


MI Boot Camp Increasing Motivation To Change Unhealthy Behaviors



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Agenda

- Intro's
- MI Basics:
 - The Spirit of MI
 - MI Skills: O-A-(R)-S
- Practice exercises

Introduction

1. Name
2. Where you work; What you do there
3. What would you like to get out of the workshop?
4. On a 1-10 scale, how familiar/comfortable are you using MI?

Motivational Interviewing....

was developed from the rather simple notion that the way clients are spoken to about changing addictive behavior affects their willingness to talk freely about why and how they might change.

Stephen Rollnick, PhD Addiction 2001; 96:1769-70.

Motivational Style of Counseling

*MOTIVATIONAL INTERVIEWING is a collaborative conversation style for strengthening a person's own motivation and commitment to change.**

The overall spirit of a motivational interviewing style is comprised of three separate components:

- **Collaboration**
- **Evocation**
- **Autonomy**

(Handout) *Miller, W. Rollnick, S. Motivational Interviewing. Helping People Change, 2002

MOTIVATIONAL INTERVIEWING (MI) PHILOSOPHY

..... When a client seems unmotivated to change or to take the sound advice of practitioners, it is often assumed that there is something the matter with the client and that there is not much one can do about it. These assumptions are usually false. No person is completely unmotivated."

Rollnick, Miller, Butler 2008

MI PERSPECTIVES ON MOTIVATION TO CHANGE

- Ambivalence about change is normal and part of the change process. A primary goal of MI is resolution of ambivalence.
- Readiness to change is fluid and non-linear.
- The patient is ultimately responsible for his/her change and is the decision maker.
- Interactions can influence people's readiness to change.

Three (3) MI Principles

1. Resistance is a normal response to change. When people feel pushed, they push BACK!
2. Evoking patient's own change talk will enhance behavior change.
3. Giving feedback and/or information is best served with the MI sandwich.



4 TIPS TO HELP DECREASE A STUDENT'S RESISTANCE TO CHANGE

1. Don't try to convince them they have a problem.
2. Don't argue about the benefits of change.
3. Don't tell them *how* they should change.
4. Don't warn them of the consequences of not changing.

Pop Quiz: True or False ?

1. There is no way to help someone who doesn't want to change.
2. Within MI, practitioners avoid arguing with patients.
3. Evocation means that you are drawing out motivation and resources from within the client.
4. OARS are basic skills many helpers already use.
5. Closed questions are bad.
6. Reflective listening is a critical skill in MI.
7. There are six forms of change talk.
8. Good reflective listening involves only what the client says.
9. Follow-up probes and reflective listening are critical elements when doing the scaling questions.
10. When doing summaries, it's important to pay attention to ambivalence by placing "but" in the middle of a double sided statement.

Activity: Experiment #1

- Take some time to think about a change that you have been considering.
- How long have you been thinking about it?
- Make a decision about whether you will actually make this change.
- When you leave here in an hour, commit to making the change
- How are you feeling now?



Activity: Reflection

- Take some time to think about a difficult change that you had to make in your life.
- How much time did it take you to move from considering that change to actually taking action.



Motivational Interviewing (MI)



Rating MI Spirit:
Thumb Up or Thumb Down?

Student: *My family ganged up on me this weekend. They all showed up to complain that I drink too much and they think I'm on my way to becoming an alcoholic, like my father. I like to party on weekends, but I'm not like my father.*

CM(softly): *It sounds like they care about you and are worried. Do you think they could be right?*



Rating MI Spirit:
Thumb Up or Thumb Down?

Client: *The nurse gave me a list of things I need to do so I won't get diabetes. It's too much! I can't do all that stuff, but I'm scared I'll get it.*

SW (encouraging): *You can do it! I know it's hard, but think about the alternative.*



Rating MI Spirit:
Thumb Up or Thumb Down?

Client: *My girlfriend says I should see a therapist to help me with my "anger issues." They made me see a counselor when I was in high school, but it didn't work.*

Counselor: *Why not give it a try for a few weeks?*



Rating MI Spirit:
Thumb Up or Thumb Down?

Patient: *I need to come up with a plan to get my life on track now. I really want this program to work. What should I do?*


Nurse: *Well, I have some ideas about what might help, but first let me hear what you've been thinking about.*



Rating MI Spirit: Thumb Up or Thumb Down?


Patient: *They doctor told me I need to get that test done, soon. But I don't trust them, so I haven't scheduled it yet.*

CM: *It's important that you go through with this. I am concerned about you. Let's call right now and see if you can get an appointment and get this over with.*



From Building Motivational Interviewing Skills: A Practitioner Workbook by David Rosengren, 2009


The Skills: "OARS"




O = open-ended questions
A = affirm
R = reflection
S = summarize

Open-Ended Questions

- Did you take your medications last week?
How is it going with your medications?
- Do you think you have a problem with alcohol?
How does drinking fit into your life?



More Open-Ended Questions




Were you out drinking last night?
How did you spend your time last night?

Do you want to stop smoking?
What are your thoughts about smoking?

Were you able to stick with your diet this week?
How are you doing with the diet?

