Motivational Interviewing: New and Foundational Concepts

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Disclosure Information

Motivational Interviewing Workshop

Friday, April 5th, 2024

Carla Marienfeld, MD, FASAM, DFAPA

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





Disclosure Information

Motivational Interviewing Workshop

Friday, April 5th, 2024
Brian Hurley, MD, MBA, FAPA, DFASAM

No Disclosures





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Caridad Ponce Martinez, MD, FASAM, FAPA

No Disclosures





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Meet Your Faculty and Planning Committee



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Learning Objectives

Upon completion, participants should be able to:

- Define and summarize updated terminology, concepts, and approaches for the recently released fourth-edition motivational interview textbook.
- Apply the elements of the spirit of motivational interviewing to clinical interactions with patients.
- Recognize, respond, and evoke change talk, and know how to respond to sustain talk.



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



What is Motivational Interviewing (MI) 4?

"A particular way of talking with people about change and growth to strengthen their own motivation and commitment"

"It is as though helpers seem to recognize MI when they meet it, like something they had already known."



The Book – 4th Edition: MI - Helping People Change and Grow

- Part 1. Helping People Change and Grow
- Part 2. Practicing Motivational Interviewing
- Part 3. A Deeper Dive Into MI
- Part 4. Learning and Studying MI



The 4th edition is almost completely rewritten;

- ~ 30% smaller than the 3rd edition
- Reduced technical jargon
- Broader array of case examples
- Broadened focus (and the subtitle of the book) to helping people change and grow
 - Longer span of change (to growth) in different settings
 - MI is useful throughout the *processes* of change; not limited to *preparing* people for change
- MI utility updated for use by a wider scope of *helping* professionals
 - E.g., teachers, mentors, coaches, leaders, and supervisors
 - For Therapists sections to remain useful in this context

What's New in Motivational **Interviewing?**



Spirit (PACE)

MI 4: Evocation → *Empowerment*

- *Partnership
- *Acceptance
- ***** Compassion
- **#**Empowerment

"...we broadened the prior evocation component of MI spirit to be empowerment in order to emphasize the importance of people's own strengths, motivations, resourcefulness, and autonomy."



Updates in MI 4

Added discussion of cultivating change talk and softening sustain talk

Clarifying praise versus affirmation

Added distinction between simple and complex affirmations

Simple affirmation: comments on something specific that the person has done or said

Complex affirmation: comments on an enduring strength or admirable attribute

Clarified discrepancy with coding scales like MITI

Processes sound a little jargony or confusing → **Now Tasks**



Updates in MI 4

- Greater attention to directionality
 - #Intentionally chosen questions, reflections, and summaries
 - * > to invite and strengthen change talk
 - *A directional reflection differentially mirrors particular content
- 2 components to planning
 - Brief action planning
 - Envisioning (imagining aloud what a change would be like)
- *****Tele-MI
- Dialogue from experts
- "Personal Perspective" with Miller and Rollnick commentary



Jargon Updates in MI4

Processes → Tasks

Agenda Mapping → Choosing a Path

Developing Discrepancy → Planting Seeds

Elicit-Provide-Elicit/Ask-Tell-Ask → Ask-Offer-Ask

Formulation → Clarifying

Righting Reflex → Fixing Reflex



Further Jargon Updates in MI4

Running Head Start → Pendulum Technique

Amplified Reflection → Overstating and Understating

Completing the Paragraph → Continuing the Paragraph

Using Metaphors in complex reflections → Using an Analogy



What didn't change in MI4? Lots...

Core Skills = OARS

Guiding Style

Preparatory and Mobilizing Change Talk (DARN and CATS)

Counseling with Neutrality

Evoking Hope and Confidence

"Resistance" redefined as Sustain Talk and Discord



Helping People Change and Grow: An Introduction to Motivational Interviewing



Why Do People Change?

Change is natural.

Change occurs all the time

Treatment and interactions can facilitate 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?"

