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SDPI Training

Tipping the Motivational Balance for Change: Session 2 - Evoking Language of Change

Speakers:

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Darryl Tonemah, PhD:

Thank you for coming! I am Darryl Tonemah. I am Kiowa, Comanche and Tuscarora. I contract with the DDTP for the last several years about behavioral change and getting to come to communities, and I have probably come to many of your communities and talked about behavior change and Motivational Interviewing and some of the tenets related to it.

Last week we started this '**Tipping the Motivational Balance for Change!'** series. There's four series, four talks in the series. And maybe six months ago we did the kind of the intro to Motivational Interviewing, which was the precursor to this stuff. And we didn't want to have a lot of repeat information so we had a couple of questions during this past week about some information they felt that was left out, but it was actually part of the other series.

So if you want to go back and watch that or listen to that, I am sure it's on the website, isn't that right, Kelli? So kind of the – more of the fundamental, the first part of Motivational Interviewing, the listening, the relationship stuff, because this stuff won't be successful until you are good at having that relationship with the participant/client, until you can demonstrate that you are listening **well**.

This makes the Responding to Resistance and getting language of change, it will make this part easier if you are doing the first part well, okay?

Should I get started? I think I will. Let me see if I have control here to move it. I do.

So the last week in Session 1 – well, first of all, thank you for bearing with us last week. We had some technical difficulties, but I think we have figured them out, and it's little less chaotic this time, so that's pretty exciting for me.

What happened in **Session 1, the Responding to Resistance Session?** We talked about how resistance is a natural part of any change relationship. It should be expected as part of the relationship. What should we do when the temperature of the room changes? Are we a thermostat or a thermometer? Do we control the temperature of the room?

If it gets kind of feisty in there, do we use our skills to control it, or are we a thermometer and do we just react to it? We talked about that last week.

And we talked about us at our best. How we consider the resistance as a challenge, and it's okay that it's there, and that we roll with the resistance and it's a cue for us to open up our toolbox and see what we do best.

At our 'not so best', we engage in arguing with our clients, patients, participants. We become more – there is a word I want that would sound really smart right now, 'hierarchical'. We try to push them around a little bit, which creates more resistance. We talked about that last week.

Resistance occurs when we get to a state of change before our client does. So we start making action statements and they are still in contemplation or pre-contemplation, so they feel like we are dragging them into change. And when we start doing that, they have to establish their autonomy and say, "Yeah but, yeah but, yeah but," or acquiescence, or agreeing way too much. "That sounds right, okay, super, that sounds great." And we know that they are not going to go home and do anything, and that's our cue to change strategies. You can kind of feel what's going on there.

Then we have to realign with the client. Remember that if a person is motivated for whatever they are doing, and they are demonstrating this behavior, that means there's something valuable about that behavior that they are grasping onto, and it's our job to kind of go over to that side of the argument and kind of see what's going on there and how can we move forward together.

Like last week about 65% of the people, you guys gave it a shot, the 'Responding to Resistance.' I am wondering how that went. I would love to find out how that went at some point.

And use reflective responses or strategic responses, and I just encourage trying a simple reflection, just going – rather than meeting resistance with resistance, we meet resistance with nonresistance and we just jump in with them where they are. A simple reflection is the quickest easiest way to just kind of diffuse the situation and jump on their side again.

All right! So here is what's going to happen this week. We are going to talk about **Evoking Language of Change**, helping develop discrepancy between current behaviors and goals, and explore the four types of self-motivational statements. Yeah, this is exciting to me!

"The more I hear myself, the more I believe myself. The more you tell me, the more resistant I become." I imagine that you feel that way if you are in a relationship or if you have teens. I imagine you know what I am talking about there, as well as patients.

People want to be autonomous, and if – we want them to tell us why they want to change. So our job is to kind of draw that information out of them, and we can get there by just asking a few well-formed questions, and today we actually put it on a tray for you and you can just take these questions and whip them out and see if they work with your honey or your kids or your participants.

Eliciting self-motivating statements. We are going to go through each one of these; ask evocative questions, explore pros and cons with them, ask for elaboration, imagine extremes, looking forward, and looking back. Let's poke our head down this rabbit hole and see what it looks like here.

