

CHANGING THE CONVERSATION: PEERS ON THE FRONT LINES

MOTIVATIONAL INTERVIEWING

Kate Speck, PhD MAC LADC

ABOUT THE PRESENTER:

Kate Speck, PhD, MAC, LADC has over 40 years of experience working in the field of behavioral health and is a member of the Motivational Interviewing Network of Trainers since 2000. She has provided Motivational Interviewing nationally to behavioral health professionals, probation and corrections staff, medical personnel and nutrition specialists and has worked in residential, outpatient and EAP settings, has developed and directed addiction treatment programs in addition to teaching psychology, theory, and ethics at the post-secondary and Masters level.

Kate has experience in using supervisory tools to promote fidelity to the Motivational Interviewing model and providing coaching to improve practice of MI. She has been trained in the use of the MITI (Motivational Interviewing Treatment Integrity) Scale and is a Master Trainer with MIA: STEP, a fidelity tool for supervisors using MI with their staff.

Kate regularly trains Motivational Interviewing, providing training and technical assistance to enhance practitioner skill level in addressing behavior change. She is an active member of MINT and has provided training for new trainers in Montreal and Ireland.



Description: This 2-hour virtual introduction to Motivational Interviewing (MI)

Objectives:

- Describe at least three unique aspects of Motivational Interviewing
- Identify four components of Motivational Interviewing Spirit
- Define the four processes central to Motivational Interviewing

Agenda

Introductions and Attitudes Exploration
Essential principles of Motivational Interviewing
Concepts of motivation as an interpersonal interaction
Strategies for identifying readiness for change

Invite you to explore.....

WELCOME ...YOU ARE.....????



Introduce
yourself in the
CHAT BOX:



NAME
AGENCY
POSITION

MOTIVATIONAL INTERVIEWING

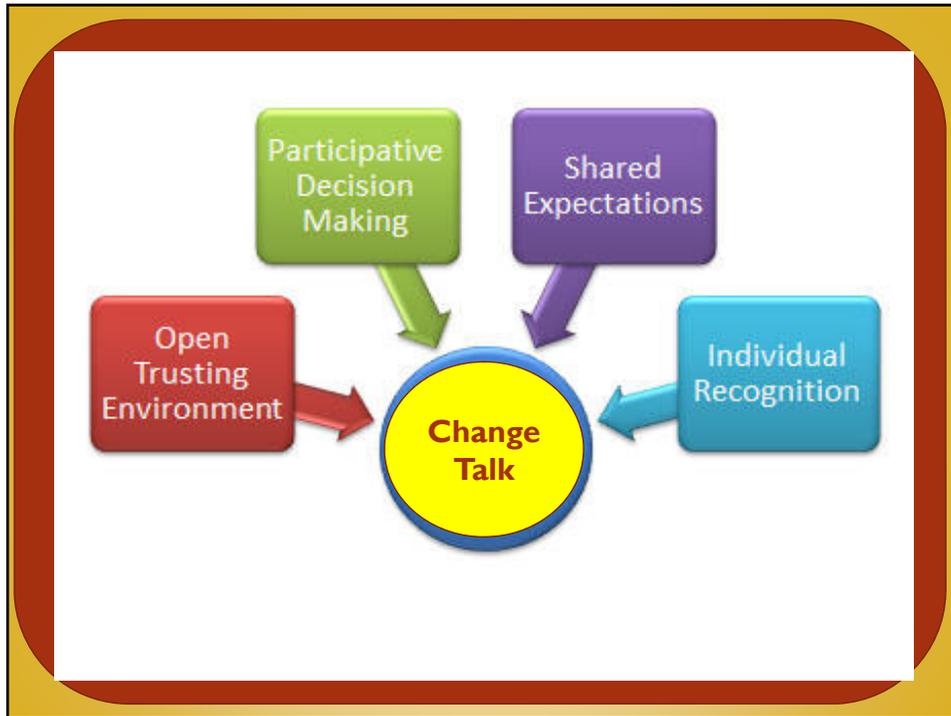
- ▶ Support and strengthen the conversational skills in the use of Motivational Interviewing.
- ▶ Peer specialists work on the front lines in providing support for a variety of mental health and substance use disorders.
- ▶ Introduce the basic components of Motivational Interviewing tools and resources to enhance conversations about change.
- ▶ Brief Action Planning