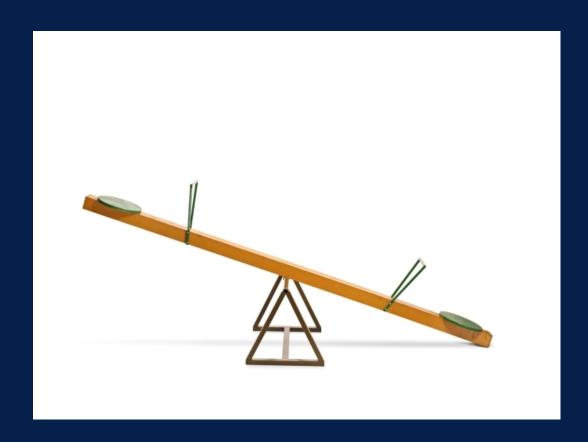
What does the person want?



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

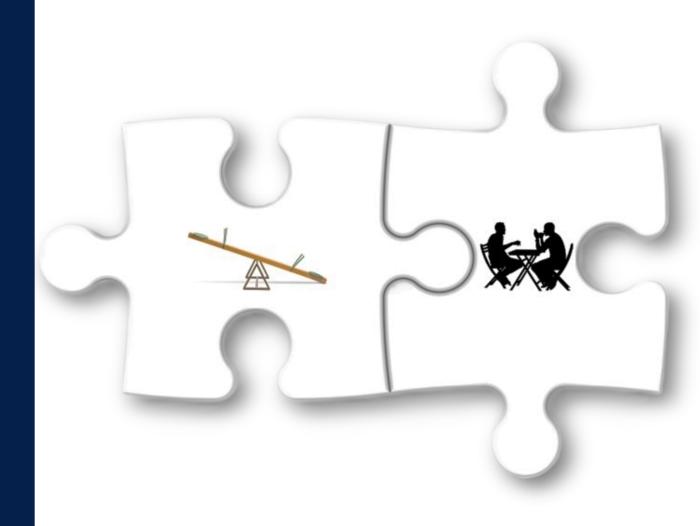
the things we heard ourselves say.

Especially the things we said **LAST!**



Put these two ideas together...

The Paradoxical Effect of Coercion





Psychological Reactance

"Pressure, coercion, and controlling tactics often arouse a kind of defensiveness..."

"When someone holds power over us, the human spirit's instinct is to rise, resist, and rebel." - Brene Brown



Ambivalence

Thinking and feeling two different ways about something at the same time



A Universal human experience



Ambivalence

*Ambivalence is normal

*Ambivalence needs to be explored, not confronted

*Resolving ambivalence can be a key to change



Change Talk

Patient speech that favors movement in the direction of positive change

Specific to a particular behavior change target

Sustain talk = the opposite of this



Ambivalence



"I want to change."

Change Talk

"I don't want to change."



Shifting the Approach: Different Styles

Directing



- Teach
- Assess
- Prescribe
- Lead

Guiding



- Draw out
- Encourage
- Motivate

Following



- Listen
- Understand
- Go along with



Spirit (PACE)

Emphasis on spirit, rather than techniques.

- *Partnership
- *Acceptance
- ***** Compassion
- **#**Empowerment



The Spirit of MI: Instead of Wrestling, We Dance







Hear the music, not the particular notes

"When MI is going well, there is a sense of flow, as if nothing else matters outside this conversation"





MI is NOT about GETTING people to change

"In the absence of pressure and the presence of a compassionate helper, people can and do make remarkable decisions to change."



In MI we start with...

Being generally present as a person

Genuineness

Being a witness

Practicing calm curiosity



Practicing Motivational Interviewing



The Four Tasks

Formerly: "Phases"

Then:
"Processes
"

Now: "Tasks"



Four Foundational Tasks (Processes)

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

Planning (how will we get there?)

Evoking (why will we get there?)

