

Demonstrating the MI Spirit with Complex Reflections

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Please add yours

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Disclosure Information (Required)

- ☀ Presenter 1: Julie Childers, MD, FASAM

- ☀ No Disclosures

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Learning Objectives

- ☀ Describe elements of the MI spirit
- ☀ Approach behavior change with empathy and curiosity
- ☀ Produce reflective statements that include a hypothesis or guess about the patient's meanings

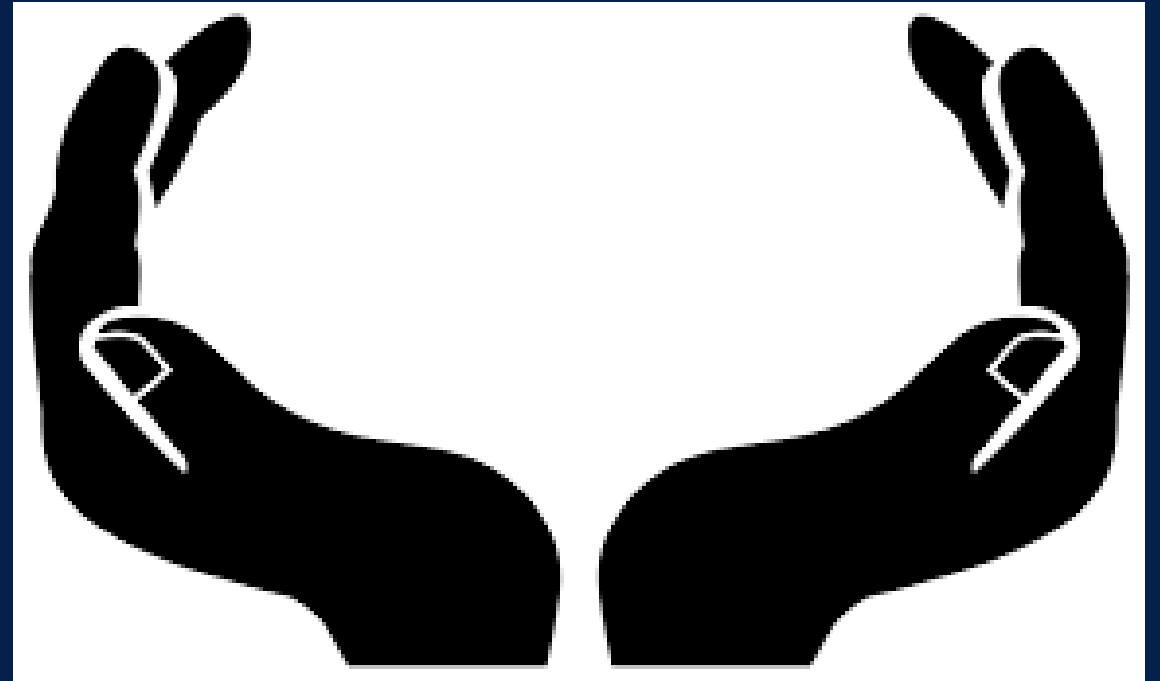
MI is NOT about *getting* people to change

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

Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change and grow*. Guilford Publications. p. 20

MI Spirit

- ☀ Collaboration
- ☀ Supporting autonomy
- ☀ Patient as expert
- ☀ Evoking
- ☀ Accurate empathy
- ☀ Acceptance



Moyers, T. B. (2014). The relationship in motivational interviewing. *Psychotherapy*, 51(3), 358.

Empathy

“To sense the client’s private world as if it were your own, without ever losing the ‘as if’ quality.”

- Carl Rogers



Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103.

Empathy makes a difference

- ☀️ COMBINE study: Increased empathy correlated with better drinking outcomes
- ☀️ Meta-analysis: empathy is a moderately strong predictor of therapy outcome

Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy, 55*(4), 399.

Moyers, T. B., Houck, J., Rice, S. L., Longabaugh, R., & Miller, W. R. (2016). Therapist empathy, combined behavioral intervention, and alcohol outcomes in the COMBINE research project. *Journal of consulting and clinical psychology, 84*(3), 221.



What are the four core MI skills?

Open-ended questions

Affirmations

Reflections

Summaries



Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change and grow*. Guilford Publications.

What is a reflection?

- ☀ Simple reflections stay close to the speaker's words
 - ☀ Repetition
 - ☀ Rephrase
- ☀ Complex reflections make a guess or a hypothesis
 - ☀ Inhabit the patient's world
 - ☀ Imagination
 - ☀ Curiosity



Why asking may not be listening

Questions

- ☀️ Clinician's agenda
- ☀️ Pressure on the patient
- ☀️ Derail patient's thinking
- ☀️ Roadblocks

Reflections

- ☀️ Patient's agenda
- ☀️ No pressure
- ☀️ Follow patient
- ☀️ Continue the paragraph
- ☀️ Help us listen better
- ☀️ Complex skill

Demo...

In a patient's words

“ [It was] clarity , even disentanglement, and additional twist to the picture, a putting into place. Then the consequence – the sense of moving on, the relaxation. These were sunbeams.”

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.



Types of Reflections

- ✦ Continuing the paragraph
 - ✦ Offering what might be the next sentence
- ✦ Overstating
- ✦ Understating
- ✦ Double-sided – includes both sides of ambivalence
- ✦ Analogies

Demo



Exercise #1

- ☀ Refer to your handout
- ☀ Ten minutes writing a simple and complex reflection for each of these patient statements
- ☀ Five minutes debrief as a group
- ☀ Pick one or two reflections from group members that you like best

Example

“Right now, drinking doesn’t help me feel better the way I used to. In fact, I feel worse now”.

Simple reflection:

Complex reflection:

Exercise #2

- ☀ Same groups
- ☀ Speaker picks a topic and starts talking
 - ☀ One thing I'm thinking about doing more of is....
 - ☀ If I had to pick another career....
- ☀ Other members of the group take turns guessing what the person means as a statement beginning with "You"
- ☀ Speaker allowed to respond with further statements
- ☀ After the group has had 5-10 turns, work together to create a short summary of speaker meaning.

Reflections can move a conversation forward

- ☀ Patient: “Something’s got to give. I just can’t go on like this anymore”
- ☀ Clinician: “How about going into a treatment program then?”
- ☀ Patient: “I’ve done that before. It never works”

Responding with a reflection

- ☀ Patient: “Something’s got to give. I just can’t go on like this anymore”
- ☀ Clinician: “You feel like you’re just about done.”

Responding to sustain talk

Patient (with OA of the knee): “My knee hurts when I walk more than a couple of blocks.”

Clinician: “Studies show that exercise and weight loss are the best treatment for knee arthritis. Why don’t you try something gentle like swimming? “

Patient: "There's nowhere to swim near me. And when would I find the time?"

Responding to sustain talk

Patient (with OA of the knee): “My knee hurts when I walk more than a couple of blocks.”

Clinician: So walking doesn't feel like the right form of exercise for you.

Patient: “Well I can do it a little bit.”

Responding to sustain talk

Patient (with OA of the knee): “My knee hurts when I walk more than a couple of blocks.”

Clinician: So walking doesn't feel like the right form of exercise for you.

Getting better at reflecting

- ☀ Practice substituting reflections for questions
- ☀ Listen for feedback on your accuracy
- ☀ Read books on improving listening skills

Questions/ discussion



References

1. Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy, 55*(4), 399.
2. Fischer, D. J., & Moyers, T. B. (2014). Is there an association between empathic speech and change talk in motivational interviewing sessions?. *Alcoholism Treatment Quarterly, 32*(1), 3-18.
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7. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.