



Health Workforce Initiative

Hi-Touch Healthcare: The Critical Six Soft Skills

Grab-N-Go Independent Training Module:

Motivational Interviewing

HEALTH WORKFORCE INITIATIVE STATEWIDE ADVISORY COMMITTEE, CALIFORNIA
COMMUNITY COLLEGES CHANCELLOR'S OFFICE, AND ECONOMIC DEVELOPMENT PROGRAM



Motivational Interviewing

Grab-N-Go Independent Training Module

This publication was produced pursuant to grant agreement number 14-326-001. This project was supported by Economic and Workforce Development funds awarded to the Butte Community College District by the California Community Colleges Chancellor's Office. Copyright (c) 2016 Chancellor's Office California Community Colleges. Permission is hereby granted to reproduce this work, in whole or part, for educational use only.



Motivational Interviewing

Background Information

Cofounders, William Miller and Stephen Rollnick (2012), define Motivational Interviewing (MI) as “a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”ⁱ In layperson’s terms it is “a collaborative conversation to strengthen a person’s own motivation for commitment to change.”ⁱⁱ

Originating in the early 1980’s by Miller as an approach to help people with alcohol problems, MI began as a set of principles based on observation, rather than from a theoretical stance.ⁱⁱⁱ It is both a “treatment philosophy and a set of methods employed to help people increase intrinsic motivation by exploring and resolving ambivalence about behavioral change.”^{iv} Today, it is internationally recognized as an effective intervention leading to management of chronic conditions and associated lifestyle behaviors.^v The importance of behavioral change is critical in the 21st century as “health care is increasingly about long-term condition management and thus about behavior change—those things that people can do to improve their health.”^{vi}

Motivational Interviewing is comprised of both the “spirit” or style of interaction, and the specific techniques. Miller asserts, “If it becomes a trick or a



manipulative technique, its essence has been lost.”^{vii} Miller further cautions trainees: “Learning a complex skill like MI is a process that necessarily happens over time. You can’t push skill.”^{viii} MI has proven effective in a variety of formats for a wide range of problems, severity, and clients. “It is equally learnable by practitioners of diverse professions, optimally via a two-day interactive workshop followed by ongoing supervision and coaching.”^{ix}

With those caveats in mind, this module will provide an overview of the basic elements of Motivational Interviewing and a few activities for practicing selected fundamental skills.



Training



Overall Goal: Participants will be introduced to Motivational Interviewing and gain knowledge and practice in fundamental skills related to MI.

WIIFM: What's in it for me? Motivational Interviewing is internationally recognized as an effective intervention leading to management of chronic conditions and associated lifestyle behaviors.^x The importance of behavioral change is critical in the 21st century as “health care is increasingly about long-term condition management and thus about behavior change—those things that people can do to improve their health.”^{xi} Having at minimum a familiarity with Motivational Interviewing might encourage further education and development to enhance the practitioner and quality patient care.



Materials Provided:

1. Motivational Interviewing PowerPoint
2. Activity #1: Ambivalence
3. *Galanter Health and Safety Quiz*
4. Activity #2: Persuasion Role-Play
5. “Role-Play Scenario”
6. Activity #3: Tape-face Listening
7. Activity #4: Reflective Thinking/Listening Role-Play
8. Example Role-Play for Trainer
9. Activity #5: Affirmation
10. “Big Picture of Motivational Interviewing” handout
11. “Motivational Interviewing Practice Tips” handout



Directions for the Trainer: Activity preparation information is included in this document and/or within the PowerPoint presentation notes. Each PowerPoint slide, as appropriate, includes detailed explanations and instructions for the trainer. As with all Grab-N-Go Modules, you can use it all for a more detailed training, or simply use one or two of the many Activities—A la Carte style!



ACTIVITY #1

Ambivalence



Goal: This activity provides participants an opportunity to identify their own ambivalence in adopting common health and safety behaviors. This aids development of empathy and acceptance for patients and peers in making behavioral changes.



Materials Needed (Quantities vary by how many in the group):

- PowerPoint Slide #11
- One copy each of the *Galanter Health and Safety Quiz*
- Pen or pencil for each

(Trainer: As an option with participants in a particular field, you might want to substitute a few questions for something more relevant to them. For example, if you are talking to nutritionists, you might want to add a question about fruit/vegetable or whole grain consumption. If you are talking to female medical staff, you could ask about self-breast exam.)



