

Supporting Clients in Making Change: Motivational Interviewing



Justice Resource Institute

JRI Health-Boston

Welcome

Housekeeping

Schedule

Rename: Make sure
we know you are here!

Learning Objectives

- Learn about Motivational Interviewing as a tool to help people make change
- Practice and develop these skills to use with your clients
- Work through challenges of supporting clients at varying levels of readiness for change

ASSESSMENT



Check In



- Name
- Pronouns
- Role / Location
- One word or phrase: how you feel about change

What is MI?

- An end to trying to convince, guilt, beg, insist, hypnotize, bribe people into changing
- Sometimes thought of as “helping people talk themselves into changing”
- Assumes that all of us have reasons to *change* and reasons to *stay the same*, which leads to ambivalence

Ambivalence

**AMBIVALENT?
WELL, YES AND NO.**

Feeling 2 ways about
the same thing

“I know that I
should probably
go to the doctor,
but I really don’t
want to right
now.”

Components of MI

- **Express empathy**

- *respectful understanding and warmth; non-judgement*

- **Explore and resolve ambivalence**

- *build readiness to change*

- **Roll with resistance**

- *avoid confronting/arguing*

The Righting Reflex

The **righting reflex** is the urge to correct, persuade, or present a solution. However, when we argue, it activates people's defensiveness and may cause them to dig in their heels.



Client: “He’s the only one who loves me.”

You: “He doesn’t care about you!”

Client: “You don’t know anything about him and people are always saying horrible things about him. I’m tired of it.”

The Righting Reflex

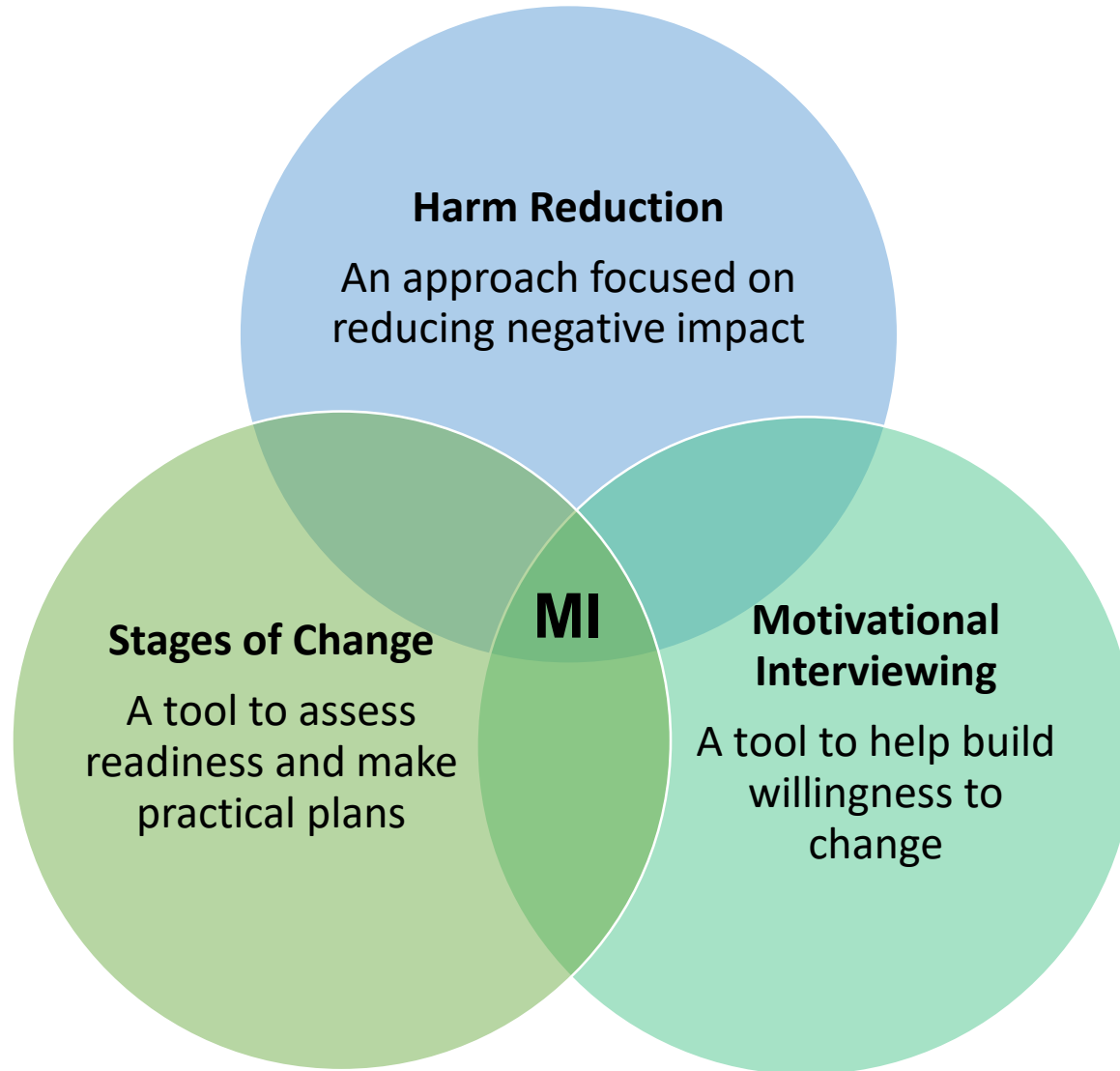
Client: I don't want to go to the training program anymore. It's too hard, and I can't get up in the morning.

