



Welcome to Today's TDU Training!

Alameda PATH Collaborative Meeting

Introduction to
Motivational Interviewing



Who is TDU?

We are funded by Alameda Alliance for Health to support the CalAIM Initiative.



TDU provides training opportunities for Enhanced Care Management and Community Supports providers within Alameda County.



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**Please take
care of
yourself and
engage with
other
participants**

**You have a
unique
perspective
that only you
can provide**

**Your
experiences as
a provider may
be helpful to
others**

You are the expert!

**Share your
expertise and
knowledge
with your
colleagues**

**You can
actively
contribute to
your own
learning**

**TRAINING
DEVELOPMENT
UNIT**



CalAIM Key Goals



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

Motivational Interviewing helps providers stay on the right path alongside our clients

Motivational Interviewing

Presented by Jenn Awa and JB Del Rosario



TDU Consultant



Training Manager

Learning Objectives

1

Understand the principle and spirit of motivational interviewing

2

Build skill in identifying client concerns and motivations

3

Build skill in using tools from MI to encourage change and resolve ambivalence

What is Motivational Interviewing?

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

(Miller & Rollnick, 2013)

Why Practicing MI works for OUR work!

- IT WORKS!
- It doesn't cost much small intervention, big effect!
- The opposite approach, confrontational counseling, has poor results.
- It fits well with other treatment interventions
- It makes our jobs easier and more enjoyable
- Robust and enduring effects when MI is added at the beginning of treatment
- MI increases treatment retention, adherence and staff-perceived motivation.

Focus Areas

Improving

- Improving Communication

Supporting

- Supporting Equity

Coaching

- Coaching and Feedback

Promoting

- Promoting Change

Spirit of Motivational Interviewing

A style, attitude or approach. A way of being when talking about change. A powerful ingredient in the fuel that drives good practice.

MI is a partnership; It asks us to recognize that the person is an expert in their own life.



Research shows that activating the person's own expertise is a key condition for change.

- **Honor Autonomy:** Responsibility is on the team member.
- **Collaborative:** working with the team member, respect the client's expertise; understand their goals.
- **Evocative:** drawing out ideas and solutions from the team member

Principles of Motivational Interviewing

1. Express empathy
2. Support and develop discrepancy
3. Deal with resistance
4. Support self-efficacy



1. Express Empathy

The ability to understand what the client is feeling.
This refers to the providers ability to understand with sensitivity and accuracy (but not sympathetically) the client's experience and feelings.

1. Express Empathy

- Understand that acceptance increases motivation
- Recognize that skillful reflective listening is critical
- Regard ambivalence as a normal part of the change process

2. Enhance Self-Efficacy

- Self-efficacy is a crucial component to facilitating change. If a participant believes that she has the ability to change, the likelihood of change occurring is greatly increased.
- A person's belief in the possibility of change is an important motivator.
- The participant, not the counselor, is responsible for choosing and carrying out change.
- The counselor's own belief in the participant's ability to change becomes a self-fulfilling prophecy.

2. Enhance Self-Efficacy

- Reinforce even small changes
- Affirm strengths and competencies
- Remind person that relapse is normal
- Support optimism that change is possible
- Communicate that the decision & responsibility to change belongs with the person
- Believe in the person's ability to make positive changes in their life

3. Develop Discrepancy

Enables the client to see that his/her present situation does not necessary fit into her values and what they would like in the future. The principle of developing discrepancy is based on the understanding that motivation for change is created when the person perceives a discrepancy between their present behavior and important personal goals.

3. Developing Discrepancy

A. How does “X” (behavior to change) fit with your goal?

“How does continuing drinking into with your interest in getting stable housing?”

B. On the one hand “X” and on the other “Y”

“Help me understand, on the one hand you say that you’ve regretted using to the point of blanking out, and on the other, you feel you don’t need to make changes?”

C. Ask for the specifics about the “less good things” about behavior.

“You say that worrying about being without a place to live in the past has been awful. Tell me more about that experience.”

Avoiding Argumentation

From an MI perspective, resistance occurs when then the client experiences a conflict between their view of the “problem” or the “solution” and that of the counselor or when the client experiences their freedom or autonomy being impinged upon.

These experiences are often based in the client’s ambivalence about change. In MI, counselors avoid eliciting resistance by not confronting the client and when resistance occurs, they work to de-escalate and avoid a negative interaction, instead "rolling with it."

