



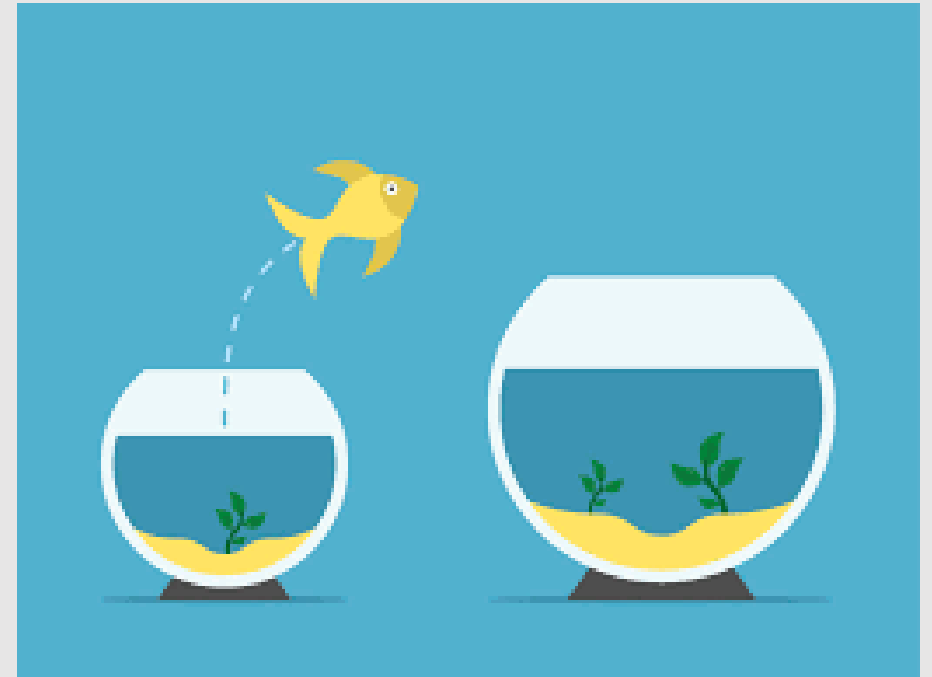
MOTIVATIONAL INTERVIEWING AS A TRAUMA INFORMED APPROACH

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In this session we will...

- Discuss how Motivational Interviewing (MI) can be used to develop, support, and strengthen trauma-informed systems of care (TIC).
- Review specific MI strategies to promote a trauma-informed system of care as well as individual trauma-responsive clinical and administrative practices will be identified.
- Resources for further study will also be provided.



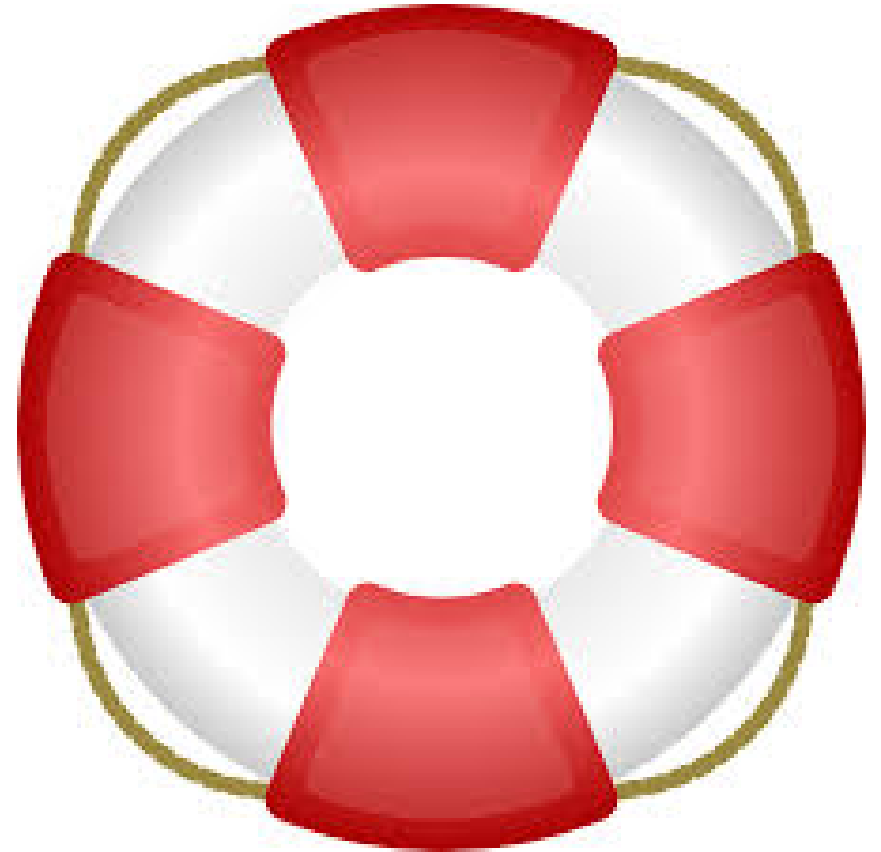
What we
mean when
we say
Trauma-
Informed Care


