Motivational Interviewing in Employment Services: A Manual and Training

Seminar to Assist Counsellors

by

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DEDICATION

I dedicate this thesis to my wife Gail, sons Tyler and Kyle, and daughter Macey. I loved them all at first sight.
ABSTRACT

Research suggests that the individual who possesses intrinsic motivation has the greatest probability of succeeding in a desired behaviour change. Motivational Interviewing (MI) has been proven to be effective in increasing intrinsic motivation in many populations, including mandated ones. Case managers working with clients who are engaged in Labour Market Re-entry (LMR) programs can benefit from training in methods that identify clients’ stage of readiness to complete the final phase of their LMR.

The manual and training apply the basic principles of motivational interviewing to this specific application, and is designed to be used as a primer for future training in MI for case managers who are not familiar with MI, and as a review and reminder for case managers who may already have practiced MI. The workshop was designed to be brief in duration to fulfill the demands of the case managers. The manual provides the reader with the basic theory on why MI is useful and outlines its most important skills. The manual can also be used as a reference tool for case managers and has some self-reporting questionnaires that clients can use to identify their needs regarding their motivation and stage of readiness.
ACKNOWLEDGEMENTS

I would like to thank Marie-line Jobin and Andrew McNamara for making this last year inspirational and educational.
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Chapter I – Introduction

This study will identify injured workers needs in their attempt to re-enter the workforce and outline some best practices for employment counsellors to apply. It will attempt to measure whether or not a brief introduction to Motivational Interviewing can increase counsellors MI aptitude. The study also asks counsellors for feedback on their experience in the workshop so that it can suggest reforms for its efficacy in the future.

Although much research has been conducted on the early and safe return to work for injured workers, we know very little about situations when the return is delayed or when the worker doesn't return to the pre-injury employer. When workers cannot return to their original employment because of the nature of their injury or because their employers cannot (or will not) offer them continued work, they become clients of the Workplace Safety and Insurance Board's Labour Market Re-Entry (LMR) Program. They receive loss of income benefits and are entitled to receive educational and rehabilitative training at no cost to themselves. The worker has little or no choice in the matter. If they choose not to participate their benefits may be withheld until appeal results and ultimately they may be denied any benefits at all. The Workplace Safety and Insurance Board (WSIB) describes the LMR program as aiming to provide the worker with the skills, knowledge, and abilities needed to successfully gain employment.

The role of an employment counsellor is to assist the unemployed individual in finding suitable employment (Beauchesne & Belzile, 1995). Individuals who have suffered job loss through accidents at their workplace often have mental health threats associated with their job loss, such as depression and anxiety (Catalano, 1991), and a concomitant lowering of self-esteem. These symptoms can lead to a lack of motivation to change. These psychological factors need to be considered when providing effective support to individuals in their search for suitable employment. Many researchers have identified the emotional stages of job loss (Borgen & Amundson, 1987) and suggest they mirror the stages of grieving delineated in the Kubler-Ross model stages of grieving; denial, anger, bargaining, depression, and frustration.

Counsellors who are aware of the stages of unemployment and who recognize the predictable feelings associated with each stage can provide the support and counseling needed to sustain their clients to the more productive and life-enhancing stages of enthusiasm and renewal necessary for an effective job search.

Prochaska and Di Climente (1993) identified five stages clients go through when attempting to change their behaviour; they are precontemplation, contemplation, preparation, action, and maintenance. These five stages are referred to as the stages of change model and are a key component in the theory that lies behind motivational interviewing (MI).

MI is a set of skills designed to assist the client in identifying whether or not they need to change their behaviour, clarify their motivation for doing so, and provide information and support as well as alternative perspectives on the problem behaviour, and ways to change it (Miller, 1983). MI uses an internally directive approach of delivery that gives the client the responsibility to decide for themselves whether they should change their behaviour and how they should proceed, if desired.
Miller and Rollnick (2002) suggest that it is important for counsellors to recognize the stage of change a client is situated in, and to use this information to engage in Motivational Interviewing (MI) procedures to increase gains in program objectives. Motivational interviewing is defined as being a client centered method developed to teach counsellors skills to enhance intrinsic motivation in clients.

The concept of ‘motivational interviewing’ evolved from experience with treatment of alcoholics and was described by Miller in 1983. The concept was developed into a coherent theory and a detailed description of the clinical procedures. Motivational interviewing has been shown to be broadly usable in clinical trials in the management of behavioural problems and diseases. The method has been used and evaluated internationally especially in the last decade in relation to the following main areas: addiction (alcohol abuse and addiction to drugs); change in lifestyle (smoking cessation, weight-loss, physical activity, asthma and diabetes treatment), and adherence (to treatment and control). The technique has been deployed by various healthcare providers including psychologists, doctors, nurses, and midwives. Controlled trials in general practice have shown that it is an effective strategy in the treatment of different diseases. However, only very few studies have focused on how to implement and integrate motivational interviewing in professional behaviour in the everyday environment of present day clinical and professional practice.

Rationale

Case managers or counsellors working with clients undergoing a Labour Market Re-entry (LMR) program sponsored through Workers Safety Insurance Board (WSIB) have a responsibility to provide professional, empirically validated support to clients throughout their LMR. There is evidence that clients who suffer job loss may lack the motivation to successfully engage in job search programs, especially in the final phase of the LMR. Therefore, providing a training seminar on MI and developing a manual to assist counsellors in the identification of clients’ readiness to change their behaviour, their needs to do so, and outlining best practices of MI would benefit both counsellor and client. Counsellors would become more proficient in the use of MI skills designed to enable injured workers to develop the motivation necessary to apply their talents in the completion of their LMR. It is hypothesized that by providing a seminar and manual on MI, counsellors will increase their knowledge of MI techniques and strategies. It is hypothesized.
Chapter II – Literature Review

Through research funded by the WSIB, Kirsh et al. (2003) discovered that more than half (51%) of injured workers were satisfied with the claims process. Many of the psychological hardships workers experienced, (e.g. stress, depression, anger, and despair) were a direct result of financial strain, stigmatization, lack of support, and social isolation.

In fact, the WSIB study concluded that the poor treatment and stigmatization of injured workers lead to anger, depression, and other negative life impacts. They recommended greater respect and preservation of worker dignity, and added support for rehabilitation and return to work.

Guindon, Mary, Smith, and Barret (2002) examined the common responses to job loss and identified depression, anxiety, and low self-esteem as emotional barriers that hindered clients in taking action. They identified previous research that analysed correlations between loss of employment and mental health concerns. Depression, which is often associated with the single episode of job loss, can be mild or extreme, sometimes producing suicidal tendencies. Anxiety often accompanies job loss, however it is common for anxiety symptoms to disappear after the initial shock has worn off. According to these authors, self-esteem plays the most significant role. Not only is it the precursor of depression and anxiety, clients or workers who have a self-appraised low level of self-esteem lack the desire to work towards fulfilling goals. Low self-esteem can take the form of shyness, insecurity, pessimism, unhappiness, aggression, and withdrawal from society and relationships. Counsellors need to be cognizant of the emotional toll unemployment can take and to recognize the symptoms of psychological distress that may keep their clients from fulfilling their job search goals effectively. Career goals, personal concerns such as financial well-being, and pride create emotional turmoil. To offer effective counselling, employment counsellors should be able to assess the emotional stage of the unemployed worker within the job loss process. The use of the Decision Tree and Diagnostic Symptom Set is outlined for use in identifying common symptoms related to job loss. Counsellors can use this model to assess normal reactions to the stressors of unemployment and target appropriate symptoms and suggest mental health interventions, when warranted.

Markland, Ryan, Tobin, and Rollnick (2005), discuss how Self-Determination Theory (SDT) could help our understanding of the psychological processes involved in motivational interviewing. SDT, a theory of personality development and self-motivated behaviour change, states that people have an innate tendency toward the resolution of psychological inconsistency. An examination of how people internalize and integrate extrinsic motivations and come to self-regulate their behaviours is analyzed. Parallels between social-environmental factors that facilitate integration in SDT and the principles and practices of MI are drawn. Links to clients stage of change, and their type of motivation, intrinsic or extrinsic, provide a rationale for the implication of MI. An example of external regulation would be a client engaging in a behavior because they were pressured or mandated to do so by a counsellor. According to SDT, external regulation may temporarily control behaviour, but because the motivation is dependent on external controls, the behaviour change may not become permanent or generalize to adaptive behaviour. Of particular interest is the question of how people internalize and integrate extrinsic motivations and come to self–regulate their behaviors in order to engage autonomously in actions in their daily life. The psychological processes involved in motivational interviewing are geared towards helping clients identify goals or values that they choose as being of intrinsic value to them. SDT identifies a number of factors that influence behavior regulation and suggests...
that case managers and counsellors can help clients become intrinsically motivated. SDT posits that all behaviours reflect the extent to which a client is committed to what they are doing. People who are being coerced to do what they are told will only comply when force, reward, punishment or other controls are influencing their behaviour. When the controls are gone often the compliance is gone as well.

