TEACHING THE FOUR PROCESSES

MINT Pre-Forum Workshop
Bill Miller & Terri Moyers
Fort Wayne September 2012



Relational Foundation

Motivational Interviewing

1. Engaging

2. Focusing



3. Evoking

4. Planning

The processes are somewhat linear . . .

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage Shall we walk together?
Focus Where?
Evoke Why?
Plan How?

. . . and yet also recursive

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event; re-focusing is needed, and focus may change
- Evoking can begin very early
- "Testing the water" on planning may indicate a need for more of the above
- The four processes are inter-woven

Four Foundational Processes

Planning

Evoking

Focusing

Engaging

Can it be MI without . . .

• Engaging? No

Focusing? No

• Evoking? No

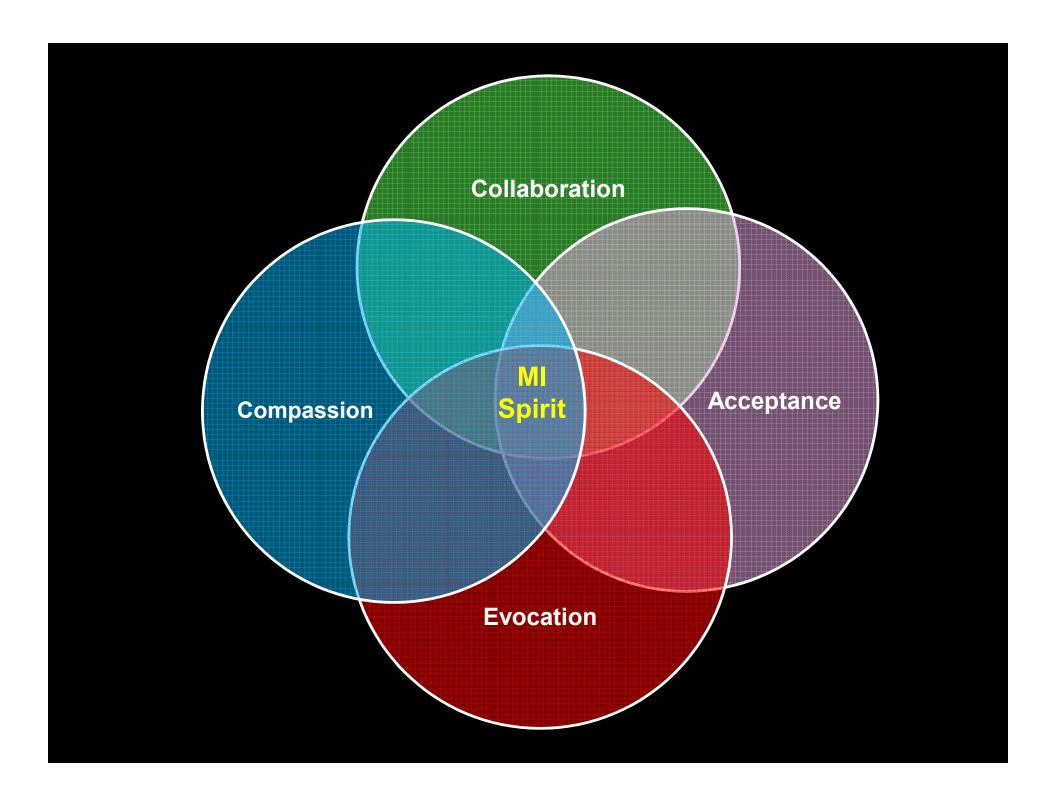
•Planning? Yes

So it becomes MI when . .

- 1. The communication style and spirit involve person-centered, empathic listening (Engage)
 AND
- 2. There is a particular identified target for change that is the topic of conversation (Focus)
 AND
- The interviewer is evoking the person's own motivations (or plans) for change (Evoke)

Change is Broader than Behavior

- Decision to make a choice
 - Forgiveness, Leaving or staying
- Attitude to become a different person
 - To be more Compassionate, Assertive etc.
- Condition to address a complex problem
 - Diabetes, depression, PTSD
- Resolution Acceptance
 - Complicated grief
 - Finding peace regarding a decision
 - Tolerance for anxiety, uncertainty etc.



