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Motivational Interviewing: Brushing up on the Basics

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Hosted by

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Motivational Interviewing: Brushing up on the Basics

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To think about or jot down

- What do you already know about MI?

Educational Objectives

Upon completion, participants should be able to:

- Participants will be able to explain the spirit of MI and how to use this to approach clinical encounters with patients
- Participants will be able to identify and utilize the four metaprocesses to structure an MI session
- Participants will understand reflections, identifying change talk, and core skills in MI

What is MI About?

“MI is about arranging conversations so that people talk themselves into change, based on their values and interests.”

Miller and Rollnick, *Motivational Interviewing: Helping People Change*, 3rd Edition, 2013.

Why Do People Change?

- ◆ Change is natural.
- ◆ Treatment can facilitate change.
- ◆ The “righting reflex” is a common attempt to fix things.

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change*, 2nd Edition, 2002.

Ambivalence

- Ambivalence is normal; needs to be explored, not confronted.
- Resolving ambivalence can be a key to change.

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change*, 2nd Edition, 2002.

Shifting the Approach

- “People are unmotivated” vs. “People are always motivated for something”
- “Why isn’t the person motivated?” vs. “For what is the person motivated?”
- What does the person want?

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change, 2nd Edition, 2002.*

Facilitating Change

- Change talk: as a person argues on behalf of one position, he or she becomes more committed that position; we talk ourselves into (or out of) things.
- Sustain talk: the more argument against change is evoked during a counseling session, the more likely that the person will not change.

Miller and Rollnick, *Motivational Interviewing: Helping People Change*, 3rd Edition, 2013.

A Range of STYLES

Directing



Guiding



Following



- ◆ Teach
- ◆ Assess
- ◆ Prescribe
- ◆ Lead



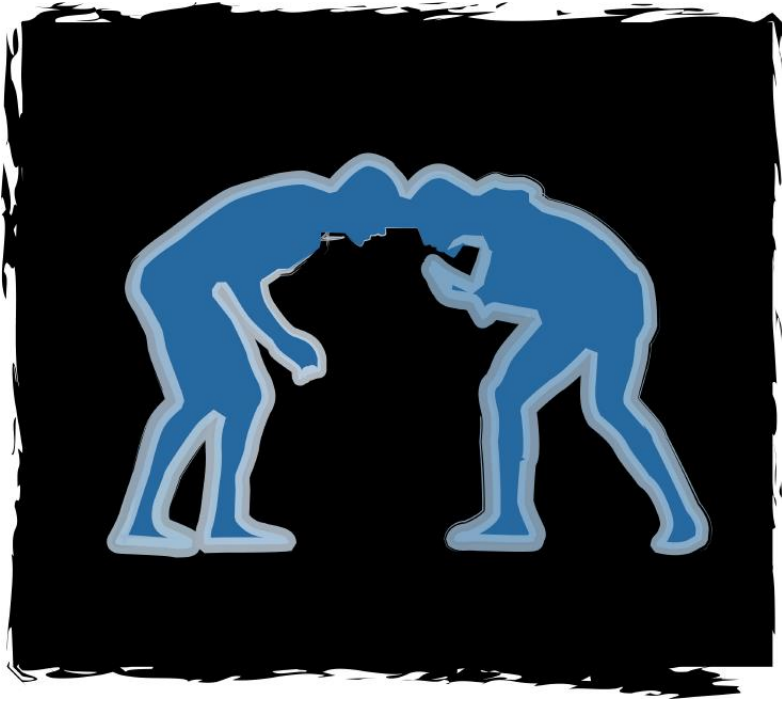
- ◆ Draw out
- ◆ Encourage
- ◆ Motivate



- ◆ Listen
- ◆ Understand
- ◆ Go along with

Miller and Rollnick, *Motivational Interviewing: Helping People Change, 3rd Edition*, 2013.

The Spirit of ML: Wrestling vs. Dancing



Spirit (PACE)

Emphasis on spirit, rather than techniques

- ◆ **P**artnership
- ◆ **A**cceptance
- ◆ **C**ompassion
- ◆ **E**vocation

Miller and Rollnick, *Motivational Interviewing: Helping People Change, 3rd Edition*, 2013.

Four Foundational Processes of MI

Stair-step imagery because they are inherently somewhat linear...

Planning (how will we get there?)

Evoking (why are we going there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)

...and Yet also Recursive

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event;
 - re-focusing is needed, and focus may change
- Evoking can begin very early
- “Testing the water” on planning may indicate a need for more of the above

Engaging (shall we walk together?)

