We will get started around 13:00. Just letting you know that there are files in the files pod that you will probably want to download specifically the CME and CME and CEU signing sheet. We have the PDF slide deck and the handout. The dissidents have it and you will want to download. Also, there are materials for articles to read and other additional information. Please make sure you download them from the files pod. You can do that by hovering over the document and go to download file and you can download from there. Additionally, as I mentioned, the CME and the CEU sign in sheet and also the CEU sign in sheet with evaluation must be submitted. The CEU evaluation can be sent to Carla. That is information and e-mails on the notepad on the right-hand side. And the sign in sheet is available here. And the pod on the right-hand side with the sticker information. And I want to bring to your attention that the materials can be sent to your home if you go to the website and press "click here" and give us your home address so we can give you a book and information and it will be greatly helpful. Also, the session will be recorded. So, if you want to access any of that information, we will be working on that and it will be available. Also, you will see in the notes section the videos that will be covered today. And the YouTube links are available on the note section. So please feel free to do that.

Those that just joined, everything is in the note section as well as the participant packet for the training. Make sure you download the items.

It sounds like someone is not muted. If you can mute your microphone that would be greatly appreciated. And I will make a couple more announcements. We are going to wait until 13:00. But a reminder that the CEU sign in sheet and evaluation is in the file pod as well as the PDF version of the presentation as well as the number of handouts. And you will want to download a participant packet. Make sure you do that and check out the notes section that has information on where to send you are CME sign in sheet or your CEU sign in sheet. And training materials that can be sent directly to your house. Also, a link that will be part of the presentation in case you have problems hearing them or seeing them. We will get started in a couple of minutes.

Just a minute or so before we get started. I want to make sure everybody knows they are welcome and there are number of files that you will want to download from your files pod. Specifically, we have the CME and the CEU sign in sheet as well as the CEU evaluation and a number of other handouts and specifically the participant packet which will be important for you. On the right-hand side, we have the section of where you should send your CME sign in sheet and the CEU sign in sheet and where you should go to the website for the materials. And information about materials and how we might be creating websites with those materials and if you have any problems hearing the actual link.

I will give one more minute until the speakers get back.

I'm going to give it about 30 seconds, and we will start with all the announcements and we will let you have the stage.

Sounds great.

It sounds like we don't want to keep anybody. I want to start out with a couple of announcements.

Welcome to the Motivational Interviewing for Substance Use Disorder Workshop with Major Tubman and Major Kalpinski. We are glad you could join us for this section of the SUD symposium. We want to let you know that this session is being recorded with the permission of the speaker. And we also want to let you know that you should mute your microphone. The Q&A portion will be throughout the workshop and your host will let you know when that can happen, and we will enable your microphone accordingly. The workshop agenda presentation, CME, CEU sign in sheets are in the files pod. Please make sure that if you want CME or CEU, make sure you return the sign in sheet and the evaluation. The CME can be sent to Troy Spencer and his e-mail is here in the notes section. The CEU will go to Carla and her information is also here on the files pod. And again, we have information about the enduring materials that can be sent to your house directly. If you go back to this website in the note section and click here and fill out the address, we will be sending you the materials. Please make sure you go to the website so we can give that to you.

If you have anybody that would like to introduce themselves and let them know where they are calling from, it would be greatly appreciated. And we will be working on a materials website that will have recordings and information about not only this SUD symposium but the training that was last week. Also, there will be videos and this section. If anyone has problems seeing them, they are listed in the notes section on the right-hand side. A reminder to go ahead and download your materials here from the file pod. You can do that by hovering over it and clicking "download file" and then download again. We would like for you to do that as quick as possible so that you know what is going on for this session. Also, there will be an overall certificate of completion available if you would like that so please e-mail me and I will put my e-mail in the chat box. And during the presentation if you have questions, make sure you are putting them in the chat pad. We like a lot of questions. And then without further ado, I would like to introduce you to our speakers.

Ryan, I will give you a spot to introduce yourself and I will do the same. They view before we get going, if you all can hear us okay, can you put a Y in the chat box, so we know that the audio and visual is coming in clear? There we go. Good. Awesome. Thank you. If you don't mind, it would help us to tailor the presentation if you would also share what your profession is and where you are at it will help us to make this a little more personal. And Ryan, I will toss it over to you.

Thank you, David. We will make this interactive throughout because we probably won’t have too many people. Hopefully we can stay on as a large group and remain interactive. I am Ryan Kalpinski. A clinical health psychologist located here at joint base Andrews. And a motivational interviewing network of trainers which is basically an international group of people who are really dedicated to training this is a particular skill. So as we roll into this, if something is not making sense or it is not clear why we are doing something, please feel free to type into the chat. We want to tailor this to your needs and your training goals.

I'm excited. Here at Andrews, I trained psychology and social work interns and all kinds of things to include motivational interviewing. This is the place near and dear to my heart and my work. With that, I will toss it over to David Tubman.

Major Tubman. I am also a clinical health psychologist. Actually, Ryan and I go back a few years in the health psychology program at Lockland Air Force Base. I'm currently stationed at Wright-Patterson Air Force Base in Dayton, Ohio and on the training director for the clinical psychology internship program. I am also a member of this on MI as Ryan is. We have found these are fun and enjoyable and beneficial and to make them more engaging. You will see that as this presentation goes, we will try to get you all involved with the chat box and get you all to come off of mute and participate and answer questions. There will be opportunities for role-plays. I look forward to working with you this afternoon.

To the nuts and bolts, neither of us are receiving any extra money for this. This is just for fun. And there are no financial incentives. These are really the views of David and Ryan and not the United States Air Force or the DoD, even though we work for them. So today, the actual training event itself is focused on substance use. As you will notice, we kept it pretty general. It looks like through the chat box I'm noticing we have some folks who work with children. We have a pharmacist. We have a small outpatient social work presents. And we are still waiting to hear from a couple of others. What we are excited about is that this stuff really works for substance use. That is where it got its start. And we will talk more about that. And it works for so many other things. As we get into this, we will keep it general in hopes that it applies to you, whether you are in a clinic seeing children or working and a full-time substance use disorder arena. So definitely stop us along the way. We have a couple of great moderators here with us. Ms. Amy Osik and Ms. Cameron are here to make sure we are attending to your questions and thoughts along the way. And it looks like maybe somebody has a raised hand. So, if you are able to, go ahead and speak up if you have a question.

We are just giving directions on how to do so.

Okay.

If you want to raise your hand, the icon looks like a person with a raised hand.

Perfect. So, to get us started, we already had you type in what you do. But if anybody could either come off of mute or type into the chat box and tell us some of the main challenges that you might face when you think about the patient population and is someone open right now to sharing a little bit about that?

Joanna says, understanding the drivers for not engaging. So there is this reality that often, we have information and ways they can help them and that is not always the case that people engage and people take that and put or make the changes.

Justin Bryant mentioned some cultural differences. And I'm curious, Justin, if you can come off of mute or elaborate or if you wouldn't mind sharing a little bit more about that and how that plays into the work that you do. I can imagine and a lot of things.

Where is the mute button? Good question.

I think you can go off mute by selecting pound 45. I think we tried to take everyone off mute at this point. Just go off mute on the phone you are on.

He is using his laptop. That's why.

Can you use your laptop?

We have found that some people don't have access to a laptop. So sometimes it’s not the best option.

That's all right.

If you are able to elaborate, Justin, we will kind of brainstorm on that. I did see another comment and it looked like it was pertaining to adolescence and marijuana use and offering a counter argument that I would assume is brought up a lot. And it will be legal sometime soon and there is nothing wrong with it. So patients come in with pretty convincing, if not shortsighted or limited but pretty convincing arguments on why change isn't needed and why it is everyone else that has a problem and not just themselves. Absolutely.

Yes.

And your work, Ryan, as a health psychologist and someone involved in training, what business do you have with that in mind?

In my work, it is pretty well a broad experience using motivational interviewing and health psychology specifically. And we work with a lot of lifestyle related interventions such as getting more exercise or eating slightly differently or even working in some activity as it relates to chronic pain management and things like that. Sometimes making those changes can be really difficult when the ball is rolling. And so forcefully in one direction. To change the direction can require a bit of effort. And so, we use a lot of motivational interviewing and that realm to help influence folks to be more ready to make change because they know they need to further health. But it has not been so easy to do so yet. I would say more generally as a clinician, we often use motivational interviewing here to get people ready for other interventions, other clinical interventions. So that might be a person who is coming in for some more on trauma related therapy but they are not ready to yet engage or they are having difficulty getting to the assignments that they know will help them progress the fastest. So, we might use motivational interviewing as an add-on to other therapeutic interventions and help people engage in the process.

How about you, David?

The same. And one thing I'm hearing you say and we have spoken about this before. What I'm also getting is this reality that, be it in a substance abuse specific treatment setting or be it in any other type of the healthcare setting, or really just any setting when we are in the business of helping people make change, it is awesome -- often a messy endeavor. Often it is that they want to make the change, but it is hard. And may be the adolescent who has referred to you and it wasn't their idea or their plan to stop smoking or whatever it is. They are not fully on board and change and general is hard. But let alone, if someone's reason for meeting with you is because they felt preferred. It adds more complexity to the picture.

