

Give No Advice

20 September 2016

Work in pairs—not with your boss, supervisor or a family member. This is a real-play activity (not a role-play activity), so we are going to talk about ourselves, right now. We are NOT pretending we are someone else.

Person:

Take a moment to think about something that you want to, need to, have been meaning to, or should change or do, but haven't done yet (something you are ambivalent about). Make sure it is something that you are comfortable sharing with your partner. Keep this thing in mind while you respond naturally to the guide's questions.

Helper: Be a **respectful listener and guide**.

Don't try to persuade or fix anything. **Give no advice.**

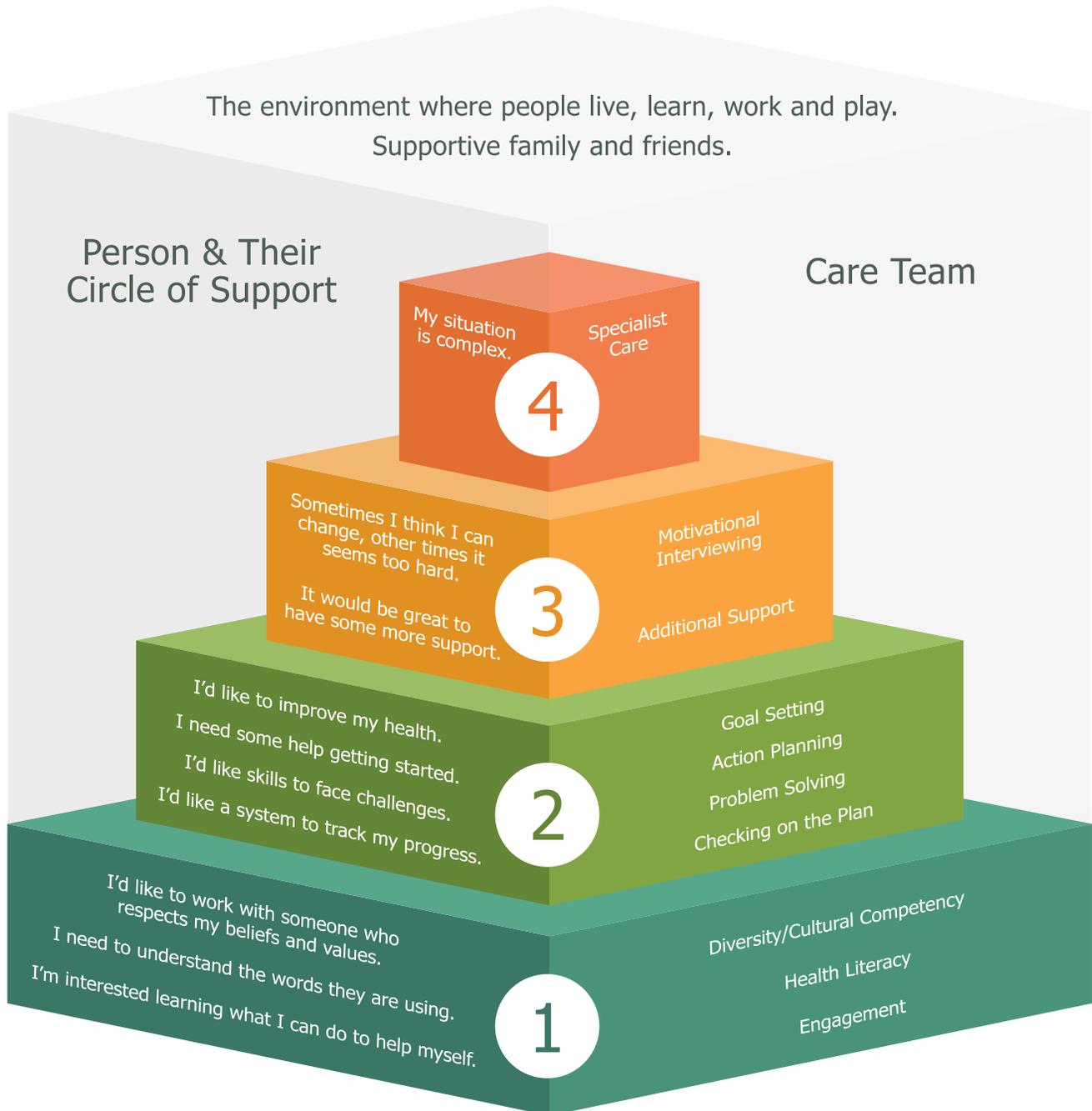
1. **Ask** these **open-ended questions**—and only these questions—one at a time and **listen carefully** with the goal of understanding the person's dilemma:
 - “Tell me about something that you are thinking of changing or doing that you haven't changed or done yet.”
 - “What are the three best reasons for you to make this change?”
 - “On a scale from 0-10, how important would you say it is for you to make this change?”
 - “Why is it a ___ and not a zero?”
 - “How might you go about making this change?”
2. **Tell** back a short **summary** of the person's motivation for change.
3. **Ask** “What do you think you will do?”
4. **Listen** with interest to the answer.

Change roles.

Based on an activity by Bill Miller, Motivational Interviewing Network of Trainers, www.motivationalinterviewing.org

Stepped Care for Self Management Support

December 18, 2015



CCMI

Centre for Collaboration
Motivation & Innovation

(See other side for additional information)

If you have any questions or comments about anything on this document, please contact us at:

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Stepped Care for Self Management Support (SMS) is a way to think about care in levels or “steps.” Different people need different levels of care. If people aren’t meeting their health goals, or lack confidence to self-manage, we step up our support. We can determine how much support people need by checking in with them (assessment).

