Welcome!

While we wait to start, please review ways to navigate this webinar.

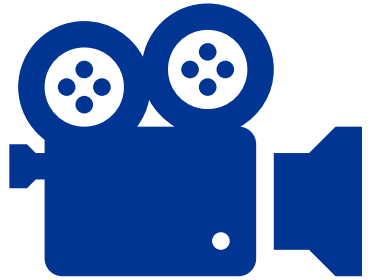If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

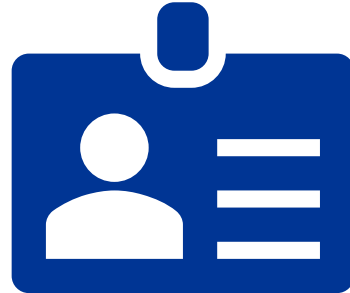This menu allows you to **control**:
- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

Housekeeping

This session is being recorded to **Tomorrow's Healthcare**

If you used a forwarded link, we need your **email address**

Pose questions in the chat to **all participants**

Please complete the post-session **evaluation**

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Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.

- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.

- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.

- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.

- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.

- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

Learning Objectives

By the end of this module, you will be able to do the following:

- Define **motivational interviewing** (MI) and describe the **MI spirit**.

- Describe the **change process**.

- List the steps in the **POLAR*S** model and describe the **connection** of the POLAR*S model to **MI**.

- Apply the **POLAR*S** model to common client scenarios.

MI Basics

Program Evaluation and Research Unit

Motivational Interviewing

A **client-centered** method for strengthening a client's own **motivation** and **commitment** to make a positive behavior change.

(Miller & Rollnick, 2013)

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Traditional Views on Motivation

Motivation has traditionally been viewed as a **client characteristic**.

Many clinicians have perceived a lack of motivation within a client as:

- A **personality** trait
- A personal failing
- Solely the **client's responsibility**

(Rollnick, Miller, & Butler; 2008)

Modern Views on Motivation

Motivation may be seen as the **likelihood** that a person will **implement and maintain** a process of positive change.

Within this definition, motivation is:
- **Modifiable** and dynamic
- Influenced by social interactions
- Something to **address collaboratively**

(Rollnick, Miller, & Butler; 2008)

Spirit of Motivational Interviewing

- MI is **more than just a set of techniques** and strategies.

- The spirit of MI incorporates some important **values** that underpin the client interaction.

- Partnership, acceptance, compassion, and evocation are the **components** that comprise the spirit of motivational interviewing.

- You can use the acronym **PACE** to remember them.

P   A

C   E

(Miller & Rollnick, 2013)
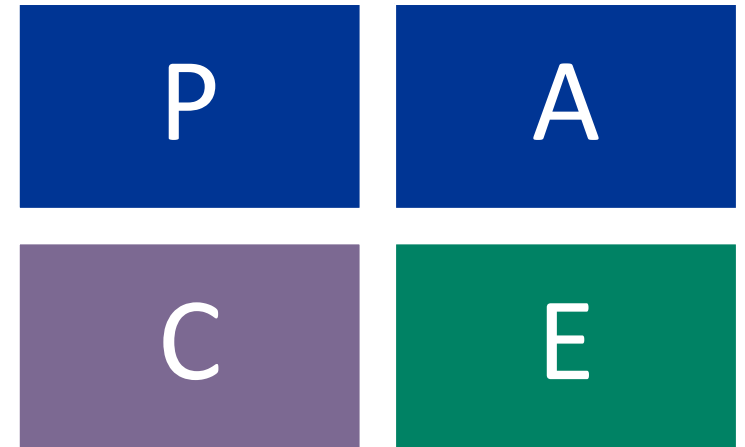
Partnership

- See the individual as the **expert** in their own life.

- Ensure that their expertise and perspective are **central** to the conversation.

- Promote a **collaborative**, respectful relationship.

(Miller & Rollnick, 2013; Miller, Rollnick, & Butler, 2008)

Acceptance

- Honor the **absolute worth** of the individual.

