
 - Identify risk situations, and coping strategies
 - Help find new reinforcers for change
 - Support perseverance
- If behaviors resume: “Let’s identify what went on right before... to look at different choices

Maintenance

- Have met initial goals, made lifestyle changes, and practices new strategies
- Professional role is to encourage & reinforce
 - Support and affirm changes with action plan
 - Rehearse new coping strategies
 - Review goals - keep contact with client
 - Pursue recovery strategies – healthy activities
 - Volunteer
 - Review progress, look ahead for risk

Return of Behaviors/Relapse

Encourage moving toward previous goals, as soon as possible

Eliciting Change Talk: MI becomes directive

- **Importance/Confidence Ruler**
- **Querying Extremes**
- **Looking Back / Looking Forward**
- **Evocative Questions**
- **Decisional Balance**
- **Goals and Values**
- **Elaborating**

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Evocative and Advocacy Principles



Kate Speck, PhD, MAC, LADC

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Definition of Behavior	Indicators of Behavior	Specific Approaches
Reluctance	Lack of knowledge or inertia	Provide feedback in sensitive empathetic manner
	Does not want to consider change	
	Is not fully conscious of information or impact of problem	
Rebellion	Heavy investment in problem behavior and making decisions	Emphasize personal choice and control and provide choices
	Resists being told "what to do"	Goal is to redirect energy used to rebel and resist change
	May be residual of adolescents of result of insecurity or fears	Review Chapter 8 for specific examples
	Will appear hostile and resistant to change	
	Makes it very clear they don't want people trying to change them	
Resignation	Lacks energy or investment in changing	Instill hope
	Has given up on possibility of change and seems overwhelmed	Explore barriers to change (possibility of change)
	Tells you how many times they have tried to change the problem.	Without hope the patient is resigned to precontemplation and can never be motivated to change.
	Sense of hopelessness and lack of control	
Rationalization	Has all the answers/in contrast to resigned to contemplator that has none	Discussion only serves to strengthen their side of the argument
	Not considering change - has figured out the odds of personal risk	Use empathy and reflective listening
	Plenty of reasons why the problem is not a problem or is a problem for others, but not themselves	Double sided reflection
	Session feels like a debate	
	Feels like client is rebelling, but distinction is in the way they are thinking rather than emotions	

MYTH: More is always better **FACT:** More education, more information, more intense information or confrontation does not work with Precontemplators. We cannot make "contemplators" change, but we can motivate them to "contemplation"

Interviewing Traps

Premature focus trap – do not ask, “ Why don’t you do something about it?”
Prep work is all-important – need to focus on all aspects of the persons life, not just the use of the substance. Life circumstances single motherhood, living situation work etc.

Confrontation & Denial Trap —Confronting the client by taking the opposite side of the issue may produce defensiveness. By taking responsibility for the “problem-change” side of the conflict, you elicit oppositional “no problem” arguments from the client. Clients can then talk themselves out of change. Reflections and re-frames of what the client is saying helps counselors avoid this trap by making the client argue both sides, rather than pitting the client against the counselor.

Reflective Listening

Clients will teach you

Not a basic skill – you are unlikely to hurt anyone you can always go from there- it is a safety net

Summarizing – is a special form of ref list = gathering up and giving back to pt in a package a first chance to be directive – you pull out reinforce some things and not others you do not just gather what you have so far

You include your own choice giving the client a bouquet of choices

You get rid of needless words of your own and say” let me see if I have a complete picture” summarize - “so let me see if I’ve got this right.

What do you think you need to do here

Affirm – it is easy to forget positive things - not patronizing but respect to the person to reframe a weakness and thanking the person for being there and hanging in there not phony to the person.

“You have worked hard. I thank you for being there; this must be difficult for you.

Reframing weakness as a strength a supportive appreciative statement that goes along to assist you to make the bond you monitor yourself at the same time.