Procedures:

- Advise that this is an individual and partner activity.
- The first part is individual. Hand each participant a copy of the *Galanter Health and Safety Quiz* and read the directions aloud to the large group. Ask them to quietly and independently fill out the quiz. Explain that this is a ten question quiz with “yes” and “no” responses. Assure them that if they are not comfortable, they won’t have to share any specific answer.
- After they have completed the quiz:
 - Ask for show of hands for how many had all ten “yes” responses. (This is rare and very few will raise hands.)
 - Next ask for show of hands for how many learned of a new health or safety tip from taking the quiz. (Most people are aware of the tips on the quiz so again few or perhaps only one person will raise a hand.)
- Lead a large group discussion with the following prompts:
 - Why isn’t information about benefits and risks enough to get us to change our behavior?
 - What else keeps us from changing these behaviors? After hearing such responses as, “I don’t have time,” “Other people aren’t supportive” and so forth, ask them to reflect and relate this to the people they want to see make change.



ACTIVITY #1

Ambivalence

- This second part is with a partner. Ask participants to partner up (triad is fine as necessary) and discuss with each other past experiences of people and methods used to convince them to change some behavior and how that felt. Encourage people to remember if the persuasion tactic was effective or ineffective and how the persuasion/encouragement process made them feel about the person they heard the message from.
- After 5 – 10 minutes, bring the group together and ask for volunteers to share.
- Make the case: Ambivalence about making change is a common human experience. MI helps us to express compassion and empathy, often a more impactful practice for long-term health behavioral changes.

(Adapted from MINT. (2014, September). Motivational interviewing resources for trainers.

Retrieved from

http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf)



ACTIVITY #1

Ambivalence

Galanter Health and Safety Quiz

Directions: Write “Y” or “N” beside each question. If you don’t do something asked, like ride a bike, mark the response as “Y”.

- ____ 1. Do you have a smoke detector in your home AND change the batteries at least once a year?
- ____ 2. Do you buckle up every time you are in a car, even in the back seat?
- ____ 3. Do you exercise at least 30 minutes three times a week?
- ____ 4. Do you wear a bicycle helmet every time you ride a bike? (Excluding indoor stationary bikes.)
- ____ 5. Do you wear a personal flotation device every time you get in a boat? (e.g. fishing boat, speed boat, house boat, rubber raft, canoe, kayak, jet-ski . . .)
- ____ 6. Do you make sure, every time you drive, that every child, up to 8-years-old and 80 lbs., who rides in your vehicle is in an appropriate car or booster seat?
- ____ 7. Do you have a workable fire extinguisher in your kitchen?
- ____ 8. Do you floss your teeth daily?
- ____ 9. Have you practiced a fire safety plan at home and picked a meeting spot outside your home in case of fire?
- ____ 10. Do you abstain from using your cell phone while driving?



ACTIVITY #2

Persuasion Role-Play



Goal: This activity demonstrates how persuasion and coercion **do not** serve the interests of self-motivated change which is the heart of MI.

(CAUTION: Be careful not to communicate that this is how your participants are currently practicing, and that you are going to show them the “right” way to do it! That’s a quick recipe for evoking defensiveness and resistance to learning. Let them figure out via the role play and discussion about their own beliefs and attitudes.)



Materials Needed:

- PowerPoint Slide #18
- Copies of the role play scenarios

(Planning Note: Print the participant instructions on page 10. Print one page for every two people and cut each page in half thus making two sets of instructions. Separate the pages into two sets: set#1—instructions for the Nurse and set #2—instructions for Employee.)



Procedures:

- Announce that this is a role playing activity and then provide the following directions:
 - Tell them to partner-up. Explain that each person will be provided instructions describing his or her role.
- Distribute the instructions you have printed to the participants making sure that one person has instructions for the Nurse role and the other person has instructions for the Employee role. Instruct the participants that they are not to show their instructions to their partners. Ask the pairs to begin and explain that you will stop them after 5 minutes.
- After 5 minutes, ask the partners to share with one another their observations and experience of the role playing activity.
- After the participants have shared their experiences of the activity with one another, bring the group together and ask questions such as:
 - How well did your partner listen?
 - What behaviors did you observe that made you feel as though your partner was not listening?



