

Motivational Interviewing

Introduction Course



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Learning Objectives

At the end of Session 1, you should be able to:

Topic	Learning Outcome
MI Elements	<ul style="list-style-type: none"> • Define MI as an approach • Define the 4 Elements of MI • Define the 8 Stages of Learning MI
OARS	<ul style="list-style-type: none"> • Demonstrate the use of Open Questions, Summarising & Affirmations
MI Competencies	<ul style="list-style-type: none"> • Understand MI Competencies through Self-Assessment
Concepts of Motivation	<ul style="list-style-type: none"> • Enhanced awareness of Motivational Obstacles • What motivates and practitioner frustrations with behaviour change
Righting Reflex	<ul style="list-style-type: none"> • Understand the concepts of Righting Reflex & its interactions with ambivalent clients
MI Spirit	<ul style="list-style-type: none"> • Appreciate clients challenges discussing behaviour change • Understand helpful practitioner characteristics
Change Talk	<ul style="list-style-type: none"> • Identify Sustain Talk, Preparatory Change Talk & Mobilising Talk • Recognise the Role of Language in relation to The Stages of Change Model

At the end of Session 2, you should be able to:

Topic	Learning Outcome
Approaches to Behaviour Change Conversations	<ul style="list-style-type: none"> • Identify, Define & Demonstrate two approaches to Behaviour Change Conversations • Identify Change Talk / Sustain Talk • Identify Resistance

OARS	<ul style="list-style-type: none"> Identify the use / impact of OARS & MI Spirit with a resistant client as demonstrated in the video segments
Open Questions	<ul style="list-style-type: none"> Identify & Demonstrate understanding of Open & Closed Questions Demonstrate Helpful Open Directional Questions

At the end of Session 3, you should be able to:

Topic	Learning Outcome
MI Processes	<ul style="list-style-type: none"> Understand the function and sequence of MI Processes
Reflective Listening	<ul style="list-style-type: none"> Demonstrate four types of Reflective Statements Conduct a conversation segment solely using Reflective listening
Summarising	<ul style="list-style-type: none"> Construct and deliver Summaries
Affirming	<ul style="list-style-type: none"> Construct and deliver Affirmations

At the end of Session 4, you should be able to:

Topic	Learning Outcome
Early Session Traps	<ul style="list-style-type: none"> Describe potential early session worker traps
Reflective Listening	<ul style="list-style-type: none"> Demonstrate Reflective listening Conduct a conversation segment solely using Reflective listening
Summarising	<ul style="list-style-type: none"> Demonstrate the use of summary's in client conversations
Affirming	<ul style="list-style-type: none"> Demonstrate the use of summary's in client conversations
Open Questions	<ul style="list-style-type: none"> Demonstrate the use of summary's in client conversations
Managing Ambivalence	<ul style="list-style-type: none"> Understand the complexities of managing client ambivalence Demonstrate managing an ambivalent client in exploring change

Introduction Exercise

Statement: *Is it reasonable to conclude that someone who persists with a problem behaviour (e.g. Smoking, Alcohol Use, Unhealthy Diet) lacks knowledge, has something wrong with their judgement/ cognitive functioning and/or hasn't experienced enough shame, guilt, pain, consequences.*

1. Tell me about your name and how you got it.
2. What have you heard about MI?
3. What is it about MI that interests you?
4. How do you think this course might help you?
5. Tell me your thoughts on the statement above.
6. Tell me about your experience of talking to people about change.
7. Your thoughts on the pre-course material?

Recognising Change Talk

There are four types of preparatory change talk and at times they can overlap significantly making them hard to definitely determine. However, the most important distinctions are between, sustain talk, preparatory change talk and mobilising talk.

Preparatory Talk can be loosely broken into four categories; **D.A.R.N.**

Desire to Change: These statements indicate a clear desire for change. A want, a wish, a like, but they fall short of commitment. Making statements of change can act as a springboard to commitment talk.

“I wish it was different”, “I hope it gets better”, “I want to be a better father”

Ability to change: These statements are about self-efficacy and can indicate the client’s level of belief that they can make changes. Can, could, able. At times these statements can come to the edge of commitment talk.

“I know what I have to do.....I just have to get started”, “I’m sure I can cut down”
“I managed it before”

Reasons for Change: These statements indicate there may be some specific advantage to making shifts in behaviour. Clients talk about ways life might be better if they decided to make a change. These statements represent the good things that might come their way if a change occurred.

“The police would probably ease back if I stopped”, “My health would be better”
“My education is slipping”

Need to Change: This is a statement that things are not quite the way the client wants them to be. There may be a general imperative for change, but no specific reason articulated. Have to, must, it’s important that...

“I got to fix this”, “I can’t go on like this”, “This is messing my life up”

Although preparatory change talk may pave the way for change, it’s often not enough. Mobilising talk is the linchpin in the sequence, a critical indicator of change occurring.