Yeah. And I think there is a lot of opportunity for people in those settings where patients arrive. Maybe not on their own accord or they are told, you need to get this address and they were not yet ready for treatment period. It is a great opportunity to have discussions from a motivational standpoint. There is a question asking if there is a way to convince or persuade parents about the effectiveness -- is that MI with teenagers, adolescence and/or chain of command with soldiers? So I think you can have -- I will take a stab at this and then David, if you have other thoughts -- I think there is a way to have motivational he focused conversations, regardless of who you are talking with. And we will get to this and a little bit in terms of the intent behind things. But if we know that this is truly one of the healthiest things for a person to do and there is good intent behind it, by all means, using a motivational he focused interview style can be useful in helping everybody to get on board with a particular treatment plan or something like that. Did I understand the question correctly?

I assume. And I think it is a good point. You are talking about, how we can be effective to people of influence in influencing the people that they are charged with, using MI and this evidence-based conversational strategy to help people change. So, there was one reference I will mention here. I think it is in that line. It is a book I just pulled off my shelf called "MI lead" which is exactly that. It is about using MI to help people in leadership positions, commanders or even parents maybe even using MI to help them change their behavior or equip them with the right types of tools to use MI on the people they are charged with. You will see that as Brian and I get going into this presentation, we view this presentation as consistent with what we hope to do within the MI type of encounter. You will notice that a lot of the very techniques we are talking about, we are trying to implement. That is because we hope that you leave this presentation more motivated with fewer internal or maybe even external barriers to using MI in the work that you do. In some sense, I hope there is a way we can use MI to convince, persuade or make it more likely that parents or commanders will use this strategy and we hope we can use it for healthcare workers to be more likely to use MI for the benefit of their patients. Absolutely. It is useful to be at any level of influence. And please keep bringing up that question.

As we are talking, if it strikes you, to come off mute or type in the question and it's the sounds well and good but what if I'm talking to

somebody who isn't a patient and how can I use this strategy for use more effectively. Maybe they will have buy in, or they will use this approach themselves maybe with their children or who they are in charge of.

A great question. And totally important when you start building this is a skill set, to think about the way you can apply it to make yourself more effective in all areas of work. And I think as I got into motivational interviewing from a clinical standpoint, I started to realize that there is a whole area of work on motivational advising which is kind of like what you can do for leadership and you can advise supervisees from a motivational style. It has gotten educational settings. We will hit high points today on some of that stuff. It definitely makes sense to use in a variety of settings for that reason.

Ryan, what do you say we move on? As people are typing questions, we can bounce in and out. Does that work?

Yes. For sure. I just wanted to test my microphone.

It works.

Heard you loud and clear. Appreciate that. So, what we are going to do here is that we are going to play a video for you Heather will post that up for us in just a moment. We are definitely able to use MI as an educational tool for parents when presenting information. So, hold on to that thought for a moment. Later in the training, we talk about providing information. There is an opportunity to practice that a little bit later. So, with that, we can start the video. And if you are on the phone, mute your phone now.

You can write everything down if you want to. Be brave enough. But life will hit you in your mouth and you have to do a huge favor. You are why I has to be greater than the knock down. I love it. Buster Douglas got knocked out. Nobody ever got knocked out by Mike Tyson and never got back up. It was almost a 10 count. Stumbling. 4-3-2-1. Saved by the bell. Going to his corner. The whole world is like, that's it. When he comes back out, that’s it. Mike is going to hammer him. And then he came out like, I got him. I got him against the rope. You can't give up. You can’t give. If it was easy, everybody would do it. If life has him backed up, I need you to do it Buster Douglas did. He started fighting back. The world was shocked. Goliath has been knocked down. Would happen. We went to Buster Douglas and he said, listen to me. Before my mother died, she told the whole world I was going to beat Mike Tyson. Two days before the fight, my mother died. Buster Douglas had a decision to make. He can die with his mother, but he made a decision to wake up and live Vermonter he knocked Mike Tyson out. It was greater than to feeds. Greater than his trials and tribulation. If you don’t know what it is, you will get knocked out every single day.

[MUSIC] [MUSIC] [MUSIC] [MUSIC]

Anyone else on the network may have missed much of that video. If you did, David posted the Lincoln the chat box so you can view it later. We

show that video for a couple of different reasons. Can people hear me okay right now? Can I get a Y in the chat box to make sure people can hear me? So, when we showed that video, why do you think when it comes to motivational interviewing, would we want to talk about the why? Feel free to type or come off mute. Justin said to find their strengths.

Sylvia said, I feel like it keeps you focused if you have a relapse.

There are always ups and downs. Substance abuse or any lifestyle change. At when things are going well or difficult. Remembering why it matters can help you get through.

Joanna said to help find purpose. Absolutely. For all those reasons and more, when we think about how motivational interviewing works as an approach to discussing people's readiness for making a change in their lives, it is of utmost importance to understand at a core level, why they might be interested in doing anything different in the first place. Some of you mentioned people that aren't ready or don't feel like treatment is necessary, we can help connect them with a recent. They probably just start connecting with it just yet. And so David, did you have other things to add to that?

I really like the responses. To help find purpose is one that caught my attention. And we will go back to that topic. The idea that sometimes, sometimes, the change we are making, if we are making it for change sake, it can only go so far. But if we are finding a purpose for that and a reason for change, why change is so important. So making a behavior transform into something else. If someone is trying to cut back on alcohol and they are drinking water instead of beer when they go out or something like that, the water all the sudden isn't just drinking water. It is something else. Is more meaning and more purpose. And figuring out with the why is can really just transform the properties of whatever change your making so that it is sustainable and connected with something broader and it can last through relapse or difficulty and be a nice guide post as change is hard.

I like what you said. It made me think about when we are doing motivational interviewing. We are not making too many assumptions. Assumptions we might make if we don't ask questions or make the reflections in line with motivational interviewing. Thinking about a typical standardized interview where you ask a lot of questions about history and you make a diagnosis and tell them what you recommend for treatment. There is nothing wrong on the face level of that particular approach. It is just that you make some assumptions that they are connecting with the change. And just as it is pointed out here, it sounds like MI focuses more on incremental change such as that opposed to transformational change. Yeah, to some degree. We were hoping for people to do is to connect with every part of the change along the way. There are some big things that can happen when a person is highly motivated, but we can't assume that we will get to this really shortly and we can't assume motivation is always a high point.

And Joanna says, I really like what was said. And it can be transformative and extends beyond circumstances. Totally agree.

Ultimately it is up to us to influence the conversation in a way that people really connect with change and that is what we will be talking about today. Motivational interviewing as a style. It is something that you have some control over. If we break it down to that level, we influence the interaction quite a lot. When we say things, they respond to those things. And if what we say is not helpful, they were assigned to that as well. So motivational interviewing gives us a framework that helps us to anchor to what at least the literature supports as being the more helpful verbal behaviors to influence people in a way that helps them think about change efforts a little more often.

So, we start with the why. And we do that because there are a lot of good intentions. Each of you who are in the training right now are in some helping profession to some extent. And so, I will ask kind of an open question and you don't have to answer it necessarily but think to yourself, why is it that you are in this in the first place? Whether you are a counselor, medical provider, pharmacist or whatever your profession is, why did you get into that in the first place? If your intention is to help people, then intentions can be really strong and yet, they don't always go the way that we plan. So here is the example of, you might intend for your house to look like this around the holidays and without really good planning and execution and effort throughout the process, you might end up with something more along the lines of this house. And when we think about that, it is really about understanding that there is a process to all change. With the best intentions, stuffed is not always go the way we plan. That is true of people's change efforts and it is also true of our interventions. Even if you have good intentions behind telling somebody that they need to change their way of life because they are addicted to a substance or because they are going down a problematic path from your point of view, it doesn't have to land that way.

So really what motivational interviewing does is it gives you an opportunity to practice a different way of presenting the information to people in a way that allows for better results. So, if we would like to have better results clinically, we can talk about motivational interviewing as framework. But what we are going to build the motivational interviewing concepts on is an underlying understanding of behavioral science. And so, this is the book that most people utilize as a primary source for motivational interviewing. There are a couple of other books we can provide information for later. But this is really the standard. Because Bill Miller and Pete Moulder created this from the ground up and they have been doing that for decades. They really are the subject matter experts and where you might want to go if you want to learn about the basics of the interaction style.

And so, when we think about change, we will anchor the first part of this discussion and I will move quickly through this. It will be a conversation that you probably at least are relatively familiar with. But it is the idea of making change in behavior. And so, any kind of intervention that we use in the clinical setting, we are asking people to change their behavior. It might be overt behaviors. May be changing drinking habits or limiting drug use. It could be changing your thinking style. You might be doing cognitive behavioral therapy and you want to help them change some problematic thinking styles. That is a covert

behavior. As we ask people to practice whatever it is we are asking them to practice or change whatever we are asking them to change from a clinical standpoint, that is the behavioral propensity. The likelihood to perform those behaviors differently. And so those two things, like David said in the notes here, they are kind of a combination of motivation and ease from the model. When we think about motivation, you can build motivation based on a lot of different things. Sometimes social norms and incentives play into your motivation for particular change or particular behavior. And the ease has things to do with your opportunity for the behavior and your ability to perform that behavior. And so when we think about motivation and ease, they kind of fall on this graph here. If you look at the left side, you have right here, motivation. And when motivation moves upward, you are more engaged in that change proposition or in the behavior. And if you think about how able you are to engage in a behavior, we look at it on this continuum and you have all the way on the right side, super easy.

