

ENGAGING PATIENTS, EMPOWERING CHANGE: A PRACTICAL GUIDE TO MOTIVATIONAL INTERVIEWING IN HIV & STI CARE

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- Following this activity, physicians and other health care providers should be able to:
 - *Define Motivational Interviewing (MI) and its importance in health care
 - *Identify the Spirit and Core elements of (MI)
 - *Effectively demonstrate MI skills in practice

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PROFESSIONAL COMPETENCIES

This activity addresses the following ACGME & IOM physician competencies:

- Patient care or patient-centered care skills
- Medical knowledge
- Practice-based learning & improvement
- Use of evidence-based medicine

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PROVIDER COMMUNICATION

Cultural Competency *Patient Centered Care*
Behavior Change Counseling *Health Disparities*
Integrated Care *Medical Home*

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WHY IS MI SO POPULAR?

- Over 500 studies across multiple populations and health behaviors
- Multiple meta-analyses
- Most effective as a precursor intervention but also in terms of very brief interactions to boost motivation as well as longer treatments
- Improving provider confidence and reducing burnout

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MOTIVATIONAL INTERVIEWING FOR EFFECTIVE COMMUNICATION

Simple Definition: collaborative conversation style for strengthening a person's own motivation and commitment to change

More Complex:

- collaborative and goal-oriented communication
- particular attention to the person's language of change
- designed to strengthen personal motivation for and commitment to a specific goal

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HOW MI MIGHT HELP...

- MI is a style of engaging people that is really efficient at
 - Eliciting information
 - Demonstrating you are listening to the client
 - Joining with clients to create mutual goals and plans
- Through using MI, you may learn things you otherwise would not hear and enhance your client's experience in any treatment

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MI IS FLEXIBLE

- Research evidence of efficacy
 - **Across behaviors** (substance abuse, smoking, preventive care, adherence, risk reduction, nutrition and physical activity)
 - **Across disciplines** (practitioner type)
 - **Across settings** (medical settings, social service agencies)

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ACTIVITY: PERSONAL STORIES

- Have you ever made the same goal more than once?
(quit smoking, stop yelling, exercise)
- Have you ever been told by your doctor to do something that you were not ready to do?
(take medications, exercise, make dietary changes)
- Have you ever told someone that
...they shouldn't be in a relationship that you thought was damaging?
...they should live their life differently?

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CHECK-IN

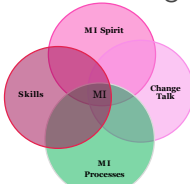
How do you feel when facing personal/professional change?



Only a baby with a full diaper truly welcomes a change!

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The Elements of Motivational Interviewing



Engaging, Focusing Eliciting, Planning

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MI SPIRIT



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ACTIVITY: EYES WIDE SHUT

Purpose: Consider your patients' perspective when discussing critical personal information

Instructions:


- Close your eyes and think of your deepest darkest secret!
- Now imagine you are in a closed, locked room, and the only way to get out is to tell me your secret.
- How do you feel about telling me your secret?
- What characteristics would I have to have for you to tell me this secret?

**If telling a stranger is not a challenge, think about someone more difficult to tell!*

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MI SPIRIT

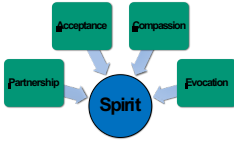
"MI with someone is like entering their home. One should enter with respect, interest and kindness, affirm what is good, and refrain from providing unsolicited advice and rearranging their furniture."



