



MOTIVATIONAL INTERVIEWING AT THE IOWA VETERANS HOME

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DISCLOSURE

I HAVE NO RELEVANT FINANCIAL RELATIONSHIPS TO DISCLOSE.


NO MEDICAL DEVICES OR PHARMACEUTICAL PRODUCT USE WILL BE DISCUSSED.



HOW I FOUND MOTIVATIONAL INTERVIEWING



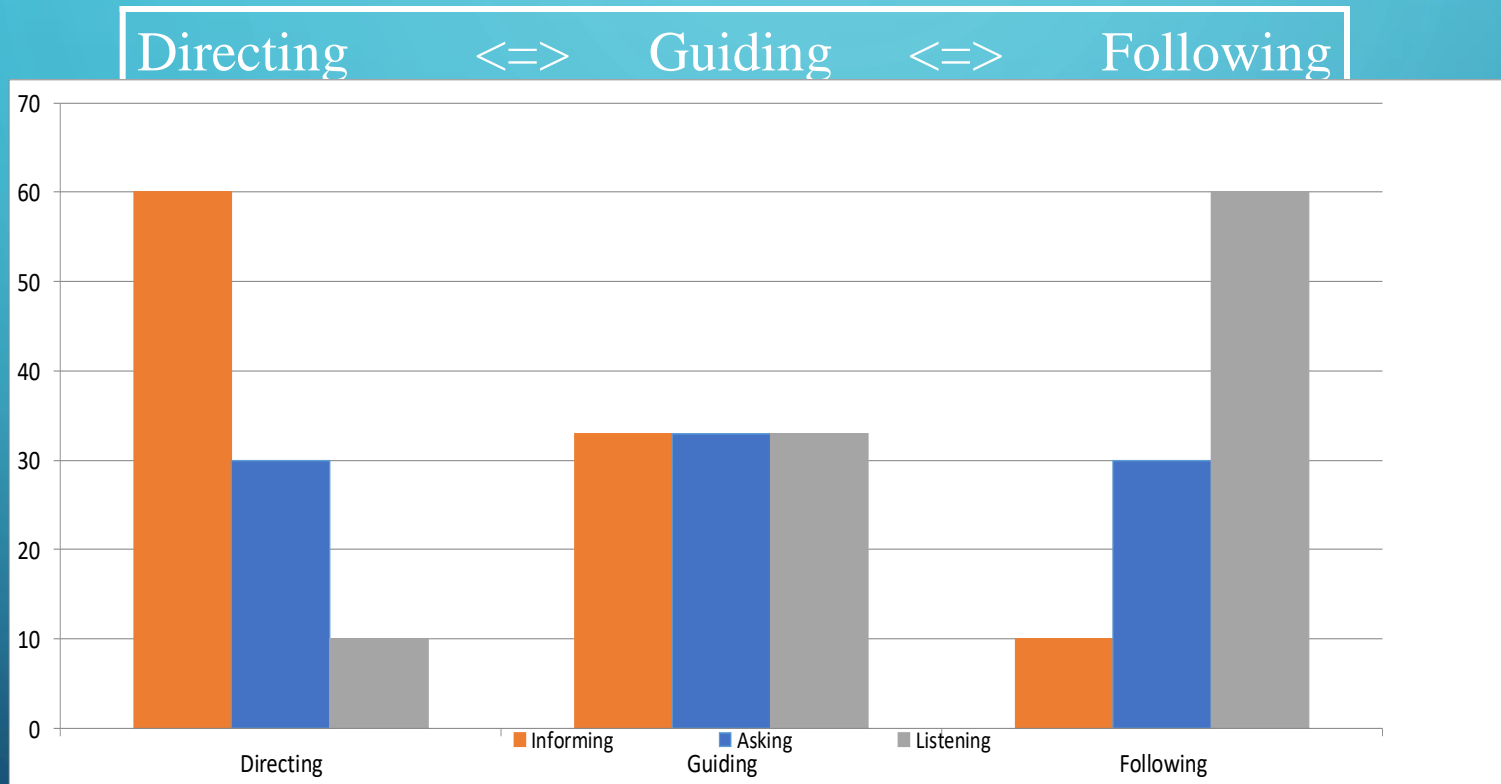
The counselor's role is to help the client explore the possibility of change, not to ensure change.

