

Native American Motivational Interviewing: Weaving Native American and Western Practices

A Manual for Counselors in Native American Communities



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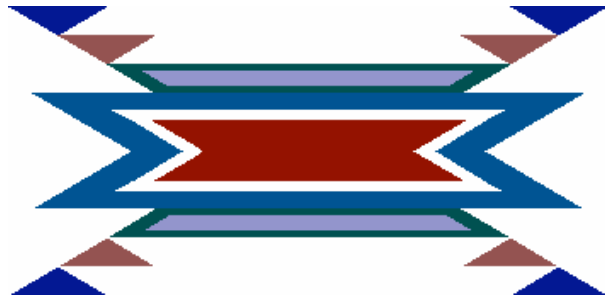
Nadine Tafoya and Associates
Native American Substance Abuse Prevention Programs
Technical Assistance and Program Evaluation

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Our hope is that this manual will help improve substance abuse treatment for Native and Indigenous people.

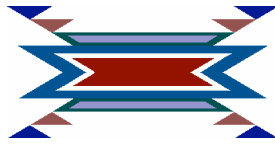
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Welcome

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Acknowledgments

The creation of this manual would not have been possible without the input and support of many people and agencies.

We are grateful to the first focus group of community members who volunteered to provide insights about communication styles especially focused on proper ways of asking others to make a change and how they knew whether or not they would make that change at the time of asking for the change. Their ideas were consistent with motivational interviewing in general. They highlighted a few ideas that may or may not be useful across tribes. In some tribes it is important not to ask for some things directly such as sacred activities. And in some tribes it was impolite to directly refuse a request by saying, “no” so they look for other body language and language cues. As always, it is important to know tribal norms as much as possible and to check in with your client about their beliefs regarding them. We hope these ideas will help guide counselors as they work with clients.

We are thankful for the second focus group of behavioral health providers who met twice to learn how motivational interviewing is presented to mainstream society, offer suggestions for adapting it for use in Native communities and critique the first draft of the manual. This group consisted of people who had devoted their lives to helping people in their communities overcome alcohol and substance abuse problems. Their expertise was invaluable.

To Denise Ernst and Theresa Moyers for generously sharing the handouts they have created and used in their motivational interviewing workshops.

To William R. Miller for writing the first draft of the MI prayer and to Ray Daw for his early comments on the prayer.

To Wendy Kalberg for sharing the De Cho ceremony and song by Susan Aglukark for this manual.

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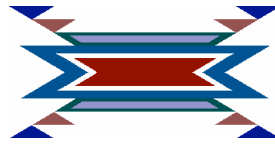
To Julia Austin for her enthusiastic attention to detail in editing and beautifying the graphics.

To the Native American community members who read and commented on an early draft of this manual such as Rebecca Martel.

To the motivational interviewing experts who read and commented on an early draft of this manual including Bill Miller, Theresa Moyers, Bo Miller, Denise Ernst, Lisa Thomas.

To anyone else who we may have inadvertently forgotten to list here, we apologize and thank you from the bottom of our heart.

We are grateful to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) for funding this pilot project (U01-AA014926) making it possible to conduct the focus groups and create this manual meant to guide the practice of MI in Native communities. Fortunately, the University of New Mexico Center on Center on Alcoholism, Substance Abuse, and Addictions (UNM CASAA) and the Institute of Public Health collaborated in this grant application and grant management. We appreciate the review of this project and recommendation for funding by the Southwest Addictions Research Group (SARG) Internal Executive Committee and the Program Advisory Board. The National Institute of Alcohol and Addictions (NIAAA) funded project supports emerging researchers to form partnerships with community members to strategize on best practice approaches for substance abuse problems. This Motivational Interviewing Manual for Native Americans is one of the projects born of this program. Thanks to UNM CASAA, space for the focus groups was free. Special thanks to Rita Stevens Espalin for administrative oversight of the expenditures and helping the focus groups run smoothly.



About This Manual and Participants

We approached the task of writing a manual for Native American treatment providers and those working with Native Americans with much thought and care. We knew that we needed to incorporate the strong beliefs, values, and practices of Native people in the manual if we were striving for health and wellness. We also knew that we were dealing with the sensitive issues of alcoholism, substance abuse, and other related social issues (i.e., domestic violence, suicide, poverty, unemployment, etc.) that affect not only the individual but the family and the community.

When we decided to write this manual we knew that Native people have been addressing this problem in many different ways for a very long time. We are still trying to achieve a better way of helping those who are afflicted, and still maintain the utmost respect for them. As we met to plan and develop materials for the manual we came together with reverence and respect for the task at hand. We were mindful that we needed to prepare ourselves in a good way to develop this content. We knew that we could not develop the manual by ourselves or in a vacuum. We needed the input, the recommendations, and the critiques of our friends, colleagues, and other experts in the field. We also needed the guidance of the spirits. We felt that if we put all this together we might be able to develop a manual that is helpful, and yet, sensitive to the struggles of Native people and communities dealing with alcoholism and substance abuse.

This is only a small part of the process that the authors went through in the development of the MI Manual for Native Americans. We wanted to reflect the strength and caring that we have for each other in Native communities. We wanted to incorporate the heart of Native traditions and culture that is to stand along side our brother or sister -- not better than -- but that we hold each other up and give each other the strength to stand alone.

In creating this manual, we formed a partnership between those in academia and those providing substance abuse treatment in the community, uniting academia with indigenous view's. We hope that future projects will work to describe indigenous ways of healing and culturally-supported ways of healing in partnership with indigenous people.

Kamilla L. Venner, PhD (Athabascan)

I am a member of the Athabascan tribe from Alaska. I am a clinical psychologist and have lived in Albuquerque since 1993. My interests and activities center around a strong desire to improve substance related outcomes for Native Americans. Like many people from all cultures, I have friends and family members who have struggled with alcohol and drug addiction. I find meaning in learning about how Native people have developed and overcome alcohol problems. As a graduate student at the University of New Mexico, I was fortunate to have two great mentors: Dr. Philip A. May, a renowned epidemiologist working with Native Americans, and Dr. William R. Miller, an internationally known psychologist and developer of Motivational Interviewing. In 2002, I completed the training for new trainers allowing me to be part of the Motivational Interviewing Network of Trainers (MINT). Nearly all of the trainings I have provided have been for Native American providers or those working with Native clientele. I am very pleased with the collaboration between the authors, Native American community members, and treatment providers in creating this manual. I hope it will improve substance abuse treatment outcomes for our Native people and serve as the foundation for future projects.

Sarah W. Feldstein, PhD

I am originally from New Jersey, but have lived around the world (Minnesota, Mali, New York City, Tennessee, Equatorial Guinea, Ghana, Oregon), and have spent the last several years getting to know New Mexico. I received a PhD clinical psychology from the University of New Mexico with Dr. William Miller, and am currently completing my clinical internship in Pediatric Psychology (specializing in HIV) with Dr. Larry Brown at Brown University Medical School. For the past 3.5 years, I have enjoyed working with Dr. Kamilla Venner studying how Native Americans overcome alcohol addictions. Starting with conducting trainings with Drs. William Miller, Kamilla Venner, and Theresa Moyers during the beginning of my graduate career, in 2004, I completed the Training for Trainers workshop, allowing me to become a motivational interviewing trainer and a part of the Motivational Interviewing Network of Trainers (MINT). In addition to my interests in working with the Native people of New Mexico and with motivational interviewing, I also spend a lot of time studying and thinking about how to develop appropriate interventions for youth risk-taking behaviors.

Nadine Tafoya, MSW (Mescalero Apache)

I am a Mescalero Apache tribal member married and living in Santa Clara Pueblo. I was honored to be recruited as a Community Advisory Board member by the UNM Southwest Alcohol Research Group (SARG) project in 2002. In one of the meetings, Dr. Kamilla Venner and I independently expressed similar interests and this Native American Motivational Interviewing Manual project was born.

Throughout my own journey of addressing issues in behavioral health, a guiding force for me has been the belief that Native Americans have endured over 250 years of loss, grief, and devastation through strong cultural traditions, familial ties, and laughter and humor. Yet, always at the heart of The People is an enduring spiritual center. I have tried to follow the path that uses the best of Native American culture and traditions to combat the devastation of substance abuse and addictions.

Nadine Tafoya & Associates is a consultant organization that I founded. We work with a team of associates providing facilitation, mediation, training, and program evaluation to NM tribes, tribal organizations and state and community agencies.

Lynn A. Abeita, PhD (Isleta/Laguna Pueblo)

I am a clinical psychologist and assistant professor in the Department of Pediatrics at the University of New Mexico. I was honored to be asked to contribute to this manual. I work with Native adolescents on the Acoma and Laguna Pueblo reservations and on the Navajo reservation. Our Native communities, practitioners and clientele are greatly in need of more tools to use in their search for wellness. I support Dr. Venner's efforts to adapt motivational interviewing for Native people and hope that it benefits those who make use of it. This manual is not only for working with individuals who are seeking treatment for substance use problems, but for all issues that affect our physical, spiritual, and emotional well-being.

D. James, LMSW (Navajo)

My name is D. James, LMSW and I am from the Navajo Nation. I have worked in the addictions field for 5+ years in Phoenix, Arizona and Crownpoint, New Mexico. I have been sober for 24 years and I want to pass on the help I received from other alcoholics and professionals. I chose to work on this manual because I have worked with my Navajo People in the field of Social Work for the past 13 years dealing with issues related to addictions and family dynamics. My hope is that this manual will benefit the practitioners, counselors, social workers, and others working in the addictions field.

Lupe Bryan (Jemez Pueblo)

I am a member of the Pueblo of Jemez and have worked in the field of addictions for over 30 years. I have worked in the capacity of Director and counselor with Five Sandoval Indian Pueblos, Tohajillee Substance Abuse Programs, Southwest Indian Polytechnic Institute, and developed the Substance Abuse Program now known as First Nations Healthcare. Currently, I am the Substance Abuse Specialist/Case Manager for IHS New Sunrise RTC. I chose to work on this manual because I believe that it will be a tremendous help to those counselors who work with resistant clients as well as those clients who are struggling to make changes in their lives. I hope that this manual will serve as your guide to the spirit of motivational interviewing.

Lena Gachupin (Zia/Jemez Pueblos)

My name is Lena Gachupin and I am a member of Zia Pueblo and also of Jemez Pueblo descent. I am a clinical Social Worker practicing for nearly 20+ years with Indian Health Services here at the Santa Fe Indian Hospital and most recently detailed to the Santo Domingo Health Center. As a Behavioral Health Specialist I've worked with our Native people who continue to struggle with behavioral health issues and especially those who are controlled by the spirit of alcohol and drugs. For this reason, I am encouraged and honored to participate with a team of fellow practitioners and clinicians to create a manual simplified and work friendly. Again thank you for allowing me to participate with a dedicated team and to be a part of your efforts in your communities to help our Native relatives.

William Waquie, CAC (Jemez Pueblo)

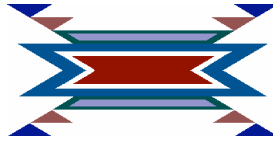
I am employed at Jemez Behavioral Health. This is my fifth year with the Behavioral Health Program. Currently, I am the Program Manager for Jemez Behavioral Health. I graduated from Ft. Lewis College, in Durango, Colorado in 1975. I am also a certified addictions counselor (CAC). My reason for involvement is that MI has been effective in working with a Native American community; I have observed a reduction in alcohol abuse with our clients.

Doreen Bird (Santo Domingo Pueblo)

I am from Santo Domingo Pueblo, NM. I am a student at the University of New Mexico majoring in Psychology and minoring in Native American Studies. I worked as an undergraduate research assistant on this project, transcribing focus group sessions while training to do research with Native American communities. I support this effort to combine academics, research, and Native knowledge to form a more culturally relevant and holistic approach to treatment.

Five anonymous contributors (various tribes)

There were five more focus group participants who contributed greatly to the completion of this manual. For various reasons (personal decision, lack of consent form to release their name, or lack of time) we were unable to include their names. Each of our participants came together as a team player. We appreciate the time, energy and enthusiasm each participant generously gave to make this manual for Native communities.



Purpose

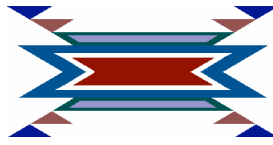
It has been said that substance abuse is the number one problem plaguing our Native American communities. We know that tribal leaders, tribal healers, health professionals and others have devoted much time and energy to addressing this devastating illness. Substance abuse counselors use an array of techniques to try to reach those Native brothers and sisters who are trying to make changes in their lives.

We have written this manual with the goal of making motivational interviewing easy to learn and use in practice with Native American clients suffering with alcohol abuse or dependence. Although MI has been used with many different disorders (diabetes, cardiovascular problems, gambling, etc) and many of the principles and techniques in this manual are applicable across disorders, this manual is specifically designed for use with substance abuse problems. In addition, this manual is for counselors of any ethnic background who are working with Native American clients. This manual may also be useful to anyone just beginning to learn MI.

You may have noticed that it is difficult and can feel impossible to apply what you learn in workshops or books to your counseling with actual clients. It may be helpful to know that we wrote this manual with a goal of bridging the gap between learning about MI and actually using MI in your clinical practice. With this in mind, we have included examples and exercises to help providers and practitioners begin to use MI, perhaps at a beginner's level, as well as continuing to improve their practice, which will also help those who are already at an intermediate or advanced level of practicing MI. This manual will be most useful if you also attend a two-day workshop to learn MI and if possible get follow up "coaching" call or extra training sessions from an MI trainer. The section on "Strategies" will make more sense if you have attended a two-day MI workshop. You may supplement your learning by reading the two major books on MI (Motivational Interviewing: Preparing people to change addictive behavior, 1991 and Motivational Interviewing: Preparing people for change, 2002), reading other articles on MI and watching the training videos (DVD and VHS).

Some counselors may rightly wonder whether MI will be different enough from what they are already doing and whether it will help their clients get better. You will be the best judge of whether MI will work for you and your clients. You are going to see a lot of familiar things in MI that you may already be doing. There may also be some differences. We invite you to take a look at MI as a whole, so that you get a sense of how MI is similar to and different from what you are doing now. It may be that you decide that only certain parts of MI will work in your practice and that is great. At the same time, trying to quickly apply a whole approach as if one were already an expert can feel overwhelming. It can be helpful to start with one aspect that seems most appealing or easy to do. That may help start the foundation or building blocks of using MI in your practice. Then, if you wish to become an expert, you will be well on your way.

We also want to acknowledge that MI seems to fit the Native American provider because certain elements of MI are inherent in Native American practices and values. In one Native American treatment program in the southwest, we were told that the use of "client" or "patient" or "substance abuser" was not allowed. Instead, the program used terms such as "relative", or other terms identifying who the person actually was, but not labeling them. MI methods also reflect this "way of being," with those who come in for our assistance. MI proposes that we join with the person rather than trying to assert authority or convey an expert status.