An Alaskan elder reflecting on an MI workshop with Steve Berg-Smith


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MI SPIRIT



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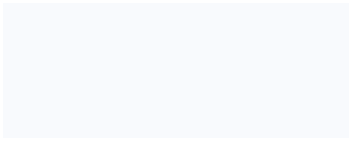
PACE: PARTNERSHIP



- Collaborative, guiding approach
- Builds rapport and trust
- Based on mutual understanding
- Acknowledges the patient as the expert in his/her own life
- Provider does not assume the expert role
- Dancing vs wrestling

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PARTNERSHIP



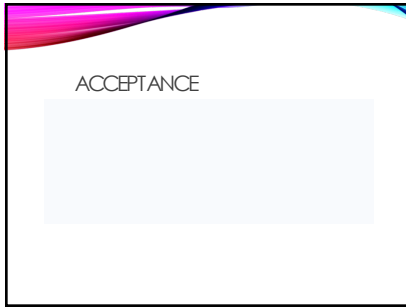
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PACE: ACCEPTANCE

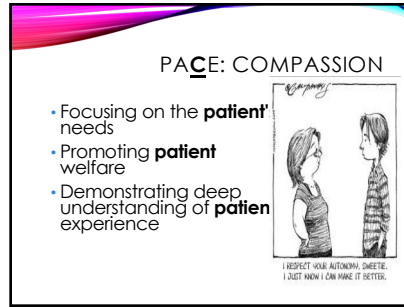
- Respect and support for patient autonomy
- Accurate empathy is an authentic empathetic response to the patient's experience
- Appreciation for person's worth and self-efficacy are shown with affirming approach
- Provider does not act as authority figure (patient choice is emphasized)



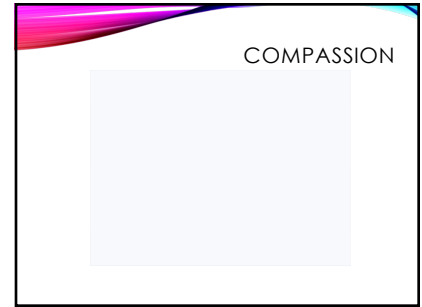
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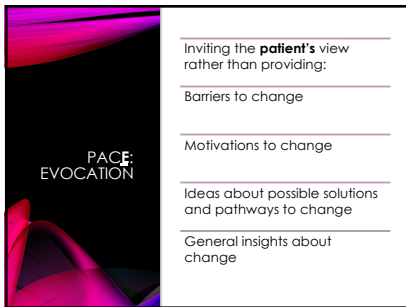
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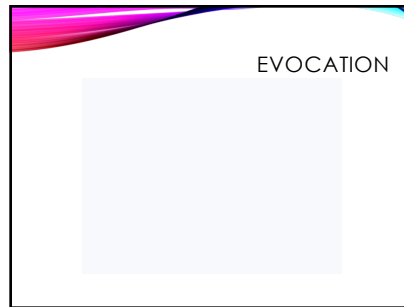
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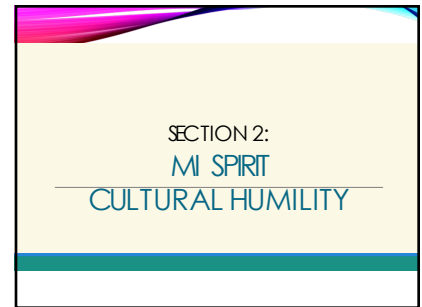
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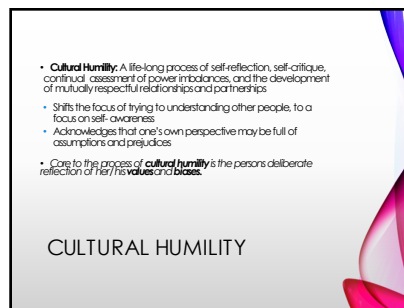
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3 PRINCIPLES OF CULTURAL HUMILITY

- LIFELONG LEARNING AND CRITICAL SELF-REFLECTION
- RECOGNIZING AND CHALLENGING POWER IMBALANCES IN RESPECTFUL PARTNERSHIPS
- INSTITUTIONAL ACCOUNTABILITY

