CARES Exam Prep 2of 3

Owen Dougherty, Tony Sanchez & George Braucht
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Today's Topics

Tools and Skills to Enhance Relationship with our Peers

- Motivational Interviewing
- Person (Peer) Centered Outcome Management System (PCOMS)
- Cultural Competence

Motivational Interviewing

DEFINITION

- Motivational interviewing is a person-centered, evidence-based, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

What does this mean?

- **Person (Peer) -centered:** Fundamental collaborative approach of the CARES/peer relationship involving reflective listening. The CARES follows the peer's thoughts, feelings and perceptions, and responds with reflective statements. Reflective statements include degrees of complexity such as possible meaning behind the peer's statement and reflection of possible peer feelings.
- **Evidence-based:** Practices that are shown to be successful through research.
- **Directive:** Specific strategies and interventions that may facilitate the peer's movement toward exploration, change talk, problem recognition (resolving ambivalence) or the decision to change.
- **Intrinsic Motivation:** The motivation that comes from the peer.
- **Ambivalence:** This refers to the peer's experience of conflicting thoughts and feelings about a particular behavior or change – advantages and disadvantages.

What do we intend with MI?

- **Collaboration:** CARES elicit and convey respect for the peer's ideas, opinions and autonomy. Collaboration is non-authoritarian, ever present, supportive and exploratory.
- **Evocation:** CARES evoke the ideas, opinions, reasons to change, and peer confidence that change is possible.
  Acceptance: CARES accept the peer for who they are and what they bring. Non-judgment, empathy, autonomy, and affirmation are all components of acceptance.
- **Respect:** CARES respect the peer, no matter what the peer is saying or doing, and express it through words and deeds.
- **Compassion:** CARES maintain and express compassion for the peers' plight. Let the peers know that he/she understands through the reflections used.

MI Goals

- Build rapport and create authentic engagement with different diverse groups.
- Use direct, empathetic communication to create an effective relationship.
- Negotiate goal setting with peers.
- Provide advice and information collaboratively.

Fundamental Processes

- Engaging and reengaging continue throughout MI.
- Focusing is not a one-time event. Refocusing is needed and focus may change.
- Engaging can begin very early.
- Testing the water on planning may indicate a need for more of the above.

Motivational not informative

We are **not** here:
- **To inform** our peers about what they "should" or what they or "have to" do.
- **To provide expert advice, persuade, or represent authority.**

We are here:
- **To provide an environment** where our peers can discover **motivation for change**.
- **To stimulate** that motivation, we try to **listen and understand, summarize the peer's points of view, promote collaboration and proceed deliberately step by step.**

Four Principles

We create cognitive dissonance for our peers between where our peers are and where they want to be by:

- ***Expressing empathy:*** genuine effort to understand our peers' perspectives and to convey that understanding;
- ***Developing discrepancy:*** listening for & employing strategies that help peers identify behaviors or situations that don't go/work/fit together. May involve ambivalence. Examples: past vs. present; behaviors vs. goals. Evoking change talk is one way to develop discrepancy.
- ***Dancing with Discord –avoid argumentation:*** CARES connect with peers and side-step or diminish resistance by moving in the same direction;
- ***Supporting self-efficacy***: CARES support the peers' hopefulness that change or improvement is possible, identifying and building upon a peer's strengths, previous successes, efforts and concerns.

Good listening is not

- Asking questions
- Agreeing, approving, or praising
- Advising, suggesting, providing solutions
- Arguing, persuading with logic, lecturing
- Analyzing or interpreting
- Assuring, sympathizing, or consoling
- Ordering, directing, or commanding

- Warning, cautioning, or threatening
- Moralizing, telling what they "should" do
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Withdrawing, distracting, humoring, or changing the subject

OARS help us row in the right direction

- ***O***pen Ended Questions

- ***A***ffirmations

- ***R***eflections

- ***S***ummaries

Open Ended Questions

Open Ended Questions

Facilitate a peer's response to questions from his or her own perspective and from the area(s) that they deem as important or relevant.

