

FURTHERING YOUR MOTIVATIONAL INTERVIEWING SKILLS

PRESENTER:

CONSULTANT / MINT TRAINER

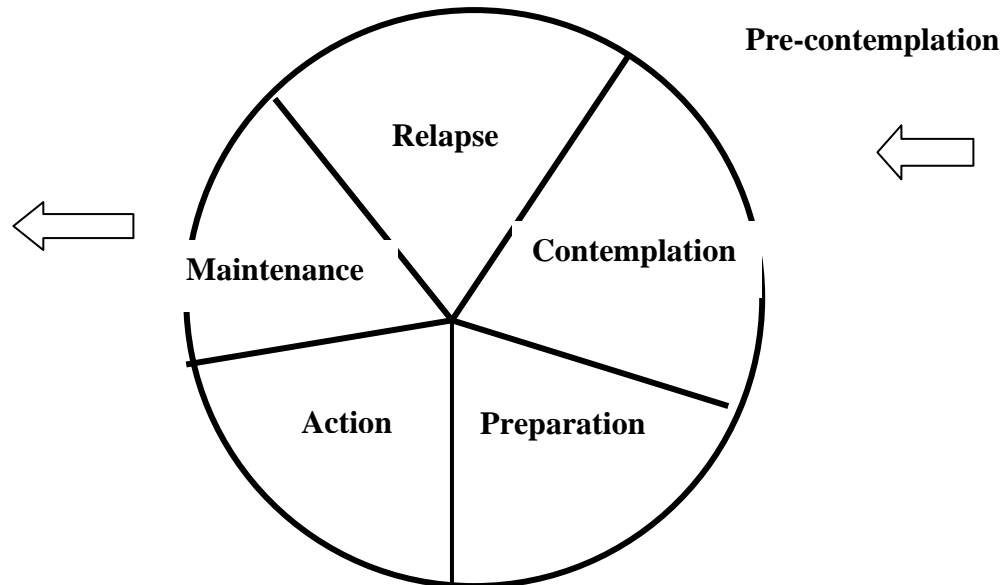
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PART 1

PROCHASKA-DICLEMENTE'S WHEEL OF CHANGE



The Six Stages Of Change:

1. **Pre-contemplation**-You do not think that your behavior is a problem.
2. **Contemplation**-You are considering the possibility of changing your behavior and at the same time rejecting the idea of change.
3. **Preparation**-You are leaning toward change, seriously considering no longer engaging in your behavior.
4. **Action**-You are taking steps to no longer engage in your behavior.
5. **Maintenance**-You are identifying and using strategies to prevent relapse and addressing other areas of your life.
6. **Relapse**-You are renewing the processes of contemplation, preparation and action and not giving up on your goal.

PROVIDER'S ROLE THROUGHOUT THE STAGES OF CHANGE

- **PRECONTEMPLATION:** To provide information and feedback in order to raise client's awareness of problem behavior and to increase the client's perception of risk associated with current behavior.
- **CONTEMPLATION:** To help resolve ambivalence by evoking reasons to change and risks of not changing. To assess and strengthen client's level of self-efficacy for behavior change.
- **PREPARATION:** To help match the client with an acceptable, appropriate and effective change strategy.
- **ACTION:** To collaborate with the client as they take steps toward achieving their goal.
- **MAINTENANCE:** To collaborate with the client in identifying and using strategies to prevent the return of old patterns and behaviors.
- **RELAPSE:** To collaborate with the client and renew the processes of contemplation, preparation and action.

ACCORDING TO Miller:
(based on his research)

“A counselor can significantly influence client motivation”

“Motivation is not seen as a client trait but the interpersonal process between client and counselor.”

“How a counselor thinks about motivation and change greatly influences what a counselor does.”

Definition of Motivational Interviewing: A client-centered directive method for enhancing intrinsic motivation to change, by exploring and resolving ambivalence.

- **Client-centered:** Focused on the client’s present interest and concerns.
- **Directional:** Elicits and selectively reinforces change talk. Selectively responding to speech in a way that resolves ambivalence and moves a client toward change.
- **Method:** A method of communication. A facilitative approach to communication that evokes natural change.
- **Intrinsic motivation:** Focus on eliciting the client’s intrinsic motivation for change, arising from his / her own values and concerns.
- **Resolving ambivalence:** This method focuses on exploring and resolving ambivalence as a key factor in eliciting change.

