



Pacific Southwest (HHS Region 9)

MHTTC

Mental Health Technology Transfer Center Network

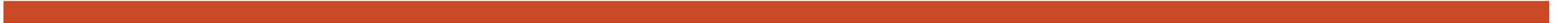
Funded by Substance Abuse and Mental Health Services Administration

# Motivational Interviewing (MI) in July

Session 5 | July 29, 2022

## **Macro Motivational Interviewing: Integrating Individual Techniques for Socially Produced Trauma**

# **Welcome & Opening**



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This project has a timeline running from 2019-2023 and is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) as part of financial assistance award SU-17-002. At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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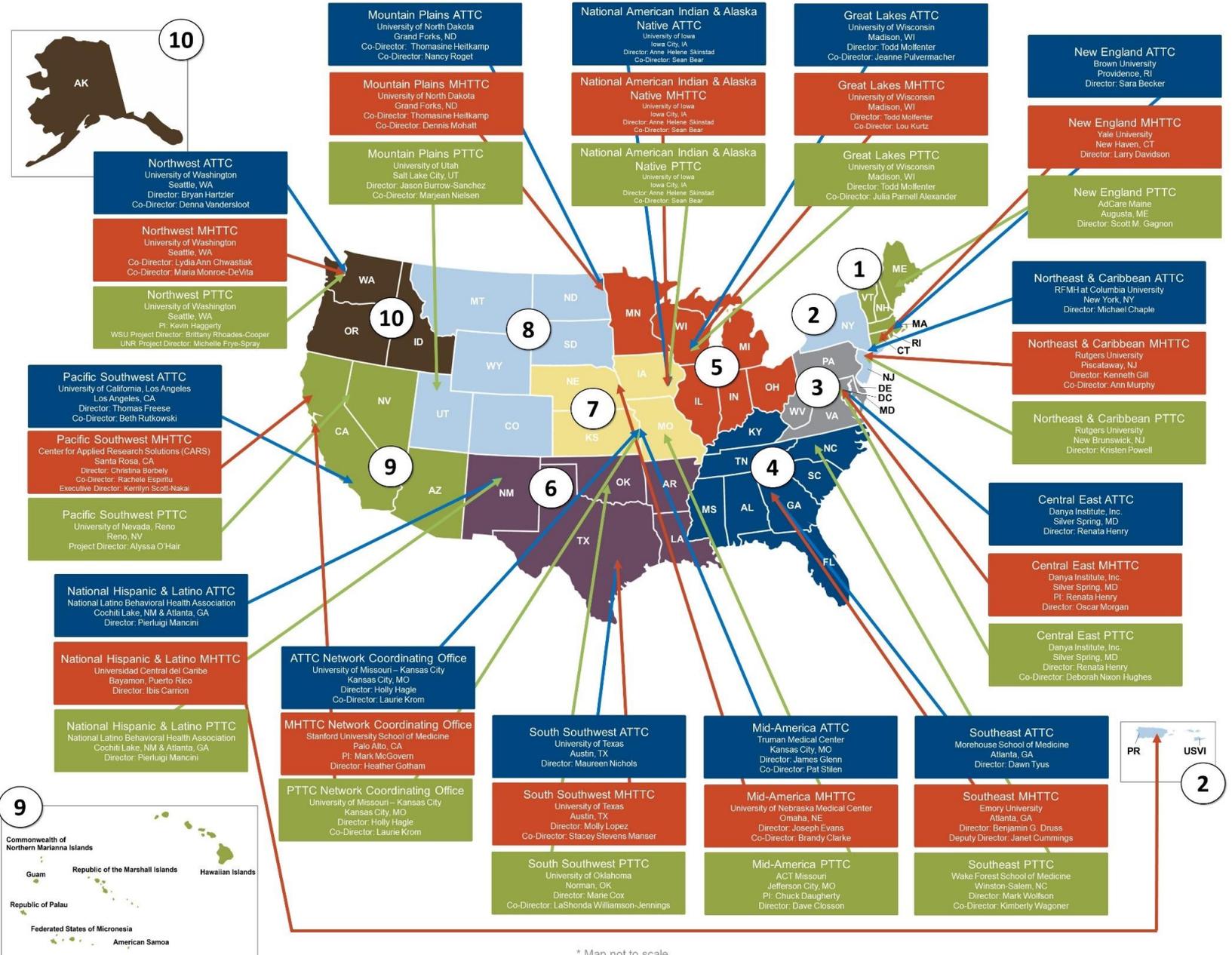
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# Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration (SAMHSA)

## We're Region 9!



\* Map not to scale.