Avoid Argumentation

Invite	Invite the person to consider a different perspective
Look	Look to the person to find their own answers and solutions
Avoid	Avoid debating, proving a point, or imposing your point of view
Establish	Establish trust, ask permission, and elicit the person's own perceptions before offering information

The “Righting Reflex”

- Resist the urge to correct the patient.
- Rollnick and colleagues (2008) refer to this as the “righting reflex.”
- Care providers have a powerful desire to heal, prevent harm, and “set the patient straight,” but this can have a paradoxical effect because people don’t like to be told what to do.



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Using OARS

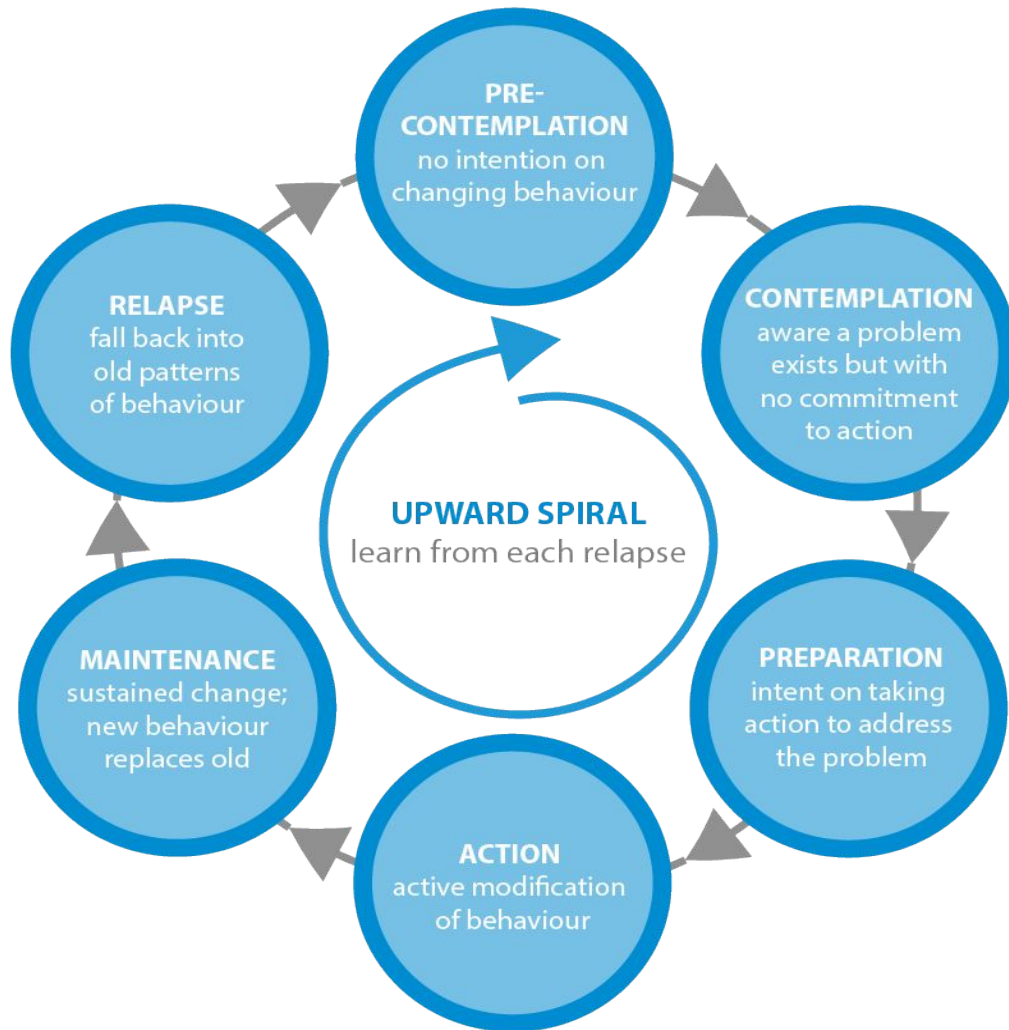
In Motivational Interviewing

Active Listening: Using OARS

- **O**pen-Ended Questions
- **A**ffirmation
- **R**eflective Listening
- **S**ummarizing
 - Nonverbal Communication
 - Managing Silence

listen to
understand
not to say
something back in return.

Stages of Change



Stages of Change

Originated by James Prochaska and
Carlo DiClemente (1983) and
adapted

Think About Something You Want To Change

- What is it?
- What are some supports to change?
- What are some challenges to change?

Change Talk

Listening for Change Talk

"People are generally better persuaded by the reasons which *they have themselves discovered* than by those which have come into the mind of others."

