

**Strong Families AZ
Home Visiting Conference 2018**

enhancing family engagement with motivational interviewing



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what is MI? { helping styles
4 processes
persuasion vs. MI

**how do we
get there?**



change talk & sustain talk

DANCR Steps

practice with OARS

next steps

disclaimer: change is
difficult

2nd disclaimer: people
can change

part I: does our style impact our outcomes?

group discussion

- What are some ways that we **build rapport** with families?
- What are the **perspectives of parents** we work with and how do we honor their experiences/perceptions?
- How do we **engage** in their case plans?
- How do we support parents and caregivers in **ownership** of their case plans?

problems with standard practice

- unsolicited advice elicits sustain talk (“**resistance**”)
- knowledge weakly correlated with behavior change
- variability in personal motivation (**gauge readiness**)
- intervention must match motivation (**stages of change**)



“Motivation to change is not a personality trait, but is **affected by interpersonal interaction.**”

MILLER & ROLLNICK, 2013

small group activity

- list ways others can assist you in making a change**
- next, list things that other people do, *that while often well intended*, sometimes hinder your efforts in making a change

**changes might include: cutting back on caffeine, weight loss, changing spending habits, improving your relationship with your children, increasing exercise, improving time management, etc.

small group activity

- ✓ ways others can assist you
- ✓ "What is helpful to me?"

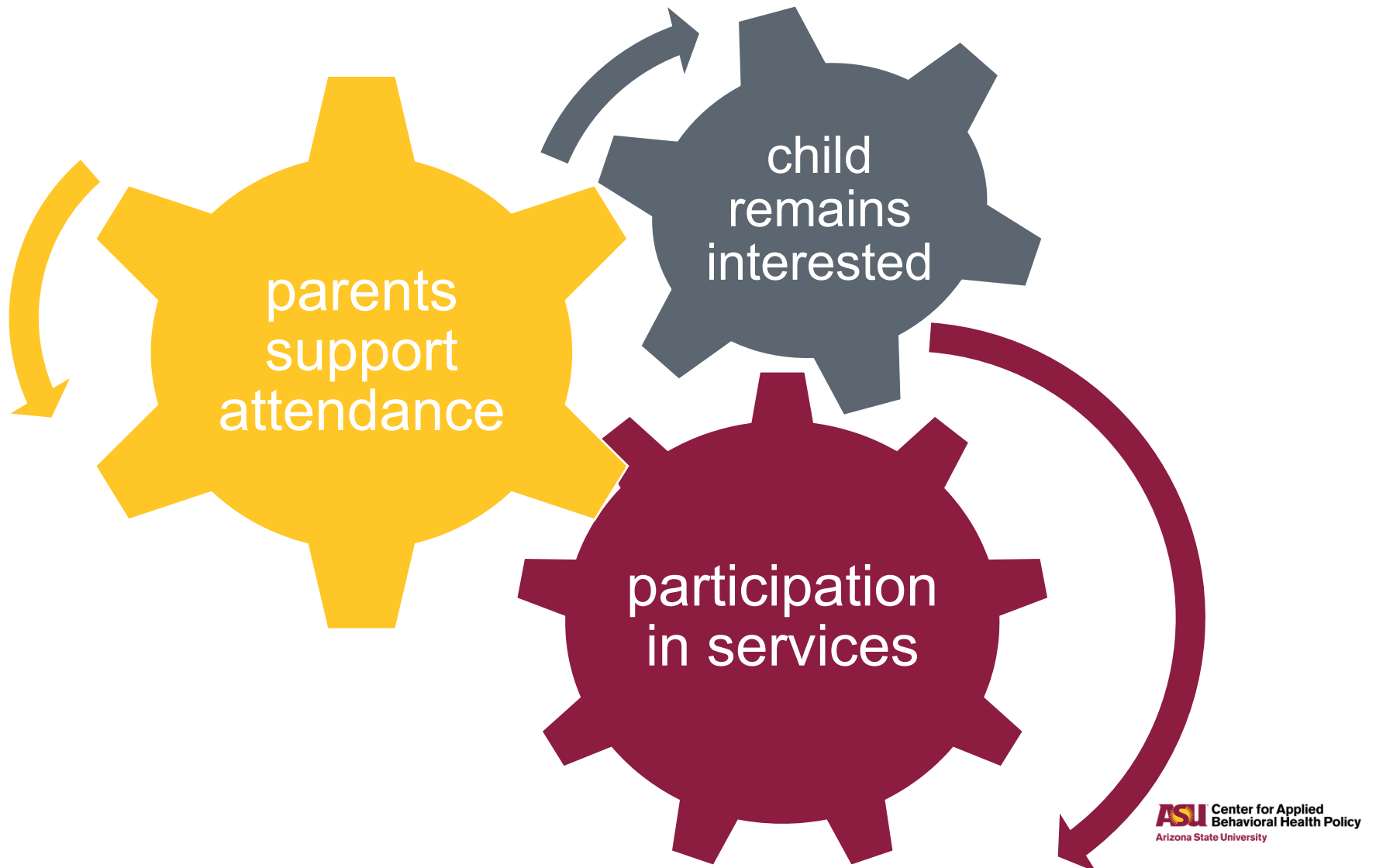
- Hinder efforts to make change
- "What is not helpful to me?"

