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Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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1

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Motivational Interviewing (Part 1 of 2)

with Scott Caldwell MA, CSAC, MINT member

Wisconsin Public Psychiatry Network Teleconference
January 15, 2015

2

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Presentation outline:

- I. MI definition, key concepts, and elements of practice
- II. Four processes of MI
- III. Demonstration (see transcript) with discussion

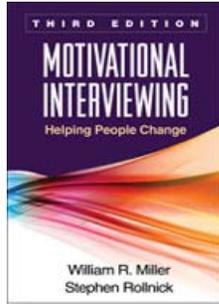
Part 2 on January 29

3

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Definition



“Motivational Interviewing is a collaborative, goal-oriented style of communication with particular emphasis 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, p. 29)

4

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Key Concepts

- Target behavior
- Motivation
- Client language (Change Talk, Sustain Talk & Discord)
- The “Righting Reflex”

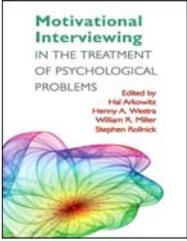
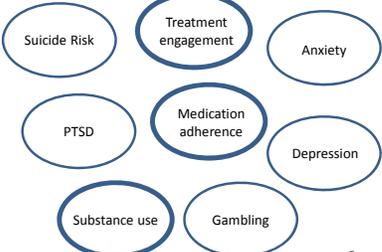
5

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Target Behavior

In MI, there has to be a focus of the conversation, that is, a specific target behavior or condition.

6

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Motivation

- A key to behavior change
- State (not trait)
- Multidimensional: Ready, Willing, Able
- Fluctuates over time
- Influenced within the interpersonal relationship

7

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Client Language

Change Talk: Any client speech which favors movement in the direction of change on the target behavior (**DARN CAT**)

- D**esire (want, wish, like, hope to change)
- A**bility (can, could, able to change)
- R**eason (if... then or any stated reason for change)
- N**eed (have to, got to, need to, it's important to change)
- * * *
- C**ommitment (I will change, I'm going to change)
- A**ctivation (preparing, willing, ready for change)
- T**aking steps (I already...)

8

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Client Language (cont.)

Change Talk: Any client speech which favors movement in the direction of change on the target behavior

Sustain Talk: Any client speech about the target behavior which favors no change (status quo); the opposite of Change Talk

Discord: is about the relationship and signals dissonance in the relationship

Sustain Talk + Discord = Resistance

9

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Exercise: Identify the type of client language

Change Talk (DARN CAT), Sustain Talk, or Discord
 Target behavior = depression (including medication adherence, support engagement)

1. I can't get out of bed in the morning.
2. I don't like the side effects of this anti-depressant.
3. You don't understand what I'm going through!
4. I could take my meds everyday, it's just that I forget.
5. I want to feel better.
6. I have to deal with this if I'm going to be there for my kids.
7. I'm willing to see a counselor, but I don't think I need to.
8. When I feel less depressed, I have more energy for my life.
9. I need to get my life back on track.
10. I'm going to get out of bed everyday this week.

10

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Resist the Righting Reflex!

- The "righting reflex" is the tendency to fix, problem solve, advise, warn, or tell the person what to do
- The righting reflex can unwittingly elicit Sustain Talk and Discordant responses
- An important part of learning MI is letting go of fixing and problem solving

11

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Elements of Practice

(Miller & Rose, 2009)

Relational Component (Moyers, 2014)

- Spirit
- Accurate empathy
- OARS skills

Technical Component (Magill et al., 2014)

12



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OARS Skills

Open questions
Affirmations
Reflective listening
Summarize

Person-centered, yet directive.

14

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- Steps for Reflective listening:**
1. Careful listening for understanding
 2. Make an *educated guess* about the person's underlying meaning ("You mean that you...")
 3. Choose your direction
 4. Share your guess as a statement (not a question)
- 15

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- Types of Reflection**
- Simple – restate or rephrase what the person said
 - Paraphrase – brings in an educated guess for inference
 - Amplification – exaggerate or overemphasize Sustain Talk (without sarcasm)
 - Double Sided – both sides of ambivalence (end with the change side)
 - Feeling – reflect implied feeling or emotion
 - Metaphor – picture language to convey meaning
 - Coming Alongside – side with the negative/no change
 - Continuing the Paragraph – anticipate the next thing the person may say in the direction of change; guess about Change Talk!
- 16