So **ask evocative questions** intended to elicit change talks. So we want to ask a question that gets them to tell us more about change, and you could you use…

These ones aren't necessarily a process. These here aren't necessarily a process, it's just kind of you can use one of these at any given time in your conversation that will help them get unstuck or help them keep moving forward.

So an evocative question intended to elicit change talk. So what would be a perfect outcome to change?

“I am kind of struggling with weight loss, I am struggling with getting involved with activity, and I am not really sure if I want to do it.”

“Well, what would be a perfect outcome if you did do this? Or if change goes the way you want it to, how would things be different?”

Think about one of your participants, patients, clients, how would they respond if you asked that question? “If change goes just the way you want it to, how would things be different for you?” I like that question. And I think we give a couple of examples on each one of those.

Explore pros and cons of change. It's similar to resolving ambivalence in the second part of Motivational Interviewing. What you want to do is say, “Well, here is the good things about my behavior, and here are some of the not so good things about my behavior.”

“What are the benefits of changing? If you were to change, what are some good things about it? What are some of the bad things about changing? What are some of the good things about not changing? What are some of the drawbacks of not changing?” And all this is set up by your relationship with them.

So if you have a good relationship and you have spent time upfront on Step 1 of Motivational Interviewing, and you are OARSEing; open-ended questions, **a**ffirming, **r**eflective listening, summarizing, and I also put in empathetic responses.

If you are spending time doing that, and you get to the point of the conversation where you can ask these questions safely because you are already aligned with them, you already can have a change conversation.

But if you notice these questions are getting them to tell us things that we would like to tell them. I want to say, “You know what, if you lose weight, your blood sugars will go down, you will feel better, you will have more energy.” But then there’s that hierarchical relationship, and it's a much different conversation if we can get to them to tell us those things.

Remember…’the more I hear myself, the more I believe myself’…so we want them to hear themselves say, “I would like to change because...” So these questions kind of draw that out.

And whenever I do training, I always recommend getting five, six good, solid, well-formed, open-ended questions that put – put in the lap of the participants. And if they say, “Well, I don’t know, what do you think I should change, or you are probably going to make me change?” You put it right back in the lap again. “You know what, I can't make you change, I wish I had the power, but I am here to support you in whatever change you want to make.”

We are always putting it back on them, putting it back on them, because part of what we want them to do is explore their meanings, explore their motivation a little bit deeper. Each of these questions helps them explore that a little bit deeper.

Let's keep going. This is so fun for me to talk about, I just get all excited! I might stand up and walk around the room. So if you hear me breathing hard, that’s what’s going on.

Ask for elaboration. The goal is to keep the flow of change talk rolling. The challenge is to dig a little deeper. “Tell me more about how change is scary for you?”

And what I always say in my trainings is become fascinated with your patient/client/ participant. Become fascinated with them, become fascinated with their story, and then become a historian, because they have all this information that they are walking around with, they weren’t born outside your door today. They have also this motivational information that if we can become fascinated with them and become a historian, we want to dig around and we want to dig around in a ‘well way.’

So every time we ask an open-ended question, we give an empathetic response or a collective response and let them know that we heard the answer to our question. And if we do that, they will dig a little bit deeper and they will dig a little bit deeper because they know that you are going to go there with them. And you are going to go there well, and you are not going to judge. You are not going to make all your swanky faces and wrinkle up your eyebrows when they say something that you disagree with. Because this isn’t a judgment time, this is, I need to find out what's going on time.

The goal is to keep the flow of change – the change talk rolling. “Tell me more about how change is scary for you?”

“I have tried changing the past, but every time I did, it was just sickening. I am at the point where it's so frustrating.”

“That sounds like it's hard. Can you tell me a little bit more about the frustrating part, what makes it so frustrating?” I just became fascinated with myself for crying out loud.

“In what ways is change exciting for you? In what ways is change challenging for you?” Well, remember, we want them to explore a little bit deeper with every question. And again, I can’t emphasize this enough, when they give you an answer to this question, to any of these questions we are going to show you today, be sure that you let them know you heard the answer. Don’t go question, question, question, question, because then it becomes an inquisition instead of a collaborative interview. That’s not a pretty smart thing, an inquisition.

Imagining extremes. Explore possibility at both ends of the spectrum. “So what is the worst thing that can happen if you decide to change?” You want to see kind of what the best and worst case scenarios are with a person.

