

# Motivational Interviewing Skills Workshop for Family Peer Advocates: An Introduction to Motivational Interviewing

Presenters:

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# Who We Are

## New York Center for Child Development

- NYCCD has been a major provider of early childhood mental health services through federal, state, city and philanthropic funded programs in New York
- NYCCD has a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice

## Training and Technical Assistance Center (TTAC)

- NYCCD was selected by the New York City Department of Health and Mental Hygiene under Thrive NYC to develop a citywide Early Childhood Mental Health Training and Technical Assistance Center (TTAC)
- NYCCD's Subcontractor in the TTAC Center is New York University McSilver Institute for Poverty Policy & Research which offers clinic, business, and system transformation supports statewide to all behavioral healthcare providers.

<http://www.TTACny.org>



# Agenda

- Introductions
- MI Basics
- Break
- Practice
- Review
- Close

# Introductions

- Name
- Agency
- Role/Responsibilities
- What have you learned about MI

# Objectives

1. Develop an understanding of MI and its use with parent/caregivers.
2. Review the fundamental principles of MI & the Stages of Change Model.
3. Practice using basic MI techniques.

# Liver and Onions

- Choose the primary speaker and the helper
- Speaker – tell your helper your least favorite food
- Helper – try to convince the person to eat that food.

# What is MI?

- Brief intervention – Motivational Enhancement Therapy
  - Client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence
- [Unconditional] “Love with a goal”
- Evidence-based Techniques for evoking communication and change talk

# Harm Reduction

- Harm reduction acknowledges that **any** steps toward reduced risk are steps in the right direction
- Optimal (not exclusive) goal of family support is to stop negative behaviors

