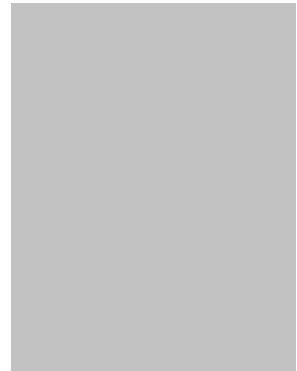


Population Health Improvement Learning Collaborative



Applications of Motivational Interviewing in Mental Health

Kriss Haren MA, MS, RHC-III
MI Health Coaching Faculty
HealthSciences Institute



Population Health Improvement Learning Collaborative

- An Interdisciplinary community for clinical and nonclinical professionals in direct care and population health management.
- Feature noncommercial CE events to build knowledge and reinforce core interdisciplinary competencies for the 21st Century health workforce (CCP Modules I-IV):
 - ⊙ Population Health Management
 - ⊙ Lifestyle Management
 - ⊙ Chronic Care/Self-Care Support
 - ⊙ Health Behavior Change
- Hosted by HealthSciences with support of individual and organization advocates for excellence in patient-centered, evidence-based care via skilled workforce (CCP > RHC Career Ladder) & quality measurement and performance improvement (HCPA/HCQI Tools/Software)



Population Health Improvement Learning Collaborative

Agenda

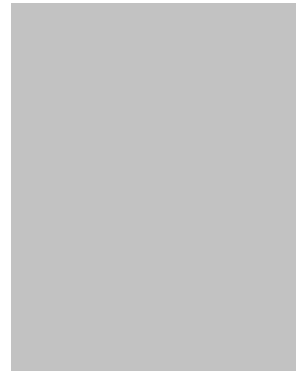
- 10:30 to 11:30 (CT) Learning Presentation & Discussion
- 11:30 to 11:45 (CT) Community Updates & Announcements

Population Health Improvement Learning Collaborative



Applications of Motivational Interviewing in Mental Health

Kriss Haren MA, MS, RHC-III
MI Health Coaching Faculty
HealthSciences Institute



Learning Objectives

- Review general guidelines for the use of MI in mental health
- Identify when, and for whom, MI could be contraindicated
- Describe MI treatment options for depression
- Describe MI treatment options for anxiety



“Motivational interviewing is a collaborative communication style for strengthening a person’s own motivation and commitment to change.”