- Respect **autonomy –** acknowledge their right to make their own choices.

- Pursue **accurate empathy** – work to understand their perspective.

- Use **affirmation** – highlight their strengths and existing resources.

(Miller & Rollnick, 2013; Miller, Rollnick, & Butler, 2008)

Compassion

- **Prioritize** the well-being of the individual.

- Demonstrate genuine **care** and concern.

- Understand and **validate** their struggle.

- Work on behalf of the individual's **best interests** and welfare.

(Miller & Rollnick, 2013; Miller, Rollnick, & Butler, 2008)

Evocation

- **Draw out** the individual's internal motivation to change.

- Seek out the **wisdom** of the individual.

- **Ask questions to elicit ideas** and solutions from the individual.

- Encourage the individual to **address their own challenges** and concerns through supportive dialogue.

(Miller & Rollnick, 2013; Miller, Rollnick, & Butler, 2008)

Focus on the Spirit

- The spirit of MI **sets the tone** for building a **positive relationship** and rapport between the clinician and the client.

- Though the skills and strategies of MI are important, the spirit of MI is the **most essential** component.

(Miller & Rollnick, 2013)

Practice: MI Spirit

The Change Process

Philosophy of Change

- Change is a **process**.

- You **can't force** anyone to change a behavior.

- Pushing might actually **decrease the likelihood of change**.

- Your goal is to **elicit motivation** for change.

- An individual should **present their own reasons** and options for change.

Ambivalence

- Ambivalence happens as a natural part of the change process when someone **values** both the **old behavior** and the **new behavior**.

- Ambivalence can make someone **feel stuck**.

- Individuals have many reasons to retain or change behaviors. COE staff can have **conversations** to help identify these.

(Miller & Rollnick, 2013)

Listen for Ambivalence

When conducting an intervention using MI, listen for indicators that your client is **experiencing ambivalence**.

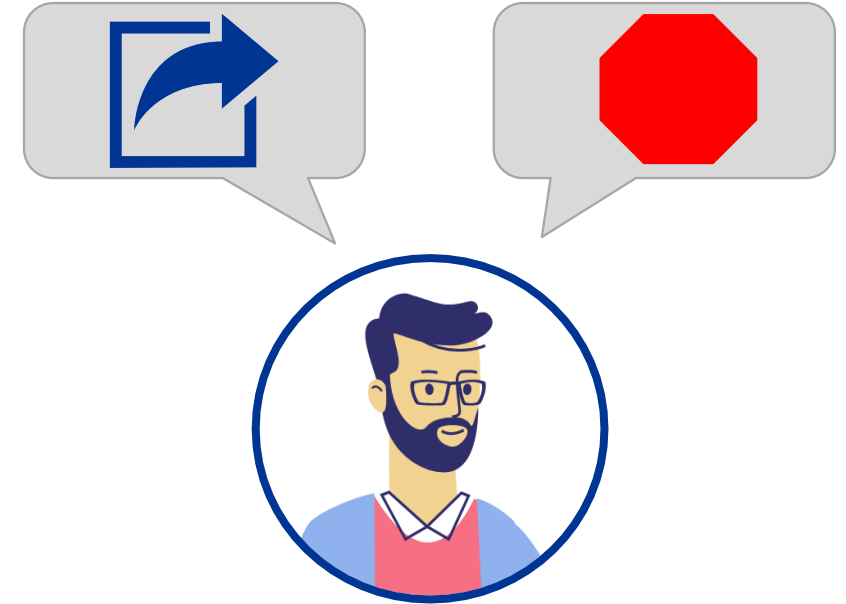*I enjoy the way it makes me feel…*

…but I know it's hard on my family.

Ambivalence: Conflict

Ambivalence can create a sense of **conflict** within a person and make them feel **stuck**.

(Miller & Rollnick, 2013)

Address Ambivalence

One of the ways you can address a client's ambivalence is to help them **assess** where they are **currently** and where they **want to be**.

