Welcome!

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

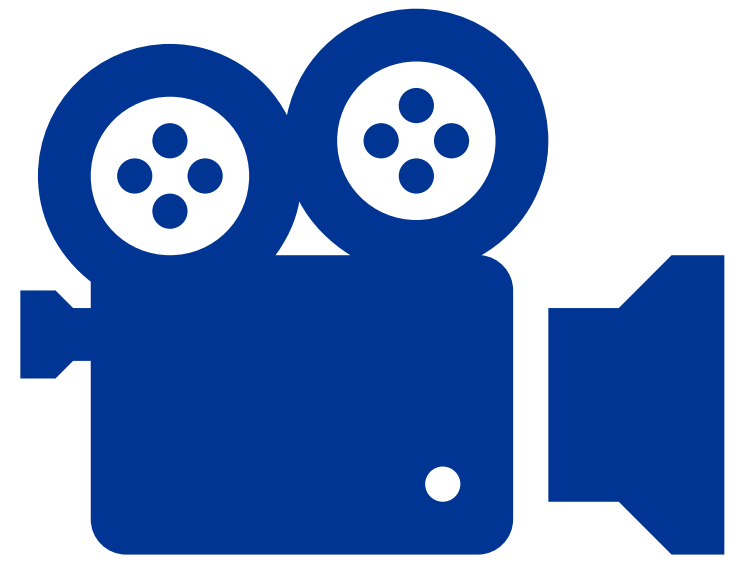If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

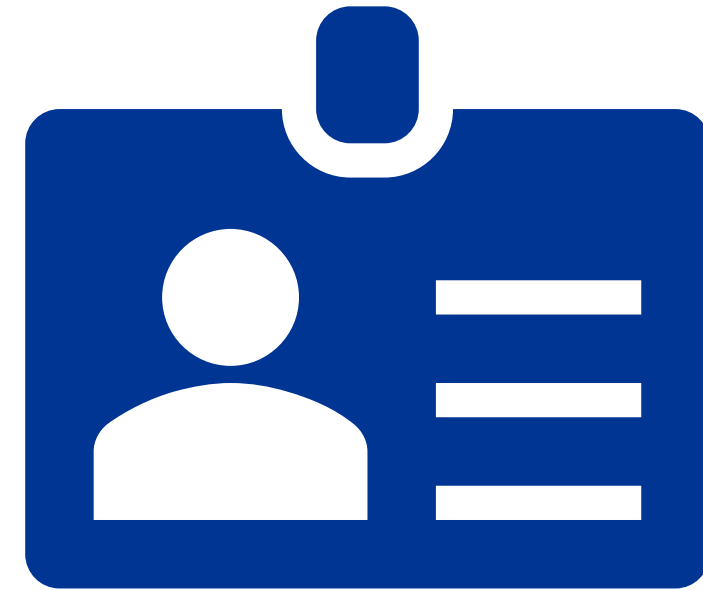This menu allows you to **control**:
- React ("**Raise Hand**" is under this option)
- Access to the **Chat** box

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 Program Evaluation and Research Unit (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.

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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.

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Hope-Inducing Engagement

Tony Klein, MPA, NCACII
TOBACCOFREERECOVERYPA.COM

Bill Stauffer, LSW, CCS, CADC
PRO-A.ORG

Evaluation Summary

Total Number of Attendees: 73

Total Number of Responses: 33
Response Rate: 46.6%

COE Learning Network: Tobacco Recovery Champions
May 22, 2024

Please provide the following information about the training materials	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
The training content is relevant to my job	42.4% (n=14)	57.6% (n=19)	0% (n=0)	0% (n=0)	0% (n=0)
I plan to use what I learned on the job.	42.4% (n=14)	51.5% (n=17)	3% (n=1)	3% (n=1)	0% (n=0)
The content will help the COE program move forward.	45.5% (n=15)	51.5% (n=17)	3% (n=1)	0% (n=0)	0% (n=0)
The training increased my knowledge about the content presented.	48.5% (n=16)	51.5% (n=17)	0% (n=0)	0% (n=0)	0% (n=0)

