



Motivational Interviewing and Behavioral Counseling For Those With A Mental Health Diagnosis Skills To Enhance Therapeutic Engagement

Lee Anne Walmsley, PhD, EdS, RN

Learning/Skill Objectives



1. Describe effective counseling skills such as active listening and empathy that facilitate the treatment process.
2. Discuss establishing a warm, confidential, and nonjudgmental counseling environment.
3. Explain the effective use of clinically sound strategies to enhance motivation and encourage commitment to change.
4. Describe the use of motivational interviewing and supportive counseling models for tobacco treatment.

Counseling Skills are Vital for Tobacco Treatment



- Counseling plays an essential role in the treatment of tobacco dependence
- Evidence shows that counseling enhances rates of people stopping smoking

Motivational Interviewing



Motivational Interviewing (MI) is an evidence-based type of counseling, recognized for its effectiveness in promoting change.

» Miller and Rollnick (2002, 2013).

Counseling Skills



Two components of counseling especially effective for counseling patients making an attempt to stop using tobacco:

- Practical Counseling

- problem-solving, skills training, stress management

- Social Support

- delivered as a part of treatment.

What Are We Doing When We Counsel?



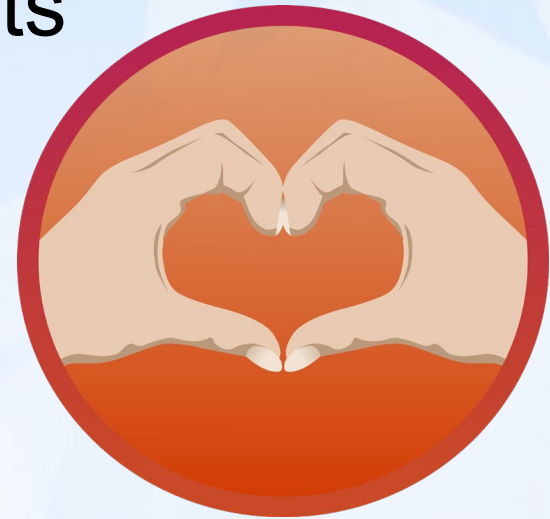
- Assisting people in making a change, or becoming more motivated to make a change
- Addressing relapse prevention



What makes it so hard to change?



- Any addiction or disease process has three major components
 - Physical
 - Emotional
 - Social/Behavioral
- ◆ All three must be addressed to be effective with our patients!



Food for Thought



Remember, most people don't want to damage their health or ignore medical advice. They feel stuck and often have deep emotional connections to their health problem. Asking people to make lifestyle changes often results in people feeling overwhelmed. There are emotional and social reasons holding people back from making needed changes.



What Are We Trying to Do When We Counsel?



- Goals of Counseling:
 - Current tobacco users who are unwilling:
 - increase their motivation towards stopping
 - Current tobacco users who are willing to make an attempt:
 - strengthen that willingness
 - Former tobacco users who recently stopped:
 - strengthen their resolve to remain abstinent

MI Defined

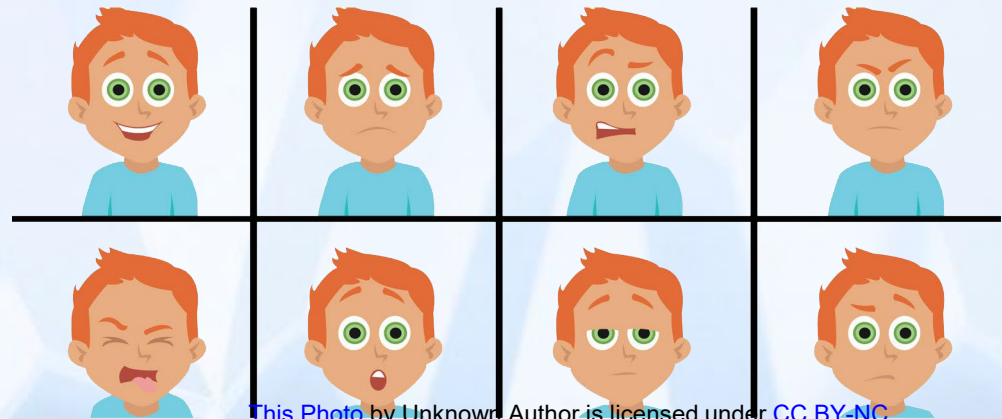


A **collaborative**, goal-oriented style of **communication** with particular attention to the language of change, designed to strengthen personal motivation for and **commitment** to a specific goal by eliciting and exploring the person's **own reasons** for change within an atmosphere of **acceptance**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

Proliferation of MI



- MI is widely used because it effectively addresses **CHANGE**; the core issue in many life situations:
 - Changing thoughts
 - Changing feelings
 - Changing behaviors



Motivational Interviewing: Context



- Approach that works with resistance from a perspective of joining with the client (The Dance)
- Method of communication versus a set of techniques
- Compliments Stages of Change Model (Prochaska & DiClemente)
- Resolution of ambivalence can lead to progression through stages of change

The Spirit of MI:



The recognition of motivation as having three core features, combined with the recognition of ambivalence as normal and natural, we can understand the spirit of MI.

