MOTIVATIONAL INTERVIEWING WITH SUBSTANCE USE DISORDERS
PART II

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REVIEW OF ENGAGING

Four Core Tools in Veteran-Centered Care

- Open ended questions
- Affirmations
- Reflections
- Summaries
1. I have taken many trainings on MI, but find it does not work well with Veterans in relation to maintaining housing. Do you have suggestions around that?

   I wonder if it might be helpful to find a more specific behavioral focus within the broader goal of maintaining housing. Maintaining housing requires a number of individual behaviors and it makes it hard to know where to start. A more specific focus might be: attending substance abuse treatment, communicating with parole officer, taking medication.

2. Any suggestions on how to bring yourself back from the "righting reflex"?

   I tend to be pretty open about my desire to take a step back and hear from the Veteran, for example: “I realize I’ve been giving you lots of advice without checking in to see what your thoughts are. I wonder if it would be ok if we take a step back and give you a chance to tell me about your thoughts?”

3. Is it ethical to continue with MI when dealing with life threatening behaviors?

   I keep the MI spirit as much as possible, but in the event of an immediate risk to someone’s safety, no, I do not use MI.
4. **How to get client to take the step in engaging in treatment when they just want to “go it alone” which is unlikely to be successful.**

Short of fully exploring desire, ability, reasons, or need to change (Evoking change talk), I don’t try to force it. I try to maintain the engagement, make sure I know what they would like to or be willing to focus on, and sometimes ask them if we can revisit my concerns again at a later time. I tend to use an approach called “coming alongside”, which involves acknowledging that the individual is not at a place of change, that this is their choice (avoid sarcasm), and asking “what would have to happen for you to decide that it was a time for making this change?” (key question designed to evoke just a little bit more change talk).

5. **Is there a timeframe for the MI while working with Homeless Vets?**

I guess the short answer is that it depends. I really try to determine where to go based on where the individual is. I often weave in MI even when using other therapeutic approaches, rather than only seeing it as a time limited approach. If a veteran and I are engaged and I am getting change talk regarding a target area of focus, I will continue the MI.
6. What would you suggest for working with people facing life threatening health problems associated with alcohol abuse?

In the event of an immediate risk to the safety of someone, I don’t use MI beyond keeping true to the spirit of MI as much as possible. If the risk isn’t immediate, I weave MI in as much as I can, since change is ultimately up to the individual anyway; I simply want to maximize the likelihood of positive change.

7. Related to homelessness or maintaining house with the housing first model, do we focus MI on the active substance use or housing along with active substance use?

I see what the Veteran is willing and interested in discussing/examining and that’s where I focus.

8. Part of our tx program is to work on sobriety but I have a Vet who does not think he has an SUD. Best approach?

I would just go around that boulder in the road. I’d be curious about what he does have concerns about .. in other words, what would he be interested in exploring during your conversation?
FOUR MI PROCESSES

1. **Engaging:** listening to understand the dilemma using OARS
2. **Focusing:** agenda setting, finding a common and strategic focus, exploring ambivalence, use of information and advice
3. **Evoking:** selective eliciting, selective responding, selective summaries toward change talk
4. **Planning:** moving to a change plan and obtaining commitment

*When is it MI?* Processes 1, 2, and 3 are necessary for it to be MI.
Goals

- **Agenda setting** - identifying a strategic focus
- **Exploring ambivalence** - deepening understanding of motivation, listening for change talk
- **Offering and sharing information**
“What would you like to make sure we take care of today?”
“What else?”
“What are your concerns?”
“What is most important for us to work on?”
“What is the one thing that most concerns you about your mental or physical health right now?”
“Where would you like to start?”
FOCUSING:
HYPOThETICAL QUESTIONS

- “If you were to change something about your [general target behavior] what might that be? “
- “If you were to focus on one thing that would make you feel better, what would that be?”
- Imagining for a moment that you were going to consider a change, where might you start?”
FOCUSING:
SHARING INFORMATION
ASK PERMISSION

- Creates a collaborative set
- Is respectful
- Use before giving advice
  - “Would it be OK if we talk about your housing?”
  - “When you think about ___, what comes to mind?”
  - “Would it be alright if I share some information about ___?”
- A twist: Option to disregard
  - “What you do with this information is totally up to you...”
ELICIT readiness and interest
  • “What do you know about the effects of ...”
  • “What concerns do you have about...?”

PROVIDE clear information or feedback
  • “What happens to some people is that...”
  • “One effective way to communicate with your kids is...”
  • “As your doctor/counselor/nurse, I strongly urge you to...”

