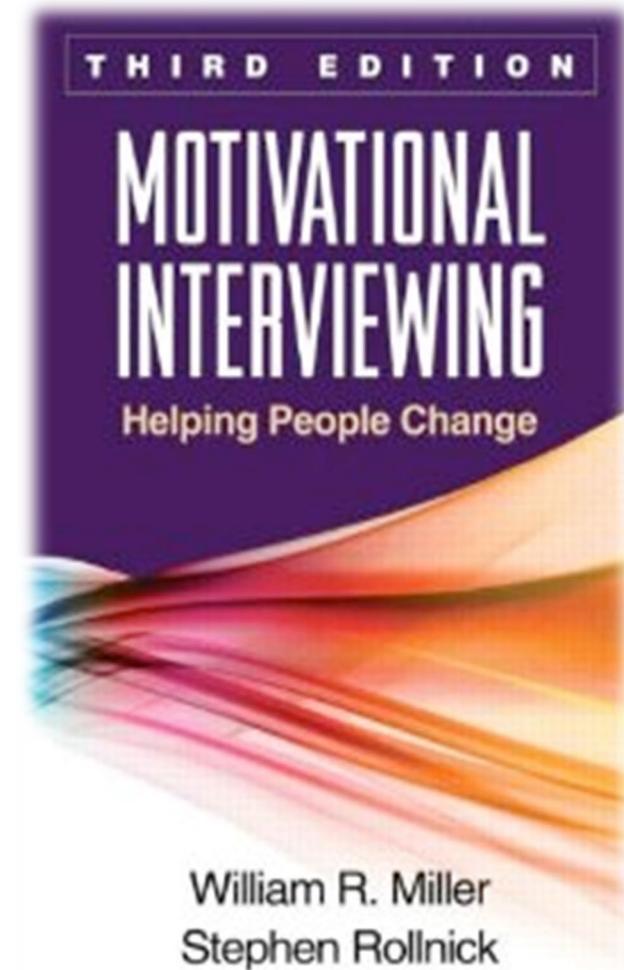


What is MI?

“Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change.

It is designed to strengthen personal motivation for, and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”



Disclosure of Financial Support

- This program has received financial support from SINAI HEALTH in the form of PROTECTED TIME FOR NON-PHYSICIANS
- This program has received in-kind support from SINAI HEALTH in the form of COMPUTERS TO LOG IN VIRTUALLY
- Potential for conflict(s) of interest:
 - No funds have been received related to the content or products discussed in the workshop

Faculty/Presenter Disclosure

- Faculty: **Wiplove Lamba**
- Relationships with financial sponsors:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: none
 - Consulting Fees: Newly Institute – Medical Advisory Board
 - Patents: none
 - Other: Works at Sinai Health, Joseph Brant and education program Project ECHO addiction through CAMH

Faculty/Presenter Disclosure

- Faculty: Anita Kang, Hedieh Ghanbary, Mary Zheng, Omar Ghaffar
- Relationships with financial sponsors:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: none
 - Consulting Fees: none
 - Patents: none
 - Other: none related to content of talk

Mitigating Potential Bias

- Potential biases are separate from the content of this lecture

**A taste of Motivational
Interviewing
(thanks to Tim Guimond,
Ketan Vegda**

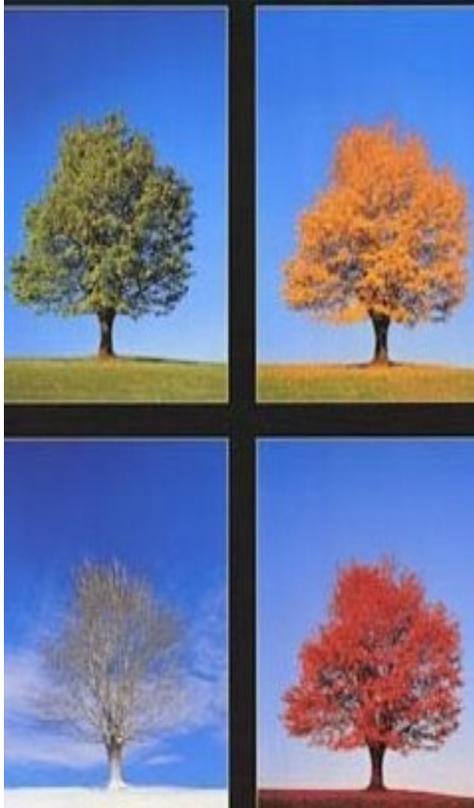
OUTLINE

To be adapted based on first few exercises

- Importance/confidence rulers
- Agenda Setting
- Whirlwind Tour of MI Principles (including EPE)
- Score the Trainer
- BREAK
- DARN CATS
- Evaluate each other
- What now?

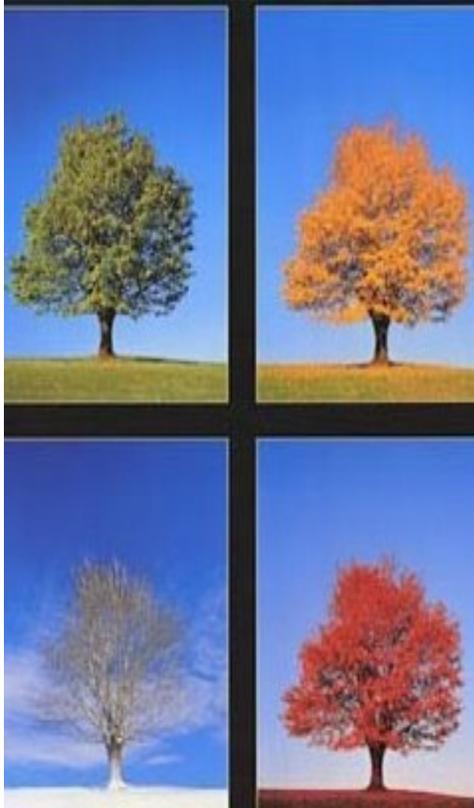
What are some difficulties that you experience with motivation in your work?

The Nature of Motivation



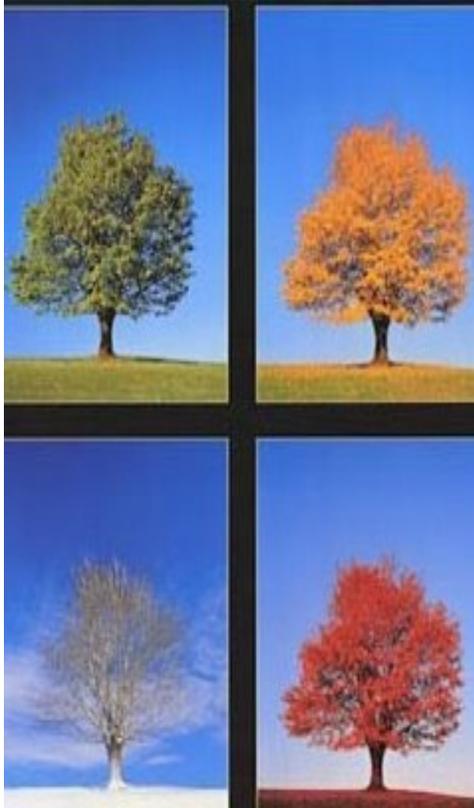
Discussion points:

The Nature of Motivation



Think of a change in your life that *someone else* thinks you should make, which you haven't yet decided to act on.

The Nature of Motivation

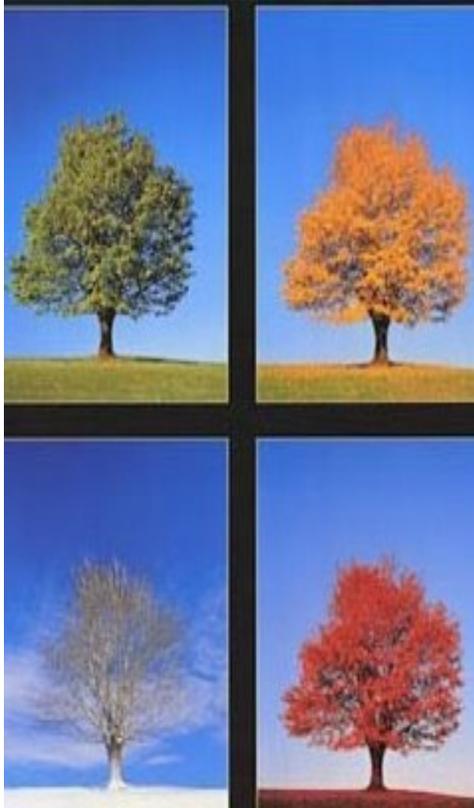


Think of a change in your life that *someone else* thinks you should make, which you haven't yet decided to act on.