- ◆ “Therapeutic engagement is a prerequisite for everything that follows.” —MI, 3rd Ed.
- ◆ Establishing mutually trusting / respectful / guiding relationship
 - ◆ More than being nice
- ◆ Factors outside the room impact engagement
 - ◆ system, procedures, culture

Focusing (where shall we go?)

- ◆ What did the patient come to talk about?
- ◆ What is your agenda?
- ◆ Ongoing process of seeking and maintaining direction
- ◆ Conversation, not transaction

Evoking (why are we going there?)

- ◆ Eliciting patient's own motivations for change
- ◆ Creating opportunities for the PATIENT voice the arguments for change → CHANGE TALK!

Planning (how will we get there?)

- ◆ When a patient starts talking more about when and how and less about whether and why
- ◆ A conversation about action

Focusing

Planning (how will we get there?)

Evoking (why are we going there?)

Focusing (where shall we go?)

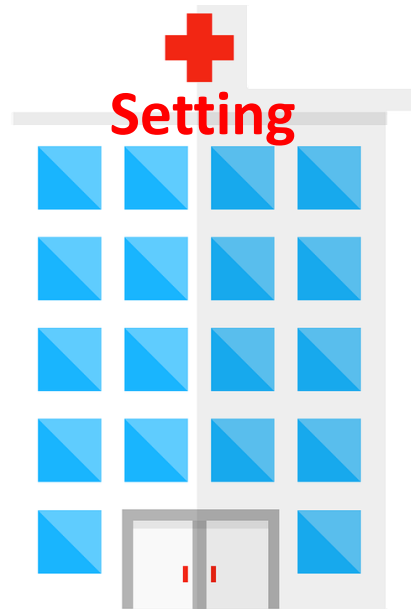
Engaging (shall we walk together?)

Engaging provides the platform for **focusing** which helps clarify the **goals** and **direction**.

Focusing is an ongoing process of seeking and maintaining direction and setting specific, achievable goals (Miller and Rollnick, 2013).



