

Healthy Connections 2010

Self-Managing Care: From Ideas to Solutions

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*Putting Motivational
Interviewing Skills
into Practice*

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Learning Objectives

- ☛ Use reflective listening in a strategic and motivational way
- ☛ Apply resistance strategies in response to challenging client statements or questions
- ☛ Use a structured *change plan* with clients around tobacco reduction and cessation
- ☛ Set professional development goals with respect to the application of motivational techniques in tobacco cessation interventions

Roadmap

- **What is motivational interviewing?**
- **Dealing with ambivalence**
- **Providing Information in a motivational way**
- **Reflective listening and OARS**
- **Developing a change plan**
- **Setting practice objectives**

Counsellor: Find out what change the person is considering making, and then:

- ☛ Explain *why* the person should make this change
- ☛ Give at least three specific *benefits* that would result from making the change
- ☛ Tell the person *how* they could make the change
- ☛ Emphasize how *important* it is to change
- ☛ If you meet resistance, repeat the above.

P.S. This is *NOT* motivational interviewing

Common Reactions to Righting Reflex

- ☞ Angry, agitated
- ☞ Afraid
- ☞ Oppositional
- ☞ Helpless, overwhelmed
- ☞ Discounting
- ☞ Ashamed
- ☞ Defensive
- ☞ Trapped
- ☞ Justifying
- ☞ Disengaged
- ☞ Not understood
- ☞ Not come back – avoid
- ☞ Not heard
- ☞ Uncomfortable
- ☞ Procrastinate

What is Motivational Interviewing?

- ☞ Motivational Interviewing is a collaborative, person-centred form of guiding to elicit and strengthen motivation for change.

■ Bill Miller, MINT Listserv, Sep 2009

- ☞ Techniques involve listening reflectively, eliciting change talk, examining ambivalence, rolling with resistance, and not pushing for change prematurely.

A Taste of Motivational Interviewing:

Conversation with one speaker and one listener.

Speaker's Topic:

Something about yourself that you

- want to change

- need to change

- should change

- have been thinking about changing

but you haven't changed yet

i.e. – something you're ambivalent about

Listener

- ☞ Listen carefully with a goal of understanding the dilemma

- ☞ Give no advice.

- ☞ Ask these four open questions and listen with interest:

1. Why would you want to make this change?
2. How might you go about it, in order to succeed?
3. What are the three best reasons to do it?
4. On a scale from 0 to 10, how important would you say it is for you to make this change?

Follow-up: And why are you at ___ and not zero?

