Planning Coaching Session Advanced

KNOWLEDGE

EXPERIENCE
Motivational Interviewing (MI)

(Lay definition)

*MI is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.*

(Clinical Definition)

*A person-centered counseling style for addressing the common problem of ambivalence.*

(Technical Definition)

**Engagement:** Client led. Use OARS (Open Questions, Affirmations, Reflections, Summary) Grain of Truth

**Focusing:** Collaborative; (3 types) Primary Focus, Menu, (3 top Priorities for change in next 3 months), Confused Focus

**Evoking:** Client (led) talks about change and situation; Talks more than counselor. (Change Talk) EARS (elaboration, affirmation, reflection, summary)

**Planning:** Collaborative S. M. A. R. T. specific, measurable, achievable, realistic, time oriented (tweak what’s not working).
Core Motivational Interviewing Concepts

- Demonstrates a counseling STYLE that is:
  - Warm & friendly
  - Empathic (seeks to understand things from the client’s perspective)
  - Collaborative (dances versus wrestles)
  - Accepting/non-judgmental
  - Respectful
  - Positive & Hopeful
  - Honoring of autonomy (respects the client’s freedom of choice)

-Suspends the expert-didactic-prescriptive-authority role

- Resists the “righting reflex” (the desire to fix things)

- Observes Discord and employs strategies to minimize

- Listens first! Talks less than client!

- Uses O.A.R.S. to support the client in safely exploring experiences, concerns, values, and motivations
  - Open-ended questions
  - Affirmation
  - Reflective Listening
  - Summaries

- Asks mostly open-ended versus close-ended questions

- Reflect! Reflect! Reflect! On average, reflects twice for each question

- Encourages “change talk!” Invites the client to give voice to their own wisdom, concerns, ambivalence, motivations, aspirations, ideas, and solutions

- Asks permission before raising a topic, addressing concerns, offering advice or exchanging information

- After exchanging information (advice, education, clinical feedback), asks for client’s response

- Holds the reins on goal setting until the client is ready

- Able to let go when client is not ready to change
Motivational Interviewing Sessions

Engagement 20% rule
Use OARS and Reflective rapport building skills
**Attend to discord**
Respect Sustain Talk
Client/Patient agenda comes first.
Manage Time and other setting concerns
Avoid note taking when possible

**Focus - single, menu/agenda exploration.**
Emphasize Collaboration
Use Summaries and clarifying questions to test for agreement.
Explore Perspectives

**Evocation**
Use EARS-explore readiness, barriers supports
  Broadening Perspectives
Scale questions
Past “change” narratives
Visioning with the change
Visioning without the change
Acknowledge status quo talk ask for and reflect change talk and commitment language

**SMART Planning**
**Plan comes from the patient**
Specific
Measurable
Achievable
Relevant/ Realistic
Time oriented

When there is a glitch circle back.
Key Questions

**Asking for commitment**-
Where does this leave you now?
What do you think you’ll do?
Where do you go from here?

**Asking for specific goals**-
What would you like to be different?
What specifically would you like to change?
What would be the first change?

**Asking for a plan**-
How might you go about doing this?
What is the first step?
What has worked before?

**When you want to raise awareness**-
When can you see this changing?
What would make you feel like now is the time?
What will you watch to see that its time?

**When you are asking for follow-up when client has not made a commitment**-
What are you thoughts now?
Since we met what has come up for you about this?
So what’s in your head about this decision?
EXPLORING PERSPECTIVES

Explore Lifestyles, typical day
Explore Priorities and agenda setting
Explore Ambivalence/Good not so good/decisional balance
Explore potential changes versus not willing to change
Explore Values, Wishes, Hopes Aspirations

Broadening PERSPECTIVES

Evoke current perspectives compared to initial perspectives
Evoke stages of change and process of change conceptually
Elicit change success stories
Elicit relationship to change related to ready, willing and able
Elicit adaptation to Chronic Illness, coping skills, supports and identity & values changes

Brief Action Planning

Brief Action Planning is organized around three core questions:

“Is there anything you would like to do for your health in the next week or two?” (what, when, where, how often, etc?)

“On a 0-10 scale of confidence, were 0 means no confidence and 10 means allot of confidence, about how confident are you that you will be able to carry out your plan?” (If confidence <7, initiate collaborative problem-solving.)

“When would you like to meet again to review how you’ve been able to do with your plan?”

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Didactic Information Plan

Information to be shared:

(Explore Elicit Explore)

Plan B:
Group Guidelines Example

“Is there anything you would like to do for your health in the next week or two?”

Offer a 'behavioral menu' if requested or needed

SMART Behavioral Planning

Elicitation of Commitment Statement

“How confident (on a scale from 0 to 10) do you feel about carrying out your plan?”

If confidence is less than 7, “Problem Solve“ barriers

“When would you like to check in with me to review how you are doing with your plan?”

http://www.comprehensivemi.com/about/brief-action-planning

www.anniefahy.com
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Five Additional Skills
Presentation of a Behavioral Menu

SMART Behavioral Planning
(Specific~ Measurable~ Achievable~Relevant~Time organized)

Elicitation of Commitment Statements

Collaborative Problem Solving

Follow-Up
Situation __________________________ Collabortive Goal __________________________

What Concerns You? ________________________________

What Concerns the patient? ________________________________

___________________________________________

Strategies & Plan: S-______________________________________________________

M-____________________________________________________

A-____________________________________________________

R-____________________________________________________

T-____________________________________________________

MI Spirit & Philosophy: Autonomy & Compassion, Collaboration, Evocation

Self Efficacy-
Social Isolation-
Stigma-

Ethical Assessment-
Autonomy
Fidelity
Harm versus Benefits
Justice
<table>
<thead>
<tr>
<th>++++ Motivational Interviewing</th>
<th>Motivational Interviewing non-adherent</th>
<th>Comments</th>
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Additional Considerations

Social Isolation

Stigma

Self efficacy

Ethics Considerations

Autonomy

Fidelity

Do No Harm

Self Efficacy

Potential to Improve or Benefit

Justice
References for Future Learning


Byrne, A., R. Watson, C. Butler & A. Accoroni. (2006). Increasing the confidence of nursing staff to address the sexual health needs of people living with HIV: the use of motivational interviewing. *AIDS Care* 18, 501-504.


Mounsey, A.L., V. Bovbjerg, L. White & J. Gazewood. (2006). Do students develop better motivational interviewing skills through role-play with standardised patients or with student colleagues? *Medical Education* 40, 775-780.


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