

MOTIVATIONAL INTERVIEWING

EXERCISES AND SKILLS TO SHARE WITH STAFF

1. Experience the Difference: Telling vs. Motivational Interviewing

Think of a behavior that you want to change. Find a partner. Take turns in both roles.

Exercise 1: Convince your partner to make a change.

- Explain why s/he should make this change
- Give 3 specific benefits of making this change
- Tell him/her HOW to change it
- Emphasize the importance of the change

Debrief: What was it like to be the speaker?
What was it like to be the helper?
Did it increase your motivation?

Exercise 2: Goal is to understand your partner's dilemma?

Same partner. Same behavior.

1. Ask these four questions:
 - Why would you want to make this change?
 - What are the three best reasons for you to do it?
 - On a scale from 1-10, how important would you say it is to make this change (where 1 is not imp and 10 is extremely imp)? And why are you a ___ and not lower?
 - If you did decide to do it, how might you go about it to succeed?
2. Give a short summary of the speaker's motivation (any desire, ability, reasons, and/or need for change), then ask:
 - So what do you think you'll do? (Listen with interest and affirm.)

Debrief: What was it like to be the speaker?
What was it like to be the helper?
Did it increase your motivation?

Finding Affirmations and Strengths within my Residents

Think about your clients (residents) and your work context. What challenges do your clients encounter in this context? What resources do they bring to your discussions?

For example, in a welfare setting, there is often the perception that clients scheme to gain greater benefits and are not forthcoming in describing their situations. Client strengths within this context might include:

- The ability to observe how systems function.
- The ability to perceive opportunities.
- Awareness of strengths and how to use these to meet needs.
- Creativity in making the system provide what they want and need.
- The ability to make active decisions on their own behalf.
- Determination, fortitude, and chutzpah.

Now think about your residents. Don't just stop at the obvious negative evaluations (e.g., "My clients are good at lying"), but find the strength that might underlie this behavior. Once you've made an exhaustive list, consider how you might communicate this awareness in a manner that builds momentum for positive change.

- Make a list of their strengths.
- Write an affirmation using a "you" statement.

Describe a situation where you had a difficult conversation with a resident that you think could have gone better:

Resident's Strength(s):

Your Strength(s):

Possible Affirmations:

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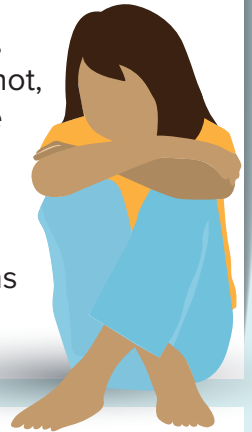
CRISIS



WARNING SIGNS of a Mental Health Crisis

It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- ✓ **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- ✓ **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ✓ **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- ✓ **Abusive behavior** to self and others, including substance use or self-harm (cutting)
- ✓ **Isolation** from school, work, family, friends
- ✓ **Loses touch with reality (psychosis)**, unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ✓ **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification



WARNING SIGNS of Suicide

- ◆ **Giving away personal possessions**
- ◆ **Talking as if they're saying goodbye** or going away forever
- ◆ **Taking steps** to tie up loose ends, like organizing personal papers or paying off debts
- ◆ **Making or changing a will**
- ◆ **Stockpiling pills or obtaining a weapon**
- ◆ **Preoccupation with death**
- ◆ **Sudden cheerfulness or calm** after a period of despondency
- ◆ **Dramatic changes** in personality, mood and/or behavior
- ◆ **Increased drug or alcohol use**
- ◆ **Saying things** like "Nothing matters anymore," "You'll be better off without me," or "Life isn't worth living"
- ◆ **Withdrawal** from friends, family and normal activities
- ◆ **Failed romantic relationship**
- ◆ **Sense of utter hopelessness** and helplessness
- ◆ **History** of suicide attempts or other self-harming behaviors
- ◆ **History** of family/friend suicide or attempts

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WHAT TO DO if you suspect someone is thinking about suicide

If you notice warning signs or if you're concerned someone is thinking about suicide, don't be afraid to talk to them about it.



START the Conversation by sharing specific signs you've noticed, like:

"I've noticed lately that you [haven't been sleeping, aren't interested in soccer anymore, which you used to love, are posting a lot of sad song lyrics online, etc.]..."



Then say something like:

- ✓ "Are you thinking about suicide?"
- ✓ "Do you have a plan? Do you know how you would do it?"
- ✓ "When was the last time you thought about suicide?"

If the answer is "Yes" or if you think they might be at risk of suicide, you need to seek help immediately.

- ◆ Call a therapist or psychiatrist/physician or other healthcare professional who has been working with the person
- ◆ Remove potential means such as weapons and medications to reduce risk
- ◆ Call the National Suicide Prevention Line at 1-800-273-8255 or call 911

LISTEN, EXPRESS CONCERN, REASSURE.

Focus on being understanding, caring and nonjudgmental, saying something like:

"You are not alone. I'm here for you"

"I may not be able to understand exactly how you feel, but I care about you and want to help."

"I'm concerned about you and I want you to know there is help available to get you through this."

Please remember, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.

"You are important to me; we will get through this together."

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WHAT TO DO in a mental health crisis


IF YOU ARE WORRIED that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

- ◆ **Is the person in danger** of hurting themselves, others or property?
- ◆ **Do you have time** to start with a phone call for guidance and support from a mental health professional?
- ◆ **Do you need emergency assistance?**



If the situation is life-threatening or if serious property damage is occurring, don't hesitate to call 911 and ask for immediate assistance.

