

Motivational Interviewing as an Advising Tool

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Introduction

Motivational interviewing (MI) is a technique designed to help students and others change a specific health behavior such as alcohol use. William Miller (1983) is given credit as the first person to describe MI as a counseling technique. MI is client-centered as opposed to clinician-centered. The focus is on helping students arrive at the conclusion that they need to change a behavior. These behaviors may be reducing their alcohol use, stopping smoking, increasing exercise, changing dietary habits, decreasing risk for STDs, etc. In academic advising the behavior change may be related to studying more, more classroom engagement, attending classes, or asking for help (tutoring).

MI is similar to many of the basic skills taught in doctor/nurse/social work training on basic patient communication. Many elements of MI are identical to what physicians, nurses, social workers, and other health care professionals have used for centuries to convince patients to take their medications, change a health behavior, or follow through on completing a test or procedure.

MI is based on a number of assumptions. These assumptions include: a) the theory that most people move through a series of steps prior to changing their behavior; b) change comes from within rather than from without; c) confrontation and negative messages are ineffective; d) knowledge alone is not helpful; and e) reducing ambivalence is the key to change. This is an active area of research in which all of these assumptions are being studied and tested. While there is much to learn about its effectiveness with college students, many clinicians have found that skill in MI techniques enhances the delivery of brief intervention.

What is Motivational Interviewing?

—Miller (1995) defines MI as follows:

"Motivational interviewing is a directive, client-centered counseling style of eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-directive counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal."

MI is a way to help students recognize they have a problem and need to make a change. Many students seeking care in a student health center are already concerned about their drinking, tobacco use, or some other behavior. They just don't know where to start. MI attempts to "unstick" students, so they can begin to change. MI techniques create an openness and readiness to change. Some students will change after one or two MI encounters, while others may require more intensive counseling. In advising, students may need more frequent visits than once a semester to see change.

Key Elements of Motivational Interviewing in Relationship to Advising

1. Express Empathy

Empathy is based on respect, an acknowledgement of the student's perspective, and acceptance of the student's point of view. The clinician tries to understand without criticizing, judging, or blaming. Reluctance to give up a behavior such as high-risk drinking is a normal psychological process. It is not pathological. However MI does not give the student permission to continue his/her high-risk behavior. Acceptance of a student's position is not the same thing as agreeing with the student's position or condoning academically at risk behaviors. The next principle is designed to change the student's position by developing discrepancy.

2. Develop Discrepancy

Many students understand their behaviors are having an adverse effect on many aspects of their lives. They understand they are at risk for academic problems or failing out of school. While they choose other behaviors that are not conducive to academic success, they also recognize things like not receiving the grades they hoped on assignments and tests. Discrepancy seeks to amplify, intensify, and accentuate these negative thoughts and ambiguous feelings about their academics. Discrepancy tries to help students set personal goals such as academic success, health, and strong personal relationships above their desire to choose risky behaviors. MI tries to identify specific examples of how the poor academic behaviors resulted in an experience that conflicted with the students' personal goals, values, and internal beliefs about themselves.

3. Avoid Argumentation

Direct argumentation often evokes resistance and hardening of the student's position. MI uses low-key persuasion. MI tries to start from the student's position and to work from that point. Strong statements such as - "You are in denial." or "You are horrible student." - often lead to an increase in student resistance. From a harm-reduction paradigm, advisers will help more students change their study habits by spending two minutes with 10 students using MI techniques than arguing with one student for 20 minutes.

4. Roll with Resistance

Jay Haley, who is an expert on family therapy, coined the term "psychological judo". As with judo and martial arts, one can use a student's own momentum to move them into a fall or a different position. MI can move students such that they say, "How did I get here?" Reluctance to change is acknowledged by the adviser as normative, based on the students' perception of their academic habits and the habit's relationship to academic performance.

5. Support Self-Efficacy

A fifth MI principle is self-efficacy. Students need to believe they can change and successfully increase their positive academic habits. Hope and faith are important elements of change. Clinicians can use positive statements to facilitate the sense that students can alter their behavior. The other element of self-efficacy is taking personal responsibility for change.

