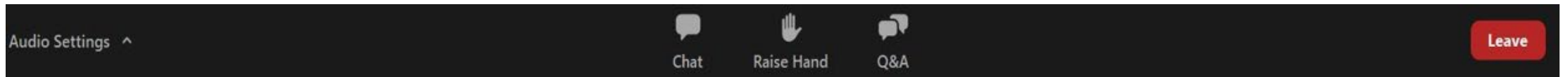


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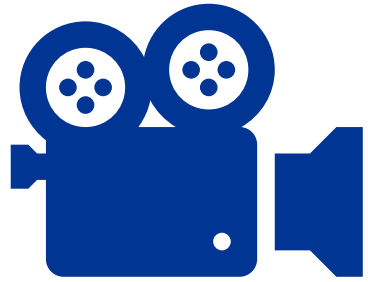


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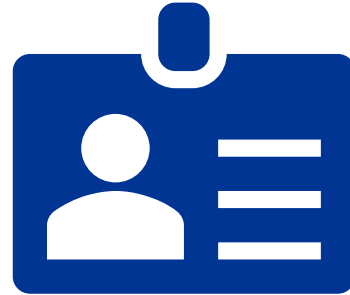
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In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

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- 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.
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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**.
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Acknowledgements

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- 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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Program Evaluation and Research Unit

Motivational Interviewing Practice Session



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Learning Objectives

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

- Define motivational interviewing (MI) and explain how the MI spirit guides the way COE staff talk with clients.
- Describe each step of the POLAR*S model and illustrate how these steps connect with using MI in practice.
- Apply the POLAR*S model to analyze and solve everyday client scenarios.



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Connection to the Fidelity Guidelines



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Guiding Principles



Assertively engage individuals with a history that identifies risk of disengagement, poor outcomes, or overdose



