

# Creating a Culture for Change

## Motivational Interviewing in Recovery Housing

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# Agenda

- Slides 1-10 17 min
- Slide 11 (video) 3 min
- Slide 12-17 (with video) 13 min
- Slide 18-28 10 min
- Video and activity 17 minutes
  - 8 minutes video
  - 8 minutes report out/discuss
  - 1 minute conclusion

# By the end of this session you will

- Know what Motivational Interviewing (MI) is and how it works
- Understand how MI can support change
- Recognize the spirit of MI and its core elements and strategies
- Learn some basic skills to adopt in your practice
- Know where to find more resources for learning

# What is Motivational Interviewing (MI)?

- A counseling approach and used as a communication approach
- It is applicable in our relationships outside of work, and at work
- We often use it when we want to help others make change
- Originally developed by William and Miller and Stephen Rollnick

# Key qualities include:

- MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors client autonomy.

# While used in a wide range of conversations...

It is particularly useful to help people examine their situation and options when the following are present:

- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear.

# Practiced as a way of being with people:

- **Partnership** - The MI practitioner is an expert in helping people change; people are the experts of their own lives.
- **Evocation.** People have within themselves resources and skills needed for change. MI draws out the person's priorities, values, and wisdom to explore reasons for change and support success.
- **Acceptance.** The MI practitioner takes a nonjudgmental stance, seeks to understand the person's perspectives and experiences, expresses empathy, highlights strengths, and respects a person's right to make informed choices about changing or not changing.
- **Compassion.** The MI practitioner actively promotes and prioritizes clients' welfare and wellbeing in a selfless manner.

# Making the Case for MI

## MI increases:

- Positive treatment outcomes
- Consumer quality-of-life
- Consumer engagement and retention
- Staff recruitment, satisfaction, and retention

## MI decreases:

- Staff burn-out and attrition
- Confrontations with consumers
- Consumer no-show and drop-out



# How does it work?

- It invites another to share the values, beliefs, preferences and desires that impact the decision they make (motivation)
- It can be engaged with other techniques
- Addressing ambivalence through change talk

# What are the principles of MI

- Express empathy
- Work with ambivalence
- Roll with resistance
- Support self-efficacy

# And the spirit?

- Non judgmental
- Empathic
- Walking shoulder to shoulder
- There is no pushing or pulling to get someone to do something
- There is no expert - Other than the person
- No “should do” or “shouldn’t do”
- Curious, Inquisitive

# On Expressing Empathy



# Support Self Efficacy

- Provide hope and enhance confidence that change is possible
- Belief and confidence in one's ability is the key to change
- Help them see the strengths they have
- People know when we believe in them - the self-fulfilling prophecy
- Hope and expectation for change
- And, remember it is always the person's choice to change

# Building a Culture to Support Change

- Assume we all want to do what is best for our wellbeing, we don't need motivation from others, instead another can help amplify our own motivation
- Believe in one's ability to change and support them to change something they want deeply to change
- Never coerce or manipulate someone to do something only we want them to do, even we think or know it is for their own good

# Roll with Resistance

- Resistance is understood to be relational
- Healthcare professionals can influence people's motivations (for better or worse)
- Opposing resistance reinforces it so - DON'T PUSH
- "Being told what to do"
- Collaborate and help them develop their OWN reasons for change

# Develop Discrepancy

Shine a light on the difference between what a person says they want and what they are doing

People come to know what they believe by hearing themselves say it

Help the person present the reasons for change



# The DOs and DON'Ts

## DO

- Avoid argumentation
- Offer information, encouragement and support
- Validate experiences and feelings
- Make change the responsibility of the

## DON'T

- Tell a participant how to accomplish a lifestyle change; the participant defines how
- Try to convince a participant to make a change
- Diagnose or prescribe