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PRINCIPLE 1: LIFELONG LEARNING & CRITICAL SELF-REFLECTION

- Investigating and acquiring understanding of key concepts:
 - Racism:** individual and inter group, structural, institutional
 - Stigma-Elements:**
 - labeling
 - stereotyping
 - prejudice
 - discrimination
- Understanding the complexities of individual and collective culture
- Examining one's own **assumptions, prejudices, and expectations** about others; trying to figure out how to **suspend judgments**

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PRINCIPLE 2: RECOGNIZING & CHALLENGING POWER IMBALANCES FOR RESPECTFUL PARTNERSHIPS

- Relinquishing the assumption of a hierarchy in a relationship
- Recognizing that each person/groups brings something different into interaction
- Both people/groups must collaborate and learn from each other for the best outcomes

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PRINCIPLE 3: INSTITUTIONAL ACCOUNTABILITY

- Organizations should model principles 1 and 2
- Develop partnerships with people and groups advocate others
- Cultural humility, by definition, is larger than individuals-it must be addressed systemically

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STIGMA: WHAT IS IT?

Stigma:
Refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with _____
Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with _____.

Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.

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STIGMA: ELEMENTS

Labeling-assigning an attribute to a person, place or thing or event
 Examples: HIV="gay disease", HIV/AIDS="death sentence"

Stereotyping-belief (primarily negative) about a group
 Example: "All men who have sex with men have HIV"

Prejudice-a (negative) preconceived notion/belief leading to an emotional reaction
 Example: "A housing agency is afraid to provide services to a gay man because he probably has HIV."

Discrimination-behaviors or actions that are in agreement with a belief or negative emotional response defended or encouraged by society
 Example: providing with certain groups of people employment and housing opportunities

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STIGMA AND CULTURAL HUMILITY

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CULTURAL DIVERSITY AND MI

- Motivational Interviewing Network of Trainers (MINT) represents more than 30 languages
- Evidence of increased effectiveness among ethnic minorities (Hettingema, Steel & Miller 2005)

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CULTURAL DIVERSITY AND MI

Examples where MI has been integrated into treatment protocols include:

- Obesity treatment for African American youth (Ncar et al. 2015)
- Peer to peer support in African American churches (Resnicow et al. 2004)
- Substance abuse in Latino Populations (Lee et al., 2015)
- Combined with Native American Values (samhsa.gov)

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ACTIVITY: THINK & PAIR

- Purpose: To recognize Spirit
- Watch two videos
- Think about (and write) verbal and non-verbal examples of MI Spirit or lack of MI Spirit using PACE as a guide

Partnership, Acceptance, Compassion, Evocation

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WHAT TO DO AND WHAT TO AVOID

SPIRIT	DO MORE	AVOID
Partnership		
Acceptance/Autonomy		
Compassion		
Evocation		

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DIFFERENCES IN MI SPIRIT

"Not So Good" Examples	"Better" Examples
Wrestling - "It's not a waste, I don't think I'm giving you a lecture."	P-Dancing - Asking what the client's thoughts were. Not taking an authoritarian stance.
Directing - Stating the client should try medications again, even if he stated clearly he didn't like meds.	A-Autonomy - "It really is your choice."
Detached - Monotone naming of the effects of smoking. "Physically-dental carries, cavities, healing..."	C-Compassion - "That's not how I mean to come across."
Advocating - "Lots of medications out there, you need to be on one."	E-Evoking - "Tell me the role of smoking in your life."

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Partnership	
We are working against each other (Wrestling)	We are working in partnership (Dancing)
1 2 3 4 5 6 7	1 2 3 4 5 6 7
Acceptance	
I struggle with the client's choice and/or press the client to change (Directing)	I recognize and honor client's choices, including no change (Accepting)
1 2 3 4 5 6 7	1 2 3 4 5 6 7
Compassion	
Outcomes are more important than client needs (Detached)	I actively and subjectively promote client's needs (Empathic)
1 2 3 4 5 6 7	1 2 3 4 5 6 7
Evocation	
I am presenting the reasons for change (Advocating)	I just let the session go whenever it will (Following)
1 2 3 4 5 6 7	1 2 3 4 5 6 7

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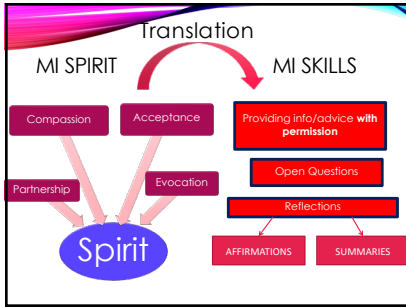
CONSIDER THESE QUESTIONS....

