

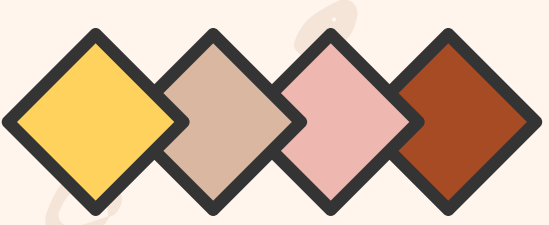
# MOTIVATIONAL INTERVIEWING

(Dance, don't wrestle)

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PEGAWAI PSIKOLOGI

START



# Motivational Interviewing





Is a directive client centred counselling style for eliciting behaviour change by allowing patients to explore and resolve ambivalence



Ambivalence: the state of having mixed feelings or contradictory ideas about something or someone

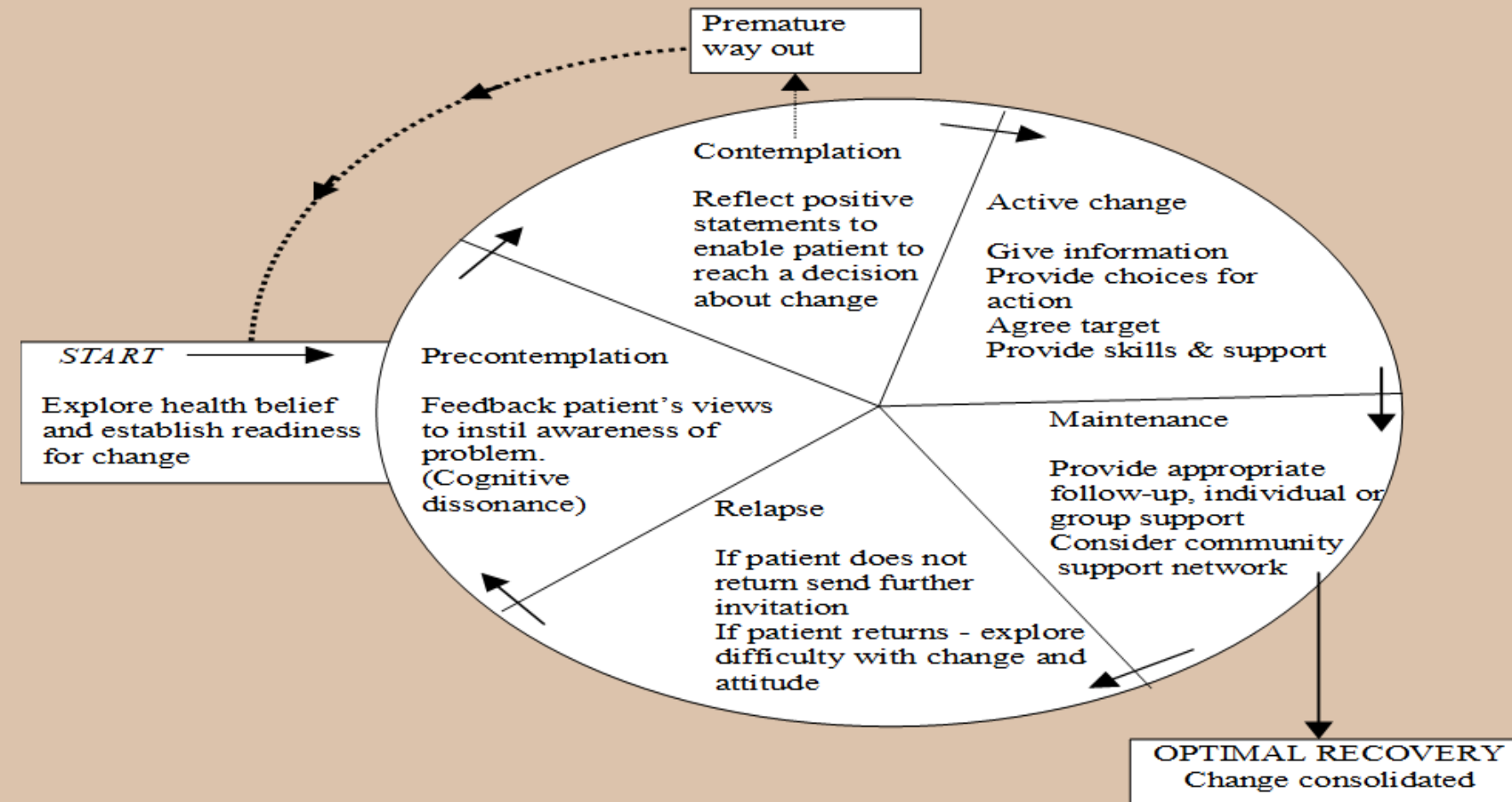


# Change

- 
- Change isn't a simple discrete event, it's a process
  - Sometimes a crisis can precipitate a sudden change
  - Change usually involves loss as well as the perceived gain
  - Stages of Change - pre-contemplation, contemplation, change
- 

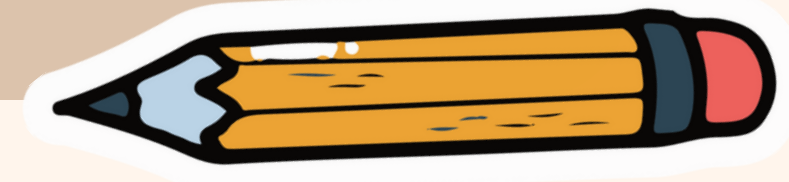
# Stages of Changes

The Stages of Change



Intervention process using the Stages of Change model

Source; Adapted from the work of Prochaska and DiClemente



# Questions to Ask Patients

## PRECONTEMPLATION



- “What might be the benefits of quitting for you?”
- “If you did quit drug, how might your life be better?”
- “What positive things might happen if you quit smoking?”

## CONTEMPLATION



- “What are your biggest reasons for not quitting? How do these reasons compare to your benefits?”
- “How important are your reasons for not quitting (cons) in terms of your benefits (pros)?”
- “What small steps (such as using cigarettes with lower nicotine [fading], or cutting down quantity) might you consider—when you’re ready?”

## PREPARATION



- “What is your specific starting date to quit drug?”
