

The Question of Adapting Motivational Interviewing with American Indian and Alaska Native Populations

Kamilla L. Venner, PhD
UNM/CASAA



Adapting Evidence-based treatment to reduce Health Disparities

- One definition of *Health Disparities* is a difference in health care quality not due to differences in health care need or patient preferences.
- Even in mainstream substance abuse treatment, evidence based treatments are not the norm
- This situation is even worse for ethnic minorities and rural populations

Commonalities across healing traditions (MI and indigenous)

- MI is a relatively new intervention
- Aspects of MI are not new but borrowed from other therapeutic approaches
- Most people recognize aspects of MI as familiar to their own healing traditions
- This may be part of why MI seems to resonate with people from many tribes

Classic Definition

- *Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.*
 - Miller & Rollnick, 1995

What's Ambivalence?



Why All the Fuss?

- Early studies found that adding one session of MI before treatment as usual increased retention and doubled abstinence rates
- Several meta-analyses have shown MI to be in the top 5 or 10 most effective substance abuse treatments

Why Adapt MI?

- I'm trained in MI
- MI has evidence of efficacy and effectiveness
- Many AI/AN tribes are asking for MI training
- Empowerment based
- Non-confrontational

Why MI (continued)

- Better outcomes with Motivational Enhancement Therapy than with Twelve Step Facilitation Approach (Villanueva, Tonigan & Miller, 2002)
- Meta-analysis found that the effect size of MI doubles for ethnic minority clients
- AI/AN people resonate with MI
 - “I believe the concept of MI is already within our culture.”

“MI already within our culture”

- How ask people to change?
 - Focus on positive words & thoughts
 - “Live a better life”
 - “Focus on health of children”
 - “Deep inside is inner strength”
 - Be accepting; nonjudgmental
 - Be a role model

Other Thoughts on How to Choose Interventions For AI/AN People



Two Gaps

- Research-Practice Gap/ Efficacy-Effectiveness Gap
- Health Disparities between ethnic minorities and whites

Efficacy vs Effectiveness

- Efficacy: Controlled clinical trial(s) demonstrating whether a treatment results in good outcomes
- Effectiveness: Does that efficacious treatment work in a real-world setting?
- Gap: Most real-world settings are not using efficacious treatments

Methods to Reduce Gap

- Reduce barriers to using efficacious substance abuse treatments
 - Financial
 - Ecological Validity
 - Training & Manuals
 - Possibly adaptations
- Increase incentives to using efficacious treatments
 - Make funding contingent upon training and provision of efficacious treatments

To Adapt or Not To Adapt?



Why consider adaptations?

- Racial and Ethnic minority groups growing rapidly
- EBTs may not address differences in language, values, customs, stressors and resources across cultures
- **Health disparities**
- Ethical guidelines (APA, AMA, AMCD, etc)
- Differential engagement
- Differential outcomes

Adaptations for the better...



Native American Motivational Interviewing: Weaving Native American and Western Practices

A Manual for Counselors in
Native American Communities



Kamilla L. Venner, PhD (Alaska Native)
Sarah W. Feldstein, MS
Nadine Tafoya, MSW, LISW (Mescalero Apache)

Native American MI Manual

- Used First Person: “Native Voice”
- 6th grade reading level (helps translate)
- Vignettes: illustrate aspects of MI
- At the end, have a “quiz” to test skills
- Finding MI’s song, prayer and ceremony

Adaptations for the worse...



Adaptations lead to no changes...



Possible Directions

Venner & Bogenschutz, in press

- Import Evidence-based treatment as is
- Adapt Evidence-based treatment (i.e., MI)
- Evaluate Culturally supported interventions (Hall, 2001)
- Develop new treatments specifically for diverse populations (i.e., Brief Strategic Family Therapy)

Overview

- Present MI in a way that makes it feel tangible
- Explain the process of learning MI beginning with the spirit or style of MI
- Describe the principles and philosophy of MI
- Touch on a new rating scale (from MIA-STEP) that helps explain what is and what isn't MI
- Weave in cross-cultural adaptations of MI

Some MI Milestones

- 1983: 1st publication *Behavioral Psychotherapy by William R. Miller*
- 1991: 1st book: *Motivational Interviewing: Preparing people to change addictive behavior by Miller & Rollnick*
- 2002: 2nd edition of MI book with several translations
- 2007: article on 8 stages of learning MI

