Applying Motivational Interviewing Principles with People with Serious Mental Illness (SMI) during Crisis Situations

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- Brief Review Adverse Childhood Experiences (ACEs) Study
- Brief Review Motivational Interviewing Principles
- Use of Arousal Continuum to Crosswalk ACEs, Crisis Response and MI
- Practice of MI in Crisis Situations



Adverse Childhood Experiences (ACEs) Study



Adverse Childhood Experiences

Child physical abuse	Child sexual abuse	Child emotional abuse	Physical Neglect
Emotional Neglect	Mentally ill, depressed or suicidal person in the home	Drug addicted or alcoholic family member	Witnessing domestic violence against the mother
	Loss of a parent to death or abandonment, including abandonment by divorce	Incarceration of any family member	



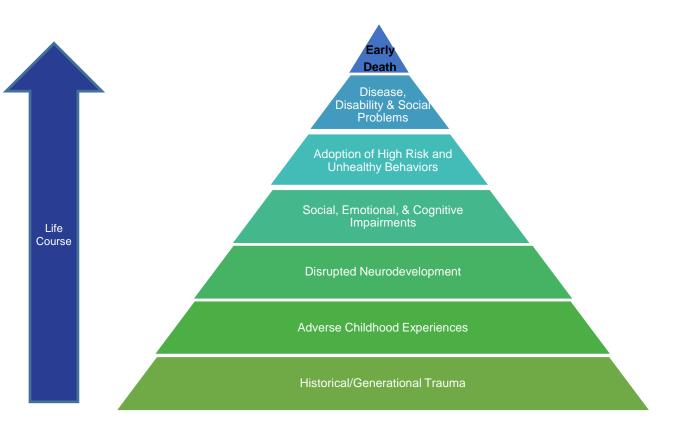
The Adverse Childhood Experience Study Behavioral Heath at the Foundation of all Health

- Over 17,000 adults studied from 1995-1997
- Almost 2/3 of participants reported at least one ACE
- Over 1/5 reported three or more ACEs, including abuse, neglect, and other types of childhood trauma
- Major links identified between early childhood trauma and long term health outcomes, including increased risk of many chronic illnesses and early death

"Major Findings," Centers for Disease Control and Prevention (CDC)



Adverse Childhood Experiences (ACEs) Affect on Health and Well-being



Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/



Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy

- Intimate partner violence perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury



Survival Mode Response





Discharge of Trauma

Resilient Nervous System

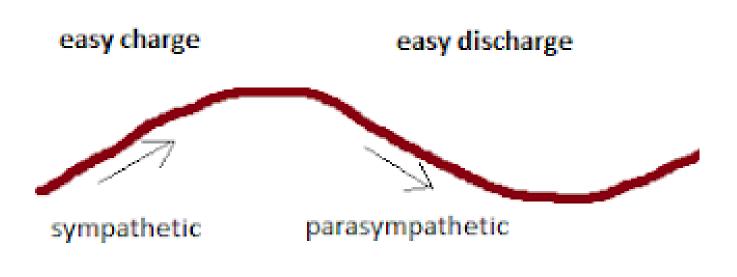


Image recreated from Crash Course: A Self-Healing Guide To Auto Accident Trauma & Recovery by Diane Poole Heller, Ph. D.



When trauma is not discharged

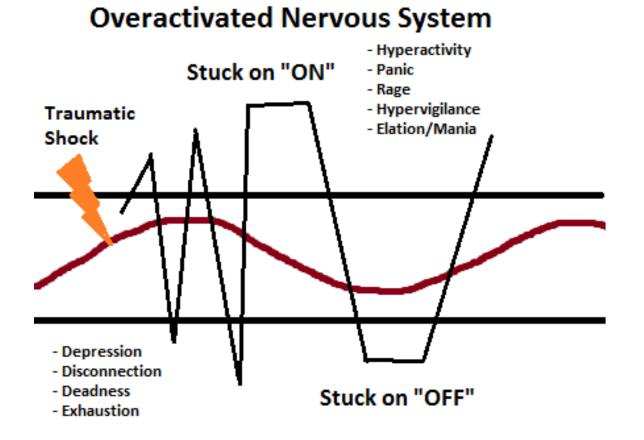


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Survival Mode Response



Inability to

- Respond
 - Learn
 - Process



ACEs + Survival Mode Response + Overactive Nervous System =

Limited Functioning during Crisis situation

So what is our role?

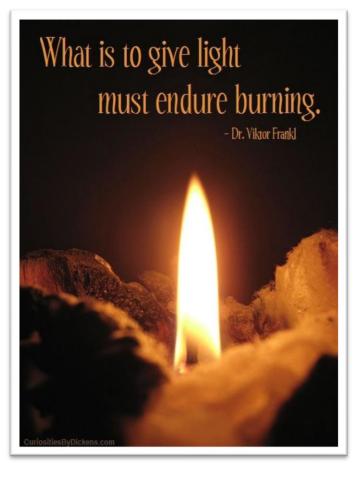
Access compassion through Motivational Interviewing Skills



What inhibits Caregivers from being Trauma Responsive?







For treatment and education to be effective for the long haul, professionals will need to maintain active personal selfcare--but equally important is the less frequently discussed necessity for schools and service organizations to create effective structures of care for staff.







