

MOTIVATIONAL INTERVIEWING

in integrated care



ken kraybill

MI is...

Your hopes?

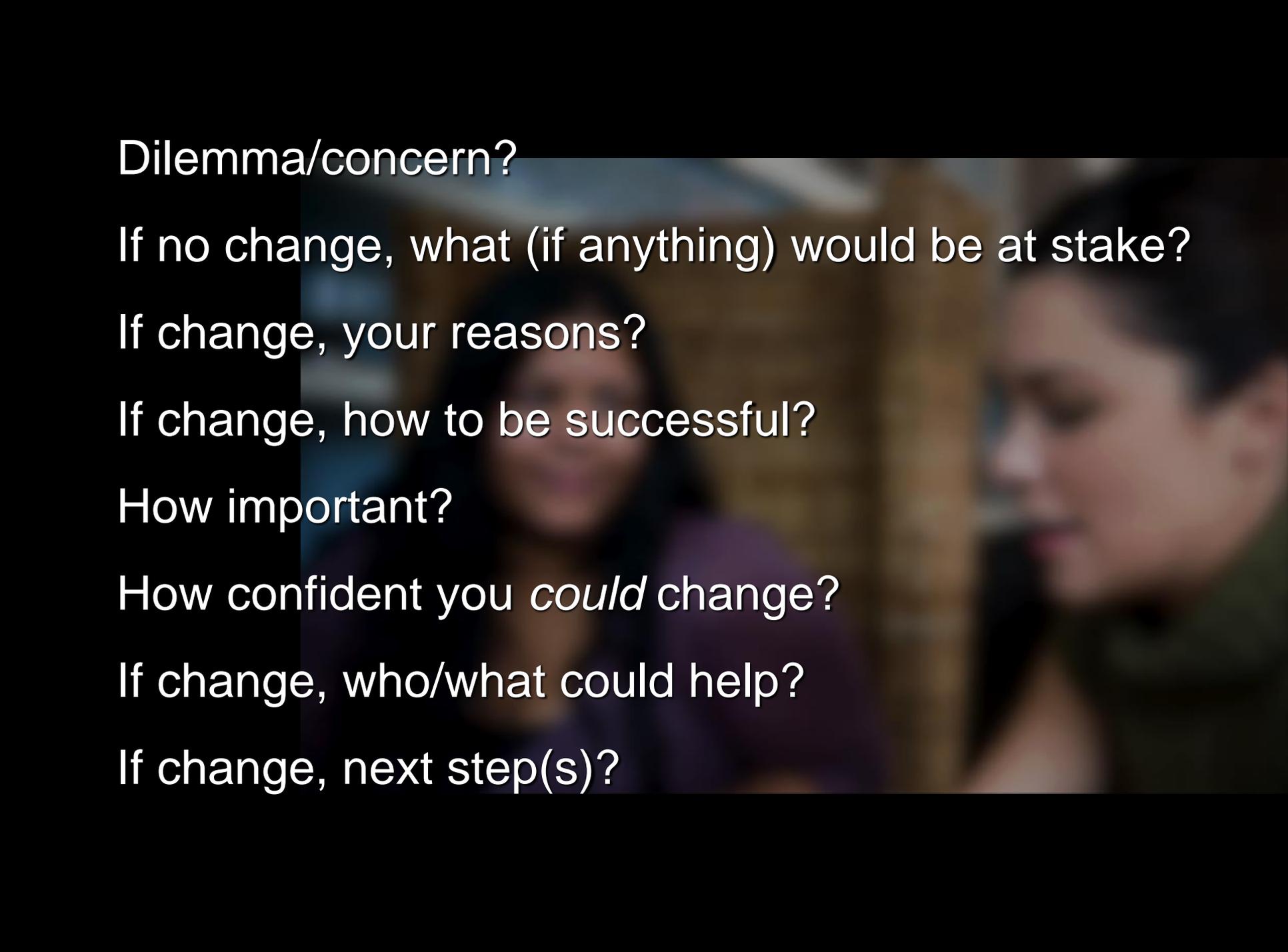
Your goals?

A blurred photograph of two women in a room. The woman on the left is wearing a purple top and has long dark hair. The woman on the right is wearing a dark top and has dark hair. The background is out of focus, showing what appears to be a doorway or a wall. The text "A personal taste of MI" is overlaid in white, sans-serif font across the center of the image.

