

Advanced Motivational Interviewing

Annie Fahy RN, LCSW
www.anniefahy.com



DAY SCHEDULE

1. Agenda and Targets
2. Concepts REVIEW
3. Skills Practice
4. Advanced Skills Didactic
5. Supervising and Coaching
6. Case Consultation
7. Skill Building and Practice
8. Something else???

Motivational Interviewing (MI 3)
(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)

A collaborative goal oriented style of communication with particular attention to the language of change, designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring a person's own reasons for change within an atmosphere of compassion and acceptance.

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 chan

**The Four
Processes
of
MI**

Planning: Collaborative more plan from patient than professional

Evoking: Language comes from the person;
Guide to broaden perspectives

Focus: Collaborative agenda setting.
Exploring Perspectives

Engagement: Decrease Discord,
Increase trust and rapport

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).

Why USE Reflections?

Reflections have the effect of encouraging the other person to elaborate, amplify, confirm, or correct.

- **A reflection makes a guess about what the person means**
- **Voice inflection turns down at the end**
- **Ways to open:**

So you feel...

You're wondering if...

You're feeling...

It sounds like you...

It seems to you that...

So you...

- **Levels of reflection**

Simple (*stabilizing*)

- Repeating (*repeats an element of what the client said*)
- Rephrasing (*uses new words*)

Complex (*forward moving → → guiding towards the target → →*)

- Paraphrasing (*makes a guess to unspoken meaning*)
- Reflection of feeling (*a paraphrase that emphasizes the emotional dimension through feeling statements*)
- Metaphors and similes (*Kind of like...; It's as though...*)
- Double-sided
- Amplified

- Continuing the paragraph (*Anticipating what the client might say next*) In general, simpler reflections are used at first, when meaning is less clear. Deeper reflections are ventured as understanding increases. Jumping too far beyond what was said, however, can turn into a roadblock. It is better to understate a feeling than overstate it (overstating can stop dialogue, understating continues it).

Type of Reflection	Reflection
Emotion: Reflect emotion	
Values: Reflect core values	
Amplifications: “So this (target or barrier) is a big problem”	
Minimizations: “So this (target) isn’t a big deal.”	
Double –Sided: On the one hand... and on the other hand...	
With a Twist: “No one can tell you what to do. You need to be a full partner in the process.” (reflect the sustain talk and then flip it)	
Metaphor- “Its as if...”	

Road Block	Grain Of Truth	Balancing Thought

Engagement Difficulties

Substance Use Examples

“I know I shouldn’t but sometimes I just can help but spank my son when he is not doing what I ask him to do.”

“If my husband wouldn’t be so insistent that I get help for my drinking, I probably would drink less.”

“ I get high about as often as my friends; I don’t see what is such a big deal.”

Dental Examples

“I don’t think it matters how we take care of her baby teeth.”

“ I didn’t really like the dentist growing up its still hard to make myself go.”

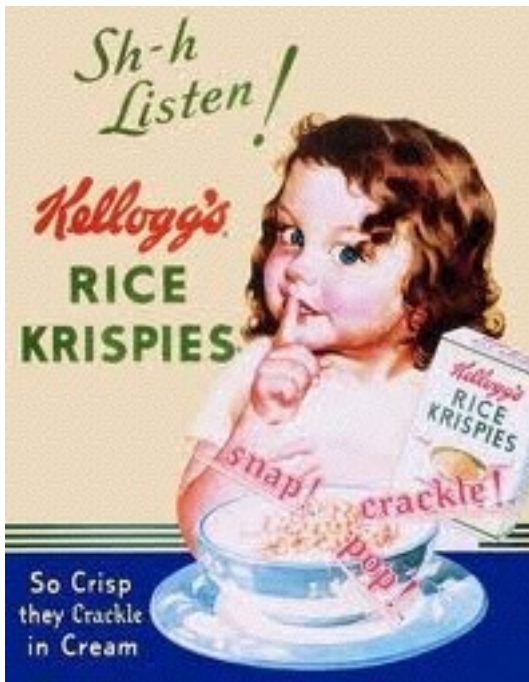
“ She just fusses and fusses for the bottle at night- it’s the only way that she will go to sleep.”

Health Examples

“I have tried to manage my sugar and I just can’t seem to get it.”

“When I see you I seem to eat better but then I lose my momentum and go back to my old tricks.”