You: You have to go to the program if you want to get a job.

Client: I don't have to do anything! I don't want to go.



Applying the Framework



Stages of Change

- It's a way of understanding someone's level of motivation to make change
- Can be used in different situations: addiction, med issues, medical needs, school, etc.
- Can help provider recognize why someone is or isn't taking action on an issue



Stages of Change

Precontemplation: Not even thinking of it / denial

I don't know why people keep hassling me about drinking. It isn't a problem.

Contemplation: Planning to do it *someday*.

I know I should quit smoking, but I really need cigarettes to deal with the stress.

Preparation: Taking steps, cutting back, telling friends, getting rid of triggers, etc.

I talked to my family about going to therapy, and I think I will call for an appointment.

Stages of Change

Action: Making the change

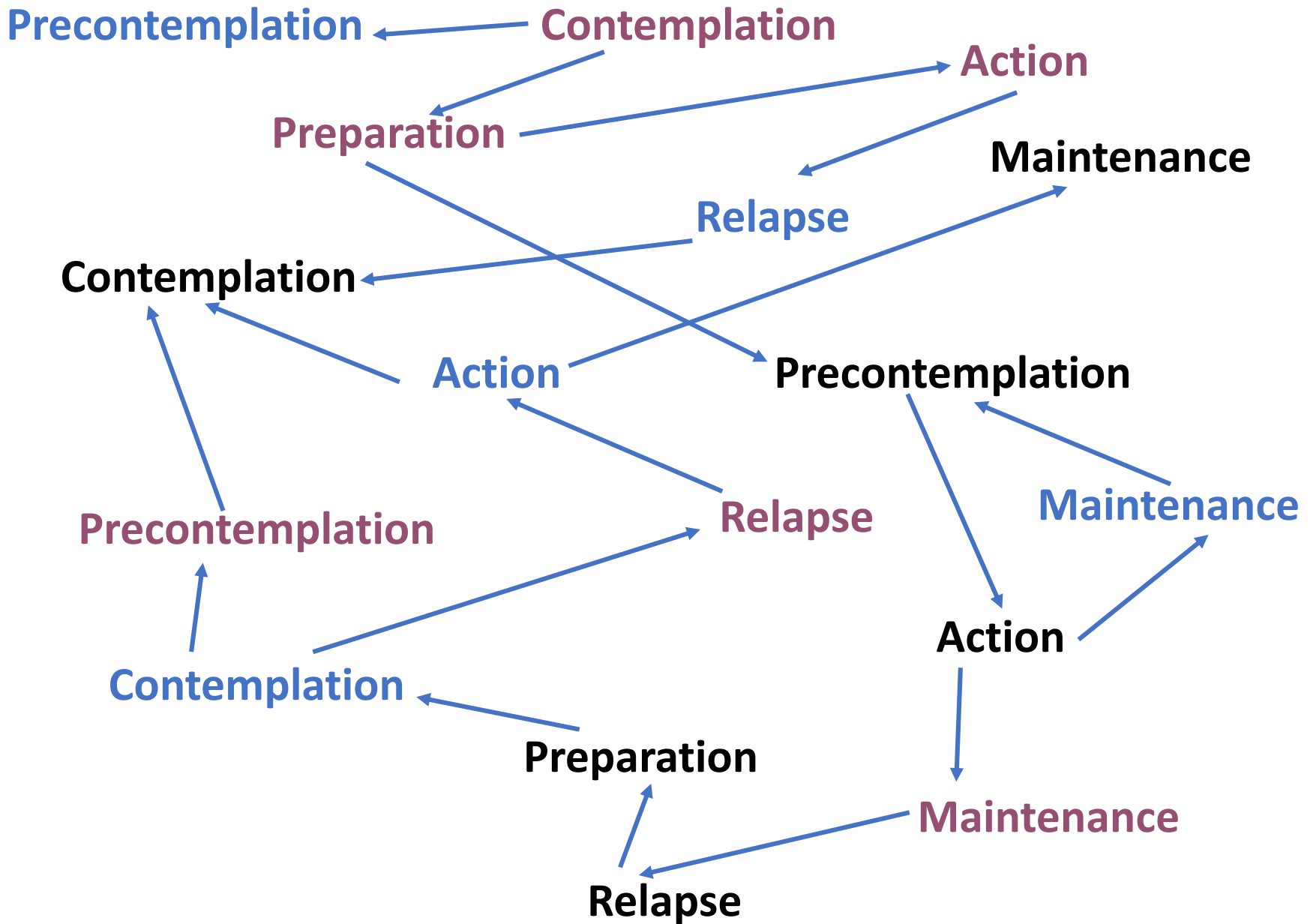
Last week, I went to my first class.

