



# Motivational Interviewing for CHWs

## Austin Public Health

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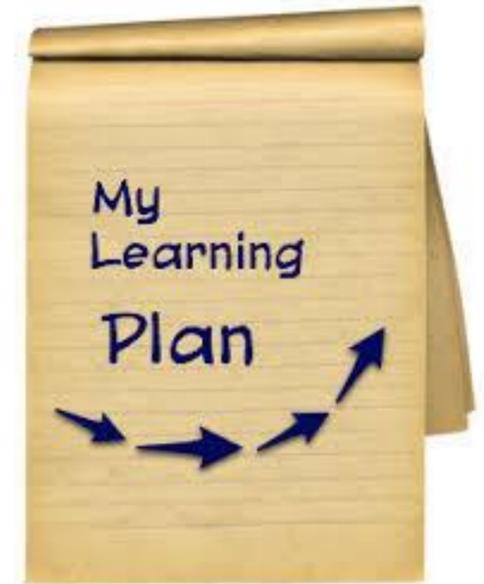
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# MI Learning Objectives

By the end of this workshop, participants will be able to:



1. Define the *spirit* of MI
2. List at least 2 skills they can use to motivate clients towards behavior change
3. Provide a sample client statement that shows they are thinking about change.
4. List 2 strategies for helping clients set SMART goals



# Motivational Interviewing



## Motivational Interviewing (MI) is:

- a ***collaborative, goal-oriented*** style of communication that focuses on the language of change.
- designed to ***strengthen personal motivation for*** and ***commitment to a specific goal.***

MI ***elicits and explores*** the ***person's own reasons for change*** within an atmosphere of acceptance and compassion.

# Essence of MI

“He who has a **why** to live  
can bear almost any **how**.”

- *Friedrich Nietzsche*





# Build the “*Why*” Before the “*How*”

- Help clients identify *their reasons for why* they want to make a change

**BEFORE**

- Exploring *how* they might do it.





# Ambivalence:

A normal part of the change process



# Engaging the Client with MI Spirit

**P**artnership  
**A**cceptance  
**C**ompassion  
**E**vocation



# The Importance of Relationship

## A therapeutic relationship

- **Is the best predictor** of good outcomes and lasting change.
- **Requires empathy** - without it, the patient is unlikely to engage in the process.





