



Center on
Rural Addiction
UNIVERSITY OF VERMONT





Center on Rural Addiction

UNIVERSITY OF VERMONT

This presentation is part of the Community Rounds Workshop Series

These sessions are provided monthly thanks to the University of Vermont Center on Rural Addiction, the Vermont Center on Behavior and Health, and a grant from the Health Services and Resources Administration.

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,365,921 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



**Center on
Rural Addiction**
UNIVERSITY OF VERMONT

The Spirit of Motivational Interviewing: Why How We Talk Matters

Peter R. Jackson, MD

Child and Adolescent Psychiatrist, Addiction Psychiatrist

Assistant Professor

University of Vermont Larner College of Medicine, Burlington, VT



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Continuing Education Credits

In support of improving patient care, The Robert Larner College of Medicine at the University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this internet live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity. **This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours and 1 general continuing education credits for social workers completing this course.**

Interested in CE/CME credits? Email cora@uvm.edu following today's webinar

Disclosures

There is nothing to disclose for this UVM CORA Community Rounds session.

Potential Conflict of Interest (*if applicable*):

All Potential Conflicts of Interest have been resolved prior to the start of this program.

All recommendations involving clinical medicine made during this talk were based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

This activity is free from any commercial support.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Session Objectives

- Increase compassion in our care for individuals and families impacted by substance use disorders
- Understand the spirit and key guiding principles of Motivational Interviewing and Consider the specific application of these principles in rural areas
- Value patient autonomy and foster collaboration
- Increase providers' capacity to discover and reinforce patients' motivation for change by meeting them where they're at
- Identify how incorporating Motivational Interviewing into practice can improve patient relationships and **decrease burnout**.
- Prepare participants for active participation in practicing the basic skills of MI

This has been a tough year

Table 1

Burnout Themes and Sub-themes among Rural and Urban Counselors: Causes, Consequences, and Prevention

<u>Themes:</u>	Causes	Consequences	Prevention
<u>Sub-themes:</u>	Challenging–Clients B Large Caseload–B Paperwork–B Office Politics–R Low Prestige–R	Poor Client Care–B Reversing Roles–U Clients Try Choosing Counselor–U Changing Jobs–U	Co-Worker Support–B Clinical Supervision–B Self-Care–B

NOTE: R=rural counselors only, U=urban counselors only, B=both rural and urban counselors

What's the biggest challenge in your work?

- What gets in your way?
- What worries you?
- What has helped you be successful in treatment of SUD?
- What makes you want to work with individuals with SUD?
- What makes you want to run away?

Recipe for Provider Burnout- Solving it with balance



I can do
nothing

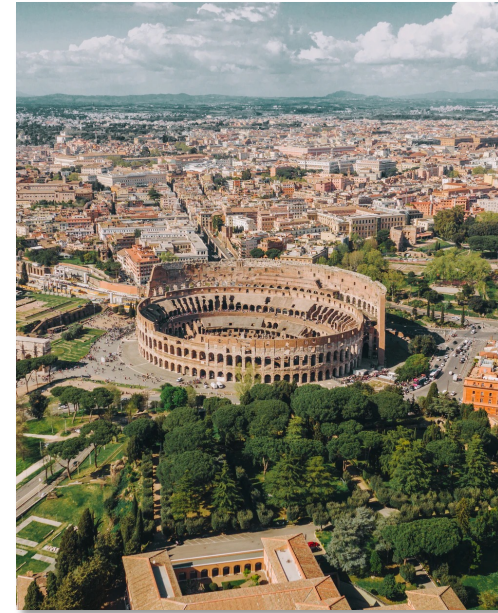


I can control
this

Lessons in learning language

“Non ho capito.”

- We might think we speak someone else’s language when we don’t
- Listening and asking questions
- The US is large, cultural norms and dialects vary widely across rural communities