According to Ryan and Deci (2000), there are three psychological needs that control self-motivation and personality integration, competence, choice, and feeling related. Clients need to feel they are able to do something, that they have the choice to do it or not, and they must believe that others will see their choice as being relevant and worthy. More specifically, they contend that motivational interviewing can foster self-motivated behavior change by promoting the internalization and integration of the regulation of a new behavior so that it is engaged in more willingly and more in accord with the person’s broader goals, values, and sense of self. This process is facilitated by both the style of motivational interviewing and its specific strategies that provide ambient supports for the needs for competence, autonomy, and relatedness. The principles of motivational interviewing match closely those social–environmental factors proposed in SDT to promote optimal motivation and healthy psychological functioning.

Numerous studies have shown that motivation is a behaviour that should be addressed and dealt with before and during behaviour change or treatment. Workers engaged in LMR are mandated to do so and can be compared to offenders mandated to receive addiction, anger management, or employment readiness programs while in custody. Hillier, Knight, Leukfield, and Simpson (2002) identified motivation as a predictor of therapeutic engagement for offenders mandated to treatment programs. Motivation effected personal involvement in the treatment process, ratings of progress, and early engagement in therapy.

Motivational interviewing based on the principles of autonomy, collaboration and evocation is a complex set of clinical skills. Originally developed by Stephen Miller in 1983, MI is a “client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (Miller & Rollnick, 2002, p.25). The four techniques that are used in MI are expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. Expressing empathy utilizes reflective listening skills to encourage a collaborative relationship between client and counsellor. Counsellors convey respect and acceptance of clients’ thoughts, feelings, and understanding of their personal situation, without judgment. Counsellors learn to pay sharp attention to clients’ statements, posture, and eye contact to provide encouragement or support in the interaction. Most important is the conveyance that the client is responsible for any decisions involving behaviour change. An empathic counsellor seeks to build a working therapeutic alliance and supports the patient’s self-esteem, which further promotes change. Developing discrepancy involves helping clients identify the way things are in the present, and the way clients would like them to be. This discrepancy can help clients become motivated to make the behaviour changes to reach identified goals. When skillfully done, motivational interviewing can facilitate change in clients’ perceptions and behaviours without creating any sense of coercion. Rolling with resistance is getting out of the way of clients who are uninterested, unmotivated, not engaged, or ready to argue. Instead of arguing with a client the counsellor rolls with the clients’ resistance and nullifies opposition that could destroy the therapeutic relationship. Supporting self-efficacy refers to the enhancement of a client’s confidence that they can do what they say and think they can. The clients’ belief that they can carry out the behaviours needed to reach a specific goal is a key indicator in client success. The overall goal of MI is to increase intrinsic motivation. MI is a client-centered, empathetic method
of directing clients to explore and resolve ambivalence. It is the therapist’s role to be with the client, collaborating in a non-judgmental way that facilitates change from within the client. In a quiet non-confrontational manner, the therapist creates a relationship that nurtures change talk and encourages self-motivation for behaviour change.

MI has been proven in numerous studies to be an effective counselling tool in promoting behaviour change for many problems; consequently, there is an increasing demand for professional training. Since there are few current studies that measure the efficacy of MI teaching techniques. Miller, Yahne, Moyers, Martinez, and Pirritano (2004) evaluated methods for learning MI. They outlined that MI is not just a set of techniques but a skilled style of counselling. Participants were health professionals randomly assigned to different MI training programs. Five training groups were evaluated; workshop only, workshop plus feedback, workshop plus coaching, workshop plus feedback and coaching, and self-training control. Self-study, feedback, provision of a manual and training, as well as a 2-day workshop alone, all yielded modest gains in skill-fullness. The study also revealed some surprises. Although the trainees’ overall efficacy improved slightly, it was due to their decrease in inconsistent responses such as confrontation, rather than an increase in MI consistent responses. In a pilot study by Miller and Mount (2001), the opposite pattern a modest increase in MI-consistent responses but no decrease in confrontational MI-inconsistent responses was obtained. This inconsistency suggests further research into the determinants that make an effective learning strategy for MI is warranted. As well it should be noted that most of the increases in MI proficiency were of short duration. Follow-up measures suggested that most gains were lost within 9 months. Several other randomized trials have reported improved retention, motivation, and outcomes when a single session of MI is added to standard substance abuse treatment.

Prochaska and DiClemente (1984) introduced a trans-theoretical model involving stages, processes, and levels of human change. Drawing on both psychotherapy and natural change research, they described five stages through which people progress or cycle in the process of achieving stable change. Pre-contemplation is the first stage where the client is not considering change as there is no perceived need for any change. Contemplation is the next stage where the client is thinking about making some changes. When the balance of pros and cons begins to tip in the direction of change, a period of preparation takes place; in this stage the client is preparing or becoming determined to make a change occur. In the action stage, clients actively make changes by modifying their behaviour. Lastly, maintenance is the stage where the client is consistently maintains the changes made over a period of time.

Satterfield William et al. (1995) examined the relationship between the stages of change (pre-contemplation, contemplation, preparation, action, maintenance, or termination) that a client was in and their expectations regarding counseling and treatment outcomes. The overwhelming evidence indicated that clients in the contemplative, action and /or maintenance stages of change were more open to changing their behaviours. Tailoring the therapy relationship and treatment intervention to the stage of change can enhance outcome. There is a positive collaboration between the right stage of change and the percentage of patients completing therapy in the ultimate success of treatment. Counsellors who understand this knowledge can use the assessment of readiness to change to develop useful interventions that target the specific needs of the client.
The clinical method of motivational interviewing (MI) was developed specifically to enhance intrinsic motivation for change. Rollnick, Heather, and Bell (1992) provided some support for the theoretical implications of MI. They compared MI to brief behavioural skills training in a randomized clinical trial with problem drinkers. They found that MI increased behaviour change more effectively than skills training in college-aged students who were in the contemplation stage than in those in the pre-contemplation stage. MI worked to move clients into a motivated stage where behaviour change took place more efficiently. These results verify current research that suggests different stages of change correlate with different client expectations. With this knowledge, counsellors may find themselves in a better position to use counselling interventions that take into account their clients' individual needs regarding readiness to change and expectations for counselling.

Clients’ expectations in regards to counselling have been shown to have a significant influence on the outcome of interventions, as well as whether or not clients actually engage in therapy at all (Tinsley, Brown, de St. Aubin, and Lucek, 1984). Tinsley et al, have shown that there are varying expectations that clients hold prior to beginning therapy or counseling. Although the interest of this study may focus on a mandated process, expectations towards counselling in general are of interest. Tinsley, Workman, and Kass (1980), identified four expectations commonly held by clients, personal commitment, facilitative conditions, counsellor expertise, and nurturance. In summary, personal commitment refers to the client’s feelings about counseling in general, facilitative conditions involve core MI principles (acceptance, trustworthiness, genuineness, confrontation), counsellor expertise relates to how proficient a counsellor’s skills will be, and nurturance involves the belief that the counsellor cares for and will support the client.

Moyers, Miller, and Hendrickson (2005) predicted that the quality and strength of the collaborative relationship between counsellors and clients was key in establishing successful outcomes. Their study, involving clients with substance abuse issues, demonstrated the influence of therapist interpersonal skills and their impact on client involvement in therapy. MI’s emphasis on collaboration and autonomy as well as the acquisition of interpersonal skills such as an honest, interested, and authentic stance are correlated. Although many studies have shown that motivational interviewing is effective in reducing problem behaviors, few have investigated why. Emphasis on the spirit of MI has suggested that other important elements of this method are often overlooked. The study was designed to extend the available knowledge about therapist characteristics of particular importance to MI and their influence on client involvement during treatment sessions by examining data from Miller et al. (2004). A positive correlation between client involvement within therapy and therapist interpersonal skills was found. This finding lends support to the theory that therapist training and acquisition of MI skills leads to an increase in client involvement in the therapeutic process. In addition, they reported that some MI inconsistent responses such as confrontation and directing failed to decrease client involvement in therapy. Suggestions to explain this surprise identified the spirit of MI as likely factors. A more focused and goal-directed style of counselling was argued to have reduced the negative effects of the inconsistent responses. Therapists that employ the spirit of MI have, as their central purpose, the examination and resolution of ambivalence, and they are intentionally directive in pursuing this goal. The study clearly demonstrates the need for therapists to acquire and practice interpersonal skills and the realization that, although MI consistent responses are generally considered the most useful in therapy, therapists who are clearly genuine, honest, and engaged in the therapeutic relationship, can use MI inconsistent responses to their benefit when warranted.
**Current Projects Relationship to the Literature Review**

The literature review identifies issues that injured workers mandated to engage in an LMR program by the WSIB face. The review summarizes basic theories that suggest external motivation can be sufficient to move clients through the contemplation and action stages; however, intrinsic motivation in the maintenance stage is necessary for positive outcomes. MI has proven effective in numerous studies, to effect client change from externally to internally motivated values. Therefore, a seminar and a manual will be developed to teach employment counsellors’ knowledge of MI techniques and strategies to address injured workers motivation to complete their LMR.
Chapter III – Method

Rationale

Case managers working with clients mandated to complete LMR have little time for training. Therefore the author developed a training workshop and manual that could be taught quickly and have a tool that could be used as a reference (Appendix A). The author researched MI and MI teaching methods and, after producing the manual and its evaluation measures, conducted the workshop.