TECHNIQUES that May Help De-escalate a Crisis:

- 
- ✓ Keep your voice calm
 - ✓ Avoid overreacting
 - ✓ Listen to the person
 - ✓ Express support and concern
 - ✓ Avoid continuous eye contact
 - ✓ Ask how you can help
 - ✓ Keep stimulation level low
 - ✓ Move slowly
 - ✓ Offer options instead of trying to take control
 - ✓ Avoid touching the person unless you ask permission
 - ✓ Be patient
 - ✓ Gently announce actions before initiating them
 - ✓ Give them space, don't make them feel trapped
 - ✗ Don't make judgmental comments
 - ✗ Don't argue or try to reason with the person

When Calling 911 for a Mental Health Emergency

Remember to:

- ✓ Remain calm
- ✓ Explain that your loved one is having a mental health crisis and is not a criminal
- ✓ Ask for a Crisis Intervention Team (CIT) officer, if available

They will ask:

- ✓ Your name
- ✓ The person's name, age, description
- ✓ The person's current location
- ✓ Whether the person has access to a weapon

Information you may need to communicate:

- ✓ Mental health history, diagnosis(es)
- ✓ Medications, current/discontinued
- ✓ Suicide attempts, current threats
- ✓ Prior violence, current threats
- ✓ Drug use
- ✓ Contributing factors (i.e. current stressors)
- ✓ What has helped in the past
- ✓ Any delusions, hallucinations, loss of touch with reality

If you don't feel safe
at any time, leave the
location immediately.



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PREPARING for a crisis

No one wants to worry about the possibility of a crisis—but sometimes it can't be avoided.

It's rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

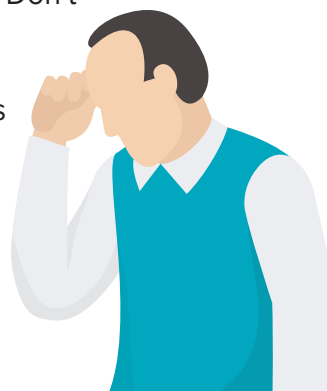
Don't ignore these changes, talk with your loved one and encourage them to visit their doctor or therapist. The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

If you are alone and feel safe with them, call a trusted friend, neighbor or family member to come be with you until professional help arrives. In the meantime, the following tips may be helpful:

If you're feeling like something isn't right, talk with your loved one and voice your

concern. If necessary, take action to get services for them and support for yourself.

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren't there. Don't underestimate the reality and vividness of hallucinations. Accept that your loved one has an altered state of reality and don't argue with them about their experience. In extreme situations, the person may act on these sensory distortions.



✓ **Learn all you can about the illness your family member has.**

✓ **Remember** that other family members are also affected, so keep lines of communication open by talking with each other.

✓ **Avoid guilt and assigning blame to others.**

✓ **Learn to recognize early warning signs of relapse**, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.

✓ **Do what your loved one wants, as long as it's reasonable and safe.**

✗ **Don't shout or raise your voice.**

✗ **Don't threaten**; this may be interpreted as a play for power and increase fear or prompt an assault.

✗ **Don't criticize or make fun of the person.**

✗ **Don't argue with other family members**, particularly in your loved one's presence.

✗ **Avoid direct, continuous eye contact or touching the person.**

✗ **Don't block the doorway or any other exit.**



National Alliance on Mental Illness
www.nami.org



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notalone.nami.org * ok2talk.org

NAMI HelpLine: 800-950-NAMI (6264)

Text "NAMI" to 741741 to reach the Crisis Text Line

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A CRISIS PLAN

A crisis plan is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behaviors and help prepare for a crisis. Every plan is individualized, some common elements include:

Remember that the best time to develop a crisis plan is when things are going well and you can create it together.



- Person's general information
- Family information
- Behaviors present before the crisis occurs, strategies and treatments that have worked in the past, a list of what actions or people that are likely to make the situation worse, a list of what helps calm the person or reduces symptoms
- Current medication(s) and dosages
- Current diagnoses
- History of suicide attempts, drug use or psychosis
- Treatment choices/preferences
- Local crisis lines
- Addresses and contact information for nearby crisis centers or emergency rooms
- Mobile crisis unit information, if there is one in the area
- Contact information for healthcare professionals (phone and email)
- Supports - adults the person has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at faith communities or work acquaintances
- Safety plans

The crisis plan is a collaboration between the person with the mental health condition and the family. Once developed, the plan should be shared by the person with involved family, friends and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment or providers. A sample crisis plan can be obtained at www.nami.org.

Self-Care Tips

Do things you enjoy.

Self-care isn't complicated—all it means is taking time to do things that make you feel good. This includes activities that you find fun, relaxing, or energizing. They can be as simple as reading a book or as big as taking a vacation.

Take care of your health.

This means eating regular meals, getting enough sleep, exercising, caring for personal hygiene, and anything else that maintains good health. These forms of self-care might not give instant gratification, but they will help you feel good in the long run.

Give yourself permission to relax.

When life gets busy, self-care is often the first thing to go. Set boundaries around self-care, even if that means scheduling “me time” on your calendar or saying “no” to invitations from others.

Set specific self-care goals.

Vague goals like “I will take more time for self-care” rarely work. Instead, set clear goals like “I will walk for 30 minutes every evening after dinner.”

Make self-care a habit.

Just like eating one apple won't make you healthy, practicing self-care once won't fix stress. Find activities that can become a normal part of your day. For example, try making your lunchtime sacred. Savor your meal and take a short walk instead of working while you eat.

Limit unhealthy self-care.

Sometimes you just want to turn off your brain, munch on some chips, and scroll on your phone. These habits are okay in moderation, but try to prioritize healthier self-care options.