ACTIVITY #2

Persuasion Role-Play

- Did you feel you were being understood? Why or why not?
- What was it like for you in your role? Was it a positive experience? Why or why not?
- How does our own ambivalence about personal choices influence these moments of conversation with patients and peers?
- What else did you observe?
- Make the point: MI provides the spirit and methods for productive conversations with patients about behavior change. It is a gentle form of counseling and has been effective in promoting a wide range of health behaviors. Remember, no person is completely unmotivated—but most likely harbor ambiguity about change. “The way in which you talk with patients (and peers) can substantially influence their personal motivation for behavior change.”^{xii}

(CAUTION: Trainees who are very committed to the tell you/persuasive argument method that is being used in this role play may argue that the approach was very effective in their own real-life experiences. They have elicited change, etc. Substantial time can be wasted and ill-will generated if the trainer takes an oppositional approach here (which also fails to model the clinical style of motivational interviewing). Rather, briefly acknowledge that sometimes people do find persuasive advice helpful, and then move on.)



ACTIVITY #2

Persuasion Role-Play

Partner 1: NURSE'S ROLE

The situation: You are a busy occupational health nurse. Your company has encouraged you to conduct health screening among the employees. Having done this, you are feeding back the results of a health screen to an employee. You only have about 10 minutes for your first discussion with this person.

The client: This person is clearly overweight, smokes, and drinks about six beers a night. Both blood pressure and cholesterol are elevated, and you are very concerned about this person's diet and weight. The employee is married, has three children, and has been working with the firm for 15 years.

Your task: Try as hard as you can to persuade this person to do something about his or her diet, smoking, and/or drinking. This is a serious matter, and you do not have a lot of time. It's not your job to be a "therapist"; rather, you are paid to be a competent, concerned, and forthright health practitioner.

1. Explain why the person should make this change.
2. Give at least three specific benefits that would result from making the change.
3. Tell the person how they could make the change.
4. Emphasize how important it is for them to make the change. This might include describing the negative consequences of not doing making the change in behavior.
5. Tell/persuade the person to make a change.
6. And, if you encounter resistance, repeat the above, perhaps more emphatically.

Partner 2: EMPLOYEE'S ROLE

The situation: You filled out a health questionnaire at work and had a blood pressure reading and blood test as part of a company-wide effort to improve employee health. Now you have been called in to see the company nurse. You have been a hardworking and loyal employee for 15 years. You're not looking forward to this session because you know you are overweight; besides, you will probably be told to quit smoking but you don't think there is anything you can or want to do about your lifestyle behaviors.



ACTIVITY #2

Persuasion Role-Play

Your home situation: You lead a busy life, have a spouse who also works full-time, and have three children. You don't have much in the way of recreation besides going out for a meal and some drinks with your spouse and friends on Saturday nights. You drink a six-pack of beer most nights but don't see this as a problem. You like your food and though you are a bit overweight, you're not really concerned about it.

The session: Though you're not looking forward to the session, you don't plan to be rude to the nurse. You have only 10 minutes to talk before you have to get back to work.



ACTIVITY #3

Tape-face Listening



Goal: This activity provides participants with an opportunity to engage in nonverbal listening skills and provides key understandings of how challenging it is to be silent and how unsettling it is to not receive verbal feedback.



Materials Needed:

- PowerPoint Slide #26
- Timer
- Tape (fun colored tape for participants to place over their mouths)



Procedures:

- Tell participants to partner-up and decide who will speak and who will listen. Speakers will talk for 5-7 minutes.
- Assign a relevant topic of choice from the following list:
 - What it was like growing up in my home.
 - Ways in which I have changed as a person over the years.
 - The good things and not so good things about my high school years.
 - What I hope and plan to do over the next ten years.
 - Describe one of your parents, or someone else close to you.
 - How I came to do the kind of work I am doing.
- Instruct the listener to say nothing at all, not even “mmm- hmm” or other vocal noises. *Ask for absolute silence* and invite them to tape their mouths shut. (This is intended as fun silence tool but should be completely optional as some may find the tape to be objectionable.) Then advise them to use ONLY body language to communicate to the speaker that he or she is listening and understanding.
- As determined by participation level, stop the talking between 5-7 minutes. Invite listeners to remove the tape, and lead a large group discussion:
 - What was this experience like for the speakers?
 - What was this experience like for the listeners? (Listeners often observe that they were aware of all the things they would have said.)
 - Ask listeners to indicate the kinds of things they might have said had two-way communication been permitted.



