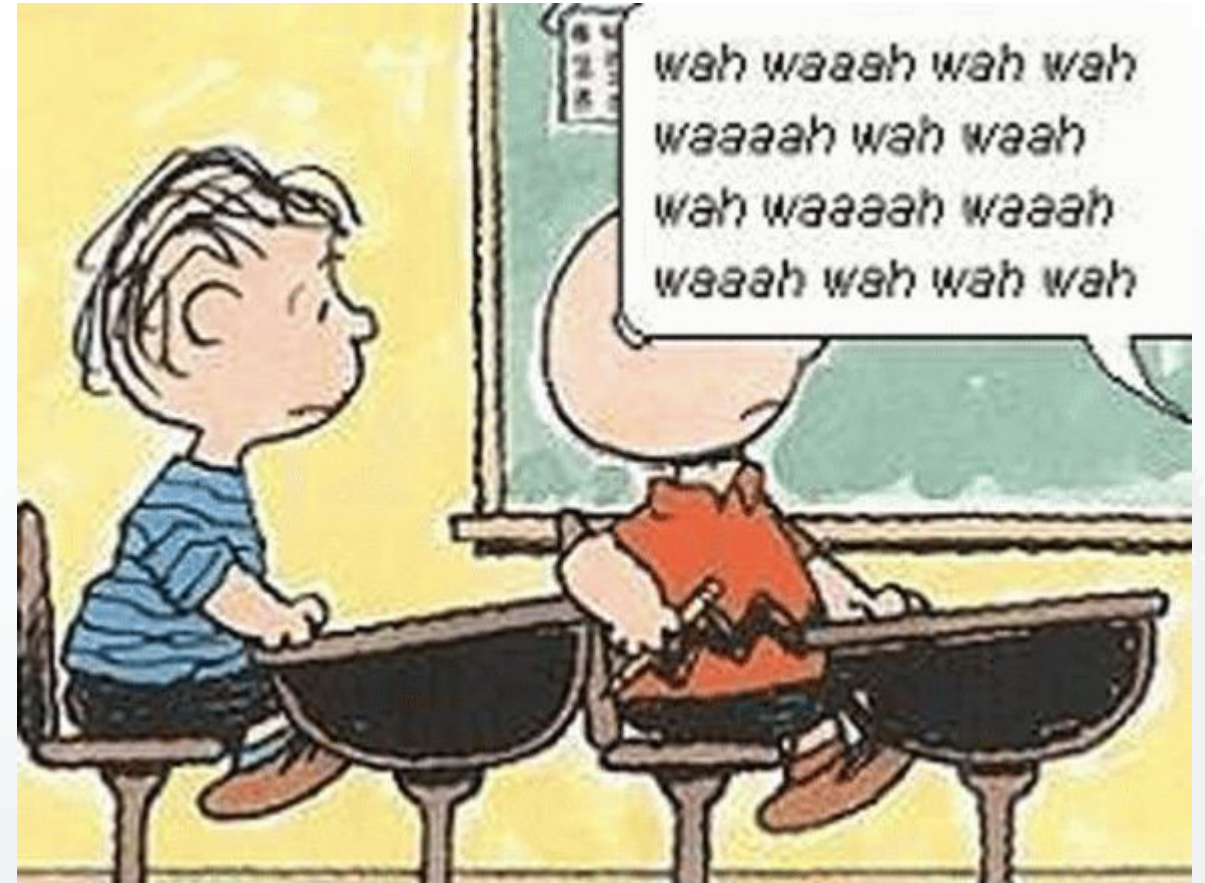


Why Won't They Listen to Me!?

