

# Bringing Motivational Interviewing Skills to the Pre-Travel Visit

Erin M. Miers, PsyD LP 10/26/23

# Objectives

1. Be able to identify at least 1 of the core concepts of Motivational Interviewing.
2. Be able to identify at least 2 skills to use with patients that are specific to Motivational Interviewing.

“The curious paradox is when I accept myself just as I am, then I can change.”

~Carl Rogers

# What is Motivational Interviewing?

- Motivational Interview (aka MI) was developed in the 1980s by addiction specialists, Miller and Rollnick based on Prochaska and DiClemente's Stages of Change model.
- Motivational interviewing is based on why people don't change and especially on the ambivalence that people experience when they are struggling with making a change.
- Motivational Interviewing is empirically validated and has been found to be useful in a variety of settings, it has been studied specifically in medical settings.

# Stages of Change Model

Developed by Prochaska and DiClemente

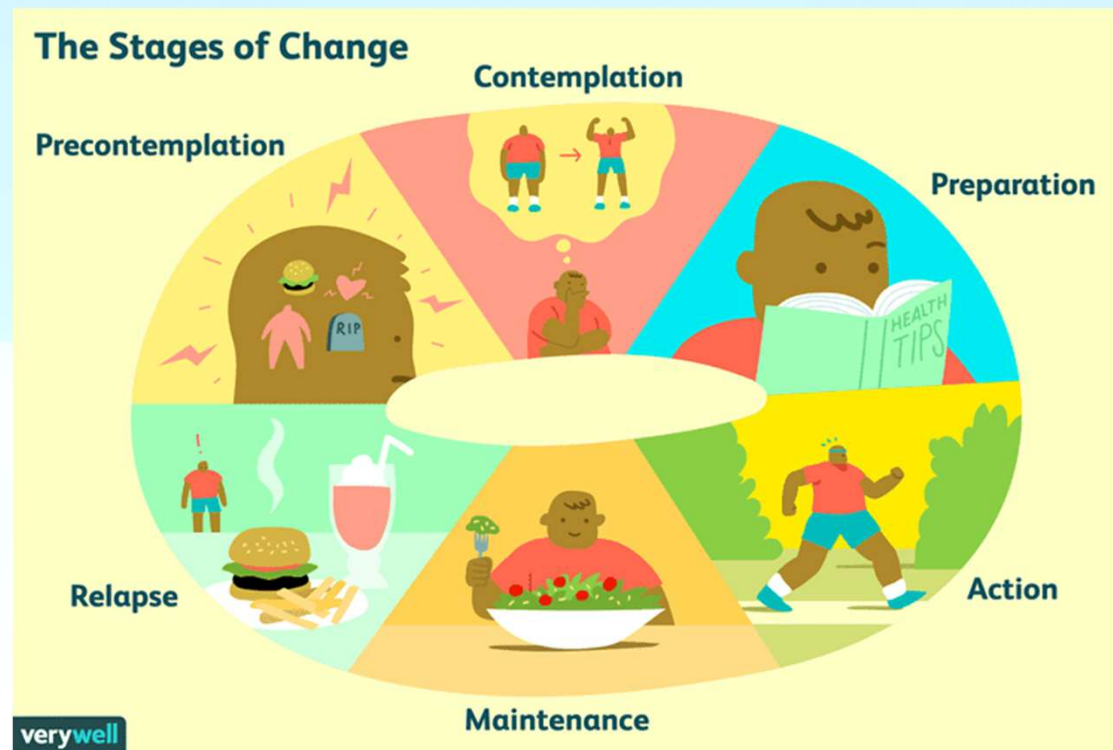
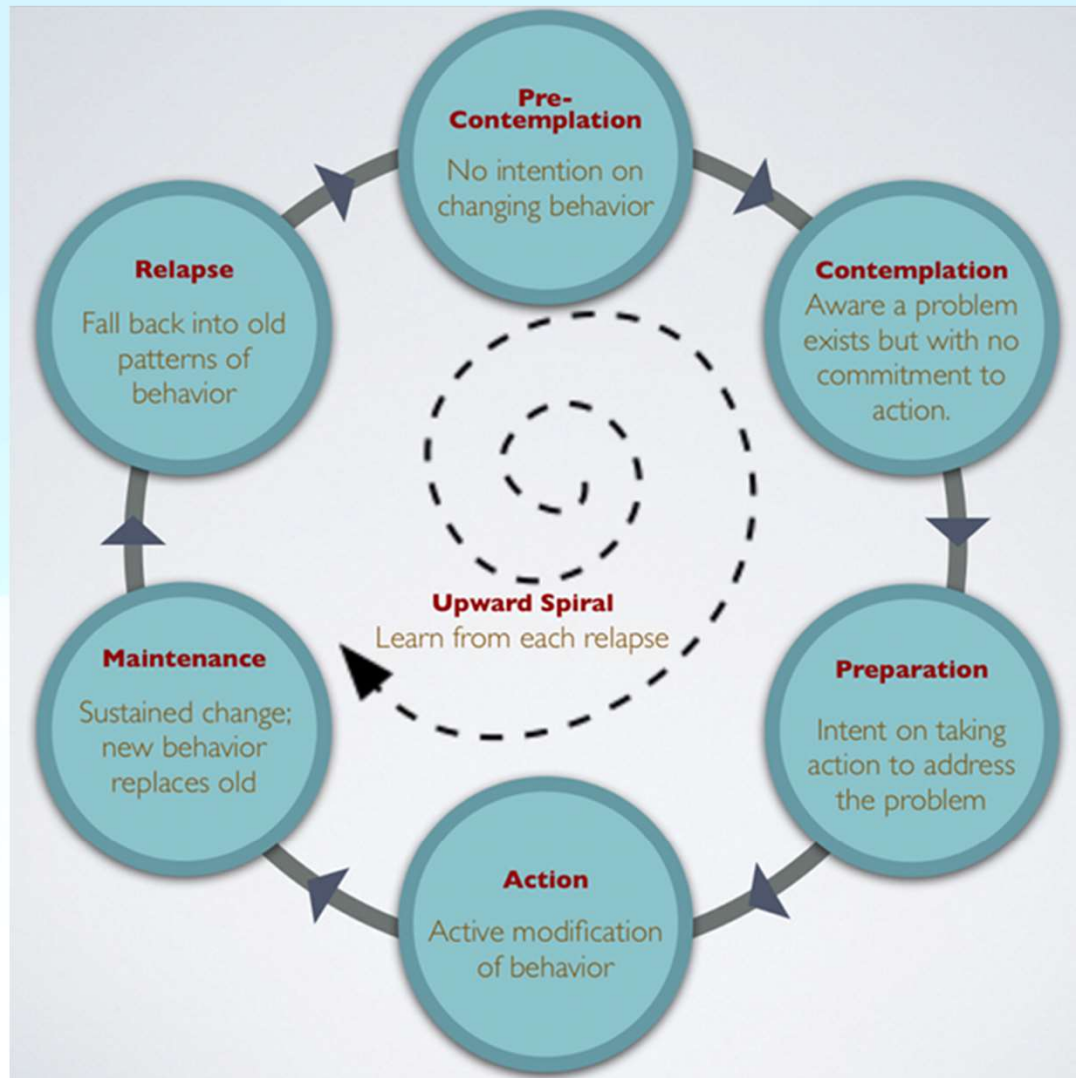