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Evaluation Summary

Comments from Attendees

What additional materials, resources, or training opportunities do you think would be beneficial to your COE?	1. n/a 2. I would have liked to have seen more questions and activities! 3. advanced MI 4. I think the presenter just had a very monotone voice and i found it hard to keep up with 5. Information about new drugs 6. Information on how to help people in active SUD who have children.
What did you like MOST about this training?	1. n/a 2. The statics and the knowledge of the presenter on this topic 3. I liked that the trainer was knowledgeable on the subject and that there were pop up questions included! 4. interesting comparisons to SUD 5. everything but the presenter 6. Hearing from others 7. I liked how the training was thorough and detailed oriented 8. The statics behind the information. 9. I like doing the polls 10. I liked the way it blended tobacco recovery strategies into day-to-day work rather than just in high level initiatives.
How can the training be improved?	1. n/a 2. Make it more interactive! 3. a different presenter 4. Good as is 5. It was perfect. 6. more statistics from our area.

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Learning Objectives

Upon completion of the presentation, participants will:

- Further advance an understanding of the multidimensional aspects of:
  - **Behavior Change**
  - **Motivational Interviewing** (MI)
  - Recovery-Oriented **Terminology**

- Identify how to apply **hope-inducing** engagement strategies to support tobacco recovery.

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Hope-Inducing Behavior Change

Courage...

Don't let fear of the unknown limit you.

Fear is a reaction; courage is a decision.

What is **motivation**?

How does **change** occur?

What can we do to **support** change?

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Self-Determination

3 Psychological Needs

Autonomy – freedom to choose

Self-Efficacy – an inner sense of competence

Relatedness – a connectedness to others

Working with a person in a way that is **collaborative** rather than prescriptive, honors the person's **autonomy and self-direction** and is more about **evoking** than installing. This involves at least a **willingness** to suspend an authoritarian role, and to **explore** a person's capacity rather than incapacity, with a **genuine interest** in the person's experience and perspective.

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Deci E. and Ryan R.

Motivational Interviewing Perspectives

How Change Occurs

- Change occurs **naturally**
- People who **believe** that they are likely to change do so
- What people say about change is important – change talk **predicts** behavior change
- Engagement style **influences** change talk
- Change is influenced by **interpersonal** interactions
- An **empathic** engagement style seems to **facilitate** change, and its absence may deter change

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(Motivational Interviewing Network of Trainers, n.d.)

Sharing Lived Experiences

A Narrative Approach

"Within a narrative approach, the focus is not on 'experts' solving problems,...it is on people **discovering through conversations**, the hopeful, preferred, and previously unrecognized and hidden possibilities contained within themselves and unseen story-lines."

Working Definition

Motivational Interviewing

"Motivational Interviewing is a **collaborative, goal-oriented** style of communication with particular attention 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, W. R., & Rollnick, S.

Motivational Interviewing

How We Do Work with Persons Served

- A processes of change closely associated with Prochaska and DiClemente's **stages of change**

- MI's core skills are used to bring the person closer to arguments for their desired **goals**, rather than strengthen their arguments for resisting change

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Stages of Change Model

A model of change to understand addictive behaviors and motivation to change.

The six stages of the model are:

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Re-occurrence

pre-contemplation
contemplation
preparation
action
maintainence
relapse

Transtheoretical Model of Change
Prochaska & DiClemente

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Prochaska, J. O., DiClemente, C. C., & Norcross, J. C.

