

MOTIVATIONAL INTERVIEWING WITH A TWIST:

Facilitating Communication & Change with Policymakers

Barbara DiPietro & Matthew Bennett

MERGING MI & ADVOCACY

- HCH turns 30 in 2015 & we are still in business
- Clinicians work in a larger context where homelessness & poverty are prevalent
- Upstream thinking: need to address systemic issues
- Ask ourselves: What causes the problems we see at the individual level?
- Overlap of mission and skills: clinicians are fundamentally problem-solvers
- We can't end homelessness by ending homelessness



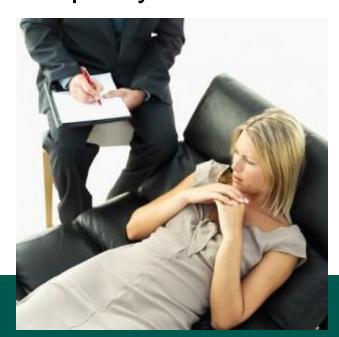
FIRST, A DISTINCTION...

A FOCUS ON...

- Identifying mutual values& goals
- Raising awareness
- Defusing tension
- Developing relationships
- Sharing concerns & ideas
- Facilitating change

NOT A FOCUS ON...

 Engaging in clinical work with policymakers



WHAT IS ADVOCACY?

- The act of requesting, supporting, or recommending
- Raising awareness
- Educating
- Facilitating



Note: Advocacy is different from lobbying

HRSA & ADVOCACY

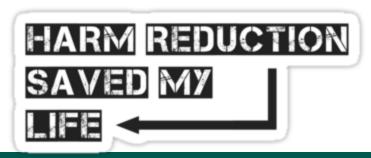
HRSA PAL 99-12: Program Goals

The goal of the HCH Program is to improve the health status and outcome of care for homeless individuals and families by improving access to primary health care and substance abuse services. Access is improved through outreach, case management, and linkages to services such as mental health, housing, benefits, and other critical supports. Providers in HCH programs seek ways to create new approaches to deliver comprehensive care, unite providers through collaboration, decrease fragmentation of human services, and advocate on behalf of homeless people.



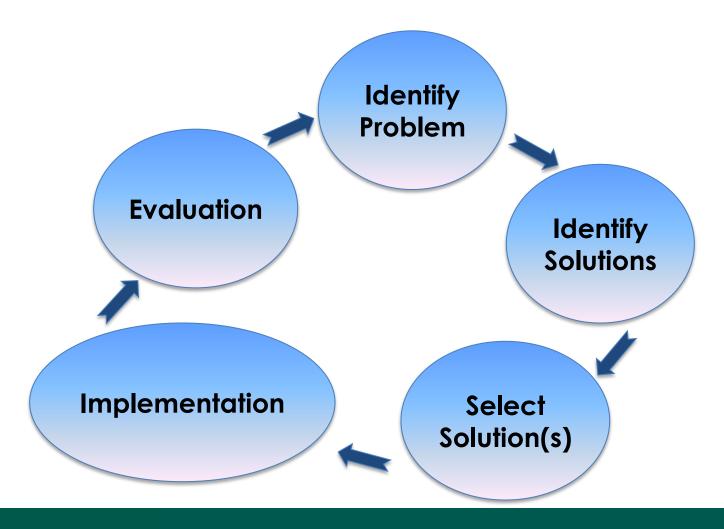
HARM REDUCTION IN ADVOCACY

- Sometimes you can't make it better, but you can keep it from getting worse
- Relapse is part of recovery
- Human behavior & resistance to change is largely the same at the macro level
- Find agreement on some issues & set others aside
- Change is nearly always incremental





THE POLICY MAKING PROCESS



CHALLENGES TO ENGAGING

- Polarization and tension in politics
- Lack of time (personally & professionally)
- Lack of relationships with policymakers
- Lack of mandate within organization
- Lack of direct cause-effect between problems and policy solutions
- Don't know where to begin
- Don't feel like "an expert"
- Intimidated

Similar to clinical engagement barriers in people?

