

Motivational Interviewing Skills for Crisis Situations

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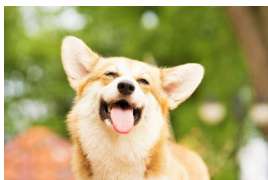
Trainer

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Learning Objectives

- MI vs. MI Skills
- Why MI Skills can be helpful in a Crisis situations
- Brief Introduction to Motivational Interviewing
- Focus on MicroSkills (OARS)
 - Open ended questions
 - Affirmations
 - Reflections
 - Summaries (OARS)
- Review the concepts of Discord and Sustain Talk
- Identify some Strategic Responses to Resistance

This training will not teach
you how to do Motivational
Interviewing...



However, it will remind you to
use skills that you already have
(that are consistent with
Motivational Interviewing).

Applications of MI

- | | |
|---------------------------|------------------|
| • Substance Use Disorders | • Corrections |
| • Education | • Primary Care |
| • Mental Health Disorders | Diet |
| Making appointments | Exercise |
| Treatment completion | Smoking |
| Engagement | HIV |
| Problem recognition | Eating disorders |

What Makes MI an EBP?

- Thousands of Research Publications
- Several Hundreds of Randomized Trials
- Multi-site studies and Meta-Analyses

...but Motivational Interviewing takes time.

This is a Crisis!



Motivational Interviewing vs. MI Skills

Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment for change

Motivational Interviewing Skills are only part of the entire package

Motivational Interviewing vs. MI Skills

Motivational Interviewing

- Requires a target change/goal
- Ambivalence must be present
- Utilizes all aspects of MI
 - The Spirit
 - The Processes
 - The MicroSkills (OARS)
- Can be brief or can occur over many conversations

MI Skills

- One or more parts of Motivational Interviewing - OARS
- Can be used in a variety of situations
- May be consistent with other forms of intervention

There are times not to use MI skills

- There are times when collaboration & autonomy should not be supported
 - Immediate or Extreme Danger
 - The Patient is threatening and has the ability to hurt someone
 - Patient has the immediate means and intent on hurting self or others

This line in the sand will be different for everyone based upon

- The patient
- The setting and related support
- Education and Experience of the helper
- Confidence and comfort in the emergency situation

Mental Health Crisis

- Strong Emotional Experience
- Threatening to hurt self
- Threatening Suicide
- Threatening Aggression
- Extreme Anger

Why MI Skills for Suicidal Ideation

- Suicide may be conceptualized as a motivational issue
 - Research supports idea of an “internal struggle”
- Increasing motivation to live in patients who are thinking about suicide may reduce their risk for continuing to think about and engage in suicidal behavior
- May increase their likelihood of engaging in mental health/substance abuse treatment

MI Theory and Suicide Prevention

MI works through Interpersonal Pathway and Technical Pathway

- Interpersonal Pathway
 - Provides therapeutic relationship
 - Fosters openness, growth, and development (MI SPIRIT)
- Technical Pathway
 - Elicit and reinforce Change Talk
 - Look for Commitment to change
 - Honor, but reduce sustain talk

How can MI help with Aggressive Patients?

- Engages the patient in communication - rather than aggressive behaviors
- Supports the development of rapport with the patient
- MI Skills are specifically designed to respond to patient resistance.
- MI Skills are specifically designed to address resistance
 - Sustain Talk
 - Discord

Conundrum in Crisis Situations

- You are called to help
- You have extra training and experience
- It is your role to help resolve the situation

Yet...

- You don't have to make change happen
(You can't)
- You don't have to come up with all the answers
(You probably don't have the best ones anyway)

What is Motivational Interviewing?



Layperson's Definition of Motivational Interviewing (What is it For?)

Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment for change.

The Righting Reflex

“Human beings seem to have a built-in desire to set things right ... it is common when we see something awry, to want to fix it. See someone going astray ... and the reflex kicks in to set them back on the right path.”

Miller and Rollnick

The “Righting Reflex”

A Practitioner Problem!

Many times the practitioner’s “goal” is to

“fix it”
“diagnosis it”
“control it”

However, the client needs

to be listened to
to be understood
to be the source of the solution



Normal Human Reactions to the Righting Reflex

<u>Invalidated</u>	<u>Resist</u>	
<u>Withdraw</u>		
Not Respected	Arguing	Disengaged
Not Understood	Discounting	Disliking
Not Heard	Defensive	Inattentive
Angry	Oppositional	Passive
Ashamed	Denying	Avoid/Leave
Uncomfortable	Delaying	Not Return
Unable to Change	Justifying	

We rarely take responsibility to make changes when others are trying to “tell” us that we must and/or what we should do!