# The “Righting Reflex”

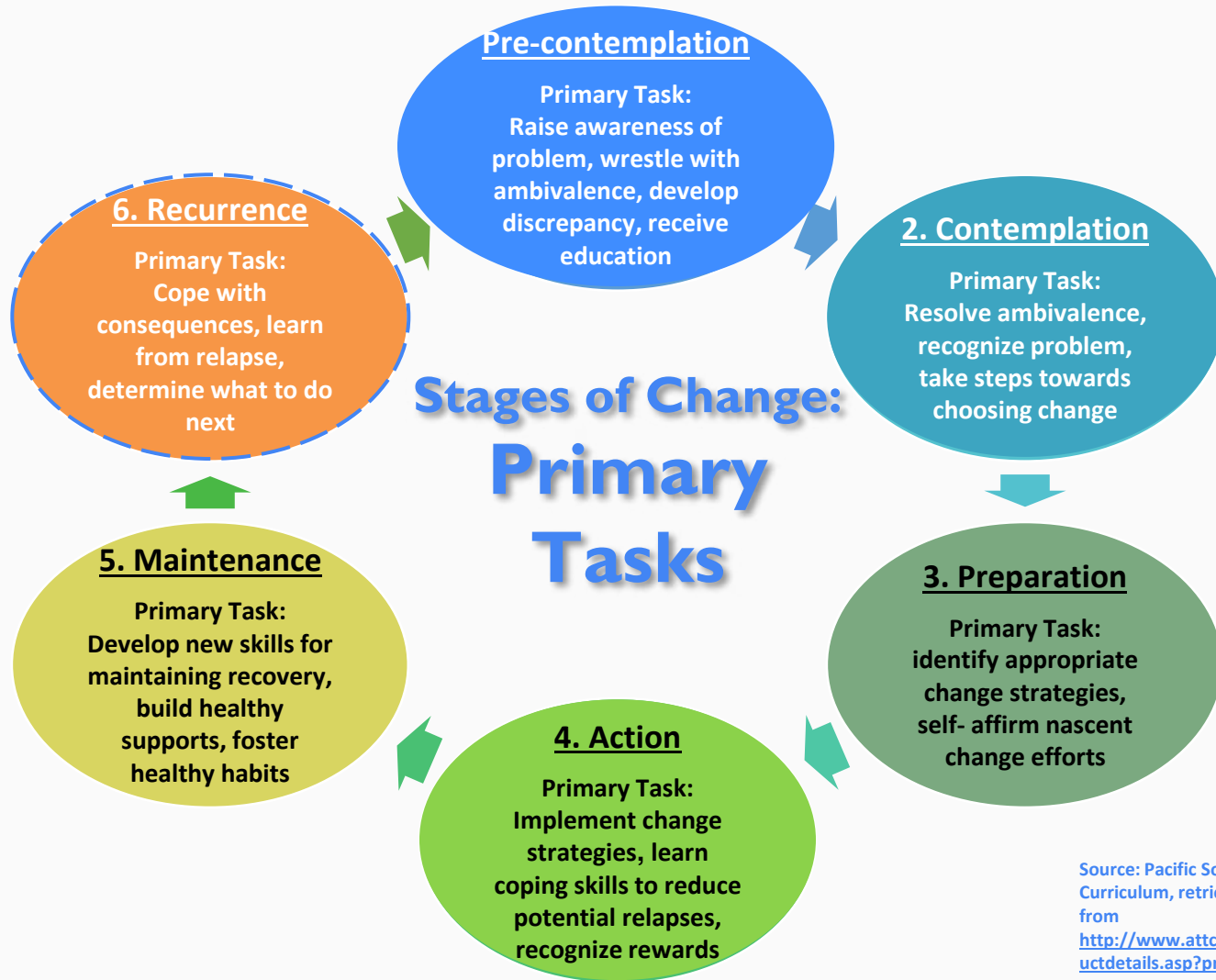


# Switching Gears....

## MI Skills and Strategies

- OARS
- DARN - CAT

But first.... Stages of Change and MI



## Stages of Change: Intervention Matching Guide

<h3>PRE-CONTEMPLATION</h3> <ul style="list-style-type: none"> <li>• Offer <b>factual</b> information</li> <li>• Explore the <b>meaning of events</b> that brought the person to treatment</li> <li>• Explore <b>results of previous change attempts</b></li> <li>• Explore <b>pros and cons</b> of targeted behaviors</li> </ul>	<h3>CONTEMPLATION</h3> <ul style="list-style-type: none"> <li>• Explore and increase the person's <b>sense of self-efficacy</b></li> <li>• Explore <b>expectations</b> regarding what the change will entail</li> <li>• <b>Summarize</b> self-motivational statements</li> <li>• Continue exploration of <b>pros and cons</b></li> </ul>	<h3>PREPARATION</h3> <ul style="list-style-type: none"> <li>• Offer a <b>menu of options</b> for change</li> <li>• Help identify <b>pros and cons</b> of various change options</li> <li>• Identify and <b>lower barriers</b> to change</li> <li>• Help person <b>enlist social support</b></li> <li>• Encourage person to <b>publicly announce plans</b> to change</li> </ul>
<h3>ACTION</h3> <ul style="list-style-type: none"> <li>• Support a <b>realistic view</b> of change through <b>small, attainable steps</b></li> <li>• Help <b>identify high-risk situations</b> and develop <b>coping strategies</b></li> <li>• Assist in <b>finding new reinforcers</b> of positive change</li> <li>• Help access family and social <b>support</b></li> </ul>	<h3>MAINTENANCE</h3> <ul style="list-style-type: none"> <li>• Help identify and try <b>alternative behaviors</b> (drug-free sources of pleasure, healthy habits)</li> <li>• Maintain <b>supportive contact</b></li> <li>• Help <b>develop escape plan</b></li> <li>• Work to <b>set new</b> short and long term <b>goals</b></li> </ul>	<h3>RELAPSE/RECYCLING</h3> <ul style="list-style-type: none"> <li>• Frame recurrence as a <b>learning opportunity</b></li> <li>• Explore possible behavioral, psychological, and social <b>antecedents</b></li> <li>• Help to develop <b>alternative coping strategies</b></li> <li>• Explain Stages of Change &amp; encourage person to <b>stay in the process</b></li> <li>• Maintain <b>supportive contact</b></li> </ul>