Three Potential Sources of Focus



Clinical
Expertise

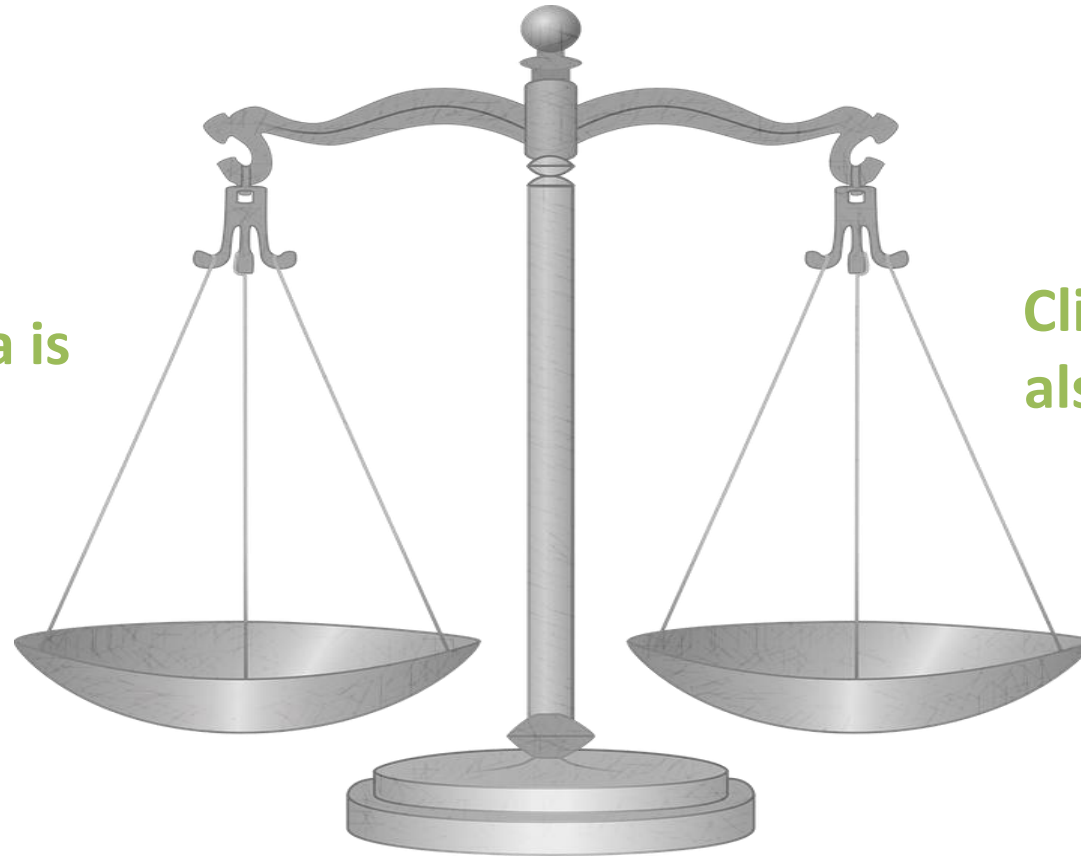


Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change*. New York, NY: The Guilford Press.

Guiding

- ◆ A collaborative search for direction
- ◆ Focus of treatment is negotiated

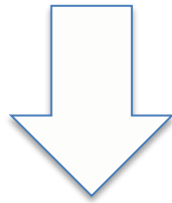
Patient's agenda is important



Clinician's expertise is also a possible source of goals

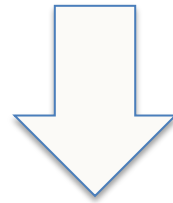
Three Focusing Scenarios

“I know where we’re going; the focus is clear.”



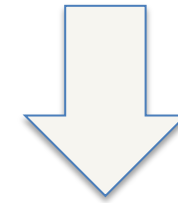
Evoked
Plan

“There are several options, and we need to decide.”



Agenda
Mapping

“The focus is unclear, and we need to explore.”