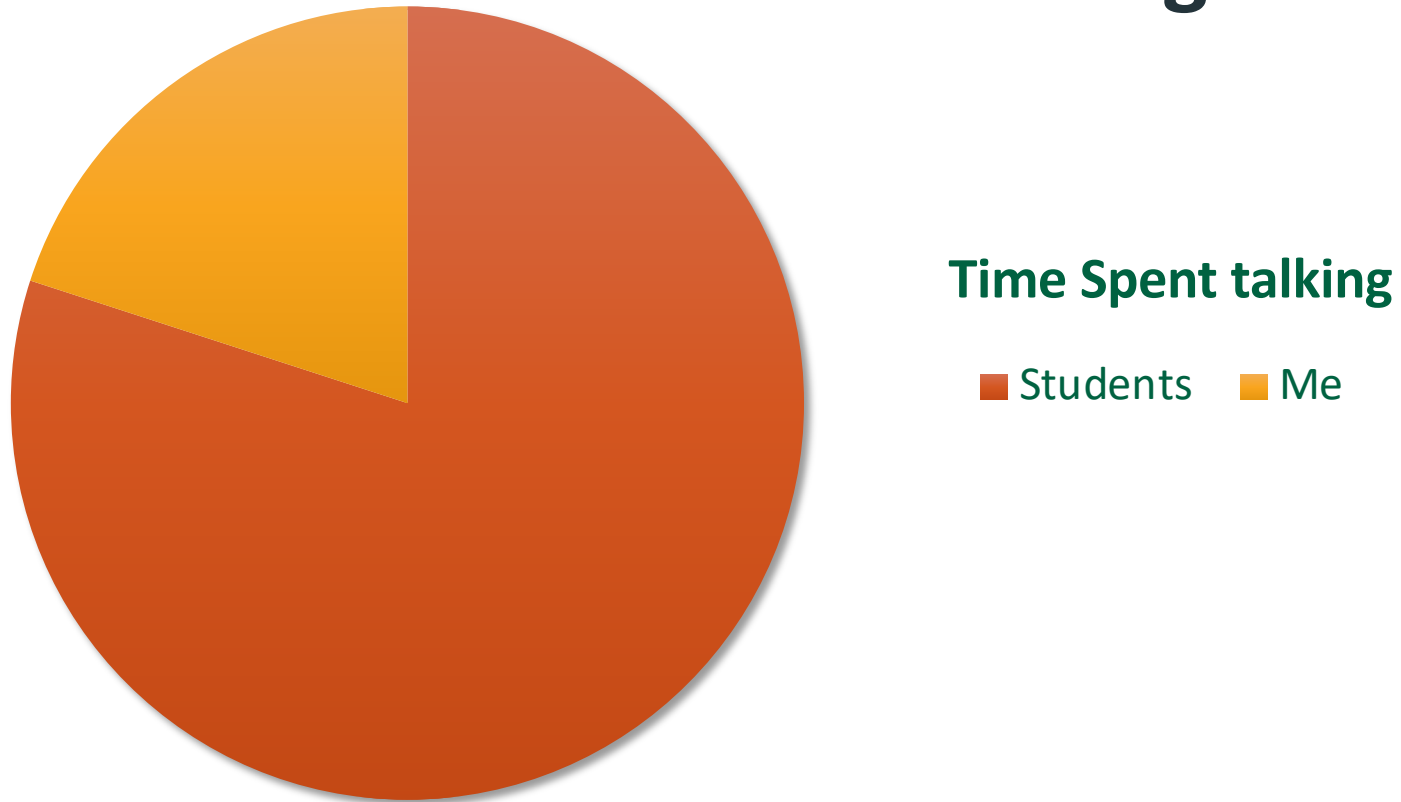
VS



Lessons in teaching language



Teaching a new language, no English, the 80/20 challenge





Lessons in teaching language



MOTIVATIONAL!!