Commitment: Committing language signals the likelihood of action. It’s what we listen carefully for when asking someone to do something for us.

“I give you my word...”, “I will do what I said”, “I guarantee you”

Action / Taking Steps: These are words that indicate movement towards action, yet aren’t quite a commitment to do it. It signals the person is leaning in the direction of action. Activation language is almost there. Taking steps is a form of speech indicating that the person has already done something in the direction of change.

“I am ready to...”, “I am prepared to...”, “I bought some trainers so I can exercise”

Commitment Language Strength

Statement: *I, Robert, take you Carol to be my wife, and I _____
be faithful as long as I live.*

Please rank these statements 1 to 20 in terms of commitment from weakest to strongest (e.g. weakest 1 & strongest 20)

Am Going To	
Promise To	
Will	
Definitely Plan To	
Must	
Think It Would Help Me To	
Swear To	
Want To	
Should	
Would Like To	
Wish I Could	
Would Be Able To	
Am Prepared To	
Could	
Can	
Need To	
Am Ready To	
Think I Might	
Will Try To	
Pledge To	

Early Session Traps

Important Points

The first session often sets the tone for how the following sessions will pan out.

Process ratings from early sessions are good predictors of client outcomes. (Miller, Benefield & Tonigan, 1993).

Traps to avoid in early sessions:

Premature Focus Trap;

Some clients may have a broad range of concerns and are not ready at the outset to talk about what the worker sees as a target problem. Premature pressure to focus on “the problem” may elicit resistance. Begin with the client’s concerns and remember change is a process, not an event.

The Confrontation - Denial Trap;

This is the classic mistake of the worker taking responsibility for the “healthy” side of the ambivalence and the client arguing for the opposite. The greater the worker argues their position the more resistance is evoked, even to the point of the client arguing themselves out of the need to change. Alternatively, the client can become non-verbal and passive aggressive in response to worker, “telling worker what they think the worker wants to hear” “*Receptive / Deceptive*” resistance.

Labelling Trap;

Diagnostic and other labels represent a common obstacle to change. Positive change is not dependent upon acceptance of a diagnostic label. It can often be heard by the client as being trapped or cornered and this can lead to a confrontation – denial loop. However, if a client uses and needs a label there is no reason to discourage the use of it, elicit what they mean by term / label.

The Blaming Trap;

Clients can sometimes expect that an early task is to determine who is at fault, what or who is to blame. If it seems an issue, it is useful to defuse it early by explaining that the placing of blame is not a purpose of this work. **Do you think your clients can feel or present, feeling blamed?**

Question – Answer Trap; Sets up the expectation that the worker will ask enough questions and then have the answer, fostering client passivity, decreasing motivation and self-efficacy. Client answers questions with “yes” or “no” and little else. Session becomes like a health screening and in tone, the “expert” worker controls the session with the client in safe, passive role. It sets up negative aspects to the relationship:

- It teaches the client to give short answers as supposed to elaborative answers.
- It implies that an expert is interacting with a passive recipient.
- There is little chance of client exploration, decreasing the possibilities of change talk.

Consider: Clients filling out forms in advance or at the end of the session.
 Obtain information from other reliable sources.
 Use open-ended questions, followed by reflective listening.
 Focus on eliciting client’s own expertise on the situation.

Offering Information and Advice

When offering advice and information it is important that it is within the spirit & principals of M.I. There are two circumstances we would Offer Advice & Information.

When a person requests it *or* **With the person's permission**

Ask yourself the following questions before you initiate advice....“Have I elicited the persons own ideas and knowledge on the subject?” **and** “Is what I am going to convey important to the person's safety, or likely to enhance the client's motivation for change?” If the answer is **yes**, then proceed.

Ask Offer Ask exercise

1. Speaker: Talk about something in your life that you are hoping to, thinking about or trying to change and why you want to change it.

2. Listener: At an appropriate time in the conversation **ask** one of the following

“What have you heard about some of the ways to do this?”

“What do you already know about some possible ways to go about this?”

“What are the options available to you?”

3. Speaker: Answer truthfully about what you either already know, have tried, thought about, etc.

4. Listener: First ask permission, “May I share a thought that maybe helpful, then again it may not, ... you will be the best judge of what might work for you” or you may have your own way of asking permission.

Wait for **speakers** response

5. Listener: Offer a menu of what might be helpful, you can choose one of the following sentence stems to start or use your own,

“Some people find bla, bla, bla to work for them, others have found bla, bla, again you know yourself better than anyone else.”