- “What is your action plan for quitting?”
- “What method will you use to quit?”
- “Which people have you told about your commitment to start methadone?”
- “How do you feel about your specific plan?”

## ACTION



- “Which people, places, and things tempt? What are you doing to avoid these situations?”
- “What are you doing to remove drug cues (such as lighters, cigarettes) from your environment (home, workplace)?”
- “What reminders are you using to remain healthy?”
- “What benefits have you experienced or learned about since quitting?”
- “Which supports, such as handouts, stay quit lines, social networking sites, or Facebook groups, are you using?”

## MAINTENANCE



- “What are the rewards of being a non substance abuser?”
- “How has quitting improved your health?”
- “How do you plan to stay drug free in stressful times?”
- “What would you do if you slip or relapse in order to have long-term success?”

# Spirit of MI

- **Autonomy (vs. Authority) – Client is responsible for change**
- **Collaboration (vs. Confrontation) – Work in Partnership**
- **Evocation (vs. Education) - Learn from the Client**

# Basic Skills: OARS



**Open-ended  
questions**



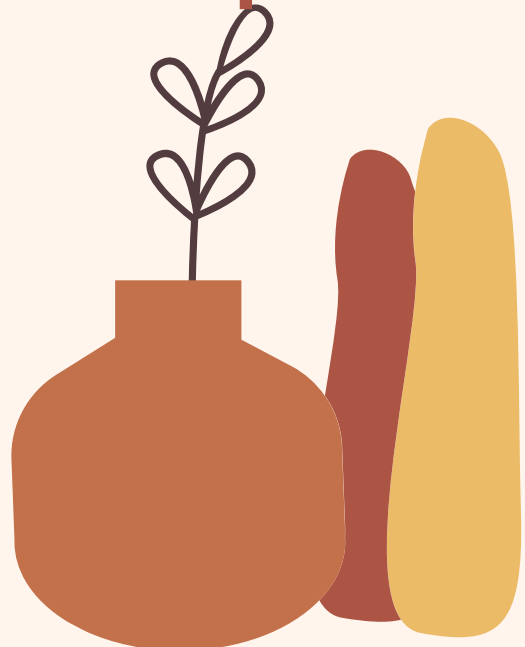
**Affirming  
responses**



**Reflective  
Listening  
Statements**



**Summary  
Statements**



# Engaging Patients

**Use motivational interviewing techniques to establish rapport and effectively communicate with patients:**

## **1. Express empathy**

- **Use open-ended questions to explore:**

“How important do you think it is for you to stop taking substance?”

