

# **Introduction to Motivational Interviewing**

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**International Motivational Interviewing**

**Network of Trainers (MINT)**



As one Pueblo elder recommends,  
“Pray in your way, whichever way you know how.”

Guide me to be a patient companion  
To listen with a heart as open as the sky  
Grant me vision to see through her eyes  
And eager ears to hear her story  
Create a safe and open mesa on which we may walk together  
Make me a clear pool in which she may reflect  
Guide me to find in her your beauty and wisdom  
Knowing your desire for her to be in harmony –  
healthy, loving, strong  
Let me honor and respect her choosing of her own path  
And bless her to walk it freely  
May I know once again that although she and I are different  
Yet there is a peaceful place where we are one

# **Additional Information**

**[www.motivationalinterviewtraining.com](http://www.motivationalinterviewtraining.com)**

**Miller, W. R. & Rollnick, S. (2002)**

***Motivational Interviewing:***

***Preparing People for Change.***

**(Second Edition) New York: Guilford**

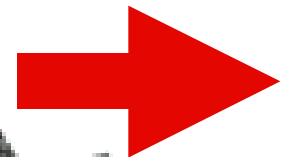
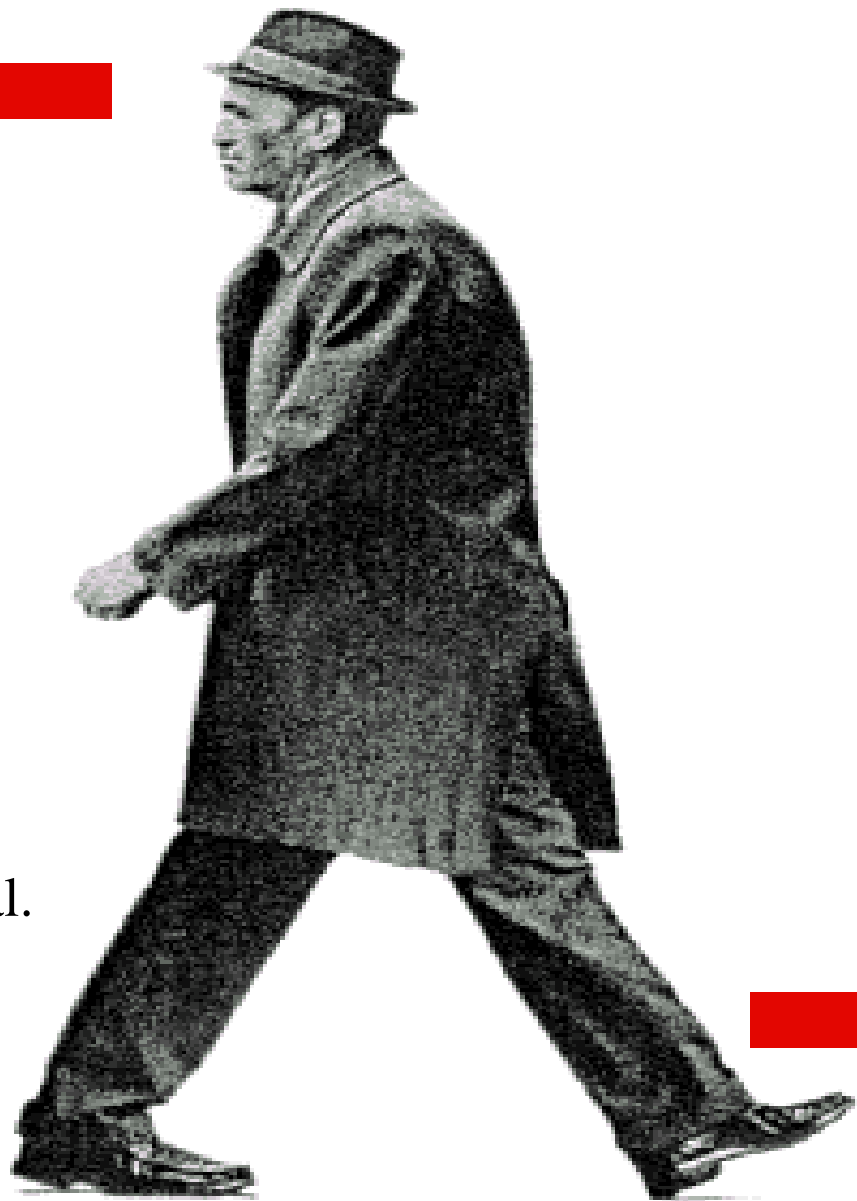
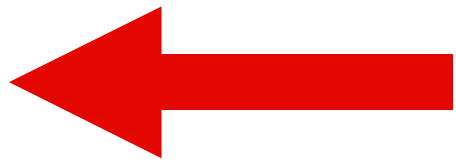
**Dr. Yahne's e-mail: [CYahne@UNM.edu](mailto:CYahne@UNM.edu)**

**Dr. Yahne's telephone: 505.265.8456**

**How willing are you to spend  
90 minutes learning about  
Motivational Interviewing?**

**0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10**  
**Not at all** **Extremely**

Please explain why you chose the number you did:



Ambivalence is normal.