A personal taste of MI

- Accepting what I cannot change
- Alcohol/drug use
- Allowing others to take advantage of me
- Anger/frustration management (e.g., cussing)
- 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
- Bossy; 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
- Opinionated
- 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)
- Stirring 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

A blurred background image showing a group of people in a meeting or discussion. The focus is on the text in the foreground.

Dilemma/concern?

If no change, what (if anything) would be at stake?

If change, your reasons?

If change, how to be successful?

How important?

How confident you *could* change?

If change, who/what could help?

If change, next step(s)?

A blurred background image showing a group of people, possibly in a meeting or workshop setting. The focus is on the text in the center.

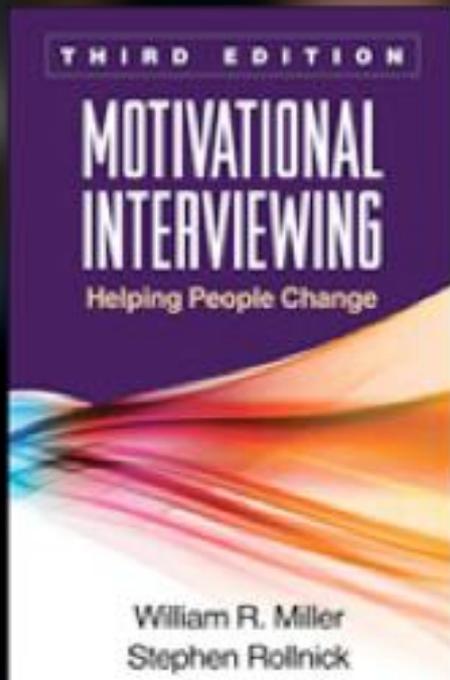
Motivational conversations are
about facing forward...coming
alongside someone and facing the
person's future together

Stephen Rollnick



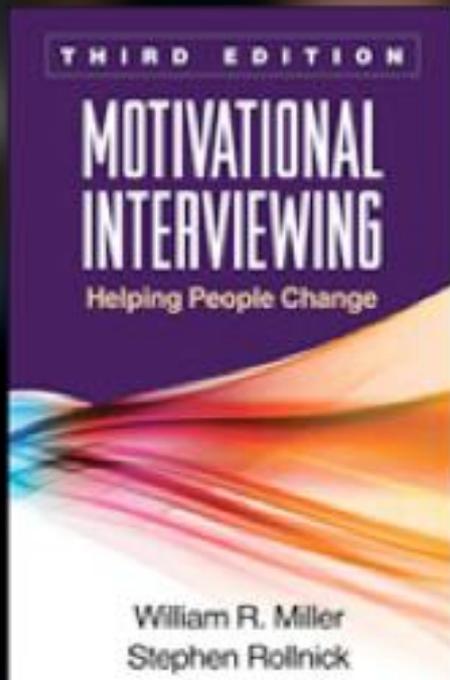
"You don't need to be clever and complex,
just interested and curious. An uncluttered
mind helps."

