



# USING A MOTIVATIONAL APPROACH

DURING CHALLENGING TIMES

# UNITED STATES OF AMERICA

## INFOGRAPHICS MAP



Using US map to identify where people are located from

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

WELCOME & INTROS

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

# 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

1980s to present:  
HIV - The leading  
cause of early death

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



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*

IHS Area	Tested	Positive	Negative
Alaska	346	2	156
Albuquerque	114	2	62
Bemidji	16	0	11
Billings	175	2	134
California	307	13	156
Great Plains	82	3	53
Nashville	61	1	38
Navajo	1,275	110	839
Oklahoma City	314	8	133
Phoenix	120	10	74
Portland	241	14	140
Tucson	32	0	8
<b>TOTAL</b>	<b>3,083</b>	<b>165</b>	<b>1,804</b>

*2 Weeks later -Updated April 13, 2020*

<b>IHS Area</b>	<b>Tested</b>	<b>Positive</b>	<b>Negative</b>
Alaska	1,133	7	482
Albuquerque	954	158	529
Bemidji	138	17	103
Billings	1,530	15	1,261
California	538	35	415
Great Plains	295	22	250
Nashville	88	8	55
Navajo	3,685	579	2,567
Oklahoma City	2,105	74	1,612
Phoenix	437	57	340
Portland	634	59	528
Tucson	444	6	349
<b>TOTAL</b>	<b>11,981</b>	<b>1,037</b>	<b>8,491</b>



