

Humanistic approach; Motivation Interviewing

BY LUCIE ISAAC

What is postmodernism?

- Postmodernism is defined as truism. Yet, it can be described as a set of rhetorical, strategic and critical practices that employ concepts such as hyperreality, the trace, repetition and difference (Aylesworth, 2015).
- Postmodernism is 'post' as it denies the existence of ultimate principles and also lacks the optimism of there being a religious, philosophical or scientific truth, which is described as the so called 'modern' mind.
- As the philosopher Richard Tarnas states, postmodernism cannot by its own principles justify itself (PBS, 2019).

What is Motivational Interviewing?

- Motivation Interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
- A goal directed and person oriented counselling style which is designed to elicit behavioural changes by adapting the person's motivation, and help the person sort through any difficult times (Millner et al., 2013).

MI and how it works

- It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.
- A guiding style that is in the middle of the continuum of styles
- A skilful guide is a good listener and offers expertise when needed.
- Some questionnaires are given out to participants

Substance Use Motivation Ruler

Are you motivated to end your substance use? Rank your motivation on the ruler from 1 to 10. A "1" means that you have absolutely no motivation to end your use. A "10" means that you are completely ready to be sober, and have no doubt about the decision.

1	2	3	4	5	6	7	8	9	10
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Why is your motivation where it is? Why not lower? Even if you marked only a "2" or a "3," there must be a reason you didn't write "1". List some of your motivators.

1

2

3

4

(Millner & Rollnick, 2002)

Directing-guiding-following

Directing = administer, authorise, command, rule

Guiding = accompany, elicit, point, collaborate

Following = allow, stick to, take in, comprehend

Interrelated elements; Partnership

- o The client has vital expertise that is complementary to your own.
- o Activation of that expertise is a key condition for change to occur. (Hibbard, Mahoney, Stock, & Tusler, 2007; Hibbard, Stockard, Mahoney, & Tusler, 2004).
- o MI is done “for” and “with” a person. It is an active collaboration between experts....that MI is like dancing rather than wrestling.

Interrelated elements; Acceptance

- o Absolute Worth
- o Accurate Empathy
- o Autonomy Support
- o Affirmation

(Miller & Rollnick, 2012).

Interrelated elements; Compassion

o To be compassionate is to actively promote the other's welfare, to give priority to the other's needs. The services are, after all, for their clients' benefit and not primarily for their own

o To work with a spirit of compassion is to have their heart in the right place so that the trust you engender will be deserved.

(Miller & Rollnick, 2012).

Interrelated elements; Evocation

- o From an MI perspective, the assumption is that there is a deep well of wisdom and experience within the person from which the counsellor can draw. Much of what is needed is already there, and it's a matter of drawing it out, calling it forth.
 - o The MI practitioner is therefore keenly interested in understanding the client's perspective and wisdom
- (Miller & Rollnick, 2012).

Four processes; Engaging

The process by which both parties establish a helpful connection and a working relationship (How comfortable is this person in talking to me?)

(Lundahl & Burke, 2009).

Four processes; Focusing

The process of engaging leads to a focus on particular agenda: what the person came to talk about. Focusing is the process by which you develop and maintain a specific direction in the conversation about change (What goals for change does this person really have?).

(Lundahl & Burke, 2009).

Four processes; Evoking

Involves eliciting the client's own motivations for change, and it has always been at the heart of MI. It occurs when there is a focus on a particular change and you harness the client's own ideas and feelings about why and how they might do it (Am I steering too far or too fast in a particular direction?)

(Lundahl & Burke, 2009).

Four processes; Planning

When people's motivation reaches a threshold of readiness, the balance tips and they begin thinking and talking more about when and how to change and less about whether and why (Am I offering needed information or advice with permission?)

(Lundahl & Burke, 2009).

OARS – Core Communication Skills

- o Asking Open Questions

- o Affirming

- o Reflective Listening

- o Summarising

- o Informing and Advising

- o The first is that, in MI, one offers information or advice with permission. The second is not to just unload information on someone, but to understand their perspective and needs carefully and help them reach their own conclusions about the relevance of any information you provide.

(Widder, 2017).

Advantages of MI

- Increased success in sobriety
- Hettema et al (2005) discovered that MI was highly affective for minority groups, which is in comparison to other studies that say it is not.
- Increases the willingness to fight through and get help.
- Increases participation rates (Banyan, 2018).

Critiques of MI

- MI does not require assessment feedback.
- MI cannot be used to manufacture motivation.
- It assumes someone will change their behaviour by motivation more than by information (Hardcastle et al, 2013).
- Outsiders influence may be stronger
- Does not address the urgency to change
- No methodology for resistive patients
- Can be seen as manipulating (Withers, 1995).

Cultural issues

- Alegria et al., (2005) has shown that, when in comparison to European Americans, racial/ethnic minorities and other cultural minorities are usually less likely to utilise mental health services and less likely to receive the highest quality of care.
- Studies have indicated that racial/ethnic minorities can feel they are being judged, misunderstood or forced by their psychiatric provider (Atdjian & Vega, 2005).

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