



Motivational Interviewing: A useful skill for correctional staff?

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Author biography

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Abstract

Motivational Interviewing (MI) is a collaborative conversation about change, which systematic reviews and meta-analyses have shown to be an effective intervention for a range of behaviours, including offending. The following paper will provide: a description of what MI is; what we know about how it works; a discussion of MI training and implementation within organisations, and some challenges when engaging in MI within a correctional setting.

Introduction

Motivational Interviewing (MI) is a collaborative conversation about change (Miller & Rollnick, 2012), which has been shown to be an effective intervention for a range of behaviours (Lundahl, Kunz, Brownell, Tollefson & Burke, 2010; Arkowitz, Westra, Miller & Rollnick, 2008), including offending (McMurran, 2009). MI is typically a brief intervention (1-4 sessions) which can be utilised with individuals or in groups (Wagner & Ingersoll, 2013). It can help build motivation to engage in a treatment programme (e.g., an offender treatment programme such as substance abuse, driving offending, sex or violent offending), or can be used alongside other interventions, such as cognitive-behavioural therapy, or community supervision (Arkowitz et al, 2008). MI can also be effective as an intervention in its own right – helping an offender to find the motivation to change may be all that is needed for them to change. MI appears to hold substantial promise for offending-related behaviour change, which can take time, and require considerable effort and motivation. MI provides a means of working with ambivalence, keeps the conversation more change focused, placing the responsibility for change with the offender, and

provides a way of working with offenders who might be otherwise viewed as unmotivated or as presenting as resistant (Clark, 2005; Fabring & Johnson, 2008; National Institute of Corrections, 2012). Furthermore, using MI may reduce emotional exhaustion or burnout for staff working with high-risk, challenging, unwilling clients as MI involves the establishment of a collaborative relationship rather than a combative control struggle, trying to force resistant offenders to change (National Institute of Corrections, 2012). Additionally, Lundahl et al. (2010) in their meta-analysis of 25 years of MI research found that MI was most effective with individuals from ethnic groups who had experienced societal rejection and social pressure. Many such individuals are also involved in correctional systems.

MI within corrections is a developing area, with the research evidence for its effectiveness growing. A systematic review of 19 studies of MI with offenders (McMurran, 2009) concluded that MI can lead to improved retention in treatment programmes, increased motivation to change, and reduced offending. Results did, however, vary across studies, a finding which also has been found in wider MI research (Lundahl et al., 2010). Additionally, New Zealand research has found increased motivation and reductions in re-offending of high risk offenders when MI was included as part of a Short Motivational Programme aimed at increasing offender's motivation to change prior to their release from prison (Austin, Williams & Kilgour, 2011).

What is Motivational Interviewing?

MI is an active, client-centred way of being with people. It is done *with* someone, rather than *to* someone. It is not a technique, but rather a facilitative, guiding

style, which allows the individual to talk about his or her ambivalence about behaviour change in a way that the process tips the balance towards positive change (Miller & Rollnick, 2012). MI does this by paying particular attention to the language of change.

MI theory (Miller & Rose, 2009) posits that MI increases client change talk and minimises sustain talk, and that the extent to which clients verbally defend the problematic behaviour (sustain talk) is inversely related to behaviour change. Conversely, the extent to which clients verbally argue for change (change talk) is directly related to behaviour change. Research also suggests that what is important is not just the frequency of change talk, but rather the strength with which change talk is expressed, with the most predictive client speech occurring towards the end of the session (Amrhein, Miller, Yahne, Palmer & Fulcher, 2003).

Furthermore, it is suggested that the resolution of ambivalence in a particular direction is influenced by the practitioner's differential response to client speech (Miller & Rose, 2009). That is, what facilitates behaviour change in MI is its focus on eliciting change talk and using reflective listening to selectively strengthen it.