Therapeutic Alliance

Improving Engagement and Retention

An effective therapeutic relationship requires:

1. Spirit of Collaboration
2. An Emotional Bond
3. Agreement on Goals and Tasks

The process of creating change is driven by four key elements that are the spirit of motivational interviewing:

1. Partnership
2. Acceptance
3. Compassion
4. Evocation

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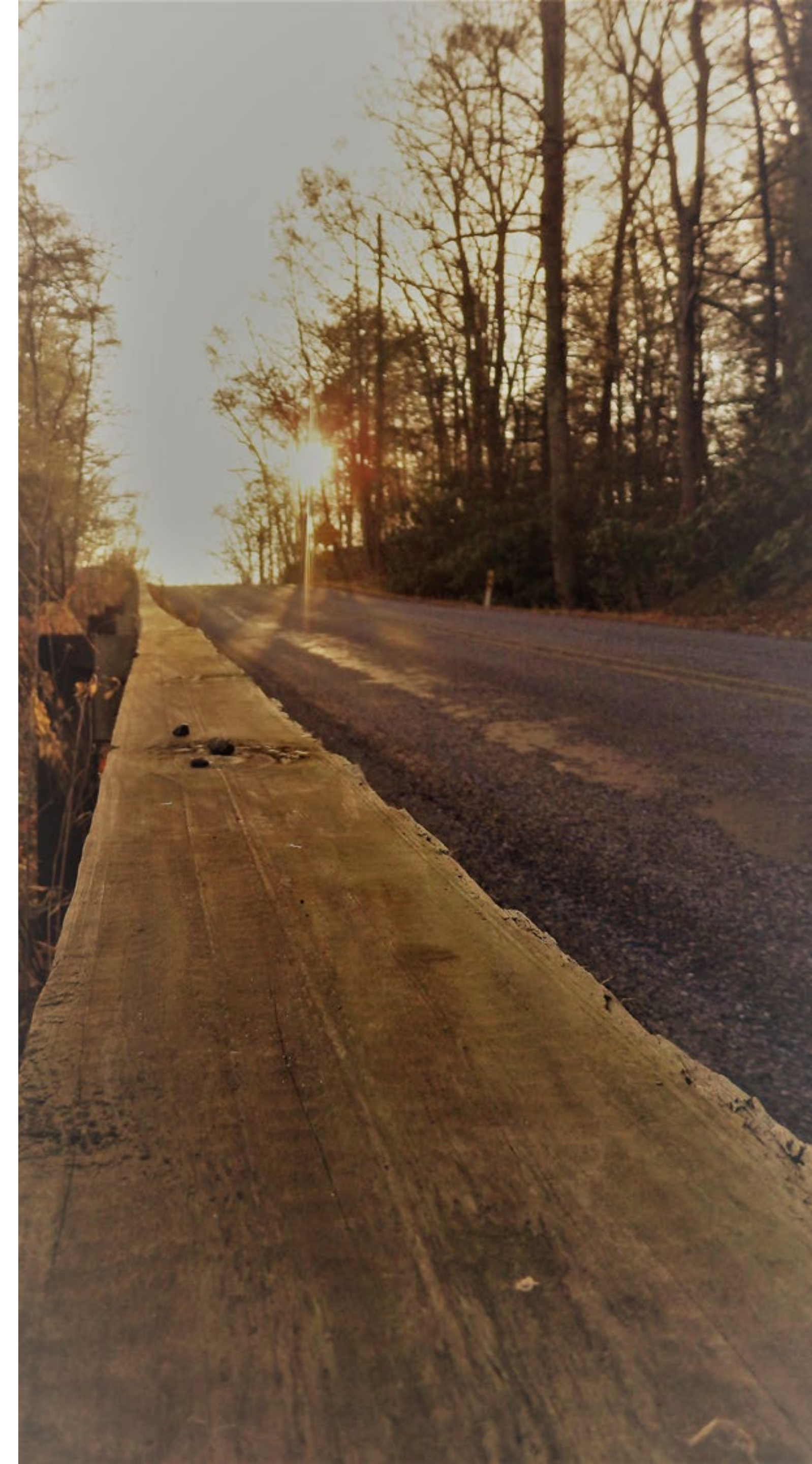
Five Principles of MI

How to Obtain & Sustain Engagement for Change

1. Express **empathy** through reflective listening
2. **Develop discrepancy** between person served goals or values and their current behavior
3. **Avoid argument** and direct confrontation
4. **Roll with resistance** rather than opposing it directly
5. Support **self-efficacy** and **optimism**