(See other side for corresponding diagram)

4

Expert Methods

This step is for people who need very specialized care. Examples of people who have these skills are psychologists and addictions specialists.

3

Advanced Approaches

This step is for people who need more than the core techniques. Some examples include Group Visits, which provide the opportunity for group interactions and strong peer modeling, and Motivational Interviewing (MI), which helps to address ambivalence (feeling two ways about something).

Motivational Interviewing: This is a collaborative conversation style to strengthen a person’s own motivation and commitment to change.

2

Behavior Change Support - Action Planning

This step helps people to achieve their goals by making action plans, problem solving, and following up or checking in on how plans are going. It leads to increased confidence and learning. Brief Action Planning (BAP) is one example of an effective tool to help people set goals.

Brief Action Planning (BAP): This is a tool for people that want to help others make plans to improve their health or well-being. Making a Brief Action Plan with someone involves helping them to become focused, specific, committed, and confident in their plans. It is one way to partner with people around their goals.

1

Culture - Health Literacy - Engagement

This step is the foundation for all health care interactions. Below are examples of things that need to be in place to ensure people are receiving care that is matched to their needs.

Engagement: Engagement means encouraging people to be active in making a difference in their health through their daily actions. One example is **Informed Decision Making**, which encourages people to get all the information they want to help make a decision about their health.

Health Literacy: This refers to the ability to help people get information that is useful, clear and important to their situation.

Diversity: This means having a health system that can respond to the different needs in a community (e.g. age, language, cultural background).

Adapted from "Self-management support for Canadians with chronic health conditions:

A focus for primary health care" Health Council of Canada, May 2012, p. 32.

Motivational Interviewing (MI) and the Four Processes

15 Aug 2016

Definitions

Motivational Interviewing: a collaborative conversation style to strengthen a person's own motivation and commitment to change. **(Public)**

Motivational Interviewing: a person-centered counseling style for addressing the common problem of ambivalence about change. **(Professional)**

Motivational Interviewing: a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. **(Scientific)**

The Four Processes of Motivational Interviewing

The four processes occur throughout an interaction and may be revisited at any time. Not every interaction ends with a plan. The four processes can be pictured as circles within circles because they are often revisited during an interaction or during a helping relationship.

Engaging: The process of building and supporting a relationship where trust and respect go both ways.

Focussing: The ongoing process of choosing and keeping a specific direction.

Evoking: Bringing out another's strengths, knowledge and ideas about the situation and themselves. This can include encouraging to explore.

Planning: Being with someone while they form specific actions to take.



Definitions of MI from
Miller & Rollnick
Motivational Interviewing: Helping People
Change, 3 ed, 2012. Four processes
definitions adapted from same
publication.

Motivational Interviewing Evidence Summary

What is it about Motivational Interviewing that works?

Better outcomes (healthier changes) are associated with:

- The Spirit of Motivational Interviewing. The Spirit of MI is compassion, acceptance, partnership and evocation.
- Maintaining engagement and at the same time, helping people focus on the desired change instead of barriers to change. This is called “softening sustain talk.”
- Responding to “change talk” with hope and forward movement, also called “cultivating change talk.” Change talk is language that expresses a desire for, ability to, reason to, need to, commitment to, or steps toward change.

These are accomplished through the following approaches:

- High quality, complex reflective listening and high relational skills.
- Avoiding giving advice without permission.
- Having the person determine next steps instead of the helper or guide.

The skills and approaches of MI can be taught and monitored using research-based tools. Practice and feedback is nearly always required to learn MI well.

What is happening when MI doesn't work?

- Poor fidelity to MI. There were no checks on whether or not MI was being used or being done well. It takes time, practice and feedback to learn to do MI.
- Inflexible approaches. Very structured MI has been found to not lead to change. This may be because the clinician was not responding to where the person was in their journey to change. Another interesting finding is that if clinicians bring up barriers when people are ready to change, the person may actually go backwards in being ready to change.

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The Spirit of Motivational Interviewing

12 September 2016



Compassion: Caring about what is important to another person and feeling moved to help.



Acceptance: Respecting another person and their right to change or not change.



Partnership: Working together with another person and recognizing them as equal.



Evocation: Bringing out another's ideas, strengths, and knowledge about the situation and themselves. This can include encouraging to explore.



A Range of Styles

Directing



Guiding



Following



teach
assess
prescribe
lead



draw out
encourage
motivate



listen
understand
go along with

Topic	Things I Want to Try

Self-reflection

13 August 2016

Compare the two statements in each numbered role and place a check in the box next to the one that is most consistent with the way that you currently see your helping role.

	Option 1	Option 2
1	<input type="checkbox"/> I am the expert on why and how people should change.	<input type="checkbox"/> I have some expertise and people are experts on themselves.
2	<input type="checkbox"/> I find out what information people want and need.	<input type="checkbox"/> I collect information that focuses on problems and barriers to change.
3	<input type="checkbox"/> I rectify gaps in knowledge.	<input type="checkbox"/> I match information to people's strengths and needs.
4	<input type="checkbox"/> Frightening information is helpful.	<input type="checkbox"/> People can tell me what kind of information is helpful.
5	<input type="checkbox"/> Advice that promotes people's needs and autonomy can be helpful.	<input type="checkbox"/> I just need to tell them clearly what to do.

Miller W, Rollnick S. *Motivational Interviewing: Preparing People for Change*, 3ed, 2013.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou