

Why MI?

What? Who? Where? When?  
Why? How? I wonder?!?

- Myself
- Gracie
- Family
- Community

# Adverse Childhood Experiences (ACE)

- Physical, emotional, sexual abuse; mentally ill, substance abusing, incarcerated family member; seeing mother beaten; parents divorced/separated

--Overall Exposure: 86% (among 7 tribes)

	<u>Non-Native</u>	<u>Native</u>
Physical Abuse-M	30%	40%
Physical Abuse-F	27	42
Sexual Abuse-M	16	24
Sexual Abuse-F	25	31
Emotional Abuse	11	30
Household alcohol	27	65
Four or More ACEs	6	33

# ACEs and Adult Health

- ACE Score  $\geq 4$ 
  - 4-12 x risk for alcoholism, drug abuse, depression and suicide attempt
  - 2-4 x risk for smoking, teen pregnancy, STDs, multiple sexual partners
  - 1.4-1.6 x risk for severe obesity
  - Strong graded relationship at all levels of ACEs for almost all outcomes, including heart disease

*Am J Prev Med* 1998;14:245-258 and *Circulation* 2004;110:1761-6

- Across 10 countries, adults who experienced  $\geq 3$  childhood adversities
  - Hazard ratios 1.59 for diabetes, 2.19 for heart disease
  - Risk similar to the association between cholesterol and heart disease
    - Both in magnitude as well as population prevalence

*Arch Gen Psychiatry* 2011;68:838-844

# What are you bringing to the table?

- How is it impacting relationships
- More going on than “Just do it”
- Empowering or inflaming
- Who is it about?

- <http://www.youtube.com/watch?v=FSIkjNaICsg>

# Strength Based Approaches

- Systems
- Motivational Interviewing
- Dialectical Behavioral Model
- Acceptance and Commitment Model
- Traditional Models
- Others?

If we learned unwellness  
we can learn relearn  
wellness

# Children Hostage



# Motivating Change

*“The more I hear myself the more I believe  
myself”*

# 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.

# 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.

# 2 phases of MI

- Phase 1: Building Intrinsic Motivation for Change (**The Why**)
- Phase 2: Strengthening Commitment to a Change Plan (**The How**)

# 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

# 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

# Using Motivational Statements

Types & How to Elicit

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

# Eliciting Self-Motivating Statements

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

# Ask Evocative questions- Intended to elicit change talk

- What would be a perfect outcome to change
- If change goes the way you want it to, how would things be different

# Explore pro's and con's of change

- What are the benefits of changing, what are some of the drawbacks
- What are the benefits of not changing, what are some of the drawbacks

# Ask for Elaboration

- Tell me more about how change is scary for you

# Imagining extremes

# Looking forward

have client think about their hopes for the future if they make this change;

“How would they like things to be different; what are realistic options now –

what could you do now; what are the best results you could imagine if you make this

Change”

# Looking Back

client reflects on effective strategies used with past successes;

Have them think back to time in life when things were going well describe this and what has changed now

THE GOAL IS TO HAVE THE PERSON  
TAKE THE POSITIVE SIDE OF THE  
ARGUMENT

# 4 Types of Self-Motivational Statements

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

# Problem Recognition

- it is first important to get the person to tell you how she or he sees there is a problem. It is very helpful to not try to get movement through the process until you hear the person tell you their problem recognition. An “I” Statement about the helper’s understanding of the problem may help at this point, though it needs to be carefully worded and timed if the person is in Precontemplation or early Contemplation.

# Prob. Rec. Ques

- What things make you think that this is a problem?
  - What difficulties have you had in relation to eating/exercise/smoking?
  - In what ways do you think you or other people have been harmed by (behavior)?
  - In what ways has this been a problem for you?
  - How has (behavior) stopped you from doing what you want to do?

# Concern

- once the person talks about the problem, the helper then shifts and elicits statements from the person about how he or she is concerned about that problem.

# Concern Ques.

- What is there about your drinking that you or other people might see as reasons for concern?
- What worries you about your drug use? What can you imagine happening to you?
- How do you feel about your hitting other people?
- How much does that concern you?
- In what ways does this concern you?
- What do you think will happen if you don't make a change?

# Intention to change

- Once concern statements are out, then the helper again shifts to elicit statements from the person about their intention to change. Here is where it is important for the helper to make sure the person knows that certain behavior must change, and ask what else the person could do.

# Intent to change ques.

- The fact that you're here indicates that at least a part of you thinks it's time to do something?
- What are the reasons you see for making a change?
- What makes you think that you may need to make a change?
- If you were 100% successful and things worked out exactly as you would like, what would be different?
- What things make you think you should keep on drinking the way you have been? And what about the other side?
- What makes you think it's time for a change?
- What would be the advantages of making a change?
- I can see that you're feeling stuck at the moment. What's going to have to change.

