



**Shared health**  
**Soins communs**  
Manitoba



Winnipeg Regional  
Health Authority  
*Caring for Health*

Office régional de la  
santé de Winnipeg  
*À l'écoute de notre santé*

## **HBC Part 2: Practical Workshop ONLINE**

### **Participant Workbook**

# PARTICIPANT GUIDELINES FOR ONLINE COURSE DELIVERY

The HBC course will take place on the virtual platform **Zoom**.

The virtual space will open at 12:45 PM, and the class will start at 1:00. **Please arrive on time.**

The training will be interactive with many discussions and virtual breakout rooms. For this reason, you will **need a laptop or desktop computer equipped with webcam, a microphone, and speakers**. You can test your equipment set up by going to: <https://zoom.us/test>. It is recommended that you connect to the session using a hard-wired internet connection rather than wireless. Google Chrome is the recommended browser for the best user experience. If you have a smartphone, please have it with you during the session. Prior to the session starting, we ask that you please remove notifications on your phone and email applications and turn off the ringer on your phone.

**Please print this workbook prior to the class start time and have it accessible during the workshop.**

When you arrive to the session, please change your displayed name by clicking on the icon with 3 dots in the top right corner of your video feed and rename your image to First Name / Location or site. This will function as your name tag. We can help with this, if needed, during introductions.

When you first arrive, you will be muted. We will ask you to unmute during introductions and other times during the session. We ask that you turn your video camera on as it is an interactive session. You can use the “Raise Hand” icon to answer questions posed to the class or to ask a question during the presentation. The “Chat” function can also be used to ask a question to the facilitators. If you need to, please stand up, stretch, and be comfortable in your space.

This course is interactive, involves several break-out sessions, and provides opportunities to practice skills even though we are in a virtual classroom. Please participate and work through the process; the goal at the end of the course is to have the confidence to offer these interventions, and practice is needed. There are group activities that use a virtual white board. The annotation function is enabled. All annotations are to be respectful and collaborative.

The Zoom videoconferencing platform is encrypted. Details are available at: [zoom.us](https://zoom.us). This session is being recorded by the facilitators for training purposes. We are **not** providing permission for any participants to record the session. Do not screen shot any parts of the day or use social media to share parts of the content or screen. Our meeting will be private; facilitators have full control over who enters the meeting and only registered participants will be admitted. To help protect the privacy of our session, please do not share the private link provided in the appointment.

We do not have technical support to help troubleshoot technical issues. For this reason, please ensure your equipment is functioning prior to the day of the class.

*We look forward to “seeing” you at the HBC workshop!*

# Participant Agenda

- ✚ Welcome and Introductions
- ✚ Review Stages of Change and Activity
- ✚ Introduction to Change Talk
- ✚ DARN CAT and Activity
- ✚ Reflective Listening Techniques and Practice
- ✚ How to use Scaling Questions and Activity
- ✚ Decisional Balance Worksheet
- ✚ Tips on Rolling with Resistance
- ✚ When it is Okay to Give Advice
- ✚ Video: Successful HBC Conversation

*“I don't need to change”*

Needs to happen

Gets in the way

# "I might change"

Needs to happen

Gets in the way

"I will change, just not yet"

Needs to happen

Gets in the way

# "I am changing"

Needs to happen

Gets in the way

# "I have already changed"

Needs to happen

Gets in the way

## Transtheoretical Stages of Change Exercise Part 2

- Find the chart that corresponds with your group
- Everyone should record group answers in their books
- Assign a reporter to report back to the group
- Each group should discuss the following questions for their stage of change
- Reference Appendix A: Stages of Change, Stage Characteristics and Goals

1. Regarding the “*State of Readiness*”, How else would a person express the state of readiness to an HCP or friend, or counsellor, etc.?
2. Look at the suggested goals, what else might be helpful as a goal?
3. Under the “*Do*” category, write examples of what could be said.
4. Under the “*Don’t*” category, write examples of what it would sound like.

# Change Talk: DARN CAT

**Desire:** Indicates a clear desire for change but stops short of a commitment.

Examples: “I’m hoping things will change”.

“This is not the person I want to be”.