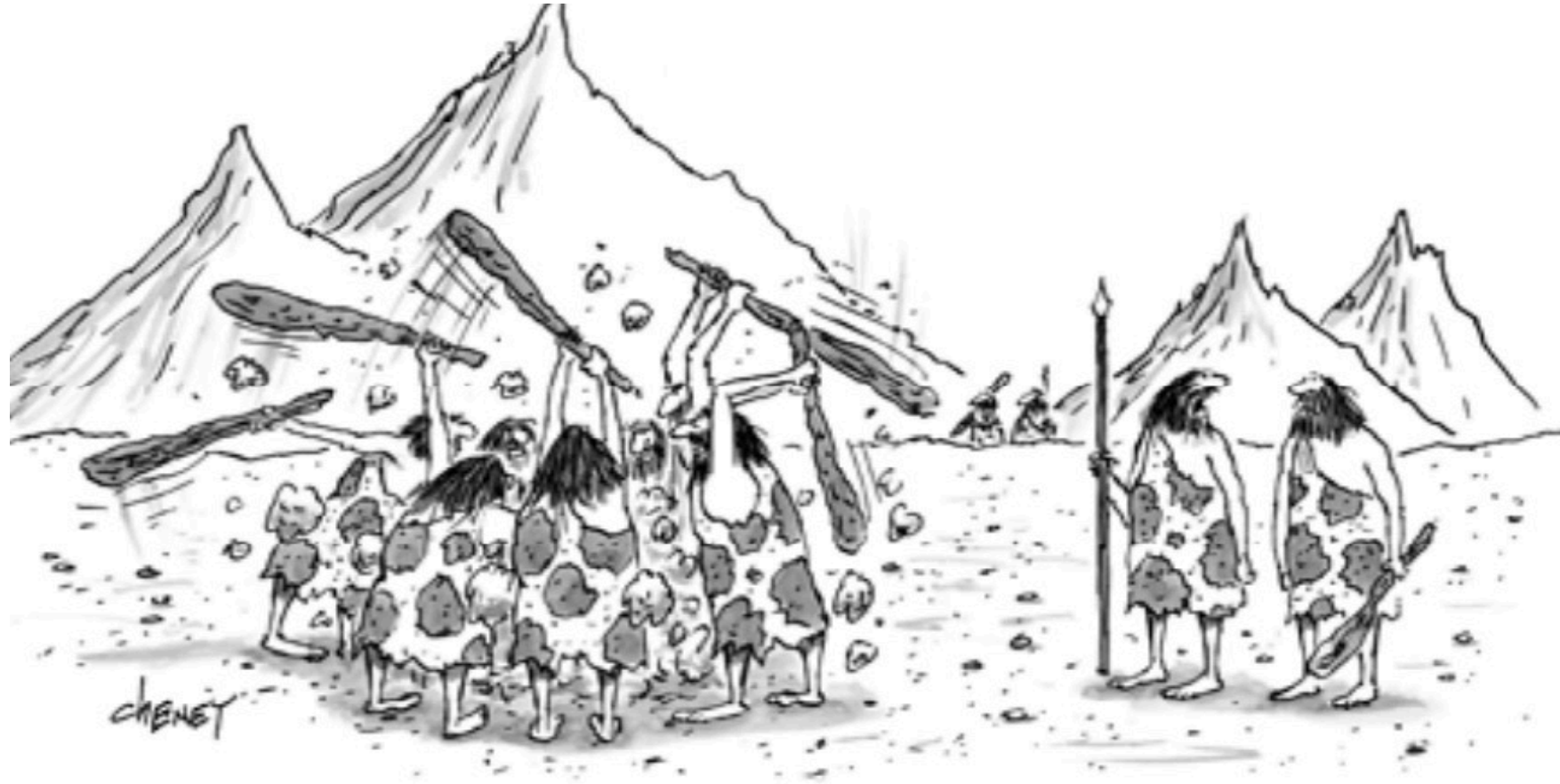
- Inspiring!
- Life changing!
- Convincing!
- A TEDtalk!
- A perfect sales pitch

“My name is Matt Foley and I am a Motivational Speaker.”



“Well, lah dee freakin’ dah!!”

Saturday Night Live



“It’s some new thing called an intervention.”

Motivational Interviewing

- ...a method of communication rather than a set of techniques. It is not a bag of tricks for getting people to do what they don't want to do; rather, it is a fundamental way of being with & for people – a facilitative approach to communication that evokes change” (Miller & Rollnick 2002)
- “MI is about arranging conversations so that people talk themselves into change, based on their own values and interests.”
- A dance, not a wrestle

A mindset, not a technique

- The **Spirit** of Motivational Interviewing
 - Partnership
 - Evocation
 - “People already have within them what is needed.”
 - “focus on and understand strengths rather than probe for deficits”
 - “People who are ambivalent already have *both* arguments in them.”
 - Compassion
 - Acceptance
 - Four pillars of acceptance: **absolute worth**, affirmation, autonomy, accurate empathy