When we map new behaviors on to that, we can think about it kind of in this way where if a behavior falls above the line, you are more likely to engage in the behavior. And so, if I ask a person, what change do you want to make? And let's say they are currently -- we will use exercise as an example. Let's say they are currently not exercising at all, but they would like to run a marathon, but they don't run more than once every two months right now. Running a marathon would be somewhere around here. It would be very difficult for them to deal. So, it would be on the left side of the change continuum. Difficult. And they would need to be very motivated to engage in a behavior. That would be difficult to build a habit off of that. What we might ask them is, what would be a little easier than that? They might say, since I'm not running at all right now, maybe I will start by walking around the block one time a day. And when they think about that, it is something down here. Super easy and does not require any motivation at all. It is something they could easily do the second they tell you they will do it. And so, when you get that right, by reiterating it over and over again or repeating it, it turns into a habit and falls off. So now they are just walking around the block once a day and that is so easy that they then think about the next behavior change option right there. And they can kind of repeat that process. This is the idea behind "tiny habits" which is the book David mentioned in the notes. So if you just practice the next most easy thing and build it into a habit, then all of these other changes and new behaviors that you would like to engage in, they go down on the continuum because you are building a habit that directly relates to those behaviors.

So, this is really kind of like tobacco cessation. You don't start by going cold turkey because that is the marathon at the top. What you do as you start by cutting out half of the cigarettes may be or a couple cigarettes. And you work your way to word full abstinence at some point. But we really want to practice this and that is the building of habits. Because if you can help people make their changes and build the changes into habits, they actually stand a chance of lasting over time. This is the idea of making change both meaningful and long-lasting. We first talked about connecting to why they want to make the change in the first place and now, how do you make the change so easy that it turns into a

habit? This is the habit loop. We talk about having a trigger or a reminder to perform an action and when you perform the action, you want to have the reward occur immediately afterwards. And that is called tightening the habit loop. This is really help people build habits most effectively. As I get into this, I will be cruising through this. But this is the behavioral science behind making change or creating change in your behaviors. But we really want to emphasize that change is kind of hard. And if we are looking at this as a notional model for the brain, the bulk of our brain is pretty animalistic. And so, the basal ganglia is the meat of the apple and the part that makes us relatively human is relatively small. That is the thin outer layer. The neocortex. The skin of the apple. When we think about that portion of our brain, it is a gas guzzler and it really takes a lot of energy to think with the conscious mind on a regular basis. And if we take into consideration that our brain chugs about 25% of our daily energy, then we are having to go off-line on a regular basis from making conscious efforts into the unconscious. And so we use beliefs, attitudes, and behaviors to go ahead and operate on a regular basis. We kind of take shortcuts. So, at any given moment, we are taking in somewhere around 11 million bits of information and we are really only capable of processing about 40 bits of that information at any given time. You might not be thinking about the temperature of the room until I just mentioned the temperature of the room and now you notice it is a little warm or a little cool. You might not be considering the sensation of the chair on your body. But now that I bring your attention to it, maybe you feel the pressure of your skin on the chair and the force of the gravity pulling you down into the chair. Maybe you are standing so you feel the pressure of your feet on the floor. So, you can bring your attention to sensory input but it's not always there.

We miss a lot of information at any given moment. And so, a couple of really smart guys wrote a book called, thinking fast and slow. What they are looking at is the concept that we have automated processes and that is the fast thinking. This is the quick and efficient way of thinking. We make assumptions that help us to navigate our world quickly and efficiently. The slow thinking. This is the side that you engage when you are doing a standardized test or solving some complex math equations or even planning out your retirement efforts. So, most of the time, you are taking shortcuts. And I will pause here because we put a lot of information on here. And for people to -- the idea is that you are most often not responding to all of the information in the world around you. You are taking shortcuts. And so are the people you are talking to. So, with that, I will pause and David, would you like to add anything about this slide or anything I said thus far?

Yeah. These are just kind of some fun terms for those errors that our mines make. They are not always errors. Sometimes they are perfectly fine, workable ways of thinking. But usually there are some notable limitations in how our mind can make shortcuts which can lead to problems if we are not careful.

Yeah.

We can ask the audience, since we have some great participation so far -- I think the concept is popular. There is a podcast that I listen to called “you are not so smart." It is understanding how all of this comes into play. Maybe pause and maybe ask the audience if there are any reflections or points of clarification we can offer or if there are any of these that we can try to explain.

Ryan, this one "the curse of knowledge" that is one that I think comes into play a lot in my teaching role but also as I'm trying to help patients too. And, and it is something I appreciate more and more as I'm working with beginning psychologists and there are certain things I know for my training and my years of experience and whatnot that even though I’m not doing it on purpose, I might take the information I have for granted and in effect, it could impact the way that I communicate. Kind of the fun less then. I will do it with you. To demonstrate how the curse of knowledge can be a problem. Ryan, I’m going to tap out a song. It is an obvious song. A need to tell me what song -- or people can put it in the chat box too. Tell me what song I’m tapping out. This is a common song. You may not have heard it in the past week. But still a good song. Here we go. Tell me if you can hear my tapping. Can you hear this? Here’s the song. What song is that? Does anyone know? It goes like this. "Stop in the name of love..."

You can hear it now. It's almost like you can't not hear it. Who is that horrible drummer? So, do you hear it? So now that you know the song, you can hear the tapping and criticize my drumming all you want. But you can make enough of the connections. We do this in communication a lot where, I know this stuff and as a result, we are transmitting a message that the receiver just doesn't have the option to receive. Tell us about this IKEA affect. That is a fun one.

The IKEA affect is really interesting. If anybody has ever shopped at IKEA, they will know that the products are not of super high quality. Mostly particleboard and likely if there is any sort of flooding in your garage and there is an IKEA piece of furniture in there, that is pretty much done for.

So, garbage at that point. And so why do people like IKEA so much? And why do they value their furniture so much when they get it from there? Any ideas why people value it so much?

It is pretty. It is also a giant maze.

Yeah.

So, it is easy and cheap. The funny thing is that most of the concept of the IKEA affect is that people value it more because they had to work to put it together. At any point in the company's history, if they had a person come in and the consultant says, let's make it easier to put these together or let's make it easier for people to find this stuff in the store, they balk at that because a huge part of IKEA is that it is a pain and the butt to put together. And you tend to value it more because you worked for it. So, people keep coming back and you can’t always articulate why you come back and now you have a room full of IKEA

furniture. It is not from the value. It is that we tend to appreciate when we put work into something.

I will interrupt to I think with the commenter people are saying, I hate putting that stuff together. I think that is totally right. And maybe if you just take it out of IKEA. But the fact that when we put effort into something, something we do takes time and gambling, you might call it the commitment. I have already invested this much of my time and effort and my money. Maybe you don't enjoy it. I feel like the Allen wrench, they give you the cheapest ones. When you have done that, you are more than likely to hold on to that item. You might value the item more than if somebody were to just give you a particleboard piece of furniture already put together or if you were to pick up a piece of IKEA furniture on the curb or something.

All of these kind of have that illusion to them. We tend to value certain things more because we have invested, and we really dislike losing something more then we like gaining something. And so, if we feel like we are losing out, we are more likely to double down and work harder to stop from losing out. We are all susceptible to these mental fallacies and shortcuts. We bring this up because it is helpful to think about when you consider why our patients might double down on the idea that it is okay to use marijuana because someday soon, it is going to be totally legal everywhere. That is not really the point right now and yet they are using some of these short coats to argue with you about change when we don't have to spend time arguing about why necessarily. What we can do instead is take time to learn more about why it is that they would be invested if they had to think about it. And that is what motivational interviewing really lets you get into.

So, I will leave these fun and interesting things behind for one last concept. Thank you, David for always typing in the books. This is one of our favorites from the health psychology realm. This is from a book called "switch." The concept itself is really old. It dates back to Greek mythology where they talked about us humans as operating as though we are driven by a horse and chariot. But now, in the happiness hypothesis by Jonathan Hike Heights come he thought it would be more applicable for us working in our minds like an elephant writer. And they took that and really sharpened that concept like David said in the chat box and sharpened the concept to understand how to leverage this for good when we think about making changes and our lives.

So, I will stop talking about the history of it. The concept itself is that the bulk of your brain is very animalistic. The more powerful part of your brain is more animalistic. That is the element. The new characteristically human part of our brain is the passenger. Both of them are making decisions that lead down a path and that path is your life. You can see it as your environment or your life or whatever you want to see it as. The two of they are inseparable. They go together regardless. When we think about how they make decisions, they make decisions very differently. So, we would like to think that the passenger is in charge most of the time, but he is a gas guzzler. When they are in charge, it is logic and rationality and slow thinking. From thinking fast and slow. That takes a lot of effort. Most often, kind of in the backseat and off-

line. Who was in charge most of the time is really the elephant? And the elephant is very autonomous and is freethinking on his own. He likes to go to what feels best and is very quick at making decisions and is very habitual. So, the elephant likes to do what feels good and he likes to do what he has always been doing. If you get a person who has been traveling a certain path for a long period of time and now you come to them and you try to intervene or try to get them to follow a different path, you will have to work with the elephant. The elephant is driven by emotion. We come full circle to the first conversation. He really needs to know why he needs to make the change because he needs to feel it. If you want the elephant on board with the change, he needs to feel it and has to be a very visceral response when it comes to why making the change were taking a different path. In order to reach the elephant effectively, we really talk about it is finding the feeling and with motivational interviewing, it is really the concept of the motivational -- what is the term?