Uses of Motivational Interviewing

MI is usually thought of as a brief therapy (1 – 4 sessions) that can be effective on its own. It can also be used to prepare clients for treatment as usual. MI has also been shown to improve the effectiveness of other treatments. You may use MI as one or two sessions before the client begins the usual treatment program. When used before treatment as usual, abstinence rates can be doubled as compared to the regular treatment program without MI. You may also want to consider using the spirit (essence) and skills of MI while using other therapeutic approaches. You may decide that using the MI approach fits with your usual counseling approach and blend the two. MI has been blended with Cognitive Behavior Therapy (CBT), so that sessions begin with MI and then switch to CBT while the principles of MI are maintained. In terms of age groups, MI was developed for use with adults and is starting to be used with adolescents but has not been studied in children.

Will All Tribes be able to use Motivational Interviewing?

Yes, we have written this manual with the goal that all tribes will be able to use this manual to guide their practice of motivational interviewing with Native Americans. In a way, with all of the differences across tribes and within tribes, this manual will not be perfect for any tribe. But, we are hoping that there is enough common ground that we can offer this manual and suggest that each tribe do what they can to make MI fit even better for their particular community. This may mean translating certain words, identifying appropriate spiritual and religious practices and advisors/healers and making up new vignettes to capture common client problems and strengths in each community. We wish you well as you seek new solutions for the substance use problems in your community.

Why Motivational Interviewing was chosen for Native American communities

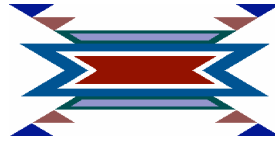
Of all of the possible substance abuse treatments, why did we chose MI? We thought it would be helpful to share our reasons for choosing MI with you. First, MI trainers at the Center on Alcoholism, Substance Abuse and Addictions (CASAA) received and continue to receive many requests for MI training from Native American treatment facilities and health professionals (doctors, nurses, social workers, counselors, community health aides, etc). We hear that other MI trainers from around the nation also provide many trainings for Native American providers. These trainings are either not modified at all to take the culture into account, or may be modified but no one is writing about it. When Kamilla Venner has provided MI trainings to Native Americans, the feedback has always been positive with the message that MI is consistent with Native American culture.

Another hint that added to our confidence in trying MI in Native communities came from research. In a study of substance abuse treatment outcomes that took place in 9 states, there were 25 Native Americans. Native Americans receiving Motivational Enhancement Therapy (MI plus individualized feedback about drinking) had better drinking outcomes than those in the Twelve Step Facilitation approach (approach that helps people get involved in AA; Villanueva, Tonigan, & Miller, 2002). Although this was only a small number of Native Americans, MI seemed to be a helpful approach.

As part of a federal grant (from the National Institute of Drug Abuse) Miller and Venner provided a two-day MI training workshop for people who counseled Native Americans with substance abuse problems. The participants were not necessarily of Native American heritage but served Native American clients. We wondered if our current training practices (without adaptations) would be useful for those working with Native American clients. At the end of the workshop, participants reported it was extremely important to use MI in their counseling, were very confident that they could use MI in their work, and were moderately ready to begin using MI. Most said they needed to go practice with their clients. The comments from these participants also supported the use of MI within Native American culture. One person referred to MI as an “empowerment model.” The MI beliefs that the answers and motivations for change are within the client were similar to Native American beliefs in honoring each individual. One simply said, “This fits with my Native culture.”

Finally, we were thrilled by the enthusiasm from Native American behavioral health providers to participate in the focus groups that have culminated in this MI manual for Native Americans. Some participants commented that the emphasis MI places on respecting clients and Native American providers seemed to take “respect” to new heights. Participants commented that they refer to their “clients” as “relatives” and will figure out their clan relation and call their “client” their “sister” or “uncle” as was appropriate. This also seems to equalize the power differential inherent in the therapeutic relationship. We decided to use the term “client” as it is commonly used and we were not sure whether all tribes would agree with using the term “relative” to refer to people they counsel.

In general, MI seems to be a good fit with Native American values and ways of interacting with people. But, it will be up to you to decide whether using MI fits within your tribal background and the various tribal ways of your clients. We wish you well as you look through this manual.



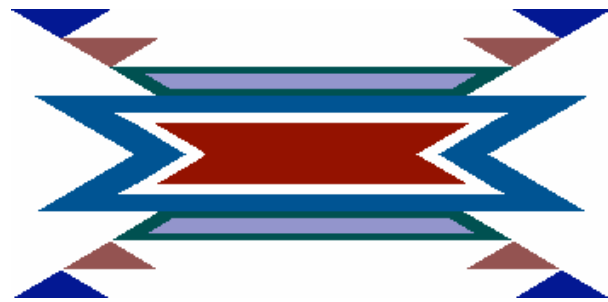
MI might be easy for you if . . .

- ❖ You are a good listener
- ❖ You honor and hold a deep respect for clients
- ❖ You are warm and caring with clients
- ❖ You feel comfortable acting as an equal with clients
- ❖ You believe it is important to be genuine
- ❖ You believe that the answers and motivations lie within the client
- ❖ You accept and expect that clients will disagree with you and challenge you
- ❖ You understand that making a decision to change is often difficult
- ❖ You know that the process of change does not usually go smoothly, and often includes relapse
- ❖ You appreciate how complex people's lives and motivations can be
- ❖ You are sensitive to the clients' verbal and nonverbal behavior and are willing to change your behavior to see if that will help the client
- ❖ You are willing to take responsibility for your part in decreasing or increasing a client's movement toward change in their drinking (not all of the responsibility)

The following comments were made at MI trainings with Native people

- ❖ "Gaining new skills has re-motivated me to believe in the abilities of my clients."
- ❖ I believe that the concept of MI is already within our culture. In the Navajo culture, it's with the beauty way or positive way of thinking. I think Indigenous cultures, Native cultures, we have it in our culture already ..." "I believe we have the state of the art, but then we get our degrees or our training and then the Western culture confuses us ..."

We invite you to continue reading this manual and decide whether it could be useful for you and your work with clients.

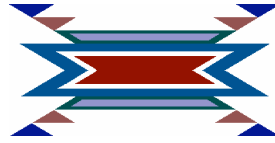


The Spirit and Definitions of Motivational Interviewing

Introduction to the Spirit and Definitions of MI

We begin this manual with the spirit and definitions of MI to help set the foundation for learning MI and to emphasize their importance. Clearly, we need to understand the definition of MI if we want to know and learn MI. Similarly, we use the term “spirit” of MI to capture the essence of MI. This includes how the counselor sees the strengths within each client and how they work together with respect and a sense of equality. The style of MI is calm and focuses on drawing out motivation to change from the client rather than trying to force the client to make positive changes. Many Native people comment on how using MI “empowers” clients.

In this manual, we begin with the spirit of MI and then turn to various techniques. We want to emphasize that if a counselor is not using the spirit of MI then the counseling is not called MI. For example, a counselor might use one of the techniques in this manual, but not be using the spirit of MI, so the counseling would not be called MI. On the other hand, a counselor may be using the spirit of MI and never use one of the techniques in this manual and the counseling would be considered MI. This is to say that we feel learning about the spirit of MI is very important.



What is Motivational Interviewing (MI)?

Developed by William R. Miller, PhD and Stephen Rollnick, PhD, MI is an active, client-centered *way of being with people*. We have found that this style can increase a client's natural desire to change. MI works by talking about the pros and cons of changing a behavior **with the hope that the client tips the balance towards positive change**. Recently, people have found that it may not be important to talk very much about the pros of drinking. It is important to let the client guide you and not force the client to talk about any topic.

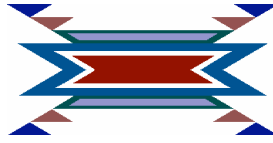
Here are some of the ideas behind MI...

1. Motivation for change honors the wisdom within the client instead of trying to force a therapist's wisdom upon a client.
2. The client is seen as a person rather than a problem. The client identifies and processes his or her own feelings about change. Some tribes take this level of respect to new heights and call clients by their clan relation such as sister, uncle, etc.
3. The counselor provides humble, respectful, and active guidance in helping the client examine and move forward with their feelings about change.
4. Persuasion is not an effective method because trying to convince others to change often invites them to argue against change.
5. The counseling style is peaceful and draws the wisdom out from inside of the client.
6. Readiness to change is not steady. Instead, it changes depending on the client's internal and external environments (i.e. social relationships, job status, financial status, family and friends, community).
7. The therapeutic relationship is more of a partnership, rather than an expert talking to a patient.

Adapted from: Rollnick, S. & Miller, W. R. (1995) What is motivational interviewing? Behavioural and Cognitive Psychotherapy, 23, 325-334

*"We have to honor the wisdom in the client and then to be able to not see a person that's an alcoholic, but see that person in the community that's a grandmother or grandfather, honoring them for who they are, and everyone has wisdom, to bring that honor to them and (to allow) *their* wisdom to come out."*

~Navajo female participant



Using Prayer to Describe MI

This prayer was written with the goal of capturing the essence of MI in a less academic way. It was suggested that if we provided a prayer, song and ceremony for MI, that Native people might have an easier time deciding whether to adopt it. We offer this prayer as a suggestion. In preparation for your session, you may choose to use it, modify it or leave it. In preparation for a session, prayer might be thought of as helping you get centered and feel right with the world or spiritual realm. It might help you find a place where you feel best able to heal. If you decide to use it, you might use it before the counseling session or as an opening to the counseling session if the client would like to include prayer. We understand that different people and cultures pray differently or not at all. Please do what is comfortable for you and for your clients. Please use at your client's discretion.

As one Pueblo elder recommends, "Pray in your way, whichever way you know how."

(You may use your own opening to prayer)

Guide me to be a patient companion
To listen with a heart as open as the sky

Grant me vision to see through (his/her) eyes
And eager ears to hear his story

Create a safe and open meadow in which we may walk together
Make me a clear pool in which he may reflect

Guide me to find in him your beauty and wisdom
Knowing your desire for him to be in harmony – healthy, loving, and strong

Let me honor and respect his choosing of his own path
And bless him to walk it freely

May I know once again that although he and I are different
Yet there is a peaceful place where we are one

(your own ending to prayer)

Examples of Ceremonies to explain MI: Creating a safe, respectful, harmonious space

Similar to the prayer on the previous page, we offer a few examples of ceremonies that seem to connect with the essence of MI. Because this manual is written especially for all Native American people, we hope it is helpful to offer ceremonies from different indigenous/aboriginal people. Although indigenous people differ greatly from one another, these examples of ceremonies emphasize similarities in creating a safe space where everyone feels respected and honored. The MI approach also emphasizes respecting clients and helping them to feel safe in the counseling session. By sharing these ceremonies, we do not mean that you have to use these ceremonies with clients. Ceremony can be used to help us approach our work in a good way. Again, if any of these feel right, please feel free to use them, modify them, introduce ceremonies from your own heritage or leave it and do not include any ceremony.

Pueblo

The “ceremony” presented here is an attempt to bring sacredness to the healing process when initially meeting with your clients. We begin by acknowledging that we are entering a special space. As we enter this space we leave all of our bad feelings and anger on the outside. We enter this space, where we will be interacting, with a clear mind and heart. We say our prayers asking our ancestors for their wisdom and help so that we may have a successful gathering. We ask the Ancient Ones to bring good energy, healing energy, into our space and our time together. We put our thoughts and healing feelings together and become one.

~Based on Nadine Tafoya’s experience

Maori (Aboriginals of New Zealand)

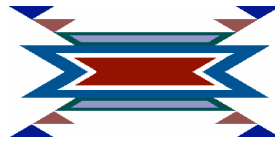
When Maori people invite outsiders (even other Maori communities) into their Marai (special building for spiritual and community activities), they use a ceremony that reminds everyone that we are all one, that everyone is safe within the Marai, and that we all have the same goals. Based on the first author’s simple understanding, each group introduces themselves and lets the other know that they come in peace. There is a specific process of talking back and forth and singing. Near the end of this welcoming ceremony, each person from each group greets the other. The men touch noses, thereby breathing the same air and signifying that they are one. The women usually kiss the cheek. Then everyone goes to have tea and eat together.

~Based on Kamilla Venner’s experience

Northwest Canadian Tribe (De Cho)

Everyone is asked to stand up and form a circle. The leader addresses the people and emphasizes the importance of greeting and honoring each other and acknowledging that we are all one in the world. The circle evolves into two circles that are connected. The person in the inner circle is the introducer while those in the outer circle listen. After you introduce yourself, you move into the outer circle. The first person begins to show the others what to do while music plays (in this case, a CD playing the song, “O Siem”, translated “We are all family”, by Susan Aglukark, an Inuit woman). The introducers tell the other person their name, shake hands and tell one thing about themselves. Each person has the chance to greet the others face to face. Then when they see each other later on during the activity, they feel more at ease with each other and connected and seem more likely to interact.

~Based on Wendy Kalberg’s experience at a fetal alcohol conference emphasizing community wellness.



The Four Principles of Motivational Interviewing:

❖ Express Empathy

- ❖ Effort to accurately understand your client – being able to get a very clear sense of what it would be like to walk in his or her moccasins (or whatever kind of shoes they prefer ☺).
- ❖ Being accepting of your client increases the chance that the client will make positive changes.
- ❖ Reflecting what your client has said (verbally and nonverbally) is a necessary skill for using MI. When people feel understood, they are more likely to consider making changes.
- ❖ Feeling unsure about change is normal.

❖ Develop Discrepancy

- ❖ Change comes out of the *mismatch* between present behavior and important personal goals or values. For example, being dependent on alcohol often makes it hard to be living in harmony with oneself, one's family, community and the universe.
- ❖ Within various communities, each person has specific roles and responsibilities. Especially when a community is small, even one person not fulfilling his or her role can be hard on that person and the community. Experiencing drinking problems can make it difficult to be a good role model or contribute to one's family and community as well as one could without drinking problems. Drinking can lead to people feeling disconnected from their families and communities. People may feel like they are not living in harmony or in the "beauty way."
- ❖ The client, not the counselor, should bring up any reasons for change.
- ❖ Listen carefully for times that clients tell you what their values are or ask open ended questions to learn what they value and whether their drinking interferes with living true to their values
- ❖ The hope is that once your client realizes that drinking is getting in the way of upholding his or her values, he or she will be more *motivated* to make changes in drinking practices. If drinking is getting in the way of one's values, then changing drinking is a good step toward living a life consistent with one's values.

