Using Motivational Interviewing as a Strength Based Model

Shaune D. Freeman, MSW, LCSW
CBA Training Specialist
South Side Help Center
Building And Nurturing Communities of Color (BANCC)
Meet The Presenter:

**Graduate School:** Fordham University. Masters of Social Work with a concentration in Administration

**Areas of Focus:**
- Motivational Interviewing
- Project AIM (Trainer)
- ARTAS (Trainer)
- Organizational Strategic Planning
- Counseling, Testing & Referral (CTR)
- LIFT (Facilitator)
- Recruitment & Retention
- HHRP Facilitator
- Domestic Violence & LGBTQ
- Mpowerment (Facilitator)

**Shaune D. Freeman, MSW, LCSW**
CBA Training Specialist
BANCC Project
BANCC WELCOMES YOU TO SUITE IDEAS:

Tuesday October 9, 2012@1:pm (CST)
Using Motivational Interviewing (MI) as a
Strength Based Model

Presenter: Shaune D. Freeman, MSW, LCSW
South Side Help Center:

Mission Statement:
South Side Help Center mission is to provide comprehensive services to help people of all ages cope with, mental, physical and social problems by offering prevention and positive healthy alternatives so that at-risk individuals may live productive lives in their communities

Established by community residents in 1987 as a 501 (c)(3) not-for-profit organization

Executive Director: Vanessa Smith
What Is BANCC?

Building and Nurturing Communities of Color (BANCC)

BANCC is a CDC funded national program providing capacity building assistance services (CBA) to faith/community based organizations (F/CBOs) that provide HIV prevention services.

Domains BANCC specialize in:

Organizational Infrastructure & Program Sustainability (OIPS)

Programmatic Infrastructure

- SISTA
- SIHLE
- RAPP
- Project AIM
- ARTAS
BANCC Project Staff

Program Director, Pamela Tassin, B.S.Ed., CHES, CCHP
ptassin@southsidehelp.org

CBA Training Specialist, Ericka Dawson, MPA
edawson@southsidehelp.org

CBA Training Specialist, Charles Nelson II,
cnelson@southsidehelp.org

Creative Director, Osceola Muhammad
omuhammad@southsidehelp.org

CBA Training Specialist, Shaune D. Freeman, M.SW., L.S.W
sfreeman@southsidehelp.org

CBA Program Assistant, Erin Fletcher
eflechter@southsidehelp.org
Today’s goals for this webinar are:

I. Provide supervisors and managers in HIV prevention services key techniques and skills needed to effectively conduct & implement motivational interviewing as defined by Dr. William Miller and Stephen Rollnick.

II. Learn how to assist counselors and direct service providers in managing clients’ resistance.
Objectives

By the end of today’s webinar, attendees will be able to:

1. Provide a simple definition of motivational interviewing as defined by Dr. William Miller and Steven Rollnick.
2. List the 5 principles supervisors and managers want to focus supervision and staff development on concerning Motivational Interviewing.
3. Articulate the 3 critical components MI counselors need to know regarding change.
Your Time to Shine!
What is Motivational Interviewing (MI)?
What Is Motivational Interviewing?

Rollnick & Miller (1995) defined motivational interviewing (MI) as a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
Motivational Interviewing

**Ambivalence**: is a state of having simultaneous, conflicting feelings toward a person or thing.

- Ambivalence is the experience of having thoughts and emotions of both positive and negative toward someone or something.

**Examples:**

- I want to get tested for HIV but I’m scared about the results
- I want to get into care, however, what will people think about me?
- I want to talk to my partner about HIV, but I don’t know how.
5 Principles of Motivational Interviewing
Five Principles of MI

1. **Express empathy**
2. **Develop discrepancy**
3. **Avoid argument and direct confrontation**
4. **Support self-efficacy and optimism; and**
5. **Roll with client resistance**
Your Time to Shine!
Principles of MI

Express Empathy - maybe the most important. The MI counselor should communicate great respect for the client(s).