# What Gets in the Way of Empathy?

## The Righting Reflex



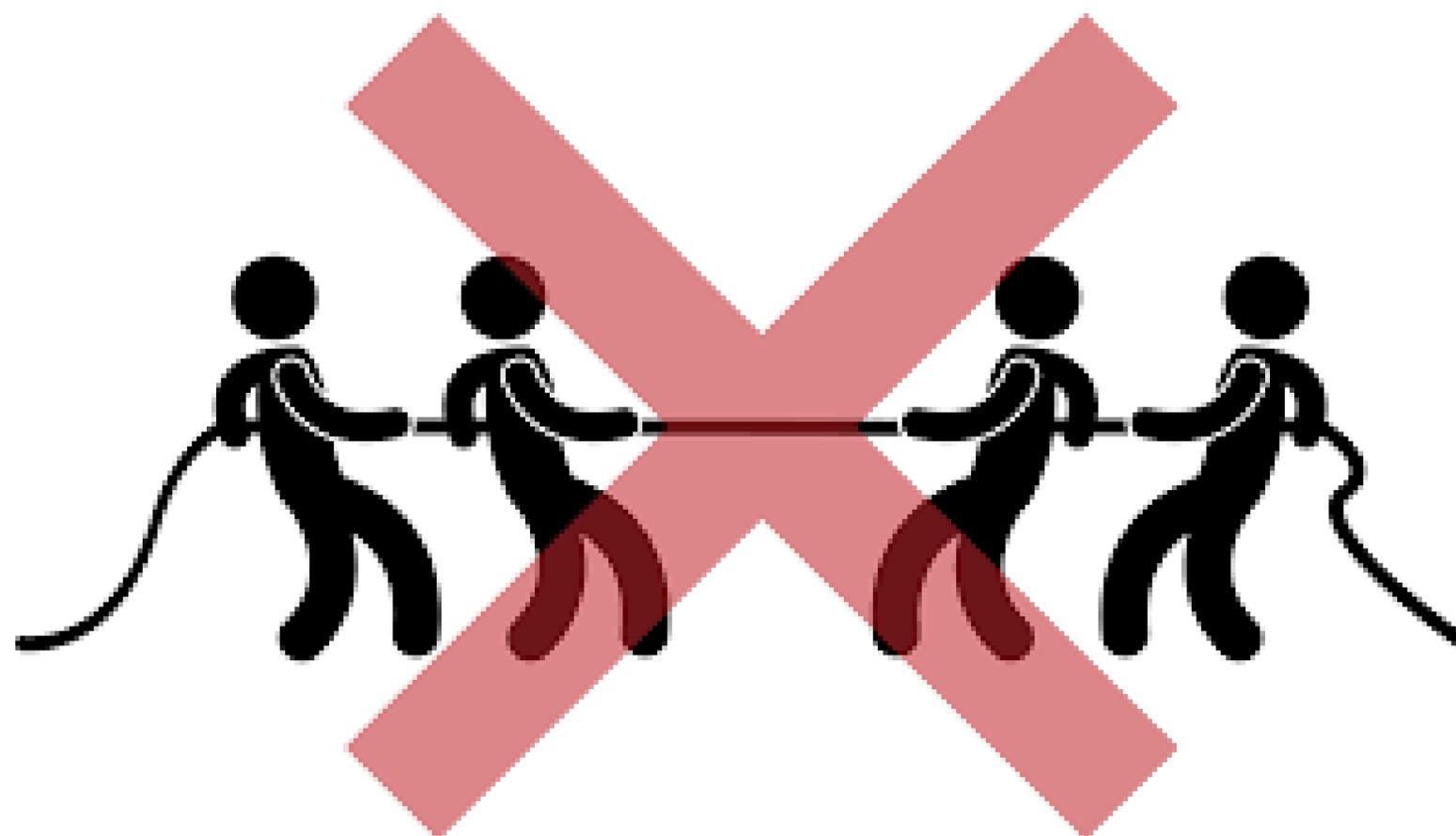


# The Four Stepping Stones (Processes)





# Engaging





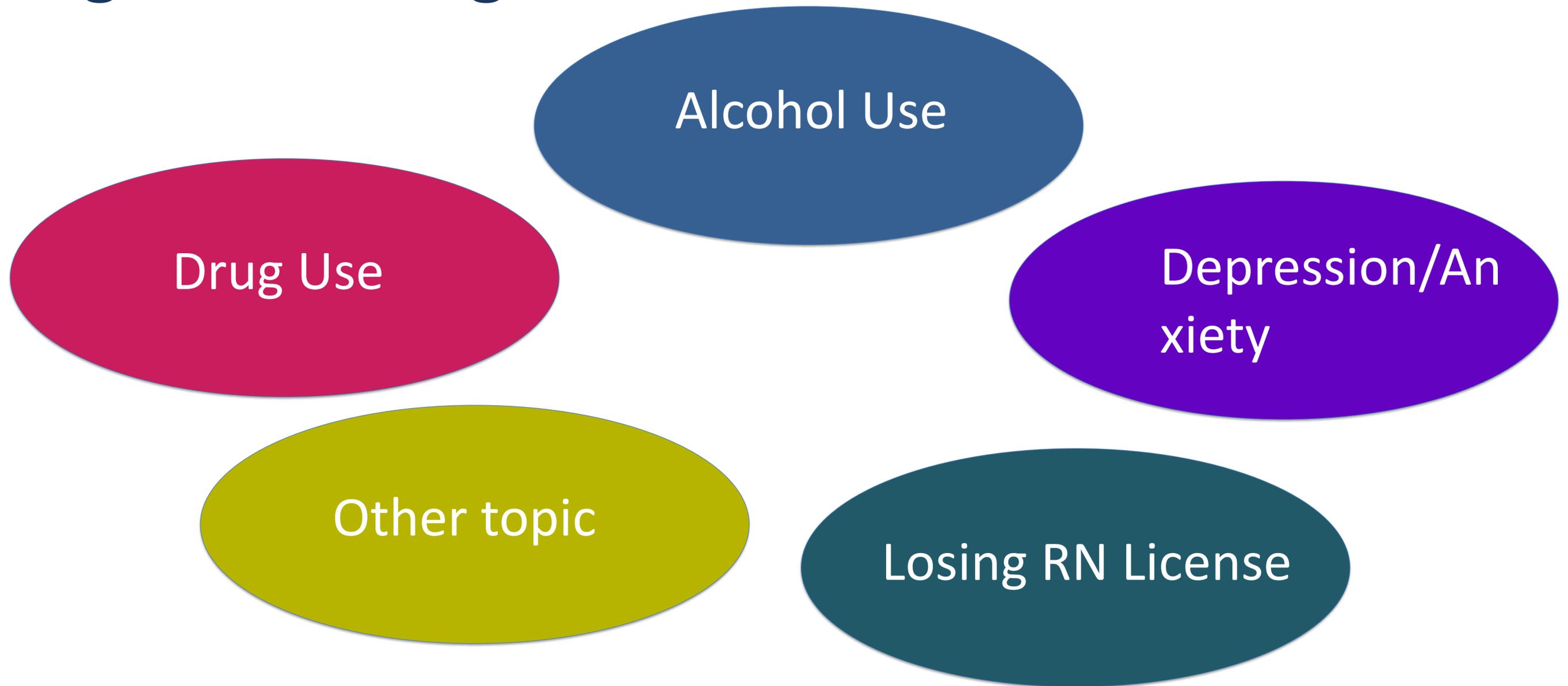
