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# Introduction to Motivational Interviewing: A Way of Being

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**DAP**  
Drug Advisory Programme



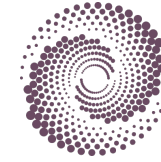
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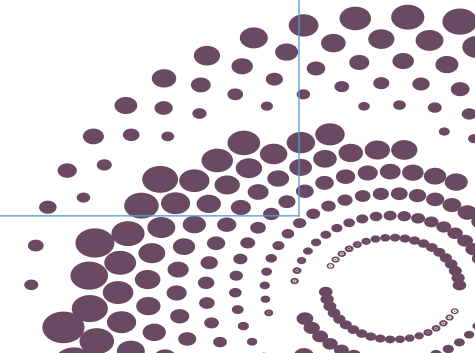


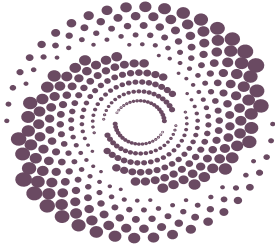
# Training Agenda



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Topics	Content
<b>1 Introduction to Motivational Interviewing (MI)</b>	<ul style="list-style-type: none"><li>• What is Motivational Interviewing?</li><li>• Spirit of Motivational Interviewing</li><li>• 5 Principles of Motivational Interviewing</li></ul>
<b>2 Counselling Skills (OARS)</b>	<ul style="list-style-type: none"><li>• Basic Counselling Skills in Motivational Interviewing (OARS): Open-ended questions, Affirmations, Reflections, Summaries</li></ul>
<b>3 Strategies to Engage in MI</b>	<ul style="list-style-type: none"><li>• Opening/Lifestyle strategies to engage client</li></ul>





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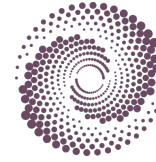
# Topic 1

## Introduction to Motivational Interviewing (MI)

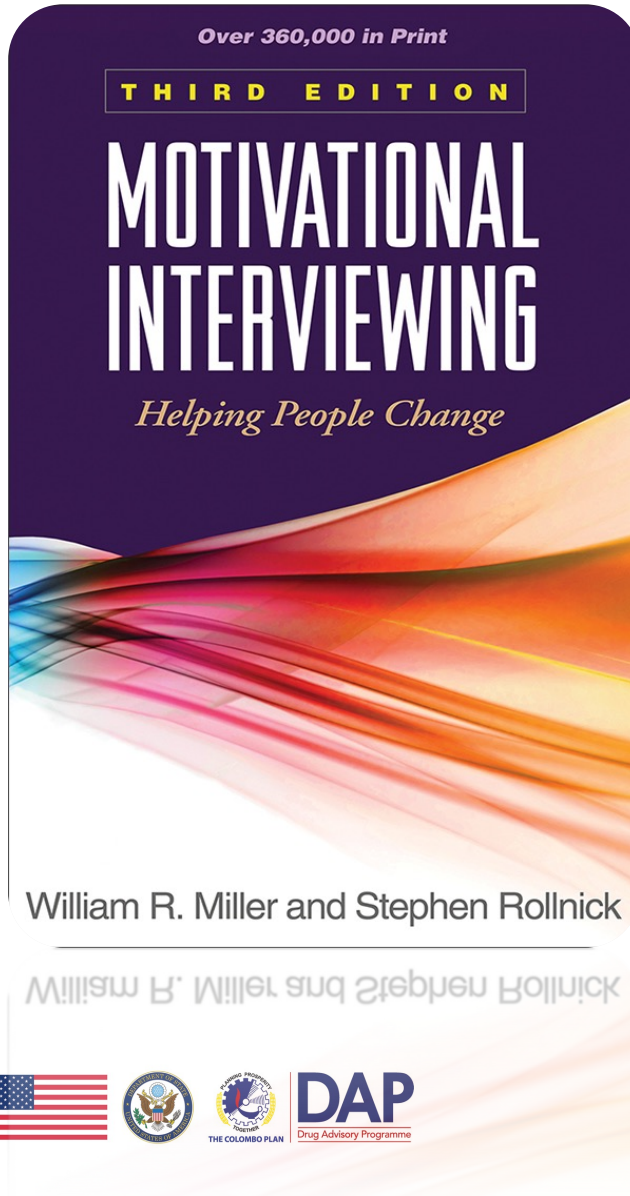




# Motivational Interviewing is defined as:



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*“A collaborative, conversation style for strengthening a person’s own motivation and commitment to change.”*

*William Miller & Stephen Rollnick- 2013*



# What is MI?



- Draws heavily on basic **person-centred counselling** skills.
- Aims to alter client's view of **costs** and **benefits** of continued alcohol or drug use in a non-confronting way, while motivating them toward change.