part II: **why MI?**

**What is one of the
strongest predictors of
success in a helping
relationship?**

YOU
(the “working alliance”)
(the “working relationship”)

why would we need to foster a working alliance?



why MI?

Parents...

- often the ones initiating referral for treatment
- must provide legal consent, transportation, and payment for treatment
- play a key role in managing their children's adherence both in sessions and between clinic visits

“Thus, in child therapy, although the focus is often on modifying the child's behavior, it is the parent who must manage treatment attendance and adherence. This is particularly true of treatments that make use of parent training as a component of the treatment or as the sole source of treatment.”

Nock, M.K. & Kazdin, A.E. (2005). Randomized controlled trial of a brief intervention for increasing participation in parent management training. *Journal of Consulting and Clinical Psychology*, 73 (5), pp. 872-879.

**>1,200
publications**

on the MI model since 1990

**>200 randomized
clinical trials**

reflecting a wide array of problems,
professions, and practice settings

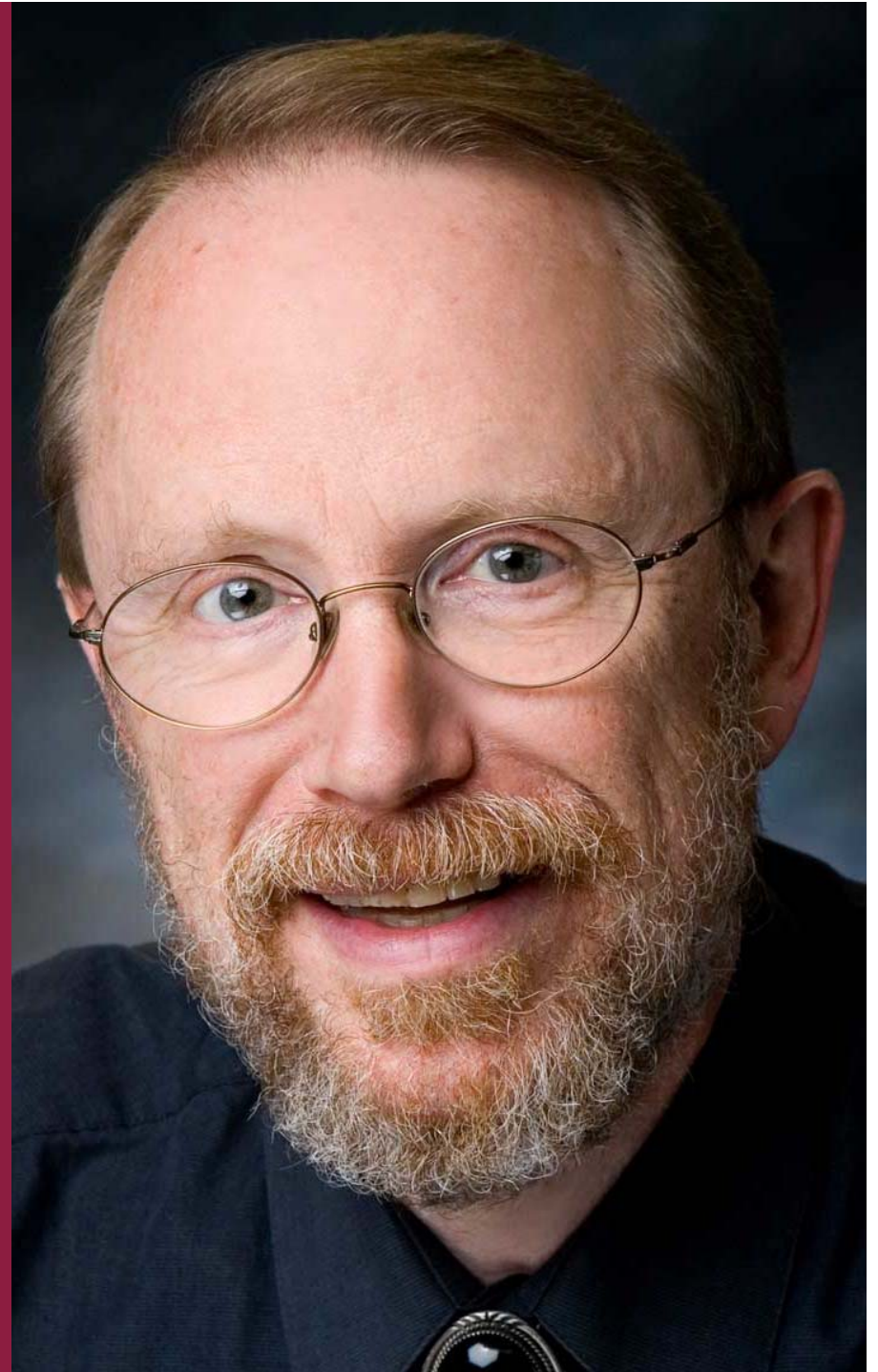
(Miller & Rollnick, 2013)

effective in even very **brief** interventions

(Bernstein et al., 2005; Nock & Kazdin, 2005; Rubak et al., 2005; Soria, Legido, Escolano, Lopez Yeste, & Montoya, 2006)

“We know of no evidence, however, that directing-style interventions are more effective than MI when time is brief. If patient behavior change is what’s needed and time is short, MI is likely to be more effective than telling people what to do and why.”

-Bill Miller & Steve Rollnick



key MI factors



increased
change talk

improved
working
relationship

part III: MI fundamentals



communication styles

- following
- directing
- guiding

“righting reflex”

- our innate tendency to ‘correct’ other people’s behavior
- premise: “*I have the answer, if you just do things this way, things will get better for you.*”
- this is well-intended, the intent is to help
- in MI we try to repress this reflex



disengagement

**breakdown
in relationship**

pessimism

hostility

defensiveness

tension

**directing style
results in...**

hostility

anger

frustration

no-shows

guiding style

Think Bill Miller...



likelihood of returning

optimism

empowerment

engagement

trust

**guiding style
results in...**

talkativeness

receptiveness

good rapport

helping styles

all 3 are valid...