This provides the opportunity for peers to express their point of view, and for CARES to discover and follow the peers' perspectives.

Closed Questions

Lead the peer in a certain direction – usually the direction of our interest or curiosity, target specific information, and give the peer very little room to move. Evoke yes/ no answers, specific information, or provide multiple choises

Open Ended Questions

Open-Ended Questions:

- What problems has your alcohol (drug use) caused you?
- How important is it to you to complete this program?
- What else?

Closed Questions:

- Do you have a problem with alcohol?
- Is it important for you to complete this program?
- Anything else?

Affirmations

- We actively listen for the peer's strengths, values, aspirations and positive qualities and to reflect those to the peer in an affirming manner.
  - A peer discusses many previous efforts to change a particular behavior from the position of feeling like a failure or hopelessness. The CARES reframes the peer's statement (from a negative to positive perspective) and affirms: "What I am hearing is that it is very important to you to change this behavior. You have made numerous efforts over a long period of time. It seems that you have not found the way that works for you."
- The reframe accomplishes both affirming the peer for his or her efforts and perseverance, and provides a framework for the peer and CARES to explore solutions that will work for the peer. This is in keeping with collaborative change plans that are used in motivational interviewing.
- Affirmations should be: genuine, emphasize strength, notice and appreciate positive actions, express positive regard and caring, and help strengthen therapeutic relationships.

Sample Affirmations

- Commenting positively on an attribute: "You're a strong person, a real survivor."

- A statement of appreciation: "I appreciate your openness and honesty today."

- Catch the person doing something right: "Thanks for coming in today!"

- A compliment: "I like the way you said that."

- An expression of hope, caring, or support: "I hope this weekend goes well for you!"

Reflections

In MI one responds to peers with more reflective statements than questions. Reflections vary in complexity from simply repeating, to reflecting implicit meaning or reflecting feelings. CARES follow the peers ideas, perceptions and feelings making every effort to convey understanding as peers explore, define or discover what behavior or lack of action may be about.

- Reflective listening facilitates our peers focus on knowledge and resources.
- Reflections are always collaborative and non-judgmental.
- Reflections are statements rather than questions.
- At times CARES make an informed guess about the peer's meaning in order to yield more information and better understanding.

Reflections

- **Repeat**: Restate what peer has said
  - *Peer: "I don't want to quit smoking"*
  - *CARES: "You don't want to quit smoking"*
- **Rephrase**: Slightly alter what the peer says in order to provide the peer with a different point of view
  - *Peer: "I really want to quit smoking"*
  - *CARES: "Quitting smoking is very important to you"*

Reflections - Paraphrase

- **Amplified**: Exaggerate or understate
  - *Peer: "I don't drink that much"*
  - *Peer: "You hardly drink at all and it's hard to imagine what the fuss is all about"*
- **Double-sided**: Acknowledge both sides of ambivalence
  - *Peer: "Smoking helps me reduce stress"*
  - *CARES: "On the one hand smoking helps you to reduce stress. On the other hand you said previously that it also causes you stress because you have a hacking cough, have to smoke outside and spend money on cigarettes."*
- **Metaphor**: Create an image to clarify
  - *Peer: "Everyone keeps telling me I have a drinking problem and I don't feel it's that bad"*
  - *CARES: "It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you*

Reflections - Paraphrase

- **Shifting Focus**: Provide understanding for the Peer's situation and diffuse resistance.
  - *Peer: "What do you know about quitting? You probably never smoked."*
  - *CARES: "It's hard to imagine how I could possibly understand."*
- **Reframe**: Offer new meaning to help peer think about their situation differently.
  - *Peer: "I've tried to quit and failed so many times."*
  - *CARES: "You are persistent even in the face of discouragement. This change must really be important to you."*