COMPASSION

Empathy – to feel with

Sympathy – to feel for

Compassion- Unconditional Positive Regard



Carl Rogers

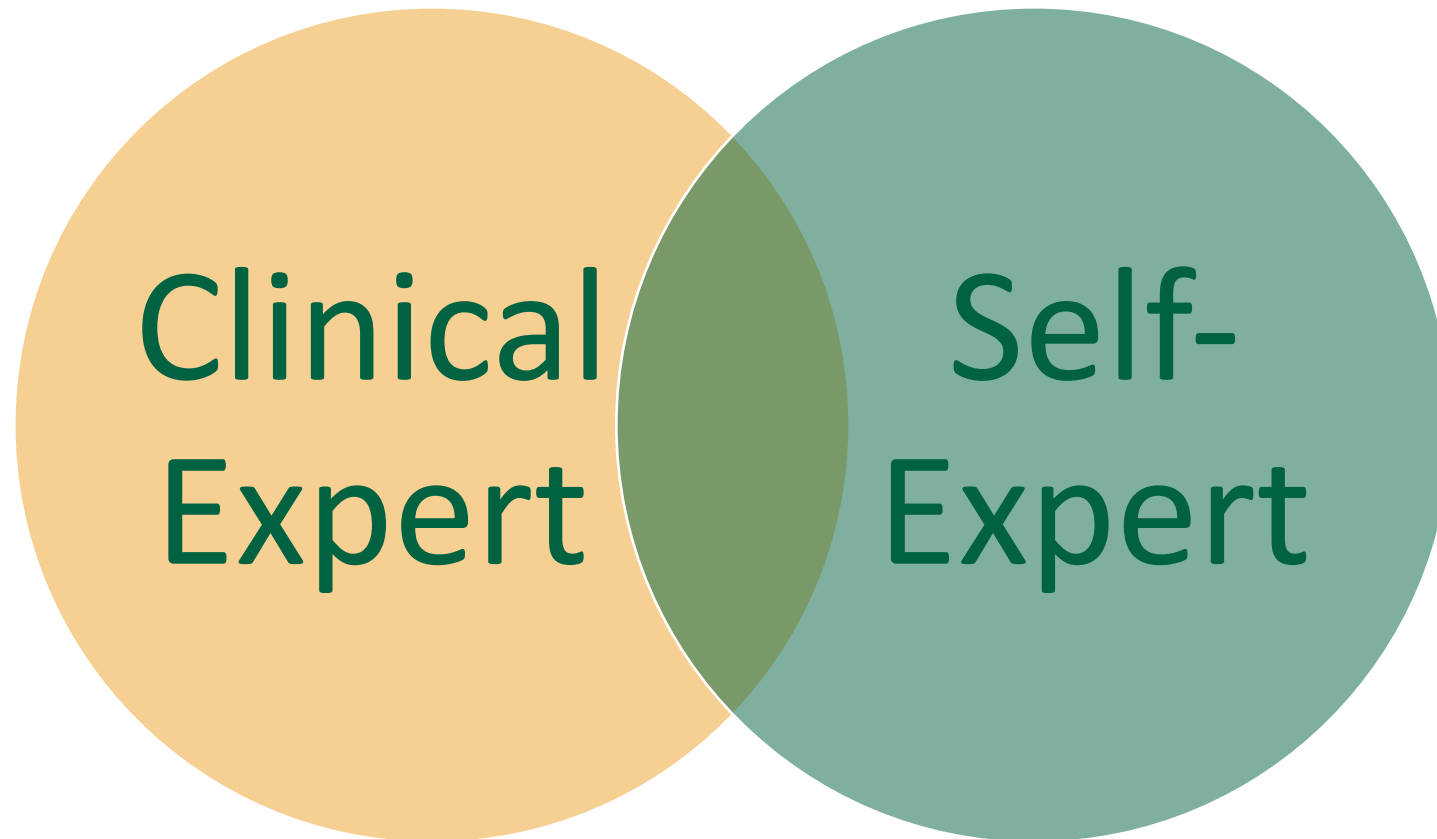
ACCEPTANCE

- **Absolute worth-**
 - We don't get to (or have to) decide who deserves respect and who does not
 - A belief that this other person is fundamentally trustworthy, has worth
- **Accurate empathy-**
 - “the ability to understand another person's frame of reference *and* the conviction that it is worthwhile to do so”
- **Autonomy support-**
 - “letting go of the idea and burden that you have to (or can) make people change”
- **Affirmation-**
 - to seek and acknowledge the persons strengths and efforts

Collaboration / Partnership

- MI is “not done ‘to’ or ‘on’ someone at all. MI is done ‘for’ and ‘with’ a person.”
- “People are the undisputed experts on themselves. No one has been with them longer or knows them better than they do themselves.”
- “The client has vital expertise that is complementary to your own.”
- We are a “privileged witness to change”.
- Ask permission when teaching and sharing

Two Experts Collaborating – Autonomy Support



Autonomy

“Instead of giving someone what they lack, evoke what they already have.”