With a partner, discuss:

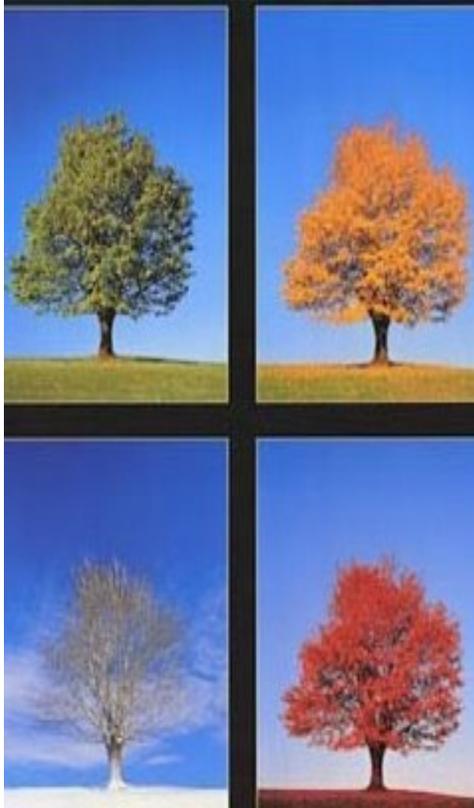
- The last time it came up, who started the conversation?
- How did the conversation unfold? What did they say? What did you say?
- How did you feel?
- Were you more or less motivated?

The Nature of Motivation



Discussion points:

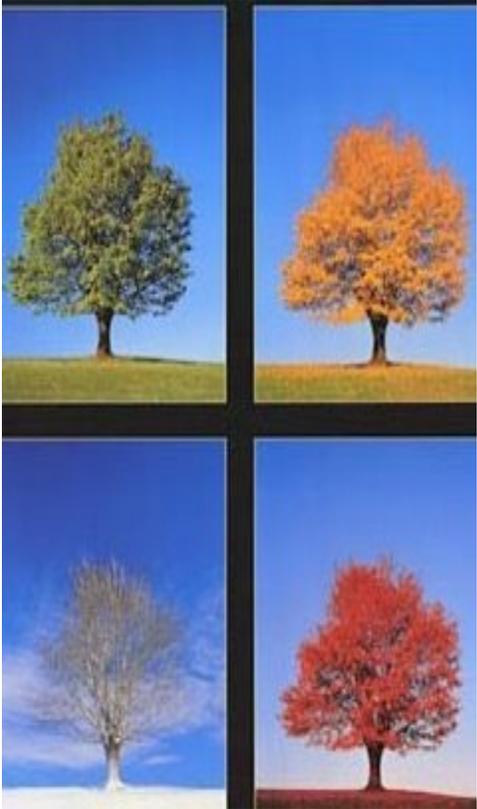
The Nature of Motivation



Think of someone who was a helpful guide for you during a time of challenge or growth....

- What was helpful about that person?
- What was different than other people that were not helpful?

The Nature of Motivation



Discussion points:

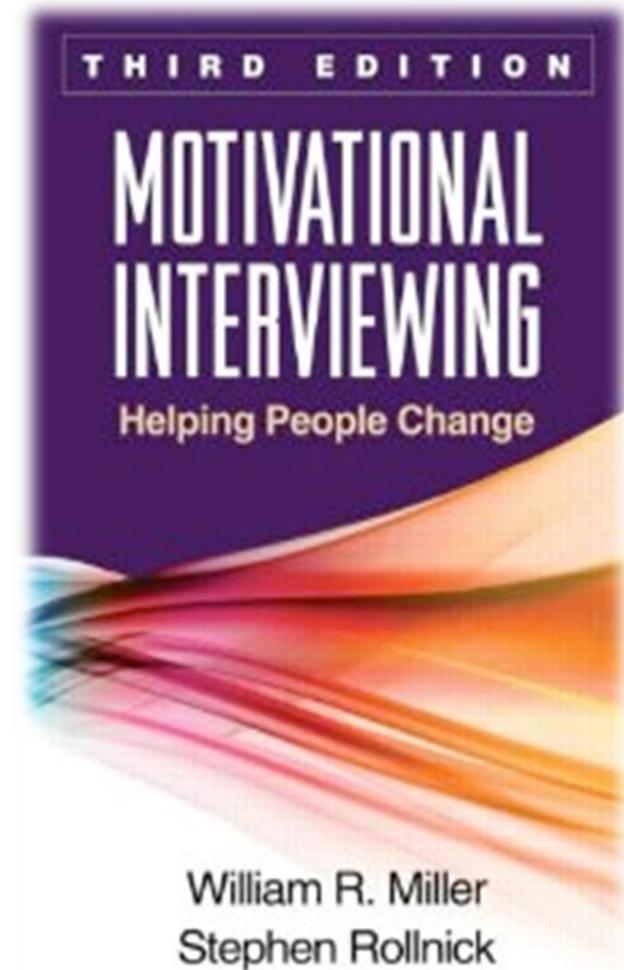
Key Points

- Ambivalence is normal
- Relationships matter
- Motivation is dynamic
- From the perspective of MI, no one is “totally unmotivated” or “resistant to change”.
 - Instead, we speak about “sustain talk” or “discord” in the relationship.

What is MI?

*“A gentler and more
productive conversation
about change”*

-Stephen Rollnick



The Spirit of MI



vs.