**Ability (Optimism):** Indicates a “can-do” attitude and shows that a person feels s/he can make changes, if s/he makes up his/her mind to do so. For someone who is tentative about his/her ability, we can use affirmations to help bolster a person’s hope.

Examples: “I know what I have to do – I just need to do it”.

“I’m going to prove everybody wrong”.

**Reason (Benefits of Change):** Shows that person see a specific advantage to making changes in behaviour – the good things that might happen if they make changes.

Examples: “Maybe I would have more energy if I was more conscientious about my blood sugars”.

“It would be nice if I didn’t have to worry quite so much”.

**Need (Problems with Status Quo):** Things aren’t working in the person’s life. Can be specific or general. Sometimes this is what brings a person in to see us in the first place.

Examples: “I need to get a handle on things”.

“I’ve got to make things better”.

**Commitment:** Contain action words that communicate an intention to take steps.

Examples: “I am going to.....”

“I plan to.....”

**Activating:** Getting ready, gathering resources.

Examples: “I made a list of the things I will need”.

“I told a friend I am getting ready to make this change”.

**Taking Steps:** Taking small, even tentative steps in the right direction predicts change. Describes steps that the person is already making in support of a specific goal.

Examples: “I went to the gym and worked out twice last week”.

“I told my boyfriend that he couldn’t stay if he was drinking”.

**Note:** Clinicians *aren’t installing* motivation but rather drawing *it out* from what the person says and does, and then holding that up for them to notice, too.

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*Based on material in Miller, W.R & Rollnick, S. (2002). Motivational Interviewing: Preparing people for change. 2<sup>nd</sup> Ed. The Guildford Press, New York.*

## Reflection Exercise

Break into small groups of 2-3. Using the following statement “I would love to eat better, but I’ve tried cutting out sugar before and It has never worked.”

Brainstorm and write down a possible answer for the 4 types of reflections:

Repeat	
Rephrase	
Paraphrase – meaning	
Reflection of Feeling	

If there is still time in the breakout session, discuss with your partners times you’ve experienced good and poor reflections from other people. Share your thought here:

## Real-life Subjects for Enactments

Sharing our own areas for change can feel vulnerable in a good or not-so-good way. Some of the subjects that likely feel safe enough to talk about are:

- Adding more of a food-group to one's diet (fruit, vegetable, dairy, etc.)
- Increasing physical activity
- Increasing reading on professional subjects
- Developing greater closeness with peers

Other areas to consider that may be bigger risks:

- Stopping a habit that would improve your health
- Adding relationship-enhancing attitudes with partner, children, friends, etc.
- Dealing with emotion related negative behaviours (acting out by eating, drinking, avoiding, sleeping, etc.)
- Accepting a diagnosis/issue like a chronic condition (needing bifocals, diabetes, arthritis, asthma, sleep apnea, etc.)

*Everyone has a slightly different comfort level with this sort of thing, and you are encouraged to take a risk that feels **manageable** to you.*

# Examples of Open-Ended Questions to Evoke Change Talk

## Desire for change

- Never mind the “how” for right now – what do you want to have happen?
- How would you like for things to be different?
- What would you like your life to be like 5 years from now?
- What would be the advantage of making this change?
- What would be the benefits of.....?

## Ability for change

- What makes you think that if you decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?
- When else in your life have you made a significant change like this? How did you do it?
- How confident are you that you can make this change?
- What could make you feel more positive about the move?

## Reasons for change

- What would be the good things about making this change?
- If you could make this change immediately, by magic, how might things be better for you?
- The fact that you’re here indicates that at least part of you thinks it’s time to do something. What are the main reasons you see for making a change?
- What difficulties or hassles have you had in relation to this behaviour?
- What is there about this behaviour that you or other people might see as reasons for concern?
- In what ways does this concern you?
- How has this stopped you from doing what you want to do in life?
- What do you think will happen if you don’t change anything?

## Need for change

- What worries you about your current situation?
- What makes you think that you need to do something about this?
- What is your greatest concern if you don't make the change?

## Commitment to change

- What do you think you might do?
- How important is this to you? How much do you want to do this?
- What would you be willing to try?
- So, what do you intend to do?

