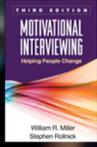


**If You've Got Five Minutes:
Conversations that
Make a Difference**

*National Health Care for the Homeless Conference
Minneapolis, MN
May 17, 2018*

ken kraybill

t think • teach • transform



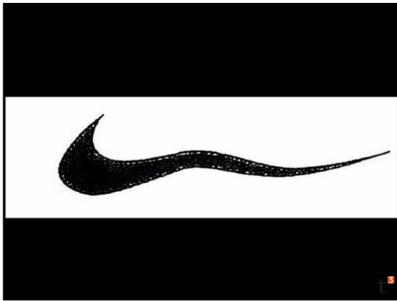
A collaborative conversation style for strengthening a person's own motivation and commitment to change.

Lay definition



A person-centered counseling style for addressing the common problem of *ambivalence* about change.

Practitioner's definition



**WHEN YOU KINDA
WANNA JUST DO IT
BUT NOT REALLY**



Or...

A way of helping people talk themselves into changing

A five minute conversation with yourself

Think of something you've been thinking about changing, but haven't changed yet

t

- Accepting what I cannot change
- Alcohol/drug use
- Allowing others to take advantage of me
- Anger/frustration management (e.g., cursing)
- Always late
- Avoiding action on issues such as the environment or social justice
- Avoiding conflict
- Awfulizing; making "mountains out of molehills"
- Behaviors regarding rules/policy
- Behaviors with my supervisor or managers
- Blaming
- Boring/Pushy
- Busy mind—lack of serenity
- Can't say no—take on too much responsibility
- Co-dependent behaviors
- Computer games
- Controlling others
- Creating drama
- Criticizing others
- Criticizing others to third parties
- Diet, food choices
- Disorganization
- Know-it-all
- Lack of assertiveness
- Lack of confidence
- Lack of generosity (e.g., giving to charity)
- Lack empathy
- Lack of tolerance
- Leaving undesirable tasks to others
- Listening to spouse, partner, teenage child
- Materialistic
- Meddling
- Money management
- Neglecting time with family or friends
- Not sticking to goals (e.g., furthering education)
- Not doing my part
- Not letting go—"beating dead horses"
- Neglecting my needs for sake of others
- Optimized
- Over-eating; Under-eating
- Overly concerned about what others think of me
- Overly confident
- Passive-aggressive behaviors
- Pessimism
- Perfectionistic

- Dominating conversations
- Driving behaviors (e.g., speeding, road rage)
- Exercise; under-exercising
- Failure to set priorities, goals
- Failure to take risks
- Failure to reconcile breached relationships
- Failure to volunteer; Always volunteering
- Fear of speaking up
- Fighting lost causes
- Getting even
- Giving unsolicited advice
- Gossiping
- Hard to admit I'm wrong
- Health issues
- Holding grudges
- Impulsive spending
- Interpersonal control issues
- It's all about me
- Judgmental attitudes/behaviors
- Jumping to conclusions
- Keeping up with the Jones's
- Picking fights
- Procrastination
- Smoking
- Solving other people's problems
- Spending emotional energy on issues over which I have no control
- Spiritual or religious disciplines (e.g., church attendance, meditation, study)
- Starting up conflict
- Taking medications
- Taking offense easily
- Tactless
- Take things too personally
- Too critical of myself
- Too much TV
- Time management
- Too outspoken
- Too neat, too messy
- Unforgiving
- Wasting time
- Whining
- Worry too much

Your dilemma/concern?
 What's okay about how things are? What's not?
 If no change, what would be at stake?
 If you were to change...your reasons?
 Your best reason?
 If change, how would you go about it?
 How important/urgent?
 How confident that you *could* change?
 If change, who/what could help?
 If change, next step(s)?

Motivational conversations are about facing forward...coming alongside someone and facing the person's future together

Stephen Rollnick

"You don't need to be clever and complex, just interested and curious. An uncluttered mind helps."

Miller & Rollnick, 2013, p. 61

If you've got 5 minutes...

Breathe

Mutually find a focus

Evoke internal motivation

Provide information and suggestions (as needed)

Invite to action (while "letting go" of the outcome)



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focusing:
finding a strategic direction

Mutually establish the agenda. Ask what the person wants to focus on. State what you wish to address (if anything).

focusing:
finding a strategic direction

What would you like to focus on today?
 We could discuss A, B, C or something else.
 Would it be all right if we took a look at...?

Common areas of focus in your practice?

If you've got 5 minutes...

Breathe

Mutually find a focus

Evoke internal motivation

Provide information and suggestions (as needed)

Invite to action (while "letting go" of the outcome)



Instructions:

1. Pairs – practitioner, patient/client
2. Five minute conversation
3. Practitioner initiates finding focus:
Example: "Would it be all right if I asked you a few questions about...?"
4. Patient/client – real or role-play



POSSIBLE QUESTIONS

What's okay about how things are? What's not?

If you don't change, what would be at stake?

If you were to change, your reasons?

Best reason?

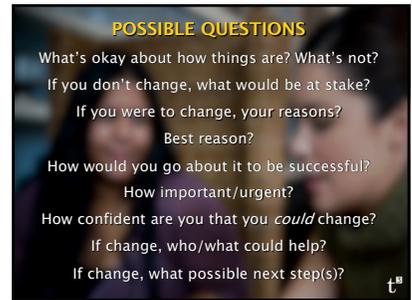
How would you go about it to be successful?

How important/urgent?

How confident are you that you *could* change?

If change, who/what could help?

If change, what possible next step(s)?



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Evoke internal motivation

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Providing Information and Suggestions

"It is easy to overestimate how much information and advice clients need to be given."

Miller & Rollnick



Elicit-Provide-Elicit

A simple strategy for providing information, suggestions, advice



Elicit-Provide-Elicit

- Ask what the person already knows
- Ask what person would like to know
- Ask permission to provide information



Elicit-Provide-Elicit

- Prioritize what person most wants to know
- Be clear; use everyday language
- Offer small amounts of information with time to reflect
- Acknowledge freedom to disagree or ignore



Elicit-Provide-Elicit

- Ask for person's response, interpretation, understanding



Activity: E-P-E

Elicit

- Ask what person already knows
- Ask what person would like to know
- Ask permission to provide information

Provide

- Offer small dose of suggestions, advice

Elicit

- Ask for person's response

If you've got 5 minutes...

- Breathe
- Mutually find a focus
- Evoke internal motivation
- Provide information and suggestions (as needed)

Invite to action (while "letting go" of the outcome)

What might you do as a next step in your own practice to facilitate conversations that make a difference?

Key ideas

- The clinical relationship takes the form of a partnership, not an expert-recipient stance
- Acceptance and compassion are at the heart of the conversation
- Motivation to change is elicited from individuals, not imposed on them from without

Key ideas

- Direct persuasion is rarely effective to resolve ambivalence or promote lasting change
- The worker uses primarily a guiding style
- It is the task of the individual to resolve his or her ambivalence and come up with the reasons for change

Thank you for all you do!