YOUR CHANGE



On your own

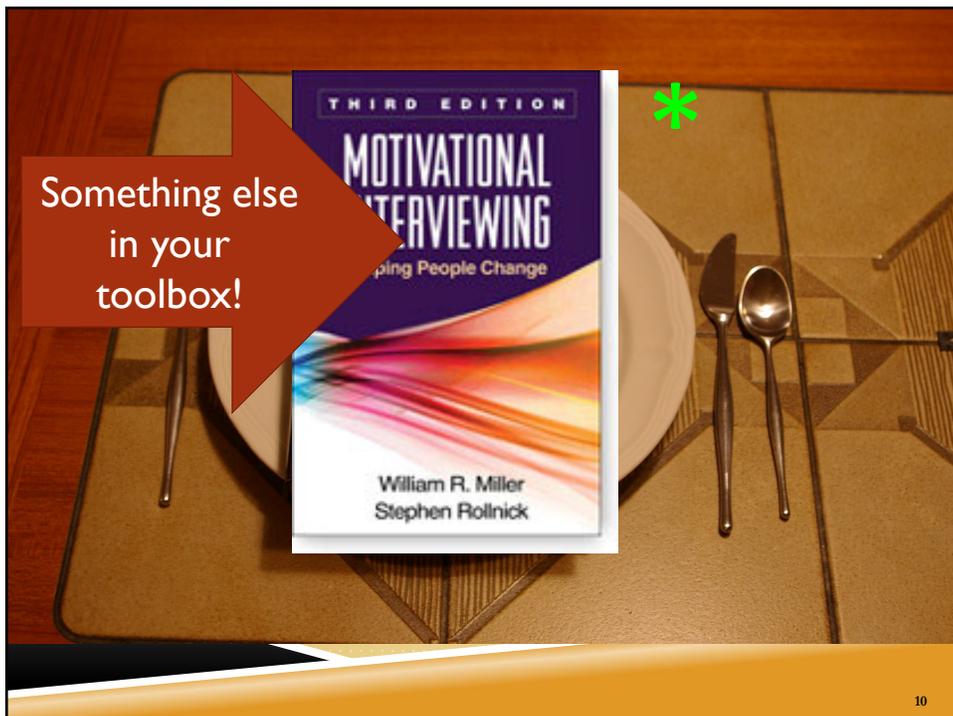
Your Change

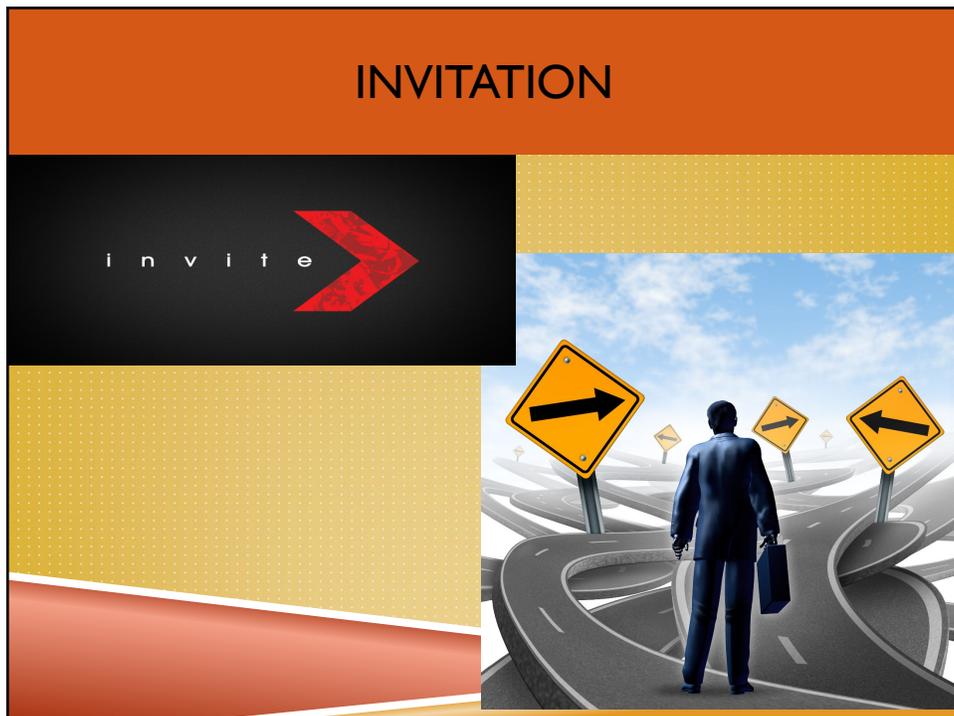


History of MI



Began in Psychiatry/Behavioral Health for the treatment of alcohol addiction in the early 80s





WHAT IS MOTIVATIONAL INTERVIEWING?



RESOLVING AMBIVALENCE

Motivational Interviewing was created to address and resolve the problem of ambivalence about change.