The overall spirit is based on three principles:

- Collaboration – NOT confrontation
- Evocation – NOT education/advice
- Autonomy – NOT authority

The Overall Spirit



- To understand the overall spirit of MI, one must first understand two concepts
 - MOTIVATION
 - AMBIVALENCE



Motivation



Motivation is **FUNDAMENTAL** to change

Motivation is comprised of three elements:

- Importance (for the change): willingness, desire or perceived importance
- Confidence (about being able): self-efficacy
- Readiness (to make the change): priorities

These three elements are not the same and impact motivation differently.

Motivation



- Importance: My Head
 - Confidence: My Heart
 - Readiness: My Gut
-
- Is the fire under me lit, and is it hot enough to burn?



Motivation and Ambivalence



- Ambivalence refers to having mixed or conflicted feelings (Pro vs. Con)
- “I really enjoy smoking, but I know it’s bad for my health”
- Ambivalence is a normal part of any change process and is usually connected to fears and concerns
- Motivational Interviewing attempts to help the client resolve the ambivalence towards change.

Let's Think About Assumptions...



...and how they can get us into trouble

SHOULD change: our desire to fix

MOTIVATIONS: our reasons

I'M THE EXPERT: our need to be important

Basically, we start down the road of persuasion and coercion rather than motivation

To Summarize:



- Motivation is complex and often misunderstood
- Ambivalence is normal and often what holds a person back
- We can work with resistance
- We recognize the autonomy of the individual
- We realize that we must connect with a person in order to understand how to help them with a change process

- For further training in MI please visit:
www.motivationalinterviewing.org

Counseling Skills:



- Open-ended question/open-ended statement
- Affirm their feelings/thoughts through the use of reflection
- Reflection of feeling; reflection of actual statements
- Summarize what was said while posing the next step back to the individual.



O.A.R.S: The building blocks of motivational interviewing

O

Open ended questions

Helps ensure your patient does most of the talking.

"How do you usually manage your medications?"

A

Affirmations

Builds rapport and make your patient feel understood.

"Must be hard to remember meds in the morning!"

R

Reflective Listening

Helps the patient identify discrepancies in their thinking.

"I'm hearing that your meds don't seem to work, right?"

S

Summarizing

Reinforces the commitments the patient made to change.

"So you decided to set a phone reminder for your meds."

Enhancing Importance and Confidence



- We address the particulars of ambivalence, which live in three zones:
 - Importance
 - Confidence
 - Readiness

Our goal is to ENGAGE with the patient so that we can begin moving forward immediately.

Tools to Help us Elicit Change



Assessing Importance and Confidence

- Suggested technique: Scaling
 - Ask questions based on a scale of 0 to 10, with 0 being not important at all, to 10 being extremely important
 - Explore the reasons behind the selection of each number with them (i.e. why are you at a 4 and not a 3?)
 - Ask what would move them higher on the scale (i.e. what would help you move this to a 5 or a 6?)
 - Ask how you could be helpful in moving from a 4 to a 5 or 6



Opening the Conversation

- Ask an open-ended question
- Affirm the client's feeling
- Recognize their ambivalence, resistance, & fears, through the use of reflection
- No challenges to what they say

Affirmation



- ***Affirmation*** – The counselor accentuates the positive, seeking and acknowledging a person's strengths and efforts
- ***Affirming*** – An interviewer statement valuing a positive client attribute or behavior

Summarization



- ***Summary*** –
 - *A reflection* that draws together content from two or more prior client statements that can help a client see two opposing points

“On one hand I hear you saying that you really enjoy smoking, and on the other hand I hear you saying you really want to feel healthy. Where do we go from here?”



- We use these skills interchangeably, relying most heavily on **reflection**.
 - Questions are distracting (even the good ones)
 - Questions can feel like an interrogation
 - **Reflection will get you much, much farther and get you a lot more information**

Reflection



- ***Reflective Listening*** – The skill of “active” listening whereby the counselor seeks to understand the client’s subjective experience, offering *reflections* as guesses about the person’s meaning
- ***Reflection*** -An interviewer statement intended to mirror meaning (explicit or implicit) of preceding client speech

Resolving Ambivalence



- We can resolve ambivalence in several ways:
 - Non-threatening education
 - Myth busting
 - Exploration
 - Explanation

We use open-ended questions to understand the source of the ambivalence, then reflect and summarize in order to move forward.