'Most professionals (therapist was the research group) are BLIND to their own state of burn-out, compassion fatigue or vicarious trauma. While they concur that it is problematic, they can't see it.'

-Michelle Salyer, Purdue University, 2013





Motivational interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

Miller & Rollnick, 2012



The MI Process

Engaging: The relational foundation

Focusing: Guiding client to a target behavior that is important to them

Evoking: Drawing out client's intrinsic motivation and their own ideas for change

Planning: The bridge to change

The MI Process



Resistance is an indicator of a problem in the relationship between counselor and client. It is a signal that the counselor's approach is eliciting resistance.

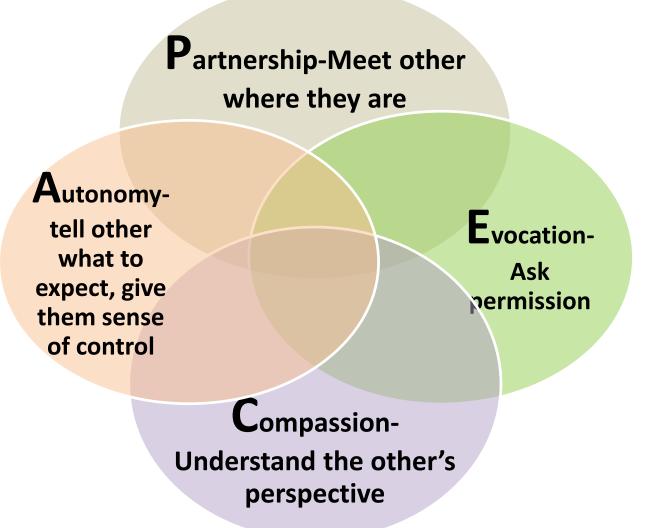
Resistance ... or discrepancy?

Exploring discrepancy creates an opportunity for change to occur. It may be the result of a difference in assumptions or values versus actions.





The Spirit of Motivational Interviewing-During Crisis





MI Modifications for People with SMI

- Incorporate both closed and open questions
- Incorporate and elicit as many communication choices as possible, allowing the client some control over how they prefer to communicate
- Short sentences, **simple** language, **concrete** and clear.
- **Check for understanding** both immediately after presenting information and also after a short time delay.

Communication with individuals with intellectual disabilities and psychiatric disabilities: A summary of the literature. Schalick, et al. Mich Retirement Research Center, 2012

Modification of motivational interviewing for use with people with mild intellectual disability and challenging behavior. Frielink, et al. J of Intel & Dev Dis, 2013



Skill	Examples	MI modifications for people with SMI during crisis situations
Open-Ended Inquiry	 What are you feeling right now? How have you been coping? 	Broad questions may be too vague. One question at a time. Avoid "why" questions. Allow extra response time.
A ffirmations	 You've been persistent in finding a solution. Forgiveness is important to you. 	Concrete. Verbal and non-verbal affirmations. Don't exaggerate. Growth comes from affirmations and recognizing successful experiences.
Reflections	 You're really frustrated with the process. A lot of things have happened and you want to be able to trust again. 	Develops insight. Pause to allow processing. Helps client with organization and structure of language, helps to verbalize feelings.
Summary	 Sometimes the stress is too much. It's been really hard to stay sober and you want your kids back. Where should we go from here? 	Use frequently especially in between topics. Ask client to give summary. Frielink, et al. J of Intel & Dev Dis, 2013

Arousal Continuum

Adapted from Dr. Bruce Perry's The Boy Who Was Raised as a Dog

Internal State	CALM	ALERT	ALARM	FEAR	TERROR
Cognitive Style	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
Regulating Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Dissociative Continuum	REST	AVOIDANCE	COMPLIANCE Robotic	DISSOCIATION Fetal Rocking	FAINTING
Arousal Continuum	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
Sense of Time	EXTENDED FUTURE	DAYS HOURS	HOURS MINUTES	MINUTES SECONDS	NO SENSE OF TIME



Case Example

Internal State	ALARM	
Cognitive Style	EMOTIONAL	
Regulating	LIMBIC	
Brain Region	Midbrain	
Dissociative	COMPLIANCE	
Continuum	Robotic	
Arousal	RESISTANCE	
Continuum	Crying	
Sense of	HOURS	
Time	MINUTES	

- 24 year old Male
- Scheduled Outpatient Treatment every other week, inconsistent attendance
- Diagnosis: Anxiety Disorder and Marijuana Dependence
- No family contact
- Couch surfing since lost apartment 2 months ago
- Lost job 3 months ago due to losing temper with customer
- Shows up at clinic demanding to talk to therapist on Wed at 1pm, missed Tues appt
- Girlfriend broke up with him this morning



https://www.integration.samhsa.gov/clinicalpractice/trauma#ACE Trauma PTSD Resources

https://www.integration.samhsa.gov/clinical-practice/motivationalinterviewing

http://kate-thegirlwholived.blogspot.com/2011/11/trauma-theory.html

http://www.motivationalinterviewing.org/sites/default/files/Four%20Fund amental%20Processes%20in%20MI-REV%20w%20definition.pdf

http://www.motivationalinterviewing.org/sites/default/files/Teaching%20t he%20Four%20Processes.pdf

<u>https://www.integration.samhsa.gov/Handout 2 -</u> <u>MI Priciples and Techniques.pdf</u>





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