# Why is MI so popular? (1)



- **Efficacy:** It's been well-established as an evidence-based approach in promoting effective behavior change across various areas such as addiction, healthcare, mental health, and more.



# Evidence-based approach



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motivational interviewing



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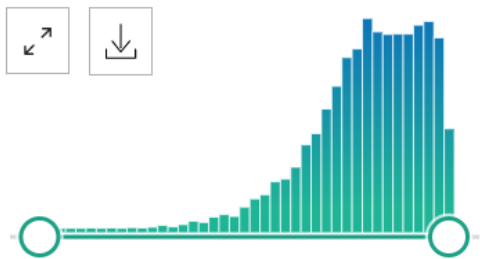
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RESULTS BY YEAR



1984

2024



**[Motivational interviewing with alcohol-dependent patients].**

1 Spaeth M, Bleich S, Hillemecher T.

Cite Fortschr Neurol Psychiatr. 2017 Sep;85(9):549-565. doi: 10.1055/s-0043-115216. Epub 2017 Sep 7.  
PMID: 28881363 Review. German.

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**Motivational interviewing** with alcohol-dependent patients Alcohol-dependent patients do not need to be motivated from the outside. ...The conversation style is directive-guiding instead of authoritariansteering. OARS and the EPE principle are the **motivational** ...



# Why is MI so popular? (2)



- The client-centered and non-confrontational approach is **appealing to clients.**
- **Compatibility with Different Fields:** Motivational interviewing can be adapted and applied in various settings, including healthcare, counseling, social work, education, and corrections and can be combined with various other modalities such as CBT, etc.



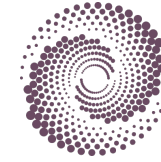
# Why is MI so popular? (3)



- **Ease of use/task-sharable:** practitioners can learn and develop specific skills and is task-sharable with a wide range of para-professionals.
- Overall, the combination of **effectiveness, flexibility,** and **client-centered** approach has contributed to motivational interviewing's popularity as an intervention in behavior change.



# The MI difference



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## Informative/Coercive Model

Give expert advice

Try to persuade

Repeat the advice

Represent authority

Move quickly

## Motivational Interviewing Model

Stimulate own motivation

Try to listen and understand

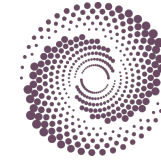
Summarize the points of view of the client

Promote collaboration

Proceed step by step



# The MI Approach



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Grounded in a **respectful stance** with a focus on building rapport in the initial stages of the therapeutic relationship.

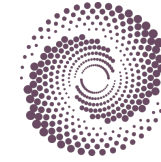
Centred around identifying, examining, and resolving **ambivalence** about changing behaviour.

Client's ambivalence about change is the ***core of the intervention***





# Ambivalence



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Ambivalence (feeling **two ways** about change) is seen as a natural part of the change process.

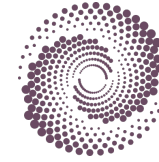


The skillful MI practitioner is attuned to client's ambivalence and 'readiness for change'.



# The 'spirit' of MI

- More than the use of a set of technical interventions
- Characterized by a particular '**spirit**' or a '**way of being**' which is the context or **interpersonal relationship** within which the techniques are employed



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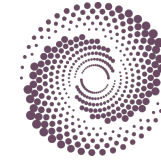
# A way of being