Participants

Participants were 11 adult counsellors who provide Labour Market Re-Entry programs at a service provider’s offices in Kingston, Ontario. Counsellors all work for the service provider. They were selected because they were the only counsellors working with the WSIB LMR clients at the service providers’ offices.

Informed Consent

After applying and having been granted permission by the St. Lawrence College Research and Ethics Board to conduct this project informed consent (Appendix B) was obtained from the counsellors to participate in the workshop and complete the evaluation measures, pre- and post-questionnaire and feedback survey. Participants were made aware that all information gathered would be kept confidential by using fictional names.

Design

After a thorough investigation of current best practices in MI, a training seminar and manual were developed to assist counsellors in learning MI strategies. A two-hour-long seminar was delivered to counsellors and they were provided with the self-guide manual. It was the author’s intention to increase counsellors’ knowledge of MI procedures and best practices for its use, as well as provide a questionnaire designed to identify client’s needs and readiness to change. Data analysis included mean and median for individual scores, standard deviation, and a t-test for comparing overall scores.

Setting and Apparatus

The project was conducted at the service providers’ offices. It was important to keep the project in the confines of the regular working area of the counsellors for it to be regarded as being useful since this was the only place the program was offered. The material consisted of questionnaires, Power Point presentation (Appendix G), self-guide manual, pre- and post-test, and counsellor participation satisfaction survey. Testing was all paper and pencil type.

Measures

Evaluations took the form of pre- and post-test (Appendix E), of counsellors’ knowledge of MI techniques and strategies using an MI aptitude test created for Justice System Assessment Training (www.motivationalinterview.org). Comparisons of individual scores and group scores were analyzed. Percentage increases for both were calculated, as well as mean median and standard deviation for the group were tabled and graphed. A t-test was performed to measure validity. The counsellor participation satisfaction survey took the form of an open-ended questionnaire (Appendix D), which questioned counsellors to convey the usefulness of the
training and manual and any changes to increase its usefulness. This survey attempted to answer three components of measures. Questions 2, 3, and 4 measured the construction and deliverance of the seminar. Overall participants decided the seminar was constructed excellent (19%), good (57%), fair (19%), and 4.8% not applicable. Questions 5, 6, and 7 asked whether the seminars components benefited the participants. Participants decided excellent (4.85), good (66.6%), fair (23.8%), and 4.8% not applicable. Lastly the first question rated the experience of the participants. 14.3% of the participants thought they had an excellent experience and 85.7% had a good experience.

**Procedure**

A two hour workshop was delivered. At the beginning of the workshop, participants completed the pre-test on MI and were given a copy of the manual. The manual was comprised of a questionnaire for clients to fill out. This questionnaire was designed by the author to help counsellors identify readiness to work and personal concerns of their clients. As well, best practices of MI and identified strategies to employ in helping clients with their assessed needs was incorporated into the manual. The teaching methods for the workshop included PowerPoint, lecture, role-play, and group discussion. The agenda for the workshop was as follows.

1) Introduction

Why we are here? Acknowledgement of their participation in the workshop.

A brief introduction outlining the purpose of the workshop and its format.

2) Pre-test

Participants were given instructions to complete the paper and pencil written test and to answer all or as many questions as possible within the ten-minute time frame.

3) PowerPoint presentation.

The PowerPoint (Appendix H) outlined basic knowledge of motivational interviewing and the participants were instructed to interrupt at anytime to ask questions or remark on topics of interest to themselves. The following list is an outline of topics covered in the slide presentation.

- Theory behind stages of change model.
- Definition of Motivational Interviewing.
- Principles of MI.
- Basics of MI
- Dealing with defensiveness.
- Traps to avoid.
- Eliciting change talk.
- Handling resistance.

Note: During the power point presentation the instructor read the slides in their entirety. As well, he provided his own personal comments concerning his experiences with WSIB and the LMR process. This included his accident report, experience in choosing a career path, his own projections of how he felt at different stages in the process, and anecdotes that happened along the way.
4) Role Play  
A role playing session provided the participants with an opportunity to apply basic principles of MI when helping their client who may display signs of resistance. Please see the scenario in manual.

5) Post-test  
After the role playing portion participants filled out the post-test with the same instructions as the pre-test.

5) Feedback survey  
At the end to the workshop, participants filled out the feedback survey (Appendix D) after a brief summary of what we had accomplished and a thank you for their participation.
Chapter IV - Results

Motivational Interviewing Aptitude Test

As a result of staff having to leave early, only six individuals completed both pre- and post- tests. The raw scores are recorded in Appendix E. The scores for the participants on the pre test were 8.89%, 11.11%, 13.4%, 13.4%, 28.9%, and 35.6% correct answers respectively. All scores increased on the post test. The scores were 64.4%, 30%, 40%, 49%, 33.3%, and 86.7%, respectively. The largest score increase in the MI aptitude test was from the participant who scored the lowest on the pre-test, 8.89%, and 64.4% on the post test, a 55.6% increase. The others increased 17.8%, 26.7%, 35.6%, 4.4%, and 51.1%, respectively. As a group the overall increase was 31.1%. The standard deviation on the pre test was 10.95% and on the post test it was 21.80%. Please see table 1 for descriptive data and Figure 1 for a presentation of the results for each individual. Results of a t-test paired for two sample means resulted as follows; \( t (5) = 3.98 \), \( p < .005 \). This shows that significant increases in MI aptitude scores were obtained as a result of the intervention.

Table 1

Motivational Interviewing Aptitude Test Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>18.52%</td>
<td>50.37%</td>
<td>31.85%</td>
</tr>
<tr>
<td>Median</td>
<td>13.33%</td>
<td>44.44%</td>
<td>31.11%</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>10.95%</td>
<td>21.80%</td>
<td>19.61%</td>
</tr>
</tbody>
</table>
Figure 1. Motivational Interviewing Aptitude Test Results for Each Participant

Note: No one gave an accurate definition of motivational interviewing in both pre- and post-tests. This is notable since it was highlighted in the presentation and was also presented on the white board.

Participant Satisfaction Survey

Approximately 15% of the participants rated the workshop as an excellent “experience” while the other 85% had a good time. Forty-three % thought the lecture presentation was excellent, the other 57% thought it was good. Seventy-one % thought the power point presentation was good while 29% thought it was only fair. Fourteen % of the participants thought the role playing was excellent, 43% thought the role playing session was constructed good, 29% fair, and 14% answered not applicable. Fourteen % of participants thought the slides benefited them, 43% agreed that the power points benefit to them was good, as well 43% thought it was fair. Eighty-six % rated the lectures benefit to them as good and the other 14.8% as fair. Approximately 71.5% suggested that the role play benefited them as good and 14.8% as fair while the other 14.8% decided that this question was not applicable. Overall 14.8% rated the presentations benefit to them as excellent, 71.5% as good and one person left out their answer. 85.8% would recommend others take this workshop and one person didn’t answer this question. This survey attempted to answer three components of measures. Questions 2, 3, and 4 measured the construction and deliverance of the seminar. Overall participants decided the seminar was constructed excellent (19%), good (57%), fair (19%), and 4.8% not applicable. Questions 5, 6, and 7 asked whether the seminars components benefited the participants. Participants decided excellent (4.85), good (66.6%), fair (23.8%), and 4.8% not applicable. Lastly the first question rated the experience of the participants. 14.3% of the participants thought they had an excellent experience and 85.7% had a good experience. Raw data for the survey are in appendix G.
Chapter V - Discussion

This study found that the two hour workshop seemed to increase counsellor knowledge of MI. Counsellors found the training helpful and useful. MI targets the intrinsic motivating stimuli that help workers proceed from a maladaptive stance to an adaptive one. MI helps clients make choices that they feel competent, worthy, and willing to accomplish. The relationship between counsellor and client is significant as is the expectations that clients have regarding therapy. Professional training in MI offers counsellors practice and strategies in identifying client needs. If MI is a tool that a counsellor would find useful to use, attending training and instruction to master its techniques, should be made available. Seeking training to manage mental health issues through continuing education may help counsellors understand the experience of job loss and the dynamics of self-esteem and its relationship to job loss. The effectiveness of MI, as well as networking and training in groups can help apply expertise and appropriate interventions for clients. Counsellors can acknowledge that they are working towards the best interests of their clients.

Program Changes

The suggestion to use a questionnaire and ask for suggestions from the counsellors as to what they would like to see in the workshop was rejected by the agency supervisor for undetermined reasons. Initially the display and use of poster boards were to be used to emphasize the basics of MI after the power point presentation, however due to time constraints due to frequent questions and answers from participants and trainer this was abandoned.