- 
- Who chose to be here today?
 - Who is curious about what *MI* is and how it can be applied to your patient care?
 - What would you most like to learn from this workshop?
 - Goals for this workshop

“DIFFICULT PATIENTS”

- ✓ Characteristics of “difficult patients”
- ✓ Imagine that you’re going to be working with 3 of your “difficult patients” in a row today. What are your thoughts/feelings?
- ✓ What can you do or say or think that could help the resident or yourself in this situation?

A CONTINUUM OF STYLES



COMMUNICATION STYLES



DIRECTING

- Administer
- Decide
- Lead
- Manage
- Prescribe
- Steer
- Take charge
- Tell



GUIDING

- Accompany
- Collaborate
- Elicit
- Encourage
- Inspire
- Motivate
- Show
- Support



FOLLOWING

- Attend
- Go along with
- Listen
- Observe
- Shadow
- Stay with
- Take an interest in
- Understand

AN INTERVIEWING EXERCISE

Pair up (one speaker/patient and one listener/provider), someone you don't usually work with

- Speaker/patient (shorter hair): Identify a change that you are considering, something you are thinking about changing in your life, but have not definitely decided about, that you **are willing to share** with the group. It could be about how you do your job or interact with patients/colleagues.
 - It might be a change that is good for you or that you feel that you “should” make, but have been putting off.

INTERVIEWING EXPERIENCE

Listener/Provider (longer hair): Your task is to try as hard as you can to convince and persuade the “speaker/patient” to make the change they are considering. Specifically, once you find out what the change is that the person is considering do these 5 things:

1. Explain why the person should make the change
2. Give at least 3 specific benefits that would result from making the change
3. Tell the person how they could make the change
4. Emphasize how important it is for them to make the change
5. Tell/persuade the person to JUST DO IT.

If you encounter resistance, repeat the above, perhaps more emphatically!

HOW DID THAT FEEL?

- Speaker/Patient: Did you want to change?
- Listener/Provider: Do you think that worked?



JUST DO IT.



DO OVER



A TASTE OF MOTIVATIONAL INTERVIEWING

Listener/Provider: Don't try to persuade or fix anything. Don't offer advice. Instead ask 4 questions:

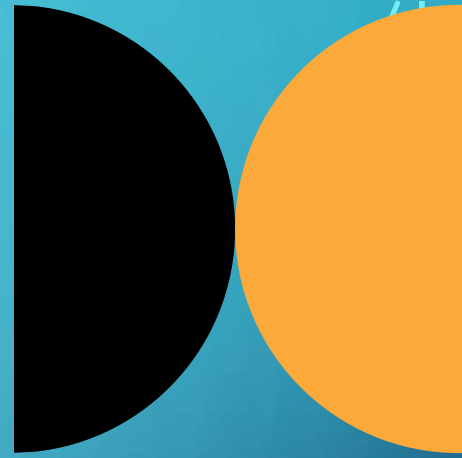
1. Why would you want to make this change?
2. If you decide to make this change, how might you go about it in order to succeed?
3. What are the three best reasons for you to do it?
4. How important would you say it is for you to make this change, on a scale where 0 is not at all important, and 10 is extremely important

Then, give a short summary of what you heard of the person's motivations for change. Then ask: So what do you think you will do?

HOW DID THAT FEEL?

- Speaker/Patient: Did you want to change?
- Listener/Provider: Do you think that worked?
- Which one would you want to receive?
- Which one do you want to deliver?

WHAT DID PRINCIPLES OF MI DID WE DISCOVER?



A close-up photograph of several tulip buds in various stages of opening, set against a blurred background of more tulips. The tulips are a light pinkish-red color. The word "BREAK" is written in a large, white, sans-serif font in the upper left corner of the image.

BREAK



PRINCIPLES OF MI (SPRIT OF MI)

PACE

- Partnership
- Support **A**utonomy/**A**ffirmation
- Seek **C**ollaboration
- **E**mpowerment/**E**vocation/**E**mpathy

WHY DON'T PEOPLE CHANGE?