And what's interesting about this is that, cognitive psychology wise, there could be some distorted thoughts going on. The worst case scenario, “If I lose weight, I will lose all my friends, everybody always make fun of me, I will have a lot of saggy skin, or my clothes won’t fit, nothing will fit me anymore.”

“I would be interested to find – tell me more about those things then, what makes you believe that?” Because you want to find out is that realty or is that a distortion that I am holding on to that’s preventing me from making change.

So some of these questions are – I would say most of these questions are questions that can lead up to another question that helps them get a little bit deeper, and little bit deeper. Remember at every point you are putting it back in their lap, and don’t get into the problem solving mode with them. We are not there yet. We are trying to get their view of the world.

So if they say things like, “My friends won’t hang out with me because all we do is eat, and my clothes will be too big for me.”

Don’t say, “Well, go get new clothes and make new friends.” Because then you are going to get ‘yeah but, yeah but, yeah but.’

So what you want to do when they say that is, “It sounds scary, because that’s a big change in your life and you really like your friends. Tell me what makes you believe that.” And you are on that rabbit hole with them.

Now, let's keep going there. Is this exciting to you guys? I get so excited talking about this.

Looking forward, have client think about their hopes of the future if they make this change. This is similar to one of the first ones we had, “How would you 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? If you were to lose 30 pounds and it worked out just right, what would things be like a year from now? What would things be like two years from now?”

We want to find out, again, what is their thought process. What do they see as some of the barriers? Are there some distortions going on that we can reflect on, that we can summarize, that we can empathize with? And I find that these two last ones in particular, **looking forward** and **looking back**, kind of help people get unstuck, if somebody is plateauing.

“I have been stuck at – I lost 10 pounds for the past three months and I am kind of unmotivated now.”

“Well, what would your goal be then?”

“Well, I would like to lose another 10 pounds.”

“Okay, let's say you did lose that 10 pounds, what would things be like in the future? How would things be different for you at 10 pounds from now, what would that be like? Why is that a significant number for you?” And when they share that…

“Well, because I am very goal-oriented and I just feel like that’s something that’s been a barrier for me, and I feel like I can reach that barrier, I can do a lot of other things.”

And an empathetic response would be, “It's exciting to have that sitting in front of you and you can't quite get there, and that’s the frustrating part and you are kind of looking for new tools to get there.” That’s an empathetic response. Because it’s exciting and frustrating and then kind of what’s going on? Let's keep going.

Looking back. Try to reflect on effective strategies used with past successes. Have them think back to a time in their lives when things were going well. “Can you think back to a time when weight wasn’t a problem for you, what was going on then?”

“Well, I was 20 some years old and I had a lot of energy and I was exercising and I was playing softball three nights a week and I was snagging.”

We don’t judge anything like that, we just reflect on it. A simple reflection would be,
“There’s a lot of activity going on at that time, yeah.” Because what we want to do is find out, is there anything we can learn from that time, from 20 years ago, whenever the time was. We want to reflect back on that time. Is there anything that is useable from that time that we can bring forward to now? Is there anything that they think?

“Well, yeah, I can probably do some of those things now, not to the same degree or anything, but here’s what I enjoyed about that time. I like being outside playing softball.”

So go into that rabbit hole and see if there is something you can plug in today that they used to use back then.

“How were things different back then?” I like the first part – I like the first option for that question. I just gave you a couple of options on each one. I like the first option better. Well, because then it leads you into the next question about how can we bring some of that forward, or in what ways would you like to see some of that brought forward.

The goal is to have them take the positive side of the change conversation. Remember, we want them to tell us why they want to change. We don’t want to get stuck on problem solving mode.

Remember, if this were a old ‘food pyramid’, problem solving would be way at the top. Problem solving would be Snickers Bars and cake and Ho Hos, and the bottom part of the food pyramid would be attending; how you are with the participant; what you are doing to demonstrate that you are tracking with them, that you are not judging them, that you are just trying to learn more about them, that you are fascinated with their story, that’s the **attending** part of it.

And when I do trainings, without fail, within the first three minutes, if we make it a clinical encounter as our role-play, we are problem solving within three minutes. And you can sense the temperature change in the room, because the resistance picks up.

So be careful, because once the resistance picks up, we are making them take the negative side of the change conversation. We are getting into a tug-of-war and we have challenged them to pick up the other side of the rope. So be careful with that.