Illustration by JR Bee, Verywell



# Challenges to Motivational Interviewing

In a medical setting

- MI was developed for utilization by behavioral health clinicians to use as an intervention for people who were struggling with substance use disorder.
  - Multiple Interactions of 30-60 minutes; developing ongoing rapport with an individual.
- What motivational interviewing requires is typically the direct opposite of what medical professionals are trained in doing.
  - Giving prescriptive information vs. reflective listening
  - Conveying specific information in regards to harmful behavior vs. exploring patient's ideas around motivations for change.

# Key Concepts of MI

- Express Empathy
- Develop Discrepancy
- Avoid Argument
- Roll with Resistance
- Support Self-Efficacy
- Assessing



# Express Empathy & Develop Discrepancy

- Expressing empathy is all about reflective listening. Slowing down enough to listen to the patient and then reflecting what you believe you heard back to them.
- “I hear that traveling alone is really important to you. That it contributes to you feeling independent and capable. Did I understand what you were trying to say?”
- Developing Discrepancy is encouraging the patient to identify the reasons why they might need to change.
- “I hear all of the amazing things that you value about traveling alone, have you ever experienced any challenges to traveling independently?”

# Avoid Argument & Roll with Resistance

- If you find yourself being pulled to argue with the patient, that is a sign to change strategies. While we have expert knowledge about certain things, people's motivations vary and they don't just change because of factual information.
- Confrontation does not motivate people.
- Deep breathe and move from talking to listening.
- Roll with resistance is the idea allowing the patient's path to be the one that you follow, not your own.
- If you are being met with resistance then you are likely headed in the wrong direction.
- "I think I misunderstood"
- "This is clearly very important to you."