- helping professionals typically rely on **directing**
- **following** is best when support is needed
- **guiding** is the best tool for behavior change and enhancing motivation

MI definition

*“Motivational Interviewing is a **collaborative** conversation style for strengthening a person’s own **motivation** and **commitment** to change.”*

(Miller & Rollnick, 2013)



the MI Spirit

P

Partnership

A

Acceptance

C

Compassion

E

Evocation

MI Spirit: partnership



WITH YOU

- collaborating
- working as equals
- remaining outside of the 'expert' role

MI Spirit: acceptance

- accepting the person without judgment (without condoning their behavior)
- avoiding confrontation

MI Spirit: compassion



- \neq sympathy
- advocating for the person
- empathizing with the person

MI Spirit: evocation

- evoking change talk
- eliciting the person's reasons for change



preparatory change talk

mobilizing change talk

where are we on
the hill?

where is the
client?

part IV: 4 processes

4 overlapping processes



(Miller & Rollnick, 2013)

Planning: their plan, their goals, next steps, support systems, assess and stage match

Evoking: be curious, reflect meaning, use a guiding style, assess and stage match

Focusing: what are their goals? how can utilizing services be of use?
assess and stage match

Engaging: use OARS to accurately understand their perspective, meet them where they are, change is their choice, assess and stage match

4 overlapping processes of MI

- each step builds upon the one before it
ENGAGEMENT is the foundation
- they can be repeated indefinitely



engagement

the move away from “resistance”

- “resistance” implies the person has a deficit
- linguistically “resistance” is pejorative
- “resistance” absolves the helper from any responsibility in the outcome
- language in favor of status quo = “**sustain talk**”
- breakdown in the working relationship = “**discord**”



signs of discord

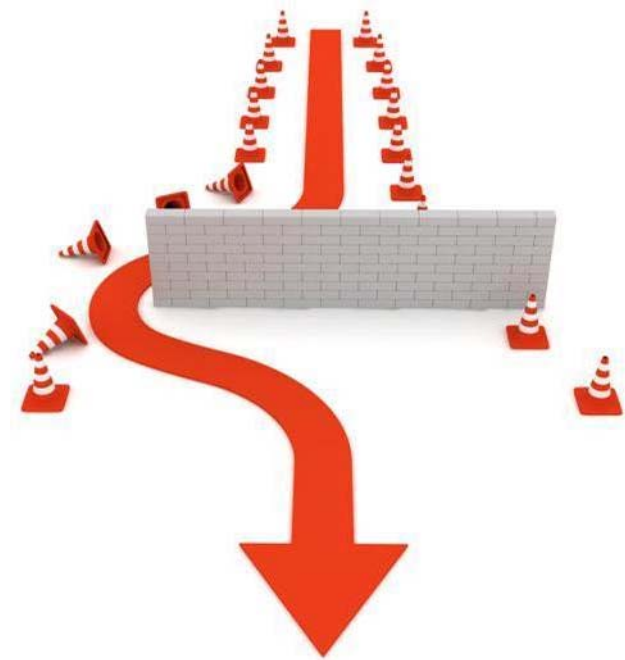
- person appears and sounds defensive
- argument and debate ensues
- person ignores you
- person interrupts you



(Miller & Moyers, 2012)

Gordon's communication roadblocks

- 1) ridiculing/shaming (even jokingly)
- 2) criticizing/judging/blaming
- 3) warning/threatening
- 4) preaching/moralizing
- 5) directing/ordering/commanding
- 6) lecturing/instructing
- 7) diagnosing/analyzing/interpreting
- 8) interrogating/questioning/probing
- 9) unsolicited advice/suggestions
- 10) distracting/diverting/withdrawing
- 11) praising/approving/being agreeable
- 12) sympathizing/reassuring



Gordon, T. (2000). *Parent effectiveness training: The proven program for raising responsible children* (3rd ed.). New York, NY: Harmony.

do more...

listening

reflecting

acting curious

focusing on strengths

empathizing

do less...

talking

question asking

advice giving

focusing on
weakness/deficits

information seeking

focusing

focusing: the strategic direction

“In order to be an effective guide you need to know where you’re going... Without a focus MI can’t get off the ground.”

