Motivational Interviewing
A Taste of MI
NY Success Webinar
Why Motivational Interviewing?

- Conversations about change
- Ambivalence
- Guiding style

“If you are arguing for change and the person you are serving is arguing against it, you’ve got it exactly backward”
Evidence-Based

- National Registry of Evidenced-Based Programs and Practices
- In 2013, more than 1,200 publications and more than 200 clinical trials
- Research reflects wide array of problems, professions, practice settings
- Both therapeutic relationship and specific proficiency contribute to the efficacy of MI
Research Evidence

- MI not derived from theory
- MI emerged from clinical experience leading to testable hypotheses
- Effectiveness varies across counselors, studies, and sites within studies
- Fidelity of delivery is important in understanding outcomes
Cross-Cultural Practice

- MI adapts to differences rather than assuming them
- MI has been translated into >22 languages
- MI trainers speak >45 languages on six continents
- Good listening crosses cultures well
MI and other Treatments

- MI style compatible with a wide range of other clinical practices
- MI becomes a way of doing, of practicing-a clinical style
- MI has been combined with cognitive-behavioral approaches, education, care management, pharmacy, public health
- SBIRT
Motivational Interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.

* A “way of being”

**Collaboration**, Acceptance, Absolute Worth, **Autonomy**, Compassion, **Evocation**

* The person has the resources—our job is to evoke their thoughts, ideas, abilities and solutions.*
More about the MI Spirit

- Menu of options
- Advice with permission
- Humility
- Activation
- How has he/she made change in the past?
The ♥ of MI
The Four Processes

- Engaging
- Focusing
- Evoking
- Planning
Engaging
The Relational Foundation

- Open ended questions
- Affirmations
- Reflective listening
- Summaries
- Advice with permission
What can interfere with engagement?

- Culture of the service-design, procedures, and protocols
- Conversations in which the person is passive (let’s talk about “patient activation”)
- Focusing too early on a goal before sufficient engagement
- Arguments about diagnoses, labels
- Confused, fearful, or angry folks
- Informal chatting
When engagement happens!

The clinician is curious
Folks return for another visit
The mutually trusting and respectful relationship predicts retention and attainment of desired goals

Engagement and YOU
When you visit a new situation for the first time, what influences whether you will return?
Activation of the Person - Confidence and Competence

What do you already do to motivate the people you serve?

- Explore what the person already knows (about their schizophrenia, their diabetes, their relationships etc)

- Let’s talk about affirmations!

- Recognize, support, and encourage the person’s strengths and efforts
Sources of Competence

- Previous achievements
- Modeling by others and observing others
- Providing hope

Support the person’s self-efficacy
Reflective Listening:
Compassion, Caring and Empathy

Reflective listening is a key MI skill
Use 2-3 times more often than questions
Keeps us focused on the client’s words

The MI spirit and expression of empathy and compassion can enhance our own wellness!
Sustain Talk and Discord: Deconstructing “Resistance”

“Out of clutter, find simplicity. From discord, find harmony. In the middle of difficulty lies opportunity.”

---Albert Einstein

**Sustain talk:** this is about the target behavior or change

**Discord:** this is about your relationship with the person
Sustain Talk

- Reflects one side of the person’s ambivalence. It’s normal. We all do it.
- Can not be recognized until you have found a focus
- The more people verbalize sustain talk, the more they talk themselves out of change

It is not necessary or even desirable in MI to evoke and explore all of the person’s possible reasons for maintaining the current behavior that is being viewed as the “problem”
Responses to Sustain Talk

Reflective listening responses:
- Straight reflection (often a simple reflection)
- Amplified reflection
- Double-sided reflection

Other strategic responses:
- Emphasizing autonomy
- Reframing
Recognizing Discord and Your Role in it

“Tune your ear to hear signals of dissonance and know that they are important”

*Defending
*Squaring off
*Interrupting
*Disengagement

How are you contributing to this?
Sources of Discord Engaging

Discord in engaging:

1. People can come to us angry---you have influence over what happens next!
2. Labeling
3. Blaming
Sources of Discord Focusing

Discord in Focusing:

1. Disagreement about what to discuss
2. Disagreement about what to change
3. Premature focus on change before engagement is adequate
Sources of Discord Evoking

- Discord in Evoking:
  1. Pushing the conversation in direction or pace the person will not tolerate
  2. The “Righting Reflex”
  3. Moving prematurely into planning
Sources of Discord
Planning

- Discord in planning
  1. Forgetting to collaborate
  2. Discord over the best way to proceed
  3. Clash between the clinician’s “righting reflex” and the person’s ambivalence
Responding to Discord

- Reflective listening-amplified, double-sided
- Apologizing
- Affirming
- Shifting Focus
Like the volume control on a radio...

Both sustain talk and discord can be significantly increased or decreased depending on how the clinician responds.
Partnersing in the community! MI is a way of being with ALL the people we serve!

- Engage them
- Learn what is important to them
- Learn what they value
- Learn what they need
What MI strategies can you use to engage our community partners

- Compassion, empathy, collaboration
- OARS
- Dance with discord
- Support autonomy
- Secure commitment
- DARN change talk (Desire Ability Reasons Need)
- Affirmations
- Hope and optimism
Integrating MI into your practice

“Go alone, go faster; go together, go farther.”
---Sotho-Tswana saying, Southern Africa

What works best for your practice, your agency?

Perhaps limited implementation with a few staff?
i.e. - just front end staff (to increase retention at intake)
- only those staff particularly interested in learning MI
Webinar is a good start, while only a beginning...

- The role of webinars
- Facilitating ongoing coaching and peer support
- Improving conversations about change
Insight about facilitating change

- How people talk about change matters
- Communications that evoke sustain talk/discord are unlikely to promote change
- One’s reflexive response to “fix” or make change happen may not be the best choice (fear...ours!)
- Listening is a powerful tool
- Ambivalence is common
- Engagement matters
- People’s own needs/motivations lead to ownership of change/better outcomes
If directing style has been prevalent... here are three areas to start making change

- Plant yourself firmly in the guiding style
- Focus on engagement because it improves outcomes
- Understand that information exchange is an art: Elicit-Provide-Elicit
MI is simple but not easy

- Needs feedback and practice:
  1) Working in the spirit of MI, collaboration
  2) Proficiency with OARS, engagement
  3) Recognizing and responding to change talk
  4) Evoking change talk and guiding toward a goal
  5) Dancing with discord
Ideas as you go forward...

- Read MI books/articles/research
- Watch videos of others doing MI
- Introductory/advanced face to face workshops
- Feedback from the persons you serve
- Audiotaping, coding, feedback and coaching
- Self analysis with consultant feedback
- Live observation with feedback
Thanks for your participation!

As we close, ask yourself:

- How important is it for me to become effective with MI (does it match your professional values, goals)?
- How confident am I that I can include the MI “way of being” into my work?
- When importance and confidence are present, how committed am I to the effort of becoming MI proficient?
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