

Motivational Interviewing Coaching Circles

*Hope is the thing with feathers that perches in the
soul, And sings the tune without words, and never
stops at all*

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Lesson 7 Assessing & Building Client Confidence

Agenda

- Download files from Webex
- Coaching Circle Description and History
- Review of MI Concepts
 - Confidence and Importance
 - Recognizing and Enhancing Confidence Talk
 - Strategies For Strengthening Confidence Talk
 - Summarization and Key Question
- Practice Exercises
- Discussion and Questions

Acknowledgements

- Miller, William and Stephen Rollnick (2013). Motivational Interviewing: Helping People Change (3rd ed.). The Guilford Press.
- Minnesota Department of Human Services, Mental Health Division (2009). Motivational Interviewing Skill Development Series
- Substance Abuse Mental Health Services Administration (SAMHSA) (2006). COSIG Grant CFDA 93.243



- A safe place to practice new skills, concepts, ideas with peers whom you trust.
- The primary coach is skilled in the model being used and is responsible for organizing the material, setting the agenda, and leading the circle.
- Everyone in the circle is considered a peer coach and has something to offer.
- The primary coach rotates after the series is complete.
- A second circle member is the coach-in-waiting

Development of MI Coaching Circles



Coaching Circle Assistance

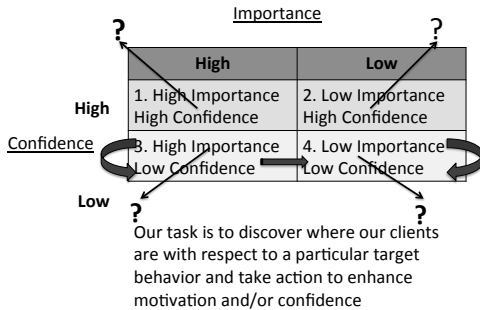
Minnesota Center for Chemical and Mental Health



Located in Peters Hall, St. Paul Campus, University of Minnesota

MNCAMH is available to help get an MI Coaching Circle up and running at your agency.
Contact us at : 612-626-9042 or mncamh@umn.edu

Low Confidence: A Barrier To Change



Indicators of Low Confidence

- I would like to get a college degree so I could have a more satisfying job, but it's been so long since I was in school I could never keep up.
- I know smoking is bad for me and it's important to quit, but I've tried many times and I just can't seem to do it.
- If I don't stick to the diet my doctor prescribed, my diabetes is going to just get worse, but I really like the foods I'm not suppose to eat and it would be hell to just eat the crap I'm suppose to. I just can't do it.

Exploring Confidence: An Ambivalence Issue

- Three Potential TRAPS (There are others)
 1. Prescribing the change
"Here's how you can do it." Goes against MI Spirit of Autonomy.
 2. Ignoring or not taking client's low confidence seriously (The righting reflex or cheerleading)
"I'm sure you can do it." Ignores the client's stage of change.
 3. Buying into client's hopelessness
"Maybe this is something your going to have to accept."

Ten Strategies For Building Client Confidence

1. Confidence Talk
2. Confidence Ruler
3. Giving Information & Advice
4. Review Past Successes
5. Identifying & Affirming Strengths
6. Brainstorming
7. Reframing
8. Hypothetical Thinking
9. Responding to Confidence Talk
10. Radical Change with Multiple Problems

Some Characteristics of Successful Changers

Accepting	Committed	Flexible	Persevering	Stubborn
Active	Competent	Focused	Persistent	Thankful
Adaptable	Concerned	Forgiving	Positive	Thorough
Adventuresome	Confident	Forward-looking	Powerful	Thoughtful
Affectionate	Considerate	Free	Prayerful	Tough
Affirmative	Courageous	Happy	Quick	Trusting
Alert	Creative	Healthy	Reasonable	Trustworthy
Alive	Decisive	Hopeful	Receptive	Truthful
Ambitious	Dedicated	Imaginative	Relaxed	Understanding
Anchored	Determined	Ingenious	Reliable	Unique
Assertive	Die-hard	Intelligent	Resourceful	Unstoppable
Assured	Diligent	Knowledgeable	Responsible	Vigorous
Attentive	Doer	Loving	Sensible	Visionary
Bold	Eager	Mature	Skillful	Whole
Brave	Earnest	Open	Solid	Willing
Bright	Effective	Optimistic	Spiritual	Winning
Capable	Energetic	Orderly	Stable	Wise
Careful	Experienced	Organized	Steady	Worthy
Cheerful	Faithful	Patient	Straight	Zealous
Clever	Fearless	Perceptive	Strong	Zestful

Miller (2004)

Confidence Enhancing Exercise

Sarah is a 35 year old who is diagnosed with severe alcohol use. She has been through multiple treatments. The longest she has been able to stay sober is 3 months. Her relapses appear to be triggered by her difficulty being alone as she gets quite anxious. She says it is very important for her to stop drinking (8 on ruler). Her physical health is declining due to alcohol use and she would like feel better about herself. She is doubtful she can quit for any length of time and is reluctant to try (3 on ruler).

**Skill Practice:
Dr. Clark's Referral**

- Two group members read the script
- Elements of a good summary and key question
 - Accurately reflects the client's story
 - Emphasizes any change, confidence, and commitment talk without omitting the sustain talk
 - Asks client for confirmation that you have the essence of what was said
 - Asks a key question to which the answer is action.

Discussion and Questions
