Motivational Interviewing: Effecting change with Youth

California School-Based Health Alliance, April 17, 2023

Part 2: Microskills Practice and Putting it all Together

James A. Peck, Psy.D. (he, him, his)
UCLA Integrated Substance Abuse Programs

Naomi A. Schapiro, Ph.D., CPNP-PC (she/her/hers)

UCSF School of Nursing

Agenda

- Practice OARS
- Practice Ruler Scale
- Practice Giving Results
- Practice Putting it all together

MI "Microskills"

- O pen-Ended Questions
- **A** ffirmations
- R eflective Listening
- **S** ummarizing



Gathering Information: OARS Summaries

- Follow-up with...
 - What have I missed?
 - Anything you want to correct or add?



- They demonstrate the clinician has been listening carefully.
- Reminds client/student about major discussion points, the plan of action, and their own reasons for taking action
- SUMMARIZING
- Summaries also prompt clarification and further elaboration from the person.

Gathering Information: OARS



SUMMARIZING

- Summaries capture both sides of the ambivalence ("You say that _____ and you also mentioned that _____.")
 - So, it sounds like you have several reasons why you
 want to (quit, start, increase) but on the other hand
 there are things you like about (smoking..) that you
 aren't sure if you want to give up or things you are
 worried about experiencing if you stop
- Summarizing bridges conversation to next topic of future steps
- > Summarizing prepares the person to move forward.

Self-Motivational Statements = Change Talk

We are more committed to that which we voice

Client takes the "positive" side of the argument

- Client "discovers" discrepancy between current behavior and core values and goals
- Client states the Pros
- Client solves own barriers

Self-Motivational Statements = Change Talk



Research (Apodaca et al., 2016) shows that:



MOST likely to elicit change talk: Open-ended Questions, Simple & Complex reflections



LESS likely: Affirmations, Closed Questions, Advice

Brief Intervention: Brief Negotiated Interview Model



Engagement

Build rapport



Pros & Cons

Explore pros & cons

Use reflective listening

> Reinforce positives

Summarize



Feedback

Ask permission

Provide Information

Elicit response



Rapport

Demonstrates provider cares about their success



Reflection & summarizing

Demonstrates respect



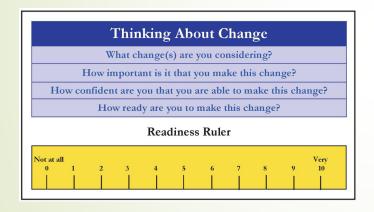
Allows teen to voice Change Talk

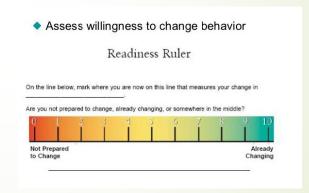
Eliciting Change Talk: Stage 1

- Use a visual for a readiness scale
 - No judgment
 - > Reinforce positives
 - > Envisioning change
- Willing (Importance) and Able (Confidence)



Compare these Readiness Rulers





Do either of them have implied judgment about where teens place themselves?

Eliciting Change Talk Script: Stage 1

- ➤ Willing (Importance) and Able (Confidence)
 - On a scale of 1 to 10 with 10 being very important, how important is it to ...(eat more F & V, start using birth control..)?
 - On a scale of 1 to 10 with 10 being very confident, assuming you decided to ...(begin exercising, quit smoking) how <u>confident</u> are you that you could succeed?

Eliciting Change Talk: Stage 2



Look for efficacy by eliciting strengths from client



When rating could be lower

You said your level of interest was 5. What does a 5 mean to you?

You said your confidence to change was 7. Why did you say 7 instead 4?

Eliciting Change Talk: Stage 2



Look for identified barriers



When rating could be higher

You said your level of interest was 5. Why not 7 or 8?

You said your confidence to change was 7. What would it take to get your confidence to an 8 or 9?

Eliciting Self-Motivational Statements

- > Alternative Approach, Ask about Pros/Cons
 - Could you tell me some of the things you like about...
 - Could you tell me some things you don't like about ...
 - Could you tell me some of the reasons why you may not want to change (fears, barriers)?

Eliciting Self-Motivational Statements

- More Alternative Approaches
 - How would your life be different if you...
 - What benefits, if any, might there be if you...
 - How, if at all, does your (behavior) impact your school, friends, family, job?
 - What are some negative things about continuing...