Miller & Rollnick, 2013, p. 61



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

Lay definition



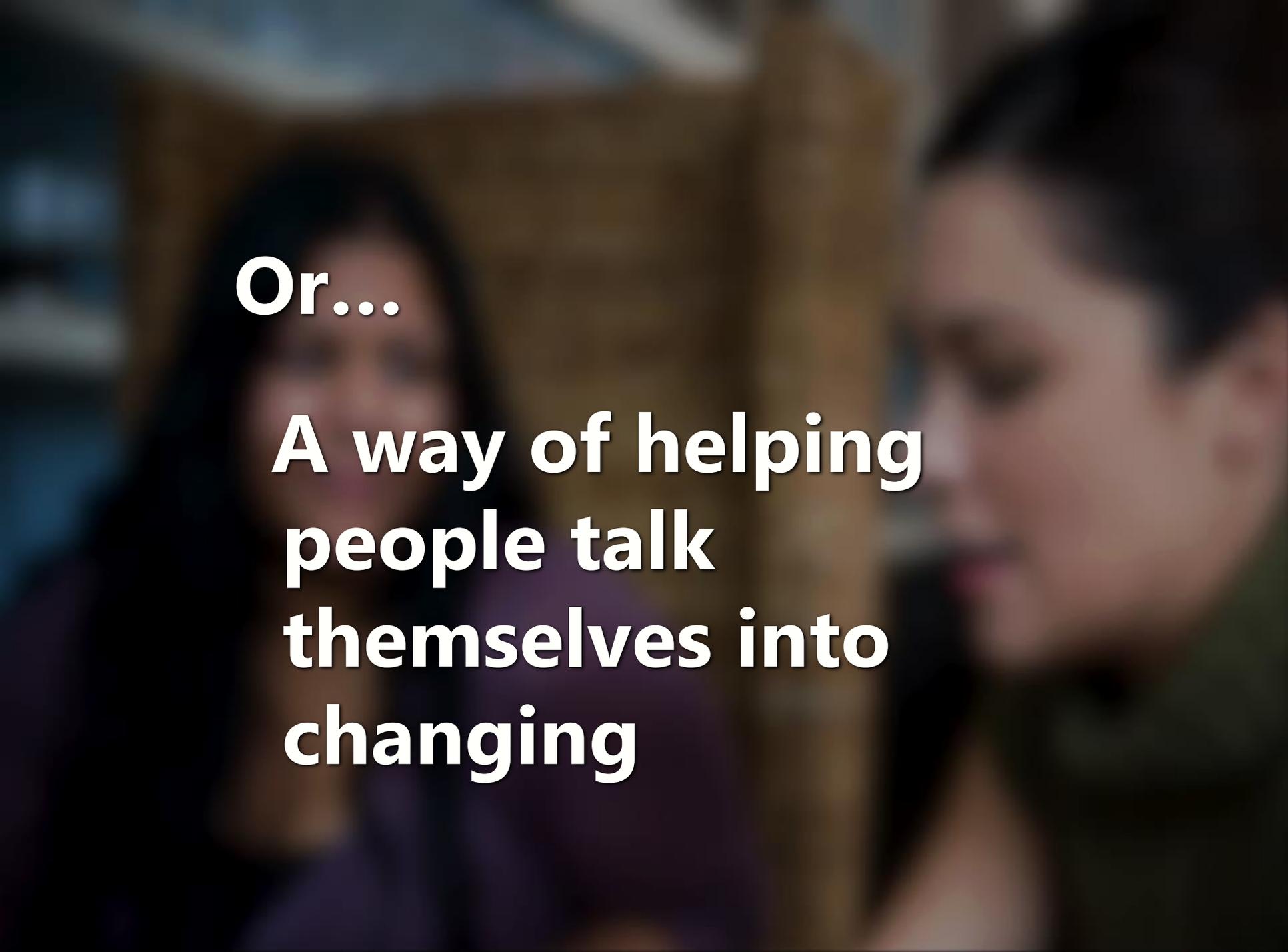
A person-centered counseling style for addressing the common problem of *ambivalence* about change.

Practitioner's definition



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



A blurred background image showing a group of people, possibly in a meeting or workshop setting. The focus is on the text overlaid on the image.

Or...

**A way of helping
people talk
themselves into
changing**

The average patient visiting a doctor in the United States gets _____ for their initial statement, then the doctor takes the lead. This style of communication is probably based on the assumption that patients will mess up the time schedule if allowed to talk as long as they wish to.

The average patient visiting a doctor in the United States gets **22 seconds** for their initial statement, then the doctor takes the lead. This style of communication is probably based on the assumption that patients will mess up the time schedule if allowed to talk as long as they wish to.

But for how long do patients actually talk, at least initially? We found only one study, from a neurological practice, investigating this question. The author reported one minute and 40 seconds.

Langewitz, W., Denz, M., Keller, A., Kiss A., Rüttimann, S., Wössmer, B.,
Spontaneous talking time at start of consultation in outpatient clinic: cohort study,
2002

Study results: Mean spontaneous talking time was 92 seconds.

Conclusion: Doctors do not risk being swamped by their patients' complaints if they listen until a patient indicates that his or her list of complaints is complete. Even in a busy practice driven by time constraints and financial pressure, two minutes of listening should be possible and will be sufficient for nearly 80% of patients.

How to best use the
remaining time?

If you've got 5 minutes...

Engage/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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A scenic view of a stream flowing through a forest with vibrant autumn foliage in shades of yellow, orange, and green. The stream is the central focus, winding through the trees and over rocks. The foliage is dense and colorful, creating a rich, textured background. The lighting is soft, suggesting a bright but slightly overcast day. The overall mood is peaceful and serene.

Engage/Breathe

If you've got 5 minutes...