- -BLAISE

Ambivalence

When a client is ambivalent, it's common to hear two kinds of talk mixed together. They see both the reasons to change and reasons not to.

Sustain Talk

The opposite of change talk, the person's own arguments for not changing, for maintaining the status quo. Sometimes in the same sentence.

Change Talk

The person's own statements that favor change, self-motivational statements.

"I want to quit smoking but every time I've tried I gain weight then start again. I know it's bad for my health yet I can't imagine not smoking."

Change Talk - Preparatory Stage^a

- **Desire:** want, prefer, wish, etc.
- **Ability:** able, can, could, possible
- **Reasons:** specific arguments for change-why do it? What would be good?
- **Need:** important, have to, need to, matter, got to



Miller & Rollnick, 2013

CHANGE TALK

D esire for Change

A bility to Change

R eason to Change

N eed for Change

C ommitment

A ctivation

T aking steps

Behavior Change

Change Talk - Desire

Statements about preference for change:

1. I want to....”

“I want to get rid of this pain”

2. I would like to...”

“I would like to play more with my grandkids”

3. I wish...”

“I wish I could lose some weight”

CHANGE TALK

D esire for Change

A bility to Change

R eason to Change

N eed for Change

C ommitment

A ctivation

T aking steps

Behavior Change

Change Talk - Ability

Statements about capability:

1. I could...

"I could probably take a walk before supper"

2. I can....

"I can imagine making this change"

3. I might be able to....

"I might be able to cut down a bit"

Change Talk - Reason

Specific arguments for change:

1. I would probably feel better if I...

"I'm sure I'd feel better if I exercised regularly."

"I need to have more energy to play with my kids"

"This pain keeps me from playing the piano."

"Quitting smoking would be good for my health."

*Change talk can express specific reasons, but reasons can occur along with desire verbs.

CHANGE TALK

D esire for Change

A bility to Change

R eason to Change

N eed for Change

C ommitment

A ctivation

T aking steps

Behavior Change

Change Talk - Need

Statements about feeling obliged to change:

1. I ought to...

"I ought to make better food choices"

2. I have to....

"I must get some sleep"

3. I really should....

"I really should get more exercise"

Commitment

When it comes to statements with a likelihood of change the quintessential verb is “WILL,” but commitment have many forms.

- Some statements of strong commitment are:

“I promise...”

“I will...”

“I intend to...”

“I am ready to.”

- People also signal an opening door with such statements as:

“I will think about it...”

“I’ll consider it...”

“I plan to...”

“I will try to...”

Action & Taking Steps

Statements about an action taken:

“I actually went out and....” “This week I started.....”

You may encounter this particularly when you see patients repeatedly over time. These statements indicate the person has taken, even if haltingly, some step toward change. He or she has done something that moves him or her in the direction of change.

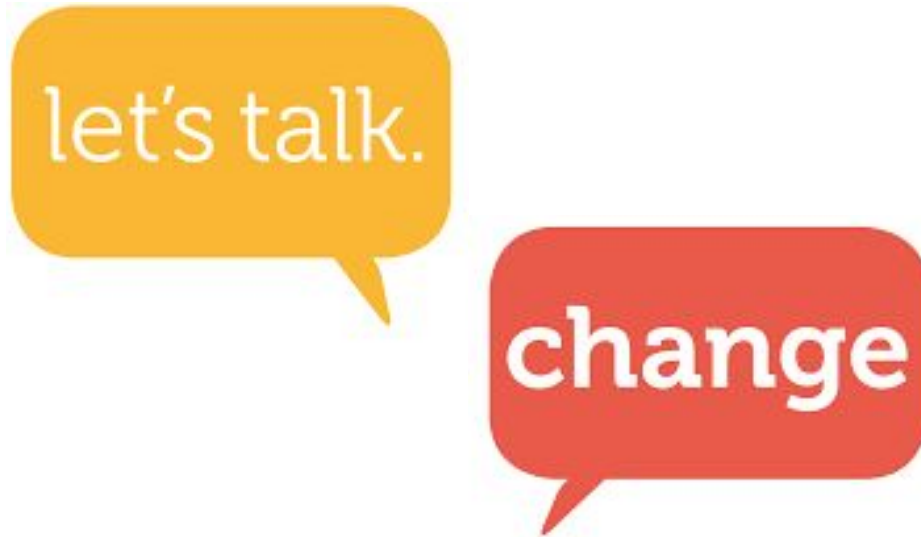
“I quit smoking for a week, but then started up again.”

“I walked up the stairs today instead of taking the elevator.”