Change talk

Change talk is talk from the patient about *preparing for change* (Miller & Rollnick, 2012), which includes talk about: a desire to change (e.g., "I want to stop my offending"); an ability to change (e.g., "I know I can quit smoking dope"); reasons for changing (e.g., "I want to be a better father to my children"); or a need to change (e.g., "I need to stop offending – it's really important to me that I don't come back to prison again"). Change talk also includes talk about implementing change (Miller & Rollnick, 2012), which includes talk about: a commitment to change (e.g., "That's it – I'm going to stop using from today"); activation or preparing for change (e.g., "I will think about going to a sex offender programme"); or taking steps (e.g., "I said no last weekend when my mates were going out to do a burglary") in the recent past (last week).

Sustain talk is the opposite of change talk. An offender may use sustain talk to indicate: a desire to stay as they are, worries that they will not be able to change, reasons to not change, a need to stay as they are, or a commitment to continue to stay as they are (Miller & Rollnick, 2012).

In MI the goal is not to draw out sustain talk but rather to draw change talk. Eliciting sustain talk from an offender means they will be more likely to stay the same (Miller & Rollnick, 2012). A lack of sustain talk, on the other hand, may not be the same as a commitment or motivation to change.

Change talk is important because the more we hear ourselves say something, the more we believe it – the more an offender uses change talk, the more they believe it.

Research shows that when an individual uses change talk, he or she is more likely to change their behaviour for the better (Miller & Rose, 2009). The more a practitioner can draw out change talk from an offender and the stronger this change talk is, the more likely it is that they will make positive changes.

Spirit of MI

MI is not a set of techniques, but rather a 'way of being' with people. At the core of this 'way of being' is the 'spirit' of MI. Without this spirit, MI is not being practiced and the results are not as likely to be effective (Miller & Rollnick, 2012).

The spirit of MI includes *partnership*. That is, MI is a shared journey between the offender and practitioner. The MI practitioner in the corrections setting has MI skills and relevant knowledge regarding reducing offending and the offender has his or her own strengths and knowledge. This combination provides the possibility for change.

Acceptance is another component of MI spirit. Acceptance includes recognising and valuing the absolute worth of the offender; and honouring their autonomy – that it is ultimately up to the individual to decide if they want to, or how to, make changes.

MI is practiced with *compassion*. In other words, it is practiced with the best interests of the offender at heart.

The final component of MI spirit is *evocation*. To evoke is to 'bring forth'. The intention is for the practitioner to assist the offender to reach their potential by drawing out their underlying motivations for wanting things to change.

MI processes

MI involves the following four fundamental processes, with each building the foundation for the subsequent process (Miller & Rollnick, 2012):

- *Engagement* – establishing a sound relationship is essential for MI to occur. Engagement needs to continue throughout MI.
- *Focusing* – where the offender and MI practitioner work together to focus on the area(s) of potential change. Focusing may not be a one-off event – there may be times when there is a need to re-focus or negotiate a new focus if other issues arise that may seem important or relevant.
- *Evoking* – the MI practitioner works to draw out the underlying motivations for the offender wanting

things to be different and desire for change from the offender. These motivations may emerge early in the session (if the offender has already given thought to the possibility of change) or may emerge as the conversation progresses.

- *Planning* – when the offender is ready to change, the offender and MI practitioner work together to plan how change might occur.

This last process of planning does not always have to occur in an MI session. By engaging in the first three processes, the chances that the offender may engage in behaviour change at some point is increased, even if planning does not occur. Engagement, focusing and evoking, therefore, are essential processes in MI.

Micro-counselling skills

In MI, micro-counselling skills of open questions, affirmations, reflections, and summarising are used to facilitate engagement, focus, and elicit and strengthen change talk (Miller & Rollnick, 2012). Reflective listening is a core skill – in MI the most common practitioner response is a reflection. Reflective listening conveys understanding, encourages the offender to talk more, and avoids the question-answer trap which makes the practitioner the expert and the offender the passive responder (Miller & Rollnick, 2012). Reflections provide an opportunity for the practitioner to be selective – reflecting change talk means that not only has the offender thought it, spoken it aloud, but they hear that they said it again.