# Engagement - OARS

- **Open Ended Questions**
- **Affirmations**
- **Reflective Listening**
- **Summaries**

# Open Ended Questions

Open ended questions to elicit change talk:

- *“What are some of your reasons for decreasing your alcohol intake?” (desire)*
- *“How might you go about decreasing your drug usage?” (ability)*
- *“What do you see as some benefits to lowering your alcohol usage?” (reasons)*
- *“How important is it for you to decrease your usage?” (need)*
- *“What might you do to start reducing your alcohol consumption?” (commitment)*

# Affirmations

## Affirmations:

- Used to encourage people to see their “resources”
- Make them personal and genuine
- Explore partial successes and attempts and intentions
- Highlight patient attributes, effort

*“I’m really glad you decided to come in to see me today.”*



# Reflective Listening

**R**eflective Listening (paraphrasing pt comments):

*“It sounds as if you are a bit concerned about how to make healthier choices in your life.”*

# Summaries

**S**ummaries (restating patient's main points):

*“Let me make sure I heard you correctly. You do want to address your drug usage and you want information about how to take more precautions if you find yourself in a risky situation.”*

# “Preparation” Change Talk - “DARN” - Cat

**D**esire: I want to get healthier.

**A**bility: I can do this if I set my mind to it.

**R**easons: My drinking is causing me health problems.

**N**eed: My family worries about me too much; it is not fair to them.

# “Implementing” Change Talk - Darn - “CAT”

**C**ommitment: I will start getting health check-ups.

**A**ctivation: I called the number to schedule today.

**T**aking steps: I attended my first meeting.

# Activity - Video and Report Out

- Team One - Listen for
  - OARS
- Team Two Listen for
  - DARN - CAT
- Report out and Discussion
  - Other Themes



# Final Thoughts - Skills of an effective counselor

- They live in the present and have a sense of humor
- Have an identity they are comfortable with
- Able to recognize and accept their own power
- They are open to change
- Can maintain health boundaries
- Appreciate culture and differences
- Willing to admit mistakes
- Have a sincere interest in helping others

# References

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