

Using Motivational Interviewing to Support Providers & Consumers

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About the Presenter

- Worked in HIV Prevention for 10 years
- Licensed Professional Counselor
- Private Practice: psychotherapy, psycho-education & wellness management
- Closet Public Health Professional
- AIDS Service Organizations
 - Mental Health Clinician
 - Prevention Specialist
 - HIV Testing Counselor
 - Clinical Director
 - Program Design/Implementation
 - Evaluation
 - Health Educator
 - Program Consultant

Training Expectations

Part I

- Understanding provider biases/experiences that (may) impact the provider/consumer relationship

Part II

- Learn how Motivational Interviewing (MI) supports engagement and retention
- Define and understand the MI approach in practice
- Understand how MI supports the provider/consumer relationship

Part III

- Understand the role of self-care

Disclaimers

- Biases may be challenged
- It's normal to feel some discomfort
- The way you view your work may change
- The way you view yourself in your work may change
- Sorry, I'm only able to provide a brief overview today

My Asks...

Be open to the
process

Part I

Exploring Bias

How does bias relate to Motivational Interviewing?

Foundation of Motivational Interviewing

- **Constructive behavior** seems to arise when the **person connects** it with something of **intrinsic value**, something important, something cherished
- **Intrinsic motivation for change** arises in an **accepting, empowering atmosphere** that makes it safe for the person to explore the **painful present** in **relation** to what is **wanted and valued (future)**

How does bias relate to Motivational Interviewing?

- Can our biases create an uncomfortable setting for the people we serve?
- Will our biases get in the way of developing rapport/trust with consumers?
- Is there a connection between how we view consumers and their willingness to adhere to treatment?
- If our consumers do not feel they are valued, how likely are they to accept our advice/recommendations?

Exploration of individual and cultural-level bias

Tell me something about
you...

What kind of people are
attracted to this kind of
work?

Tell me something about
you...

What are our motivations?

Tell me something about
you...

How does this impact the
work we do?

Tell me something about you...

I am the Intervention

They may forget what you said — but they will never forget how you
made them feel

— Carl W. Buehner

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

Self-Awareness

Cultural Self-Awareness

- Belief in the innate superiority of one's own tribe to a neighboring tribe or nation or race to another
- Our ideas about what is right or wrong/proper or improper/appropriate or inappropriate
- Influenced by cultural, religious, political and gender-typed upbringing

Sommers-Flanagan, 2009

- Belief in the innate superiority of one's own tribe to neighboring tribe or nation or race to another

Do I think I'm better because I am a different race/ethnicity? What If I identify as the same race and I still feel superior? What does that say about me?

- Our ideas about what is right or wrong/proper or improper/appropriate or inappropriate

Do I think people are wrong for participating in natural sex? People who have gay sex is wrong. Not to mention, can't you see it puts you at risk.

- Influenced by cultural, religious, political and gender-typed upbringing

What does my community say about the people I serve? Do I keep my job a secret in certain settings? Are any of my cultural views in conflict with the values of my agency?

Synthesis: Integration of SELF

Individual Level of Awareness

Cultural Level of Awareness

- Are they congruent?
- If not, what do I want to do about it?
- If they are congruent, is there an area for growth?

Note from the Presenter

- Feelings and thoughts guide our behavior
- Our feelings and thoughts are guided by our experiences and expectations
- How we *feel* and *perceive* impacts our work in our environment....
- Particularly, when we think of patient engagement and retention



Summary

- How does “who we are” impact the work we do?
- How does “who we associate with” impact the work we do?
- How does “what we believe in” impact the work we do?
- Does agency culture impact the work we do?
- How does national policy impact the work we do?
- What does this have to do with being a provider?
- What does this have to do with Motivational Interviewing?

Part II

Motivational Interviewing

A tool to support providers and clients

Motivational Interviewing Overview

- Defining Motivational Interviewing (MI)
- The Spirit of MI
- The Principles of MI
- Recognizing “self” (provider) in the process

The Myth of the Unmotivated Patient

Patients would only change if....