Develop Discrepancy

- Find the **disconnect** between a client's current behavior and future goals.
- Help them to understand this difference and how to address it.

Righting Reflex

- The tendency to actively attempt to fix another person's problems in a way that **reduces the likelihood of the person enacting change** or discovering the "solution" themselves.

- The righting reflex is something to **avoid** in your conversations.

(Rosengren, 2018)

Replace the Righting Reflex

Curiosity

Transparency

No Case Building

(Rosengren, 2018)

Avoiding Discord

Ambivalence + Pressure = **Discord**

- When someone is ambivalent about change, pressuring them to change **harms your relationship** with them.

- **Building rapport** is more important than convincing or arguing.

(Miller & Rollnick, 2013)

Practice: Navigating Ambivalence

Change Talk and Sustain Talk

Change Talk

- Any self-expressed language that is an **argument for change**

- Linked to a **specific behavior** and a goal

- Goal is to **increase** change talk

(Miller & Rollnick, 2013)

Preparatory Change Talk

These statements indicate that change is a **possibility**.

- **D**esire – "I'd like to..."

- **A**bility – "I think I could..."

- **R**eason(s) – "I would save money if..."

- **N**eed – "I have to quit because..."

(Miller & Rollnick, 2013)

Mobilizing Change Talk

These statements indicate a **movement** in the direction of change.

- **C**ommitment – "I will…"

- **A**ctivation – "I'm ready to…"
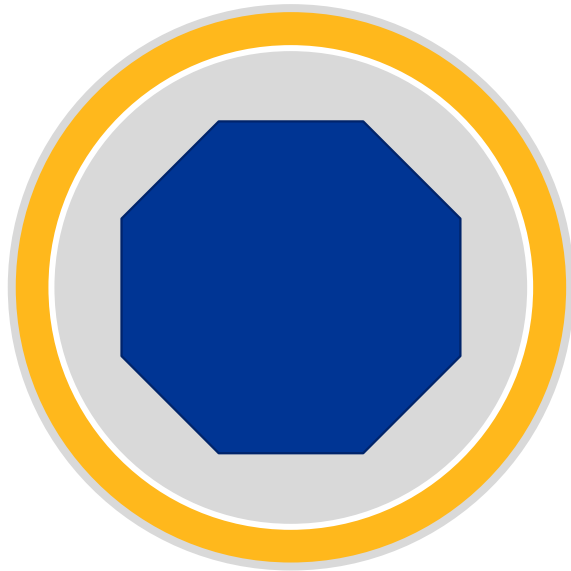
- **T**aking Steps – "I tried cutting back…"

Sustain Talk

- Any self-expressed language that is an **argument for not changing** and maintaining the **status quo**.
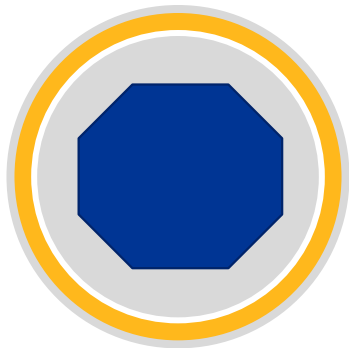
- Goal is to **decrease** sustain talk

(Miller & Rollnick, 2013)

Change Talk vs. Sustain Talk

The goal of the conversation is to help **move someone in the direction of change** by increasing change talk and decreasing sustain talk.

Evoke change
"What strategies did you try last time? What steps might you take to reduce your drinking, even if you aren't ready to quit entirely?"

Decrease sustain talk
"I don't think I can stop drinking because I've tried before, and it didn't work."

Increase change talk
"I could probably start tracking how many drinks I have in a week."

Practice: Change Talk

(https://youtu.be/80XyNE89eCs)

Exercise

- Divide into breakout rooms and review the transcript.

