motivational interviewing
applications for homeless populations

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part I: helping styles overview
group discussion

Think of a favorite teacher or mentor you had in the past.…

- What were some of the characteristics they embodied that were helpful to you?
- How did they interact with you?
- What would you want to emulate from them?
What is the primary predictor of clinical success?
YOU
(the “therapeutic alliance”)
(the “therapeutic relationship”)

helping styles

- following
- directing
- guiding
following helping style

Think Carl Rogers....
directing helping style

Think Bob Newhart....
“righting reflex”

• our innate tendency to ‘correct’ other people’s behavior

• premise: “I have the answer, if you just do things this way, things will get better for you.”

• this is well-intended, the intent is to help

• in MI we try to repress this reflex
directing helping style results in
guiding helping style

Think Bill Miller....
guiding helping style results in
part II: MI introduction
MI definition....

“person-centered counseling method for addressing the common problem of ambivalence about behavior change.”

(Miller & Rollnick, 2010)
“MI Spirit”

- accepting the client without judgment (without condoning their behavior)
- avoiding confrontation

- ≠ sympathy
- advocating for the client
- empathizing with the client

- collaborating
- working as equals
- remaining outside of the ‘expert’ role

- evoking change talk
- eliciting the client’s reasons for change
is MI effective...?

- avg. effect size: .77
- 20-30% improvement in health behaviors
- increased retention
- increased adherence

MI is **2-3 times** as effective with ethnic minorities.
the evidence (cont’d)

- large meta-analysis of 119 MI studies

- results:
  - 3/4’s of the sample (75%) demonstrated improvement
  - resulted in improvement across many target behaviors (treatment retention, reduced substance use, etc.)
  - MI took less time, but produced equivalent results to CBT, 12-Step, etc.
  - MI improved one’s intention to change
  - effects often maintained over time (up to two years after intervention)

(Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010)
exercise: A Taste of MI vs. Persuasion

Persuasion Exercise:
• 2 volunteers (1 client; 1 helper)
• client: choose something in your life you would like to change
• helper: attempt to persuade them to change
  - offer advice or suggestions
  - warn them about the consequences of **not** changing
  - seek suggestions from the group when necessary
A Taste of MI:

- 2 volunteers (1 client; 1 helper)
- client: choose something in your life you would like to change
- helper: ask them the following:
  - Why would you want to make this change?
  - If you decide to make this change, how might you go about it in order to succeed?
  - What are the 3 best reasons to do it?
  - How important is it to you to make this change, on a scale from 1 to 10 (10=most important)?
  - What do you think you’ll do?
goal is for clients to talk *themselves* into changing
part III: managing change & sustain talk
target behaviors
how do we get to the target behavior?

1. increasing *Change Talk*
2. decreasing *Sustain Talk*

*Change talk can be increased by using open questions and reflections*
change talk

anything the client says that indicates they’re moving toward the behavior we want them to engage in...

examples:

– I don’t want to use anymore.
– I can’t go back to prison.
– I might be able to get a job.
– I could probably manage to take my meds for the next 2 weeks.
sustain talk

anything the client says that indicates they’re moving **away** from the target behavior…

eamples:

- This is so hard. Everyone expects too much out of me.
- I don’t know why I can’t do it.
- I haven’t succeeded at anything in the past.
- No one will hire me.
ambivalence + righting reflex = sustain talk
reducing sustain talk

reducing sustain talk makes your job easier!

you can avoid **power struggles** and reduce **burnout** by reducing sustain talk
the key to MI

• we believe what we say, not what we hear

• our job is to arrange conversations so that clients talk themselves into changing

• we do this by bringing out more “change talk” and cutting out “sustain talk”
there is evidence that **reflective listening** alone is insufficient to produce change
part IV: core skills
core components of MI

• **O**-open-ended questions
• **A**-affirmations
• **R**-reflections
• **S**-summaries
open-ended questions
open vs. closed questions

closed questions = those that can be answered “yes,” “no,” or in a few words
  – Ex: Where are you from?
  – Ex: What is your drug of choice?
  – Ex: How old are you?

open questions = those that require a longer answer
  – Ex: Tell me about your hometown.
  – Ex: What is your family like?
  – Ex: Tell me about your drinking.
the impact of closed-ended questions