ACTIVITY #3

Tape-face Listening

- **Make the case:** The experience is often a mixture of pleasure for the speaker at not being interrupted and frustration because they would like more interaction. Intense listening as represented by this activity is a challenge because we often require/rely on a vocal exchange to keep a conversation going. As a listener, it's difficult *not* to provide verbal (and nonverbal) input and as a speaker, off-putting not to receive it. This sets the stage for development of other skills related to MI. It's also a good reminder about the power of nonverbal communication.

(Adapted from MINT. (2014, September). Motivational interviewing resources for trainers.

Retrieved from

http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf)



ACTIVITY #4

Reflective Thinking/Listening



Goal: This activity provides participants the knowledge about reflective thinking and skills development practice.



Materials Needed:

- PowerPoint Slide #29
- Example role-play: three copies (one for trainer and two for selected participants)



Procedures:

- Have each participant be prepared to share at least three personal completions of the sentence: "One thing that I like about myself is that I . . ."
 - These statements should emphasize relatively abstract personal characteristics ("I am kind"), which lend themselves to greater ambiguity and discussion, rather than concrete attributes ("One thing that I like about myself is that I am tall").
- Tell them to form triads. They will all rotate speaking and listening roles.
 - Participants in each triad are to take turns, in rotation, saying one of their sentences to their two partners.
- When a speaker has offered a sentence the other two serve as listeners and respond by asking questions in this form: "Do you mean that you _____?"
 - The speaker responds to each such question only with "Yes" or "No." No additional elaboration is permitted.

(Using two participants, demonstrate with role play listed at the end of these instructions.)

- Instruct the triads to begin the activity generating at least five different "Do you mean . . ." questions for each statement that is offered. When questioning for one statement seems to have reached an end, rotate on to the next person, who then becomes the speaker while the other two participants generate questions.
 - Allow about 10-15 minutes.



ACTIVITY #4

Reflective Thinking/Listening

- Conclude with a large group discussion with prompts such as:
 - What did the participants learn?
 - What surprises were there?
 - What was it like to be the speaker? (Usually there are comments here about the speaker's wanting strongly to elaborate and explain (which is a good illustration of how the reflective process, even at this simple level, pulls for more exploration).)
 - What problems were encountered? (Highlight how many different meanings a seemingly simple statement can have. Reflect on how many wrong guesses were provided before coming to the speaker's intended meaning.)
 - What is the value of reflective thinking skills in a communication encounter?

Example Role Play

Trainer: One thing I like about myself is that I'm organized.

Participant1: Do you mean that you keep your desk tidy?

Trainer: No!

Participant 2: Do you mean that you manage your time well?

Trainer: Yes.

Participant1: Do you mean that you always know where to find things?

Trainer: No.

Participant 2: Do you mean that you manage to get a lot done?

Trainer: Yes.

Participant1: Do you mean that you are a good planner?

Trainer: Yes.

Participant 2: Do you mean that you're difficult to live with?

Trainer: ... Yes.

(Adapted from MINT. (2014, September). Motivational interviewing resources for trainers.

Retrieved from

http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf)



ACTIVITY #5

Affirmations



Goal: This activity will provide hands on experience with assigning affirmations and provide a tool for improving compassion and empathy.



Materials Needed:

- PowerPoint Slide #31
- Large chart paper
- Colored pens



Procedures:

- Explain that sometimes we have trouble coming up with authentic affirmations for patients who are more challenging to deal with. This activity is a fun and interactive way to begin shifting some of these perspectives.
- Tell participants to form groups of between 3 – 5 people.
 - Give each group chart paper and pens.
 - Have them draw two vertical lines so that the chart paper is roughly equally sectioned into three columns. Title each column as follows: Characteristic, Strength, and Affirmation.
- Ask participants to think about a patient they really like.
- Then have each participant write down one specific characteristic about that person on the chart paper, using the correct column.
- Then have them discuss what underlying strengths stem from each of those characteristics. (Note that sometimes the characteristic is the strength.)
 - Have each participant write down a corresponding strength under the correct column. (Horizontally and vertically aligned.)
- Discuss each **characteristic** and **strength** and come up with an authentic affirmation.

(Transition to next PowerPoint slide and show this example):



ACTIVITY #5

Affirmations

Characteristic	Strength	Affirmation
Cheerful	Optimistic	“No matter what hardships you face, you keep a sunny outlook.”