- Groups will highlight the following in the transcript:
    1. Sustain Talk
    2. Change Talk
    3. Righting Reflex
    4. MI Spirit Opportunities

Using POLAR*S

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POLAR*S Examples

Throughout this section, you will see the component of POLAR*S in use in the top right corner.

POLAR*S as a Guide

- Polaris is the name of the North Star.
- Like the star Polaris can be used as a navigation guide, the POLAR*S process can be used to guide you through conversations.

(Pringle et al., 2014)

(Pringle *et al*, 2014)

POLAR*S is Not a Checklist

- Most interactions will start with **permission** and end with **summary**.

- However, POLAR*S supports **conversation** and is not a linear checklist.
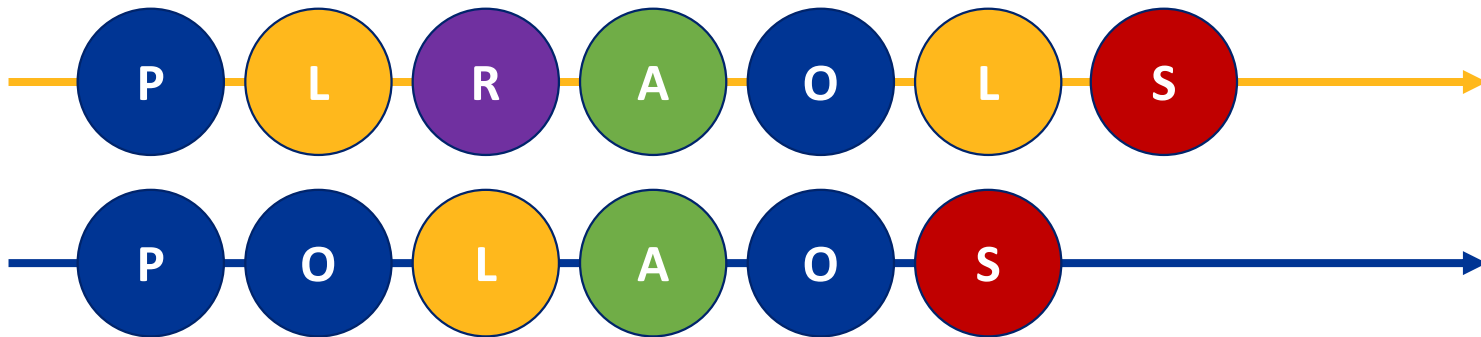
Ask for Permission

Begin the conversation by asking for **permission**.

Asking for permission to discuss a health behavior:

- Respects the client's **autonomy**

- Keeps the **focus on the client**

- Minimizes **discord**
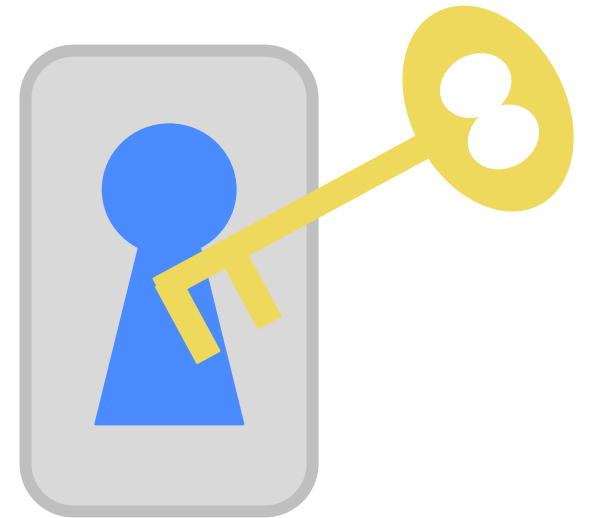
Open-Ended Questions

Open-ended questions **elicit information** and keep the conversation moving.

They encourage the client to **share information** and invite more than single-word responses.

OPEN

(Miller & Rollnick, 2013)

Client Expertise

- Think of your client as the **expert** on their own behavior choices.