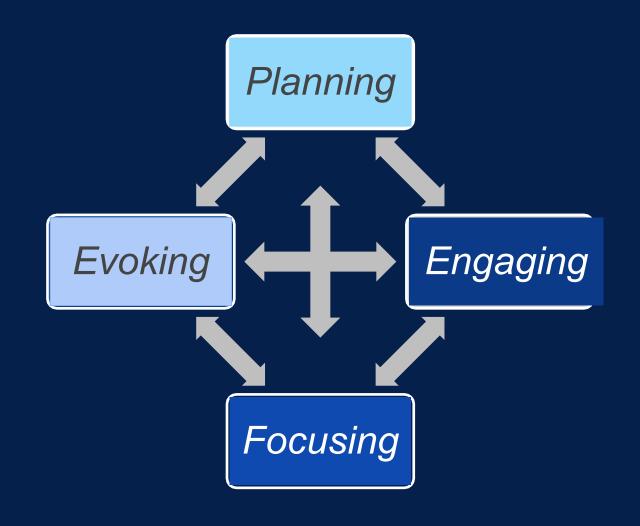
Focusing (where shall we go?)

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" to see if ready for planning may need to go back to another task





Engaging – Shall we walk together?

"Therapeutic engagement is a prerequisite for everything that follows."



Establishing mutually trusting / respectful / guiding relationship

9 9

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 clarifying the direction > the horizon we're moving towards
- Conversation, not transaction





Evoking – Why are we going there?

- # Eliciting the patient's own motivations for change:
- "Occurs when there is a focus on a particular change, and you harness the client's own ideas and feelings about why and how they might do it"
- * Creating opportunities for the patient to voice the arguments for change.



Planning – How will we get there?

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



It is the confluence of these four tasks (processes) and attending to these four tasks as needed that best describes MI.



Four Foundational Tasks (Processes)

Planning (how will we get there?)

Evoking (why will we get there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)



Spirit (PACE)

Emphasis on spirit, rather than techniques.

- *Partnership
- *Acceptance
- **Compassion**
- **#**Empowerment



Four Foundational Tasks (Processes)

Planning (how will we get there?)

Evoking (why will we get there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)



Engaging -> Focusing

Engaging provides the platform for focusing.

Focusing helps clarify the goals and direction.

* Focusing is an ongoing process of seeking and maintaining direction and setting specific, achievable goals.



Three Potential Sources of Focus









Four Foundational Tasks (Processes)

Planning (how will we get there?)

Evoking (why will we get there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)



Core Skills (OARS + I&A)

- Open-ended Questions
- *Affirming (simple and complex)
- **Reflecting** (simple and complex)
- **Summarizing**
- Informing & Advising (with permission, Ask-Offer-Ask)



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



Praising vs. Affirming



Affirmation or Praise

Affirmation (Acknowledgement)

- * A statement of the existence or truth of something
 - * Simple affirmation: comments on something specific that the person has done or said
 - Complex affirmation: comments on an enduring strength or admirable attribute or characteristic
- * 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"





Simple Reflections

Stays close to the speaker's words

- Repetition
- Rephrase



Complex Reflections

Makes a guess

- Paraphrase
- Continue the paragraph
- * Reflect feeling
- Use an Analogy
- Overstatement
- Understatement
- Double-sided reflection

The Iceberg Metaphor









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.





"Marijuana relaxes you and 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."

Summarizing Statement

- Special form of reflection
 - Like picking a bouquet
- ♣ Directional → Focus on change talk
- Plant seeds Focus on underlying dilemmas
- *Reassures that you heard a person
- Moves the conversation along



Informing & Advising

ASK (elicit)

- 1. Permission to give information or advice OR
- 2. What they already know or want to know

OFFER (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





Key Question

- *A particular form of question offered after a recapitulation at the transition from evoking to planning, that seeks to elicit mobilizing change talk.
- *E.g., "So, what do you think that you are going to do?"

"Given what we've talked about today, what next step, if any, makes sense to you?"



Four Foundational Tasks (Processes)

Planning (how will we get there?)

Evoking (why will we get there?)

Focusing (where shall we go?)

Engaging (shall we walk together?)