❖ **Roll with Resistance**

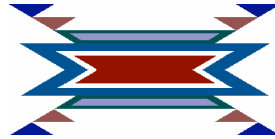
- ❖ Do not fight for change. The more you fight for change, the more likely the client is to fight against change. The more a client fights against change, the less likely he or she is to make successful changes.
- ❖ Do not go head-on into a client's resistance; try not to argue with the client.
- ❖ Invite the client to share his/her point of view. The counselor does not force his or her own point of view upon a client.
- ❖ The client has answers and solutions.
- ❖ When counselors see resistance in a client, it is a signal to respond to the client differently.

❖ **Support Self-Efficacy (client's belief he or she can successfully make a change)**

- ❖ Your belief that change is possible is an important motivator for your clients.
- ❖ The client, not the counselor, is responsible for choosing and carrying out change.
- ❖ Your belief in the client's ability to change helps the client change.

Other sources of support (friends, family, community, etc.) and belief in your client are helpful. It can be helpful to build a community of people that believe in your client's ability to change his or her drinking and contribute back to his or her community. Communities need each person to fulfill their role.

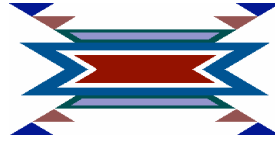
Using all of these principles together defines MI; Using only one or two of these principles will not necessarily be MI. For the best outcome, work toward using all of these principles with clients.



The developers of MI try to clarify the difference between MI and styles that are non-MI by giving you the following examples:

The MI way (person-centered)	The non-MI way (not person-centered)
<p>Partnership. Counseling involves a partnership that honors the client's own natural wisdom and point of view. It may be important to include the wisdom and participation (attendance at sessions, help, support, etc.) of others in the client's family, clan and community. The counselor provides an atmosphere that is open to change but does not force or require change.</p>	<p>Confrontation. Counseling involves pointing out and correcting the client's problematic way of thinking through forcing them to "wake up from denial" and see "reality."</p>
<p>Drawing Out. The client has the tools (desire, reasons, need and ability to change) within themselves. They also know about community resources. Encouraging the client to describe and share their thoughts, goals, point of view, and values increases their natural motivation for change.</p>	<p>Education. The counselor believes that the client does not have important information, insight, and/or skills that are necessary for change. The counselor seeks to "fill these holes" by providing the necessary information.</p>
<p>Independent Choice. The counselor supports and encourages the client's right to and ability to determine and follow their own chosen path. In some communities it may be important to know whether the client's choice ought to involve the wisdom of others in the community. The counselor does this through helping the client make informed choices.</p>	<p>Authority. The counselor tells the client what to do. The counselor knows what the client needs to do to "fix" the problem.</p>

Adapted from: Miller and Rollnick (2002), *Motivational Interviewing; Preparing People to Change*. Second edition, The Guilford Press, New York.



A Case Example

In order for us all to imagine how MI might work, we created two case examples: one just below and one near the end as part of a practice case. Although we hope that our characters share some features with people you may know, neither character is based on real people.

As an introduction, we'd like you to see the initial session with Carrie done a Non-MI way and done an MI way:

Our first character is: **CARRIE V.**

Carrie V. is 32 years old. She is a Native American from a nearby Pueblo community. Carrie hangs out with friends and goes to bars most evenings after work. On weekends, Carrie and her friends either go out to clubs or Carrie drinks with whoever is available around the Pueblo and in town. Carrie is single and lives in a mobile home on land adjacent to her parents' home.

Carrie works as a receptionist at the local Indian Health Service hospital.

Carrie was referred to the Tribal Behavioral Health program by the tribal court after her older sister, Cora, called the police after a recent party at her house turned violent. Carrie's sister also told her that if she didn't get her drinking and partying under control, she would speak to her boss at the hospital. Cora said that the community is beginning to notice Carrie's "wild and undisciplined behavior and that it was not right to carry on that way."

Carrie's parents have also struggled with alcohol problems. Her father is a lifetime Tribal Council member. Unfortunately, he has been arrested for DUI several times and his license has been taken from him. Carrie's mother is an artist who makes pottery for a living. Her drinking sometimes gets in the way of her business.

Carrie also has diabetes. She has been trying to understand and manage her condition for over three years. She has seen the complication diabetes can have on one's health, watching her grandmother lose her eyesight and half of a foot to diabetes over a twenty-year period.

Although Carrie resents her sister's threats, she shows up for counseling even though she doesn't think she has a drinking problem.

Non-MI Way

Following each counselor statement, we have listed some terms in parentheses to describe how the statements are not consistent with MI (see pages 34-35). In other words, these kinds of counselor statements would not be considered MI. Some of the reasons may be obvious such as confrontation and judging because those statements are likely to *increase* client resistance. One place to get more details about the MI Way and Non-MI Way is on page 19. We hope this is another useful way to understand what not to do if you choose to use MI.

Counselor: Hi Carrie. I'm your therapist. I'm glad you were able to come in. Let's start by talking about how you were referred by the tribal court because of a party you had at your house. It also looks like there was some fighting and underage drinking and things like that going on. *(MI-Inconsistent: Setting the Agenda, Authority, Expert role)*

Carrie: Oh, hmm. Well, that's not why I called to come in. I'm having a tough time with my sister. But it's not about alcohol problems.

Counselor: You're having problems with your sister, but it also looks like you are having problems with too much partying, fighting and giving alcohol to kids. *(MI-Consistent: Simple reflections; MI-Inconsistent: Labeling, Confrontation, Authority)*

Carrie: Uh...well. I don't think that's the problem. And, that's not why I called to come in. I called because my sister is worried about a party that I had. It's none of her business, but she is threatening to talk to my boss.

Counselor: Yeah, I know. I talked to your sister just a little bit ago. *(MI-Inconsistent: Confrontation, Authority, Shaming, Unsafe environment)*

Carrie: You talked to my sister?? So, I guess then you know that she was upset about the party. It wasn't even a party. My boyfriend just got out of jail and wanted to have a few drinks at my place.

Counselor: Well, how did so many people get involved? The police were called because people were fighting and found underage kids drinking – that sounds like a party to me. *(MI-Inconsistent: Arguing, Confrontation, Authority)*

Carrie: Well, his friends knew he was getting out of jail and everybody just started dropping by and before I knew it, we were all wasted. I really don't remember anything else.

Counselor: Well, lots of people in the community have been complaining about all of the parties you've been having, not just this one. *(MI-Inconsistent: Confrontation, Shaming, Judging, Unsafe environment)*

Carrie: I don't care what anybody thinks. I'm having a good time minding my own business – everybody else should do the same.

Counselor: Yeah, well, we can't have everyone partying in the community like this – it's getting out of hand and kids are involved. You need to do something about your drinking. *(MI-Inconsistent: Judging, Confrontation, Shaming, Authority, Expert role)*

Carrie: I don't need this; I'm outta here!

The MI Way

Following each counselor statement, we have listed some terms in parentheses to describe how the statements are consistent with MI (see pages 32-33). In other words, these kinds of counselor statements would be considered MI. Some of the reasons may be obvious such as empathy, affirming the client and drawing out motivation and information from the client because those statements are likely to build rapport and help clients move toward positive changes. We hope this is another useful way to understand MI as a whole if you choose to use MI.

Counselor: Hi Carrie, thanks for coming in today. Let me start by introducing myself. I'm Geraldine and I'm from the Pueblo. You might know my parents – they are the Trujillos. I have been working here at the program for the last 3 years and I help people with all kinds of things, including drinking. I know that the first time coming in here can be really difficult. I just wanted to say that it can take a lot of courage to come in here and I'm glad you're here today. We have 50 minutes to spend together, and I want to emphasize that what you say is confidential. I also want you to know that the only times I have to break your confidentiality is if you tell me that you are a serious harm to yourself or others or if you tell me of child or elder abuse. With that in mind, tell me what made you decide to come in today. *(MI-Consistent: Appropriate self-disclosure in introduction, Describing what to expect in therapy, Affirming, Sharing limits of confidentiality, Collaborating in agenda setting, Drawing out)*

Carrie: Um, well, I called because my sister and me have been having a few problems.

Counselor: You're here to work out problems with your sister. *(MI-Consistent: Simple reflection, Empathy- trying to understand the client's perspective)*

Carrie: Well, yeah. It's a little complicated. You see, it's always been tough between us; we're always competing against each other. She's always been jealous of me and I think that's why she's threatening to talk to my boss.

Counselor: So, your sister butts in a little bit and sometimes she's a little jealous of you. You're wondering whether your job is the only reason that she asked you to come in. *(MI-Consistent: Simple reflection, Drawing out motivations from the client, Amplified reflection – inviting client to think of other possible reasons sister is concerned)*

Carrie: Well, no...I guess she's a little worried about me. But, I'm fine. I've always been fine.

Counselor: Even though you've always been able to take care of yourself, your sister seems a little worried about you. *(MI consistent: Drawing out, Double-sided Reflection ending with an understated reflection inviting the client to share why sister is worried)*

Carrie: Yes, I guess so.

Counselor: Well, while we're here, I'd like to hear more from you about the drinking that took place at your trailer. Is that okay with you? *(MI consistent: Partnership, Asking permission, Drawing out)*

Carrie: Well, all of this is all about my boyfriend. He recently got out of jail, and we decided to have a few drinks at my place. Well, people started dropping by and before I knew it, the police were there. I guess somebody was fighting and there were some kids drinking, but I didn't know anything about that.

Counselor: A few drinks turned into problems with fighting and underage drinking that you weren't even aware of. *(MI consistent: Simple reflection, Empathy, Nonjudgmental)*

Carrie: Yeah, and that's why my sister's mad at me and now I have to deal with all of this.

Counselor: This all seems normal to you. *(MI consistent: Complex reflection – more specifically, an Amplified reflection)*

Carrie: Well, not exactly... I mean police coming over and having to deal with the tribal court, but it's not the first time.

Counselor: You've had legal problems before. What other problems or hassles have you noticed about drinking? *(MI consistent: Simple reflection, Nonjudgmental, Open question, Drawing out change talk by asking for the not-so-good side of drinking)*

Carrie: Well sometimes I start drinking and then all of a sudden I've gotten to the point where I've lost track of time and I can't remember what happened the night before. So, I didn't even know that the police came.

Counselor: Sometimes you find yourself drinking so much that you have blackouts and can't remember what went on around you. *(MI consistent: Simple reflection, Nonjudgmental)*

Carrie: Yeah, I didn't even know there were kids there or that they were drinking.

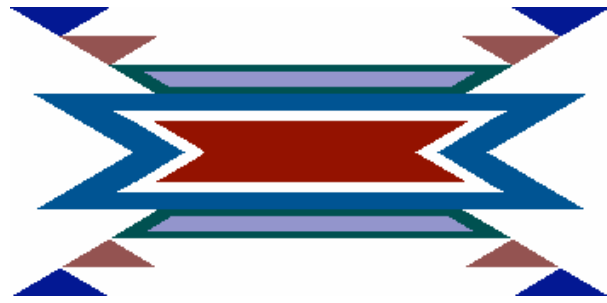
Counselor: Not being able to remember these things worries you a little. *(MI consistent: Complex reflection – counselor is guessing at underlying feelings)*

Carrie: Yeah, it is beginning to worry me.

Counselor: It's especially concerning when the tribal courts are involved and you can't remember what happened. *(MI consistent: Complex reflection, Empathy)*

Carrie: Yeah, 'cause I don't know what I am going to say, I don't know who let the kids in or who gave them alcohol.

Counselor: So, some of the things that haven't been so good about drinking are the blackouts, the legal problems, your family being angry at you and maybe having your job on the line. What else? *(MI consistent: Mini summary of negatives of drinking, drawing out more change talk)*



**Using Our Communication
Skills to Decrease
Resistance and Increase
Change Talk**

Communication

We all have many communication skills that have helped us work with our clients. The following information is meant to focus our skills on making connections with our clients to help create a healing environment for motivating positive changes.

All of us have had an experience where what we said wasn't what someone else heard – even though we thought we were being really clear.

Here's an example to help explain how this happens:

A husband and a wife are watching T.V. The husband is having a hard time concentrating on the show because he is thinking about how he hasn't seen his uncle in awhile. Before the show is over, the husband gets up and says, "Hon, I'm going out for awhile."

The wife says, "You're leaving?"

The wife means to tell her husband that she misses him and she wants to spend more time with him.

But what the husband hears is her trying to tell him whether he can go out or not.

A simple statement can lead to a lot of confusion and hurt feelings...

Communication can go wrong because...

1. The speaker does not say exactly what they mean
2. The listener does not hear the words correctly.
3. The listener has a different understanding of the meaning of the words.

Reflective listening can help!

We use the process of reflective listening to connect:

(1) What the listener thinks the speaker means to say

with

(2) What the speaker actually means to communicate

Think of reflective listening as a way to act as a mirror or a pool of water to help clients see themselves – hopefully at a deeper level because of your reflections.



Reflective Listening: A key MI skill

Traditionally Native Americans have a strong oral tradition. In general, Native people are good storytellers and good listeners. Using MI, you can tap into your client's ability and willingness to tell his or her own story to learn more about their drinking and life. As a counselor, you can use your skills of listening to clients. Being a good listener helps you let your clients know that you have heard and understood them (express empathy: accurately understanding your clients). In MI, the ability to use reflective listening starts with being a good listener and a good communicator. To keep the manual short, we only included a brief description of listening skills. For more information, you may consider some of the resources listed at the end of this manual on page 77.

We just mentioned reflective listening briefly – but it's important to learn some more about it because it is one of the keys to using MI. Here are some strategies that will help you:

Steps:

1. Hear what the client is saying.
2. Make a guess at the client's underlying meaning, energy, and emotion.
3. Choose your direction: What are you going to respond to and what are you going to let go by? Remember we want to encourage change talk and decrease resistance.
4. Make your reflection a statement instead of a question.

Types of reflective listening:

SIMPLE REFLECTIONS: Stays close to the client's words; may be most helpful at the beginning of sessions, when client is angry or to encourage more description of a word or feeling from the client. Be careful not to only use simple reflections because your client might get frustrated.



Repeat:

- ❖ Saying exactly what the client said using the same words.
 - Client: "It almost feels like my husband is judging me."
 - Therapist: "Your husband is judging you."



Rephrase

- ❖ Staying close to what the client said, but in different words. A rephrase is like a synonym.
 - Client: "It almost feels like my husband is judging me."
 - Therapist: "Your husband is critical of you."
 -

COMPLEX REFLECTIONS: Can help increase the pace of the session by helping clients get to the heart of the matter. A good goal is to use more complex than simple reflections.



Paraphrase

- ❖ Add information to what the client said, such as underlying emotions or feelings, in order to get a better understanding of their meaning. The clinician infers the client's meaning. These can be amplified, double-sided, and reflections of feeling.
 - Client: "It almost feels like my husband is judging me."
 - Therapist: "You're afraid he doesn't like what he's seeing in you."

SUMMARY

Mini Summary

- ❖ Pulling together statements that your client has shared and presenting them back to the client. A summary is a bouquet that you hand back to the speaker. Each flower is something that the speaker has said. The mini summary asks for more information.