You have been making a good effort are doing a good job, sounds like you I appreciate how much you have been dealing with

Eliciting self motivational statements

Client states reasons for change making the argument for change instead of the therapist making the argument.

4 categories

recognizing the existence of a problem – may be a need for a change

statements of concern – some emotion to change anxiety know consequences stress allow them to make the statements.

Intention to change – arises in later stages of change – we need to listen carefully to direct or indirect statements

Optimism for Change- I think I can do this someone else sees an optimism for change

Elicit Motivation to Change

1. Ask evocative questions – ask them to tell you

In what ways is this a problem what are the disadvantages how has this inconvenienced you they are directive questions that get the pt to say what the issue is.

How does this fit for you?

2. Exploring Pros and Cons - What are the positives and negative what is good about drinking Tell me about the special occasions WHAT ELSE is a q that needs to be asked often. Summarize these items then ask :

Tell me about the consequences. The not too good things

3. Asking for Elaboration talk you through this – tell me more about this when was the last time this happened – can you give me an example of this (have a conversation about change

4. Imagining extremes What is the worst thing that can happen If you were to decide to change talk in hypotheticals. What is the best thing that can come out of making changes

What would be the worst-case scenario if you decide not to change or if you decide not to change

5 Looking forward another hypothetical where would you like to be in 5 years. It evokes the persons values have the person describe this - what they wish– how does what you are doing now fit into this? What would it take for you to decide you end to change to give up you behavior What might happen or what situation would you have to be In?

6. Looking Back – have person contrast situation with the past before this what was it like comparison when was the last time things were going well for you?

Importance of recognizing the distinction and difference between importance and confidence

Asking the person how imp it is to them to make the change and how confident they are to make the change

How To Recognize Self-Motivational Statements

Self-Motivational Statements	Countermotivational Assertions
I guess this has been affecting me more than I realized.	I don't have any problem with marijuana.
Sometimes when I've been using, I just can't think or concentrate.	When I'm high, I'm more relaxed and creative.
I guess I wonder if I've been pickling my brain.	I can drink all night and never get drunk.
I feel terrible about how my drinking has hurt my family.	I'm not the one with the problem.
I don't know what to do, but something has to change.	No way am I giving up coke.
Tell me what I would need to do if I went into treatment.	I'm not going into a hospital.
I think I could become clean and sober if I decided to.	I've tried to quit, and I just can't do it.
If I really put my mind to something, I can do it.	I have so much else going on right now that I can't think about quitting.

Sample Questions To Evoke Self-Motivational Statements

Problem Recognition

- What things make you think that this is a problem?
- What difficulties have you had in relation to your drug use?
- In what ways do you think you or other people have been harmed by your drinking?
- In what ways has this been a problem for you?
- How has your use of tranquilizers stopped you from doing what you want to do?

Concern

- What is there about your drinking that you or other people might see as reasons for concern?
- What worries you about your drug use? What can you imagine happening to

you?

- How much does this concern you?
- In what ways does this concern you?
- What do you think will happen if you don't make a change?

Intention to Change

- The fact that you're here indicates that at least part of you thinks it's time to do something.
- What are the reasons you see for making a change?
- What makes you think that you may need to make a change?
- If you were 100 percent successful and things worked out exactly as you would like, what would be different?
- What things make you think that you should keep on drinking the way you have been? And what about the other side? What makes you think it's time for a change?
- I can see that you're feeling stuck at the moment. What's going to have to change?

Optimism

- What makes you think that if you decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you needed to change?

Source: [Miller and Rollnick, 1991](#). Reprinted with permission.

MOTIVATIONAL INTERVIEWING SKILLS CRITIQUE

Reviewed By:

Interviewer

- Qo - Question Open
- Qc - Question Closed
- A -Affirmation
- R - Reflection
- S - Summary

- T - Teaching
- C - Confrontation

Interviewer:

No.	Intv.	Client	Intv.	Client	Intv.	Client	Intv.	Client	Intv.	Client
1										
2										
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