- leave the client waiting for the next question
- feel more like an interrogation
- don’t expand the conversation
- if you don’t ask the right question, you might miss something
open-ended questions
practice
affirmations
affirmations

• praising or affirming the client
• support autonomy & empathy
• build the therapeutic relationship

examples:
  – “You’ve been working really hard to cut back.”
  – “I just want to commend you in taking the first step in getting a job.”
  – “You feel like you have a ways to go, but you’ve come a long way so far.”
affirmation thought exercise

• think of an affirmation that you received in the past
• write it down
• what about the affirmation was particularly impactful? why do you recall it months or years later?
• share with the larger group if you wish
group exercise: generating affirmations

- work in pairs
- think of your most challenging client
- generate 3 genuine affirmations about them; speak them aloud to your partner as you would to your client
- switch
- share with the larger group (if you wish)
reflections
group exercise

The Power of Reflections

- need 1 volunteer
- give the group one sentence about an issue you have been struggling with
- leave the room; continue to reflect on this struggle, writing down a summary of the problem
- larger group: generate reflections
- volunteer re-enters; compare and contrast volunteer’s write-up with group’s reflections
simple reflections - defined

- responding to resistance with non-resistance
- acknowledge and validate
- can elicit opposite response
- emphasize change talk
- encourage more change talk - client opens up
- enhance collaboration, trust, and rapport
- clarifies points of confusion
Client says: “I’ve been out here a long time.”

Helper says: “You’ve been on the street a number of years.”
complex reflections
complex reflections

Client says: “I’ve been out here a long time.”

Helper says: “This has been a way of life for a long time, but you’re starting to think you don’t want this to be your legacy.”
complex reflections (cont’d)

Client says: “I’ve been smoking for a long time.”

Helper says: “It’s become a part of who you are now, but you don’t want it to be.”
double-sided reflections

• to explore ambivalence
• “So on the one hand you...but on the other you want...”
• work off of previously supplied information
• end on the change talk
double-sided reflections

Client: “I know I need to quit smoking for my health, but it’s so hard to stop.”

Helper: “So on the one hand you are worried about withdrawal from nicotine, but on the other hand you don’t want to die from smoking.”
Client: “I don’t smoke anymore than anyone else I know. What is wrong with a joint or two a week?”

Helper: “On the one hand, it seems like you are not using any more than your peers; on the other hand you have told me you’re concerned about your marijuana use and how it effects you.”
amplified reflections

- exaggerate what the client says
- turn up the volume on what the client says or downplay what the client says
- may elicit the other side of their ambivalence
- *goal*: they come back with change talk
- useful when the client is engaging in a lot of sustain talk

the key: to deliver without sarcasm
amplified reflections

Client: “I really can’t do this anymore.”

Helper: “There’s a few things you don’t like about being without a home.”
ruined reflections

• meant to be a reflection, however, inflection at end sounds like question

• example: “You’re seeing that your drinking is having some real consequences now, right?”
We want **twice** as many reflections as questions in an MI style
We want at least **half** of our reflections to be complex versus simple reflections.
reflections practice
summaries
summaries & key questions

• summarize **key points** (snippets of change talk) from the conversation (this is akin to a long reflection)

• use the summary to direct the session toward the target behavior or transition

• end with a **key question** (open) that evokes change talk and moves the client into a planning phase

  example: “Most of your life you’ve dealt with frustration through getting physical. You’re really frustrated with all the legal troubles you’ve had because of your fighting, and all the ways it’s limiting your activities. And you sometimes feel bad after you hurt somebody. What might it take for you to learn a new way of venting your anger?”
part V: goal setting
MI is less effective when manualized.
timing will be largely based on clinical judgment
going for a change plan too early may impede the client’s engagement
if you get sustain talk when striving for a change plan, go back to evoking & engagement
temptation: reverting to a directing helping style during the planning stage
hints the client is ready

• ↑ change talk
• ↓ sustain talk
• categories of change talk: steps, commitment
• “resolve”
• imagining the future with the change enacted
• asking questions about the change or methods for change
proceeding with the change plan

1) ask permission/gauge readiness
2) recapitulation
   - long reflection of all of the change talk you’ve heard up to that point
   - avoid summarizing all of the sustain talk you’ve heard
3) key question
   - e.g. “How do you think you might move forward from here?”
4) allow for silence/allow client to process their response