**Let's Pause**

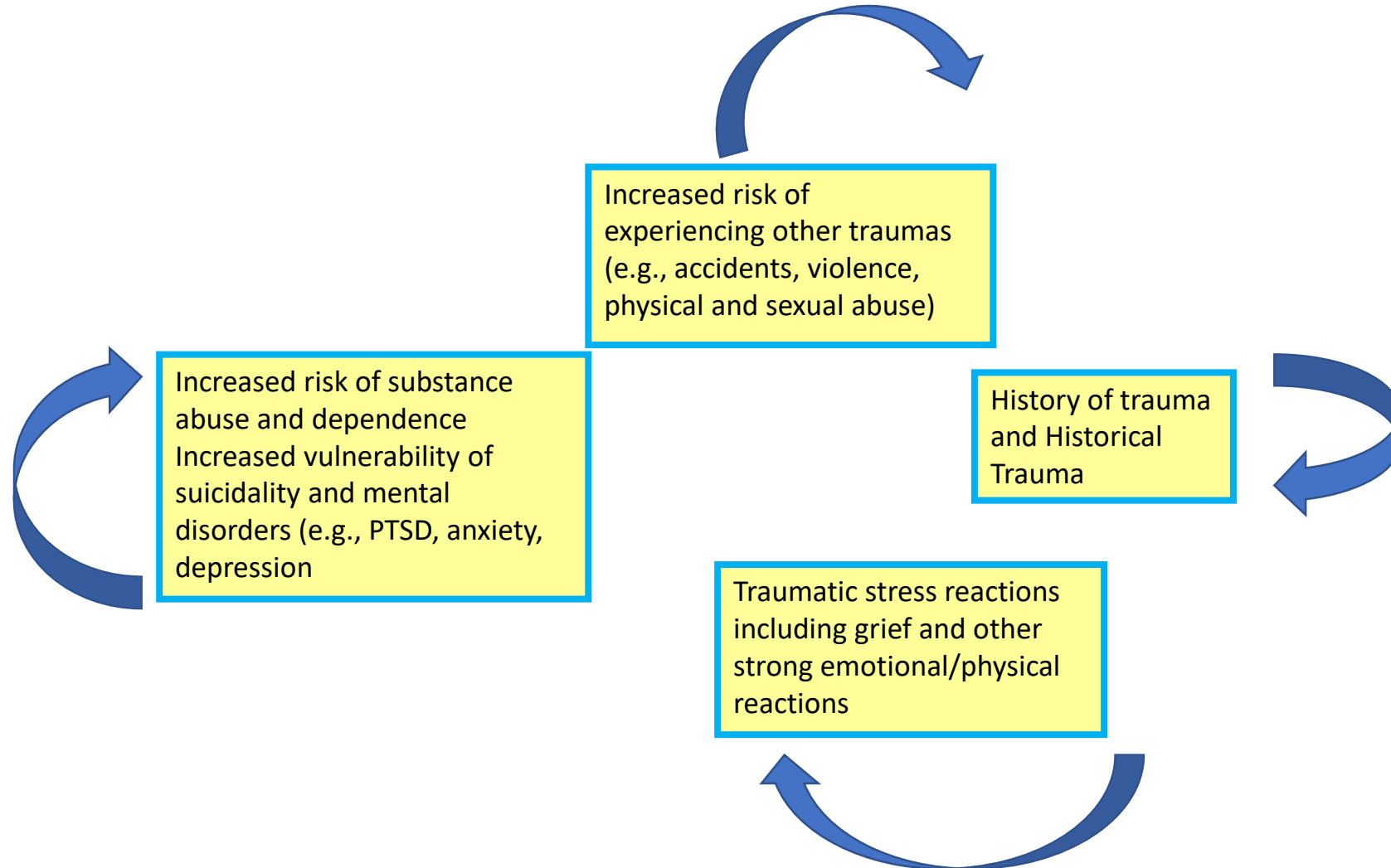
**Comments, Questions, Reactions**

# 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; *Inc.* trauma triggers
- Having enough resources; including from federal government
- Protecting our Elders whom carry our stories, culture and history
- Others you are hearing?

# The Effects of Historical Trauma on American Indians and Alaska Natives

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 appropriate 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.