Motivational Inter-View: A looking together at something and seeing something together. Like looking at a photo-album. One person tells a story the other listens. The listener is friendly and shows personal interest. The listener wants to understand and learn. Occasionally the listener asks politely about a particular picture or details about a picture not mentioned.

Confrontation: This is the goal, not the strategy. Assisting clients in exploring their own arguments for change in a safe, supportive client-centered atmosphere.

“Clients come face-to-face with a difficult reality in a way that will change them.”

MOTIVATIONAL INTERVIEWING PRINCIPLES

- **EXPRESS EMPATHY**
- **DEVELOP DISCREPANCY**
- **ROLL WITH RESISTANCE**
(AVOID ARGUMENTATION)
- **SUPPORT SELF-EFFICACY**

TRAPS TO AVOID IN EARLY COUNSELING

1. **Question-Answer trap**: This sets up the expectations that the counselor will ask enough questions and then have the answers, fostering client passivity. It can happen inadvertently by asking many specific questions to “fill out forms” early in treatment. Consider having clients fill out questionnaires in advance, or wait until the end of the session to obtain the details you need. This is a specific form of a more general “Expert” trap. This is best remedied by asking questions, letting the client talk, and using reflective listening.
2. **Confrontation-Denial Trap**: This is the classic mistake of the counselor taking responsibility for the “healthy” side of ambivalence and the client arguing for the opposite. Another form is for the counselor to make suggestions and the client to explain why it won’t work (Yes, but...). If you find yourself falling into this role, change strategies.
3. **Labeling-Trap**: Diagnostic and other labels represent a common obstacle to change. There is no persuasive reason to focus on labels, and positive change is not dependent upon acceptance of a diagnostic label. If it seems a sensitive issue, avoid “problem” labels, or refocus attention (e.g., “Labels are not important. You are important, and I’d like to hear more about...”).
4. **Premature-Focus Trap**: Some clients are not ready at the outset to talk about what the counselor sees as the target problem, and premature pressure to focus on “the problem” may elicit resistance. Explore the client’s own concerns, and look for ways to tie these in.
5. **Blaming-Trap**: Clients may also expect that an early task of counseling is to determine who is at fault, who is sick, etc. If this seems an issue, it is useful to defuse it early by explaining that placing of blame is not a purpose of counseling.
6. **Expert-Trap**: Clients may come into the session viewing you as the expert, expecting you to tell them what they need to change, when they may not be ready to change. This can bring up passivity or resistance. What is helpful is to give the client the opportunity to explore and resolve their uncertainty about change, for themselves. Let them come up with their own arguments for change.

MOTIVATIONAL INTERVIEWING STRATEGIES

OARS

O – OPEN-ENDED QUESTIONS

A – AFFIRMATIONS

R – REFLECTIONS

S – SUMMARIZE

OPEN AND CLOSED QUESTIONS

Open Closed

- | | | |
|-------|-------|--|
| _____ | _____ | 1. What do you like about marijuana? |
| _____ | _____ | 2. Where did you grow up? |
| _____ | _____ | 3. What do you want to do about your smoking: quit, cut down or stay the same? |
| _____ | _____ | 4. Will you come back for a follow-up visit? |
| _____ | _____ | 5. Do you want to stay in this relationship? |
| _____ | _____ | 6. What brings you here today? |
| _____ | _____ | 7. Isn't it important to you to have meaning in your life? |
| _____ | _____ | 8. How have you overcome other obstacles in the past? |
| _____ | _____ | 9. Are you willing to try this for one week? |
| _____ | _____ | 10. In what ways is your diabetes a problem for you? |
| _____ | _____ | 11. Do you care about your health? |
| _____ | _____ | 12. What are the most important reasons why you want to make a change? |
| _____ | _____ | 13. What do you want to set as your quit date? |
| _____ | _____ | 14. Is this an open question? |

Affirmations VS. Praise

Affirmations - Communicate a “valuing” of the person and their behavior. Statements of thanks and appreciation. How who they are benefits us. How we are experiencing them in the moment. A mirroring of their personal qualities, strengths uniqueness and talents conveyed through their story telling and the sharing of deeply personal life experiences. An affirmation is an anchoring to support self-efficacy.

