

**35th I&R Annual Training and Education
Conference, Portland, Oregon**

June 2-5, 2013

Where's Waldo

Finding the Root Need

and the Best Available Resource

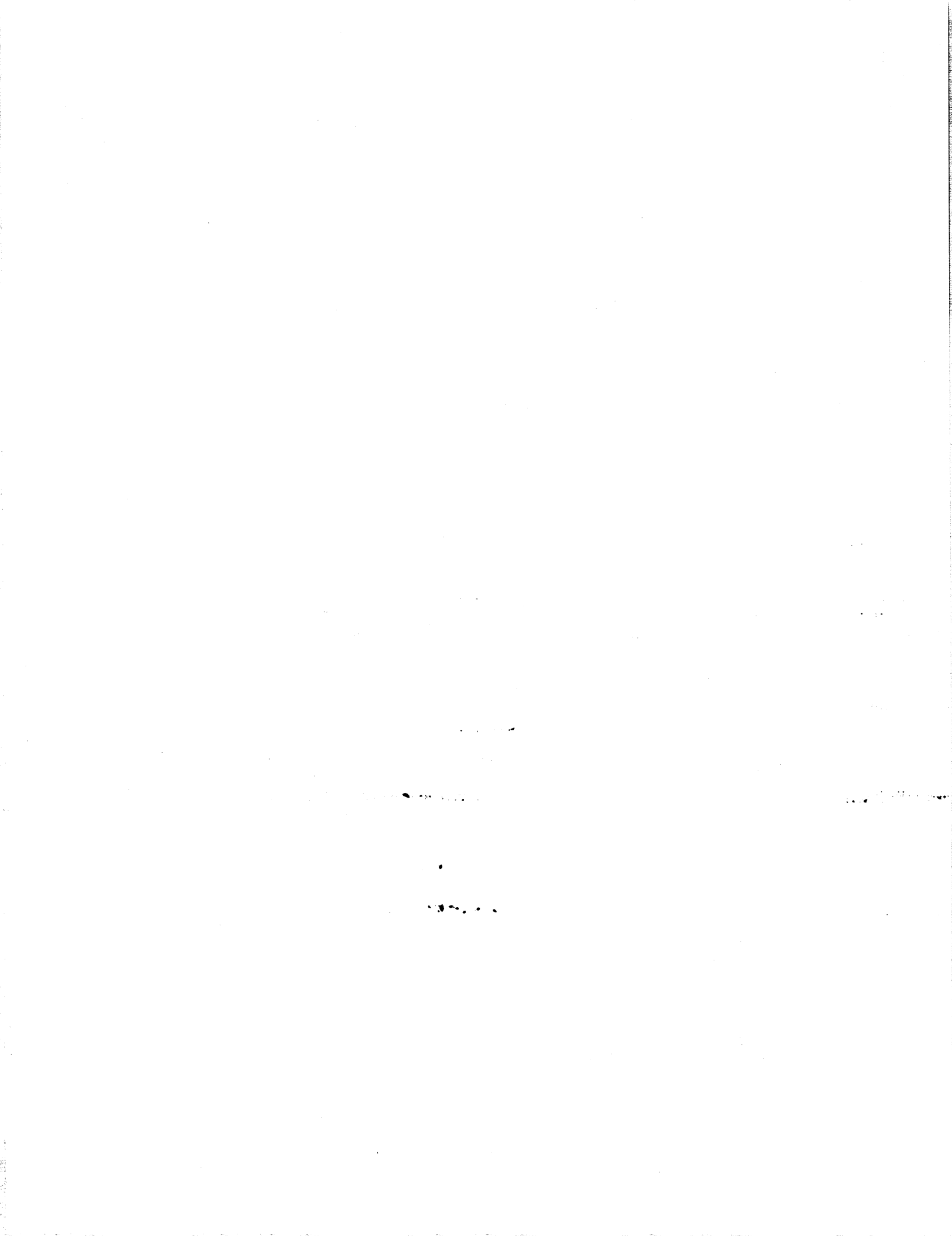
Presenters: Twila Jacobsen, Becky McMurrick and
Judy Wolf, ADRC, Lane Council of Governments

“Motivational Interviewing (MI) is a collaborative, person-centered, evidence-based, guiding method of communication for enhancing and strengthening intrinsic motivation for change” (Andrew, 2009).

“A Taste of Motivational Interviewing”

https://www.youtube.com/watch?feature=player_detailpage&v=sWc0g2K9LAI

https://www.youtube.com/watch?feature=player_detailpage&v=wcu8oqHIsbc



Scenarios for the game utilized in session A-14

Presenters Twila Jacobsen, Becky McMurrick and Judy Wolf, ADRC, Lane Council of Governments, Eugene, Oregon

Where's Waldo – Finding the Root Need and the Best Available Resource

Game intro – why Waldo and use of game – This game was created as symbolic of the maze of resources and problems – decrease in resources and increase in calls and need requires us to be very creative – “outside the box”. Waldo represents the searching – the visual inside your head of the maze – to remember to have fun with the process in order to stay creative. The Waldo Game Board with pathways of possibilities – NO WRONG ANSWERS!!