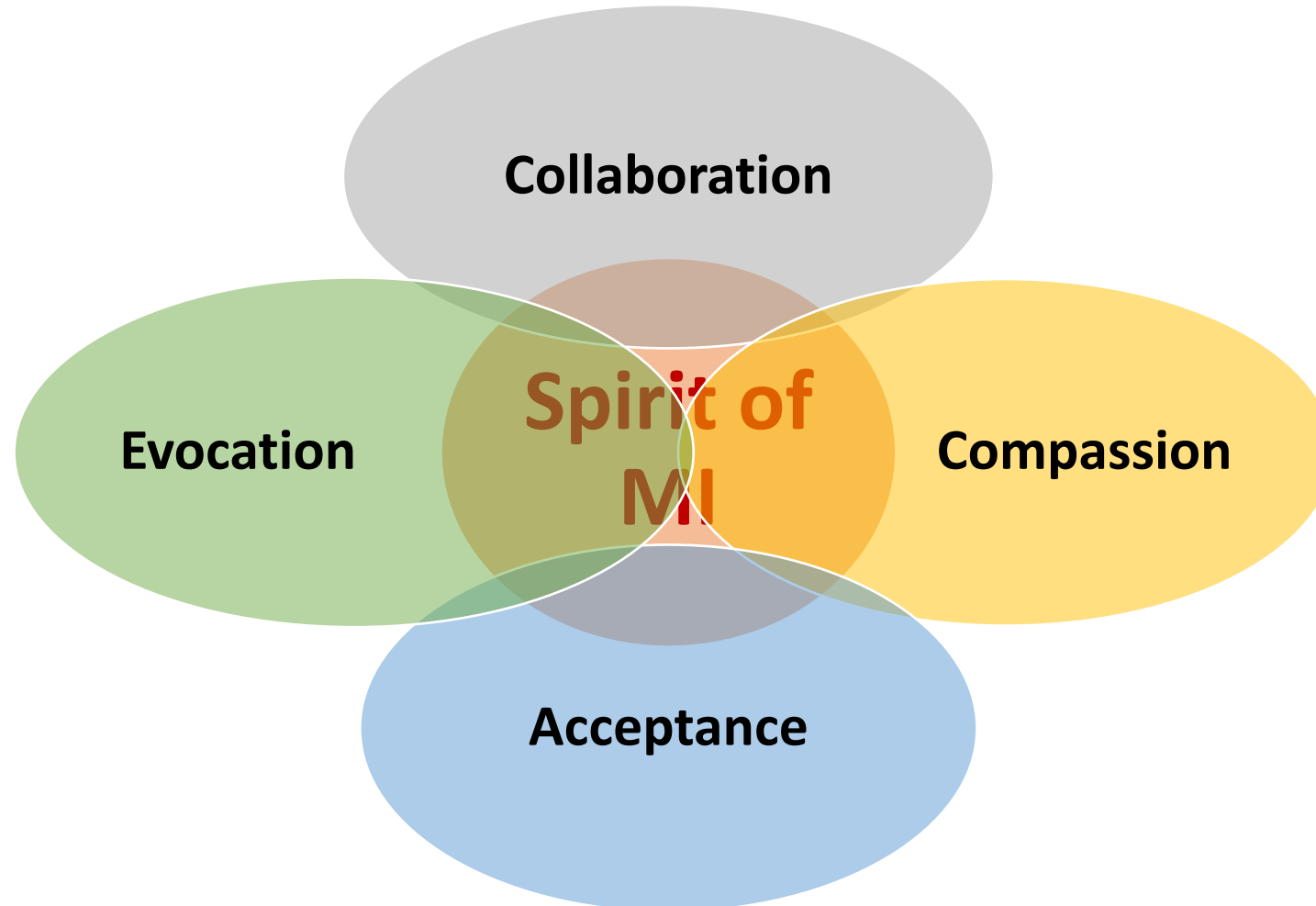
- An MI practitioner making use of the correct strategies without embodying the **spirit of MI** may still fail to engage the client.
- Clients respond to **WHO** you are and **HOW** you engage with them as much as they respond to **WHAT** you do.
- We embody the spirit of MI by adhering to four key elements.



# The Spirit of MI: Four Key Elements



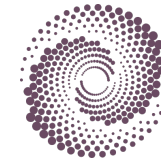
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# The Spirit of MI: Four Key Elements

## 1/4 Collaboration (vs. Confrontation)



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Partnership between you and client.

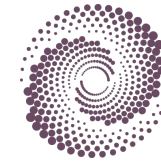
Grounded in the point of view and experiences of the client.