THREE ESSENTIAL ELEMENTS



A particular kind of conversation about change



Collaborative (person-centered, partnership, honors autonomy)



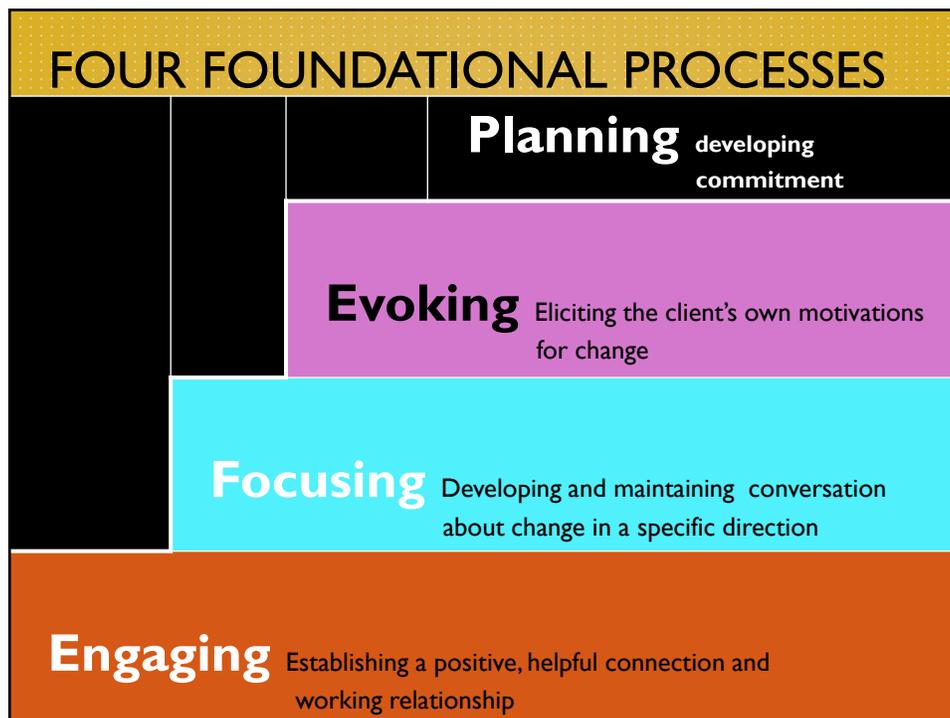
Evocative – to call forth n motivation and commitment

When Does Engagement Start?



Our sense of engagement (or disengagement) begins almost immediately.