- What, if anything, do these ratings tell you might need to happen for the relationship to change?
- What might you do differently to make that happen?
- If you were to try one new approach with this client, what would it be?

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COMMUNICATION STYLES

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TYPES OF REFLECTIONS

- **SIMPLE:** essentially a repetition or slight rewording of what the client said
- **COMPLEX:** Adding meaning
- **AFFIRMING:** Highlighting strengths, values
- **SUMMARIZING:** Collection of reflections

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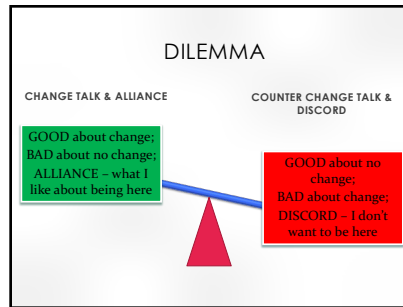
Patient Statement: It's really hard to always have to take my medicine and think about my diagnosis. I do this day in and day out, I think I know what I need to do.

- **Simple (Stabilizing)**
 - **Repeating:** You know what you need to do
 - **Paraphrasing:** You deal with your diagnosis everyday
- **Complex (Moving forward)**
 - On the one hand, it's a big pain to keep track of your meds, on the other hand you want to take care of your health
 - You are feeling very drained and frustrated
 - It's a never-ending cycle.
 - You have some ideas in what you need to do to keep your meds under control

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MOTIVATIONAL LANGUAGE: CHANGE TALK AND COUNTER CHANGE TALK

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CHANGE TALK + COUNTER CHANGE TALK = AMBIVALENCE

CHANGE TALK	COUNTER CHANGE TALK
I want to take my medicine	But I don't want people to think something is wrong with me
I need to get tested	But I am scared of the results
I would do anything to feel better	But taking medications scares me
COUNTER CHANGE TALK	CHANGE TALK
I don't want my people to think I'm dirty or sick	But I want to use condoms
I hate taking medications	But I don't want to get sick
I don't like coming here and waiting	But I want to get my lab results

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DARN-C

CHANGE TALK

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WHAT DO WE HEAR?

- 1: "I want to" (Desire)
- 2: "I could" (Ability)
- 3: "I have good reasons to" (Reason)
- 4: "I need to" (Need)
- 5: "I will" (COMMITMENT)
- 6: "I did" (TAKING STEPS)

DARN-C

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PLUCKING CHANGE TALK OUT OF THE JAWS OF AMBIVALENT STATEMENTS:

- "I don't want anyone to find out I'm having sex. I know getting tested for STI's is the right thing, but my parents will know"
- "I like smoking marijuana when I need to chill, but I know I should probably quit."
- "I know I need to find better ways to cope instead of drinking, but I don't know where to start."
- "Well, these meds make me so sick. I mean I know the doctor says they are supposed to help, but I don't feel sick when I don't take them."
- "I am tired of being overweight and hearing about it, but cookies and cake and ice cream makes me feel so much better."

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HOW DO YOU BUILD MOTIVATION?

- Reinforce change talk with reflections
- Reflections of change talk lead to more change talk!




- I want to finish school, but smoking weed gets in the way.
- Finishing school is important to you.
- Yeah, having a degree will get me a better job and more money.