# Focusing

Agreeing on a target behavior and/or change goal





# Agenda Setting

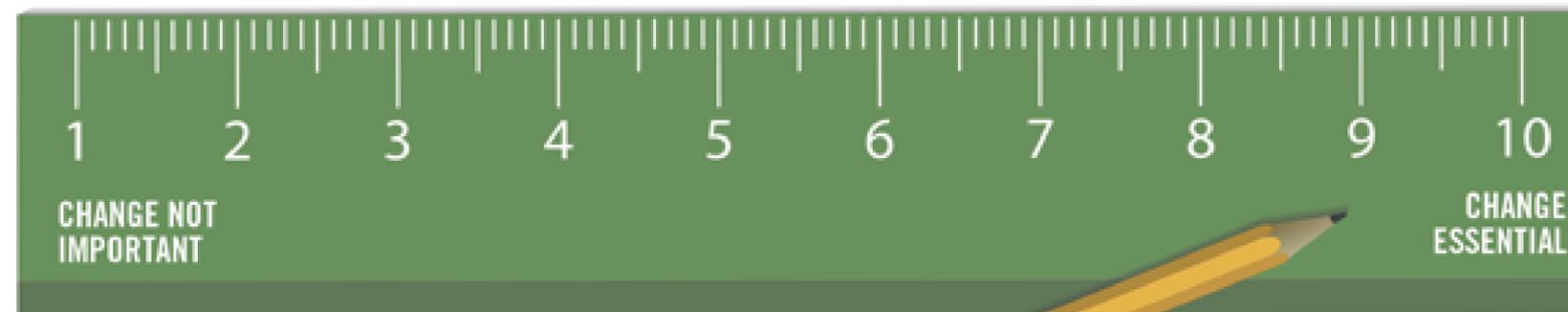




# Importance Ruler

*On a scale of 1 to 10, where 1 is not at all important, and 10 is extremely important:*