All of these things do not problem solve, but reflect, reflect, empathize, do your OARSE; open-ended, affirm, reflect, summarize, and empathize. I spelled OARSE wrong because a lot of the OARS research doesn’t have empathize in there, so put a E in there too. I spelled OARSE wrong. I haven’t found another word to spell with OARES. I will probably think of that in my own time. Let's keep moving forward here.

Discrepancies. You want to develop discrepancy, let's define discrepancy. The *‘Columbo’* Approach - helping the client. Patient connects the lack of consistency between the current beliefs or behaviors and the goals that they have set for themselves. Recall information that they have offered previously.

So we have a good relationship with the people. Some research will call it like subtle confrontation. We in a misguided way think confrontation is kind of butting heads, but a subtle confrontation, a therapeutic confrontation is kind of showing the inconsistencies between statements and leading it back to them.

You guys ever watch *‘Columbo’*? And there's no way for you to answer that. But we were going to show a scene from *‘Columbo’* but couldn’t quite figure it out. But Columbo always played ‘comfortably dumb’. Because he would say things like, “You know, I don’t understand why he did that. He said he was going to do this, and then he did this over here, boy, I am not really figuring out why he did that.” That’s the *‘Columbo’* Approach.

You can YouTube *Columbo*. And actually one of them is – if you YouTube *Columbo Questioning*, you can see he does that. He kind of plays comfortably dumb and saying, you are saying this thing, but this happened, can you bridge the gap there for me? That's basically what you are doing in developing discrepancy, is helping them – kind of struggle with them, make some dissonance, that discomfort between where they are and where they said they wanted to be and the behaviors and create that dissonance, because that might be – nudge them in the direction of change again.

God, I like talking about this stuff. Are you guys still listening? You have no way of showing me that you are listening, do you? All right, wherever you are right now, just nod. Thank you!

Defining discrepancy continued. Essentially the clinician expresses understanding and continuously seeks clarification of the client's problems, but appears unable to perceive any solution. "A stance of uncertainty or confusion can motivate the client to take control of the situation by offering a solution to the clinician." That's by Van Bilsen in 1991.

So what does that look like? Motivation for change increases when the patient becomes aware of discrepancies between current situation and goals or hopes for the future. It creates dissonance, that kind of discomfort between the two points.

And don't argue the patient's cons for change. It forces the patients to defend the cons, and it reinforces them for him or her.

Remember! Be careful! Let me stress this again. You have to have the relationship, you have to have the rapport built, and you have to be having done your OARSE all along the journey here, because when you get to this point, you have already aligned yourself. They see you as part of a team, and your teammate can ask questions in a well way that makes them think, think about something from different angles.

So here are a couple of questions that help to develop discrepancy. **Strategy 1: Repeat pros and cons stated by the patient**. "What are some good things and not so good things? Well, you had said that weight loss would be good for you because your blood sugars will be lower, and it would be harder on your body, you wouldn't be able to play with your kids. Tell me a little bit more about those things; if you didn't lose the weight, it would be hard for you. Tell me a little bit more about those things. I understand what's going on here."

Remember Columbo. "What are the good things, what are some of the good things and not so good things about status quo?" Again, it's similar to the resolving the ambivalence, but remember you want them to establish what are pros and what are the cons and have them look at this, and then look at their own behavior. And what are the behaviors on the sides of the pro or what are the behaviors on the sides of the cons.

"You had said that weight gain would be unhealthy for you and that weight loss would give you more energy, and you had talked about being excited for the weight loss. But it sounds like you don't want to exercise or change your eating habits. I am not – can you kind of clarify that for me?"

Remember if you have the relationship with the person, you can move forward on this. It's doable. Remember Columbo. "And I just don't understand, can you help me understand that a little bit better, I am not getting it. I personally can say things because it's true, I am kind of dense, I am pretty thick-headed, can you explain that a little bit to me," something like that.

Developing discrepancy. **Strategy 2: Ask questions about behaviors that don't support goals set by the client**. "I am a little confused. You said previously that you really want to change your

eating habits, but you just said you went out to eat five times this week. Can you help clarify that for me, or can you tell me a little bit about that?"

When you read it like this, it can sound sarcastic, but it's all about that previous – that preexisting relationship you had with the person. And you can sound very genuine, "You know, I am confused, because we get see each other all the time and we are working on our goals together and you had said this but you are doing this behavior, and I don't get that, can you tell me more about that?" The *'Columbo'* Approach.