Motivational Interviewing,
3rd Edition, Miller and Rollnick, 2012



The Foundational Spirit of MI

Partnership

MI is done
“for” and “with” someone

Acceptance

Absolute Worth, Autonomy,
Accurate Empathy, Affirmation

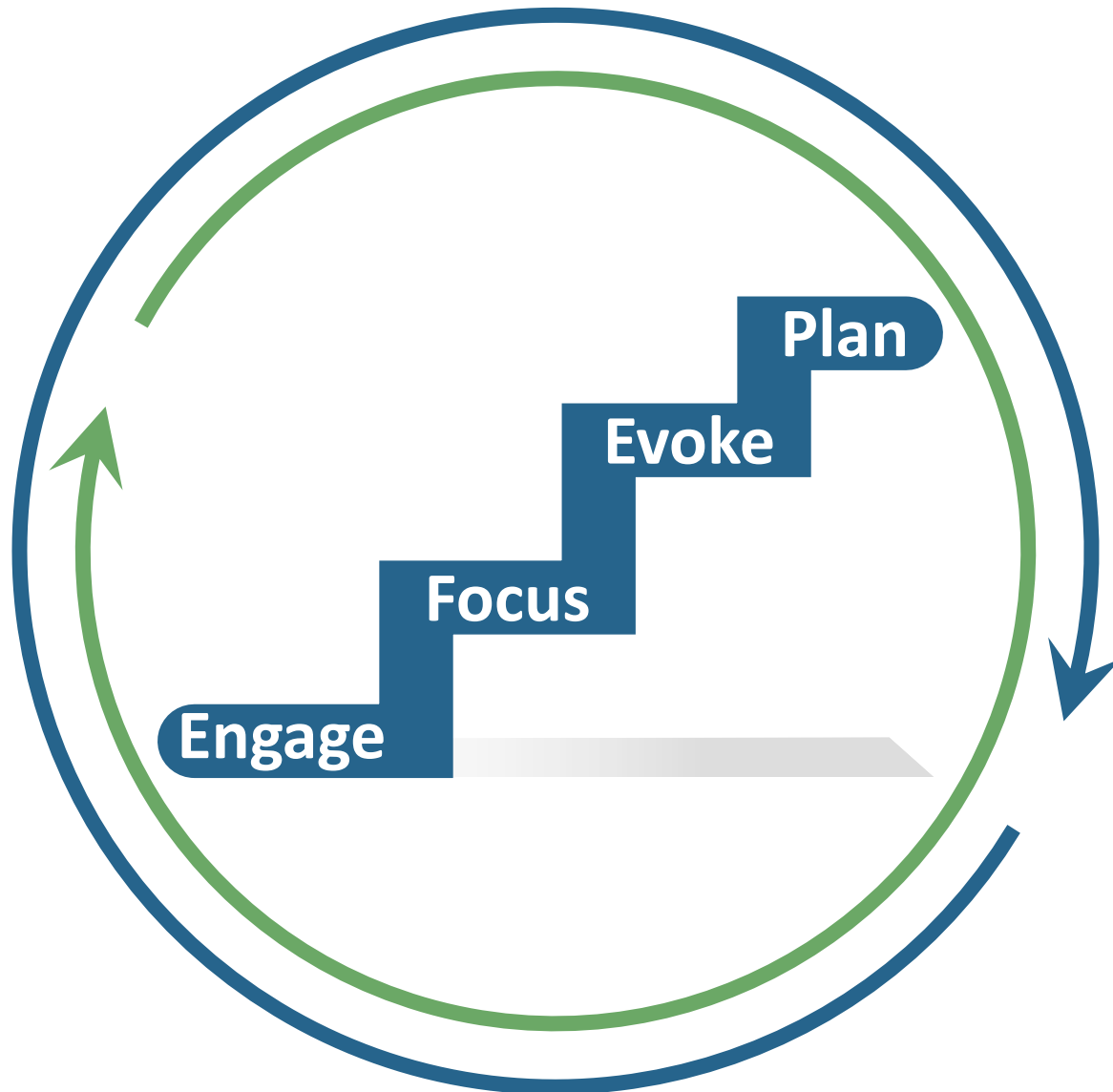
Compassion

MI functions to actively support
the client’s welfare,
to give priority to their needs