Affirmations


- Statements and gestures that recognize strengths and acknowledge behaviors that lead in the direction of positive change
 - I am really impressed with the way you....
 - That's great how you've reached your goal of cutting back on your drug use.
 - Using protection shows that you have real respect for yourself and your partners.
- Be genuine and specific
 - Only say it when you really mean it



(Exercise)

Summarize:

- Hypothesize with client:
"Let's see if I have this right..."
"Here's what I heard. Tell me if I missed anything..."
"Anything you want to add or change?"
- Highlight statements indicating motivation to change
- Accomplishes 2 goals:
 - Communicates to patient that you are genuinely interested in what s/he is saying
 - Gives yourself a chance to get the facts straight!



The Art of Active Listening, (2005), National Aging Information & Referral Support Center, Washington D.C.

Exercise: Summarizing

Reflections

The process of reflective listening involves hearing what the client says and

- **simple reflection:** either repeating or paraphrasing back to the client or...
- **complex reflection:** reflecting the feeling you believe is behind what the client says.

Reflective Listening Exercise

- Divide into pairs. One person starts as the Speaker; the other as the Listener/reflector. Switch roles after completing the exercise.
- **Speaker:** Choose a statement about yourself-
 - *I don't like conflict*or
 - *I have a sense of humor*or
 - *I let things bother me more than they should*or
 - *I am loyal*or
 - *One thing I like about myself is that I...*
- **Listener** offers a reflection of what the speaker might mean
- **Speaker** tells the Listener whether the reflection is accurate after *each* reflection
- After the **Listener/Reflector** has offered 4-5 reflections, switch roles. New Speaker chooses a different statement.


Simple Reflections / Complex Reflections

"I have been to treatment six times. Nothing is going to work for me. I just can't stop drinking."

- **Simple Reflection:**
 - "You've been to treatment before and it hasn't worked."
- **Complex Reflection:**
 - "You've tried to quit drinking in the past and it hasn't worked. You're wondering if it's going to be different this time."

Video: E.L.Raymond

Double-Sided Reflections



On the one hand...

...and on the other hand...

Reflective Listening Demos

Video Rollnick and Miller

<http://www.youtube.com/watch?v=one15tbNQ>: MI with DUI Client 0-2:00 presenting problem, 4:30-6:30 – whether to go to counseling

"I know I should not be drinking, but I don't want anyone to think I can't control my drinking. When I think about stopping, I get nervous that I won't be able to do it."

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Practice: Deepening Reflections

"I've been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing except having a few drinks seems to work."

Reflection: Simple; Complex

In spite of the lack of success, you keep looking for ways to feel better besides drinking.

You recognize that drinking is not a good strategy to feel better. You're really wanting to find something more effective.

Practice: Reflection

"There's nothing wrong with smoking a little weed now and then. It's a natural product. Everyone I know smokes."

You don't to be smoking weed all of the time.

You wouldn't want to be seen as the only one who doesn't smoke weed.

Practice: Simple Reflection

"I think everyone is blowing this out of proportion SO I drank a little too much the other night."

You had a little too much. (simple)

So what you thought would be fun has become something else- all because of a little alcohol. (complex)

Preparatory Change Talk: D-A-R-N

- **DESIRE:** *I'd really like to... I want to.... I wish....*
How come? What are your thoughts about not drinking?
- **ABILITY:** *I know I can stop.*
That's great that you feel confident!
How would you stop, if you decided to?
- **REASONS:** *If I do stop, my parents will get off my back.*
What are the 3 best reasons for you to cut back?
- **NEED:** *If I don't stop, I won't be a good mother.*
How important is that for you?

Change Talk: D-A-R-N C-A-T

- **Commitment** (intention, decision, readiness)
- **Activation** (ready, prepared, willing)
- **Taking Steps** (action)

Evoking Change Talk: Key Points

- A client's balance of change talk vs sustain talk predicts change, and is substantially influenced by the interviewer
- Asking open ended question that elicit change talk may be the simplest way to evoke change talk
- In MI one would not routinely elicit and explore sustain talk

Panning for Change Talk; Sifting out Sustain Talk

"I don't really want to stop smoking, but I know I'd breathe better if I did. It's just so hard to stop."

- You really don't want to change.
- It's clear to you that you should quit.
- You're not feeling hopeful that you will succeed.
- Breathing more easily would feel good.

Methods For Evoking Change Talk

- Asking Evocative Questions
 - open-ended questions
 - assume ambivalence
- Use the Importance/ Confidence Rulers
- Explore the Decisional Balance
- Elaborating
 - Ask for clarification: In what ways? / How much?
 - Ask for a specific example, ie *exactly how does this affect you?*
 - Ask what else?
- Querying Extremes
 - "What concerns you the most?" "What do you imagine is the worst thing that might happen?"
 - "What might be the best results you could imagine if you made a change?" "How would things be different if you made the change?"
- Exploring Goals & Values

Real Play Exercise



- Speaker
- Helper
- Coach / Banker

- 1 Nickel = 1 reflection
- 1 Penny = 1 question, preferably open ended

- Goal – Earn as much money (rapport) as you can in 5 minutes

Thank You

Brief Negotiated Interview (BNI)

1. Pro's and Con's of Changing 
2. Offer Feedback / Information
3. Importance or Readiness Ruler 
4. Sealing the Deal: Negotiate Plan