Qualitative Information

The most notable comment given in writing and in person was that the sharing of the researcher’s personal story was extremely helpful in providing insight into the mind of clients. Counsellors all related to the researcher that the insight on how a counsellor’s actions can have a profound effect on their clients, and how fragile their clients may be even though outwardly they may seem strong or “together”, was greatly appreciated and understood. Most of the counsellors didn’t like the testing method and thought there was too much material for such a short presentation. As noted earlier, all the counsellors did not have a good definition of MI. This seemed an oddity especially since most of the counsellors have attended longer, more professional training in MI. During the role playing session, the participants immediately began to try and fix the pretend client until the instructor gestured to the slide, regarding eliciting change talk. The participants then changed their focus to support the client helping himself.

Strengths

The small class size allowed for easy access and fluid transfer of information. Counsellors knew each other and this perhaps lead to ease of communication among the group. The project focused on a vital aspect of clients LMR, success for clients depends on the outcome of this final phase, success for counsellors depends on clients’ success. This link provided the possibility of reinforcement for counsellors in the future.
**Limitations**

The small sample size of counsellors was the largest limitation of the study. As well, the staff may have regarded the placement student as a student, not as an expert in the field. This could have lead to behaviours, such as not really believing information and disregarding the seminar as irrelevant.

There was also no way of assessing whether or not staff can convert knowledge of MI best practices to actual use in the client-counselling relationship. Two hours is also a small amount of time to teach so many skills and there is no way of insuring the counsellors adhere to any of the training or even read the manual. The study also was not able to measure whether clients receiving their job search from counsellors after MI training have benefited. This would be the next phase in further investigation of MI efficacy. It is unreasonable to expect that a two hour workshop will establish enduring competence. Ongoing support is needed for acquisition and retention of skills. Trainers should take this into account in planning how to help counsellors learn MI.

**Multilevel Challenges**

We often hear people talking about using a team approach, however I have rarely seen it in action. More often we hear the constant complaining from all levels of the organization. At this organization, every member shows the eagerness to help one another without prejudice. At the client level, they are not afraid to show a weakness in their ability to help a client or provide a service. At the program level, they offer advice to clients to use services that they don’t provide, even though this does not benefit them as professionals in monetary rewards.

On an organizational level, they seek out the advice of one or more of their associates and ask for advice. Often this happens during lunch or breaks, when the more common activity in many institutions would be gossip or complaints about others. They problem solve and trouble shoot until they find a solution. This is the ultimate win- win solution. Clients get the best available service and counsellors can be assured that they have done everything in their power to provide that service.

At first it was difficult to have staff ask me to contribute, however after a few requests were completed efficiently and quickly, staff gave me more opportunities to help. Even though I was not a regular member of the team they realized that I too could be helpful. That meant more time for them to provide service to their clients and that is always their main emphasis.

There are different service areas at OMOD; the job finding club, ODSP providers, WSIB and private insurance case management, as well as an employment resource centre for the public. All of these sections, all on the same floor, share not only technical resources and office space, they all belong to this same team. Their spirit is dedicated to making sure their clients’ needs are met.

At a societal level, this organization excels in its efforts to provide for the disadvantaged. Indeed even their off-duty actions such as raising money for the United Way through bake sales and chili-fests or raffles and other ideas, are not only constant and diligent, they are done with pride, love, understanding, and complete unselfishness. They dedicate their time to help raise money for their clients, at the same time they booster the integrity of their organization, help
educate and communicate clients’ needs to society, and walk away feeling a little better about themselves everyday.

**Recommendations for Future Research**

Although MI has been thoroughly researched for its effectiveness in many areas such as addictions and other behaviour disorders, it is relatively new in the employment counselling field. There has been a broad attempt at teaching and promoting its techniques through online tutorials, seminars, and even published workbooks. To increase the knowledge of what works best in specific applications, new research could identify populations that have historically low levels of success and apply MI approaches in a closely monitored setting. Using a scientific approach to eliminate as many variables as possible could help determine MI efficacy in different settings, populations, and circumstances. It may be that MI works better with males than females or vice versa. It may be that MI should be used early or later, or with only introverted clients. Only through good research can we prove the methods and commit to their increased use.

**Summary**

Threats to mental health because of job loss seem to be common. Employment counselling has the potential to lessen the emotional toll of unemployment through skills building, action planning, and implementation strategies. Employment counsellors may be the first, best line of defense against mental distress after job loss. This study provides support for the efficacy of training in MI. Participants attending a 2-hour workshop showed substantial gains in MI knowledge. However, for complex clinical skills such as MI, it is unreasonable to expect that a two-hour workshop will establish enduring competence. Ongoing support is needed for acquisition and retention of proficiency. MI is not just a proven method to increase the probability of clients to affect change, it is also one that could manifest its learned behaviours such as increased self-esteem to other aspects of a clients’ life. The use of directed collaboration and techniques to empower the client have powerful reinforcing qualities as their basis. As powerful as extrinsic motivation in the form of monetary reward can be for choosing a career and getting a job, the identification that, for individuals in the wrong stage of change, this monetary reward will not be sufficient is paramount for a successful intervention. Ways to increase the successful use of MI should be explored.
REFERENCES


Appendix A

Motivational Interviewing For Employment Counsellors
An Introduction
by
Martin Nielissen (2009)
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References

Note: This manual was based on the works of the following authors.

New York, NY: Guilford Press.

Introduction

Motivational Interviewing is an evidence-based approach based on Bill Miller and Stephen Rollnicks extensive research on client responsiveness to intervention.

This workshop will focus on the application of MI by case managers helping injured workers undergoing Labour Market Re-entry. In this training only a brief glimpse of the major strategies that make up MI are explored. It is my hope that this appetizer of information will make the participants (YOU) hungry for learning MI extensively.

The manual that accompanies this workshop outlines the basic principles and strategies that help make MI a useful intervention. This manual is designed to provide case managers a resource that can be used specifically with clients who are participating in Labour Market Reentry programs. Included in the manual are information sheets on the Roadblocks to successful interventions and outlines on how to conduct a successful motivational interview. There is also a self-report questionnaire that case managers could use to identify their clients stage of readiness to change.
Workshop Goals and Objectives

Provide a brief introduction to the history of Motivational Interviewing.

Focus on the issue of client’s stage of motivation to successfully engage in their Labour Market Re-Entry.

Provide some relevant data and empirical evidence as to the efficacy of MI and its justification for use in this field.

Teach the basic principles and skills necessary to practice MI within the case manager / client relationship.

Evaluate the perceived effectiveness of the workshop from the participant case managers perspective.

Evaluate the hypothesized increase in MI knowledge of case managers as a result of the training.

Provide case managers with a tool to help them identify clients in need and ways to provide them with the necessary skills to achieve positive outcomes.
Workshop Outline Including Trainer Information and Timelines

This workshop is designed to be conducted in about two hours. Subsequently, preparation is very important. It is suggested that pre and post tests, survey, manuals, and pencils for participants are all individually placed in pre-arranged seating for case managers. Instructions as to seating arrangements, coding of names for confidentiality on tests and surveys, a brief outline of the workshop agenda, instructions for use of the restroom, and suggestions for etiquette regarding asking questions should all be written on the blackboard or posted in plain view of all participants to avoid unnecessary time delays.

Trainer (T) greets case managers (CM) and assigns them seating.

T briefs CM on posted instructions, asks for any questions to clarify.

T hands out test and pencils, noting time and instructing CM that they have 10 minutes to complete.

T collects tests, handing out manuals at the same time.

T begins slide and lecture presentation. During the slide presentation T introduces personal reflections on his own experience with the LMR process and his own reflections on dealing with Post Traumatic Stress. As suggested and posted CM are encouraged to ask questions throughout the presentation as this workshop is designed to reflect on real CM/injured worker relations. All CM are encouraged to answer or make suggestions to their peers in a collaborative manner. Slides will be read by trainer while they are displayed on the screen at front of class.

T concludes slide presentation.

T instructs CM on protocol for the role play, leaves room to get into character, and returns for role play.

T hands out post test instructing CM to use their previous code names and reminding them they have 10 minutes to complete.

T picks up tests and hands out satisfaction survey, thanks everyone for participating, instructing them to leave survey when finished.
Instructions for Case Managers

Due to the short duration of this workshop, please try to adhere to these instructions for any information you might require. If, however, it’s a question not answered please feel free to ask at anytime.

If you have an emergency, please leave at your leisure, leave any workshop materials.

If you need to use a restroom or get a drink, you need not ask anyone.

Be seated as quickly as possible, get comfortable.

Do not worry about cell phones, they are a necessary part of your job.

When instructed, fill out test using a code name (remember this for your post test) and complete it, you have 10 minutes.

When the slide presentation begins, remember you can ask questions at any time and are encouraged to offer any insight you may wish to share with the group. Remember, anytime.

For the role play session, look at the scenario poster on the blackboard.

You have ten minutes to fill out the post test, remember to use your code name.
Role Play Instructions

Using as many of the skills outlined in the previous slide presentation, you are to try and help your client out of his predicament. Feel free to speak out and to ask each other questions about your queries and strategies. If you feel you are hearing questions that are not conducive or have been identified as being harmful to the counsellor/client relationship, feel free to speak out as well. You may look at your hard copy of the slides for suggestions and consult with one another or the whole group. No question is wrong or right, the idea behind this role play is to practice what works and to help each other identify problems with certain questions or strategies.