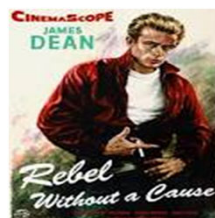
In fact...

...we often argue for and *do* the opposite!



Why is this true?

Reactance Theory!



IF a person perceives that his or her personal freedom is being infringed upon or challenged, THEN it is likely that there will be an increase in the rate and attractiveness of the “problem” behavior

What happens when we “persuade”
our clients to change?

- I don't like the side effects of my meds.
- What do you know about what I need?
- Don't tell me what to do!
- I like how the drugs make me feel.
- It releases my tension.

A Better way! Exploring Ambivalence:

- Ambivalence is a state of mind in which a person has co-existing but conflicting feelings about something.

'I want to, but I don't want to'

- It is a fundamental and NORMAL part of the change process.
- MI helps people to keep moving forward through the natural process of resolving ambivalence

Ambivalence

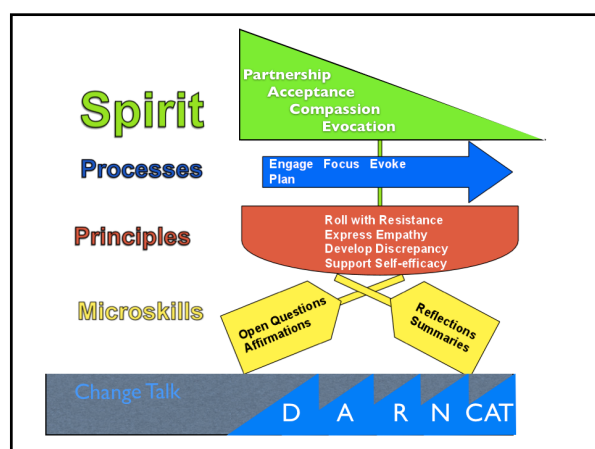
“Ambivalence is irrational, full of contradictions, especially to an outsider, and seemingly coherent for the individual.”

Steve Rollnick (2013)

Normal Human Response to a Listen/Evoke/Empathic Style

Affirmed Accept Approach

Understood	Open	Talk More
Accepted	Not Defensive	Liking
Respected	Interested	Engaged
Heard	Cooperative	Activated
Comfortable/Safe	Listening	Come Back
Empowered		
Hopeful about Change		



Change Talk! What is it, really?

Change talk is client speech that favors movement in the direction of change.



What does Change Talk “look like”?

- Problem Recognition
- Concern about the problem
- Awareness of the problem
- Potential benefits of Change
- Cost of not Changing



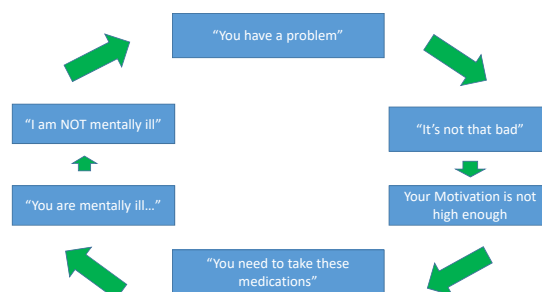
Change Talk that Hides in Plain Sight

- “I just want to end it and be with my (dead) husband. I know my mom will be crushed, but that is what I want to do.”
- “I’m not sure what to do. I think suicide is my best option.”
- “With everything going on, there is no way for me to be the person I want to be. If I can’t better my life, I might as well end it.”

How can MI skills help?

- Confronting Style v. Empathic Style:
- Confronting Style: evokes resistance and defensiveness
- Empathic Style: evokes change talk and motivation
 - Involves use of OARS micro skills
 - Collaborative perspective
 - Avoids power struggles
- What do we want to use in difficult situations to deescalate the situation?

Confrontation



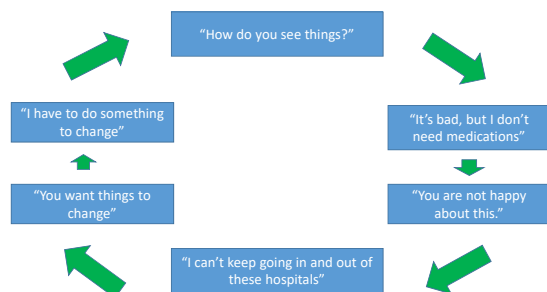
Confrontation Style

- Activates the Reactance Theory
 - Even if they want to change, they may argue against it
- Defensiveness prevents Ambivalence from coming to the surface
- Evokes Sustain Talk (the opposite of Change Talk)
- What does this look like?