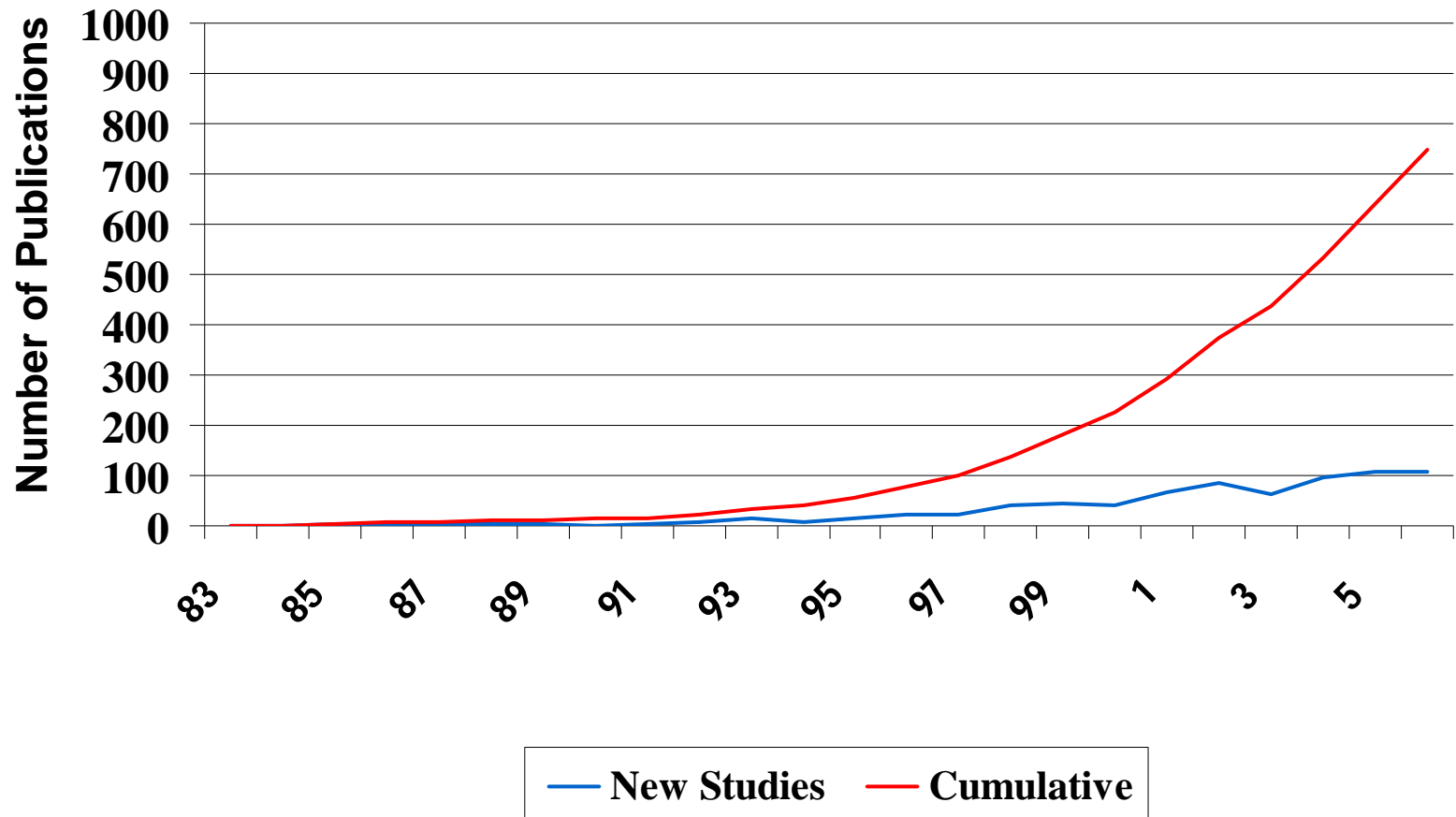
- ☞ Give a short summary/reflection of the speaker's motivations for change

- ☞ Then ask: "So what do you think you'll do?" and just listen

Common Human Reactions to Being Listened to

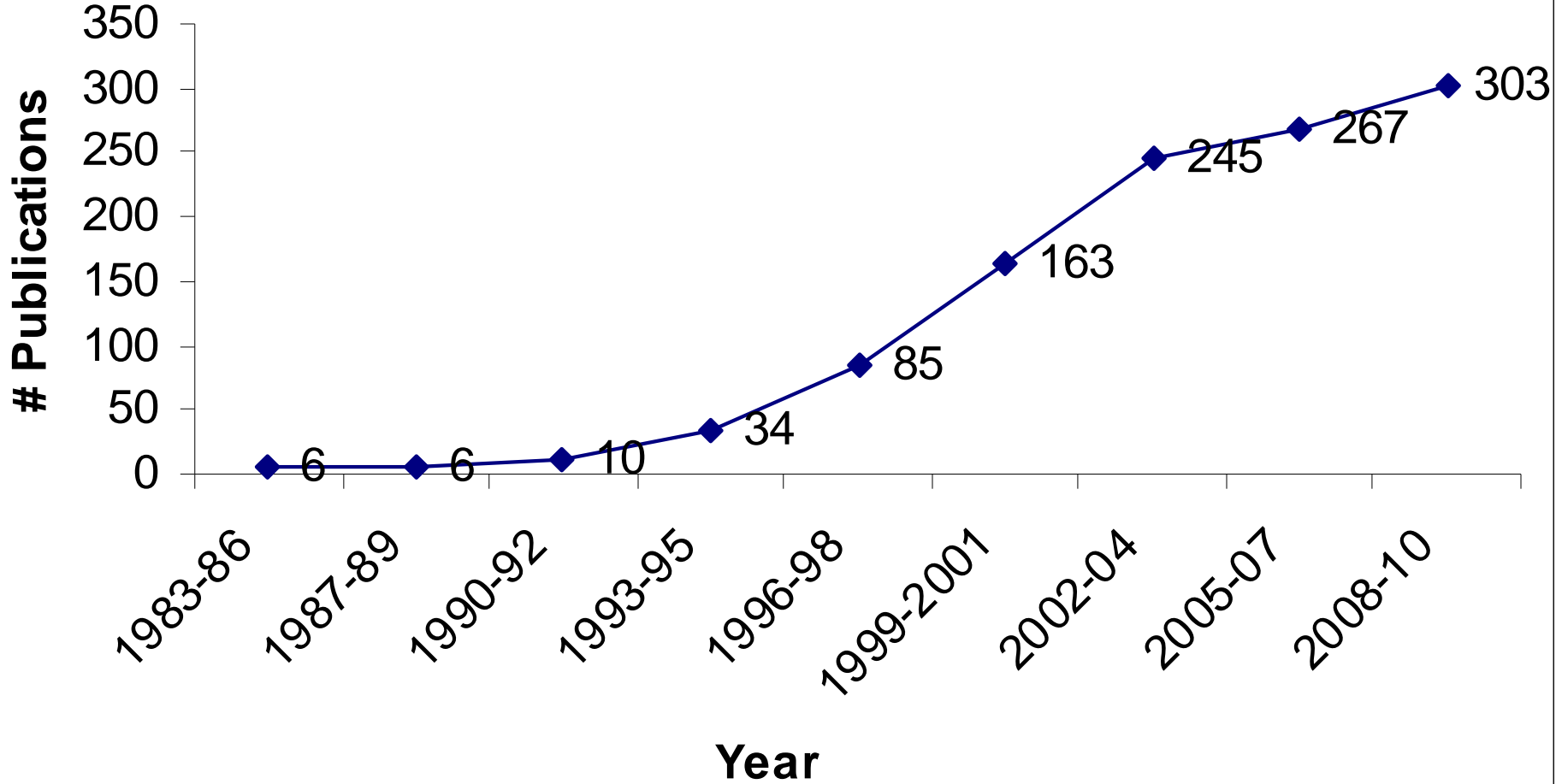
- ✔ Understood
- ✔ Want to talk more
- ✔ Liking the counselor
- ✔ Open
- ✔ Accepted
- ✔ Respected
- ✔ Engaged
- ✔ Able to change
- ✔ Safe
- ✔ Empowered
- ✔ Hopeful
- ✔ Comfortable
- ✔ Interested
- ✔ Want to come back
- ✔ Cooperative

