

G. Motivational Enhancement to Increase Commitment to Family Collaboration and Resolve any Potential Ambivalence about Family Involvement

1. Motivational Interviewing

Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. Motivational interviewing is designed to help clients identify specific ways in which family involvement could be helpful, explore ways they would like family to be involved or not be involved, and to resolve any ambivalence they may have regarding having their relatives working with the treatment team. The session should be conducted in a casual, conversational style. Rather than utilizing confrontation, the provider uses active listening and careful questioning to assist clients in moving toward a greater commitment to having their relatives collaborate in their care. Interactional style is a critical component of motivational interviewing. The overarching principles of interpersonal interaction in this session are as follows:

1. Principle 1: Express Empathy.
 - Acceptance facilitates change.
 - Skillful reflective listening is fundamental.
 - Ambivalence about change is normal.
2. Principle 2: Develop Discrepancy.
 - Change is motivated by a perceived discrepancy between present behavior and important personal goals or values. Whenever possible, the client rather than the provider should present the arguments for change.
3. Principle 3: Avoid Arguments and Direct Confrontation.
 - Avoid arguing for change.
 - Resistance is not directly opposed.
4. Principle 4: Roll with Resistance.
 - New perspectives are invited but not imposed.
 - The client is a primary resource in finding answers and solutions.
 - Resistance is a signal for the provider to respond differently.
5. Principle 5: Support Self-Efficacy.
 - The client's belief in the possibility of change is an important motivator.
 - The provider's own belief in the person's ability to change becomes a self-fulfilling prophecy.
 - While the format is semi-structured, all interactions should follow a conversational style utilizing the OARS interaction format:
 - Ask Open-Ended Questions
 - Affirm Positive Statements

- Listen Reflectively – continuing the client’s statements, guessing feelings, moving to a deeper level of feelings (amplified reflective listening)
- Summarize what the client has said

The goal is to establish a collaborative relationship with the client wherein he/she works with the provider to help identify the benefits to having family involved and how they would like their family involved, develop a stronger commitment to working with the treatment team, and, if necessary, resolve any ambivalence about the team being involved with the relative. The general format for interaction is as follows: the provider asks open-ended questions, the client responds, and the provider summarizes the response, utilizing an empathic stance. Summarizing, restatements, and affirmations are crucial. The provider should monitor the number of direct questions asked and avoid asking more than two questions in a row.

In all conversations, the provider strives to support “change talk,” which works against maintaining the status quo (disengagement). The key elements of change talk include helping clients:

- Recognize disadvantages of the status quo
- Recognize advantages of change
- Express optimism about change
- Express intention to change

Many questions can be used to elicit change talk when working with a client. Some examples are listed below.

2. Examples of Open-Ended Questions to Evoke Change Talk

- **Disadvantages of the status quo**

- What worries you about your current situation?
- What kinds of difficulties have your problems brought to your family?
- Have you noticed your family struggling with concerns about you?
- Have you noticed your situation stressing out your family?
- What difficulties or hassles have you had in relation to your current situation?
- How is your situation stopping you from doing what you want to do in life?
- What do you think will happen if you don’t change anything? Would involving your family offer another opportunity for change?

- **Advantages of change**

- How would you like for things to be different?
- What would be the good things about your family helping you get a better handle on your situation?
- What might be good about your family understanding your situation a little better/getting more information on how they might support you? If you could make this change and you could get better immediately, by magic, how might things be better for you?
- Do you think your family might benefit from more support/information?
- What would be the advantages of having your family work more closely with your doctor and your treatment team?

- **Optimism about change**

- What encourages you to think that family collaboration might help?
- What do you think would work for you, if you decided to try to be more open to your family participating in your care?
- How confident are you that you can make this change? What would make you feel more confident?
- Intention to change
- What are you thinking about encouraging your family to be more involved in your care at this point?
- I can see that you're feeling stuck at the moment. What's going to have to change for you to stay involved? What do you think you might do?
- How important is improving your situation? How much do you want to do this?

As clients respond to these questions, the provider's goal is to reiterate statements they make supporting positive change, while acknowledging impediments and discouragement. The provider should utilize frequent summaries and restatements of clients' input. This technique both assures clients that they have been heard and helps clarify the specifics of the client's comprehension of the situation.

This handout is from the Family Member Provider Outreach Manual:

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