Partnership
Acceptance
Compassion
Evocation



~~Pressure
Authority
Confrontation
Education~~

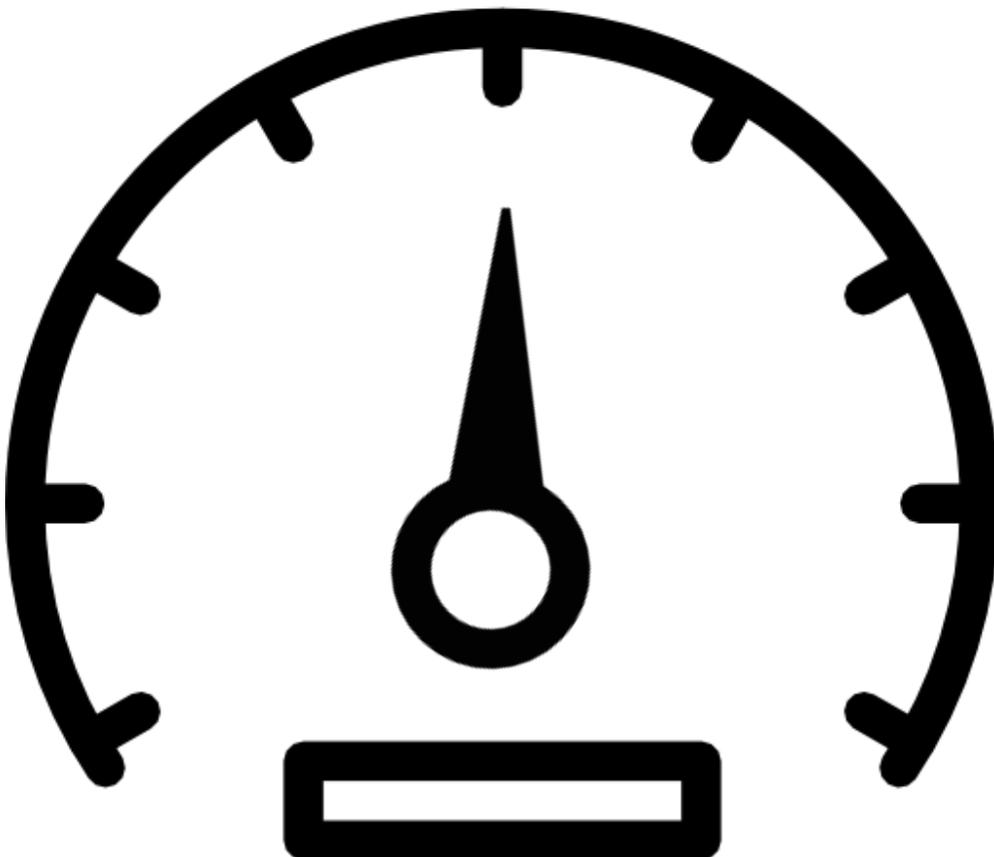


The Spirit of MI

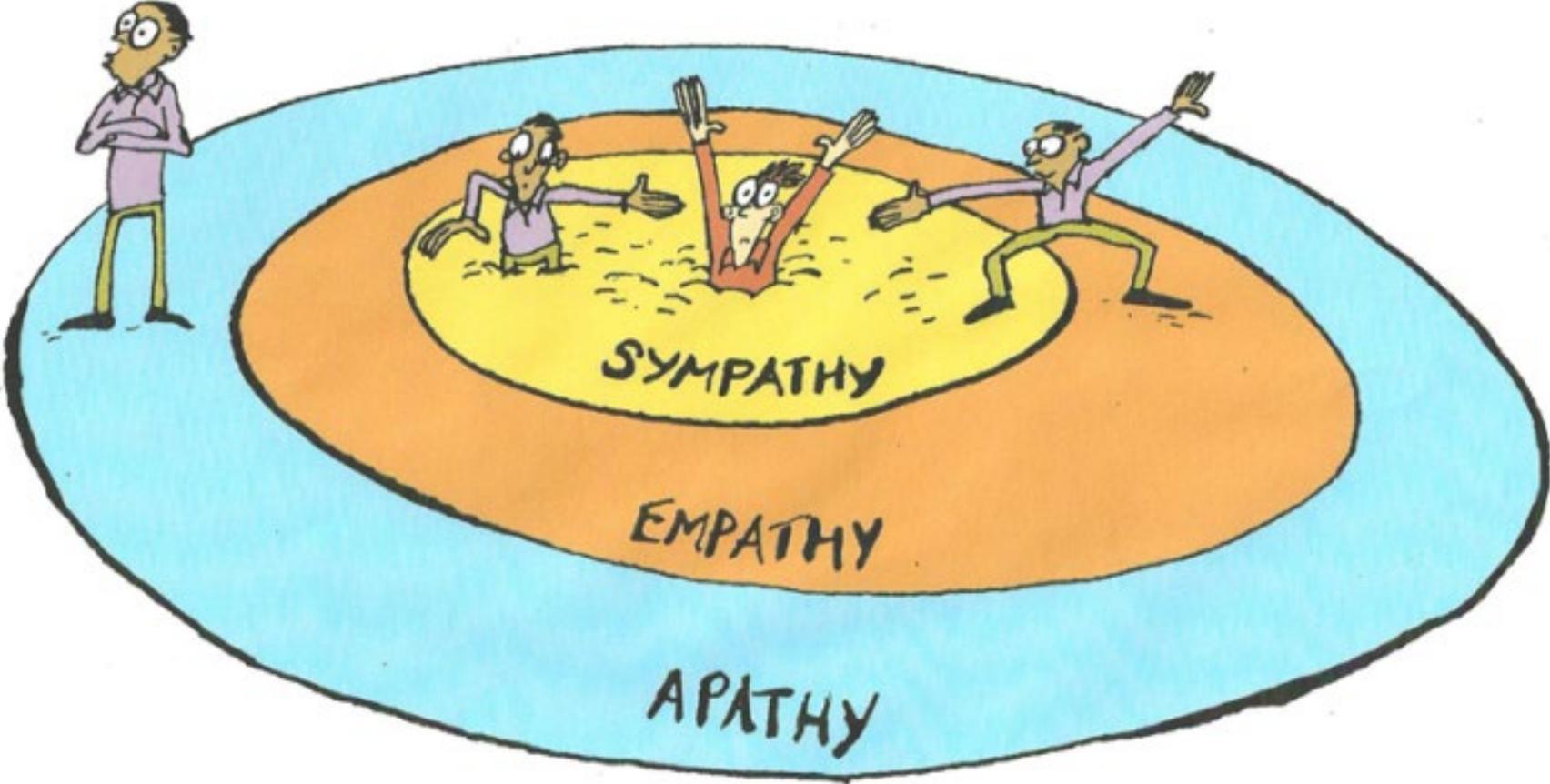
Guiding

Following

Directing



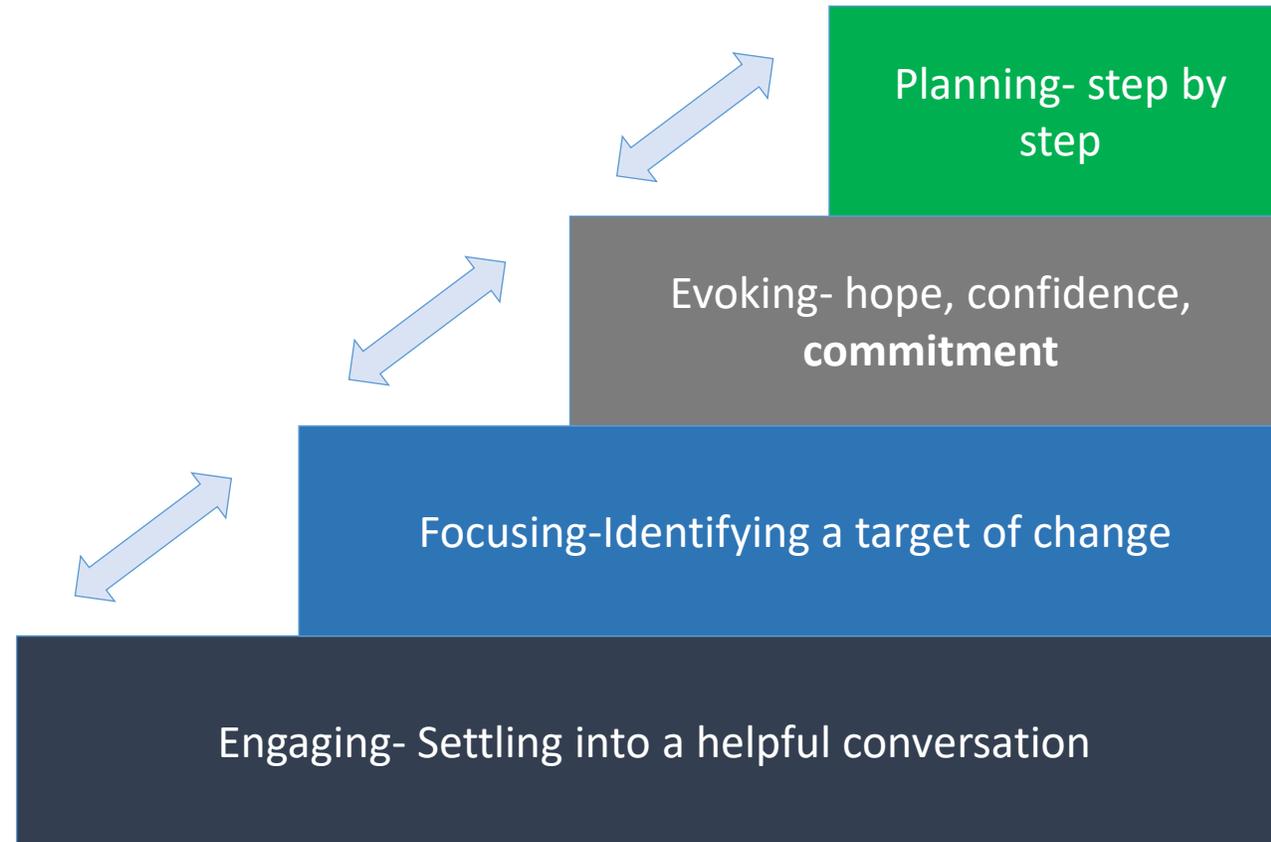
The Spirit of MI

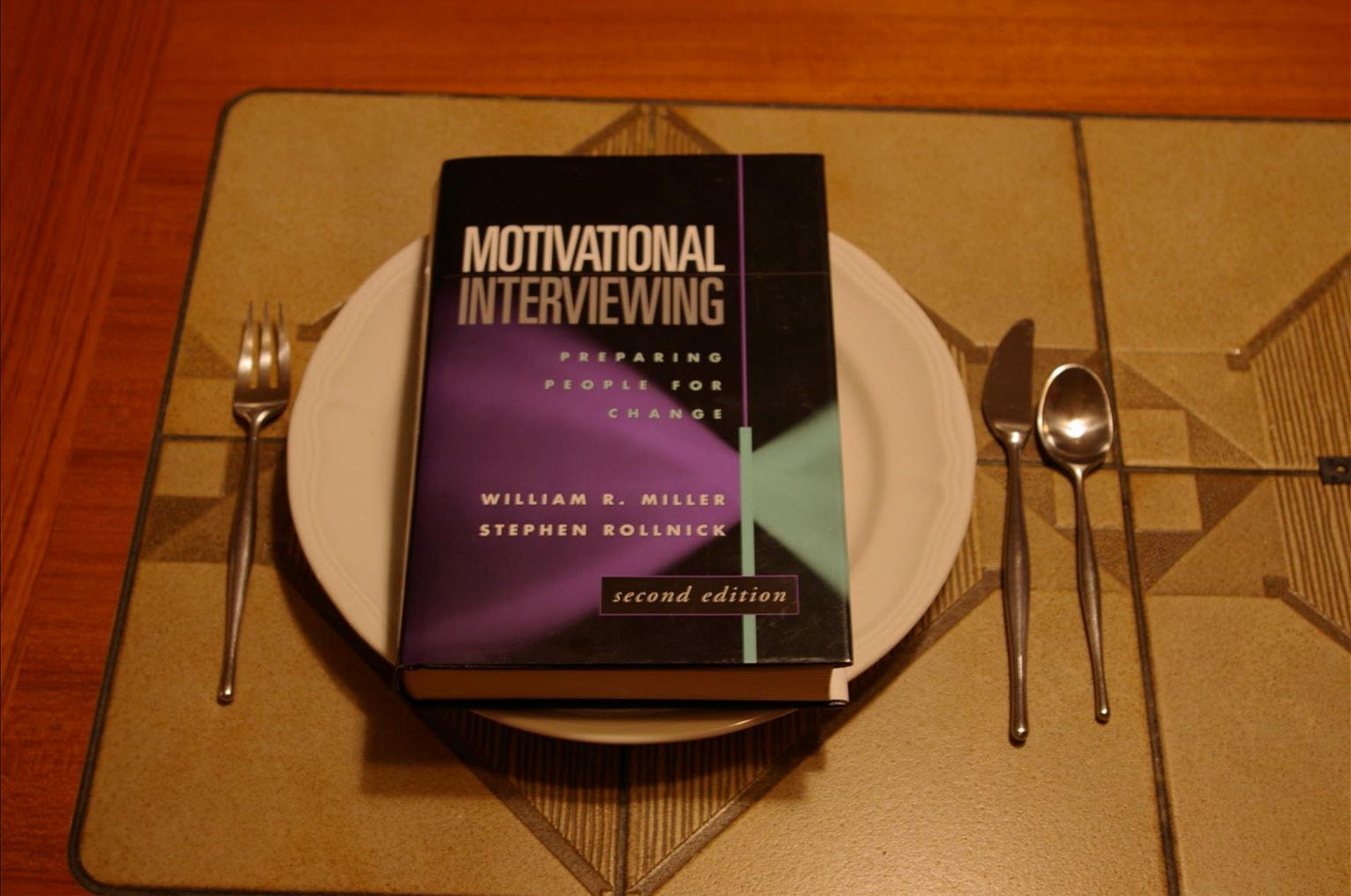


How does MI work?

- Client's speech is met by empathic and *strategic* responses by the therapist
- This influences what the client says next