“Some people in similar situations found these things worked for them, again you will know best what might work for you, some people tried...., some people used...., some people”

6. Allow **speaker** time to think, and respond.

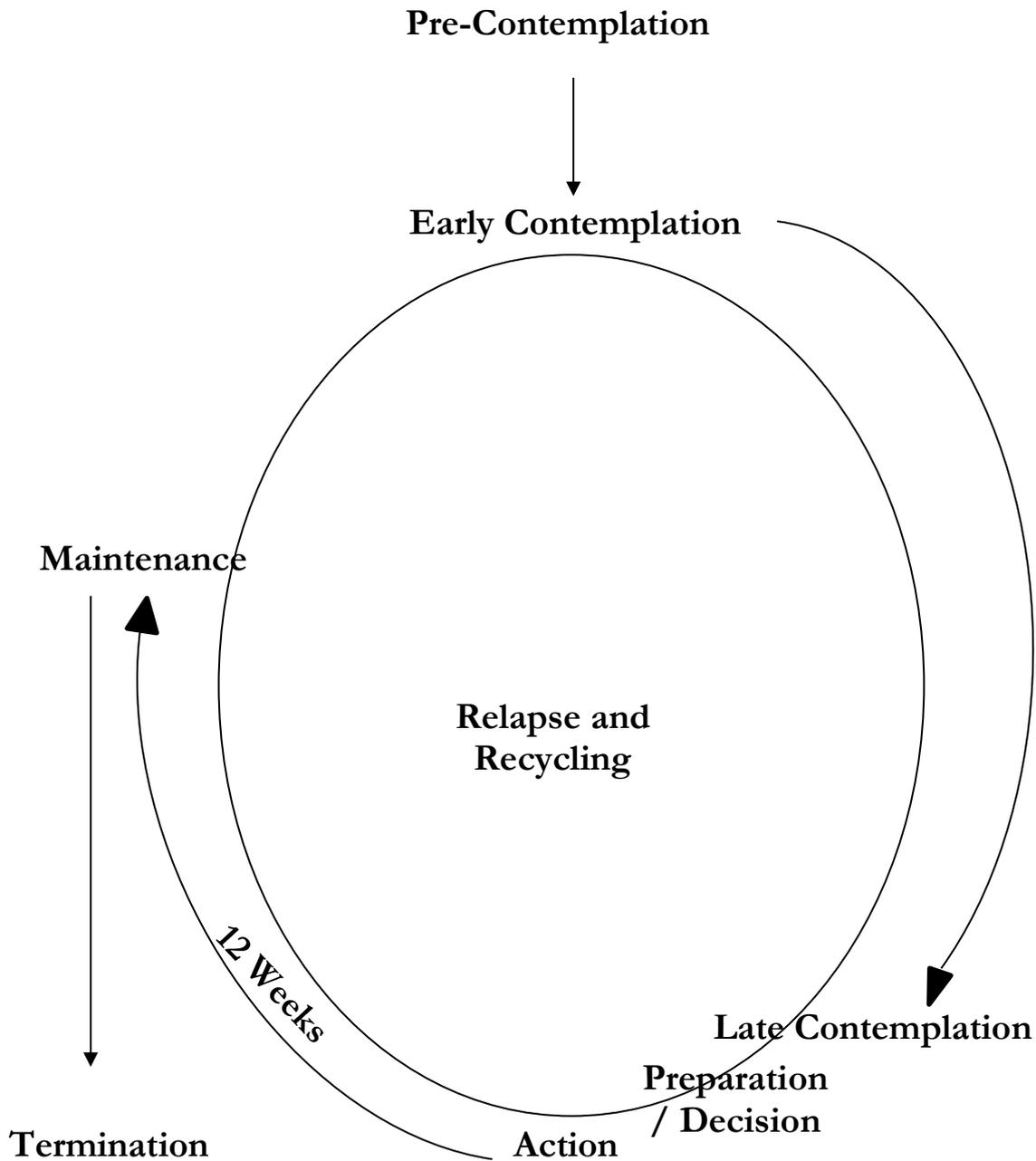
7. Listener; Ask one of the following;

What are your thoughts? What might suit you? What would help now? What might work for you?

8. Speaker: Share your real thoughts,

Switch roles and practice with the model again

Prochaska & DiClemente; Stages of Change Model



Adjustments based on DiClemente (2003). *Addiction and Change*, p30.

Engines of Change

Experiential Processes:

- **Consciousness Raising:** Clients gain knowledge about themselves and the nature of the behaviour. Learning more about the problem behaviour can lead to making better informed decisions.
- **Dramatic Relief:** A significant, often emotional experience related to the problem. People often become motivated to make changes when their emotions are aroused by either external or internal stimuli.
- **Self-Re-evaluation:** The recognition of how a current behaviour conflicts with personal values and life goals. The person performs a thoughtful and emotional reappraisal of the behaviour and visualises the kind of person he or she might be after making a positive change.
- **Environmental Re-evaluation:** Recognition of the effects the behaviour has upon others and the environment. People are often motivated by the realisation their behaviour has also affected significant others and the environment in which they function.
- **Social Liberation:** Recognition and creation of alternatives in the social environment that encourage behaviour change. Utilising resources in the environment to alter and maintain changes in behaviour.