Maintenance: Sticking with it, part of the routine

I've only missed one day of work in the last several months.

Relapse: Falling off, trying to get back on track,
natural part of the cycle

I stopped going to meetings. I have too much going on and just don't want to go.



Identify the Stage of Change **Not Using substances alone**

- 1. Pre-contemplation**
- 2. Contemplation**
- 3. Preparation**

- 4. Preparation**
- 5. Maintenance**
- 6. Relapse**

Quick Poll



What is Harm Reduction?

A set of practical strategies and ideas aimed at reducing the negative consequences associated with any type of behavior



Harm Reduction Principles

- ❖ All people have value and deserve to be treated with dignity
- ❖ Avoid a “one size fits all” approach; each person has to find their own path to being safer or healthier
- ❖ Any movement towards reducing harm is positive and worthwhile, regardless of how small a step it is
- ❖ Quality of individual/community life and wellbeing should be target of intervention

What are some examples of harm reduction?

New
needles
/
works



Nicotine
Patch



Spenda instead
of sugar



Drinking
water with
alcohol



Reducing
salt intake



Other Examples of Harm Reduction

Talking to a friend on a regular basis to deal with Depression

Doesn't want to go to another program or provider but will come see you

Smoke pot in the afternoon after school or work rather than in the morning.

Try to take a short break to control anger.

Techniques of MI: the OARS

- **Open Questions**

- *How/what/tell me more* rather than *Do/Is/Are/Will*

- **Affirmations**

- Validating and acknowledging struggle/effort/small steps

- **Reflections/Reflective Listening**

- Listening and saying back the *feeling* or *intent* to clarify

- **Summaries**

- Periodically provide summary statements to keep on track and review overall readiness

Open vs. Closed Questions

Open

How
What
Tell me more...
Say more...

*Why

Closed

Is
Are
Do/did
Will/would you
Can/could you
When/who

OARS:

Closed vs. Open Questions

CLOSED	OPEN
Are you worried about your court date?	?
Are you going to your training program?	?
Do you think you should deal with your anxiety?	?

Open Ended Questions

Examples

- What are your thoughts talking to a counselor?
- What are your thoughts about attending a training program?
- How are you feeling about your court date?
- How is it going with your classes?
- What do you like about not working?
- Tell me more about what's going on with your anxiety.
- What do you know about depression?

Open Ended Questions Practice



- Have a brief conversation with your partner using only OPEN-ENDED QUESTIONS.
- One person will ask open questions about how your week is going or what you did last weekend.
- Switch roles!