Reflections - Paraphrase

- **Emphasizing Personal Choice**: Reflect Peer's autonomy.
  - *Peer: "I've been considering quitting for some time now because I know it's bad for my health"*
  - *CARES: "You're worried about your health and want to make different choices"*
- **Side with the Negative**: Encourages peer to argue less and can elicit other side of their ambivalence.
  - *Peer: "My smoking isn't that bad"*
  - *CARES: "There's no reason at all for you to be concerned about your smoking"*

Summaries

Summaries are a special form of reflective listening that help to ensure clear communication. They are used throughout interactions to review the direction of the conversation, change focus, slow down and address peer' statements or clarify what has been discussed so far.

- Summaries must be concise and can reflect ambivalence and accentuate change talk.
- Summarizing includes directive elements. The CARES may reinforce the peer's change talk, highlight realizations, identify transitions and progress, and identify themes.

Summaries

- **Collect material that has been offered:**
  - *"So far you've expressed concern about your children, getting a job, and finding a safer place to live."*
- **Link something just said with something discussed earlier:**
  - *"That sounds a bit like what you told me about that lonely feeling you get"*
- **Draw together what has happened and transition to a new task:**
  - *"Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you."*

Change Talk

- A guiding principle of MI is that the peer, rather than the CARES, voice the arguments for change.

- Change talk refers to peer statements that indicate an inclination or a reason for change.

- With MI CARES actively listens for change talk in its various strengths (from weak to strong or committed).

Change Talk – DARN CAT

Preparatory Change Talk: We listen for the peer we are engaging with to express:

- **D***esire* to change (I want to… I would like to… I wish…)

- **A***bility* to change (I can…I am able to… I could…)

- **R***easons* to change (if .. . then… There are good reasons to…This is important…)

- **N***eed* to change (I really need to…I have to …got to…)

Change Talk – DARN CAT

Implementing Change Talk:

- **Commitment** talk (I'm going to…I will…I plan to)

- **Activation** (I looked into…)

- **Taking Steps** to change (I started…)

Using Change Talk

- Evoking and responding to change talk is the point at which the directive aspect of MI is introduced. MI is done in relation to a clear change goal.
- Evocative open questions are asked that are targeted to change talk areas.
  - "In what ways does this concern you?"
  - "What do you see as a problem?"
- If the peer responds, change talk has been elicited.

Using Change Talk

- The peer may be asked to look ahead:
  - "What might your life look like in five years if very little changes?"
- At first the peer may offer a statement of negative consequences.
  - "If very little change takes place I'll probably lose my children and end up in jail."
- With a shift of direction, we might elicit change talk:
  - "What might your life look like in five years if a good deal of change takes place?
  - "If a good deal of change takes place I will no longer be involved with the criminal justice system, I will have a good relationship with my children and I will have a job."

Sustain Talk

The other side of change talk – why the peer should sustain their behavior or state:

- I really like marijuana   (Desire)
- I don't see how I could give up pot   (Ability)
- I need to smoke to be creative   (Reasons)
- I don't think I need to quit   (Need)
- I intend to keep smoking and no one (Commitment)
    can stop me
- I'm not ready to quit   (Activation)
- I used today   (Taking steps)

What to do with Sustain Talk/Resistance?

- Sustain Talk counters change talk – it's not peer resistance.
- We want to facilitate high levels of change talk and low levels of sustain talk.
- Discord and resistance on the part of the peer may be a result of a peer-CARES relationship that lacks agreement, collaboration, empathy or peer autonomy.
- Resistance may be expressed by arguing, ignoring, interrupting, etc. The CARES makes best efforts to identify the source of dissonance in the relationship, and works strategically to join with the peer. The CARES does not confront resistance or push up against it.
- There are a variety of MI strategies and skills used to diminish or side step resistance. The goal is to join with the peer in moving together toward a mutually agreed upon goal.

