



Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

Motivational Interviewing

July 24th, 2020

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The presenters do not have anything to disclose regarding commercial interests and do not plan on discussing unlabeled/investigational uses of a commercial product.

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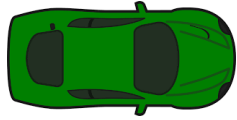
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- ✓ Please remember to mute if you are not speaking.
- ✓ Feel free to use the chat function for ongoing comments and questions. We will keep a record.
- ✓ Do what you need to take care of yourself throughout the session.

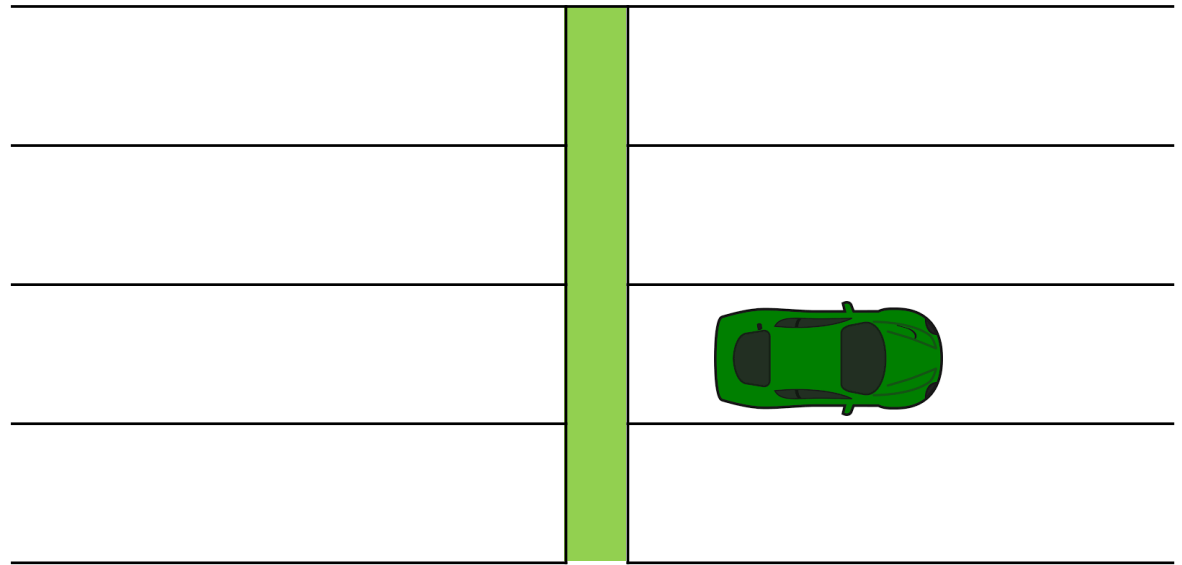
****This training (and all future trainings)
will be recorded.**

Agenda

9:00 - 9:10am	Welcome, Agenda, and Housekeeping (10 mins)
9:10am - 10:05am	Introduction to Motivational Interviewing & OARS Practice (55 mins)
10:05am - 10:10am	Break/Stretch (5 mins)
10:10am - 10:15am	Reviewing Communication Agreements/Vision for Shared Learning (10 mins)
10:15am - 10:35am	Dyad Breakout: Unpacking Implicit Bias (20 mins)
10:35am – 11:05am	Change & Sustain Talk (30 mins)
11:05am - 11:25am	Break/Stretch (20 mins)
11:25am - 12:00pm	More Change & Sustain Talk & Working with Discord (35 mins)
12:00pm - 12:25pm	Breakout Groups: Working with Discord (20 mins)
12:25pm - 12:35pm	Planning & Consolidating (10 mins)
12:35pm - 12:40pm	Break/Stretch (5 minutes)
12:40pm - 1:05pm	Breakout Groups: Applying MI (25 mins)
1:05pm - 1:25pm	Questions/Comments/Evaluations/Parking Lot (20 mins)
1:25pm - 1:30pm	Wrap Up/Next Steps (5 mins)



Park your
**PRACTICE
TRANSFORMATION
QUESTIONS**
here!



*Got a question about how the clinical training
impacts a workflow?*

*Got it down in the chat, with the header
“PT Parking Lot”.*

*We’ll respond either during the training event
and/or follow-up after.*

Take a poll!