Behavioural Processes:

- **Stimulus Control:** Avoidance or alteration of cues, so that the likelihood of engaging in the problem behaviour is lessened. Avoidance of trigger situations.
- **Counter Conditioning:** Substitution of healthy behaviours for unhealthy ones. Altering of responses to triggers.
- **Reinforcement Management:** Rewarding of positive behaviour changes. When people experience rewards following positive steps toward altering their substance using behaviour, they are more likely to continue making similar changes.
- **Self-Liberation:** Belief in one's ability to change and acting on that belief by making a commitment to alter behaviour.
- **Helping Relationships:** Relationships that provide support, caring and acceptance to someone who is attempting to make a change. By engaging in this change process, clients realise that they have a support system and are not isolated in addressing their problem behaviour.

The Transtheoretical Model – Prochaska and DiClemente (1984)

Stages of Change and Worker Tasks

Stages & Goals	Motivational Tasks
<p><u>Precontemplation;</u> Help person engage in process and begin considering patterns and potential effects of their behaviour.</p>	<p>Build relationship, affirm willingness to attend and talk, explore the meaning of events that brought the client in, elicit clients perceptions of their behaviours and the larger situation, raise doubt, increase awareness, increase perception of problems / risks, offer information about the risks, potential downsides to current behaviour, encourage re-evaluation, explain and personalise risk, provide personalised feedback on assessment findings, express concern and keep the door open</p>
<p><u>Contemplation;</u> Help person see the “big picture”, discover discrepancies between their current behaviour and their future goals and consider making some changes.</p>	<p>Normalise ambivalence, clarify decision is theirs, elicit and weigh pros & cons of continuing versus change, tip balance towards change, identify and promote new positive outcome expectations, examine personal values in relation to behaviour and change, invite client to imagine the future, emphasis free choice, responsibility and strengthen self-efficacy for change, elicit change talk of intent and commitment, elicit ideas regarding expectations of change, access clients sense of importance and confidence in changing</p>
<p><u>Preparation;</u> Help person resolve ambivalence, develop a sense of ability to change and make initial plans for going about changing.</p>	<p>Clarify client’s goals and strategies for change, develop a menu of options, identify and assist in problem solving, address obstacles, offer experience & advice, help client determine best course of action, identify supports, skills training, management of triggers, safe plans, help client identify and plan for high risk situations and other negative aspects of change, encourage small steps, sampling change.</p>
<p><u>Action;</u> Help person initiate change, cope with difficulties in the process and gain social support for new ways of being.</p>	<p>Support small steps, acknowledge difficulties and losses involved in change, assist in finding new reinforcers of positive change, focus on restructuring cues, help client access and use social supports, ongoing skills training, performance feedback, continue to enhance self-efficacy, manage feelings of loss, fear and explore future, long term positive gains from the change, help client cope with unanticipated negative “side effects” of change, emphasis that setbacks and lapses are unintended failures of planning process and help improve long term plan, generate additional strategies.</p>
<p><u>Maintenance;</u> Help person cope with difficult situations, maintain commitment and energy, initiate new facets of living to protect against relapse.</p>	<p>Help client identify and use strategies to reinvest, integrate and decrease relapse risk, explore coping with relapse and strategies to manage if relapse occurs, focus on rewards from change, internal & external, continue to build and bolster self-efficacy, affirm clients resolve, discuss potential relapse early warning indicators, explore other areas of support to assist change plan goal</p>
<p><u>Relapse/Recycling;</u> Engage the person back in the process as soon as possible</p>	<p>Help client re-engage in process, manage feelings, demoralised, failure, stuck, no hope. Re-evaluate relapse for learning and potentially reducing the future risk. Reassess motivation and obstacles, work on coping strategies and potential relapse early warning indicators</p>

Approaches Debrief



Persuasion Role Play – Employee

Employee's Role

The Situation:

You have been a hard – working and loyal employee for 15 years. You filled out a health questionnaire at work, had a blood pressure reading and a blood test as part of a company – wide effort to improve employee health. You have been called in to see the company nurse and get your results. You're not looking forward to this, you know you are overweight, besides which you will probably be told to quit smoking, as you smoke 15 - 20 a day, but you don't think there is much you can or want to do about it.

Your Home Situation:

You lead a busy life, and have a spouse (who also works) and 3 children. You don't have much in the way of recreation, the odd meal out and some drinks with your spouse and friends the odd Saturday night. You tend to stay at home and will drink around four bottles of beer or a bottle of wine most nights, but don't see this as a problem. You like your food, and though you are a bit overweight you're not really concerned about it.

The Session:

Though you're not looking forward to the session you don't plan to be rude to the nurse. You've only 10 minutes to talk, before you have to get back to work.

