MOTIVATIONAL INTERVIEWING: UTILIZING A STRENGTH-BASED APPROACH
National Community Health Partners (NCHP)

Provides public health services nationally and in the US Territories. NCHP serves homeless veterans in Pinal and Yuma Counties here in Arizona.
Facilitators

Your facilitators today are Rochelle Neff and Harold Thomas. Rochelle is the Program Coordinator of NCHP’s SSVF Program in Pinal County. Harold Thomas is the Project Director for NCHP’s Capacity Building Assistance project.
Objectives

☐ Explain the relationship between motivational interviewing and strength-based facilitation

☐ Articulate the core elements of applying a strength-based approach as it applies to implementing Motivational Interviewing

☐ Demonstrate basic skills for enhancing motivation, diffusing resistance, and addressing ambivalence towards change

☐ Improve ability to assess client’s assets as motivation for them to change
Motivational Interviewing

- Conceptual model of MI was first described by William R. Miller – (followed by years of testing and refinement)
- MI is based on knowledge about how an individual’s motivation to change can be enhanced by a practitioner, even when the client is reluctant to make any changes on his or her behavior
- This model is stage-based or sequential (NOT TRUE)
- Is geared to direct practice; it is at once a theory and a therapy

Source: Motivational Interviewing: A Theoretical Framework for the Study of Human Behavior and Social Environment, Katherine van Wormer,
Definition of MI

• William Miller defined Motivational Interviewing as,

  “a person-centered, goal-oriented approach for facilitating change through exploring and resolving ambivalence.”
Assumptions about Motivation

• Motivation is a key to change
• Motivation is multidimensional
• Motivation is dynamic and fluctuates
• Motivation is influenced by social interactions
• Motivation can be modified
• Motivation is influenced by provider’s style
• The provider’s task is to elicit and enhance motivation
Influenced by Interactions

Motivation belongs to the person

• However, it can be influenced by interactions between the person and other people or the environment around them
  • Family
  • Friends
  • Emotions
  • Support
Motivation Can Be Modified

Motivation is spread throughout all activities, contexts and time

- Motivation is accessible and can be modified at multiple places
  - Stress levels
  - Life events
  - Recognizing consequences
  - External incentives
Influenced by Provider’s Style

- Client-centered
- Friendliness
- Genuineness
- Respect
- Affirmation
- Empathy
- Supportive

IT’S NOT ABOUT YOU.
MI Can Lead to Change

- Reduce high-risk sex behaviors
- Decrease substance use / abuse
- Increase consistency of safer sex practices
- Increase regular HIV testing
- Increase *Medication Adherence*
- Support *Testing to Care Continuum*

Adapted from Martins and McNeil 2009; Harding et al 2001
Activity #1 - Developing a SBA

What do you see?
<table>
<thead>
<tr>
<th>Concept</th>
<th>Deficit</th>
<th>Strength-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s view of the client</td>
<td>What is <strong>wrong</strong> with this client (and how can I make him fix it?)</td>
<td>What is <strong>strong</strong> with this client (and how can I help him build on it?)</td>
</tr>
<tr>
<td>Provider-client relationship</td>
<td>Providers decide what clients need</td>
<td>Partnership between client and provider; providers help clients set their own goals</td>
</tr>
<tr>
<td>Power dynamic</td>
<td>Power “<strong>over</strong>”</td>
<td>Shared power (power “<strong>with</strong>”)</td>
</tr>
<tr>
<td>Provider focus</td>
<td>Focus on current crisis</td>
<td>Focus on supporting ongoing healthy development</td>
</tr>
</tbody>
</table>

Adapted from Crane, B. & Dean, C. (1999)
Strengths-Based Approach

- Individuals have abilities and inner capacities

- These allow them to successfully cope with challenges and perceived and existing barriers to meeting their goals
The Lexicon of Strengths:
“The vision of a better future or quality of life”

Promise
Possibility
Positive expectations
Potential

Strengths

Competence
Capacities
Courage

Resilience
Reserves
Resources
Resourcefulness

Principles of the Strengths Perspective

1. Every individual, group, family, and community has strengths.
2. Trauma and abuse, illness, and struggle may be injurious but may also be sources of challenge and opportunity.
3. Assume that you do not know the upper limits of the capacity to grow and change and take individual, groups, and community aspirations seriously.
4. We best serve clients by collaborating with them.
5. Every environment is full of resources.
6. Caring, caretaking, and context.
Primary Principles of Strengths-Based Case Management

- Establish an effective working relationship with the client.
- Encourage clients to identify and use their strengths, abilities, and assets to accomplish goals.
- Recognize and support client control over goal-setting and the search for needed resources.
- View the community as a resource, and identify information and sources of support within the community.
- Conduct case management as an active, community-based activity.
What the Strengths-Based Approach Is and Isn’t

**Being strength-based means:**

- Figuring out ways to recognize and use genuine individual strengths to allow building onto existing competencies and effectively addressing concerns

**Being strength-based does not mean:**

- Simply focusing on positive aspects and ignoring concerns
- Fabricating strengths that do not exist
Questions to Help Clients Think and Talk about Strengths

- Coping Questions
- Exception-Finding Questions
- What’s Better Questions
- Scaling Questions
The best things could possibly be

Earlier success

Visualize a higher position

The current situation

Strengths and resources that have helped in the past; achievements

The worst the problem could ever be

Adapted from: www.solutionfocusedchange.com
Change Talk

• When a client sees the need and begins to move toward making a change, recognizing their own self-capability

• More likely to continue when the provider is listening reflectively, reinforcing key points made by the client

• Most productive when support has been emphatic and focused on the client’s own values and concerns
Change Talk

• Most revealing when the client is “motivated” to talk of possible benefits from making changes in behavior

• More sustainable when client is “willing” to move on it
Questions?
EXAMPLES OF TRAININGS WE OFFER

- Organizational Infrastructure
- Evidence Based Interventions
- Prevention with Positives

Grant Writing
Board Development
Leadership Development

Outreach, Recruitment & Retention
Adapting EBIs
Motivational Interviewing

Medication Adherence
Connecting the Poz Community via Social Media
National Community Health Partners is building e-learning courses to build the technical expertise of public health workers.
E-Learning Center

“Motivational Interviewing”
“Medication Adherence”
“Asset Mapping”
“Biomedical Strategies for HIV Prevention”
“Cultural Capacity for Transgender Populations”

For More Information:
http://www.nchponline.org/nchp-elearning
TO DO LIST:

Follow Up
Thank you!

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