OARS: Affirmations



- Giving credit for small steps
- Not compliments, but rather statements of appreciation for clients and their strengths
- Validating their efforts; acknowledging the difficulty they are facing
- Observing the difficulty in bouncing back from relapse or failure

OARS: Affirmations

Examples

What strategies are they already using to be safer or to move towards goals? Recognize them!

You really care about what you will be doing in the future.

You are working really hard to sort out your relationship with your parents.

Even though it is tough dealing with work, you are here talking to me.

OARS: Affirmations

MIKE

I lost my job again. My boss said I smelled like weed too many times and shouldn't come back. It sucks because I know I was good at it this time, but I can't manage without smoking. My family is stressing me out, and I worry all of the time. I really need the pot to just make it through the day. Whatever. I don't know what I am going to do.

OARS: Reflective Listening

- Mirror back what the person is saying to confirm you understand
- Don't rush to correct misinformation or give advice – this step comes BEFORE "fixing the problem"
- Providing a reflection doesn't mean you agree with the client. It just shows that you are listening.

OARS: Reflective Listening

Simple Reflection: *repeating the client's statement in a neutral form; acknowledges and validates*

Client: I really don't want to talk about this unless I think it is a problem.

Staff: You'll talk about this if you think it becomes a problem.

Paraphrasing: *putting the client's statement in your own words*

Client: I can't deal with this now because I don't have time or the energy. I am already working and trying to find a place to stay..

Staff: You have a lot going on, and this is not a priority right now.

OARS: Reflective Listening

Feeling Reflection: *getting at the true meaning of what the client is saying or what is behind their words; can be a lightbulb moment for client!*

Client: Sometimes I really don't want to deal with my younger sisters, but I know I am their only support.

Staff: You feel guilty when you have negative feelings towards taking care of your sisters and need a break.

OARS: Reflective Listening

Double-sided Reflection: *may be able to use information you've heard in the past from this client as well as what they're saying now.*

Client: I know I should probably get my GED, but it is a lot of work and I just can't imagine going to classes with everything going on.

Staff: On the one hand, it would be really hard to fit classes into your life, and on the other hand, you know you might need the GED.

Reflections Video

www.PaulBurkeTraining.com



Breakout Rooms



Reflections
Practice

OARS: Summaries

An MI summary pulls together a snapshot of someone's readiness to make a change. Use them:

- After you've heard someone's **pros and cons** for change
- To recap the total picture of someone's ambivalence

Summary Intros:

"So, for you, these are some of the reasons to change and these are some of the obstacles..."

"I want to make sure I understand all the factors pushing you towards a decision..."

"Let me make sure I understood everything....what did I miss?"

Coming up with a Plan

- Don't need to call it a goal – can be intimidating
- Make sure it is client's plan
- Start small
- Identify possible barriers
- Identify who will do what



Day 2

- Check In (Make sure we know you are here!)
- Thoughts or questions from yesterday



Techniques of MI: the OARS

- **Open Questions**

- *How/what/tell me more* rather than *Do/Is/Are/Will*

- **Affirmations**

- Validating and acknowledging struggle/effort/small steps

- **Reflections/Reflective Listening**

- Listening and saying back the *feeling* or *intent* to clarify

- **Summaries**

- Periodically provide summary statements to keep on track and review overall readiness

OARS Recap

- What's the difference between open and close-ended questions?



Open Ended Questions

Pros / Cons

- **Ask about what is good about the status quo**

What is working about your current situation?

- **Ask about cons of the status quo**

What are the hardest/worst parts of your current situation?

The Status Quo Drinking

Pros

What are the good things about drinking?

Cons

What are the not so good things about drinking?

The Status Quo

Drinking alcohol

Pros

- Relieve stress
- Forget problems
- Easier to have sex
- Tastes good
- Lowers inhibitions
- Partner drinks
- To be social
- Helps sleep
- Take part in traditions / holidays
- Cheaper than other substances
- It is legal

Cons

- Make bad decisions
- Fight more
- Health concerns (liver problems, accidental injury, etc.)
- Potential for addiction
- Hangovers
- Lose relationships
- Lose job
- Cost – can be expensive
- Disrupts sleep

Pros / Cons Tips

- Not for someone in precontemplation
- Some topics:
 - Using other substances
 - Looking for a job
 - Following court instructions
 - Talking to family about something that is going on
 - Getting a GED
 - Following instructions at work

OARS Recap

Affirmations

- Giving credit for small steps
- Not compliments, but rather statements of appreciation for clients and their strengths
- Validating their efforts; acknowledging the difficulty they are facing
- Observing the difficulty in bouncing back from relapse or failure

OARS Recap Affirmations

- Tell us about one of your clients.
- What affirmations could you provide?