Rural communities can have a higher value on autonomy.



Guiding principles - RULE

1

Resist the
righting reflex

2

Understand
their
motivation

3

Listen to the
patient

4

Empower the
patient

The Righting Reflex

- A natural response for people in the helping professions
 - “Stop, there’s a better way!”
- Can push the wrong direction when someone is ambivalent
 - They already have both arguments going on within them
- Can backfire because of two universal human tendencies
 - We don’t like being told what to do
 - We like and believe our own ideas more than others’ ideas
- **Someone will learn about their attitudes and beliefs the same way we will, by hearing them talk.**

Which do you respond to?



Guiding principles - RULE

1

Resist the
righting reflex

2

Understand
their
motivation

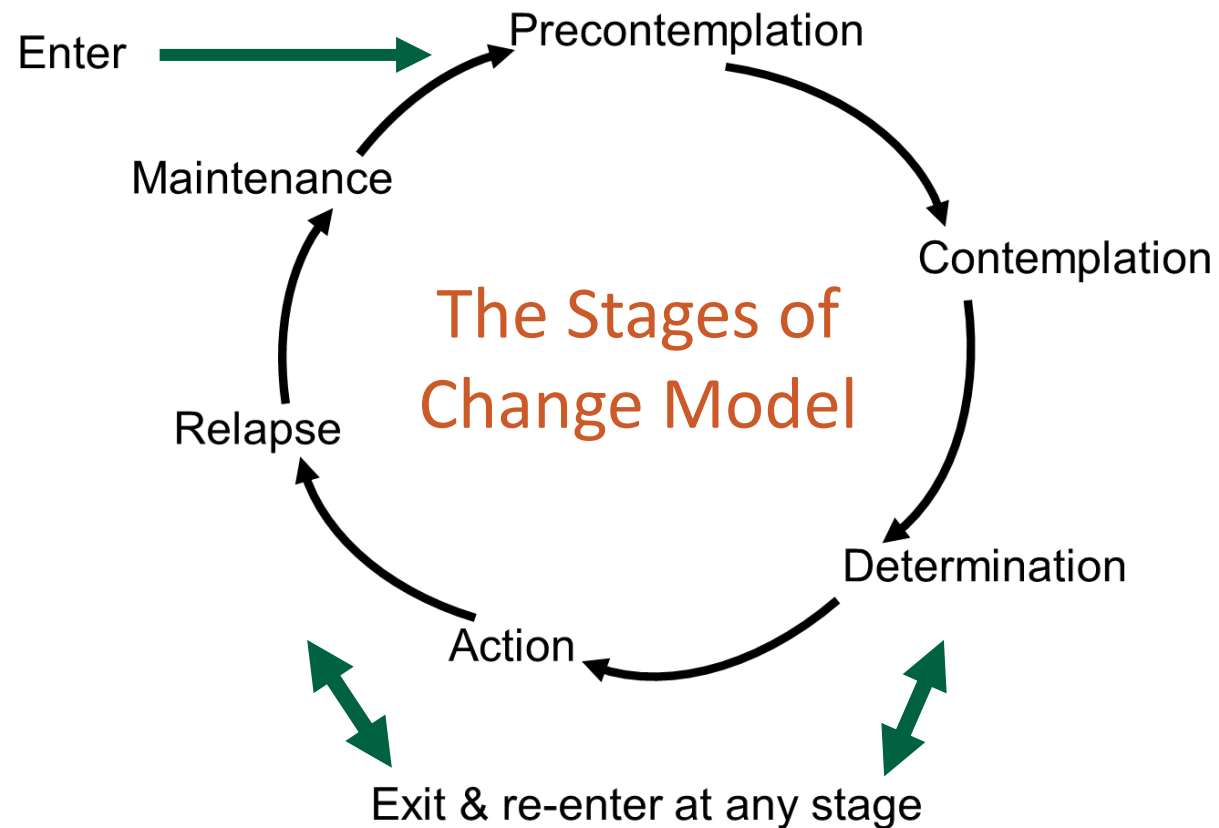
3

Listen to the
patient

4

Empower the
patient

Prochaska and DiClemente



Tasks at each stage of change

- **Pre-contemplation**
 - Raise awareness
- **Contemplation**
 - Resolve ambivalence, helping to choose change
- **Preparation (Determination)**
 - Help identify resources to help support change
- **Action**
 - Implement resources, relapse prevention strategies
- **Maintenance**
 - Develop new skills, help others (AA)
- **Recurrence of use**
 - Cope with consequences, determine what to do next