Tools for Use with MI

- **Decisional Balance** a form of identifying pros and cons *(See the study guide for use of Decisional Balance)*
  - The positive and negative experiences a peer may have regarding a particular behavior. This technique is seen as potentially useful when the peer is in early readiness for change, or offers very little in the form of change talk, and when CARES do not want to influence a peer's choice.
- **Rulers** *(See the study guide for use of the rulers)*
  - Importance: How important is it to change?
  - Confidence: How confident are you that if you wanted to change?
  - Readiness: How ready are you at this moment to change?

Partners for Change Outcome Management System (PCOMS)
Download Instructions

George S, Braucht, LPC; Email: george@brauchtworks.com; Phone: 404-310-3941

The Partners for Change Outcome Management System (PCOMS) forms are FREE for individual users and an inexpensive group license must be purchased for agency or organization use. The forms are copyrighted and require you to complete an simple licensing agreement before downloading the scales. SAMHSA's National Registry of Evidence-based Programs and Practices' PCOMS summary is available at:
http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=250.

Professional versions: Outcome Rating Scale (ORS)
                         Session Rating Scale (SRS)
                         Group Session Rating Scale (GSRS)

Peer versions: ORS
                         Relationship Rating Scale (RRS, the SRS adapted for peers)
                         GSRS

Child, adolescent and telephone versions of the ORS and SRS/RRS are also available

1. Go to www.heartandsoulofchange.com
2. At the top of the page click on "Measures"
3. Review the licensing agreement
4. Click on "click here" to register your email address
5. Notice the different links for peer and professional versions of the forms and a separate link for the Group Session Rating Scale

A sample of additional forms for professionals and peers are available at
www.brauchtworks.com/helper_toolkit:

Acute Care Treatment and ROSC Comparison
Addiction Treatment and Recovery Services Practices Overview
Individual Assessment of this Recovery Environment (ICARE): Outpatient and Residential
Knowing a Recovery Culture When You See One
Monthly Recovery Report: Outpatient and Residential versions completed by the client
Recovery Capital Scale and Plan
Recovery Check-Ins Overview
Recovery Check-Ins Telephone Practice Guides: Initial and Ongoing
Recovery Coach Monthly Report Sample
Recovery Coach Supervisor Monthly Report Sample
Recovery Groups Handout
Relationship Enhancement Skills Overview (OARS)
Self-Completed Overview of Recovery Experience Board (SCOREboard)
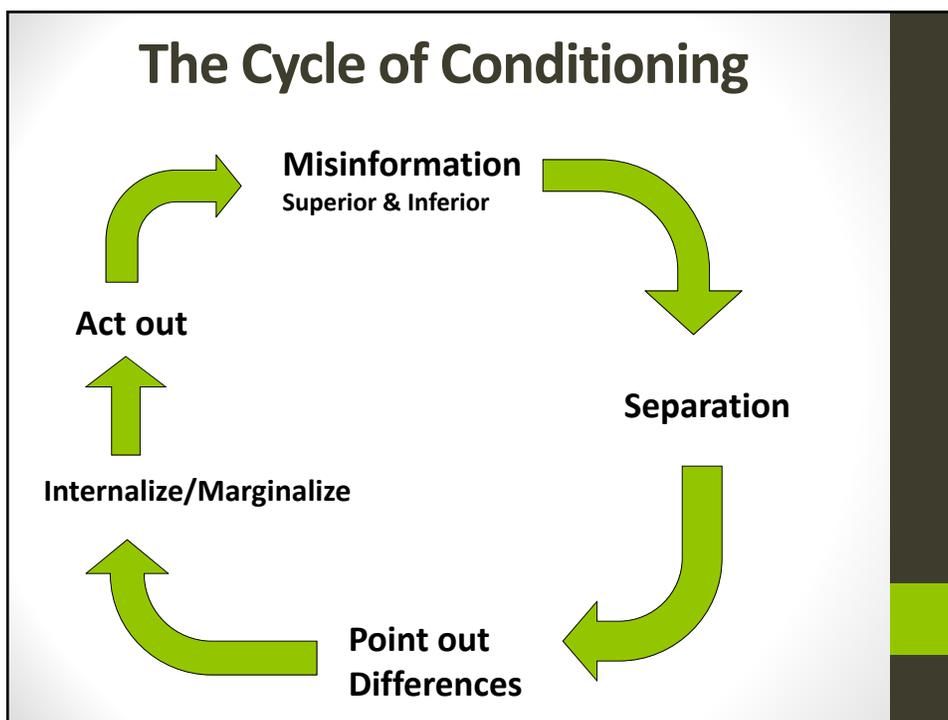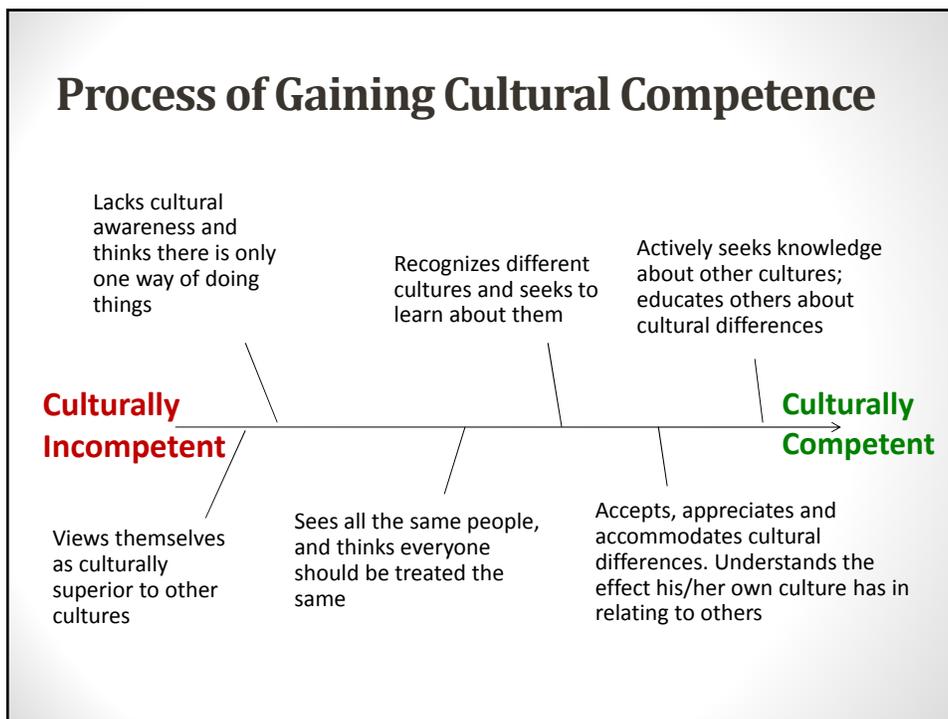
Brauchtworks Consulting   Applying Science to Practice
www.brauchtworks.com   Certified PCOMS & Recovery Coach Training

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Culture

- Culture: Defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.

Process of Gaining Cultural Competence

Lacks cultural awareness and thinks there is only one way of doing things

Recognizes different cultures and seeks to learn about them

Actively seeks knowledge about other cultures; educates others about cultural differences

Culturally Incompetent

Culturally Competent

Views themselves as culturally superior to other cultures

Sees all the same people, and thinks everyone should be treated the same

Accepts, appreciates and accommodates cultural differences. Understands the effect his/her own culture has in relating to others