Care coordination that is **assertive and community-based**

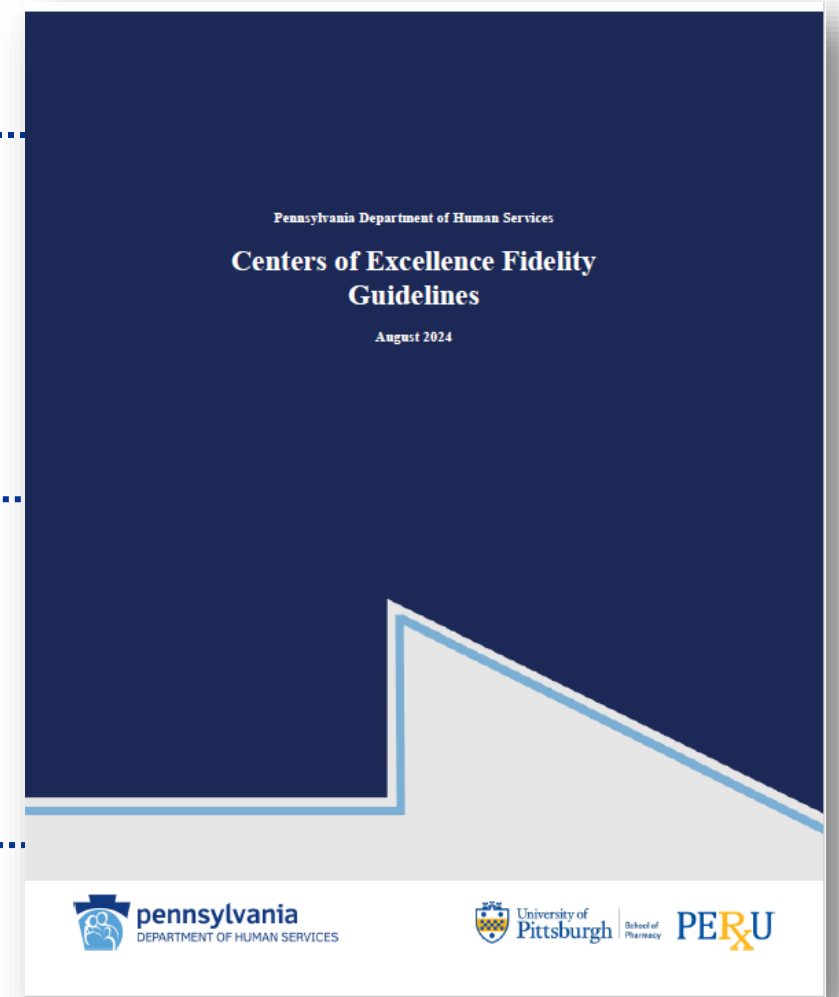
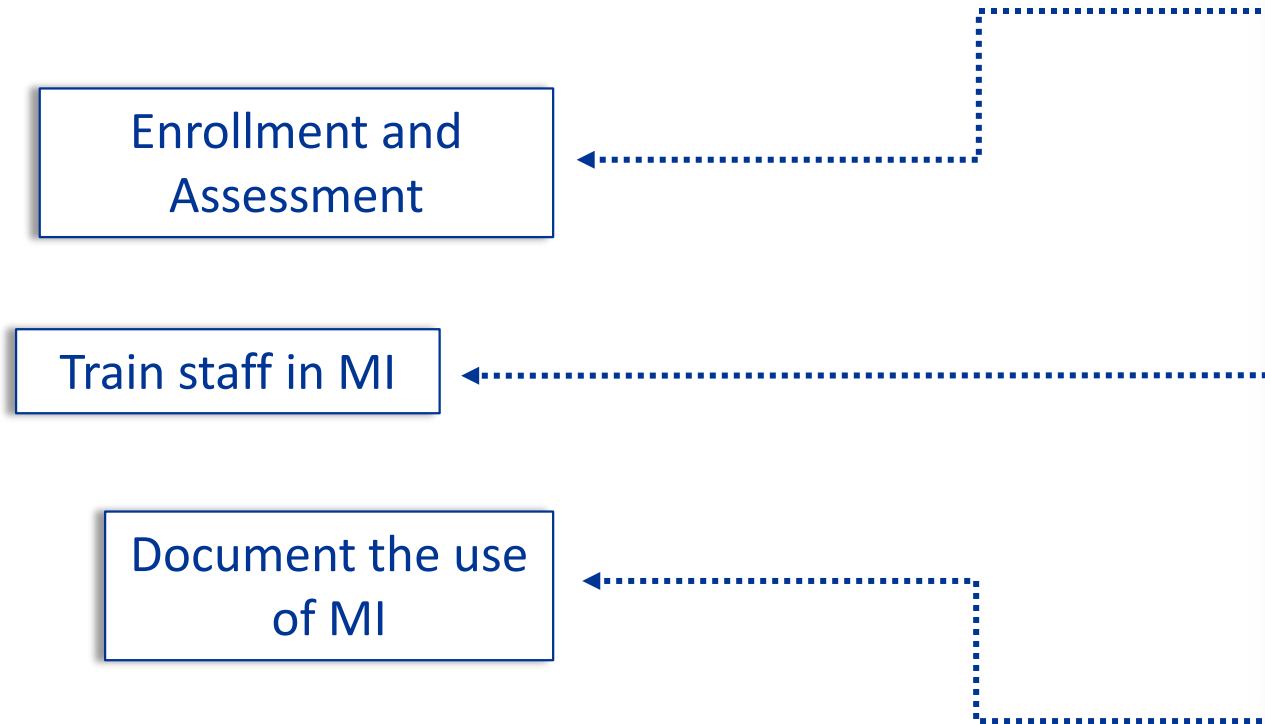


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Fidelity to the COE Model





Discussion Question

How are staff at your COE currently trained in MI, and what are your thoughts on how useful this training is?



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Discussion Question

Are there certain points in your work where MI feels more helpful or where you tend to use it more?



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MI Basics



Motivational Interviewing



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

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**



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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**



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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.



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.



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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.



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.



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.



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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.



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Practice: MI Spirit

Partnership

Acceptance

Compassion

Evocation



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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.



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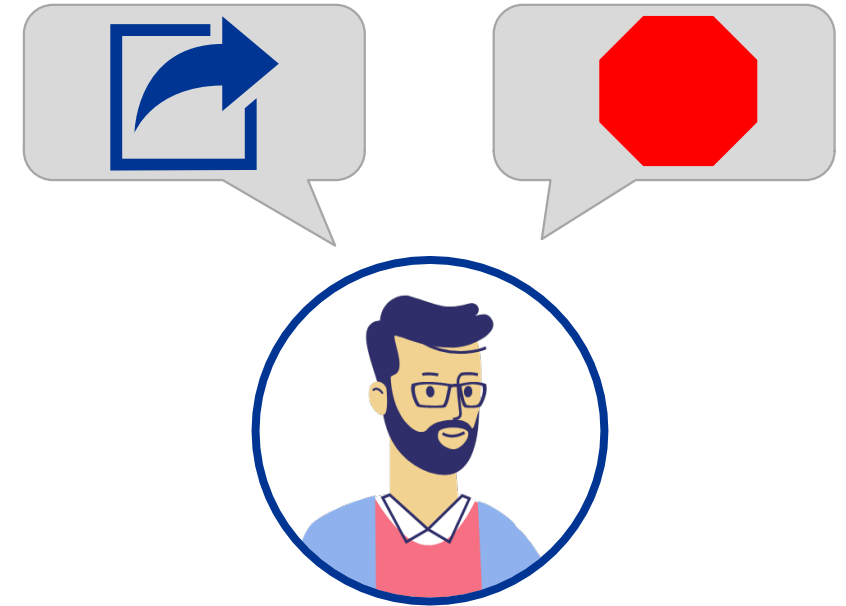
Ambivalence

