

Presented by
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Using Motivational Interviewing to Enhance Wraparound

Thanks!

- Seminole County - Dana Giblock & Tracy Pellegrino
- Orange County - Teresa Burt & AnneMarie Sheffield
- Success 4 Kids, Inc. – Beth Piecora
- FMHI / USF

Seminole County

- Awarded a Children's Mental Health Initiative grant in 2010
- Wraparound Seminole served its first family in 2012
- Was experiencing challenges with engaging families
- Decided to explore Motivational Interviewing as a way to help, but to be added as 'parallel play' not integrated with Wraparound



Wraparound Principles	System of Care Values and Principles
Family voice and choice	Family-driven and youth-guided (V)
Team based	
Collaboration	Integrated & coordinated (P)
Natural Supports	
Community-based	Community-based (V)
Culturally competent	Culturally and linguistically competent (V)
Individualized	Individualized (P)
Strengths-based	
Persistence	
Outcome-based	Continuous accountability & quality improvement (P)

What is a System of Care?

- How a community takes care of its own
- Recognizes that child and family needs often don't fit our categorical services models
- Respects each agency's societal mandates
- Comprised of formal and informal stakeholders
- Success is closely linked to fiscal incentives

CORE VALUES

Systems of Care Are:

1. Family-driven and youth-guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Guiding Principles

Systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.

Family/Youth Driven Care

Definition

The definition of family/youth/young adult driven care also includes the following activities:

- Choosing supports, services and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Partnering in funding decisions
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth

Family/Youth Driven Care

Guiding Principles- Key Concepts

- Families youth and young adults are given accurate data
- Shared decision-making and responsibility for outcomes with providers
- Families and young adults and family-run organizations work on system transformation, are involved in funding decisions and engage in peer support
- Shift from provider driven to family driven and providers allocate resources to support this (i.e. training, support, resources)
- Remove barriers and discrimination created by stigma
- Cultural and linguistic responsiveness

Always remember....

- “Families, youth, and young adults are the experts on their lives, their needs, and their goals. They, not the service provider, must be the ones to decide what they need.”
- “When working with them it is important to remember that each person and every family is of value and has a measure of worth. When we work with families, it is important to treat them with fairness, tolerance, and respect.”

About the Values and Principles...

- You have to do them to have them.
- Values form the basis for all services
- Each individual agency has their own core values tied to their societal mandates.
- Common values exist across systems.
- Impact

The implementation of SOC principles at the practice level produces positive outcomes for children and families receiving services.

Culturally Competent Wraparound Participant...

1. Understands the societal mandates of each agency and appreciates the cultural differences in agencies:
 - Child Welfare: Permanency and safety of child
 - Mental Health: Emotional healing
 - Juvenile Justice: Public Safety
 - Education: Learning
 - Health: Health
 - Developmental Disabilities: Habilitation
 - Vocational Services: Work
 - Domestic Violence: Safety of Family

Wraparound: What is it?

Wraparound is a family centered, community oriented, strengths-based, highly individualized planning process aimed at helping people meet their unmet needs, both within and outside of formal human services systems, while they remain in their neighborhoods and homes, whenever possible.