- Avoid communication that implies a superior/inferior relationship
- Client’s freedom of choice & self-determination are critical
- Listen, rather than tell
- Gentle, non-aggressive discussion

*We communicate an acceptance of clients as they are, while also supporting them in the process of change.*
Principles of MI

Develop Discrepancy – motivation for change occurs when people perceive a discrepancy between where they are and where they want to be.

- Focus the client’s attention around these specific discrepancies

  *Pre-contemplators don’t have this knowledge of their discrepancy: we have to help create it by exploring the consequences of risky behavior(s)*

Move the client along the stages of change
Principles of MI

Support Self-efficacy – the client’s specific belief that he or she can change the risky behavior.

- If one has little hope that things could change, there is little reason to face the problem.
Principles of MI

Roll with Resistance – ambivalence is normal; resistance is expected.

- Explore the ambivalence with the client in a supportive, unthreatening way.

- Avoid Arguments – attacking the client’s risky behaviors tends to evoke defensiveness, opposition & resistance.

- No attempt is made to get the client to “admit” he/she is an bad person.
Your Time to Shine!
Signs of Resistance
Signs of Resistance

- **Interrupting**
  - Talking over
  - Cutting off

- **Denying**
  - Blaming
  - Disagreeing
  - Excusing
  - Unwilling to change

- **Ignoring**
  - Inattention
  - Non-answer
  - Sidetracking

- **Arguing**
  - Challenging
  - Discounting
  - Hostility
Managing Resistance Through Change Talk
What is Change Talk?

Dr. Ellen R. Glovsky (2009) defines Change Talk: “to the client’s mention and discussion of his or her **Desire, Ability, Reason, Need** and **Commitment** to change behavior and commitment to change”.

- Eliciting change talk from clients
- Reflection of change talk to clients
- Summarizing to insure understanding
- Affirming in order to normalize and confirm

- [www.blog.miinstitute.com](http://www.blog.miinstitute.com)
- [www.nutrition-coach.com](http://www.nutrition-coach.com)
Change Talk

✓ **Desire**: Why would you want to make this change?

✓ **Ability**: How would you do it if you decided?

✓ **Reason**: What are the three best reasons?

✓ **Need**: How important is it? And why?

✓ **Commitment**: What do you think you’ll do?
Motivational Interviewing

Three critical component to change:

- Ready
- Willing
- Able
Motivational Interviewing

- **Willing to Change**: Essential that a client’s willingness to make a change be assessed in 1st encounter and/or interview.

- Counselor has to *actively listen* to hear change talk.

- Counselor conducts a cost benefit analysis - pros & cons
Your Time to Shine!
Change Talk

- Use a Strength Based Techniques:
  - Eliciting change talk from clients
  - Reflection of change talk to clients
  - Summarizing to insure understanding
  - Affirming in order to normalize and confirm
Principles of the Strength Perspective

- Every individual, group, family and community has strengths

- Trauma and abuse, illness and struggle may be injurious, but may also be sources of challenge and opportunity

- Assume that you do not know the upper limits of the capacity to grow and change and take individual, groups and community aspirations seriously
Managing Resistance

Reflective Responses

- Simple reflection
- Amplified reflection
- Double-sided reflection

Non-Reflective Responses

- Shifting focus
- Agreement with a twist
- Reframing
Managing Resistance

**Simple Reflection:** simple acknowledgement of the clients disagreement, emotion, or perception.

The response acknowledges and validates what the client has said and can elicit an opposite response.

**Examples:**

**Client:** I don’t plan on using condoms anytime soon.
**Clinician/Counselor:** You don’t see safer sex in your near future?
Non-Reflective Response

**Shifting Focus**: shift the client’s attention away from what seems to be a stumbling block

Offers an opportunity for the counselor to affirm clients’ choices regarding self-determination.

**Example:**

**Client**: I can’t stop smoking weed when all my partner do is smoke weed.

**Clinician/Counselor**: You’re way ahead of me. We’re exploring your behaviors as it relates to sex and whether or not you’re going to talk to your partner about using condoms. We’re not ready to talk about that yet.
Non-Reflective Response

**Reframing**: is a good strategy to use when the client denies that he/she has problems and offers a new and positive interpretation of negative information provided by the client.

