LEARNING MOTIVATIONAL INTERVIEWING THROUGH PRACTICE

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Assess Your Current Understanding of Motivational Interviewing

Practice Strategic Listening Skills

Role Play OARS and Change Talk

Rehearse How to Roll with Challenging Scenarios
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Rehearse How to Roll with Challenging Scenarios
01 Assess Your Current Understanding of Motivational Interviewing
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04 Rehearse How to Roll with Challenging Scenarios
Assess Your Current Understanding of Motivational Interviewing
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How to Roll with Challenging Scenarios
1. “You are telling me that you feel isolated and worried.” This statement can be best described as:
   a. Sustain Talk
   b. Reflective Listening
   c. Discord
   d. Rolling with Resistance

2. One of the five principles of Motivational Interviewing is:
   a. Roll with resistance don’t confront it
   b. Life essentially involves conflict, so seek to understand it by asking “Why”
   c. The professional helper takes responsibility for goals of those seeking help
   d. Avoid talking about the past

3. Those using Motivational Interviewing (MI) believe that patients with a Substance Use Disorder (SUD) diagnosis or related symptoms must accept their problem before they can get help:
   a. True
   b. False

4. John is a 30 year old metal worker who has been gambling heavily on scratch-off tickets for the past four years. John is seeking treatment at the request of his father who has loaned him a significant amount of money in order to get him out of debt. Using a Motivational Interviewing (MI) approach, the therapist should...
   a. Try to learn more about the client's relationship with his father and other close family members.
   b. Determine the client's concerns and try to better understand the client's perspective.
   c. Focus on the client's symptoms and determine how best these symptoms can be managed.
   d. Develop a treatment plan which focuses on reducing the client's gambling and ways the client can pay back his father.

5. Professional Helpers using Motivational Interviewing (MI) should emphasize personal choice over the clients’ behaviors, including substance use.
   a. True
   b. False

6. When a client has few reasons for change and many reasons against change, which Stage of Change would they most likely be experiencing?
   a. Precontemplation
   b. Contemplation
   c. Preparation
   d. Action

7. From a MI perspective, “resistance” from the client is the result of which of the following?
   a. The client not having faced up to their problem of the negative consequences of their behavior (i.e. denial).
   b. The therapist and the client having different perspectives about what the client is trying to achieve.
   c. The therapist is being too easy on the client.
   d. A lack of family or peer involvement in treatment.

8. How should a therapist best express their own concerns about a client’s choices or decisions?
   a. The therapist should express concerns empathically while conveying respect to the client’s autonomy.
   b. The therapist should let the client know immediately if any of their choices or decisions are in conflict with the goals of treatment.
   c. The therapist should voice concerns based on their expertise working with a particular treatment approach.
   d. The therapist should never express their concerns and should always support the client's decisions in every way.

9/10. Which of the following are principles of a Motivational Interviewing approach to dealing with substance use (select 5):

   □ Breakdown denial
   □ Develop discrepancies
   □ Confront resistance
   □ Express empathy
   □ Give direct advice
   □ Support self-efficacy
   □ Require abstinence
   □ Encourage submission to disease
   □ Give clear consequences
   □ as only acceptable goal
   □ Use subtle coercion
   □ Avoid argumentation

Adapted from Motivational Interviewing Knowledge and Attitudes Test (MIKAT)
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Adapted from Motivational Interviewing Knowledge and Attitude Test (MI-KAT)
BENEFITS OF A SELF-ASSESSMENT

- Awareness: The most dangerous professional helper is the one who is not self-aware.

- Accountability: The second most dangerous professional helper is one who rejects accountability measures.


- Re-alignment: We are human, EVERYONE NEEDS RE-ALIGNMENT.

- Clinical Supervision: Provides a clear roadmap for clinical supervision.
1 Express Empathy
2 Develop Discrepancy
3 Avoid Argumentation
4 Roll with Resistance
5 Support Self-efficacy
KEY POINT: This process confirms to the client that we are really interested in them and want to provide assistance.
I know that I am a failure, but I don’t have a problem with drugs. I use drugs from time to time but I can stop whenever I want to.

- **Paraphrasing:** So, you don’t have a problem with drugs.
- **Reflecting Feelings:** It sounds like you are feeling pretty in control.
- **Summarizing:** So, you recognize that you use drugs but since you can turn it on and off, it isn’t a problem for you.
- **Checking in:** If I heard you correctly, you don’t have a drug problem?
- **Open-ended question:** So, what led you here?
REFLECTIVE LISTENING EXERCISE
BREAK TIME

Back in 15 minutes for Part 2
WHY STRATEGIC LISTENING?