Motivational Interviewing



A tool for engaging clients,
building a therapeutic alliance,
and activating and sustaining change

Motivational interviewing is a directive, client-centered approach for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with a nondirective approach, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the Community Health Worker or Family Partner is intentionally directive in pursuing this goal.

(Stephen Rollnick, PhD & William R. Miller, PhD)

<https://www.youtube.com/watch?v=Xv2VIEY9-A8>

Change is hard!



What is something you've considered changing that has been difficult to change?

What gets in the way?

Why learn a
specific technique
to support
change?

MI can empower clients through:

Enhancing engagement in the change process, in defining personal goals, and developing ownership over the stages of change

Honoring where the person is at right now; Understanding all stages as part of the change process

Facilitating self-awareness and self-acceptance

Accessing internal motivation for change, rather than relying on external reasons or forces

Building a relationship of respect and trust with the CHW/FP

“Unsticking” points of “stuckness”

8 Stages of Learning MI

1. Overall Spirit of MI
2. OARS: Client-Centered Skills
3. Recognizing Change Talk & Sustain Talk
4. Eliciting & Strengthening Change Talk
5. Rolling with Sustain Talk & Discord
6. Developing a Change Plan
7. Consolidating Commitment
8. Transition & Blending

Element	Example
COLLABORATION vs. confrontation	“We are going to work together.”
EVOKING vs. imposing	“I am going to create a safe space for you to share yourself, your story, and your perspective with me.”
AUTONOMY vs. authority	“I value you and am glad to talk with you.”
COMPASSION	“I want to understand and respect you and your experience.”

12 Roadblocks to Listening

Ordering, directing, or commanding	Warning, cautioning or threatening	Giving advice, making suggestions, providing solutions	Lecturing, persuading with logic, arguing
Moralizing, or should-telling	Blaming, judging, criticizing, disagreeing	Agreeing, approving, or praising	Shaming, ridiculing, or labeling
Analyzing, interpreting	Reassuring, sympathizing, or consoling	Probing or questioning	Withdrawing, distracting, humoring, or changing the subject

Thomas Gordon



Open Questions invite others to tell their story without leading in a specific direction.



Affirmations recognize client strengths and acknowledge behavior that leads in the direction of positive change, no matter how big or small.



Reflective Listening is a pathway for engaging others in relationships, building trust, and fostering motivation to change.



Summaries apply reflective listening and can be used throughout conversation. They are particularly helpful at transition points.

Example of Open vs Closed Question:

“Did you have a good relationship with your parents?” (CLOSED)

“What can you tell me about your relationship with your parents?”
(OPEN)

How would you change the following closed Qs into open Qs?

Did you have a nice day?

Did you like school when you were a kid?

Was it easy to get to your appointment?

Do you like your job?

Have you noticed any changes in your child?

Are you worried about the coronavirus?

Did you understand everything your child’s PCP told you about their visit?

Were you surprised by your child’s diagnosis?

What types of questions are these?

- What do you like about _____?
- Are you interested in learning about _____?
- How can I be helpful with _____?
- What consequences might happen if you _____?
- Tell me about your _____?
- What if you decide to try _____?
- Are you concerned about _____?
- Do you want _____ to change?

What is an open-ended question you have used to spark dialogue with a child or family?



What is an affirmation?

Why do we use them in MI?

“Affirm” is derived from the Latin “affirmare”, which means to strengthen or make firm

- Accentuates the positive
- Seeks and acknowledges a person’s strengths and efforts
- Reinforces actions or choices the person is making such as healthy coping skills or steps toward change
- Demonstrates that you are paying attention to the person and noticing them; helps a person feel seen

Example of Affirmations:

“I appreciate your willingness to meet with me today.”

“You are clearly a very resourceful person.”

“That’s a really good suggestion.”

“Thank you for your time and openness today.”



What is an example of an affirmation you’ve used recently with a family?



What is an affirmation that you can offer yourself today?

Simple Reflections

Repeat: These reflections add nothing to what the client has said but simply repeat or restate it using some or all of the same words.

Ex.

Parent: *I can't take time off work to help my son finish his school assignments.*

CHW/FP: *You can't take time off work to help your son finish his school assignments.*



“Reflective listening is the key to motivational interviewing. Listen carefully. The person will tell you what has worked and what hasn’t. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen.”

(Miller & Rollnick, 1991)

Simple Reflections

Rephrase: These reflections stay close to what the client has said but slightly rephrase it, often by substituting a synonym. It is the same thing said by the client but in a slightly different way.

Ex.