- 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.



Ambivalence: Conflict

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



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**.



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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.



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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.



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Practice: Practice Supporting Clients with Ambivalence



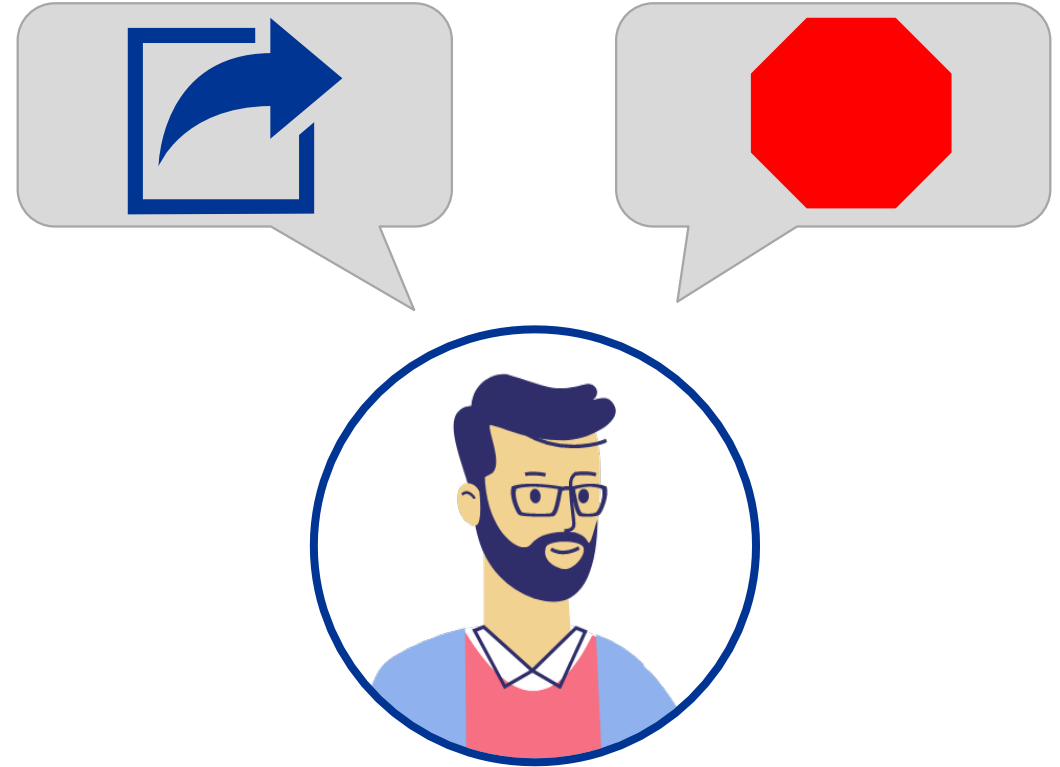
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Scenario 1

A client expresses ambivalence about enrolling in your COE. They say, “I’m **not sure** if it will work for me, but I **know** I need help. I’ve **tried** things before, and they **didn’t work**.”



