

Talking About Change: Building a Foundation in Motivational Interviewing

Brian Hurley, MD, MBA, DFASAM, FAPA (Chair)

Carla Marienfeld, MD, FASAM, DFAPA (Co-Chair)

Caridad Ponce Martinez, MD, FAPA

Presented at ASAM Annual Conference on Friday, April 14, 2023



Important Reminders

- ◆ Please put cell phones and other mobile devices in silent mode
- ◆ We encourage you to download the ASAM Events mobile app to view slides and participate in discussion questions
- ◆ Need assistance? Ask ASAM Staff at the Information Desk

Disclosure Information

Motivational Interviewing Workshop

Brian Hurley, MD, MBA, DFASAM, FAPA (Chair)

- ◆ No Disclosures



Disclosure Information

Motivational Interviewing Workshop

Carla Marienfeld, MD, FASAM, DFAPA (Co-Chair)

- ◆ Relevant Financial Disclosures
 - ◆ Serves a consultant for CARI Health and receives stock for compensation



Disclosure Information

Motivational Interviewing Workshop

Caridad Ponce Martinez, MD, FAPA

- ◆ No Disclosures



Learning Objectives

Upon completion, participants should be able to:

- ◆ Apply the spirit of Motivational Interviewing (MI) to clinical practice.
- ◆ Organize clinical communications attending to the four foundational processes of MI (engaging, focusing, evoking, and planning).
- ◆ Compare and contrast MI congruent interactions with MI dissonant interactions.
- ◆ Recognize, respond, and evoke change talk and understand sustain talk.
- ◆ Apply the basic MI skills of open-ended questions, affirmations, reflective listening, and summaries to selectively reinforce change talk.

What is MI About?

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



**What do you already know about
MI?**



What are you hoping to accomplish?



Session 1

Capturing the Spirit – An Introduction to Motivational Interviewing



Two Fundamental Ideas Underlying MI



Fundamental Idea #1



- ◆ If there are two sides to an issue, and you take up one, you are inviting the other person to take up the other

Fundamental Idea #2



- ◆ In any conversation about something where there are two sides, we tend to REMEMBER and ACT ON the things we heard ourselves say

Put Those Ideas Together

- ◆ “Paradoxical Effect of Coercion”

Ambivalence

- ◆ Ambivalence is normal.
- ◆ Ambivalence 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?



Why Do People Change?

- ◆ Change is natural.
- ◆ Change occurs all the time.
- ◆ Treatment and interactions can facilitate change.



Facilitating Change

As a person argues on behalf of one position, he or she becomes more committed to it; we talk ourselves into (or out of) things.



The more a person talks about continuing the same behaviors or against change, the more likely that the person will continue the status quo.

A Range of Styles

Directing



Guiding



Following



- Teach
- Assess
- Prescribe
- Lead



- Draw out
- Encourage
- Motivate



- Listen
- Understand
- Go along with

Spirit (PACE)

Emphasis on spirit, rather than techniques.

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

The Spirit of MI: *Wrestling V. Dancing*



Session 2

Building the Foundation – The Four Processes



The Four Processes

Formerly:
"Phases"

Now:
"Processes"

Four Foundational Processes of MI

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

Planning (how will we get there?)

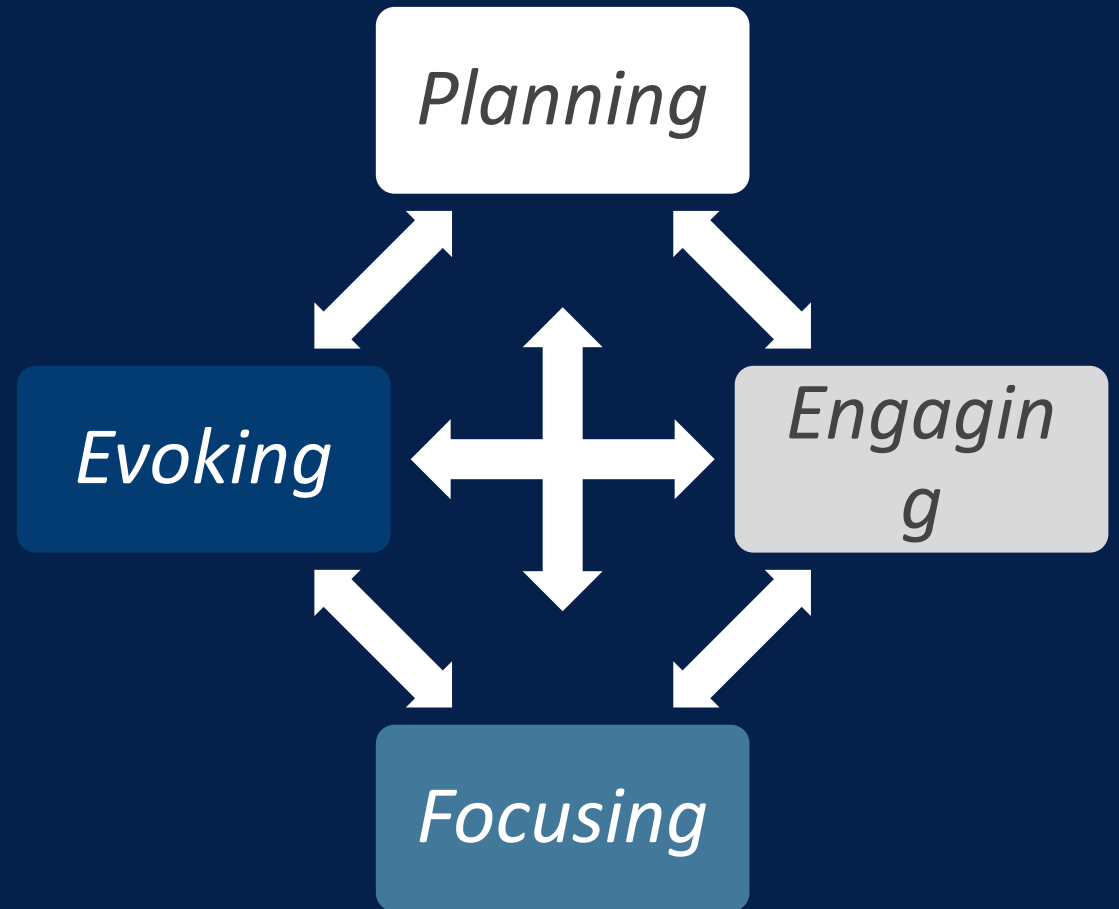
Evoking (why will we get there?)