No Change-Pros	No change- Cons
SUSTAIN TALK	CHANGE TALK
Change- Cons	Change-Pros
SUSTAIN TALK	CHANGE TALK



Ambivalence is a normal and defining state of human experience

I need to, but I don't want to

I'd like to, but don't think I can

I will one day, but not today

I want to, but it's really hard.

I could change, but it's not really that bad.

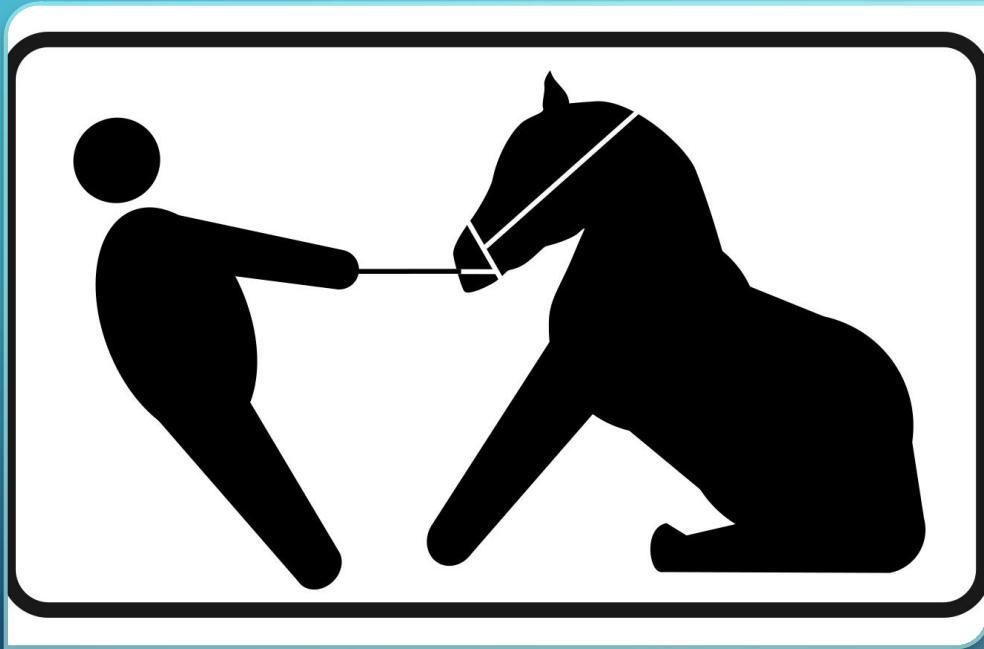


MOTIVATION IS A

- State
- Stage
- Not a character
trait



DISCORD (“RESISTANCE”)



Sustain Talk

- Why it's better to not change, and why change is not good

Discord

- Disruption in the relationship

PSYCHOLOGICAL RESISTANCE THEORY

- When something threatens or eliminates people's freedom of behavior, they experience psychological reactance, a motivational state that drives freedom restoration

SELF DETERMINATION THEORY

- An empirically derived theory of human motivation and personality
- 3 innate psychological needs
 - Competence
 - Relatedness
 - Autonomy

BOTH SIDES OF THE FENCE

- **Group A** (patient point of view)
 - Choose a reporter
 - Why do we suppose patients behave in these ways?
 - What might be driving these responses?
- **Group B** (provider point of view)
 - Choose a reporter
 - How do we respond to these patient behaviors?
 - What do we do?
 - Why are these patient responses uncomfortable for us?
 - What are our concerns, fears, resentment?