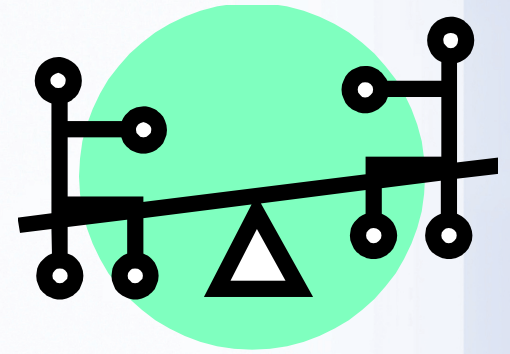


# 3 Goals of MI

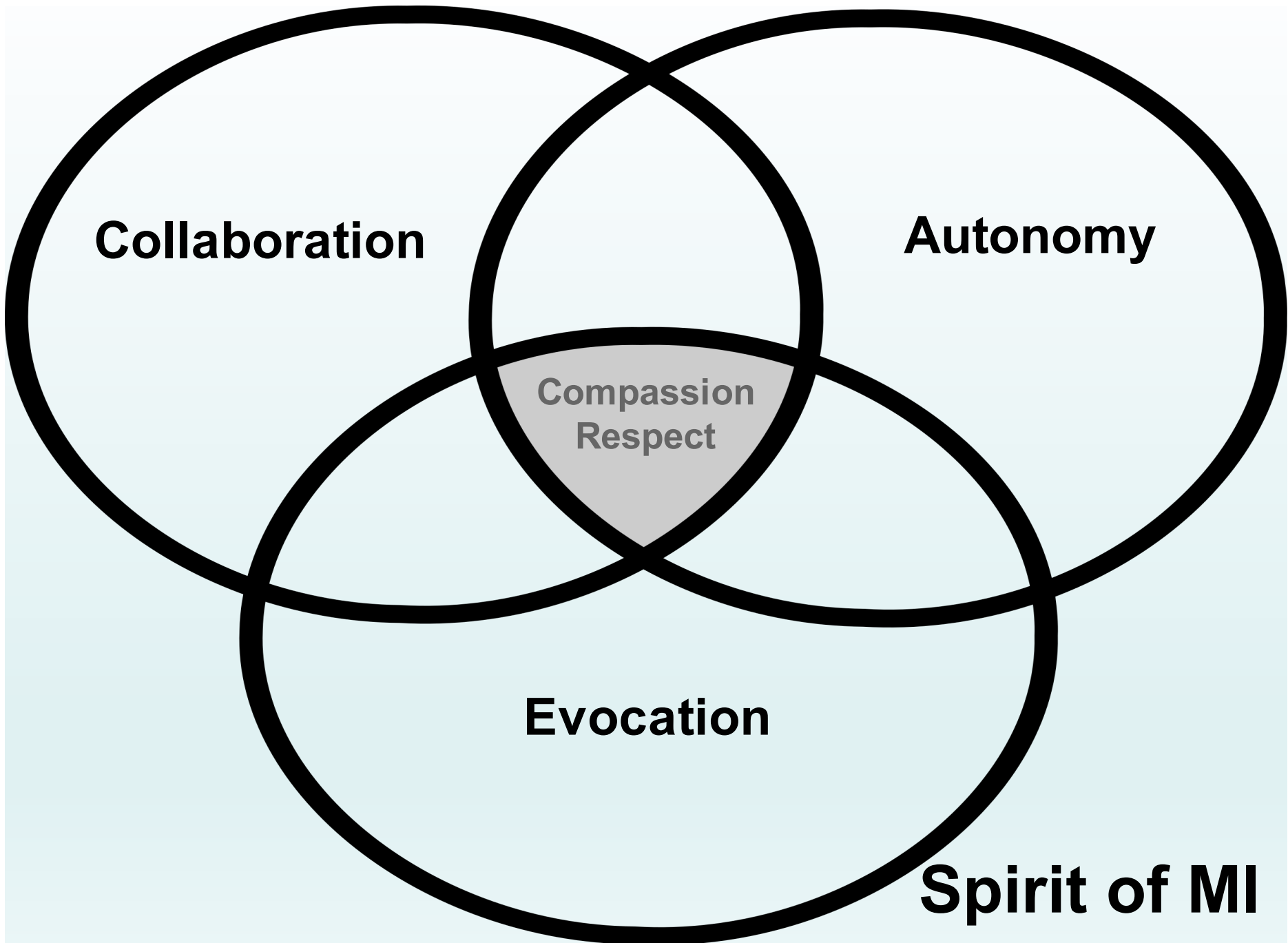
1. To assist the parent/caregiver to resolve **ambivalence**
2. To support the enhancement of intrinsic motivation to **change**
3. To support the parent/caregiver's sense of **self-efficacy**



# Ambivalence



- Feeling two ways about something
- Ambivalence is natural and an essential part of being human
- Ambivalence is often involved in big life changes for everyone AND healthy choices for adolescence
- Examples of feeling ambivalent every day



**Collaboration**

**Autonomy**

**Compassion**  
**Respect**

**Evocation**

**Spirit of MI**

# Four Principles of MI

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy

# Expressing Empathy

## **MI seeks to communicate great respect for the parent/caregiver**

- Show warmth and communicate respect and understanding – check judgments at the door
- Build a collaborative relationship – there are two experts in the room
- Be aware of non-verbals – demonstrate deep interest and curiosity in their story
- Express empathy through reflective listening – connect to both the content and feelings.

# Developing Discrepancy

**Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be:**

- Parent/caregiver rather than the FPA should present the arguments for change
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values
- Focus parent/caregiver's attention (gently) on these discrepancies and the consequences of their behavior (“What will happen if nothing changes?”)
- FPA's assist and support parent/caregivers along the stages of change.

# Roll with “Resistance”

**Ambivalence is normal; people may disconnect for a variety of reasons**

- Afraid or intimidated by change
- Being overwhelmed
- Being mandated for services
- Feeling misunderstood
- Past history of trauma
- Feeling alone or isolated



# Chat

- What are some signs that there is a disconnect between you and the parent/caregivers?

# Tips for Rolling

- Know the signs and back-off
- Do not confront directly
- Reflect it back and reframe
- Resist the righting reflex
- Use your OARS
- Explore positive and negative consequences of change

# Support Self-Efficacy

**Self-Efficacy is the belief that given time and support people can find their own solutions.**

- A person’s belief in the possibility of change is an important motivator (“I know we can figure this out.”)
- The parent/caregiver, not the FPA, is responsible for choosing and carrying out change
- The FPA’s own belief in the person’s ability to change becomes a self-fulfilling prophecy.