Source: Miller & Rollnick, 2013



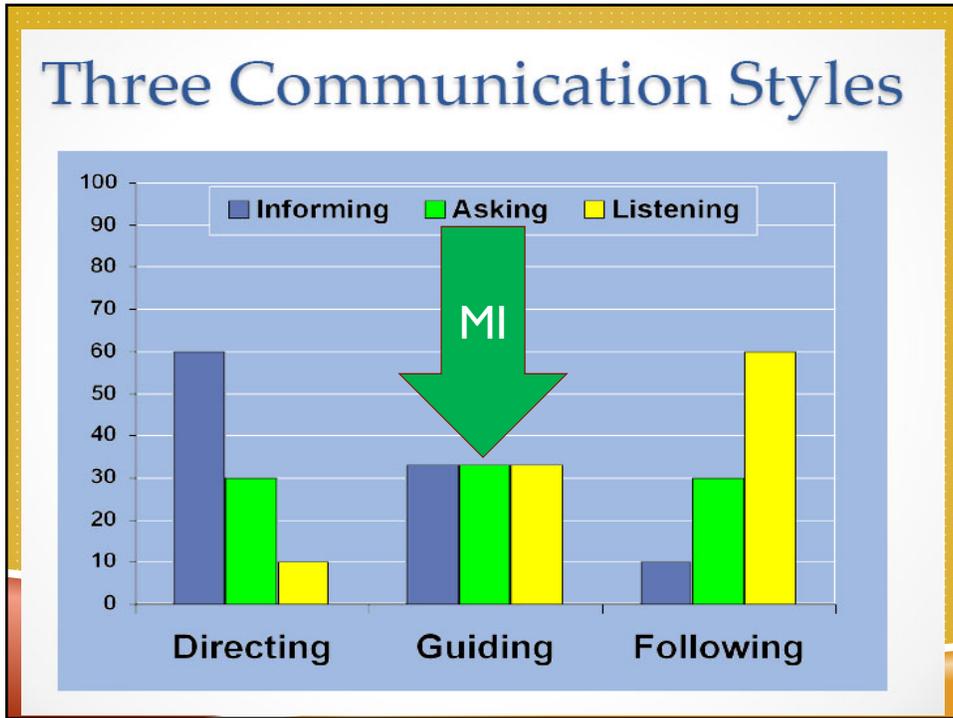
FOUR PROCESSES.... ANOTHER LOOK

- ▶ **ENGAGE**.... INVITATION Shall we...?
- ▶ **FOCUS** the conversation... Where shall we go?
- ▶ **EVOKE** Why is this on the agenda?
- ▶ **PLAN**... How shall we get there?



MI HELPS TO...

- Identify ambivalence and drill down to the dilemma
- Understand how a person feels about change (readiness for change)
- Develop rapport
- Establish a partner relationship
- Evoke and reinforce change talk



Its all about

**SKILLFUL
CONVERSATION**



**“WE TEND TO BELIEVE WHAT WE HEAR
OURSELVES SAY.”**

—Rollnick, Miller, & Butler (*Motivational Interviewing in Health Care*, 2008, p. 8.)

- Facilitate person’s own decision-making:
 - Get input *before* giving input or advice.
 - The person makes the arguments for change.
 - Interview to elicit internal motivation.



“WHAT IS THE PURPOSE OF MI?”

- ▶ **OARS** is about Change Talk
- ▶ It gets to the exploration of the issues
- ▶ The purpose of developing **OARS** skills is to **EVOKE!!**



CORE CONVERSATIONAL STRATEGIES

Four Early Strategies; OARS

- ▶ **O**pen-Ended Questions
- ▶ **A**ffirming
- ▶ **R**eflective Listening
- ▶ **S**ummarizing



Open vs. Closed Questions What's the difference?

Open question:

Elicits a variable answer

What would your life look like if you quit smoking?

Closed question:

Elicits a one-word or short answer

Do you think you can to stop smoking?

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**FINE
BALANCE**



AFFIRMATION

- ▶ Statements of recognition of client strengths.
- ▶ Build confidence in ability to change.
- ▶ Must be congruent and genuine.