The Cycle of Conditioning

Misinformation
Superior & Inferior

Act out

Separation

Internalize/Marginalize

Point out Differences

Jane Elliot

The Cycle of Conditioning

Misinformation
Superior & Inferior

Correct Information

Act out

Separation

Internalize/Marginalize

Bring together

Celebrate Differences

Point out Differences
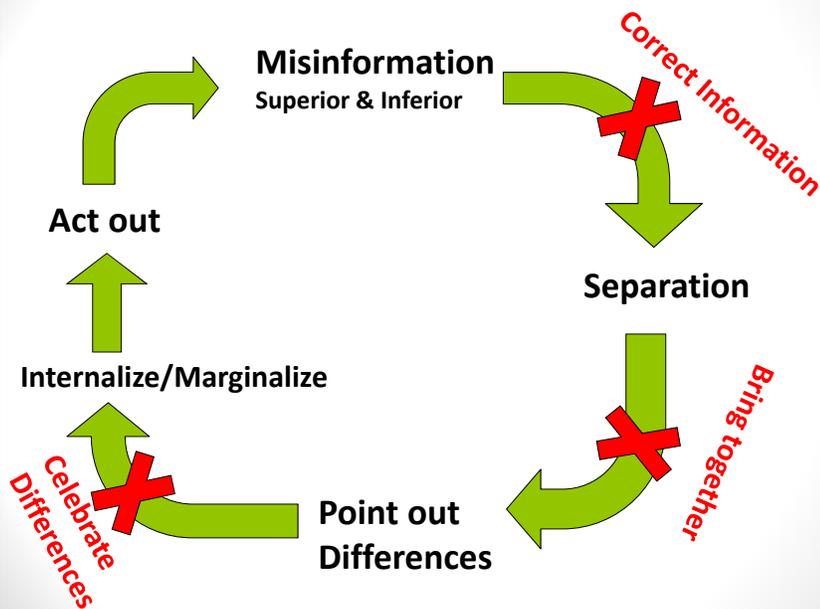
Microaggressions

Microaggressions

- "Where are you from?"
- "Where were you born?"
- "You speak good English."
- "When I look at you, I don't see color."
- "America is a melting pot."
- "There is only one race, the human race."
- "I'm not racist. I have several Black friends."
- "As a woman, I know what you go
  through as a racial minority."

Microaggressions

Micro-insults are characterized by communications that convey rudeness and insensitivity and demean a person's racial heritage or identity.

*Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, Esquilin, 2007

Microaggressions

Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.

*Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, Esquilin, 2007

Microaggressions

Micro-invalidations are characterized by communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color.

*Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, Esquilin, 2007

Healing Invisible Wounds

- Listen and believe
- Recognize the power our expectations/ Labels
- Create opportunities for sharing across different perspectives
- Start with a different question (open ended questions)

Allies - Stories

- Appreciative stories
- Lift up what is working
- Give voice to voiceless
- Nothing about us...

Characteristics of an Ally

- Listens openly.
- Actively pursues a process of self-education. Learns about the history and culture of target groups.
- Acknowledges and takes responsibility for one's own **socialization**, **prejudice** and **privilege**.
- Willing to examine and relinquish privileges.

Characteristics of an Ally

- Learns about and takes pride in one's own identities.
- Identifies one's own self-interest in acting as an ally.
- Makes friends with people who are different.
- Knows resources about and for target groups.
- Educates others.

Characteristics of an Ally

- Takes a public stand against discrimination and prejudice.
- Interrupts prejudice and takes action against oppression even when people from the target group are not present.
- Accepts and embraces that we all have similar hopes, feelings and dreams
- Seeks opportunities to be a role model, and to be inclusive in all community events

Characteristics of an Ally

- Risks discomfort!
- Is not self-righteous with others (especially other dominant group members).
- Challenges the internalized oppression of people in target groups.
- Supports the value of separate meetings/events/activities for members of target and agent groups.

Characteristics of an Ally

- Holds high expectations for all people.
- Understands children's curiosity.
- Understands the impact of stigma- speaks up against it.
- Takes time to show appreciation when the media is inclusive.
- Has a vision of a healthy multicultural society.

- **Aaron Huey - Ted Talk**