- Review the slide and ask participants to complete the assignment.
- After a few minutes, ask for volunteers to share a few examples.
- Now ask them to do the same order of tasks but instead of thinking about a person they like, **ask them to bring to mind a very challenging/difficult patient.**
- Provide context for this more complicated scenario. “Competent World View” is having a belief that the patient has all the skills needed to improve his/her life, including the ability to ask for help. AND it’s the idea that all behaviors are based on a value that is formed from a universal good (e.g. smoking pot to hang out with friends).
 - This might be harder so encourage them to think about the underlying strength beneath the behavior. Use creativity, be kind, and authentic. Use the “gag” reflex. If you can’t swallow it, it won’t be of any value to anyone.

(Transition to next PowerPoint slide and share this example):

Characteristic	Strength	Affirmation
Demanding	Resourceful	“You are very good at getting the resources that you need.”

- Review the slide and ask participants to complete the assignment.
- After a few minutes, invite volunteers to share.



ACTIVITY #5

Affirmations

- Debrief and conclude: Ask which patient they would rather work with. Most likely all, or most, will say the positive characteristic patients. Then ask them to reflect on their natural inclination. Offer ideas about what having a different perspective toward the negative characteristic patient might bring to a caring encounter. Ask: What would change if the worker takes a positive approach to a “difficult” client?
 - Dealing with difficult people is part of any job. How could the framework of Characteristic, Strength and Affirmation impact the culture of the work environment?

(Adapted from MINT. (2014, September). Motivational interviewing resources for trainers.

Retrieved from

http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf)



References

- ⁱ About Motivational Interviewing. (n.d.) Retrieved from <http://www.stephenrollnick.com/about-mi.php>
- ⁱⁱ University of Massachusetts. (n.d.). Motivational Interviewing. Retrieved from https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational_Interviewing_Definition_Principles_Approach.pdf
- ⁱⁱⁱ Motivational Interviewing. (n.d.) Retrieved from <http://williamrmiller.net/MotivationalInterviewing.html>
- ^{iv} Lundahl, B. & Burke, B.L. (2009). The effectiveness and applicability of motivational interviewing: A practice-friendly review of four meta-analyses. *Journal of Clinical Psychology*, 65(11), 1232-1245. DOI: 10.1002/jclp.20638
- ^v Schoo, A. M., Lawn, S., Rudnik, E., & Litt, J. C. (2015). Teaching health science students foundation motivational interviewing skills: Use of motivational interviewing treatment integrity and self-reflection to approach transformative learning. *BMC Medical Education*. DOI: 10.1186/s12909-015-0512-1
- ^{vi} Rollnick, S., Miller, W.R., & Butler, C.C. (2008). Motivational interviewing in healthcare: Helping patients change behavior. New York, NY: The Guilford Press. Retrieved from <http://web.vu.lt/mf/r.viliuniene/files/2014/10/Motivational-Interviewing-in-Health-Care.-Helping-Patients-Change-Behavior.pdf>
- ^{vii} Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334. Retrieved from <http://www.motivationalinterview.net/clinical/whatismi.html>
- ^{viii} MINT. (2014, September). Motivational interviewing resources for trainers. Retrieved from http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf
- ^{ix} Lundahl, B., & Burke, B.L. (2009). The effectiveness and applicability of motivational interviewing: A practice-friendly review of four meta-analyses. *Journal of Clinical Psychology*, 65(11), 1232-1245. DOI: 10.1002/jclp.20638
- ^x Schoo, A. M., Lawn, S., Rudnik, E., & Litt, J. C. (2015). Teaching health science students foundation motivational interviewing skills: Use of motivational interviewing treatment integrity and self-reflection to approach transformative learning. *BMC Medical Education*. DOI: 10.1186/s12909-015-0512-1
- ^{xi} Rollnick, S., Miller, W.R., & Butler, C.C. (2008). Motivational interviewing in healthcare: Helping patients change behavior. New York, NY: The Guilford Press. Retrieved from <http://web.vu.lt/mf/r.viliuniene/files/2014/10/Motivational-Interviewing-in-Health-Care.-Helping-Patients-Change-Behavior.pdf>
- ^{xii} Rollnick, S., Miller, W.R., & Butler, C.C. (2008). Motivational interviewing in healthcare: Helping patients change behavior. New York, NY: The Guilford Press. Retrieved from <http://web.vu.lt/mf/r.viliuniene/files/2014/10/Motivational-Interviewing-in-Health-Care.-Helping-Patients-Change-Behavior.pdf>