



Focusing in Motivational Interviewing: Finding the Horizon

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Agenda

- Review defining features of motivational interviewing and the four processes (including *focusing*)
- Define what *focusing* means
- Explore and explain the three sources of *focus*
- Identify four broad ethical values to help practitioners "find the horizon" with clients.

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Technical Definition of MI

"Motivational Interviewing is a collaborative goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons to change within an atmosphere of acceptance and compassion." -
Miller & Rollnick, 2013, p. 29

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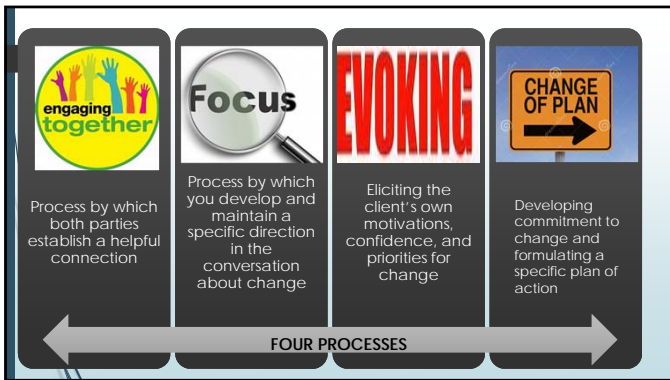
Motivation

Multi-faceted concept

- Ready – Prioritizes the change
- Willing - Problem Recognition
- Able - Confidence

Incomplete motivation = **AMBIVALENCE**

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Change Talk

- Change talk is any argument for change:
 - Desire or want to change
 - Confidence is one's ability to change
 - Reasons to make a change (benefits of changing, or complaining about the consequences of not changing)
 - Sense of urgency – a NEED to change
 - Activation of Change (commitment language) or Taking Steps

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Sustain Talk

- Sustain Talk argues against change, for the “status quo”
- Parallels change talk
 - Desire not to change
 - Lack of confidence is one’s ability to change
 - Reasons to NOT make a change (benefits of staying the same, or complaining about the consequences of changing)
 - Sense of urgency – a NEED to NOT change
 - Non-activation of Change (commitment to NOT changing)

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**Cultivate Change Talk
Soften Sustain Talk**

- Change talk with commitment language: Move to Planning for Change
- Change talk with some sustain talk: Elicit more change talk, identify source of ambivalence and resolve
- Sustain talk: Develop discrepancy (build problem recognition and create ambivalence)

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Sustain Talk **Change Talk**

← **Ambivalence** →

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FOCUS:

Noun

1. **the center of interest or activity:** "this generation has made the environment a focus of attention"
2. the state or quality of having or producing **clear visual** definition: "his face is rather out of focus"

Verb

1. adapt to the prevailing level of light and **become able to see clearly;** "try to focus on a stationary object"
2. **pay particular attention to:** "the study will focus on a number of areas in Wales"

Oxford Dictionary

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Focusing in Clinical Care

- The target issue for discussion
- The client or patient's concerns
- The treatment or program agenda

"*Focusing* is the process by which you develop and maintain a specific direction in the conversation about change."
Miller & Rollnick, 2013, p. 27

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- "Lack of direction, not lack of time, is the problem. We all have twenty-four hour days."
Zig Ziglar
- "Successful people maintain a positive focus in life no matter what is going on around them. They stay focused on their past successes rather than their past failures, and on the next action steps they need to take to get them closer to the fulfillment of their goals rather than all the other distractions that life presents to them."
Jack Canfield

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Scenario (Jayda)

At work I get along OK with the job itself, but people notice that I'm fussy about cleanliness no matter how hard I try to hide it. I go in the bathroom a lot, especially before and after lunch. I've been calling in sick sometimes to take the pressure off, but now they notice that too. I might lose this job if I'm not careful. I have a meeting with my supervisor next week to talk about it.

I just don't fit in at work. I'm not "in" with them. They look at me like I'm weird.

And my parents are nagging me to move out. That I need to stand on my own two feet. They don't like me taking time off work. My dad isn't even talking to me right now.

And I'm not sleeping well. My boyfriend is about fed up with me. I don't want to lose him. I already had a bad break up in college.