Jamie VanderLinden, LCSW, LAC



Road Map

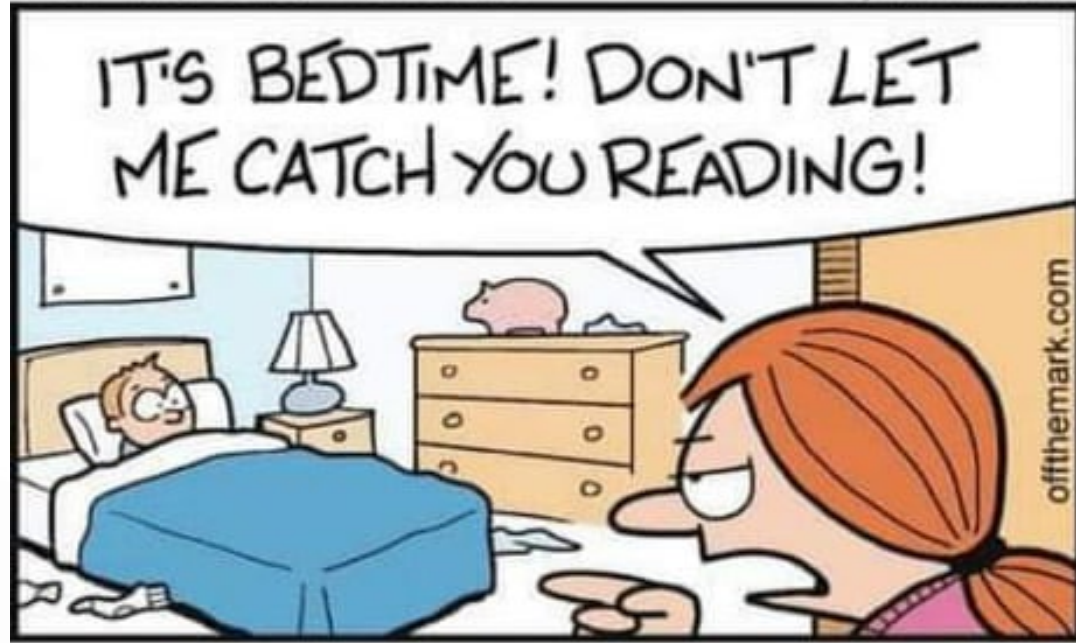
- ❑ Introduce Motivational Interviewing and the Spirit of MI
- ❑ MI Vocabulary Words
- ❑ 4 Tasks of MI
 - ❑ With Skills You Can Use Today!



What is Motivational Interviewing?

- A particular way of talking with people about *change and growth* to strengthen their own motivation and commitment.
- MI flows like a normal conversation – It's not something being done **to** a patient.
- Directional and Purposeful
- Compassionate attention to the person while watching/listening for change and growth
- MI is a way of doing what you already do.
- It is person-centered.
- It is **not** primarily seeing deficits, diagnoses or problems to be solved.
- It sees a person with strengths, hopes, and relationships who wants to be heard, valued, and viewed as competent.





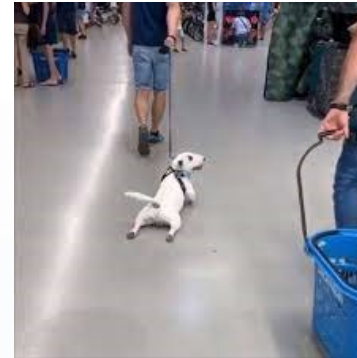
Spirit of Motivational Interviewing

- Partnership
 - People are experts on themselves, and if they are the ones wanting to change, you need THEIR expertise!
- Acceptance
 - Belief that people have inherent worth and do not need to earn or prove that they deserve respect.
- Compassion
 - A commitment to support positive growth that is in the best interest of your patient.
- Empowerment
 - Helping people realize and use their own strengths and abilities.
 - *Adjusted in the 4th Edition to emphasize the importance of people's own strengths, motivations, resourcefulness, and autonomy.*



Our Role:

- We are not responsible for the individual's decision to change or not.
- We are like a tour guide...
 - Listen well to where they want to go
 - Don't just follow them around.
 - Don't pull them where we want them
 - Share our knowledge.
 - Combine expertise with what they care about and want.



