

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

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# 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



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# Native American MI Manual

- Used First Person: “Native Voice”
- 6<sup>th</sup> 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: 1<sup>st</sup> book: *Motivational Interviewing: Preparing people to change addictive behavior by Miller & Rollnick*
- 2002: 2<sup>nd</sup> 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**