LEARNING TO ENGAGE

What do clinicians tell themselves that leads them away from MI?

•

Mental Shifts in Engaging

- Engaging is Task #1
- Directing, Guiding and Following
- Resist the Righting Reflex, Directing, and Fact Gathering
 - [Decrease MI-inconsistent responses]

Skills in Engaging

- OARS
- Replacing questions (fact gathering) with reflections
- Complexifying reflections

Measuring Engaging

- Global: Spirit (Collaboration and Autonomy Support)
- Clinician Behavior
 - OARS
 - Reflection/Question Ratio
 - % Complex Reflections
- Client
 - Working alliance
 - Retention

How To Teach OARS?

LEARNING TO FOCUS

Mental Shifts in Focusing

- Importance of focusing clarifying one or more goals
- Balancing of expertise client's and clinician's
- Developing shared goals Negotiating the focus
- Three scenarios:
 - Clear focus (proceed to evoking)
 - Menu of options (agenda mapping)
 - Unclear focus (formulation)

4-Process coding sheet

[Living with diabetes]
[The confused artist]

What are the focusing challenges where you work?

3-month priorities

When there is a pre-set focus:

- What if the client doesn't share it?
 - Evoke!
- Dealing with coercion and dual roles
- What if you get no change talk at all?
 - Develop discrepancy! [Original MET demo]
 - How to do that?
 - Develop a training exercise
 - not MET or values card sort

Decisional Balance?

- Pre-decisional (ambivalent) people?
 No
- Post-decisional (action) people?
- No apparent ambivalence
 - Running headstart (precontemplation)
- EquipoiseYes

Measuring Focusing

- Global: None so far. Clarity of goal by end of session?
- Clinician Behavior
 - Unless the client or context immediately define the goal(s), there should be an observable process of discussing the possible objectives of consultation.
- Client
 - Working alliance: Goal agreement

LEARNING TO EVOKE

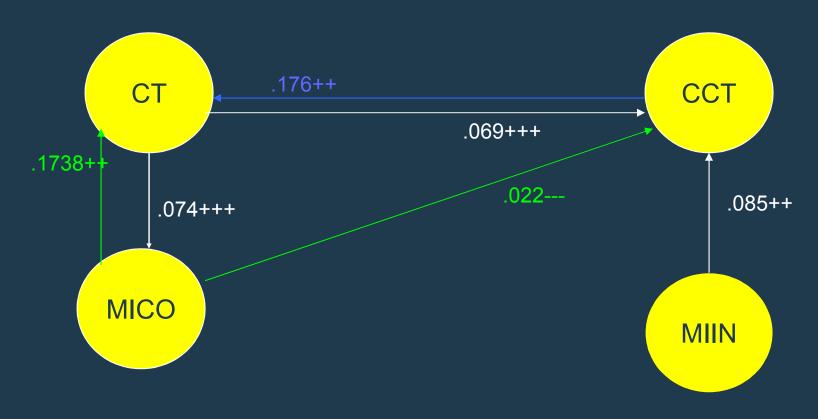
Can Counselors Evoke Change Talk?

Moyers, Martin, Houck, Christopher & Tonigan, 2009

Associational Evidence

CT = Change Talk
MICO = MI-Consistent
MIIN = MI-Inconsistent

CCT = counterchange talk (sustain and resist)
MIIN = MI-Inconsistent



Can Counselors Evoke Change Talk?

