USING A MOTIVATIONAL APPROACH

DURING CHALLENGING TIMES
WELCOME & INTROS

Using US map to identify where people are located from

What is one thing that you would like to address during our time together?

How are you spending your time during the pandemic? In normal times, what is your favorite thing about the Spring?

How many have had previous training in using MI, 3rd ED

Flag of the United States
Presentation Goals

• Review History of Epidemics
• Acknowledge Native Peoples concerns
• Review Motivational Interviewing Basics
• Identify 4 specific tools to use with concerns
• Practice tools with examples
• Listen & respond to other needs from participants
• Offer additional support as identified and needed
US EPIDEMIC HISTORY
1633-1634: Smallpox from European settlers

1793: Yellow fever from the Caribbean

1832-1866: Cholera in three waves

1858: Scarlet fever also came in waves

1906-1907: “Typhoid Mary”

1918: “Spanish flu”

1921-1925: Diphtheria epidemic

1916-1955: The peak of polio

1981-1991: Second measles outbreak

1993: Contaminated water in Milwaukee

2010, 2014: Whooping cough

AND NOW, CORONAVIRUS-19

Medically reviewed by Deborah Weatherspoon, PhD, MSN, RN, CRNA on September 29, 2016 — Written by the Healthline Editorial Team

1980s to present: HIV - The leading cause of early death
PRESENT DAY
## COVID-19 Cases by IHS Area

Following guidance established by the Centers for Disease Control and Prevention, clinicians at IHS collect samples with swabs and access testing through laboratories in their jurisdictions. This is the standard testing procedure across the country and is not unique to the IHS. These data represent the total number of Indian Health Service patients tested for COVID-19, reported to the IHS as of 7:00 p.m. EDT on March 29, 2020. A confirmed case is defined as a person who has tested positive for 2019 novel coronavirus. Data is reported from IHS, tribal, and urban Indian organization facilities, though reporting by tribal and urban programs is voluntary. This is a rapidly evolving situation and the IHS will provide updated information as it becomes available and is verified.

**Website last updated March 30, 2020**

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<th>IHS Area</th>
<th>Tested</th>
<th>Positive</th>
<th>Negative</th>
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<td>346</td>
<td>2</td>
<td>156</td>
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<tr>
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<td>114</td>
<td>2</td>
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<td><strong>3,083</strong></td>
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### 2 Weeks later - Updated April 13, 2020

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<td>11,981</td>
<td>1,037</td>
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Let’s Pause
Comments, Questions, Reactions
Feedback from the People

- Being away from family; esp. Elders
- Bringing illness to my family or others
- Ability to stay connected and how to do this
- Following chronic care management issues
- Managing worry and other Mental Health concerns; incl. trauma triggers
- Having enough resources; including from federal government
- Protecting our Elders whom carry our stories, culture and history
- Others you are hearing?
History of trauma and Historical Trauma

Increased risk of experiencing other traumas (e.g., accidents, violence, physical and sexual abuse)

Increased risk of substance abuse and dependence
Increased vulnerability of suicidality and mental disorders (e.g., PTSD, anxiety, depression)

History of trauma and Historical Trauma

Traumatic stress reactions including grief and other strong emotional/physical reactions

EXHIBIT 1.
Creating a Healing Environment
Trauma Principles

- All staff normalizing trauma by learning, talking about it
- View trauma as an individual experience(s)
- Emphasize control and support for the client
- Create collaborative relationships
- Value cultural competence
- Create and teach personal safety
- Teach resiliency; culturally relevant
- Promote self-care
- Instill Hope
Healing Values

• Family & Extended family
• Respect: All life is sacred, all should be treated with respect.
• Honoring Elders
• Seven Generations *Back and Forward*
  • *Role of Children*
• Role within Communities

• Meaning of Success
• Time is relative
• Community specific traditions, customs and spirituality
• Balance and humility
• Tribal Beliefs and Practices
Let’s Pause
Comments, Questions, Reactions
Motivational Interviewing

Review of the Basics
Why Motivational Interviewing?