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- Exercise: Identify the type of Reflection**
1. I can't get out of bed in the morning. **It's just about impossible.**
 2. I don't like the side effects of this anti-depressant. **It's been hard to tolerate.**
 3. You don't understand what I'm going through! **People - including me - need to listen better and hear what you're saying.**
 4. I could take my meds everyday, it's just that I forget. **Taking your meds is do-able.**
 5. I want to feel better. **And you have some ideas about how.**
 6. I have to deal with this if I'm going to be there for my kids. **Dealing with the depression has become a priority for you.**
 7. I'm willing to attend group but I don't really want to. **You're willing to go.**
 8. When I feel less depressed, I have more energy for my life. **On one hand, the depression saps your energy, but on the other hand, finding ways to effectively address it increases your energy.**
 9. I need to get my life back on track. ... **And you're ready to take the next step.**
 10. I'm going to get out of bed everyday this week. **You're going to hit the ground running.**
- 17

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- Reflective listening best practice:**
- Make it a statement.
 - Get the "I" out of it.
 - Keep it concise.
 - Reinforce any Change Talk.
- What I hear you saying is...
- 18

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Elements of Practice

(Miller & Rose, 2009)

Relational Component (Moyers, 2014)

- Spirit
- Accurate empathy
- OARS skills

Technical Component (Magill et al., 2014)

- **Focus on target behavior**
- **Cultivate Change Talk – proactively evoke and use OARS to selectively respond**
- **Soften Sustain Talk/Discord**

19

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Open Questions that **proactively evoke Change Talk**

Miller & Rollnick (2013, pp. 171-173)

- How would you *like* for things to change? **D**
- How do you *want* your life to be different a year from now? **D**
- If you decided to change, how *could* you do it? **A**
- What do you think you might be *able* to change? **A**
- Why would you want to make this change? **R**
- What are the two best *reasons* to make this change? **R**
- What's the downside to how things are now? **N**
- What *needs* to happen? **N**
- What do you think *has* to change? **N**
- How *important* is it for you to _____? **C**
- What do you think *you'll* do? **C**
- What do you *intend* to do? **C**

20

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Responding to Change Talk



- Ask for more detail
- Affirm
- **Reflect**
- Collect change talk and offer back in a Summary

21

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Four Processes in MI

(Miller & Rollnick, 2013)



22

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Engaging

- Task #1
- Establish a productive working relationship (therapeutic alliance)
- First 20% of the encounter
- **Mental Shifts:**
 - resist the Righting Reflex
 - replace fact gathering questions with Reflections
 - deepen Reflections (more complex than simple)

23

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Focusing

- Come to agreement on the target behavior
- Maintain direction
- **Mental Shifts:**
 - balancing of expertise – client's and clinician's
 - negotiation of focus
- **Tool: Agenda Mapping**

24

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Evoking

- The heart of MI: explore the person's motivation for changing the target behavior
- Proactively draw out and selectively respond to Change Talk
- Mental Shifts:
 - let go of assessment as a prerequisite
 - evoke (don't try to install) motivation
 - maintain focus (avoid tangents)
 - listen for and respond to Change Talk

25

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Evoking Tools

- Importance Ruler*
- Decisional Balance
- Values Card Sort
- Questions* that evoke Change Talk
- Strategies* that evoke Change Talk

* used during demonstration

26

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Audio Recorded Demonstration of MI (see transcript)

- **Background:** This session highlights the application of MI in crisis services. In this 20 minute segment, the Interviewer works with "Melinda" in a role play to explore suicidal and self-harming thoughts. The processes of Engaging, Focusing, and Evoking are demonstrated. (Part 2 will demonstrate Planning.)
- **Instructions:** Please note how the Interviewer demonstrates MI spirit (collaboration, evocation, support autonomy, empathy, acceptance, compassion) and OARS skills (Open question, Affirmation, Reflection, Summary). Also, note any specific change talk (DARN CAT) heard from Melinda.

27

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Discussion Questions for Engaging

1. What specific aspects of MI Spirit and Skills were present during Evoking?
2. How did Melinda seem to respond?
3. How would you describe the therapeutic alliance?

28

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Discussion Questions for Focusing/Evoking

1. How was the focus of the session established? Was it maintained during Evoking?
2. What types of Change Talk were present? (identify specific DARN CAT examples)
3. How were the OARS skills used to evoke and respond to Change Talk? (provide specific examples)

29

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30