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*Source: Motivational Interviewing (2009). Winnipeg Regional Health Authority Handbook - Based in Part on "Motivational Interviewing: Preparing People for Change," 2<sup>nd</sup> Edition, 2002, by William R. Miller and Stephen Rollnick*

# Eliciting Change Talk

**Evocative Questions** ask directly for change talk.

- Examples:
- “In what ways does this concern you”?
  - “How would things be better if you changed”?
  - “So, given all this, what do you think you’ll do next”?

**Elaboration** asks person for examples of situations that demonstrate change talk. The aim is to have the person add details that show clearly the difference between the desired change and what is currently happening.

- Examples:
- “Tell me more about that”.
  - “You said things were better then. Tell me about a time when you and your partner got along better. Specifically, what was happening?”

**Extremes** can identify the worst-case scenario if a behaviour continues, or the best-case if change occurs. This opens up conversation about some of the things that can be hardest to talk about.

- Examples:
- “What concerns you the most”?
  - “What do you hope for the most”?

**Looking Back** asks the person to remember how things were before problems emerged.

- Examples: “Do you remember a time when things were going well”?
- “What has changed”?
- “What did you envision for yourself with this behaviour when you were young”?

**Looking Forward** asks the person how things might unfold in the future, whether they change or don't change.

- Examples: “If nothing changes, what do you see happening in 5 years”?
- “What are your hopes for the near future”?

**Exploring Goals** matches the target behaviour with the person's dearest values and goals. When person have defined 3-5 highest values, the clinician explores how these values fit into their life, including with the target behaviour.

- Examples: “What things do you regard as most important”?
- “How does your drinking fit into this”?
- “What sorts of things would you like to accomplish in your life”?

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*Based on material in Miller, W.R & Rollnick, S. (2002). Motivational Interviewing: Preparing people for change. 2<sup>nd</sup> Ed. The Guildford Press, New York.*

# Decisional Balance Worksheet

	Good Things	<i>Less Good Thing</i>
<i>No Change</i>		
Change		

# Stage-matched Interventions



**Rollover** each stage for a description.

- Recycling is a *process* and not a stage.
- Recycling can occur at any time, and is the process of moving from a later stage back to an earlier stage of change.

Recycling

**Click** to go back to Interviewing Skills.



## Pre-Contemplation

State of Readiness	Client Goal	DO	DON'T
I can't/won't/ not interested	Think about <b>reasons</b> for change  “Think, Talk, Feel” about the issue	Engage in conversation that stimulates: <ul style="list-style-type: none"><li>• Consciousness raising</li><li>• Emotional arousal</li><li>• Decisional Balance: Good/Not so Good things of current behaviour only</li></ul>	Argue for change  Give advice  Use the “Expert Card”



## Contemplation

State of Readiness	Client Goal	DO	DON'T
I might	Reflect on the <b>discrepancy</b> between long term goals and present behaviour	Focus on short term results  Make comments on the small changes or markers of success at every session  Decisional Balance: Good/Not so Good things about changed behaviour	Give advice  Bring in your own experience  Try to teach a new skill  Ignore the downside of change



## Preparation

State of Readiness	Client Goal	DO	DON'T
I will, just not now	See change as possible  Create a plan of action	Clarify goals  Explore options (& consequences)  Encourage small steps  Problem-solve around the barriers	Rush to action  Assume ambivalence is gone  Solve the problems for them  Talk about your own experience



## Action

State of Readiness	Client Goal	DO	DON'T
I am	Skill acquisition  Social support	Monitor small steps  Provide specific feedback  Celebrate success!	Assume it is solved  Provide all the solutions  Rely only on external rewards



## Maintenance

State of Readiness	Client Goal	DO	DON'T
I am changed	Problem-solving skills  Social and environmental support	Plan for a lapse  Re-enforce longer-term goals	Assume initial action means permanent change  Judge a lapse or relapse



## Recycling

State of Readiness	Client Goal	DO	DON'T
Return to an earlier stage	See goals of whichever earlier stage the client is now in	Frame as learning  Explore how the lapse occurred and strategies for next time  Express empathy  Explore ambivalence	Label as their failure  See your work as failed  Lecture, criticize, blame  Give advice  Give up hope

## NOTES