In MI questions are used less frequently than reflections – it is recommended that the ratio of reflections to questions is at least one to one. It is further recommended that questions are mostly open questions (Miller & Rollnick, 2012) which encourage the offender to talk more, or are evocative open questions which elicit change talk (e.g. “what concerns do you have about your drug use?” or “why do you want to stop hitting your partner?”). Closed questions in MI are defined as questions which can be answered simply with “yes” or “no”, or are fact seeking questions (e.g. “when did you last hit her?” or “what did you drink yesterday?”) and are used less frequently.

Affirmations, expressing an appreciation of a strength or positive action, are used in MI to express positive regard and caring; strengthen engagement; decrease defensiveness; and strengthen the offender’s sense of self-efficacy and confidence in their ability to change (Miller & Rollnick, 2012). Summaries, as well as providing the opportunity to check out the shared understanding that is developing between the offender and the MI practitioner, also provide an opportunity for the practitioner to include in the summary change talk, so that the offender hears again the change

talk they engaged in earlier in the session (Miller & Rollnick, 2012).

In addition to these micro-counselling skills, a way of providing information, feedback (e.g., on psychometric testing) or advice has been developed so that this process remains consistent with the spirit of MI, maintaining a collaborative, respectful process (Miller & Rollnick, 2012). This involves: asking permission to discuss (e.g., “would you like to know about the results of the questionnaire you answered?” or “would you like to know how some people have managed to reduce their drinking?”); asking what the patient knows (e.g., “what do you think the result will be?” or “what ideas do you have about how you might be able to reduce your drinking?”); providing the information, feedback or advice; then asking the patient to respond (e.g., “how does that fit with you?”, “what do you make of that?” or “how does that fit with how you see things?”).

Mechanisms of change in MI

Research on MI has broadened out from research on its effectiveness to research exploring how MI works. A systematic review of studies which examined what aspects of within-session practitioner and client behaviour related to better outcome (Apodaca & Longabaugh, 2009) found most consistent evidence for client change talk and client experience of discrepancy, whilst MI-inconsistent behaviour (confronting, directing, warning) by the practitioner related to worse outcomes. They also reported that the use of a decisional balance was associated with better outcomes. A recent review of empirical evidence for the use of decisional balance (Miller & Rose, 2013), however, found that decisional balance tends to *decrease* commitment to change in individuals who are ambivalent (whereas evocation of change talk promoted change). They conclude that a decisional balance may be appropriate when: the practitioner wishes to maintain a neutral stance and not favour the resolution of ambivalence in any particular direction, a situation which is unlikely to arise in a correctional setting when dealing with offending; or if an individual had already made the decision to change, when a decisional balance may strengthen commitment to change.

MI training and implementation

Learning MI involves:

- Unlearning old habits such as asking questions, rather than reflecting.
- Slowing down – try not to rush to fixing things, instead take time to listen to your patient.
- Being humble – avoid being the expert and instead see the offender as an equal partner in the process.

- Believing in the offender – believe in their potential for change.
- Reflecting, especially change talk.

MI is a skilled conversation that requires careful training. Research shows that learning MI takes more than attending a workshop. Learning MI in a way that can be integrated back into work settings and is likely to produce better outcomes requires on-going feedback and coaching after initial training (Miller, Yahne, Moyers, Martinez & Pirritano, 2004).

There are only currently two published studies evaluating MI training for correctional staff (Hohman, Doran & Koutsenok, 2009; Walters, Vader, Nguyen & Harris, 2010). Hohman et al. (2009) found that after three days of MI training correctional staff (including youth correctional officers, counselors, psychologists, case managers, nurses, and teachers) showed significant gains in knowledge of MI and reflective listening skills. They also found that motivation to learn MI pre-training was not related to higher scores, suggesting that trainees did not have to be motivated to learn MI for the gains knowledge and reflective listening to be achieved. Walters et al. (2010) found that after 24 hours of MI training (comprising an initial two-day workshop, a half-day booster, and one-two monthly coaching sessions over six-months) probation officers improved on key MI skills (empathy and MI-consistent behaviour) which were maintained six-months post-training. Walters et al. also reported a number of system constraints that were a challenge to implementing MI within a large probation service, including high client loads, and high staff-turn over.