(Miller & Rollnick, 2013)



target behaviors/change goals

- measurable
 - *How would we know this is happening?*
- related to a specific behavior
 - *health or behavioral health goals*
- reconcile the client's and the provider's goals
 - *maintain the therapeutic alliance*

identifying & refining the target behavior



destination/direction



- not to be confused with 'directing'
- moving the person toward the target behavior
- minimizing tangents

points to consider...

Thinking about behaviors that you see in the populations you serve, how can you identify the target behavior?

- How is the target behavior **measurable**?
- What **specific behavior change** is being addressed?
- How to **ensure alignment between** the client and provider?

target behavior examples

- obtaining employment
- taking child/ren for immunizations
- improving diet for the family
- ensuring school attendance (reducing truancy)
- improving safety (i.e. wearing seat belts, reducing smoking in the home/car)
- reading to child(ren)
- ensuring child(ren) get all necessary medical screenings
- reduce/stop substance use

how do we get to the target behavior?

1. increasing *Change Talk*
2. decreasing *Sustain Talk*

change talk can be increased by using open questions and reflections

evocation

there is evidence that
reflective listening
alone is insufficient
to produce change

ambivalence

state of having simultaneous, conflicting feelings towards something or situation:

- “mixed feelings”
- uncertainty
- indecisiveness



This state of mind can lead to avoidance or procrastination, or to deliberate attempts to resolve the ambivalence that may result in success or failure...

evoking: going “fishing” for motivation



interviewer **style**
predicts change
talk



change talk is
strongly
correlated with
change

categories of change talk: **DANCR Steps**

D – Desire

A – Ability

N – Needs

C – Commitment

R – Reasons

Steps



the key to MI

- we believe what we say, *not* what we hear
- our job is to arrange conversations so the person talks themselves into changing
- we do this by bringing out more “change talk” and cutting out “sustain talk”

planning

**going for a change
plan **too early** may
impede the person's
engagement**

**if you get **sustain
talk** when striving
for a change plan,
go back to evoking
& engagement**

indications of readiness

- ↑ change talk
- ↓ sustain talk
- categories of change talk: steps, commitment
- “resolve”
- imagining the future with the change enacted
- asking questions about the change or methods for change



**temptation: reverting
back to a directing
style during the
planning stage**

readiness rulers

1

2

3

4

5

6

7

8

9

10

not at all

somewhat

very

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ARIZONA STATE UNIVERSITY
cabhp.asu.edu

- How important is it to you?
- How confident are you?
- How ready are you?
- How willing are you?

**Motivational Interviewing
Readiness Ruler**

Listen for the DANCER Steps

Desire, Ability, Need, Commitment, Reasons & Steps

- How important is it to you to _____?
- How confident..., ready..., or willing... are you to make a change right now?
- Why did you pick the number you picked and not a lower number?
- What would it take to make it a little bit higher?

**Motivational Interviewing
Readiness Ruler**

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let's try it...

- introduce yourself to your partner
- what is something you do out of **habit**?
 - drink caffeine
 - online shopping
 - buying things
 - use nicotine
 - bite your nails
 - negative self-talk
- discuss using the prompts



exercise: a taste of MI

- client: choose something in your life you would like to change
- interviewer: ask them the following....

1. *Why would you want to make this change?*
2. *What are the **3 best reasons** to do it?*
3. *If you decide to make this change, how might you go about it in order to succeed?*
4. *How important is it to you to make this change, on a scale from 1 to 10 (10=most important)?*
5. *What do you think you'll do?*



preparatory change talk

mobilizing change talk

where are we on
the hill?

where is the
client?

the key to MI

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sustain talk

anything the person says that indicates they're moving away from the target behavior...

examples:

- This is so hard. Everyone expects too much of me.
- I don't know why I can't do it.
- I haven't succeeded at anything in the past.
- No one will hire me.

change talk

anything the person says that indicates they're moving toward the behavior we want them to engage in...

examples:

- I don't want to use anymore.
- I can't go back to prison.
- I might be able to get a job.
- I could probably manage to take my meds for the next 2 weeks.