MI Vocabulary:

- Sustain talk: Arguing against change – normal ambivalence
- Discord: Reflecting discomfort with the relationship
 - May be increased or decreased by the interviewers' behaviors.
 - Poor outcomes when not addressed.
- Change Talk
 - Anything a person says that moves them towards or away from taking a particular action.
 - Shows their motivation and intention.



Ambivalence

- Ambivalence – simultaneously wanting and not wanting something
 - This is a normal part of the change process.
 - Not resistance



- No one is unmotivated.
- We are not **creating** motivation but **evoking** it.



The Fixing Reflex

- We have a natural desire to want to “fix” what we believe is the problem...
 - We tell them what WE think they should do...
 - Which puts the other person on the defense and arguing the other point of view.

Example:

How might we respond to this individual?



Resistance:

- Arguing or not “complying” with treatment.
- When you agree with the professional – you have **insight**.
- Invites discord – I'm trying to help – THEY are resistant.
- Challenge – avoid using the word "Resistance"



Four Tasks of MI:

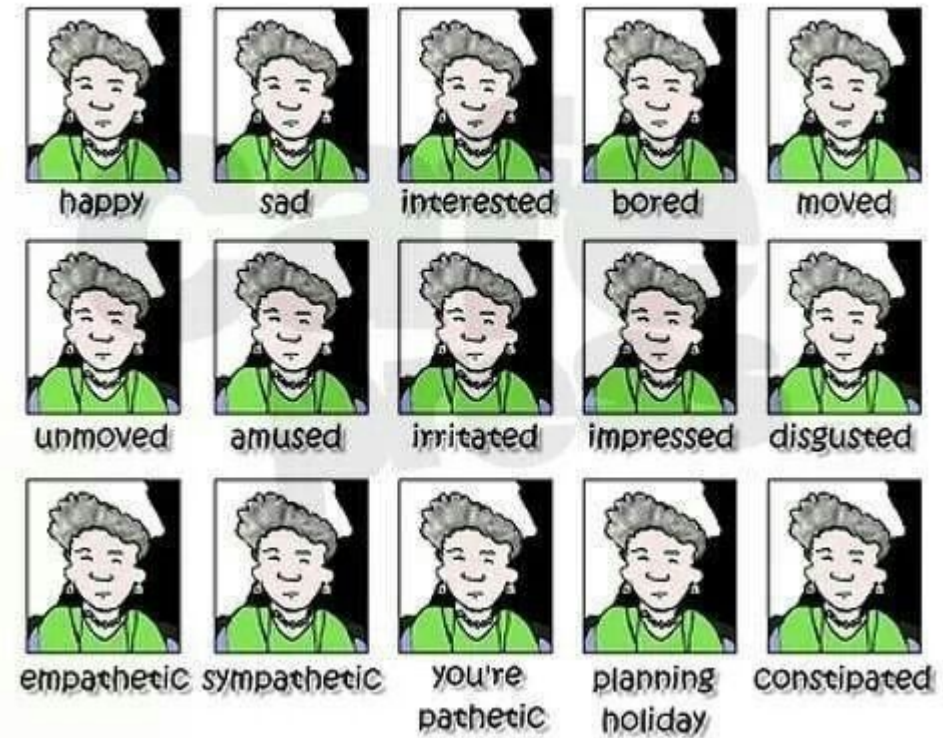
1. Engaging
 - Can we walk together?
2. Focusing
 - Where are we going? What shall we talk about?
3. Evoking
 - Why would you go there?
4. Planning
 - How will you get there?



Engaging – Can we walk together?

- Taking an active interest in understanding this person's experience from **their** point of view
- With an attitude of curiosity and appreciation for their capabilities
- Use **accurate empathy** to voice and test for understanding
- Be Genuine!

therapist emotions




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Open Ended Questions

- Invites people to talk
 - What's on your mind?
 - How are you hoping I can help?
 - How would you like things to be different?
- Creates forward momentum in the conversation as you are learning about the person



Row Upstream With O.A.R.S.

O *Open-ended* questions that allow patients to give more information including their feelings, attitudes and understanding.