Communication Skills

Open-ended questions for engagement and retention

- Affirmation

- Reflective listening

- Summarizing

- Providing information and advice …WITH PERMISSION

Communication Skills

Types of Reflections

- **SIMPLE** - Repeating, rephrasing; staying close to the content, state in a **neutral form** to acknowledge and validate the statement.
- **AMPLIFIED** - Intensity of concept/idea reflect the statement in an exaggerated form; in a more **extreme** way without sarcasm.
- **DOUBLE-SIDED** - Present behavior, testing the meaning/what's not being said, the opposing ideas to explore **both sides** of the ambivalence toward an issue. (Values/Dreams)
- **FEELING** (affective) - **emotional** aspect of communication; deepest reflection ...mad, sad, glad, lonely, scared, ashamed...

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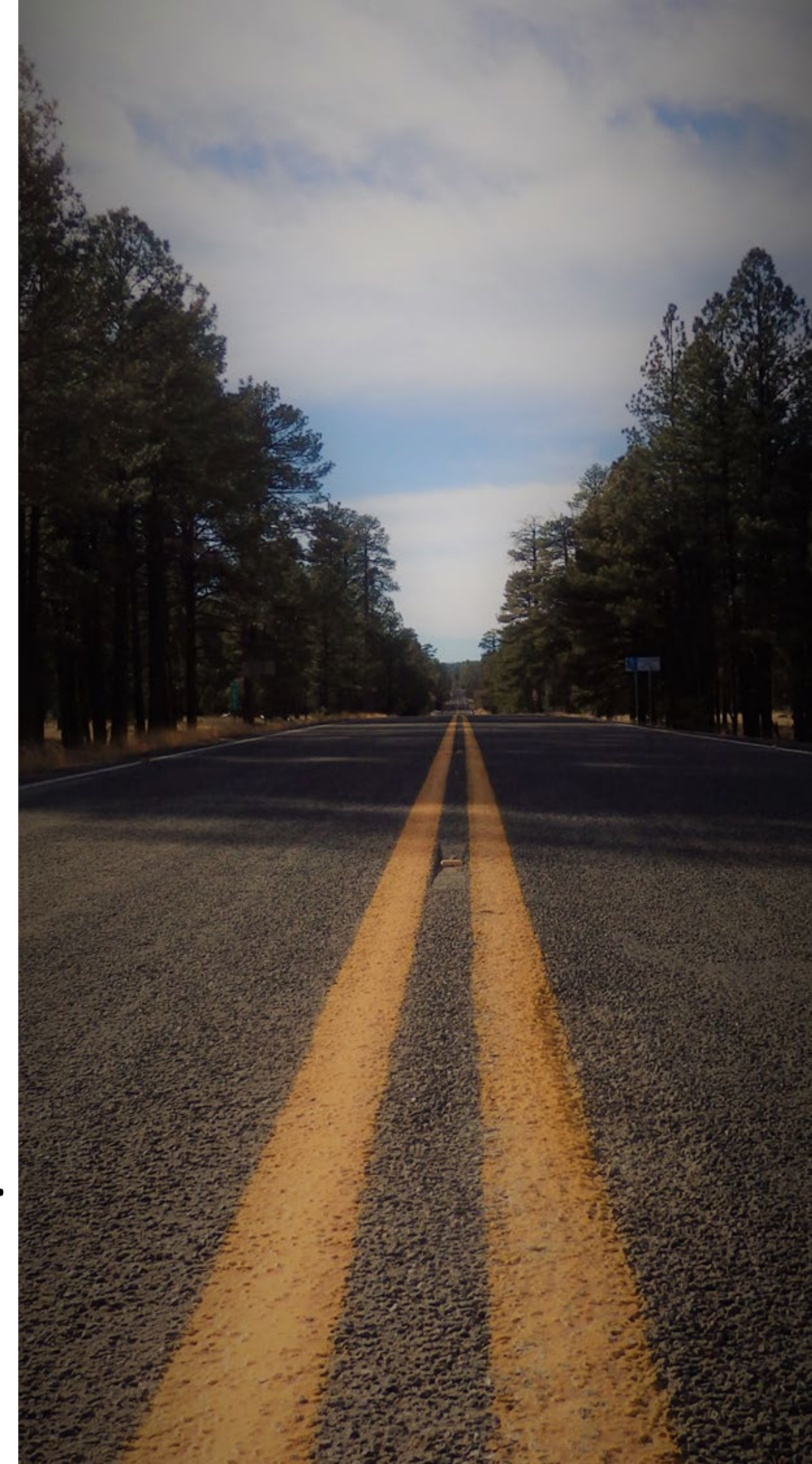
Key Concepts of MI
Person-centered engagement