Signs of Readiness

More change talk
Less sustain talk
Feeling of resolve, peacefulness, quiet
Envisioning
Questions about change
Talk of taking steps

"Getting ready for change happens over time."



Planning SMART Goals



S.M.A.R.T.

S

SPECIFIC

- Define the goal with clear language
- Who will do what and why, Where will it be done
- List any requirements or challenges you might have

M

MEASURABLE

- You should be able to track your progress by measuring outcomes
- How much, how many
- How will you know you have reached your goal?

A

ACHIEVABLE

- Can the goal be achieved? Is it reasonable?
- Don't set goals that are out of reach

R

RELEVANT

- Will the goal meet your needs?
- Is it worth doing?
- How does this goal fit with your other long-term goals?

T

TIMELY

- Include a time limit, date that indicates how long it will take to achieve your goal
- e.g., I will complete this goal by January 30, 2023.



Brief Action Planning (5 steps)

- 1. Ask "Is there anything you'd like to do for your health in the next week or two?" (if yes):
- 2. "Would you like to develop a concrete plan?" ⇒ SMART plan
- 3. Ask the person to restate the plan in their own words
- 4. Assess their level of confidence (confidence ruler)
- 5. "Would you like to build in some accountability to your plan by including a friend, family member, calendar entries, or follow-up with our care team?"



A Deeper Dive Into MI



Supporting Persistence

MI doesn't end if you have a plan \rightarrow MI is more useful when thought of as a helping relationship Building the relationship is key

Change is not often linear

Anticipated and Unanticipated obstacles or setbacks

Sometimes "rule violation" can trigger a breakdown in self-control

Motivation fluctuates over time

For some, a little MI is enough for change; others need continuing support

Keep using the Spirit and Style of MI

Have Flexibility in revisiting the MI Tasks

Integrate MI with other interventions



Developing Discrepancy -> Planting Seeds

No ambivalence? Plant Seeds! Maybe they are ambivalent under their defenses Confrontation and abandonment are ineffective

Start by Exploring What They Already Know Then Explore What Others Know Then Offer Your Own Expertise

Gather Information and Give Feedback

Reframe



People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others."

Blaise Pascal, 17th century philosopher



Change Talk

- * Patient Language -> A special focus in Motivational Interviewing
- The physician facilitates or elicits the expression of change talk or self-motivational statements such as:
- I want to make this change; I can make this change; I have good reasons to make this change; I will make this change
- # Expressed in the context of a therapeutic interaction
 - Increases the patient's own motivation for change
 - Increases the probability that change will occur



Recognizing Change Talk





Two Kinds of Change Talk





- Preparatory change talk
 - Like revving your engine
- Mobilizing change talk
 - Like driving away



Preparatory and Mobilizing Change Talk <u>DARN CATS</u>

Desire – want; wish; like

Ability – can; could; able

Reasons – a specific reason for change

Need – need to; have to; must; important

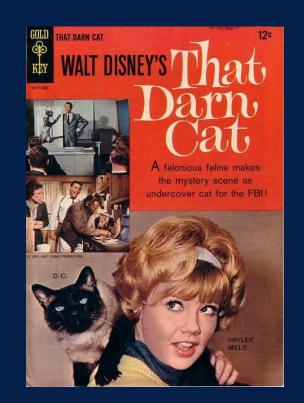
Commitment Language Predicts Change

Commitment – will; intend to; going to

Activation – ready to; willing to (w/o specific commitment)

Talking Steps – report recent specific action toward change





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)



How to Evoke Change Talk

- * Ask Evocative Questions
- Directional Reflections
- Directional Summaries
- Use The Readiness Ruler (Importance and Confidence)
- Explore Decisional Balance
- ***** Elaborate
- Query Extremes
- Look Back / Look Forward
- Strengths and past successes
- Explore Goals and Values



Importance Ruler

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



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 make this change?



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

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



Responding to Change Talk

The goal is to elicit more change talk.

EARS

Elaborating: asking for more information, detail, or an example; in what ways?