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Sources of Focus

- ▀ Client
- ▀ Setting
- ▀ Clinician

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The Client:

- ▀ "I would like to get in better shape."
- ▀ "I need help quitting smoking."
- ▀ "I've been really depressed."
- ▀ "I need help finding housing."

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The Setting:

- Suicide Prevention Hotline
- Drug Court program
- Anger management program for DV offenders
- Community Mental Health clinic

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The Setting?

- "My wife says I need to quit drinking."
- "The judge told me to come here."
- "I need to go through this program to get my kids back."

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Clinician:

- An unemployed man seeks help finding a job. The counselor perceives the client's appearance and hygiene to be significant obstacles to hiring
- A woman has had numerous recurrences of cocaine use despite her strong stated desire to quit. The counselor believes that quitting drinking would help significantly because alcohol seems to precipitate her cocaine use.

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Direction of Focus

- Clear Direction: *Known Address*

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Direction of Focus

- Choices in Direction: *Several options on where to go*

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Direction of Focus

- Unclear Direction: *Destination is unknown, "all over the map"*

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Direction of Focus

- Clear Direction
- Choices in Direction
- Unclear Direction

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Clear Direction: Known Agenda
"I know where we are going; the focus is clear"

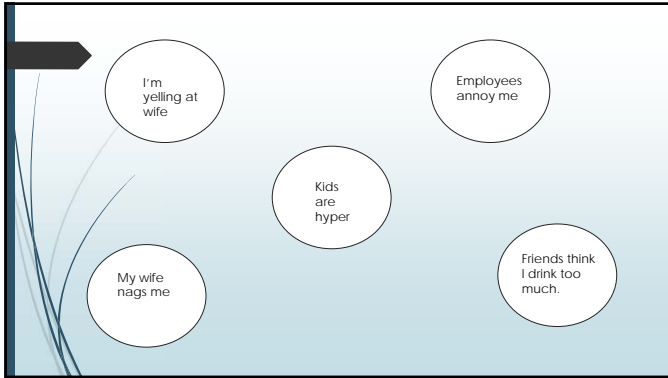
- Targeted services / Scope of services
- Client with clear initial goals and concerns
- Agreed upon together
- Evoke and plan
- Pay attention to motivation for change

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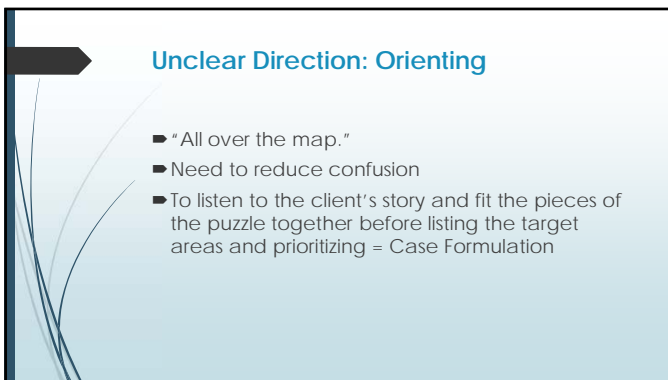
Choices in Direction: Agenda Mapping
"There are several options, and we need to decide."

- A number of concerns are shared and is possible to begin by focusing in any one of them.
- Agenda Mapping is particularly helpful in these situations
 - Obtain client permission and make clear what you're doing
 - List of concerns that might worthy of focus (theirs and yours)
 - Do not discuss these in-depth. This brainstorming
 - Zoom in
 - Can return to this map again

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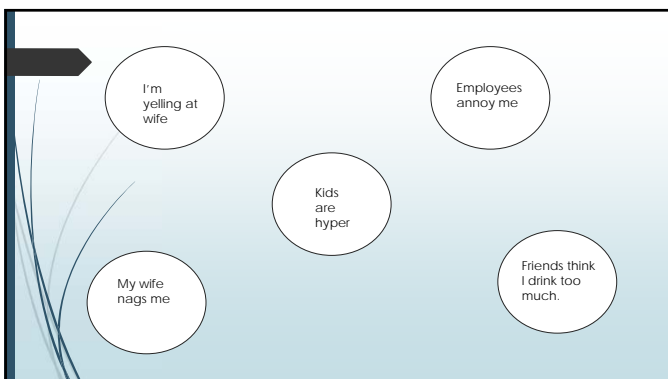
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Unclear Direction: Orienting

- "All over the map."
- Need to reduce confusion
- To listen to the client's story and fit the pieces of the puzzle together before listing the target areas and prioritizing = Case Formulation

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When Goals Differ: The Meeting of Client and Clinician Aspirations

Is this a current goal of the client?

