USING MOTIVATIONAL INTERVIEWING TO ENGAGE INDIVIDUALS & FAMILIES INTO TREATMENT

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OBJECTIVES

• Describe the role of Motivational Interviewing in facilitating person-centered approaches to care.
• Identify behaviors indicative of resistance and discord.
• Explore strategies for effectively responding to discord and reorienting in a direction geared towards behavior change.
WHAT IS MOTIVATIONAL INTERVIEWING?

• A way of being with people, helping them through a change process
• Evidence-based technique for supporting people making changes to their substance use, as well as physical or mental health
• Focuses on target behavior changes

“MI is not a way of tricking people into changing; it is a way of activating their own motivation and resources for change” –Miller & Rollnick, 2013
ADAPTING MI TO THE FAMILY CONTEXT

• Moving from an individual to a family system
• Consideration of developmental factors
• Who to see and hear from, in what order
• Ensuring participation of family members in and out of session
• Introduce MI-consistent behaviors within the family or relationship
• Significant others influence people’s motivation to change and their involvement in treatment improves retention and outcomes
## INDIVIDUAL VS. FAMILY SESSIONS

**Family-based situations**
- “Whole family” issues
- Shared ambivalence
- Difficulties occur at home, not in school

**Individual-based situations**
- Parent and child at different stages of change
- Parents have strong beliefs about how you should intervene
- Child has no choice or control over presenting issues

(Channon & Rubak, 2010)
STRATEGIES TO INCREASE ENGAGEMENT

• Initial attendance: Pretreatment orientation
  • Serve to modify parent treatment expectations
  • Demonstrate increased attendance at initial appointment

• Ongoing attendance
  • Contingency management, when financially feasible
  • Supportive discussion with parents, not focused on child problems

• Motivational enhancement strategies improve participation
  • Empathy and eliciting self-motivational statements, not confrontation
  • Supportive behaviors increase parent’s in-session adherence

(Nock & Ferriter, 2005)
“If those around the person express concern, offer help, and reinforce the negative consequences of the problem in a nondemanding way, motivation for change is increased.”

–Burke, Vassilev, Kantchelov, & Zweben, 2002
RETHINKING RESISTANCE: DISCORD AND SUSTAIN TALK

• Earlier editions of MI used the term “resistance” to describe any movement away from change
• Sustain talk is about the target change and the benefits, or acceptance, of the status quo
• Discord is about the relationship with the person, involves active pushback from them
EXPLORING AMBIVALENCE

• Ambivalence is *normal*

• People think of the pros and cons in their decisional balance

• If we argue on behalf of change, people push back on the other side of the scale

• If we help someone work through it, they will tip the balance in favor of change
HEARING AMBIVALENCE

• People considering a change often express ambivalence by voicing a mix of change and sustain talk

• Change talk: self-expressed language in favor of change
  • I want to change…
  • I’m going to change because…

• Sustain Talk: self-expressed language in favor of status quo
  • I want to keep things the way they are…
  • I prefer it this way because…
CHANGE TALK: DARNICAT

Preparatory change talk
- Desire
- Ability
- Reason
- Need

Mobilizing change talk
- Commitment
- Activation
- Taking Steps
EXAMINING SUSTAIN TALK

• Typically based around the benefits or acceptance of the status quo, or a lack of interest in making change

• Sustain talk mirrors the DARN-CAT

• Desire sounds like:
  • I want to keep drinking
  • I don’t want to stop drinking

• Ability sounds like:
  • I can still take care of my business when I’m drinking.
  • I couldn’t stop using alcohol, even if I wanted to.
EXAMINING DISCORD

• Defending
  • Blaming: “It’s not my fault”
  • Minimizing: “It’s not that bad”
  • Justifying: “What I’m doing makes sense”
• Squaring off: “You don’t care about me”
• Interrupting: “You don’t understand”
• Disengagement: appearing inattentive or distracted
• Nonadherence
• Resignation: reluctant acceptance
RECOGNIZING SUSTAIN TALK VS. DISCORD

“I need to smoke weed to feel creative”
“What do you even know about getting high?”
“It’s not like I’m getting high all the time anymore.”
“There’s nothing wrong with smoking”
“Fine! I’ll just stop using if I have to.”
“I already bought more weed this week.”
RESPONDING TO SUSTAIN TALK & DISCORD
HELPER BEHAVIORS INCREASE DISCORD

• Trying to convince people that they have a problem
• Arguing for the benefits of change
• Telling people how to change
• Warning someone of the consequences of not changing
  • May occur when we have information we think they need
FOUR PROCESSES IN MI

- Engaging
- Focusing
- Evoking
- Planning
MI SPIRIT

- Compassion
- Acceptance
- Partnership
- Evocation
“MI reflects the process of good parenting, with a guiding style balanced with appropriate directing and following, representing a goodness of fit between the method and the family” –Channon & Rubak, 2010
The Righting Reflex