• First and foremost, MI approaches offer validation; can help a person create familiar and new ways to provide calm when a they experiences doubt, worry, depression, troubles

• MI is done through connection with another; a conversation with two experts

• MI can focus a person’s experience so as not to overwhelm someone with their troubles

• MI when done well offers kindness, is respectful, accepting & compassionate

• MI is a spirit of empathy, listening, and shared expertise
Motivation Interviewing Effectiveness in the Native Community?

• MI is nonconfrontational and non-interfering.
• MI uses active listening skills.
• MI teaches the culturally appropriately idea that what you say to yourself is what will happen.
• MI emphasizes the importance of relationships and empathy.
• MI helps to increase hope and optimism.
I’d like to invite you to think of a person in your life who has inspired you, helped you to become the person you are today. It could be someone in your life now, or someone from your past…a parent, grandparent, aunt, uncle, coach, teacher, counselor, someone whom made an impact.

As you think of that person, try to see them in your mind, what they looked like, how they sound, what they might have said to you that you particularly remember.
Next write down or think of the traits or characteristics they had that made a difference for you? Were they – accepting, kind, funny, listen well, did they help you to think about something that was troubling, offer support, encourage you or… something else that made that difference for you something that helped you in life…
The MI ‘Spirit’

- The way of being with someone
- The person resolves ambivalence, not the practitioner
- Elicited from the person, not imposed
- Quiet, eliciting (bringing forth) style
- Listening and understanding someone
The 4 key MI processes

PLANNING

EVOKING

FOCUSING

ENGAGING

MI 3 p.26-32
MI Change Processes

1st Step: Engaging – The Relational

- Person-centered style
- Listen – understand dilemma and values
- Use of the OARS core skills

Learn this first
Motivational Interviewing
Core Skills

- Open-ended Questions
- Affirmation
- Reflective Listening
- Summary

MI 3 p. 39-63
Open-ended Questions

- Require more than a yes or no response
- Focus on patient concerns and interests, while also bringing up potential challenging areas to discuss

Examples;
“What areas of your life are out of balance / disharmony are important to you that we discuss today?”
“What, if any, concerns you might have that I can address with you today?”
“What would your reaction be if I asked to speak to you about ____________.”
“Who is sharing concerns with you that you would like to discuss?
Let’s Pause

What are some of the usual questions you might ask and/or way to invite someone into a conversation about changing a certain behavior?
Express Empathy

- Make an effort to walk in their shoes.
- Being **accepting** increases the chance that the client will make positive changes.
- **Reflecting** what your client has said (verbal and nonverbal) is a necessary skill for MI.
- Feeling unsure about change is normal.

What’s your experience of empathy?
Reflections usually are:

✓ Person-centered –
✓ Can start with you...
✓ Are not questioning
✓ Express high empathy
✓ Shared with a MI spirit attitude
✓ Can be wrong at times, but OK when practicing MI - allows for more information
Case Study

Empathy, Open-ended Questions and Reflections
Case Study

• Meet Wendy – a 44 year old Cherokee woman. She comes to your clinic stating she is fearful for her husband whom is ill. She is also anxious about all she is hearing about this new illness. She and her husband both have underlying conditions; diabetes, disability, heart problems and ongoing mental health. She lives outside her tribal community in a suburban community in her own home.

• Meet Darrell – a 67 year old Tlingit elder whom was asked to come to the medical clinic for a heart and diabetes check-up. Darrell reports feeling the pain of his villagers and wonders what western medicine to offer his community. He does not feel he needs a check-up, but is coming to calm his family’s concerns.
PRACTICE TIME

• How would you introduce yourself to Wendy or Darrell?
• What are some open-ended questions you might ask?
  • Offer some samples
• What do you imagine you might be reflecting back to either Wendy or Darrell?
• How do you know if you are accurately expressing empathy to her /him?
Let’s Pause
Comments, Questions, Reactions
Affirm/Support

Affirmations are clinician / helper statements of appreciation and understanding that support a patient's change efforts.

**Examples:**

“You are very courageous that you decided to want to tackle this problem.”