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## **Our Role**

We offer a collaborative MHTTC model in order to provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care.

## **Our Goal**

To promote evidence-based, culturally appropriate mental health prevention, treatment, and recovery strategies so that providers and practitioners can start, strengthen, and sustain them effectively.

## Services Available

No-cost training, technical assistance, and resources



**Mental Health Technology Transfer Center**  
*Funded by SAMHSA*

**Pacific Southwest  
Mental Health Technology Transfer Center (PS MHTTC)  
Region 9**

<https://mhttcnetwork.org/centers/content/pacific-southwest-mhttc>

**General Mental  
Health Workforce**

*In partnership with  
Change Matrix*

**Provider  
Wellness**

**Youth & Young  
Adult Services  
and Supports**

*In partnership with  
Youth MOVE National*

**School Mental  
Health Workforce**



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## **Products and Resources Catalog**

Access the wide array of existing products and resources available in our Products and Resources Catalog on our website, such as printed materials, recorded webinars, research articles, and more. [Access Now!](#)

## **Technical Assistance**

Consideration for Intensive TA (If the TA information request cannot be answered by existing resources on the website) can be requested with PS MHTTC staff who will conduct a meeting to assess if the request is within our scope, available time frame, and budget. [Request TA Now!](#)

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

La Red de los Centros de  
Transferencia de Tecnología sobre  
Salud Mental (MHTTC, por sus  
siglas en inglés) utiliza un lenguaje  
afirmativo, respetuoso y orientado  
a la recuperación de las personas,  
en todas sus actividades.

Este lenguaje es:

BASADO EN LAS  
FORTALEZAS Y EN LA  
ESPERANZA

INCLUSIVO Y DE  
ACEPTACIÓN A  
DIVERSAS CULTURAS,  
GÉNEROS,  
PERSPECTIVAS Y  
EXPERIENCIAS

CENTRADO EN LA  
SANACIÓN Y SENSIBLE  
AL TRAUMA

MOTIVA A QUE LAS  
PERSONAS DECIDAN  
SU CAMINO

CENTRADO EN LA  
PERSONA Y LIBRE DE  
ETIQUETAS

LIBRE DE  
SUPOSICIONES Y  
JUICIOS

RESPECTUOSO, CLARO  
Y COMPRENSIBLE

CONSISTENTE CON  
NUESTRAS ACCIONES,  
POLÍTICAS Y  
PRODUCTOS

# Today's Presenter



**Dr. Kristin Dempsey**  
**EdD, LMFT, LPCC**

# Learning Objectives

01

Define “socially produced trauma.”

02

List the components of the SHARP model that address the macro features clinicians need to address in order to support systems change.

03

Identify the Motivational Interviewing skills to use that help promote the SHARP model in session.

# Macro MI: Using Motivational Interviewing to Address Socially-engineered Trauma

David O. Avruch<sup>a</sup> and Wendy E. Shaia<sup>b</sup>

<sup>a</sup>Private Practice, Baltimore, Maryland, USA; <sup>b</sup>University of Maryland School of Social Work, Baltimore, Maryland, USA

# Levels of Intervention



## Micro Level

Effects change on an individual basis and involves working closely with clients to support them through their challenges



## Macro Level

How problems originate, develop, and persist in large systems—for example, at the state and national levels.



## Mezzo Level

Involves the development and implementation of social service initiatives at the local and small community levels (ex. schools, neighborhoods, and city districts)



## **Knowing the system is the problem...but psychology has historically been established to address problems individually**

- “psychologists, substance disorder counselors, psychotherapists, social workers, psychiatrists, and others who provide mental healthcare to women, racial/sexual/gender minorities and low-income individuals can use social science data and theory to understand how their clients’ individual problems may reflect systemic inequities” (Avruch & Shaia, 2022, p. 2)
- Thus, there is a need to find a way to “translate acquired knowledge about macro systems into micro-level clinical encounters” (p. 2)

# Moving toward the Macro

Clinicians can make a choice about whether they are "structurally competent" – we are either part of the solution or we are part of the problem



## Structurally competent rationales:

- Non-judgment of the individual for the situation they are in – builds alliance
- Understanding the macro frameworks can present important areas of clinical inquiry
- Contextualization of individual experience helps people identify opportunities and options for change
- Clinicians can contribute to systems change by facilitating entry of clients into social justice movements.