The following is an outline of your client and your relationship with him.

He is an older male.

He lost his job of twenty years when he lost a finger in a packaging machine at the toy factory where he worked all those years. The toy factory went bankrupt the week after the accident so he couldn’t return to work there after his rehabilitation.

You are his case manager for WSIB.

You helped him select this new job of his for retraining.

Some of his identifiable skills were knowledge of toys, packaging and delivery, computer knowledge, and logistics.

Some of his interests were flying, computers, hockey, golf, and reading.

He was very fond of children having raised four of his own.

The following is his predicament.

He has just called you and stated he has a terrible situation.

He states that he is to start his new job placement tomorrow and has lost the list of all the deliveries.

He is hysterical and doesn’t know what to do, he is blaming you for getting him into this situation.

Note to trainers: (Not on poster)

You are dressed in character as Santa Claus, try not to laugh, much. When CM asks what is wrong, tell them you have lost your list, the list of all the good kids that you are to deliver presents to, its Christmas Eve..

As it is a role play, you don’t know what to expect however you should try and point them in the right direction to solve the problem by suggesting they use the MI skills presented previously. They will likely try to fix the problem with their own suggestions however, after a few hints, they should start to collaborate and come up with questions that help Santa solve his own problems and come up with his own plan or solution. If you
need to end quickly because of time, one solution is to call your friend the tooth fairy for their list. Good Luck
Rationale for Using Motivational Interviewing

Case managers or counsellors working with clients undergoing a Labour Market Re-Entry (LMR) program sponsored through Workers Safety Insurance Board (WSIB) have a responsibility to provide professional, empirically-validated support to clients throughout their LMR. There is evidence that clients who suffer job loss may lack the motivation to successfully engage in job search programs, the final phase of LMR.

Miller and Rollnick (2002) suggest that it is important for counsellors to recognize the stage of change a client is situated in and to use this information to engage in Motivational Interviewing (MI) procedures to increase gains in program objectives. Motivational interviewing is defined as being a client-centered method developed to teach counsellors skills to enhance intrinsic motivation in clients.

MI is a set of skills designed to assist the client in identifying whether or not they need to change their behaviour, clarify their motivation for doing so, and provide information and support as well as alternative perspectives on the problem behaviour, and ways to change it (Miller, 1983). MI uses an internally directive approach of delivery that gives the client the responsibility to decide for themselves whether they should change their behaviour and how they should proceed, if desired.

Through research funded by the WSIB it has been discovered that more than half (51%) of injured workers were dissatisfied with the claims process. Many of the psychological hardships workers experienced, stress, depression, anger, and despair were a direct result of financial strain, stigmatization, lack of support, and social isolation.

In fact, the WSIB study concluded that the poor treatment and stigmatization of injured workers lead to anger, depression, and other negative life impacts. They recommended greater respect and preservation of worker dignity, and added support for rehabilitation and return to work.

To offer effective counselling, employment counsellors should be able to assess the emotional stage of the unemployed worker within the job loss process. It is essential for counsellors to be cognizant of the emotional toll unemployment can take and to recognize the symptoms of psychological distress that may keep their clients from fulfilling their job search goals effectively. An important key for this model is the belief that the counselling outcome can be improved when there is a match between the client's stage of change and the type of counseling interventions offered (Prochaska & DiClemente, 1982).
Basic Principles

Motivational Interviewing based on the principles of autonomy, collaboration, and evocation is a complex set of clinical skills. The four basic principles of MI are express empathy, support self-efficacy, roll with resistance, and develop discrepancy.

Express empathy – Through skilful reflective listening, the counsellor seeks to understand the patient’s feelings and perspectives without judging, criticizing, or blaming. An empathic counsellor seeks to build a working therapeutic alliance and supports the patient’s self-esteem, which further promotes change.

Develop Discrepancy – Discrepancy in motivational interviewing has to do with the importance of change. Discrepancy may be triggered by an awareness of and discontent with the costs of one’s present course of behaviour. When behaviour is seen as conflicting with one’s health, change is more likely to occur. A goal of motivational interviewing is to develop discrepancy – to make use of it, increase it, and amplify it until it overrides the inertia of the status quo. The methods of motivational interviewing seek to accomplish this within the person. This often involves identifying and clarifying the person’s own goals. When skilfully done, motivational interviewing changes the person’s perceptions (of discrepancy) without creating any sense of being pressured or coerced.

Roll with Resistance – Resistance that a person offers can be turned or reframed slightly to create a new momentum toward change. In motivational interviewing, one does not directly oppose resistance but rather rolls or flows with it. Rolling with resistance, then, includes involving the person actively in the process of problem solving.

Support Self-Efficacy – This refers to a person’s belief in his or her ability to carry out and succeed with a specific task. Self-efficacy is a key element in motivation for change and is a reasonably good predictor of treatment outcome. A general goal of motivational interviewing is to enhance the client’s confidence in his or her capability to cope with obstacles and succeed in change. The overall goal is to increase intrinsic motivation so that change arises from within rather than being imposed. The spirit of the method can be characterised in a few key points. Motivation to change is elicited from the client and not imposed from without. It is the client’s task, not the counsellor’s, to articulate and resolve his or her ambivalence. Direct persuasion is not an effective method for resolving ambivalence. The counselling style is generally a quiet and eliciting one. The counsellor is directive in helping the client to examine and resolve ambivalence. Readiness to change is not an individual trait, but a fluctuating product of interpersonal interaction. The therapeutic relationship is more like a partnership or companionship than expert/recipient roles. Motivational interviewing is intended to focus on motivational struggles, issues of change for which a person is not clearly ready and willing.

Basic Skills: OARS

Motivational Interviewing is an “empathic, person-centered counselling approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change” Kraybill and Morrison, (2007).

Open questions, affirmation, reflective listening, and summary reflections (OARS)
are the basic interaction techniques and skills that are used “early and often” in the motivational interviewing approach.

Open Questions
Open questions invite others to “tell their story” in their own words without leading them in a specific direction. Open questions should be used often in conversation but not exclusively. Of course, when asking open questions, you must be willing to listen to the person’s response.

Open questions are the opposite of closed questions. Closed questions typically elicit a limited response such as “yes” or “no.” The following example contrasts open vs. closed questions. Note how the topic is the same, but the responses will be very different:

Did you have a good relationship with your parents? Or What can you tell me about your relationship with your parents?

More examples of open questions:
How can I help you with ___?
Help me understand ___?
How would you like things to be different?
What are the good things about ___ and what are the less good things about it?
When would you be most likely to ___?
What do you think you will lose if you give up ___
What have you tried before to make a change?
What do you want to do next?

Affirmations
Affirmations are statements and gestures that recognize client strengths and acknowledge behaviours that lead in the direction of positive change, no matter how big or small.

Affirmations build confidence in one’s ability to change. To be effective, affirmations must be genuine and congruent.

Examples of affirming responses:
I appreciate that you are willing to meet with me today.
You are clearly a very resourceful person.
You handled yourself really well in that situation.
That’s a good suggestion.
If I were in your shoes, I don’t know if I could have managed nearly so well.
I’ve enjoyed talking with you today.

Reflective Listening
Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationships, building trust, and fostering motivation to change. Reflective listening appears easy, but it takes hard work and skill to do well. Sometimes the “skills” we use in working with clients do not exemplify reflective listening but instead serve as roadblocks to effective communication. Examples are misinterpreting what is said or assuming what a person needs.

It is vital to learn to think reflectively. This is a way of thinking that accompanies good reflective listening. It includes interest in what the person has to say and respect for the person’s inner wisdom. Listening breakdowns occur in any of three places:
Speaker does not say what is meant,
Listener does not hear correctly,
Listener gives a different interpretation to what the words mean,

Reflective listening is meant to close the loop in communication to ensure breakdowns Don’t occur. The listener’s voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client’s flow. Some people find it helpful to use some standard phrases:
So you feel…
It sounds like you…
You’re wondering if…

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth
should match the situation. Examples of the three levels include:

**Repeating or rephrasing**: Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said,

**Paraphrasing**: Listener makes a restatement in which the speaker’s meaning is Inferred,

**Reflection of feeling**: Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening.

Varying the levels of reflection is effective in listening. Also, at times there are benefits to over-stating or under-stating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

**Summaries**

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points, for example, after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.

Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards change.

**Structure of Summaries**

1) Begin with a statement indicating you are making a summary. For example:

Let me see if I understand so far…

Here is what I’ve heard. Tell me if I’ve missed anything.

2) Give special attention to Change Statements. These are statements made by the client that point towards a willingness to change. There are four types of change statements, all of which overlap significantly:

- Problem recognition: “My use has gotten a little out of hand at times.”
- Concern: “If I don’t stop, something bad is going to happen.”
- Intent to change: “I’m going to do something, I’m just not sure what it is yet.”
• Optimism: “I know I can get a handle on this problem.”

