

Interactive learning activities

Interactive and experiential learning is key to constructing and integrating new knowledge and skills. The facilitators' notes in this toolkit contain a variety of practice activities for each of the skills; however, each facilitator and group have their own learning styles and preferences. This section has some alternative activities that you can use in your workshops to support participants in developing their MI skills.

You can select activities based on your audience and your understanding of their practice context and the kinds of presenting issues they commonly encounter, as well as on the particular skills you would like the group to practise. Note that the resources in this toolkit emphasize your autonomy as a trainer in substituting or expanding on learning activities. The activities in this section provide a menu of options and instructional strategies to help you to customize the learning experience for diverse settings and learners.

The activities are presented in the order of the course learning objectives.

Learning objective	Learning activity
1. Define MI and its relevance to respiratory health care and health behaviour change	<p>Communication styles exercise: Team Jenga</p> <p>This exercise illustrates how the MI style (guiding) differs from other counselling styles (following or directing).</p>
2. Operationalize the “spirit” of MI in conversations with clients	<p>Storytelling to promote empathy</p> <p>This exercise helps participants to develop empathy and enhanced understanding of another’s point of view and struggle with ambivalence. Empathy and compassion are fundamental to the spirit of MI.</p>
3. Review and practise foundation skills in MI	<p>Card game: Practising the skills of MI</p> <p>This exercise facilitates participants’ active practice of some of the key skills of MI (OARS skills, agenda-mapping and listening for/responding to change talk).</p>
4. Listen for and respond to client change talk	<p>Tuning in to clients’ change talk</p> <p>This exercise helps participants to sharpen their skills in listening for change talk.</p>

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5. Apply agenda-mapping as a strategy for working with clients with complex, co-occurring issues	Agenda-mapping (when there are too many things to change!) This exercise allows participants to practise using an agenda-mapping worksheet, and to hold an agenda-mapping conversation.
6. Recognize and integrate MI spirit and skills in practice.	Teach-back cards This exercise helps participants to consolidate their learning of the skills covered in the workshop.

LEARNING OBJECTIVE 1: DEFINE MI AND ITS RELEVANCE TO RESPIRATORY HEALTH CARE AND HEALTH BEHAVIOUR CHANGE

Communication styles exercise: Team Jenga

This exercise illustrates how the MI style (guiding) differs from other counselling styles (following or directing).

Approximate time: 45 mins total

30 mins to play (average time it takes for the Jenga tower to fall, which signals the end of the game)

5 mins for both teams to debrief at their tables with their observers and each other

5–10 mins discussion as large group, with all teams, about the exercise

Jenga is a game of skill and precision, played with 54 wooden blocks. A tower of blocks is set up, and players take turns removing blocks one at a time from any level of the tower except the top level, and placing each block on the top level of the tower. The traditional Jenga game is slightly modified for this activity, in that people play on teams rather than playing as individuals. This is an engaging and interactive way for participants to gain insight into their own communication styles, and to experience the communication styles of following, guiding and directing.

SETUP

You will need 1 Jenga game for approximately every 8–10 participants. Divide each group of 8–10 participants into two equal teams.

Jenga needs to be played on a flat surface, ideally the centre of a tabletop. It's best to set up the Jenga games on the tables in advance, as this can take about 5–10 minutes per game, and 4 or 5 Jenga games may be required to accommodate a large group.

Prior to playing the game, briefly introduce the three communication styles in different counselling approaches: **Following—Guiding—Directing**.

All three styles are equally valid, and a skilled MI clinician will transition in and out of these styles seamlessly in conversation with a client.

Next, introduce the Jenga exercise and its purpose. Inform the participants that they will be divided up into teams of 4–5 players. Tell them that during the course of the game, one member of each team will be assigned the role of observer, to notice the communication styles being used.

Please note that participants are not given instructions with regards to how to communicate with each other. The idea is for them to interact with each other as they would normally while they play this game.

Observer role: The observer will not participate in the playing of the game; his or her role will be to look for the different communication styles used, to pay attention to the styles of following, guiding and directing, and to write down statements the others make that illustrate any or all of these three communication styles. The observer will need paper and a pen to record the communication styles.

Ask the participants about their familiarity with this game; perhaps one of the participants will be able to explain the objectives and rules of this game to the rest of the group.

Jenga rules

- Establish two teams of four or five people around each Jenga game; the participants decide which team will go first.
- Players from each team take alternating turns, so if Team A goes first, then the next move is a player from Team B, then Team A and so on.
- A move consists of taking one (and only one) block from any level (except the top level) of the tower, and placing it on the topmost level.
- Only one hand may be used when taking blocks from the tower.
- Blocks may be nudged to find a loose block that can be removed without disturbing the rest of the tower. Any block that is moved out of place must be returned to its original position before another block is removed.
- A turn ends when the next player to move touches the tower, or 10 seconds after a block has been removed and restacked, whichever occurs first.