“What might happen if you quit?”

- **Use reflective listening to seek shared understanding:**

- **Reflect words or meaning**

“ So you think drug helps you to maintain your weight.”

- **Summarize**

“What I have heard so far is that drug is something you enjoy. On the other hand, your boyfriend hates your behavior and you are worried you might develop a serious disease.”



# Engaging Patients

- **Normalize feelings and concerns**

“Many people worry about managing without methadone.”

- **Support the patient's autonomy and right to choose or reject change**

“I hear you saying you are not ready to quit drug right now. I'm here to help you when you are ready.”

## **2. Develop discrepancy (Percanggahan)**

- **Highlight the discrepancy between the patient's present behavior and expressed priorities, values and goals**

“It sounds like you are very devoted to your family. How do you think your behaviour is affecting your children?”

- **Reinforce and support “change talk” and “commitment” language**

“So, you realize how drug is affecting your breathing and making it hard to keep up with your kids.”

“It's great that you are going to quit when you get through this busy time at work.”

- **Build and deepen commitment to change**

“There are effective treatments that will make quitting easier, including counseling and many medication options.”

### **3. Roll with resistance (Rintangan)**

- **Back off and use reflection when the patient expresses resistance.**

“Sounds like you are feeling pressured about your behaviour.”

Express empathy.

“You must be worried about how you will manage withdrawal symptoms.”

- **Ask permission to provide information.**

“Would you like to hear about some strategies that can help you address that concern when you quit?”

## **4. Support self-efficacy (Capacity)**

- **Help the patient to identify and build on past successes.**

“So you were fairly successful the last time you tried to quit.”

- **Offer options for achievable small steps toward change.**
- **Read about quitting benefits and strategies**
- **Change smoking patterns (eg, no smoking in the home)**
- **Ask the patient to share his or her ideas about quitting strategies**

# Give it a go!

**1.**

Small group work:  
Role play a consultation where a patient claims they can't come daily to take methadone

**2.**

Small group work:  
Role play a consultation where you got to know patient were absent for 2 days to take methadone



# Premises

## Respecting autonomy

### Curiosity

- For what is this patient motivated?
- Not, why isn't this patient motivated

### Change talk:

- Noticing and encouraging 'change talk' (disadvantages of status quo, advantages of change, confidence to change, intention to change)
- Negotiating a change plan





## Five Principles of MI

### Amplify Ambivalence

Ambivalence can be paralysing so acknowledge and explore ambivalence so the patient can work through it

### Empathy

Empathic listening has been shown to impact on a patient's willingness to change

### Developing discrepancy

By pointing out discrepancies you create a gap between where the person is and where they want to be so they can come to a realisation that their current behaviour is not leading them towards their goals so they become more motivated and open to change. The goal is to resolve that discrepancy by changing behaviour.

### Supporting self-efficacy

Patient to believe that change is possible and attainable

### Rolling with resistance

Resistance is common when people are asked to change- avoid confrontation, encourage people to come up with their own solutions

# Exercise: Pick something you want to change about yourself

Advantages of status quo	Disadvantages of status quo
Advantages of the change	Disadvantages of the change