Transitional Summary

- Counselor: “You’ve said that your husband criticizes you in front of others, compares you to skid-row alcoholics and tells you you’ll never amount to anything. What else have you noticed?”

Transitional Summary

- ❖ Pulling together statements so that you can change course or shift focus with your client or to wrap up a session. For example, you might switch from learning about the positives of drinking to the negatives of drinking. Another change might be from Phase 1 (building motivation to change) to Phase 2 (increasing commitment to change).
- Counselor: “Okay. So let me see if I’ve got this straight. Your husband’s criticism has become too much, it’s affecting your self-esteem, and you’re worried that your daughter is learning that it is okay to mistreat women. Where does this leave you now?”

• Overshooting and Undershooting for Direction

- ❖ Reframing the extreme – Planful way to get the client to say more or less about something. Overshoot: you want the client to ease up in their intensity (useful when a client is being resistant and you want to decrease resistance). Undershoot: you want to draw out more intensity from the client (useful when you want more change talk).
 - Client: “It almost feels like my husband is judging me.”
Therapist: “You’re worried he thinks you are no good at all.” (Overshoot: client might agree and burst into tears. Or your client may decrease intensity by disagreeing with such an extreme statement and go on to explain how her husband is upset about her drinking)
Therapist: “He’s been a little critical of you” (Undershoot: likely that client will disagree and explain in detail and more intensely how harsh he has been.)

Using Metaphors

- ❖ Using a metaphor to help understand what the client is saying.
 - Client: “It almost feels like my husband is judging me.”
Therapist: “He’s the judge and you’re on trial.”

Judging the Quality of Reflection: Instant Feedback from client.

- ❖ If the client keeps talking and gives you more information, that is a good sign for the quality of your reflections.
- ❖ If the client talks less in a way that seems to be closing down, then that is not a good sign. (see “Are your MI skills improving” section, page 68).

OARS: 4 key MI skills

Once you feel comfortable with reflective listening, there are a few additional steps that will help you and your client experience movement toward change or toward the client clarifying his or her feelings about change in your sessions. We like to abbreviate these four strategies as O-A-R-S. This is what it stands for:

1. Ask Open-Ended Questions (O)

A. Ask questions that cannot be answered with a “yes” or a “no.”

Try to avoid closed-ended questions such as “Where did you grow up?” “How much do you drink?” when you want to encourage storytelling.

B. When asking an open-ended question, the counselor does not know what the client’s answer will be. Using open-ended questions lets your clients know that you want to hear their story.

A few examples of open-ended questions are: “What has your drinking been like lately?”

“What have you liked about drinking?” “What, if anything, haven’t you liked about drinking?”

2. Affirm (A)

A. It takes skill to find the positives in a client.

B. A counselor should only offer support and praise when it is sincerely meant

C. You can reflect behaviors such as showing up for appointments or talking about difficult topics.

D. You can comment on your client’s character such as being brave, being a role-model for Future generations and being honest.

** For more information, see page 54

3. Listen Reflectively (R)

A. A statement showing the client that you are trying to figure out the underlying meaning of their words.

B. Reflections are difficult because the counselor has to make a guess about what the client means or where the client is going. That is the meat of the reflection. It is up to the client to agree with the reflection or pick another direction to go.

C. Reflections are statements. Make sure not to end reflections with a question mark.

D. A good goal when you are first starting out is to try to do two reflections for every one question.

E. Your most common response to your client should be a reflection.

** For more information, see page 26

4. Summarize (S)

- A. Like offering a bouquet or a gift of food (best berries, corn, chiles, fish, meat, etc). You pick through all the things the client has said and only repeat back the highlights, i.e., reasons for change, how drinking does not fit into their values or goals, etc.
- B. Demonstrate to the client that you are listening
- C. Avoid adding interpretations
- D. Summaries can help you transition to a new topic such as using the rulers or to the “key” question asking whether they want to make any changes.

** For more information, see page 27

Non-Change Behavior: When clients put on the brakes

In MI, we see “resistance” behavior as a big stop sign:

RESISTANCE = 

We feel it is normal for clients to show signs of resistance early in their contact with us and even as sessions progress. We believe that resistance is one way that client’s signal you that you two are not working well together and could be due to a number of reasons. Perhaps the client is not sure he or she has a drinking problem or not sure that he wants to do anything about it. Your client may not be sure whether you can help him or her. Your client may be worried that he or she won’t be able to make positive changes and will “fail” at treatment. Your client may have some concerns about treatment.

Resistance is directed at the counselor. One thing you can do is try to do something different. We think using reflective listening skills is very helpful.

Categories of “resistance”

- **Challenging**
 - Client: “Do you even speak your Native language?”
 - Client: “Did you ever have a drinking problem?”
- **Interrupting**
 - Client doesn’t let counselor finish talking.
- **Disagreeing**
 - Client: “You don’t know what you are talking about.”
- **Changing the subject** away from the discussion of change.
 - Client: “What do you think about those healthcare budget cuts?”
- **Ignoring**
- **Not following**
 - Client seems to be daydreaming or bored.

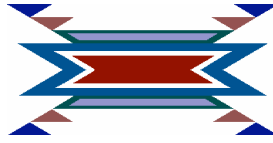
Based on the first focus group with Native community members, we found that in some tribes, it is rude to directly disagree or deny a request. You have to look for other clues that the person is “resistant.” Sometimes when a Native person does not want to do something, he or she will still go along with you but not follow through. For example, we have rescheduled some Native American participants several times before realizing they were actually refusing to continue. It can be hard to tell when a “no show” means that they do not want to participate and when it means that their life is complicated by poverty, community roles, family distress or any number of things both positive and negative.

Categories of “non-change talk

Like resistance behaviors, non-change talk makes it less likely that clients will make positive changes. We use “non-change talk” (also known as “status quo talk”) to describe the time when clients are treading water rather than moving toward positive change. The client’s words may show their desire to keep drinking, their worries that they will not be able to change, reasons to keep

drinking, the need to keep drinking and a commitment to continued drinking. As counselors, our goal is not to draw out non-change talk but to draw out motivations for change (also known as “change talk” -- see pages 36-37). If we are only drawing out non-change talk from clients, they are more likely to stay the same.

- **Desire to maintain** alcohol and other drug use as it is without making changes
 - Client: “I want to keep drinking like I am.”
- **Inability to change:** lack of confidence in ability to make a successful change
 - Client: “I’ve tried before; I just can’t stop”
- **Reasons for not changing:**
 - Client: “I don’t need to change; my drug use isn’t that bad.”
 - Client: “My health is still good, so I’d rather keep drinking”
- **Need to remain the same:**
 - Client: “I’ve got to keep using.”
 - Client: “I need alcohol.”
- **Commitment to remain the same:**
 - Client: “I am going to keep drinking, and no one can stop me.”



Responding to Non-Change Behavior Reflective Responses

Simple Reflection

Repeating or rephrasing what the client has said.

Client: "This whole thing has been so confusing."

Counselor repeat: "Confusing..." (to invite the client to tell you more about how it is confusing)

Repeating can help when you want more information (for the client to clarify what they have said) or when you want to be sure you heard them

Counselor rephrase: "It's been hard to make sense of your situation."

Complex Reflection

Trying to get at the underlying meaning of the client's words. Often includes a guess at what your client might be feeling.

Client: "You're not from around here. What do you know?"

Counselor: "You're worried that I might not understand you."

Double-sided Reflection

Especially useful when client feels mixed about making changes – the client both likes some things about drinking and also dislikes some things about drinking. Remember to use "and" as you reflect both pros and cons.

Client: "I am tired of dealing with the drug courts but I really enjoy drinking with my friends."

Counselor: "Both things are true – you like drinking with your friends *and* you'd rather not have to go to drug court anymore."

Reframing

When you would like to invite the client to think about a different interpretation or perspective.

Client: "I can drink more than my friends and still not look too drunk."

Counselor: "You don't seem to have the natural safety alarms that others might have."

Agreeing with a Twist

You agree with the client to a degree and add new information that invites a new perspective. You can think of it as a reflection followed by a reframe.

Client: "You probably think you know it all and I'm just another addict to you."

Counselor: "You're right that one-treatment-fits-all probably won't work; we need to work together to personalize it to you."

Emphasize Personal Choice and Control

When you and your client get into a power struggle or the client feels like you are going to make them do something (like stop drinking, go to AA or a counseling homework assignment), it is helpful to remind the client that he or she is in control and makes the decisions. Even if we wanted to force people to change, we probably wouldn't be successful – especially in the long run.

Client: "You're the boss -- just tell me what I have to do and I'll do it."

Counselor: "Well, it's really up to you and what you think will work best for you. I will do my best to work with you to help you make a decision that is right for you."

Client: "Do I have to get drug tested?"

Counselor: "That is a requirement to be in our treatment program but it is still your choice. If you like, we can explore the pros and cons of your options."

To be consistent with MI, we recommend trying not to give clients any material to fight against – even if they seem like they are trying to pick a fight. One way to think about it is to avoid getting into a wrestling or boxing match with clients, where each of you are trying to overpower the other. Think of martial arts where opponents use each other's energy and deflect it or keep it going in a direction away from oneself. Try to use the energy (resistance) from the client to figure out what they are trying to tell you. For example, clients are often worried that you will judge them or that you won't be able to help them or they won't be able to succeed in making changes.

Traps to Avoid

Remember how we talked before about the MI way and the non-MI way. Here are some more things that we have found don't fit well with using MI. These are "traps" because they can keep both the counselor and more importantly the client stuck rather than moving toward change. These traps interfere with our ability to use MI:

Question-Answer Trap: The counselor gets trapped asking question after question to try to get information and the client gets trapped in passively giving short answers. The problem with this trap is that clients get used to providing short answers and being passive. Then it can be hard to help clients open up. If you have a lot of questions or forms to complete it can be helpful to begin with a time of exploring before filling out the forms.

This sometimes happens when counselors have to ask a series of closed ended questions.

For example:

- "How many times did you drink last week?"
- "How many drinks did you have each time you drank?"
- "What kinds of drinks did you have?"

Confrontation-Denial Trap: The counselor gets trapped into confronting clients with their problems and clients get trapped denying that they have a problem. Denying is resistance or status quo and leads to non-change.

This sometimes happens when counselors feel that it is really important for a client to admit having a drinking problem. *For example:*

- "Can't you see how your drinking has hurt different parts of your life?"
- "You need to stop denying that you have a drinking problem!"
- "You say that you know that drinking is bad for you, but let's see you start acting like it."

Expert Trap: The counselor gets trapped trying to prove their knowledge, expertise, or show that they are in charge and have all the answers. The client gets trapped in a passive role or becomes angry that the counselor does not respect his or her strengths and knowledge.

This sometimes happens when counselors feel like their clients aren't acknowledging that as a counselor, they know more than their clients. *For example:*

- "You don't realize how bad your life is going to look in a few years if you keep up this drinking."
- "I know what you need to do to get better."

Labeling Trap: The counselor gets trapped delivering bad news and waiting for the client to accept the label, rather than meeting them at their stage of change or level of readiness (see page 46-47). The client either passively accepts the label or gets defensive and angry, which is associated with not changing drinking behavior.

This sometimes happens when counselors feel like they have to put a label on the behavior that they are seeing. *For example:*

- "The way you are drinking makes you an alcoholic."
- "You have alcohol dependence."

Importance of Increasing Change Talk: Helping clients move toward harmony

Change talk is talk *from the client* about:

Disadvantages of continuing to drink: *"I have lost my self-respect from drinking."*

Advantages of Changing: *"If I'm sober, I might be asked to serve on our tribal council."*

Reasons for Changing: *"I want to be a role model for my children."*

Need to Change: *"I need to stop drinking – I just don't want to live like this anymore."*

Commitment to Change: *"That's it – I'm going to start my sobriety now."*

A useful way to remember these signs of change is "**DARN-C**" which uses the first letter of each of the types of change talk.

As you are learning to recognize when your clients are using change talk, we would like to remind you that simple "non-resistance" to change may not be the same as commitment to change. As we mentioned early, in some tribes it is rude to directly refuse a request. For those people, passively going along with the counselor may be misread as ready to make changes. MI can be really helpful because counselors *draw out* motivations to change rather than trying to give clients reasons to change. If you notice that your client seems passive or is not resisting change, you might need to back up and explore your client's mixed feelings about making changes, rather than actively stating his or her own change talk (e.g. "I think I got ahead of us.").

Change talk is important because:

The more we hear ourselves say something, the more we believe it; The more a client uses change talk, the more they believe it.

Research shows that when a client uses change talk in a counseling session, he or she is more likely to change drinking behavior for the better.

The more counselors can draw out "change talk" from clients, the more likely your clients are to make positive changes.

When your clients are using change talk in sessions, you might think of them as moving toward harmony or the beauty way.

How can I encourage change talk?

- ❖ **Exploring how a client feels (at least) two ways about drinking**
(see page 44 on Exploring Pros and Cons of Drinking)
- ❖ **Ask your client to imagine what might happen if he or she acts out extremes of the behavior**
Ask your client to imagine what might happen if they drink way more or more often.
- ❖ **Help your client imagine the future and remember the past**
(How might your life be different without drinking?; What activities were you doing before you started drinking?)
- ❖ **Exploring goals and values and reinforcing values that are inconsistent with drinking through your reflections.**
(see pages 50 -52 for ways to explore how drinking fits in with important values)

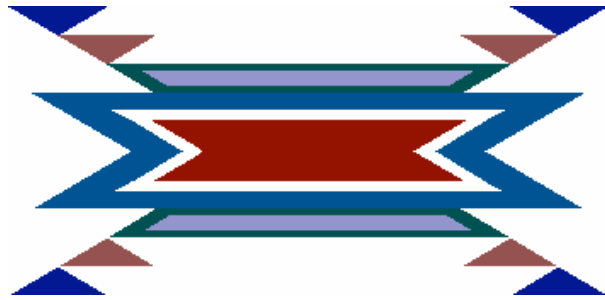
- ❖ **Exploring importance and confidence**
(see pages 46-48 for ways to explore how important it is for your client to make a change in his or her drinking and how confident your client is that he or she can make that change in drinking).

How can I encourage commitment language?

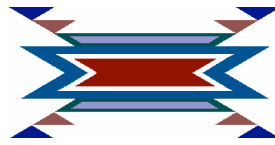
Reinforce change talk with reflections and summaries. Be careful not to get overly enthusiastic in case a client backs down and brings up reasons not to change.

Commitment language can vary in strength and determination. Clients may be very unsure of their commitment to make changes in their drinking or may be very determined to make changes. For example, if a client says, "I might stop drinking" then the level of commitment is not very strong. This is important because we have found that when clients are not very strong in their commitment to make a change, they are less likely to make successful and lasting changes. On the other hand, if a client says, "I am definitely through with drinking" then that is a stronger statement and the client is more likely to make positive changes.