- Use open-ended questions to **understand your client**, including their:
  - Motivations
  - Goals
  - Preferences
  - Fears
  - Challenges

Open-Ended Questions: Goals

- Do not simply gather information

- Generally elicit **more than brief responses**

- **Invite** the person to reflect and collaborate

- Help to **evoke motivation**

Closed- and Open-Ended Example

CLOSED

OPEN

"Do you drink when you are with your friends?"

"What kind of environment are you typically in when you drink alcohol?"

Crafting an Open-Ended Question

Helpful **starting words** include the following:

- How…?

- What…?

- Tell me…

Note: Asking "why" may lead someone to **feel defensive** and like they are being asked explain themselves. **Avoid it** when possible.

Practice: Open-Ended Questions

Listen Reflectively

Reflect back a short summary of how you understand what the client said.

- Demonstrate that you are **engaged**.
- Show that you **understand** what the client is saying.
- Put the client **at ease**.

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(Rollnick, Miller, & Butler; 2008)

Reflection ≠ Question

Reflections are statements – not questions

- **Reflections** are more likely to encourage continued **exploration.**

- **Questions** require a response and **can interrupt** the flow of discussion.

- Questions may feel accusatory or like an **interrogation**.

- **Mind your inflection** – the tone of voice should not sound like a question.

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(Miller & Rollnick, 2013)

Formulating a Reflection

Reflection isn't about repetition.

- Use different words as a **"hypothesis"** about what someone means.

- Sometimes repetition can be appropriate – but **use sparingly**.

- Ideally, reflection can **move the conversation beyond** what has been stated already.

Note: Avoid "parroting" or repeating without reflecting on meaning.

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(Miller & Rollnick, 2013)

Simple Reflections

POLAR*S

- **Add little or nothing** to what the person said
  - Repeat
  - Slightly rephrase

- Can be useful, but do not give the conversation much momentum

I'm having a bad day today.

It's been a rough day.

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(Miller & Rollnick, 2013)

Complex Reflections

- **Add some meaning or emphasis** to what the person said

  - Guess the **unspoken content**

  - Guess **what might come next**

- If simple reflections are the tip of the iceberg, complex reflections guess what lies beneath the surface

I'm having a bad day today.

Something happened since our last talk.

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(Miller & Rollnick, 2013)

Practice: Listening Reflectively

Affirmation

Use affirmation to support **self-efficacy** or someone's belief in their ability to change**.**

- Remind client of **specific strengths** or past achievements.

- **Support** positive behavior change.

- Build **trust and confidence** with the client.

(Miller & Rollnick, 2013)

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How to Craft an Affirmation

- "**Accentuate the positive.**"

- **Seek out strengths**, positive steps, and good intentions.

- Acknowledge and highlight:
  - Current **efforts**
  - Past **achievements**
  - **Strengths/values**

(Miller & Rollnick, 2013)

Evoking Affirmation

- Sometimes you may **evoke affirmation** from your client or client.

- You can ask them to **describe their own strengths** and the **positive steps** they've taken.

- This may **not always** be the right approach but is an available option.

(Miller & Rollnick, 2013)

Searching for Affirmations

- Help to find the "**glass half full.**"

- If someone is discouraged, **remind them of their accomplishments** so far.

    "You had a few drinks over the weekend, but you stuck to your plan the rest of the week."

- If someone hasn't taken many steps, **affirm their values**.

    "Supporting your kids is very important to you."

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(Miller & Rollnick, 2013)

Avoid Cheerleading

- Affirmation is **not praise.**

- Praise implies that you are **in a position to judge** and provide approval.

- **Avoid statements that focus on you** rather than the client.

  "I'm proud of you."