3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: “On the one hand…, on the other hand…”

**Defensiveness**

*What are some things we can do to decrease people's defensiveness?*

Reinforce comments with reflections, summarize ambiguous comments and affirm and highlight comments that refer to:

1. Reducing overall amount of questions (no more than three in a row if possible)
2. Increasing the amount of variation in skills beyond monotonic use of questions
3. Placing emphasis on affirmations
4. Using more open than closed questions.

**Empathy**

Without accurate empathy, one can go no further in learning MI. Thus, the importance of understanding and practicing Reflective Listening (conveying empathy) and OARS.
Traps to Avoid – What not to do !!!

The Question/Answer Trap
Because of the need for specific information, or because of initial interview anxiety, counsellors can fall into a pattern of asking many questions in a row to which the client offers only "yes" or "no." This can increase defensiveness in clients, as they feel interrogated. It can also place them in the passive role of a responder with no perceived self-efficacy in the process of change. Having clients complete surveys before the meeting, or interspersing reflections between strings of questions can help with this trap.

The Premature Focus Trap
Sometimes the counsellor's opinion about which issue should be the client's primary focus differs from the client priorities. It is key to avoid struggles about the proper topic for early discussion because the client may be put off and become defensive. Starting with the issues that are the client's main concerns reduces resistance and often eventually leads back to the topic that concerns the counsellor.

The Confrontation 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, the counsellor elicits 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 counsellors avoid this trap by making the client argue both sides, rather than pitting the client against the counsellor.

The Blaming Trap
Clients are often concerned with whose fault the problem is. This can waste time and energy in needless defensiveness. Letting the client know that the aim of counselling is not primarily identifying fault. But seeking solutions in current situations can re-direct the client's attention away from blaming.

The Expert Trap
When a counsellor comes across as having all the answers because they want to help "fix" the client's problem, clients can become passive recipients, discouraged from the main MI goal of exploring and resolving ambivalence for themselves. MI should be about collaborating with the client, not instilling the "solution" into them.

The Labeling Trap
Often, counsellors want to insist that the client accept a diagnostic label. Perhaps the counsellor wants control or, in family situations, it may be judgmental. Labels can make clients feel stigmatized or cornered, evoking dissonance that can descend into side-taking and hinder progress toward change.
Eliciting Change Talk

Importance-Confidence ruler.

One of the methods to elicit change talk is using the Importance-Confidence ruler.

For example, when asked, "On a scale of 0 to 10, where 0 is least important and 10 is most important, how important is it for you right now to start a portfolio," a client may say, "About a 6." A follow up question might be, "What keeps it from being a 9?" This question will elicit some statements about the importance of changing the behavior. After asking how confident the client feels about changing the behaviour, a follow up question may be, "What would it take for you to get to a 10?" Remember that the ruler must be focused on whatever the target behavior is, i.e. how important is it for the client to change the target behavior.

Querying
Querying extremes asks questions such as, "What is the worst thing that would happen if you did change this behaviour," and "What is the best thing that could happen if you did?" Or, "If changing this behavior went miraculously well, what would it look like?"

Looking forward
Looking forward asks clients to imagine what their life would look like (related to the target behavior) two years from now; looking back involves asking what the client's life looked like when things were the way s/he wanted them to be.

Open Questions
Some open questions can be asked in such a way that the client ends up providing reasons against change. For example, "What keeps you from making this change?" causes the client to think up inability to change statements. Evocative Questions should provide the client an opportunity to make statements in support of change.
Evocative questions relate to the target behavior and elicit change talk.
Handling Resistance

Simple reflection

Amplified reflection

Double-sided reflection

Shifting focus

Coming Alongside

Agreement with a Twist

Reframing

Emphasizing personal choice/control

Disclosing feelings

SIMPLE REFLECTION
Generally, the strategy is to respond to resistance with non-resistance. Simply acknowledging what clients say allows them to further explore the behavior in question, rather than the resistance itself. This kind of acknowledgement can be categorized as a simple reflection, similar to what was covered in OARS.

AMPLIFIED REFLECTION
An amplified reflection, reflects back what the person has said, but increases its intensity. Usually, the resistant element is intensified. For example, the client says, "Quitting drinking is not something I've thought about." An amplified reflection could be, "Drinking is something you will do for the rest of your days." Amplified reflections allow the client to argue the other side, and in this case, argue for change. Some key elements to an amplified reflection are: a) it is a reflection (a statement); b) the resistant element is intensified, increased or exaggerated.

DOUBLE SIDED REFLECTION
A double sided reflection reflects both sides of the ambivalence. A stem for double sided reflections is, "On the one hand... on the other hand...". Some key elements to a double-sided reflection are: a) it is a reflection (a statement); b) that reflects BOTH sides of the ambivalence. It is difficult to use a double sided reflection if only one side of the argument is being presented.

SHIFTING FOCUS
"Shifting Focus” involves bypassing the topic that the client is resisting, rather than confronting it, i.e., changing the subject.

COMING ALONGSIDE
In Coming Alongside, or siding with the negative, the practitioner acknowledges that the client may indeed decide not to change their behavior. In order to resist or oppose the practitioner, therefore, the client must begin to argue in favor of movement toward behavior change. "It sounds like the pros of keeping the behaviour still far outweigh the cons. So it may be that you decide smoking is something that you don't want to give up." "We've talked about what other people say about your drinking; let's now talk about what you think."
AGREEMENT WITH A TWIST
Agreement with a Twist is a reflection followed by a reframe. It begins with agreeing with what the client says and ends with a slight twist or change in direction. A reframe offers a different meaning or interpretation of what the client is saying. Reframes are particularly powerful when they show how an accepted behavior might be considered risky, or show clients that something they see as a weakness might be reframed as a strength.

EMPHASIZING PERSONAL CHOICE/CONTROL
This strategy puts the responsibility for change on the client by emphasizing that what they do is really their choice. It is an empowering strategy that supports the client's self-efficacy. Eg., "It really is your choice about what you do in this situation". "No one can make you do this. The decision is yours"

DISCLOSING FEELINGS.
When stuck with a resistant client, sometimes simply acknowledging that as the practitioner you feel stuck helps normalize the situation and creates potential for some movement.
Dear Counsellor,

I am a student in the Bachelor’s Degree in Behavioural Psychology program at St. Lawrence College. This four-year degree program is based on a behavioural framework, which has been demonstrated to be effective in developing positive skills with a wide range of individuals. Currently, I am completing an Applied Thesis that involves an intervention or project that I will summarize in a written report.

My project Motivational Interviewing; A Manual and Training Seminar to Aid Counsellors will include a two hour workshop/seminar on Motivational Interviewing, presentation of a manual outlining best practices of MI, two questionnaires of your knowledge of MI (to complete before and after the workshop), and a feedback survey for you to fill out about your perceived usefulness of the workshop/seminar and manual. This client-focused project will be developed in collaboration with you and the agency’s staff.

The potential benefits of participating in this project are possible increase knowledge of Motivational Interviewing techniques to apply with your clients. The risks of participating in this project are minimal. However boredom, or lack of any benefits to counsellors is possible. This project has been approved by the Ontario March of Dimes and by Terry Leclair, Senior Counsellor, and by the Research Ethics Board at St. Lawrence College. The intervention/project will be developed under the supervision of Marie-line Jobin, my supervisor from St. Lawrence College and in collaboration with Terry Leclair of the Ontario March of Dimes.

I would like your permission to implement the procedures described above. All information collected will be kept strictly confidential. The information will be coded and stored in a locked cabinet. Upon request, we will gladly share a copy of a brief report of the intervention. Participation in this project is voluntary and you may withdraw at anytime without incurring any negative consequences to your employment within the Ontario March of Dimes or future employment.

If you agree to participate in the project, please complete the form at the bottom of this letter and return it to me as soon as possible. A copy of this signed document will be given to you for your own records.

I sincerely appreciate your cooperation. If you would like to receive more information about the project or have additional questions or concerns, please contact my College Supervisor, Marie-line Jobin 613-544-5400 ext. 1112.

Sincerely,

Martin Nielissen
St. Lawrence College Student
100 Portsmouth Ave.
Kingston, Ontario K7L 5A6

I, ______________________, understand and consent to the following.

NOTE: all information identifying you will be removed from any reports to protect confidentiality

_____ I consent to participate in the project conducted by Martin Nielissen.

_____ I consent for the data collected as part of this project to be put in a report in the college library.
_____ I consent for the data collected as part of this project to be presented at a conference.
_____ I consent for the data collected as part of this project to be published in a peer reviewed journal or professional publication.

Counsellor Signature: __________________
      Date:__________________________

Printed Name: ____________________________

Witness Signature: ________________________
      Date:__________________________
Printed Name: ____________________________

SLC Student Signature: ____________________
      Date:__________________________
Printed Name: ____________________________
Appendix C

The pre and post test were both taken from a Justice System Assessment and Training (JSAT) workshop found at www.motivationalinterview.org/mint/MINT10_2.pdf. They are a United States based internation consulting firm that brings Evidence Based Practices (EBP) and performance measurement strategies to federal, state, and local correction agencies through system evaluation, training, and assessment and tool development services and cultures. They are located at 2450 Central Ave. Suite A-1, Boulder, CO 80303 | 877-572-8232 | 303-544-9876

MOTIVATIONAL INTERVIEWING TRAINING

PRE TEST/POST TEST

Name (please print):

Agency/Unit:

Phone:

Ethnicity (Circle): White    Black    Hispanic    Native American    Other

Gender (Circle): Male    Female

Age:

Today's Date:

Years of Education;   (High School = 12; BA = 16; etc.):

1) What is Motivational Interviewing?

