Motivational Interviewing: Brushing up on the Basics

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Hosted by
John A. Renner, Jr., MD, DLFAPA
Professor of Psychiatry
Boston University School of Medicine
Director, Addiction Psychiatry Residency Training Boston
University Medical Center and
VA Boston Healthcare System
Motivational Interviewing: Brushing up on the Basics

Carla Marienfeld, MD
Associate Clinical Professor of Psychiatry
University of California, San Diego
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.”

Why Do People Change?

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

Ambivalence

• Ambivalence is normal; needs to be explored, not confronted.

• Resolving ambivalence can be a key to change.

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?

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.

A Range of STYLES

Directing ➙ Guiding ➙ Following

- Teach
- Assess
- Prescribe
- Lead
- Draw out
- Encourage
- Motivate
- Listen
- Understand
- Go along with

The Spirit of MI: Wrestling vs. Dancing

Source of metaphor: Jeff Allison
Spirit (PACE)

Emphasis on spirit, rather than techniques

- Partnership
- Acceptance
- Compassion
- Evocation

Four Foundational Processes of MI

Engaging (shall we walk together?)

Focusing (where shall we go?)

Evoking (why are we going there?)

Planning (how will we get there?)

Stair-step imagery because they are inherently somewhat linear...
...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
“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
What did the patient come to talk about?
What is your agenda?
Ongoing process of seeking and maintaining direction
Conversation, not transaction
Eliciting patient’s own motivations for change

Creating opportunities for the PATIENT voice the arguments for change → CHANGE TALK!
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

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.”

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

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

Evoke
Plan

Agenda
Mapping

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

Agenda Mapping

Helps focus faster and with a more active patient

Helps avoid confusion about direction

Maintains patient autonomy

Try not to “trap” the person by suggesting a lifestyle change (or focusing too soon on change) once the person raises a lifestyle area

No topic is off limits – success in one area can lead to success in another

Start with understanding the patient’s perspectives and preferences

Both patient and provider add to the agenda
Four Foundational Processes of MI

- **Engaging** (shall we walk together?)
- **Focusing** (where shall we go?)
- **Evoking** (why are we going there?)
- **Planning** (how will we get there?)
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-elicit)

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

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 it’s 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

- **DESIRE** to change (want, like, wish . . )
- **ABILITY** to change (can, could . . )
- **REASONS** to change (if . . then)
- **NEED** to change (need, have to, got to . . )
Mobilizing Change Talk

REFLECTS RESOLUTION OF AMBIVALENCE

CATS

❖ COMMITMENT (intention, decision, readiness)
❖ ACTIVATION (ready, prepared, willing)
❖ TAKING STEPS
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 \(\text{(agreeing without reserve)}\)
- Reframing \(\text{(suggesting a different meaning or perspective)}\)
- Agreeing with a twist \(\text{(reflection + reframe)}\)
- 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

- **Engaging** (shall we walk together?)
- **Focusing** (where shall we go?)
- **Evoking** (why are we going there?)
- **Planning** (how will we get there?)
Planning SMART Goals
Learners are variable in how quickly they pick up MI

- For some, it’s “natural”
- For others, it’s 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!”

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<th>Spirit (PACE)</th>
<th>Processes (EFEP)</th>
<th>MI in 4 Steps</th>
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| **Partnership** | Engaging | 1. **OARS**: Ask Open Questions  
| | | Affirm  
| | | Reflect  
| | | Summarize |
| **Acceptance** | Focusing | 2. Focus (general→specific)  
| | | May start to give Information and Advice |
| **Compassion** | Evoking | 3. Elicit Change Talk  
| | | Use your **EARS**  
| | | Consider using rulers:  
| | |  - Importance ruler  
| | |  - Confidence ruler  
| | | Follow each ruler with two questions:  
| | |  - 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) |
PCSS Mentoring Program

- 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
Thank You!

Please direct your comments, questions, and suggestions regarding future webinars to pcsso@psych.org
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