Communication Styles

Directing

- Conduct
- Decide
- Govern
- Manage
- Preside
- Run
- **Steer**
- **Tell**
- Take Charge

Guiding

- Accompany
- Assist
- Elicit
- Encourage
- Kindle
- Offer
- **Point**
- Support
- **Show**

Following

- Allow
- Observe
- Permit
- Shadow
- Understand
- Be With
- Listen
- Attend

Rural Implications -Telehealth

- If needed, MI can be delivered via telehealth.
- Some studies show longer period of time needed for building rapport when meeting remotely
- “Following” style may be utilized a bit more at the beginning in this case.

Changing our Mindset

Collaboration
Evocation
Autonomy

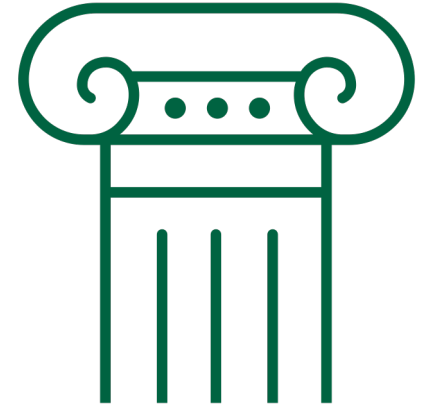
Confrontation
Education
Authority

Four Pillars

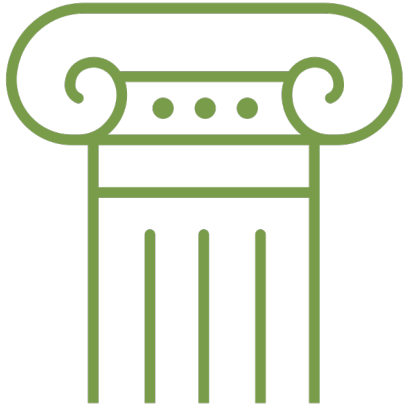
Develop Discrepancy



Roll with Resistance



Express Empathy

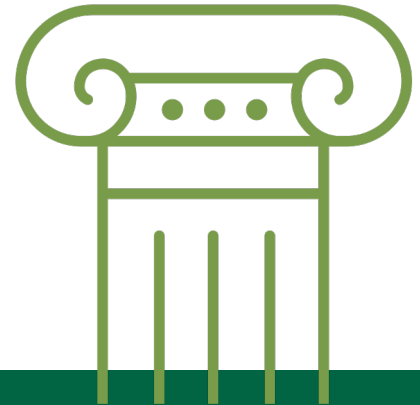


Support Self-efficacy



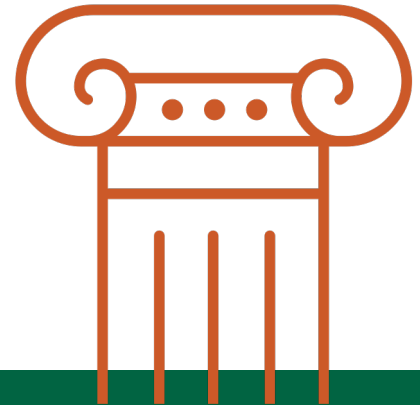
Express Empathy

- Accurate empathy- “the ability to understand another person’s frame of reference *and* the conviction that it is worthwhile to do so”
- Listen actively
- Reflect back



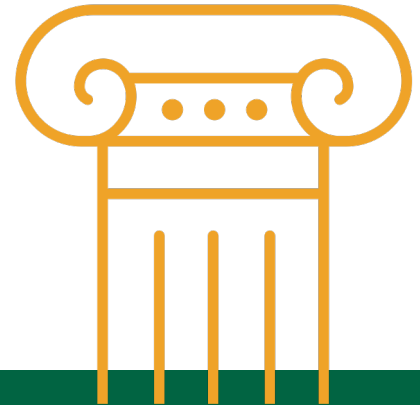
Develop Discrepancy

- Where do you want to be? And where are you now?
 - How does _____ fit into that?
- Elicit underlying key values and beliefs
 - “What’s most important to you?”
- Patient creates reasons for change