# **Today's Agenda**

## **Building Motivation for Change**

**The Spirit of MI: Respectful Communication**

**The Evidence Base: Providers Care about Meaningful Research**

**The Demonstrations: Observing Exemplary Practice**

# The Spirit of Motivational Interviewing

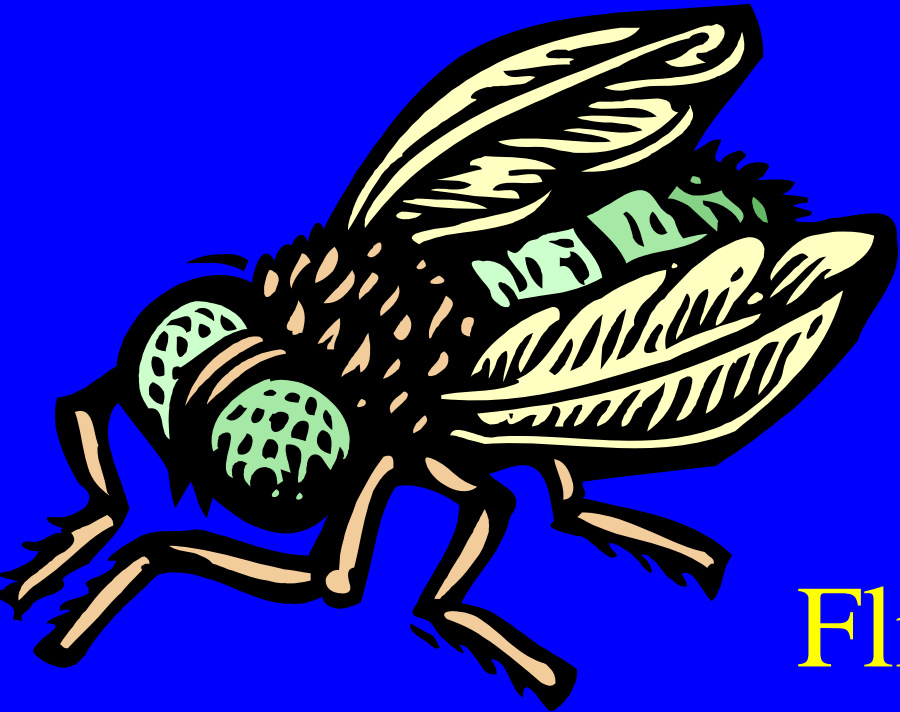
Respectful Communication

Please write sample sentences from  
your own clients/patients:

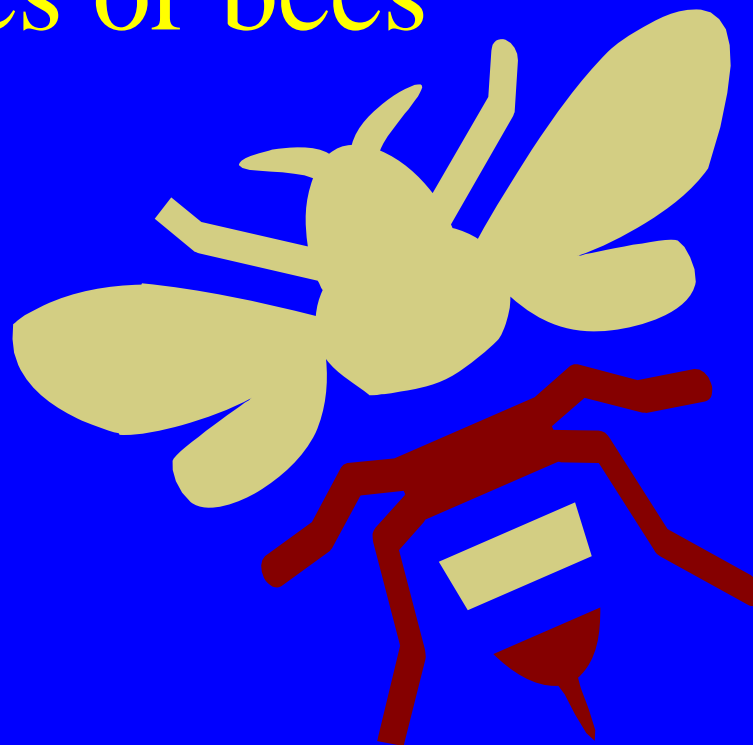
- Client 1 says:
- Client 2 says:
- Client 3 says:

# Definition

**MI is a person-centered, goal-directed method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.**



Flies or bees



# **The Spirit of MI: An Overall Person-Centered Approach**

**Collaborative:** Working in partnership and consultation with the person; negotiating

**Evocative:** Listening more than telling; eliciting rather than installing

**Respectful:** Honoring the person's autonomy, resourcefulness, and ability to choose whether, when and how to change.

# Four Principles

- **Express empathy**
- **Develop discrepancy**
- **Roll with resistance**
- **Support self-efficacy**

# What I learned from Heidi



about resistance, reluctance, and collaboration

# **Two Different Philosophies**

**Pour motivation into an empty vessel.**

**“I have what you need”**

**Draw motivation from a deep well.**

**“You have what you need, and together we will find it”**

# Evoking Hope

Carolina E. Yahne & William R. Miller

- Integrating Spirituality into Treatment: Resources for Practitioners Edited by William R. Miller
- American Psychological Association, 1999
- We can loan our hope to our clients: “To Dr. Yahne, who believed in me until I could believe in myself”.
- In Spanish, “esperar” means to hope. It also means to wait.

**MI is another tool to add to your toolbox.**



# The Evidence Base

Providers Care

about

Meaningful Research

**The Evidence Base:  
Over 100 controlled clinical trials  
from eight nations**

**USA, Australia, New Zealand, Scotland,  
Spain, England, Canada, Zambia**

**Hettema, J., Steele, J., & Miller, W. R. (2005)  
Motivational Interviewing.  
Annual Review of Clinical Psychology,  
1, 91-111.**

# “Evidence-based” treatment...

- has been shown to be beneficial in controlled research.
- is useful in applied clinical settings.
- is efficient in that it is cost-effective relative to other alternative interventions.