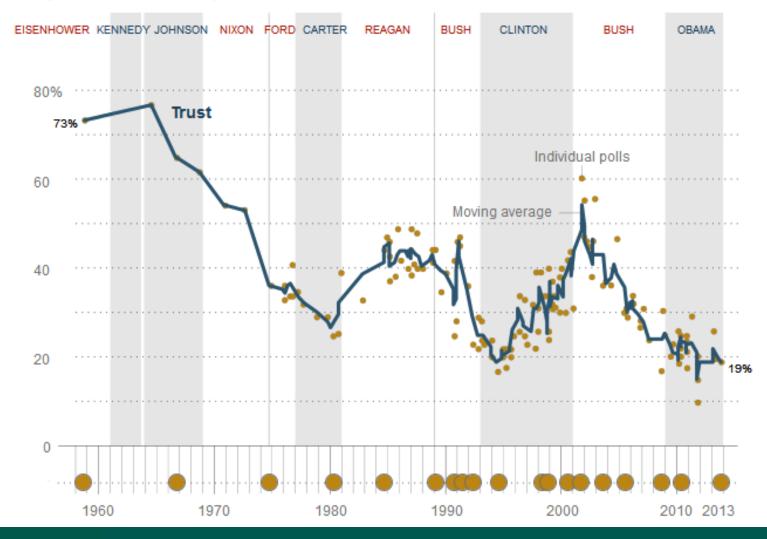


WHAT POLICYMAKERS WANT

- To be re-elected (or re-appointed) & to make changes
- Legislators most likely to represent constituent interests when:
 - → They know precisely who their constituents are
 - → They interact with them frequently
 - → Their political futures depend on gaining and keeping constituent support.



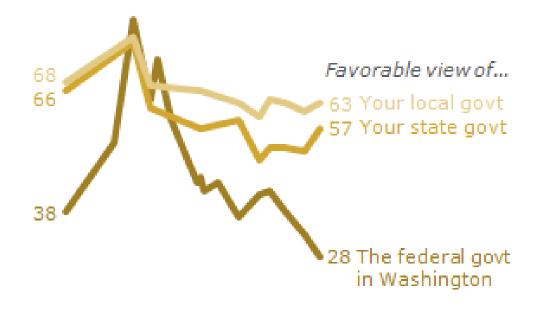
How much of the time do you trust the government in Washington?





Source: Pew Research Center, October 22, 2013.

Widening Gap in Views of Federal, State and Local Governments



1997 2001 2013

PEW RESEARCH CENTER March 13-17, 2013.



ALL POLICY IS LOCAL

- Prohibition
- Slavery
- Voting laws
- Single payer
- Minimum wage
- Marriage (race/gender)
- Equal pay
- Gun laws
- Nuisance crimes

- Abortion
- Capital punishment
- Labor laws
- Immigration
- Housing eligibility
- Covered health services
- Drug laws
- Criminal sentencing
- Tax law





THE BRIDGE TO MI



TEACHING ELEPHANTS TO DANCE



- Rider = Logical Brain
 - → Hope Change is Possible
 - → Self-confidence I can make it happen
 - → Needs a destination and the small steps needed to get there
- Elephant = Emotional Brain
 - → Empathy through personal connections motivates the elephant
 - → Sympathetic paralysis
 - → Will charge if it think it is in the "them vs. us" dynamic

MANAGING THE ELEPHANT

Spirit of MI

SPIRIT OF MI (MI VS. MANIPULATION!!)

Compassion

- → Support verse confrontation
- → Empathy for another's point of view and journey to get that view

Acceptance

- → The person and their view has some inherent worth
- → Autonomy: The person has the right to their own decision

