

Motivational Interviewing (MI) with Consumers Receiving Vocational Rehabilitation Counseling

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Objectives

- Learn about the Spirit & Processes of MI for use with Consumers of VR;
 - Practice Reflective Listening skills to elicit “Change Talk” from Consumers of VR; and
 - Practice skills for “Rolling with Consumer Resistance” from Consumers of VR.
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What is MI?

- Ambivalence- the most common stuck point on the way to change.
 - Normal, not pathological.
 - Practice: Righting-reflex.

“MI is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”

What is MI?

- **Partnership**
 - With vs. to.
 - Who is the expert?
 - Privilege to witness change.
 - **Acceptance**
 - Absolute worth- prizing another's inherent worth/*potential*.
 - Empathy- active interest/understand another.
 - Autonomy support- irrevocable right/capacity for self-determination.
 - Affirmation- seek and salute another's strengths/effort.
 - **Compassion-**
 - Promote/prioritize other's needs.
 - **Evocation**
 - You have what you need.
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What is MI?

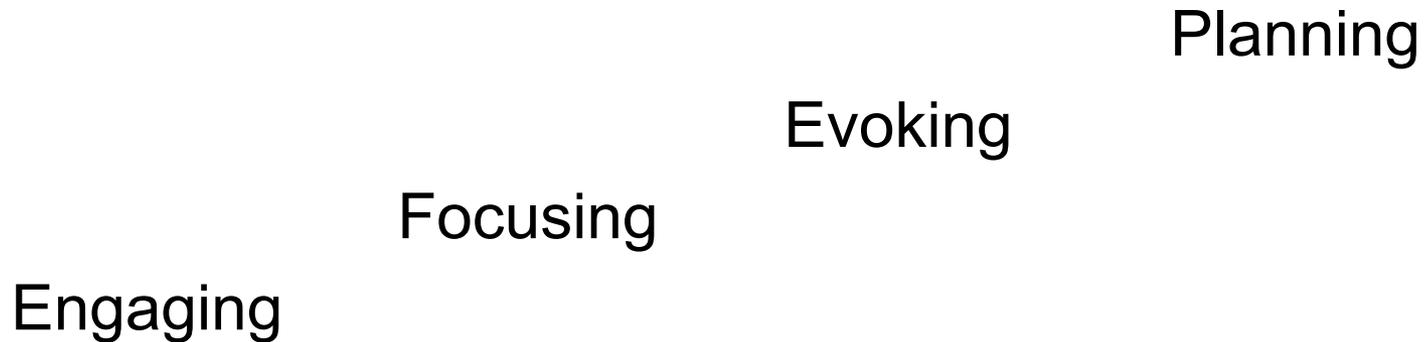
- **PACE...**

“MI is a person-centered counseling style for addressing the common problem of ambivalence about change.”

- **PACE...**

- Mind-set and heart-set.
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Four Processes of MI



“MI is 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.”

Four Processes: Engaging

- The relational foundation
 - Working Alliance- predicts retention and outcome
 - Traps of disengagement
 - Assessment, Expert, Premature Focus, Labeling, Chat
 - Practice: Best day.
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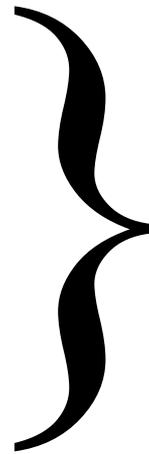
Four Processes: Focusing

- Navigating agendas.
 - Consumer,
 - Counselor, and
 - Setting.
 - Styles of focusing
 - Directing- “I know where we are going; the focus is clear.”
 - Following- “The focus is unclear, and we need to explore.”
 - Guiding- “There are several options, and we need to decide.”
 - Negotiable vs. Non-negotiable
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Four Processes: Evoking

Change Talk vs. Sustain Talk

Desire
Ability
Reason
Need



Commitment
Activation
Taking Steps

Four Processes: Evoking

- Ambivalence is a circular battle of Change vs. Sustain *Thought*.
 - Requires a focus (e.g., target behavior).
 - *Communication* of ambivalence.
 - Tip the scale toward change by eliciting/responding to Change Talk.
 - *Evoking* motivation to change.
 - Ratio of Change to Sustain Talk increases during MI.
 - Practice: Change Survey and Demonstration
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Four Processes: Planning

- Change more likely with specific plan and expressed intention.
 - Signs of readiness
 - Increased Change Talk, decreased Sustain Talk.
 - Key Question
 - “Where are you at this point with your use?”
 - “What’s next for you?”
 - “What do you think you’ll decide to do?”
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Basic MI Strategies: OARS

- **O**pen-ended questions
 - Get and keep the communication going.
 - **A**ffirmations
 - Turns weakness into strength.
 - **R**eflections
 - Expresses understanding
 - **S**ummaries
 - Keeps the conversation organized.
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Open-ended Questions

Open-ended:

- *How do you want your life to be different?*
- *How confident are you that you could change your use?*
- *What consequences have you had because of your disability?*
- *How important is it for you to change _____?*
- *What do you think you might do about _____?*

Closed-ended:

- *Do you...?*
 - *Have you...?*
 - *Will you...?*
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Affirmations

- *I'm impressed by how strong you are, a real survivor.*
- *I appreciate your openness and honesty today.*
- *I'm really impressed by how much thought you have given your situation.*
- *It's really cool what you're willing to do for your family.*

Be genuine.

Reflections

- **Reflections express understanding**
 - Think reflectively
 - Make guesses
 - Be a mirror
 - **Reflections are statements, not questions.**
 - *You're angry?*
 - *Watch voice tone so it is not sounding like a question*
 - *You're angry.*
 - *Tone stays steady, makes a statement*
 - **Reflection accuracy**
 - “Do you mean that...?”
 - “You mean that...”
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Summaries

- **Collect** material that has been offered
 - *So far you've expressed concern about your children, and getting a job.*
 - **Link** something just said with something discussed earlier.
 - *That sounds a bit like what you told me about that sad feeling you get...*
 - **Transition** to a new task
 - *Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You are feeling really frustrated, part of you wants to get highuse, and another part doesn't. It scared you...*
 - **When in doubt, summarize**
 - *Let me make sure I have this right. You shared that...*
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MI Conversation: Quasi-Scripted

1. Seek to understand.
 - Ruler:
 - “On a scale of 1 to 10, how willing are you to _____”
 - “On a scale of 1 to 10, how important is it for you to _____?”
 - Ruler Follow-Ups:
 - “Why are you a __ and not a (lower number)?”
 - “What would it take for you to move to a (higher number)?”
 2. Reflect patients answers:
 - “On the one hand _____ and on the other hand _____.”
 3. Affirm
 - Connect to previous Check-Ins
 - “Last week you said you were a ____...you really are motivated to _____”
 4. Commitment Check & Summarize
 - “What do you plan to do for the rest of the week?”
 - “You have shared with me that _____.”
 - “How can we support you?”
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MI: PACE Yourself

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Thank You!

Final questions and comments.

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