*How important is it for you to \_\_\_\_\_*



## ***Follow-up Question:***

*What makes you choose (the client's #) and not (a lower #)?*

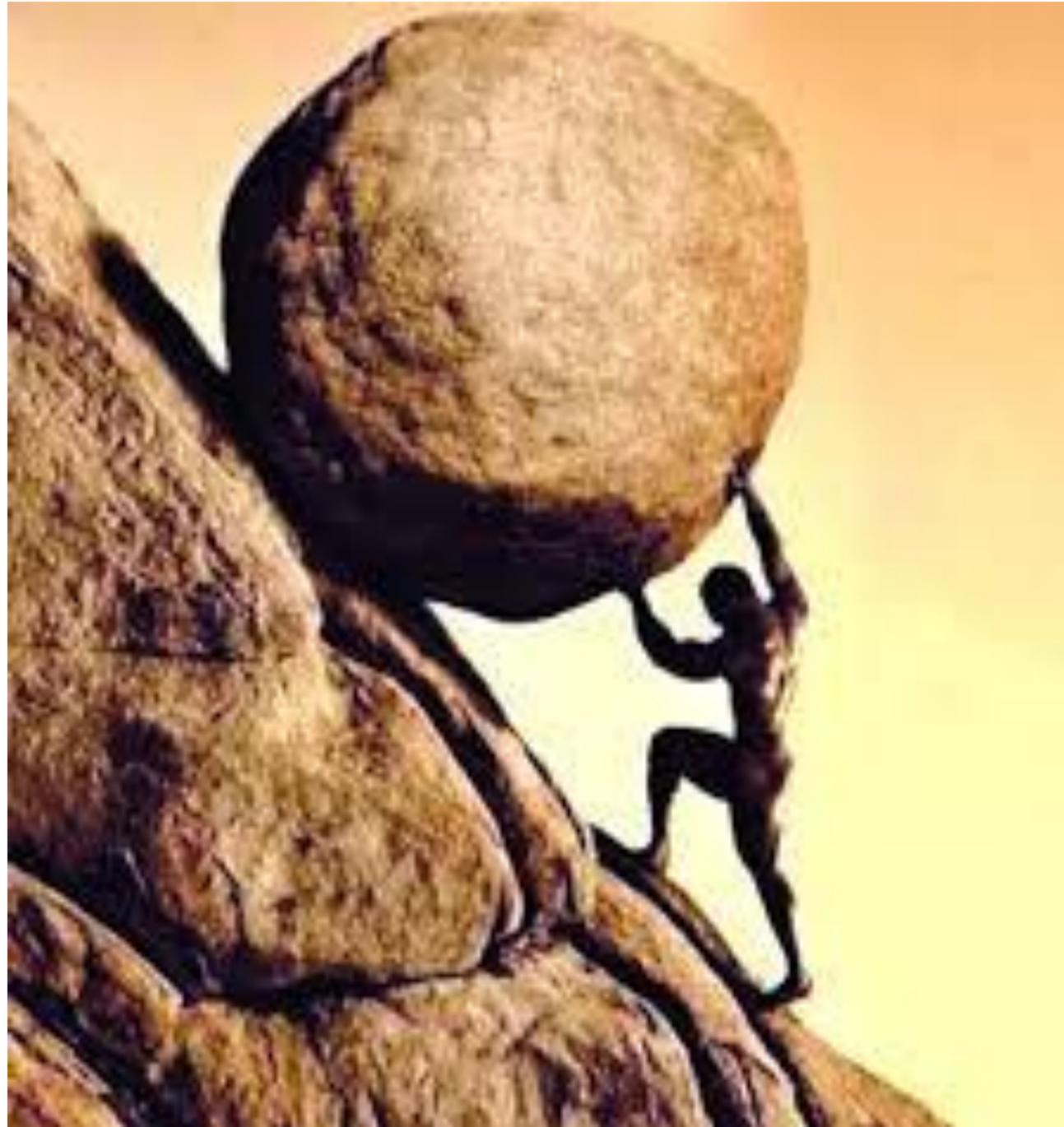
*e.g., What makes you choose a 4, and not a 1 or 2*

*What makes you choose a 7 and not a 4 or 5?*



# Evoking

Acknowledge the  
client's *inner strengths*



# Planning

- Elicit the client's *own* ideas for change
- Avoid the righting reflex





O  
A  
R  
S





# OARS

## Open Questions

- Seek more information than “yes” or “no”

## Affirmations

- Highlight client’s strengths, determination or values

## Reflective Listening

- Verbalizing a guess at what the person *means*, with a statement

## Summarizing

- Statements link together and reinforce information discussed



# Open Questions

Closed Question	Open Question
<i>Don't you want to get help?</i>	<i>What would be most helpful to you right now?</i>
<i>Do you want to quit smoking?</i>	<i>How do you feel about continuing to smoke?</i>
<i>Do you like vegetables?</i>	<i>What healthy foods do you like?</i>
<i>Don't you think you should stop drinking?</i>	<i>What would life be like if you stopped drinking?</i>



# Open vs. Closed Questions

1. *“Do you know where you can go for healthcare?”*
2. *“In a typical week, when do you drink (alcohol)?”*
3. *“What ice cream flavor do you like best; vanilla or chocolate?”*
4. *“What would your life be like if you could better manage your diabetes?”*
5. *“Don’t you want my help?”*
6. *“What would you like to do to make your situation better?”*



# Reflective Listening

- Making a guess at what the speaker means,
- Verbalizing this “hunch” in a ***statement***,
- With the hidden message: *“tell me more.”*





# Reflective Listening

1. Statements, not questions
2. Voice goes down at the end
3. May start with.....

“So....”

“Sounds like.....”

“You....”