- As the interaction progresses, the client hears themselves say out loud a solution to their problem

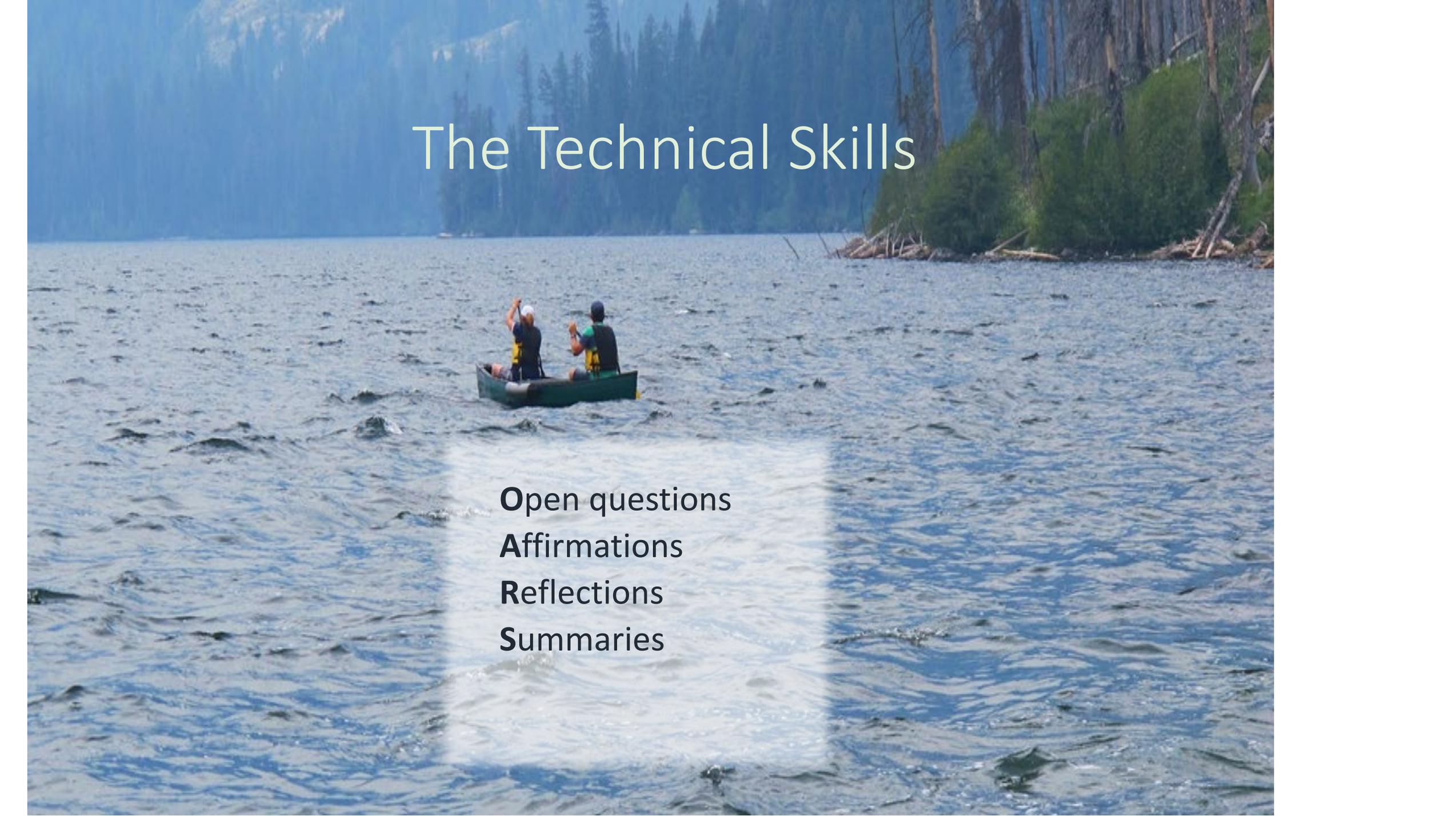
Four processes





A Taste of Motivational Interviewing

The Technical Skills

A photograph of two people in a green canoe on a large body of water. The water is blue with some whitecaps. In the background, there are dense evergreen forests and mountains under a clear sky. The canoe is in the center of the frame, moving away from the viewer.