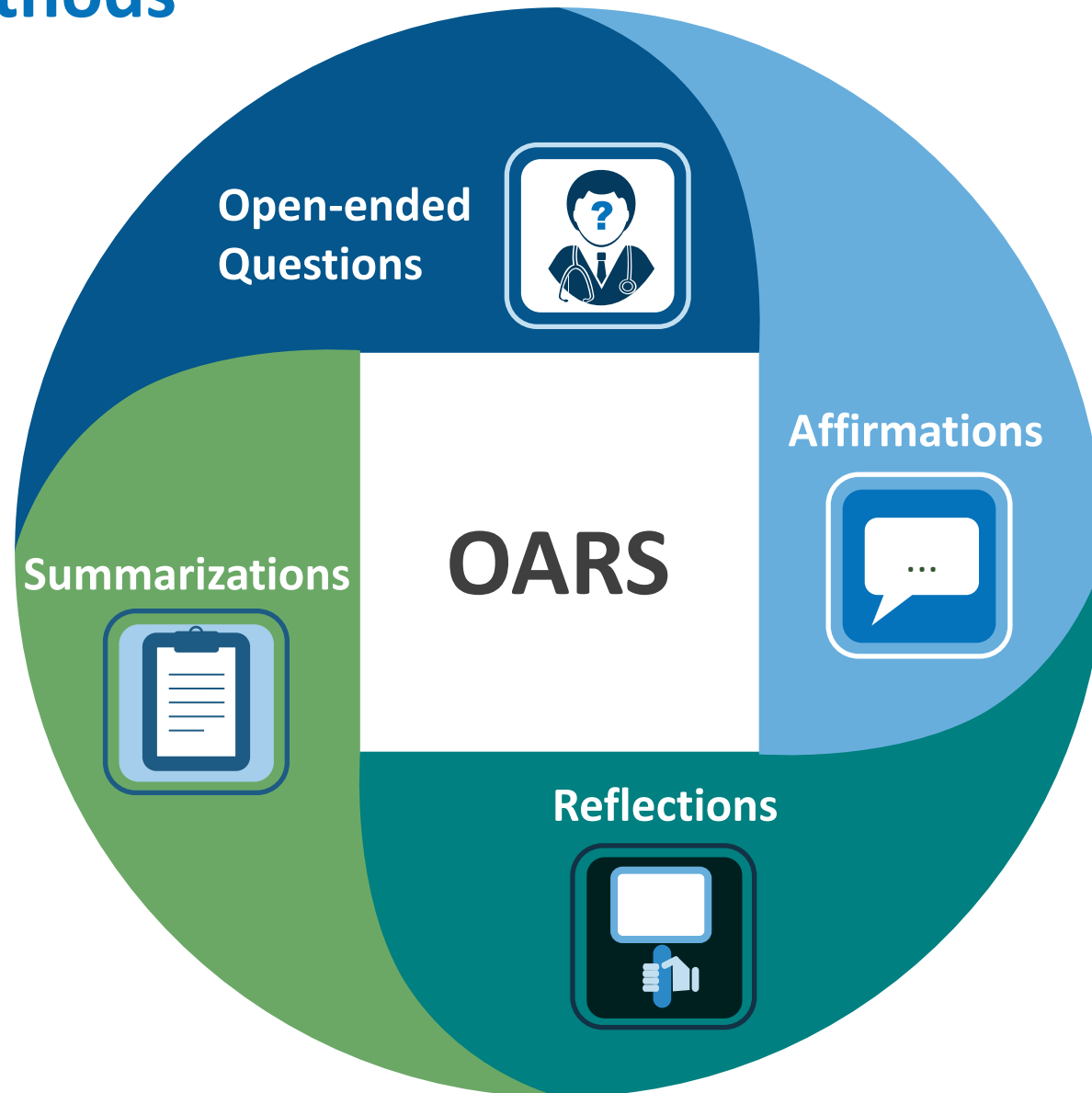
Evocation

Eliciting wisdom or insight;
finding these things within and
drawing them out from the person,
rather than imparting them
to the person

Processes of MI: Stair-steps



MI Methods



Steps for Clinicians in Learning MI

- First, become open to the underlying Spirit of MI
- Develop proficiency in client-centered skills, esp. Empathy
- Recognize Change Talk as distinct from other forms of speech
- Evoke and Reinforce Change Talk
- Recognize and Minimize Discord
- Guide the Client in making a Plan for Change
- Gain Client Commitment to the Plan
- Learn to weave MI in to other therapeutic methods

General Guidelines for MI in Mental Health

- Increase Intrinsic Motivation for Change
- Understanding that Motivation is not a Constant
- Recognize that Ambivalence is Normal
- Decrease Ambivalence about Change
- Recognize the Power of Autonomy Support

Increase Intrinsic Motivation

MOTIVATION (*n*) :

the stimulus, incentive, or inducement to act or react in a certain way. Purposeful behavior is motivated behavior, which means that either physiologic or social stimuli activates or motivates a person to do something.



Motivation and bathing are not permanent. That's why we need both every day.

– Zig Ziglar



Types of Motivation

EXTERNAL MOTIVATION (*n*):

incentive that accrues as a result of influence from outside sources; inducement to act or change based on the expectations and examples of other people.

Types of Motivation

INTERNAL MOTIVATION, (n) :

incentive that accrues from within an individual; inducement to act or change based on an inherent or intrinsic desire



CHANGE...It doesn't come easy. Given a choice between changing and proving that it is not necessary, most people get busy with the proof.

– John Galbraith



Ambivalence: It's Normal!

- Feeling two ways about something
- Uncertainty, dis-harmony, contradictory feelings
- Is generally uncomfortable if it continues
- Provides energy for making a decision

MI Helps To Decrease Ambivalence

- Creates a safe, nonjudgmental space to discuss the contradiction
- Provides an opportunity to realize that either choice is valid
- Safe way to discuss consequences to either choice

And that means a decision is more likely to be made



Even if you are on the right track, you will get run over if you just sit there.

