# INTRODUCTION TO MOTIVATIONAL INTERVIEWING For American Indian and Alaska Native Communities



What is Motivational Interviewing?

Health workers regularly encounter people whose behaviors pose serious threats to their health and the health of their loved ones. Motivational Interviewing (MI) is a non-judgmental, non-confrontational, flexible and empathic method of communication to bring about behavior change. In MI the health worker and client establish a collaborative relationship in which the client is empowered to identify his or her own ambivalence about behavior change and enact solutions.

MI has broad applicability to any disease or condition which involves a behavioral component. Compared to other approaches, MI is relatively inexpensive and has the added advantage of being flexible for use over the telephone or during an in-person client visit. Behavior change settings that can use MI include: mental health, weight change, nutrition, substance abuse, smoking, gambling, medication adherence and diabetes.

## Adapting Motivational Interviewing for American Indian/ Alaska Native Communities:

Motivational Interviewing is considered an appropriate and effective intervention for a variety of populations, including American Indians and Alaska Natives (AI/ANs). Specifically, MI has the potential to be consistent with decolonizing methodologies and, if conducted appropriately, respects the sovereignty and self-determination of the individual, tribe and community.

Adaptations of MI materials for AI/AN communities have focused on raising awareness about the impacts of intergenerational trauma, cultural genocide and alienation from tribal customs on the healing process of behavior change. Adapted MI resources offer relevant metaphors that are intended to resonate with different Native cultures and prompt questions for health workers such as, "What have I done today to adapt my counseling style to the AI/AN population with whom I work?" Adapted resources might also emphasize Native values compatible with MI such as respect, pride, dignity, self-determination, connection, responsibility and empathy.

Some ways in which MI is particularly appropriate for use with members of the AI/AN community:

- In MI, it is the client's job, not the counselor's, to articulate and resolve his or her ambivalence and decide whether to change. This method affirms for the client that change is possible and also respects the self-determination and sovereignty of the individual and AI/AN people.
- In some tribal health programs using MI, labels such as "client," "patient" or "substance abuser" are not allowed. Instead, more culturally appropriate terms such as "relatives" or "uncle" are used on a case-by-case basis.



- An MI prayer exists (see the resources listed below) and can be adapted to a specific tribe or community. Furthermore, the MI method creates space to include spirituality and religious practices into the healing process of behavior change by asking the client what values are important to him or her.
- MI is non-confrontational.
- The role of the health worker in MI is that of a quiet, eliciting guide who uses reflections to help the client recognize his or her ambivalence about change.

# Motivational Interviewing Skills Highlight: Reflective Listening

Reflective Listening is an interaction technique in MI that helps the health worker construct responses to his or her client in the form of reflections. Reflections are the type of responses made most often by MI professionals. A reflection seeks to summarize what the client means and a good reflection is spoken as a statement, not a question. Health workers should craft their words wisely when composing a reflection in MI. Examples of different types of reflections:

## Simple Reflection:

Makes a direct restatement of what the client said.

Client: "I'm not sure I need to quit drinking."

**Counselor:** "You are not certain that you need to stop altogether."

#### **Complex Reflection:**

Makes a guess about the client's meaning, guesses about what was not said and goes beyond what the client says.

Client: "I'm not sure I need to quit drinking."

**Counselor:** "Sounds like things don't seem bad enough for you to quit...Seems to you that abstinence would be taking things too far."

## For More Information About Motivational Interviewing:

Check out the the UIHI's new <u>Motivational Interviewing Resource Page</u>. The resources on this page provide an introduction to the spirit of Motivational Interviewing, different interaction techniques including more about Reflective Listening, the MI prayer, MI worksheets and much more!

For a complete list of resources available on the UIHI's website please visit:

http://www.uihi.org/projects/health-equity/resources/motivational-interviewing/

# **Contact Us**

Email: <u>info@uihi.org</u> or Phone: (206) 812 - 3030 To join our Weekly Resources and Opportunities EMail, visit: <u>www.uihi.org/subscribe</u>.

# Structure of a Reflection: Stem + Flower

Stem:

It sounds as if... I'm hearing you say that... You must be feeling...

Flowers:

You're not ready to quit yet... You think quitting is too extreme...

