Intermediate to Advanced Motivational Interviewing for Skill Development & Supervision

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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 an commitment to a specific goal by eliciting and exploring a persons's own reason's 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

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·***Able to let go*** when client is not ready to change

WHAT IS YOUR MI RECIPE

_____

_____

_____

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INGREDIENTS

Empathy
Collaboration
Autonomy
Respect
Non-Judgement
Readiness
Importance
Confidence
Simple Reflections
Complex Reflections
Open Questions
Affirmations
Summaries
Asking Permission
Persuasion with permission
Evocation
Cultivating Change Talk
Softening Sustain Talk

MI MARTINI

- Add large shot of complex reflections
- A dash of affirmation
- Add to a chilled cocktail shaker with summaries, open questions and authentic curiosity; (Avoid the urge to fix by stirring) Shake gently in a Sean Connery way to create collaboration
- Client will let you know when they are ready with mobilizing change talk and excited brainstorming vision.
- Make a plan that comes mostly the client about what kind of glass and how and when to drink.
- Pour in a gorgeous chilled martini glass over a nonjudgemental or a respectful pearl onion.
- Assess for glitches and success and

DRINK A TOAST TO MILLER & ROLLNICK!

Scrawl & Notes

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 and reflection to solve relational and situational discord

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

Evoking- Strategic & Technical: Guiding and Coaching talks about change and situation; Client thinking out loud in new ways; talks more than counselor. (Change Talk) EARS (elaboration, affirmation,reflection,summary); may rub up against situational discord- solve by backing up slowing down .

Planning- Collaborative: S.M.A.R.T. specific,measurable,achievable, realistic,time oriented (tweak what's not working). If Plan stalls return to applicable phase to solve.

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…	*It sounds like you…*
You're wondering if…	*It seems to you that…*
You're feeling…	*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)*

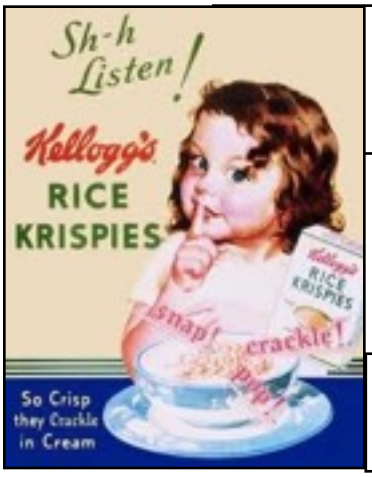
  - Metaphors and similes *(Kind of like…; It's as though…)*

  - Double-sided; twists and reframes

  - Amplified or minimized

- 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." …or the non target is 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..."	



ENGAGEMENT DIFFICULTIES

USE OARS TO SOLVE

Snap

Crackle

Pop

DENTAL EXAMPLES

- *I don't think it matters how we take care of her baby teeth. They are going to fall out.*
- *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.*

SUBSTANCE USE EXAMPLES

- *I know I shouldn't but sometimes I just can help but spank my son and send him to his room, when he is not doing what I ask him to do so that I can get a break.*
- *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.*

HEALTH EXAMPLES

- *I have tried to manage my sugar and even when I eat right, it runs high.*
- *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.*

GRAIN OF TRUTH

Road Block	Grain Of Truth	Balancing Thought
I don’t have time to do Motivational Interviewing		
You don't look old enough to understand my problems		
White people always make systems that put my people in jail or worse.		

+

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.

Tell me More about: **visions, hope dreams, steps actions, glitches, worries, concerns. Remember to cultivate Change Talk and soften Sustain talk.**

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?