The spirit of MI. So, the spirit of MI is on the screen. Partnership, acceptance, compassion. This is the point in the talk where we really start talking specifically about motivational interviewing as an intervention style. And it is really a way of interacting with patients. It is not necessarily a bunch of different and discrete interventions you might use. It is a way of interacting. So, the motivational, or the transfer spirit follows these four primary driving forces. So, David, would you mind talking through what David means when it comes to this?

And I think that I will make another youthful connection with this metaphor here with the elephant and the rider and the path. And Ryan, I will ask you if nobody responds. A group of elephants, one of the terms for it is a herd of elephants. Does anyone else know the name of a group of elephants rather than a herd of elephants? Does anyone know? What do you think it is quick something random? It is a parade of elephants. A piece of elephant trivia. Another angle this metaphor works on is that elephants are social creatures, and it turns out we are also very social creatures and being connected with each other and connected to other people gives us a sense of belonging. It is a huge positive and productive indicator for whatever it is we are talking about.

It just so happens we are talking about our interpersonal factors and relationships with our patients. The way we relate to the person sitting across from us can help to promote change and it is important that we keep that in mind with the way we are relating and how to make a change work and doing the stuff in isolation or when you are surrounded by people who are not supportive of the change. It really does compromise your effectiveness. What we are talking about is the spirit of MI. And we are hoping to evoke this sentence and you. Before we get into the specific details, the specific details of motivational interviewing and the specific technique. If you have ever sold cut co- knives or if you have done class in salesmanship and I have a book on hostage negotiation. You will see some of the specific strategies that are used -- what is the book? The power of persuasion. Cool read that talks about ways of influencing people. The specific strategies we get into are not unique to MI.

But what makes MI be MI and not a way of manipulating or convincing or conning people into doing things, trying to sell those lives or getting them to join your Colts, is the spirit of MI. We are doing these things in the spirit of partnership, promoting acceptance and unconditional positive regard is another way and having compassion and empathy. Also evoking which is the opposite of a telling strategy. If you are trying to convince by telling, you are not doing MI. What we are looking to do is pull the reasons for change rather than give them -- it might be magnifying or highlighting or fanning the flames or sparks that might be present within that patient. But MI is a useful way of having a conversation to bring forth what is already inside of the patient. And so maybe I will click on to the next slide here.

The reality is that change is hard. If the elephant and the rider had the same perspective as to where they were headed and the road was downhill, smooth and easy, then there is no reason to view MI. If you can just hand your patient a pamphlet or check out a website, they will check out with the intervention. Then don't do MI. If you have the percentage of patients that show up with everything or every line of work, the reality is that there are costs and benefits in favor of change and also in favor of the status quo and in favor of remaining the same. The adolescent who is using marijuana or they are getting into trouble or it is affecting their health, it might be obvious to you that those are some clear benefits for why that person might want to change. But the reality is that they are not changing because they are very aware of the benefits for staying the same. And maybe not so aware of what benefits might be present with taking a change. So we are using the spirit of MI and we are helping people to connect and using an evocative stance or trying to pull fourth and become more aware of the cost and the benefit ratio with staying the same. And you can see on the scale, we are hoping we can tip the balance in favor of change. Toward health, well-being and vitality. And so, enter motivational interviewing. And so that is the background. That is the why, for why you would do MI. Ryan, I think you are more familiar with the breakdown of this slide. Should we go right into it?

I think so. We will mix it up. Should we take maybe 2-10 minute breaks and space them out pretty well and maybe do this -- what do you think? Before or after the break?

Why don't we take a break right now and then we will come back and watch this and go from there. Does that sound good?

Yes. We will do a 10-minute break now. We will come back at about 2:15. And then we will have some example videos.
So 2:15, we will come back. Thank you everyone.

See you all in 10 minutes.

[10-Minute Break]

We will go ahead and get started back up. We are starting with something kind of easy. We will watch a video. Hopefully the folk's bandwidth is better than mine here. We will have two examples. The first example, I

just want you to pay attention to what the doctor is saying and how the patient is responding. And then we will have a little bit of a discussion afterwards.

And just to frame what to pay attention to here, if you watch the physician interact with his parent of the patient, ask yourself two questions. Is what she is saying true? Is it accurate and then ask yourself the question, is what she is saying helpful?
So how do you feel and feel free to write down notes.

Looking in the chart, it seems like he has had six or seven of these in the past year or so. That is really a big problem.

It is pretty stressful for both of us.

One of the primary risk factors for multiple ear infections and kids is actually smoke exposure. Are you smoking?

Yeah. I do smoke but I don't smoke around him. I really try hard not to smoke around him.

The fact that he is having these ear infections is indicating that he is being exposed to smoke. So, what can you tell me about that?

I don't know. I try really hard not to smoke around him. I don’t smoke in the car. When he’s home, I go outside to smoke. I know it is bad and I know it's bad for him so I don't want him to be around it so I try really hard.

I really need you to quit smoking both for your health and for Aiden. Smoking around your child is associated not only with ear infections but it could be the point that you have to put tubes in his ears. Also, things like vitamin C deficiency, cavities. Behavior problems. Asthma and upper respiratory infections. It is really putting him at a lot of risk. In addition to that, kids of smokers end of smoking themselves. Do you want him to grow being a smoker?

No. I have thought about quitting but it is really hard. So, I just don't know how to do it.

Now is the time to quit. It has really gotten to the point that you can't keep smoking. Not only for him but also for you. You are putting yourself at risk for lung cancer, emphysema, heart disease and all kinds of things.

I know. I have heard all of that. I just don't know how to do it. How my supposed to quit? It is so hard.

There are all kinds of things you can use now. It is not as hard as it used to be. You can do nicotine replacement, passages, lozenges, gum, and nasal spray. You can try Chantix or other medications. There are quit smoking groups.

I just don’t have time for any of that.

There is no reason why you shouldn’t be able to quit. It is important.

I understand. Everybody has problems. It is really hard.

What could be more important than the health of your child?

I don’t know.

I really need you to tell me that you are going to quit smoking. It is really important.

I will go and look at all of those things. I will try to find something and I will talk to my doctor about it.

I think you really need to. You need to think about this seriously like I said. It is really putting yourself and your child in danger.

Okay. Whatever. Okay.

I don't see Ryan anymore. We may have lost him. Can you hear me okay. Put a Y in the chat box. Great. Awesome. Audio check, Ryan.

I am here. I took my video off to give myself some bandwidth help.

Their work comments in the chat box saying, is what she was saying true? And pretty unanimously, people are saying that it is factually correct. Evidence-based information for the most part. There were some comments on -- maybe it is not so helpful. Joanna said it sounds like she is being judge E. And what else did she say. Working the chat box here. Not very effectively. Or that the body language wasn't right. Not very empathic. More of a telling style. And not the best example of the art of persuasion. Sometimes being right doesn't mean you are having an impact. Aggressive body language and tone. For sure.

I was going to reflect on, as much as we put this up as the foil, so the example of the ineffective position, maybe you are like me and maybe you can relate to some aspect of what this is relating to. The desire to help. And the desire to be right about something and to correct false beliefs for the patient. And we got information from training and we know some things to be true and this is what the sign says and let me lay it on you here. As many can see and anticipate the degree of partnership and acceptance and compassion, it is quite low. Were you going to say something?

I was just thinking that you can have all sorts of conversations with patients that are factually, mostly true or maybe useful if they need information. If that is part of the problem and providing information. It isn’t necessarily always unhelpful. It is that when we don't partner with the person in front of us, it can feel very confrontational which is what is being picked up on. Really strongly responding to the fact that she wasn't empathetic at all. And she wasn't wrong to provide information. But the way she did it was likely going to be very unhelpful and that results in the change that she helps the patient’s

mother was hoping to change. And so, is it all right now if we go to the next video?

In this video, you will notice a change. The same position. A change in the behavior. What I would like you to pay attention to in this one is, pay attention more to what the mother says and what her words are and what she is arguing for and the content of her speech and how it differs from the previous one here go ahead, Ryan.

I wrote a prescription for antibiotics for Aiden. I did want to talk to you. I'm a little concerned looking through his chart about how many ear infections he had. I noticed you checked the box that said no smoking in the home.

Looking through his chart, looking at how many ear infections he has had, I noticed you check the box that someone is smoking on the home so I was wondering if you could tell me more about that.

It is just me and him. And I do smoke. I try hard not to smoke around him. But I have been smoking for 10 years except when I was pregnant with him. Everything is so stressful being a single mom and having a full-time job. And so that is why I started smoking again.

You have a lot of things going on and smoking is kind of a way to relax anti stress.

Some people have a glass of wine. I have a cigarette.

It sounds like you are trying not to smoke around him. Why did you make that decision?

I know it's not good for him. I read those things about ear infections and asthma and stuff. But other kids have ear infections, and their parents don't smoke.