Person-centered driven engagement:

- Allows for **flexibility** and a broad latitude for responding

- Reflective listening is the **core skill**

- Provides accurate **empathy**

- Makes a guess as to what someone is saying but is a **statement**, not a question

- Can be **simple** or **complex** If it feels like you are going around in circles, it's too simple

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Matching Role to Stage Readiness

Role	Stage Readiness	Objective
Nurturing Parent	Pre-contemplation	Recognize problem behavior
Socratic Teacher	Contemplation	Develop willingness to change
Experienced Coach	Action	Acquire skills
Trusted Consultant	Maintenance	Prevent return to use

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Norcross, J.C. *Psychotherapy Relationships That Work*, Seymour Fisher Memorial Workshop, SUNY Upstate Medical Center, October 2005

Marilyn Herie, PhD

The Spirit of MI - Listening

Reflective Listening

Presence, Interest & Curiosity

Our job is to inspire = focusing all of one's purpose, attention, and energy on understanding what the person's message means to them

SIMPLE REFLECTION = what the person is saying

COMPLEX REFLECTION = what the person means

People change through the heart, then through the mind.

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Reflective Listening

What we reflect steers the direction of the conversation

"I want to stop using drugs because my family gets angry at me when I use, yet I'm miserable when I don't get high."

Content Reflection

"Stopping your use is important to you but the withdrawal is difficult."

Feeling Reflection

"It's frustrating having to choose between family and getting high."

Meaning Reflection

"Family is important to you."

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Reflective Listening

What we say, how we say it, and watch how it lands largely determines what the person says and what happens next...

"I always need to smoke a cigarette when using. I go through a whole pack when drinking or getting high and I totally panic when I'm down to my last cigarette or run out."

Content Reflection
"Tobacco use is an important part of your drug use ritual."

Feeling Reflection
"You get anxious when you run out of cigarettes."

Meaning Reflection
"So, it sounds like you're addicted to tobacco."

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Reflective Listening

- **Sustain talk** statements that support not changing a health-risk behavior:

    "I need to use in order to cope with my anxiety."

- **Change talk** statements that favor change:

    "I heard that I would have less anxiety if I reduced or stop using."

- **Commitment language** change talk that reflects intention to carry out change; common verbs include will, do, going to:

    "I going to meet with a counselor at two o'clock to get help to stop using."

MI Direction & Workflow

ENGAGING

FOCUSING

EVOKING

PLANNING

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Enhancing Motivation for Change in Substance Use Disorder Treatment

ENGAGING

Compassion

- How **comfortable** is the person talking with me?
- Do I **understand** the person's own perspective and concerns?
- How comfortable do I feel in this conversation?
- Does this feel like **collaborative partnership**?

Enhancing Motivation for Change in Substance Use Disorder Treatment

FOCUSING

Target Problem(s)

- What **intentions for change** does this person have?
- Does it feel like we're **moving in the same direction**?
- Do I have a clear sense of where we're going?
- Does this feel more like dancing or wrestling?
- Use **open-ended questions** and complex **reflections**

EVOKING

Amplify Ambivalence

- What are this person's **reason for change**?
- What **change talk** am I hearing, if any?
- Am I **steering** too far or too fast in a particular direction?
- Is my **righting reflex** making me the one arguing for change?