Their lives became too painful to endure

They received strong external pressures to push them toward action

Adaption of Rollnick, Miller & Butler, 2008

Foundation of Motivational Interviewing

- Constructive behavior seems to arise when the person connects it with something of intrinsic value, something important, something cherished
- Intrinsic motivation for change arises in an accepting, empowering atmosphere that makes it safe for the person to explore the possibly painful present in relation to what is wanted and valued

Miller & Rollnick, 2002

Checking the Temperature

This just can't be true for all client's....right?

- *Something of intrinsic value, something important, something cherished*
- *Intrinsic motivation for change arises in an accepting, empowering atmosphere*

I'm not really here for that -or-

That's not my job description

Provider Implications

- Provider believes in and commits to this way of understanding the process of change
- Respectful view of the client
- Create a safe, empowering atmosphere that is at the heart of competent practice

How might this be uncomfortable? How might this pose a risk for the provider?

Definition

- Goal-directed
- Client-centered
- Counseling style
- Elicits behavior change
- Helping clients solve ambivalence

SAMHSA's National Registry of Evidenced-based Programs and Practices, 2007

Person-centered & MI

Person-Centered

- Carl Rogers
- Counselor-Client Relationship
- Genuineness
- Unconditional Acceptance
- Empathetic Understanding

Motivational Interviewing

- Specific Goals
- Reduce Ambivalence about change
- Increase intrinsic motivation to change
- Both client-centered and directive
- Client is the advocate/agent for change vs the provider

Ambivalence: Cognitive Dissonance

Being on fence about a particular thought and/or action

- Natural state
- Uncertain about what the future holds
- The past or current situation feels more familiar
- Doubts about if the familiar will fit into their future goals

My thoughts or goals are to be healthy, but I do participate in behaviors that are counter-productive

Sommers-Flanagan, 2009

Ambivalence...a Caution Using MI

“Attempts to force resolution in a particular direction as by direct persuasion or by increasing punishment for inaction can lead to a paradoxical response, even strengthening the very behavior they were intended to diminish”

Miller & Rollnick, 2002

MI Spirit

- Collaborative
- Evocative
- Autonomy (client's)

Collaboration

- Mutual respect
- Comfortable sharing of thoughts
- Willingness to support the ideas put forth by the other
- Minimize the differentials in the status of power
- Clients are authorities of their own experiences

Evocation

- Evoking the client's ideas about change
- Expressing thoughts about the potential for alternating behaviors
- Helps move through ambivalence
- Counselors draw out these thoughts
- Brings light to of the client's desire for change
- Desire to change vs. reluctance to change

Autonomy

- Client holds the decision making power
- Counselor has no power outside of the treatment setting
- Illusion: Are we really in charge?
- Change is most likely to occur when people believe that it is within their own power to make it happen

5 Motivational Interviewing Principles

- Express Empathy
- Avoid Arguing
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Express Empathy

- Ability to comprehend thoughts and feeling behind the client's communication (verbal and body language)
- Reflect thoughts and feelings back to their client in way that not only shows understanding but helps clients see them in a new light

Avoid Arguing

- Arguing is counter-productive to the process
- Provider “Is this more about me than the client?”
- Resistance: time to change the approach

Develop Discrepancy

- Goals vs Behaviors
- Develop awareness of this gap
- The gap is where motivation is created

Roll with Resistance

- Not able to see the change
- The change is too big
- Resistance and the fluidity of behavior change
- I don't agree with the provider's approach

Support Self-Efficacy

- Belief in one's capability to organize and execute the courses of action required to produce given attainments
- Cornerstone of initial motivation and longer-term perseverance
- When I think I'm capable of doing it, I'm more likely willing to try and more likely to succeed

Eliciting Behavior Change

OARS

Open Ended Questions

Affirm

Reflective Listening

Summarization

Eliciting Behavior Change

OARS

Open Ended Questions

In what ways might this change be good for you?

What's your thoughts about taking medicine?

Affirm

I can see how that can be hard for you

It's good to see you

Yes, attending your appointments every three months is a good thing

Eliciting Behavior Change

OARS

Reflective Listening

I remember you saying taking medication would be a big step for you

I hear you saying that's a change you think you could make

Eliciting Behavior Change

OARS

Summarization

I understand your hesitation with starting medication, but I also heard you mention you want to stay healthy. How do you make sense of the two? How do you balance two different thoughts?