# Importance and confidence

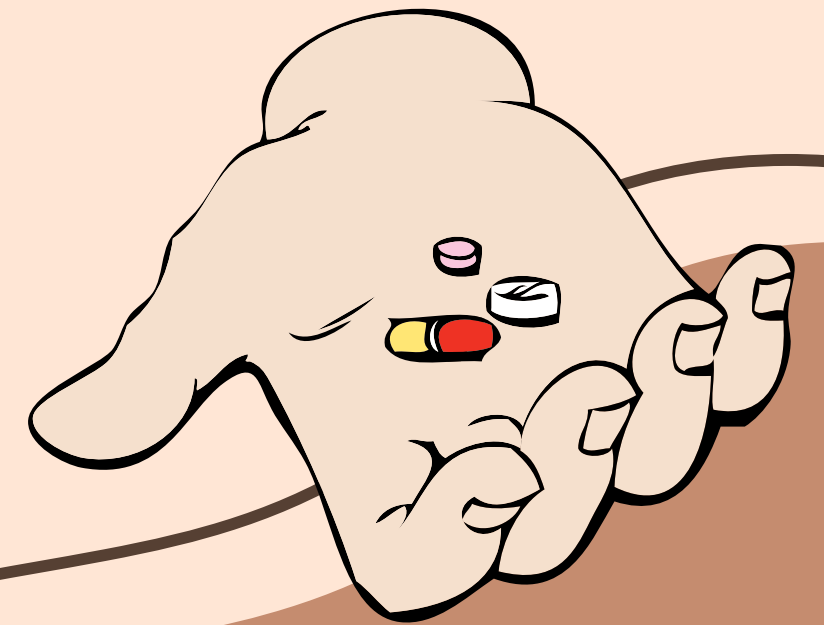
- **On a scale of 0-10 where 0 is of no importance and 10 is extremely important, how important is it that you make this change?(follow up: why did you not answer 0)**
- **On a scale of 0-10, how confident are you that you can make this change? (follow up, why did you not answer 0)**

# **Change Plan**

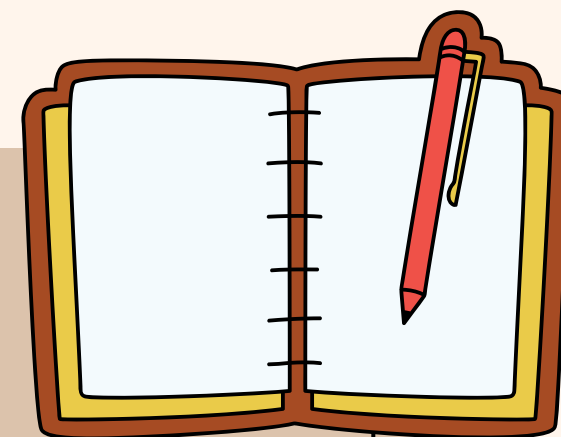
- **What would you like to change?**
- **If you did decide to make this change how would you go about it?**
- **What are the three best reasons to make the change?**
- **What are the advantages/ disadvantages of status quo versus making the change?**
- **How important is it to you? – scale 1-10**
- **How confident are you in making change? – scale 1-10**

# Role play a motivational interview

**Scenarios: Smoking; drinking; exercise , Skip medicine**



# 5D MODUL

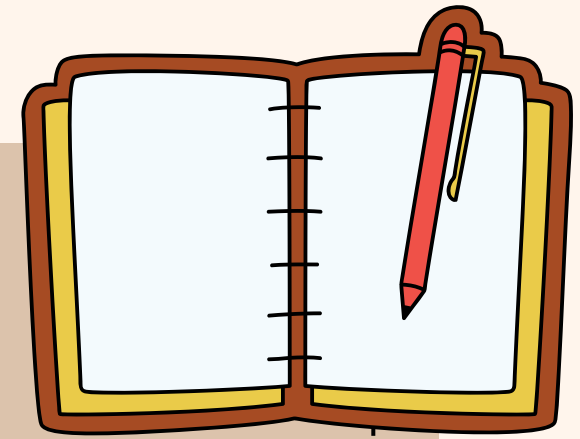


## The 5-D Model of Counselling

**Phase 1 - Developing the Relationship:** During this initial stage, create an atmosphere of trust, respect and establish rapport with the person.

**Phase 2 - Defining the Problem:** The problem must first be defined by the counselee's point of view. Often the problem needs to be redefined more objectively. It's important to show that the counsellor understands the problem from the counselee's point of view before challenging them to look at the problem more objectively