TIP 61

# Inspiring People

- 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.



THE MOMENT YOU  
DOUBT WHETHER  
YOU CAN FLY,  
*you cease forever*  
TO BE ABLE TO DO  
IT.

PETER PAN BY J.M. BARRIE

FEELSLIKEHOMEBLOG

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# Traits / Characteristics...

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...*

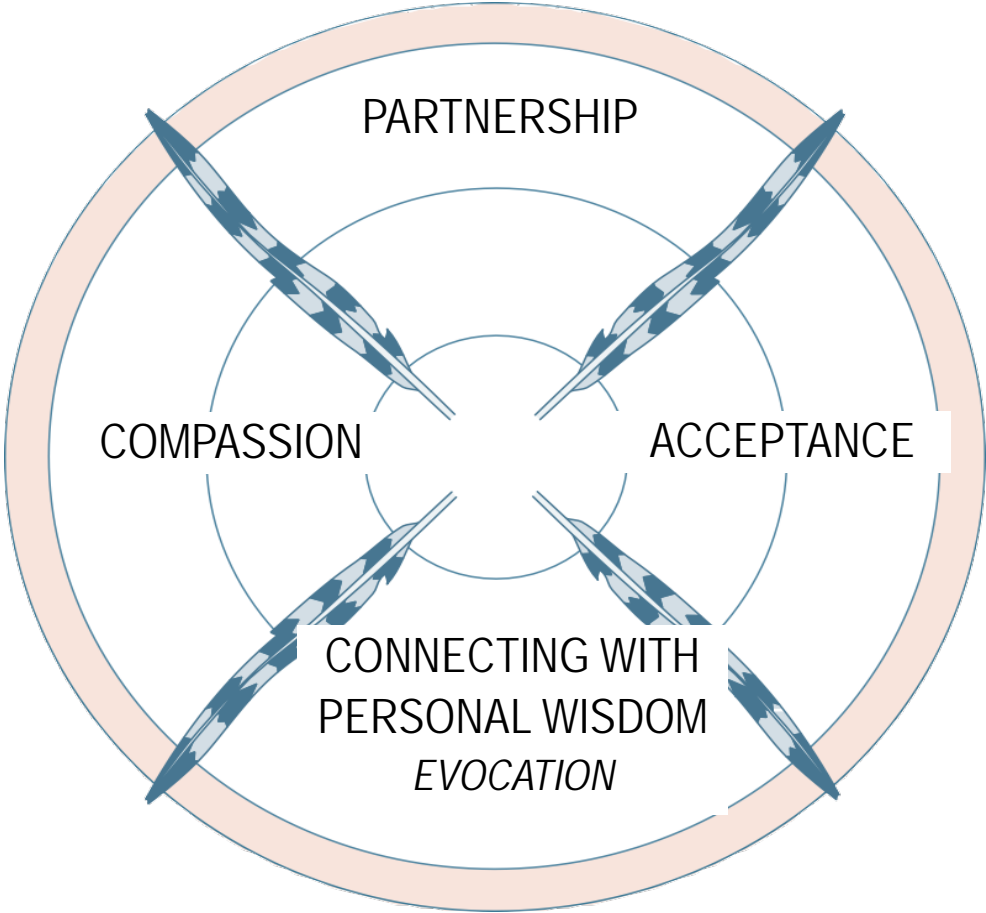
*something else that made that difference for you  
something that helped you in life...*