**Note: Using questions that start with “Why” may imply judgement

How does bias relate to Motivational Interviewing?

- Our *presence* includes our values and beliefs.
- Ignoring or suppressing our biases can be counterproductive to the engagement and retention process (remember the MI principles).
- Motivational Interviewing is client-centered. Our biases can act as a barrier to “meeting the client where they are.”
- Motivational Interviewing removes the “selling” aspect of treatment adherence. It allows the consumer to take the lead in their treatment.
- Motivational Interviewing requires providers to facilitate this process by being open, empowering and accepting.

Part III

Self-Care

Self-Care

Who we are is what we give

It comes with the job

- Compassion Fatigue
- Vicarious (secondary) Trauma
- Burnout

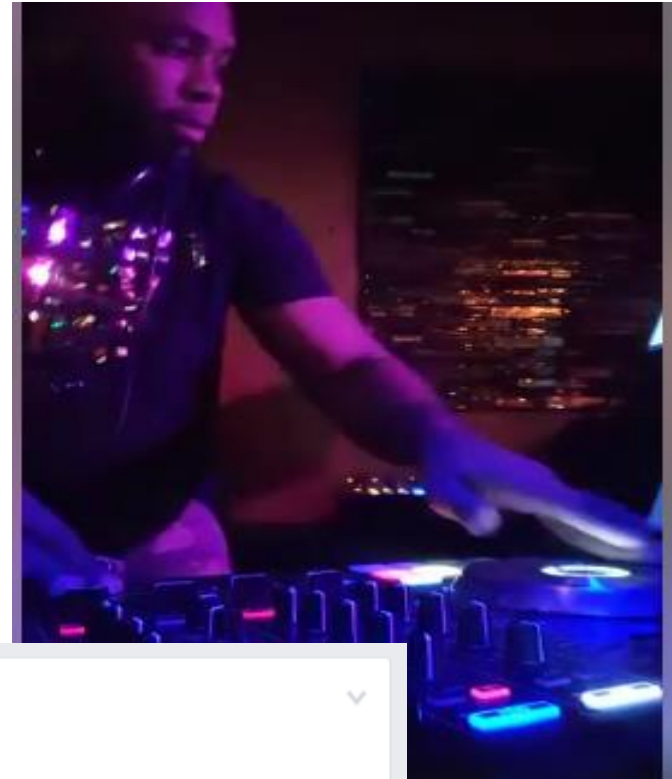
Individual Level Changes

- Bringing “self” into the intervention
- Exercise
- Sleep
- Organization
- Eating Healthy
- Social Support
- Find ways to express yourself creatively



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Jon Diggs

Yesterday at 2:03pm ·  

I made this post a while back. Last night, I was introduced to this single. It's something about a drum cadence that gets me there.

<https://www.youtube.com/shared?ci=iUgcbS78pBg>



Jon Diggs

January 15 at 10:08pm ·  

Listening to tribal music and hearing familiar cadences from my AME, Baptist and Pentecostal church days. I remember a term from my undergrad that summarizes how music pushes the spirit.

In positive psychology, flow, also known as the zone, is the mental state of operation in which a person performing an activity is fully immersed in a feeling of energized focus, full involvement, and enjoyment in the process of the activity. In essence, flow is characterized by complete absorption in what one does.

References

- Bandura, A. (1997). *Self-Efficacy: The exercise of control*. New York: W. H. Freeman
- Mugavero, M.J., (2010) *From Access to Engagement: Measuring Retention in Outpatient HIV Clinical Care*, AIDS PATIENT CARE and STDs Volume 24, Number 10, 2010
- Millner, W. R., & Moyers, T. B. (2002). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions*, 5(1), 3-17
- Rollnick, R., Miller, W.R., & Butler, C.C., (2008) Motivational Interviewing in Health Care. New York, Guilford Press
- SAMHSA's National Registry of Evidenced-based Programs and Practices. (2007). *Motivational Interviewing*.
- Sommers-Flanagan, J., Sommers-Flanagan, R., (2009) *Clinical Interviewing*. New Jersey, John Wiley & Sons, Inc

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