“Sometimes I feel overwhelmed with everything that you are saying that I have to do.”



Snap

Crackle

Pop

Three Focus Scenarios

1. Clear Direction

Happens when client is clear about goals or when the service offered is the focus e.g.: "I am a dietician here to talk to you about your eating and exercise."

2. Agenda Mapping

There is a reasonable set of topics that could be covered e.g.:

" Since your mother's stroke, you are concerned about a number of things: living alone, medication, and walking with a walker. She wants to know if she can drive again and what is the possibility that she will have another stroke."

3. Unclear Direction

The task is to assist client to find the focus as if lost in the forest. e.g. A Client who may be depressed or has several situational things creating discomfort. Client is not sure of the focus and is not ready for a menu.

Evocation - before planning or after a plan that has fallen apart

Creating guiding conversation when you have a focus, that tunes client language toward change talk and away from the status quo. Creating a brand new conversation exploring change possibility without defensiveness and with minimal or resolved ambivalence

Desire~~Ability~~Reasons~~Need~~Commitment

Use EARS- elaboration, affirmation, reflections, summaries.

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 your thoughts now?

Since we met what has come up for you about this?

So what's in your head about this decision?

Practice 1
Engaging Conversation

Speaker: Speak about personal situation

Interviewer: Using OARS work on engagement with this client

Observer: Pay Interviewer for Reflections give feedback about skills.

Practice 2
Focusing Conversation

Speaker: Speak about personal situation

Interviewer: Assist speaker to discuss 3 top priorities for change in next 3-6 months.

Observer: Code OARS and give feedback

Practice 3
Evoking Conversation

Speaker: Speak about the change that is hardest to make

Interviewer: Use EARS with speaker

Observer: Code Change Talk and give feedback

Practice 4
Planning Conversation

Speaker: Speak about the change

Interviewer: Guide Speaker in a SMART planning conversation

Observer: Code Discord Vs Engagement

MI adherent vs non adherent

Motivational Interviewing Skills Coaching Conversation

1. What is my long-term goal for learning MI? (reach competence, become an expert, integrate into practice etc.)
2. Why is learning MI important to me?
3. What are my strengths currently? (reflective listening, affirming clients etc.)
4. What areas of MI do I struggle with?
5. Where do I start? What is my short-term learning goal?
6. What steps will I take to reach that goal? (discuss/practice, listen to my own tapes etc)
7. How will I know when I have reached my goal?

CASE CONSULTATION

What are my biggest concerns?

What are the Client's biggest concerns?

What Aspirations or goals do I have for this client?

What Aspirations or goals does the client have?

Where do these intersect?

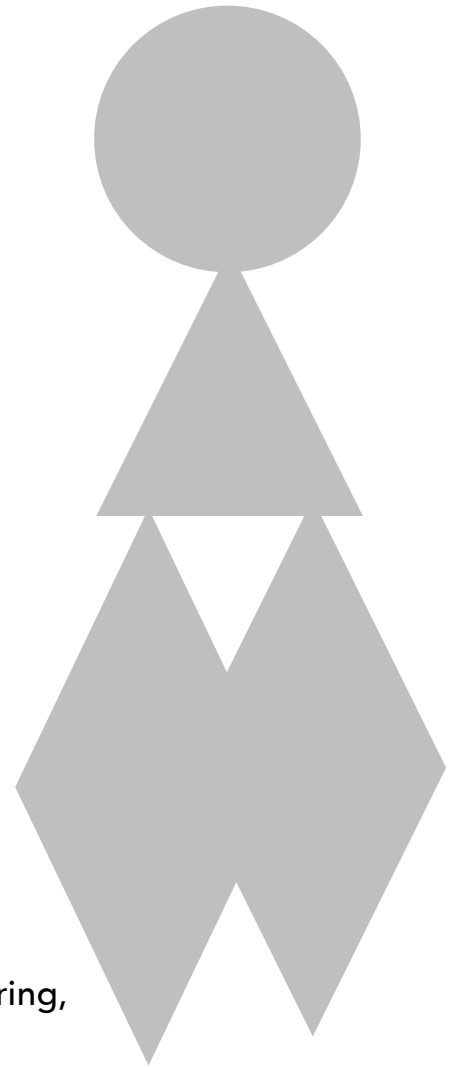
What modes of Defensiveness does this client utilize?