Praise - Is perceived by the person as “judging” their behavior. Judgments evaluate behavior as good or bad. It’s assuming people need to be told what is right and wrong. The relationship is tentative, based on our approval.

Affirmation

- **Affirm a person's struggles, achievements, values, and feelings**
- **Emphasize a strength**
- **Emphasize a quality**
- **Notice and appreciate a positive action**
- **Should be genuine**
- **Express positive regard and caring**

Practicing Affirmations

Groups - Write down 4 affirmations for the following statement:

“I'm sick of this, everything just keeps getting messed up. I do good for a week and then the other kids start getting on my nerves, talking about my family. I go to that program, I'm learning stuff. I think it's helping and then the same day I get into a huge fight and end up in lockdown. Staff doesn't like me, I can't do anything right. They're always on my case. I don't know what you all want from me. I'm just trying to get by in here. It's not as easy as you make it sound.”

1.

2.

3.

4.

REFLECTIVE LISTENING

(IS A SPECIAL WAY OF LISTENING)

IT CAN HELP WHEN:

1. You want to get someone cooled off
2. You want the other person to open up
3. The other person seems confused about what they feel
4. You want someone to know you understand
5. You want to improve a relationship

You can show you are listening and that you understand by:

1. Looking at the person, facing them, leaning toward them
2. Giving them your full attention
3. Saying “uh huh” or “yes” or “I understand” from time to time
4. Repeating a part or all of what they say, just the way they said,
5. Or, repeating what they say in new words,
6. And trying to find the feeling behind the words and saying it back to them

It will work best if you:

1. Remain calm no matter what they say – be accepting
2. Listen rather than trying to make them feel better or comfort them
3. Listen rather than judging or evaluating what they say
4. Listen rather than interpreting their feelings or telling them why they feel as they do
5. Listen rather than giving advice or suggestions
6. Ask “open-ended questions” rather than “yes-no questions”

Reflective Listening

- Think reflectively, hypothesis testing ... Consider different possible meanings. Your interpretation is only a guess and makes conscious the process of generating possible alternative meanings.
- The process of reflective listening communicates understanding and acceptance. To give all your attention and energy to the process of understanding what the person means and to reflect the meaning back to the person accurately.
- The ideal reflection takes the form of a statement rather than an inquiry.

Levels of Reflections

SIMPLE

Repeat- These reflections add nothing at all to what the client has said, but simply repeat or restate it using some or all of the same words.

Rephrase- These reflections stay close to what the client has said, slightly rephrase it, usually by substituting a synonym. It is the same thing said by the client, but in a slightly different way.

COMPLEX

Paraphrase- These reflections change, or add to what the client has said in a significant way to infer the client's meaning.

Reflect Emotion- Regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimensions through feeling statements.

Reflect Double – Sided Ambivalence – Sustain Talk & Change Talk – “good things and not so good things” about keeping the status quo.

Reflective Listening Exercises

Group Exercise – Form 5 Groups

Each group will form a reflection. (Cards labeled Reflect, Rephrase, Paraphrase, Feelings, and Ambivalence will be placed on each table).

“I don’t know why this is such a big deal for everyone else. All my friends drink like I do.”

“Everyone should just relax. I’m doing the best I can with trying to find a job.”

“I know I’m suppose to take my meds but you don’t know my friends. It’s basically impossible to take them when we hang out.”

“I am feeling very trapped and hopeless about my situation. No one seems to want to help me.”

“People are always making me do things I don’t want to do. Even my wife keeps nagging me about taking those pills.”

VIDEO HANDOUT

TYPES: (Defined by Dr. Terry Moyers, Ph.D)

- **Simple Reflection**

These reflections add little or no meaning. They convey understanding and may mark very important or intense emotions, but do not go beyond client's original intent in the statement.

- **Complex Reflection**

These reflections add substantial meaning or emphasis to what the client has said. They may convey a deeper meaning, emotion or a more complex picture of what the client just said. The therapist may use a reflection to add an additional point or take the conversation a different direction.