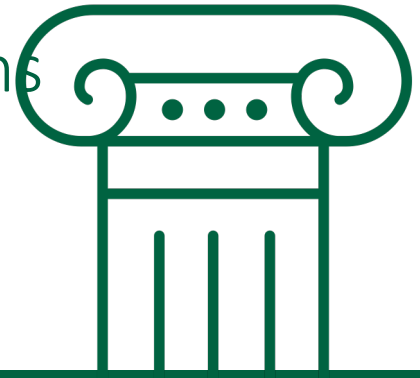
Support Self-Efficacy

- Only the patient can carry out the change
- The provider can express belief in the capability of the patient to change



Roll with Resistance

- Avoid arguing
- Resistance is often not directly opposed
- New perspectives are welcomed
- Resistance can signal us to respond differently
- Ambivalence is normal, but not permanent
- Can turn some questions back to the patient for solutions
 - “Good question, why *would* you _____?”



Some specific approaches/skills

- OARS
- The Importance Ruler
- Decisional Balance
- Identifying and Responding to “change talk”
- How to provide Feedback
- Avoid the “righting reflex”

These require practice, practice, practice



OARS

- Open-ended questions
- Affirmations
- Reflections
- Summaries

Open ended questions

- Can you tell me about your experience so far with _____?
- What might you do if _____?
- What do you think would happen if _____?
- What's been the hardest part about _____?
- What's the thing you find most appealing about _____?

Affirmations

- Be consciously on the look out for strengths, good steps and intentions
- The opposite of the idea that people will change if you make them feel bad enough
- Go back to unconditional positive regard or you might not be able to find any of these.

Reflections

- Simple (restatement)
- Amplified (like an uncovering in psychotherapy, careful)
- Double-sided (recognition of ambivalence)

Summaries

- Change talk bouquet
 - Listen for “I wish, I should, I want to, I could, I might be able to...”
- Careful to be sincere though while emphasizing change talk.

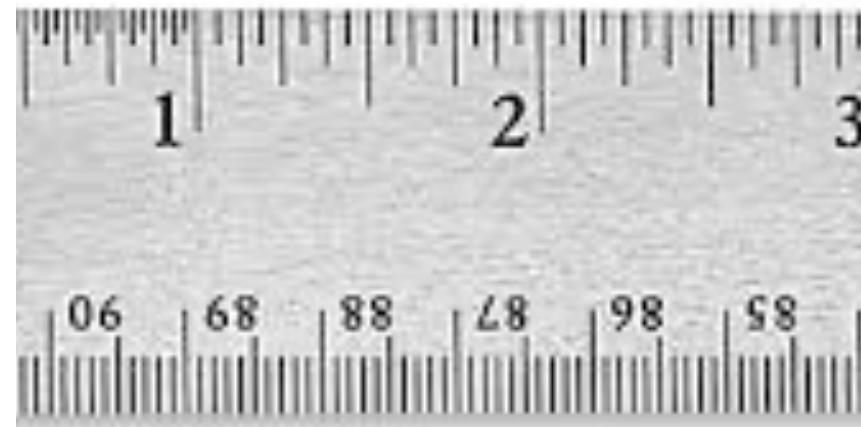


Change talk/Confidence talk

- JUMP ON IT 😊
- Open questions
 - Can you elaborate on that?
 - Can you give me some examples of that?
- Affirm
 - Sounds like _____ is a strength for you and something you value
 - Sounds like you see yourself as a strong person/you know how to do hard things
- Reflect right back, like a mirror
- Summarize reasons for optimism

The Change Ruler

- Importance
- Confidence
- Readiness
- Rate on 0-10 scale then explore the extremes
 - “Why isn’t it a zero?”
 - “Why isn’t it higher?”



Decisional Balance Exercise

- Pros and cons
- “What are the best (and worst) things about _____?”
- “What’s the best thing you could see coming out of changing?”
- “What would be the benefits of not changing?”



Normalization

- “Most people report both good and not so good things about their _____.”
- “I see this challenge often between parents and teenagers.”
- “Most people have mixed feelings about these issues.”

Give feedback



Ask

“Can I share some of my thoughts with you?”



Tell

Give evidence-based guidance



Ask

“What are your thoughts about what I’ve shared?”