The efficacy of MI, like other evidence-based interventions, is dependent on the training of the practitioners to implement the intervention. Without sufficient training, effective implementation can be compromised, adversely affecting outcomes. Training alone, however, does not guarantee that implementation of an intervention will be at a satisfactory level (Alexander, VanBenschoten & Walters, 2008). It is important that any large organisation wishing to implement MI develops an implementation plan, which includes workshop-based training followed by regular coaching and feedback based on audios of MI practice, which increase the quality and consistency of the MI delivered across practitioners (Fixsen, Naoon, Blase, Friedman & Wallace, 2005; Alexander et al, 2008). Furthermore it is recommended that for successful implementation within an organisation there needs to be commitment of leadership to the implementation process as well as a commitment of ongoing resources and support, such as time for ongoing coaching (Fixsen et al., 2005).

Challenges for MI in a correctional setting

If the criminal justice culture has an adversarial, punitive, 'be tough' atmosphere it may be difficult to practice MI within this context as this is inconsistent with the spirit of MI (Clark, 2005) where the attitude is one of acceptance – recognising and respecting the offender as a human being, who has choices. This does not mean that the MI practitioner approves of the offending but rather sees the individual, with their strengths and weaknesses, and strives to work in a collaborative way to create 'self-confrontation' that prompts the offender to consider where their offending is leading them, and how this fits with their goals, values, and life satisfaction (Clark, 2005).

The unique role of some correctional staff, such as probation officers, which requires monitoring/enforcement tasks as well as acting as change agents (Clark, Walters, Gingerich & Meltzer, 2006) can pose some particular challenges in order to remain MI-consistent. Clark et al. (2006) suggest that probation officers fully explain their dual role in a way which conveys that they are someone who represents 'both sides' such as:

"I want to make you aware that I have a couple of roles here. One of them is to be the court's representative, and to report on your progress on the conditions that the court has set. At the same time, I act as a representative for you, to help keep the court off your back and manage these conditions, while possibly making some other positive steps along the way. I'll act as a 'go-between' – that is, between you and the court, but ultimately you're the one who makes the choices. How does that sound?" (p42).

Within correctional settings there are also often multiple behaviours which could be addressed, with consequent potential for changes of direction, or focus during the MI conversation (Clark et al., 2006). For example, if a driving offender reports that he is drinking heavily every day and sometimes hits his wife, there are three potential target behaviours – alcohol abuse, spouse abuse, and the original driving offending. It may not always be clear which behaviour warrants more attention as they may all need to be addressed at some point. Static and dynamic risk and need assessments may help in guiding these types of decisions.

Correctional staff may also need to give instructions about future behaviour or clarify sentence conditions which can be communicated in an MI consistent way. This can be achieved by removing the first person pronoun ('I') from statements, asking questions rather than telling, and deferring to court requirements or policy (Clark et al., 2006).

Conclusions

MI provides a way of working with offenders who may seem ambivalent, or not motivated, to change. MI aims to increase engagement and collaboration between the offender and the correctional worker, and to increase the offender's talk about change. In MI the practitioner talks less than the client, with a reflection being the practitioner's most common response to what the client says. MI seeks to draw out from the offender their underlying motivations for wanting things to be different and desire for change. Thus, MI is a skilled conversation about change which requires careful training, including ongoing feedback and coaching after initial training. With such training it is possible for correctional workers to acquire MI skills which can positively influence the outcome for offenders and reduce re-offending. Research on MI in the criminal justice area, however, is still relatively limited, with few well-controlled studies which clearly describe the MI training provided to correctional staff, and include fidelity checks as to the level of MI skill being practiced. Consequently, practice appears to be ahead of research, as was the case when MI was first written about and introduced in the addictions field.

"Rather than 'business as usual' we model the communication style we hope to hear from our clients, because the way we treat them is the way they often become" (MI trained probation officer, cited by Venable, Westcott, & Clark, 2012).

"My PO listens and I figure things out for myself. I now believe change is possible for me" (offender cited by Venable et al., Clark, 2012).

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