MI Techniques

- **Use open-ended rather than closed-ended questions.**
 - *"Tell me about your studying."*
 - *"What concerns do you have about your study skills?"*
 - *"How can I help you with your studying?"*
- **Use affirmative statements** in order to gain students' trust and confidence.
 - *"You are very courageous to be so revealing about this."*
 - *"You've accomplished a lot in a short time."*
 - *"I can understand why not studying gives you more free time."*
- **Use reflective listening** to focus on students' concerns and ambivalence toward their academic performance.
 - *"I hear you."*
 - *"I'm accepting, not judging you."*
 - *"Please say more."*
- **Use summary statements.**
 - *"What you said is important. I value what you say. Here are the salient points."*
 - *"Did I hear you correctly?"*
 - *"We covered that well. Let's talk about ..."*
- Elicit self-motivational statements - these statements fall into four categories.
 - Problem recognition - *"I never realized how little I am studying." "Maybe I have been making foolish choices."*
 - Expression of concern - *"I am really worried about my grades and how lack of studying may be affecting them."*
 - Intention to change - *"I don't know how but I want to try."*
 - Theme about optimism - *"I think I can do it. I am going to overcome this problem."*

Additional points that may be helpful to advisers utilizing MI:

1. The primary goal of MI is to **resolve ambivalence and resistance** and move students into a commitment to change their alcohol use.

Move student from the following position:

"I am not interested in increasing my time studying. I already study more than my friends." "I see no reason to change my schedule. Having fun is part of the college experience. I am not having problems so why should I study more?"

To:

"If I start studying more I will feel better about my grades and maybe do better in school. However I am not sure what my friends will think. I am not sure how I can have fun if I study more."

To:

"Maybe I do play too much. I will try to cut down on my fun. How much do you think I should be studying?"

2. Motivation to change is **elicited from the student from within**. It is not imposed from without. MI does not involve the use of external threats.

Provider statements not based on MI:

"If you don't stop having fun and not studying, you will be expelled."

"If you don't bring up your grades, you will lose your scholarship."

"If you don't raise your GPA, you will never get into graduate school."

"If you don't start studying, you will turn into a college dropout."

3. In MI, the advisers are not passive agents or mirrors. They direct and facilitate change with a number of methods. Advisers utilize **empathy, summarization, reflective listening, and other techniques**. MI is not 100% adviser-directed or 100% student-centered but rather someplace in between. It is meant to be interactive, with both sides giving and taking. In this way, it is similar to developing a relationship based on mutual respect, trust, and acceptance.
4. MI **avoids arguments, coercion, and labels**. While an adviser using MI techniques may not agree with a student, he/she respects the student's perspective. An adviser can disagree. For example:

Student: *"I don't think my grades are bad or that I need to study more."*

Adviser: *"John, I have to respectfully disagree. You had a very poor GPA after you didn't study last semester. You are not doing well in your classes. Your parents are upset. I am not sure how serious things are, but I think you should consider how your academic habits are contributing to these problems."*

5. MI **does not use negative comments** or scare tactics. MI reframes consequences and negative aspects of student behavior. Here is an example of adviser statements that use MI techniques:

"The grade report you submitted today suggests that you are attending classes. Based on the professor comments, it sounds as if you are not performing well on tests. Your previous semester says you also struggled with grades. How about telling me how you prepare for tests and review materials for each class, related to the grades you are receiving?"

6. MI insists that **students take an active role** in the decision to change their academic habits.

Adviser: *"Only you can decide to increase the number of hours you are studying. This is your decision. I am here to help support you academically and hopefully prevent you for being placed on academic probation or failing classes you need to progress towards your degree. What do you think about increasing your study time by 4 hours a week for two weeks and see how that affects your grades?"*

7. MI is not necessarily used when advisers conducts a brief intervention such as a advising in the middle of priority registration. While the most effective way to conduct brief intervention (BI) is to utilize MI techniques, BI can be 100% adviser-directed. Adviser-directed BI does, however, appear to be less effective with students. The following is an example of a 100% adviser-directed scenario.

An example of brief intervention without the use of MI principles: "John, you aren't studying enough. This is bad for you. It will affect your grades and you may have to withdraw from school. You may not be able to get a job. As your adviser, I am recommending that you study 3 hours extra each day and go and ask your instructors for practice tests and visit them once a week."

This type of interaction is adviser-directed; it does not take into account the student's readiness to change or other factors (e.g., untreated depression, anxiety, tobacco addition, other drug use, or stress) that may make change very difficult for John.