Practice 1 Engagement	Practice 2 Focusing	Practice 3 Evocation	Practice 4 Planning
Interviewer:	Interviewer:	Interviewer:	Interviewer:
Using OARS work on engagement with this client;do not get into planning and action	Assist speaker to discuss 3 top priorities for change in next 3-6 months. Use OARS and make sure to explore aspects of subjects that speaker may not always focus on	**Use EARS with speaker and explore, reflect and cultivate change talk; soften and sidestep sustain talk**	Offer a behavioral menu or ask about a change the speaker is willing to think about in the next week or two Assess confidence with reflective listening and if needed a scale question. Use S.M.A.R.T. planning
Speaker:	Speaker:	Speaker:	**Speaker:**
Speak about personal situation that you have ambivalence about or are not used to talking about.	**Speak with a present focus on your own experience.**	**Speak about a change that is challenging to consider or to make.**	Speak about a real situation. Give your interviewer real signals about readiness, confidence and importance
Observer:	Observer:	Observer:	Observer:
Count OARS and offer feedback to interviewer	**Count OARS and collaboration and offer feedback**	Code for Q, CR, and SR also cultivating Change Talk and Softening sustain talk and offer feedback to interviewer	Observe and offer appropriate feedback

MI feedback and Supervision

- Ask the interviewer what they liked about what they did.
- Listen and Reflect
- Ask them what they heard that they noticed wasn't MI or that That might do differently
- Listen and Reflect
- Offer a suggestion with permission if necessary
- Make a Collaborative Plan

Finding the Honey

So you want to make an MI tape or someone has asked you to do it. Maybe you are ready to bump up your skills. maybe someone is asking you to supervise others. Maybe you are just a progressive person who understands that tapes are the best way to improve your practice in and outside of the room.

Obtain verbal and or written permission from client based on your agency policy

Ideally,tape should be 20 min or more in length. If tape is longer you may designate what section you would like the MI coach to listen to. If you are submitting a shorter tape its possible to get some feedback but 20 is the standard.

There must be an identifiable target behavior (or change) that the clinician can ethically hold and collaborate on that would offer an improvement in health and or well-being. In cases where the client is making a decision about taking a particular path such as starting school, moving to another city, staying or leaving a job, or whether or not to pursue an opportunity, the clinician will typically have no investment in the outcome, for ethical and other reasons. Thus, these are situations when the clinician should maintain equipoise. When equipoise is being used, it is not possible for the rater to code either evocation or direction, since by definition there should be no "leaning" in one direction or another on the part of the clinician. This does not provide an opportunity for the clinician to demonstrate their evoking and guiding skills, which form the critical third process in MI. This could be a problem for work samples submitted for the TNT, since the ratings (minus global scores on evocation and direction) would not give any indication

to the reviewers of the full range of skills that the clinician may have in using MI (2014 Ernst, Denise MINT TNT guidelines).

In general you should be trying to make meaningful reflections and explore areas around changing and not changing in vivid ways. Its important to explore what the peerson believes about the change and what they value. Also what they are most concerned about.

It's typical of new practitioners to go on a data hunt with many closed questions. Many change conversations in healthcare travel a well-worn path of convincing and persuading and so a person will say what they think you want to hear unless you create a space for them to think out loud in new ways.

One technique to try is to make at least 1-2 reflections for every questions. Additionally, you can make data oriented questions more curious and open in the curious"Tell Me More" Variety. Remember the main goal is for the client to "think out loud" in new meaningful ways.

You can also keep MI spirit Principals in mind. Autonomy, Collaboration Evocation, Direction and empathy will come naturally with reflective listening but you can also emphasize these principals with word choices.

Be ready to be in the unknown with the patient. I pretend I am a man from Mars. I don't assume that I know. Find the answers together but don't find them for your patient. This is the honey in the beehive of change conversation.The most valuable aspect of taping your MI practice is your willingness to share your practice and witness it for yourself.

A few other guidelines: test your equipment. Once you have determined that the recorder is working, turn it on and forget about it. You will hear yourself in a new way when you allow an MI coach to listen and offer feedback.

Thank You for the opportunity to be a part of your practice.