- Telling people they have a problem and how to fix it
- Come from a desire of helpers to help fix people’s problems
- Using a directive approach
- Leads to pushback
- Reduces the likelihood of making a change
DANCING WITH DISCORD

• OARS, especially Reflections
• Emphasizing autonomy: “It up to you to decide”
• Shifting focus
• Apologizing: “Sorry if I misunderstood”
MI SKILLS: OARS

- Open questions
- Affirmations
- Reflections
- Summaries
OPEN QUESTIONS THAT LEAD TO DISCORD

• Why haven’t you changed?
• Why aren’t you trying harder?
• What could make you want to go back to drinking like this?
• How do you expect things to turn out if you keep doing this?
• What did you think would happen?
• What are you going to do about this? (prematurely)
OPEN QUESTIONS THAT LEAD TO SUSTAIN TALK

• What’s stopping you from getting all your work done?
• How come you haven’t been making it to your appointments?
• What do you like about smoking?
• What’s getting in the way of quitting drinking?
RESHAPING OUR QUESTIONS

Why haven’t you changed?

How come you haven’t been making it to your appointments?

How do you expect things to turn out if you keep doing this?

What are you going to do about this? (prematurely)
PULLING AFFIRMATIONS OUT OF DISCORD

You can’t make me change

I’ve been getting by just fine on my own

There’s no way you could ever understand

You don’t know what you’re talking about
TYPES OF REFLECTIONS

- Simple, straightforward
- Complex (e.g. feeling)
- Amplified
- Double-sided
- Reframing
- Agreeing with a twist
- Coming alongside (negative)
REFLECTION EXAMPLES

Individual: This is my parents idea. I don’t need to be here.

Counselor:

• Simple: You’d rather not be here.
• Feeling: You’re upset that they made you come here.
• Amplified: You don’t have any problems in your life.
• Double-sided: On the one hand, you don’t feel like you need to be here and on the other, you still managed to show up and give it a shot.
MI SKILLS: SUMMARIES

• Summaries are an extended form of reflection that pulls together what was said, organizes the conversation, and gives it direction
• Can end with a question or statement of hope
• Provide an opportunity to shift focus

“You don’t really think you need to be here. You’re self-aware and coming here is more so something that others want you to do. You followed through with your commitment to come here. How can we make the best use of our time together?”
OARS (+I): INFORMATION EXCHANGE

• Start by exploring the individual’s experience
• Follow their lead when providing information
• Use Elicit-Provide-Elicit framework
  1. Elicit: ask about prior knowledge, get permission, or gauge interest
  2. Provide: give small amounts of information, support autonomy
  3. Elicit: ask for the individual’s interpretation or response
Counselor (E): What’s been your experience with therapy in the past? 

Individual: It’s just one more person who thinks I’m the problem, takes my parent’s side in everything, and won’t listen to me.

Counselor (P): You didn’t like the way you were treated in the past. I want you to know, I use a person-centered, Motivational Interviewing approach, which means my job is to support you in achieving the goals that you identify for yourself.

Counselor (E): How do you think this type of approach might work for you?
Counselor (E): What do you know about drug overdose? OR Can I offer you some information about overdose risk?

Counselor (P): The risk of overdose is much greater when you mix drugs. OR

You’re at a high risk for opioid overdose when your tolerance is lower.

Counselor (E): What do you make of that? OR

How does that impact the way you currently use?
VIDEO: THE ROUNDER
I know it would be good for me, but it’s just too hard to make time to exercise regularly.

Everyone is blowing this out of proportion. So I drank a little too much at the holiday party.

I tried all of those things and nothing worked! Don’t you get it?

**Techniques: Dancing with Discord**

- Surface reflections
- Complex reflections
- Amplified reflections
- Double-sided reflections
- Agreeing with a twist
- Reframing
- Coming alongside (siding with negative)
- Emphasizing autonomy
- Shifting focus
MI SELF-CHECK FOR PRACTITIONERS

Individuals and families with whom I meet would say that I:

- Believe that *they* know what’s best for themselves
- Help them to recognize their own strengths
- Am interested in helping them solve their problems in their own way
- Am curious about their thoughts and feelings
- Help guide them to make good decisions for themselves
- Help them look at both sides of a problem
- Help them feel empowered by my interactions with them
THANK YOU!
REFERENCES & RESOURCES


REFERENCES & RESOURCES (CONTINUED)


ADDITIONAL RESOURCES

• Training Resources on the MINT website: https://motivationalinterviewing.org/motivational-interviewing-resources

• Talking to Change Podcast: https://www.glennhinds.com/category/podcast/

Videos

• Merlo Labs YouTube Channel: https://www.youtube.com/user/MerloLab/feed
  • Ineffective Physician: https://www.youtube.com/watch?v=80XyNE89eCs
  • Effective Physician: https://www.youtube.com/watch?v=URiKA7CKtfc
  • The Rounder: https://www.youtube.com/watch?v=b8C1jQe0FZE