Contrasts with some other approaches to dealing with substance use and other behaviours



# The Spirit of MI: Four Key Elements

## 2/4 Acceptance



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Acceptance in the context of MI is divided into four key points:

Absolute worth:

understanding the dignity of the client

Autonomy and support:

client is ultimately responsible for change

Affirmation:

pointing out the positive in the client

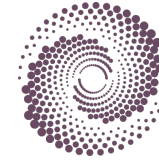
Accurate empathy:

A core skill. Trying to understand what's going on in the client's life



# The Spirit of MI: Four Key Elements

## 3/4 **Evocation**



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**Evocation refers to drawing out, rather than imposing ideas.**

This is about drawing out the client's own thoughts and ideas, rather than imposing your own opinions.

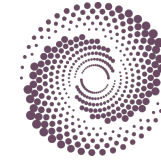
Motivation and commitment to change is most powerful and durable when it comes **from the client.**

Your job is to 'draw out' the client's own motivations and skills for change, **NOT** to tell them what to do or why they should do it.



# The Spirit of MI: Four Key Elements

## 4/4. Compassion



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Working with clients in a way that is

- non-judgemental,
- non-blaming,
- non-shaming and striving to be as empathic as possible.

Trying to understand what this problem is like for the client and what it means for them

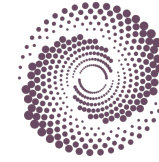
Thereby helping them find acceptance of what is going on or to move onto a different place regarding their issue (s)





# Responsibility for change lies with the client & not the practitioner

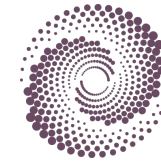
- Guiding style
- GPS



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# 5 General principles of motivational interviewing



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1. Express empathy
2. Develop discrepancy
3. Avoid argumentation
4. Roll with resistance
5. Support self-efficacy



# 1. Expressing empathy

- Empathy involves seeing the world through the client's eyes.
- Thinking about things as the client thinks about them and sharing in the client's experiences.
- Provides the basis for clients to feel heard and understood.



## 2. Developing discrepancy



- Motivation for change occurs when people perceive a mismatch between where they are and where they want to be. This creates an **internal conflict**.
- MI works to develop this by helping the client examine the **discrepancies** between their current circumstances/behaviour and their values and future goals.
- Utilize internal conflict by amplifying discrepancies so that it **overrides** current behaviour and creates internal motivation for change.

# 3. Avoiding argumentation



- Confrontation and arguments will lead to resistance and defensiveness.
- Gentle persuasion and respect is the key.



# 4. Rolling with resistance



- Resistance occurs when a client experiences **conflict** between their views and that of the practitioner.
- When the client experiences their freedom or autonomy being infringed upon.
- Avoid eliciting resistance by **not confronting** the client when resistance occurs and allow such statements/behavior to **remain unchallenged** especially early in the therapeutic relationship.





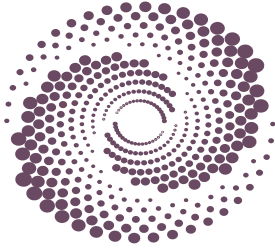
# 5. Supporting self-efficacy



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- MI is a **strengths-based approach** that believes that clients have within themselves the capabilities to change.
- A client's belief that change is possible (self-efficacy) is needed to instil **hope** about making those difficult changes.
- Self-efficacy is supported by focusing on previous successes and highlighting skills and strengths that the client already has.





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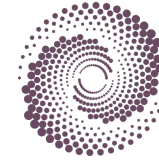
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## Topic 2