# Optimism

- once the person talks about making changes, the helper then reinforces self-efficacy by eliciting statements from the person regarding their optimism about the change to be made.

# Optimism ques.

- What makes you think that if you did decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?

# Develop Discrepancy

- Motivation for change increases when a patient becomes aware of discrepancies between current situation and goals or hopes for the future.
- Creates dissonance.
- Don't argue the patient's Cons for change; forces patient to defend the Cons, reinforcing them for him/her.

# Step 1

Listen Well!

# Step 2 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.

# Step 3 Building Motivation & Strengthening Commitment

## “Importance & Confidence Scales”

Purpose: To quickly assess and support readiness for change.

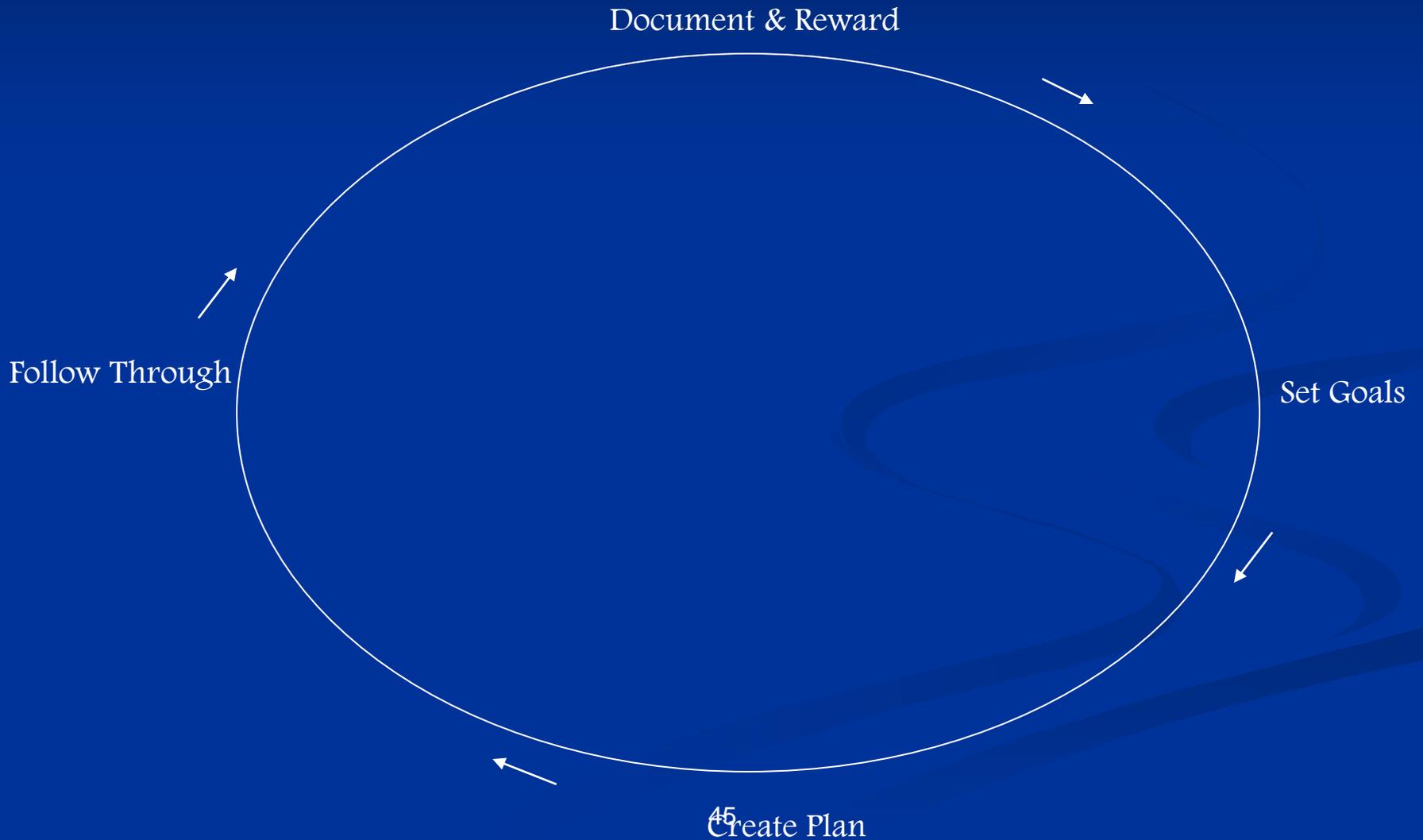
# Step 4 Providing Information

## 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*

Be Well good People