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TYPES OF REFLECTIONS TO REINFORCE CHANGE TALK

- SIMPLE:** Repeating or Paraphrase
- COMPLEX:** Moving Forward
 - TRUE MEANING:** Reflect implications
 - AFFIRMING:** Reflect strengths, values
 - AFFECTIVE:** Reflect feelings
 - DOUBLE SIDED:** Reflect ambivalence
 - METAPHOR:** Painting a picture of the experience



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TYPES OF REFLECTIONS

"Weed really help me relax. I know its not good for me and sometimes I smoke too much, but I'm not addicted either. I don't know if it's worth quitting."

- Simple-Stabilizing, connecting (focus on change talk)**
 - Sometimes you smoke too much (repeating)
 - You're wondering if the smoking isn't good for you (paraphrasing)

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COMPLEX REFLECTIONS

- Complex-Moving forward**
 - You're not sure about a change, but you're considering it. (true meaning)
 - You know about the risks of heavy smoking. (affirming)
 - You are struggling with the pros and cons of smoking. (affective)
 - On the one hand, smoking helps you relax, on the other hand you are concerned how it is affecting you. (double-sided)
 - You are kind of stuck between a rock and a hard place. (metaphor)

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TIPS FOR REFLECTIONS

- Change it up – not all paraphrases
- Watch the stems – "Sounds like..."
- Watch the inflection – end as a statement
- End in the direction of change
- Stems for affirming reflections
 - It's great that you xxx.**
 - You've been working on <change effort> and it shows.**
 - With your <knowledge, experience, or skill>, you have a lot to build on.**


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REFLECTIONS EXAMPLES

CLIENT STATEMENT	REFLECTION	Reflection Name
I don't think I need condoms with my steady boyfriend but I don't want to catch anything.	You want to be safe. You don't want to catch anything.	Simple
My diabetes doesn't get any better even when I follow the regimen.	You're worried about your diabetes.	Affective
I can't take the drama that happens, but I love drinking.	On the one hand, you love to drink, but on other hand, you don't like what happens when you do.	Double sided
Even when I do what they tell me, I still have pain.	You can't seem to win regardless of what you do.	Metaphor

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OPEN QUESTIONS TO ELICIT CHANGE TALK



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ELICITING CHANGE TALK

- Evoked change talk with open questions



- Why is cutting back on smoking important to you?
- I don't want to get lung cancer.
- You are worried about the effects of smoking on your health.

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OPEN QUESTIONS TO EVOKE CHANGE TALK

- Cannot be answered in one word
- Creates forward moving momentum
- Encourages clients to talk and express themselves
- Helps establish an atmosphere of trust and acceptance by allowing client to do most of the talking

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OPEN-ENDED STARTERS

Open	VS	Closed
To what extent....		Did you...?
How often...		Will you...?
Why...		Can you...?
Tell me about...		Is it...?
Help me understand...		
What, if any,...		
When, if ever,...		
How, if at all,...		
What else...		

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FORMING OPEN QUESTIONS TO EVOKE CHANGE TALK DO-OVER

"Are you concerned about your _____?"
 "What concerns do you have about your _____?"

"Is your child's _____ important to you?"
 "Why is your child's _____ important?"

Can't you see what skipping medication is doing to you?"
 "In what ways do you see missing medication affecting you?"

"Do you know what you need to do for _____?"
 "What steps do you need take to follow-up on these _____?"

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OPEN QUESTIONS TO ELICIT CHANGE TALK

- Why would you want to consider this change? (**DESIRE**)
- What are some changes that you made before? (**ABILITY**)
- What are the benefits of making this change? (**REASONS**)
- Why is this something you need to do? (**NEED**)
- What is one thing you would consider trying? What are some things you have tried in the past? (**COMMITMENT**)

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ELICITING AND REINFORCING CHANGE TALK

Open Question	Client's Answer (Change Talk)	Reflection of Change Talk
Why would you want to consider taking your meds (DESIRE)?	Because I want to live longer.	You value your life.
What have you tried to help you cut down or quit smoking before (ABILITY)?	I have tried going cold turkey. I have also tried to exercise. I haven't tried the patch yet.	You care about your health and are willing to try other methods.
If you quit drinking, how would things be different for your health (REASONS)?	I would be more productive and involved in what my kids are doing.	You would gain back some things you want.
Why do YOU think you need to take insulin (NEED)?	Because I don't want to end up back in the hospital with DKA.	You don't want anything holding you back. You want to live.