PLANNING

Person-Centered, Collaborative

- What would be a reasonable next step?
- Am I **evoking** rather than prescribing a plan?
- Am I **asking permission** to give information or advice?
- Does this feel like a **collaborative partnership**?
- Am I maintaining a sense of quiet curiosity about what kind of support will work best for this person?

Enhancing Motivation for Change in Substance Use Disorder Treatment

What have we learned about these concepts from our personal and professional lived experience?

- Terminology

- Delivery

- Timing

Stigmatizing Language

Language Matters

- Individuals with substance use disorder are viewed more negatively than those with a medical or psychiatric disorder
- Research shows that using the term "abuse" is associated with **negative judgments** and **punishment**
- Negative attitudes among health professionals have been found to adversely **affect quality of care** and subsequent **treatment outcomes**

"Loaded" Words

ABUSE

ADDICT

CLEAN

DIRTY

JUNKIE

USER

We need to get away from language that depicts us as **victims**, that seems to **blame** the individual and begin to use language that emphasizes **recovery**, **empowerment**, and relate substance use disorder as a **medical condition** that people can talk about without blame, shame, or stigma.

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Words Matter – Choose Wisely

Recovery-oriented language emphasizes the need for a **person-first, individualized approach** to reduce internal and external stigma.

SAY THIS

- on with a substance disorder
- g use / misuse
- on living in recovery
- on arrested for a violation
- ccurrence / set-back
- tained recovery

NOT THAT

- Addict, junkie, druggie
- Drug abuse
- Ex-addict, clean
- Drug offender
- Relapse
- Stayed clean

Say this	Not that
Person with a substance use disorder	Addict, junkie, druggie
Substance use	Drug abuse
Person living in recovery	Ex-addict, clean
Person arrested for a drug violation	Drug offender
Return to use	Relapse
Maintained recovery	Stayed clean

Healing Cortland

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Words Matter – Choose Wisely

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Reframe Language

"**The language we use is fundamental in creating environments conducive to a recovery process.**" - William White

STAMP OUT STIGMA

Common Terminology

- Smoking
- Smoker
- Quit Date
- Habit
- Cessation

Preferred Terminology

- Tobacco Use Disorder
- Person with a Tobacco Use Disorder
- Recovery Start Date
- Chronic Disorder
- Tobacco Treatment, Recovery

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Recovery-Oriented Engagement

Let's stop scaring one another by talking about an **anxiety-producing** "quit" **event**

Developing **tobacco-free** coping skills is **achievable** and a **rewarding** growth-promoting **process**

- Use an **empathic person-centered approach**
- **Ask permission** to explore the topic
- Shift from a deficit-based mindset to a **strength-based mindset**
- Use **open-ended questions** and **reflective listening**
- Foster teachable moments

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Recovery-Oriented Engagement

Language that conveys a "cessation orientation"	Preferred "recovery-oriented" language
❌ Do you want to quit smoking?	✅ Would it be okay if we talk about your tobacco use? I'd like to ask you some questions to determine how we can best offer you help to stop cigarette craving. Interested?
❌ Smoking is bad for you.	✅ With proper support, learning coping skills to stop using tobacco is totally achievable and would help you feel much better. We can explore that if you wish.
❌ You really should quit smoking.	✅ Have you heard that cutting down or stopping tobacco use helps reduce anxiety and promotes long term recovery? Would you like to talk about it?

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Recovery-Oriented Engagement

Language that conveys "cessation orientation"	Preferred "recovery-oriented" language
Do you want to quit smoking?	Would it be okay if we talk about your tobacco use? I'd like to ask you some questions to determine how we can best offer you help to stop cigarette craving. Interested?
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You really should quit smoking.	Have you heard that cutting down or stopping tobacco use helps reduce anxiety and promotes long-term recovery? Would you like to talk about it?

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Tobacco recovery is safe, <u>achievable</u>, reduces social stigma, improves mental and physical health and enhances quality of life.

Thank You

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