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Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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## Motivational Interviewing (Part 2 of 2)

with Scott Caldwell MA, CSAC, MINT member

Wisconsin Public Psychiatry Network Teleconference  
January 29, 2015

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### Presentation outline:

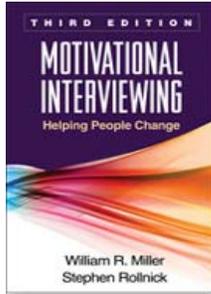
- I. Review Part 1: How does MI work?
- II. Coding and fidelity
- III. Demonstration continued - see Handout 3 for transcript
- IV. Learning MI

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### Definition



“Motivational Interviewing is a collaborative, goal-oriented style of communication with particular emphasis 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.”

Miller & Rollnick (2013, p. 29)

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### Elements of Practice

(Miller & Rose, 2009)

#### Relational Component

- Spirit (collaborative, evocative, acceptance, compassion)
- Accurate empathy
- OARS skills (Open question, Affirmation, Reflection, Summarize)

#### Technical Component

- Focus on target behavior
- Cultivate Change Talk (DARN CAT) – proactively evoke and use OARS to selectively respond
- Soften or Sidestep Sustain Talk/Discord

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### Exercise: Identify the type of client language

Change Talk (DARN CAT), Sustain Talk, or Discord

Target behavior = depression (including medication adherence, support engagement)

**(KEY)**

1. I can't get out of bed in the morning. **(Sustain Talk)**
2. I don't like the side effects of this anti-depressant. **(Sustain Talk)**
3. You don't understand what I'm going through! **(Discord)**
4. I *could* take my meds everyday, it's just that I forget. **(CT-Ability)**
5. I *want* to feel better. **(CT-Desire)**
6. I *have to* deal with this if I'm going to be there for my kids. **(CT-Need)**
7. I'm *willing* to see a counselor, but I don't think I need to. **(CT-Activation)**
8. When I feel less depressed, I have more energy for my life. **(CT-Reason)**
9. I *need to* get my life back on track. **(CT-Need)**
10. I'm *going to* get out of bed everyday this week. **(CT-Commitment)**

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## Types of Reflection

- **Simple** – restate or rephrase what the person said
- **Paraphrase** – brings in an educated guess for inference
- **Amplification** – exaggerate or overemphasize Sustain Talk (without sarcasm)
- **Double Sided** – both sides of ambivalence (end with the change side)
- **Feeling** – reflect implied feeling or emotion
- **Metaphor** – picture language to convey meaning
- **Coming Alongside** – side with the negative/no change
- **Continuing the Paragraph** – anticipate the next thing the person may say in the direction of change; guess about Change Talk!

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## Exercise: Identify the type of Reflection (KEY)

1. I can't get out of bed in the morning. It's just about impossible. (*Amplification of ST*)
2. I don't like the side effects of this anti-depressant. It's been hard to tolerate. (*Coming Alongside*)
3. You don't understand what I'm going through! People - including me - need to listen better and hear what you're saying. (*Paraphrase*)
4. I could take my meds everyday, it's just that I forget. Taking your meds is do-able. (*Simple Reflection of CT, sidesteps ST*)
5. I want to feel better. .... And you have some ideas about how. (*Continuing the Paragraph*)
6. I have to deal with this if I'm going to be there for my kids. Dealing with the depression has become a priority for you. (*Paraphrase in the direction of change*)
7. I'm willing to attend group but I don't really want to. You're willing to go. (*Simple Reflection of CT, sidestep ST*)
8. When I feel less depressed, I have more energy for my life. On one hand, the depression saps your energy, but on the other hand, finding ways to effectively address it increases your energy. (*Double-Sided ending with the change side*)
9. I need to get my life back on track. ... And you're ready to take the next step. (*Continuing the Paragraph in the direction of change*)
10. I'm going to get out of bed everyday this week. You're going to hit the ground running. (*Metaphor*)

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## How MI Works

Source: Miller & Rose (2009, p. 530)

**Clinician predictors of behavior change:**

- o Level of empathy and spirit (pathway 7)
- o Level of OARS skills (pathway 6)

**Client predictors of behavior change:**

- o Change Talk DARN (pathway 5) and CAT (pathway 4)

**Training** is to promote staff's own behavior change (pathways 8, 9, 10)

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## Four Processes in MI

(Miller & Rollnick, 2013)

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## In the demo (Part 1), we heard the following:

1. **Engaging** is Task #1. The relational foundation was established through accurate empathy. There was more listening/reflection than asking/probing. Emphasis was given to Melinda's choice/control.
2. **Focusing**. Agreement on the target behavior was established (suicidal/self-harming thoughts).
3. **Evoking** (the heart of MI). Open Questions were used to draw out and explore Melinda's reasons and motivations for change. Lots of Change Talk was heard and reflective listening was used to reinforce it. Summary of Change Talk was offered, then "testing the water" for Planning.

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## To what extent was it MI? Coding & Fidelity

- "We know of no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples." (Miller & Rose, 2009, p. 530)
- Many standardized coding instruments exist (e.g., Motivational Interviewing Treatment Integrity)
- Coding ascertains the extent to which MI is being delivered as an evidence-based practice, that is, to fidelity

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**MI Observer Sheet (Skills)**

Instructions: Your task is to take careful notes by the practitioner. When you hear a skill, place a check mark next to the appropriate category and note examples.