Ambivalence about the Past



Explore Past Efforts

- Recognize the past as a valuable piece of information
- Explore what worked and what did not
- Help them plan a more successful attempt for change

Decisional Balance



- A choice-focused technique that can be used when counseling with neutrality, devoting equal exploration to the pros and cons of change or of a specific plan

Good things about smoking: Relaxing Stress reducer Helps me concentrate Social activity	Not so good things about smoking: Expensive Kids don't like it No where to smoke Teeth are stained
Not so good things about quitting: Trouble sleeping Irritable Feel depressed Hungry/snacking	Good things about quitting: Save money Feel better Go more places Family happy

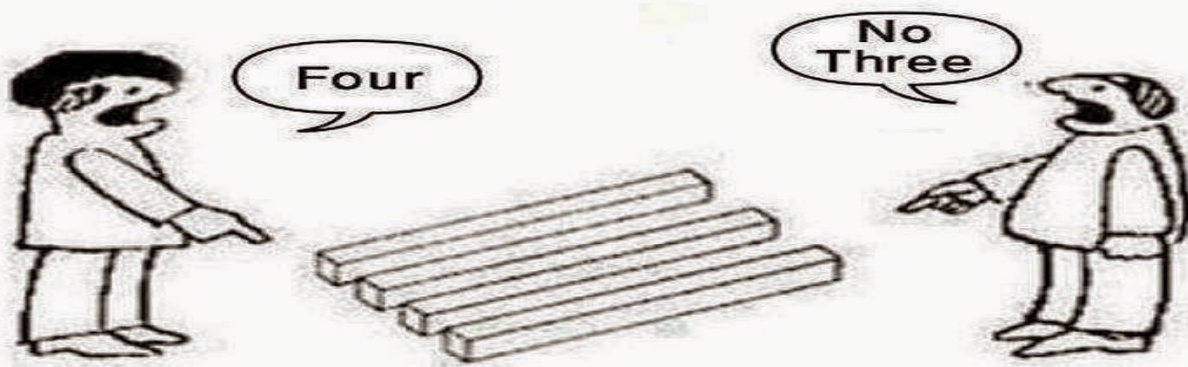
What are we trying to do with this tool?



Develop Discrepancy:

- Discrepancy between current behavior and future goals
 - Obtain client goals
 - Emphasize discrepancy between behavior and goals

It is really confusing!!!



Recognizing Change Talk



- The ability to identify change talk and **commitment language** that signals movement in the direction of behavior change is essential to helping build motivation and commitment to change

Change Talk



Change talk: Helping people make their own argument for change.

- **Desire**: a form of preparatory change talk that reflects a preference for change; typical verbs include *want*, *wish*, and *like*.
- **Ability**: a form of client preparatory change talk that reflects perceived personal capability of making a change; typical words include *can*, *could*, and *able*.
- **Reason**: a form of client preparatory change talk that describes a specific if-then motive for change.
- **Need**: A form of client preparatory change talk that expresses an imperative for change without specifying a particular reason. Common verbs include *need*, *have to*, *got to*, *must*.

Their Own Argument



Change Talk

Essence of change talk:

Get the client to make his or her own argument for change!

- Ownership and meaning come from this process

Remember: this is not about your reasons – they have to make their own argument in order for this change to work. You will not get at this process if you are not engaged with the patient.

Strengthening Change Talk



- Our ability to elicit/evoke and reinforce client change talk and commitment language is essential to helping a client progress toward change.
- We apply the skills of OARS in a way to **strengthen change talk and commitment.**

Change Talk



- When you hear a client voice a change statement:
 - Respond non-verbally to denote interest
 - Respond verbally by asking for elaboration:
 - What else?
 - What other other concerns have you had about...?
 - What are some other reasons you want to...?
 - How else could you do it?

Change Talk



- Reinforce change talk through affirmation:
 - That sounds like a good idea...
 - That's a good point...
 - You may be on the right track...
- Reinforce change talk through summarization of all the change statements the person has made.

Rolling with Resistance



- Remember what we learned about ambivalence?
- Ambivalence is the foundation of resistance.
- Resistance is often fueled or made worse by us (the professional) and the way we phrase our questions and/or statements

Resistance is a Signal



- Resistance is a signal that the client is uncomfortable.
- Discord: interpersonal behavior that reflects dissonance in the working relationship
 - Examples: arguing, interrupting, discounting, or ignoring
- Resistance is a signal to us to do something differently with the client.

Responding and Rolling



- “Rolling” with resistance implies accepting that resistance is a natural part of change and when it appears, we should be able to “roll with it”



Developing a Change Plan



- A change plan allows us to work with the patient to develop his/her own plan for stopping smoking.
- The development of this plan is a process of shared decision making and negotiation that involves:
 - Setting goals
 - Considering change options
 - Arriving at a plan
 - Eliciting commitment

Resources for learning more about Motivational Interviewing:



- Madson, M.B., Loignon, A.C., & Lane, C. (2009). Training in Motivational Interviewing: A systematic review. *Journal of Substance Abuse Treatment*, 36, pp. 101-109.
- Miller W.R., & Rollnick, S. (2003). *Motivational Interviewing: Preparing People for Change*. (2nd ed.). The Guilford Press: New York.
- Rollnick, S., Mason, P., & Butler, C. (1999). *Health Behavior Change: A Guide for Practitioners*. Churchill Livingstone: New York.
- Rosengren, D.B. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook*. The Guilford Press: New York.

Any Questions? Thoughts?