Spirit of MI

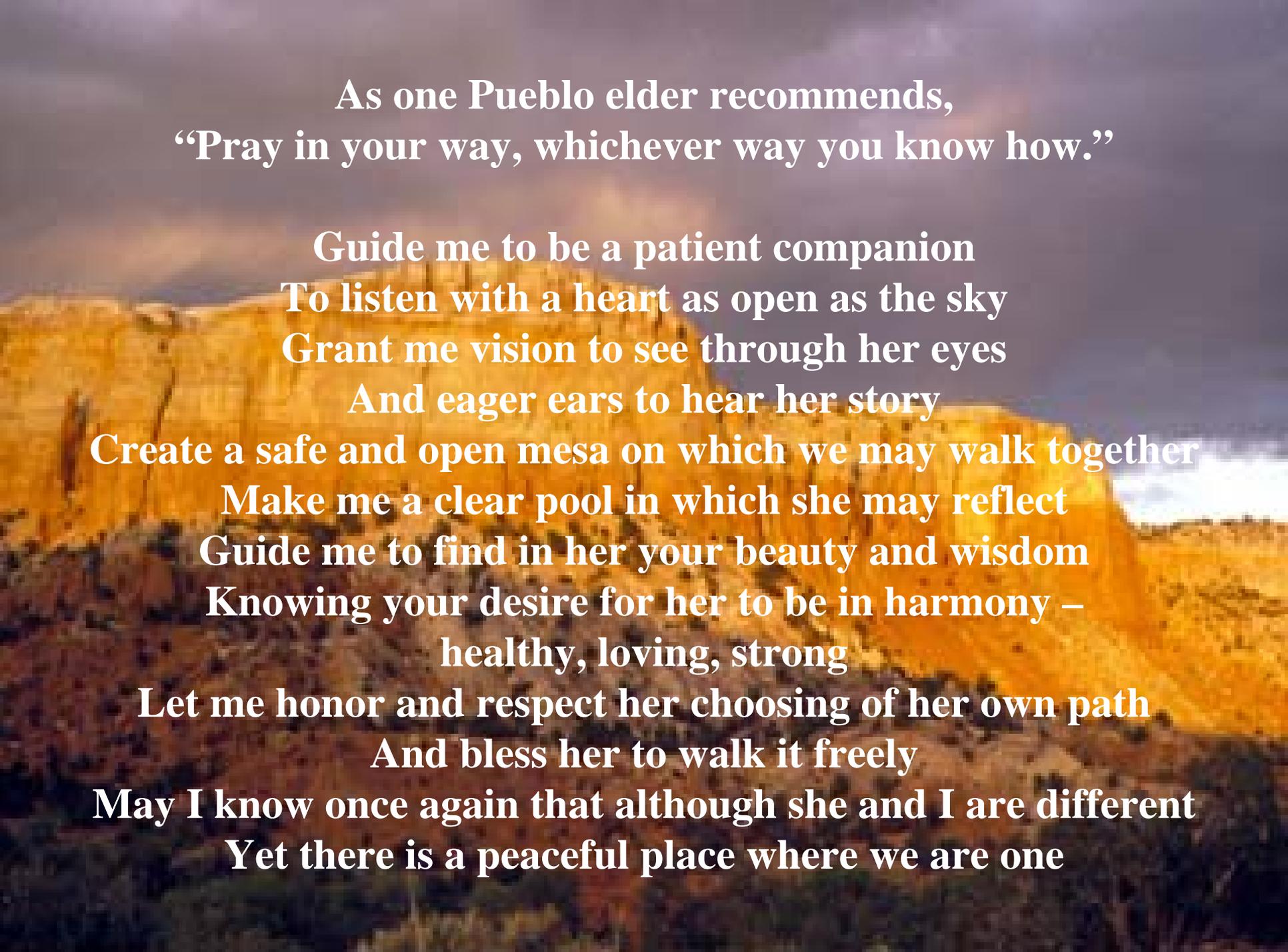
- If you don't capture the spirit of MI, using the techniques will not be considered MI
- Spirit or style includes
 - Partnership vs Confrontation
 - Drawing Out vs Education or providing information
 - Independent Choice vs Provider Authority

Persuasion Versus Collaboration

- I'd like to talk with you about vegetables
- How many vegetables do you eat a day?
- You should be eating 4 – 5 servings each day if you expect to be healthy.
- All you have to do is add vegies to each meal.
- Have you tried those little bags of carrots?
- There's nothing I can do for you unless you are ready to get healthy.