Skill	Count (check marks)	Example
<b>Questions</b>		
Open -- Tell me... How do you... What do you... Why do you... How often... How long...		
Closed -- Is there... Did you... Do you... Are you... Did you...		
<b>Reflections</b>		
Simple		
Complex Rephrasing Elaboration Focus shift Affirmation		
<b>Other behaviors</b>		
MI Adherent Affirmations Summarizing Collaborative problem solving MI Non-Adherent Directing Advising Warning Educating Fact gathering Problem solving		

**One approach is to simply count clinician behaviors:**

- Open Questions/  
Closed Questions
- Simple Reflections/  
Complex Reflections
- MI Adherent/  
Non-Adherent

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**Results of Part 1 Demonstration**  
(see Handout 4)

# Open Questions = 4 } # total Qs = 6  
# Closed Questions = 2 }

# Simple Reflections = 9 } # total Rs = 18  
# Complex Reflections = 9 }

# MI Adherent behaviors = 4 } # total = 4  
# Non-Adherent behaviors = 0 }

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**To what extent was it MI?**

Measure	Part 1 Demonstration	Basic Competency*	Proficiency*
% Open Questions of total Qs (4/6)	67%	≥ 50% ✓	≥ 70%
% Complex Reflection of total Rs (9/18)	50%	≥ 40%	≥ 50% ✓
Ratio of Reflection to Question (18/6)	3.0	≥ 1.0	≥ 2.0 ✓
% MI Adherent behaviors (4/0)	100%	≥ 90%	≥ 98% ✓
% Non-Adherent behaviors	0%	≤ 10%	≤ 2% ✓

\* Fidelity benchmarks taken from Miller & Rollnick (2013, p. 400)

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**Basic Competency in MI sounds like:**

- Just as many Open Questions as Closed Questions
- Equal amounts listening/asking (1:1 ratio)
- Some depth of Reflection
- Equal amounts of client/provider talking
- Little to no directing, advising, warning, educating, fact gathering, or problem solving (without client permission)

Source: Miller & Rollnick (2013, pp. 391-400)

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**Proficiency sounds like:**

- Mostly Open Questions that proactively draw out client Change Talk
- More listening than asking (2:1 ratio)
- Greater depth of Reflection with accurate empathy
- More client talking than provider talking
- Any impulse to direct, advise, educate, gather facts, or problem solve is replaced by drawing out the client's perspectives and listening/reflecting

Source: Miller & Rollnick (2013, pp. 391-400)

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**Demonstration Continued in Part 2**  
(see transcript – Handout 3)

- The Planning process:
  - Collaboratively develop a specific change goal
  - Develop a supportive plan
  - Build hope and confidence for change
- Please note how the Interviewer demonstrates MI (Spirit, Skills) and underline or note any Change Talk (DARN CAT) heard from Melinda.

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### Discussion Questions

1. How was the style of MI (Spirit, Skills) used throughout the Planning process?
2. How did Melinda seem to respond?
3. What outcomes are likely given the in-session client language (i.e., Change Talk)?

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### Learning MI

To date, there are 63 studies examining outcomes of learning and training  
(Schwalbe et al., 2014)

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### Insights from the training literature:

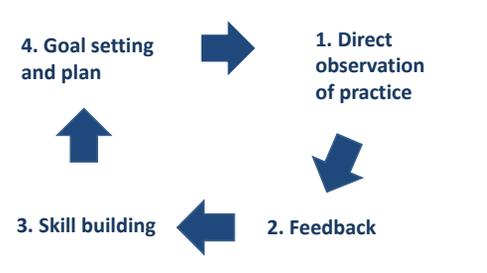
- MI is simple, but not easy to learn
- Self-perceived MI practice does not correlate with actual practice
- “One-shot” workshops are a good start, but do not typically promote even basic competency
- Educational attainment, degree, or years of experience does not correlate with proficiency
- Learning is accelerated when the process includes direct observation of practice with feedback and coaching for skill development

Source: Arkowitz & Miller (2008); Miller & Mount (2001); Miller & Rollnick (2009)

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### An Evidence-Informed Learning Process



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graph TD; 4[4. Goal setting and plan] --> 1[1. Direct observation of practice]; 1 --> 2[2. Feedback]; 2 --> 3[3. Skill building]; 3 --> 4;
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Source: Arkowitz & Miller (2008); Miller et al. (2004)

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### Formats for learning:

- Self-study, readings, workbook exercises (Miller & Moyers, 2006; Rosengren, 2009)
- Workshops
- Audiotape and code MI sessions
- Supervision
- MI Peer Learning Group
- 1:1 Coaching

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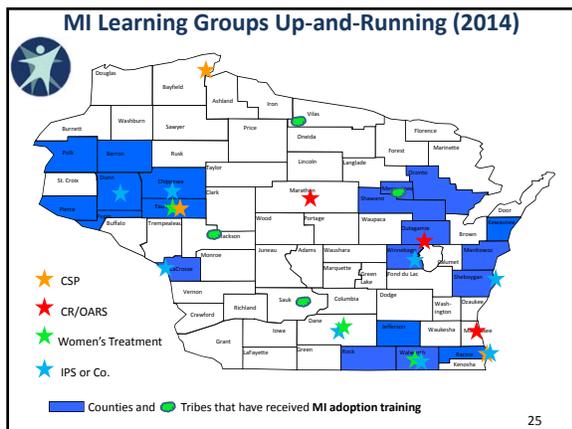
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### Create a Peer Learning Group in Your Agency

- Meet monthly with the sole focus on MI
- Have staff present (rotating basis) an audio recorded practice sample (with written client consent)
- Staff review, coding, and supportive feedback commences
- Remaining time used for skill building exercise

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### Presentation References

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