ELICIT the interpretation or reaction
  • “What do you think?”
  • “How do you think you might...?”
FOCUSING:
ADVICE GIVING (WITHOUT PERMISSION) WHEN ETHICS DEMAND IT

- Provide clear “I” statement
  - “I am concerned about your decision...”

- Reaffirm that the patient, not you, will decide what’s best
  - “Of course, you’re the only one that can ..."

- Ask for their view
  - “What do you think...?”

- Then reflect - don’t argue
“Look, I don’t have a drug problem. I only take what I’m prescribed!”
“My dad was an alcoholic; I’m not like him.”
“I can quit anytime I want to.”
“I just like the taste of fried foods better.”
“If you lived in Timbuktu you’d drink too.”

What would you say?
1. Engaging: listening to understand the dilemma using OARS

2. Focusing: agenda setting, finding a common and strategic focus, exploring ambivalence, use of information and advice

3. Evoking: selective eliciting, selective responding, selective summaries toward change talk

4. Planning: moving to a change plan and obtaining commitment

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PROCESS III: EVOKE Change Talk and Softening Sustain Talk

Evoke Change Talk:
- Ask
- Reflect
- Seek elaboration

When you hear Sustain Talk:
- Shift focus
- Briefly reflect it when necessary to preserve rapport
- Use a double-sided reflection
- Reframe
- Emphasize autonomy
METHODS FOR EVOKING CHANGE TALK

- OARS
- Ruler for importance
- Typical day
- Querying extremes
- EARS
- Hypothetical questions
- Looking forward
- Goals and values
- Coming alongside
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PROCESS IV PLANNING:
COLLABORATIVE GOAL SETTING

• When importance and confidence are high..

• Offer options
  • “What is a reasonable next step?”
  • “What appeals to you the most?”
  • “What else might you do?”

• Ask about time-frame, person, modality
  • Get SMART!

• Specify what to do if lapse occurs (e.g., call, keep appointment)

• Arrange follow-up

• Support Veteran choice of a goal
IN SUMMARY

A large body of literature shows that MI can directly impact client outcomes, especially as it relates to substance abuse.

1. Before you make a plan for behavior change and
2. Before you can successfully talk about an individual’s desire, ability, reasons, and need to change a behavior
   - Engage: develop rapport
   - Focus: WHAT is the behavior is that you are going to explore

Only then are you and the Veteran BOTH ready to engage in a discussion that evokes the Veteran’s desire, ability, reasons, and need for the behavior change and ultimately to engage in planning or finding a solution.
The Keys to Readiness

Confidence

Importance

Readiness

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THE PROCESSES...

- **Engage:** “Shall we walk together?”

- **Focus:** “Where?”
  - What concerns do you have? What is your understanding of? When you think of__, what comes to mind? Tell me about your__? Would it be alright if I share__?

- **Evoke:** “Why?”
  - What makes you want? What let’s you know that you could? What are some reasons for? Why should you? What have you done to? What’s been going well with?

- **Plan:** “How?”
  - What would that look like? How might you? What do you think you could do? What is your first step?
**MI CONCEPTS: BRIEF REVIEW**

- **Spirit**
  - Partnership
  - Acceptance
  - Compassion
  - Evoking

- **OARS**
  - Open ended questions
  - Affirmations
  - Reflections
  - Summaries

- **Processes**
  - Engaging
  - Focusing
  - Evoking
  - Planning

- **Two Gold Nuggets**
  - Listen for Change Talk
  - Reflect that Change Talk

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Learning MI takes practice and feedback.

Starting with a few skills is usually more effective than trying to use every skill you’ve learned at once.
CONSIDERING MOTIVATIONAL INTERVIEWING

- Importance and Confidence for Using MI
  - On a scale of 0-10, how important is it for you to learn to apply MI in your interactions with veterans?
  - On a scale of 0-10, how confident are you in your ability to utilize MI in your interactions with veterans?

0---1---2---3---4---5---6---7---8---9---10
Not at all Confident                      Extremely Confident
WRAP UP AND PLANNING

What can I do even better yet?

- Feedback: Keep doing, do more of, do less of, stop doing, consider doing
- What would make your learning experience even better yet?

What can you do even better yet?

- What do you plan to work on over the next month?
- How might you use engaging with OARS and focusing when discussing behavior change with your Veterans?
- How will you know that you succeeded?
Lisa Merlo: Effective Physician and Smoking Cessation

https://www.youtube.com/watch?v=URiKA7CKtfc&t=316s

:00 – 5:14
Consider keeping track of the provider’s OARS and/or of the client’s Change talk and Sustain talk
Sources of Information on MI

- Motivational Interviewing in Health Care (2007). Rollnick, Miller and Butler, Guilford Press
- http://www.motivationalinterviewing.org: bibliography; training resources

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