Parent: *I get no support from anyone.*

CHW/FP: *At this point, there's no one in your life that you feel is giving you support.*

*Offer a simple reflection – a **repeat** or a **rephrase** – for the following:*

“I’ve been really stressed lately.”

“My son didn’t feel comfortable with the doctor, so he didn’t talk at the appointment.”

“I could take the bus but I don’t like it, especially in the bad weather.”

“My husband doesn’t believe the diagnosis and he doesn’t see the point of these meetings.”

“I can’t ever get anyone on the phone at DTA.”

Complex Reflections

Continuing the Paragraph: the CHW/FP anticipates the next statement that has not yet been expressed by the client

Client: The only consequence I use with my son is taking his game away from him.

FP: And you're wondering if there's another option.

Complex Reflections

Amplified Reflection: content offered by the client is exaggerated, increased in intensity, overstated, or otherwise reflected in a manner that amplifies it.

Client: I'm not really the type of parent to force my kid to do things.

CHW: You can't imagine a scenario where you'd ever want to make your child do something.

Complex Reflections

Double-side Reflection: both sides of ambivalence are contained in a single reflective response.

Client: I don't need any condoms. The school nurse gave me some already, but I don't like to use them.

CHW: While you prefer not to use condoms, preventing pregnancy is also important enough to you that you've talked to the school nurse and to me about this.

Complex Reflections

Metaphor and Simile: using comparisons as reference points.

Client: Thinking about setting up the DBP appointment makes things so tense with my husband that we the avoid the subject altogether.

FP: What might come out of the appointment is the elephant in the room between you and your husband.

Complex Reflections

Reflection of Feeling: reflecting the underlying emotion that was not directly verbalized by the client.

Client: I can't add another appointment or specialist but I don't really have a choice.

CHW: The idea of not addressing this issue scares you.

<https://www.youtube.com/watch?v=wdqtsPnK2bs>

1) Begin with a statement indicating you are making a summary. For example:

- Let me see if I understand so far...
- Here is what I've heard. Tell me if I've missed anything.

2) Give special attention to **Change Statements**.

- **Problem recognition:** "My use has gotten a little out of hand at times."
- **Concern:** "If I don't stop, something bad is going to happen."
- **Intent to change:** "I'm going to do something, I'm just not sure what it is yet."
- **Optimism:** "I know I can get a handle on this problem."

3) If the person expresses ambivalence, it is useful to include both sides in the summary statement.

- For example: "On the one hand..., on the other hand..."



4) It can be useful to include information in summary statements from other sources (e.g., your own knowledge of the family, resources, content, or process).



5) Be concise.



6) End with an invitation. For example:

Did I miss anything?

If that's accurate, what other points are there to consider?

Anything you want to add or correct?



7) Depending on the response of the client to your summary statement, it may lead naturally to planning for or taking concrete steps towards the change goal.

In groups of three (speaker, listener, and observer), practice using OARS.

1. Speaker begins by saying “One thing about myself I’d like to change is _____.”
2. Listener asks at least one open question.
3. Speaker answers.
4. Listener reflects.
5. Observer bears witness to make sure question is open and to identify which type of reflection is used.
6. Observer offers feedback to Listener.
7. Speaker talks about how it felt to be in that exchange.
8. Switch roles twice so that everyone has the opportunity to play each role.

Stages of Change

Pre-contemplation: Not even thinking about it
“I’ve got enough to deal with already.”