A word cloud featuring various traits and characteristics in different colors and sizes. The most prominent words are 'Intelligent' (large, orange), 'Determined' (large, pink), 'Talented' (large, red), 'Brave' (large, purple), 'Reliable' (large, orange), 'Honest' (large, green), 'Generous' (large, purple), and 'Self-made' (large, green). Other visible words include 'Uncompromising', 'Humble', 'Sexy', 'Underdog', 'Carefree', 'Popular', 'Good', 'Practical', 'Rich', 'Famous', 'Elephant', 'Stable', and 'Open'.

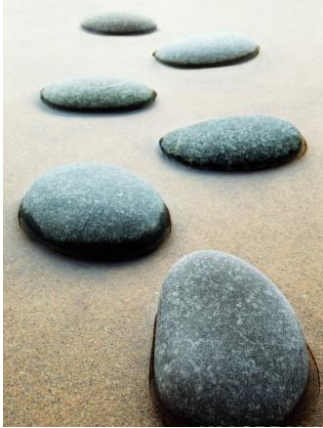
# The MI 'Spirit'

- 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

# MI SPIRIT & STYLE



## The 4 key MI processes



**PLANNING**

**EVOKING**

**FOCUSING**

**ENGAGING**

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# MI Change Processes

## 1<sup>st</sup> 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

- **O**pen-ended Questions
- **A**ffirmation
- **R**eflective Listening
- **S**ummary



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# 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 patients 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 advise or information.”

# 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.
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# Continue practice using all OARS

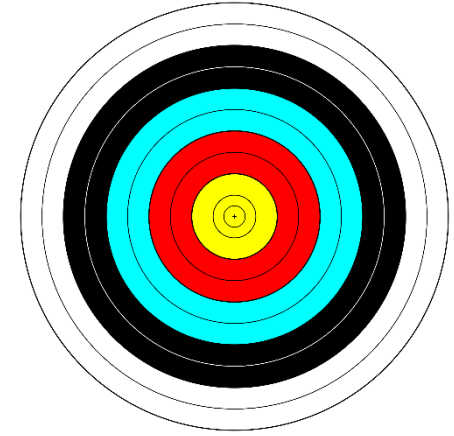
- Take about 2-3 minutes and write a summary statement
- What type of reflections would you want to offer?
- How about affirming statements? Anything you would like to offer to this person that indicates that you are encouraging without telling this what to do or offering any advice

# Processes in MI

## Step 2: Focusing – strategic centering

- Finding a focus
- Agenda setting
- Information and advice

# Finding a Focus



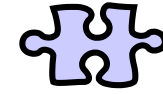
- What is the focus, the “change goal” for MI?
- Most often, it is from the client’s agenda
- Sometimes prescribed by the context
- What if you have your own goal(s) that the client does not currently share?





