

# *Why M.I.*

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**CHANGE IS HARD!!**



# Goldilocks

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# Conceptual Beliefs

- Client
  - Actively involved in their care
  - Client verbalizes reasons for change
- “Co-Healers”
  - The professional doesn’t carry all the responsibility
  - A collaborative relationship, not adversarial
  - A way of being; not a series of techniques
- Behavior change
  - Discussed in safe way
  - Uses an interpersonal context
- Promotes self-efficacy



## Core beliefs

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Core beliefs underlie and produce automatic thoughts.

- These assumptions influence information processing and organize understanding about ourselves, others, and the future.
- These core beliefs remain dormant until activated by stress or negative life events.
- Categories of core beliefs (helpless, worthless, unlovable)



We become the weapon

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# Frames

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**Feedback:** Provide useful feedback based on screening. People are motivated to change when they get feedback on their personal situation. You can let clients know how their drinking patterns compare to the norm and what the effects of drinking will be on their health and lives.

**Responsibility:** Rather than telling the client what she can and can't do, emphasize personal responsibility and freedom to choose. "No one can change for you. It's up to you." People are more likely to stick to changes when they have made a choice to change.

**Advice:** Give specific recommendations about how drinking patterns can be changed (e.g., drinking below the recommended limit of one drink per day or seven drinks per week).

**Menu:** Provide the client with options, such as reducing drinking or abstaining. This allows the person to be involved in the decisionmaking process and thus more willing to change. You can say, "Here are a number of approaches for dealing with drinking problems. Which one might work best for you?"

**Empathy:** A counselor who is warm, supportive, sympathetic, and attentive will be more motivational than one who is confrontational and aggressive with clients. Show an understanding of the person's goals and the role of alcohol in her life. This will help you identify ways to help her make changes.

**Self-Efficacy:** The person must believe that she can change. Convey the message, "You can change." Encourage optimism.

# What is MI

- Counseling style and series of strategies
- Well researched
- Originally developed for folks with ETOH problems by William Miller in the late 70's early 80's
- Last 15 years expanded to smoke, health behavior etc.



# Why MI

- You are having conversations with your pts., clients, family whomever that are potentially itchy and prickly regarding behavior change. They are prickly because your hopes and expectations may be different than the other persons hopes and expectations. YET, we have to have these conversations.

- We want to learn how to have these conversations that could get itchy and not have them turn into a rash, but actually turn positive!!

# Two conversations real quick

- Think about a situation in your life where you have an important decision to make. Something significant hanging over you.
- When you come up with it, tell me how long you have been thinking about this particular decision in taking the next step

- You have to make this decision right now. By the time we head to our first break you have to make a commitment in one direction or the other and begin taking steps to move that direction
- You are not allowed to have second thoughts, they would mean you are not sincere or committed. It would count against you. Now, if you don't make a commitment or move forward, you will be fired.

In that lil moment when you felt like it was real-ish. What was your first reaction? Why is this interesting?

- I asked you to consider a situation in which you are ambivalent.

# Ambivalence

- the coexistence within an individual of positive and negative feelings toward the same person, object, or action, simultaneously drawing him or her in opposite directions.

# Ambi

- a prefix occurring in loanwords from Latin, meaning “both”



# Valence

- The degree of attraction or aversion that an individual feels toward a specific object or event.

# Types of ambivalence

- This and That
- This and not this
- Not this and not that
- They are all powerful, but can't go together, kind of an uncomfortable place to be

- A Decision is scary because its feels final. “If I choose this, than I will never know....”
- “I’m the one who did it...”

# More Ambivalence

- Ambivalent is common in the “Contemplative” stage of change-not totally sure what to do
- Stages of change-Transtheoretical Model-Prochaska
- Suggests that people go through steps/stages in the process of change

Prochaska 4 types of pre-contemplators (4 R's)-  
Doesn't realize/acknowledge there is a problem,  
not willing or up for change.

1. Reluctant-Waffle, backs off, acts confused
2. Rebellious-Gets angry, "It's my body..."
3. Rationalizing- Will explain calmly and in great details why change is not possible right now
4. Resigned-"I know I should, this is just how I am, I have tried before..."