### Counselling Skills (OARS)



# Basic Counselling Skills

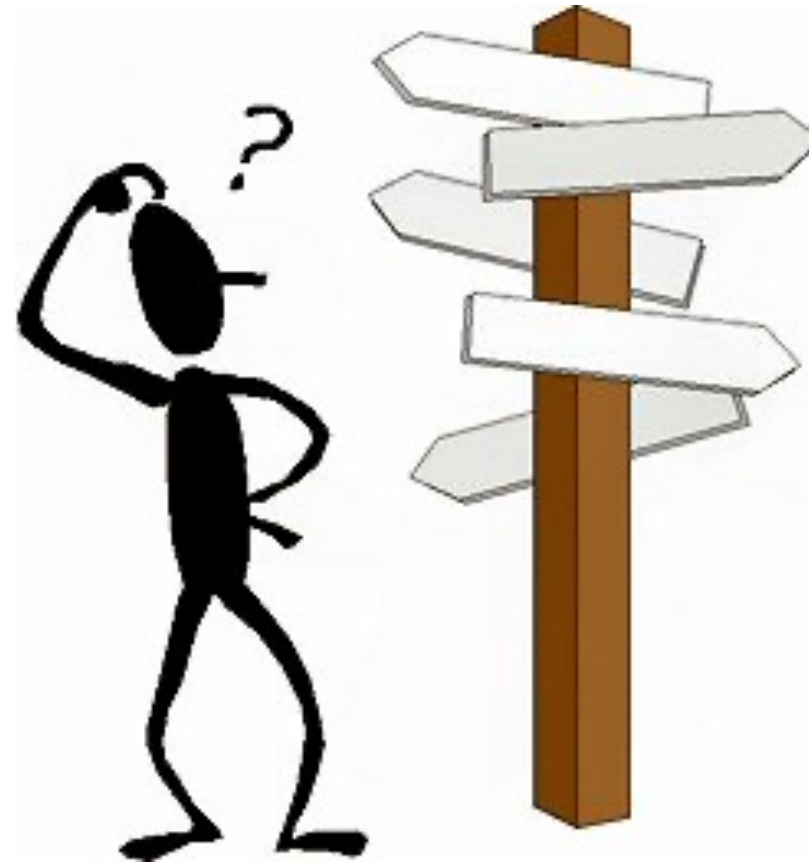


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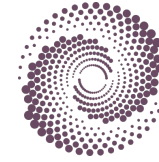
- Requires a combination of many different skills all of which need to be used

**AT THE SAME TIME!**

- Therefore, can be confusing...



# Establishing rapport



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Clients need to feel safe

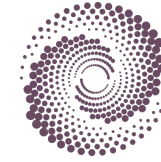
May take time and need to be reworked

Therapeutic alliance is essential to facilitate change

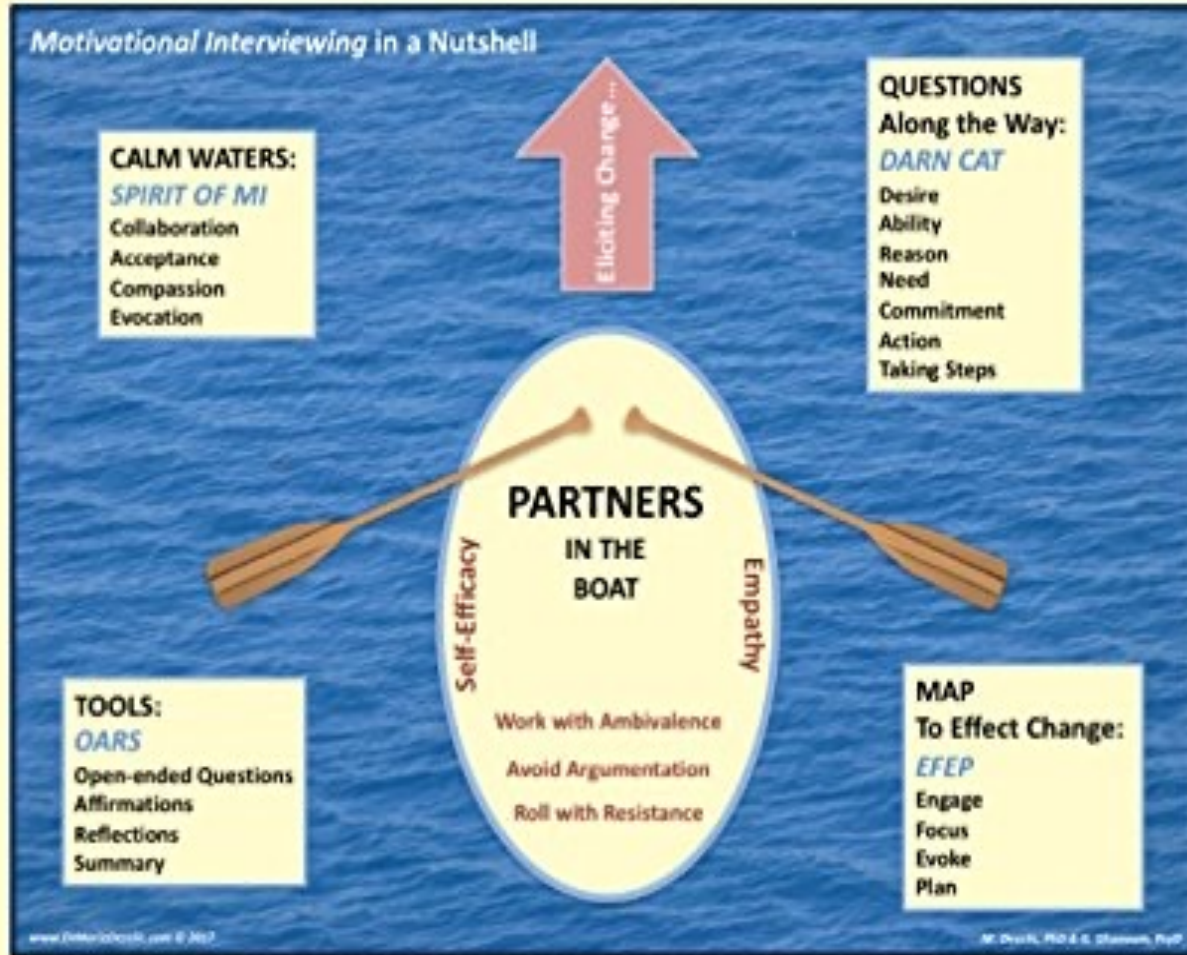
Use your basic counselling skills to **ENGAGE** clients in the MI process



