

# Motivational Interviewing in Southern Africa (MISA)

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## Introduction

These DVD clips are designed for use in training events or workshops where motivational interviewing is learnt. The DVD attempts to illustrate MI using scenarios and topics that are typical of the southern African context and also attempts to provide material in a variety of local languages. The actors and counselors recorded the clips without a specific script or rehearsal and therefore they are not intended to be perfect examples, but reflect the challenges of using MI in everyday practice. They do however illustrate the spirit of MI along with the key principles and techniques. In the text below we have tried to indicate which aspects of MI are well illustrated in the different clips and have provided a few questions that could be used to stimulate discussion.

### **Segment 1 (English, 22:41): A social worker in a drug counseling centre has a pre-admission interview with Kelvin a client with substance abuse: Guiding style**

This demonstrates a difficult counseling session with a highly resistant client who has been required to attend. The counsellor's main objective is to build rapport, understand the client's dilemma and to minimize dissonance between the client and counselor. This session illustrates empathic listening, the development of discrepancy and "rolling with resistance". There are good examples of reflective listening statements and summaries.

- How does she react to the client's resistance?
- What techniques does the social worker use to "roll with resistance"?
- How would you normally handle this situation?
- How does the counsellor try to develop discrepancy?
- How would you continue working with the client in the next session?

### **Segment 2 (English 02:00): The actor gives feedback on segment 1**

### **Segment 3 (English, 05:50): A social worker in a drug counseling centre has a pre-admission interview with Kelvin a client with substance abuse: Directing style**

This is the same scenario as in segment 1, but illustrates a more confrontational approach and results in superficial compliance from the client. This segment can be compared and contrasted with segment 1.

- How does she react to the client's resistance?
- How would you normally handle this situation?
- What is the effect on the client and the client-counsellor relationship?

### **Segment 4 (English 01:10): The actor gives feedback on segment 3**

### **Segment 5 (Afrikaans 17:30): Regina, an alcoholic mother is called in to see the school psychologist about child neglect: Guiding style**

Regina is unaware of the reasons why her son Morne's teacher has arranged an appointment with the psychologist. After the psychologist conveys the teacher's observations and concerns regarding Morne, she initially denies any problem and is very reluctant to discuss the matter. The psychologist's approach enables her to get beyond this however and the session has a positive outcome. Through a series of mostly open-ended questions, reflections and summarising - as well as being non-judgemental and non-confrontational - the psychologist guides Regina to a point where she spontaneously refers to her drinking and its possible role in Morne's demeanor and poor school performance. This approach also guides Regina into change-talk and demonstrates assessing readiness to change which in turn leads to talk of commitment and tasks for change. This is followed by problem-solving (problem clarification, goal-setting and strategising) - again having been guided to this point by the use of open-ended questions and reflections.

- What are some of the common responses / approaches to such a problem in your experience?

- How would you have dealt with this client if she was sent to you? How would you have responded to Regina's denial of any problems and her reluctance to talk?
- How did the psychologist respond to Regina's initial denial and reluctance to discuss the matter? What did he not do that may have been unhelpful?
- Why do you think this is a guiding style? Which skills were used that helped Regina eventually disclose her excessive alcohol use?
- What other skills / techniques did you identify being used?

**Segment 6 (English 06:19): Mr King, a new diabetic patient, has a follow up consultation with his family physician to discuss lifestyle change: Guiding style**

The family physician presents Mr King with a menu of options as to what could be discussed in relation to diabetes and includes the possibility of other topics that may be more important to the patient. He uses an agenda setting tool to help Mr King decide which topic he feels most ready to discuss. Diabetes is suitable for this as there are multiple lifestyle changes and the patient's readiness to change may differ between them. This topic is then explored using open questions to initially elicit the patients prior knowledge.

- What is the purpose of agenda setting?
- What challenges does this give the practitioner (in terms of control, choice, duty and responsibility)?

**Segment 7 (English 19:50): Fatiswa, an alcoholic mother, is called in to see the school psychologist about child neglect: Guiding style**

The school psychologist explores Fatiswa's ambivalence about her drinking using reflections, summaries and mainly open questions. The clip demonstrates how this approach starts to elicit "change talk" and leads to the use of brainstorming to explore possible practical ways of cutting down on the drinking.

- What "change talk" is elicited from Fatiswa and how is this responded to?
- What examples are there of simple and complex reflections?
- What examples of asking permission and open questions are given?
- What else could be done to enhance her readiness to change?