So, on the one hand you are worried about how your smoking might be affecting him and the other hand you are not sure if it is the smoking causing the problems.

He doesn't have asthma. He hasn’t had a lot of other problems and his other -- what his other friends have had. I have thought about quitting in the past but I don't see how it is possible right now.

What made you decide to quit smoking when you were pregnant?

He was inside me and we were sharing everything and I knew that he would get some of that and I just didn't think I could live with myself if something happened to him.

Right now, it feels almost too difficult to manage or to even try.

Exactly.

How are you successful when you quit before?

I don't know. I think about it now. I don't even know how I did it. I just did it. I just can't imagine him not being born or going into labor early and him having problems and stuff like that. All the stuff they talk about with women who smoke. So that was just enough to say, you know what, I'm not going to risk that.

The risks were so scary then that you were able to stop. But they don't feel as scary to you know.

We are two several people. And I try not to smoke around him. I'm pretty good about that. I don't let other people smoke around him.

So you are doing the best you can do.

It sounds to me too like part of you really does want to quit.

I know that I need to and every New Year I say, this year I'm going to quit smoking. But then something happens, and it just doesn't.

And the to-do list it's not making it to the top. If you decided to quit, on a scale of 1-10 where one is not at all confidence and you don't think you can do it or 10 is you feel certain you could, where do you think you fall right now?

Probably a five. Kind of in the unsure area. I know I have done it before so I know I can do it. But at the same time, it seems really hard and it is not the same situation.

Where do you think we should go from here?

I don't know. I would like some help I just don't know what kind of help I need.

If you would be interested that's something I can talk to you about.

We will click through this part. The audio back on? Good. What did you all notice is a difference between the two types of conversation?

Yeah, probably a lot better for both parties. So much less energy and so much less frustration I think or aggression. A lot more open-ended questions rather than close ended questions. I got the sense it did not seem like the patient was being confronted. It was more teamwork more partnership and a lot more listening. If you're truly evoking reasons to change for the patient, you have to do a lot of listening rather than telling or giving them reasons to change. So yes, really great point. Meeting her where she is at. How can you truly be accepting and show compassion if you're not willing to meet the patient truly where they are at? In the change process. As a result, the effect was moving the conversation rather than back and forth. The doctor was unrelenting too. There was the first part of the conversation where the patient or the parent was doing a lot of explaining and reasons why she hasn't quit smoking so far and rather than try to correct or fix them or try to say yeah, but the doctor listened and the doctor let her say those things and then with thoughtfulness and caring and with persistence shifted the

conversation using reflection. And then moving the conversation into discussing reasons why they would change. For sure.

Really important point, thank you for quoting her, taking the moment to shift and she recalled the mother said she was able to quit when she was pregnant with her child so she asked what made you stop smoking when you were pregnant? Identifying what we like to call bright spots appear you were able to do this before so she picked up on the fact that the mother was able to quit in the past so using that as an opportunity for discussion helping to raise the patient or the mother's awareness in her ability to change is really key insight to pick up on. So, that was kind of an example of I would say not perfect MI, there is a lot of things that went well and a lot of things that could be improved upon but the point here is you don't really have to arrive and you would see at the end of the role-play you don't have to necessarily arrive at the person wanting for sure to make the change in the moment. The idea is that she moves from not at all considering a change to being much more thinking much more intentionally about making a change. So thank you David for writing this out finding the bright spots from the book but in MI we look at this as looking back or looking ahead to really think about envisioning success in the future or looking back at success in the past. So you can really increase the change talk more generally related to ability to make a change and that is something when articulated by the person themselves, they have much more confidence in the likelihood they are going to actually engage in some change effort. David do you want to say more about that?

I think that's great. Let’s get into more of the details here. Maybe I will take it for a little bit. Please continue with the color commentary. So, what is motivational interviewing? We just saw some examples to be not so consistent with and my and some that were pretty consistent with motivational interviewing, it's reality that change is hard and the reason why is our patients and ourselves when it comes to making difficult change it is inherent there is ambivalence about change. So what we mean is this idea that there are reasons for staying the same and reasons for making a change. It means both and strength so there's kind of strength there is weight on both sides of the scale and that matters and if we don't pay attention to that or you don't respect that in a conversation with the patient we could be actually reinforcing status quo talk rather than change talk. In those videos the patient got a lot of practice arguing for staying the same when allowed to speak and in the second video she had the opportunity to discuss the real reasons for staying the same but then there was space for her to then begin to argue why she might want to make a change. MI is just that helping people tilt the scale in the direction of change using a strategic conversation strategy. Ryan will you talk us through this slide?

Sorry I muted my phone. Yeah. Can you hear me?

Yes.

Ambivalence is ever present for all of us and so here I really wanted to bring your attention just for a moment to your ambivalence on something that you feel like you might want to change so, you can either be in the

process of making a change or thinking about making a change really anywhere and we don't go into this much today but the stages of change model or the trans-theoretical model of change, that is a concept that you think about whether a person is contemplative, action, stuff like that, preparation, there is a lot of different areas in the spectrum of readiness for change where you could land on any one of these topics so as you are hearing our presentation today and engaging in the presentation today think about one area in particular you considered change and consider where you are now. So, if people feel comfortable you can share maybe the topic and how close you are to change right now. It might be related to saving more, kicking a bad habit, recycling more, maybe the pandemic has thrown off your schedule completely as it has with many people. So, what about your life right now might you wish to change and where are you at in the change? So again, this is kind of the idea of knowing that willingness to change and readiness to just stay status quo is this kind of balancing act that we are all playing when we think about change in our life. Yeah. Really good comment. I think staying active while also sedentary working from home. That incidental exercise you might get walking to the Metro or from the parking lot to the building or going out to the store or restaurants, all of the incidental exercise is kind of gone. By virtue of working at home and home being work for many people. How do you intentionally fit that into your day? Really good one. Sorry if I mispronounce your name. Buying a treadmill, yes. I have done that in the winter. Luckily for me I already had one and that is a great option put in the middle of the living room, so you trip over it or use it, one of the two. Sleep schedule, that is another one where at any, on any given day you might find yourself thinking I really need to sleep more but then there's lots of things I need to do so you need to be ambivalent about protecting that time for sleep. Very naturally ambivalence lies in most of our days.

Yeah. The point is patients are not alone and we have we all have things we want to change about ourselves. Sometimes the change process just happens and often it's not a matter of doing or how to keep myself active? Do I know how to keep a good sleep schedule it is there are real barriers and reasons for not making the change. Something I challenge you to do if you're willing to do it on your own time or maybe quickly now is go ahead and make a list. Keeping a sleep schedule keeping a consistent sleep schedule at the top of the page or piece of paper or staying active while teleworking. If you were to draw a foursquare matrix and on the left side of the page put making a change at the top and at the bottom staying the same and then if you were to put on the vertical part of your page on the left put good things and on the right half not good things. If you were to fill out a pros and cons list of staying the same versus changing it might be a useful practice for you to consider to determine what really are the costs of keeping a consistent sleep schedule and what are the possible benefits, what are the costs of not making the change? It might help you encounter that process a little differently than you have in the past or kind of keeping that information in your mind. We want to approach patients with this understanding that ambivalence is normal and expected, not that patients are difficult or resistant, not that I don't want it as bad but it is a normal and expected her to the change process. It should not surprise us when we confront patients even with good information, they don’t just gobble it

up and change their life right away, it is complicated. The evidence this is a random drawing I did earlier to test the drawing capacities so pay no mind to that there is some evidence here. If you are drawn to the presentation you probably already know this is an evidence-based way of people making behavior changes starting out as part of the substance abuse field and it branched out from there. There is books and studies and articles all over the place and all along the continuing behavior change from severe mental health problems to these examples on here. Talking about sedentary behavior or helping people smoke less or adhere to treatment that's better. Problem solved. And there is a bunch of studies about that, it seems like nowadays if you're trying to get a grant approved if you don't have a motivational component for some of these population health interventions your likelihood is much lower. This is not a presentation about literature, but we have confidence in the literature. We encourage you to check it out if you're not so sure if this stuff works but a whole bunch of RTC's which is great. And the list keeps going. Meta-analysis, systematic reviews,

The meta-analysis is in the file share area and also there is a couple other articles for you to download.

These slides continue. So, check it out. I like this study, the work that Brian and I do if your military mental health provider as we are it might be the case that you might only see somebody once or twice. I think the model number of appointments for mental health patients is one. I could be wrong about that. So, if you got one shot with somebody really a good strategy to use is to try to make them have the opportunity to nudge even just a little bit in the direction of health. Go back and check that stuff out. So, were we going to do this do we want to move on and have people?

We can probably move on. We have quite a bit to cover and I want to make sure we give more time.

I will just explain. What we would do in this situation in a workshop that's longer than this is we would have people reflect on their own process in life and the types of people that were affected in helping them make changes so think about that coach, that uncle that parent friend brother whatever and then really reflect on what was it about that person that helped you make that change or that inspired you to work hard or inspired you to make a major improvement or stop doing the behavior. We usually get well, that person was I felt like we were on the same team. I felt like they met me where I was that they allowed me to show up with mistakes and all they allowed me to be genuine. They truly cared about me as they challenged me, and they understood some things about me and the advice they gave landed much more as a result. So what we see is the acronym partnership acceptance compassion and the vocation is not something that MI invented it is something that is present in effective relationships that lead to change whether somebody is intentionally doing MI or not.

