PM-SB Study MI Webinar Series
Engaging Using Motivational Interviewing (MI): A Practical Approach

Franze de la Calle
Antoinette Schoenthaler
Webinar Housekeeping

Please keep your phone on mute when not speaking

Webex webinar Panels:
  o appear on right side of the screen
  o Raise your hand
    • click hand icon
  o Questions
    • Type questions in chat box at any time during the presentation. I’ll answer them in-between topics
  o Polls
    • Let us know your thoughts and ideas by answering the polls
Overall Structure of the Webinar Series

Webinar 1: June 23th, from 2-4pm
1. What is MI?
2. Evoking the Spirit of MI
3. MI as a Method
4. Fundamental Skills of MI
   • Components of a conversation using MI

Webinar 2: June 30th, from 2-4pm
5. MI in conversations with older adults
   • Fundamental Skills OARS

Webinar 3: July 7th, from 2-4pm
6. Recognizing the language of Change
   • Identifying ambivalence
     ▪ Assessing Readiness: Importance
   • Assessing the stage of change and matching conversation
7. Negotiating a Change Plan
Making the most of this webinar series

• To make the most of this webinar training, please stay engaged -- no multi-tasking 😊
• Please participate in all exercises, including polls, discussions, and role-plays
• We will also call on you to participate!
1st Webinar Learning Objective

✓ Basic introduction to Motivational Interviewing
  ✓ Cornerstone elements and its utility in building readiness to change
✓ Identify the spirit of MI and its four primary processes
✓ Learn how to utilize components of MI to build people’s readiness to change
Who’s on the webinar today?

Please tell me your name and a strength you utilize on the Positive Minds – Strong Bodies project.
PQ1: Please mark the statement that best describes you:

1. I have been trained in MI before

2. I have heard of the term MI before but only know a little about how it might apply to the work I do on PM-SB project

3. I have never heard the term MI before and have no clue how this relates to my work on PM-SB project
In a few words, what do you hope to learn during these MI webinars?

Type in your answers.
How People Change:

- Traditional Approach
- Motivating for Change

Source: United Nations Office on Drugs and Crime
Traditional View

The problem with them is....

- They don’t see;
- They don’t know
- They don’t know how
- They don’t care

Source: Susan Butterworth, PhD. Health Science Institute
Can you think of an example that describes this traditional approach to behavior change?

Hint, medical care?

Type in your answers.
The Four Common Solutions:

- **Give them Insight**: If you can just make people see, then they will change.
- **Give them Knowledge**: If people just *know* enough, then they will change.
- **Give them Skills**: If you can just teach people *how* to change, then they will do it.
- **Give them Hell**: If you can just make people feel *bad or afraid* enough, they will change.

Source: Susan Butterworth, PhD. Health Science Institute
Why don’t people change?

Is not that…

They don’t see;
They don’t know

They don’t know how
They don’t care

They are just in the earlier stages of change

Source: Susan Butterworth, PhD. Health Science Institute
Ambivalence

• Feeling two ways about something

• Ambivalence is natural and an essential part of being human and constitutes an important motivational obstacle in changing

• Ambivalence is a reasonable place to visit but you would not want older adults to live there

• Can be resolved by working with older adults’ intrinsic motivations and values

Adapted from The Institute For Community Living, Inc.
So, When Do People Change?

Motivation for change can be fostered by an accepting, empowering and safe atmosphere

Source: Susan Butterworth, PhD. Health Science Institute
Motivation

“Motivation can be defined as the probability that a person will enter into, continue and adhere to a specific change strategy”

Council of Philosophical studies, 1981
The mind shift is towards helping older adults find their inner motivation for change; the motivation that is already there within themselves.
1. What motivates older adults to participate in the PM-SB project?

2. What are the factors that impact their motivation to participate? (in other words, what makes them not want to participate?)

Type in your answers.
Motivational Interviewing is a collaborative, person-centered approach to promoting positive changes in behavior, based on the person’s own motivations to change (shared agenda).