Glynn & Moyers (2010), Journal of Substance Abuse Treatment 39: 65-70

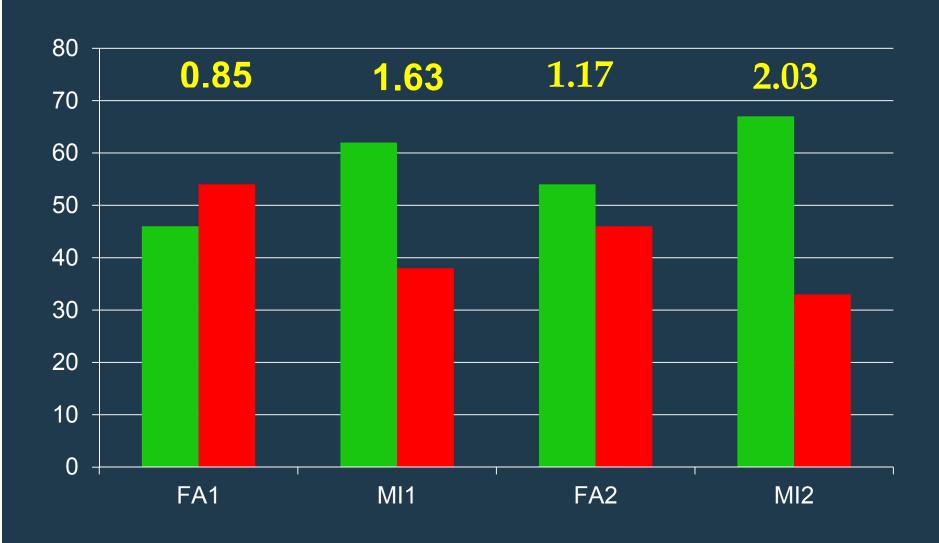
Experimental Evidence

Can Counselors Evoke Change Talk?

Glynn & Moyers (2010), Journal of Substance Abuse Treatment 39: 65-70

- 9 counselors alternated (in 12-minute segments)
 between
 - MI: Change talk evocation (CT) and
 - FA: Functional analysis of drinking
- in conversations with 47 college students about drinking concerns
- Coded change talk (CT) and sustain talk (ST)

% Change Talk and Sustain Talk and their Ratio



Can Counselors Evoke Change Talk?

Moyers et al (in progress) Project ELICIT

- Training counselors in two different MI strategies:
 - "Plain" or "Pure" MI (MI)
 - "Change-Talk-On-Steroids" MI (MI+)
- Frontline substance abuse providers in public agencies
- Work samples at baseline, post training, 3, 6, 12 months
- Does change talk in clients differ depending on what clinicians have been taught?

Project Elicit

Workshop Training (n=191)

MI Standard (MI) N = 96 MI with Change Talk Emphasis (MI Plus) n = 95

Coaching and Feedback Standard

Coaching and Feedback Specific to Client Speech

3, 6 and 12 month Follow-Up Percent Change Talk in Client Sessions

Results for post-training time point

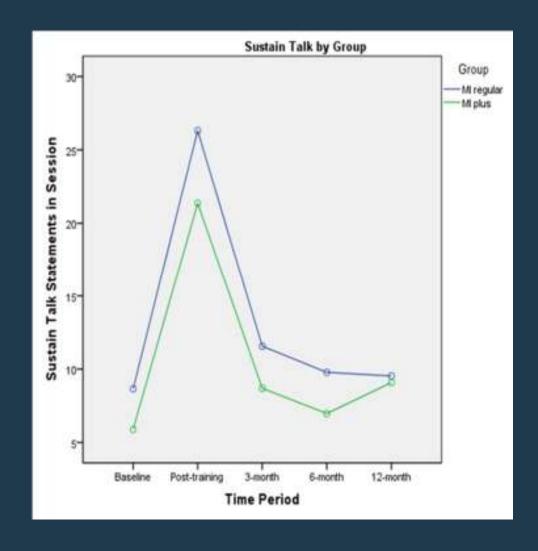
MI group n = 78, MI+ group n = 75

No significant differences between groups in change talk

Significant difference between groups in sustain talk

HLM: β = -0.177, p < .05 MI group mean = 25.05, SD = 11.564 MI+ group mean = 21.79,

SD = 10.333



Mental Shifts in Evoking

- Evoke (don't try to install) motivation
- Requires a focus (and engagement)
- Let go of assessment as a prerequisite
- "Resistance" = Sustain Talk + Discord (Interpersonal)