– Will Rogers



Autonomy Support

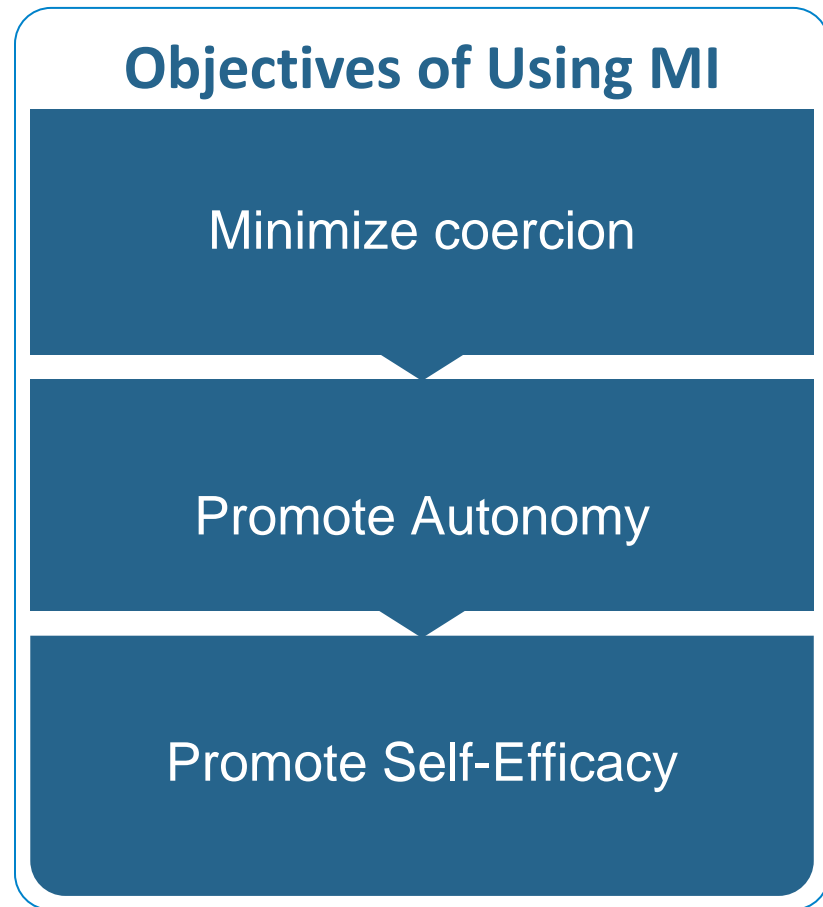
Whose life is
it, anyway?

Avoid
wearing the
“fix-it” hat

Sounds
good in
theory, but
it can be
very difficult

Potential Contraindications

**Lethality
Assessments**



Potential Contraindications

Lethality Assessments

Modifications to MI

More direct questions
to the client

Limitations on available choices

Clinician may talk more
than in “non-crisis” MI

Requirements of safety planning
will rule the day

Potential Contraindications

**Court-ordered
Clients**

Objectives of Using MI

Minimize coercion

Promote Autonomy

Promote Self-Efficacy

Potential Contraindications: Psychosis

When is a patient “too psychotic” for MI?

- Let the patient’s response guide your clinical decision
- How does the patient react to reflections- more or less organized
- May need a more structured treatment approach until the symptoms stabilize
- Gradually introduce reflections again and gauge their effect

MI in the treatment of Depression: Known Benefits

- Increases Engagement in the treatment process
- Helps to Increase activity levels
- Accurate Empathy from the Clinician reduces symptoms
- Improves medication adherence
- Effective when used with many other treatment modalities

MI in the treatment of Depression: The “Engagement Session”

(AKA- Assessment or Intake Session)

- 1) Eliciting the client’s story (presenting problem): Use your OARS
- 2) Client’s expectations/understanding of therapy:
Elicit-Provide-Elicit
- 3) Identify client’s ambivalence to therapy- cultural, situational, personal
- 4) Guide client to resolve ambivalence- either choice is resolution
- 5) Increase commitment to therapy if applicable
- 6) Set a precedence for the client feeling heard and understood

Getting Off to a Good Start

- This first encounter sets the foundation for therapy
- You only have one chance to make a first impression
- Studies indicate the using MI can
 - increase attendance in therapy groups
 - reduce hospitalization
 - increase medication adherence

1. Eliciting the Client's Story: OARS



Thank them coming in and for filling out the inevitable questionnaire/s.