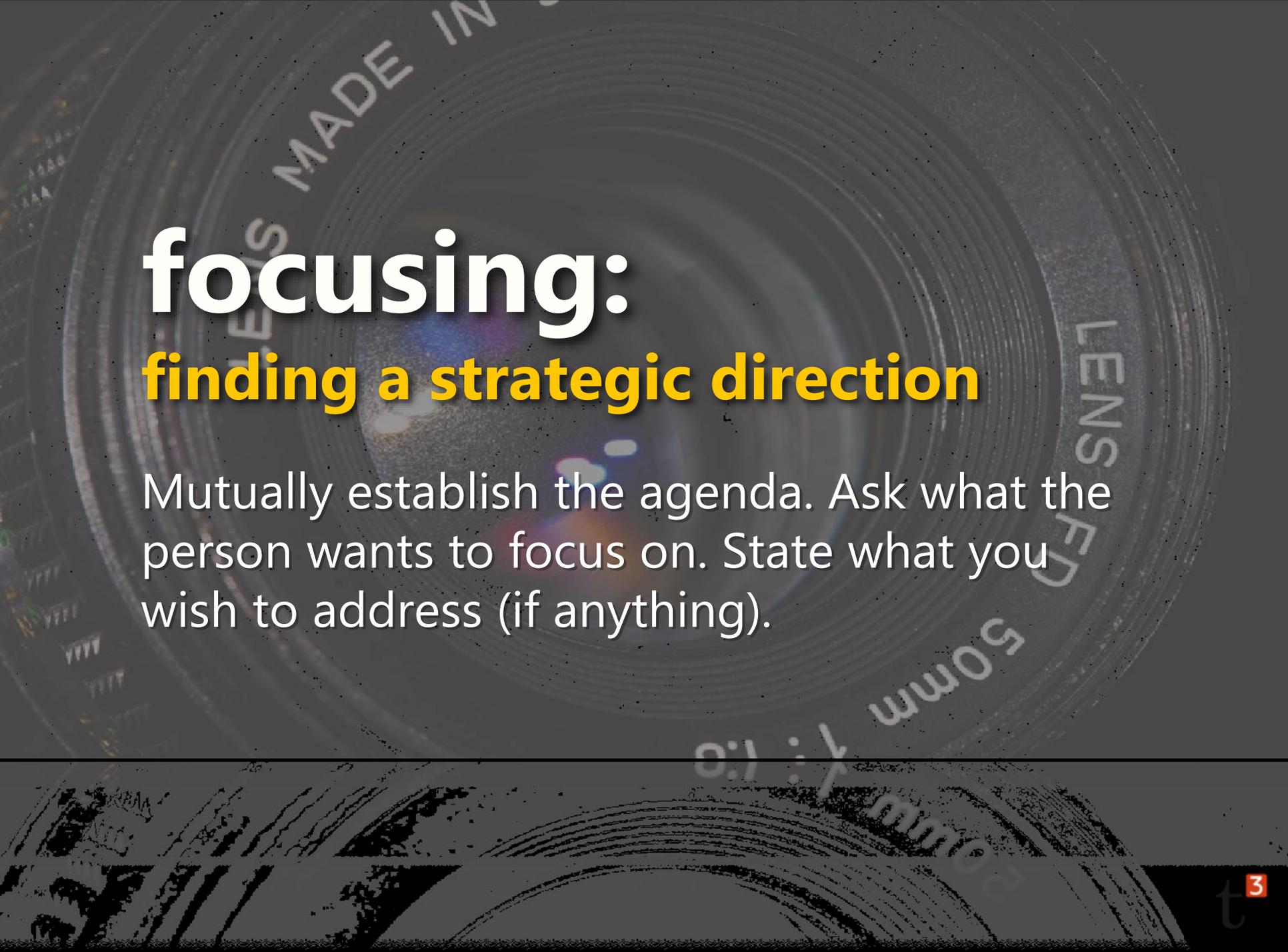
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focusing:

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

Of the things you just mentioned, 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...

Engage/breathe

Mutually find a focus

Evoke internal motivation

Provide information and suggestions (as needed)

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

Activity

Pairs – practitioner, patient/client

Five minute conversation

Practitioner asks: “What would you like to focus on in our time together?” or “Would it be all right if I asked you a few questions about...?”

Patient/client – real or role-play

Possible questions. You choose.

Dilemma/concern?

If no change, what (if anything) would be at stake?

If change, your reasons?

If change, how to go about it to be successful?