I encourage you to take some time to reflect on that if you have the opportunity. And if those elements were effective in your own change process to what degree could you bring those to therapeutic change or

making people change as a clinical pharmacist or whatever the role is. So here we are talking about why and the spirit and the metaphor is that the pace acronym crating this environment has the same effect as preheating the oven. You can have all the right ingredients, spend a whole bunch of money at a farmers market and get non-GML wheat and you know all these perfect ingredients for the bread if you don't preheat the oven in a way that's appropriate that Brett is not going to rise so the technique you are using or the good information that you have in the absence of the spirit will end up with to eat bread.

So what you saw in the video basically followed this model and now we have went from to catch us up with where we are as we move through this afternoon we started very broadly asking and encouraging you to engage with your personal why. Hopefully connecting you with the importance of this but then also even your own reasons for change and then we broaden the conversation to one perspective for the science of behavior change what are some reasons people change what are some reasons that change is so hard and use the metaphor the elephant, the rider, and the path and then we introduce MI as a way of setting up a conversation in line with these principles of behavior change. Not the only one but I darn effective one. We spent some time talking about the spirit of MI. What type of environment do you want to create to make it, so change is more likely? Now we are getting into more of the nuts and bolts zooming from the aerial view of the forest now we are focusing more on the trees of MI. That's where we're going to finish up this afternoon with the time that we do have.

When you are engaging with somebody and using MI you will follow this framework pretty consistently. What this is supposed to reflect is the very first thing you are doing with the patient as you are seeking to engage with them. You are seeking to essentially meet them where they are at and understand what they are walking into the room with and to connect with them one human to another demonstrating this spirit of MI.

The next stage is to begin to focus the conversation and this does differentiate motivational interviewing from non-direct of forms of counseling. A lot of times and you'll see in an article we share 10 things MI is not, MI is not the same thing as nondirective counseling strategies where you kind of there to be a sounding board, sometimes that's a false impression. This is intentional focused guiding way of interacting with the patient. We do have an agenda, we have space for the patient to not join us on the journey or for them to decide the status quo but we do intentionally want to focus the conversation in a particular area. Once we focus the conversation to an area of change in the next step is to begin to use evocative strategies and we will explain a little bit more about what that looks like with motivational interviewing but it's this idea of pulling information, pulling reasons for change from the patient. That's what we mean, we are evoking change talk with the idea that change talk tends to predict behavior change outside of the session. The final stage and stage isn't the right word but the final phase moving into the planning aspect of the encounter is when we saw the video of the effective physician connected with the patient, focused on smoking it wasn't what do you want to talk about? Anything is up for grabs. It was I would like to talk with you about

smoking and then she evokes reasons to stay the same, reasons to change in the final part was given all of that what you want to do? Where do you want to go? An evocative way of turning the conversation into what now? When the rubber meets the road living life differently where do we go from here given all that you care about? Often stands out to people with this slide is generally the way we interact with patients if we are not using MI or a similar conversational approach is we get really into the plan that is hey, you're interested in quitting smoking let's establish a smart goal. Specific measurable attainable realistic and trackable. Let's figure out what you're going to do.

So, MI puts that process upside down and now we have created the right type of environment in the right opportunity and context for change now let's have a conversation about what to do. Let's talk to the rider now that the elephant is moving in the right direction. So, there are two phases. Phase 1 we will spend 95% of the next remaining time on his building motivation for change. In phase 2 making it happen, I love this quote. If you have six hours to chop down a tree, I'm going to spend the first four hours sharpening the axe. There is an Einstein quote that similar, if I had one hour to solve a problem, I will spend the first 55 minutes thinking about the problem before taking action. Same idea that's what we want to have in mind. What the patient will end up doing will flow all the more naturally and will be all the more likely when we really build up momentum toward why.

Why bother making the change? Maybe I will hand it to you for the next part.

Yeah, so the idea is it kind of reiterates what we were talking about previously. We all at times have thoughts about making changes. I like to talk about New Year's resolutions quite often because really shining example of where best intentions go to expire too soon and I think at the end of the day when he think about how your intentions to change don't always turn into success, it's helpful to think about people who are most successful, people who try and fail often because they continue to iterate the process. It's not about getting it perfectly right the first time it's about moving toward trying something different early and continuing to try. So, we are always going to have that ambivalence about change in their actually is a strategy called the decisional balance that we keep kind of showing here on this slide to some degree. We do not have it in the handout but there's basically a concept where you can draw a four quadrant sort of drawing where you have reasons for and against change so this is, if we think about the status quo calling it the status quo and we will call this change and then we have reasons for it and reasons against it. This is horrible.

You would talk to her reasons for the status quo first, this would be number one. And then you could help them populate their thoughts on reasons against the status quo and then reasons against change and then you really want to end strong on reasons for change. Using the reasoning affect they will often resonate with a lot of these at the end.

They will learn about their thought process on the way and you can help people resolve some ambivalence by using this decisional balance. This is

just one technique you can see in all sorts of books with motivational interviewing and the point here is you don't use it with everybody. For a person who feels really stuck, feels stuck with the hope to make a change you know a lot of reasons for staying status quo, they can really kind of jar themselves loose through this discussion you might have with them live in person or even virtually. You can have this discussion if you have the quadrant but again it's just a conversational tool you would use when a person is really stuck on ambivalence. Because at the end of the day sometimes what needs to happen is very obvious. A person has a drug addiction, and it has gotten them into legal trouble or perhaps even know they will lose their military career. Probably they would agree pretty easily that something needs to change.

But sometimes what needs to change is not as obvious. Young Marine, soldier comes into you. They got in trouble for a little something related to let's say alcohol. Maybe broke their wrist while drinking and it's not clear if they are misusing. Maybe they are ambivalent about changing drinking behaviors. There could be a lot of directions you go with that so it’s not so obvious what change needs to occur in the instance. So there might be tons of ambivalence and maybe we have thoughts about what needs to change but they really need to be part of the discussion so when we talk about building motivation there's a ton of analogies for this. If you think about the behaviors necessary to make a change and in this instance where you see this ramp headed over the gap in the Grand Canyon, maybe you think about trying to make it across the gap as the change that's necessary. And then the person asks you how much should I backup if I'm going to take this hot Rod and jump over this canyon how much should I backup? 10 feet, 20 feet, 1/4 mile, two miles? The idea is you probably cannot backup too far. So, when we think about building motivation is kind of like how far do you backup? In this instance you could totally undershoot and tell them to back up too short but if you tell them to back up all the way like one mile and reach top speed and stay at top speed until you hit the ramp they will probably make it across. So the same is kind of true of motivation.

When you are in front of a patient or somebody you are trying to help if you are thinking how much motivation should I build with this person? It might not require too much to make this change how much do you build? Well, build too much, it’s okay to build too much motivation. You can get them pounding on the desk let's make a change now I need to do this it’s absolutely paramount this is my sole focus for the next two months. If they are really super excited about making a change and you have built their motivation sky-high with them in person then maybe it stands a chance when they leave the office and real life happens. You really cannot build too much motivation and that’s the point. Motivation waxes and wanes and building it is not like turning on and off like a switch it's more of a demurrer, you can build it all the way up, turn it on high but the second they leave your office they might get a phone call from their boss or a notice from a family member about something going on and now motivation changes because life happens. So turning all the way up when you are in person is probably pretty beneficial. What we were going to do here is the roadblocks exercise. What do you think about this exercise?! Let's do it. You and I are role-play to demonstrate. Smoke sounds good.

Yeah. So, who do you want to play? The helper or the speaker?

I think last time we did this you are the helper so I will be the helper the counselor. I will be the physician.

All right we will describe. What I'm going to do, I am a person who wants to make some sort of change so I'm coming to David to talk about that and he's going to use roadblocks to help me think about my change differently. So David I would like to really get back into eating in a more health conscious way. The pandemic has us really not going to the grocery store often so we buy a lot of food that lasts on the shelf and I really would like to get back to more of a vegan vegetarian lifestyle for most of my meals and then limit the amount of red meat and stuff like that that I intake but those things have been really easy to store in the freezer so I feel a little bit ambivalent about my current diet.

So, you say you're a vegan or you want to be a vegan? That's what you're saying?

I want to have mostly vegan meals so nine out of 10 I would like to be vegan or vegetarian at least.

So, this is something you just kind of care about obviously if it’s nine out of 10.

Yeah. I think plant-based whole food diets are really good for my body and my family. I want to try to follow those principles, not for any other reason, no particular reason for religion or cultural concepts, just really for health.

I guess I don't see you being very successful if you're saying you are nine out of 10. It's hard to do it is a commitment I just think if you really care about it why wouldn't you do 10 out of 10 meals?

Yeah well you know I think because I'm a bit of a realist I think it's difficult to do so like you said I will probably fail much of the time and I feel like it's probably not realistic to expect I can do it 100% of the time.

You know you probably already know this but people change once they hit rock bottom and when I hear you talk about you are committed to this and then you go on to say you're looking to just do it nine out of 10 meals, it seems like you're not really in it to win it I would say.