Explain the rationale for the paperwork and assure that not every session is like this intake session.



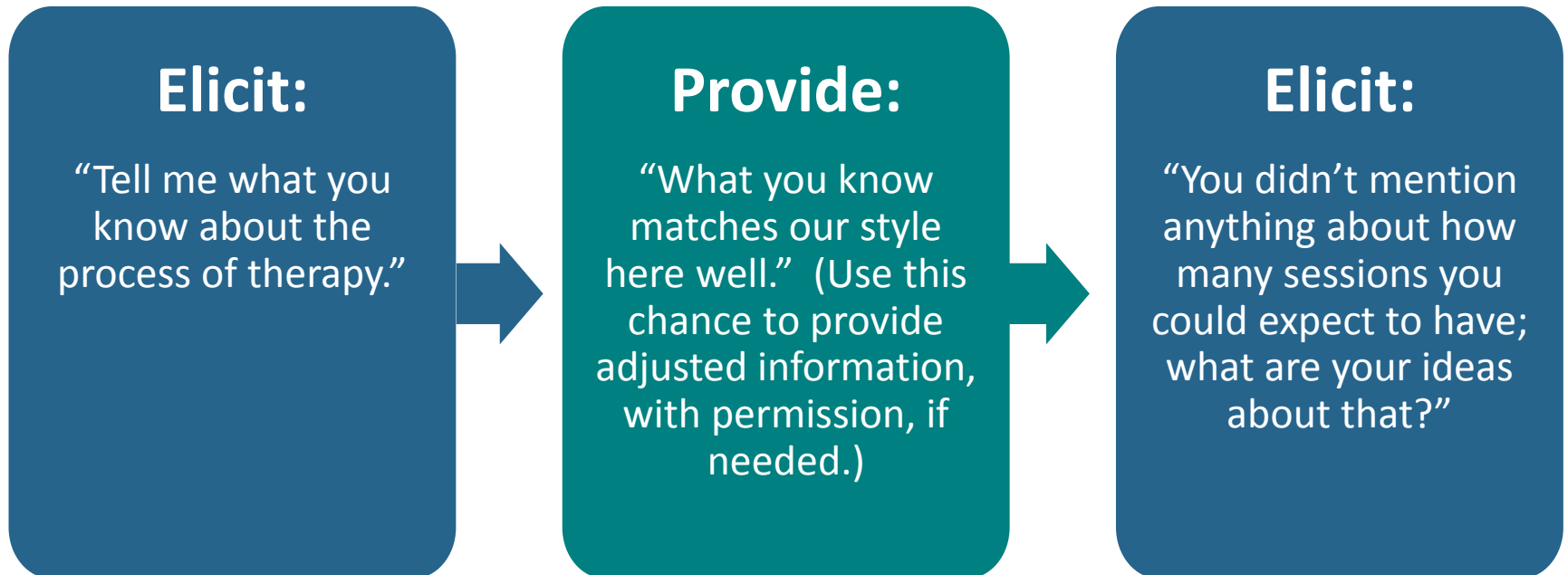
Ask an Open Question, i.e. “What has been going on that brings you here today?” vs. Prescribing the presenting problem based on the paperwork



Listen, Reflect, Evoke: “What else?”

2. Evoke Client's Expectations/Understanding of Therapy: Elicit-Provide-Elicit

With permission, find out what the patient knows or has heard.



3. Identify and Normalize Ambivalence to Therapy

Use those OARS again

“What concerns, if any, do you have about starting therapy?”

“Many people are worried about different things when they think about getting into therapy, and I wonder if that applies to you.”

“It’s your choice whether or not you start therapy and how long you stay.”

The less we are perceived as pushing people to do something, the more open they stay to thinking about it.

4. Guide the Client to Resolve Ambivalence

Again, this sets the foundation for strategies that will show up again in treatment.