Persuasion Role Play – Nurse

Nurse's Role

The Situation:

You are a busy occupational health nurse. Your company has encouraged you to conduct health screening among the employees. Having done this, you are feeding back the results of a health screen to an employee. You only have 10 minutes for your first discussion with this person.

The Client:

This person is clearly overweight, smokes 15 - 20 cigarettes a day and drinks most nights, sometimes bottles of beer, sometimes wine. Both blood pressure and cholesterol are elevated, and you are very concerned about this person's diet and weight. The employee is married, has 3 children and has been working with the company for 15 years.

Your Task:

Try as hard as you can to **PERSUADE** this person to do something about his or her diet, smoking and / or drinking. This is a serious matter, and you do not have a lot of time. It's not your job to be a “therapist” rather, you are paid to be a competent, concerned and forthright health practitioner.

Role-Play 2

Real play, Readiness Exercise 15-20 mins

Speaker:

Talk about something about yourself that you want to change / need to change / ought to change / should change / have been thinking about changing etc, but haven't changed yet (i.e. something you're ambivalent about).

Worker #1:

Listen carefully with a goal of understanding the dilemma. **Give no advice.**
During the real play ask these six questions when the time feels appropriate:
Do not ask them all at once but rather, in sequence, at different points during the conversation.

1. Why would you want to make this change?
2. How might you go about it, in order to succeed?
3. What are the three best reasons to do it?
4. On a scale from 0 to 10, how important would you say it is for you to make this change?
5. Why are you at ___ and not zero?
6. How would life be different if you made this change?

Worker #2:

Listen carefully with the goal of understanding the dilemma. **Giving no advice**, provide a summary of what you heard,

- o Indicate you are going to offer a summary
- o Include elements of sustain talk
(comments about things staying the same, not changing)
- o Acknowledge any ambivalence,
(feeling two ways, “on the one hand ...and on the other”)
- o Highlight change areas mentioned such as,
desire, ability, reasons and need for change
- o Ask if you have left anything out or if the person would like to add anything to your summary?

Finish your summary with one key question that reflects where you think the person is at;

- a) *“Where does this leave you?”*
 - b) *“What going through your mind now?”*
 - c) *“What are your thoughts now?”*
 - d) *“What do you think you will do next?”*
 - e) *“What next?”*
 - f) *“What is the next step?”*
- } **Contemplation**
- } **Action**

Debrief Harvest

What?

- 1) What happened?

- 2) What did you observe / notice?

- 3) What feelings did you have during the exercise?

So What?

- 4) What benefits did you gain from the exercise?

- 5) What did you learn / relearn?

- 6) What are the implications of the exercise?

- 7) How does the exercise relate to the real world?

Now What?

- 8) How do you want to do things differently in the future?

- 9) How can you extend the learning you had?

- 10) What steps can you take to apply what you learnt?

Open and Closed Questions

Question	Open	Closed
1. What do you like about weed?		
2. Where did you grow up?		
3. What do you want to do about your smoking, Quit, cut down or stay the same?		
4. Would you be interested in meeting up next week?		
5. What brings you here today?		
6. Do you want to stay in the relationship?		
7. Have you ever thought about walking as a simple form of exercise?		
8. Isn't it important for you to complete your exams?		
9. In the past, how have you overcome other obstacles in your life		
10. Are you willing to try this for one week?		
11. In what ways is your diet a problem for you?		
12. Do you not care about your health?		
13. What are the most important reasons to reduce your offending behaviour?		
14. What do you want to set as your quit date?		
15. What would be useful for us to talk about today?		
16. Do you know the risks of drinking the way you do?		
17. Do you think the chest pain is causing you more stress than being unemployed?		
18. What are the things you would like to change about your drug use, if you decided to change?		
19. Tell me about a typical time were you ended up drunk?		
20. Why would you want to use drugs?		
21. Do you know the down sides of not having a qualification?		
22. Would it be an option to gradually cut down?		
23. Could going walking twice a week be the first step?		
24. Is this an open question?		

Give two examples of closed questions you might ask:

Finally make up two of your own examples of open questions:

Helpful Open Questions to Elicit Change Talk

Helpful Open Questions have the potential to motivate clients to learn, develop their thinking skills, stimulate them to inquire and investigate, synthesize information and experiences, create a context for exploring ideas, and enhance cumulative knowledge base. (Black, 2001; Goodman & Berntson, 2000; Hyman, 1974). Below are four areas helpful in guiding the conversation in the direction of change.

1. Problem Recognition

What things make you think this is a problem?
What difficulties have you had in relation to your alcohol use?
In what ways do you think you or other people have been harmed by your drinking?
In what ways has this been a problem for you?
How has your use of alcohol stopped you from doing what you want to do?
In what ways has alcohol got in the way of meeting your responsibilities?