# **Positive Findings from 100 Trials**

**Alcohol**

**Drug Abuse**

**Smoking & Tobacco Use**

**HIV Risk Behavior**

**Cardiovascular Rehabilitation**

**Hypertension**

**Psychiatric Treatment Retention and Adherence**

**Diabetes Management**

**Diet, Exercise, and Health Behaviors**

**Water purification**

**Injury Risk in Adolescents**

**Problem Gambling**

# Handmaker, et al. (1999)

Journal of Studies on Alcohol, 60:285-287

Design = Randomized clinical trial

N = 42 pregnant drinkers

Population = prenatal care clinics

MI = 1 hour individual session

Comparison = Risk alert letter

Follow-up = 2 months

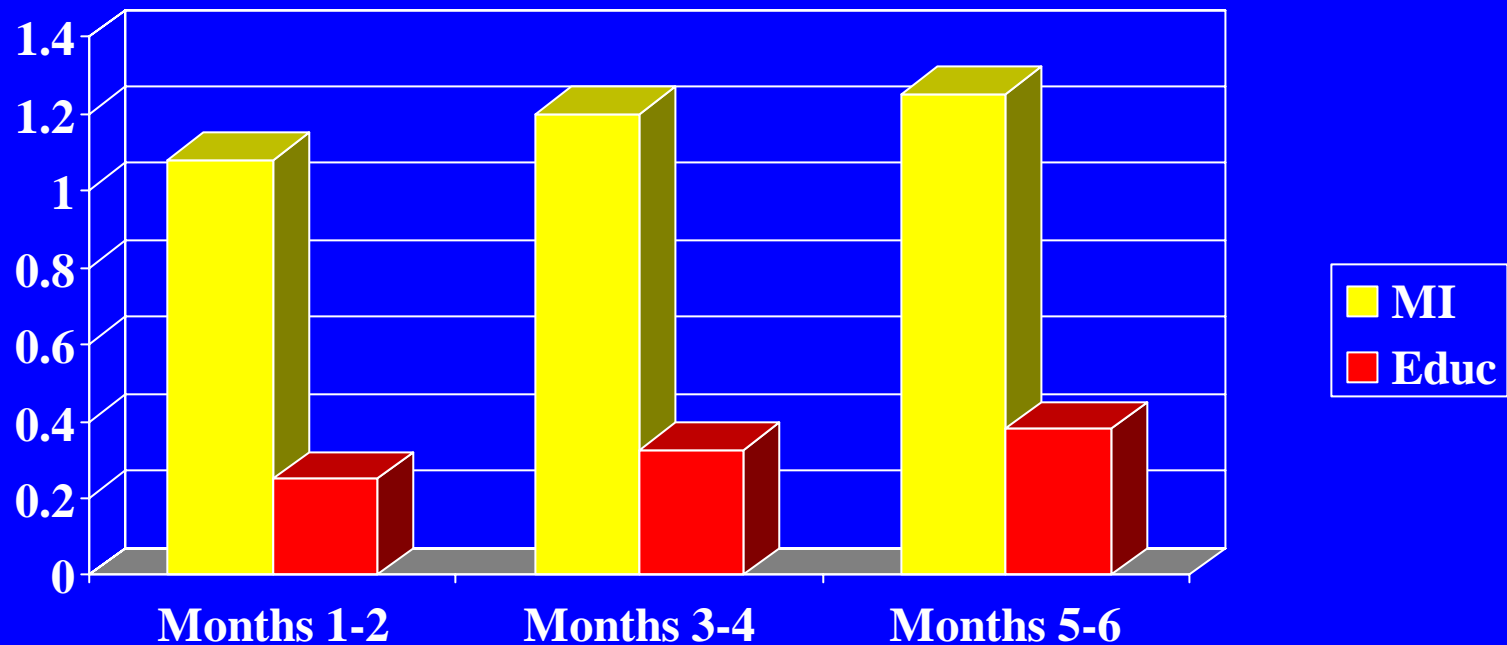
# Carey et al., 2000

Health Psychology, 19:3-11

|            |                           |
|------------|---------------------------|
| Design     | Randomized clinical trial |
| Population | Women at risk for HIV     |
| Nation     | US (Syracuse, NY)         |
| N          | 102 women from community  |
| MI         | 4 group MET sessions      |
| Comparison | Attention placebo group   |
| Follow-up  | 3 and 12 weeks            |

# Thevos et al., 2000

## Bleach Sales: Bottles/Household/Month



Participants=86% women

$p < .001$

# Dunn (2002)

## Research with Injured Youth

- N=300 youth, ages 12-20 years
- MI - vs - Regular Emergency Room care
- 1 twenty minute session with injured youth
- At 6-month follow up, the MI youth had
  - increased seat belt use
  - increased bike helmet use

Source: Christopher Dunn in *Pediatrics* (2002)

# Lauren Aubrey Lawendowski

## Adolescent Substance Abusers

- 77 teenagers at CASAA
- Randomly assigned to MI or Standard Care
- MI was single session with feedback
- At 3 month follow up, MI youth reported
  - 3 fold increase in percent days abstinent
  - 6 fold decrease in heavy drinking days
  - **3 times as many tx sessions attended as SC youth**

# Smith et al., 1997

Diabetes Care, 20:52-54

|            |                               |
|------------|-------------------------------|
| Design     | Randomized clinical trial     |
| Population | Recruited by newspaper        |
| Nation     | US (Birmingham, AL)           |
| N          | 22 older obese women          |
| MI         | 3 sessions MI + TAU           |
| Comparison | Tx as usual: behavior therapy |
| Follow-up  | Post-treatment                |