8. MI is not the same as cognitive behavioral therapy (CBT). CBT is designed to teach skills. MI is designed to deal with ambivalence. If necessary, CBT can occur after MI has convinced students they need to change their behavior (for severe cases where a student has other factors influencing their academic performance). CBT offers very specific strategies students can use to successfully change their behaviors. However, in order to use CBT, a student must first be motivated to change.

References

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Asking Powerful Questions

Why Do We Use Questions?

- Gather information we might not have gotten otherwise
- Develop rapport
- Allow the individual to go deeper inside to help clarify what the real issue is
- Keeps individual focused on the solution
- Offers a possible new perspective
- Stimulate answers/possibilities
- May result in a greater focus about an issue
- Honors client and empowers them. (They know the answers)
- Stimulate creativity

The Elements of Powerful Questions

In order for a question to be powerful, it should:

- Open the individual up to possibilities
- Not presume an answer
- Promote deep thinking
- Be in positive terms
- Be delivered in an appropriate tone of voice

It is important that questions are not leading. The Coach needs to be in a centered place in order for this to happen.

1. Stay in the present – don't anticipate what to say next or to hand out the solution.
2. Listen without judgment
3. Don't be attached to the outcome
4. Be more concerned about the person's experience than the details and the drama of the situation at hand
5. Work from the assumption that our natural state is curious
6. Know that being wrong is a blessing in disguise and a learning opportunity
7. Support the individual to see their own answer instead of giving them your answer

Types of Questions

"How"

- How can I support you on achieving that goal?
- How would things be different for you if you...
- How would someone with that skill...

“What”

- What changes do you need to make in your schedule to make room for this important goal?
- What would it look like if you were to not be so stressed?
- What resources do you need in order to make this work?

“Who”

- Who do you need to be in order to reach that goal?
- Who can best support you as you work on this?
- Who do you know who has achieved this before?

Disempowering Questions

- Often begin with “Why” – (do not ask these)
- Point to a Yes or No answer and can be leading or directive
- Imply that the individual is wrong, incapable or lacking
- Shut down the person – puts them on the defensive
 - “Why didn’t you complete that project like you said you would?”
 - “Why is this difficult for you to understand?”
 - “Why don’t you just tell him ‘No’?”

Sample Questions

- How should I coach you now?
- Whom do you most admire that does what you’d like to do?
- How did you create that?
- What is one thing that you felt real good about over this past week?
- When did you last create exactly what you wanted? What did you do to do this?
- And how do you intend to handle that?
- Who do you know who’s gotten through that the way you want to?
- If you were the coach, how would you coach yourself to win here?
- What is next?
- What are the 5 steps to...
- Can you see what is ahead?
- Are you open to a completely different way of looking at it?
- Is it time to take a break and come back and look at this later?
- Five years from now, what will have been the better decision?
- What will happen if you keep doing that for the next 10 years?
- What is your vision for yourself and the people around you?
- What do you really want?
- Are you really doing what you are “meant” to do?
- May I push you a bit here?
- Do you mind if...?
- Can you have that completed/handled by _____?

Source: *Coaching Skills For Wellness Professionals*, Michael Arloski, 2004

Stages of Change: Prochaska & DiClementi's model (1983)

- **Precontemplation**
 - Not thinking of changing behavior
 - Feel that things are fine
 - Do not see a problem
 - Questions at this stage: "Have you tried to change in the past?" "What warning signs would let you know alcohol is becoming a problem?"

- **Contemplation**
 - Thinking of making a change
 - Wondering how I affect others
 - Maybe trying small changes
 - Questions at this stage: "What do you think you need to learn about changing this behavior?" "What would keep you from changing at this time?"

- **Preparation**
 - Have a plan to change behavior
 - May have "cut down"
 - Can see benefits of quitting
 - Questions at this stage: "What would help you be successful in changing?" "Let's look together at the steps you'll be taking to change"

- **Action**
 - Have implemented plan
 - Is avoiding triggers
 - Asking others for support
 - Continue to ask about successes, difficulties, and problem solving
 - Provide reinforcement

- **Maintenance**
 - New behavior practiced (6 months)
 - Accepting myself
 - Helping others who are trying to change behavior
 - Continue to ask about successes, difficulties, and problem solving

- **Relapse** (can happen at any time)
 - Questions: "What have you learned about yourself in this process?" "You did it for 10 days, what made that work?"