**ambivalence
+ righting reflex
= sustain talk**

ask...don't tell

telling = ▲ sustain talk

asking = ▲ change talk

strategies for decreasing sustain talk

1) ask about extreme situations

“What if this problem continued on the current trajectory? What would things look like a few years from now?”

2) inquire about the past

“How have you been successful making changes in the past? Can you think of something challenging you’ve overcome in the past?”

3) ask about the future

“If you were to leave your partner now, what do you think your life would look like 3 years from now?”

4) bring their values into the conversation

5) explicitly state something about the person’s autonomy

“Everyone has an opinion about what you should do in this situation, but ultimately it’s up to you.”

categories of change talk: **DANCR Steps**

D – Desire

A – Ability

N – Needs

C – Commitment

R – Reasons

Steps



exercise: identify the change talk

“I went to group on Wednesday, but I’ve never really gotten anything out of group before.”

D – Desire
A – Ability
N – Needs
C – Commitment
R – Reasons
Steps



exercise: identify the change talk

“I mean...yeah...I want my baby to be healthy, but the vitamins make me feel sick.”

D – Desire
A – Ability
N – Needs
C – Commitment
R – Reasons
Steps



exercise: identify the change talk

“We fight a lot...I think it scares my daughter sometimes.”

D – Desire
A – Ability
N – Needs
C – Commitment
R – Reasons
Steps



exercise: identify the change talk

“I really like smoking weed, but I did quit for 2 months one time.”

D – Desire
A – Ability
N – Needs
C – Commitment
R – Reasons
Steps



exercise: identify the change talk

“You guys give me so much to do. I’m running all over the place. I just want my kids back. I don’t see how all this running around is going to help me.”

D – Desire

A – Ability

N – Needs

C – Commitment

R – Reasons

Steps



OARS

open questions

A

R

S

open vs. closed questions

closed questions = can be answered “yes,” “no,” or in a few words

Ex: Where are you from?

Ex: Are you married?

Ex: When was the last time you drank?



open questions = require a longer answer

Ex: Tell me about your hometown.

Ex: What is your family like?

Ex: Tell me about the role alcohol has played in your life.

the impact of closed-ended questions

- leave the person waiting for the next question
- feel more like an interrogation
- do not expand the conversation
- if you don't ask the right question, you might miss something



O affirmations R S

affirmations

- praising or affirming the person
- support autonomy & empathy
- build the therapeutic relationship

examples:

- “I’m proud of you. You’ve been working really hard to cut back.”
- “You don’t really want to be here, but you’re following through on your obligations. I respect that.”
- “You feel like you have a ways to go, but you’ve come a *long* way so far!”



affirmation thought exercise

- think of an affirmation that you received in the past
- write it down
- what about the affirmation was particularly **impactful**? why do you recall it months or years later?

generating affirmations

- work in pairs
- think of the most challenging person you have encountered
- generate **3 genuine affirmations** about them; speak them aloud to your partner
- switch roles

How might providing an affirmation influence the working alliance?