Video:

Simple Reflection:
(original intent / emotion)

Complex Reflection:
(add meaning, feelings, ambivalence)

SUMMARIZE

1. COLLECT - material already offered

- “LET ME UNDERSTAND WHAT YOU HAVE TOLD ME SO FAR...”
- REFLECT:

SUSTAIN TALK AND CHANGE TALK - INCLUDE ALL CLIENT STATEMENTS REGARDING PROBLEM RECOGNITION, CONCERNS, OPTIMISM AND INTENTIONS TO CHANGE.

USE DOUBLE-SIDED REFLECTION TO CAPTURE AMBIVALENCE.

- END WITH “HOW I’D DO? ANYTHING I MISSED?”

2. TRANSITION - Draw together what has happened and *transition* to a new task

“WHAT’S NEXT? ” WHERE DOES THAT LEAVE YOU?”

3. LINK - something just said with something discussed earlier

“Let me summarize what you’ve told me so far. You came in because you were ..., and it scared you when . . . Then you mentioned... and now...

...*Where does that leave you?*”

PART 2

MOTIVATIONAL INTERVIEWING STRATEGIES

FROM OARS TO **AROSE**

CREATING DIRECTION

A – AFFIRMATIONS

R – REFLECTIONS

O – OPEN-ENDED QUESTIONS

S – SUMMARIZE

E- ELICIT CHANGE TALK

KEY OPEN-ENDED QUESTIONS TO ELCIT CHANGE TALK

1. **PROBLEM RECOGNITION** – disadvantages of status quo (costs of not changing current situation).

What things make you think that this is a problem?

What difficulties have you had in relation to your _____?

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

What other things have people told you?

In what ways has this been a problem for you?

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

What else have you noticed or wondered about?

2. **CONCERNS** – recognition of (potential benefits) advantages of change.

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

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

How do you feel about your _____?

What do you think will happen if you don't make a change?

What other concerns have you had?

3. **OPTIMISM** – (self-efficacy) about the possibility of change.

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?

Why else do you think you could succeed?

4. **INTENTION TO CHANGE** – expressions of (direct, implicit) intentions to change.

The fact that you are 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 else worries you about your _____?

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 on doing what you've been doing? And on the other side, what makes you think it is time for a change?

What are you thinking about your _____ at this point?

What would be the advantages of making a change?

Recognizing & Responding To Change Talk

Exercise: Using your EARS

R I'd like to have better control of my drinking.

E I think I could quit.

R If want to get along with my family, then I have to do something about my temper

E I've got to do something about my anger.

A I'm going to start my cog program today

E I am embarrassed about my lack of control.

R If I want a good job, I have to get my GED.

E I want to be a better dad to my son.

R If I get a DUI, I will lose my license.

E I finished my vocational program.

R I'm not guilty, but I will go to the program.

E I am under so much stress, all I do is yell at my family.

Eliciting More Change Talk

▪ **USING EXTREMES:**

What concerns you the most?

What are your worst fears about what might happen to you if you don't make a change?

What do you suppose are the worst things that might happen if you keep on the way you've been going?

▪ **LOOKING BACK:**

Do you remember a time when things were going well for you? What has changed?

What were things like before you _____? What were you like back then?

How has your _____ stopped you from moving forward?

▪ **LOOKING FORWARD:**

If you decide to make a change, what are your hopes for the future?

How would you like things to turn out for you?

How would you like things to be different?

What are the options for you now? What could you do?

What would be the best results you could imagine if you make a change?

▪ **TYPICAL PERIODS**

I'd like you to take me through this day, a step at a time, and tell me how _____ fits into the day. You woke up at...?

Think of a fairly typical recent day (time) which would give me a good picture of your _____. What happened then? How did you feel?

▪ **ELABORATION**

Give me an example. Tell me more. Like What? By that do you mean?

▪ **EXPLORING GOALS & VALUES**

What's most important to you at this time? How does your behavior fit with this?

▪ **DECISIONAL BALANCE**

Explore advantages & disadvantages of current behavior. Explore disadvantages and advantages of change.

▪ **IMPORTANCE & CONFIDENCE**

Ask scaling questions (0-10) of importance, confidence and readiness to change.