Acknowledges the validity of the client’s perception, but offers a new meaning for consideration.

**Example:**

**Client**: I know I will never be confident.

**Clinician/Counselor**: Being confident starts with having insights about our limits.
Applying HIV Prevention & Motivational Interviewing
Connecting HIV Prevention & MI

People are often ambivalent about risky behaviors like abstinence, linkage to care, and condom use

MI works best with ambivalent people

- People *expect* to be involved in making decisions about their sexual behavior
  
  • MI respects this choice
  • MI is not coercive

✓ Alcohol and drug abuse in adults and teens
✓ Adherence to medication regimen or treatment
✓ Weight control
✓ Dietary changes related to health (example: lowering cholesterol)
✓ General healthcare settings, including emergency rooms at hospitals
Connecting HIV Prevention & MI

- Encourages change around identified risky behavior(s).
- Addresses resistance
  - HIV antibody Testing
  - Linkage to care around HIV
  - Condom usage
- Provides Feedback
  - Client/Counselor
- Help counselor prioritize needs and level of risk
- Clients learn how to develop self-determination
What Counselors Using Motivational Interviewing Techniques Need to Know!
Step-by-Step Process for Counselors

1. Assess and Personalize Patient’s Risk Status
2. **Stages of Change Evaluation**

- How do you feel about your sexual risk factors?
- What concerns do you have about HIV?
- Are you considering/planning to use condoms with sexual partners in the future?
- Do the pros of changing outweigh the cons?
Stages of Change Overview

Pre-contemplation
“I don’t have a problem”

Contemplation
“I have a problem. I might need to make some changes”

Preparation
“I’m beginning to make some changes”

Action
“I’ve made the changes for less than 6 months

Maintenance
“I like the changes I’ve made and I’m working on not sliding backwards”

Relapse
Step-by-Step Process for Counselors

3. Educate: Risks and Advise - How HIV is contracted

4. Assess Patient’s Understanding and Concerns

Example:
How do you feel about what I’ve said? “On a scale from 1 to 10, with 10 being 100% ready to take action, how ready are you to use condoms?
Step-by-Step Process for Counselors

5. Facilitate motivation depending on the patient's level of readiness

- Counselor should validate the patient’s experience
- Acknowledge the client’s control over the decision.
- Explore pros and cons with client
- Acknowledge possible feelings of being pressured
- Validate stage of readiness with client
- Encourage reframing of state of change

6. Schedule Follow-up with client
The MI Process: An Overview

1. Establish Rapport
2. Set the Agenda
3. Assess importance and confidence
4. Explore Importance/Values and Build Confidence
   - Open Questions
   - Affirmation
   - Reflective Listening
   - Summarizing
5. Encourage Change Talk
6. Enhance Motivation to Change – Move on to Creating a Change Plan

Exchange Information
Reduce Resistance
Review for Supervisors & Managers
Supervisors & Managers

1. Supervisors & managers work with counselors to help understand change must come from within.

2. Recognize how to deal with ambivalent clients, especially newly diagnosed clients.

3. Work with counselors to manage *quiet* and *pauses* within the session(s).

4. Understand the importance of parallel relationships
   - supervisor/counselor
   - counselor/client
Supervisors & Managers:

- Directed supervision is needed to help counselor become proficient in MI techniques

- Supervision should focus on moving resistant clients through change
Supervisors & Managers

- Role model moving resistant clients through stages of change
- Recognize areas of improvement for counselors around ability to handle and effectively cope with client’s resistance
- Show counselors how to spot red flags within bio-psychosocial assessment
Assumptions for Supervisors & Managers

- Strategize through *directed* supervision.
- Discussion around ambivalent client(s)
- Understanding roles within client/helper relationships
- Stay directive & supportive
- Ambivalence can be resolved!
Questions?
References & Resources


Need More Information

Shaune D. Freeman, MSW, LCSW

South Side Help Center
Capacity Building Unit
Beverly Office
9415 S. Western Avenue, Suite 203
Chicago, IL. 60643
phone: (773) 701.4261
Email: sfreeman@southsidehelp.org
URL: http://www.southsidehelp.org/