2. Concern

What is there about your drinking that you or other people might see as reasons for concern?
What worries you about your use of alcohol?
What can you imagine happening to you?
How do you feel about your use of alcohol?
How much does that concern you?
In what ways does this concern you?
What do you think will happen if you don't make a change?

3. Intention to Change

The fact that you are here indicates that at least a part of you thinks it's time to do something. What are the reasons you see for making a change?
What makes you think that you may need to make a change?
If you were 100% successful and things worked out exactly as you would like, what would be different?
What things make you think that you should keep on drinking the way you have been?
.... and what about the other side? What makes you think it's time for a change?
What are you thinking about your drinking at this point?
What would be the advantages of making a change? ...
I can see that you're feeling stuck at the moment. What going to have to change?

4. Optimism

How have you managed to deal with other challenges or obstacles in the past?
What makes you think that if you did decide to make a change, you could do it?
What encourages you that you can change if you want to?
What do you think would work for you, if you decided to change?

Helpful Open Questions

**Read the client statements and then write
two helpful open questions**

1) “Right now, I just don’t know if staying in school is the best option, I think the family could do with me bringing in some extra cash”

Question A:

Question B:

2) “I’ve a lot going on and right now I don’t think smoking weed is my biggest problem”

Question A:

Question B:

3) “I don’t know, 5 years sober, clean and it’s been on my mind to drink, I want to have a drink with my partner, a bottle of wine between us say, I think I am ready to drink”

Question A:

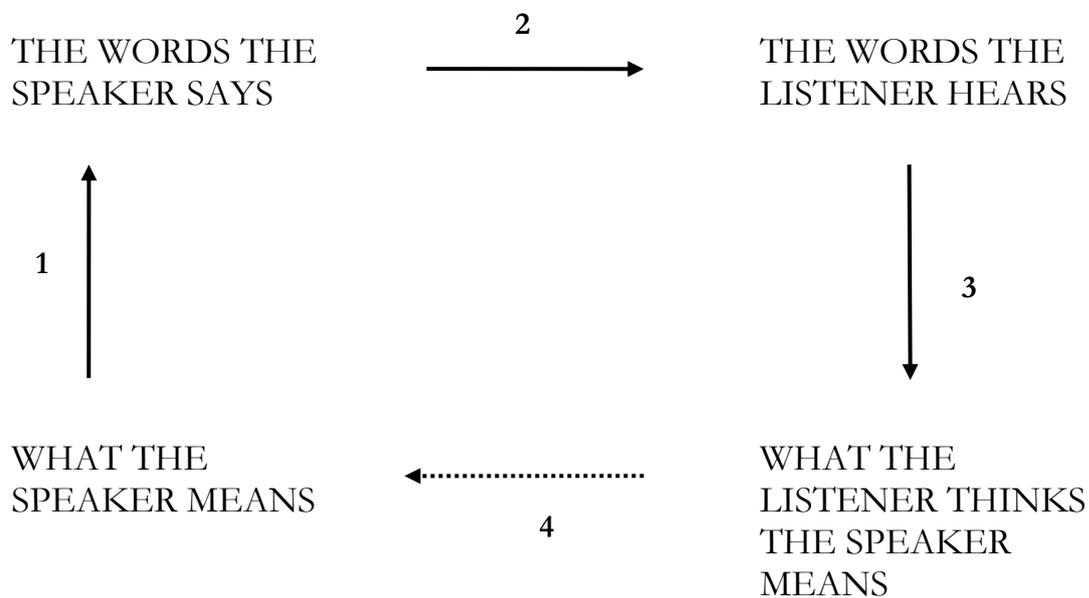
Question B:

Thinking Reflectively

There is a way of thinking that accompanies good reflective listening. It includes a genuine interest in what the person has to say and respect for the person’s inner wisdom. The key at this point, however, is a hypothesis testing approach to listening — be mindful that what you think a person means may not be what they really mean.

A good reflective listening response tests a hypothesis. It asks, in a way, “Is this what you mean?”

Thomas Gordon’s “Model of Listening”



Communication can go wrong because;

- The speaker does not say exactly what is meant.
- The listener does not hear the words correctly.
- The listener gives a different interpretation to what the words mean.

The process of reflective listening is meant to connect the bottom two phases (4), to check on whether “what the listener thinks the speaker means” is the same as “what the speaker means.”