Yeah, you're right well I am that I'm not I want it for my health and the health of my family but have a lot of stuff going on in my life. Spaghetti seen the movie game changers?

No I have not.

I think you should see the movie because what you see is a vegan diet really is far superior and I don't know why nowadays but you can be an

MMA fighter, you can be a weightlifter. Have you ever seen a gorilla before?

Yes, I've seen a girl appeared so how much do you think the girl is are just every now and again eating meat like every 10th meal they have a porterhouse?

No I don't, I think they are probably mostly vegetarian's probably 10 out of 10. So, I guess I'm wondering if a gorilla can do it, you're someone who loves your family are you less than a gorilla? Not as smart as a gorilla?

Well I mean I think we confirmed earlier we take a lot of shortcuts so yeah, probably pretty miserable failure.

Okay. Let's call it. It's hard for me not to get silly with this. Sorry it's late in the day forgive me. And really that's kind of the point is to be a little silly. If you were to take a look at this list, probably there's more realistic examples of doing these types of things. I got a little bit into logic I guess. I was trying to go with moralizing, trying to go with shaming like sometimes this myth we bring into the room that in order for you to change you have to hit rock bottom we have to be 100% committed and I was being silly about it. That would be an example of throwing up a lot of roadblocks so even though I was being a joker you probably heard Ryan make a lot of arguments that were away from change separating those. Let's try the next piece. The Costco slide do you remember when they would get free samples? Wasn't it the best? I miss the little Smokiest in the plant-based options.

Little coleslaw.

Coleslaw, while they don't do that anymore. This slide is outdated. So, this is supposed to be a taste of motivational interviewing. I would totally recommend you print out this slide and practice it and try it with a collie, try with a loved one, try with the next patient that you see. This formula does set you up nicely to use MI and it's really all the effective ingredients. As you get better at this you will be more sophisticated and you will be able to move around more and I have to follow a formula but if you commit to the steps into the conversation you will end up with a more collaborative conversation for sure. Let's jump back into the role-play and this is a real thing for you right?

Yeah. I want to live a plant-based diet style.

Let's jump into it, why would you want to make this change?

I know the literature and it's pretty darn clear if I want to live a long life which I do I have a four-year-old daughter so it would be great to be along for a long time. We waited until we were all there to start having kids so you know it would be fantastic to live a long and healthy life and be able to be active into my older years.

There's a part of you aware of the science and the literature and an even bigger part that has your daughters face in mind and making this change for her.

Yeah, I see you know I don't see our diet as a whole as being completely off base but I do think about you no family history of medical stuff and I think if my daughter doesn't have to go through me having any major medical concerns you know into her adulthood that would be really, really ideal.

There is people in your life that maybe you have witnessed or heard about that you care about and they care about you that you did not get to maybe be part of your life as the years went on and you are intent on making sure with the precious years you do have with your daughter you're going to be engaged and active and you see this as being something that is a change within your reach.

Yeah. I have family that had like my grandparents had my dad when they were older. And you know they had a lot of health issues when he was in early adulthood and you know he ended up having to take care of her or take care of them quite a lot and I don't want that for my daughter. I really think that there is a lot of opportunity to get ahead of the problems that I may be genetically predisposed for

Might be some things out of your control but this feels like something you might have somewhat of an impact on and caring with you the memory of the people you love and intending to do this for your daughter.

Exactly. Totally squarely within my realm of control what I put in my mouth and my body is something I can totally make decisions upon.
If you do decide to make this change how you might go about doing it if you were to be successful?

I have done it in the past and in the past it was in a different location so I knew how it looked, I think now based on my geographical location there is some things I would probably have to do slightly differently but I kind of knew the meals I liked and you know the process of prepping food and stuff like that so I really kind of have it down I just have not tweaked it to match this particular area during the pandemic so I think probably I would start looking up ways to make those fresh foods little bit more accessible maybe through delivery service or something like that.

There are parts of your memory bank and history you can draw from for knowledge and also just remembering you can do this. And you are seeing translating some of that to the new environment you are in, your daughters older, you live in a different part of the country, access to the same types of foods has changed so you are thinking figuring out how to adapt but was successful in the past is where you will start.

Yes, I think it is a feasible thing to do as long as I can tweak it a little bit it makes sense to do.

Before we get into a little bit more of the now stuff, I'm curious, you mentioned a few of these. You mentioned it seems doable the literature makes sense you are aware of maybe some familiar predispositions. You have seen loved ones have a harder time as they aged and keeping your daughter in mind and cut her having her face in the forefront for why this matters so much to you, there's a lot of reasons you described. Among those or maybe other reasons what are the top three reasons for you to make this change?

At the top of the list is for my daughter for the long run, the second is really my health. Honestly the third is I think I would feel better. I remember being on a plant-based diet in the past and I just felt cleaner, more energetic, a lot of things about my physical sensation or presence that I felt differently when I was doing that for myself.

As good as that tasty food is you have in your recent memory how great it feels to be more energetic and to feel more active and more engaged in life and I came with a diet change. If I can ask, if you are to imagine a scale from 0 to 10 and on the scale of zero represents this is not important at all and 10 represents this is extremely important in this is among the most important thing you could think of what number would you place yourself at when it comes to making the diet changes?

I think, I have a lot going on but I think I'm probably at about an eight out of 10.

As high as an eight. Why choose the number as high as an eight why not choose seven or six? You have a lot going on.

I think the thing that pushes me into it is the thought that maybe because I have a lot going on if I make this shift now I will have a cleaner more energetic focus where I can tackle all the things on my plate metaphorically and physically speaking more with more energy and focus. I think you'll make my days a little bit easier if I do this right now even though it might take a little effort.

On the one had been busy can feel like a barrier and I heard you say being busy could even be all the more reason to make this change right now.

Exactly. Sure it takes a little bit of effort to prep the food and plan out how we get the foods and all that stuff but I think we've got to eat anyway so no put a little more time into that and then maybe have a cleaner focus on the rest of my days and tasks.

More effort and more intentionality and more planning. On the front end you can see that pay off dividends when it comes to your health and your own sense of well-being, your sense of energy and then presently and down the road your connection to your daughter who you care about so much.

That's exactly right.

That is kind of, that is a lot of things that are important to you that line up with this change. I am wondering, given all of that what do you think you will do, if anything?

I really think my first step is tonight while spending a little family time. I will probably take out the phone or tablet and look at services that deliver to my area. Like the ugly foods or whatever that is where they have produce that's a little misshapen or something like that but something that will kind of force us to utilize coming to the door on a real basis. I think it would help us. So probably going to go look at some options tonight.

The specific step of using family time to also plan for the subscription system that will help clear the path for you making this change easier.

Exactly. We can have a discussion as a family about it which is nice.

Lumping an effort of making this change for your family and with your family.

Right.

Maybe we can end the scene and we will pause for a minute for reflections and then obviously that was a different tone and I was being more serious but that was a pretty classic and that was, you know Ryan well enough to know that was something he has really worked on or that really is something he cares about. Yeah, thank you Justin. What are things people noticed specifically? What landed well? What did you notice that seemed to be hopeful that seemed to work that seemed to you know, yeah, the rating scale. Ryan, we did this last time. To show I think a kind of precise benefit of the rating scale. Let's jump back into that role-play and show them a contrast with how the rating scales can go awry if they are not used effectively.

Does that sound good? Rewind and so, Ryan you listed a bunch of reasons for wanting to make this change talking about your family, predispositions, you talked about it makes sense from a scientific standpoint, you love your daughter and you see this tying into that. Imagine a scale from 0 to 10 and zero think about in terms of importance this is not important whatsoever not even on the radar, 10 is this is the most important thing you could think of in your life right now. If you were to consider diet changes with what we have been talking about what number would you give it on the scale?

I think even though I've got a lot going on, probably this rises to eight, eight out of 10.

If I were to ask you why not choose nine out of 10 or 10 out of 10?

What you know that's a good question, I think I am so inundated with tasks on any given day that I can easily forget to do a number of things and so even though I can be as organized as I can. I think things can have wrenches thrown into the plan and so I foresee opportunities where I plan something out for a dietary change and then it goes out the window

because of something normal on a normal mental health flight day and so I see it kind of failing on some days when I don't have control over certain things. So, I cannot put out a full 10 yet.

So, to pause, to the audience and Justin I will ask you directly, but the question is open to anybody. What did you notice, my change in technique was ever so subtle? I asked him why not nine or 10 rather than what I said before which is why eight why not six or seven? The subtle change what was the effect of that change that you just noticed? It made a negative. How about the actual content of what he was saying? What was he giving me a lot of after I said why not nine why not 10? That's kind of a normal question. Doing some rationalizing probably all factual stuff.

He's got a lot of things going on. Generally healthy anyway. It's hard to do this.

Be happy with eight, yeah.

Yeah, and I think I made him think about the negatives, totally, the way that I primed the question I was basically saying why no more and the consequence of that was to give me a lot of reasons why not more because the reality is you're not doing this because there is ambivalence present.

Right.