- when I asked you to make a decision, you sounded like pre-contemplators. Fear, anger, resistance, confusion
- In effect what I did was push you backwards in the process of change from Contemplation to pre-contemplation

# Temptation

- Get them to make a decision, or push them forward
- In most cases we get the opposite, we create resistance
- Decision made under pressure may lead to buyers regret.

# Temptation cont.

- “Getting” people to do it works on a small percentage, everyone else we ignore-intermittent reward
- Coercion-tends to not work with most people in the contemplation stage





# Dr. Cox

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- <https://www.youtube.com/watch?v=gwkOAueZbBY>

# I just entered your house

Im going to criticize your décor and  
rearrange all of your furniture

# Motivating Change

*"The more I hear myself the more  
I believe myself"*

- 
- 
- *"The more I hear myself the more I believe myself"*

*48 hours 30%, 73%*

- We are motivated for whatever we are doing
  - We are living out our habits as ABSOLUTE fact

**We change behavior when  
our current behavior is  
no longer rewarding.**

# Principles of Motivational Interviewing

- Express Empathy
- Avoid Argumentation
- Rolling with Resistance
- Support Self Efficacy
- Develop Discrepancy

# Opening Strategies

- Ask open ended questions
- Listen reflectively
- Summarize-reflect what you heard
- Affirm
- Elicit self motivating statements



# Beginning: Set the Tone; Avoid the Traps

- **Premature Focus Trap**-Fall into focusing on what **we** believe to be the problem
- **Taking Sides**-Most important trap to avoid. The counselor detects a serious problem, prescribes a certain course of action, almost forcing the ambivalent client to resist.

# Traps cont.

- **Labeling Trap-**“You have an eating problem.” “You are obese”. Does not promote ownership, may promote resistance. It may be some sort of power dynamic.

**Blaming Trap-**Whose “fault” is the problem. We are not seeking fault. We are moving forward.

# Traps cont.

- **Expert trap**-impression of having all the answers, may come from a sincere place, but not ready at early stages. Makes pts. Passive. Not the goal of mi.
- **Q&A trap**-creates a power differential