Statements that Invite Confrontation

- “You’re not...”
- “You have to...”
- “You...”
- “I don’t want to argue with you, but...”
- “Can I finish...”

Empathic Style



Empathic Style

- Fighting that “Righting Reflex” and listening
- Let go of trying to identify the problem and solve it
- Allows ambivalence to come to the surface
- Evokes change talk
- What does this look like?

Statements that Convey Empathy

- “You want things to be different.”
- “You don’t want to be in pain anymore.”
- “There is this dark cloud over your head no matter where you go or what you do.”
- “Getting better is important to you.”
- “This needs to change.”

Empathy is *not*...

- Feeling sorry for someone
- Having had the same problem or experience
- Identification with the client

Empathy is...

- The ability to accurately understand the client’s meaning = “*Accurate Empathy*”
- The ability to reflect that accurate understanding back to the client.
- The first step is to be able to listen to the client

What Good Listening is **Not**

(Roadblocks: Thomas Gordon, Ph.D.)

1. Ordering, directing or commanding
2. Warning or threatening
3. Moralizing, preaching, or telling clients what they “should” do
4. Advising, offering solutions, and suggestions
5. Teaching, lecturing, and giving logical arguments
6. Judging, criticizing, directing, and blaming

What Good Listening **Not** (continued)

7. Name calling, stereotyping, and labeling
8. Interpreting, analyzing, and diagnosing
9. Praising, agreeing, and giving positive evaluations
10. Reassuring, sympathizing, and consoling
11. Questioning, interrogating and cross-examining
12. Withdrawing, distracting, humoring or changing the subject

Why are these “roadblocks”?

- ✓ They get in the speaker's way. In order to keep moving, the speaker has to go around them.
- ✓ They have the effect of blocking, stopping, diverting, or changing direction.
- ✓ They insert the listener's "stuff".
- ✓ They communicate:
 - One-up role: listen to *me!* I'm the expert.
 - Put-down (subtle, or not-so-subtle)

The MicroSkills - OARS

- Open Ended Questions
- Affirmations
- Reflections
- Summaries



Why Favor Open-Ended Questions?



- Encourages client to do the talking.
- Prevents “interrogation” effect.
- Elicits much more information.
- Even better: try doing 1-3 reflections THEN asking an open-ended question.

Open-Ended Question sound like...



- “What...Which...Where...How...Tell me...”
- “How has therapy been going for you?”
- “What do we need to get in place for you to be successful after discharge?”
- “What do you think you’ll take care of first?”
- “Tell me about the relationship with your family.”

Closed Questions sound like...



- “Do you...Are you...Did you...Could you...Have you...?”
- “Are you taking your medications like you are supposed to?”
- “Did you go to therapy today?”
- “Are you feeling better today?”
- “Do you have a drinking problem?”

Converting closed questions to open...

Closed Question	Open Question
Do you think you have a problem with alcohol?	What concerns you about your alcohol use?
Anything else?	What problems has your drinking caused for you?
Is it important for you to take your medications?	What else?
Don't you have anyone who can be a positive support	How important is it for you to take your medications?
	What options do you have for positive support after

We can use open questions to emphasize forward vs. backward focus...

Backward Focus	Forward Focus
Why did you do that?	How can you get back on track?
Why can't you do that?	How could you do that?
Why haven't you been able to get a job?	What can you do this week to move forward with your job search?
Why didn't you follow through with that?	What will help you follow through with that?

We can use open questions to *facilitate* solutions rather than *dictate* solutions:

Dictate Solutions	Facilitate Solutions
Why can't you get one of those Medminder?	How are you going to take your medications regularly?
What about that apartment in Minneapolis?	Sounds like Minneapolis might be one option. What else have you thought of?
What about counting to 10 before acting?	When you think about times you've been able to manage your anger, what things have worked for you?

Tips for Open-Ended Questions

Use Open-Ended Questions to Facilitate Behavior Recognition

- Focused on the other people in a person's life
- "What has happened that *other people* think you need to be here?"
- "What is it that *other people* are concerned about?"

Use Open-Ended Questions to Respond to Shocking Statements

- Respond with curiosity, not judgement
- Let's them know you are paying attention and works at trust
- "How did you think I would react to that statement?"