Reflection Level Exercise

	Simple Reflection		Complex Reflection	
Level	Repetition	Paraphrasing	Reflection of meaning	Reflection of feelings
<p><i>"I should do something about my drinking"</i></p>	<p><i>"...do something"</i> <i>"...about your drinking"</i></p>	<p><u>Same meaning slightly different words</u></p> <p><i>"...change your use of alcohol"</i></p>	<p><i>"alcohol causes problems for you now and again"</i></p> <p><i>"you can't keep drinking the way you have been"</i></p> <p><i>"you've been thinking about your drinking"</i></p> <p><i>"it would be good to do something"</i></p>	<p><i>"you are worried that alcohol may damage something important in your life"</i></p> <p><i>"when you look forward, you don't always like what you see"</i></p> <p><i>"you're not completely happy about you're drinking"</i></p> <p><i>"you're drinking makes you feel bad"</i></p>
<p><i>"I know it would be the right thing to do but I'm not sure if I am going to be able to cut down just yet, I've a lot going on"</i></p>				
<p><i>"I really don't get why my parents make this such a big deal, I wish they would relax a bit"</i></p>				

M.I. Consistent Conversation with Tony

1.05.31 Client: “Yea, I get behind on assignments, turn things in late.... And it wasn’t like that before, I used to be really on top of my stuff.. but, yea”

1.05.59 Client: “I mean, I guess when I am on it yea, its hard to focus and get my work done but I don’t know, I feel like it does more good than bad because it just really helps me get through the rest of my day”

1.06.45 Client: “I mean I don’t really listen to all the, ... it helps me block out the noise going on in the house, you know, like my parents arguing and stuff, my sisters drama and all that shit...it makes me like forget about all the bad stuff going on in my life around me”

1.07.43 Client: “Cause my mum always told me, that’s the end goal, get your diploma and I do want to walk with my friends, I don’t want to be like the dummy that just stays behind or has to go to some continuation school or something....I want to go on that stage with my friends but..”

1.08.59 Client: “I don’t know, yea maybe I’ll continue school you know.. , maybe.. go to college or something”

OARS Practice

1. “I think I might want to but I don’t know if I can do the paperwork, be with all the young students and do the tests”

2. “But certainly the classes have to be a lot harder”

3. “Well I really want to do this”

4. “Well my sister and my friend, she told me that she did it. So she said that if she did it that I could do it too.... And my sister’s been telling me too”

5. When I look around all these people here, their mostly younger people, you know, like a lot of kids that just got out of high schooland I don’t know how I could keep up with them”

Summary;

Ambivalence Role Play

CLIENT: you are 16, confused, feeling a little upset and have a dilemma. You need to decide whether to continue hanging around with a group of friends you have been with since completing the Junior cert. This group of friends have started to smoke weed a lot more regularly than previously and some of the group are now also taking tablets at the weekend. You have smoked weed before with the group but the frequency and regularity of this use is making you uncomfortable and now the use of tablets is something that doesn't really sit well with you. The drug use is becoming an identity for this group and also "what they do and are known for".

You decide to talk to someone about this dilemma, do you stay with the group and try to limit your use of drugs or do you limit your contact with them and run the risk of losing friends and becoming isolated.

WORKER: Use OARSO to evoke change talk, manage the sustain talk and assist the client to explore the ambivalence by staying curious, focusing on what the adolescent really values, and trusting that a solution can be evoked from the client. It is possible to express concerns, as needed, by asking permission firstly.

OBSERVER: Place a mark in the appropriate row as you hear the worker use the interventions. Make notes of good examples of OARS responses and M.I. Consistent practice when you hear them.

Worker Response	Count	Good Example(s)	S.T.	C.T.
C losed Question				
O pen Question				
A ffirmation				
R eflection				
S ummary				

Decisional Balance Worksheet

A lot of the time we don't consider all sides when making decisions. Instead, we often do what we think we should do, avoid doing things we don't feel like doing or feel confused and give up thinking about it altogether. Thinking through the different sides of both, making a change and of not making a change, is one way to help people ensure they have fully considered all the possibilities.

Consider the change you might want to make and in the grid below write all the reasons that you can come up with for letting things stay the way they are or for making the change.