# Active Listening

*Hearing beyond the words*

# Exercise +

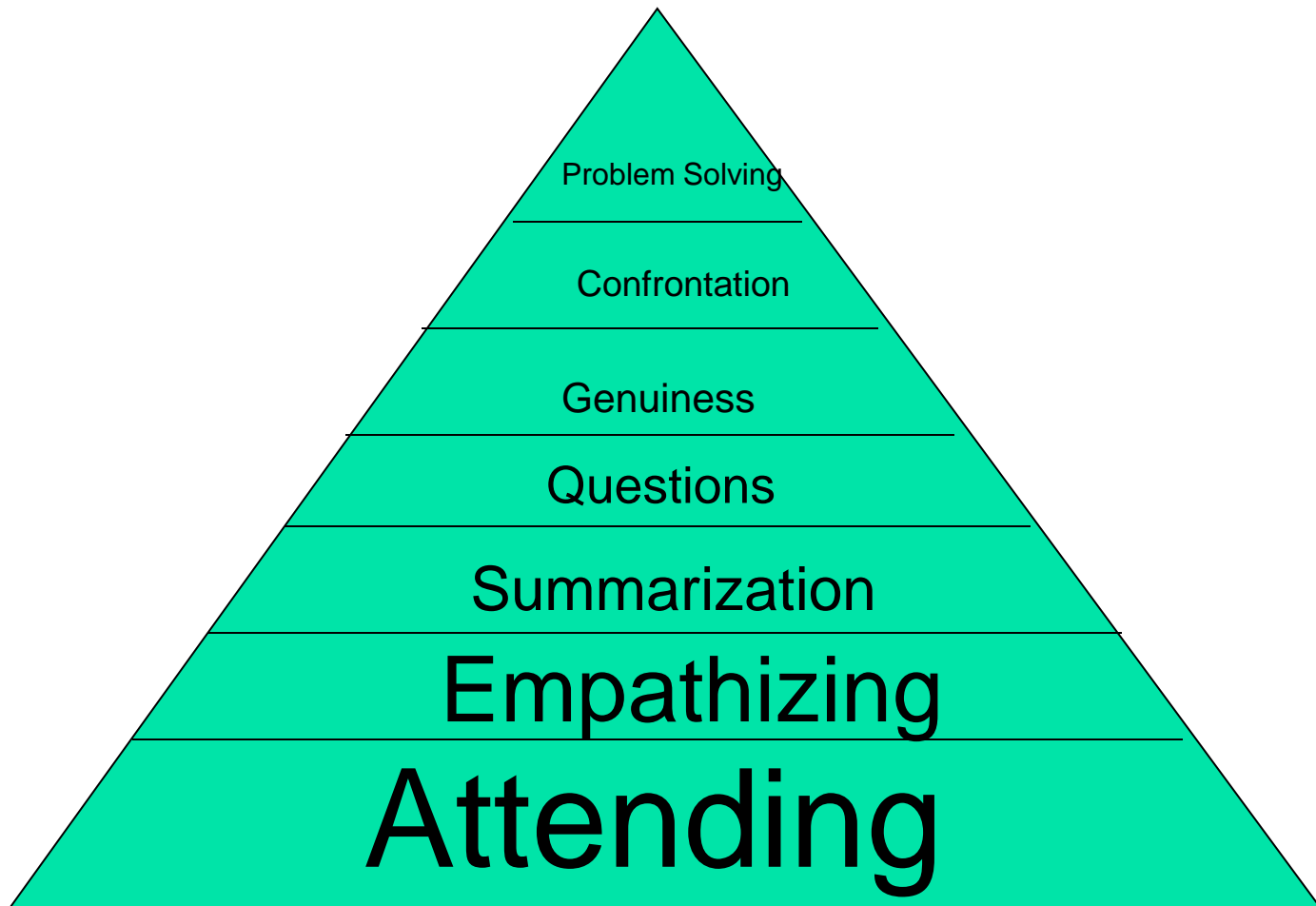
- Not listening
- Listening



# Delivering the message

- 7% Words we use
- 38% Tone of voice
- 55% Body language

# Basic Listening Skills





# OARES (OARS Spelled wrong)

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O-Open Ended

A-Affirm

R-Reflect

E-Empathize

S-Summarize



# What is resistance?



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**Describe...**



## Resistance or Counter-motivation?

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- Understanding that client/patient is putting energy in a different direction. Motivated for something other than change.
- Resistance may be one type of counter-motivation.



# Resistance or Counter-motivation?

Continued...

- There may be many reasons a person continues behavior- e.g., feeling inadequate, low efficacy, inherent value in current behavior.
- Possibly the patient/client hasn't challenged him/herself to meet a significant goal previously. There is not a roadmap.
- The term "resistant" may change our mindset to something more feisty.





# Evoking Language of Change

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# Eliciting Self-Motivating Statements

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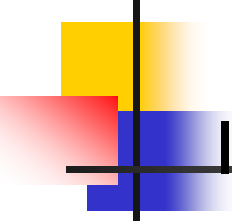
- Ask evocative questions
- Explore pro's and con's
- Ask for elaboration
- Imagining extremes
- Look forward
- Looking back



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# Evoking Statements of Self-Motivation

Recognition | Concern | Intention  
| Optimism



~~If you don't recognize change talk you won't  
know which rabbit hole to go into.~~

# 4 Types of Self-Motivational Statements



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- Problem Recognition
- Expression of Concern
- Intention to Change
- Optimism for Change



# Resolving Ambivalence

*“The good things vs.  
the not so good things”*

Purpose: To explore the behavior in question in a non-threatening manner and to help people view their own ambivalence about changing or not changing, as the case may be.

# Building Motivation & Strengthening Commitment

## **“Importance & Confidence Scales”**

Purpose: To quickly assess and support readiness for change.