Crucial Question for Wraparound

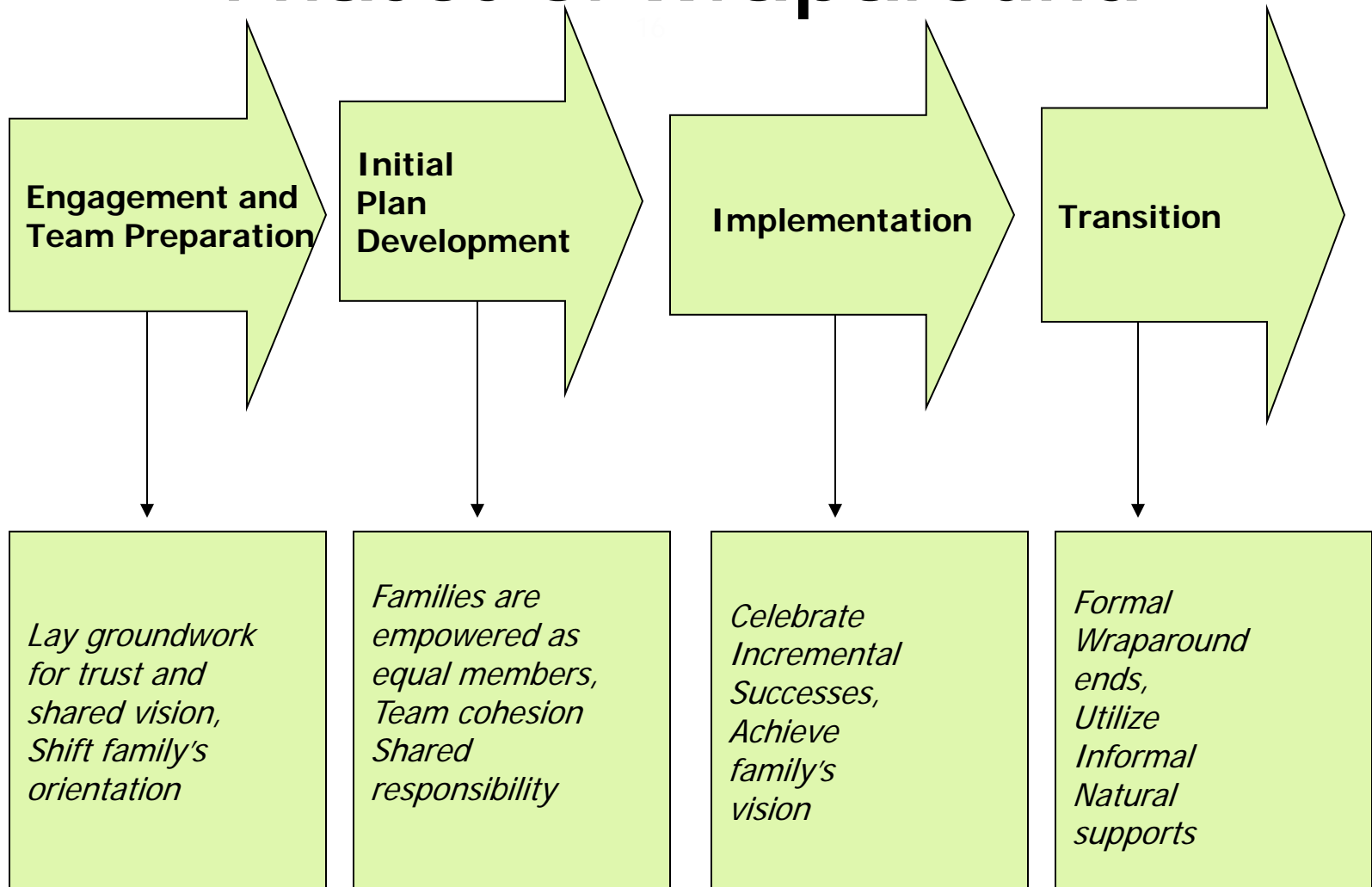
“What do the members of this family really need to have better lives?”

Callejas and Mayo (2008) Raices/Promotoras Model

Ten Principles of Wraparound

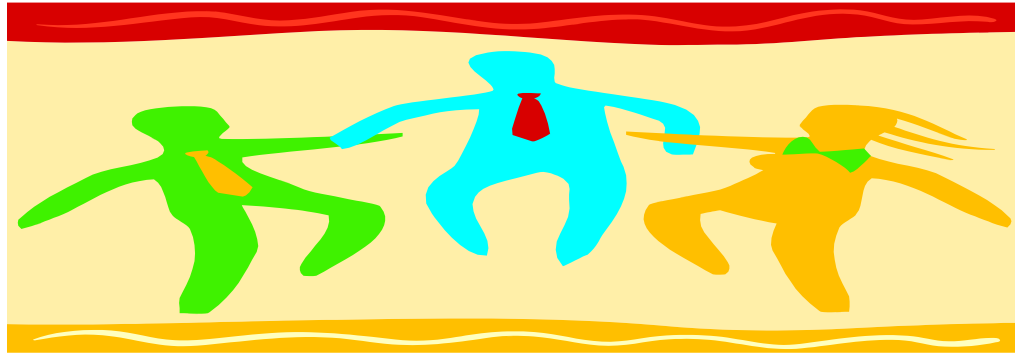
1. Family voice and choice
2. Team based
3. Collaboration
4. Natural Supports
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths based
9. Persistence
10. Outcome based

Phases of Wraparound



- Three essential defining aspects of Wraparound
- 1. Does the family and youth chose the Team Members and goals?
- 2. Is there a Family Support Plan?
- 3. Does the Team meet on a regular basis (every 35 to 35 days)?
- If the answer is “NO” to any of these questions, than it isn't Wraparound!

