

With gratitude to:

Drs. William R. Miller & Stephen Rollnick

Motivational Interviewing Network of Trainers

BC Centre for Ability MI Community of Practice

Learning Objectives

1. Identify the key components of Motivational Interviewing
2. Expand understanding of how therapist communication style influences motivation for change
3. Share beginning skills and strategies
4. Highlight 3 key reasons to integrate MI into pediatric practice
5. Explore options for further learning to help maintain and deepen skills

Outline

- ❖ What is Motivational Interviewing?
- ❖ How does MI work?
- ❖ MI in practice – where to begin?
- ❖ Integrating MI in Pediatric Practice
- ❖ Options for further learning



What is Motivational Interviewing?

Motivational Interviewing

“MI is a **collaborative, goal-oriented style of communication** with particular attention to the **language of change**. It is designed to strengthen personal **motivation for and commitment to a specific goal** by **eliciting** and exploring the **person’s own reasons** for change within an atmosphere of **acceptance and compassion**.”

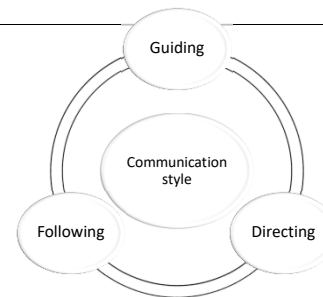
Miller, W.R. & Rollnick, S., 2013, pg. 29

Research Indicates that MI is:

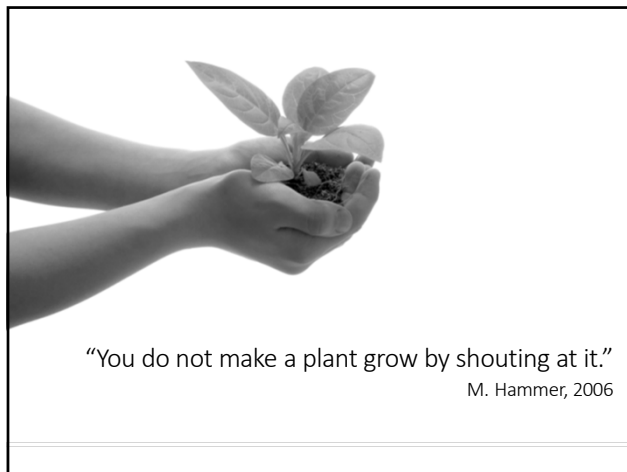
- Evidence-based, brief intervention
- Effective in increasing client engagement and intention to change
- Learnable
- Measurable
- Effective cross-culturally
- Increasing research in pediatric care and family engagement

Rubak 2005; Hettema 2005; Lundahl 2010; Suarez 2008; Gayes 2014

Communication Styles



Rollnick, S., Miller, W.R., Butler, C.C., 2008



In MI, lack of change is not denial, stubbornness, or stupidity but often...**ambivalence**.

Ambivalence is when you feel two ways about something.

What might ambivalence sound like in your practice?

"I want my child to get help, **but** I don't want her to be treated differently in school, like I was."

"I should be signing more consistently with her, **but** she gets really frustrated because she knows I know what she wants."

"I know you said it's not safe to transfer him that way, **but** it's faster and easier for us, and he likes it!"

**Persuasion +
Ambivalence =
NO CHANGE**

"MI is not about persuading people to do something that is against their values, goals, or best interests. Unless the change is in some way consistent with the client's own goals or values, there is no basis for MI to work."

Miller, W.R. & Rollnick, S., 2013, pg. 125

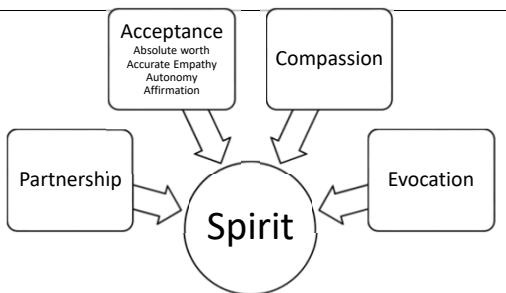
Shift from Persuasion to Possibility...

From	To
Why isn't this family motivated?	For what is this family motivated?
Ambivalence = Frustration	Ambivalence = Opportunity

Sample Conversation #1: Speech Referral

How would you describe the communication style used by the therapist?