MI Publications by Year

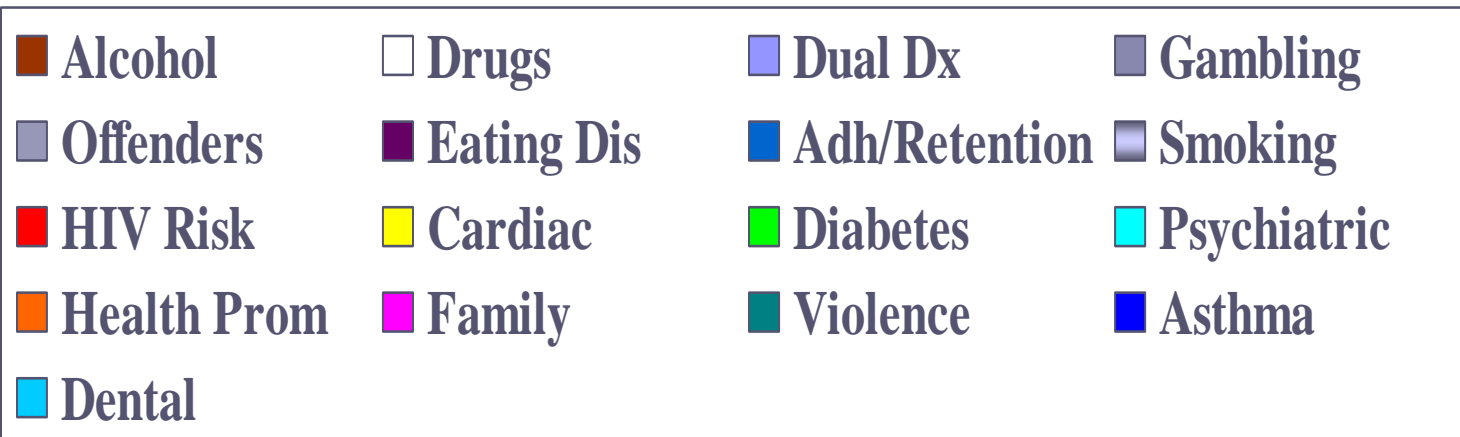
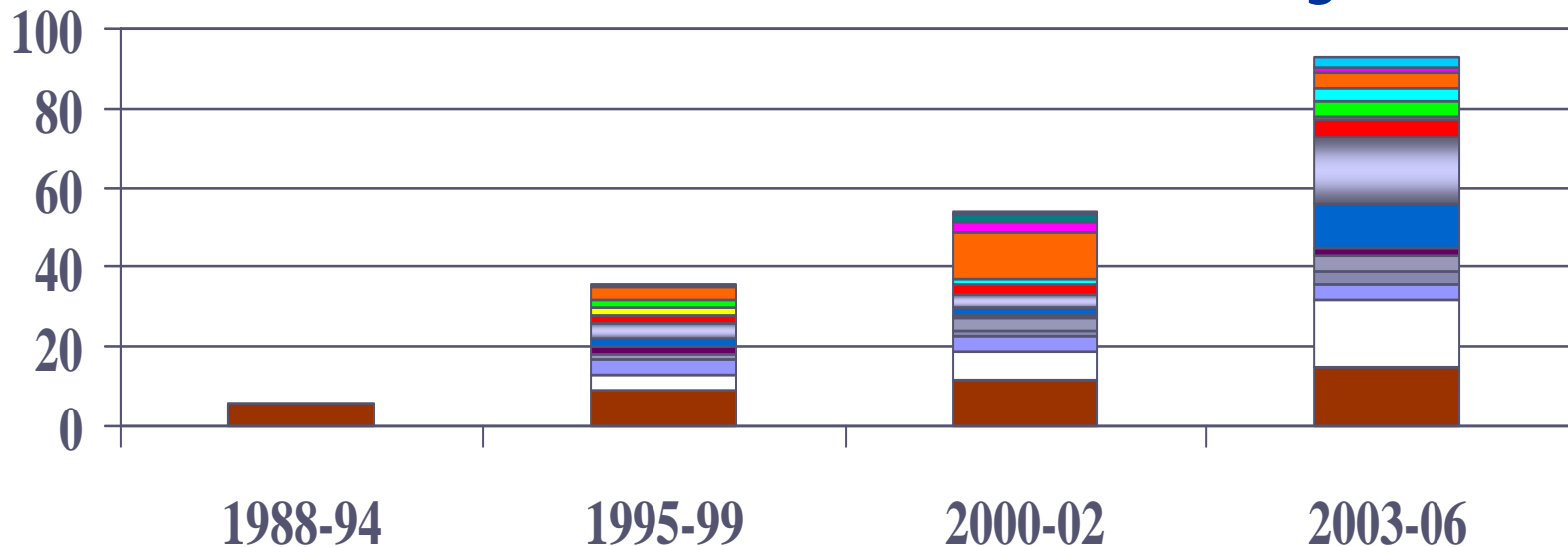