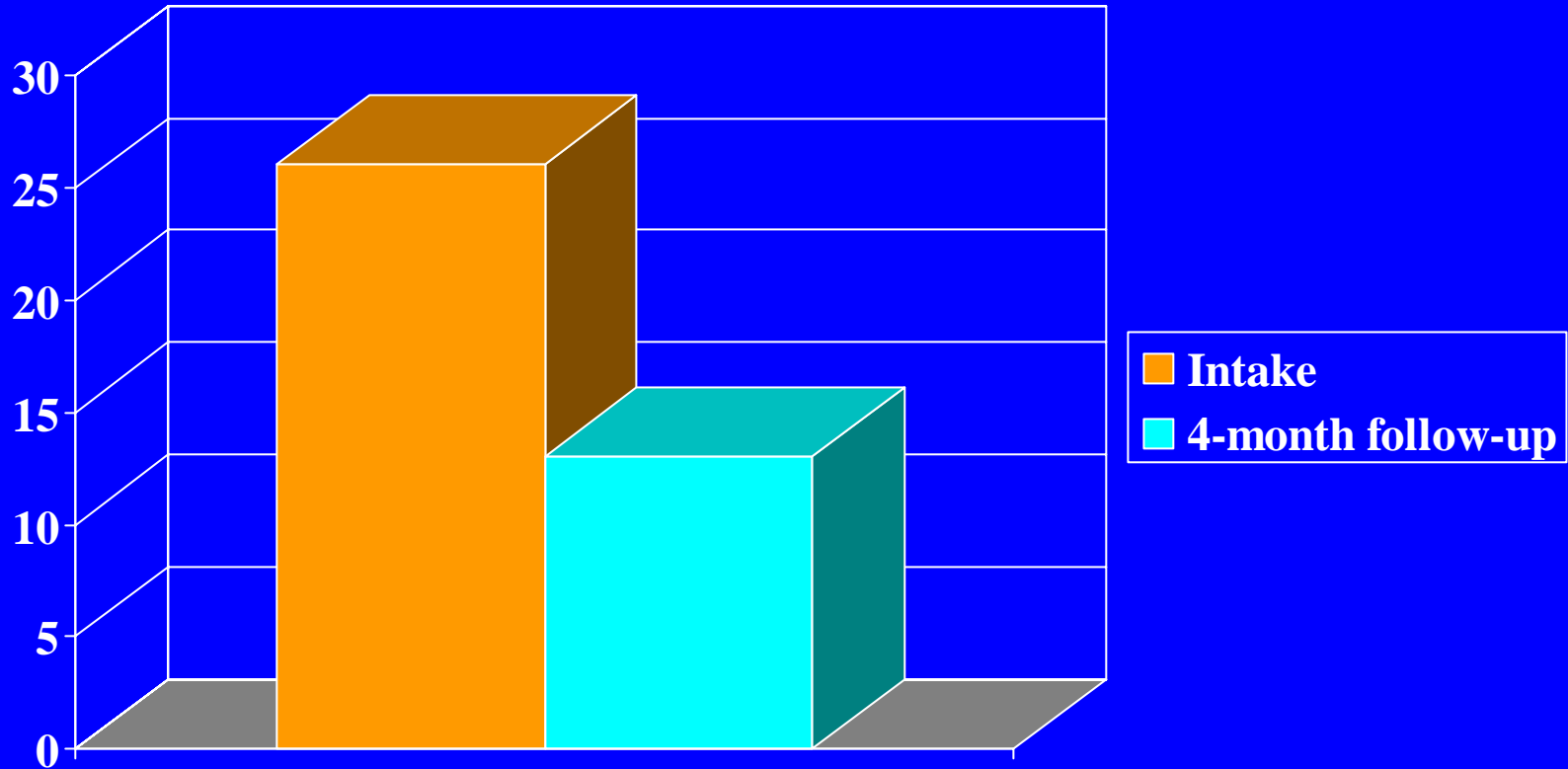
# Emmons, K. M. et al. (2001)