Long Term Benefits of Wraparound



- Success builds hope and empowerment
- Partnership and inclusion cultivates trust and a willingness for families to participate
- Better and more efficient use of community resources

How Motivational Interviewing Supports the Wraparound Process

- Supports partnership between team leaders/coordinators and Wraparound team
- Enhances engagement
- Enhances self-direction among participants
- Non-adversarial – helps avoid power struggles
- Helps family and youth find solutions rather than providing them with solutions.
- Strengths rather than problem/disease focus
- Promotes goal achievement

What is Motivational Interviewing?

- A way to interact with clients
- A style of counseling that helps resolve ambivalence that prevents clients from realizing personal goals
- It is NOT primarily a collection of techniques or interventions
 - But is a series of specific practitioner behaviors directed by a guiding philosophy

The Goal of Motivational Interviewing

The goal of MI is to facilitate:

- Fully informed,
- Deeply thought out,
- Internally motivated choices,
 - Not to change behavior....., though we may indeed see changes in behavior.

Resnicow, et al., 2002

- We don't motivate clients. We find the motivation that lies within them and help them recognize it.
 - We "reject the righting reflex" (Rollnick et al., 2008).

When to Use Motivational Interviewing in the Wraparound Process

- Issues of motivation can come up at any moment during the Wraparound process.
 - Even a brief interchange can powerfully effect a client (Rosengren, 2008)

When to Use Motivational Interviewing in the Wraparound Process

- Our key cue to use Motivational Interviewing is whenever a client expresses **ambivalence** about taking an action:
- Examples:
 - Client expresses objection to the plan
 - Client sounds uncertain
 - Client expresses mixed feelings
 - Client expresses lack of confidence.
 - Client expresses lack of time, energy, or resources.
 - Helper feels annoyed, frustrated, or angry

Motivational Interviewing Process:

Stages of Change Provides the Frame for Conversations:

Conversations About Change:

Desire
Ability
Reason
Need
Commitment
Activation
Taking steps

Conversations Include:

Open-ended questions
Affirmations
Reflections
Summaries

Stages of Change

We match the focus of our conversation with the person's stage of change:

- Precontemplation
- Contemplation
- Preparation/Decision
- Action
- Maintenance
- Relapse

The Stages of Change

1. *Precontemplation*

- No perceived need to change.

Practitioner Tasks:

- Raise doubt-increase the client's perception of risks and problems with current behavior.
- Increase awareness about possibilities.
- Create dissatisfaction(The Confrontation Within)
 - ✓ Explore Consequences.
 - ✓ Explore desirable options/alternatives

The Stages of Change

2. *Contemplation*

- Initial awareness of a problem.
- Feelings of ambivalence about change

Practitioner Tasks:

- Explore reasons to change and the risks of not changing.
- Reinforce any decisions/steps for positive change from person's past.
- Explore rather than prescribe – don't give solutions.

The Stages of Change

3. ***Preparation Stage (Decision)***

- Initial Movement away from ambivalence and toward action (making a decision).
- Statements reflect the beginnings of motivation (e.g., change talk).

Practitioner Tasks:

- Respond positively to statements of intention.
- Tip the balance from ambivalence toward taking action.
- Prepare Care Plan
- Goals setting that accounts for family/child preferences and environmental options.

The Stages of Change

4. **Action**

- The person takes steps to bring about change, a specific overt modification in life style (e.g., following steps in care plan).

Practitioner Tasks:

Support family/child in taking steps in implementing care plan

The Stages of Change

5. ***Maintenance Stage***

- The person sustains the change accomplished by previous actions.
- Steps for maintaining long-term change are different from steps for initial change.

Practitioner Tasks:

- Help the client to identify and use strategies to prevent relapse.
- Develop knowledge and skills to support progress:
 - ✓ Biological – Psychological – Social Triggers
 - ✓ Expectations that helped motivate the person to take action.

The Stages of Change

6. *Relapse Stage*

- Long-standing change often involves setback - Person may relapse into previous problem behaviors.
- Goal: return to process of change as soon as possible.