- I appreciate....
- You have good ideas about...
- Your honesty about your situation is impressive

REFLECTIVE STATEMENTS

- ▶ Simple Reflection
- ▶ Amplified Reflection
- ▶ Double Sided Reflection

CONVERSATION WITH A TWIST!!

Simple reflections

For example, if someone said: "I really want to lose weight"

- **Repeat**
 - "You want to lose weight"
- **Slightly Rephrase**
 - "You want to some weight to come off"



Complex reflections

A complex reflection would be when you:

- **Paraphrase** what a person has said
- Use **metaphor, meaning** or describe **feeling**
- Lay out change talk and sustain talk (**double-sided**) or **Continue the sentence** where the person left off



Summarize

- ▶ **Set up statement:** "Let me see if I have this right..."
- ▶ **Reflection, reflection, reflection**
- ▶ **Open question:** "So where does that leave us? What else would you like to add?" or "Now, tell me about" (to re-direct)

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Summaries help to...

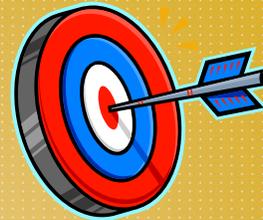
- ▶ Give the message that the client is being heard
- ▶ Allow the client to add important information
- ▶ Shift the direction of the interview



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Conversation about Change
MOVING the CLIENT
FORWARD



Collaboration
Evocation
Change Talk

AVOID Creating Discord

Actions that tend to create discord:



TRAPS TO AVOID

- ▶ **Question-Answer Trap**
- ▶ **Trap of Taking Sides**
- ▶ **Expert Trap**
- ▶ **Labeling Trap**
- ▶ **Premature Focus Trap**
- ▶ **Blaming Trap**



THE PROBLEM WITH QUESTIONS



- ▶ Too many questions = “question-answer trap.”
 - ▶ One question after another
 - ▶ Client is just answering them and waiting for the next question.
 - ▶ Usually happens when you rely mostly on closed questions rather than mixing in open questions.
- ▶ Client becomes more passive - you feel more pressure to come up with the “expert” questions.
- ▶ To avoid the question-answer trap it is advisable to not only ask more open questions than closed questions but to follow up answers to open questions with reflective listening.

RESOLVING AMBIVALENCE

The Righting Reflex

It is a common response to want to “make things right” when we see a problem. The professional does not persuade, cajole, inform, prod, or in anyway try to change the client’s behavior. Change must come from the client’s intrinsic motivation.



AMBIVALENCE

- ◎ The “BUT” in the middle
- ◎ Feeling two ways about something (conflicting thoughts & feelings about a behavior change)
- ◎ Not to be confused with defiance or resistance

AMBIVALENCE

“I’ve tried losing weight before, **BUT** I just can’t stay on my diet.”

“My doctor gave me a prescription, **BUT** I don’t know that it’s going to help that much. I’m not sure I really need to fill it.”

Listening to the person's struggle
(ambivalence) with the behavior



DISCUSS THE PROS AND CONS

**Help me understand
through your eyes.**

1. What are the good things about _____?
2. What are some of the not- so-good things about _____?



EMPOWERING THE CLIENT

○ Ask permission

“Would you be willing to consider.....?”

“Would you be interested in some information about...?”

“Do you have any objection to.....?”

“May I give you some reading material about.....?”

2. Giving information (Elicit – Provide – Elicit)

Respect what the patient already knows, by finding out.

AFFIRMING STRENGTHS

Client: “I tried everything I can to stay on this diabetic diet and frankly, I feel like giving up.”

Worker: “You’ve worked very hard on this.”