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



It is the *confluence* of these four
processes
that best describes MI.



Technique of Motivational Interviewing



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 the person's perspective



Simple Reflections

Stays close to the speaker's words

- ◆ Repetition
- ◆ Rephrase

Complex Reflections

Makes a guess

- ◆ Paraphrase
- ◆ Complete 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.

Summaries

Selective summarize the change talk.



Informing & Advising

- ◆ **ASK** (elicit)
 1. Permission to give information or adviceOR
 2. What they already know or want to know

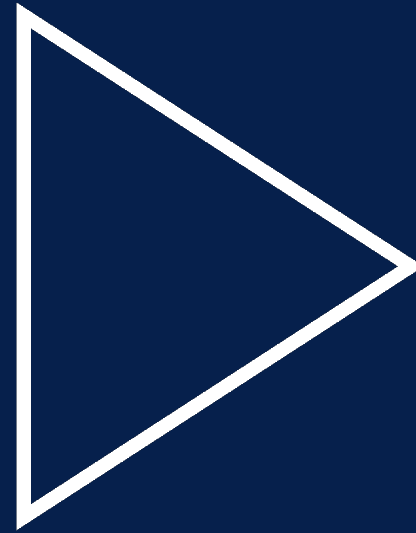
- ◆ **TELL** (provide)

limited amount of information in clear language

- ◆ **ASK** (elicit)
 1. What do they think of what you saidOR
 2. Teach-back to check for understanding



Watch Video:
Confirmed Smoker



Listening for OARS

- ◆ You're used to hearing what patients say
- ◆ For this exercise, pay attention to the interviewer comments

Confirmed Smoker

Watch the Video

And...

Code the interviewer's

- ◆ **O** (Open Ended Questions)
- ◆ **A** (Affirmations)
- ◆ **R** (Reflections)
- ◆ **S** (Summaries)

Pick one thing the interviewer said that resonated with you



MOTIVATIONAL INTERVIEWING

The Confirmed Smoker: *Engaging and Evoking*
Interviewer (I): Theresa B. Moyers, Ph.D.
Client (C): Richard
Context: Health care
Focus: Tobacco cessation
Time: 16 minutes

Helping People Change

This is a fellow who was hired as an actor to develop a simulated patient role. While preparing for the role, however, he took a smoke break in the hallway, and it occurred to Dr. Moyers to ask him whether he would be willing to talk about his own smoking, not as an actor but as himself. He agreed, and this is the fast-paced interview that immediately follows. This is, to me (WRM), one of the most artful examples of Motivational Interviewing in the literature. He did not come in with any thought of talking about his smoking, so in that sense this is an opportunistic intervention. Dr. Moyers makes it look so easy, but what happens here in 16 minutes is really quite skillful. Client change talk is shown in *italic*.

O/A/R/S

1	I	Richard, you've agreed to come in today and talk to me a little about your smoking. Can you tell me a little bit about that?	
2	C	Well I was thinking about this before we were talking about it, that if I were able to sit down right now and have a cigarette, I would, because I like to smoke.	
3	I	So being in front of the camera makes you feel like you want to have a cigarette.	
4	C	Actually, my whole life is based around a cigarette. When I get in my car I smoke a cigarette. Of course, in radio or in other fields you can't usually smoke on your job, so you have to take those breaks, but in the older days I used to be able to smoke anywhere, so it makes it a little bit tougher. But yeah, if I could have a cigarette right now, I would.	
5	I	It's that much a part of your life, that you feel like you would have one even right now.	

Group Reflections Exercise



Group Reflections Exercise

- ◆ Think about some challenging patients you care for.
- ◆ Write down a few sentences describing the scenario, including any resistance statements you may have heard.
- ◆ For example:
 - ◆ A 59 yo man has been drinking for decades, most days, with his daily use increasing to about 12 drinks per day, and he has recently been told that he has transaminitis related to drinking alcohol that could result in cirrhosis requiring a transplant. His kids have encouraged him to come talk to you about his alcohol use.
 - ◆ CC: “I don’t want to talk about my beer. It helps me relax, and no one says I have cirrhosis so far.”

“I don’t want to talk about my beer.”

Follow These Steps

SPEAKER	AUDIENCE
Share your scenario and patient statements	Develop reflections
Be prepared to role-play	Share possible responses with facilitators
Respond to reflections offered by the audience	Facilitators role-play the response with the speaker

Acknowledgements

- ◆ William Miller and Stephen Rollnick
- ◆ Our MI Mentors and Teachers
- ◆ Motivational Interviewing Network of Trainers (M.I.N.T.)
- ◆ ASAM Staff
- ◆ Our Patients

References (Required)

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