- ❖ **Ask a key question: "*What would you like to do?*"**
- ❖ **Ask about the client's confidence in the action plan.**
- ❖ **Work to improve the client's confidence in their ability to make a successful change in drinking.**
- ❖ **Work to draw out hope and optimism.**
- ❖ **Express your hope and optimism that your client will be able to make positive changes.**
- ❖ **Remind them that you are available to help and can meet again for follow-up sessions**



Strategies



Introduction to the Strategies Section

This section of strategies is meant to provide some guidance as you begin using some of the motivational interviewing style. This section is divided into two phases with the first being how to increase motivation for change and the second being how to strengthen clients' commitment to change.

If your client does not seem ready to change, it may be helpful to use strategies from Phase 1. However, if your client seems ready to make changes, then start with Phase 2 strategies. If you are using Phase 2 strategies and your client is not following through with the change plan or is voicing concerns about changing or reasons to keep drinking, then it may be helpful to go back to some Phase 1 strategies.

Just a reminder that these strategies are only guidelines and do not have to be followed exactly. Again, your clients will be your best guides and teachers. Finally, in order for these strategies to be considered motivational interviewing, the spirit or principles of motivational interviewing need to be present.

Phase 1: Developing Motivation to Change

Developing a Working Relationship

The relationship between counselor and client is found to be very important in helping clients have positive outcomes. We thought it would be important to take a little time talking about how to form a good relationship with clients.

Be present: let clients know you care about them

Listen intently to your clients; try to make them feel like they are the most important person in the world during your time together. Try to demonstrate your willingness to be there with your clients. Try to let yourself be used as an instrument of healing in service of your clients. Create a healing space – this may be similar to preparations for healing ceremonies. Examples of showing caring can be simple, truthful statements of your concern about the effects of your client's substance use; your wish for their best well-being; and other statements that notice your client's personal and communal strengths.

Let the client know that you are on his or her side and want what's best for them

Using the MI approach, it is important to let the client know that you are on his or her side. How do you do that? What about those clients who are clear that they do not want to be in therapy (forced into treatment by court or loved ones) or for those who are really nervous or unsure about whether they have a problem or what they might have to do in counseling. Especially in early sessions, it is important to use reflections when clients are angry or resistant. Usually when a client hears that you have understood what they are communicating, they feel more free to move on to another topic. For example,

Client: "I don't need to be here and you probably can't help me."
Counselor: "You're not sure you have a problem and you are worried that I couldn't help you even if you did."

These kinds of counselor responses can help clients move on to another topic rather than arguing with you about whether they have a problem or whether you can help them or not. These kinds of counselor responses can help clients feel safe.

Be accepting of the person and nonjudgmental

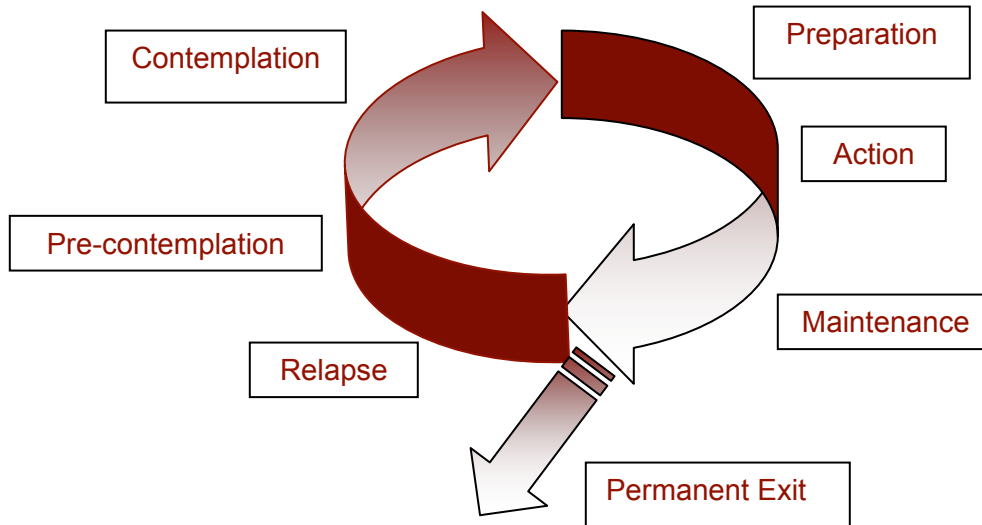
Remember to acknowledge your client as a person rather than as a problem. For many Native Americans, this includes acknowledging them holistically to include mind, body and spirit. When we talk about accepting your client as a person, we do not mean you have to accept any behavior that is unacceptable. When clients share difficult experiences, especially if they feel ashamed or afraid of negative judgment, it is important to be supportive of them.

Involve the client in setting goals

You want to be working together with your clients toward the same goals *without imposing* your own goals on them. As you work with your client, he or she may develop new goals as you work together to increase motivation to change. In motivational interviewing, part of being directive is helping move clients along toward positive change. Of course, we respect clients' choices, so we are careful to remind them (and ourselves) that whatever they choose to do is up to them.

Prochaska & DiClemente's Transtheoretical Stages of Change

Some counselors have an easier time fitting MI into their mind when they are familiar with the stages of change model. We thought we would include it for you, so you could get a sense of where your clients are in terms of "readiness for change."



James Prochaska and Carlo DiClemente created a model of how people change addictive behaviors, both within and without treatment. If we think about a certain behavior, such as drinking or smoking cigarettes, there are six proposed stages that describe how people think about changing those behaviors:

1. **Pre-contemplation:** those who are not even considering changing their behavior.
 - ❖ *"I don't have a problem."*
 - Counselor strategies: Use reflections, ask how the client would like to use the session, try to explore pros and cons of drinking, ask if other loved ones have concerns about drinking, or if there are other issues/problems related to use.
2. **Contemplation:** those who are considering that they might need to change their behavior.
 - ❖ *"Drinking is causing some problems but I'm not ready to change."*
 - Counselor strategies: Explore pros and cons of drinking, use double sided reflections
3. **Preparation:** those who are starting to think about what it might take to change their behavior.
 - ❖ *"I am thinking about trying a weekend without drinking to see how it goes."*
 - Counselor strategies: Support decision; Ask client to imagine how they might make that change happen (respond to ambivalence as it arises).
4. **Action:** those who have made a decision to take action and change.
 - ❖ *"I am going to stop drinking today."*
 - Counselor strategies: Help client develop change plan.

5. **Maintenance:** those who are trying to maintain the change.
 - ❖ *“I haven’t had a drink for the past week and I’m trying to keep it that way.”*
 - Counselor strategies: Explore with the client how they have been successful, ask client if they want to work on relapse prevention
6. **Relapse:** those who have a hard time maintaining the change and who cycle through the different stages again.
 - ❖ *“It was too hard trying to keep sober.”*
 - Counselor strategies: Assess current stage of change and begin helping your client move through the stages of change towards action. If your client is willing – explore what thoughts and feelings they had before the relapse.
7. **Permanent Exit:** those who remain sober.
 - ❖ Some people believe that there are two stages of sobriety: one, simply not drinking alcohol; and two, not drinking alcohol and living in harmony or the beauty way.

In MI, throughout and between sessions, we try to be aware of where our clients are in this stage model. That means that at any point in time, clients may feel like they are in any one of the six stages. Sometimes each time a client talks, he or she seems to be in a different stage.

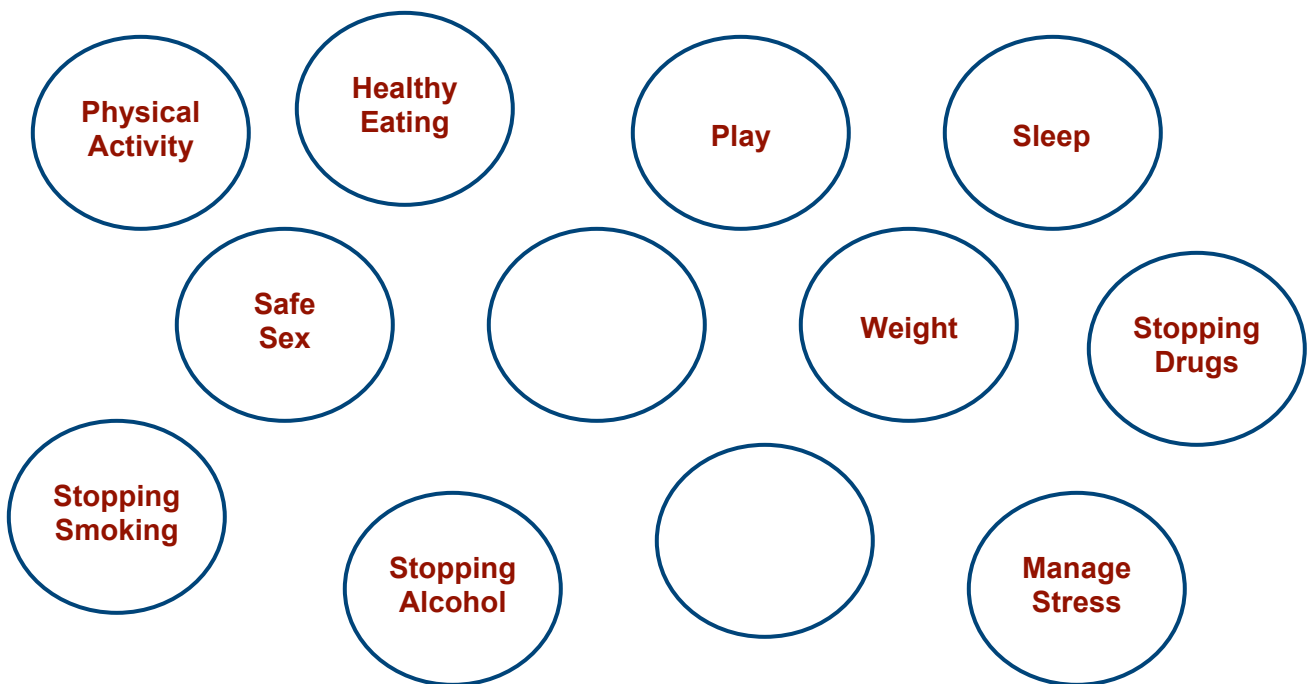
For example, a client may say some things that are in line with the “action” stage and then immediately say something about their doubts as to how bad their problem is indicating some mixed feelings (contemplation stage).

☀ **The most important point of this model is to listen carefully to your clients and not get ahead of them. Also, if you notice that they have moved back to a previous stage, it is best to move back there too. The goal is to continually meet the client where he or she is at in the moment in order to help them move toward positive change. When we get ahead of them, they are less likely to move forward**

Deciding on a Topic

When beginning with a client, it can be helpful to involve them in setting the agenda. If you have the flexibility to discuss a variety of topics, you might use a form like this or just use the statements below as you talk with your client. This form was developed for doctors and other medical professionals who do not have much time with clients. This form is just to give you an idea of how to work in partnership with your clients when deciding what to talk about first.

- **Ask permission** -- *Would it be alright if we spent the next 5-10 minutes talking about your health in general, the things you do to maintain it, and what, if anything, you might like to change?*
- **Explore current strengths** -- *Tell me about the things that you currently do to keep yourself healthy. Add new behaviors to the blank circles below. Cross out irrelevant items if mentioned.*
- **Negotiate the agenda** -- *Below are the things you mentioned as well as other common things people do to help maintain their health. I'm wondering if you would be interested in exploring one of these areas. Or perhaps there is something else that hasn't been mentioned that you consider more important to your health right now?*



- **Explore the reasons** -- *Tell me about that. What made you select that behavior? What are your thoughts about it?*

Exploring Pros and Cons to Elicit Change Talk

Goals: To provide an opportunity for your clients to actively discuss how they feel about a specific behavior like drinking alcohol.

To provide the counselor an opportunity to understand the client's point of view about the pros and cons of drinking, to reinforce change talk, and to support the client.

Counselor:

1. Ask the client for permission to discuss the topic.
2. Ask the client what they like about drinking (not changing).
3. Listen, reflect, ask them to tell you more.
4. Ask the client what they don't like about drinking (asking for change talk).
5. Listen, reflect, elaborate, get the full picture.
6. Summarize both sides, with the reasons to continue drinking, and finishing with the reasons to change.
7. Ask the client if you got it all.
8. Ask the client some version of "Where does that leave you now?"
9. Affirm the client for having the discussion, express appreciation, confidence, and support

Some counselors do not ask what clients like about drinking because it may not help clients to make positive changes. Others find that asking what they like about drinking helps build rapport and gives you information about reasons for drinking that may be helpful in treatment planning. If they drink to relax, then they might be interested in learning other ways to relax besides drinking. Again, your clients are your best teachers.

Pros and Cons: The Decisional Balance

Here is a form that can help both you and your client in keeping track of the pros and cons of staying the same and the pros and cons of making changes. This doesn't mean you have to fill in all of the boxes. Do what feels comfortable with each client. When you first try this with clients, you might find that you stick close to the words and boxes but as you practice, you might find that you rely less on this tool and more on how well it seems to be going with your client. As a general guideline, it is important not to dwell too much on the reasons for using and the reasons not to change (stay the same or status quo talk) because that is related to the client not changing substance use. On the other hand, taking time to draw out and reward change talk from the client is important.

What are the advantages of things staying just the way they are now?	What are the disadvantages of things staying just the way they are now?
What are the advantages of changing?	What are the disadvantages of changing?

When summarizing the results (if all four boxes were completed), start with the pros of using alcohol and the cons of changing and end with the cons of using alcohol and the pros of changing (like the double-sided reflections that can help move a client toward change). In this way, you begin with why they don't want to change and end with why they do want to change. This helps direct the session toward motivating change.

Assessing Importance, Confidence and Readiness

Goals: To provide an opportunity for the client to explore and realize their own motivations to change a very specific behavior. To provide the counselor an opportunity to draw out and reinforce change talk. We offer a few tools to talk about the importance of, confidence and readiness to change, but encourage you to make your own adaptations if these do not work well. Depending on your client, you may use only one of these rulers or all three or any combination. We encourage you to pay close attention to the wording of the questions provided below because it can help you draw out change talk rather than resistance from your clients.

Not Important	Unsure	A Little Important	Very Important
0...1...2	3...4...5	6...7...8	...9...10



Here is an adapted version of the rulers that does not include numbers but only descriptions. For each ruler, just change the wording to match what you are asking about: *importance* of making a change, *confidence* to make a change, and *readiness* to make a change.

It's not important to make a change.	You are unsure about making a change.	It is a little important to make changes.	It is very important to you to make changes.
You haven't prepared the ground for planting.	A seed is in the soil but hasn't been watered.	Your plant just broke through the soil.	Your plant is ready to be harvested.