- 1. Elderly man calls in with a plumbing problem, and while he is telling you about his plumbing problem, he mentions that he previously got help from a son who has moved out of the area, so now he is on his own.**
- 2. 72 year old woman calls in and states she is on a limited income and has just received a “no cause” eviction. She is crying while she is telling you her story and mentions that the eviction notice is for the 25th of the month. She is calling on the 20th.**
- 3. Family member calls in with concerns regarding her husband’s parents. The family member states that the in-laws are aging and suffer with multiple health issues, including dementia and diabetes. The mother-in-law was recently discharged from a local hospital against the doctor’s advice. The family member reports that her in-laws have sufficient finances yet are not inclined to seek out services, in fact they do not know what they need or want.**

Tips and Helpful suggestions to help you work through your chosen scenarios

Think about how you would approach the call, how you would probe further or dig further to gather the necessary information in order to provide the appropriate resource information. It is up to your group to take “make-up” the rest of the story and come to some conclusions.

Practice by using active listening skills, for example paraphrasing, clarifying, reflecting and summarizing. Use open ended questions, develop rapport. When providing resource information, discuss potential availability, criteria and costs of the resource you may be offering. Again, these responses do not need to be exact.

A Motivation-Enhancing Interpersonal “Style” or “Spirit”

1. Understanding

- ◆ Listening in an empathic, attentive, non-judgmental, warm, supportive way.
- ◆ Seeking to see things from the patient’s perspective.

2. Patient-centered

- ◆ Encouraging patients to be as active as possible in making decisions about health behavior change.
- ◆ Drawing motivation to change from the patient instead of telling them what to do and why.
- ◆ Encouraging patients to do most of the talking.

3. Collaborative

- ◆ Pursuing common goals.
- ◆ Sharing of agendas and responsibility.
- ◆ Working together in partnership to determine the best course of action.

4. Individualized

- ◆ Tailoring intervention approaches to match the patient’s personal needs and readiness to change.
- ◆ Moving at the patient’s pace.

5. Emphasizing freedom of choice

- ◆ Acknowledging that the decision if, when, and how to change is the patient’s.
- ◆ Avoiding “restrictive” messages (e.g., “you have to,” “you must,” “you can’t,” “you should”).

6. Respectful/accepting

- ◆ Conveying respect by accepting whatever decisions a patient makes about health behavior change.

Dana Sturtevant, MS, RD
Motivational Interviewing Trainer
503.288.4104
dana@benourished.org



Larson Sturtevant
CONSULTING

“Change Talk”

People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.
- Pascal's Pensees (17th Century)

Change talk:

- Represents movement towards change.
- Highly influenced by counseling style.
- Primary method for resolving ambivalence and promoting change.
- Patient presents own arguments for change.

Key Strategies:

1. Ask good questions.

“What concerns do you have about your health?”

“How is the transition to this new diet going?”

“What things make you think that this is a problem?”

“If you were to just continue as you are today, where do you see yourself in five years?”

2. Explore ambivalence (pros/cons).

“What are the benefits of keeping things just the way they are?”

“What are the downsides?”

General categories:

Desire

I want to... I wish...

Ability

I can... I could... I'm able to...

Reasons

There are good reasons for me to ...

Need

I need to... I must... I can't keep...

Commitment

I'm going to...

Yes, I will do that

Note: This has been found to be the strongest predictor of change

Yes, that's what I intend to do

I'm ready to...

Resistance

People don't resist change. They resist being changed.

1. Recognize resistant behaviors.

- ◆ ARGUING. The patient contests the accuracy, expertise, or integrity of counselor.
- ◆ INTERRUPTING. The patient breaks in and interrupts in a defensive manner.
- ◆ NEGATING. The patient expresses an unwillingness to recognize problems, cooperate, accept responsibility, or take advice.
- ◆ IGNORING. The patient shows evidence of not following or of ignoring certifier.
- ◆ BODY LANGUAGE. The person exhibits signs of resistance in body posture (arms crossed, etc) and eye contact (looking around the room, appears disengaged).

2. The clinician can generate resistance by:

- Using a judgmental or confrontational approach.
- Discounting the patient's feelings and thoughts.
- Telling a patient that they need to change.
- Telling a patient what to do.
- Assuming an 'expert' stance.
- Appearing cold or distant. Lacking empathy.

Other Resistance Producing Behaviors:

- | | |
|-----------------------|--------------------------|
| • <i>Confronting</i> | • <i>Pressuring</i> |
| • <i>Persuading</i> | • <i>Criticizing</i> |
| • <i>Nagging</i> | • <i>Directing</i> |
| • <i>Interrupting</i> | • <i>Talking down to</i> |
| • <i>Ordering</i> | • <i>Shaming</i> |
| • <i>Judging</i> | • <i>Scolding</i> |

The "righting reflex"

The need to....

- Fix things
- Set someone right
- Get someone to face up to reality

O P E N E A R S

Open-ended questions

Elicit change talk

Permission first

Affirm/compliment

Encourage; empathize

Reflect

Nurture confidence

Summarize

Empathic Listening

The Empathic Listener...	The Empathic Listener does not...
<p>Meets people with openness wherever they are</p> <p>Allows the other party to dominate the discussion</p> <p>Keeps the focus on the other person</p> <p>Gives brief verbal and nonverbal responses</p> <p>Looks for nonverbal clues to what isn't being said</p> <p>Summarizes, rephrases, and reflects back messages and feelings</p> <p>Uses open-ended statements and questions, such as "Seems you wanted to...", "You were trying to..."</p>	<p>Judge</p> <p>Interrupt</p> <p>Give advice</p> <p>Criticize</p> <p>Interrogate</p> <p>Offer solutions</p> <p>Rush to fill silences</p> <p>Rehearse answers</p> <p>Minimize difficulties</p> <p>Change the subject</p> <p>Become emotionally tangled in the speaker's problems</p>