

HOW M-I A CHANGE CATALYST?

INSPIRE LASTING CHANGE WITH MOTIVATIONAL INTERVIEWING

SESSION #644

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MOTIVATIONAL INTERVIEWING (MI)

- Focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change
- Prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change
- “Love with a goal”

WHAT MI IS NOT

- Not about giving advice
- Righting reflex-the tendency of health professionals to advise clients about the right path for health which often has a paradoxical effect in practice.

MI SPIRIT

1. Partnership
 - It's imperative to create a collaboration between client and the practitioner where the client is the expert.
2. Acceptance
 - *Absolute Worth*- When people feel worthy and accepted for who they are, they are more likely to change.
 - *Accurate empathy*- Practitioners need to be genuine and attempt to understand the client's internal perspective.
 - *Autonomy and support*- Clients have the freedom to choose change
 - *Affirmation*- Practitioners should be intentional in acknowledging client's strengths and effort.
3. Compassion
 - A commitment to seek and understand one's lived experiences, values, and motivations without judgement.
4. Evocation
 - A belief that each individual already has what they need within them, and the practitioner's role is to bring it out

PRINCIPLES OF MI

1. Express empathy
 - Acceptance enhances self-esteem and facilitates change.
 - Skillful reflective listening is fundamental.

2. Develop discrepancy
 - Motivation for change occurs when clients perceive a mismatch between where they are and where they want to be.
 - Practitioners help clients examine how the problem behavior is in direct conflict with an important goal or value they have.
3. Avoid arguing
 - Do not confront denial or beliefs.
 - Listen for Change talk vs. Sustain talk.
4. Roll with resistance
 - Direct client towards change.
 - Look for the “hook”.
5. Support self-efficacy
 - If client believes that you think they can change, they are more likely to do it.
 - If they see the stronger person within, they are also more likely to change.

BEHAVIOR CHANGE

- Three critical components to change:
 1. Willingness
 2. Readiness
 3. Ability
- Change is hard and ambivalence is normal (can be verbal or nonverbal).
- Practitioners can be a catalyst by using MI to move people through the stages of change.
- Change talk:
 - Preparatory "Change" Talk
 - Desire- I want
 - Ability- I can
 - Reason- It's important
 - Need- I should
 - Implementing "Change" Talk
 - Commitment- I will
 - Activation – I am ready, willing, able
 - Taking Steps- I am taking steps

STAGES OF CHANGE

- Precontemplation
 - *Clients*- don't recognize a need, not thinking about making a change
 - *Practitioners*- attain history and listen for discrepancies
- Contemplation
 - *Clients*- beginning to think about making a change but not yet ready to make a commitment

- *Practitioners*- explore both positive and negatives of lifestyle choice under consideration and help clients appreciate any disconnect between goals and lifestyle choices
- Preparation
 - *Clients*- actively implementing plan for change
 - *Practitioners*- assess commitment to change, offer a menu of choices or strategies, and identify any possible supports/ barriers to change
- Action
 - *Clients*- preparing for action in the foreseeable future
 - *Practitioners*- identify any unexpected challenges and help client to define coping strategies, and track progress
- Maintenance
 - *Clients*- maintaining healthy lifestyle changes
 - *Practitioners*- identify any people, places or things that could trigger relapse and help clients to build skills to prevent relapse
- Relapse
 - *Clients*- resumes old behaviors
 - *Practitioners*- Evaluate triggers of relapse, reassess motivation, and plan stronger coping strategies

MI TECHNIQUES- OARS

- Open- ended questions
 - Invites clients to “tell their story” in their own words without leading them in a specific direction.
 - Creates forward momentum and used to help clients explore the possibility of change
 - Use of “How, When, What”
- Affirmations
 - Statements and gestures that recognize clients’ strengths and acknowledge behaviors that lead in the direction of positive change
 - Assist in building rapport and in helping clients see themselves more positively
 - Supports self-efficacy
 - Must be genuine and congruent
- Reflective listening
 - *Repeating or rephrasing*: repeats or substitutes synonyms or phrases, and stays close to what the client has said
 - *Paraphrasing*: makes a restatement in which the client’s meaning is inferred
 - *Reflection of feeling*: Practitioner emphasizes emotional aspects of communication through feeling statements.
 - Supports the expression of empathy and is meant to close the loop in communication to ensure breakdowns don’t occur

- Vocal inflection always goes down
- Summaries
 - Special type of reflection where practitioner recaps what occurred in part or whole
 - Always begin with a statement indicating you are making a summary
 - Give special attention to change talk
 - If client exhibits ambivalence, summarize both sides of the issue/concern

Resources:

<https://williamrmiller.net/>

<https://myrelationshiphq.com/offerings/workshops/>

<https://positivepsychology.com/motivational-interviewing-books/>

ADDITIONAL NOTES:

Thank you so much for your time and commitment!

Please feel free to contact me anytime if you have questions, feedback, or just want to connect.

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