# Skills of Motivational Interviewing

# Beginning Sessions

- Agenda setting
  - “Focusing” – following up on change efforts
  - How have things been since the last time we met?
- Asking Permission
  - Can we spend a few minutes talking about \_\_\_\_\_?
  - These can be followed with more specific questions on the about a particular issue.

# Demonstration/Practice

- Non-verbal listening

# MI Techniques - OARS

- Open-Ended Questions
  - Querying Commands
- Affirmations
- Reflections
  - Simple
  - Amplified
  - Double Sided
  - Metaphors
- Summaries



# Open-Ended Questions

- Cannot be answered with yes or no
- Provider does not know where the answer will lead
- Also includes Querying Commands (QC) – **“Tell me more” or “Say more.”**



# Early Open-ended Questions

## Instead of:

- Was it difficult for you to get here?
- Is this a good time to meet?
- How many children do you have and what are their ages?
- How many people are in your household?

## Try

- How was it for you getting here?
- What are some challenges to getting here?
- Tell me about your children.
- Tell me about the people you live with.

***When trying to gather information, open-ended questions can be followed by closed ended questions for further clarification.***

# Middle Opened Questions

- Did you follow-up on that referral I gave you for housing?
- Is it hard to get your children ready for school in the morning?
- How have things been since the last time we spoke?
- Tell me about a typical morning (day) with your children.

# Other Open-Ended Question

- What would you like to talk about today?
- Tell me about
  - how you ended up with us here.
  - the family you grew up in.
  - your neighborhood or community.
  - your work.
  - your child's teachers.
  - the people you turn to when you need help.
- Tell me more. Say more (QC)

# Open-Ended Question to Promote Problem Solving

- What do you think you will do?
- What do you think has to change?
- What are you going to do?

# Affirmations

- Used to highlight strengths, accomplishments, and positive behaviors
- Helped to build confidence and self-efficacy
- Demonstrate respect and appreciation
- Increase engagement

# Simple Examples

- Thank you for coming in today.
- You've really followed up on something you wanted to do.
- You're here and talking with me.
- I appreciate how hard it is for you to handle all those problems you've been telling me about
- It takes strength to admit to what you just said



# Exercise



# Affirmations

# Make an Affirmation

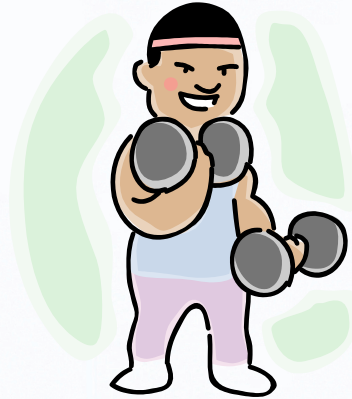
FPA: How's it going with your job search?

Caregiver: It's good. My mom has been helping out with watching the children. I get frustrated with her. She's always telling me I let them get away with murder. I want to tell her things aren't like when I was growing up. I'm not like her, but she helps out, my children are safe with her, and they like hanging out with grandma



# Summaries

- Long reflections
- Used when you may have exhausted a topic
- Transition to new topics or to move towards specific change
- Make connections
- Get yourself unstuck
- More hypothesis testing and feedback
- Can be followed with a closed question (Did I get it right?)



# Exercise Summaries



# Summarize

Right now I'm really frustrated. I don't know what to do. There are times when I wish I could crack open his head and see what's going on inside. I need help. No one understands my situation. I don't understand why his father is not involved in his life. It's hard to handle his behavior but he's also always asking me "why doesn't my father come visit me. It breaks my heart. I feel alone.

# Practice

- Speaker: Share about a situation, habit or behavior that you want to change in your life. Speak for 1 ½ minute.
- Listener summarize.

# Reflections

- Share what you are hearing
- Keep YOU in the present
- Can start with: “It sounds like...”, “What I’m hearing you say is...”
- Deliver confidently as a statement, BUT reflections are...
- Guesses or hypotheses - the parent/caregiver will guide you.

