

# PSYCHOLOGY

— *in the* **PUB** —



Motivational Interviewing: Conversations for a change

Cathy Atkinson and Paul Earnshaw

Wednesday 11 September 2019



# CONTACT INFORMATION

Paul Earnshaw

Senior Psychological Therapist, Greater Manchester Mental Health NHS Trust.  
(Motivational Interviewing MIG lead)

[pgearnshaw@gmail.com](mailto:pgearnshaw@gmail.com)

Cathy Atkinson

Senior Lecturer, University of Manchester. Practitioner educational  
psychologist

[cathy.atkinson@manchester.ac.uk](mailto:cathy.atkinson@manchester.ac.uk)

 @DrCathyAtkinson

Manchester Motivational Interviewing Network

 @GM\_MI\_Network

[www.mmin.co.uk](http://www.mmin.co.uk)



# AIMS



- Introduce MI and its core elements
- Understood 'spirit' of MI
- To provide a taste of core elements of MI
- Support you in thinking about whether MI might be for you and how it might apply to your work

# A SMALL TASK FOR YOU

- Think of a behaviour or personal attribute you are thinking of changing but haven't changed yet.
- Nothing too personal. Not your deepest darkest secret
- Something you are prepared to discuss



# STARTING WITH YOU

## Motivational Interviewing (MI)

- Who's heard of it?
- Who's tried it?
- How much do you use it?
- A brief overview ?
- A taste of MI?
- Can we learn MI in 45 mins?



# HISTORY OF MI

- Emerged initially from William Miller's interactions with Norwegian psychologists specialising in alcohol problems
- First appearance of MI within academic literature in 1983
- Miller then collaborated with Stephen Rollnick to produce *Motivational Interviewing: Preparing People to Change Addictive Behaviour*



# DEFINITION

*“Motivational interviewing is a person-centred counselling style for addressing the common problem of ambivalence about change”*

Miller & Rollnick (2013)

OR...

*“a way of talking to people  
without pissing them off”*

Henck Van Bilsen (2006)





# THE SPIRIT OF MI



# AMBIVALENCE



# SKILLS OF MI - OARS

- Open-ended questions
- Affirmations
- Reflections
- Summaries



Change talk

*(statements by the client revealing consideration of, or motivation for change)*

# EXERCISE: PERSUADE, WHEN IT'S NOT MI?

- Get into small groups e.g. threes
- An observer, worker and client
- The client –
  - someone from your practice
  - changing a behaviour (e.g. a person with asthma who needs to stop smoking)
  - ambivalent and a little resistant to change

# WORKER

- Explain why *s/he should* make this change
- Give 3 specific *benefits* of making the change
- Tell him/her how to address their problem and *how* to change
- Emphasise the *importance* of the change
  
- Tell the client to do it!

# OBSERVER

- Observe the reaction of the client
- Notice the non-verbal communication
- Notice sustain or change talk

# ELICITING CHANGE TALK: THE SHORT PATH TO MI

- Remain in your groups
- Speaker, Worker 1, Worker 2
- Change roles from last time



# SPEAKER ROLE – REAL PLAY

- Talk about something real that you:
  - Want to change
  - Need to change
  - Should change
  - Have been thinking about changing
- But, haven't yet changed.
- Not your deepest, darkest secret!

# WORKER 1 ROLE – REAL PLAY

- Listen carefully - give no advice the goal to understand the dilemma
- Ask these four questions:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons to do it?
  - On a scale of 1-10, how important would you say it is to make this change? And why are you a \_\_\_ and not zero?

# WORKER 2 ROLE – REAL PLAY

- Listen carefully to the client for their motivations to change
- Because... there will be a test!



# WORKER 2: TEST ANSWER

1. Give a short summary / reflection of what you heard, of the person's motivations for change
2. Affirm them for a quality or strength
3. Then ask, "So what do you think you'll do?"
4. ....and just listen with interest

WHAT DID YOU MAKE OF THAT ?



# SUMMARY

- Motivational interviewing:
  - works in a variety of settings with a variety of behaviours
  - It can be blended with existing practice by a range of practitioners
  - May well lead to better outcomes for patients / clients
  - May improve practitioner wellbeing
- You can get better at it over time the same way you can with any complex skill
- You've been great ! Thanks !



# QUESTIONS