1. Allows the client to hear and consider what they are thinking and feeling in a deeper way.



# Simple vs. Complex Reflections

*“I don’t want my children to get diabetes like me; I just want us all to be healthy.”*

- Simple reflection (repeating or rephrasing)
  - *“You’re worried about your children getting diabetes.”*
  - *“You want your everyone in your family to live a healthy life.”*
  
- Complex (adds meaning, metaphors, values, emotions, importance)
  - *“Your children’s health is really important to you, and you want help them develop a healthy lifestyle.”*



# Forming Reflections

*“I know I should stop smoking cigarettes; but it helps me deal with all the stress!”*

OOQ: *“What else helps you relax and unwind?”*

RL: *“Finding other ways of dealing with stress might help you feel more confident to stop smoking.”*



# Forming Reflections

*“My boss told me I need to talk with you, which makes me mad.”*

OQ: *“Given your circumstances, what would you like to do?”*

RL: *“You’re feeling pressured to talk with me about this, and you’re really upset about that.”*



# Affirmations

## Look for your client's strengths

E.g.,

- Want to make their own decisions
- Client values (work, family, being a good role model, being responsible)
- Determined; Willing to keep working at it

## Reflect and Affirm using “you” language

E.g.,

- *You want to make decisions about your life that are best for you and your family.*
- *Being a good role model for your family is important to you.*
- *You've tried many things, and you don't want to give up.*



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# Summaries

## A special form of reflective listening

### Structure

- Indicate you're about to summarize
- Series of reflections -- be selective and concise
- Note ambivalence and emphasize change talk

### May be used to transition to:

- Planning phase,
- Focus on a new topic/behavior,
- Help manage the time

### Ask Client to Summarize

- *"So, given our conversation, where would you like to go from here?"*
- *"What are your next steps?"*



# The Impact of Communication

<https://www.youtube.com/watch?v=7hFAv8z8xmw&t=11s>

# *Preparatory* Change Talk

What are we listening for:

**D**ESIRE to change (I want to, would like, wish . . .)

**A**BILITY to change (I can, could . . .)

**R**EASONS to change (it would help me to..)

**N**EED to change (I need to, have to, got to . . .)





# *Mobilizing* Change Talk

Signals moving beyond ambivalence

**C**OMMITMENT (intention, decision, promise)

**A**CTIVATION (willing, ready, preparing)

**T**AKING **S**TEPS (examples of actions taken)





# Change Talk

- I really **want** to lose weight (D)
- I think I **could** stop drinking (A)
- I want to be a role model **for my family** (R)
- I **need** to better manage my depression (N)
- I'm **determined** to give it all I have (C)
- I'm **ready** to change; I'm tired of this (A)
- I **started exercising** this week (TS)