Practice: Affirmations

Reminder: Ambivalence

Ambivalence is when someone **values** both the **old** behavior and the **new** behavior.
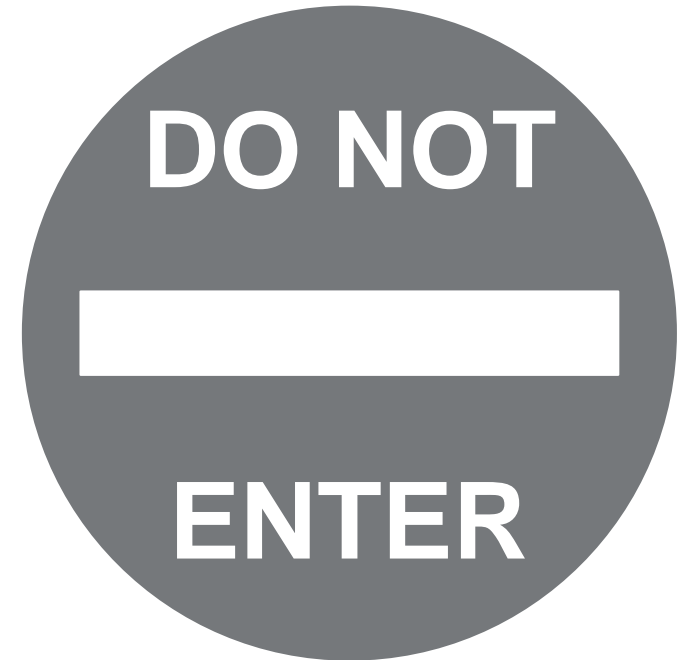
Roll with Ambivalence

Roll with ambivalence when it arises – **do not push** the patient.

- Helps to **avoid increasing** sustain talk.

- **Prevents conflict** with the patient.

- Supports the patient's **autonomy**.

DO NOT ENTER

Rolling with Ambivalence and the MI Spirit

If your patient is experiencing ambivalence to change, remember the elements of the MI spirit:

- **Partner** with the patient – do not argue.

- **Accept** the patient's autonomy – and their right to make their own informed choices.

- Demonstrate **compassion –** recognize their struggles.

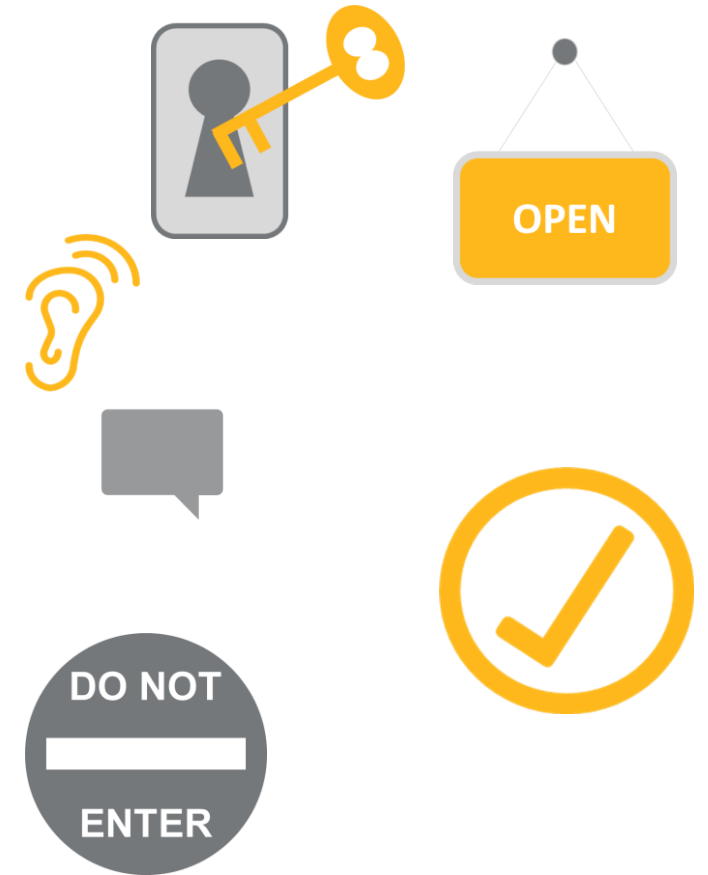- **Evoke** the patient's perspective – and avoid telling them what to do.