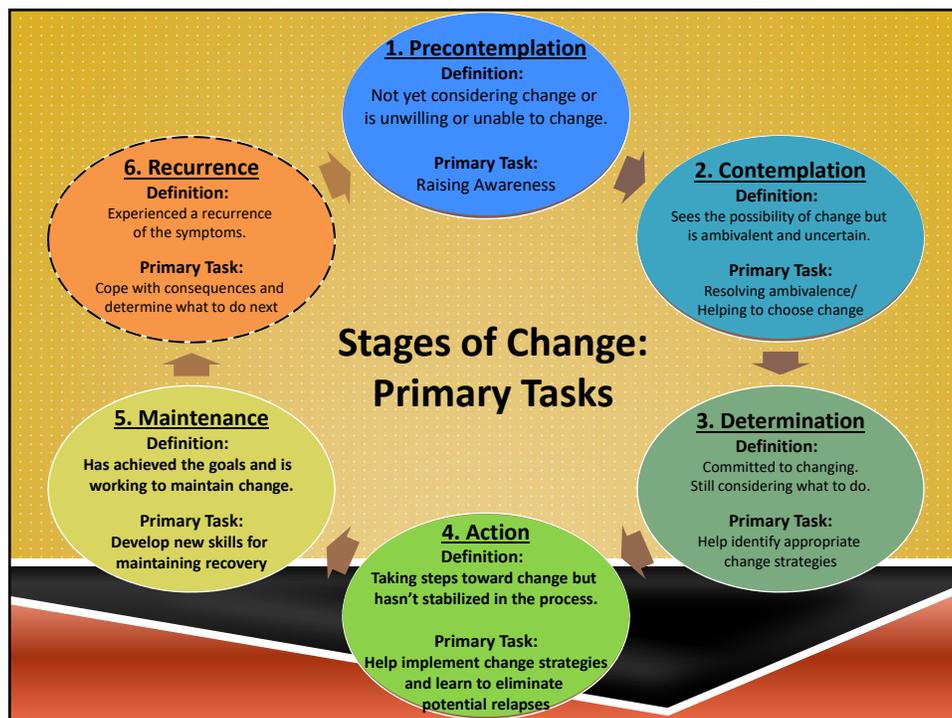
Client: “I moved my morning medicine to the kitchen table, where hopefully I will remember to take it when I eat breakfast.”

Worker: “You’ve had a great idea!
Remembering to take medication is not always easy.”

WHAT DRIVES CHANGE?



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How to Start?

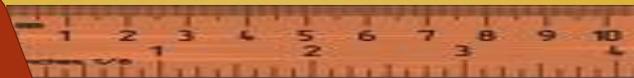
- **Invite the client to talk**

“I understand your therapist wants you to work toward getting a handle on how negative thoughts are interfering with your ability to stay on top of your goals.

What are your thoughts on this?”

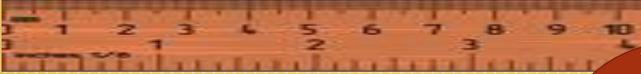
- Listen Carefully with the goal of understanding the dilemma (ambivalence) - **Give no advice!**

- Use Open-ended responses/questions



Why is change so important in your work?

Importance and Confidence



What happens when the confidence for change is low?



MOTIVATIONAL INTERVIEWING GOALS:

1. Identify a target behavior which is client driven
2. Elicit change talk

The graphic consists of two parts. On the left, a simple line drawing shows two figures standing at a whiteboard, one pointing at a diagram. Below this drawing is the word "COLLABORATE" written in a hand-drawn style. On the right, there is a colorful target with concentric rings in blue, red, yellow, and green. A large blue arrow curves from the top left towards the center bullseye of the target.

FEEDBACK/Q&A



Recognizing MI Skills:

- Open-Ended Questions
- Affirmations
- Reflections
- Summary





MI - A COMBINATION:

DIRECTING - Directive – clinician’s use of specific strategies, concepts and interventions to guide client toward exploration, self-discovery, resolving ambivalence or the decision to change.

FOLLOWING - Client-centered - whereas the client’s thoughts, feelings, culture, birth generation and perceptions are acknowledged....and

GUIDING – assisting the client to travel through, or reach a destination in an unfamiliar area, by accompanying (following) or giving directions

WHAT IS DISTINCTIVE TO MOTIVATIONAL INTERVIEWING?