Open questions

Affirmations

Reflections

Summaries

Open Questions

- Cannot easily be answered 'yes', 'no' or with a single word response, so contribute to moving the conversation.
- Can dramatically steer the direction of the conversation
- Explore depth rather than detail

Affirmations

- A genuine* positive reflection of a person's strengths, efforts, values, identities, or aspirations
- Deeper than compliments
- They function to stabilize the relationship
- Preliminary evidence that they can bring out change talk (if people are going to make a difficult change, they need to know their strengths)

Reflections

- A strategic guess about what the speaker means said out loud by the listener as a statement
- Statements which gently steer and move the conversation forward towards change.
- Reflections are the most frequently uttered phrases by MI practitioners (proficient practitioners typically make 2:1 reflections to questions)

Reflections

Simple

Convey
understanding

- Parroting
- Paraphrasing
- Getting the gist

Complex

Add substantial
meaning or emphasis
to what a person
said

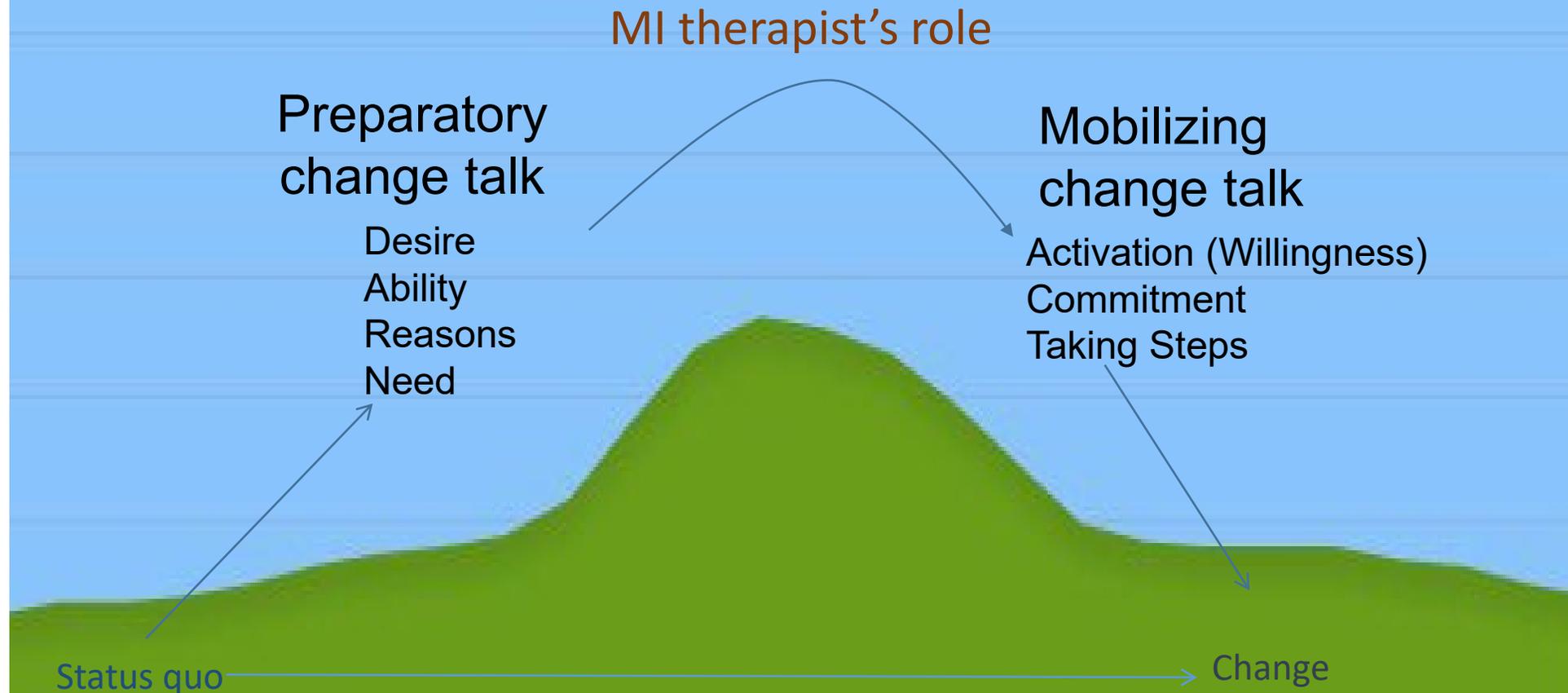
- Reflecting both sides
- Undershooting/overshooting for effect
- Reflecting emotions
- Reflecting values, identities



Summaries

- Like checking the map to see where you have just been, and where you're going next
- Or like a bouquet of flowers you give back to the client of the most important things they've said

A Theory of “Change Talk”



Amrhein, et al. (2003). Client commitment language during motivational interviewing predicts drug use outcome. *J. Consulting and Clinical Psychology*, 71: 862-878

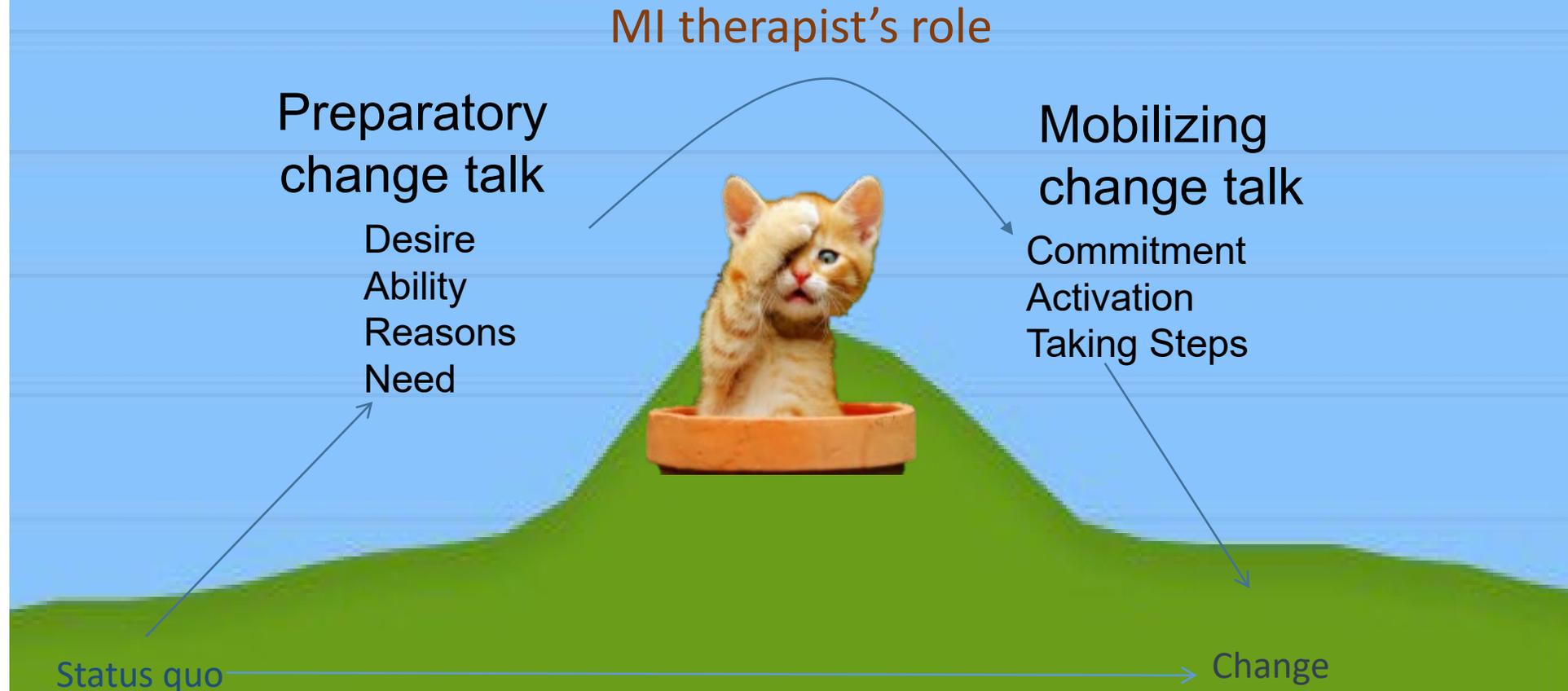
Preparatory Change Talk

- Desire “I want to”
- Ability “I’m able to”
- Reasons “If I did... then...”; “because...”
- Need “I have to...”