“I went all last week without stopping by McDonalds.”

Identifying Change Talk

What Kind of Change Talk Is This?



Bringing It All Together

- Ambivalence is a normal part of the change process. Change happens by resolving ambivalence.
- Resist the “righting reflex” The urge to “fix” the client.
- Understanding your client’s reasons for change are most important because they will most likely trigger behavior change.
- Empower your client convey hope around the possibility of change and support patients’ choice and autonomy regarding their change goals.

Tools and Techniques



Section reference: Rollnick and Miller (2012), Helping People Change 3rd Edition

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Evoking Change Talk

1. **Ask evocative questions:**

- Why would you want to make this change?
- How might you go about it?
- What are the three best reasons to do it?
- How important is it for you to make this change
- So what do you think you will do?

2. **Ask for elaboration:**

After a hint of change talk, ask for more detail. (How come? How so? Tell me about that)

Evoking Change Talk

- **Look Back**

- Ask about a time before the current concern emerged. How were things better?

- **Look Forward**

- What may happen if things continue as they are? Miracle question: If you were 100% successful in making the changes you want, what would be different?

- **Explore Extremes**

- What are the worst things that might happen if you don't make a change? What are the best if you do make the change?

Assessing Change and Confidence

Importance and Confidence Ruler

How important is it for you to change ...?

How confident are you?

Why not lower, why not higher?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Extremely

Coaching to Motivate Change

- Want to

The first phase of the protocol is invoked when it's clear that some coaching needs to occur and a gentle nudge or two hasn't proved very helpful.

- Need to

This phase is invoked when you have clearly communicated what you *want* to see, but haven't seen it. This is still a friendly conversation, rooted in **curiosity**, but the tone should communicate a slightly escalated sense of urgency. The discussion largely revolves around two questions: Were my expectations clear? And what is the difficulty for you in meeting them?

- Have to

This is a time for **correction**. "We've talked about this a few times now and I've been very clear about what the expectations are. Before we proceed, could you repeat back your understanding of our last conversation?"

**Listen to this
Case Manager and Raul!**

Raul

Raul is a 22-year-old man and has recently been diagnosed with diabetes, and his numbers are off the chart. He doesn't see himself at risk and he isn't worried about what he eats. He often forgets his medication as well. He is afraid to share this with his family because he will feel judged or that his family is feeding him the wrong food. Raul loves going out on the weekends with his partner to spend quality time after a busy week. Three nights ago, Raul got sent to the hospital because he didn't feel well and after discussing with the doctor, *he knows he has to make some changes.*

Case Manager and Raul: Example

- Hi Raul, tell me what's been going on since the last time that I saw you?
- Well I am doing really well and I love being able to hang out on the weekends with my partner and enjoy life.
- What sorts of things do you do with your partner?
- We love eating at the new restaurants or going to eat pan dulce on Sundays. I love going to these places with my partner but the doctor just shared with me that I have diabetes.
- What do you think about diabetes?
- I don't want to make any changes and I love being with my partner.
- Have you ever changed anything before that you feel good about?
- Yes, I have been able to get better in my math class and was able to pass the class.
- Oh so you have been able to make really hard changes that were impactful to you.
- I do want to take better care of myself and diabetes scares me for my health. I need to begin to think about ways to eat better and exercise.
- Would your partner help you with eating better and exercising?
- Yes, of course my partner would help me and support me to improve my health. At this point, I am clear I want to take better care of myself.

**Now it's
your
chance!**

- One person will be a case manager
- One person will be Raul
- You will have 5 minutes to role play and 3 minutes to debrief
 1. Practice Sustain Talk
 2. Practice Ambivalence Talk
 3. Practice Change Talk

Align these questions in the way that you would speak!

Raul

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Here is everything we learned today

- Principles of Motivational Interviewing
- Spirit of Motivational Interviewing
- Basics of OARS
- Stages of Change
- Identifying Change Talk
- Tools to Support Change



TDU Groupsite

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Cheryl Anne Batac posted a new Topic in Subgroup Using A Trauma Informed Approach
Today at 8:57 AM



What is one thing you took away from today's training?

Please share with the group one strategy or concept that you took away from today's training. Please also use this discussion forum to post any resources related to Using A Trauma-Informed Approach that you'd like to share with the group.

Thank you!
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Member Spotlight

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Cheryl Anne Batac

+ Add Module

File Cabinet

This area will display the most recent file uploads, as they occur

 TRAINING DEVELOPMENT UNIT



Training Development Unit

Thank You!



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