# Support Self- Efficacy & Assess

- Support the individual as their own motivator for change. Helping the individual identify what motivates them and what gets in their way.
- “What do you think gets in the way of you calling your therapist?”
- “How will travel help your mental health to improve?”
- Assessment in MI is really about check in with the person about a variety of different things using a Likert scale.
- How likely do you think you will do...? 1-10, with 10 being absolutely going to do this and 1 being not going to happen?

# Skills of MI

- RULE (4 guiding principals)
- OARS (basic MI skills)
- DARN CAT (Preparing & Implementing Change)
- PLACEB (traps)
- SAD & SCARED (dealing with resistance)

# RULE

## 4 Principals of MI

- Resist the righting reflex

- This is all about avoiding telling the person what they should do.

- Understand the patient's motivation

- Slow down and try to understand why they are behaving that way.

- Listen with empathy

- As you listen, consider what they are telling you is important to you and what might get in their way.

- Empower the patient

- Help the patient identify barriers and encourage them with their decisions, even if those decisions wouldn't be your decisions. (If you can't encourage, be at least respectful of their choices)

# OARS

## Fundamental Skills of MI

### ● Open-ended questions

- Keep the patient talking with open-ended questions that will elicit important information.

### ● Affirmations

- Positive statements with help with rapport and connection, acknowledge strengths, speak to what they are sharing.

### ● Reflections

- Statements that are your attempt at reflecting back what the person meant.
  - “I hear that traveling independently is very important to you.”

### ● Summary statements

- You are pulling together what you heard, trying to identify a theme, if possible.
  - “It seems that you’ve been alone for a long time, that connecting with others can be hard.”

# DARN

## Change Talk Part 1

- **Desire to change**
  - Why is this change important to this person?
- **Ability to change**
  - What is their ability to actually make this change? How can they help make it happen?
- **Reasons to change**
  - What is motivating them to make this change?
- **Need to change**
  - On a scale of 0-10, how important is this change to you?

# CAT

## Change Talk Part 2

- Commitment
  - What is their plan for making this change?
- Activation
  - What is their willingness to start making changes? What is their direct next step?
- Taking steps
  - What have they already done? What are the upcoming steps that they need to take?



# PLACEB

## Traps

- Premature Focus
  - Focusing on something that the patient isn't ready to focus on
- Labeling
  - Either labeling the person or their idea "well that was stupid"
- Answer (question/answer)
  - Close ended questions
- Confrontation-Denial
  - Confronting the patient on their problematic behaviors
- Expert
  - Talking at the patient
- Blaming
  - Blaming the patient for what is perceived as poor decisions or prioritizing

# SAD

## Dealing with Resistance

- Simple Reflections
  - Reflections convey your understanding of what is being said without judgement, interpretation, or giving advice.
    - “Traveling alone is very important to you.”
- Amplified Reflections
  - Reflection where you are using an exaggeration of your tone to convey what you heard from the patient.
    - “The *only* way you are willing to travel is alone.”
- Double-sided Reflections
  - Reflecting both sides of the patient’s ambivalence
    - “You enjoy the independence of traveling alone and yet, it also can be very lonely and sometimes scary.”

# SCARED

## Dealing with Resistance

- Shifting focus
  - Move away from a resistant focused topic to a new topic
- Coming along side
  - Joining the patient, not challenging them.
- Agreement with a twist
  - Reflective listening with a different emphasis to demonstrate joining and pushing back with reflection.
- Reframing
  - Restricting what the patient said from a new perspective
- Emphasizing Personal Control
  - Reflecting where the patient has control
- Disclosing Feelings
  - Reflecting your feelings in the context of what was shared.

# Vignette #1

- 43 year old white cisgender heterosexual woman comes into clinic, shares that she is excited to travel, she speaks quickly and incessantly. You learn that she is recently divorced and purchased the tickets on a whim. While she is hoping that a friend will join her, she is also enthusiastic about traveling alone. She wants to start fresh and do what she wants to do during traveling. She seems jittery and fidgety, when you ask her about it she says that she is just anxious about getting shots.

## Vignette #2

- 18 year old Latino cisgender homosexual man comes into the office. He seems amped up and intense about the travel. He presents as the ir he knows everything about France, where he is going. He is excited about being legal to drink in Europe. He makes several comments that demonstrate a lack of forethought and immaturity.

# Thank you!

- I appreciate the opportunity to have spoken with you.
- [emiers@hazeldenbettyford.org](mailto:emiers@hazeldenbettyford.org)