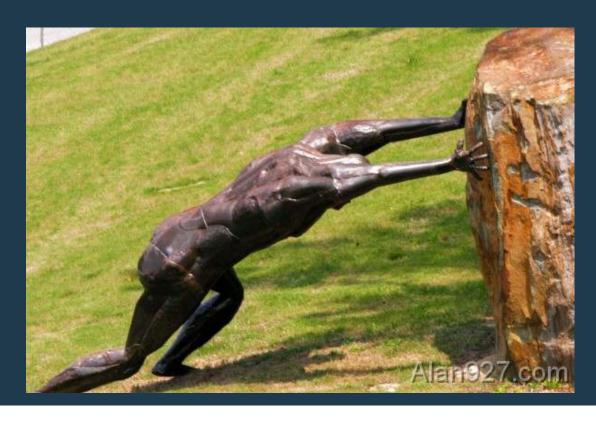
What is "Resistance"?



Sustain Talk



Discord



Sustain Talk and Discord

- Sustain Talk is about the target behavior
 - I really don't want to stop smoking
 - I have to have my pills to make it through the day
- Discord is about your relationship
 - You can't make me quit
 - You don't understand how hard it is for me
- Both are highly responsive to counselor style

What is Discord?

- Behavior
- Interpersonal (It takes two to have discord)
- A signal of dissonance in your relationship
- Predictive of (non)change

Some Discord Signals

- Defensiveness
- Arguing
 - Challenging Discounting Hostility
- Interrupting
 - Talking over the counselor
- Ignoring
 - Inattention Changing the subject

Skills in Evoking

Recognizing change talk

How to teach it?

Preparatory Change Talk Four Examples

DARN

- DESIRE to change (want, like, wish . .)
- ABILITY to change (can, could . .)
- REASONS to change (if . . then)
- NEED to change (need, have to, got to . .)

Mobilizing Change Talk Reflects resolution of ambivalence

CATs

- COMMITMENT (intention, decision, promise)
- ACTIVATION (willing, ready, preparing)
- TAKING STEPS



Preparatory Change Talk

Mobilizing Change Talk

(Pre-) Contemplation

Preparation

Action

CHANGE TALK AND SUSTAIN TALK

Opposite Sides of a Coin



Examples of Sustain Talk The other side of ambivalence

 I really enjoy gambling 	(D)
 I don't think I can give it up 	(A)
 Gambling is how I have fun 	(R)
 I don't think I need to quit 	(N)
 I intend to keep on gambling 	(C)
and nobody can stop me	
 I'm not ready to guit 	(A)

I went back to the casino this week

Skills in Evoking

- Recognizing change talk
 - Embedded change talk

How to teach it?

Snatching Change Talk from the Jaws of Ambivalence

- Change talk often comes intertwined with sustain talk.
- That's the nature of ambivalence.

Snatching Change Talk from the Jaws of Ambivalence

- I really don't want to stop smoking, but I know that I should. I've tried before and it's really hard.
 - 1. You really don't want to quit
 - 2. It's pretty clear to you that you ought to quit.
 - 3. You don't think you can quit

 See, the thing is, all my friends drink. Some of them probably drink way too much, too, but if I quit drinking, I don't have any friends. I just stay home.

- That would be pretty lonely.
- Quitting would cause a new problem for you.
- And at the same time you recognize that you, and probably some of your friends, are drinking way too much.

I know you're worried that I'm getting addicted, and I guess I can see what you mean, but I really need more pain medicine. I don't know how I would get through the day without it. If you won't prescribe it, then I'll find someone else who will.

- You understand my worry about dependence.
- It's hard to imagine how you would get along without more medicine.
- One way or another, you're going to get more medicine.

Skills in Evoking

- Recognizing change talk
 - Embedded change talk
- Evoking change talk
 - Evocation Coding Sheet
 - Strategic thinking
 - Evoking confidence

The Committed Smoker

What was she thinking?

Evoking Confidence Evoking Client Strengths

Evoking Confidence: Speaker

- Topic: Something that you:
 - would like to do
 - have reason to do

- and/or is important for you to do
 - But also you are not sure whether:
 - you can do it
 - you have the ability to do it
 - You have the time/energy to do it, etc.