Mobilizing Change Talk

- Commitment “I will...”, “I am going to...”,
- Activation “I’m willing to, “I’m ready”
- Taking Steps “I have started to...”

A Theory of “Change Talk”



Amrhein, et al. (2003). Client commitment language during motivational interviewing predicts drug use outcome. *J. Consulting and Clinical Psychology*, 71: 862-878

Let's Practice

- EARS exercise
- 1 interviewee
 - something you want to change
- 1 interviewer
- 2 observers fill out EARS

E laborate/ explore		
A ffirm		
R eflection- Simple		
R eflection- Complex		
S ummary		

% Therapist talk time (approx.): _____

Take Home Messages

“a gentler and more productive conversation about change”

Spirit of MI - PACE

OARS

Change talk vs sustain talk

How do I bring MI into my practice?

References

- www.motivationalinterviewing.org

- THANK YOU AND KEEP IN TOUCH
- vegdak@gmail.com
- lambaw@smh.ca
- acaudarella@gmail.com

EXTRA

Strategies for Evoking Change Talk

- **Ask Evocative Questions** – usually open questions help elicit change talk
- **Explore Decisional Balance** – pros and cons of status quo and making changes.
- **Ask for Elaboration/Examples:** When a change talk emerges, ask for more details: “In what ways?”; “Tell me more”; “When was the last time that happened?”

Strategies for Evoking Change Talk

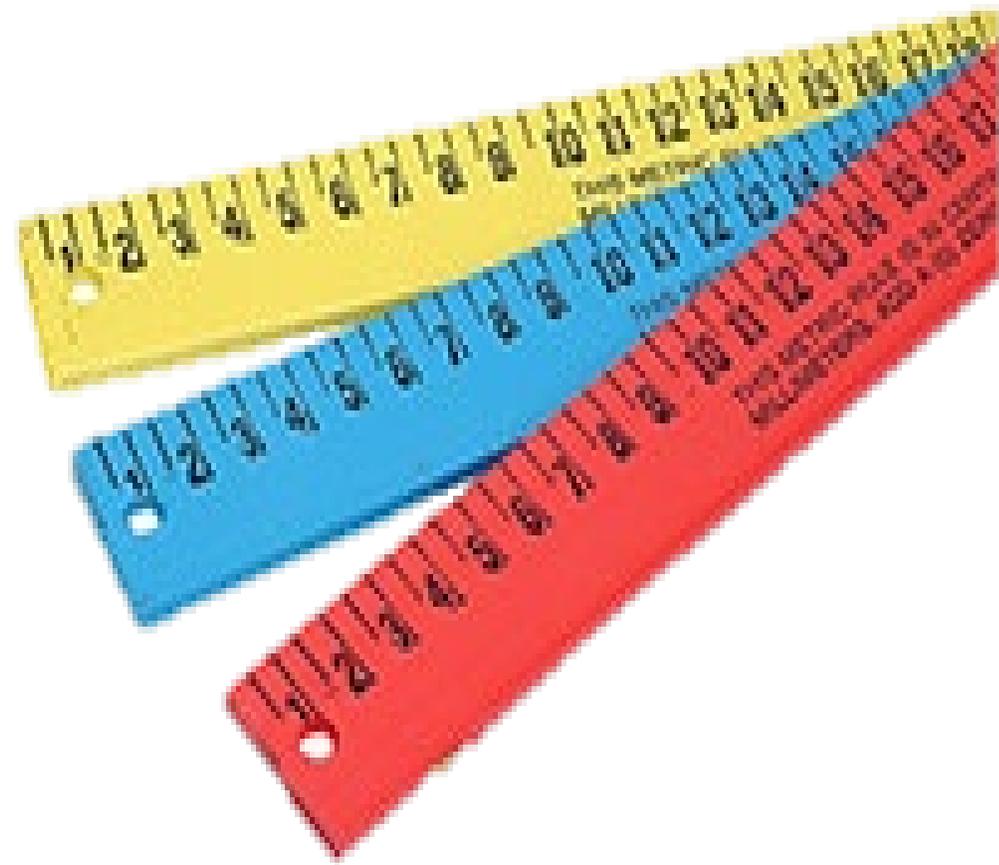
- **Looking back:** ask about a time when things were different/better
- **Looking forward:** ask what may happen if things continue as they are or the miracle question, eg: “in 2 years, if you were 100% successful making changes you want, what would be different?”
- **Query extremes:** “What are the worst things that might happen if you don’t make this change?”; “What are the best things that might happen if you do make this change?”

Strategies for Evoking Change Talk

- **3 Change rulers:** Importance, confidence, readiness
- **Explore values and strengths**
- **Come Alongside:** side with reasons to maintain status quo

Exercise 4: One thing I like about myself

1. Speaker: “One thing I like about myself is [insert quality]”
2. Listener: Make a **guess** about what the person means and say it back to the person **as a statement**.
3. Speaker responds, YES, NO, or MAYBE.
4. Speaker repeats (1.) with *the same* quality.
5. Listener states a different guess to evoke a different response from the speaker.



Exercise:

Change Rulers

Importance, Confidence, Readiness

What is something you have been thinking about doing, but haven't started yet?

Apply readiness ruler to your potential change:

How **important** is it to you to make this change?

How **confident** are you that you can make this change?

How **ready** are you to make this change?

Readiness Ruler

A tool for eliciting change talk

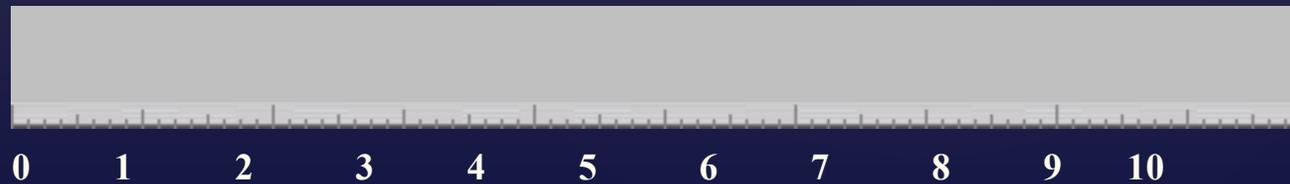
How **important** is it to change this behaviour?



How **confident** are you that you could make this change?



How **ready** are you to make this change?



Follow-up Questions

Why are you at (current score) and not zero?

What would it take for you to get from (current score) to (higher score)?

What has made this change this important to you so far, as opposed to it being unimportant (zero)?

What would it take to make this change even more important to you?"

- What can you focus on if importance is low?
- What can you focus on if confidence is low?
- What can you focus on if readiness is low?

- What can you focus on if importance is low?
 - **VALUES**
- What can you focus on if confidence is low?
 - **STRENGTHS**
 - **SUPPORTS**
- What can you focus on if readiness is low?
 - **BARRIERS**
 - **SUPPORTS**

Informing Strategies

Providing Information to our clients

Exercise: “The Expert”

