



London Family
Court Clinic
Est. 1974

MOTIVATIONAL INTERVIEWING:
THE WHY, WHAT AND HOW TO
SUPPORT CLIENTS IN THE
PROCESS OF CHANGE.

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THING DO NOT CHANGE: WE CHANGE

— HENRY DAVID THOREAU, WALDEN



WORKSHOP OUTLINE

Learning Objectives:

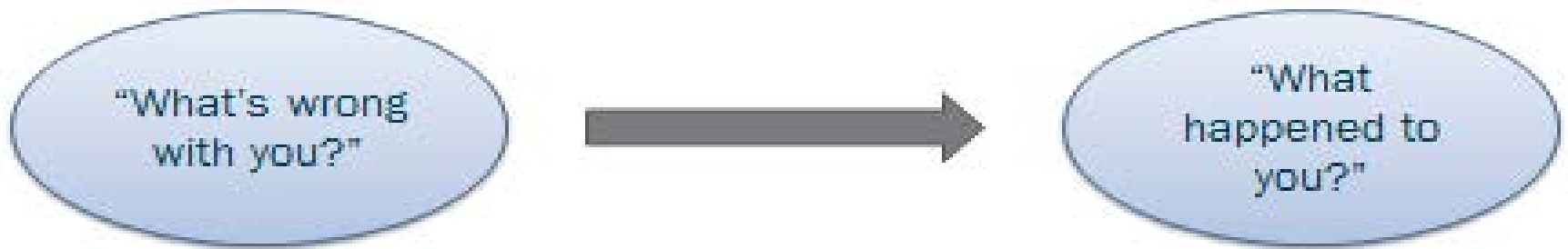
1. How working from a Trauma Informed Perspective can increase empathy, compassion, and normalizing.
 2. Understand the link between trauma and addictions.
 3. Understand the spirit of motivational interviewing (person centred, empathetic, therapeutic alliance, normalizing, validation/affirmations, and confidence to change).
 4. How to both identify and respond to resistance.
 5. How to integrate motivational interviewing skills into your daily work with clients.
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**A TRAUMA INFORMED
PERSPECTIVE**

A TRAUMA INFORMED PERSPECTIVE

PARADIGM SHIFT



BUILD UNDERSTANDING AMONG STAFF

- The high prevalence of trauma and violence.
- The systemic drivers of violence : present and historical, collective and individual.
- Trauma impacts the developing brains and bodies of children and adolescents and can be central to one's development.
- People create adaptations in order to cope and survive. They need support in changing these adaptations when they are no longer helpful.
- Understand the connection between trauma, substance abuse, physical and mental health.
- Reflect on your own experiences of power and privilege.

EQUIP Healthcare




SAFETY AND TRUST

- Create welcoming environments for clients and promote a sense of belonging.
- Does your physical space create a sense of safety.
- Communicate clearly and accurately service expectations.
- Insure informed consent and confidentiality
- Understand the history and context of individuals and groups.
- Support staff with the goal of reducing vicarious trauma and burnout.
- Assume all clients have experienced trauma.
- Professionals who practice TIC report higher morale and job satisfaction and increased collaboration with clients.

EQUIP Healthcare



UNDERSTAND THE LINK BETWEEN TRAUMA AND ADDICTIONS.

- Attachment: The primary regulator of emotions
 - Emotional Regulation
 - Distress Tolerance
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MOTIVATIONAL INTERVIEWING

Build Therapeutic Alliance and Express Empathy

This step is the most important predictor of treatment outcomes.




THERAPEUTIC ALLIANCE

“Therapists’...outcome and retention rates have been found to be related to their capacity to establish an alliance, as well as to other facets of interpersonal functioning, such as their warmth and friendliness, affirmation and understanding, helping and protecting, and an absence of belittling and blaming...ignoring and neglecting and attacking and rejecting”

(Najavits & Weiss, 1994)

RELATIONSHIP BUILDING/ THERAPEUTIC RAPPORT - ALLIANCE

- Person centered techniques
 - Humanistic belief system
 - Joining with the person to view an issue together
 - Necessary but not sufficient to be MI
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DEFINITION OF MOTIVATIONAL INTERVIEWING

Motivation for change is seen as a relational process. Change/healing and growth does not occur in isolation, nor is it simply an internal process. Motivating for change does not impose change. But supports change in a manner congruent with the person's own values and goals.