**Segment 8 (English 14:45): Vuyile a pregnant mother visits an HIV counsellor in the local clinic to discuss mother to child transmission: Guiding style**

In this segment a guiding style is used which prioritizes what the client puts on the agenda. The following skills are illustrated:

- reflective listening
- giving information using Elicit-Provide-Elicit
- Open ended questions
- Readiness rating

**Segment 9 (English 07:05) The counsellor gives feedback on segment 8.**

**Segment 10 (Xhosa/Zulu 23:00) Vatiswa, a pregnant mother, visits an HIV counsellor in the local clinic to discuss mother to child transmission: Guiding style**

This segment illustrates a first PMTCT (Prevention of mother to child transmission) session where the mother who already knows her HIV positive status wants to know more about protecting her baby. She is supported to explore the pros and cons of many options, before making decisions. The segment shows a guiding style where the client sets the agenda. Open ended questions, reflective summaries and affirmations are used. There is also giving information using Elicit-Provide-Elicit when need arises. Supporting self efficacy is also illustrated in this segment.

**Segment 11 (Xhosa/Zulu 07:52) Vuyile, a pregnant mother, visits an HIV counsellor in the local clinic to discuss mother to child transmission: Directing style**

This segment is also in a PMTCT set up and illustrates a directing style where the counsellor comes through as the 'expert' and expects the client to follow her instructions. Giving information is not

guided by what the client needs, but is corrective and prescriptive. The spirit is disempowering, blaming and distrusting towards woman.

**Segment 12 (English 06:35) The counsellor gives feedback on segment 11.**

**Segment 13 (English 04:30) A family physician has a routine follow up consultation with Hilary Rhode one of his asthmatic patients, who has a problem with adherence: Initial consultation**

This segment illustrates the first half of the consultation where the doctor gathers information about the patient's asthma and level of control. Behaviour change is not specifically addressed, but the segment shows a patient-centred style with use of open questions, reflective listening and summaries. Segment 14 shows the next part of the consultation where adherence is discussed.

**Segment 14 (English 08:55) A family physician has a routine follow up consultation with Hilary Rhode one of his asthmatic patients, who has a problem with adherence: Guiding style**

The patient's problem with adherence is due to misinformation, concerns and fears regarding use of the inhalers. The family physician demonstrates empathic listening, exchange of information using elicit-provide-elicite and support of self-efficacy.

- How is information shared in this consultation?
- What is the nature of the relationship between doctor and patient?
- How would you usually deal with a patient like this?
- What skills are used by the doctor?
- What change talk is elicited by the doctor?

**Segment 15 (English 04:40) The actor gives feedback on segment 14.**

**Segment 16 (English 03:38) A family physician has a routine follow up consultation with Hilary Rhode one of his asthmatic patients, who has a problem with adherence: Directing style**

This session shows a doctor using a directing style in an unhelpful way. The doctor confronts and even shames the patient about their lack of adherence. He is authoritarian, prescriptive and takes control away from the patient. He transmits information and educates the patient on topics that he thinks are important. The doctor's agenda in terms of assessing control and tackling the issue of adherence in a tough no-nonsense approach is achieved.

- What mistakes does the doctor make?
- How ready to change is the patient at end of the consultation?
- What is the nature of the relationship between doctor and patient?
- If you were the doctor what would you do differently and why?

**Segment 17 (English 03:32): The actor gives feedback on segment 16.**

**Segment 18 (English 07:12): A family physician has a routine follow up consultation with Lauren, one of his asthmatic patients, who has a problem with smoking: Guiding style**

This segment shows how a conversation about smoking can be incorporated into a larger consultation and the segment begins at the moment when the doctor asks permission to discuss the topic. The segment shows specific techniques for assessing readiness to change by using scaling questions. These are then used further to explore importance and build confidence.

- What techniques does the doctor use to assess readiness to change?
- How are these questions formulated to elicit change talk?
- How does the patient's readiness to change shift during the consultation?
- What does the doctor do to enhance readiness?

## **Core skills: OARS**

**Segment 19 (English 00:37) Examples of open ended questions**

**Segment 20 (English and Afrikaans 00:30) Examples of affirmations**

**Segment 21 (English and Afrikaans 00:29) Examples of reflective listening**

**Segment 22 (English and Afrikaans 01:09) Examples of summaries**