Ask thought-provoking questions - developing discrepancy. And this first one, I wasn't sure about it and Kelli said she liked it, so I thought, okay, yeah, I like it too then, because she is so smart and it must be a good one. "If I were to give you an envelope, what would the message inside have to say for you to think about quitting smoking or changing behaviors." The quitting smoking was a standard example? "What would the message inside have to say for you to think about changing behaviors then?"

Remember you are trying to provoke a thought. Maybe they didn't think. What would it have to say? And really that's – it's their own beliefs, it's their own thought process, they are just telling you what it needs to say.

"What would have to happen for you to think about getting more activity into your daily routine? What would life be like for you if you lost the 30 pounds you said you would like to lose?" And all of these, we want them to get their wheels turning and think about how can they start moving to the process of change.

Now, what we have put on the table so far? Let me see what the next one is. Okay, yeah. What we have put on the table so far, they are kind of standalone things, you could whip out any one of those; **looking forward**, **looking back**, **imagine extremes**, any of the **developing discrepancy** strategies, those are just **well-formed questions** that you can whip out and kind of serve up to the participant/patient/client and see where to go with it.

The next questions are kind of a process of questions that we want the patient to recognize – the patient and us to recognize where they are in the process of change. So once you kind of hear one step in the process of change, it kind of moves you to the next one.

What am I talking about? I will show you. If you don't recognize change talk, you won't know which rabbit hole to go into. So let's see how we can recognize some of the change talk and what those rabbit holes look like.

Four types of motivational statements: one, problem recognition; two, expression of concern; three, intention to change; four, optimism for change.

So when you look at that that is actually a flowchart basically. You want them to recognize they have a problem, and then recognize that, but then show some sort of concern that they have that problem, and then say, "I would like to do something about this problem." And then say, "Yeah, I can do something about this problem." See how it flows? Okay.

So how do we get there?

"I do have a problem with…"

You kind of want a statement like that.

“My weight is an issue, I do have a problem with weight, or smoking. My relationships are unhealthy, so things like this.”

Those are ‘I’ statements that recognize that I have a problem.

It is first important to get the person to tell you that he or she recognizes that there is a problem. It’s difficult to move through the change process until you hear the person recognize that the behavior is a problem.

Stages or change wise, you want them to make at least a contemplation statement. Because if they are in pre-contemplation, it’s not on their radar, then we are trying to get them to the contemplation phase. So part of our conversation is to get them to say here is – yeah, this is a problem, and we can do that, but again, it’s all about the questions that you are forming and that you are putting out there to them. Let’s give you a couple of options here.

Problem recognition questions. First one, “What things make you think that this is a problem?” Let’s say it’s weight, diabetes. “What makes you believe that this is a problem?”
And maybe the answer would be something like…

“Well, you know, I am really worried about my health, my blood sugars are going through the roof. I can’t play with my kids like I used to because I am heavy.”

Something like that. We are trying to get them to say, yeah, this – and so we reflect. “So it’s kind of an issue because you want to play with your kids.” But remember, you want to do a good, healthy, well-formed reflection or empathetic response after they give you the answer, because these are juicy questions that once they give you the answer, man, you can start moving forward! So be sure to acknowledge that you heard the answer to those questions.

“What difficulties have you had in relation to eating, or exercise, or smoking, or whatever the behavior is, what difficulties have you had?”

“Like I said, I can’t play with my kids anymore.”

All right, reflect that, “You really enjoy your kids and it’s frustrating that you can’t.” Be sure to give it right back to them, reflect, and reflect. “In what ways has this been a problem for you? How has inactivity stopped you from doing what you want to do?”

“I used to like to play ball a lot with my buddies at church. After church I go play ball, and I can’t do that anymore.”

“Ball, it seems like was really important to you and it’s kind of something that you really can’t do anymore because of your health.” You just give it right back to them.

And anyone of those, I always suggest: A, kind of choose one that sounds like something you would say, something that sounds like you. B, come up with your own. I am sure you guys are all good at what you do and you have soft hearts and you want the best for the patient, client, participant, so were these the way that you would word them, or come up with the one that works best for you with the same spirit, **recognizing the problem**.

Concern - so they recognize they are having problem, now we want to see what is their concern about this problem. “I am worried about what could happen.” That kind of statement.