It is characterized by a “spirit” or “way of being” in the context of interpersonal relationship.... Where techniques are employed.



MOTIVATIONAL INTERVIEWING



MI

- Acceptance facilitates change
 - Skillful reflective listening is fundamental: open ended questions, affirmations, strength based, hope activating, summarize and link ideas with client.
 - Ambivalence is normal!
 - MI is a collaborative, person-centred form of guiding to elicit and strengthen motivation for change.
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CORE VALUES OF MI

Collaboration vs. Confrontation – be mindful of power/helplessness

Evocation (Drawing out rather than imposing) – lasting change is created when the client discovers their own reasons and determination

Autonomy vs. Authority – power for change rests within the client



MI

Avoid:

Closed ended questions, advice giving, commanding ,
confronting, debating etc.....



MI

Two things can be true at the same time.

People are doing the best they can and they need to do better.

This is the heart of ambivalence.



MI

Examples of Ambivalence:

I want to take my medication and be well but I want to avoid the side effects.

Desire to be strong and healthy and to relax and eat enjoyable foods with my family.

Hope for change and fear of change.

Desire to return to school and valuing my free time.


MI

Ambivalence is a normal part of problems and the process of change.

Explore the pros and cons of change. Do not assume you understand the motivations for maintaining or changing the behaviour.



MI

- Ambivalence is always part of the picture.
 - Clients have good reasons to maintain and they have good reasons to stop and/or change behaviour.
 - Resolving ambivalence is key to moving towards change.
 - Joining with the reasons why a client wants to change will force him or her to protect the side that doesn't want to change.
Example: What do you like about the relationship?
 - Therefore, join the side that doesn't want to change.
 - Explore discrepancy between present behaviour and broader goals.
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CHANGE TALK

Change is facilitated by eliciting the person's own reasons for and advantages of change.

1. Disadvantages of the status quo. May identify and externalize the problem.
2. Advantages of change. What would things look like if....
3. Optimism for change. "I can do it" "Change is possible"
4. Intention to change. Readiness, what support do you need?

WHAT NOT TO DO/SAY....

Why don't you want to change....

How can you tell me that you don't have a problem

I'm concerned that that relationship is not healthy for you.


What makes you think you're not at risk?

Why don't you just....

What about.....



HOW?

- Express empathy.
 - Create cognitive dissonance between current behaviour and future goals.
 - Avoid arguing and roll with resistance.
 - Avoid confrontation, as it often leads to withdrawal, distancing and resistance.
 - Encourage client to express reasons for change.
 - Encourage client to commit to change.
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ENCOURAGING CHANGE TALK

Using the importance ruler

Exploring decisional balance

Elaborating

Looking back and looking forward

Exploring goals and values

Consider pros and cons

Consider confidence of past successes


Explore present feelings and experiences

Be client centered

Support self efficacy



ROLL WITH RESISTANCE

- New perspectives are invited and not imposed.
 - Use a collaborative process.
 - Be aware of power imbalances and promoting helplessness.
 - Clients have their own solutions.
 - Clients are the best resources to finding solutions.
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SUMMARY: FOUR PRINCIPLES

1. **Express Empathy:** acceptance facilitates change, reflective listening is key, ambivalence is normal.
2. **Develop discrepancy:** The client rather than the counsellor should present the reasons for change. Change is motivated by the discrepancy between current behaviour and one's goals and values. Motivation may not be internal – it's relational. We don't heal in isolation.
3. **Roll with Resistance:** Avoid arguing for change. Resistance is not directly opposed. New ideas/perspectives are invited but not imposed. Solutions and answers come from the client. Resistance is a signal to respond differently.
4. **Support self-efficacy:** A person's belief in change is an important motivator. (Hopeless and helpless) The client is responsible for choosing and creating change. The counsellor's own beliefs about the person's ability to change becomes a self-fulfilling prophecy.

Miller and Rollnick, 2002

Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



MI

- Change Planning
 - Implementing Change
 - Support Self-Efficacy
 - Remembering Successes
 - Building on Strengths
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