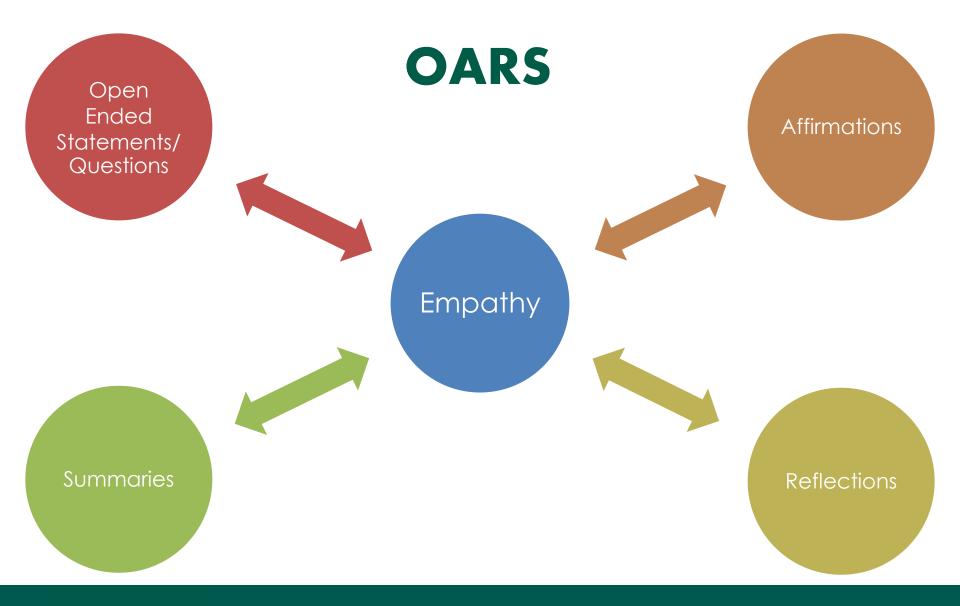
Partnership

- → Guiding (avoiding directing or following)
- → You do less than half the talking
- → Help person voice of change

Evocation

- → Person is the expert on the their position and point of view
- → Person holds the wisdoms on how change works in their world





OARS

- Reflections
 - → Stay in the back seat
 - → Simple vs. Complex
- Affirmations
 - → Keep it positive
 - → Elicit past successes with difficult changes
 - → Keep the problem separate from the person

- Open Ended Questions and Statements
 - → Open vs. Closed
 - → 1:2 Ratio
 - → Do not use to direct
- Summaries
 - → Reflections that bring together several things the person stated
 - → Opportunity to state ambivalence
 - → Tool to build cognitive dissonance



DIRECTING THE RIDER

Partnering to create a path forward

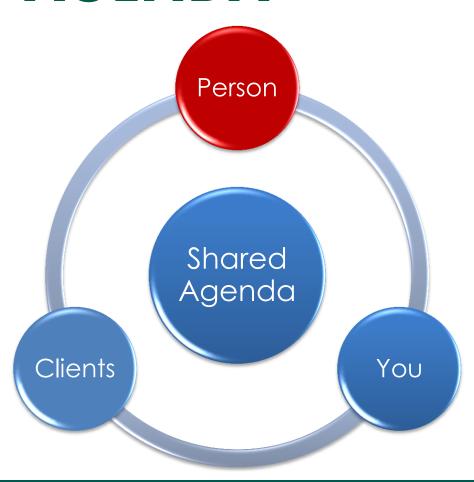


SHARED AGENDAS



PERSON'S AGENDA

- Always start with what the person wants to accomplish around the issue
- Understand barriers to action
- If you want the person to care about your agenda we must care about theirs



YOUR AGENDA

- Connect your aspirations with the person's aspirations
- Make your goals personal
 - → Stories
 - → Pictures
 - → Your experiences
 - → Bring controlled passion to the table



CLIENTS' NEED

- Find the "Us" and avoid the "Them"
- Connect the person's aspirations for the future with meeting needs of your clients



Ambivalence Focus Change

- Ambivalence
 - → Wanting more than one thing at the same time
 - → The desired things are incompatible with each other
- The committee inside the mind
 - → Which side has the majority?
 - → What needs to happen to change votes?
 - → Voting for the status quo = Sustain talk
 - Sustain talk is natural
 - Resistance is a result of the relationship
 - → Voting for new behaviors = Change talk
 - Talk about the new behavior
 - Research: Increase in change talk predicts actual change
 - Your goal: Increase change talk

MI MOUNTAIN



ZONE OF TO

Research helps show think/actions are not inline with values or goals

- We can tolerate some discrepancies, but the larger the gap the more stress it causes
- When stress becomes too great, we look for paths forward that bring us back into the zone
- This is one of most fundamental drivers of change

A n x i e t Cognitive Dissonance

Zone of Tolerance

Action in Line with Values

RESEARCH: ELICIT-PROVIDE- ELICIT

Elicit

- → Measure interest in the information you can provide
- → Explore person's knowledge

Provide

- → Get permission REALLY important with expertise!
- → Provide information building on what the person already knows
- → Present information without interpreting its meaning for the person

Elicit

- → Discuss person's reaction (thinking/feeling) to the information
- → Ask the person if they see anyway you can help them reach THEIR goals



VALUES: THE WONDERFUL WORLD OF COGNITIVE DISSONANCE

- Your objective: Find values that the person has voiced that support the change
- If you know something about the person's background (religion, family, history) utilize that to connect them personally to change
- GENTLY reflect back any discrepancies between values, research and past thinking/actions if the person doesn't see it on their own
 - → Do not make it personal
 - → Use shared agenda to find a way forward



TRANSITION TO PLANNING

- Transitional summary
 - → State that you would like to summarize what you have heard from the person
 - → Give a gentle recitation of the person's own change talk
- Planning Question
 - → What can I do to help you tackle this difficult problem?
 - → Do you see a way we can work together to improve the quality of lives for those in our community?
- Avoid commitment questions during transition
 - → What are you going to do?
 - → So are you going to do anything about this or not?