Source: www.motivationalinterview.org/library/biblio.html

MI Publication Trajectory



MI Outcome Studies by Era



MOTIVATIONAL INTERVIEWING

PREPARING
PEOPLE FOR
CHANGE

WILLIAM R. MILLER
STEPHEN ROLLNICK

second edition

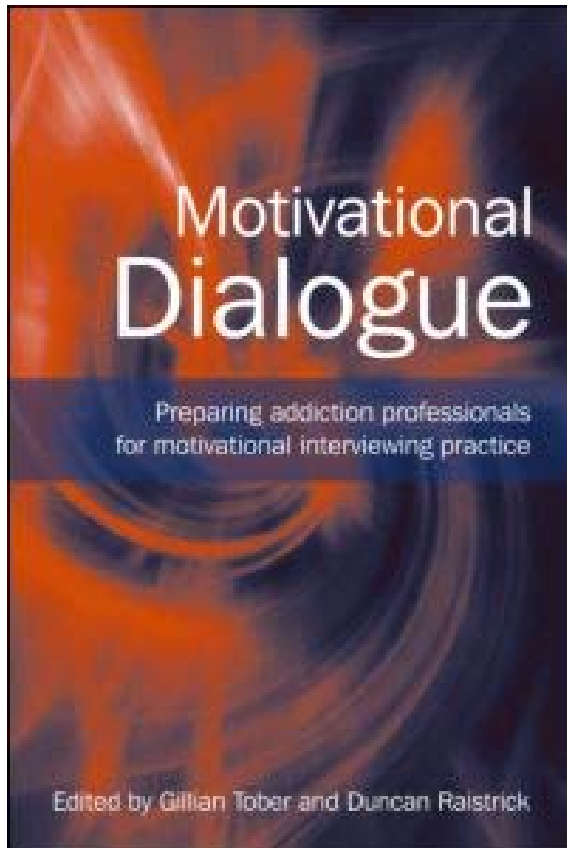
2002

BUILDING MOTIVATIONAL INTERVIEWING SKILLS

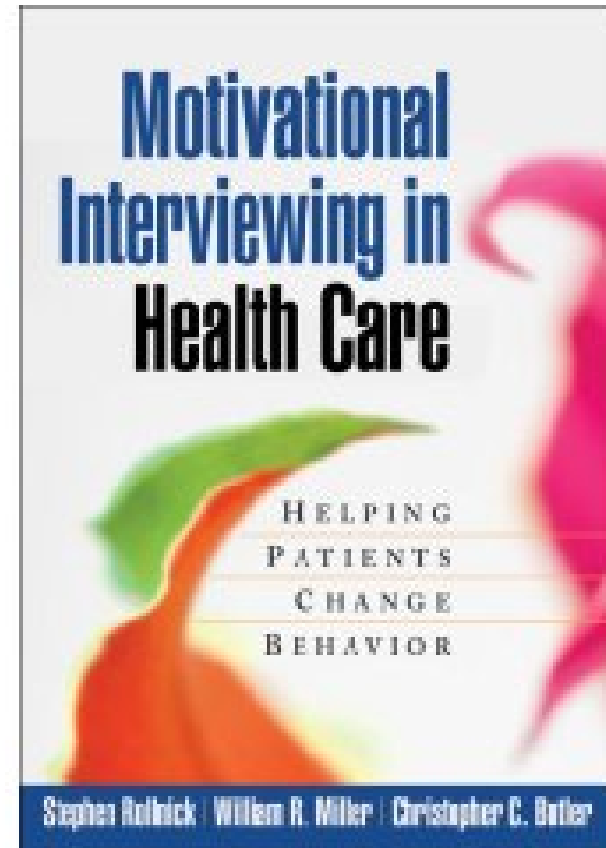
a practitioner workbook

DAVID B. ROSENGREN

2009



2007



2008

MI Drawn From:

- ☛ Motivational psychology
- ☛ Rogerian therapy
- ☛ Stages of Change (Trans-theoretical) model

www.motivationalinterview.org

5 Principles of Motivational Interviewing

1. Avoid arguing
2. Express empathy
3. Develop discrepancy
4. Roll with resistance
5. Support self-efficacy

Phase 1: Building Motivation

FOUR KEY STRATEGIES – OARS

OPEN questions (to elicit client change talk)

AFFIRM the client appropriately (support, emphasize personal control)

REFLECT (try for complex reflections)

SUMMARIZE ambivalence, offer double-sided reflection

Saunders' Law of Behavior Change

People only change when the pain of change is less than the pain of staying the same.

The natural response of anyone who is challenged about a behavior over which they are ambivalent, is to argue the counter position.

- ☛ In being ambivalent we are only too aware of both sides of the argument and if pressed will automatically, and ably, argue the opposite.
- ☛ It is our task to state the reasons for making a change, and it is not another person's role to confront us into accepting some therapist-determined (usually pre-determined) diagnostic label.

(Saunders & Wilkinson, 1990)

“A Psychological Law”

**I learn what I believe as I hear
myself speak.**

- Bill Miller

Providing Information...

in a motivational way...

Elicit/Provide/Elicit Sequence

- Elicit the patient's understanding of the problem
- Provide information
- Elicit patient's response to your information

Giving Information and Advice: *3 Kinds of Permission*

1. The person asks for advice
2. You ask permission to give advice
3. You qualify your advice to emphasize autonomy

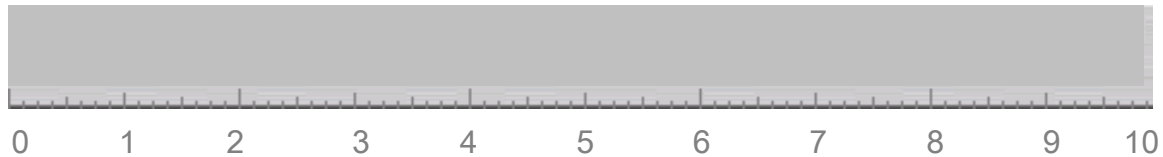
Giving Information and Advice

- ☛ Get permission
- ☛ Qualify, honoring autonomy
- ☛ Ask – Provide – Ask
(Elicit/Provide/Elicit)
- ☛ For suggestions, offer several instead of one