Spirit of MI



Miller, W.R. & Rollnick, S., 2013

Compassion

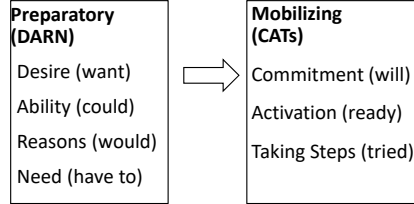
To be compassionate is to actively promote the other's welfare, to give priority to the other's needs...Compassion is a deliberate commitment to pursue the welfare and best interests of the other. (Miller & Rollnick, 2013, pg. 20)

Compassion is the sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it. (Gilbert, 2014)

Mother's Ambivalence

Sustain Talk	Change Talk
...it's so much work with the little one now too,	but I know it's important.
We've not been able to get him into any preschools yet – the waitlists are super long, and it's super expensive anyway.	But I know it's important so I've been taking him to Strong Start and "Give me a Break" programs a few times a week.

Change Talk



Miller, W.R. & Rollnick, S., 2013

Research Shows:

- ❖ What people say about change influences whether or not it will happen.
- ❖ Important to focus on strength of language, not frequency.
- ❖ Commitment language is predictive of behaviour change.
- ❖ Service providers can support clients in speaking more favourably about change.

Amrhein et al., 2003; Glynn, L.H. & Moyers, T.B., 2010

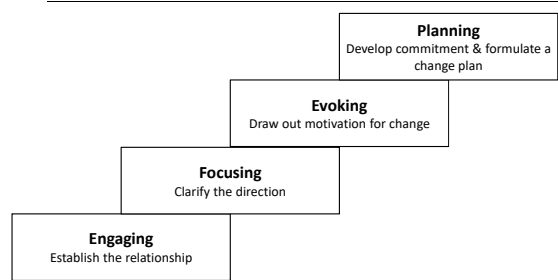
Finding The Change Talk

1. Our family needs support to manage everything.
2. It is so hard to remember to keep signing with him.
3. I tried drawing with my daughter.
4. We don't believe he needs a wheelchair.
5. He'll grow out of it – I was like that as a kid.
6. It's important that we prepare my daughter for Kindergarten.
7. I will take my daughter to the dietician on Monday.



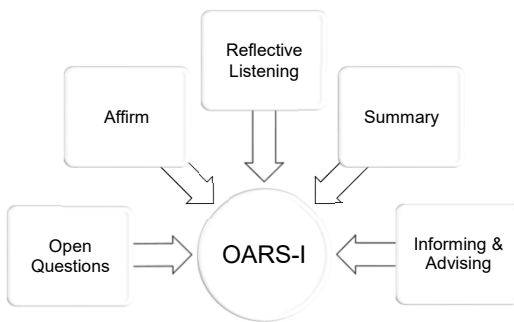
MI in Practice – Where to begin?

The Flow of an MI Conversation: 4 Processes



Miller, W.R. & Rollnick, S., 2013

Core Skills



What makes a difference?

Combining both relational and technical components.

- 1) Empathy & MI spirit
- 2) Not doing the wrong thing
- 3) Strengthening change talk

Miller & Rose, 2009; Miller & Rollnick, 2013

1. Empathy: Reflective Listening

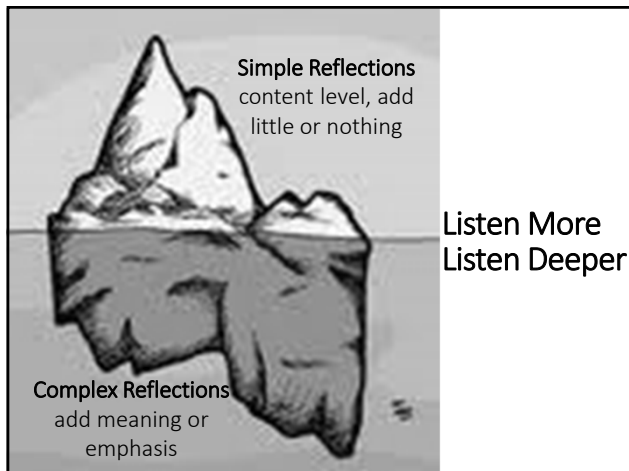
Why?

- Communicates empathy, understanding & supports engagement
- Higher empathy = better outcomes
- Less likely to evoke discord
- Essential MI skill

Reflective Listening

How?

- Skillfully select what to reflect in the form of statement, bring tone down at the end
 - "You're frustrated?"
 - "You're frustrated."
- Share talk time
- Offer more reflections (1:1 ratio of reflections to questions for beginners)
- Practice, practice, practice!



What might you say next?

"I want my child to get around on her own, but a wheelchair is way too medical for us."

1. What is it about the wheelchair you don't like?
2. There are a number of strollers that might work.
3. You have a lot on your plate, and your daughter is your priority.

"It would be so nice if feeding him didn't take up most of my day, but getting a tube seems like we've given up."

1. How long does each meal take?
2. Right now he's not getting enough nutrients to grow.
3. It is important to feel like you're doing the very best you can.