Tips for Open-Ended Questions

Consider Multiple-Choice Questions

- Open-ended questions may be overwhelming
- Provides structure, maintains autonomy, and helps the client move on
- "Do you feel upset by this, fine with it, or maybe something else?"

Avoid questions about Steps and Plans in Early Stages

- Can hinder engagement
- You may not have the entire story yet

Affirmations...



Affirmations are statements that support, encourage, reinforce, and acknowledge appropriate steps toward change

Affirmations are sincere, specific and immediate.

Affirmations are not cheerleading.

Affirmations...

- To affirm is to recognize and acknowledge that which is good including the individual's inherent worth as a fellow human being
- Provide support and encourage
- Affirmations overlap with empathy
 - Understanding other people's perspective is inherently affirming
 - "What you say matters, and I respect you. I want to understand what you think and feel."
- Need to listen and understand to give a genuine affirmation
 - You cannot honestly affirm what you do not know and appreciate

Affirmations...

Provide statements that support, encourage, reinforce, and acknowledge appropriate steps toward change

Lightweight Affirmations

Statements of support and appreciation

Heavyweight Affirmations

Statements about character or specific positive traits

Affirmations include...

- Commenting positively on an attribute
"You're a strong person, a real survivor"
- A statement of appreciation
"Thanks for your openness and honesty"
- Catch the person doing something right
"Nice job putting your laundry away by yourself—that shows a lot of initiative."
- A Compliment
"You put a lot of thinking into this"
- An expression of hope, caring, or support
"There are a lot of people on your side"

Affirmations and Impact on Treatment

- Strengthen the working alliance
- Diminish defensiveness
- Illustrates Compassion
- Important for Engagement
- Express positive regard and caring
- "I" statements=praise
- Strength based focus

Tips for Affirmations

Affirmations about specific behavior

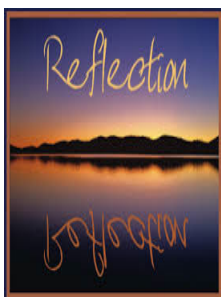
- Most acceptable when someone is ready to change
- "It's great that you want to cut back on your drinking."

Affirmations about strengths and values

- May be beneficial when the person is less ready to change
- "You are willing to consider difficult decisions in order to make the best choice for yourself."

Elevated resistance may not be the time to use Affirmations

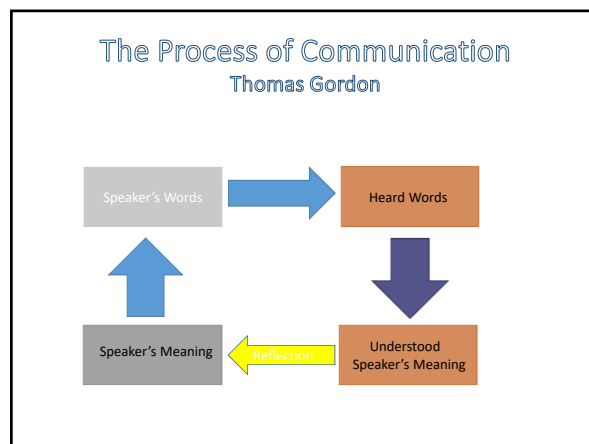
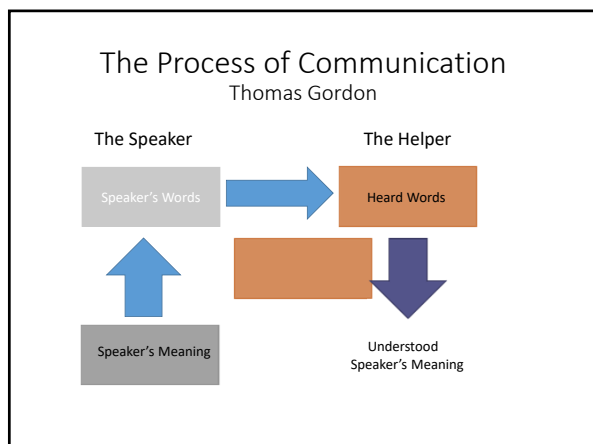
OARS: Reflections!