How important?

How confident you *could* change?

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)

Exchanging Information

“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...

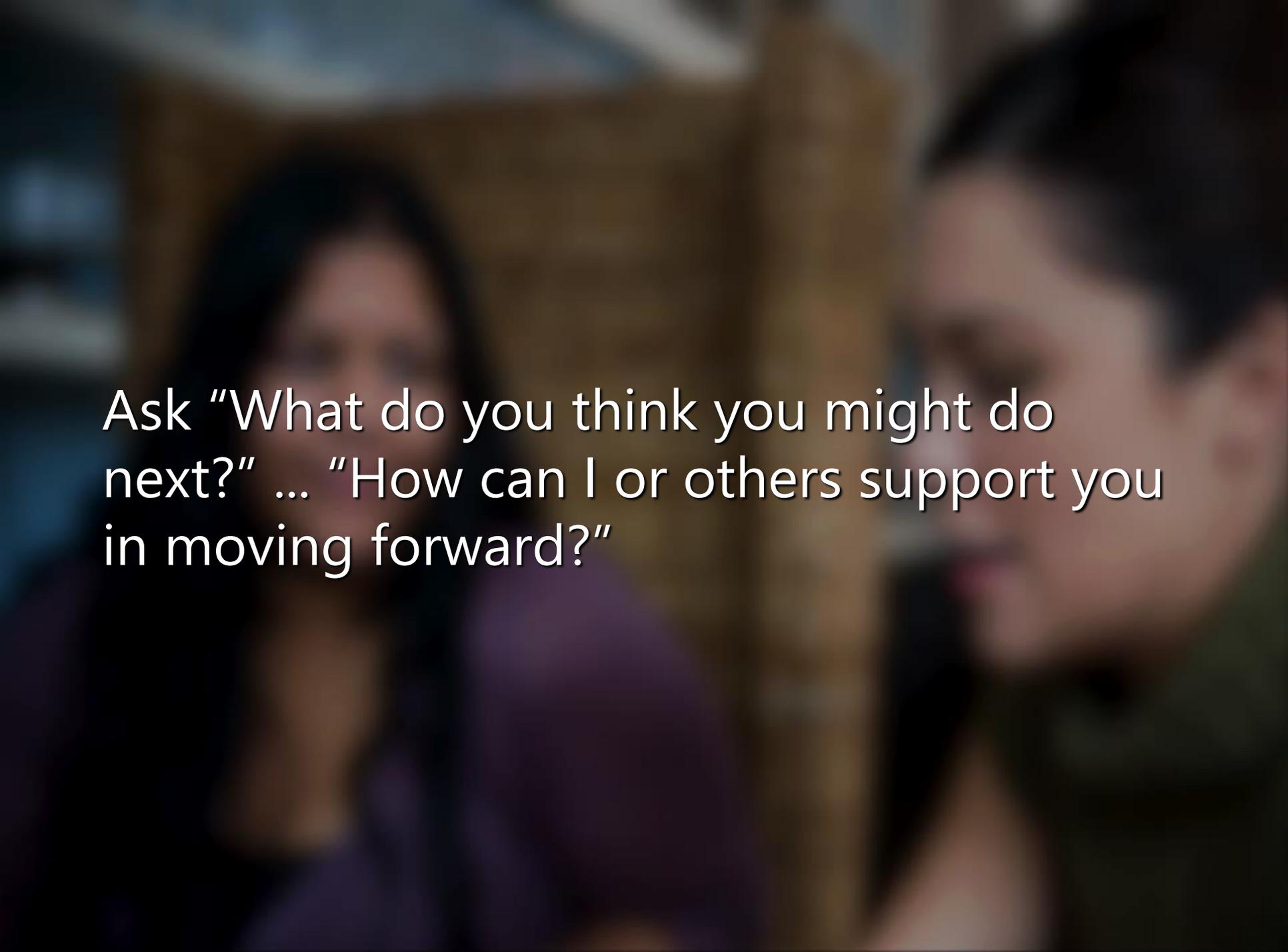
Breathe

Mutually find a focus

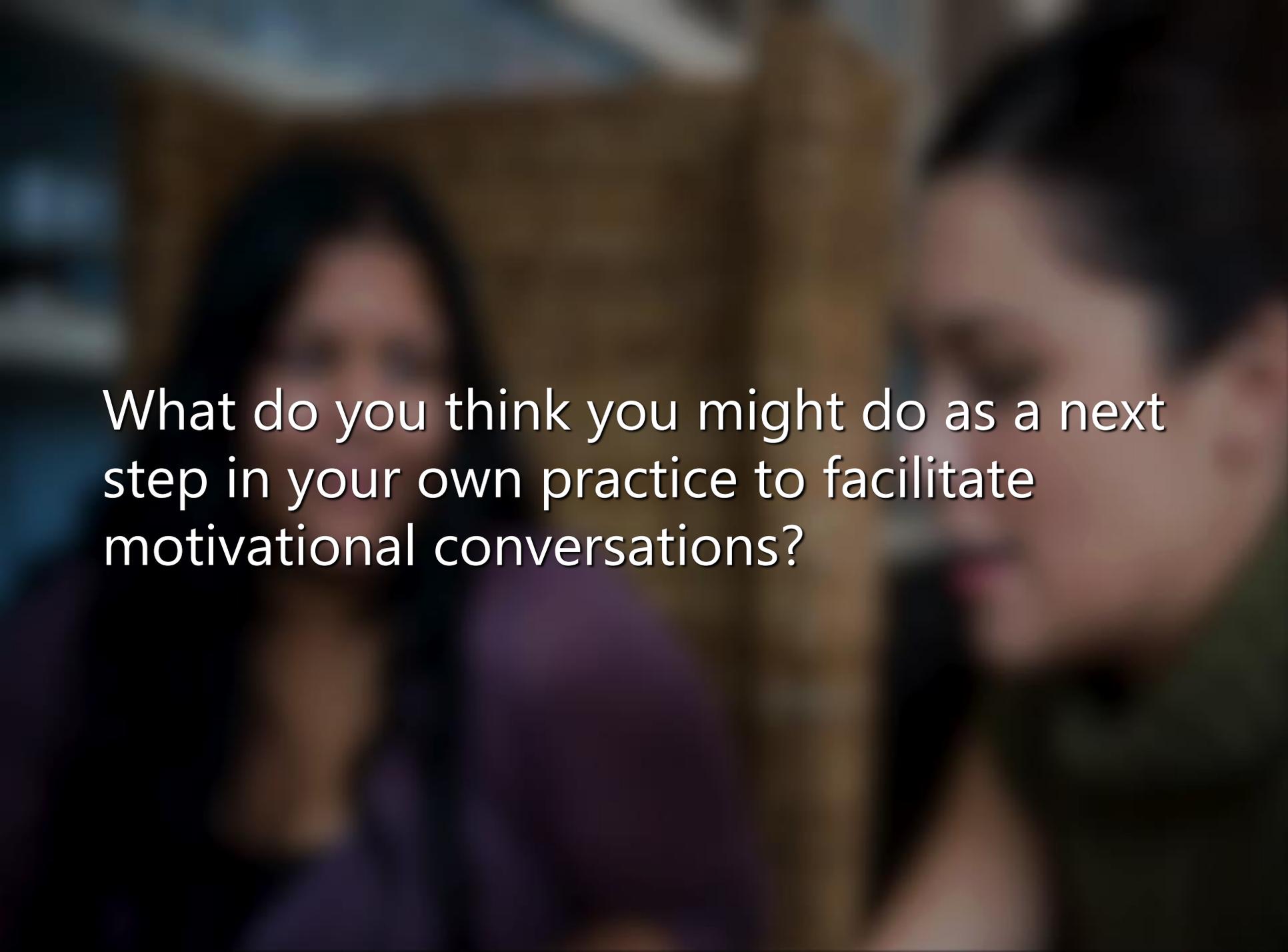
Evoke internal motivation

Provide information and suggestions (as needed)

Invite to action (while “letting go” of the outcome)

A blurred background image showing a group of people, possibly in a meeting or workshop setting. The focus is on the text overlay.

Ask "What do you think you might do next?" ... "How can I or others support you in moving forward?"



What do you think you might do as a next step in your own practice to facilitate motivational conversations?