- The game ends when the tower falls, in even a minor way—in other words, when any piece falls from the tower, other than the piece beingknocked out to move to the top.
- The winning team is the last one to successfully remove and place a block without causing the tower to fall.

LEARNING OBJECTIVE 2: OPERATIONALIZE THE “SPIRIT” OF MI IN CONVERSATIONS WITH CLIENTS

Storytelling to promote acceptance (empathy)

This exercise helps participants to develop empathy and enhanced understanding of another’s point of view and struggle with ambivalence. Acceptance and compassion are fundamental to the spirit of MI.

Approximate time: 15–60 mins (depending on size of group)

To construct one’s story is to make meaning of it. This meaning-making through writing or sharing allows for trust-building through the feeling of being heard and understood, as well as connection through the similarity of experiences. Empathy is developed through witnessing this expression of memory, emotion and internal experience, and the bravery it takes to share.

Sitting or standing in a circle, ask the group, “What is your relationship to respiratory health?” (You can also choose an alternative topic). Let the group know that there is no prescribed way to answer the question; however they choose to interpret the question is fine. Participants may wish to share a chronology, one poignant personal story, or an experience in their current workplace that affected them, for instance. Try to get the ball rolling by sharing your own story, then continue on with the person to your left. People may wish to pass, but allow everyone the opportunity to share. At the end of the circle, thank everyone for sharing and acknowledge the courage it took to do so. Debrief by highlighting similarities and patterns in the stories, and encourage the group to identify these.

Note: Sometimes someone’s story may trigger emotions. If this happens, do not ignore it; have someone co-facilitate with you for moments like these, or be prepared to manage the situation yourself.

FACILITATOR TIPS IF YOU HAVE LESS TIME OR A LARGER GROUP

- Ask for four volunteers.

Say: “You can interpret the question, ‘What is your relationship to respiratory health?’ any way you want.”

- Let each person know they can speak for approximately two minutes.
- After each of the four volunteers has shared, ask the large group, “What common themes, patterns or experiences did you hear in these four stories?”
- Engage the group in a discussion of the different perspectives and experiences related to respiratory health that we all bring to our work.
- In closing, reinforce the key point of the activity: A better understanding of a person’s unique point of view, in the context of broader themes, patterns and experiences, can help promote therapist empathy—which is at the heart of MI.

LEARNING OBJECTIVE 3: REVIEW AND PRACTISE FOUNDATION SKILLS IN MI

Card game: Practising the skills of MI

This exercise facilitates participants’ active practice of some of the key skills of MI (OARS skills, agenda-mapping and listening for/responding to change talk).

Approximate time: 45 mins

A deck of cards has been prepared for this activity. (A template of the cards is provided on the included CD, with printing instruction. The cards are also illustrated in the Appendix.). On one side of each card is a concept from MI; on the other side are instructions for the practice activity. Participants should be broken into dyads, triads or small groups. Provide one set of cards per group.

Each participant in the group chooses a card and must demonstrate the skill on side one, following the instructions given on side two.

CARD 1

Side 1: Open questions

Side 2: Have a conversation about any topic, asking several questions. Remember that for every closed question, you should ask two or three open ones.

CARD 2

Side 1: Affirmation

Side 2: Affirmations are a way of highlighting something positive or a strength the client demonstrates. They are not the same as praise. Turn to the person next to you and give them an affirmation, based on what you have observed of their behaviour and participation in this workshop.

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CARD 3

Side 1: Reflections

Side 2: You can use a simple or complex reflection, or both! Ask the person next to you, “What is your favourite food, and why?” Then reflect back to them what you have heard.

CARD 4

Side 1: Summary statements

Side 2: Have a brief conversation with a partner about their commitment to practise Motivational Interviewing after this workshop, and when you think it’s appropriate, summarize what they have said. Don’t forget to check in with them to see if you got it right!

CARD 5

Side 1: Agenda mapping

Side 2: Ask a partner to discuss various issues that they would like to change or address. Help them identify what those issues are and how they might prioritize them.

CARD 6

Side 1: Recognizing and responding to change talk

Side 2: While a partner is discussing an issue they are considering changing, listen carefully for change talk and reflect it back to them.

LEARNING OBJECTIVE 4: LISTEN FOR AND RESPOND TO CLIENT CHANGE TALK

Tuning in to clients’ change talk

This exercise helps participants to sharpen their skills in listening for change talk.

Approximate time: 15 mins

In triads: Choose one of the client statements below as a starting point for a conversation between client and counsellor. One person is the client, one person is the counsellor and one person is the observer. The counsellor engages the client in a conversation based on the case.