## Randomized Trial to Reduce Passive Smoke Exposure in Low-Income Households with Young Children

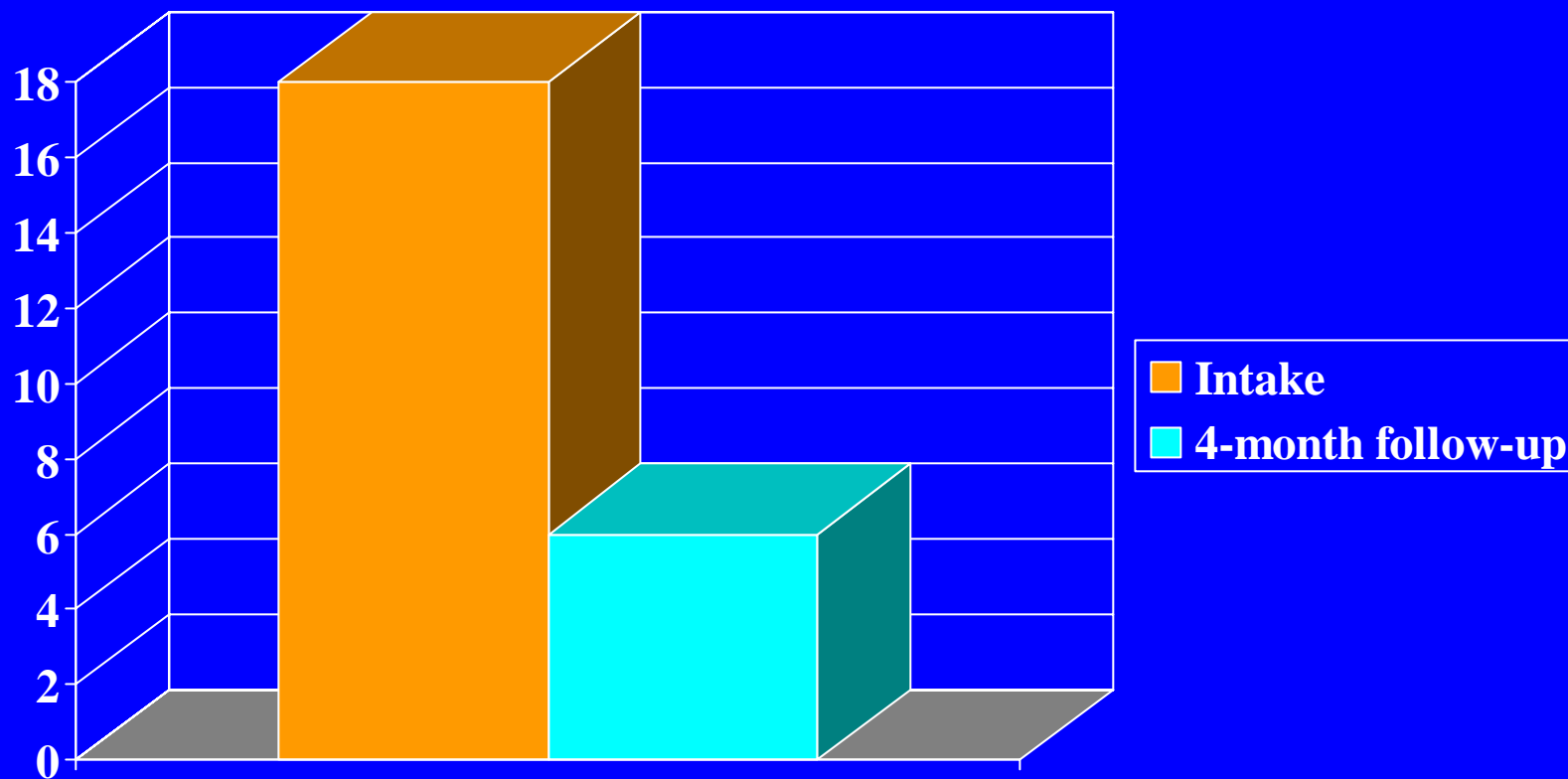
- Pediatrics, 108, 1, 18-24.
- Compare 30 minute MI + 4 phone calls with self-help
- N=291 smoking parents with children younger than 3 years
- Results: 6-month nicotine levels measured by passive diffusion monitor were significantly lower in MI households. No change in levels in SH households.
- Conclusions: MI is effective in reducing passive smoke exposure in households with healthy children; providers can help parents by providing a menu of approaches regardless of whether the parents are ready to quit smoking.

Yahne, et al. (2002)

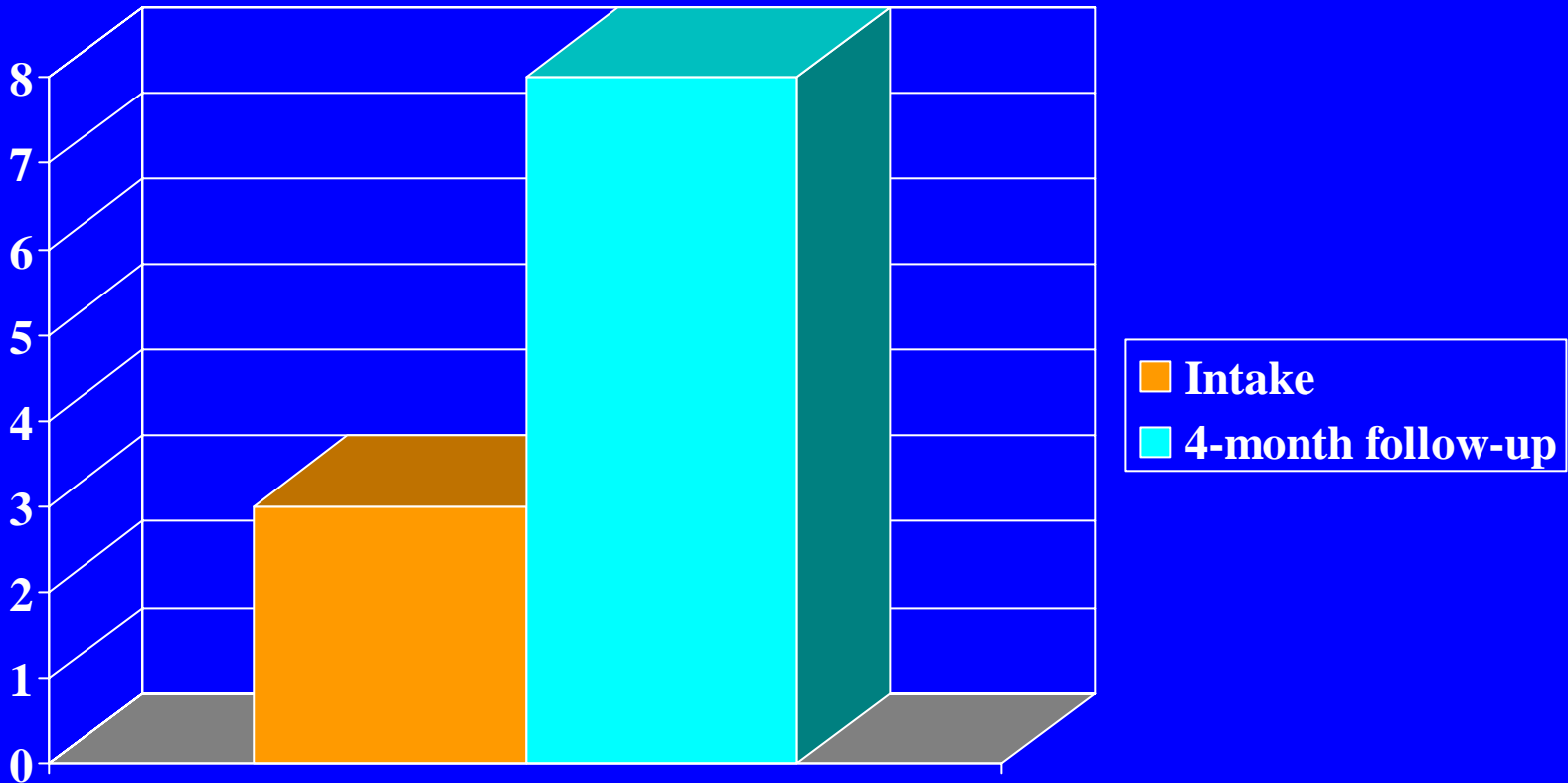
# Magdalenas' Average Days of Target Drug Use in Past Month