“Your willingness to discuss this important issue is admirable, even though it is not a favorite topic.”

“Thanks for taking the time and consideration to listen to my advice or information.”

6/9/2020  Kathy Tomlin / University of Iowa, NA/AN ATTC
3 Types of Summaries

✓ **Collecting** – (The importance for the person)
  The bouquet: Putting it all together

• **Linking Phrases together**
  “On the one hand...on the other”
  “At the same time”
  Ex. – “On the one hand, you’re concerned that your ______ drinking is affecting your health. On the other, you’re not sure if you want to stop.”

➢ **Transitional to the next phase** –
  “Let me see if I have everything so far...”
  (at the end of one session)
  “Let’s review briefly where we are...”
  (at the beginning of the next session)
You Tube MI VIDEO Sample
https://youtu.be/1jfH055byg4
Continue Case Study Skills Practice
Case Study

• Meet Wendy – a 44 year old Cherokee woman. She comes to your clinic stating she is fearful for her husband whom is ill. She is also anxious about all she is hearing about this new illness. She and her husband both have underlying conditions; diabetes, disability, heart problems and ongoing mental health. She lives outside her tribal community in a suburban community in her own home.

• Meet Darrell – a 67 year old Tlingit elder whom was asked to come to the medical clinic for a heart and diabetes check-up. Darrell reports feeling the pain of his villagers and wonders what western medicine to offer his community. He does not feel he needs a check-up, but is coming to calm his family’s concerns.
Continue practice using all OARS

• Take about 2-3 minutes and write a summary statement
• What type of reflections would you want to offer?
• How about affirming statements? Anything you would like to offer to this person that indicates that you are encouraging without telling this what to do or offering any advice
Processes in MI

Step 2: Focusing – strategic centering

- Finding a focus
- Agenda setting
- Information and advice
Finding a Focus

• What is the focus, the “change goal” for MI?
• Most often, it is from the client’s agenda
• Sometimes prescribed by the context
• What if you have your own goal(s) that the client does not currently share?
Four Flavors of Ambivalence

▶ Approach / Approach
  ◦ Person is torn between two (+) choices.
  ◦ Moving towards one choice makes the other choice more attractive
  ◦ Least stressful flavor of ambivalence
    ○ Ex: favorite ice cream

▶ Avoidance / Avoidance
  ◦ Choice between two unpleasant experiences
  ◦ The “lesser of two evils”
  ◦ Moving towards one choice leads accentuates its unpleasantness, moving away moves closer to disadvantages of the other – Ex: Res care/jail

MI p. 158
4 Flavors cont....

▶ Approach / Avoidance
  ◦ Only one choice is considered with both (+/-) aspects to this choice
  ◦ Moving toward one makes (-) more apparent while moving away see more (+) Ex: having a baby

▶ Double Approach / Avoidance
  ◦ Most difficult of all conflicts
  ◦ Two choices where one choice is very (+) with some important (-) and the other choice is very (-) but has some important (+)
    Ex: two boyfriends / girlfriends

MI p. 158
AMBI+VALENCE

Ambi = both

Valence = strong
Different Types
Good - Good

Approach
Approach
OR
?

6/9/2020
Kathy Tomlin / University of Iowa, NA/AN ATTC
Bad - Bad
Approach-Avoidance
Double Approach-Avoidance
Identifies the need to make a decision…
Taking Action

Sometimes we know what path to take, but our ambivalence still lingers.

Here are 5 ways you can address ambivalence...
Remember...

Readiness to change is not static.

It is ever changing, ever compromising.
Pro Tip #1

Self-Compassion can make ambivalence less overwhelming.

1. This is hard!
2. Other people feel this way, too.
3. Ask:
   ◦ May I be kind to myself.
   ◦ May I accept myself.
   ◦ May I forgive myself.
   ◦ May I be strong.
   ◦ May I be patient.

This can support and encourage change.