O A _reflections S

simple reflections - defined

- responding to resistance with non-resistance
- acknowledge and validate
- can elicit opposite response

- emphasize change talk
- encourage more change talk - person opens up
- enhance collaboration, trust, and rapport
- clarifies points of confusion

simple reflections (cont'd)

Individual says: *“My kids are important to me, but sometimes I don’t know how to talk with them.”*

Helper says: *“Your relationships with your children are important to you and you want to find ways to connect.”*

complex reflections



complex reflections

Individual says: *“Being a single parent is so hard, and I can’t see how I will be able to continue doing this alone.”*

Helper says: *“You have been managing a lot on your own, and you are open to getting the support you need to continue taking care of your family.”*

double-sided reflections

- to explore ambivalence
- “So on the one hand you...but on the other you want...”
- work off of previously supplied information
- end on the change talk



complex reflections

Individual says: *“I know it’s bad for me and the kids, but smoking has kind of been my way to get alone time and sort through my thoughts.”*

Helper says: *“Your health and alone time are important to you, and you wonder if there are other ways to spend alone time that might be a bit healthier.”*

simple vs. complex reflections

Individual: *"It has been really hard getting up in the morning and sometimes I can't get my kids to school."*

Helper: *"You have been struggling with starting your day and your kids have been missing school."* (simple)

OR

Helper: *"It has been challenging to face the day, and you might be ready to seek support for yourself so that your children's education is not affected."* (complex)


ruined reflections

- meant to be a reflection, however, inflection at end sounds like question
- notice the difference:
 - “So, you think you want to find ways to better communicate with your partner in front of the kids, right?”


versus

- “You want to find ways to better communicate with your partner in front of the kids.”





We want **twice** as
many reflections as
questions in an MI
style



We want **half** of our
reflections to be
complex versus simple
reflections

O A R summaries

summaries & key questions

- summarize key points (snippets of change talk) from the conversation (this is akin to a long reflection)
- use the summary to direct the session toward the target behavior or transition
- end with a key question (open) that evokes change talk and moves the person into a planning phase

example: *“Learning to co-parent after the separation has been difficult. Your children’s success is very important to you and you’re committed to finding ways to work together with your ex-spouse in order to meet the needs of your children. What are some ways that you would like to better communicate in order to ensure your children get to their appointments?”*

OARS recap



Open-ended questions (50-70%)
Affirmations (@ least 1x)
Reflections (2:1)
Summaries (1-2x)

can I provide information...?

how to provide information in an
MI-consistent fashion:



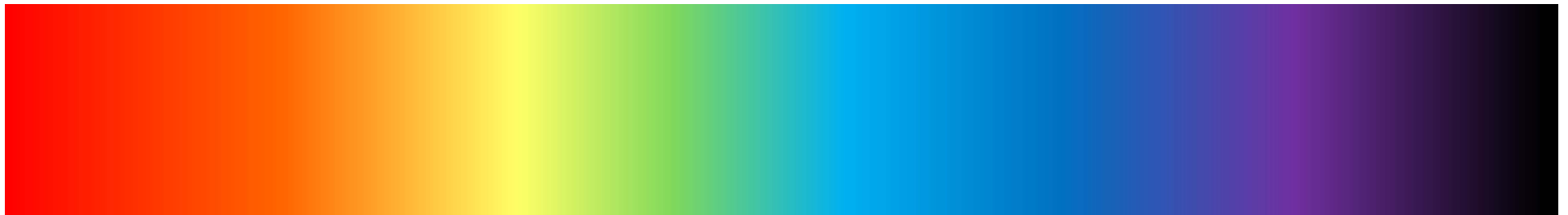
- **Elicit:** ask permission to provide the information
 - e.g.: *“There’s something I’ve seen that seems to work for some other people with whom I have worked. Is that something you’d like to hear about?”*
- **Provide:** provide the information
- **Elicit:** elicit their response to the information
 - e.g.: *“Is that something you think might work for you? (or) How does that fit for you? (or) What do you make of that?”*

part V: next steps

MI learning continuum

introductory
MI training

receiving
coaching on MI
skills



intermediate
MI training

giving feedback
on MI skills
(coaching others)

MI coaching

Without feedback, it's natural to think we're doing a good job.

Studies show people rate their MI skills higher than they really are.