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RESPONDING TO COUNTER CHANGE TALK AND DISCORD

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YOUR CLIENT'S DILEMMA

- GOOD THINGS IF I CHANGE
- BAD THINGS IF I DON'T CHANGE
- ALLIANCE – WHAT I LIKE ABOUT YOU

CHANGE TALK

- GOOD THINGS ABOUT NOT CHANGING
- BAD THINGS ABOUT CHANGING
- DISCORD – I DON'T WANT TO BE HERE

COUNTER CHANGE TALK

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DISCUSSION: YOUR CLIENTS

What does counter change talk sound like?

- **GOOD THINGS ABOUT NOT CHANGING**
- **BAD THINGS ABOUT CHANGING**

What does discord sound like?

- **DISCORD - I DON'T WANT TO BE HERE**

How do you usually respond to it?

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COUNTER CHANGE TALK AND DISCORD: WHAT IT SOUNDS LIKE

Counter Change Talk	Discord
These pills are so big and they make me sick.	You don't understand how hard it is.
You all are making me jump through all these hoops.	Everyone keeps telling me what to do.
I am too busy to get to these appointments.	I hate coming to the doctor.
I can handle this myself.	I just want you all off my back.
If I quit smoking, I'll gain weight.	You don't care if I get fat.

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RESPONDING TO COUNTER-CHANGE TALK

- Emphasize Autonomy
 - **Autonomy** = the state of existing or acting separately from others
 - **Autonomy** = the RIGHT to self-government
 - Key adolescent developmental task
 - If you counter this basic human need, you will likely experience "resistance"
 - If you support and emphasize autonomy, you can promote intrinsic motivation

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EMPHASIZE AUTONOMY WITH YOU STATEMENTS

- Clarify your role as a guide and avoid the righting reflex
 - In the opening statement
 - Throughout the interaction
- "I am here to find out what is going on in your life and support you if there are any changes you want to make."
- "I want to find out what you want to do next, rather than me tell you what to do."
- "I'm not here to tell you what to do..."

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CLARIFY YOUR ROLE AS A GUIDE

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STRATEGIES TO EMPHASIZE AUTONOMY YOU STATEMENTS

- Emphasize Personal Choice –
 - "It's really up to you."
 - "You know yourself best..."
- If you are not ready to _____, we can find focus on something else"
 - "Nobody can make you change."
- Use positive **YOU** statements – "Your plan is to...", "You said you wanted to..." (not "Your problem")
 - Avoid using words like "should" and "must"

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EMPHASIZE PERSONAL CHOICE

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SKILL 1: EMPHASIZE AUTONOMY WITH YOU STATEMENTS

Promote Personal Responsibility

- **Tie to values and goals:**
 - "You want to live a long life..."
 - "You want to do this for **yourself** not anyone else..."
- **Reframe as strength:**
 - "You see this as a challenge that you can overcome..."
 - "This will help **you** feel more independent..."
- **Emphasize ownership of plans/decisions:**
 - "Your plan..." (not our plan)
 - "You're not going to quit _____, and you'll deal with the consequences..."
 - "You said _____ is worse and **you** might want to talk about that instead..."

