



Quit to Win



Motivational Interviewing: The Nuts and Bolts

The Five General Principles of Motivational Interviewing.

In the July installment of Quit to Win, we discussed the general principles of Motivational Interviewing (MI) and how it may be used with tobacco cessation clients. If you have not seen that article, you may review it at <http://www-nehc.med.navy.mil/downloads/hp/July2002.pdf>. In today's article, we will start to get into the "nuts and bolts" with more specifics.

There are five general principles to MI. These principles include: 1) avoiding argumentation, 2) expression of empathy, 3) supporting self-efficacy, 4) rolling with resistance; and, 5) developing discrepancies between where the client is and wants to be. We will cover all of these now.

Avoid Argumentation

Avoid getting into arguments, debates, or power struggles with your clients – even if you are right. Historically, many professionals have relied on the use of confrontation when addressing a client's addiction problem. While appropriate in some settings, the risk of this approach is that it can encourage a client to "hunker down" into their position. If you can remember a time when you were a teenager and an adult told you that something you wanted to do was unacceptable, you may also remember how it made you stauncher in your position. Relying on the use of confrontation is more likely to make your client feel attacked and defensive.

As a result he or she may withdraw, become negativistic, argumentative, or even disruptive. This can contribute to relapse and attrition rates in a program.

You may want to think of your role as the gentle persuader, subtly working to nurture the client's own

desire for change. Remember, ultimately it is the client alone who changes; others may only facilitate this change.

Express Empathy

Empathy has been described as "... seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the clients feels them, and sharing in the client's experiences" (Wager & Connors). An important part of your role in helping facilitate change is to gain an in depth understanding of your clients' values, goals, and struggles; and, communicate this empathic understanding to your client. This will improve your ability to be of help in the *change-facilitating role*. Often what appears to be dogged resistance on the part of clients is their attempt to feel heard and understood. Letting clients know that you understand their ambivalence can help to move them on to the next step in the change process. Paradoxically there is another benefit. When on occasion you do become directive –or even overly directive- your client will more likely be open to what you have to say because the feedback is now coming from someone who "gets" where they are coming from and not just a *pie in the sky* advice giver. As such, developing an empathetic understanding of your client is a critical core objective when working within this model. When you are hearing "yes, but" or a "you don't understand . . ." from the client, this may be your indication to step back, stop trying to convince, listen, and communicate your understanding.

Support Self-Efficacy

We know from DiClemente's "Stages of Change" research that readiness to change is the most critical factor in a person making and maintaining health behavior changes. Additionally we know from the research that most people who successfully quit tobacco do so on their own. Fostering one's belief that "I can do it" (i.e., self-efficacy) is an important goal of

motivational interviewing. Eliciting statements and examples *from your client* that contribute to his/her expectation for success can be a useful strategy for this. However, if you are perceived as a cheerleader, out of step with your clients' perspective, your clients may feel rushed before they are ready and you again run the risk of resistance. Try to be one step ahead of your clients' optimism, not ten. While supporting your clients' self-efficacy it may be useful to remind yourself that there is no single right way to change. When clients are motivated to change, believe they can succeed, and given adequate information, they are often surprisingly competent in working out the details for their own plan of action. When clients are saying "yes, but..." to even your most helpful ideas it may be that they are still not convinced they can succeed at *any* plan. At times like this helping them to recognize prior accomplishments and strengths, and breaking down challenges into manageable steps can be helpful strategies to building self-efficacy. As always empathy remains important.

Roll with Resistance

When a client appears to be "resistant" to making a change, you want to *roll with it*, rather than fight it. Fighting it puts you in the pro-change position and further pushes your client into the anti-change position. To counter this tendency the technique of "rolling with resistance" refines the application of reverse psychology. By acknowledging your client's concern and/or ambivalence, rather than

Continued on next page.....

Continued Motivational Interviewing:

directly countering it, you are in a better position to “slip in” comments that can help keep your client on the track toward change (e.g., “You seem to be saying that you’re not really sure if you feel ready to quit smoking *right now*; what do you feel ready for?”). Rolling with resistance, rather than giving a list of suggestions, not only keeps you out of a power struggle with your clients, but also communicates your respect and confidence in them. As such you are encouraging self-efficacy and preventing resistance.

Develop Discrepancy

If you are familiar with the concept of cognitive dissonance, then you know that we hate to feel “on the fence” about anything. As human beings we strive for resolution. We don’t like to say one thing and do another or otherwise behave in an inconsistent manner. If we say that our health is important, or that we can do anything we put our minds to, we become uncomfortable if our actions speak louder than our words. Again your role is not to be the one needling your clients about their inconsistencies in an “explain yourself” style. Rather you want to help your clients identify such discrepancies and acknowledge any associated discomfort created by this (e.g., “How does your desire to keep smoking stack up against your health concerns?”). You may

then help them explore options and plan steps for resolving inconsistencies.

Future Topic to Look For

In the next and final installment, you will hear from a Health Promotion Specialist who specializes in Tobacco Cessation programs within the Navy. She will offer practical tips on how to implement these techniques into your tobacco cessation program, as well as pitfalls to avoid. Stay Tuned!

Resources

Miller, W. & Rollnick, S. (1991) *Motivational Interviewing: Preparing People to Change Addictive Behavior*. The Guilford Press, New York.

Rollnick, S. & Miller, W. (1995) What is Motivational Interviewing? *Behavior and Cognitive Psychotherapy*, 23, 325-334.

Wagner, C. & Connors, W. (2001). Motivation and Change in Substance Abuse Treatment. Mid-ATTC’s online course, February.

For additional online course information go to www.mid-atte.org For more information and resources go to <http://www.motivationalinterview.org>

Elizabeth C. Carr, Psy.D.
LT MSC USNR
Addictions Rehabilitation Department
NH JAX (904) 542-3473 Ext. 138
E_C_Carr@sar.med.navy.mil

Glenn Goldberg, Ph.D., ABPP
CAPT MSC USN
Behavioral Health & Wellness
Product Line Mgr.
NH JAX (904) 542-7661
GMGoldberg@sar.med.navy.mil

Lisa Goldstein, MSH, CAP
Health Promotion Specialist
Wellness Center
NH JAX (904) 542-5292 EXT. 18
LPGoldstein@sar.med.navy.mil

Tobacco Posters

The NEHC Health Promotion Tobacco Cessation website has new tobacco posters! They are available for downloading and use at your command and at worksites!

<http://www-nehc.med.navy.mil/hp/tobacco/>



Free Web Based Tobacco CME

The University of Wisconsin Medical School Center for Tobacco Research and Intervention has created a new, free and practical provider education program in the treatment of tobacco dependence! The one hour web education training is based upon the U.S. Public Health Service Clinical Practice Guideline- Treating Tobacco Use and Dependence. Dr. Michael Fiore is the faculty member of the Treating Tobacco Use and Cessation training. CME's may be earned! Please take the training and market it to your medical staff and healthcare professionals! <http://www.cme.uwisc.org/>

Self Help Resources

Most tobacco users quit smoking, dipping and spitting on their own! How do you provide resources and assistance to them? Consider possible options - marketing web-based quitting programs, state quitting hotlines, booklets, handouts! Other possibilities include- medical and dental staff encouraging tobacco users to quit and shipmates, friends and family urging smokers to quit! NEHC resources available include- a listing of quitting sites on the web, national and state phone lines, and other self help materials! <http://www-nehc.med.navy.mil/hp/tobacco>

Ideas?

Have a question? Idea for an article? Something to contribute to the newsletter? Please contact Mark Long at longm@nehc.med.navy.mil