OPEN-ENDED QUESTIONS

- **Requires thought to formulate a response.**
- **Allows time for one to think about their response.**
- **Allows reflection upon feelings, concerns, values about the real issue(s).**
- **Provides the means for the understanding the real dilemma(s)**

EXAMPLES: OPEN-ENDED QUESTIONS

- What concerns you most about _____
- How will this change affect your lifestyle?
- Explain what you understand about _____

QUESTIONS CAN BE POWERFUL

- What worries you most about this?
- What do you think might be causing this problem?
- What has already been tried?
- There are several alternatives, which do you prefer?
- Do you anticipate any problems with this plan?
- So that I am sure I explained things clearly, what do you expect from me and the agency?
- What would be the plan going forward?



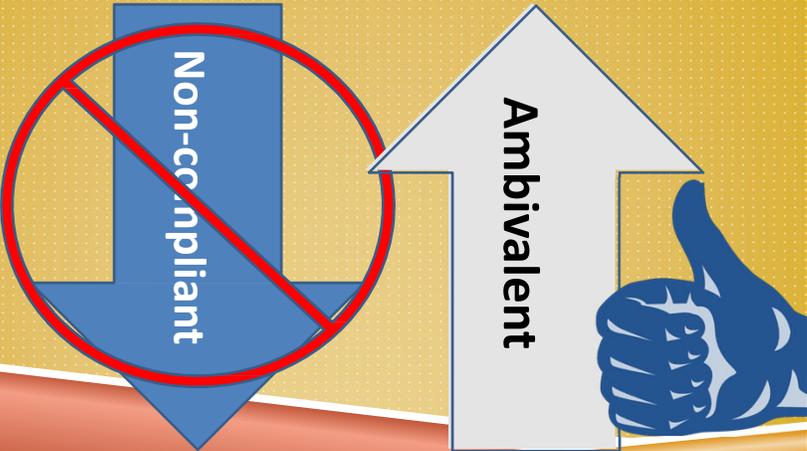
COLLISION COURSE



What is YOUR Righting Reflex?



Feeling Two Ways about Something



Non-compliant

Ambivalent

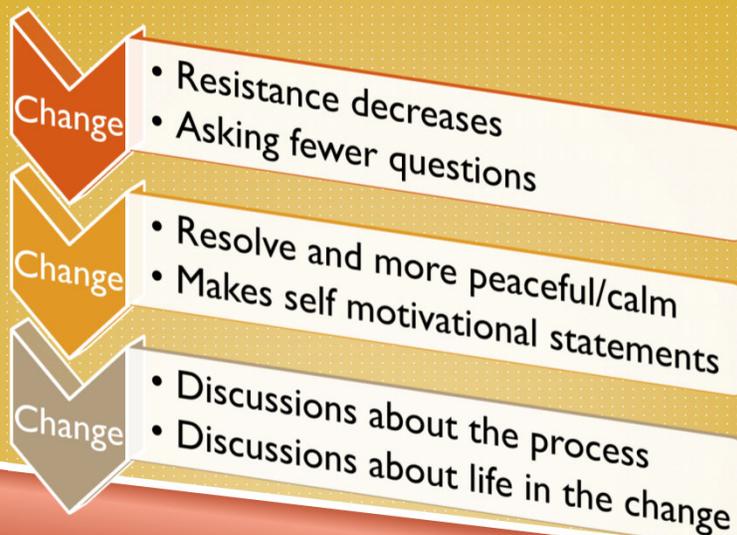
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AMBIVALENCE

- ▶ Hesitancy about change is human nature and people present with a wide range of readiness.
- ▶ It is a safe assumption that most people seeking change are ambivalent about it: They want it, and they don't.
- ▶ People who are ambivalent often **do not respond logically**, and do not respond to logic. Example: Increasing negative consequences

It's
about
TRUST

SIGNALS OF READINESS



UNDERLYING THOUGHTS....

- ▶ People are **ambivalent** about participating in change
- ▶ Advocacy for change evokes “**sustain talk**” from the participant
- ▶ **Sustain talk** predicts lack of change
- ▶ **Evoking** the participant’s own **change talk** has been proven to enhance behavior change

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