Summary

Assemble the **main themes** from the conversation and **reflect** these back.

- **Transition** from exploring options to committing to a plan.

- **Refocus** the conversation and confirm mutual understanding.

- Bring **closure** to the discussion.

Crafting a Summary

Summary can be seen as **extended reflection**.

- **Reflect highlights** from the conversation and demonstrate understanding.

- **Emphasize change talk,** including motivations and goals.

- **Elicit feasible options** for next steps.

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Options and Goal-Setting

Elicit feasible options or next steps.

"Are there other activities you and your friends enjoy that you can do instead of drinking?

Ask permission before giving advice or options.

"Do you mind if I give you some information on treatment options?"

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Practice: Summarizing

POLAR*S Supports Conversation

- Most interactions will start with Permission and end with Summary.

- However, POLAR*S is **not a linear checklist**

- The steps can help to support a **collaborative conversation.**
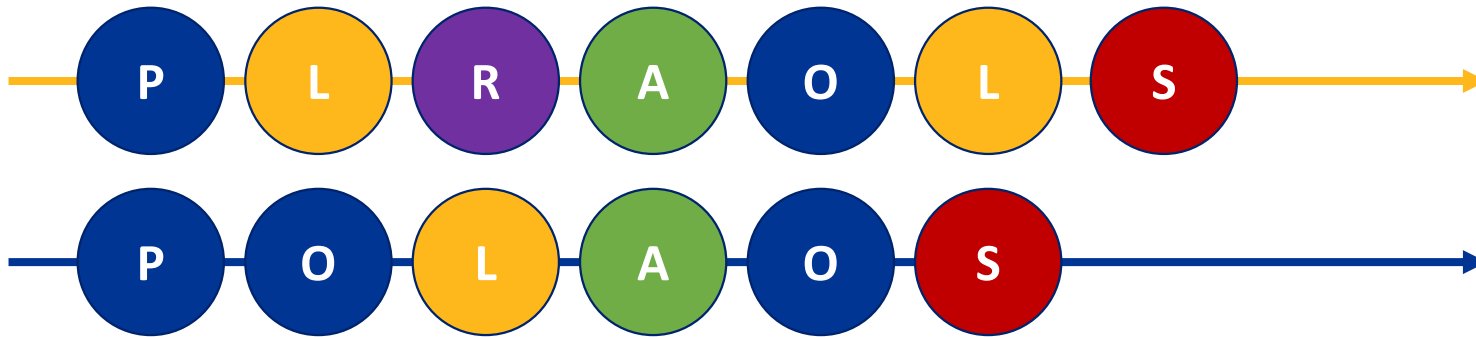
Key Takeaways - POL

- Asking permission helps to **respect autonomy and gain buy-in**.

- Open-ended questions **invite reflection** and collaboration.

- Reflections **demonstrate understanding** and help **move the conversation** forward.

- Simple reflections don't add much – **complex** reflections **add meaning** or emphasis.

Key Takeaways - ARS

- **Affirmations highlight strengths**, including positive steps, past successes, and values.

- **Don't push back** against ambivalence – use tools like reflection to help move forward.

- Summary reflects **highlights from the conversation** to demonstrate understanding.

- Summary moves the conversation forward by **eliciting feasible options** for next steps.

Making Connections

POLAR*S ⭐

- The elements of the MI spirit **align with** and inform the steps of POLAR*S.
- The **combination of the spirit and the skills** is the key to collaborative, supportive communication to help someone change.