Role Play – Counselor Eliciting Change Talk

*** Speaker: Use EARS when responding to change talk or commitment language (Elaborate, Affirm, Reflect, Summarize)**

Eliciting need/desire change talk

- **What might be some of the not-so-good things about your behavior?**
- **How do you feel about your future if you continue to live the way you're living now?**
- **What kinds of things can you imagine happening in your life if you decide to make this change?**

Eliciting ability change talk

- **What gives you the courage to go after what you want?**
- **What do you already do well that will help you make this happen?**
- **What kinds of things are you really good at?**

Eliciting reason change talk

- **If you were to change your behavior, what would be your reasons?**
- **What would be the good things about changing your behavior?**
- **If you were able to change your behavior, what would the payoffs be for you?**

Observer Code Sheet - EARS

OBSERVER – Make a slash mark whenever you hear the following:

Elaboration:

Affirmation:

Simple Reflection:
(original intent)

Complex Reflection:
(add meaning / feeling / ambivalence)

Summary
(Collect, Link, Transition)

PART 3

Audio Transcript Handout # 3

Code therapist statement at the end of each utterance: (See example 1.)

(Some therapist utterances can have more than one code and others may have none)

Codes:

GI **Giving Information:**
MiA (MI Adherent)
MiNa (MI Non-adherent)

OQ (Open Question)
CQ (Closed Question)
Rs (Reflection simple)
Rc (Reflection complex)

1. (T) So, what I would like to do is talk about what's been going on with you.
It seems as though you were doing ok this last year, what happened? **OQ**

(C) Well, I lost my job and so after losing my job I just started hanging out and then started using again.
2. (T) How long did you go to the recovery center?
(C) For about six months you know and um and I stopped because I was doing well.
3. (T) What was the recommendation there? Your counselor's recommendation?
(C) He told me to keep coming to the meetings and you know I'd have to keep doing the drug tests and stuff but...he said a lot of stuff.
4. (T) What about meetings? Did you go to any meetings?
(C) Yeah, I went to the meetings but I didn't like the meetings anyway. They weren't relevant to what was going on with me so you know it wasn't really

- working...it wasn't working out. Like I said the whole thing started when I lost my job.
5. (T) Ok. Did you get a sponsor?
(C) No, I didn't have a sponsor, I don't think I need any sponsor, I was doing ok. What's the sponsor going to do?
6. (T) So, how do you think this relapse has affected your children?
(C) Well, you know, they can tell when I start using again and so you know I know it's not good for them. Do you think I am going to lose them?
7. (T) I don't know, maybe.
(C) Well, I really tried hard. I really tried...right? You know I was doing what I was supposed to be doing and I did try real hard.
8. (T) What seems to have happened is you were drug testing, your tests were coming back clean, things were going along for you and then you didn't think you needed the meetings any more, you dropped out of the recovery center, you stopped testing and so you lost your support. The thing to remember is that dependency is tough to beat. It takes time and a real commitment on your part.
(C) I don't know how I am going to take time to do it if, you know, if I'm not working, I'm spending my time trying to get employed and support my family, you know...you know, are you going to help me find a job?
9. (T) First you need to get clean, get sober again, so that you can be employable and pass a drug screen to get a job. So, I understand that your unemployment is a problem, but your using won't solve it, it will only make it worse. One of the

things to remember too is that addiction is deceptive. No matter how good things seem to be going you have to work at recovery every day.

(C) Well... how am I supposed to do that?

10. (T) I think your counselor at the recovery center told you when he said not to stop or not to quit the meetings it was too soon for that, you need the support of the meeting groups too and to use the tools of the program. Like getting a sponsor. A lot of people find it hard at first, but if you stick with it, it can work.

(C) Well, I don't see how a sponsor is going to help me anyway, like I said I was doing ok until I lost my job and then those meetings, I don't think they were really relevant to what was going on in my life.

11. (T) You seem to keep blaming it on something or someone outside of yourself. It isn't about you losing your job; it's about you not having support. That's how come you relapsed. The reason you relapsed is lack of support.