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# Socially Engineered Trauma

- Much trauma is the result of our inequitable and abusive social structures.
- Socially engineered trauma “describes the non-random distribution of trauma exposure within an unequal society”  
*(Avruch & Shaia, 2022, p. 4)*
- Intersectionality typically influences how one experiences SET
  - War on drugs. → Mass incarceration
  - Homelessness
  - Domestic violence/IPV
- Just focusing on the individual lets those benefitting from these social structures off the hook
- Withholding information on the larger structural dynamics at play could be considered an ethical violation  
*(Avruch & Shaia, 2022, p. 7)*

# Currents Systems are Not Broken...

*They work exactly as they were intended to work*

- Those in power do not give it up
- Social injustices are replicated as we move through systems of care if we are only part of the system of care
- Real change requires grassroots activism
- Using Macro MI enables us to help create a pathway for clients to move toward empowerment via **activism, organizing, and consciousness raising**





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**Where do  
We Start?**

**Consider:  
SHARP**

**SHARP is a model that enables us to bring the  
CONTEXT into our clinical practice:**

➤ **Structural oppression**

What is in the person's physical and social environment that is in or out of their control that impacts their ability to be successful

➤ **Historical context**

What historical events that impacted the individual's community or family might be impacting them now?

➤ **Analysis of Role**

Am I (the clinician) part of the problem or the solution (maintainer or disrupter of status quo)

➤ **Reciprocity and mutuality**

What strengths and gifts can this person share in the clinical setting and/or in their own community (Avruch & Shaia, 2022, p. 8)

# SHARP Continued...

- Power – What can the person do, alone or with others, to change the ongoing impact of historical and structural oppression?
  - Social justice activism, community organizing, consciousness raising, policy advocacy, organizing or participating in mass actions (Avruch & Shaia, 2022, p. 10)



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# Macro MI

- The assessment requires determining if the presenting problem is caused and maintained by context-specific factors
- Use SHARP to help promote accurate empathy, which forms the basis of the “spirit” of MI
- Disclosure of trauma might take time as trust is built
- Collaboration (part of the MI spirit) is essential in building trust as is reciprocity and mutuality
- Engage in a structural analysis of the problem in order to identify cause (reduce shame) and help client become aware of their own power
  - It is important for the clinician to lead this conversation given the potential taboos regarding discussion of structural issues (Avruch & Shaia, 2022)

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# Macro MI and the Micro Skills

## Information exchange

– Elicit – provide – elicit

- Asking for permission before discussing structural issues

## Providing feedback:

- Help provide examples of how social movements have changed systems: labor movement, women's movement, disability justice movement, LGBT rights movement, abolitionist movement, Black Lives Matter (p. 15)
- Remind this is a long-game
- It's not able individuals changing the system. It is about building a movement (Avruch & Shaia, 2022)

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# Macro MI and the Micro-Skills

## Open ended questions:

- Can be evocative regarding the impact of systemic oppression or help a client sort through their own relationship to an issue +
- "You mentioned not liking any treatment programs; how might your experience in recovery be different if you were cisgender?" ○
- "You mentioned spending years on Section 8 waiting list; why do you think there is not enough housing in this community?"

## Focus on change:

- On the individual level, change talk is about 1. acknowledging the need for change (preparation) and 2. creating a plan to get involved (mobilizing) (Avruch & Shaia, 2022)



# Closed Questions

Have short answers – usually “yes” or “no”

- Did you attend your appointment this week?

Ask for specific information

- What is your phone number?

Could be multiple choice

- Do you plan to quit, cut down, or keep drinking?

Closed questions limit the client’s answer options.