Other ideas for adaptations were provided including using a circle rather than a line, using the growth of different plants (i.e., tobacco, chile, berries) or animals (ex., buffalo, deer, salmon) to represent different levels of importance, confidence or readiness. Please feel free to create your own adaptations to the rulers that best fit your clients.

❖ Ask permission to use rulers

1. **“On a scale of 0 – 10, where 0 is not at all important and 10 is extremely important, how important is it for you to change (*specific behavior*) now?”**
2. **“What makes you choose (*number client chose*) rather than a 0?”** (note: this draws out change talk.)
(Be very careful NOT to ask, “What makes you choose a (*number chosen*) rather than a higher number?” This question will encourage the client to give you reasons it is not more important to change. We don't want to encourage clients to tell us why it isn't important to change because then they are less likely to make positive changes.)

3. **“What would it take to bump you up a few notches to a (choose a number two or three higher than originally given)?”** For example, “What would it take to bump you up a little from a 3 to a 5?” (This kind of question draws out more change talk and helps the client imagine the change becoming more important).
4. **Listen carefully, use reflection and small summaries**

❖ **Measuring Confidence to make a Change**

Not Confident	Unsure	A Little Confident	Very Confident
0...1...2	3...4...5	6...7...8	...9...10

1. “On a scale of 0 – 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you could make a change in (specific behavior) now?”
2. “What makes you choose (number client chose) rather than a 0?”
“What does it mean to be a (number client chose)?”
3. “What would it take to bump you up a few notches to a (choose a number two or three higher than originally given)?”

❖ **If it seems helpful with your client, you may use the same questions for readiness to make a change now.**

You are not ready to make a change. You haven't prepared the ground for planting.	You are unsure about making a change. A seed is in the soil but hasn't been watered.	You are ready to make changes. Your plant just broke through the soil.	You are making changes. Your plant is ready to be harvested.
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- ❖ Summarize (highlight reasons it is important to change, what makes them confident they can make changes and what makes them ready to make those changes now being careful not to make them seem more ready than they are)
- ❖ Express confidence in them and appreciation

Using Rulers to Measure Importance of Change

Let's go back to see where Carrie and her counselor are in their session... Carrie is currently talking about her parties. The MI counselor is going to use some of the techniques you just learned to talk about how to change.

Carrie: Yeah...so, some people are thinking that the parties have been getting a little out of control. I mean, they have been lots of fun. I guess I'm not really paying attention to how crazy they are getting. But, there has been some talk about them getting kind of bad...

Counselor: Carrie, is it okay if we talk about how important it is for you to change your drinking?

Carrie: Uh, okay.

Counselor: On a scale from 0 to 10, where a 0 is not at all important, something that you've not even thought about and a 10 is the most important thing in the world to you; how important is it for you to change your drinking?

Carrie: A four.

Counselor: What makes you choose a 4 rather than a 0?

Carrie: Well, I guess my drinking is sort of starting to affect things in my family and relationships.

Counselor: Family is very important to you.

Carrie: Yes.

Counselor: And alcohol is getting in the way of those relationships.

Carrie: Yes.

Counselor: Tell me more about that.

Carrie: My sister is upset with me and my parents are upset with me. And that's no good because they are so important to me.

Counselor: It is important to maintain harmony in your family and its uncomfortable having people not get along.

Carrie: Yeah and right now they're mad at me because I embarrassed them. That party, the one that was a little crazy? Well, it was broken up by the cops and people have been telling my parents about it. They are totally ashamed. And, I feel badly and angry at myself for embarrassing them. But...

Counselor: What would take to make change a little bit more important to you; to make it a 6 instead of a 4?

Carrie: If a doctor said that I was in trouble, I guess I'd think it was a little more important.

Using the Ask-Provide-Ask Formula

For those times when you can't resist the temptation to give advice or you feel it would be unethical to withhold life threatening information, then this ask-provide-ask formula is a great way to continue using MI and hopefully helps your client HEAR and take in the information you have to offer.

Step one: Ask the patient what he or she already knows about the topic you want to discuss.

Examples:

- ❖ Tell me what you already know about safe drinking levels while driving?
- ❖ What have you been told already about drinking and pregnancy?
- ❖ What do you already know about how your accident happened?

Step two: Ask the patient's permission to provide information, give an opinion/advice or express concerns. If permission is given, give the information/opinion/advice/concerns in a *neutral* and *non-judgmental* manner.

Example:

- ❖ I'd like to share some information about that, would that be alright?
- ❖ (If yes) It has not been proven that there is any safe level of drinking during pregnancy. So, the safest bet is to not drink at all to have the healthiest baby possible. As your provider, I'd encourage you to consider that.
- ❖ (If no) Respect the patient's wishes and refrain from giving the information/advice/opinion.

* Once you have mastered this step, you can fine-tune it by giving your client permission to disagree with your information or advice. You can begin with statements like, "I don't know whether this will make sense to you or not, but I have some concerns. Would it be okay if I shared my concerns with you?"

Step three: Ask for the patient's thoughts about the information you have provided.

Examples:

- ❖ What do you make of that?
- ❖ I wonder if that makes any sense to you?
- ❖ Any thoughts about that?

Ethical issues: If you feel you need to tell the client information for ethical reasons, then do not ask their permission at the beginning. Instead, begin with a statement of concern.

- ❖ I am very concerned about you and feel the need to share my concerns with you.
- ❖ For example, if suicide or homicide is imminent, or child or elder abuse are brought up, we are mandated by law to report this to the authorities.
- ❖ For example, if it is illegal in the client's state to use drugs while pregnant, you may want to share this with your client.

Exploring Meaning and Values

One of the principles of MI is to help clients discover, explore, or share the conflicts between their lives with drinking and how they would like their life to be. Exploring your clients' values can help them see ways that their drinking is getting in the way of them living the life they would like to have. An example of drinking causing a conflict with important values occurs when being a good parent is one of your client's top values, but they have lost custody of their children due to drinking. When your client brings up such a conflict, remember to be warm and caring *and* to allow the client to think about what it means to them to have this conflict. Finally ask your client what they would like to do about the conflict, if anything.

Goals

1. To help your clients think about their core values and help you understand their values.
2. To provide an opportunity for your clients to think about how their drinking fits with or interferes with their core values and what is important to them.

If you would like to use a set of values on cards to help clients think about their top values, here's a brief description.

Briefly, there are 50 cards in the full set listing values such as "acceptance," "beauty," "family," and "spirituality." Clients sort the cards into different piles based on how important they are to the client. The goal is to rank the top 10 values for further discussion.

One place to find a set of values on cards is at the following website:

<http://casaa.unm.edu/inst/Personal%20Values%20Record.pdf>

For a sheet to record answers based on the card sort or a discussion of values without any cards.

<http://casaa.unm.edu/inst/Personal%20Values%20Card%20Sort.pdf>

Key Elements

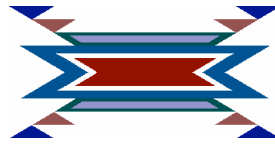
1. Ask your client to select or talk about values that are most important to him or her at this time (this could be from a full set of values cards, a briefer set of values cards, a questionnaire, or simply a list of values pertinent to the issue at hand.)
2. Ask your client to tell you what the values mean to him or her and why they are important.
3. Try reflections to gain a deeper understanding of your client's perspective.
4. Listen and reflect.
5. Ask a neutral question about how your client's drinking fits into the client's life and values.
6. Use reflections and then summarize when you think the client has explored this thoroughly or is ready to move to another topic.

Avoid

1. Judging
2. Arguing
3. Pointing out conflicts between drinking and values without client's input
4. Making assumptions about the client's values
5. Telling the client your values about the situation

Key Questions

- ❖ *"Tell me a little about each one of these values. What does it mean to you? What makes it important to you?"*
- ❖ *"I'm wondering how your decisions about your alcohol use fit into this picture?"*
- ❖ *"You've said that is important to you. How, if at all, does using drugs fit into that?"*



Specific Native American Values: Spirituality, Community & Cultural Identity

Things to think about before you bring up spirituality

Please be careful when bringing up the topic of spirituality, as there are sacred and secret traditional practices and spiritual leaders in the community who have the role of providing guidance and healing.

Keep in mind that Native American spirituality is complex and varied. Some NA may only believe in traditional Native spirituality; some may only believe in Christian religion or spirituality, some may have a blend of the two beliefs, or not believe in any religion or spirituality. Many Native communities have long histories of contact with missionaries who were mainly Christian. They may have adopted, rejected or blended Christian beliefs with their own Native beliefs. There are strong feelings about whether one or the other is right or wrong. Whatever the outcome, in general, belief in the Creator, Grandfather, God, gods or a higher power is central to many Native people.

Reasons to talk about spirituality

With this in mind, we believe it is important to include spirituality and religion into your practice of MI. For some Native Americans, spirituality is an integral part of who they are and the world around them. Native healers do not separate mind, body and spirit but see them all as connected. Depending on your client, it may be more or less important to include discussions of spirituality. As a counselor, we encourage you to allow or invite your clients to talk about spirituality if it is important to them.

Some people believe that addiction is a spiritual entity that has its own voice. The spirit of addiction tries to seduce or tempt the person to drink or use other substances and sometimes is the only way people know how to cope with their problems. In this case, often healing will involve spiritual leaders. Eduardo and Bonnie Duran wrote about addiction as a spirit in their book, "*Native American Postcolonial Psychology*."

Often people find that addictive behavior affects their spirituality negatively. Talking about how drinking interferes with their spirituality may help increase client's motivation to make positive changes in their drinking. The discussion on the previous page about exploring values can be a helpful way to help clients see the conflict between their drinking and their spirituality.

Potential topics:

Explore whether spirituality or religion is/was important to your client

Example: "For many people, their spirituality and beliefs are an important part of who they are. What is important for me to understand about your beliefs as we work together?"

Explore whether they have a preference between spirituality and religion (blend is fine, too) or to describe in their own words

Ask whether spirituality is related to their alcohol use (similar to previous page on values)

If yes, ask how it is related to their alcohol use and how spirituality might help them to overcome alcohol problems

If not, move onto other topics.

If they would like to improve their connection to creation, spirituality or religion, you can use the principles of MI to help explore their readiness and possibilities (see the section on readiness rulers on pages 46-47 and instead of asking about drinking, ask about spirituality or religion. For example, how important is it for you to make any changes in your spirituality?)

Ask whether your client is interested in referrals to spiritual or religious people in their community (traditional healers, ministers, priests, spiritual directors, etc.)

Community

Although tribes vary in their emphasis on community, Native Americans generally value the community's best interests over their own interests (collectivistic). When an individual is experiencing alcohol problems it interferes with his or her ability to fulfill his or her role in the community. Many believe that addiction has hurt and weakened the community. This collectivistic role can increase motivation for change by inspiring clients to change for the good of the tribe and for the good of the next seven generations to come, even if they don't want to change for themselves. Motivational interviewing has mainly focused on the individual client and has not clearly described how to incorporate the community in building clients' motivation for change and strengthening their commitment to change. We view the community as a potential resource and have listed some potential topics to try to tap into your clients' community resources to help them rebuild community connections.

Potential topics:

One way to open the discussion is with the following: "For many Native people, family and kinship ties and community connections are important. What is important for me to know about your community relationships?"

Encourage your client to talk about family members and whether they are supportive of your client

Ask about your client's clan or kinship ties to those in the community

Find out about the strengths and weaknesses of your client's family and community

Explore how your client's drinking and non-drinking impacts the welfare of their community

Ask how has (if at all) the client's substance use has hurt/affected/interfered with relationships to family and community members (this might help build motivation for change)

Explore any community or family roles or responsibilities your client has had or would like to have and how drinking or not drinking may help or interfere with those roles

Explore your client's interest and willingness to involve family and community members and community activities in his or her healing process

If your client wants to take action, help your client explore how to begin repairing or strengthening relationships with family and community members

Explore the relationship between client's substance use and their role in their family/community (similar to the previous section on "Exploring values," which helps build motivation for change by revealing how drinking gets in the way of living in support of their values).

Cultural Identity

People identify with their different cultures at different levels; people have a certain level of identifying with their tribe, with intertribal Native communities, with mainstream communities, as well as with many other communities. Some Native Americans are very traditional, some are bicultural or multicultural, others are mainly identified with mainstream culture while some may feel lost and not part of any community. It is important to consider your client's level of cultural identity within the many cultures that your client exists.

For many Native people, cultural identity is important and people have all different levels of identification with one or more cultures. Many people believe that cultural identity can protect people from developing drinking problems and can help people overcome drinking problems. Sometimes it can be helpful to learn about your client's experiences with racism, oppression and historical trauma to better understand them, their needs, challenges and sources of strength.

If you are not Native or are from a different tribe, you might invite your client to share what it is like for him or her to be working with you as their counselor. It is important to listen with an open mind and try not to be too defensive if they feel uncomfortable or have had previous bad experiences. Be open to helping with referrals to other counselors if there are other counselors and this is what your client wants.

Potential topics:

One way to begin discussions in this area:

“For many Native people, cultural identity is important and people have all different levels of comfort and belonging with one or more cultures. What is important for me to know about your cultural identity as we begin to work together?”

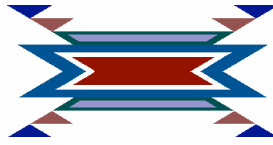
Ask about your client's language preferences. What was his or her first language? Which do they use now?

Find out how comfortable they are with their cultural identity. Would they like to make any changes?

-- Find out whether they know anyone who could help them if they want to make cultural identity changes.

-- If the client seems interested, find out if they would like referrals to people who help them either be more traditional, more bicultural or more acculturated.

What have been your experiences with people in the mainstream culture?



Affirming Clients

Goal: To communicate that the client's strengths and efforts are noticed and appreciated. Keep in mind that being honest and sincere will make your affirmations powerful.

❖ **Lightweight - affirmations of support and appreciation**

"That sounds like a good idea"

"I think you're right about that"

"I think that could work"

"I know it can be difficult for you to get here, thanks for coming on time"

"I must say, if I were in your position, I might have a hard time dealing with that amount of stress"

"I can see how that would concern you"

"You're working hard to restore harmony in your family and community"

❖ **Heavyweight – affirmations of the client's strengths or character**

"You are the kind of person who cares a lot for other people"

"You are a very creative person. It shows a lot about what kind of person you are"

"You have what it takes to be a leader. Other people listen to you"

"You are the kind of person who does not like to talk behind the backs of other people. You have a lot of integrity"

"You like a challenge. You have what it takes to overcome difficulties"

"You're a deeply spiritual person in all aspects of your life"

"You care about your family and your community. Your role is important to you."