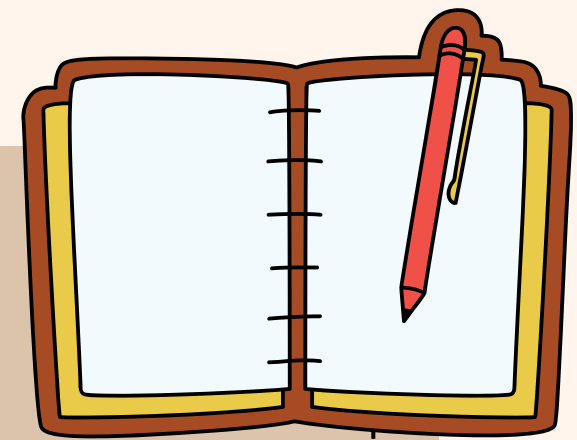
# 5D MODUL



**Phase 3 - Determining Goals: Choose and prioritize goals and objectives Make commitments**

**Phase 4 - Decide on a Plan of Action: To be workable, the plan must fit into the counsellee's life plan, goals, values and the time that is available: Generate and explore alternatives Decision making Specific steps**

# 5D MODUL



## Phase 5 - Doing the Follow-up

Here support is given to the counsellee. The follow-up also includes ensuring that the action plan is implemented effectively.

**Core Values  
For  
Counselling**

**Empathy**

**Genuineness**

**Integrity**

**Professionalism**

**Warmth**

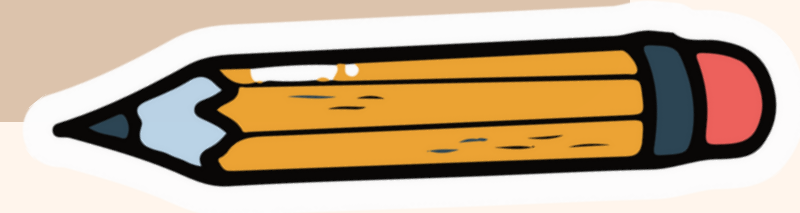
**Unconditional Positive  
Regard**

**Concreteness**



**Openness**

# Handling difficult patient

What makes an interaction difficult



# What makes an interaction difficult

- 
- **Fear: of the unknown, of not knowing how the other person will react, of hurting someone's feeling or of feeling hurt**
  - **Conflict: few people enjoy conflict and most go out of their way to avoid it**
  - **Change: interactions involving having to make a change often make people feel uncomfortable**
- 

# How to Minimize difficult interactions

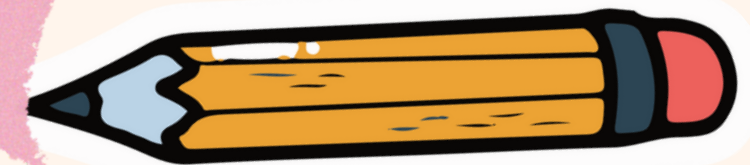
**Know your purpose**

**Frame your message**

**Use an assertive approach**

**Use cooperative language**

**Use active listening skills**

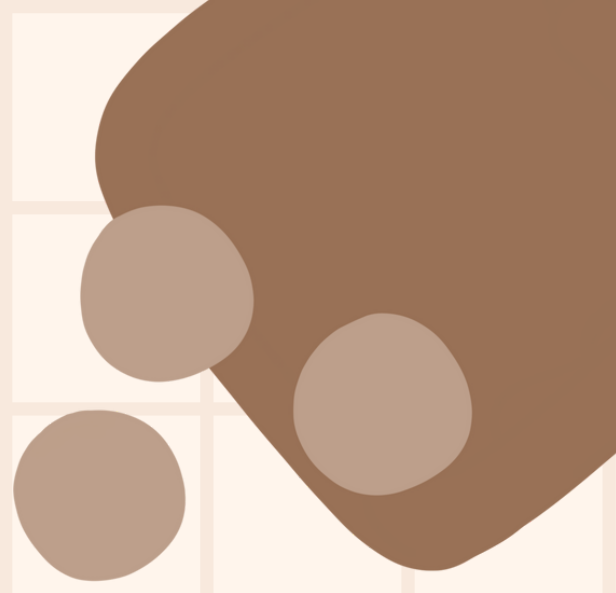
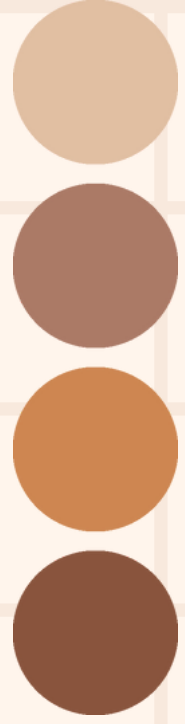


Q

A

# Question Time





**THANK YOU  
SO MUCH!**