INSTRUCTIONS FOR CLIENTS

Choose one of the statements below and use it as a jumping-off point to role play a client. Try to make the role play as realistic as you can, but avoid being the most challenging and resistant client you have ever seen in your practice! The objective is to give the counsellor an opportunity to practise the skill of recognizing and responding to change talk.

Sample client statements:

- “I know that this job is not the best for my lungs, but I love it and can’t give up the money.”
- “I know I need to quit smoking, but right now, with the wife sick, I’ve got a lot on my mind. I can’t even think about taking one more thing on.”
- “I am not going to get rid of my cat even though I am allergic to him.”
- “It’s my home and no one can tell me what to do! I have enough fans and air purifiers to smoke in my room and not affect anyone else.”
- “If smoking doesn’t kill me something else will. My lungs are already shot.”

INSTRUCTIONS FOR COUNSELLORS

In your conversation with the client, listen for any examples of change talk. If you recognize change talk, provide a reflective response that would reinforce the change talk. If you don’t hear any change talk, think of a question that might elicit change talk.

INSTRUCTIONS FOR OBSERVERS

Observers identify the change talk. The observer can use a sheet listing the different types of change talk, and tick off each one they hear.

LEARNING OBJECTIVE 5: APPLY AGENDA-MAPPING AS A STRATEGY FOR WORKING WITH CLIENTS WITH COMPLEX, CO-OCCURRING ISSUES

Agenda-mapping (when there are too many things to change!)

This exercise allows participants to practise using an agenda-mapping worksheet, and to hold an agenda-mapping conversation.

Approximate time: 10 mins

PART 1

In dyads, one participant will be the client and one the counsellor. Ask the client to discuss some things they would like to change. Using an agenda-mapping worksheet,

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the counsellor will help create a menu of issues that the client has identified as areas that need change.

PART 2

In the same dyads, the counsellor will now help the client prioritize an issue that they would like to start with. Then, together, they will negotiate a change plan.

LEARNING OBJECTIVE 6: RECOGNIZE AND INTEGRATE MI SPIRIT AND SKILLS IN PRACTICE

Teach-back cards

This exercise helps participants to consolidate their learning of the skills covered in the workshop.

Approximate time: 15–45 mins, depending on how many Teach-back cards are used. Allow about 5 mins per card.

The teach-back can be a useful activity towards the end of a workshop, when all or most of the content has been covered and you would like to help participants consolidate what they have learned.

A set of cards has been prepared for this activity. (A template is provided on the included CD, with printing instructions. The cards are also illustrated in the Appendix.) Each card in the set has a skill or concept covered in the workshop. Provide a complete set of cards to each participant.

Participants pair off, and partners take turns “teaching” each other the skill or concept on one of the cards. Allow 5 minutes per card, then have the pairs break up and the participants move on to new partners. Repeat until all of the cards have been “taught.”

Note: If you are short on time, you may choose to ask participants to choose only one, two, or three cards to “teach back.”

CONTENTS OF TEACH-BACK CARDS

A template for printing is provided on the included CD. The cards are also illustrated in the Appendix.

1. Spirit of Motivational Interviewing
2. P-A-C-E
3. The righting reflex
4. OARS
5. Open questions
6. Affirmations

7. Reflective listening
8. Simple reflection
9. Complex reflection
10. Summary statement
11. Agenda mapping
12. DARN CAT
13. Preparatory change talk
14. How to respond to change talk

Case-based learning activities and case examples

The case examples on the following pages were contributed by members of the curriculum planning group for this toolkit. These cases are based on actual clients seen in a variety of clinical practice settings, but names and identifying information have been changed to preserve client anonymity.

HOW TO USE THE CASES

Case examples can be a very helpful way to engage groups and individual practitioners. They ground the material being covered in a workshop by demonstrating:

- the relevance of MI as a practice approach, especially with people who are ambivalent about changing their behaviour
- avenues for reflection on specific micro-skills or the overall spirit of MI
- ways to practise the skills with diverse clients, and problem areas for intervention.

You can select cases based on your audience and your understanding of their practice context and the kinds of presenting issues they commonly encounter, and on the particular skills you would like the group to practise. Note that the resources in this toolkit emphasize your autonomy as a trainer to substitute or expand on learning activities. These cases provide a menu of options and instructional strategies to help you to customize the learning experience for diverse settings and learners.

All of the cases lend themselves to a variety of instructional strategies. Below is a list of suggested activities that you can incorporate in your own trainings and workshops, using one or more of the cases. In addition, we encourage you to adapt these cases and/or to use your own case examples to illustrate and augment the workshops you facilitate.

SUGGESTED ACTIVITIES FOR USE WITH CASE EXAMPLES

Start out with a case: Introduce a section or a skill