Using Reflection Strategically

I can’t stand it when he whines just to hear himself talk.

STRATEGIC LISTENING OPTIONS

- He complains a lot.
- He frustrates you easily.
- When he complains, you check-out.
- Sounds like he knows how to push your buttons.
- Sometimes it’s hard for you to take his opinions seriously.

Notice how each of these options can take the conversation down a completely different path.
STRATEGIC LISTENING PRACTICE

Why Practice?
Questions alone can sometimes come off as assumptive and feel like an interrogation.

This will push you to listen more, and focus on how to adequately communicate to the other person that you hear them rather than assuming they know.
5 to 1 Strategic Listening Practice RULES

1. Pick someone in the room to partner with.
2. You will take turns role playing as speaker and listener.
3. Begin with “How was your week?”
   “How do you like the conference so far?”
   “Tell me about your ultimate weekend”
4. After 5 paraphrases, you have unlocked the door to ask 1 question
CHANGE AND MI

- People both want to change and they do not want to change (ambivalence).
- The purpose of MI is to evoke and strengthen personal motivation for change.
- MI can elicit patients’ statements of desire, ability, reasons, and need for change.
**Pre-contemplation**

- **Recurrence**
- **Contemplation**
- **Determination**
- **Action**
- **Maintenance**

**Pre-contemplation**

*No, Not Me ...*

**Definition:**
Not yet considering change or is unwilling to change

**Primary Task:**
Raising awareness

**Stages of Change**

**Primary Tasks**
CONTEMPLATION

Well maybe...

Definition:
Sees the possibility of change but is ambivalent and uncertain

Primary Task:
Resolving ambivalence, helping to choose change

Stages of Change
Pre-contemplation
Contemplation
Determination
Action
Maintenance
Recurrence

Primary Tasks
CONTEMPLATION
Definition:
Sees the possibility of change but is ambivalent and uncertain

Primary Task:
Resolving ambivalence, helping to choose change
Pre-contemplation

Recurrence

Contemplation

Determination

Maintenance

Action

Stages of Change
Primary Tasks

DETERMINATION

So what do I do now?

Definition:
Committed to changing but still considering what to do

Primary Task:
Help identify appropriate change strategies
**Pre-contemplation**

- **Recurrence**
- **Contemplation**
- **Maintenance**
- **Determination**
- **Action**

**Stages of Change**

**Primary Tasks**

**ACTION**

**Ok let’s do this!**

**Definition:**
Taking steps toward change but hasn’t stabilized in the change process

**Primary Task:**
Help implement change strategies and learn to eliminate potential relapses
Stages of Change

Primary Tasks

**Pre-contemplation**

**Contemplation**

**Determination**

**Action**

**Recurrence**

**Maintenance**

**MAINTENANCE**

*It is possible* ...

**Definition:**
Has achieved the goal and is working to maintain change

**Primary Task:**
Develop the skills for maintaining recovery
Recurrence

Definition:
Experience a recurrence of the problems

Primary Task:
Cope with consequences and determine what to do next

Stages of Change

Pre-contemplation

Contemplation

Determination

Action

Maintenance
Engagement
The most fundamental and important function which relies on rapport building and collaboration.

Self-Awareness
The mindful exploration of the self can sometimes be the missing key to building a relationship with your patient.

Team
Change is a team process, and it is critical to explore feedback from all team members.
Resistance: A term previously used in Motivational Interviewing, now deconstructed into its components: sustain talk and discord.
Sustain Talk

Communication that indicates a person is not interested in working on or improving something in their life.
Change Talk

Communication that indicates a person is ready to make a change.
I don't want to get arrested again.

You're overreacting I have no problems.
Desire to change (want, like, wish...)
Ability to change (can, could...)
Reasons to change (if...then)
Need to change (need, have to, got to...)

Commitment | Action Taken | Take Steps
ELABORATING
Asking for elaboration, more detail, in what ways, an example etc.

AFFIRMING
Commenting positively on the person’s statement

REFLECTING
Continuing the paragraph, etc.

SUMMARIZING
Collecting bouquets of change talk
Change is a process that requires patience.

Understand unique factors that influence change.

Rapport is essential to the change process.

Collaborate with a patient in the change process.

Consequences are never enough to lead to change.

Invite people to consider change in a manner that they can own.
REFERENCES


- http://www.motivationalinterviewing.org/

DISCUSSION

Questions & Comments
THANK YOU!

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