Once the person talks about the problem, we then seek to elicit statements from the person about how he or she is concerned about that problem. You can acknowledge that you have a problem, but now you need to be worried about it.

“Yeah, I am a big fella, not even think that this should be an issue for me.”

So how do we get to that point? Okay, **problem recognition**, **concern questions**. “What is it about your inactivity that you or other people might see as reasons for concern? What worries you about your inactivity? What can you imagine happening to you if you didn’t change this behavior? And what ways does this concern you, I am asking, what ways does this concern you? What do you think will happen if you don’t make a change?”

Again, look at those and think which one might sound most like you or one that you connect to better than others. It’s okay to have a couple of them in your toolbox. Again, or come up with one of your own that gets to the point of, I have a concern about this because I recognize it; they have stated the recognition statement, we have reflected it or empathized it. We get them to a concern statement, we empathize it and reflect it, now we want to see about, well, is it on your radar at all to do anything about this behavior, so that is our next question.

Intent to change. “I am going to do something about this.” That’s the kind of statement. “I am done with this behavior, I am ready to make change, so I am going to do something about it now.”

Once there have been concern statements, the provider seeks to elicit statements from the person about their intention to change specific behaviors. Let’s see what that looks like.

Look at the flow now, they have said there is a problem, they have said they are worried about it, and now we want them to say they want to do something about it. What does that look like?

Intention to change questions. “So what reasons are there you see for making a change? What makes you think that you may need to make a change? If you are a 100% successful and things worked out exactly as you would like, what would be different for you? What would be the advantages of making a change?” Ooh, I like a lot of those questions.

I personally – I would probably look – l like the last one, “What would be the advantage of making a change? What are some of the reasons you see for making a change?” They all seem pretty easy; they seem like some low hanging fruit right there.

Remember, you want them to think – we want to challenge the participant, patient, client to think about their values about a behavior, the value for behavior change, the motivation for behavior, and the motivation for behavior change. And these questions kind of help them move in that direction. And when they are giving us the answers, we as providers just kind of put those, file them away, file them away, file them away, because in the future something like that comes up, you can be Columbo again and say, “I recall you saying something about blah, blah, blah, about changing your eating habits, and you are kind of struggling with that now. Tell me more about that?” Then you can jump into developing discrepancy again.

All these tools can go throughout the change relationship. It's not just at the beginning; it kind of flows through. You meet that person for two years and this information kind of keep it on file with them in your brain and then whip it back to them if you need to develop discrepancy sometime in the future. So there is intent to change.

So they said there's a problem. "I am worried about it, I am going to do something about it, and I believe I can. I know if I try I can actually do this."

Once the person talks about making changes, the provider then reinforces self-efficacy by eliciting statements from the person regarding their belief that this change can be made.

Efficacy is a belief that we can do something. I believe we talked a little bit about it last week that if you enhance efficacy in one area, all boats float higher. So to increase efficacy, the best way to increase efficacy is by being successful by doing it. I know that sounds overly simple, oversimplification. But if somebody wants to start walking, have them start walking.

Maybe they are not going to go out and walk a 5K, but they can go out and walk a 100 yards and that increases efficacy, the belief that they can do it.

Bandura's research, you want the level of difficulty – to increase efficacy in a scale of 1-10, you want the level of difficulty of a behavior to be about 4.5-5.0. That level of difficulty kind of challenges the participant enough that they learn something about themselves, but it's not so high that it was too challenging and actually decreased the efficacy. And it's not so low that they really didn't learn anything about themselves.

So you want a moderate level of difficulty that they **can do it** and then they can build on that success and build on that success and build on that success.

So we want to **increase efficacy** and **create optimism for change**. Let's look at some questions for this. Is this still exciting for you guys? I am so excited!

"What makes you think that if you decide to make a change you can do it?" And actually I put that in there because I want to find out have they done it in the past? Look at the last one, "If you have made this change in the past, what helped you do it? What are some tools you can bring forward? How do you know you can do this? Why do you have optimism?" I want to find out what that nugget is.

Because once we find that nugget, that's what we build on. We build on change on the small thing, I just know it, I just believe I can, and we start creating – helping them create change based on that one little nugget. We find out, why is that nugget there and how can we enhance it.