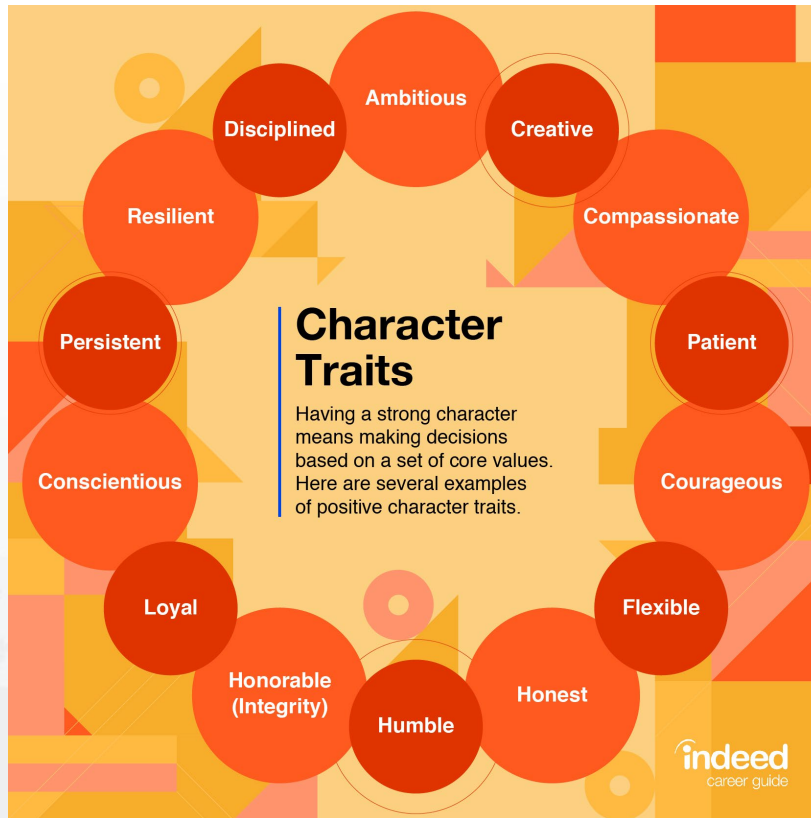
A *Affirmations* to help overcome self-sabotaging or negative thoughts.

R *Reflections* as a way to express ambivalence.

S *Summarize* to let your patient know that they are being heard.



Affirmations:



- Elicits change talk and confidence.
- Affirm character traits, not just behaviors.
- Use the word “you” instead of “I.”
- Using “I” takes focus off the person and can suggest that when they do what we want, they are “good.”