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

Implementing MI

Two-pronged approach:

1. Focus on organizational aspects of infusing a motivational interviewing approach, and
2. Build staff skills to facilitate motivational conversations

Implementing MI

Organizational strategies

Designate an **MI Skills Development** person or team to promote ongoing training and skills practice opportunities within the agency

Develop an organizational **philosophy of care statement** that aligns with MI spirit and practice

Include MI experience as a **job requirement or preference** when advertising for, screening, and hiring new staff, especially direct-service and supervisory positions

Implementing MI

Organizational strategies

In **job interviews**, ask applicants to provide MI-adherent responses to sample statements (e.g. Helpful Responses Questionnaire), demonstrate their MI skills in a “mock interview” in the moment, or submit a sample tape of their practice to be reviewed later

Ensure that **clinical supervisors** are trained in MI and are MI-consistent in their supervisory methods

Implementing MI

Organizational strategies

In **supervisory sessions** make it an expectation for supervisors to pay attention to staff progress in MI skill-building

Include MI skill-building as a **professional development goal** for all practitioners in their job performance plans

Revise program **intake forms and progress notes** to reflect and promote an MI-consistent approach

Implementing MI

Organizational strategies

Participate in **MI-related clinical research** studies (or possibly seek out opportunities to conduct research)

Create MI-related **visual reminders** (posters, signs, buttons, importance and confidence rulers)

Develop an **online MI discussion forum** within your agency

Implementing MI

Organizational strategies

Provide opportunities for select staff to be trained in using the **MICA** (Motivational Interviewing Competency Assessment) or **MITI** (Motivational Interviewing Treatment Integrity) tool to code MI conversations for feedback and coaching

Encourage selected staff to become **trained as MI trainers** through the Motivational Interviewing Network of Trainers (MINT) and participate in the MINT community of practice

Implementing MI

Strategies to build skills

Establish **MI learning circles** (aka communities of practice, coaching circles) that meet regularly to sustain learning and strengthen skills

- Groups of 4-8
- Focus on practicing specific MI skills and incorporating them into practice conversations with accurate feedback and coaching

Implementing MI

Strategies to build skills

Offer regularly scheduled introductory and advanced **MI training opportunities** (ensuring that participants are assigned to or already a part of an ongoing learning circle)

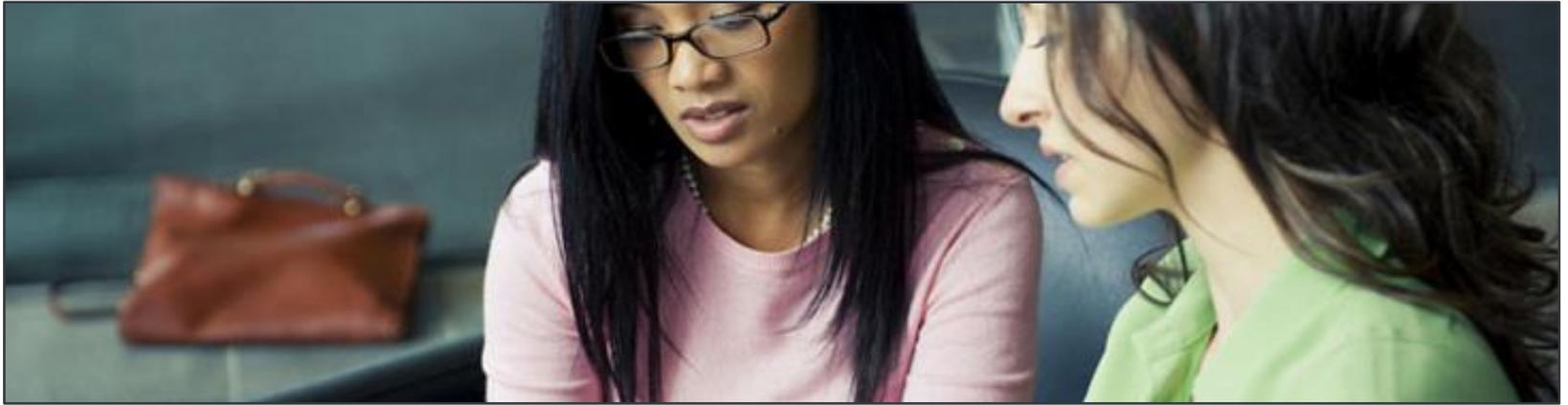
Contract as needed with **external MI coaches, trainers, and consultants** to promote ongoing learning

Implementing MI

Strategies to build skills

Code audiotaped segments of MI conversations using the MICA (Motivational Interviewing Competency Assessment) or MITI (Motivational Interviewing Treatment Integrity) tool to provide feedback and coaching

Encourage **self-initiated learning** by providing resources such as MI books, ebooks, articles, training tapes, skill-building exercises, and other learning tools



Discussion