Based on the works of Miller & Rollnick, 1991 and Farbring, 2002

Phase 2: Strengthening Commitment to Change

***Phase 1 is the "Why" of Change or building motivation to change;
Phase 2 is the "How" of Change or strengthening commitment to change***

1. Timing: Recognizing Signs that the Client is Ready for Change: If you see these signs in your clients, try using Phase 2 strategies to strengthen commitment to change. If you do not see these signs or can tell that the client is still not ready to make changes, then continue with Phase 1 strategies of building motivation to change.

- ❖ Decreased resistance or non change talk (also known as status quo talk)
- ❖ Decreased discussion/questions about the problem
- ❖ Resolve – client does not seem conflicted but seems to have decided to change
- ❖ Increased change talk
- ❖ Questions about change
- ❖ Envisioning: thinking about how the change might happen or what life might be like after changing
- ❖ Experimenting: client begins trying to change like staying away from people who encourage them to drink or trying activities that do not involve alcohol or other drugs.

2. Phase 2 Hazards to Avoid: These things are likely to set clients back rather than help them move toward making positive changes.

- ❖ Underestimating Mixed Feelings about Change: trying to move forward when client still feels unsure about changing. This can lead to the client resisting change. We have found that when a counselor pushes the client to make a change plan before they are ready, the client has more difficulty making and maintaining changes.
- ❖ Over-prescription: telling the client what to do rather than helping client make a plan
- ❖ Not Providing Enough Direction for Your Clients: not offering guidance when needed; simply reflecting anything the client says rather than carefully selecting important information related to substance use and changing substance use.

3. Initiating Phase 2

- ❖ Summarize reasons that the client has shared for not changing and end with reasons to change
- ❖ Key Questions such as "What's next?" and "Where do we go from here?"

- ❖ Pay attention to Commitment Language (examples: “I might stop drinking,” “I’m never going to drink again”) and positively reinforce (example: “That sounds great given your thoughts about how drinking has gotten in the way of your family life.”)

4. **Negotiating a Treatment Plan** (only if they are ready or clients will likely have a set back in their motivation to change)

- ❖ Setting short-term and long-term goals together (make sure they are the client’s goals and that each goal is measurable and specific: no alcohol for one month; go to 90 meetings in 90 days, etc).
- ❖ Considering change options such as abstinence versus reducing drinking and western inpatient treatment versus outpatient and traditional healing (can brainstorm; list pros and cons)
- ❖ Arriving at a plan: Evaluating how various plans may turn out – what might help the plan be successful and what might get in the way of success.
- ❖ Drawing out commitment and confidence talk
- ❖ Express confidence and hope
- ❖ Affirm the client’s strengths and steps taken toward change

Creating an Action Plan

Just a friendly reminder that it is best to work on an action plan once you feel your client has expressed a commitment to make a change in drinking. When we get ahead of our clients and try to make an action plan for change before they are ready, they tend to have more difficulty making those changes. Once your client is ready to make a change, here is one way to think about helping them plan for that change. You may have other ways to help clients plan for change, so feel free to do what feels most helpful to your clients.

- **Draw the goal from the client.**

What are you thinking that you will do now?

What is the change that you would like to make?

Where would you like to go from here?

- **Explore options.**

What ideas do you have about how to reach that goal? (short term and long term)

What kind of lifestyle changes have you been successful with in the past? What helped you successfully make that change? How do you think you might be able to apply those skills to this situation? (helps build client's confidence in making a new change)

Would you be interested in hearing about things that have worked for other people?

What do you think about those? What fits for you?

How will you know if the plan is or is not working? What will you do?

- **If you want a worksheet, then you might decide to help your client complete the Action Planning Worksheet on the next page to take home.**

- **If you used the confidence rulers (pages 46-47) and found your client's confidence level to be below 8, encourage a change in the plan to ensure confidence. A few ideas for your consideration are:**

- You might help build confidence by asking the client about previous successful changes
- Discuss adding more support from family and friends
- Exploring thoughts about avoiding "risky" situations where drinking will be more tempting
- Perhaps adding a time limit to the goal at which time you can check in with each other and renegotiate (ex: "no alcohol for 90 days" may not seem as overwhelming as "a lifetime of no alcohol" and may help your client start on a path of sobriety).

- **Summarize the plan. Include the main reasons for the change and the details of the plan.**

- **Ask about commitment** – *Is this what you are going to do?*

- Remember that some people are more likely to agree with you as their counselor only because they do not want to disagree with you or disappoint you. While it is very important to trust what your client says, it may be important to pay attention to your own feelings that your client may be trying to please you more than express what is true for themselves.

- You may want to share your feeling with your client in a supportive and gentle way. For example:

"I hear what you are saying and I would like to share a concern with you. Sometimes people agree with their counselors to be polite or because they like them and that's nice but might not be the best way for client's to reach their goals. If you aren't sure about something I say or suggest, I hope you would feel comfortable telling me. I really want what's best for you."

- **If you hear commitment, then reinforce it. If you do not hear commitment, you might ask your client if the plan needs any changes or ask what would help them feel more committed to change.**

Closing the Conversation

- **Express your confidence.**

Wow, we've accomplished a lot today. You have developed a good plan with a backup if it doesn't work. You have had successes in the past and have a lot of strengths and skills to use to achieve your goals. And my experience with clients similar to you is that once the decision has been made, they have found a way that works for them. I'm here to help in any way I can.

- **Show appreciation.**

Thank you for all your hard work today. I look forward to seeing you next time.

Action Plan Worksheet

On this page we have included some examples of how to fill in this type of action plan worksheet. On the next page, we have left a blank form in case you would like to use it with your clients. As you fill out the plan, clients may get nervous and express mixed feelings about making the changes or whether they can be successful. This is normal and you might share this with your client. As you hear mixed feelings, it can be important to be flexible and move back to reflecting mixed feelings or working on increasing confidence to make changes. It might be helpful to remind clients that you both can continue talking about the action plan and make changes as needed in future sessions together.

❖ **The changes I want to make (or maintain) are...**

No drinking alcohol for 90 days: (until 3/31)

Increase physical activity such as walking

Help my mom cook meals for tribal gatherings/events (until 3/31)

❖ **The reasons I want to make (or maintain) these changes are...**

I lost my job because of showing up too hungover and missing too much work.

I want to be a good role model for my children and grandchildren.

I have felt so ashamed of my drinking and how it has hurt my family.

❖ **The steps I plan to take in changing are...**

Attend 90 AA meetings in 90 days (until 3/31)

Attend counseling sessions once a week for next 90 days (until 3/31)

Walk with my friend three times a week for 30 minutes (until 3/31)

Help mom cook whenever we have special tribal gatherings (until 3/31)

❖ **The ways other people can help me are:**

Person

Mom

Possible Ways to Help

Teach me to cook; Listen when I'm having a hard time

❖ **Some things that could interfere with my plan are...**

If I hang out with my drinking buddies at night.

If I can't find a ride to the AA meetings

If my friend doesn't want to walk

❖ **My backup plan is...**

Ask a bunch of people if they would be willing to give me a ride to AA

If my friends ask me to go out drinking, tell them I am not drinking but would like to do something else for fun

❖ **I will know that my plan is working if...**

During my counseling sessions, I can tell you how I have met my goals that week.

I am not drinking any alcohol.

I am creating a new life for myself and my family

❖ **Ask how confident your client is that he or she can reach these goals.**

You can use the confidence ruler (page 47) if you like.

Action Plan Worksheet

❖ The changes I want to make or maintain are...

❖ The reasons I want to make these changes are...

❖ The steps I plan to take in changing are...

❖ The ways other people can help me are:

Person

Possible Ways to Help

❖ Some things that could interfere with my plan are...

❖ My backup plans...

❖ I will know that my plan is working if...

❖ Ask how confident your client is that he or she can reach these goals...

MI Strategies Overview

Below is a guide that combines many of the previous strategies listed to give an idea of a sample session. This guide has more details about what to do depending on how important it is for your client to change and how confident they are they can make a successful change.

❖ Negotiate the Agenda

- Ask permission to discuss a particular issue.
- Can use Deciding on a Topic sheet to help decide on an agenda.

❖ Assessing Importance and Confidence

- To help me understand more about how you feel about your drinking, I would like ask you some questions (can use the rulers or adapted rulers). On a scale from 0-10, with 0 being not at all important and 10 being very important, how important is it to you to _____(make changes in your drinking, reduce your risk of alcohol-related injuries, etc)?
- What made you choose a (number chosen) and not a 0?
- What would it take for you to move from a (number chosen) to a (slightly higher number)?
- Now, let's say you decided to (stop drinking, reduce drinking, etc), how confident are you that you could do it?
- What does a (# chosen)_____ mean to you?
- What made you choose a (number chosen) and not a 0?
- What would it take for you to move from a (number chosen) to a (slightly higher number)?

❖ If low importance

Try to increase importance of making a change

- *Explore whether they feel torn – they want to change and they do not want to change*
 - What would it take to make it more important for you to change?
 - How bad would things need to be to make changing more important to you?
 - When you think about your loved ones (family, friends), what would they say about how important it is for you to change? What are their reasons?

If high importance but low confidence

- Explore barriers/successes to try to increase confidence
- What do you see as the barriers to your success?
- What successes have you had in the past? What helped you to be successful then?
- Can those same characteristics in yourself or other people help you now?
- What strategies have you used to overcome barriers in the past?

- ❖ **If high importance and high confidence; Strengthen commitment to make a change**
 - What are your main reasons why you want to ___ (stop drinking, make changes in your drinking, etc) ___?
 - What do you hope to accomplish by ___ (goals for change) ___?
 - How will your life and the lives of others around be affected by ___ (your goals for change) ___?

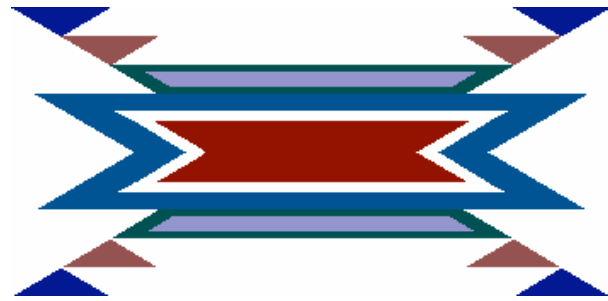
- ❖ **Action Planning**
 - What are you thinking about doing to make these changes?
 - What will it take for you to do that?
 - What strategies are you planning to use? Pros and cons?
 - What might get in the way of accomplishing this?
 - How confident are you that you can accomplish this plan as it is?
 - What can you do to be sure you are very confident?

- ❖ **Closure**

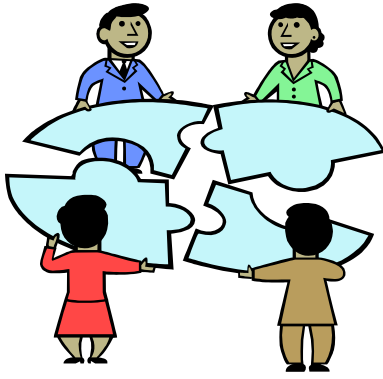
- ❖ **Offer Support**
 - What can I do to help you?
 - What resources or information would you like?

- ❖ **Express Confidence:**
 - After hearing your plan, I am confident that if you decide to do it, you will be able to find a way to reach your goals.

- ❖ **Express Appreciation**
 - I really appreciate your willingness to tackle some of these difficult issues. And I thank you for talking with me today.



Steps to Begin Using MI with Clients

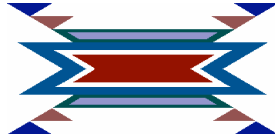


Putting It All Together

In this manual we have presented a lot of information and thought it would be useful to offer ideas of how to put it all together. Some people might start by adding one element of MI like using more reflections or using readiness rulers, which is great. For those of you who would like to work toward using motivational interviewing in your counseling style, this section is meant to help you get started.

We would like to offer encouragement in getting started using MI without offering a list of things you have to do each session. In one study, such a list asked therapists to create a change plan with every client during the first session and this actually led to poorer outcomes for those clients who were not ready for change. So, we would like you to think of this section as a menu of options. As you are working with clients, you will be choosing what to do next based on when you think the client is ready. You might just try something and see how the client reacts to see if they are ready or you might ask a client if they are interested in trying an option (like providing advice or information: ask-provide-ask).

Another way to think about this section is as a layout of the various tools and materials used by artists and crafts people. For traditional artists, it might be your art “supplies,” such as plants for creating dyes; various objects to use as paint brushes; needles and beads for beading crafts; tools and materials for silverwork and inlaying of stones or materials for weaving or making pottery. **Not all of the tools and materials are used for every project. Each project (client) is unique and takes the skill and intuition of the artist (counselor) to decide when and what tool or object (MI option) to use next.**



Getting Started with Clients

Orientation

- ❖ Introductions
- ❖ Explain limits of confidentiality (suicidality, homicidality, child and elder abuse and any others required of your organization or by law)
- ❖ Describing what to expect from counseling
(For example, how long sessions will be, how often you will meet, work as partners, etc)
- ❖ Expect and accept resistance (MI works best with the most resistant clients)
- ❖ Develop rapport/Work at developing a partnership or team spirit with clients
- ❖ Try to create an environment/relationship that is safe for client disclosure and healing
- ❖ Try to draw out from clients how their alcohol use (or consequences of use) is creating disharmony within themselves, their families or communities and possibly in the cosmos.
(Where is the discrepancy? Is it interfering with their life goals? Family harmony? Health? Spirituality? Meaning in life? Values? Being a positive role model? Contributions to their kin, clans, and community? etc.)

Possible topics for a first or early session:

- ❖ Explore your client's reasons for seeking counseling and goals for counseling
- ❖ Explore what clients like about drinking (they may tell you about current reasons they drink or they may begin from when they started drinking and talk about how it has changed over time). Use reflections, summaries and ask for more examples or other reasons until the client seems finished. This is also useful material when thinking about new ways (instead of alcohol) to achieve these goals such as relaxation training and increasing recreational activities.
- ❖ Find out what hasn't been so good about drinking (hassles, downside: use a term that is only slightly negative). Use reflections, summaries and ask for more examples or other hassles until the client seems finished (see pages 32-33)
- ❖ If you have heard both positive and negatives about alcohol, use double-sided reflections (begin with the good and end with the bad) (see page 32).

An early way to draw out *change talk* from the client:

- ❖ Once you have learned something about their drinking, you might try the readiness rulers to assess importance, confidence and readiness to make a change in their drinking. Depending on how your client responds, you will know what to do next (see pages 46-47 for more details).

Advice or information giving:

- ❖ If at any time, you can't resist giving some information, correcting misinformation or giving advice, try the "ask-provide-ask" option.