“In other words, MI is way of getting to know the other person”

Miller WR, Rollnick S. (2009)
Strategic MI Goals

- To assist people to resolve ambivalence
- To support enhancement of intrinsic motivation
- To support peoples’ self-efficacy
- To elicit “change talk”
- To help people to explore their reasons for staying healthy or improving their health

Main objective is to emphasize areas in which you heard that older adults are willing to compromise “change” in order to build their readiness to change
Advantages of Using MI in the PM-SB Study

The MI approach is:
• Person-centered
• Goal-directed
• Help the person explore their own benefits of changing

Use MI in the PM-SB study to:
• Assist older adults in exploring the pros and cons of participation
• Neutrally and skillfully identify areas for potential desire to change
• Help older adults increase their self-efficacy
• Use evocation to obtain more information

• Improved communication between RAs and older adults
• Older adults more open to explore their hesitance and perceived barriers
• RAs experience less frustration
• Improved retention in PM-SB
### MI Style: Directing vs. Guiding

<table>
<thead>
<tr>
<th>DIRECTING</th>
<th>GUIDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You should because</td>
<td>• Why might you consider?</td>
</tr>
<tr>
<td>• It’s important because</td>
<td>• In what ways is this important?</td>
</tr>
<tr>
<td>• Here’s how to change</td>
<td>• How might you possibly go about it?</td>
</tr>
<tr>
<td>• You must</td>
<td>• You might</td>
</tr>
<tr>
<td>• I have the answer</td>
<td>• You have the answer</td>
</tr>
<tr>
<td>• Let me tell you</td>
<td>• Let’s help you find your way</td>
</tr>
</tbody>
</table>

“We tend to believe what we hear ourselves say. The more patients verbalize the disadvantages of change, the more committed they are to sustaining the status quo” (Rollnick, Miller & Butler, 2008)
The ‘Righting Reflex’

People in the Helping Professions have a Natural Tendency to want to FIX what’s ‘wrong’ with others.

https://www.youtube.com/watch?v=-4EDhdAHrOg
The Righting Reflex often leads to

Acting on the inclination to advise, teach, persuade, counsel or argue for a particular resolution to a person's ambivalence
How do you think people typically react when they are told what to do?

Type in your answers
Common Reactions to Being Told What to Do

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable
Think about a participant or older adult you have found challenging to engage.

As we start to discuss the different components of MI, I’d like you to image yourself trying them with that person.
Elements of MI

Person-centered Communication

Guiding/Directive Towards Change

MI Spirit
MI Principles
OARS
Elicit Change Talk
The Spirit of MI
Capturing the Spirit

• **Collaborating together:** Honors the older adults’ experiences and perspectives. MI does not attempt to force someone to change.

• **Evocation:** older adults already have the resources and motivation to change, and MI works to enhance them. We help people to “drink from their own wells”

• **Acceptance:** Respects the older adults’ right to decide what is best for themselves, and helps them make an informed decision.

• **Compassion:** Having the older adults’ best interest in mind.

http://vimeo.com/52129103
Putting the Spirit into Practice

R esist the righting reflex
U nderstand the older adults’ own motivations
L isten with empathy
E mpower
PQ3: A way to honor the SPIRIT of MI is by...
(Answer True or False)

1. Supporting the older adults arguments for staying healthy rather than providing arguments for change

2. Listening rather than telling older adults what to do

3. Being nonjudgmental and collaborative

4. Focusing on eliciting the older adults own concerns
Principles of MI

**Express Empathy:** Understand the reality of older adults situation without judging, criticizing, or blaming them for their actions.

**Develop Discrepancy:** Let the older adults talk about their personal reasons for changing and for not changing.

**Respond to Sustain Talk and Discord:** Don’t push for change or provide information prematurely or without permission. It is a dance not a wrestling match: Refocus, reframe, and twist!

**Support Self-efficacy:** support the older adults in finding ways to be successful that will work for them.

https://www.youtube.com/watch?v=1Evwgu369Jw
Express Empathy

• Listen actively with the goal of understanding

• Skillful reflective listening is fundamental

• Acceptance facilitates change

• Ambivalence is normal

Adapted from SAMHSA-HRSA
Older Adult: “I am pretty busy. I come here but I also go to other centers. I don’t think I’d be able to come here that often”

RA Response 1: “You like to keep yourself active and involved. It is something you enjoy! So, for you to be able to take part in this program, it is important that the program’s schedule respects your schedule”

RA Response 2: “It might be hard for you to participate because of how busy you are, but look at all you have to gain. You would be able to maintain your active lifestyle long-term because you will be learning about how to keep your mind and body healthy”

PQ4: How empathetic are these responses?
(Answer: High or Low Empathy)
Developing Discrepancy

• Motivation for change occurs when older adults perceive a discrepancy between where they are and where they want to be

• Values and beliefs are key factors

• Remember it should be the older adult making the arguments for change

• Explore potential consequences of not taking action

Adapted from SAMHSA-HRSA
Older Adult: “I like to keep my mind sharp, that is why I always do the Sudoku, but I am very busy at the moment. I come here but I also go to other centers. I don’t think I’d be able to come here that often”