"So what makes you think that if you decide to make a change you can do it? What encourages you that you can make a change if you wanted to? What do you have going for you right now that you can make a change? What do you think would work for you if you decided to change." You want to find out, based on their experience, and in their own lives, what do they perceive as what they have going for them right now?

Because what I perceive they might have going for them may be different than what they perceive they might have going for them. So we want to kind of get in their minds and find that out.

Now, some people will say, "Oh, you know what, I believe I can do it, I am going to run a marathon tomorrow, and I have had that happened." And you don't want to discourage that, do you? You want to say, "Well, what are you thinking?" because that's energy. So what you can say is, "Man, that's an exciting goal, I am excited to watch you run that marathon. What can we do today to start building toward that marathon? Let's not try a marathon today. What can we start doing?" Remember 4.5-5.0 level of difficulty. "What can we do collaboratively to help you start working toward that?"

And keep that energy going, that optimism going, that excitement going, but kind of putting it into doable doses, because otherwise it's just this diffuse energy kind of bouncing around, I am so excited right now, but how can we harness that and say, “Let's harness that 26 mile energy into a half mile walk right now.” And that’s when you kind of start creating plans together.

Once you get all these statements, you can start creating a real successful plan with them, not for them. Remember the last part of Motivational Interviewing is **ask, provide, ask**.

“We talked about running a marathon. Would it be okay if we talked about some specifics about that?” Maybe provide a menu, unless they come up with ideas, we provide a menu; maybe stretching, what kind of shoes to buy, a marathon schedule for beginners, that kind of thing. Because you want to harness that energy and kind of create a mental roadmap, help them create a mental roadmap.

One of the things we talked about with resistance, as a barrier to change is that, sometimes people don’t even have a mental roadmap of how change is supposed to look. Yeah, I recognize I have a problem, I am concerned about it, I want to change it, and I believe I can, I just really don’t know how.

So part of our job then is the **how**. But often what happens, my friends, is we get to the how part before they are ready to hear the how part. We start the how within the three minutes of when they come in the room, we start with action statement, action statement, action statement, and they are at, “I am not ready to have a conversation that I recognize I have a problem yet.” And we are saying, “Here’s what you need to do about it.” And so we create the resistance.

This whole thing we talked about today is how we set up questions that help them move forward and to think at a motivational and a personal level about behavior and behavior changes, and then it ends, this optimism part, it sits in our lap, all right, they are excited about, what can we do together on it.

So look at these questions here, think about which ones kind of feel most comfortable for you, sit better in your lap. Again, if some of these works for you, use them, or again, make some that sound like you.

Form good questions. I think that’s probably the number one Motivational Interviewing skill, besides the empathic response, is how are you forming a good question that helps people move forward.

I have a couple of slides here to end with, but I want to give an opportunity with about – we have like ten minutes left, I want to give some opportunities for you guys to ask questions of myself or Kelli.

Kelli Wilson, MS, RD, LD (Moderator):

Hey Darryl, we do have a question for you and I will go ahead and post it for everyone. There's no answer, you are going to give the answer. So the question is from Jennifer Hone. “Please address how to respond to patients who respond to what is the worst thing that happens if I change with the answer, I am afraid I will fail?”

Darryl Tonemah:

I would just go with the **reflective response**. I would say something like, “That’s a genuine issue and that sounds like it's scary, but what would failing mean to you?” Because we want to say, “Oh,

you won't fail. You won't fail. You will be great!" because we have such kind hearts. But you know if they are saying that, that is a salient issue for them and that is a significant barrier for them. So we want to find out kind of what that's all about.

I would recommend spending a little bit of time on why they perceive that they could fail, and what does that mean if they fail, and what does failure look like? Now, once you kind of flesh that out, kind of stick your head down a rabbit hole of what are they willing to change, and help them make change into small doable doses.

Often we fail because we feel like we are failing you, the clinician, the provider, but we want to find out what they are willing to change, and they are not failing me, but they are challenging themselves in their own concept of change.

So if they don't do well on it, let's say they want to go walk a mile and they don't do well on it, well, then let's lower it, let's do half a mile. What you always want to do then is – basically you are redefining what **winning** is in that. So walking that 50 yards is a win, walking that 100 yards is a win, there's really no failure there.

If you come and you are doing something, that's a win! So I think part of the first step is reflection and seeing what failing is all about, and then setting them up for success with what they are willing to do.

Kelli Wilson:

Second question, could you go over *'Columbo'*?