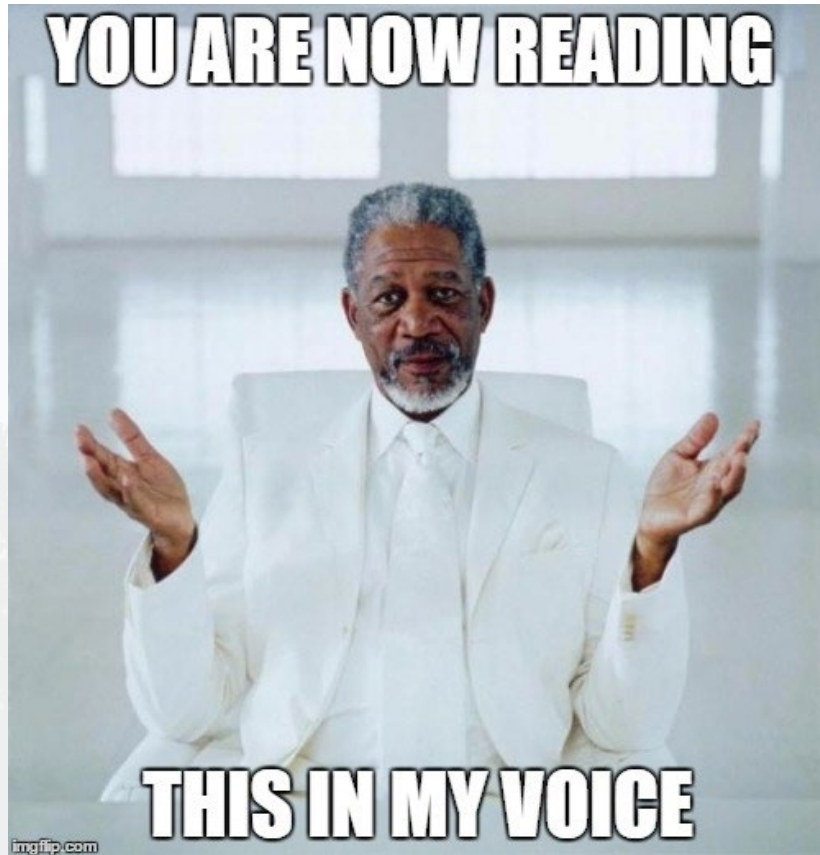
Reflections



- Interpreting what you believe the person is saying
- Get your understanding as close as you can to their meaning
- You make your guess and get immediate feedback - "Yes, and..." Or "No, not that. It's..."
- Encourages the person to pause and hear what they just said.
- Downward tone of voice – not a question



Reflections: Tone of Voice



Test:

You're angry with your mother?

You're angry with your mother.

- How does this feel different? How might responses differ?

Test:

You don't see anything wrong with what you did?

You don't see anything wrong with what you did.



Summaries

- Collected reflections of several things you heard.
 - Individual hears themselves mirrored
- You can offer "mini-summaries" along the way.
- "Here's what I've heard so far. Let me know if I've missed something."
- Be intentional about what you pull into your summary...



Preparatory Change Talk:



- **Desire** – “I want...”
 - Want, wish, like, and love
- **Ability** – How confident they are that they could make the change
 - Can, could, able, and possible
- **Reasons** – “if, then...” Advantages and disadvantages
 - Changing my diet would help me manage my diabetes.
- **Need** – Emphasizes urgency to change; it is important, but doesn't specify *why* it is
 - “Have to, need to, must, etc.”



Summaries...



➤ Like a bouquet of flowers

- As you hear 2-3 change statements, you gather them (in your mind) then put them together in a summary
- You're not gathering evidence to use against a person
- Have a mind of curiosity and acceptance
- Be an honest mirror of what you've heard and allow the person to make their own conclusion



OAR-ing Tips:

- Ask an open-ended question
- Person hears themselves answer
 - Aim for 1 open-ended question followed by at least 2 reflections
 - Listening for affirmations
- You reflect – they hear again – may clarify, gain understanding or hear in a new light
- When you reflect – focus attention on an aspect you hope to hear more about
- When you affirm – choose an action or attribute you hope to hear more about



Focusing-Where are we going?

- ❖ This is often the first thing we do
 - ❖ What brought you in today?
 - ❖ How can I help you today?
- ❖ Articulating a clear goal is fundamental to motivation
- ❖ Need a clear goal and plan for how to achieve them – predicts therapeutic outcomes



Focusing Skills:

- ❖ With a vague goal:
 - ❖ Clarify: What changes do they want to make?
- ❖ With a clearly articulated goal:
 - ❖ Clarify: Reasonable action steps
- ❖ **Ask** - elicit what they already know. what concerns do you have?
- ❖ **Offer** - ask permission - then share advice or feedback - get consent then offer
- ❖ **Ask** - what do you think? what would you want to do with that? etc



Evoking – Why would you...

- ❖ “Calling forth what is already present”
- ❖ We are not installing motivation; we are inviting people to give their own reasons and resources a voice.
- ❖ EMPOWERMENT
- ❖ Why and How will we get there...



Evoking Skills:

Yeah, abs are great...



but have you tried donuts?