What spirit principles can I emphasize :
(Collaboration, Autonomy, Compassion, Evocation)

What Righting reflex modes might I fall into?

Are there any ethical considerations?

What system issues do I need to consider? (data gathering,
paperwork, premature goal setting)



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, where 0 means no confidence and 10 means a lot 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?”

Attending to Change Talk

PREPARATORY Language

MOBILIZING Language

Desire

Ability

Reasons

Commitment

Action

Taking Steps

Sidestepping Sustain Talk

PREPARATORY Language

MOBILIZING Language

No Desire

No Ability

No Reasons

No Commitment

No Action

No Taking Steps

Counting Autonomy Support Statements

"It's your choice"

"You can do it"

"You are in charge"

Affirmations

Reflective statements of ability

Not statements of cheerleading:

"Good for you" "That's Great!"

Questions

Open versus closed

Reflections

Simple & Complex

Expanding meaning

an idea

Reflection Slime

Embedding your advice,

interpretation or opinion

Trying on

<p>Softening Sustain Talk</p>	<ol style="list-style-type: none"> 1. Clinician responds consistently to client's language in a manner that facilitates the frequency or depth of arguments for status quo talk 2. Clinician usually chooses to focus on or respond to clients arguments in favor of status quo 3. Clinician gives preference to the client's language in favor of status quo but may show some instances of shifting focus away from sustain talk 4. Clinician typically avoids an emphasis on client language favoring the status quo 5. Clinician shows a marked and consistent effort to decrease the depth, strength or momentum of client's language in favor of status quo. 	<p style="text-align: center;">1 2 3 4 5</p> <p>low high</p>
<p>Empathy</p>	<ol style="list-style-type: none"> 1. no apparent interest in client view/ perspective 2. sporadic efforts to understand/may not get it 3. mostly trying but with modest success 4. shows accurate understanding; makes repeated attempts; mostly limited to explicit content 5. shows deep understanding of the client's view, based on explicit and added meaning; comments deepen client understanding 	<p style="text-align: center;">1 2 3 4 5</p> <p>low high</p>

Behavior counts

Giving information	Feedback on test results; education; personal feedback; information relevant to an intervention, such as why a behavior log might be kept	
Persuading with Permission	Asking permission; affirming; emphasizing control; support	
Emphasizing autonomy	Highlighting choice, menus, power sharing	
Affirming	reflect, knowledge, ability; highlight confidence, skills and resources adaptability	
Seeking Collaboration	Partnership, powersharing	
MI Non Adherent	Advise, confront, direct, dominate	

Reference

- Berg-Smith S. (2004) Practical strategies for motivating diabetes-related behaviour change. *International Journal of Clinical Practice*, 58 (supplement 142), 49-52.**
- Berg-Smith S, Stevens V, Brown K, Van Horn, L, Gernhofer N, Peters E, Greenberg R, Snetselaar L, Ahrens L (1999). A brief motivational intervention to improve dietary adherence in adolescents. *Health Education Research*; 14(3): 101-112.**
- Dunn C & Rollnick S (2003). *Lifestyle Change*. London: Mosby.**
- Miller W (2000). Rediscovering fire: Small interventions, large effects. *Psychology of Addictive Behavior*, 14: 6-18**
- Miller W & Rollnick S (2002) *Motivational Interviewing: Preparing People for Change* (2nd Edition). New York: Guilford Press.**
- Miller W & Rollnick S (2012) *Motivational Interviewing: Preparing People for Change* (3rd Edition). New York: Guilford Press.**
- Miller W (2004). *Motivational Interviewing in Service to Health Promotion*. *American Journal of Health Promotion*, 18: 1-12**
- Moyers, T., etal MITI 4 2014 Coding draft document**
- Resnicow K, DiIorio C, Soet J, Borrelli B, Hecht J, Ernst D (2002). *Motivational Interviewing in health promotion: It sounds like something is change*. *Health Psychology*; 21(5): 444-451.**
- Rollnick S, Mason P, Butler C (1999). *Health Behavior Change: A Guide for Practitioners*. Edinburgh: Churchill Livingstone.**
- Rollnick S, Miller W, Butler C (2007). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press.**
- Rosengren D (2009) *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford Press**
- Motivating Offenders to Change: A Guide for Probation and Parole**