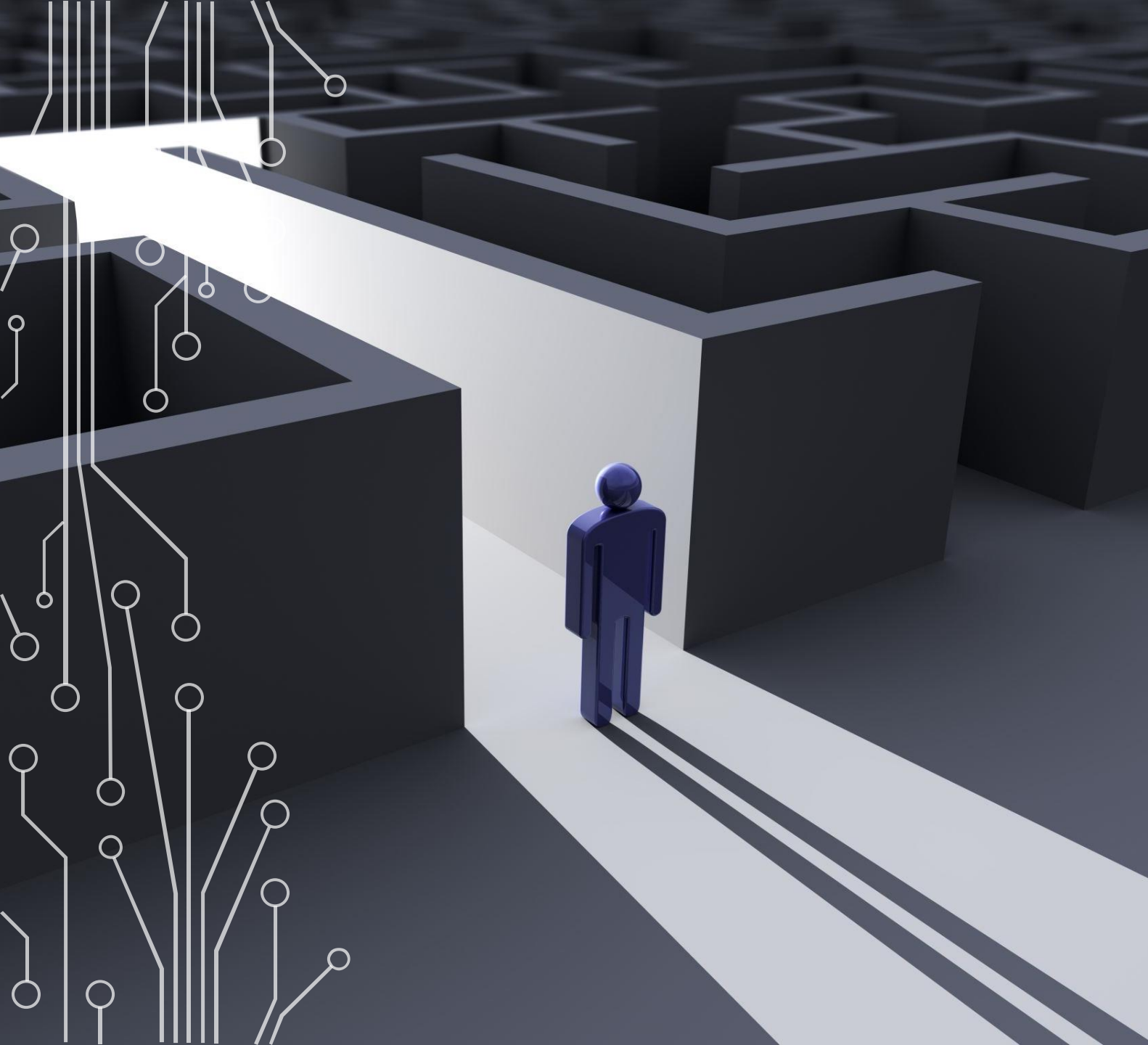
BOTH SIDES OF THE FENCE (PART 2)

- **Group A**

- What can we do, specifically, to help patients overcome whatever has caused them to show these attitudes/behaviors?