When clients are torn between continuing to drink and changing their drinking:

- ❖ Communicate how normal it is to feel both the need to change and the desire to continue drinking
- ❖ Explore pros and cons of drinking

- ❖ Explore pros and cons of changing.
- ❖ You may want to explore other ways to achieve the benefits of drinking without drinking.
- ❖ Explore other times they have felt like this about something else and how that turned out.
- ❖ Ask what ideas the client has to try to get unstuck.
- ❖ Ask, "If we switched roles, what advice would you give me?"
- ❖ With permission from the client, make suggestions (usually suggest more than one idea at a time, so client can choose) such as trying abstinence for a while (also known as sobriety sampling) trying to drink on fewer days or drink less than have been for an amount of time that the client feels able or willing to commit to (three months, one week, etc).

When you would like to encourage more change talk (related to good outcomes) some options are:

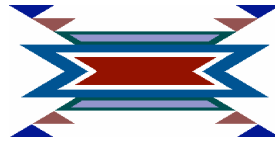
- ❖ The readiness rulers
- ❖ Ask about the pros and cons of drinking (cons are change talk)
- ❖ Explore the pros and cons of changing (pros are change talk)
- ❖ Have the client imagine what might be positive about making a change in drinking
- ❖ Ask client to imagine how life might be better after they changed their drinking (be prepared for how it might be worse if client is torn about changing).

When the client verbally commits to changing drinking, some options are:

- ❖ Reflect and affirm (when people really decide to make a change, they are successful)
- ❖ Ask (or reflect) reasons they want to change
- ❖ Ask (or reflect) reasons why they want to make changes now
- ❖ Explore what the client plans to do to make those changes
- ❖ Help client brainstorm ways to make changes and choose the best one(s)
- ❖ Ask who the client feels could help with the changes
- ❖ Find out what might interfere with making changes
 - Could follow-up by asking client for plans to overcome obstacles or brainstorm ways to deal with things that might interfere with changes
- ❖ Ask how client will know if the plan is working (again, can brainstorm ways to measure success and what to do if plan is not working or not as well as hoped for)
- ❖ Remember to keep an eye out for the client backing down or becoming unsure again about changing and back up with the client

At end of session:

Ask about setting up another appointment soon (if possible and desirable) or as a later check in to see how things are going. Express appreciation and hope for positive outcomes.



Overall MI Goals for Clinicians

- 1) *Decrease resistance to change*
- 2) *Increase talk about change*
- 3) *Express confidence that change is possible*
- 4) *Support efforts to change*

*** Measures of Success for Clinicians***

Talk less than your client does

Your most common response to what a client says should be a reflection

On average, reflect twice for each question you ask

When you reflect, use complex reflections (paraphrase and summarize) over half the time

When you do ask questions, ask mostly open questions

Avoid getting ahead of your client's readiness level

Are your MI skills improving?

Your clients are your best teachers of MI.

“We have two ears and one mouth, so that we can listen more and talk the less”

~ *Epictetus, a Roman philosopher (55AD – 135 AD)*

“Creator gave you two ears and one mouth, so you can listen twice as much as you speak”

~ *Two Hawks’ grandfather, Lakota*

Reflective Listening

- ❖ If you make an accurate reflection, your client will agree (remember that simple agreement might not mean they really agree) and usually continue talking about the topic in more depth. Or if it was a summary statement and the client says you were accurate in your understanding, then you can move on to another topic or use a “key” question about what the next step will be for the client.
- ❖ If you are wrong, your client will either correct you (good outcome) or will stop talking (bad outcome). To offer an incorrect reflection sometimes is to be expected; too many and your client will lose patience.
- ❖ If your client seems overly agreeable this may be a sign of non-engagement, or that they are just agreeing out of respect.

If your client is making resistance or challenge statements...

- ❖ This may be a sign for you to stop what you are doing. Instead, make reflections of the resistance with an aim to understand the resistance and an effort to get back on the same “team” and work in partnership with the client.
- ❖ See pages 32-33 on responding to resistance statements.

If your client is making change statements...

- ❖ This is a great sign! Keep doing what you are doing and let the client do what he or she is doing. Reflect these change statements and ask for more details and other examples from the client. Be sure to notice whether it is time to talk about making a change plan or to refer back to the change plan already created.

If your client is making both resistance and change statements...

- ❖ Try using double-sided reflections. Be sure to voice both the resistance and the change statements beginning with the resistance and ending with the change talk.
- ❖ Try exploring resistance more fully
- ❖ Explore barriers to change

Pay attention to your own feelings...

- ❖ If your relationship with the client is going downhill, usually you both notice it. You may think to yourself, “uh oh” or have a physical sensation like a knot in your stomach or start clenching your teeth. This is often a sign to stop what you are doing and try something different.
- ❖ You may want to consider consulting with other professionals.

MI Practice

If you'd like to give MI a try, here's another character:

JOE L.

Joe L. is a 40-year-old Apache man. He was referred to the Tribal Wellness and Treatment Center for 90-days by the Family Court.

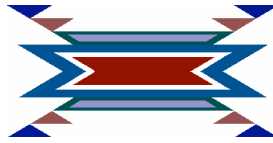
Joe lives with his girlfriend of 7 years, Regina. They have 5-year-old twin boys. Joe's girlfriend works at the near-by Tribal Electronics factory. Currently Joe is unemployed after he suffered a back injury while herding cattle. He worked as a cattle wrangler for the Tribe's cattle industry.

Joe stays at his elderly mother's house when he is drinking. Joe's mother is quite traditional and speaks very little English. She lives in the traditional way, cooks on a wood stove, carries water into the house from a well, tends a few goats and chickens, and has a small garden with corn, beans and chile. Joe has five brothers and two sisters; they are all married and live off the reservation.

Joe drinks heavily most days. He started drinking when he was 12 years old away at boarding school in California. He was eventually sent home to his reservation during his junior year of high school, and he never finished school. Most of Joe's brothers also struggle with alcohol. They all left home at young ages, being sent away to boarding school and then joining the military service.

Regina took Joe to Family Court after a domestic disturbance between them. She said she was tired of Joe not being able to support the family due to his drinking. She threatened to put a restraining order on Joe if he doesn't change his ways.

Although Joe was angry at Regina for giving him this ultimatum, Joe agreed to enter treatment. His reason for getting counseling was to show the court that it is not his fault for not being able to work and it's not his fault that he and Regina fight all the time. After all, he thinks, Regina is drinking too. He thinks that she is not a great mother or provider either.



Let's imagine it is Joe's first session with you as the therapist.

Throughout this section, please feel free to look at the answer key in the back!

As an MI therapist, what's the first thing you might say to Joe to begin the session?
(you can write it in the lines below)

Feeling stuck? Here's a clue to get you started...!

**We might start with an introduction of yourself and a structuring statement.
For us, it might sound like:**

Hi, I'm Kamilla Venner, from an Athabaskan tribe up in Alaska. I'm your counselor today. I specialize in addictions and I like working with all kinds of people. It takes a lot of courage to come here and I thank you for coming in today.

Let me give you a little overview of our time together. We have 50 minutes to use today in any way you see helpful. Everything you say here will be confidential unless you mention any sort of intention to hurt yourself, others, or any sort of child or elder abuse. Do you have any questions? (If so, answer the questions).

Tell me what brought you here today.

Let's say that Joe says this in return:

Joe: I'm here because the court told me I had to come.

(1) What might you say next? (hint: Try to show acceptance of Joe's reasons for being here. Try to use a reflection.)

So let's say that you reflected that one well. Now, Joe says:

Joe: I don't know what they're hoping that I'll do here.

(2) What do you say now? (hint: Try to use ANOTHER reflection to get at underlying meaning.)

Joe now says:

Joe: We'll I've been through this before. And the lady didn't help me. She just tried to make me talk about my feelings.

(3) You're on a roll with reflections – keep going!

Now, Joe says:

Joe: I don't see that talking like this does any good.

(4) In the MI-way, say something that will let Joe know that you'd like to work *together* with him...

In hearing that you want to work with him, as partners, Joe says:

Joe: Huh. This is some crazy stuff!

(5) While you are practicing reflections, it'd be nice to hear you do another one.

With good reflections, you and Joe are likely to be working well together. So, now Joe says:

Joe: So, I guess, do I have to talk about being an alcoholic? And do I have to go to AA?

(6) He's asked you some important questions, so feel free to answer them, but try to do so in an MI-way or reflect.

Joe is going to be confused because the MI-way is different from what he has experienced before. He lets you know that by saying:

Joe: So what do we do here?

(7) Again, Joe has asked you a question, so feel free to answer it – remember to stay with the MI-way or reflect!

In the MI way, you are letting Joe steer the wheel of the session. Even though Joe is in the session due to his drinking, this is what Joe wants to talk about:

Joe: Well, I just hurt my back.

(8) With the goal of working together, what could you say?

Joe notices that you aren't trying to wrestle with him to take charge of the session. Instead you are letting him guide the conversation. So, Joe goes on:

Joe: Yeah, and now I've lost my job because of it. And my girlfriend is nagging me for not helping with the bills. But it's not because of my drinking. That's what she says. But she is just as bad; she drinks all the time too.

(9) Let's see you use some of your reflection skills again: (Hint: try a double-sided reflection)

Thanks for trying out your reflection skills again. You'll know if your reflection worked well if Joe continues talking, without feeling interrupted. He says:

Joe: I've only been drinking because I've had no work and I don't have much to do during the day. I wouldn't drink if I had a job.

(10) Man, in the MI-way, you have to do a lot of reflections! (As a guiding rule - you should try to use at least two reflections per question with MI). But you are better than that! In fact, you are so good that you just roll out another.

The nice thing about reflections is that the client keeps talking. Joe now says:

Joe: I know I should do more at home. My mom's old and needs help too; I just can't do everything with my hurt back and my girlfriend doesn't understand. I just wish they would get off my back.

(11) Let's hear another reflection!

Let's say that your reflections have made Joe feel like you are on his side. He lets you know that by saying:

Joe: That's right! It's just not a big deal.

(12) Let's try to find out why else Joe might be using alcohol. How about a quick summary statement to let Joe know you heard him. And THEN, let's try an open question to ask for change talk.

Joe responds to your open question by saying:

Joe: Sometimes I get a little carried away. That's all.

(13) Joe has just opened a great door for you. Let's finish this exercise with an open question.

Tip Sheet

Here are some ways we have thought of responding to Joe. These are not the only “right” answers but are meant to provide some guidelines as you are beginning to practice reflections with resistant clients. For each response we provided three possible answers and labeled them “Hot,” “Warm,” and “Cold”:

Hot: *You're an expert in MI!! This is one of the most MI-consistent responses.*

Warm: *You're on your way! You're in the range of good MI practice.*

Cold: *Oops, try again! This one is not MI. Don't try this in a million years!*

(1)

Hot: “You don’t really want to be here.” (said warmly and supportively)

Warm: “The court said to come.”

Cold: “Well, you’d better come back when YOU are ready for change and not just because the court sent you.”

(2)

Hot: “Tell me a little bit more about that.” (said warmly and supportively)
“You’re wondering whether counseling can help you.”

Warm: “The court said to come.”

Cold: “Yeah, your PO said that you were in denial.”

(3)

Hot: “Therapy has been a bad experience for you. And you’re worried that it is going to be more of the same.”

Warm: “You don’t want to be here.”

Cold: “You’re a man so you couldn’t even talk about your feelings if you tried.”

(4)

Hot: “Well I’m not sure about your previous therapy experience, but I’m hopeful that we will work together rather than me making you do anything.”

Warm: “Let’s try to work together.”

Cold: “Therapy hasn’t done any good for you because you haven’t admitted that you have an alcohol problem.”

(5)

Hot: "This isn't what you were expecting."

Warm: "You can't believe it."

Cold: "Crazy? If anything is crazy here, it's you."

(6) hint: *Avoid a premature focus on treatment goals and labeling. Make sure to emphasize personal choice!*

Hot: "You don't have to talk about anything you don't want to. And you don't have to do anything you don't want to do. It's really up to you."

Warm: "You're worried about being called an alcoholic and having to go to AA."

Cold: "You are an alcoholic, so just admit it! And yes, you have to go to AA."

(7)

Hot: "I'd like this time to be helpful for you. So, we might start by talking about what you think is most important."

Warm: "You're not sure what counseling is all about."

Cold: "We try to get through your denial!"

(8)

Hot: "That must be painful."

Warm: "You want to spend the session talking about your back."

Cold: "Oh no! I bet you're addicted to painkillers, too!"

(9)

Hot: "Your girlfriend thinks your unemployment is due to your drinking but you're not so sure."

Warm: "You think your girlfriend is wrong."

Cold: "You think you've lost your job because of your back? C'mon buddy, it's obviously because of your drinking."

(10)

Hot: "So, drinking helps you pass the time, but if you had more responsibilities you might drink less."

Warm: "With a job, you'd drink less."

Cold: "But you've been drinking since you were 12 years old."

(11)

Hot: "You wish your girlfriend would be more understanding. It's only because of the pain that you drink." (*Note:* Joe's mention of his mother might be an invitation to explore cultural identification and traditional roles).

Warm: "You wish your girlfriend would be more supportive."

Cold: "Can't you see that you are just telling yourself stories? That's the booze talking."

(12)

Hot: "Some of the good things about alcohol for you are that it fills the time and helps with your pain. What are some of the not-so-good things about drinking for you?"

Warm: "Ok. How about the ways drinking has been a problem for you?"

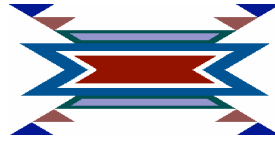
Cold: "It's all about you, isn't it?"

(13)

Hot: "Tell me more about getting carried away."

Warm: "Sometimes your drinking gets out of hand."

Cold: "Can't you see that you are minimizing your drinking?"



Resources

- Duran, E. & Duran, B. (1995). *Native American Postcolonial Psychology*. New York: SUNY Press.
- Miller, W. R. & Rollnick, S. (1991). *Motivational Interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.
- Miller, W. R. & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*, 2nd Ed. New York: Guilford Press.
- Villanueva, M., Tonigan, J., S., and Miller, W., R. A Retrospective Study of Client Treatment Matching: Differential treatment responses of Native American Alcoholics in Project MATCH. *Alcoholism: Clinical and Experimental Research*, 26, (Abstract), 2002.

Websites

Center on Alcoholism, Substance Abuse and Addictions (CASAA)
<http://casaa.unm.edu>

Motivational Interviewing website
<http://motivationalinterview.org>

Training Videos/DVDs

You can find the order form and information at either the CASAA or motivational interviewing websites listed above. Send the form and payment to:

UNM/CASAA*
ATTN: Vanessa Montoya
MSC11 6280, 1 University of New Mexico
Albuquerque, NM 87131-0001 USA

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Fax : (505) 925-2379

“I believe that the concept of MI is already within our culture. In Navajo it’s with the beauty way or positive way of thinking. I think Indigenous cultures, native cultures, we have it in our culture already ...” “I believe we have the state of the art, but then we get our degrees or our training and then the Western culture confuses us ...”

~ Navajo female participant