# Magdalenas' Average Days of Sex Work in Past Month



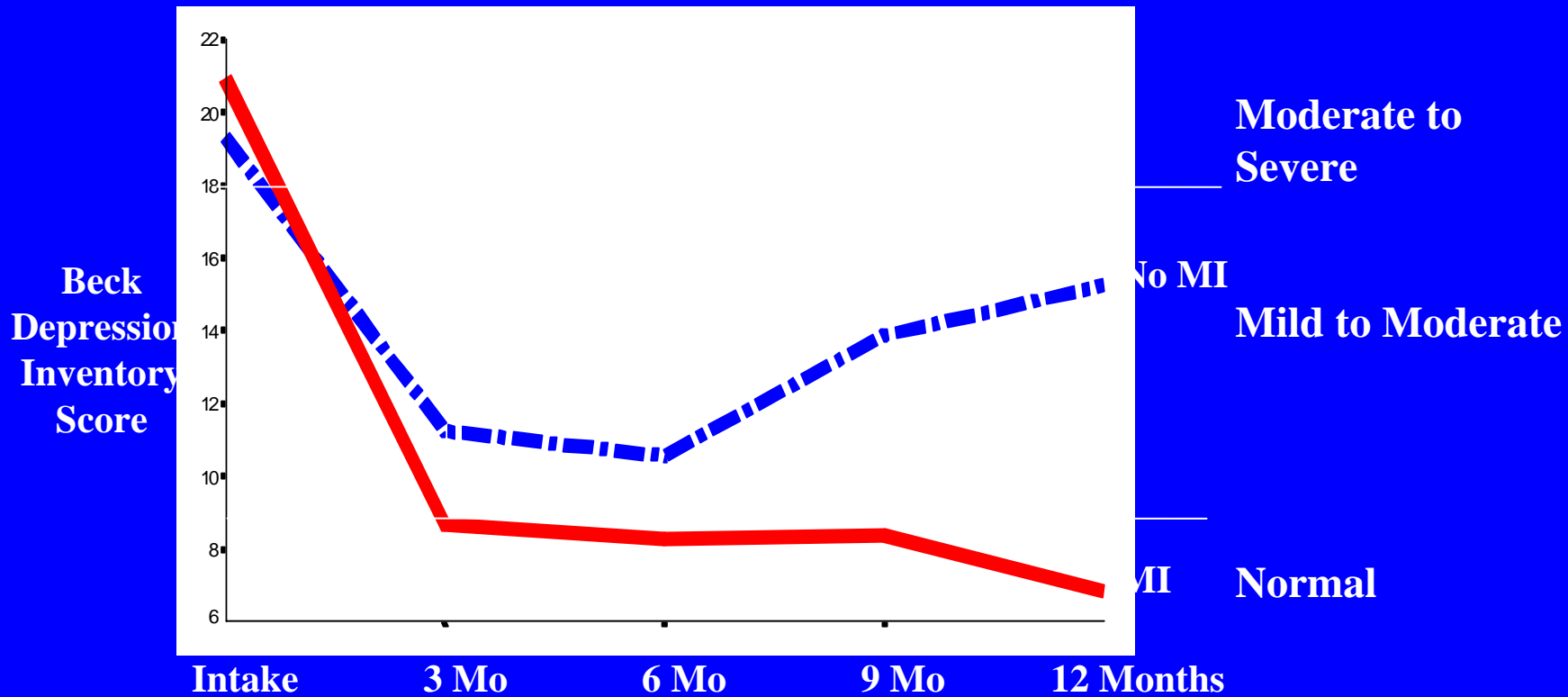
# Magdalenas' Average Days of Lawful Work in Past Month



# Albuquerque Health Care for the Homeless Tierra del Sol

- SAMHSA grant funding
- Apartment complex for Magdalenas
- Their children can visit and stay
- Playground
- Case management
- Treatment
- Graduates are succeeding in our community

# Depression Scores for MIDAS Women Drug Users



## Amrhein, Miller, Yahne, Palmer, & Fulcher (2003)

Commitment language in the counseling session predicted outcomes at follow-up for both adults and adolescents.