@donutsanddestinations_

- ❖ Why do you want to do this?
- ❖ How much does it matter to you?
- ❖ What reasons are there for you to do this?
- ❖ How important is this?
- ❖ ***The change must be important, and they must have confidence.***



Importance and Confidence

- Why a 4 and not a 1?
 - Notice you get change talk
- Why a 4 and not a 7?
 - Notice you get sustain talk.
- On the confidence scale, we want the patient to rate themselves 7 or higher.

Importance & Confidence Ruler

IMPORTANCE SCALE:

How important is it for you right now to...? On a scale from 0- 10... what number would you give yourself?

0 _____ 10

CONFIDENCE SCALE:

If you did decide to change, how confident are you that you would succeed? On a scale from 0 -10... what number would you give yourself?

0 _____ 10



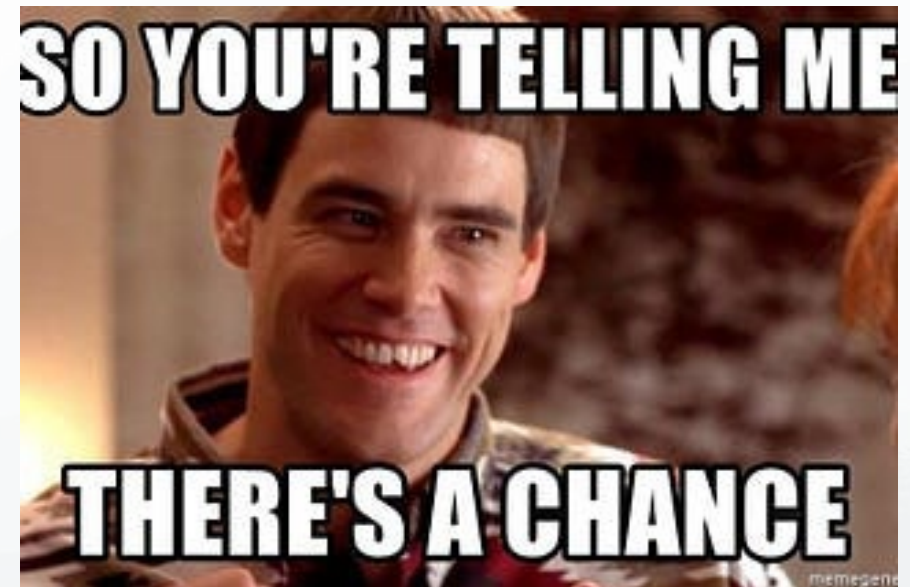
Mobilizing Change Talk:

- **Commitment** Language
 - Assurance it will happen
 - “I will.” “I promise.” “I guarantee.”
- **Activation** Language
 - Leaning towards action but haven’t quite decided
 - “I’m willing to.” “I’m considering it.” “I’ll think about it.”
- **Taking Steps** Language
 - The person indicates they’re already taking steps.
 - “I filled my prescription.” “I called 3 places about possible jobs today.” etc. “I bought a ring.”



Planning - How will you get there?

- Evoking the “how” of their change
- Focusing on the specifics of the plan
- Must fit into the person’s lifestyle – their daily patterns and routines
 - Where, when, and how etc.
- Must be reasonable!



Why to How...

- Summarize – Then ask...“What next?”
 - What are you considering?
 - What might you try?
 - How do you want to move forward?
- “You know yourself best, how do you think you could move forward?”
- “How **important** is this to you? How **confident** are you?”



Real Play



- Break out rooms!
- Select 1 person to be the interviewer and 1 to be the person considering a change.
- Choose a **real** situation you feel ambivalence about:
 - Drinking less coffee
 - Exercising more
 - Eating healthier
 - Spending less time watching Netflix
 - Cutting your bangs...
- Spend about 6-7 minutes in the interview; Give feedback.
- Try to talk LESS than the person you are interviewing and using your OARS



Resources

- Miller, W. Rollnick, S. (2023). Motivational Interviewing; Helping People Change and Grow, 4th Edition
- www.motivationalinterview.net (training tapes, articles, bibliographies, training opportunities)
- www.motivationalinterview.org (MI resources ATTC website)