- **Trauma - informed care:** TIC is a strengths - based service delivery approach “ that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional **safety** for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of **control and empowerment**” (Hopper, Bassuk, & Olivet, 2010, p. 82).
- It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma, and it upholds the importance of **consumer participation** in the development, delivery, and evaluation of services.
 - SAMHSA, 2014

Domains of Trauma Informed Care


1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

Fallot & Harris, 2009





Motivational Interviewing: What is it?

- **Motivational Interviewing** is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. (Miller and Rollnick, 2013, p. 29)
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How is Motivational Interviewing Trauma-Informed?



Miller and Rollnick, 2013

The Basic Principles Underlying the Spirit of MI

MI Responding Techniques –STRATEGIC for Engaging – Focusing – Evoking - Planning

A ROSE

Affirmation

Reflection

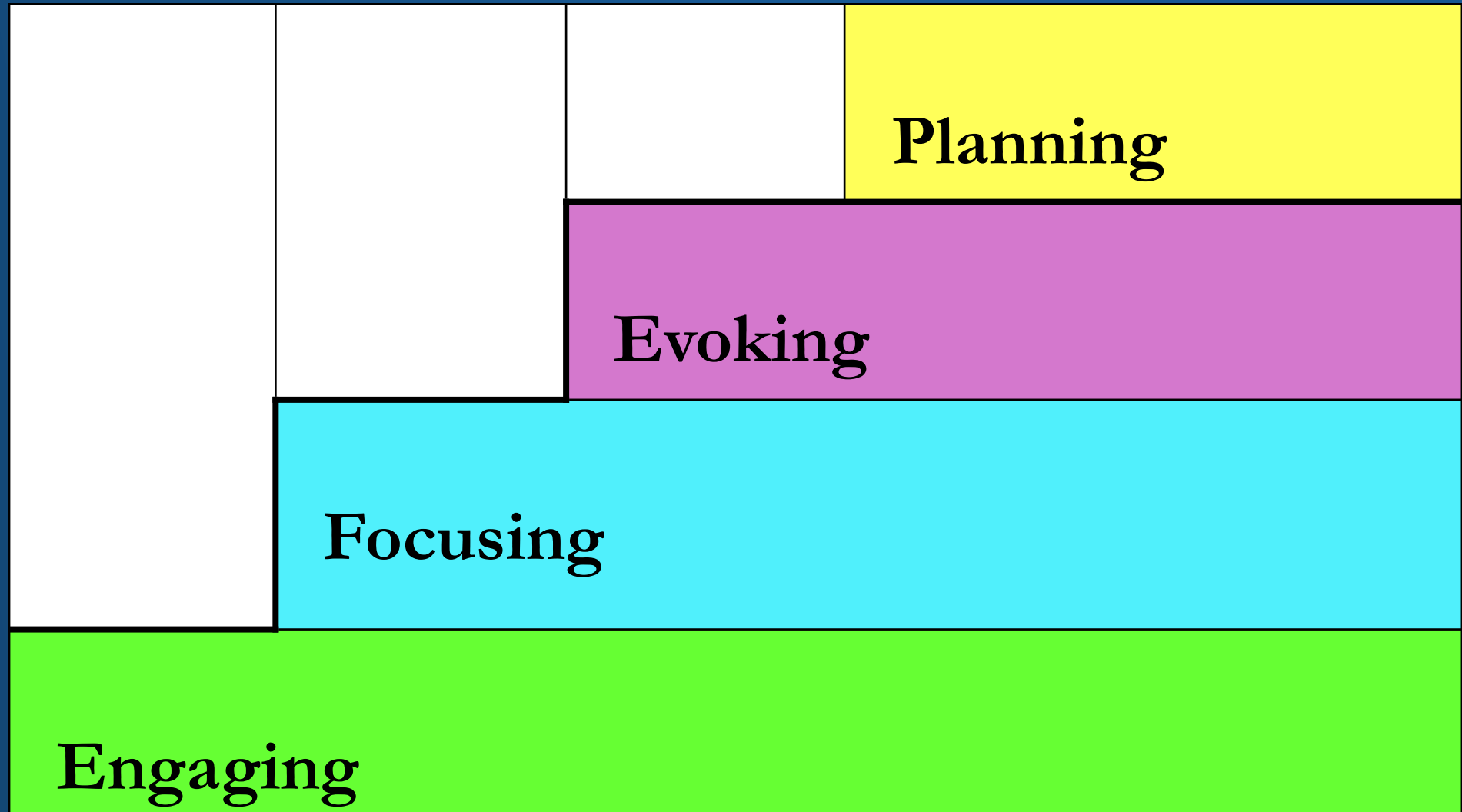
Open Ended Questions

Summary

Evoke-Provide-Evoke (or Ask-Offer-Ask)