- **Group B**

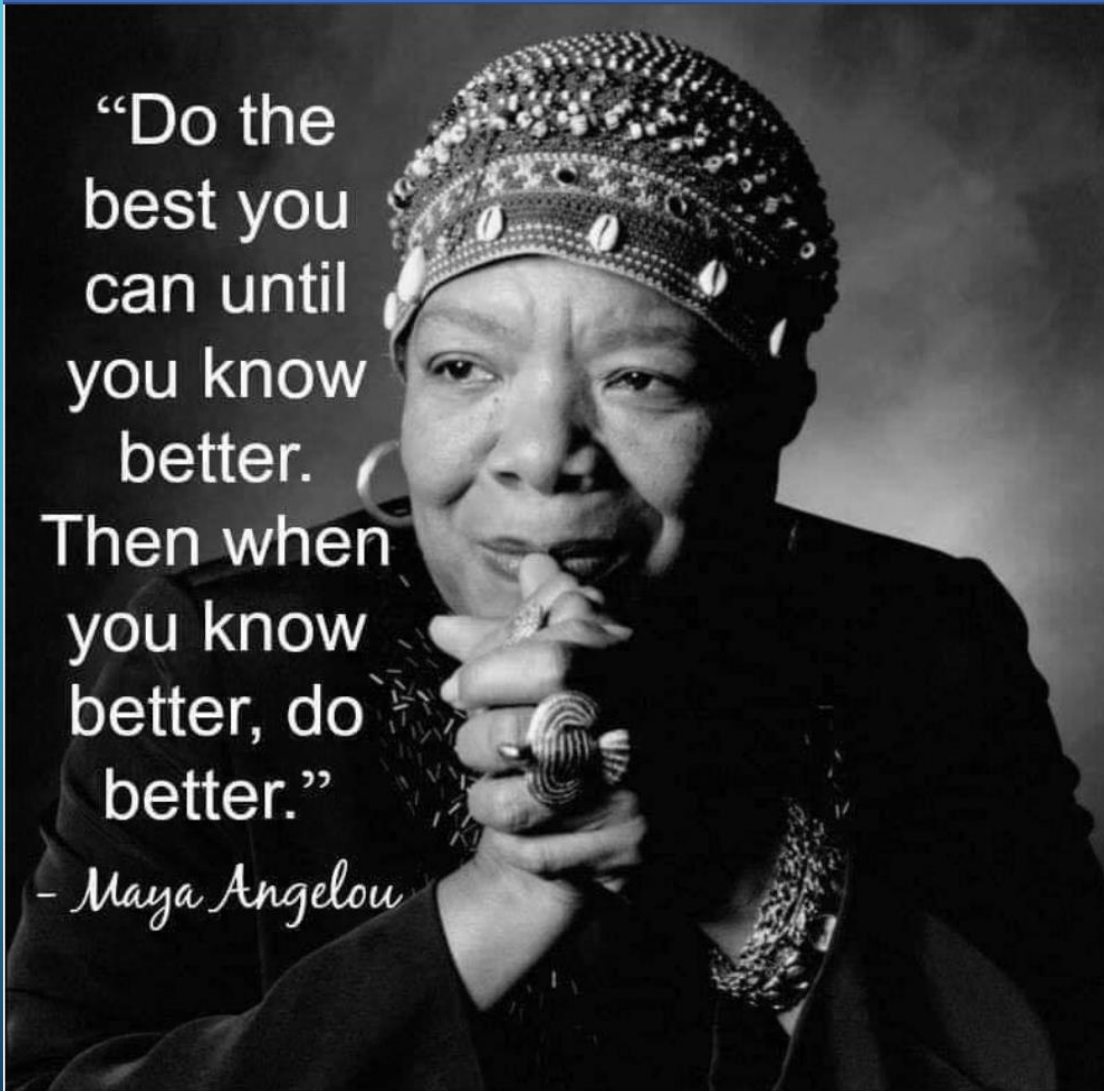
- How can we help ourselves to deal with our own reactions when patients do these things?
- How can we be more comfortable when encountering these attitudes?



I GUIDE, THEY
DECIDE.

RIC REYES

BREAK



“Do the
best you
can until
you know
better.
Then when
you know
better, do
better.”