MI Spirit
- Partnership
- Acceptance
- Compassion
- Evocation

POLAR*S
- Permission
- Open-ended Questions
- Listening Reflectively
- Affirmation
- Rolling with Ambivalence
- Summarization

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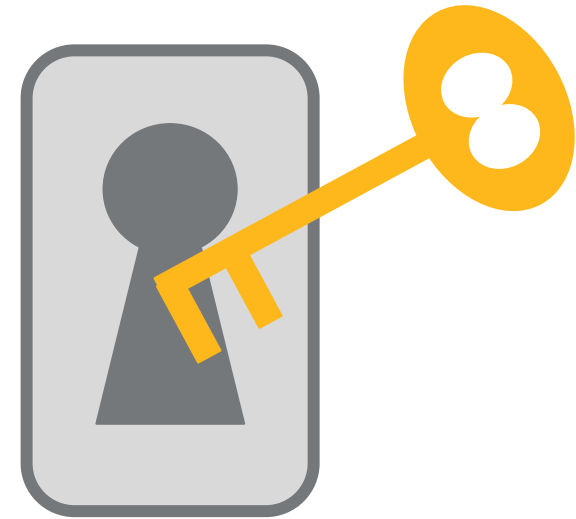
Permission

Begin the conversation to discuss a health behavior by **asking for permission**.

- Respect the client's **autonomy.**

- Keep the **focus** on the client.

- Minimize conflict.

Open-Ended Questions

Open-ended questions **elicit information** and keep the conversation moving.

They help you to understand your client's:

- Motivations
- Goals
- Preferences
- Fears
- Challenges

OPEN

Listen Reflectively

Reflect back a short summary of how you understand what the client said.

- Demonstrate that you are **engaged**.

- Show that you **understand** what the client is saying.

- Put the client **at ease**.

(Rollnick, Miller, & Butler; 2008)

Affirmation

Use affirmation to support **self-efficacy.**

- Remind client of **specific strengths** or past achievements.

- **Support** positive behavior change.

- Build **trust and confidence** with the client.

Roll with Ambivalence

Roll with ambivalence when it arises – **do not push** the client.

- Helps to **avoid increasing** sustain talk.

- **Prevents conflict** with the client.

- Supports the client's **autonomy**.

DO NOT
ENTER

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Summary

Assemble the **main themes** from the conversation and **reflect** these back.

- **Transition** from exploring options to committing to a plan.

- **Refocus** the conversation and confirm mutual understanding.

- Bring **closure** to the discussion.

Making Connections: Discussion

MI Spirit

- Partnership
- Acceptance
- Compassion
- Evocation

POLAR*S

- Permission
- Open-ended Questions
- Listening Reflectively
- Affirmation
- Rolling with Ambivalence
- Summarization

Key Takeaways

- Remember the **spirit of MI** and use it to guide your conversations.

- Use **curiosity and transparency** to avoid the "righting reflex."

- Listen for change talk

- Use the **POLAR*S framework** as a guide.

Key Takeaways - POL

POLAR*S ⭐

- Asking permission helps to **respect autonomy and gain buy-in**.

- Open-ended questions **invite reflection** and collaboration.

- Reflections **demonstrate understanding** and help **move the conversation** forward.

- Simple reflections don't add much – **complex** reflections **add meaning** or emphasis.

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Key Takeaways - ARS

- **Affirmations highlight strengths**, including positive steps, past successes, and values.

- **Don't push back** against ambivalence – use tools like reflection to help move forward.

- Summary reflects **highlights from the conversation** to demonstrate understanding.

- Summary moves the conversation forward by **eliciting feasible options** for next steps.

More Information

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   Stephen Rollnick, William Miller, and Christopher Butler (2008)

2. *Motivational Interviewing: Helping People Change (3rd edition)*

   William Miller and Stephen Rollnick (2013)

3. *Building Motivational Interviewing Skills: A Practitioner Workbook (2nd edition)*

   David Rosengren (2018)

4. **Motivational Interviewing Network of Trainers (MINT)**

   https://motivationalinterviewing.org/

5. **Stephen Rollnick's Website**

   https://www.stephenrollnick.com/about-motivational-interviewing/

Questions?

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Program Evaluation and Research Unit

The University of Pittsburgh School of Pharmacy, Program Evaluation and Research Unit (PERU) is dedicated to meaningful work that facilitates each patient or community member's ability to achieve optimal health, well-being, recovery and choice.