2. Not Doing the Wrong Thing

Avoid MI-Inconsistent Behaviours

- Confront – disagree, warn, shame, blame, label
- Persuade – attempt to change client's opinion, attitudes, behs using logic, arguments, facts

Do More MI-Consistent Behaviours

- Seek **collaboration**, share power, elicit their perspective
- **Affirm** strengths, efforts, intentions, worth
- Emphasize **autonomy & choice**

Miller & Rollnick, 2013; Motivational Interviewing Treatment Integrity (MITI 4.2.1)

Influence of Therapist Communication

Therapist MI-consistent skills are associated with higher rates of client change talk.

Therapist MI-inconsistent skills are associated with less change talk and more sustain talk.

Higher rates of within-session sustain talk are associated with worse client outcome.

Magill et al., 2014

3. Strengthening Change Talk

- In order to increase motivation and guide change, it is important that service providers are able to evoke and strengthen change talk.
- Over the course of an MI conversation, the ratio of sustain talk to change talk shifts and this is substantially influenced by the service provider.
- Many strategies to evoke and strengthen change talk.

Questions to Evoke Change Talk

What are the three most important benefits for your child if you were to make this change?

How important is it for your family that your child can _____?

What are you already doing...(to manage; to take care of your children/family etc.)?

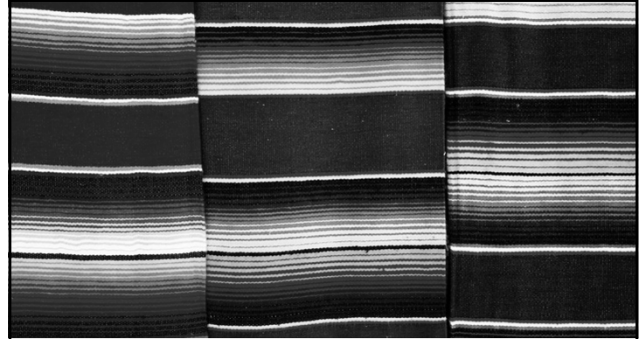
What might it take to make a decision to ___?

In the past, how have you problem-solved around _____?

What would those around you say are your biggest strengths?

Sample Conversation #2: Kindergarten

- 1) What core skills do you hear?
- 2) How does she avoid the righting reflex and respond in MI consistent ways?
- 3) How does she collaboratively work with the mother to identify the focus of the conversation?
- 4) What change talk are you hearing? What does the therapist do with it?



Integrating MI in Pediatric Practice

Practicing MI: Why do it?

MI is a communication approach and getting better at it requires:

1. Getting feedback on conversations (in real time or recorded conversations).
2. Learning to recognize how questions or reflections elicit sustain talk or change talk.
3. Gaining courage to pull out values and emotions and include them in conversation.

Practicing MI: Getting Results

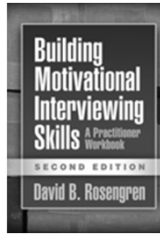
Working within a Community of Practice (COP) that met regularly, therapists discovered a profound impact on:

1. Effective caseload management
2. Improved outcome measurements
3. Job satisfaction

MI COP: The Beginning

Each practice session, for therapists having taken Introduction to Motivational Interviewing (Change Talk Associates) included:

1. Reviewing a lesson from:
 - **Building Motivational Interviewing Skills: A Practitioner Workbook**
2. Role playing client scenarios



MI COP: The Journey

Seeking more authentic experience, the group:

1. Transitioned to real conversations about the therapist's own ambivalence to evoke change talk
2. Linked these experiences and emotions back to specific clients and therapy sessions
3. Participated in Advanced MI courses

MI: Practicing Remotely

Ways you can practice now:

1. Review the conversations, listening for MI Spirit and examples of OARS.
2. Record ambivalent conversations (5-10min) with therapists, friends, family and listen for MI compatible strategies.
3. Use podcasts or talk radio to listen for MI compatible reflections and questions within conversations.
4. Self-study skills through a workbook.

Scenario 1: Speech Referral

New referral for speech. Mother's not convinced.

SLP: So, you are wondering why you were given a referral for speech.

Mother: Well, ya. Honestly, he's still young and I can understand everything that he says. We do a lot and he's really fun and smart and loves talking! What else would you expect from a 3 year old.

SLP: _____

Scenario 2: OT Home Visit

Exploring the family's focus for a 4yr old girl with complex needs.

Mother: Where do you think she needs help?

OT: Well. What do you think?

Mother: I don't know. The Dr. just said that you would come and help me and that you would tell me everything that needs to happen to help her.