(C) Well, well, what kind of support were they giving me? Some kind of support that wasn't even relevant to what's going on in my life? How is that supposed to help me support my family or do anything else? What do you mean support?

12. (T) You should go to the Alono Club, it's in your area, it's in your neighborhood. Have you ever been over to the Alono Club?

(C) Alono Club, what's that? For drinking, I don't have a drinking problem.

13. (T) It deals with drinking and/or drug use. They have many different kinds of meetings, but you need to understand that you are suffering from some addiction problems, therefore you need to abstain from all drugs and alcohol is a drug. So,

I'm thinking that if you were to go to meetings in your neighborhood, you might be able to relate to some of the people there.

(C) I need to get a job.

14. (T) Ok, then that's what we'll do. I think that it's real important that you begin to work as soon as possible but before you can do that you're going to need to get yourself back on track with being clean and sober.

Audio Transcript Handout # 4

Code therapist statement at the end of each utterance: (See example 1.)

(Some therapist utterances can have more than one code and others may have none)

Codes:

GI Giving Information:
MiA (MI Adherent)
MiNa (MI Non-adherent)

OQ (Open Question)
CQ (Closed Question)
Rs (Reflection simple)
Rc (Reflection complex)

1. (T) So what I would to do is talk about what's been going on with you. It seems as though you were doing ok this last year, what happened? **OQ**

(C) Well, I lost my job and so after losing my job I just started hanging out and then started using again.

2. (T) As long as you were working it was possible to go to meetings and the recovery center.

(C) I went for about six months you know and um and I stopped because I was doing well.

3. (T) It didn't seem like you need to continue going.

(C) Yeah, I didn't like the meetings anyway. They weren't relevant to what was going on with me so you know it wasn't really working...it wasn't working out. Like I said the whole things started when I lost my job.

4. (T) The meetings and maybe even your sponsor couldn't help at all with you finding a job.

(C) No, I didn't have a sponsor, I don't think I needed any sponsors, I was doing ok. Can a sponsor help with my finding a job?

5. (T) I've heard of that happening. I don't know what your experience would be.
Has being out of work and using affected your children?
- (C) Well, you know, they can tell when I start using again and so you know I know it's not good for them. Do you think I am going to lose them?
6. (T) You don't want the kids to be taken away from you.
- (C) Yeah, I had better get back on track with a job and not using or they might.
7. (T) You didn't think you needed the meetings any more, and now you need a job more than anything. What are the obstacles to getting hired again?
- (C) I'm spending my time trying to get employed but my, a lot of employers say they will do a drug screen.
8. (T) So even if you could do the job they might not give you a chance cause of a positive drug screen.
- (C) Yeah, I have to stop using long enough to test out clean.
9. (T) In the past you were working and not using and even if your employer then had screened you for drugs you would have been OK. What were you doing then that you think made it possible to not use?
- (C) Well, I was busy at work and not hanging out.
10. (T) So you might have an easier time not using if you are busy rather than hanging out.
- (C) Yeah, I need to be around people who aren't using.
11. (T) Well I know of one place that has folks like that if you would be interested in it?
- (C) What's that?

12. (T) It's in your area, it's in your neighborhood. Have you ever been over to the Alono Club? It deals with drinking and/or drug use. They have many different kinds of meetings, there might be people there who have solved this kind of problem before.

But you would be the best judge of whether it was helpful or not.

(C) I do need to do something to get a job and to stay sober.

13. (T) So you're thinking that is something you might consider trying.

(C) No, I will go over there today.

ROLE PLAY

OBSERVER – Make a slash mark whenever you hear the following:

Closed Questions:
(Yes / No)

Open-Ended Questions:
(What, How Why...)

Simple Reflection:
(original intent)

Complex Reflection:
(add meaning / feeling / ambivalence)

Affirmation:

Areas MI has been studied:

Alcohol reduction or abstinence, brain injury rehabilitation, cardiac care, child care (protection), chronic pain management, criminal recidivism, diabetes risk reduction and treatment, dietary change (e.g., for eating disorders), domestic violence prevention, drug abuse treatment (including, harm reduction and needle exchange), dual disorder intervention (substance use and mental illness), education (e.g., literacy acquisition), employment readiness, gambling treatment, health promotion (e.g., fruit and vegetable consumption, physical activity), HIV/AIDS risk reduction, injury prevention and treatment, mammography screening, marital counseling, medical interviewing and treatment, medication adherence, mental health treatment (such as anxiety, bipolar disorder, depression, post traumatic stress disorder [PTSD], schizophrenia), oral health care, osteoporosis prevention and treatment, sexual behavior-change (e.g., safer sex behaviors, and of sexual offenders, sex trade workers, sexual addicts), tobacco use prevention and dependence treatment, speech/vocal therapy, treatment retention, and weight loss.