Coders provide the benefit of feedback to improve one's skills.

my*mi*portal.org



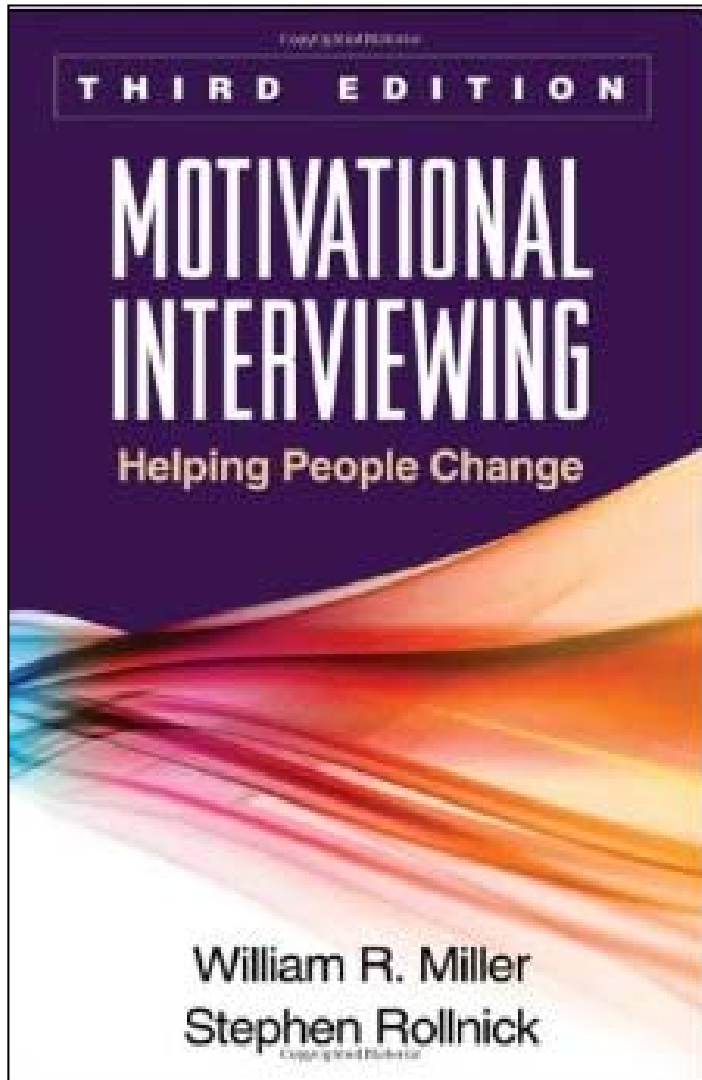
part VI: wrap-up & resources

review: a formula for MI

- increase **reflections** ↑
 - focus on complex reflections
- decrease questions ↓
 - use 2x's as many reflections as questions
 - eradicate closed-ended questions
- reflect **change talk**; deflect sustain talk
- **ask permission** to provide information
- express empathy through affirmations and reflections
- step out of the expert role; avoid advice giving



additional resources



Miller & Rollnick

*Motivational
Interviewing: Helping
People Change*
(3rd edition, 2012)

patient simulations



Talking to Patients about Health Risk Behaviors

Tony Frazier is having chest pains. Use the spirit of Motivational Interviewing in a primary care setting to uncover the health risk behavior behind his symptoms and help him plan for change.

Your Gender *determines gender of voiceover

☐ Male ☐ Female

▶ Launch

<https://training.simmersion.com/Launch/Free/e2011ae6-0e5b-4ed6-87d1-ed0ce9db0e4>



Engaging Adolescent Patients About Marijuana Use

David Martin, 15, shared on his intake form that he smokes marijuana. As his primary care provider, practice a Motivational Interviewing (MI) approach to engage David and explore the reasons for change that resonate with him.

Your Gender *determines gender of voiceover

☐ Male ☐ Female

<https://training.simmersion.com/Launch/Free/3f9f4dde-c68c-44d3-a143-041e6604aaf5>

Thank you!

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