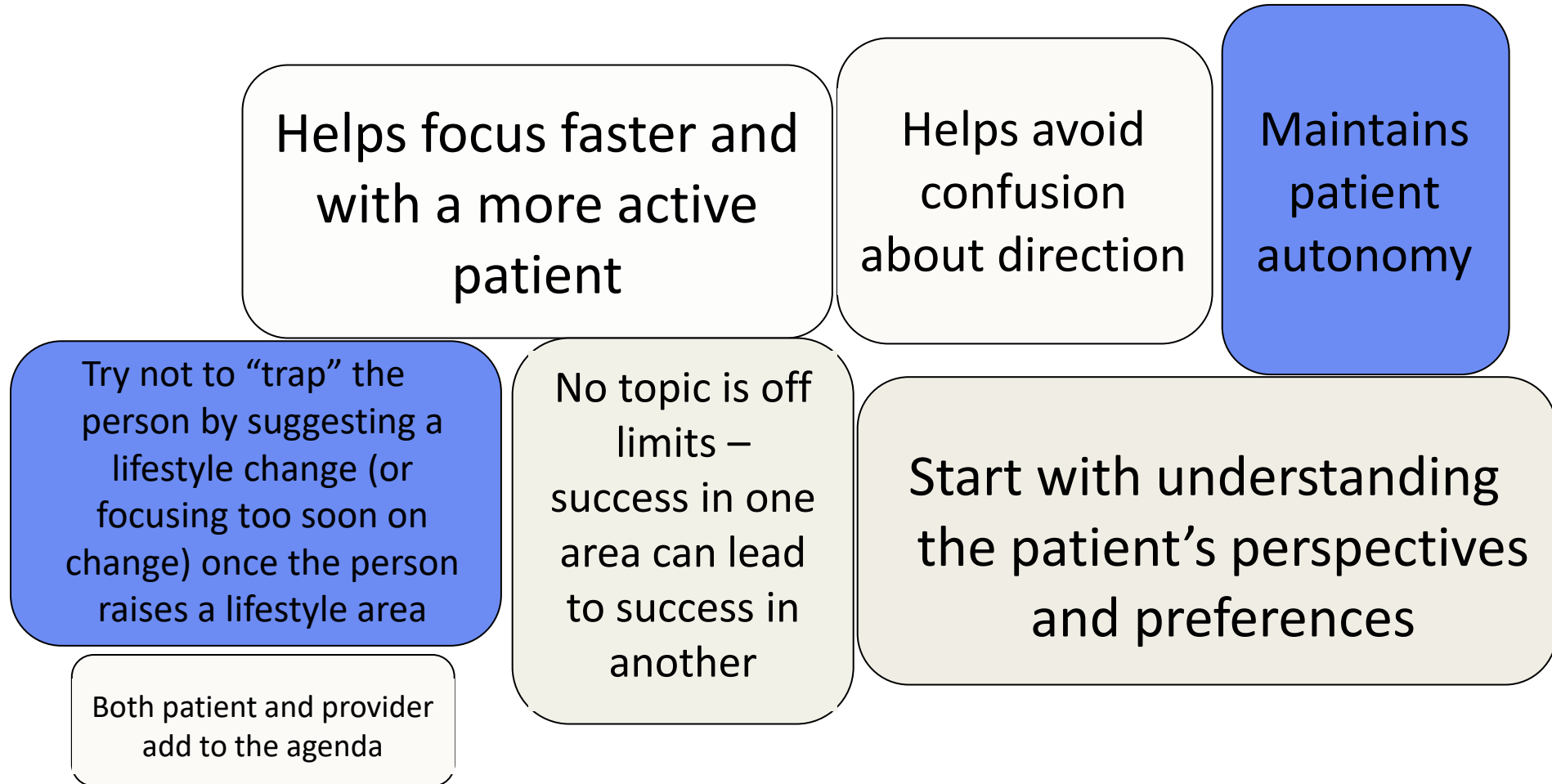


Orienting

Use core skills to move from general to specific to arrive at goals

Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change*. New York, NY: The Guilford Press.

Agenda Mapping



Four Foundational Processes of MI

Planning (how will we get there?)

Evoking (why are we going there?)

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Core Skills (OARS + I&A)

- **O**pen Ended Questions
- **A**ffirming
- **R**eflecting (simple and complex)
- **S**ummarizing
- **I**nforming & **A**dvising (with permission, elicit-provide-elicite)

Miller and Rollnick, *Motivational Interviewing: Helping People Change*, 3rd Edition, 2013.

Open-Ended Questions

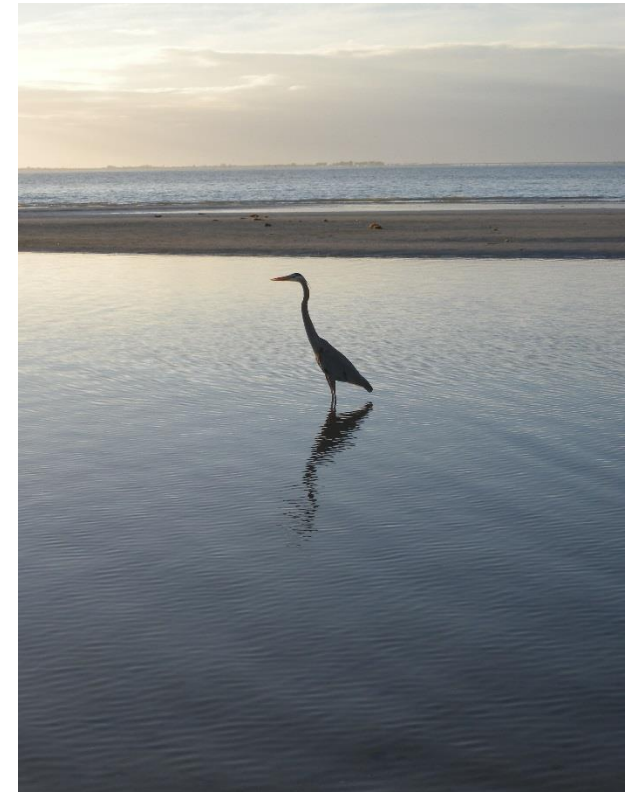
- Can't be answered by yes or no, or a one word response
- Invite the person to reflect and elaborate
- Help you understand another