OT: _____



Options for Further Learning

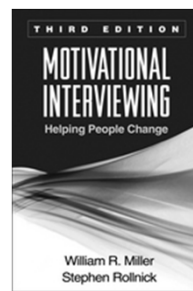
Levels of MI Training

Learning to crawl: self-study

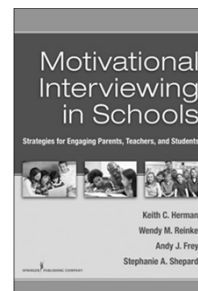
Learning to walk: attend a workshop

Learning to dance: access coaching and feedback

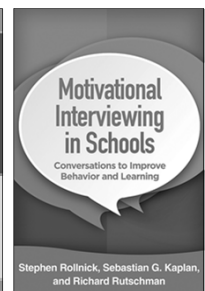
Naar-King, S. and Suarez, M., 2011



Guilford Press 2013

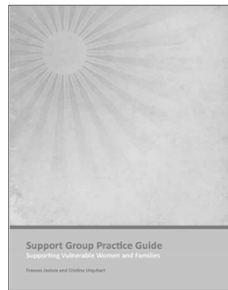
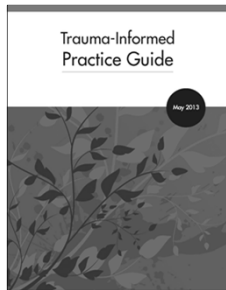


Springer Publishing 2014



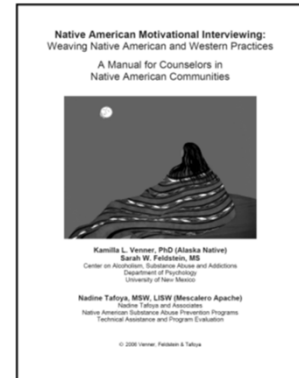
Guilford Press 2017

Practice Resources



Download at www.changetalk.ca

Practice Resources



http://www.integration.samhsa.gov/clinical-practice/Native_American_MI_Manual.pdf

Websites

MI Website: www.motivationalinterviewing.org

Change Talk Associates: www.changetalk.ca

Guilford Press:
<https://www.guilford.com/browse/psychology-psychiatry-social-work/applications-motivational-interviewing-series>

MI Courses

Introductory Motivational Interviewing for Helping Professionals

2-day training
UBC Robson Square

Advanced Motivational Interviewing for Helping Professionals

2-day training
UBC Robson Square

Information & Registration at:
www.changetalk.ca

Contact Information

Cristine Urquhart
Change Talk Associates
curquhart@changetalk.ca
604.716.6685
Vancouver, BC
<http://changetalk.ca>

Nina Giuliani
Pediatric Occupational Therapist
BC Centre for Ability
Nina.Giuliani@bc-cfa.org
Vancouver, BC

References Cited ¹

- Armhein, 2003. Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting & Clinical Psychology*, 71, 862-878.
- Gayes, L.A. & Steele, R.G. (2014). A meta-analysis of motivational interviewing interventions for pediatric health behavior change. *Journal of Consulting and Clinical Psychology*, 82(3), 521-535.
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53, 6-41.
- Glynn, L.H. & Moyers, T.B. (2010). Chasing the talk: The clinician's role in evoking client language about change. *Journal of Substance Abuse Treatment*, 39, 65-70.
- Hettema, J., et al. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.
- Lundahl, B. W., et al. (2010). A Meta-Analysis of Motivational Interviewing: Twenty-Five Years of Empirical Studies. *Research on Social Work Practice*, 20(2), 137-160.
- Magill et al. (May 19, 2014). The technical hypothesis of motivational interviewing: A meta-analysis of MI's key causal model. *Journal of Consulting and Clinical Psychology*, Advance Online Publication.

References Cited ²

- Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change*, 3rd Ed. New York: Guilford Press.
- Miller, W.R. & Rose, G.S. (2009). Toward a theory of Motivational Interviewing. *American Psychologist*, 64(6), 527-537.
- Moyers, T.B., Manuel, J.K., & Ernst, D. (2014). *Motivational Interviewing Treatment Integrity Coding Manual 4.1*. Unpublished manual. Available for download at: http://casaa.unm.edu/download/MITI4_2.pdf
- Naar-King, S. and Suarez, M. (2011). *Motivational Interviewing with Adolescents and Youth*. New York: Guilford Press.
- Rollnick, S., Miller, W.R., Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guilford Press.
- Rubak, S., et al. (2005). Motivational Interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, April, 305-312.
- Suarez, M. & Mullins, S. (2008). Motivational interviewing and paediatric health behaviour interventions. *Journal of Developmental and Behavioral Pediatrics*, 29(5), 416-428.