- *Maya Angelou*



OARS create movement and direction

OARS

- Open ended questions
- Affirmations
- Reflections
- Summaries



OPEN QUESTIONS

- Closed

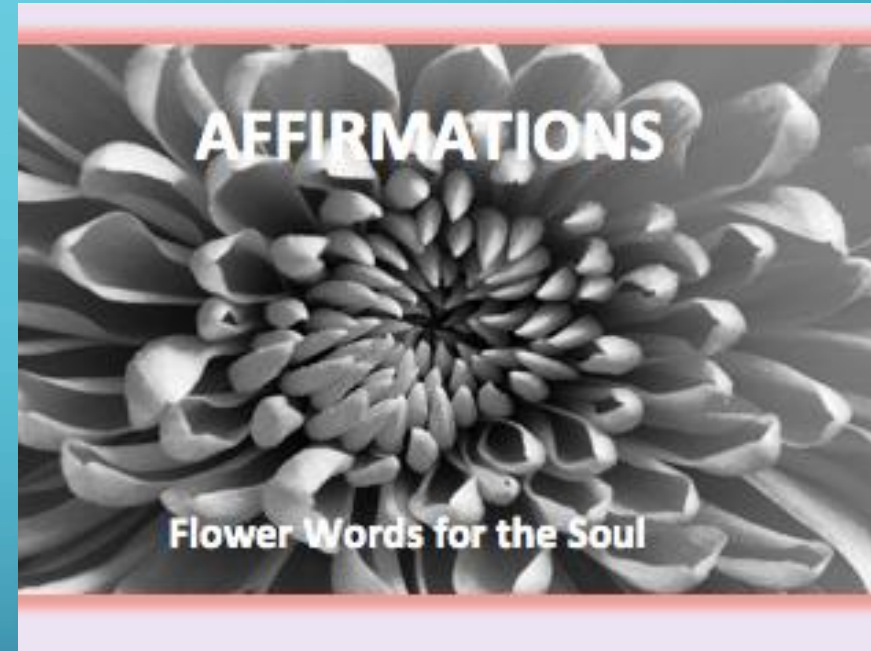
- Is everything ok?
- Are you taking your medication as prescribed?
- Do you want the vaccine?
- Can we talk about this next time?
- Do you have any questions?

- Open

- How are things with you?
- What are you doing with your prescribed medications?
- What are your thoughts about vaccination?
- What's important to you today?
- What questions do you have?

AFFIRMATIONS

- Focus on descriptions rather than evaluations
- Nurture strength-based attributes instead of working from a deficit model
- Recognize interesting qualities about the client
- Notice and appreciate a positive action
- Should be genuine
- Express positive regard and caring



“It takes courage to face such difficult problems”

“Thanks for doing all the hard work it took to get here on time.”

“You really care a lot about your health and want to make sure you make the best choice for yourself. ”

“Your willingness to respond to these hard questions shows that you’re really thinking about this. ”

“You seek your own answers and resist blindly following others.”



REFLECTIONS

- ★ Reflective listening is a critical MI skill
- ★ Mirrors what the patient/client says
- ★ Is non-threatening
- ★ Deepens the conversation
- ★ Helps patients/clients understand themselves



**SUMMARIZE:
DID I GET IT ALL?**

ASK-TELL-ASK (ELICIT-PROVIDE-ELICIT)



ELICIT, PROVIDE, ELICIT (ASK-TELL-ASK)

- How to give the excellent advice and education that you have, the MI way
- Ask permission,
- Clarify needs and gaps
- What are some ways you could Elicit? How would your questions/statements start?

PROVIDE

- Manageable chunk of information
- Prioritize
- Be Clear
- Support autonomy
- Don't prescribe the person's response
- Your thoughts on how to best provide education/information

ELICIT

- MI is a partnership/collaboration, so it's important to follow with this additional step
- Ask for the person's interpretation, understanding or response
- What or how would you say?

MI IS NOT EASY TO LEARN

- Comprises a complex skill-set
- No correlation between self-perceived and actual MI practice
- One-shot trainings insufficient to promote competency

Source: Miller & Mount (2001); Miller & Rollnick (2009); Walters et al. (2005)



REMEMBER.....

Just because *ML* seems *SIMPLE*, that doesn't mean it is *EASY*

Just because it seems like *COMMON SENSE*, that doesn't mean it is *COMMON PRACTICE!*

People can and do learn *ML*. All the time!

LEARNING MI IS A PROCESS...NOT AN EVENT.





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IF YOU TALK TO A MAN IN A LANGUAGE HE UNDERSTANDS, THAT GOES TO HIS HEAD. IF YOU TALK TO HIM IN HIS LANGUAGE, THAT GOES TO HIS HEART. Nelson Mandela

MI LEARNING OPPORTUNITIES

- Building Motivational Interviewing Skills. David Rosengren, 2018, Guilford Press
- Motivational Interviewing Network of Trainers (MINT)
- <https://motivationalinterviewing.org/motivational-interviewing-training>
- Addiction Technology Transfer Center Network
- <https://attcnetwork.org/centers/global-attc/training-and-events-calendar>
- Motivational Interviewing, Third Edition: Helping People Change. William Miller and Stephen Rollnick, 2012, Guilford Press (Note: 4th Edi