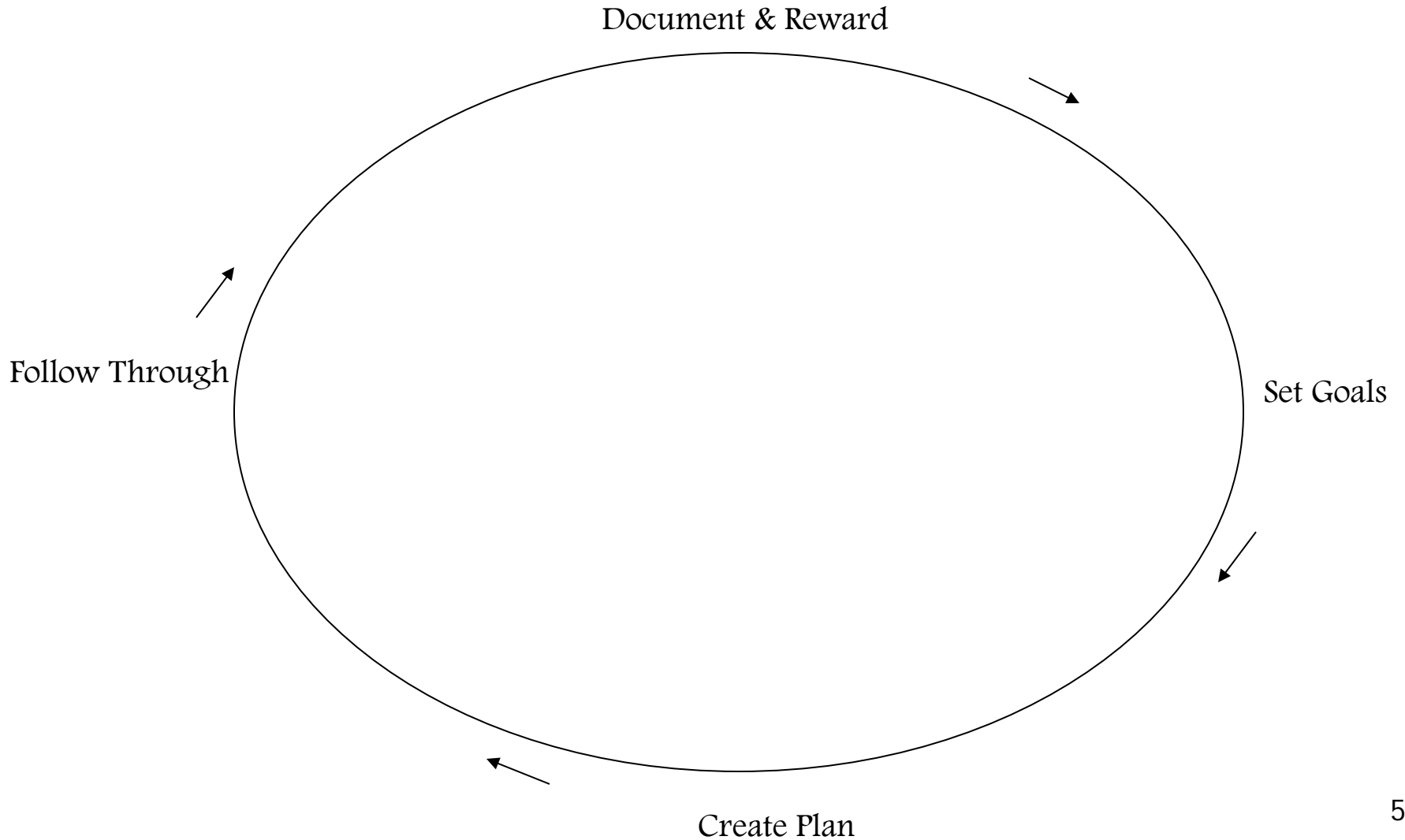
# Providing Information

## **Ask/Provide/Ask**

Purpose: To offer relevant new information in a way that maintains the sense of collaboration and minimizes resistance.

# Creating your circle of

# SUCCESS



# Individual Plan Sheet

Date:

Goal

Timeline

History:

Strengths:

Barriers

My Role:

Reward

Thomas Edison's teachers said he was "too stupid to learn anything." He was fired from his first two jobs for being "non-productive." As an inventor, Edison made 1,000 unsuccessful attempts at inventing the light bulb. When a reporter asked, "How did it feel to fail 1,000 times?" Edison replied, "I didn't fail 1,000 times. The light bulb was an invention with 1,000 steps."

*Let's take care of each other*

*Be Well*

*Thank You*