Rolling with Resistance

> Resistance traps

- Question/answer trap
- Confrontation/denial trap
- Expert trap
- Labeling trap
- Premature focus trap
- Blaming trap

Rolling with Resistance

- > Tools
 - Reflective listening
 - Shifting focus
 - Agreeing with client
 - Reframing



Providing
Information –
Avoid
Arguments



Ask for permission before giving information



Provide "nothing but the facts"

Don't predigest the information



Let client interpret information

Using MI for Education

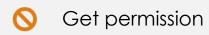
- Ask what they already know about... (cannabis, STIs...)
- Use the "Feedback Sandwich" to counter myths and educate about causes of illness and prognosis
 - Ask Permission
 - Give Information
 - Ask for Response
- "Would it be okay if I share some information with you?"



Closing the Deal

- What to do you want to do about your...(diet, exercising, cocaine use, smoking)?
- It sounds like you have some pretty good reasons to ...what do you make of all this?
- It sounds like you want to do something about...what's your next step?
- If you decide to change, we can work together to increase your chances of success.
 - "I am confident that, if you decide to make a change, you will be able to do it, and I am here to help"

Bringing it all Together





OARS



Assess 0-10 importance/confidence



Probe higher/lower



Summarize



Where does that leave you? Where do we go from here?

Markers of a Productive MI Encounter

- Client does most of the work/talking
- More reflections than questions (3 reflections for every question)
- Client accepts the possibility of change, even if low readiness or confidence
- Client accepts the responsibility for change
- Upward slope of commitment language within or between sessions

You Are Using MI If You:

- Talk less than your client/student does
- Offer at least one reflection for every three questions
- Reflect with complex reflections more than half the time
- Ask mostly open-ended questions
- Avoid getting ahead of your student's stage of readiness (warning, confronting, giving unwelcome advice, taking "good" side of the argument)

Markers of Productive MI Encounter

Dancing, not wrestling



What if no commitment to change is made?

- Accept it
- Empathize that ambivalence can be difficult to resolve, especially in a single conversation
- Ask if he/she/they can manage the consequences of not making a decision
- Ask if there is anything else that will help with the decision (i.e. having more time or information, etc.)
- Ask if they are willing to schedule a time to revisit the issue (if they have a choice about meeting)

Motivational Interviewing DON'Ts

- **➢** DON'T
 - Give unsolicited advice
 - Fall into the question-answer trap client should do most of the talking
 - Argue
 - Label or blame client
 - Focus prematurely on the solution

Behavior Change – Ethical Issues

- Reflective listening may elicit deep emotional issues for client
 - Are you emotionally ready to hear disclosures?
 - Do you know how to manage disclosures of depression, suicidal ideation, intimate partner violence, child abuse?
 - Resources for client?
- > MI on telehealth
 - Difficult to "read" client on telehealth
 - ➤ Techniques of reflection, affirmation, summarizing may elicit more participation from clients

Dr. Bill Miller Using Reflective Listening with a Non-Communicative Client



Vignette Roleplay #1

- Teen using cannabis frequently, grades dropping, feels that cannabis helps them concentrate (ambivalent about change, interested in discussing issue)
- For role-play teen can be any gender, sexual orientation, not engaging in sexual or romantic activity
- "Provider/counselor" can be any discipline
- Areas to explore:
 - Pros/cons of using cannabis, use ruler scale. [teen should be somewhere around 4-6]
 - Reasons for motivation level, barriers to higher motivation?
 - Willingness to explore other coping skills?

Vignette Roleplay #2

- 14 yo teen has been referred to the Coordination of Services Team (COST) meeting because of chronic absenteeism. At COST meeting, decision is made to refer teen to the school-based health center before taking other action.
- Provider/Counselor: You can be in any role in which you might be talking with the teen.
- Teen: You have chronic asthma, but other barriers to attendance are more significant. You would like to attend school and go to college. ISSUE: barriers and feeling discouraged
- Areas to explore:
 - Affirmations, reflections, open-ended questions to explore CONTEXT
 - Ruler scale for CONFIDENCE
 - Alternate approach: fast forward 6 months, imagine that you can attend school every day what would have changed to allow this?

Putting It All Together

You will be placed into pairs.

One "speaker" and one "listener"

Speaker: what is something about yourself that you:

- Want to change
- Need to change
- Should change
- Have been thinking about changing, but you haven't changed yet (in other words, something you're ambivalent about and feel comfortable discussing in a professional setting)

Putting It All Together

Interviewer, you have 10 minutes to:

- Engage the speaker (be compassionate, non-judgmental, curious, collaborative)
- Focus on a change goal
- Use as many O.A.R.S. as possible (open questions, affirmations, reflections, summaries)
 - What does your client/student want to change?
 - What would be the benefits of changing?
 - How confident are they that they can do it?
 - How might they go about making the change?
 - What will be the challenges in making this change?
- Try not to give advice

Thanks for being here! If you attended both parts of this session and would like CEU's, don't forget to sign out on your way out!