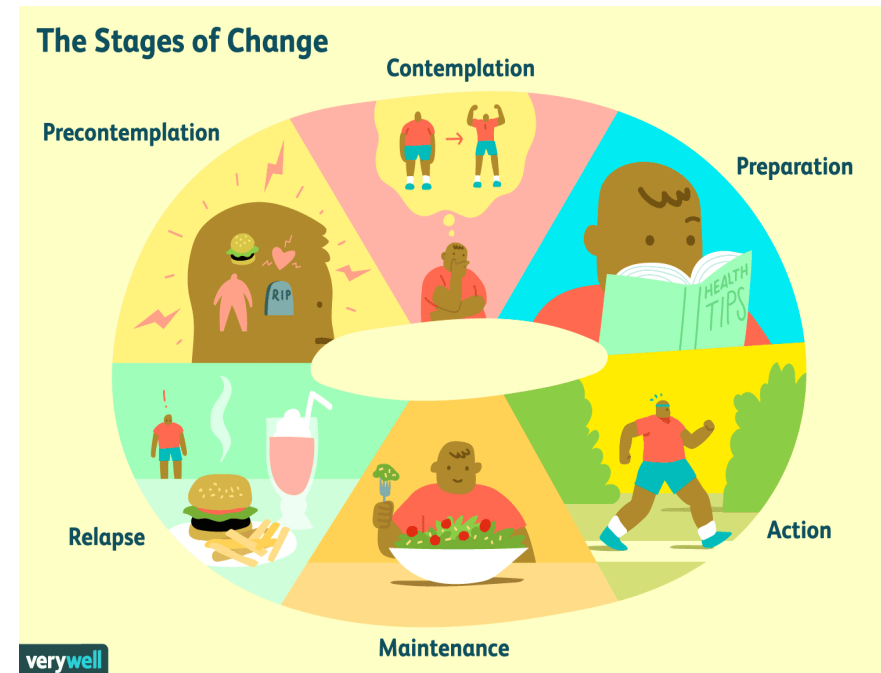
Contemplation: Planning to do it someday
“I know I should and I want to, but just not right now.”

Preparation: Taking steps
Cutting back, getting rid of triggers, telling friends, etc

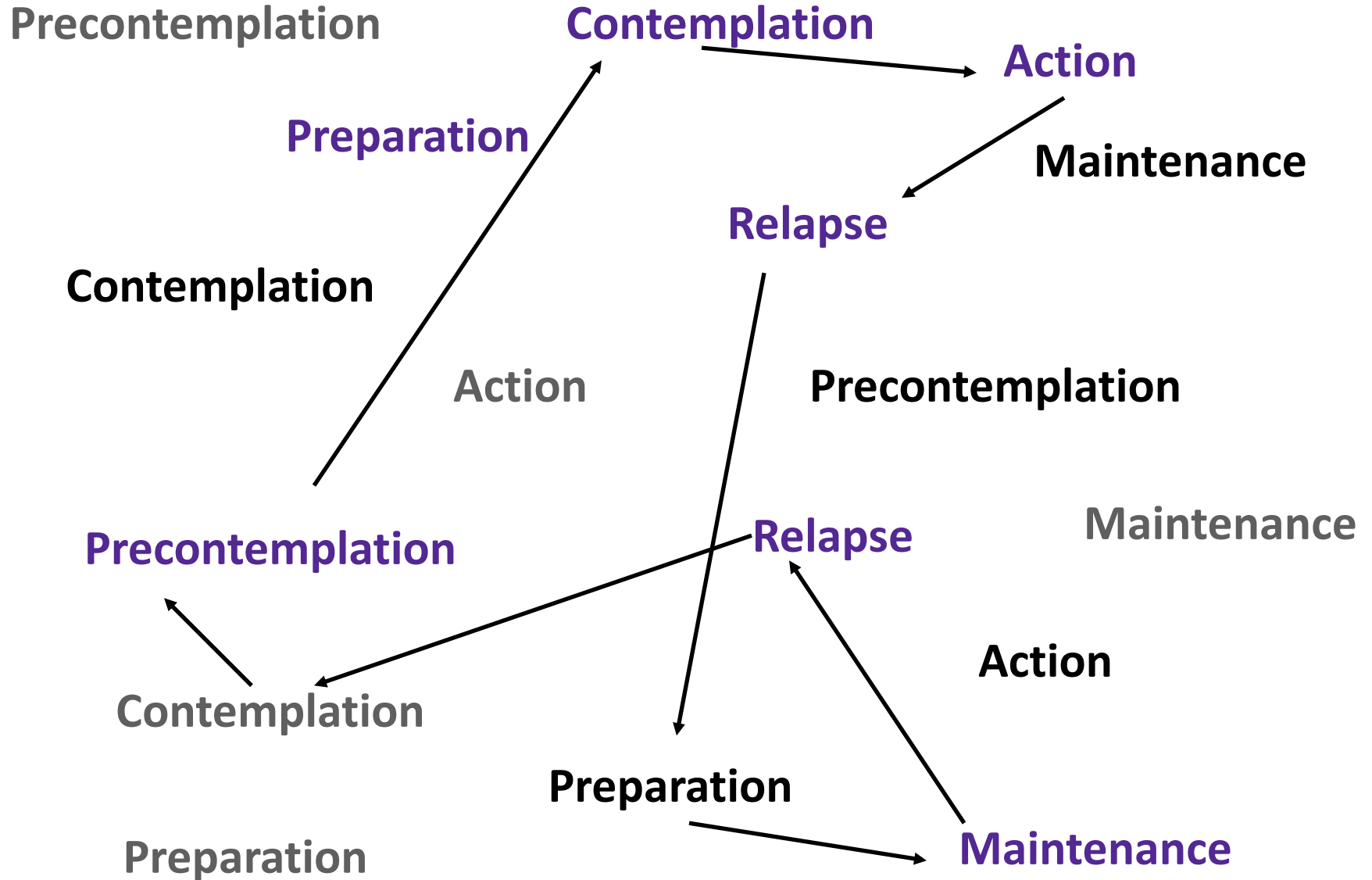
Action: Doing it!
Establishing practices