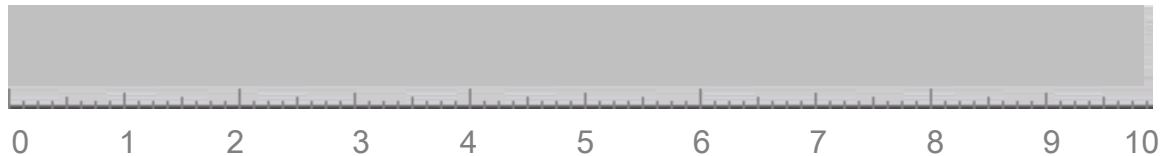
Readiness Ruler

Circle the number (from 0 to 10) on each of the rulers that best fits with how you are feeling right now.

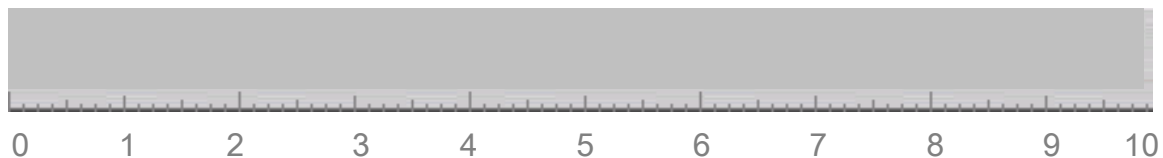
1. How **important** is it to change your behaviour?



2. How **confident** are you in your ability to change?



3. How **ready** are you to make this change?



Follow-up Questions

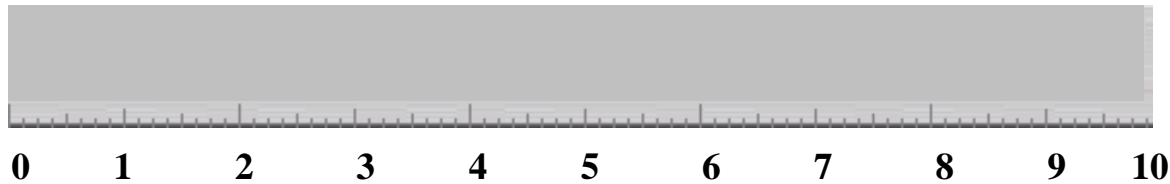
- ☛ “Why are you at (current score) and not zero?”
- ☛ “What would it take for you to get from (current score) to (higher score)?”
- ☛ “What has made this change this important to you so far, as opposed to it being unimportant (zero)?”
- ☛ “What would it take to make this change even more important to you?”

Generalizing Gains

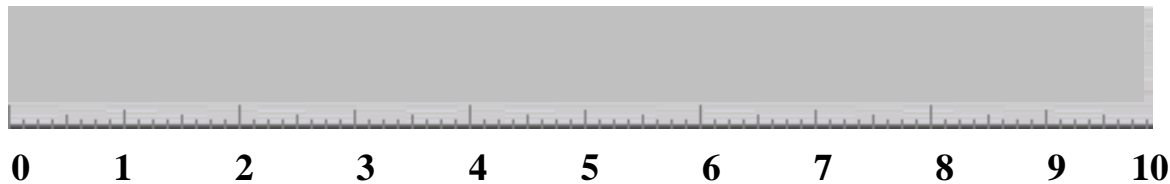
“Changes in practice behaviour are small and ephemeral after a training event, unless specific steps are taken to continue the change process.” (MINT, 2004)

“Readiness Ruler”

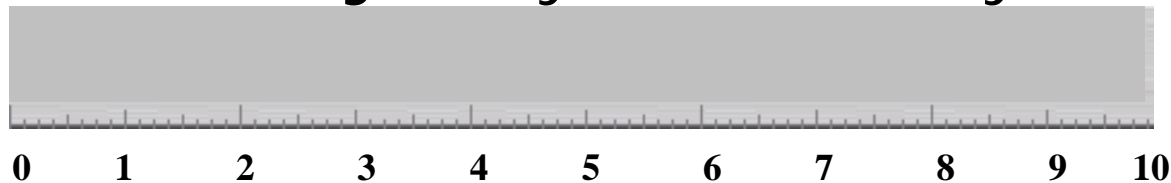
- How **important** is it to start using some of these strategies/tools?



- How **confident** are you that you could apply them in your practice?



- How **ready** are you to actually use them?



Practice Goals

What is one thing you will commit to practicing with your patients in the coming week?

Thank you!



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