Practitioner Tasks:

- Help the client to renew the process of contemplation, preparation (decision making) and action.
- Help client recognize relapse as a normal part of achieving goals that will endure.
- Focus on learning and positive reinforcement rather than punishment.

Exercise: Negative Practice

- Experience first-hand how responses that are not reflective listening can obstruct motivation and change.

Exercise: A Taste of Motivational Interviewing

- Experience the basic approach and “feel” of motivational interviewing.

MI Issues Specific to Wraparound

1. Meetings may be infrequent (e.g., monthly)
2. Need to be aware of the line between planning and therapy (counseling).
3. Team rather than individual makes decisions
 - Facilitate clarity in consensus building
4. Perspectives/Decisions of family and team members may not be congruent with youth.
 - Nature/Source of problem
 - Next steps
5. Multiple issues involved – need to focus on issue of most importance to family/youth.

Applying Motivational Interviewing in Wraparound

Case Vignette Phase I

Phase 1- Engagement and Team Preparation

- “ During this phase, the ground work for trust and shared vision among the family and wraparound team members is established, so people are prepared to come to meetings and collaborate.”

National Wraparound Initiative – Phases and Activities of the Wraparound Process - <http://www.nwi.pdx.edu>

Phase 1 Vignette

Phase 2 – Initial Plan Development

“ During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the wraparound principles.”

National Wraparound Initiative – Phases and Activities of the Wraparound Process - <http://www.nwi.pdx.edu>

A Successful Family Support Plan Focuses On:

- Enabling and empowering families
- Helping families acquire a sense of control
- Strengthening families and their natural supports
- Helping families acquire competencies
- Giving **hope** to the family and to the team

Family Team



- A team chosen by the family to create a Family Support Plan (Service Plan). The family may invite informal supports such as friends, relatives or religious leaders. They also choose which formal supports they want at the meeting. Formal supports include the wraparound facilitator, school personnel, mental health professionals, mentors etc...

Phase 3- Implementation

During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect."

National Wraparound Initiative – Phases and Activities of the Wraparound Process - <http://www.nwi.pdx.edu>

Phase 4- Transition

“During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.”

National Wraparound Initiative – Phases and Activities of the Wraparound Process - <http://www.nwi.pdx.edu>

Monitoring MI Implementation

- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency
 1. Modified Clinical Self-Assessment Report
 2. Modified Rating Adherence and Competence Scale

Adapted from "Martino, S., Ball, S.A., Gallon, S.L., Hall, D., Garcia, M., Ceperich, S., Farentinos, C., Hamilton, J., & Hausotter, W. (2006) *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency*. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University.

MOTIVATIONAL INTERVIEWING CLINICIAN SELF-ASSESSMENT REPORT - MI CONSISTENT ITEMS

1. MOTIVATIONAL INTERVIEWING STYLE OR SPIRIT
2. OPEN-ENDED QUESTIONS
3. AFFIRMATION OF STRENGTHS AND CHANGE EFFORTS
4. REFLECTIVE STATEMENTS
5. FOSTERING A COLLABORATIVE ATMOSPHERE

MOTIVATIONAL INTERVIEWING CLINICIAN SELF-ASSESSMENT REPORT - MI CONSISTENT ITEMS

6. MOTIVATION TO CHANGE
7. DEVELOPING DISCREPANCIES
8. PROS, CONS, AND AMBIVALENCE
9. CHANGE PLANNING DISCUSSION
10. CHILD / YOUTH AND FAMILY-CENTERED
PROBLEM DISCUSSION AND FEEDBACK

MOTIVATIONAL INTERVIEWING CLINICIAN SELF-ASSESSMENT REPORT - MI *INCONSISTENT* ITEMS

1. UNSOLICITED ADVICE, DIRECTION-GIVING, OR FEEDBACK
2. EMPHASIS ON ONE GOAL
3. DIRECT CONFRONTATION OF CHILD / YOUTH AND FAMILY
4. ASSERTING AUTHORITY
5. CLOSED-ENDED QUESTIONS

Keys to Effective Supervision

1. Use Modified Clinical Self-Assessment Report as a frame of reference for supervisory sessions.
2. Establish MI implementation discussion as part of routine:
 - Discuss at least one report per supervisory session
3. Discuss how MI helped support Wraparound goals and objectives of family.

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