Simple Reflections

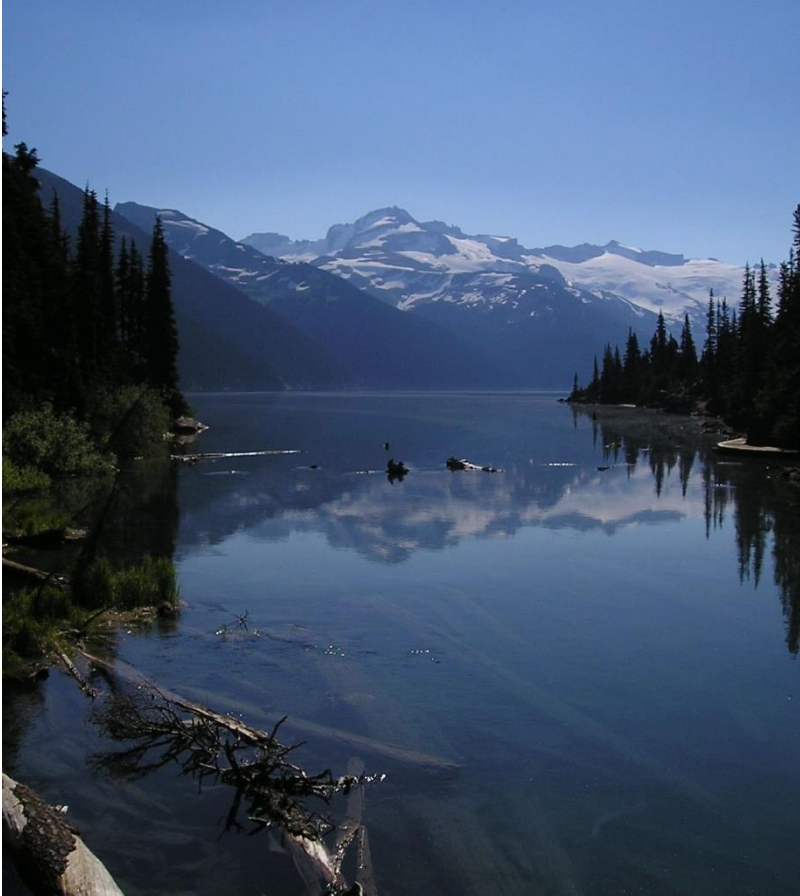
Stays close to the speaker's words

- Repetition
- Rephrase



Great Blue Heron, Fort Myers, FL by C Davis

Complex Reflections



Garibaldi Lake, BC by C Davis

Makes a guess

- Paraphrase and then continue the paragraph
- Reflect feeling
- Use a metaphor
- Amplified reflection
- Double-sided reflection

The Iceberg Metaphor

**Simple
Reflection**



**Complex
Reflection**



Reflective Listening

“Right now, drinking doesn’t help me feel better the way it used to. In fact I feel worse now.”

- Echo: Drinking makes you feel worse now.
- Rephrase: So you find that drinking is no longer helping you to feel better, the way it used to.
- Double-sided: In the past, drinking helped you to feel better. Now it makes matters worse.
- Continuation: ... and you want to find some way to feel better instead of drinking.

“How I live my life is my own business.”

“You don’t appreciate anyone telling you what you should do.”

“I know you mean well, but I don’t need this medication any more.”

“You don’t want anyone telling you what you need to do
in order to stop drinking”

“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

“You get to decide your own priorities”

Informing and Advising

ASK (elicit)

1. Permission to give information or advice

OR

2. What they already know or want to know

TELL (provide)

limited amount of information in clear language

ASK (elicit)

1. What do they think of what you said

OR

2. Teach-back to check for understanding



Affirmation or Praise?

Affirmation (Acknowledgment)

- ◆ A statement of the existence or truth of something
- ◆ Recognize that which is good, including the person's worth as a fellow human being
- ◆ Often starts with "you"

Praise

- Expression of approval, commendation or admiration
- Suggests that you are in a position to give praise or blame
- More likely to start with "I"



Summarizing Statement

- ◆ Special form of reflection
- ◆ Pick a bouquet of flowers
- ◆ Focus on change talk or underlying dilemmas
- ◆ Reassures that you heard person
- ◆ Moves the conversation along.



“Marijuana relaxes you & it’s a way to socialize with your friends. And you want to limit your MJ use, because its interfering with school and it takes a big bite out of your budget.”

Change Talk

- ◆ Patient speech that favors movement in the direction of change
- ◆ Specific to a particular behavior change target

“PEOPLE ARE GENERALLY BETTER PERSUADED BY THE REASONS WHICH THEY HAVE THEMSELVES DISCOVERED THAN BY THOSE WHICH HAVE COME IN TO THE MIND OF OTHERS”

- Blaise Pascal 17th century philosopher

Preparatory Change Talk

FOUR KINDS

DARN

- ◆ **D**ESIRE to change (want, like, wish . . .)
- ◆ **A**BILITY to change (can, could . . .)
- ◆ **R**EASONS to change (if . . . then)
- ◆ **N**EED to change (need, have to, got to . . .)