Maintenance: Sticking with it
Routine part of my life

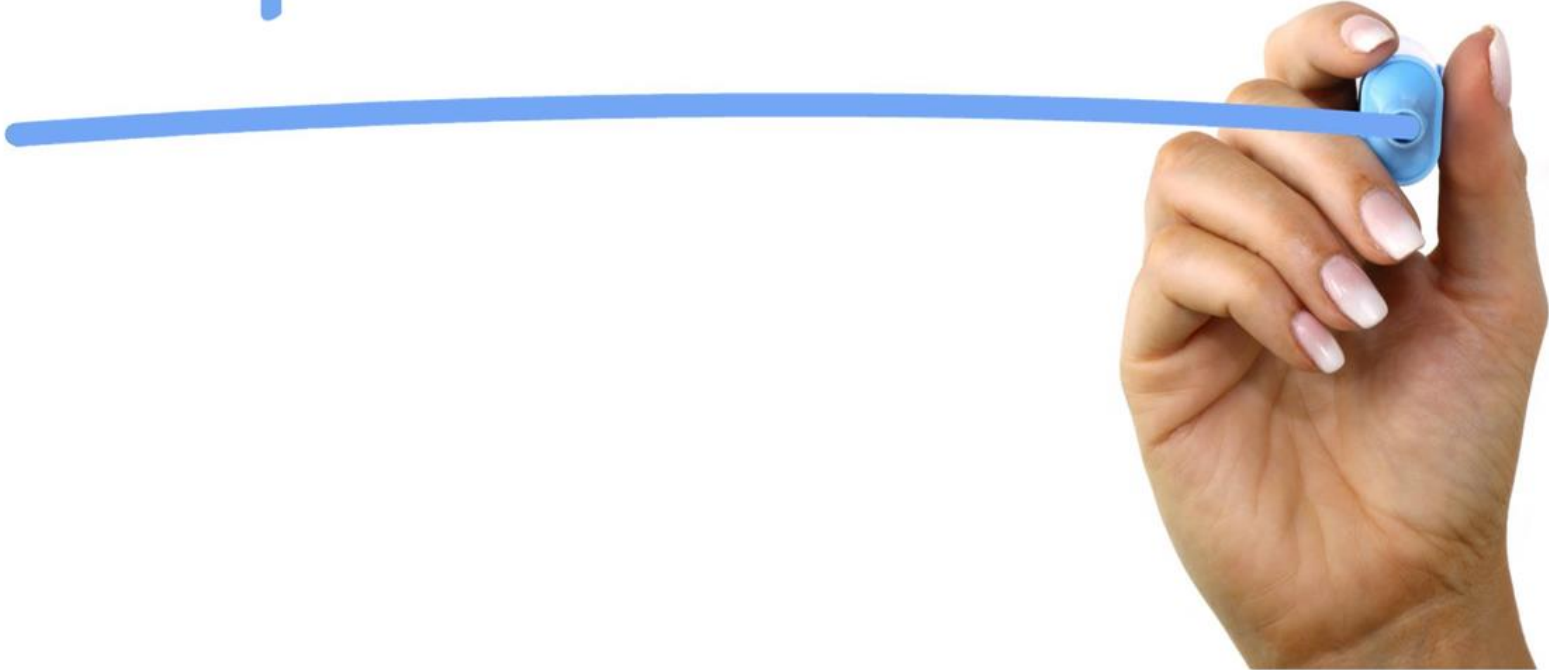
Relapse: Falling off and trying to get back on track
Natural part of the cycle