Four Foundational Processes





**Preparatory Change Talk: Desire, Ability, Reason, Need
(DARN)**

**Commitment Change Talk: Commitment, Activation, Taking
Steps (CAT)**

Trauma Informed Care and MI Comparison

Trauma Informed Care	Motivational Interviewing
<ul style="list-style-type: none">• The four-fold principles of trauma-informed practice• Normalizing and validating clients' feelings and experiences• Assisting to understand the past and its emotional impact• Empowering survivors to better manage their current lives• Improving understanding of current challenges in light of the past victimization	<ul style="list-style-type: none">• "Spirit"• Empathy• Partnership/Collaboration/Autonomy and Choice• Compassion• Evocation

(Courtois 2001; Martsof and Draucker 2005; Wright et al. 2003 in Knight (2015))

Miller and Rollnick, 2013

Who Wants a Trauma Informed Agency?

- We are a trauma informed agency that ensures safety, collaboration, choice, trust, and empowerment.
- We have these outcomes because our staff have certain BEHAVIORS (e.g. they performed Motivational Interviewing)
- Knowledge of MI is excellent, the question is, is it actually being brought into practice.
- Engaging trainings are wonderful, but do they actually change behavior? (Kirkpatrick & Kirkpatrick, 2016)

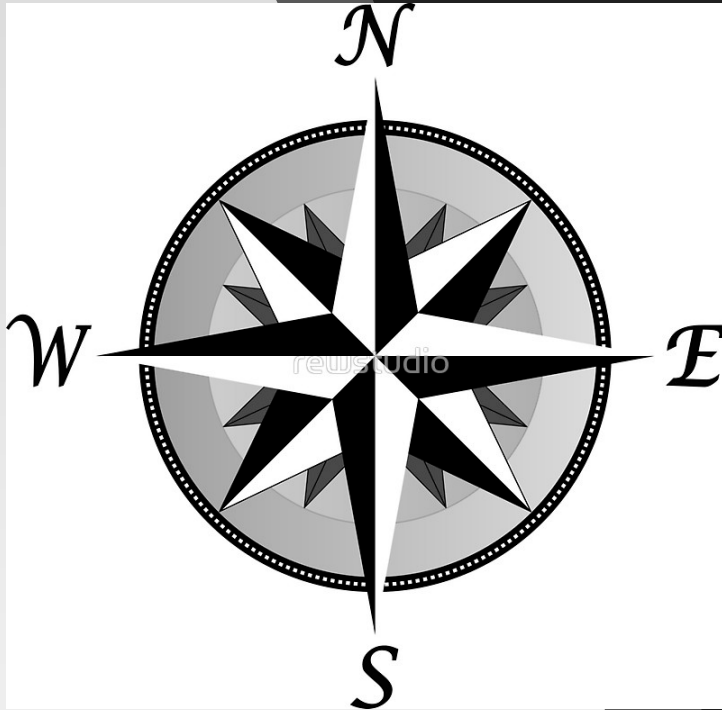


Human behavior flows from three main sources: desire, emotion, and knowledge.

Plato

BrainyQuote

Use Your Organizational Values as a Guide



- If staff is doing MI well, then you should notice an increase in at least some aspects of trauma informed care.
- If MI is not occurring how do you know? How can you right the course?
- What other practices and policies potentially get in the way of your agency being trauma informed?
- MI is a tool, but it is not the only tool. What other organizational changes might you make to improve practice?



Can You Make the Connection?

- We will view a video of MI being used with a survivor of intimate partner violence.
- Half the group will code for AROSE
- Half the group will code for the five dimensions of TIC

What MI techniques were used as interventions?

How did the intervention support a specific dimension of trauma informed care?

What else might the counselor or organization do to support trauma informed care for this individual?

Presentation References

Fallot, R. D. & Harris, M. (2009). *Creating cultures of trauma - informed care (CCTIC) : A self - assessment and planning protocol*. Retrieved 29 March 18 from <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>

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Additional Recommended References

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