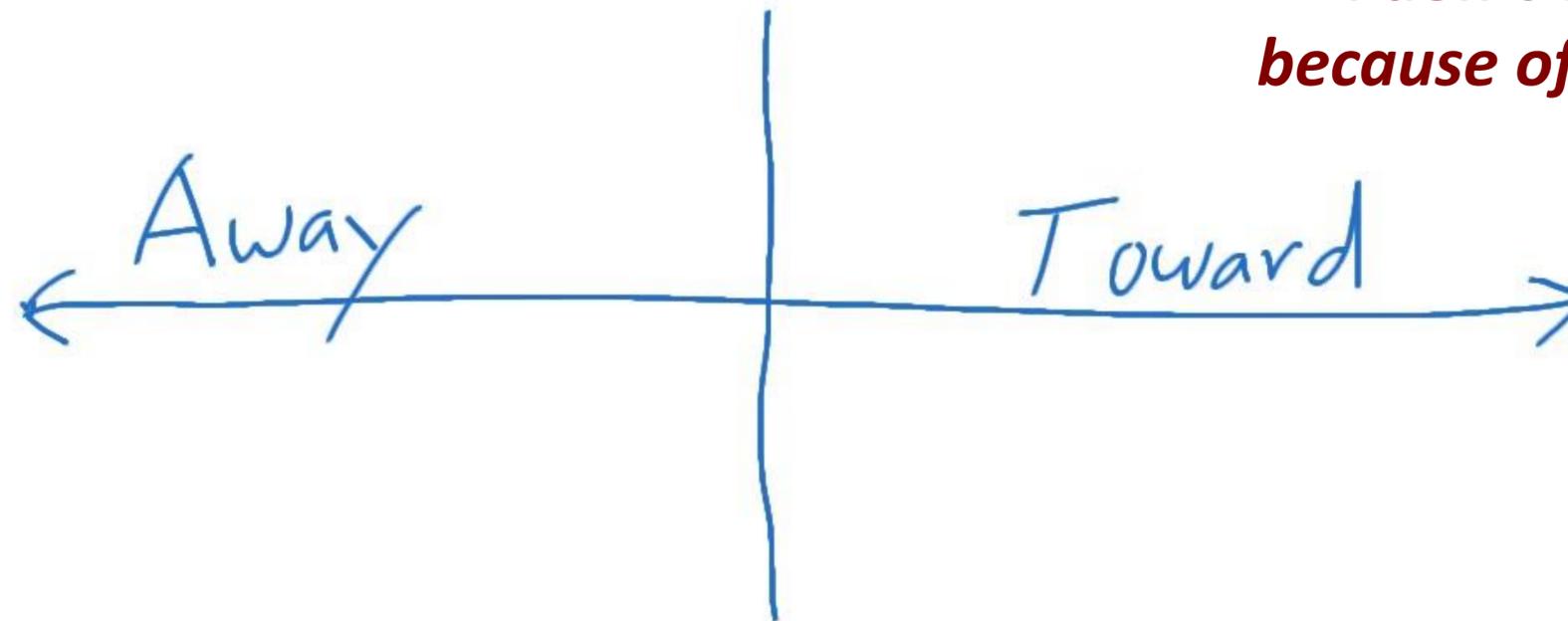
## Sustain Talk

*“Drinking helps me relax”*

## Neutral Talk

## Change Talk

*“I don’t want to lose my job because of my drinking.”*



# Planning

1. Elicit the client's *own* ideas for change
2. Avoid the righting reflex
3. Identify SMART goals
4. Assess the client's confidence to make the change

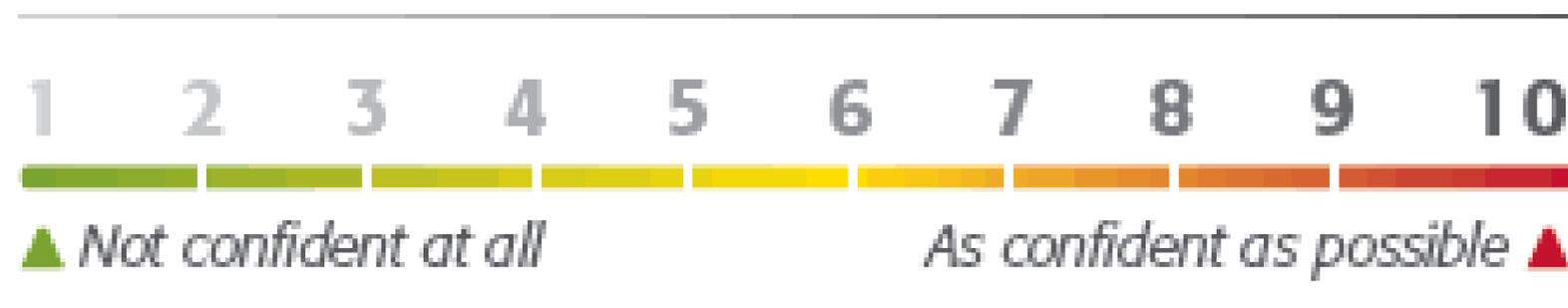




# Confidence Ruler

*On a scale of 1 to 10, where 1 is not at all confident, and 10 is extremely confident:*

*How confident are you that you could: \_\_\_\_\_*



## ***Follow-up Question:***

*What makes you choose (the client's #) and not (a lower #)?*

*e.g., What makes you choose a 5, and not a 2 or 3?*

*What makes you choose a 8 and not a 5 or 6?*



Specific	Measurable	Achievable	Realistic	Timely
<b>S</b>	<b>M</b>	<b>A</b>	<b>R</b>	<b>T</b>
<b>G</b>	<b>O</b>	<b>A</b>	<b>L</b>	<b>S</b>
What do you want to do?	How will you know when you've reached it?	Is it in your power to accomplish it?	Can you realistically achieve it?	When exactly do you want to accomplish it?



# Sharing Information

In an MI-consistent way...

**Elicit:** *What do you already know about ...*

**Provide:** Ask permission; Offer 2 – 3 suggestions or clarifying information

**Elicit:** *What do you think about this?*  
*How might this work for you?*



***Leave footprints of lovingkindness  
in all of your client conversations....***

***and wherever you go.***