# OARS



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➤ Open-ended questions

➤ Affirmations

➤ Reflections

➤ Summaries



# OARS: 1/4 **Open-ended questions**



Invites **elaboration** and thinking more deeply about an issue.

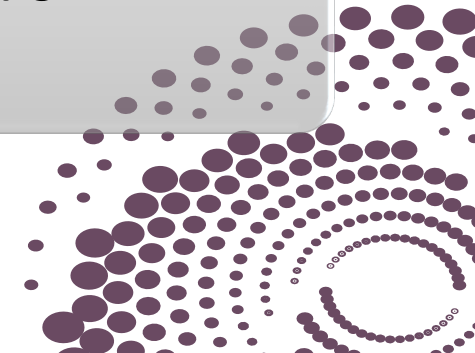
Creates forward momentum used to help the client explore the reasons for and possibility of change.

- “What brings you here today?”

As opposed to **closed-ended questions**

Requires a short answer (usually ‘yes’ or ‘no’) and limits the person’s options for responding.

- “You’re here to talk about your drinking, is that right?”





# OARS: 1/4 Open-ended questions

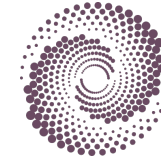


## Closed vs Open ended questions

- Do you feel that you have a drinking problem?
- Is it important to you to complete this programme successfully?
- Do others believe you have a drinking problem? What do others believe about your drinking?
- What problems has your drinking caused you?
- How important is it for you to complete this programme successfully?
- What do others believe about your drinking?



# OARS: 2/4 **Affirmations**

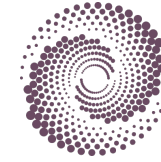


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- Statements that recognize **client strengths**.
- Assists in building rapport and helping the client see themselves in a different, more positive light.
- Helps clients feel that change is possible even when previous efforts have been unsuccessful
- Key element in facilitating and **supporting self-efficacy**.



# OARS: 2/4 Affirmations



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- Client: “It was a difficult week, but I gave it my all. I really tried hard not to drink”
  - *Counsellor: “You really tried hard this week”*
- Client: “I called a few people this week about a job, about 3 people I think.”
  - *Counsellor: “So you made 3 calls about possible jobs this week. Well done!”*



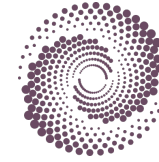
# OARS: 3/4 Reflection



- Reflection is the most crucial skill in MI.
- Purpose is to bring to life the principle of expressing **empathy**.
- By careful listening and reflective responses, the client comes to feel that the therapist understands the issues from their perspective.