2) The clinical technique most strongly associated with empathetic or active listening is:

a) Affirmations b) Summarizations
c) Open questions d) Magic questions
e) Reflections

3) For persons beginning to confront a need to change a significant maladaptive behaviour pattern, ambivalence is a very normal state:

true or false?

4) What are the four fundamental MI skills?

a. b.
c. d.
5) Provide an example of or stems for each of the four fundamental MI skills:
   a. 
   b. 
   c. 
   d. 

6) What are three of the principles of MI?
   a. 
   b. 
   c. 

7) The general rule for minimizing making people defensive through questioning is never ask
   more than (fill in the number) _____________ questions in a row.

8) How productive and what course an assessment interview takes is largely a function of:
   a) the skills of the interviewer  b) the attitude of the client
   c) the setting of the interview  d) at what stage the interview occurs

9) There is little, if any support for the notion that confrontive, judgmental techniques are
effective in treatment settings: true or false?

10) What are four traps that interviewers can fall into?
    a. 
    b. 
    c. 
    d. 

11) Name any four stages of readiness for behaviour change as described by Prochaska and
    DiClemente (1993(?)
    a. 
    b. 
    c. 
    d. 

12) What is self-efficacy?

13) What are the five levels of change talk clients can make?

14) Name two areas in which we can develop discrepancy with clients (e.g., between values):
15) Fill in the blanks with the name of the clinical skill that fits best:
   a) _____________________ are used to encourage the client to talk more.
   b) _____________________ let the client know that you are listening carefully & attentively to more than just the words they are using.
   c) _____________________ are used to clarify issues, highlight key aspects of the client's ambivalence and, sometimes to shift the focus of discussion.
   d) _____________________ are a direct method for eliciting change talk.
   e) A very efficient skill for helping someone explore their ambivalence about something is a ____________________
   f) ____________________ go a long way towards helping the client feel appreciated and respected.
   g) A good skill to use when it is becoming apparent that the client is shifting gears into a new stage of motivational readiness is a ____________________
   h) ________________ is one skill that really helps the interviewer from falling into the 'Question and Answer Trap'.
   i) A client showing symptoms of Reluctance Resistance might benefit from some brief ______________, but generally this particular skill won't do much to reduce defensiveness.
   j) Using ________________ are a positive way to assist clients showing Rationalizing Resistance become a little less stuck mentally.

16) What are the three different kinds of reflections useful when handling resistance?
   a. ___________________________________
   b. ___________________________________
   c. ___________________________________

17) Provide examples (or stems) for the reflections noted above:
   a. ___________________________________
   b. ___________________________________
   c. ___________________________________

18) Offering suggestions on ways the patient might improve is the best way to increase the patient's internal motivation. True or False
Appendix D
Participant Satisfaction Survey

Thank you once again for your participation in this study. It would be helpful to the researcher to see how this experience was for you. Please answer all the questions. Your honest feedback will be greatly appreciated.

Motivational Interviewing; A Manual and Training to Assist Counsellors

Please use the criterion below:

A=poor    B=marginally acceptable    C=satisfactory    D=good    E=excellent

How was your overall experience in participating in this seminar?

How well was the lecture presented?

How well was the slide presentation?

How well was the role play session constructed?

Rate the benefits to yourself of the slide presentation.

Rate the benefits to yourself of the lecture.

Rate the benefits to yourself of the role playing.

Rate the benefits to yourself of the overall presentation.
We need and appreciate your additional feedback on this training

Would you recommend this workshop to other vocational rehabilitation counsellors? Why or why not?

What were the strengths of this presentation?

What would you change to improve the overall workshop?
Appendix E

Table 1: Pre- and Post- Scores on the Motivational Interview Aptitude Test

<table>
<thead>
<tr>
<th>Individual Participants</th>
<th>Pre-Test (Out of 45)</th>
<th>Post-Test (Out of 45)</th>
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<th>Post-Test</th>
<th>Percent Increase</th>
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Appendix F

Table 2: Participant Satisfaction Survey Results: Individual Ratings
A=poor  B=marginally acceptable  C=satisfactory  D=good  E=excellent

<table>
<thead>
<tr>
<th>Participant</th>
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Totals of ratings answers.

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Motivational Interviewing
Case managers or counsellors working with clients undergoing a Labour Market Re-entry (LMR) program sponsored through Workers Safety Insurance Board (WSIB) have a responsibility to provide professional, empirically validated support to clients throughout their LMR. There is evidence that clients who suffer job loss may lack the motivation to successfully engage in job search programs, the final phase of LMR.

Prochaska and Di Climente (1993) identified five stages clients go through when attempting to change their behaviour; they are precontemplation, contemplation, preparation, action, and maintenance. These five stages are referred to as the stages of change model and are a key component in the theory that lies behind motivational interviewing.
Miller and Rollnick (2002) suggest that it is important for counsellors to recognize the stage of change a client is situated in, and to use this information to engage in Motivational Interviewing (MI) procedures to increase gains in program objectives. Motivational interviewing is defined as being a client centered method developed to teach counselors skills to enhance intrinsic motivation in clients.

MI is a set of skills designed to assist the client in identifying whether or not they need to change their behaviour, clarify their motivation for doing so, and provide information and support as well as alternative perspectives on the problem behaviour, and ways to change it (Miller, 1983). MI uses an internally directive approach of delivery that gives the client the responsibility to decide for themselves whether they should change their behaviour and how they should proceed, if desired.

Through research funded by the WSIB it has been discovered that more than half (51%) of injured workers were dissatisfied with the claims process. Many of the psychological hardships workers experienced, stress, depression, anger, and despair were a direct result of financial strain, stigmatization, lack of support, and social isolation.

In fact, the WSIB study concluded that the poor treatment and stigmatization of injured workers lead to anger, depression, and other negative life impacts. They recommended greater respect and preservation of worker dignity, and added support for rehabilitation and return to work.

To offer effective counselling, employment counsellors should be able to assess the emotional stage of the unemployed worker within the job loss process. It is essential for counsellors to be cognizant of the emotional toll unemployment can take and to recognize the symptoms of psychological distress that may keep their clients from fulfilling their job search goals effectively. An important key for this model is the belief that the counseling outcome can be improved when there is a match between the client’s stage of change and the type of counseling interventions offered (Prochaska & DiClemente, 1982).

Motivational Interviewing based on the principles of autonomy, collaboration and evocation is a complex set of clinical skills. The four basic principles of MI are: express empathy, support self-efficacy, roll with resistance, and develop discrepancy.

- **Express empathy** – Through skilful reflective listening the counsellor seeks to understand the patient’s feelings and perspectives without judging, criticising or blaming. An empathic counsellor seeks to build a working therapeutic alliance and supports the patient’s self-esteem, which further promotes change.

- **Develop Discrepancy** – discrepancy in motivational interviewing, has to do with the importance of change. Discrepancy may be triggered by an awareness of and discontent with the costs of one’s present course of behaviour. When behaviour is seen as conflicting with one’s health, success, family happiness change is more likely to occur. A goal of motivational interviewing is to develop discrepancy – to make use of it, increase it, and amplify it until it overrides the inertia of the status quo. The methods of motivational interviewing seek to accomplish this within the person. This often involves identifying and clarifying the person’s own goals. When skilfully done, motivational interviewing changes the person’s perceptions (of discrepancy) without creating any sense of being pressured or coerced.

- **Roll with Resistance** – resistance that a person offers can be turned or reframed slightly to create a new momentum toward change. In motivational interviewing one does not directly oppose resistance but, rather, rolls or flows with it. Rolling with resistance, then, includes involving the person actively in the process of problem solving.

- **Support Self-Efficacy** – this refers to a person’s belief in his or her ability to carry out and succeed with a specific task. Self-efficacy is a key element in motivation for change and is a reasonably good predictor of treatment outcome. A general goal of motivational interviewing is to enhance the client’s confidence in his or her capability to cope with obstacles and succeed in change. (I am not sure if this section is relevant here, keep it for now – we can discuss this later)

The overall goal is to increase intrinsic motivation, so that change arises from within rather than being imposed. The spirit of the method can be characterized in a few key points. Motivation to change is elicited from the client, and not imposed from without. It is the client's task, not the counsellors' to articulate and resolve his or her ambivalence. Direct persuasion is not an effective method for resolving ambivalence. The counselling style is generally a quiet and eliciting one. The counsellor is directive in helping the client to examine and resolve ambivalence. Readiness to change is not a patient trait, but a fluctuating product of interpersonal interaction. The therapeutic relationship is more like a partnership or companionship than expert/recipient roles. Motivational interviewing is intended to focus on motivational struggles, issues of change for which a person is not clearly ready and willing.