Find a partner

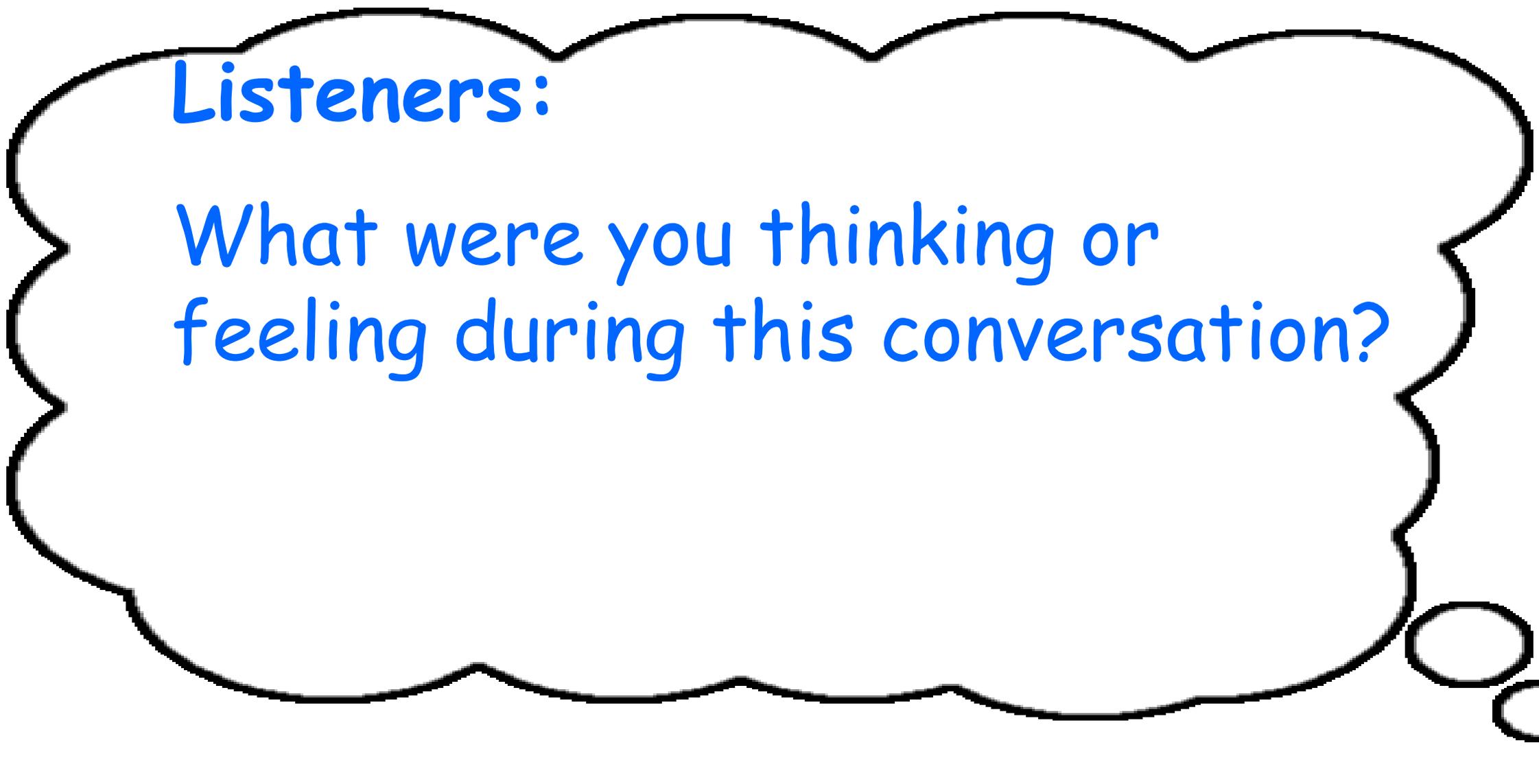
One person takes the role of speaker/ “Expert”

The other person takes the role of the “Listener”

Instructions for the Experts:

Pick a hobby, sport, or any topic you are passionate about and feel you have some expertise

You have 2 minutes to tell your partner everything you think s/he needs to know and should know to become an “expert” on your chosen topic



Listeners:

What were you thinking or
feeling during this conversation?



Providing Information...
in a motivational way...



Elicit – Provide – Elicit

E-P-E

1. **Elicit** the patient's understanding of the problem
2. **Provide** information
3. **Elicit** patient's response to your information

For the Health Care Provider

Use OARS

Open-ended questions, Affirmations, Reflections, Summaries

Guide the interview

Show Empathy

Elicit Change Talk

Use EPE when giving feedback

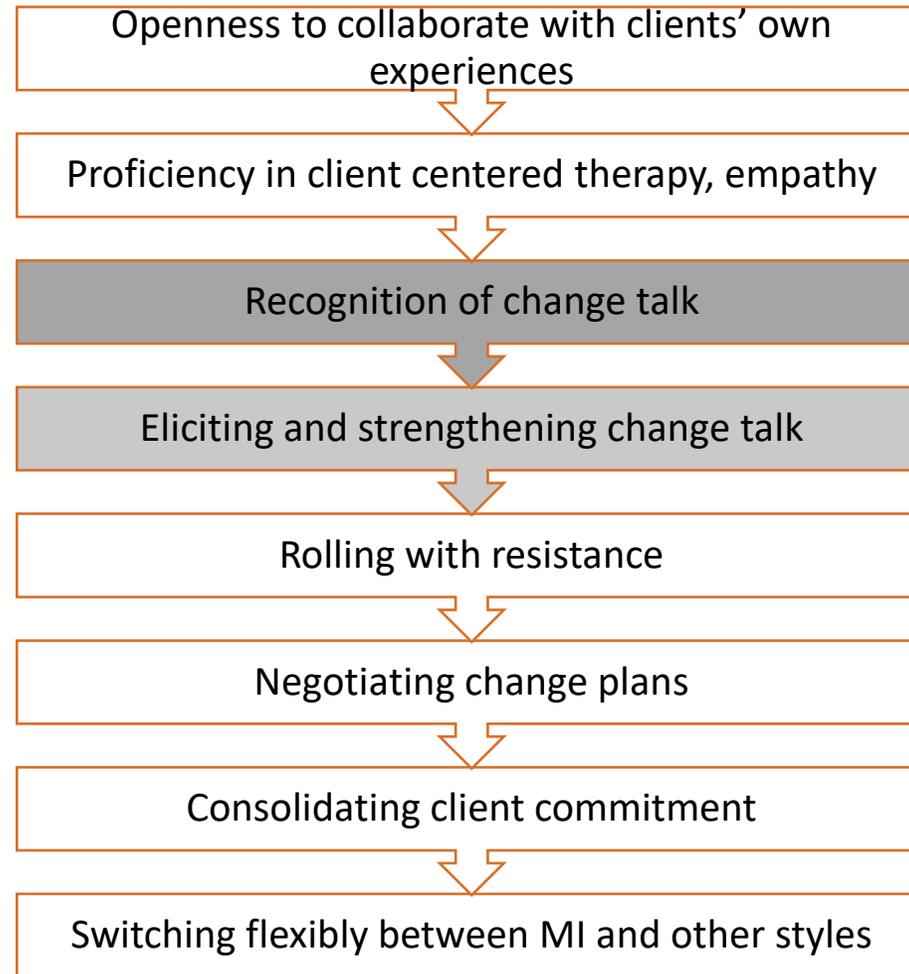
Ask for permission (implied or explicit)

Elicit – Provide – Elicit

Use to prepare patient for structured therapy

What things are most important in their life - how does their problem fit with these values/goals

Eight Tasks in Learning MI



Miller W. and Moyers T. (2006) Eight Stages in Learning Motivational Interviewing.
Journal of Teaching in the Addictions. 5(1):3-17



Quality Improvement

MI Treatment Integrity

A Randomized Trial of Methods to Help Clinicians Learn Motivational Interviewing

William R. Miller, Carolina E. Yahne, Theresa B. Moyers, James Martinez, and Matthew Pirritano
University of New Mexico

The Evaluating Methods for Motivational Enhancement Education trial evaluated methods for learning motivational interviewing (MI). Licensed substance abuse professionals ($N = 140$) were randomized to 5 training conditions: (a) clinical workshop only; (b) workshop plus practice feedback; (c) workshop plus individual coaching sessions; (d) workshop, feedback, and coaching; or (e) a waiting list control group of self-guided training. Audiotaped practice samples were analyzed at baseline, posttraining, and 4, 8, and 12 months later. Relative to controls, the 4 trained groups showed larger gains in proficiency. Coaching and/or feedback also increased posttraining proficiency. After delayed training, the waiting list group showed modest gains in proficiency. Posttraining proficiency was generally well maintained throughout follow-up. Clinician self-reports of MI skillfulness were unrelated to proficiency levels in observed practice.