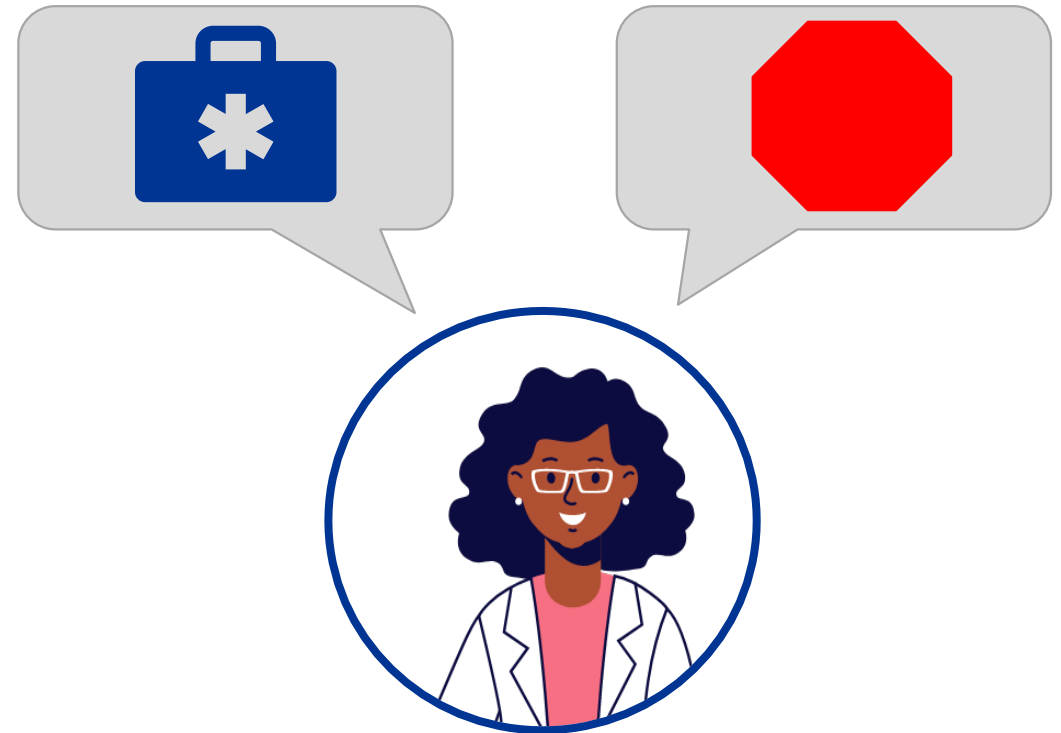
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Scenario 2

A client expresses both the **desire** to start a MOUD and has concerns about **side effects**. “I **want** to try the medication, but I’m **worried** about how it might make me feel. I’ve heard bad things about side effects.”



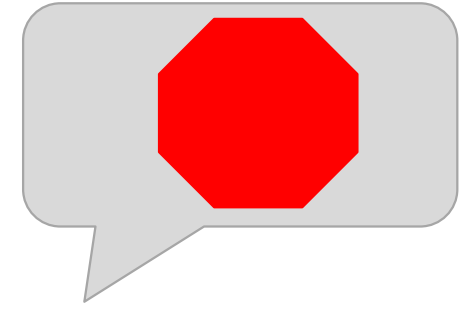
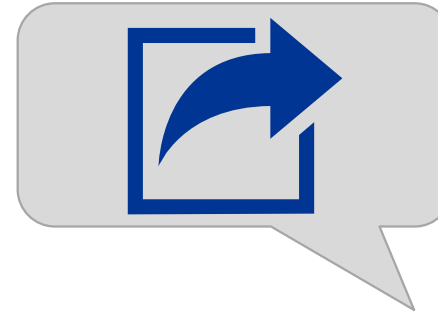
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Scenario 3

A client says, “I **want** to change, but I’m **scared** I won’t be able to stick with it. I keep thinking about how **hard** it will be”.



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Using POLAR*S



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POLAR*S Overview

Permission

Open-ended Questions

Listening Reflectively

Affirmation

Roll with Ambivalence

Summary



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POLAR*S Connection to MI

- 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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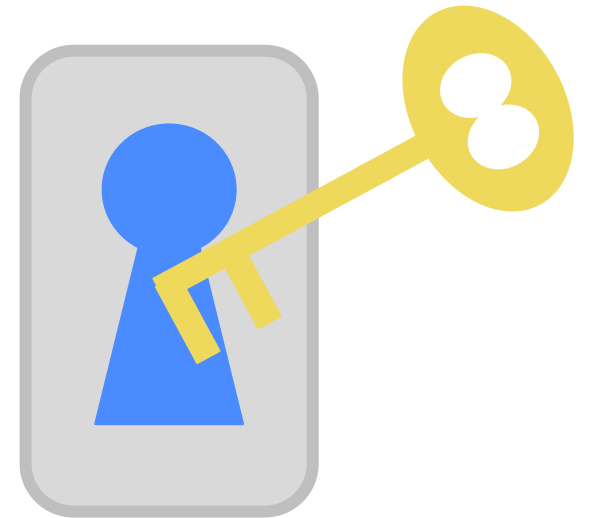
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Ask for Permission

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**



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Asking for Permission Practice

- Scenario 1: A client mentions they haven't been taking their medication regularly.
- Scenario 2: You're working with a client who has mentioned stress and isolation. You have a local peer support group that might help.
- Scenario 3: A client has missed their last two appointments and is now back in contact.
- Scenario 4: The client says they're not sure whether they want to keep going to treatment.