- Reflect back to the person a short summary of how you understand what was said
- Summary of what is happening in the moment

Reflections

- Demonstration that you are listening, hearing, and understanding
- Taking time to understand another person's perspective
- Being an active partner in the communication process
- Forming a hypothesis
- Takes training—it is a skill (a learnable one)
- More than parroting
 - It involves more than repeating back



How to Form a Reflection

- Gather information about the client
Speech, facial expression, behavior, etc.
- Capture only the key element or elements of what is being said
- Make a guess or hypothesis about the deeper meaning (therapeutic hunch)
- Make a statement
 - Statements make people more comfortable and keep them talking

Levels of Reflection

Simple Reflection

Conveys understanding, but adds little or no meaning or emphasis

Types of Simple Reflections

- 1) Repeat
- 2) Rephrase

Levels of Reflection

Complex Reflection

- Makes a guess or hypothesis that adds substantial meaning or emphasis to what the client has said
- Conveys a deeper or more complex picture
- May emphasize a certain part of what the client has said or take the conversation in a different direction

Complex Reflection Examples

1. Verbalizing Unspoken Emotion

- Something not yet stated by the client
- Recognize the emotion and say it back to the patient
- Can be long or short
- Can be direct or tempered

EXAMPLES

"You are really angry with your mother."

"You are scared."

"It sounds like you are confused about what to do."

Complex Reflection Examples

2. Reframing

- Looking at something from a different perspective
- Usually more in a more positive manner

EXAMPLES

Client: "I have been to treatment 8 times and it never takes"

Helper: "You are determined to get better."

Client: "Without a job, I can't get my own place to live and I cant spend time with my kids."

Helper: "It is important for you to be a good father."

Complex Reflection Examples

3. Metaphor or Simile

- Picture Language
- Can rapidly convey to a patient you understand

EXAMPLES

"You are between a rock and a hard place."

"You feel like you are just a rat in a cage."

"It's like your life is a roller coaster with all of these ups and downs."

Complex Reflection Examples

4. Double-Sided

- Reflects both sides of ambivalence
- Connected with an "and" or a "yet" – not "but"
- Order of what said is important
- Standard format "On the one hand A, yet B."

EXAMPLES

"On the one hand you don't want to live anymore, yet you want to be there for your kids in the future."

"You are so angry right now you want to destroy your neighbors things, yet you know that would send you back to jail."

Helpful Hints when Using Reflections

- We are taught to ask questions
- Use of Stems
 - "Sounds like..."
 - "It seems..."
 - "I'm hearing that..."
- Aim for 3:1 ratio
- Reflections are the Key to MI

Summarizations

(A special form of reflection)

- ✓ Collecting (change talk bouquet)
- ✓ Linking (making connections for the client)
- ✓ Transitioning

****Finish summaries with an invitation to continue or correct...**



When Good OARS Go Bad

- **O** – Too many questions, even if open-ended, can hinder engagement
- **A** – If not genuine, specific, and timely – can become an obstacle within the relationship
- **R** – If you reflect the 'sustain talk,' even if they are good complex reflections, the client will not move toward change

Resistance

- Resistance is an interpersonal process
- For many clients, resistance is normal reaction to their environment
- Three types of communication
 - 1) 'Resistance Talk' – negative comments about treatment or the relationship with staff
 - 2) 'Sustain Talk' – statements about not engaging in change
 - 3) Resistance to change may be observed in a lack of communication (e.g., silence, responding 'huh', etc.)

Resistance in Motivational Interviewing

- **Resistance is now conceptualized as Sustain Talk and Discord**
- **Resistance focuses on client pathology**

Sustain Talk

- About the target behavior
- Desire for status quo
- Inability to change
- Reasons for sustaining status quo
- Need for status quo
- Commitment to status quo
- **It is a normal part of ambivalence**
- Examples
 - "I really don't want to stop smoking"
 - "I have to have my pills to make it through the day"

**I
DON'T
WANT
TO!!!**

Discord

- Behavior
- Discord is about the relationship
- **Interpersonal (It takes two to resist)**
- **A signal of relationship deterioration**
- **Highly responsive to helper style**
- **Examples:**
 - "You can't make me quit"
 - "You don't understand how hard it is for me"

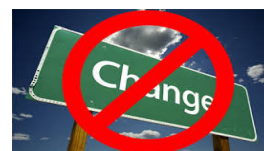


Some Discord Signals

- **Defensiveness**
- **Arguing**
 - Challenging, Discounting, Hostility
- **Interrupting**
 - Talking over the helper
- **Ignoring**
 - Inattention, Changing the subject

Sustain Talk & Discord

- Both are predictive of non-change
- Both are Highly responsive to counselor style
- How we respond to sustain talk can cause discord!