A counselor who advocates for change is likely to elicit from the client the opposite (resistance) side of the client's own ambivalence.

People tend to become more committed to positions that they defend verbally.

People can literally talk themselves out of (or into) behavior change.

Thus, evoking commitment language from our clients is a key part of our MI task.

**Publications from the University of New Mexico  
Center on Alcoholism, Substance Abuse & Addictions  
(CASAA)**

Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology, 72*, 6, 1050–1062.

Amrhein, P.C., Miller, W. R., Yahne, C. E., Palmer, M., Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*, 862-878.

## UNM CASAA Publications (continued)

Miller, W. R., **Yahne, C. E.**, Tonigan, J. S. (2003).  
Motivational interviewing in drug abuse services: A randomized trial.  
*Journal of Consulting and Clinical Psychology, 71, 4, 754-763.*

**Yahne, C. E.**, Miller, W. R., Irvin-Vitela, L., & Tonigan, J. S. (2002). The Magdalena Pilot Project: Motivational outreach to substance abusing women street sex workers. *Journal of Substance Abuse Treatment, 23, 1, 49-53.*

**Yahne, C. E.** (2002). La Entrevista Motivacional: Preparación para el Cambio. DVD in Spanish. University of New Mexico Biomedical Communications.

# Conclusions from over 100 trials:

1. MI is more effective than no treatment.
2. Adding MI to an active treatment often improves outcomes.
3. When MI is compared with other established counseling methods, outcomes are similar despite the lower intensity of MI.
4. MI works best with clients who are angry, resistant, or less ready to change.
5. MI works less well with clients who are already clearly committed to change and ready for action.
6. MI has double the effect size with minority populations.

# Evaluating Methods for Motivational Enhancement Education (EMMEE Project)

Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (2004) A randomized trial of methods to help clinicians learn motivational interviewing. Journal of Consulting and Clinical Psychology, 72, 6, 1050–1062.

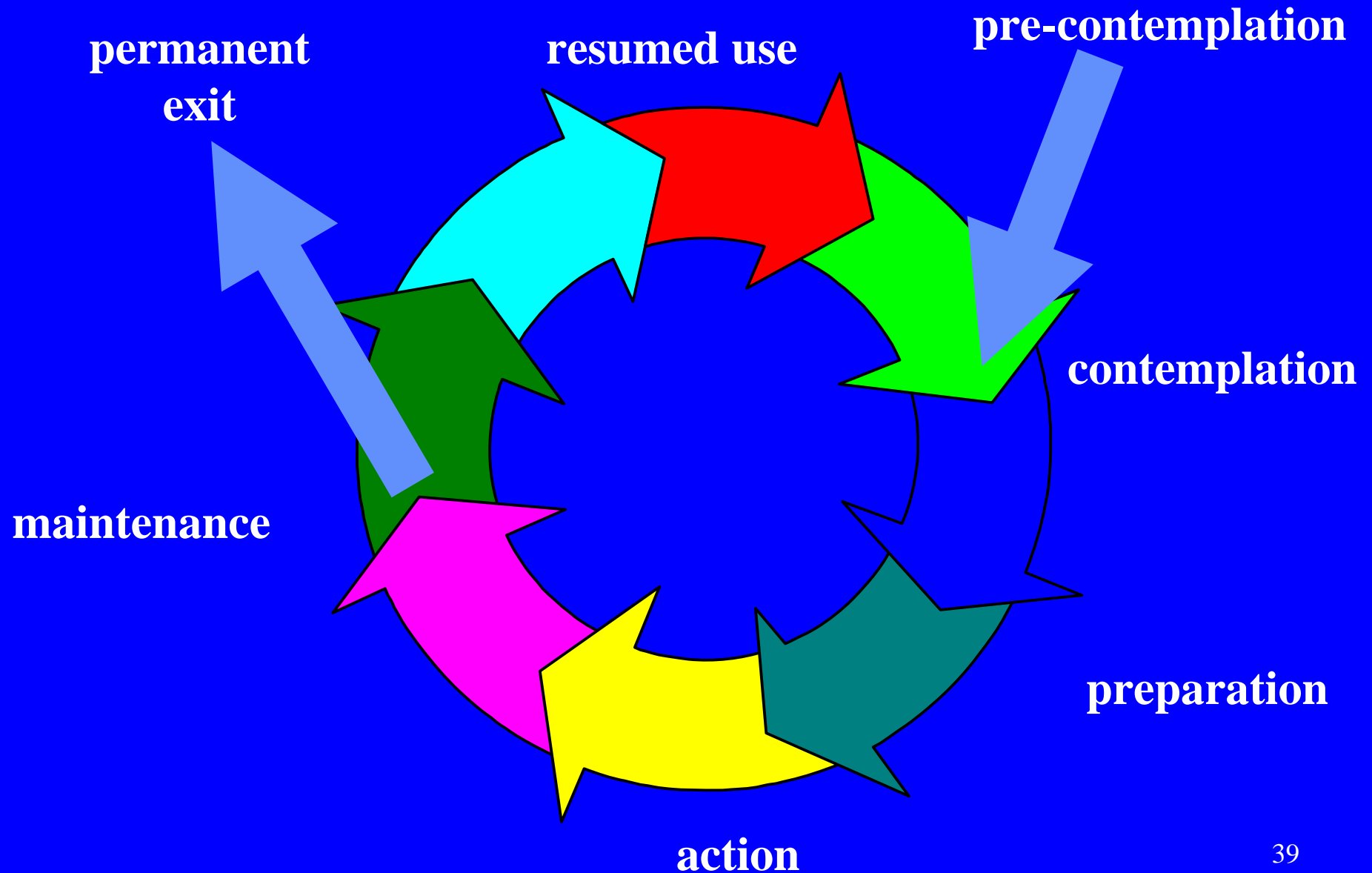
We found that the 2-day workshop in motivational interviewing (MI) resulted in significantly greater learning than when people tried to learn MI on their own from the book and videotapes. Furthermore, we found that *either* personal feedback or coaching significantly improved MI proficiency over that gained from the workshop. Only the groups that received feedback or coaching (or both) reached the level of proficiency that is required to provide MI within clinical trials, with the largest gains shown on some measures by those who received both feedback and coaching. It makes sense, because feedback and coaching are two standard aids in learning a wide range of skills (tennis, piano, public speaking, etc.).