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PERSONAL RESPONSIBILITY

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SKILL 2: PROVIDING INFORMATION/ADVICE WHILE SUPPORTING AUTONOMY

- Times to offer information/advice when:
 - Providing introductory information
 - Providing lab results
 - The client is stuck
- Support autonomy by:
 - Asking permission
 - Assessing interest
 - Offering choice (e.g., using a menu of options)
 - Matching information provided to what the person says they need/want
 - **Avoiding using words like "should" and "must"**

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ASK-TELL-ASK

- **ASK** (options)
 - Get permission/ buy in- "I have some information about _____ if you're interested."
 - Assess knowledge- "Tell me what you already know about _____."
 - Assess interest/importance- "What would you like to know about _____?"
- **TELL** (filling in the blanks); education, test results, recommendations, advice
 - In small chunks (chunk-check-chunk)
 - Provide options as much as possible
- **ASK** (options to elicit feedback)
 - To assess understanding/reaction - "What do you think so far?"
 - To determine next steps - "What do you think you might want to do?"

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ASK-TELL-ASK

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EMPHASIZE AUTONOMY WITH YOU STATEMENTS

- **Eliciting feedback**
 - What do YOU think about these test results?
- **Menu of Options**
 - You can consider quitting cold turkey, using medications, counseling or maybe you have another idea?
- **The Pause**
 - You're wondering about the effects of using. (Pause 3 - 7 seconds so that patient may fill in the silence). Patient: Yeah, I need to think about it.

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RESPONDING TO COUNTER CHANGE TALK & DISCORD - CONTINUED

What it sounds like (again)

Fire Control

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DISCUSSION: YOUR CLIENTS

What does counter change talk sound like?

- **GOOD THINGS ABOUT NOT CHANGING**
- **BAD THINGS ABOUT CHANGING**

What does discord sound like?

- **DISCORD - I DON'T WANT TO BE HERE**

How do you usually respond to it?

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PUTTING OUT FIRES

Patient Statement (counter change talk/discord)	Strategy	Example
Smoking helps me to relax.	Express empathy	It's hard to quit.
I hate coming to the doctor.	Affirming strengths	You made it here even though it's hard.
You have no idea what I go through in a day. If you knew, you would smoke weed fast.	Shift Focus	Your life is pretty stressful (empathy). What's going well with your health right now?
I can't stand coming here late in the day. The waiting room is ridiculous.	Apologize	I am really sorry for the wait.

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STOP, DROP, AND ROLL

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MANAGING COUNTER-CHANGE TALK AND DISCORD FIRES: STOP-DROP-ROLL

- **Objective:** To be able to respond to a difficult situation (not a difficult client) in a positive constructive manner. First step is to ASSESS - Level 1 is a small fire and Level 2 is a full blaze that is about to get out of control
- **Examples of Small fire - Level 1 (counter change talk, passive, chatty, no follow-up)**
- **Examples of Full blaze - Level 2 (discord, anger, annoyance)**

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HOW TO STOP, DROP AND ROLL

Small Fire

STOP whatever you are talking about (because it's making the situation worse)

DROP into a calming mode

- Express empathy/describe (reflect) feeling
- Affirm values and strengths

ROLL out supporting autonomy (i.e. highlight personal choice, clarify your role)

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DROP: RESPONDING WITH EMPATHY

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DROP: RESPONDING WITH FEELING

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DROP: RESPONDING WITH AFFIRMATION



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RESPONDING TO A SMALL FIRE

"I just can't make all of these appointments because I don't have transportation, and the times you want me to come I have to work anyway."

STOP- Stop informing and giving advice

DROP- *"You seem frustrated (feelings reflection) and that's ok, but I commend you for even listening (affirmation)."*

ROLL- *"It's really up to you if you want to come to any of your appointments (emphasize personal choice). If it's OK with you, we can discuss some options (Ask-Tell-Ask)"*

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SMALL FIRE EXAMPLE

Small Fire (Level 1)
 Example:
 You are informing the Client about quitting smoking.
 Client response: If I quit smoking, I will gain weight.