# OARS: 3/4 Reflection



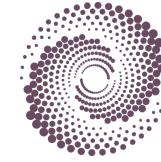
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## Simple Reflection

- Adds little to what the person said.
- Usually repeating or slightly rephrasing what was said.
- Client: “I’m feeling pretty depressed today.”
  - *Counsellor: “You’re feeling depressed”*
  - *“You’re feeling kind of down”*



# OARS: 4/4 Summaries



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Special type of reflection

Therapist recaps what has occurred in all or part of the counselling session(s).

Communicates interest, understanding, and calls attention to important elements of discussion.

May be used to shift attention or direction and prepare the client to 'move forward'.





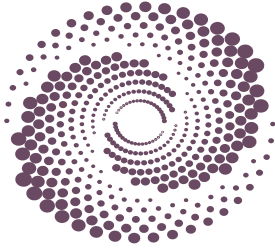
# OARS: 4/4 **Summaries**



## Summaries can:

- Highlight both sides of a client's **ambivalence** about change and
- Promote the development of **discrepancy** by **strategically selecting** what information should be included and what can be minimized or excluded.





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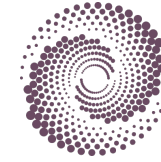
## Topic 3

### Strategies to Engage in MI



# Evocation Strategies/Topics

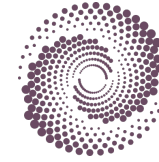
(Astolfi & Evans, 1997)



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1. Opening strategy: lifestyle, stresses and substance abuse
2. Opening strategy: health and substance abuse
3. A typical using day/session
4. Pros and cons of substance use
5. Providing information
6. Future and present
7. Exploring concerns
8. Helping with decision making





# Evocation: Strategies

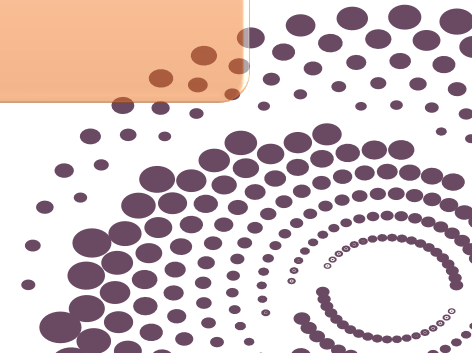
## Opening strategy: Lifestyle, Stresses and Substance use

Discussing lifestyle and stresses.

Then raise issue of substance use with open question:

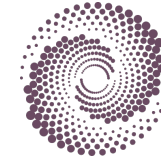
- ‘Where does your use of alcohol fit into your life?’

Gives practitioner an understanding of context.



# Evocation: Strategies

## Opening strategy: Health and substance use



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Especially helpful when client's health is being affected by substance use.

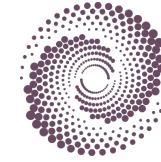
Enquiry about general health followed by an open question:

- 'How does your use of alcohol affect your health?'



# Evocation: Strategies

## A typical using day



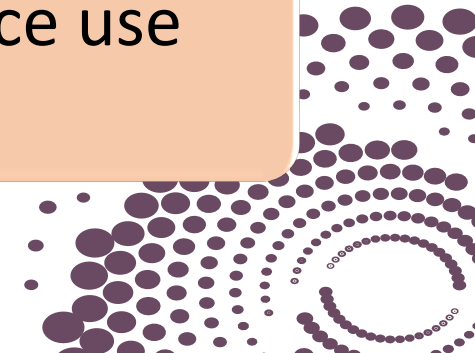
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### Main strategy:

- Builds rapport in non-judgemental framework
- Assess readiness for change
- Gathering valuable assessment information

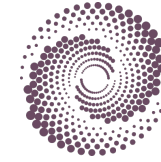
‘Tell me about last Friday night/last weekend. At what time did you start drinking? How did you feel after that? Then what happened?’

Aim to raise client’s awareness of relationship between substance use and what else is happening in their lives.



# Evocation: Strategies

## Pros and cons of the harmful behaviour



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Start by asking about the good things and then move to the not so good things.

Summarise both pros and cons – write them down in columns.

Avoid using words like ‘problems’ or ‘concerns’ – don’t assume that these are a problem for the client.



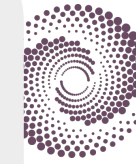


# Video demonstration



- Pre-contemplative session with Lunga





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