# The Demonstrations

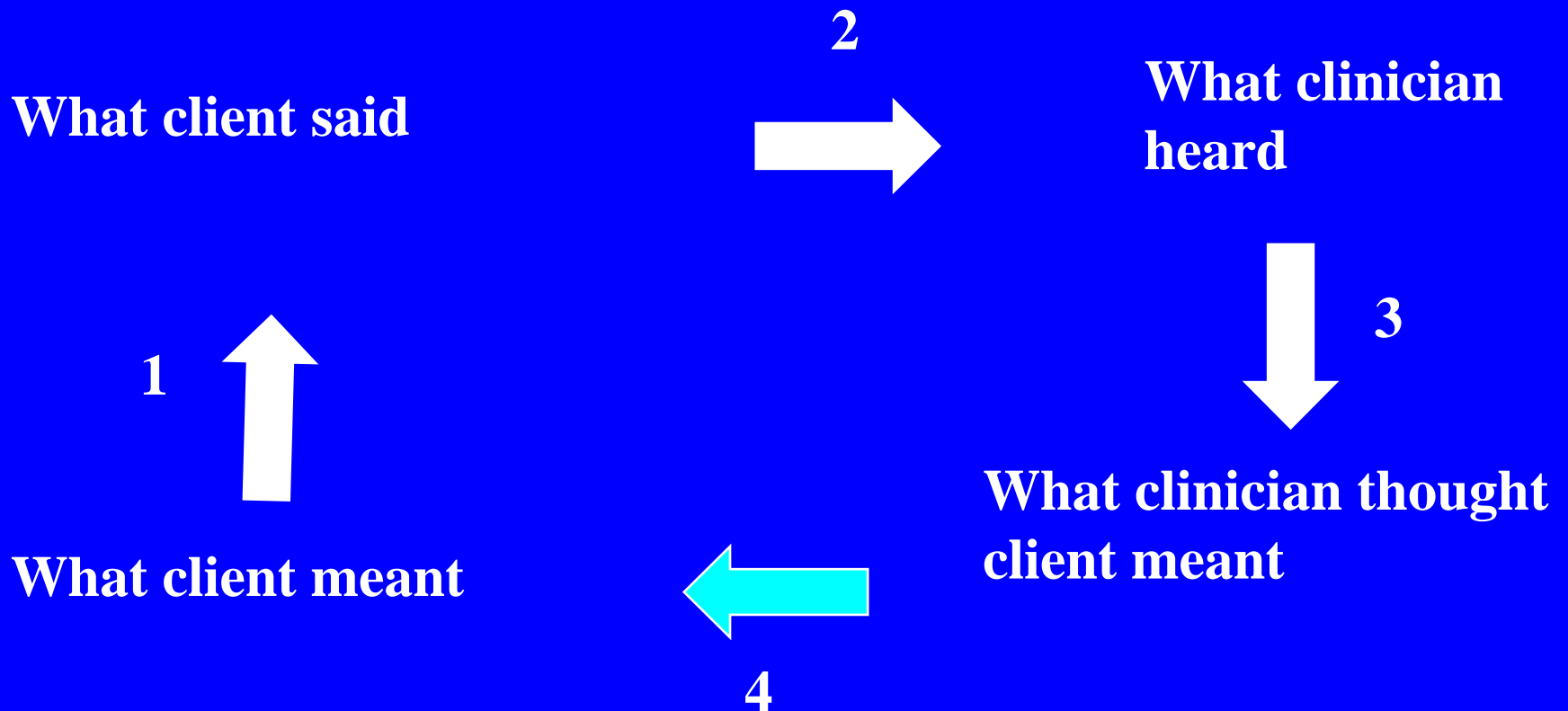
Observing Exemplary Practice

# Transtheoretical Stages of Change

Prochaska & DiClemente



# Communication Model from Thomas Gordon



# Overall MI Goals for Clinicians

- **Talk less than your client does.**
- **Your most common response to what a client says should be a reflection.**
- **On average, reflect twice for each question you ask.**
- **When you reflect, use complex reflections (paraphrase & summarize) over half the time.**
- **When you do ask questions, ask mostly open questions.**
- **Avoid getting ahead of your client's readiness level.**

# During today's workshop, I

- learned...
- re-learned...
- noticed...
- enjoyed...

# Evaluation of Motivational Interviewing (MI) Introduction

A. How *important* is it for you to use MI as part of your work with clients/patients?

1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10

Not important

Very important

Your reason for this answer is:

B. How *skillful* was Dr. Yahne in presenting MI?

1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10

Carolina was Not skillful

Carolina was Very skillful

Your reason for this answer is:

C. What were the *best* aspects of this session for you?

D. What *changes* do you suggest we make in future sessions?