# Reflections

- The key to developing discrepancy
  - Simple reflection -
  - Rephrasing -
  - Reflect feelings and content -

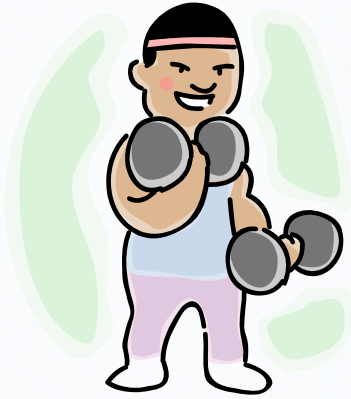
# Example

- Parent/Caregiver: I'm tired of getting calls from the school about my child's behavior.
- Reflection:
  - (Level 1) Simple: You're tired of getting calls from the school.
  - (Level 2) Rephrasing: You feel like it's their job to handle your child's behavior.
  - (Level 3) Reflecting Feeling and Content – You're (annoyed, frustrated, angry, enraged) that you get these calls from the school.

# Practice

- Parent/Caregiver: I don't understand why my child needs to be in therapy.
- Reflection:
  - (Level 1) Simple:
  - (Level 2) Rephrasing:
  - (Level 3) Reflecting Feeling and Content:





# Exercise



# Reflection

# Exercise

- Speaker: Talk about the good and challenging things about being a FPA.
- Listener: Only allowed to respond with reflections – no questions (close or open-ended or affirmations)



# Amplified Reflection

**Parent/Caregiver:** *I don't know why everybody's worried. There's nothing wrong with my child.*

**FPA:** *It seems to you that people have **NO reason at all** to worry about your child.*

# Double-Sided Reflection

**Parent/Caregiver:** *I know I need to get my child in for the speech therapy. I've missed two appointments and they're going to drop me if I miss again. I just have so much going on and it's hard to make all these appointments.*

**FPA:** *On the one hand you're overwhelmed with everything you have to do, but on the other hand you see how important this appointment is.*