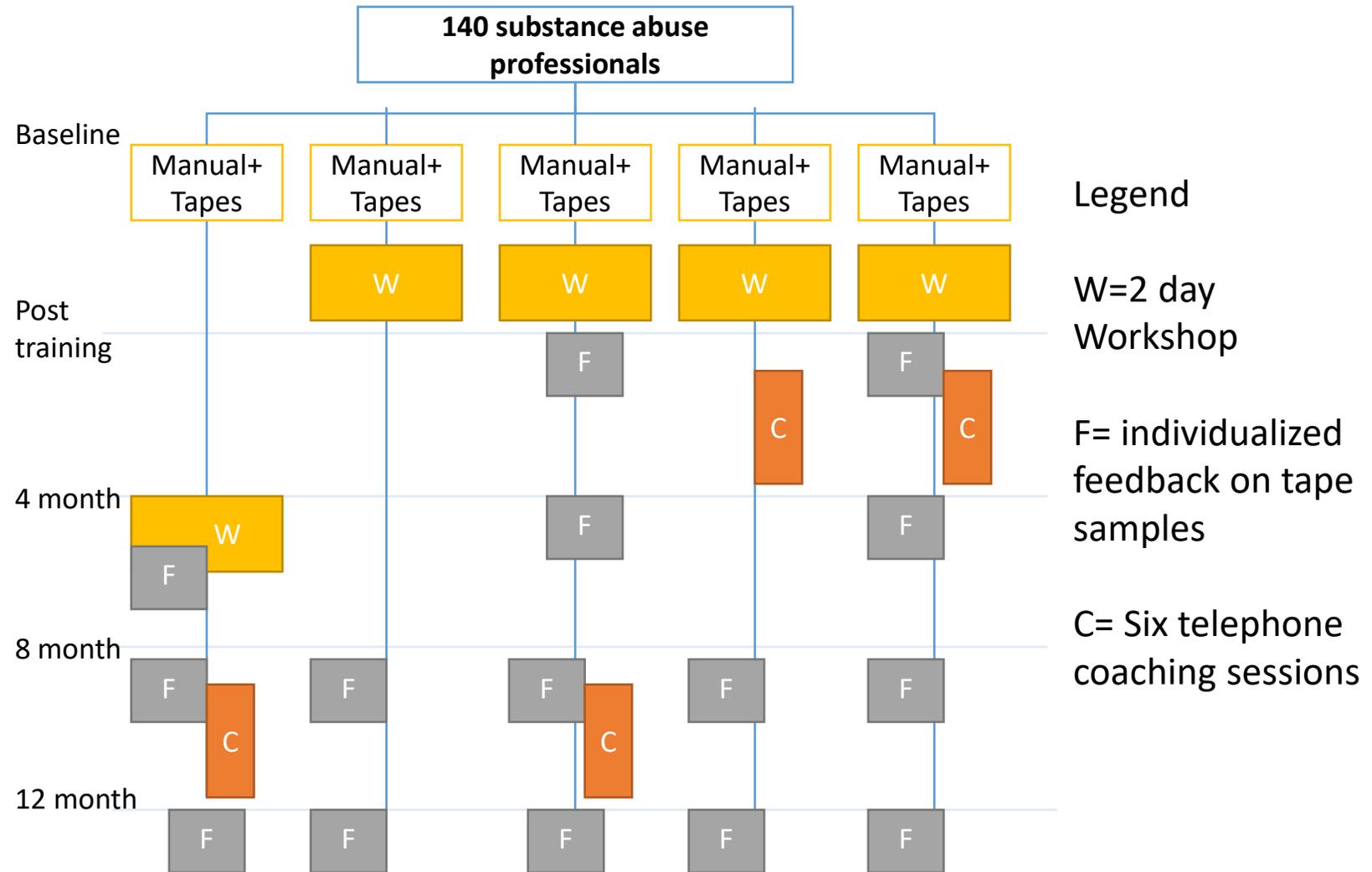
There is a widely acknowledged gap between research and practice in the treatment of substance use disorders (Institute of Medicine, 1998). Because evidence-based treatments do not automatically or even readily transfer into clinical practice, it is important to understand how new interventions can be effectively conveyed to practitioners (Rogers, 1995).

The clinical trial format provides an appropriate design for studying clinical skill transfer. In the standard clinical trial, a specified treatment is delivered to a population of clients with known characteristics, and behavioral outcomes are measured to determine the impact of intervention. Although clinical training events (such as continuing education workshops) are seldom subjected to stringent evaluation, the logic of randomized trials is directly applicable. A specified intervention (training) can be delivered to a population of participants (clinicians) with known characteristics, and behavioral outcomes (practice behaviors) can be measured to determine the efficacy of training. As with treatment assessment research, the question “Does training work?” is far too simplistic. More appropriate are questions such as “What does it take to change practice behavior?” “How do various kinds of training interact with clinician attributes?” and “Is the impact on practice behavior larger or longer lasting when certain training approaches are used or added?” To rephrase the classic statement of Gordon Paul (1969) regarding behavior therapy, the challenge is

to determine what training methods, offered by whom, to whom, and focusing on what intervention approaches, will be effective in changing what practice behaviors and for how long.

Motivational Interviewing (MI)

This study focused on methods for helping substance abuse clinicians learn the clinical method of MI. For a variety of reasons, MI seemed a good choice as subject matter for a study of treatment transfer. Its clinical procedures are well specified (Miller & Rollnick, 1991, 2002; Miller, Zweben, DiClemente, & Rychtarik, 1992), and there is reasonable evidence that MI is an efficacious treatment for substance use disorders (Burke, Arkowitz, & Dunn, 2002; Dunn, DeRoo, & Rivara, 2001; Noonan & Moyers, 1997). MI has been shown in dozens of controlled trials to produce significant change in client health behaviors in general and in substance use in particular. Randomized trials showing benefit from MI have been completed with clients whose presenting problems included alcohol (e.g., Baer et al., 1992; Bien, Miller, & Boroughs, 1993; Brown & Miller, 1993; Handmaker, Miller, & Manicke, 1999; Marlatt et al., 1998; Miller, Benefield, & Tonigan, 1993; Miller, Sovereign, & Kregge, 1988), heroin (Saunders, Wilkinson, & Phillips, 1995), marijuana (Stephens, Roffman, & Curtin, 2000), dual diagnosis (e.g., Graeber, Moyers, Griffith, Guajardo, & Tonigan, 2003), gambling (Hodgins, Currie, & el-Guebaly, 2001), hypertension (Woollard et al., 1995), and weight



Miller, R. et al. (2004) A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology* 72(6):1050-1062.

Training Summary

- Self-study alone doesn't change practice
- Workshop benefits are temporary
- Self-assessments have no bearing on actual behavior
- Supervision is critical
 - Individual coaching or Tape feedback is needed to alter practitioner behavior
 - The combination of all these training methods is needed to produce measurable impacts on client behavior.

MI Treatment Integrity (MITI 3.1*)

Behavior Counts

Giving Information			
<i>MI</i> Adherent	Asking permission, affirm, emphasize control, support.		
<i>MI</i> Non-adherent	Advise, confront, direct.		
Question (subclassify)	Closed Question		
	Open Question		
Reflect (subclassify)	Simple		
	Complex		
	TOTAL REFLECTIONS:		

* The most updated drafted version is version 4.2

MI Treatment Integrity (MITI 3.1)

Global Ratings

Evocation		1 Low	2	3	4	5 High
Collaboration		1 Low	2	3	4	5 High
Autonomy/ Support		1 Low	2	3	4	5 High
Direction		1 Low	2	3	4	5 High
Empathy		1 Low	2	3	4	5 High

Recording #: _____ Coder: _____ Date: ___/___/___

Global Ratings

Technical Components					
Cultivating Change Talk	1	2	3	4	5
Softening Sustain Talk	1	2	3	4	5
Relational Components					
Partnership	1	2	3	4	5
Empathy	1	2	3	4	5

Target Change: _____

• MITI 4.1

Behavior Counts

	Total	
Giving Information (GI)		
Persuade (Persuade)		
Persuade with Permission (Persuade with)		
Question (Q)		
Simple Reflection (SR)		
Complex Reflection (CR)		
Affirm (AF)		
Seeking Collaboration (Seek)		
Emphasizing Autonomy (Emphasize)		
Confront (Confront)		

Start time and sentence: _____

End time and sentence: _____