Listener

- Listen carefully with a goal of understanding the dilemma, but give no advice
- Ask these four open questions, and listen:
 - On a scale from 0 to 10, how confident are you that you could make this change if you decided to?
 - Follow-up: And why are you at ___ and not zero?
 - What is there about you (strengths, abilities, talents) that would help you do this?
 - How might you go about it, in order to succeed?
 - What have you done successfully in the past that was like this in some way?
- Reflect and summarize confidence statements

Observer

Use 4-process coding sheet

Skills in Evoking

- Recognizing change talk
- Embedded change talk
- Evoking change talk
 - Evocation Coding Sheet
 - Strategic thinking
 - Evoking confidence
 - CT bingo
 - Using summaries
- Responding to change talk

Bouquets

Easy as 1-2-3(4)

EASY AS 1-2-3

Responding to Change Talk

Easy as 1-2-3

- Write down 3 or 4 statements about some change that you are thinking about making within the next six months:
 - D: Why do you want to make this change?
 - A: How might you be able to do it?
 - R: What is one good reason for making the change?
 - N: How important is it, and why? (0-10)
 - C: What do you intend to do?
 - A: What are you ready or willing to do?
 - T: What have you already done?

Responding to Change Talk All EARS

- E: Elaborating: Asking for elaboration, more detail, in what ways, an example, etc.
- A: Affirming commenting positively on the person's statement
- R: Reflecting, continuing the paragraph, etc.
- S: Summarizing collecting bouquets of change talk

Easy as 1-2-3 (One Step)

- Sit in a circle of 6, including an observer
- 1. One speaker offers a change talk statement
- 2. Person to the right (listener) responds once by:
 - Evoking elaboration, example, etc. or
 - Affirming or
 - Reflecting
- 3. The original speaker gives a natural reply
- Then the listener becomes the next speaker

Easy as 1-2-3: The Observer

- Observer is not a speaker or listener
- For each 1-2-3 sequence record:
 - 1. Was it change talk? (+ or -)
 - 2. How did the listener reply?
 - E, A, R, or X (other)
 - 3. Was the speaker's reply change talk? (+ -)
- If you want more of a challenge, think about what kind of change talk it might be:
 - DARN-CATs

Easy as 1-2-3-4

Speaker offers a change talk statement (a)

- 1. Person to the right responds by Elaborating
 - evoking elaboration, example, etc.
 - and the speaker responds naturally (b)
- 2. Next person responds by Reflecting a/b
 - and the speaker responds naturally (c)
- 3. Next person responds by Affirming a/b/c
 - and the speaker responds naturally (d)
- 4. Next person responds with a Summary of abcd
 - And the original speaker responds naturally (e)

Then the first listener becomes speaker Observer: How did each speaker respond to E,R,A,S?

Measuring Evoking

- Globals: Spirit (Evocation) Direction
- Clinician Behavior
 - Open questions (to evoke change talk)
 - Sequential coding pEARS::CT (Missed opportunities)
- Client
 - Change talk
 - CT:ST ratio

LEARNING TO PLAN

Mental Shifts in Planning

- Planning as an ongoing process (into implementation)
- Using the client's expertise
 - You don't have to provide all the answers
 - Balance with appropriate use of professional expertise
- Three scenarios:
 - Clear plan
 - Menu of options for how to proceed

The Confused Artist

Unclear (Planning funnel: Moving from general to specific)

Skills in Planning

- Testing the water (e.g., recapitulation, key question)
- Negotiating a plan
- Recognizing CATs
- Evoking CATs
 - Calling the CATs
- Plan B inoculation

How will you know it's working?

Implementation intention

Measuring Planning

Global: Implementation Intention?

- Clinician Behavior
 - Is there discussion of one or more specific actions that the client could take toward a focal goal?
 - Does the clinician attempt to elicit activation and commitment language for this action?
 - e.g. Open questions about doing (CATs)

Client: CATs

Calling the CATs



- Work in groups of 3
 - Speaker, Interviewer, Observer
- Interviewer: "What have you learned in this workshop that you can put into practice?" Then do your best to evoke CATs
- Observer: Listen for CATs and write them down