False Dichotomies: Errant binary thinking that can be alleviated using an MI informed approach

- Ready vs. not ready gives way to stages of change
- Abstinence based vs. harm reduction -> multiple models of recovery and treatment
- You have that expertise/specialty clinic or you don't

Rural implications

- Word of mouth information about whether there is compassion for individuals with SUDs may distribute more quickly and more completely.
- Rural areas often have a culture of self-efficacy, self-sufficiency, may feel even a higher tendency towards wanting to find their own solutions, for which MI is well suited

Rural implications

- One study showed increased access to and use of legal substances, culture may be more accepting on average of alcohol and tobacco use. Study showed increased access in homes. (Warren, 2015)
- Remembering not to focus on a single path to recovery. Avoidance of shaming, approaching another's experience with curiosity rather than authoritarianism

What motivational interviewing is not

- A way of tricking people into doing what you want them to do
- A technique
- CBT
- Easy to learn
- Practice as usual
- A panacea
- A motivational (“Matt Foley”) speech

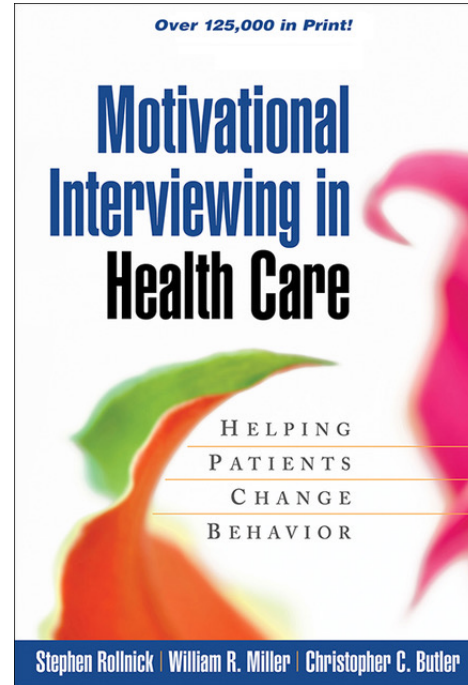
Summary

- Developing the mindset and the spirit of MI comes before all else
- MI helps us about the extremes of hopelessness and control
 - Any movement forward is positive, stages of change
- Quartets:
 - Spirit of MI: Acceptance, Compassion, Partnership, Evocation
 - RULE: (resist righting reflex, understand, listen, empower
 - Four Pillars: Empathy, Discrepancy, Self-efficacy, Roll with resistance
- Not a lecture, not an inspirational speech
- Motivation for change comes from within
- Specific skills can be practiced and practiced over time, to develop patterns of more positive listening and communication.

References

- Miller, W.R. & Rollnick, S. (2009). Ten things that Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37:129-140.
- Oser, C. B., Biebel, E. P., Pullen, E., & Harp, K. L. (2013). Causes, Consequences, and Prevention of Burnout among Substance Abuse Treatment Counselors: A Rural versus Urban Comparison. *Journal of Psychoactive Drugs*, 45(1), 17–27.
- Patel, M. L., Wakayama, L. N., Bass, M. B., & Breland, J. Y. (2019). Motivational interviewing in eHealth and telehealth interventions for weight loss: A systematic review. *Preventive medicine*, 126, 105738.
- Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334
- van Boekel, L. C., Brouwers, E. P. M., van Weeghel, J., & Garretsen, H. F. L. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, 131(1–2), 23–35.
- van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2015). Comparing stigmatising attitudes towards people with substance use dis
- Warren, J. C., Smalley, K. B., & Barefoot, K. N. (2015). Perceived Ease of Access to Alcohol, Tobacco, and Other Substances in Rural and Urban US Students. *Rural and Remote Health*, 15(4), 3397.

Win a copy of this book!



Stay tuned for a survey in your inbox!

This survey is designed for YOU to give feedback on this presentation and to help shape our future workshops on MI skills. The **first 30 respondents** who answer the survey will win a copy of "Motivational Interviewing in Healthcare: Helping Patients Change Behavior" by Stephen Rollnick, Christopher Butler, and William Miller.



Center on Rural Addiction

UNIVERSITY OF VERMONT

**Thank you for participating in this
Community Rounds Workshop Series**

**Our next session will be held on August 4, 2021 from 12-1pm:
*Telehealth for Substance Use Disorders and Considerations for Rural
Regions with Allison Lin, MD MSc***

Register: go.uvm.edu/coratelehealth

For additional information:

Contact us at CORA@uvm.edu

Center on Rural Addiction: <https://uvmcora.org/>

Vermont Center on Behavior and Health: <http://www.med.uvm.edu/behaviorandhealth/>



**Center on
Rural Addiction**
UNIVERSITY OF VERMONT

Learn more: [UVMCORA.ORG](https://uvmcora.org) | Contact us: CORA@uvm.edu