	Benefits / Pro's	Costs / Cons
Not Changing	1	2
Changing	4	3

For further information see; <https://www.youtube.com/watch?v=7vJ8jBqzVqU&t=2s>

Observer Sheet 5: OARS

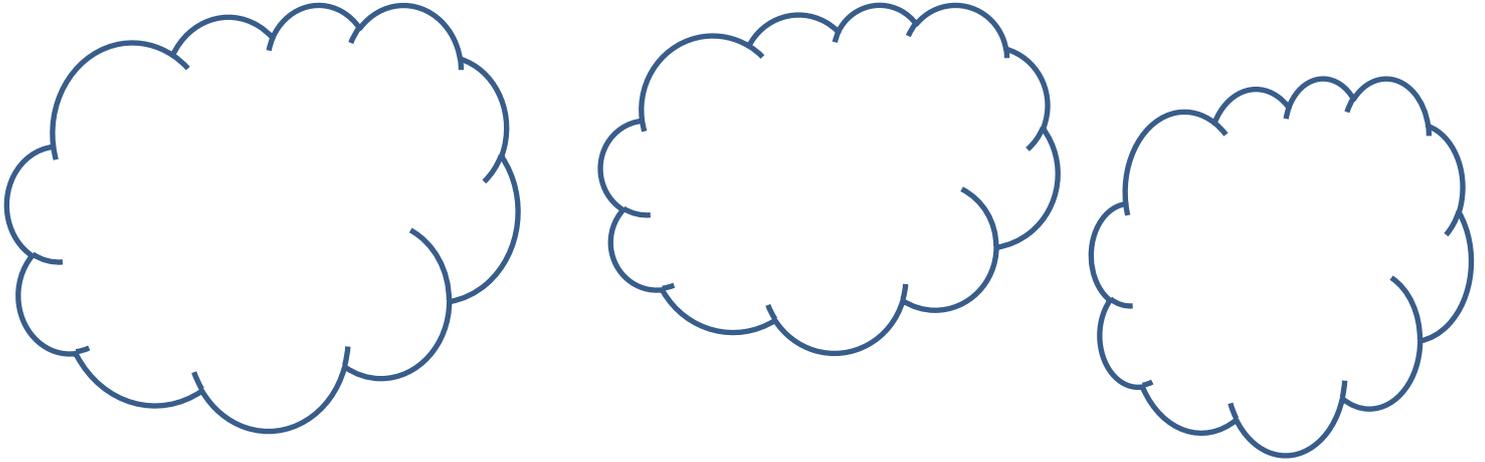
Listen for examples of the workers use of each of the OARS responses. As you hear them, place a mark in the appropriate row. Make notes of good examples of OARS responses when you hear them.

Worker Response	Count	Good Example(s)	ST	CT
C losed Question				
O pen Question				
A ffirmation				
S imple Reflection				
C omplex Reflection				
S ummary				

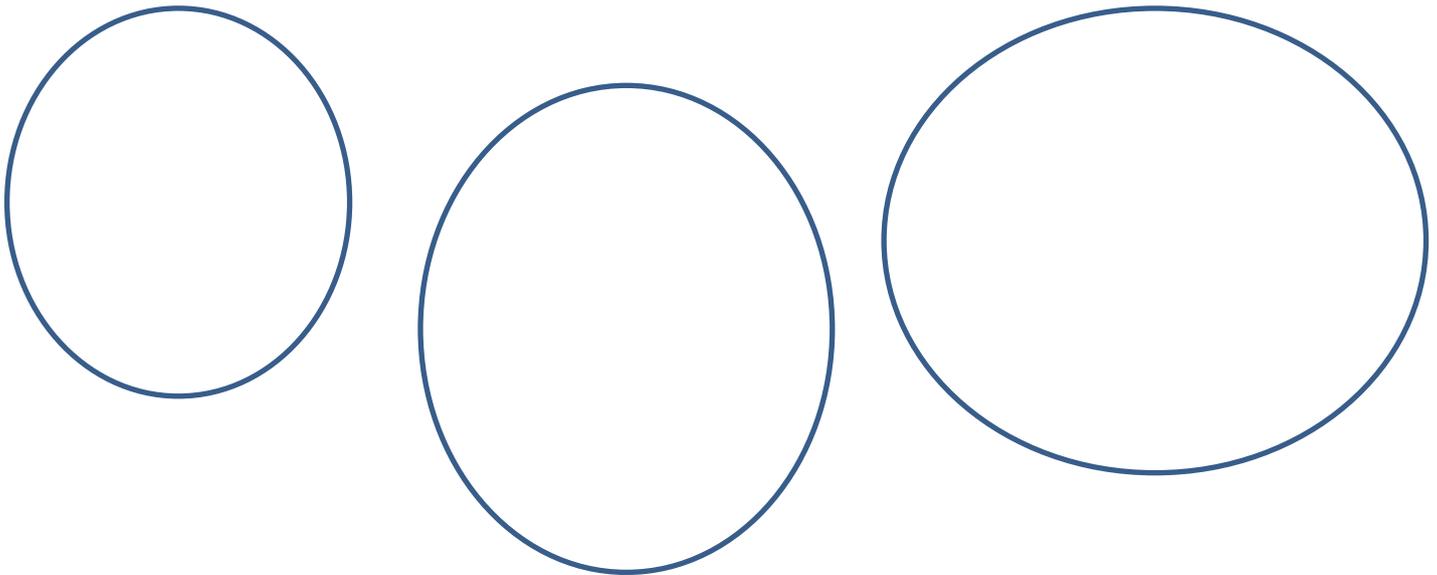
Personal Observations that will assist the group learning; _____

Reflective Worksheet

1) What did you find most thought provoking, interesting or helpful?

Three cloud-shaped thought bubbles arranged horizontally, intended for writing reflections on the first question.

2) What are the implications for your practice?

Three oval-shaped thought bubbles arranged horizontally, intended for writing reflections on the second question.

Actions that will develop your practice;

If new learning isn't put into action it will be lost. Come back to this page when you return to work and remind yourself of what needs to be done to consolidate the learning.