Source: Self-Compassion Break, Dr. Kristin Neff, PhD [http://self-compassion.org/exercise-2-self-compassion-break/]
Pro Tip #2

Resistance is a good signal that you need to change strategies.
Agenda Setting

• Asking permission to discuss your agenda
• Explore current strengths
• Negotiate the agenda:

Explore the reasons –
Tell me about that.
What made you select that topic?

diet
sleep
drugs
stress
smoking
work out
Brief Intervention Tools

• Identifying a focus
• Assessing Ambivalence around a specific behavior
• Assessing Readiness
• Listening for Change Talk
• Helping to plan for change when ready
After training things to do

Use
Use handout: Agenda Mapping to help someone identify a focus for their work with you

Go
Go to one of the websites and review

Review
If you have one of the texts; review sections covered in this presentation

Create
Create an MI activity to share with others

Prepare
Prepare a quote, share a poem, story, image, success you would like with colleagues that represents your understanding of MI in practice

Practice
Practice with a friend, colleague on a “real” issues using engagement strategies and let us know how it went for you
Motivational Interviewing
Helping People Change
William R. Miller and Stephen Rollnick

Health Behavior Change
A Guide for Practitioners
Pip Mason

Motivational Interviewing in Groups
Christopher C. Wagner
Karen S. Ingrenoll

Motivational Interviewing
in the Treatment of Psychological Problems
edited by Hal Arkowitz, William R. Miller, and Stephen Rollnick

Motivational Interviewing in Health Care
Helping Patients Change Behavior
Stephen Rollnick, William R. Miller, Christopher C. Butler
Further Resources

• Websites:
  • https://en.motivationalinterviewing.org/
  • https://www.ihs.gov/
  • https://www.cdc.gov/nchs/fastats/american-indian-health.htm

• Motivational Interviewing, 3rd ED; Miller & Rollnick

• Spirit of Communication, University of IA, National Native American & Alaska Native ATTC Network (in press)
MOTIVATIONAL INTERVIEWING

Sessions 3; Focus and Evoking
Process of Change
Motivational Interviewing, Session #3

• Welcome & Intros
• Review of Sessions 1-2; focus activity
• Goals for Sessions 3 + 4; Change Talk and Planning
• Demonstration of acknowledging and eliciting for change talk
• Comments, questions evaluations
Presentation Goals

• Acknowledge Native Peoples concerns
• Review Sessions 1 & 2; MI Spirit and Style; Engagement
• Discuss Focus Process of Change + Introduce Evocation (Calling Forth) Process of Change
• Practice tools with examples
• Listen & respond to other needs from participants
• Offer additional support as identified and needed
The 4 key MI processes

- PLANNING
- EVOKING
- FOCUSING
- ENGAGING

MI 3 p.26-32
In truth, we do not get to make life choices for our clients, but we can talk with them in a way that evokes their own natural motivations to be healthy and whole.

Dr. William Miller
SOME DEFINITIONS

• **EVOKING**: Calling forth the person’s own wisdom

• **Change Talk**: “Self-motivational statements” or what we say to ourselves that tells us we can, want, need or know how to pursue a desired change.
  
  • Ex: I need to reduce my drinking to keep my marriage, OR
  • I want to keep my job, so I will stop using, OR I would like to be healthier, so maybe I will change my diet and stop smoking so much.

• **Sustain Talk**: language that a person might say to themselves or to you that provides them for reasons to stay the same, not make change.

  • Examples; If I just continue to drink with my friends and not around the family, I won’t have to give up my beer, OR
  • my tardiness is not that bad, other people I work with are worse than me, OR
  • I can still smoke as much as I want, it really is not that bad. Besides, my grandmother / father smoked their whole life with no big problems.
Let’s consider a brief exercise;

Have you ever felt the pain of a client that touched you deeply? You feel connected to them and their pain and thought that offering some suggestions to ease their discomfort might help.

You were surprised to find that their reaction was.....
DEMONSTRATION
What did you observe?

• Could you hear any CT or ST?
• What did you want to do with what you heard, if anything?
• What MI skills would you have used and for what purpose?
• Other comments....
Session # 4; Continue with CT, Commitment and Planning for Change
Session #4; More Change Talk, Commitment & Planning