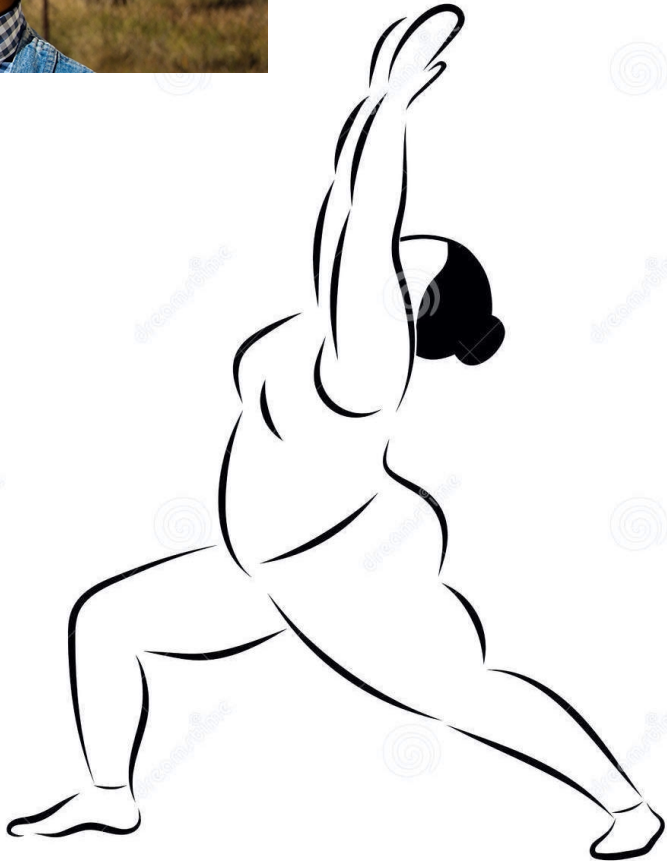


(Prochaska and DiClemente, 1983)



AGREEMENTS





We all hold biases and those biases can accompany us into our clinical practice. Throughout the learning community, we will create safe spaces for building awareness around implicit bias, exploring it, unpacking, and unlearning.

<https://implicit.harvard.edu/implicit/selectatest.html>

Take one of these tests now and make a note of your results. Over the course of the next month, we encourage you to make your way through the tests and keep record of the findings. Be honest. This is intended to serve you and your growth process. You are not obliged to share the results.

Change Talk

- Any language that favors change
- Indicators or signals that the person may be considering/thinking about/or planning on change
- Disadvantages of status quo
- Advantages of change
- Optimism about change
- Intention to change



Sustain Talk

- Any talk that favors the status quo
 - Does not move toward change
 - Disadvantages of change
 - Advantages of status quo

Activity:

Listen for change talk!

Adele's "Water under the Bridge"

<https://www.youtube.com/watch?v=sRLbAnuAlxc>

NSync's "Bye Bye Bye"

<https://www.youtube.com/watch?v=nCKpLc374bc>

ELABORATION: Ask for more detail or an example

AFFIRM: Comment positively on the statement

REFLECTION: Identify what you heard in terms of change

SUMMARIZING: Synthesize the conversation, particularly the client concerns and internal motivation

What would you choose to reflect back to strengthen the parent's change talk?

Parent:

"I don't really want to talk to the school about it, but I know that I should. I've tried before and it's really hard."



You:

- A) You really don't want to get into it with them.
- B) You feel you should probably share something with them.
- C) It hasn't worked out for you in the past.

What would you choose to reflect back to strengthen the parent's change talk?

Parent:

“Well sure, I'd like my child to be as healthy as possible, but she's doing fine so it's not a big deal if we miss appointments sometimes.”



You:

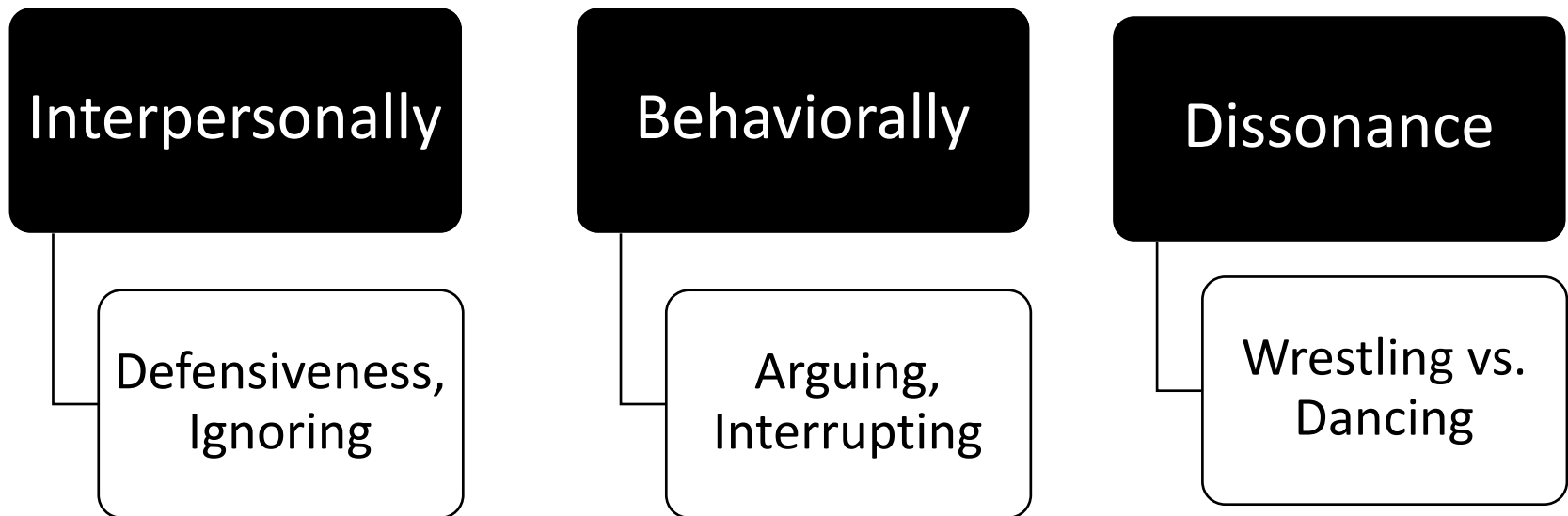
- A) You'd like her to stay healthy.
- B) You're not concerned that she's missing appointments.
- C) You're relieved that she's okay.

Ask yourself what you need right now...



and then give it to yourself!

When working with a client, we might perceive or experience discord in one of the following ways:



A client-centered approach reframes the concept of resistance as an opportunity or “a critical incident in the process with the potential to positively affect outcomes”.
(Watson, 2006)



What are some ways that you have worked with discord to shift back into a collaborative alliance?



Ways of working with “Resistance” or Discord:

- Educating the client about the concept of resistance and address its role in the process in real time.
- Using the Socratic method of questioning to draw out reasons for “resistance”.
- Generating more opportunities for client agency and authorship over the process.
- Tending to your collaborative and relational experience with the client; fostering more harmony.
- Brainstorming the pros and cons of continuing current behaviors versus making changes.

More ways to work with “Resistance” or Discord:

- Empathizing with the client and the reasons behind “resistance”.
- Stepping back with the client to look at the situation together, as if you’re looking at a landscape or a piece of art.
- Using language that mirrors your client’s language.
- Using gentle persistence when a client is unable or unwilling to proceed.
- Naming and accepting the limitations of certain periods in life when making change may be more difficult than other times.



Turning the Lens Inward

- *Describe a difficult interaction you've experienced with a client or family.*
- *Where did you find yourself wrestling? Why do you think it was happening?*
- *What could you have said to move toward dancing?*

Once there is clear commitment to and motivation for change, we may co-create a “how” plan. Some considerations...

- *When is it time to plan?*
- *Is the client clear on the focus area?*
- *What are this client’s own reasons for change?*
- *How confident does the client feel about making a change right now?*
- *How important does the client feel it is to make a change right now?*
- *As the practitioner, am I steering too far or too fast in a particular direction?*

Planning Goals

DEVELOP
SKILLS

ACTION
PLANNING

REMOVING
BARRIERS

EXPLORING
OUTSIDE
SUPPORT

Depending on where your client is along the change process, planning may take one of these forms:

- 1. *Clear Plan:*** *The path for moving forward is obvious to the client*
- 2. *Menu of Options:*** *Selecting and negotiating a plan from a variety of options*
- 3. *Unclear Plan:*** *Exploring, prioritizing, moving from a general to specific plan*



***HOW DO YOU
MAINTAIN THE SPIRIT
OF MI IN THIS PART OF
THE PROCESS?***

- Identifying commitment language
- Recognizing and valuing lower-level commitment
- Specific implementation intentions
- Timing: Getting to yes

In traditional, modular forms of MI, this “final” stage reflects one during which we blend the Motivational Interviewing style with other methods.