Collaboration

- Would it be OK if we talked about eating vegetables?
- How many servings do you usually eat/day?
- What do you like about eating vegetables?
- Would it be OK if I went over the daily servings of vegetables recommended?
- For optimal health, 4-5 servings recommended – what do you make of that?
- What changes are you considering making?



As one Pueblo elder recommends,
“Pray in your way, whichever way you know how.”

Guide me to be a patient companion
To listen with a heart as open as the sky
Grant me vision to see through her eyes
And eager ears to hear her story
Create a safe and open mesa on which we may walk together
Make me a clear pool in which she may reflect
Guide me to find in her your beauty and wisdom
Knowing your desire for her to be in harmony –
healthy, loving, strong
Let me honor and respect her choosing of her own path
And bless her to walk it freely
May I know once again that although she and I are different
Yet there is a peaceful place where we are one

MI Spirit

- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the client's own self motivational statements
- Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client.
- Affirming the client's freedom of choice

Principles of MI

1. Express Empathy: Reflective listening
2. Develop Discrepancy
3. Roll With Resistance
4. Support Self-efficacy and Hope

Philosophy of MI

1. Client resistance is drawn out by the environment (including providers)
2. Relationship should be collaborative and friendly
3. Priority is given to resolving ambivalence

Philosophy of MI (cont)

4. Provider does not prescribe specific methods or techniques (instead options)
5. Clients are responsible for their progress
6. Focus on Client's self-efficacy and increasing client hope

Adaptation: Emphasis on Spirituality

- Finding MIs Prayer, Song, and Ceremony
 - “Let me honor and respect his choosing of his own path”
 - Examples of indigenous ceremonies emphasizing respect and unity and safety
- Address Spirituality and Community in MI manual
 - Extension of exploring meaning and values
- Spicer, 2001: religion and spirituality important in maintaining sobriety
- Torres Stone, et al., 2006: traditional practices and traditional spirituality important in alcohol cessation

MIA-STEP

- Motivational Interviewing Assessment-Supervisory Training Enhancing Proficiency
- NIDA and SAMHSA
- MI is deceptively simple
- Rating scale

Not MI

1. Unsolicited advice, direction-giving, feedback
2. Emphasis that only one treatment works or only one treatment goal is acceptable
3. Direct Confrontation
4. Powerlessness and loss of control
5. Asserting Authority
6. Closed-ended questions

MI Consistent (core skills)

- MI Style or Spirit
- Open-ended questions
- Affirmations
- Reflections
- Collaborative Relationship

MI Consistent (strategies)

- Motivation to Change
- Developing Discrepancy
- Pros, Cons & Ambivalence
- Change Planning Discussion
- Client-Centered Problem Discussion & Feedback

Readiness Rulers

- How important is it for you to manage your blood sugar?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not at all

Extremely

Adapted Version

| | | | |
|--|---|--|---|
| It is not important to make a change | You are unsure about making a change | It is important to make changes | It is extremely important to make changes |
| You haven't prepared the ground for planting | A seed is in the soil but hasn't been watered | Your plant just broke through the soil | Your plant is ready to be harvested |



Ask-Provide-Ask

How to provide information using MI

- Ask permission
- Ask what patient already knows about _____
(diet and health risks or benefits, different kinds of fat in foods, exercise and health, etc)
- Provide information in a neutral way
- Ask what the patient thinks about this information

Overall Goals for Using MI

- Decrease in resistance/status quo talk
- Increase in change talk
- Express confidence that change is possible
- Support efforts to change

How will I know if I am using MI?

Clients/Patients are your best teacher

- Patient is talking more than you are
- You reflect more than you ask questions
- When you ask questions, use open questions
- Avoid getting ahead of patient's readiness level

Resources

- <http://motivationalinterview.org>
- <http://casaa.unm.edu/nami.html>
- <http://www.mid-attc.org/mia.htm>
- <http://www.oneskycenter.org/education/publications.cfm>

Thank you