Prompt Card created by Kelli Drenner

Motivational Interviewing Strategies

- Open-ended Questions
- Affirm
- Reflect
- Summarize

Broaching the Subject

- “Tell me a little bit about your...(drinking, diet, level of activity).”
- “What concerns do you have about your health?”
- “Can I give you some feedback on your...? The results of this test suggest that...”
- “I noticed that...(you are still smoking). I wonder if...(I could provide you with some information on quitting).”



**Reflect
Change
Talk!**

Decisional Balance

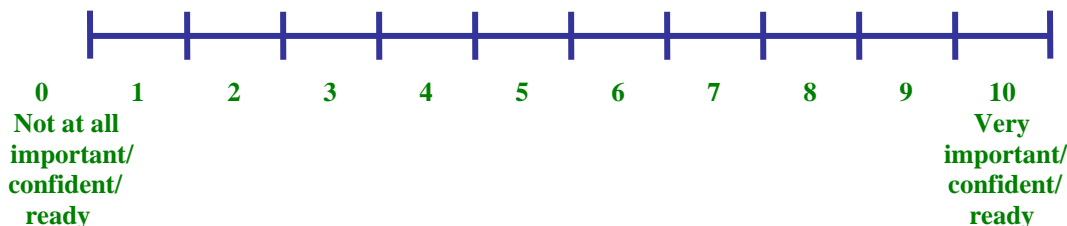
<p>Good things about behavior:</p> <ul style="list-style-type: none"> ▪ ▪ ▪ 	<p>Not-so-good things about behavior:</p> <ul style="list-style-type: none"> ▪ ▪ ▪
<p>Not-so-good things about change:</p> <ul style="list-style-type: none"> ▪ ▪ ▪ 	<p>Good things about change:</p> <ul style="list-style-type: none"> ▪ ▪ ▪

Importance/Confidence/Readiness Ruler

“On a scale of 0-10, how important is it to you to change your _____?”

“On a scale of 0-10, how confident are you that you could make a change if you wanted to?”

“On a scale of 0-10, how ready are you to make a change?”



Closing the Brief Intervention:

- Ask, “Do you have any questions?”
- Summarize important elements, especially Change Talk and/or ambivalence.
- Ask, “What stood out most for you?”
- Thank the client / patient for their openness to considering new possibilities and choices.

Curriculum-Based Motivational Group Manual ...
A Five-Session Motivational Interviewing Group Intervention

Developed by

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2008

MI in Groups

A MODEL FOR BROAD APPLICATION

(Adapted from William Miller's Motivational Interviewing Individual Intervention to a Group Intervention).

THIS CURRICULUM – BASED MOTIVATION GROUP MODEL HAS BROAD APPLICATION FOR ALL TREATMENT PROVIDERS, COUNSELORS, THERAPISTS, EDUCATORS AND OTHER HUMAN SERVICE PRACTITIONERS.

IT ALLOWS FOR THE FACILITATION AND IMPLEMENTATION OF MOTIVATIONAL INTERVIEWING STRATEGIES WITHIN **FIVE GROUP SESSIONS.**

THIS GROUP PROCESS AND APPROACH ELICITS AND EFFECTS POSITIVE CHANGE IN THE LIVES OF PEOPLE STRUGGLING WITH LIFE CHOICES AND PERSONAL BEHAVIOR AFFECTING THEIR OVERALL HEALTH, WELLBEING AND FUNCTIONING.

***Note – Throughout this manual “changing your behavior” can be any behavior / life change (i.e. anger, addictions, leaving a domestic violent relationship, illegal behaviors, taking medications, managing health concerns, changing careers and going back to school, etc.).**

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