STOP- Stop informing and giving advice
DROP- You are worried about weight gain
ROLL- It's really up to you to consider the options

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SMALL FIRE



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DEBRIEF SMALL FIRE

- Some Questions to Consider
- Why do you think Stop Drop and Roll would be beneficial with your work?
- How could it be helpful with your clients?
 - BIPOC
 - LGBTQ+
 - Regional
- How we respond to a blaze is important – the goal is to not make it worse
- You do not have to do all the strategies (Expressing empathy, values and strengths)

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HOW TO STOP, DROP AND ROLL

Full Blaze:
STOP whatever you are talking about (because it's making the situation worse)

DROP to calm the situation down

- Express empathy/describe (reflect) feeling
- Affirm values and strengths
- If full blaze – apologize

ROLL by supporting autonomy (i.e. highlight personal choice, clarify your role)

- If full blaze – shift focus

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DROP: APOLOGIZE



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ROLL: SHIFTING FOCUS



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RESPONDING TO A FULL BLAZE

"You don't know what it's like being me! Everyone keeps telling me what to do and how to do it, and I'm tired of this shit. I don't need another damn mother!"

STOP- Stop informing, advising, or persuading

DROP- *"I am sorry that it feels like we're nagging you."* (apologize, describe feelings)

ROLL- *"You know yourself best. If you're willing, I'd like to understand more about what's going on in your life."* (emphasize personal choice, shift focus)

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FULL BLAZE - LEVEL 2

Example:
 You are talking to an adolescent about safe sex.
 Adolescent: Everybody is having sex and they hardly ever use condoms. You don't know what it's like to be my age.

STOP- Stop informing and giving advice
DROP- I am sorry that you feel misunderstood
ROLL- You really know yourself best (emphasizing personal responsibility). Help me understand what it's like being a teenager (shift focus)?

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FULL BLAZE - LEVEL 2

Example:
 You are talking to a Client about his/her alcohol use.
 Client response: I am tired of all these damn people telling me what I need to do! They don't know me!

STOP- Stop informing and giving advice
DROP- I am sorry that you feel harassed (feelings reflection)
ROLL- It's really up to you to decide what to do next (emphasize personal choice)

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HOW TO STOP, DROP, AND ROLL

<p>Small Fire:</p> <ul style="list-style-type: none"> • STOP the conversation • DROP into calming mode <ul style="list-style-type: none"> - Express empathy/describe feeling - Affirm values and strengths • ROLL out autonomy support 	<p>Full Blaze:</p> <ul style="list-style-type: none"> • STOP the conversation • DROP into calming mode <ul style="list-style-type: none"> - Apologize - Express empathy/describe feeling - Affirm values and strengths • ROLL out autonomy support <ul style="list-style-type: none"> - Shift focus
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QUESTIONS

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REFERENCES

- Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: helping people change*. Oxford: Guilford Press.
- Rollnick, S., Miller, W.R., & Butler, C. (2024). *Motivational interviewing in Health Care: Helping Patients Change Behavior* (2nd Ed). Guilford Press.
- Niaz, S., & Frazier, N. (2021). *Motivational Interviewing with adolescents and young adults*. Guilford Press.
- *Motivational Interviewing for Mental Health Clinicians: A Toolkit for Skills*
- Niaz, S., & Bull, M. (2020). *Motivational Interviewing and the Adolescent: A Practical Approach to Treatment in the Adolescent Clinic*. Guilford University Press, New York, NY.
- Niaz, S., Macdonald, K., and Cocken, S. (2020). *HIV/AIDS among Youth: Adherence and Self-Management*. In A. Mook and S. Dooze (Eds.), *Adherence and Self-Management in Pediatric Populations* (pp. 267-288). Cambridge: Cambridge Press.
- Hoar-King, S., & Salken, S. (2014). *Motivational Interviewing and CBT: Combining strategies for maximum effectiveness*. New York, NY: Guilford Press.
- Yalom, V., Cole, C., Kaplan, S., **Cocken, S.** *Motivational Interviewing for Adolescent Health: Strategies for Success* (2017). *Motivational Interviewing with Adolescents/*

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