Annie Fahy

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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)

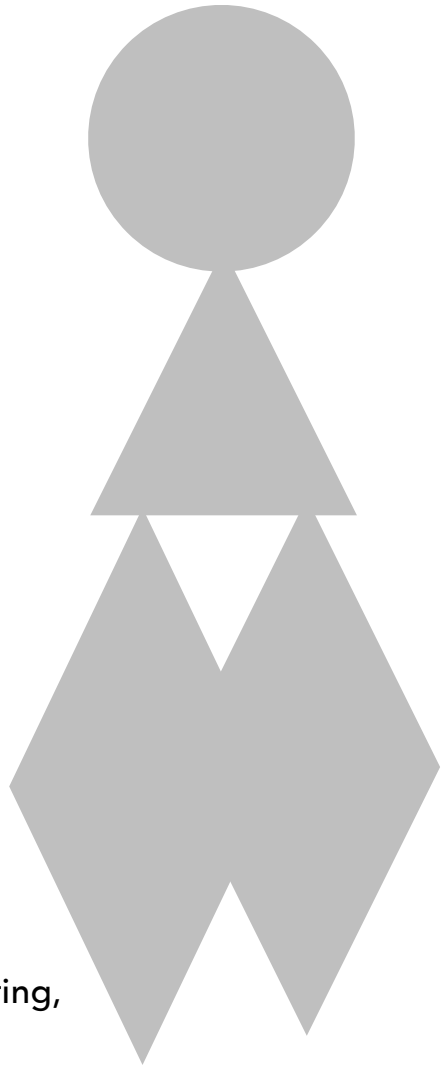
7. How will I know when I have reached my goal?

CASE PRESENTATION AND ROLE PLAY———DEVELOP A NUT SHELL PRESENTATION

Peter is a 29 year old man who works part time as a mechanic (although he would be keen to work a few
more hours, as he has to pay child maintenance to his ex (he has a 3 year old). He was recently diagnosed with Type II diabetes (and doesn't really know much about the long term problems associated with diabetes). He can't see how making a few changes can have a long-term impact on his health. His ex used to give him a bit of grief about his weight (they have a pretty poor relationship). Peter has a few good mates through the a fantasy football club but he is unsure whether they will accept him if he stops drinking alcohol. Recently he fell and hurt his back and has come to the ED a few times for pain issues. Brainstorm: MI spirit and language.

DYAD: Two people interviewer/patient or with writing
TRIAD: Three interviewer/patient/coach
ROUND ROBIN CIRCLE: small group with interviewer and client in center roles shift with participants trying different strategies and interventions

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, were 0 means no confidence and 10 means alot 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	Commitment
Ability	Action
Reasons	Taking Steps

Sidestepping Sustain Talk

PREPARATORY Language	MOBILIZING Language
No Desire	No Commitment
No Ability	No Action
No Reasons	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
on an idea

Reflection Slime

Embedding your advice,
interpretation or opinionTrying

Cultivating Change Talk	1:Clinician shows no explicit preference for, the client's language in favor of changing 2. Clinician sporadically attends to client language in favor of change- frequently misses opportunities to encourage change talk 3. Clinician often attends to the client's change language in favor of change but misses some opportunities to encourage change talk 4.Clinician consistently attends to client's language about change and makes efforts to encourage it. 5. Clinician shows a marked and consistent effort to increase the depth, strength or momentum of the clients' language in favor of the change	**1 2 3 4 5** **low high**
Collaboration	1. takes the expert role 2. superficial collaboration 3. incorporates client ideas but non consistently or genuinely; misses or ignores opportunities to include client 4. fosters collaboration and power sharing 5. fosters collaboration and power sharing in ways that significantly impact the session	**1 2 3 4 5** **low high**

Softening Sustain Talk	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.	**1 2 3 4 5** **low high**
Empathy	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	1 2 3 4 5 low high

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, powers.sharing, backing off of the expert role**	
MI Non Adherent Confront	**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

Images:

The Sprit of MI http://www.ytporegon.org/content/spirit-motivational-interviewing

Roadblocks: http://www.makingcomics.com/tag/overcoming-obstacles/

Honey:http://allcars.pw/brandshdwn-honey-drawing.htm

Honoring Others:

Vintage Rice Krispies ad: https://www.google.com/url?

Salt Shaker: google image search pinterest

Success: Neal Patel on twitter