# Four Flavors of Ambivalence

## ▣ Approach / Approach

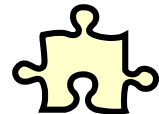


- Person is torn between two (+) choices.
- Moving towards one choice makes the other choice more attractive
- Least stressful flavor of ambivalence
  - Ex: favorite ice cream

## ▣ Avoidance / Avoidance

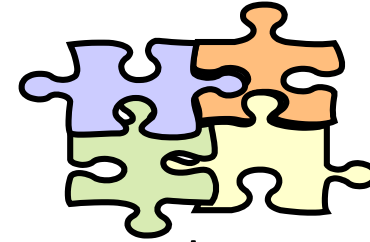


- Choice between two unpleasant experiences
- The “lesser of two evils”
- Moving towards one choice leads accentuates its unpleasantness, moving away moves closer to disadvantages of the other – Ex: Res care/jail



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# 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**

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# AMBI+VALENCE

Ambi = both



Valence = strong



# Different Types



# Good - Good



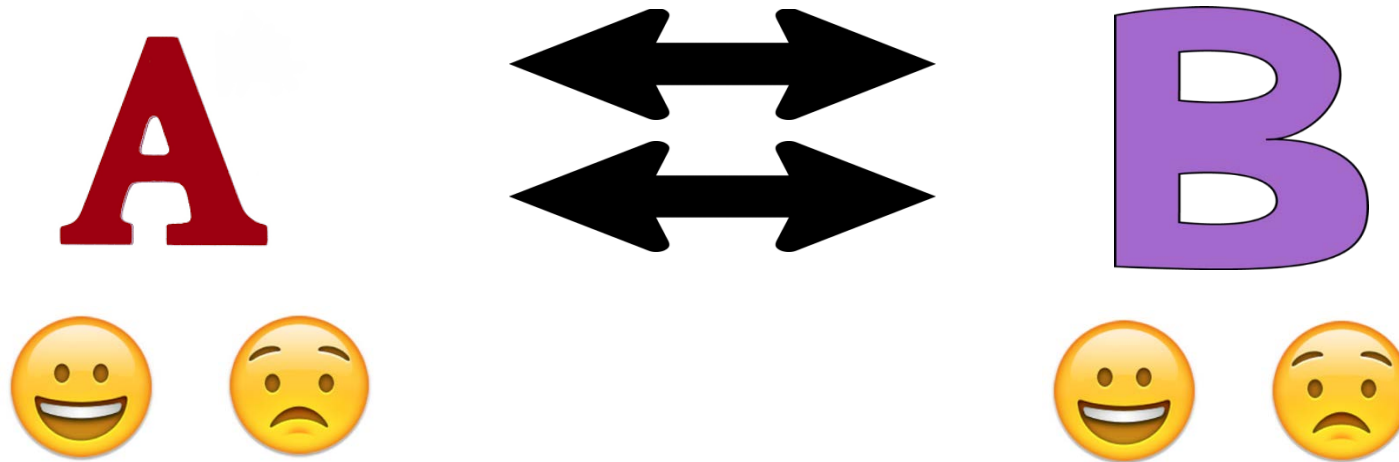
# Bad - Bad



# Approach-Avoidance



# Double Approach-Avoidance



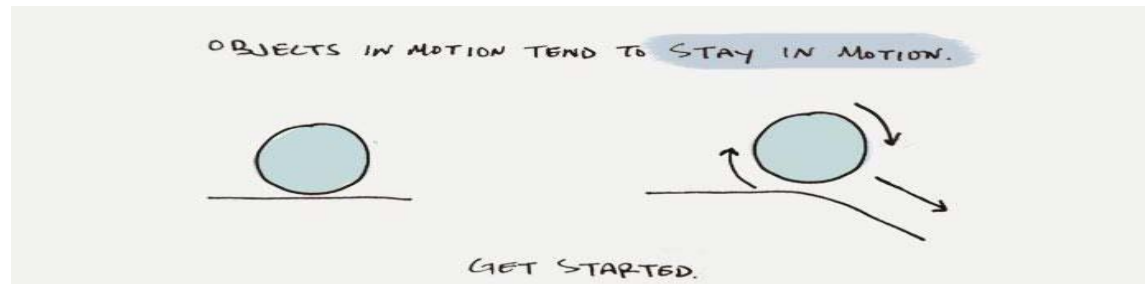


# Identifies the need to make a decision...



# 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/>

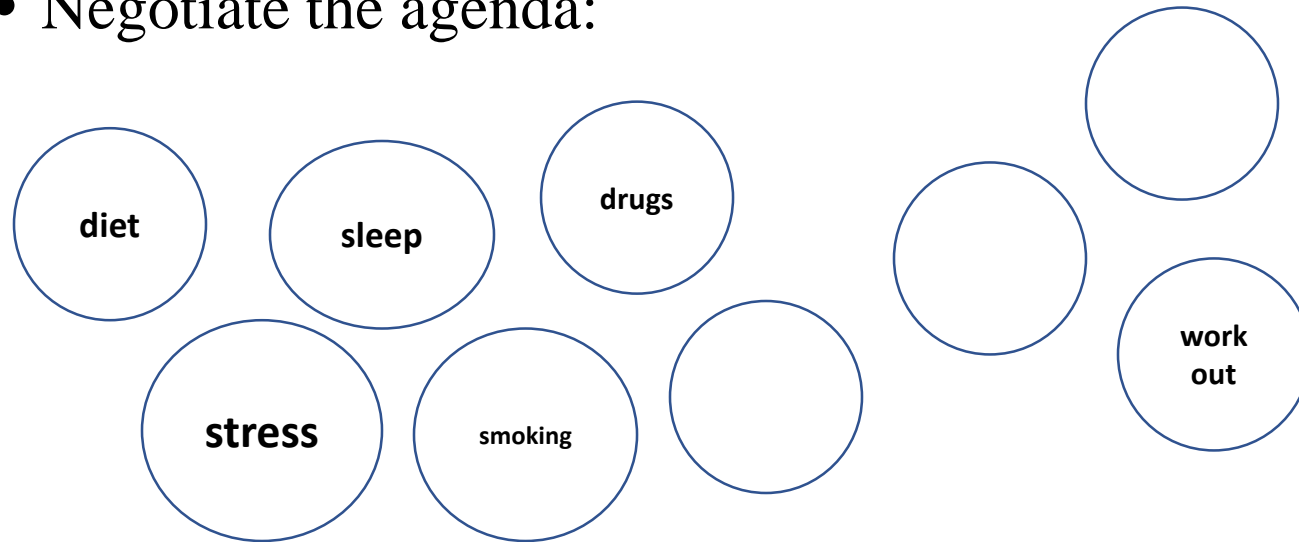
## Pro Tip #2

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



# Agenda Setting

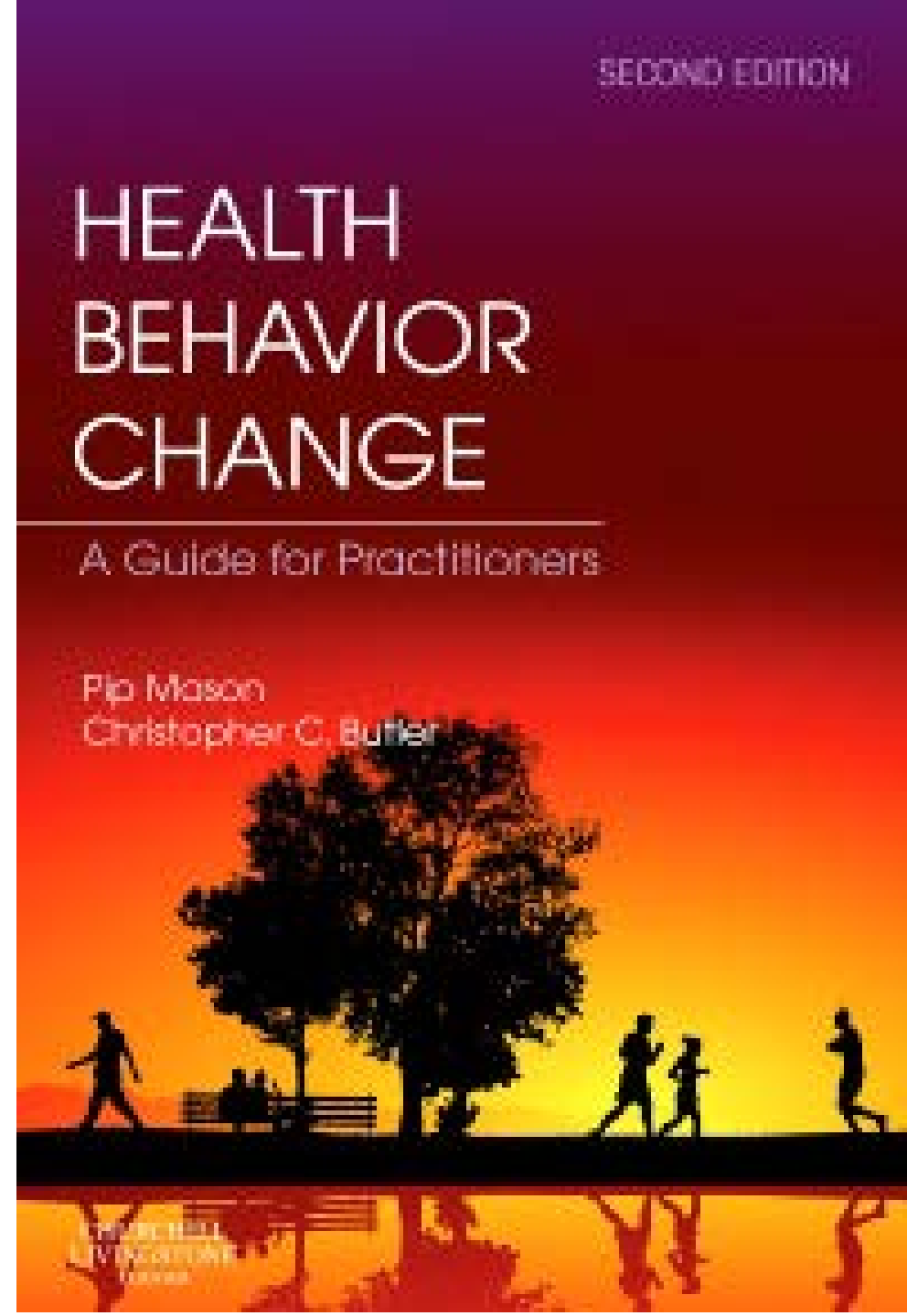
- Asking permission to discuss your agenda
- Explore current strengths
- Negotiate the agenda:



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

# 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

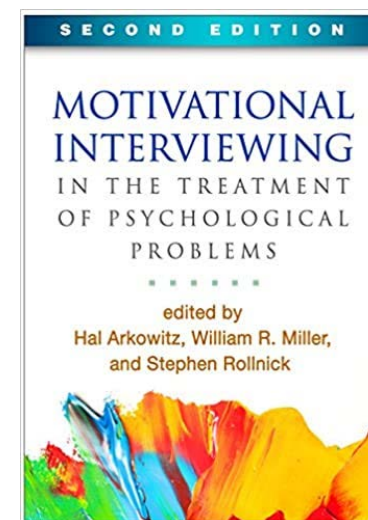
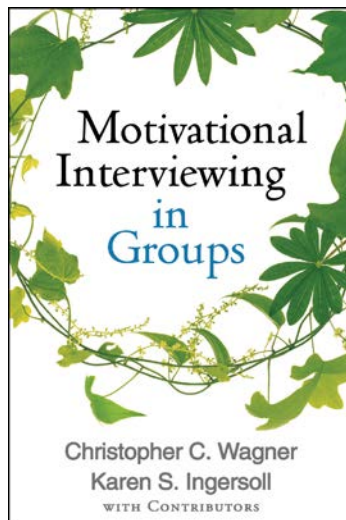
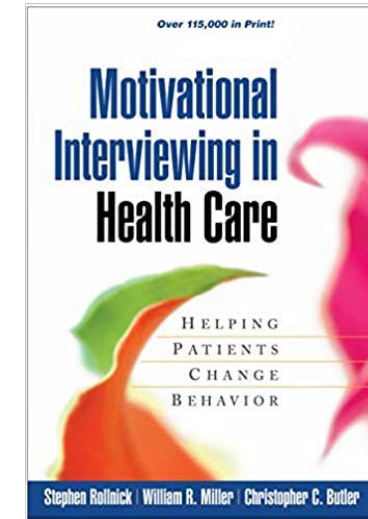
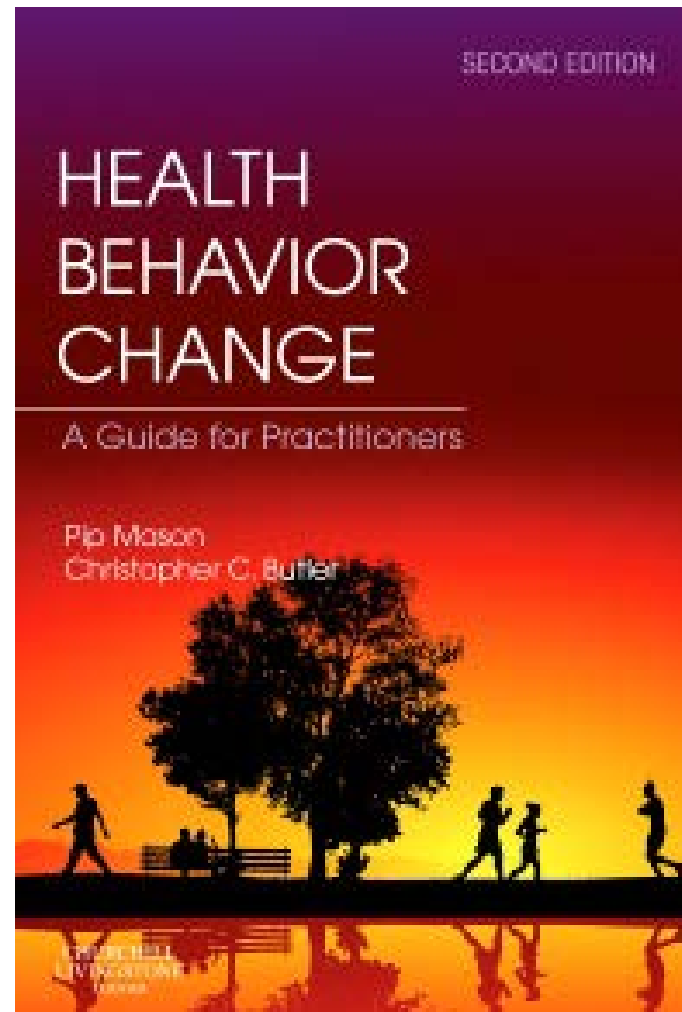
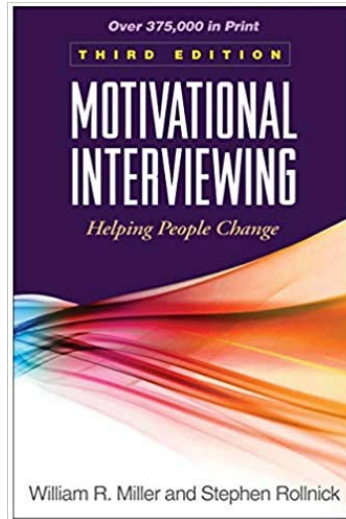
Prepare

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





# Further Resources

- Websites:
  - <https://en.motivationalinterviewing.org/>
  - <https://www.ihs.gov/>
  - <https://www.cdc.gov/nchs/fastats/american-indian-health.htm>
  - <http://www.monarchsystem.com/wp-content/uploads/2012/06/Motivational-Interviewing-in-Health-Care-Resource-Book.pdf>
- Motivational Interviewing, 3<sup>rd</sup> 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**

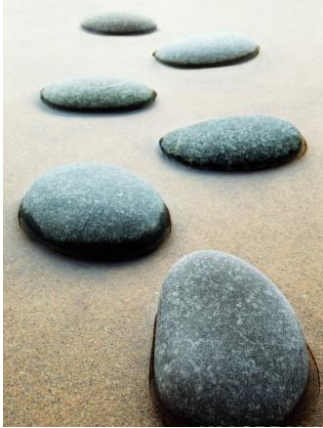
# Motivational Interviewing, Session #3

- 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**

MI3 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.....

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# 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**