# Open-Ended Questions



Open the door,  
encourage the client  
to talk



Do not invite a short  
answer



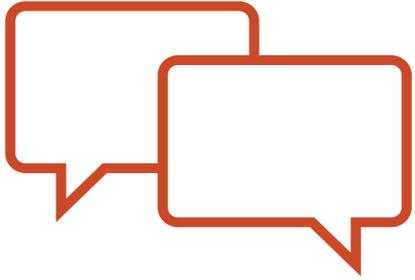
Leave broad latitude  
for how to respond

# Some Guidelines for Questions

- Ask fewer questions
- Don't ask 3 questions in a row
- Ask more open than closed questions
- Offer two reflections for each question asked
- If you start with “would”, “could/can” “is/are”, “have/has”, “do/did” –

***It's Closed!***





## Chat Box Exercise



# Open-Ended Questions and Macro Change

### CHAT BOX PROMPT

- You are working with someone who is struggling with a systemic issue.
- What is an open-ended question you might ask to help them explore how they are impacted by the system?

# Group Follow Up and Questions

1. What did you notice about the process of creating open-ended questions to ask?
2. Were you able to think about SHARP and apply an MI intervention?
3. What questions worked and what would you do differently?





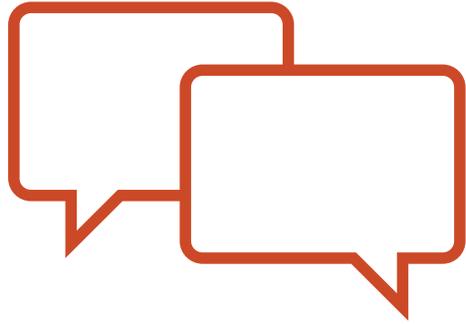
# Breakout Group Practice



## INSTRUCTIONS

Connect with each other in break out rooms regarding the three questions on previous slide.

- Take turns listening to each other's thoughts about exploring systemic issues with individual clients using MI skills.
- You will receive a prompt asking the speaker to finish their thought.
- The listener has 2 minutes to summarize the statement.
- After summarizing, the listening is to ask the speaker, "so what do you think you will do next?"
- Speaker is to answer the question as best they can. *Write down any change talk you might notice in this final answer.*



## Chat Box Exercise

# Group Check in and Discussion

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### CHAT BOX PROMPT

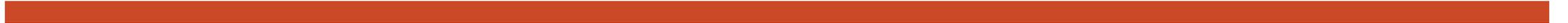
- What did your group notice about the process?
- Where did you get stuck?
- What seemed helpful, exciting or new?
- How did you experience being able to talk about how systems impact your life?
- What else would you like to share?

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# References

- Avruch, D. O., & Shaia, W. E. (2022). Macro MI: Using Motivational Interviewing to Address Socially-engineered Trauma. *Journal of Progressive Human Services*, 33(2), 176-204. + ●
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- Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford Press.
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# **Closing & Thank You**



Upcoming  
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Learning  
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## **Join us for other Pacific Southwest MHTTC Trainings!**

### **Rising Practices & Policies in our Workforce: Spring & Summer Learning Series**

Every Second Monday of the Month from May – August 2022

*Session 4: August 8* | 3:00 pm - 4:15 pm PT | [Register Now](#)

### **Peace from Anxiety: A Summer Check-In and Reboot**

August 9 | 3:00pm – 5:00pm PT | [Register Now](#)

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<https://mhttcnetwork.org/centers/global-mhttc/products-resources-catalog?center=35>

*\*Please allow 14 business days for all recordings to be made available.*

# Certificate of Completion

A Certificate of Completion will automatically be emailed to all online participants. If you joined through the phone only, please email Diana Gray at [dgray@cars-rp.org](mailto:dgray@cars-rp.org) to report your participation.

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Optional Continuing Education Hours (CEHs) are available for a processing fee of \$25 payable to the Center for Applied Research Solutions (CARS) following the event. **A total of 6 CEHs are available** for full participation in all 5 sessions, for ASW, BRN, LCSW, LEP, LMFT, LPCC, and/or PPS as required by the California Association of Marriage and Family Therapists (CAMFT) and CA Board of Registered Nurses. CARS is an approved provider for: CA Board of Registered Nurses #16303 and CAMFT #131736.

To purchase optional CEHs, please email [pacificsouthwest@mhttcnetwork.org](mailto:pacificsouthwest@mhttcnetwork.org).

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