What other ways do you find yourself talking with families about making changes?

Seventh Inning Stretch



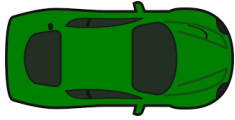
Luis is a 2½ year old boy of Honduran descent who lives with his mother, father, older brother, and uncle. His PCP has expressed concern about delayed language acquisition and wants to make sure he is receiving Early Intervention services. The family struggled to follow through with scheduling and keeping appointments prior to the coronavirus outbreak.

During the height of the pandemic, the PCP asked Carla, a Community Health Worker who had met with Luis' family once before and had called EI on their behalf, to check on them. Luis' father was laid off during the pandemic, and his mother continued to work half-time at a grocery store. Luis' older brother had been attending school online, but Luis was not involved in any organized programming for a few months. His mom told Carla that he liked having his dad home and that she hadn't noticed any change in his speech – either improvement or regression.

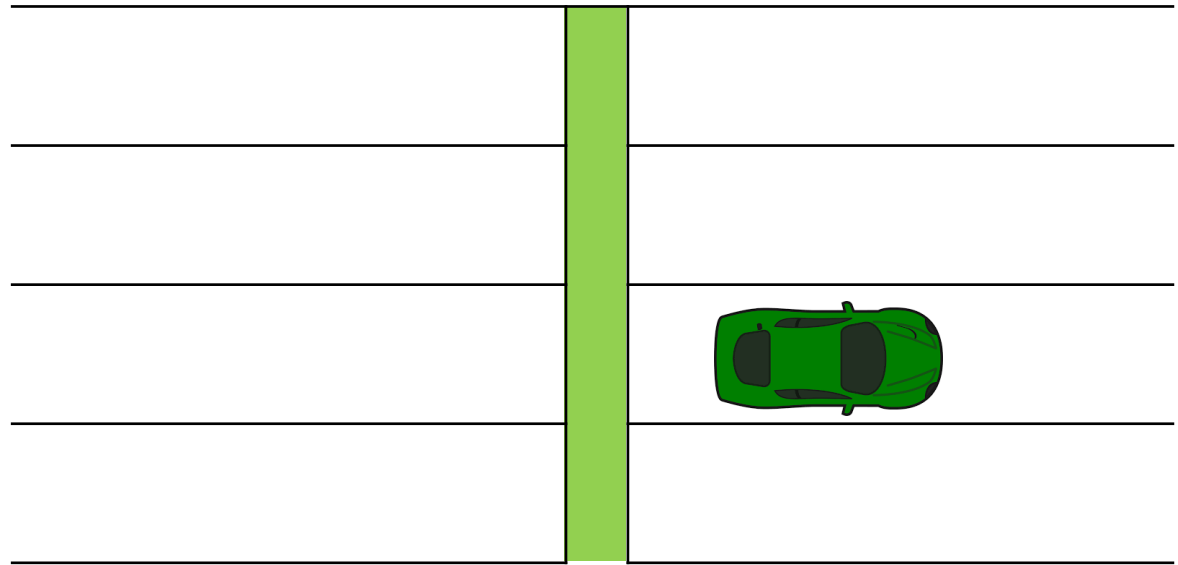
Carla attempted to resume the conversation about EI services and explained to Luis' mom how services have been reconfigured so that everyone is safe. Luis' mom agreed to schedule an appointment, but two weeks later when Carla called to check back in, nothing had been done. Carla messaged Luis' PCP, who then urged her to connect the family with services before Luis aged out of eligibility.

Discussion

- *How would you initiate this conversation again with Luis' mom?*
 - *What specific things (questions, statements) would you say?*
- *What similar situations have you experienced in clinic?*
 - *What happened?*
 - *What examples of OARS did you use?*
 - *If you were to approach that situation again, how could you have used MI techniques to support the process? Be specific.*



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Every Tuesday 9:30am-10am
Friday, August 7th 9am-1:30pm
Tuesday, August 11th 10am-11am
Tuesday, August 18th 10am-11am

Friday, August 21st 9am-1:30pm
Friday, August 28th 9am-1:30pm

ALL: Self-Care
BHCs: Behavioral Activation & Problem Solving
ALL: Supporting Families with School Circumstances
ALL: Preparing for the Worst: Choosing a Substitute Caregiver for a Child in the time of COVID-19
CHWs & FPs: Problem Solving Skills
BHCs: Cognitive Restructuring & Emotion Regulation

Questions? Comments?