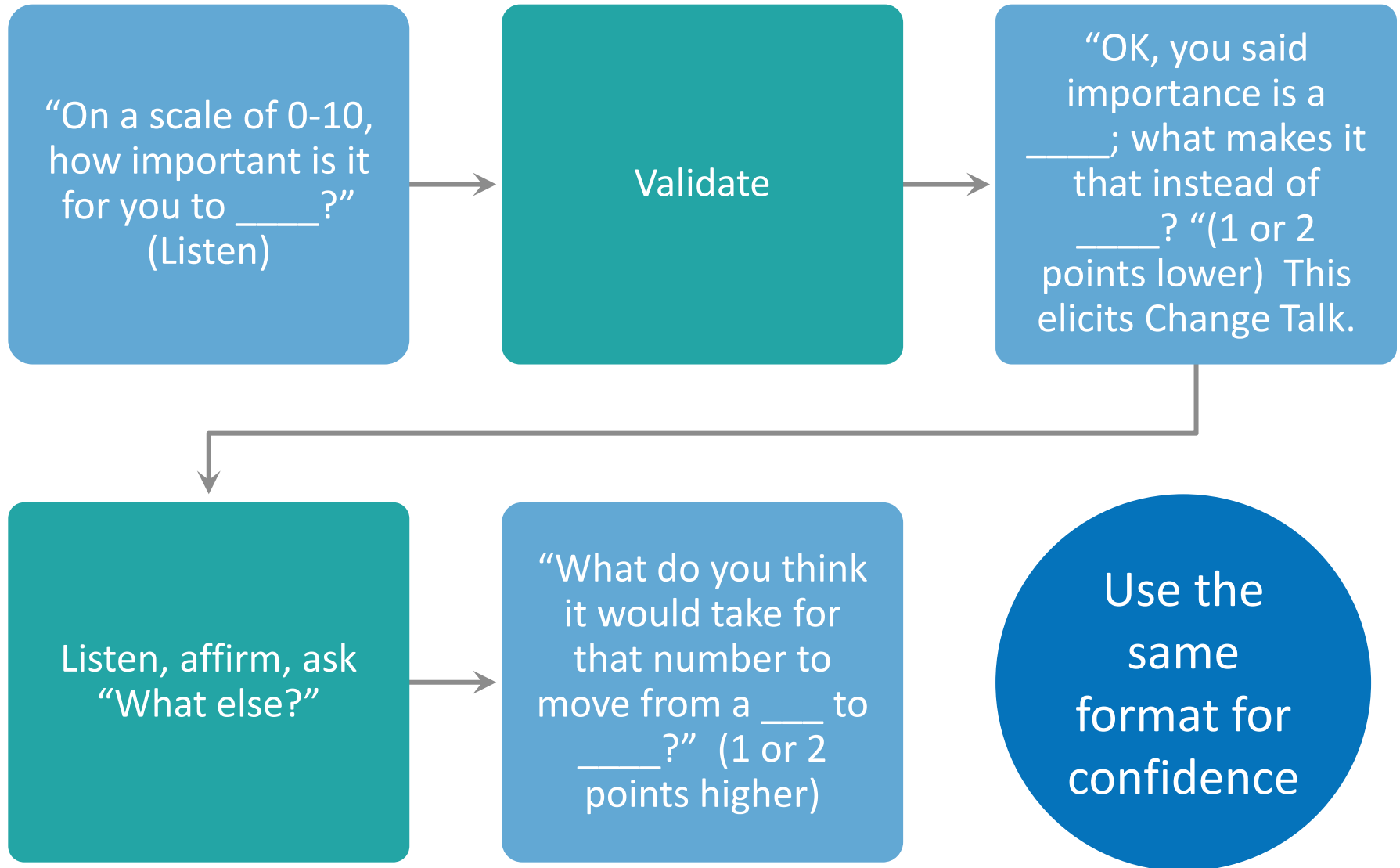
“What would help you make this decision?”

“What’s the best/worst scenario if you do/don’t do this?”

“What are the top three reasons to give this a try?”

Try the Readiness Ruler concept to assess importance and confidence.

Readiness Ruler: Assess Importance, Then Confidence



5. Increase Commitment to Therapy

Flows nicely from the last question
of the Readiness Ruler

“Now that we have completed the intake session, what thoughts do you have about whether or not to start therapy?”

“What would help you make this decision?”