Mobilizing Change Talk

REFLECTS RESOLUTION OF AMBIVALENCE

CATS

- ◆ **C**OMMITMENT (intention, decision, readiness)
- ◆ **A**CTIVATION (ready, prepared, willing)
- ◆ **T**AKING **S**TEPS

How to Elicit Change Talk:

- ◆ Ask Evocative Questions
- ◆ Use The Readiness Ruler (Importance and Confidence)
- ◆ Explore Decisional Balance
- ◆ Elaborate
- ◆ Query Extremes
- ◆ Look Back / Look Forward
- ◆ Explore Goals and Values

Importance Ruler

On a scale of 1-10, how important is it for you to change your drinking?



What makes you say 6 rather than, say, a 3?

Confidence Ruler

On a scale of 1-10, how confident are you that you can change your drinking?



What makes you say 4 rather than, say, a 2?

What would it take to go from a 4 to a 6?

REINFORCING CHANGE TALK

Responding to Change Talk:

THE GOAL IS TO ELICIT MORE CHANGE TALK

- ◆ **E:** Elaborating: Asking for more information, more detail, in what ways, an example, etc.
- ◆ **A:** Affirming – commenting positively on the person’s statement
- ◆ **R:** Reflecting, continuing the paragraph, etc.
- ◆ **S:** Summarizing – collecting bouquets of change talk

Change Talk and Sustain Talk

Change Talk :

- **Desire for Change**
- **Ability to Change**
- **Reasons for Change**
- **Need for Change**

- **Commitment to Change**
- **Action/Activation**
- **Taking Steps**

Sustain Talk :

- **Opposite of Change Talk statements**
- **May be against the direction or irrelevant to the target behavior**
- **Communication style may involve arguing, interrupting, negating, or ignoring the clinician (aka discord)**

The Two Elements of “Resistance”:

- Sustain Talk
- Discord

Responding to Sustain Talk

- ◆ Simple reflection
- ◆ Amplified reflection
- ◆ Double-sided reflection
- ◆ Coming alongside (agreeing without reserve)
- ◆ Reframing (suggesting a different meaning or perspective)
- ◆ Agreeing with a twist (reflection + reframe)
- ◆ Emphasizing autonomy

Recognizing Discord: “Smoke Alarms”

- ◆ Defending
- ◆ Squaring off
 - ◆ You will hear lots of “you”,
 - ◆ “You are wrong”, “you don’t know...”, you don’t care...”
- ◆ Interrupting
- ◆ Disengagement

Dancing with Discord

- ◆ Simple reflection = basic/default strategy
- ◆ All strategies for responding to sustain talk, plus:
 - ◆ Apologizing: does not cost anything...
 - ◆ Affirming: genuinely, communicate our respect for the patient
 - ◆ Shifting focus: get away from the difficult topic

Four Foundational Processes of MI

Planning (how will we get there?)

Evoking (why are we going there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)

Planning SMART Goals

Learners are variable in how quickly they pick up MI

- ◆ For some, its “natural”
- ◆ For others, its constantly swimming upstream
- ◆ For most – just reading or attending didactic training is not enough

The Value of Feedback

- ◆ One of the advantages of MI, is once you learn what to listen for, your patients are an ongoing source of feedback
 - ◆ E.g., their change talk vs. sustain talks

Don't Do All at Once

- ◆ Focus on one area
- ◆ Set a specific change goals for yourself, e.g.,
 - ◆ increase R:Q ratio
 - ◆ Increase # and/or quality of affirmations

Lots More Training and Info Out There

Motivational Interviewing Network of Trainers (MINT):
Resources for clinicians, researchers, and trainers

www.motivationalinterviewing.org

(or Google: “motivational interviewing”)

And Remember!

“Retaining curiosity and compassion is the raft upon which all else floats!”

Miller and Rollnick, *Motivational Interviewing: Helping People Change, 3rd Edition*, 2013.

Motivational Interviewing

| Spirit (PACE) | Processes (EFEP) | MI in 4 Steps |
|---------------|------------------|--|
| Partnership | Engaging | 1. OARS : Ask O pen Questions A ffirm R eflect S ummarize |
| Acceptance | Focusing | 2. Focus (general→specific) May start to give I nformation and A dvice |
| Compassion | Evoking | 3. Elicit Change Talk Use your EARS Consider using rulers: <ul style="list-style-type: none"> ◆ Importance ruler ◆ Confidence ruler Follow each ruler with two questions: <ul style="list-style-type: none"> ◆ Why x and not x – 3? ◆ What would it take to go from x to x + 3? |
| Evocation | Planning | 4. Negotiate a Plan (general→specific) |

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- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medication- assisted treatment.**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

pcssnow.org/mentoring

PCSS Discussion Forum

Have a clinical question?



Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

[Ask Now >](#)



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