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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-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 Examples



“Do you use substances when you are with your friends?”



“What kind of environment are you typically in when you use substances?”



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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 to explain themselves. **Avoid it** when possible.



Practice: Open-Ended Questions

- Do you have stable housing?
- Do you have enough food?
- Do you have a way to get to appointments?
- Are you employed?
- What is your education level?
- Do you have legal issues?



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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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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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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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Simple Reflections

- **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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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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Practice: Listening Reflectively



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Simple or Complex Reflections

- I'm not sure about taking my medication again. It feels like it just doesn't work for me, and I don't want to be stuck on pills my whole life.
- **You're not sure if the medication will work for you, and you don't want to feel stuck on it.**
- Yeah. And my mom is always on me about it, but she doesn't understand how hard it is.
- **It sounds like it's tough when your mom pushes you, and she doesn't really see how hard it's been for you.**
- Exactly. I mean, I know I need to do something, but I just don't know if I can handle going through all that again.
- **So part of you knows you need to do something, but there's also this fear that it's going to be too much for you to handle.**
- Yeah. I just feel stuck. Like it's a losing battle.
- **You're feeling really stuck right now, like no matter what you do, you're already defeated.**



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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.



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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**



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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.



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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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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.”



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Practice: Affirmations



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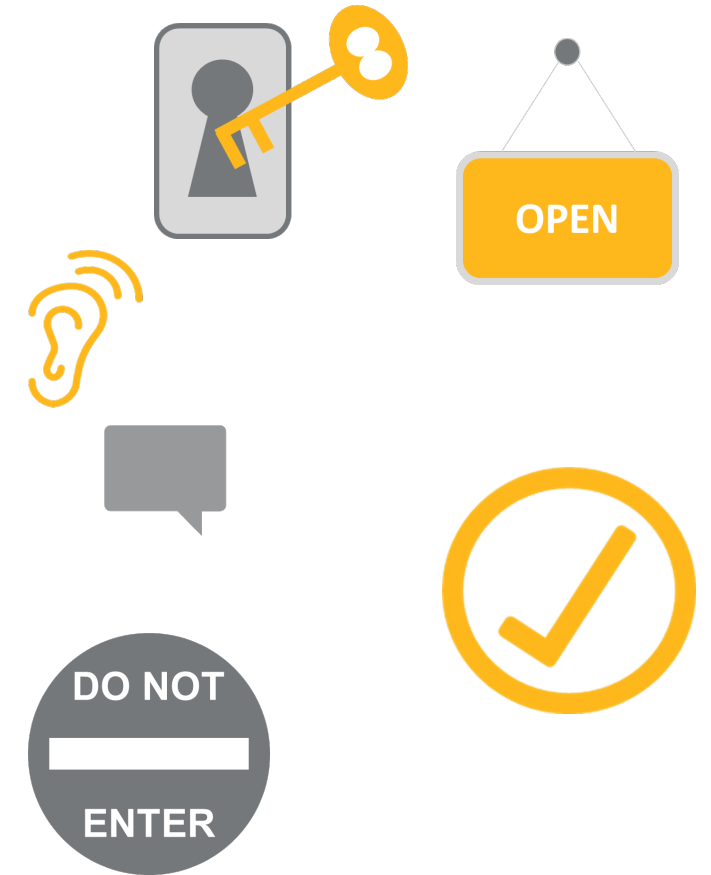
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Summary

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.



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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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Practice: Summarizing



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Summarizing a Care Plan Goal

Goal: Secure stable housing to support his recovery.

- **Objectives:**

- Meet with the care manager weekly to identify housing resources and programs.
- By next week, check with his family to see if they have his identification.
- Call care manager immediately if his housing situation changes.

- **Challenges:**

- He currently lives with a friend, but it's temporary and stressful.
- Feels unsure if he can quit opiates long-term while housing is so uncertain.

- **Strengths:**

- Supportive family he can call on.
- Motivated to work with care management to stabilize his housing situation.



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