Original Idea from Bem's Theory of Self-perception



*As I hear myself talk,
I learn what I believe.*



6. Help the Client Feel Heard and Understood

- This basic need of most humans is central to resolution of ambivalence
- Difference between saying you understand and demonstrating that you understand
- Use Simple Reflections to demonstrate hearing
- Use Complex Reflections to demonstrate understanding

Clients Not Feeling Heard/Understood



Afraid, Agitated, Angry, Ashamed

Defensive, Discounting, Disengaged, Doesn't Come Back

Helpless

Justifying

Not heard, Not understood, Not valued

Oppositional, Overwhelmed

Power Plays, Procrastination

Rebellion, Resistance

Tense, Timid, Trapped, Troubled

Uncertain, Uncomfortable

Clients Feeling Heard/Understood



Accepted

Comfort, Cooperation

Empowerment, Engagement

Hopefulness

Increased interest, desire to talk, and to come back

Likes the clinician

Openness

Respected by clinician, Recognizes ability to change

Safety, Security

Understood

MI in the Treatment of Depression: Symptom Structure

- Addresses two hallmark symptoms of depression:
 - Anhedonia- AKA “Low Motivation”
 - Feeling Stuck- AKA “Ambivalence”
- Reframes Label of Treatment Resistance into “Discord”
- Provides a framework for guiding the therapeutic focus, and the shift of focus throughout treatment

MI in the Treatment of Depression: Medication Adherence

- Similar structure as use in depression overall
- Engagement is the priority
- Identify the specific ambivalence components
- Evoke, evoke, evoke
- Planning is the final step

MI in the Treatment of Anxiety

- Once again, Engagement is the Key
- Typically high levels of Ambivalence exist in Anxiety D/O's
- Encourages the client to articulate reasons for change
- Is this starting to sound familiar?!

Citations & Additional Readings

- *Motivational interviewing to enhance adolescent mental health treatment engagement: a randomized clinical trial.* [Dean S¹](#), [Britt E²](#), [Bell E³](#), [Stanley J⁴](#), [Collings S¹](#)
- J Psychosoc Nurs Ment Health Serv. 2015 Dec;53(12):28-37. doi: 10.3928/02793695-20151020-03. Epub 2015 Oct 27. *Motivational Interviewing Approach Used by a Community Mental Health Team.* [Tan SC](#), [Lee MW](#), [Lim GT](#), [Leong JJ](#), [Lee C](#).
- Clin Psychol Rev. 2015 Jun;38:1-12. doi: 10.1016/j.cpr.2015.02.008. Epub 2015 Mar 3. *Evaluating the mechanisms of change in motivational interviewing in the treatment of mental health problems: A review and meta-analysis.* [Romano M¹](#), [Peters L²](#).
- *Motivational Interviewing in the Treatment of Psychological Problems.* 2008, Guilford Press. Arkowitz, A., Westra, H., Miller, W., Rollnick, S.
- Perspect Psychiatr Care. 2015 Jan;51(1):36-44. doi: 10.1111/ppc.12060. Epub 2014 Jan 17. *The effect of nurse-led motivational interviewing on medication adherence in patients with bipolar disorder.* [McKenzie K¹](#), [Chang YP](#).
- J Clin Psychol. 2012 Sep;68(9):961-71. doi: 10.1002/jclp.21885. Epub 2012 Jun 29. *An open trial of motivational interviewing to address suicidal ideation with hospitalized veterans.* [Britton PC¹](#), [Conner KR](#), [Maisto SA](#).

Population Health Improvement Learning Collaborative



Please Submit Your Questions NOW

- Please submit via the GoToWebinar control panel
- We will respond to as many questions as possible

Population Health Improvement Learning Collaborative

Obtain Your CE Certificate

- Today's event is preapproved for 1.0 contact hour for CCP/RHC recertification and may meet other CE requirements as well. Please check with your credentialing agency.
- **Looking for the evaluation?** Registered attendees will receive certificate of attendance after submitting the evaluation. We open the evaluation page when we close the presentation. Each month you'll find it@ www.HealthSciences.org/evaluation.
- **Looking for your certificate?** Please check your spam/junk mail folder before submitting a support request. **For your convenience, add www.HealthSciences.org as a "safe sender"**
- **Looking for the slides or replay?** This is a member supported community. Free LC event replays, slides and resources are included in the online CCP program and CCP/RHC archive library.
- **PHI-LC member benefits.** Free replays of ten of our top-rated events are available to members of our LC Community who join. To find the link, look for the "Health Coaching Community" box at www.HealthSciences.org. Click on "Join our Community." Thanks for supporting this forum.

Community Updates & Announcements