	Yes	No
Yes	A	B
No	C	D

Is this your hope for the client?

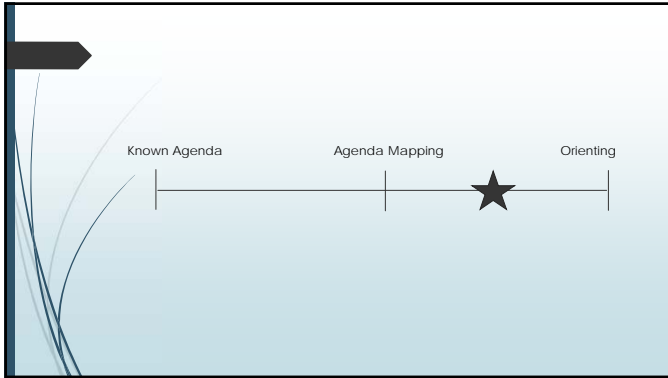
Miller & Rollnick (p. 121, 2013)

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Behavioral Health Specialist - consultation

■ *" Obviously, I'm here because I had a heart attack and my doc would like me to change some things so I won't have another one. I'm in total agreement with that but I just have no idea where to begin. It all feels overwhelming. My doc wants me to stop smoking, eat differently, give up drinking, and exercise to lose 40 pounds. Right now, all I want to do is lie on my couch and be left alone. I know I should be motivated to do all these things, but I'm just not."*

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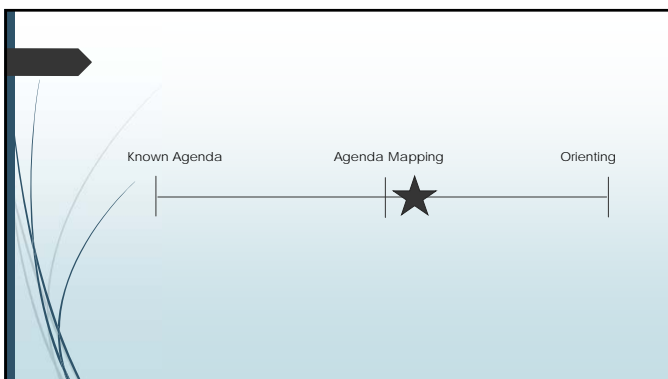


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Meeting between parent and school counselor addressing academic and behavioral concerns at school for her third-grade son

► *Mother: I hear what you're saying. He has been a handful at home, too. Every night there is a fight about homework. He just gets so frustrated and he ends up in tears. The harder I try to help, the worse it gets for him. He just gets mad and is defiant. Then I get mad. I'm at a total loss here. His dad's out of the picture, so it's just me. I've done everything I know how to do.*

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**Ethical Values to Guide Practitioner
(when goals differ)**

- Nonmaleficence
- Beneficence
- Autonomy
- Justice

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When NOT to use MI

1. When the use of MI component processes is inappropriate when available scientific evidence indicates that doing so would be ineffective or harmful for the client.
2. When you sense ethical discomfort or notice discord in your working relationship, clarify the person's aspirations and your own.
3. When your opinion as to what is in the person's best interest differs from what the person wants, reconsider and negotiate your agenda, making clear your own concerns and aspirations for the person.

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When NOT to use MI (cont'd)

4. The greater your personal investment in a particular client outcome, the more inappropriate it is to practice strategic evoking. It is clearly inappropriate when your personal investment may be dissonant with the client's best interests.
5. When coercive power is combined with a personal investment in the person's behavior and outcomes, the use of strategic evoking is inappropriate.

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