**Know Your
Client**

OARS Recap

Reflections: What doesn't work here?

CLIENT: "My family keeps bugging me about going to detox, but I don't need it! They are driving me crazy."

Provider: You feel frustrated that everyone insists you go to treatment, but your family is just looking out for you.

Better option: It's really frustrating when everyone is telling you to do something you don't need to do.

OARS Recap

Reflections: What doesn't work here?

CLIENT: I am sick of the court telling me what to do. I am fine on my own.

Provider: It's important that you follow the court instructions. It's the only way to help yourself.

Better option: You don't need the court giving you instructions all the time because you can take care of yourself.

OARS Recap

Reflections: What doesn't work here?

CLIENT: I can't go to a support group. I don't want everyone knowing my business.

Provider: Have you thought about seeing a counselor one-on-one? Then there won't be a whole group of people listening.

Better option: A support group wouldn't work for you because you don't want many people knowing about what is going on in your life.

Sharing Information

- Ask permission
 - Be clear and concise
 - Don't overwhelm with information – keep it short
 - Offer choices of what to do
 - Talk about what others do
 - Don't share info that isn't needed!
- "I have some information that might be helpful. Can I share it with you?"
 - "This may or may not work for you, but this is something that others in your situation have done..."
 - "I have an idea here that may or may not help. Would it be ok to share this information with you?"
 - "I don't know whether this will make sense for you, but I have a worry about your plan. Can I tell you about it?"

Reflections



Practice!

- Listen to demo
- Write in chat "O, A, R, or S" each time you hear the provider use one in the conversation

The word "DEMO" is displayed in a 3D, blocky font. Each letter is contained within a purple cube with a white outline. The cubes are arranged in a horizontal line, slightly overlapping, and cast a soft shadow on the white background below them.

Breakout Pairs OARS Practice

- Choose a scenario.
- One of you is the provider and one is the client. The provider will talk to the client using OARS skills.
- Your focus is on the behavior change that is listed.
- Strategies to try (You don't need to use all of them or use them in any particular order):
 - Open-ended questions (Tell me more, What are your thoughts...)
 - Affirmations (Recognizing strengths or acknowledging challenges)
 - Reflections (feeling, double-sided)
 - Summaries (Here is what I've heard so far...What am I missing)

Rolling with Resistance

Key Concept

WRESTLING

vs.

DANCING



How do we recognize resistance?

Sometimes a client may genuinely face barriers to engagement that keep them at a distance.

Does the person have the ability to go to the appointment/take medications/fill out paperwork/etc, but is signaling that they don't want to or aren't ready?

Or, are their systemic barriers keeping them from accessing care?



How do we typically respond?

- Avoid client
- Disengage/tune out
- Feel like failure
- Fight for control
- Scare tactics
- Label client
- Lecture
- Blame client or self

What causes resistance?

Bad experiences / barriers

Feeling forced to make a decision before feeling ready

Feeling pressured

Feeling overwhelmed

Feeling criticized, labeled, blamed

Fear of loss, threat, embarrassment

Testing the boundaries

Defensiveness to “righting reflex”

Worried about what change may bring

Responding to Resistance

Client: *“This paperwork is ridiculous and I’m not giving you all this information.”*

Staff: *“I know it’s really frustrating. Do you want to take a break?”*

Client: *“Everyone says I have a drinking problem but I just do it socially.”*

Staff: *“People have a lot of opinions about what you should do. What do you think bothers them so much?”*

How does MI help us?

- Give control to patient
- Negotiate rather than manipulate
- Build rapport & trust
- Break down goals so we can all feel successful

**When people feel heard & understood (OARS),
working together gets easier!**

ASSESSMENT





Thank you!

Robin Gordon
rgordon@jri.org

Viola Dean
vdean@jri.org

Justice Resource
Institute, Health Division