Affirming: commenting on the person's statement

Reflecting: continuing the paragraph, etc.

Summarizing: collecting bouquets of change talk.



Softening Sustain Talk: Dancing with Discord and Responding to Sustain Talk



The Two Elements of "Resistance"

- *****Sustain Talk
- Discord

These are not "character flaws"



Softening Sustain Talk

Facilitate the conversation towards more change talk and less sustain talk

You will get more of whatever you reflect

If you reflect sustain talk, you are likely to hear more sustain talk and vice versa



Recognizing Discord: "Smoke Alarms"

- Defending
- Squaring off
 - You will hear lots of "you,"
 - "You are wrong," "you don't know," and "you don't care..."
- Interrupting
- *Disengagement



Responding to Sustain Talk and Discord

Responding WELL is a key to MI

Sustain Talk and Discord are an Opportunity!

Break out of your expected role and the lines they've heard before

"MI takes a listening rather than an argumentative or persuasive approach, informed by the dynamics of ambivalence."



Responding to Sustain Talk

Simple reflection

Overstatement or Understatement

Double-sided reflection

Emphasizing autonomy

Coming alongside (agreeing without reserve)

Reframing (suggesting a different meaning or perspective)

Shifting attention

Agreeing with a twist (reflection + reframe)

Running head start → The Pendulum Approach

Offer choices

Apologize



Running Head Start → Pendulum Technique

Explore sustain talk to get it out, then swing back toward change talk

- Shows you have heard this important part
- *Listening to the cons first to get access to the pros of change
- *Resemble decisional balance, but still favor change
- Strategic response to use when there is very little/no change talk



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



Practicing Well

It's not your job to make people change or grow.

- ♣ Lower your Burden → Enter into a Collaborative Relationship instead
- Focus on the Present ...AND... Keep your eyes on the Horizon
- ♣ Focus on the Person in front of you → their strengths, their wisdom
- ♣ Focus on the Relationship → helping, collaborative, compassionate

"An MI relationship is also not about doing something **to or on** people, but rather **for and with** them."



Learning and Studying MI



Learning is Variable

- MI courses are generally insufficient to generate proficiency
 - * Learners normally overestimate their proficiency

Receiving objective feedback and expert coaching based on observed practice → increases MI proficiency

- #Empathic listening skills are a very good head start
 - Particularly engaging skills



Recording and Coding

Recording (with patient permission) lets you (& a coach) review and learn from your conversations

- Coding permits reliable measures. Many different instruments:
 - MITI Motivational Interviewing Treatment Integrity (2004 and multiple revisions since)
 - MISC Motivational Interviewing Skills Coding (2010)

*Learning communities can be source of mutual support



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
 - **#**Use Ask Offer Ask once per day



What's next?

"How do you get to Carnegie Hall?"

Practice Practice!





Lots More Training & Info Out There

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

www.motivationalinterviewing.org (or internet search: "motivational interviewing")



Discussion

An Appreciative Inquiry - Exploring What We've Learned

* What have you learned in this workshop that you can put into practice?

What are 1-2 specific things you will try when you return?



Review and Wrap-Up



Motivational Interviewing

| Spirit (PACE) | Tasks (EFEP) | MI in 4 Steps |
|---------------------|--------------|--|
| P artnership | Engaging | OARS: Ask Open Questions Affirm Reflect Summarize |
| A cceptance | Focusing | 2. Focus (general → specific) May start to give Information and Advice |
| Compassion | | 3. Listen Use your OARS and EARS |
| | Evoking | Ask Offer Ask Consider using rulers |
| Empowerment | | Directional reflections and summaries Key Question |
| | Planning | 4. Assist w/ a Plan (general → specific) |

And Remember!

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



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References

Miller & Rollnick (2023) Motivational Interviewing: Helping People Change and Grow, (4th Edition). New York, NY: The Guilford Press.

* Miller & Rollnick (2012). *Motivational Interviewing: Helping People Change (3rd Edition)*. New York, NY: The Guilford Press.