Darryl Tonemah:

'Columbo', okay. I haven't received question two, but I hear you asking it. Did you guys ever watch the show *'Columbo'*? How he asks questions, it's just really interesting, because he played comfortably dumb. He always said, "I don't understand, this happened and you said this is going to happen, but you didn't do this, can you tell me more about that?"

And Columbo always acted a little bit like he didn't know what was going on. So he framed his questions to get the person to tell him a little bit more about what was going on with them. That's how he solved crimes.

So I always call it being 'comfortably dumb.' And usually he started with, "Here's this and here's this, I don't understand that, can you explain it a little bit better to me? Did that help you?"

Google, not Google, YouTube 'Columbo Questions', and it gives a good example. I would have loved to show you a clip of that in this talk, but we are still learning the technology here.

I was telling Kelli embarrassingly the other day that it was probably about six years ago, I was still using overhead transparencies. I am still using cave writings, so this is pretty impressive for me.

Kelli Wilson:

There is another one from Barbara and she asks, "When someone is looking for and having high confidence, how do you bring them down to 5.0 and help them plan realistically?"

Darryl Tonemah:

Ooh, that's really a good question! So somebody is looking for, how would things work out for you if they worked out just right, and how would things be different? They would be great, I would be able to run six miles a day, and I think I can get there right now.

And then I would – that person is making all sorts of action phase statements, I think our next class is on Stages of Change, and they are making all sorts of action phase statements, and we want to get on board with them. That's great!

And then I would ask the question, "Do you run now, do you enjoy running, what is it that you enjoy about running"? Something like, "In my experience if we start out too high, we can get sore and it kind of decreases our enjoyment of running. So what do you think we could do to just kind of start out small the next couple of weeks and really get after that six miles here down the road a little bit?"

Maintain that excitement with them. But our job as the worker then is to kind of make that change into doable doses for them, and kind of set up a specific plan for them. I mean, not saying that energy isn't good, but harnessing it and breaking it into doable doses that they can manage over time. But using a statement like, "In my experience that when I tried running too far too soon and I get really sore, so how can we start out a little bit lower and just kind of work our way toward that."

Kelli Wilson:

Great! We do have another question, "Contrast the Boot Camp Approach to success." *'The Biggest Loser'* takes that approach to change lives? I think it's kind of like the 'Tough Love' Approach.

Darryl Tonemah:

Is that where they kind of just tell them what to do and to drop and give me 50-type thing? I have never watched *'The Biggest Loser'*.

Isn't *'The Biggest Loser'* the winner of that show gets money or something? Yeah. That's assumed that the person is in an action plus stage of change, that, that person is ready to roll. That is a unique environment because they are on TV. There are big things, endorsements and things that they are dangling in front of them, and there's lot of things that go on that we don't get to see.

But there's generally, according to Miller & Rollnick's research, that approach in a clinical experience works on a really small number of clients or patients. I think it was like around 15-20% of the people. "I am going to tell you what to do and you shut up and go do it." That approach, about 15-20% of the people that approach works on. That means, what is that, 80-85% of the people it does <u>not</u> work on.

So if they sign up for a boot camp experience or they sign up for *'The Biggest Loser'* experience that is already a unique audience. If somebody is coming into our offices, then they are probably referred, they are not sure if they want to make change. It is a different audience than the audience that you are talking about. And I would play the odds and know that on 80-85% of our people that experience does not work. I think that's probably my answer.

All right! You know why, because I was <u>so</u> thorough! Okay, hold on, I have got a couple of slides here. Create a conversational flow, conversational flow, and listen for recognition to optimism. I think I have one more slide after that.

Relationship is critical along the entire journey. When you start pushing, they will pull away.

Always remember the first step of Motivational Interviewing is listening well, maintaining that relationship. Because this stuff here is – part of it is gentle clinical therapeutic confrontation. Remember, our new definition of 'confrontation' isn't butting heads. It's about inconsistencies. "Help me understand that."

Henry Ford said, "Whether you believe you can or whether you believe you can't, you are probably right."

So we want them to make the 'I believe I can' statements. The cognitive psychology then is, I start believing I can –then my behaviors and beliefs are eventually going to follow that. If I believe I can't, then my behaviors and beliefs will follow that. So we want them to make those statements where they believe they can!"

Total Duration: 51 Minutes