MI AT A LARGER LEVEL



MI & ADVOCACY: COMMON CHARACTERISTICS

- Possessing patience, compassion, partnership, acceptance
- Creating safe space & avoid confrontation
- Focusing on goals & aspirations
- Finding "us" and avoiding "them"
- Developing a shared agenda
- Working through ambivalence & resistance
- De-escalating tense issues and situations
- Understanding change processes



DISSONANCE AMONG POLICYMAKERS

- Political objectives & policy objectives often at odds
- Inconsistent viewpoints between subjects
- Seemingly irrational decision-making or sudden changes in positions
- Full understanding of impact of decisions may not be seen or understood

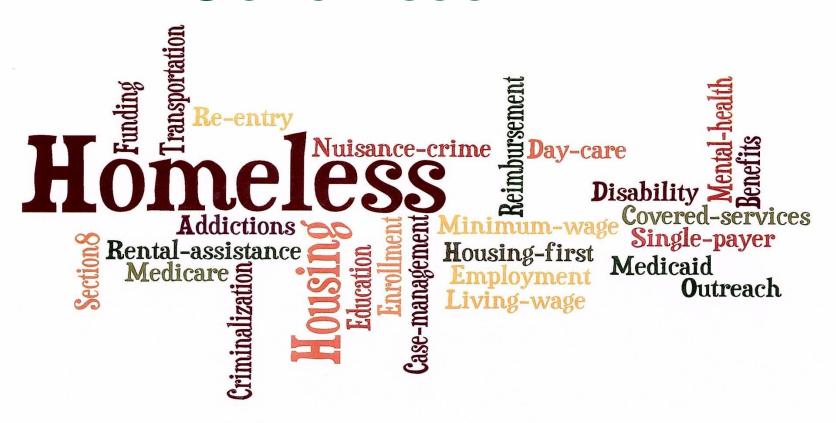


CHALLENGES ONCE ENGAGED

- Channeling emotions constructively & focusing on outcomes
- Defusing tension and preventing polarization
- Creating safe space that encourages ideas
- Recognizing difference between public and private persona
- Focusing on long-term relationship rather than short-term progress
- Remembering today's rival is tomorrow's ally, progress is slow/intermittent/erratic/unexpected



ADVOCACY ISSUE BREADTH



INFLUENCES

- Top factors that determine what health issues state legislators work on:
 - 1. Constituent need or opinion
 - 2. Evidence of scientific effectiveness

Source: Dodson, et al. (2013.) State Legislators' Work on Public Health-Related Issues: What Influences Priorities. *J Public Health Management Practice* 19 (1): 25-29.



COMMON GOALS & VALUES

GOALS

- Reduced homelessness
- Cost-savings
- Public health
- Public safety
- Individual well-being
- Healthy communities
- Productive citizenry

VALUES

- Freedom
- Equity
- Liberty
- Patriotism
- Opportunity
- Choice

ADVOCACY OUTLETS

Police-chief
Mayor-staff State-health-Secretary
Governor-staff State-Housing-Secretary City-Council Legislative-staff Governor Committee-staff Social-services-Secretary
Medicaid-staff Continuum-of-Care State-legislator

ADVOCACY AS SELF-CARE

- Engagement helps take back control & empower
- Greater awareness builds confidence & knowledge
- Change is possible and happens every day.



TAKE-AWAY POINTS

- Changes in people and systems have cycles that depend on engagement
- MI & HR clinical skills easily transfer to policy environment for macro-level change
- Facilitating needed change depends on relationships & effective communication
- Many issues & venues are available and policymakers are eager for your input.



CONTACT

- Barbara DiPietro, Director of Policy
- National Health Care for the Homeless Council
- Baltimore, MD
- bdipietro@nhchc.org or 443/703-1346
- www.nhchc.org

- Matthew Bennett, Chief Innovation Officer
- Coldspring Center for Social & Health Innovation
- Nederland, CO
- bennett@coldspringcenter.org or 303.258.3523
- www.coldspringcenter.org
- www.facebook.com/coldspring center