Examples of Resistance

Client	Practitioner 1: Not So Effective	Practitioner 2: More Effective
I shouldn't even be in this anger counseling. This whole thing was a set up. My wife should be sitting here right now.	Well, she's not – you are... and you need to start taking some responsibility for your own behavior.	This is feeling unfair to you. Like you're being singled out. How can you make the best of the situation?
You've probably never even used drugs. How old are you anyway? I want a new counselor!	This isn't about me, it's about you... and, no, we don't give people new counselors!	You're wondering how I'm going to be able to relate to what you're dealing with. Tell me more about that.

Tips when responding to Resistance:

- ✓ Expect it!
- ✓ Allow autonomy
- ✓ Use Reflections
- ✓ Remain non-judgmental
- ✓ Don't argue against it – “Roll with it”
- ✓ Emphasize person's ability to choose
- ✓ Remember – it is just the other side of the ambivalence
- ✓ Resistance is a signal to respond differently

Recognizing Resistance

- Be on the lookout for signs of resistance from the clients
 - Negative comments about treatment, hesitation to work with you, arguing with staff, remaining silent, etc.
- “Step Back” once you are aware of resistance
 - Maintain a neutral stance
 - Offer appreciation of the present dilemma
 - Remember it takes two to wrestle – if you stop, the client cannot continue to wrestle
 - Remember the Reactance Theory

Avoid Persuasion

- Easy to fall back on persuasion when consequences of not changing are significant
- Persuasion can take many forms
 - Support/Encouragement: “I know you can do it.”
 - Directing Change: “How about you try...”
 - Yeah, but...: “Yeah, but I have tried that before...”

Strategic Responses to Resistance

Pros and Cons

- Elaboration of the double-sided reflection
- Can be used even if the client has not expressed both sides of ambivalence
- First – Respond to Sustain Talk by asking for elaboration
 - This allows you to establish rapport, roll with resistance, and get a better understanding to the barriers of change
- Second – Ask about the Pros of the change
 - Asking this after inquiring about sustain talk decreases the likelihood of eliciting resistance

Strategic Responses to Resistance

Pros and Cons (continued)

- Try to focus on adopting a positive behavior rather than decreasing a negative behavior
 - “Staying clean” vs. stop using drugs
 - Eating more vegetables vs. Eating less junk food
- *If a client is not able to identify the positives of the change, continue to roll with the ambivalence*
 - *Right now you are not sure there are any reasons to change.*

Strategic Responses to Resistance

Shifting Focus

- If other strategies do not help, shifting the conversation away from the resistance may be beneficial
- Steer the conversation around the 'stumbling blocks' to another therapeutic discussion
- Options may include other areas of the client's life that may be related to this change or an intermediary goal

Client: I do not want to take medications. I know that is what you are going to tell me to do, and I am not going to do it.
Staff: It doesn't make sense to tell you to do something without knowing the whole story. Let's talk about what is going on with your health right now.

Strategic Responses to Resistance

Emphasizing Personal Control

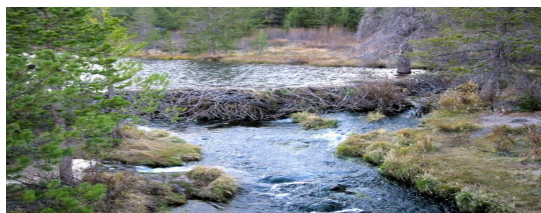
- Focus on the client's right to choose to change
- You can allow the client to choose, even when the consequences of one choice may be severe
- Often choices can be found even in constraining environments

"I realize you will have to deal with whatever consequences are in place, but it is your choice whether or not to follow your probation plan."

Dealing with Resistance is like Removing a Dam

Don't worry about taking down the whole thing. Just remove a few rocks (and don't add any more), and then get out of the way. The water will do the rest.

Cleve Sharp, M.D.



Conclusions

- Refresh your abilities with the MicroSkills we discussed today
 - Open Ended Questions
 - Affirmations
 - Reflections
 - Summaries
- Be receptive to, and on the lookout for, change talk.
- Pursue further training in Motivational Interviewing
 - Workshops/Conferences
 - Read about Motivational Interviewing



Online Resources

- www.motivationalinterview.org
- casaa.unm.edu (Center on Alcoholism, Substance Abuse, and Addictions)
- <https://www.thenationalcouncil.org/webinars/applying-motivational-interviewing-principles-with-people-with-serious-mental-illness-during-crisis-situations/>

Great Resources:

- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd Ed.). New York: Guilford Press.
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