Motivational Interviewing: The Basics

OARS

Motivational Interviewing is an “empathic, person-centered counselling approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change.” (Kraybill and Morrison, 2007)

Open questions, affirmation, reflective listening, and summary reflections (OARS) are the basic interaction techniques and skills that are used “early and often” in the motivational interviewing approach.

Open Questions

- Open questions invite others to “tell their story” in their own words without leading them in a specific direction. Open questions should be used often in conversation but not exclusively. Of course, when asking open questions, you must be willing to listen to the person’s response.
- Open questions are the opposite of closed questions. Closed questions typically elicit a limited response such as “yes” or “no.” The following example contrasts open vs. closed questions. Note how the topic is the same, but the responses will be very different:
  Did you have a good relationship with your parents? Or What can you tell me about your relationship with your parents?

More examples of open questions:

- How can I help you with ___?
- Help me understand ___?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- When would you be most likely to ___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?

Affirmations

- Affirmations are statements and gestures that recognize client strengths and acknowledge behaviours that lead in the direction of positive change, no matter how big or small.
- Affirmations build confidence in one’s ability to change. To be effective, affirmations must be genuine and congruent.

Examples of affirming responses:

- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That’s a good suggestion.
- If I were in your shoes, I don’t know if I could have managed nearly so well.
- I’ve enjoyed talking with you today.

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationships, building trust, and fostering motivation to change. Reflective listening appears easy, but it takes hard work and skill to do well. Sometimes the “skills” we use in working with clients do not exemplify reflective listening but instead serve as roadblocks to effective communication. Examples are misinterpreting what is said or assuming what a person needs.

It is vital to learn to think reflectively. This is a way of thinking that accompanies good reflective listening. It includes interest in what the person has to say and respect for the person’s inner wisdom. Listening breakdowns occur in any of three places:

- Speaker does not say what is meant
- Listener does not hear correctly
- Listener gives a different interpretation to what the words mean

Reflective listening is meant to close the loop in communication to ensure breakdowns don’t occur. The listener’s voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client’s flow. Some people find it helpful to use some standard phrases:

- So you feel...
- It sounds like you...
- You’re wondering if...

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation. Examples of the three levels include:

- **Repeating or rephrasing**: Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said.
- **Paraphrasing**: Listener makes a restatement in which the speaker’s meaning is inferred.
- **Reflection of feeling**: Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening. Varying the levels of reflection is effective in listening. Also, at times there are benefits to over-stating or under-stating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points, for example, after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end. Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards change.

Structure of Summaries

1) Begin with a statement indicating you are making a summary. For example:
   Let me see if I understand so far...
   Here is what I've heard. Tell me if I've missed anything.

2) Give special attention to Change Statements. These are statements made by the client that point towards a willingness to change. There are four types of change statements, all of which overlap significantly:
   Problem recognition: "My use has gotten a little out of hand at times."
   Concern: "If I don't stop, something bad is going to happen."
   Intent to change: "I'm going to do something, I'm just not sure what it is yet."
   Optimism: "I know I can get a handle on this problem."

3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: "On the one hand..., on the other hand..."

Defensiveness

- What are some things we can do to decrease people's defensiveness?
- Reinforce comments with reflections, summarize ambiguous comments and affirm and highlight comments that refer to:
- Reducing overall amount of questions (no more than three in a row if possible)
- Increasing the amount of variation in skills beyond monotonic use of questions
- Placing emphasis on affirmations
- Using more open than closed questions.

Empathy

- Without accurate empathy, one can go no further in learning MI. Thus, the importance of understanding and practicing Reflective Listening (conveying empathy) and OARS.

Traps to Avoid – What not to do !!!

The Question/Answer Trap

› Because of the need for specific information, or because of initial interview anxiety, counselors can fall into a pattern of asking many questions in a row to which the client offers only "yes" or "no." This can increase defensiveness in clients, as they feel interrogated. It can also place them in the passive role of a responder with no perceived self-efficacy in the process of change. Having clients complete surveys before the meeting, or interspersing reflections between strings of questions can help with this trap.

The Premature Focus Trap

› Sometimes the counsellor's opinion about which issue should be the client's primary focus differs from the client priorities. It is key to avoid struggles about the proper topic for early discussion because the client may be put off and become defensive. Starting with the issues that are the client's main concerns reduces resistance and often eventually leads back to the topic that concerns the counsellor.

The Expert Trap

- When a counsellor comes across as having all the answers because they want to help "fix" the client’s problem, clients can become passive recipients, discouraged from the main MI goal of exploring and resolving ambivalence for themselves. MI should be about collaborating with the client, not instilling the "solution" into them.

The Labeling Trap

- Often, counsellors want to insist that the client accept a diagnostic label. Perhaps the counsellor wants control or, in family situations, it may be judgmental. Labels can make clients feel stigmatized or cornered, evoking dissonance that can descend into side-taking and hinder progress toward change.

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Eliciting Change Talk:

**Importance–Confidence ruler.**
One of the methods to elicit change talk is using the Importance–Confidence ruler. For example, when asked, "On a 0–10 scale, how important is it for you right now to Start a portfolio," a client may say, "About a 6." A follow up question might be, "What keeps it from being a 9?" This question will elicit some statements about the importance of changing the behavior.
After asking how confident the client feels about changing the behaviour a follow up question may be, "What would it take for you to get to a 10?"
Remember that the ruler must be focused on whatever the target behavior is, i.e. how important is it for the client to change the target behavior.

**Querying**
Querying extremes asks questions such as, "What is the worst thing that would happen if you did change this behavior," and "What is the best thing that could happen if you did?" Or, "If changing this behavior went miraculously well. what would it look like?"
Looking forward
Looking forward asks clients to imagine what their life would look like (related to the target behavior) two years from now; looking back involves asking what the client's life looked like when things were the way s/he wanted them to be.

Open Questions
Some open questions can be asked in such a way that the client ends up providing reasons against change. For example, "What keeps you from making this change" causes the client to think up inability to change statements. Evocative questions should provide the client an opportunity to make statements in support of change. Evocative questions relate to the target behavior and elicit change talk.

Handling Resistance
- Simple reflection
- Amplified reflection
- Double-sided reflection
- Shifting focus
- Coming Alongside
- Agreement with a twist
- Reframing
- Emphasizing personal choice/control
- Disclosing feelings

DOUBLE SIDED REFLECTION
- A double sided reflection reflects both sides of the ambivalence. A stem for double sided reflections is, “On the one hand… on the other hand…” Some key elements to a double-sided reflection are: a) it is a reflection (a statement); b) that reflects BOTH sides of the ambivalence. It is difficult to use a double sided reflection if only one side of the argument is being presented.

SIMPLE REFLECTION
- Generally, the strategy is to respond to resistance with non-resistance. Simply acknowledging what clients say allows them to further explore the behavior in question, rather than the resistance itself. This kind of acknowledgement can be categorized as a simple reflection, similar to what was covered in OARS.

SHIFTING FOCUS COMING ALONGSIDE
- "Shifting Focus involves bypassing the topic that the client is resisting, rather than confronting it, i.e. changing the subject. In Coming Alongside, or siding with the negative, the practitioner acknowledges that the client may indeed decide not to change their behavior. In order to resist or oppose the practitioner, therefore, the client must begin to argue in favor of movement toward behavior change. " It sounds like the pros of using still far outweigh the cons. So it may be that you decide smoking is something that you don't want to give up" “We've talked about what other people say about your drinking; let's now talk about what you think.”

**AGREEMENT WITH A TWIST**
Agreement with a Twist is a reflection followed by a reframe. It begins with agreeing with what the client says and ends with a slight twist or change in direction. A reframe offers a different meaning or interpretation of what the client is saying. Reframes are particularly powerful when they show how an accepted behavior might be considered risky, or show clients that something they see as a weakness might be reframed as a strength.

**EMPHASIZING PERSONAL CHOICE/CONTROL**
This strategy puts the responsibility for change on the client by emphasizing that what they do is really their choice. It is an empowering strategy that supports the client's self-efficacy. Eg., "It really is your choice about what you do in this situation." "No one can make you do this. The decision is yours." 

**DISCLOSING FEELINGS.**
When stuck with a resistant client, sometimes simply acknowledging that as the practitioner you feel stuck helps normalize the situation and creates potential for some movement. Eg.,

To the Employment Counsellors of the Ontario March of Dimes

In no way do I want any of you to feel judged by myself or any aspects of my presentation or contents of the seminar or manual. Getting to know you personally and eavesdropping, it’s a small office, I have great respect for your work ethics and capabilities. However I do have an agenda of my own. I chose Motivational Interviewing because I truly believe motivation is the key to success in almost every aspect of life, but especially for those involved in circumstances such as LMR. I don’t know how much training in MI that any of you have had and also don’t know if you believe in its efficacy. In fact, that’s not important, since knowledge and practice can never be overly saturated. You can choose to use this information or not but I hope it will broaden your perspectives a little bit.