RA Response: “It is important to you to be proactive about your mental health care, now tell me what you think would be good about having more strategies in your stay healthy toolbox”
Support Self-Efficacy

- Older adults’ belief in the possibility of change is an important motivator

- The RAs own belief in the older adult’s ability to change become a self-fulfilling prophesy

Adapted from SAMHSA-HRSA
Roll with Their Hesitance

- Avoid arguing for change
- Hesitance is not directly opposition
- The older adult is the primary source of finding answers and solutions
- The key is to respond strategically
- Barriers can be turned back to the older adult for his/her solutions

Adapted from SAMHSA-HRSA
Ambivalence Activity

Older Adult: “I am pretty busy. I come here but I also go to other centers. I don’t think I’d be able to come to this site that often”

• What is the person’s ambivalence?

Type in your answer
Understanding the Flow of MI: The Four Processes

Adapted from Miller and Rollnick, 2013, p. 26
Goals of the Four Processes

1. **Engaging**: The foundation of MI; forming a connection and building a relationship with the person.

2. **Focusing**: Setting the agenda; identifying the behavior and finding a direction

3. **Evoking**: Drawing out person’s internal reasons for changing

4. **Planning**: Setting a goal and making a plan*; strengthening commitment to change

* Adapted from Miller and Rollnick, 2013, p. 28
Polling the Group

PQ5: If you imagine yourself using MI, which of the four processes do you think would be most helpful to you?

- Engaging
- Focusing
- Evoking
- Planning
MI Traps

• The question-answer trap
• The taking sides trap
• The expert trap
• The labeling trap
• The scare tactics trap
• The pouncing trap
• The information overload trap
The MI Process: An Overview

1. Establish Rapport
2. Set the Agenda
   - Assess and explore importance.
   - Explore barriers and brainstorm solutions
3. Summarize arguments for change and Consider Change Options
   - Use E-P-E and OARS:
     - Open Questions
     - Affirmation
     - Reflective Listening
     - Summarizing
4. Ask a key question, like “What do you think you will do now?”
5. Make a plan
6. Assess Commitment to the Plan
7. Support Commitment to the Plan
8. Review and Revise Plan, If Needed

Source: Food for the Hungry: MI for use in HIV
PQ6: When you are conversing with older adults, would you rather be?

- Wrestling
- Dancing

or
Sounds nice.....

But, how do we practice it??
The Fundamental Skills of MI

Open the Conversation
✓ Asking Permission
✓ Providing a menu of benefits
✓ E-P-E

The **OARS**
✓ Exploring through Open-Ended Questions
✓ Affirmations
✓ Reflective Listening
✓ Summarizing
Asking Permission

• People are much more likely to follow advice when you build collaboration by asking permission to share information instead of telling them what they should do

• By asking permission, you are showing respect for the older adults life experiences and supporting their ability to make choices about their life

“Would you be interested in exploring with me some of the ways in which your participation may be beneficial to you and others?”
PQ7: Which of the elements of the MI SPIRIT is honored by asking permission (choose all that apply)?

- Collaboration
- Evocation
- Acceptance
- Compassion
AGENDA SETTING: FIND A SHARED DIRECTION IN THE CONVERSATION

- Ask permission to discuss the topic
  “I wonder if it would be ok with you if we talked about …?“

- Explain you will not insist on immediate action
  “I’d just like to get a better idea of how you feel about…..“
Setting the Agenda

What helps older adults maintain their mental health?

- Having Healthy relationships
- Being Physically active
- Being happy
- Coping with stress
- Being positive

YOU CHOOSE/OTHER
Use E-P-E (a.k.a “Ask-Tell-Ask”) Technique to Gather & Give Information

ELICIT-PROVIDE-ELICIT

**Step 1**
**Elicit** – ask information from the person about the situation
  - “What are your thoughts about healthy aging?”

**Step 2**
**Provide** – summarize what they said. If appropriate ask permission, and then offer several options for the person to consider
  - **Example:**
    - “Research suggests that….”
    - “Studies have shown…..”
    - “Others have benefited from…”
  - Offer a menu of activities and discuss them with the person

**Step 3**
**Elicit**– ask the person what they’d like to do or what they think of the information you provided
  - “What do you thing of these benefits?”
  - “How can we help you?”
PQ8: In MI:  
(Answer True or False)

1. Direct persuasion is not very useful for resolving ambivalence

2. Motivation is elicited form the person and not imposed from without

3. The person is supported in identifying and resolving ambivalence

4. The person’s values and autonomy is respected

5. Hesitance to change is treated constructively
Questions?

Thank you!