# Example

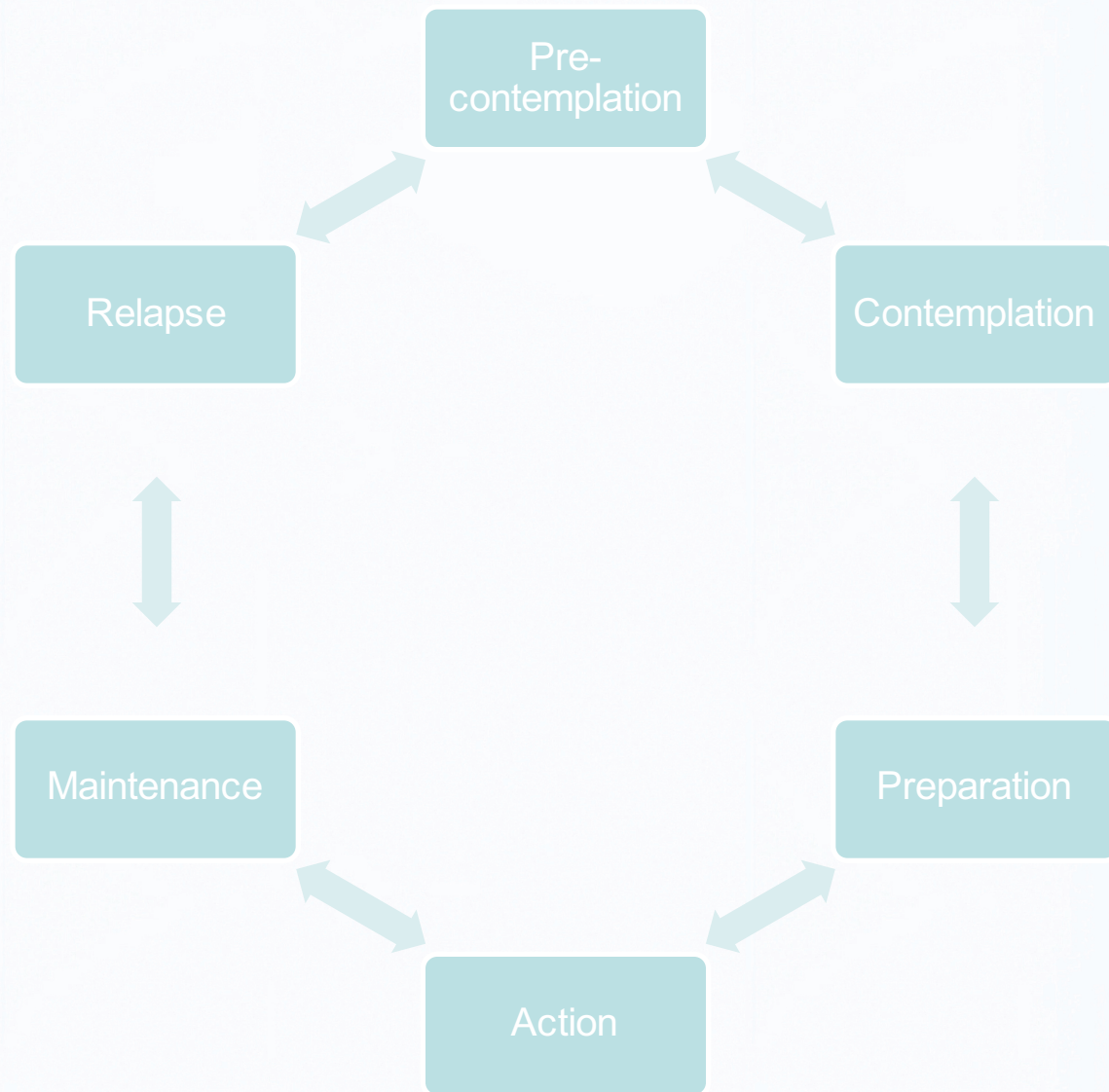
## Mother Needs Help

# Putting it All Together

**Speaker:** Think about a problem you are currently having as a FPA that you would like to try to address and share it with your listener.

**Listener:** Use your OARS only. No premature problem solving.

The stages of change are more accurately portrayed as a wheel ...



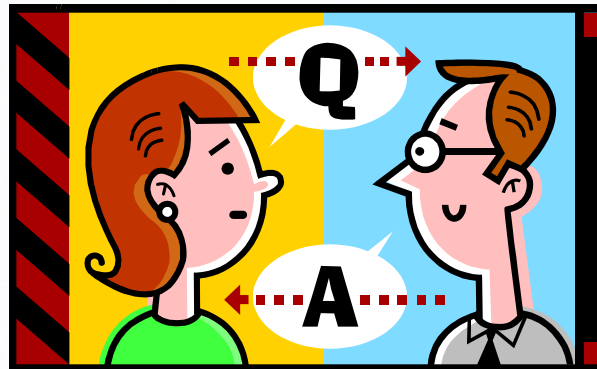


# Change – Transtheoretical Model

- Pre-contemplation
  - No intention of change for the foreseeable future
  - Resists any efforts to modify the behavior
- Contemplation
  - Recognize a need for change but in a state of ambivalence
  - Change may envisioned (from 3-6 months)
- Preparation
  - Advantages of change are seen with commitment to take action (w/in a month)
- Action
  - Behavior has changed for 1 day to 6 months
- Maintenance
  - Engaging in behavior for more than 6 months
- Relapse

(Prochaska & DiClemente, 1986)

# Q & A





# Visit our Website

TTACNY.org  
ttac.info@nyu.edu

## NYC Early Childhood Mental Health **TTAC** Training and Technical Assistance Center

TTAC is funded by the New York City Department of Health and Mental Hygiene through [ThriveNYC](#).

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Sensory Integration and Self-Regulation: Sensory Contributions to Young Children's Social-Emotional Development

*Monday, November 26, 2018*

Foundations of Social-Emotional Development in Infants and Toddlers E-Learning Modules

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# Thank you!



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