So, when I framed the question in such a way where I say give me all the reasons for staying the same. I've got a bunch of reasons for staying the same. I got exactly what I asked for and as others have pointed out that changed the tone of the conversation. Is started to feel way down, started to feel like he was digging himself into a trench of negativity or status quo talk. So yes, we note conversational counterparts, we do all these things but the point of the technique and anything in MI is to generate change. If we are asking questions in that way or we're getting them to argue for reasons they should make a change we are doing it right. So, when you're doing scaling questions, I always bring up the point that the number really does not matter. The number is the whole point of the conversation is to generate change, talks with my patient says they are 10 out of 10. I will probably go you're so motivated. I will celebrate that with them but if it is nine or below, I'm going to respond pretty similarly and I will say, why two why not one or zero? And the effect of that, they will tell you the reasons why this matters, and then that's your opportunity to reflect that back and try to stoke that flame as much as you can.

Other thoughts or reflections from the audience on that role-play that would be worth discussing? Before we move on with some of the more micro-types of skills? Celebrating with the patient. You are 10 out of 10 this is so important to you. You care so much. MI we call that making affirmation. Different than praise I'm not telling the patient I think that's wonderful I think you are great, you really impress me I'm not bringing myself into it but what I am doing is I am appropriately calling to attention what is already there and I put a magnifying glass like you care about this this is important to you, you love your daughter you're

willing to do whatever it takes even if it means less yummy food. So, you're kind of, you're putting those connections together between the patient intent and what they care about to reinforce that motivation for change. What do you think? We are going to get into even more drill down of skills and what your policy, you probably already realized I did a lot more than just ask those four questions. I gave him a lot of reflections in between those questions. He would say something that I would highlight aspects of what he said back to him and so I was doing very active reflective strategic intentional reflective listening. So, we will give you all a chance to practice that for the rest of the hour. But I wanted you to see that in action, so you know what we are talking about. Maybe we will take a break before we plow through the next hour maybe we should answer a question here first.

Yeah, so I will say to the question I do think doing these intentional reflections where you are nudging the other speaker to respond in a way that's related to change intentionally selecting your verbal behavior takes energy. That's why we talked about that conscious part of the brain, doing this for any amount of time especially when you're just getting started really takes a lot of energy. Not so much time but energy. And thought and so a person would need to be interested and engaged in doing this well in order to achieve better results. So yes, my opinion is that it takes motivation and energy on the physician to be effective at motivational interviewing.

Let me challenge you on that. I think you are right, and I will also say of those videos the effective physician versus the ineffective physician. Who do you think was burning more calories?

That's true. That's true.

Right, it does take a lot to be thoughtful and intentional and strategic but I think trying to come up with a really good counterargument and using logic and trying to argue or convince, to me I've got to be. I mean to do that that requires a lot of frustration even which takes energy. And motivation.

That is a very, very good point. So yes, likely it is helpful to take little bits of this and start incorporating it. And yeah, it doesn't burn any more calories than other modalities. It takes thought to use other intervention as well. I would say as you're getting into this more often it gets easier with practice just like any other skill so that's what we are hoping to get across to you at the end and today's training. Probably should've started with this, today's training is not long enough nor is the motive training sufficient to generate expert skill. What really takes some of what it takes to build motivational interviewing is a skill or any other skill is time, feedback and intentional practice. So, we will get to that at the end today, but I think now is a really good time to take just a quick five-minute break. So, we will come back and talk more about the conversational journey here when you return in five minutes.

Let's get started at 20 to the hour at the 40-minute mark.
Yes, five or so minutes. Does that work?

Sounds good.

We will see you all in a little bit.

[Event is on a break. Event will resume at 3:40 PM ET]

All right perhaps clocks are different between here and Ohio. If I can start, I will just kind of reflect on how David was reflecting everything I had to say. I think the point is that in motivational interviewing, it is different than standard interviewing. One primary difference is if you think about clinical interview most of us have been trained to ask a lot of questions if you want to know something ask the question. Well, in motivational interviewing the predominant approach is to spend time reflecting and some of the time you ask questions, but the bulk of the conversation from your side the helping professional is to reflect. So, we will mention this later but in the file share portion of the window you can also get a file titled MI treatment integrity coding manual. That is the MI TI, what that does is it looks at behavioral verbal behavior.

Educators that you are either consistent with motivational interviewing or inconsistent and when you really drill down to it you are looking for a nice favorable balance of reflections to questions and predominantly open questions. So we will cruised through some informational portions of this for how you have a conversation from a motivational interviewing standpoint but mostly is going to be heavily focused on reflection statements and sometimes it's helpful to ask a question to move in a certain direction but you only use questions when you really need to intentionally move the conversation or, or it has reached a standstill or something like that. You don’t have to use them as often as you think and that is a bit of a shift for most people, most often it's more comfortable to ask a question. What I would encourage you to think about is as you are asking questions, you are the one that is then driving the conversation so if you are asking many questions it's not so much a partnership it's more of you driving the conversation most of the way. Is that fair to say?

Yeah, whatever the patient says next is based on your question and your prompts and your skill level and whatever question you ask which puts a lot of the onus on how the conversation goes on to you.

So, I think we will come back to the reflections here in a moment but into more questions or more reflections but the statement here. I know you want me to get off the pain pills, but it hurt so much I can't do anything. At least when I take them, I can live my life. How do you think most providers would respond to this statement? Feel free to type or come off of mute.

Will you remind us how to come off of mute? You said star something or pound something earlier for those that called in.

You can press pound 45.

Okay.

Or just unmute your phone make sure your phone is unmuted and that's how you unmute out of there as well.

Thank you.

All right. I think somebody was trying to. I think there's a problem.

They were doing it while boarding a helicopter. All right. So, I will kind of move along since we have a little bit more to cover. The idea is that it would be reasonable to respond from most settings with a bit of education about opioids and the risk of staying on those and there's nothing wrong with providing education it just would not fit perfectly in line with motivational style so most often in motivational interviewing you might want to respond with some reflections to this. So how can you respond how might the patient respond to hearing the same information they have heard before about getting off pain pills or scare tactics or convincing? It kind of invalidates the feeling that they cannot live their life right now or they feel as though they cannot live their life without the pain pills. So, we really would do the patient good service to pay attention to the underlying message that they are providing.

I can almost hear the patient saying yeah but after you give them some solid evidence-based information about opioids that they already knew. It's not going to be insightful as it might seem.

Yeah, exactly. So when we think about how the patient is feeling you know they say I know you want me to get off the pain pills so they are knowledge and awareness that the pain pills are not the ideal solution but then hurts them so much. They cannot do anything at least when they take them they can live their life. So, they are telling you that they are aware something needs to change and at the end of the day they are really struggling to manage well enough to live their life. So there’s a lot of there in a one or two sentence statement that we could go on with reflecting and being cognizant there is some ambivalence about making a change and they have some reasons not to take those pills. So, here are some examples. You might just repeat it. When you are hurting it's hard to do anything or you might rephrase by saying you want to be able to live your life but you know we feel it’s important to come back on those medications. Really helpful to acknowledge the fact that they are aware, and they know what you're talking about. Complex reflections might be those were simple reflections, complex might, go ahead.

I was going to ask, what's the purpose of doing a simple reflection as you put these examples here? Why do that why not jump to complex?

You know there is lots of reasons to try to keep the conversation going. Maybe you want them to open up some more and not delve too deep yet. Maybe they are brand-new to you and they don't know you very well so you want them to keep telling you a little bit more about themselves so you keep it simple to keep them rolling. Other thoughts on that?

It is a way to show them you are actively listening and to convey to them that they are heard. Not only did you hear it, but you are letting them

hear that you heard and getting to hear their reasons put back in front of them as they are without adulterating them in any way.

Yeah, exactly. And then you can do complex reflections, these might be more aimed at generating some change talk but inferring meaning or emotion or feeling frustrated we are asking you to change something that you feel is helping. So validating that, underlying and understanding that we are telling you we think you need to make some changes that you are validating the emotions underneath that and that is difficult and frustrating. And then reframing as it sounds like you are most focused on being able to do the things that are important to you so tell me about that. Helping them focus on the positive and the reasons for change. I'm going to keep cruising through this but that was kind of one example. In your packets we do have an exercise, there's a list of six statements and here I don't know what you think should we do a quick practice and then go on? Would you want to practice later?

Let's go on and since we just did a practice or a few minutes ago lets a safe if we have some time at the end to try out one of these. Should we get to the content?

For those of you that have your packets available you can take a look at those six statements and what you can do, you can later on right down some different reflections that you might make in response to those. You might repeat something from the statement, rephrase or reframe and maybe try as you really want to hone in your skills on this try doing one of each of those four reflection styles for each of those six statements and I will help you kind of build some chops with taking some patient contact, some verbal content and generating reflections as a result.

Okay we are big on reflection practice because what you're going to want to look for during the reflection practice is how the person responds to you. So just like when David was listening to me about my thoughts on plant-based diet he was probably looking for some things in order to reflect so that I could keep talking about those reasons for change. So, nuts and bolts wise this is a really good side to take a snapshot of or print out. Some of the core components of motivational interviewing, these are the nuggets of gold that you're going to watch for in your patient statements so as they are talking, the things you are trying to pick up on, so nuggets of gold, however you want to think about this. This is the place where you are searching their verbal content for these topics. And [Indiscernible] included in the files pod. So, when we think about desire to change you know that's kind of the first thing we talk about. Earlier we spent a lot of time talking about ability to change. I have talked about making that change in the past or I know that I can do it now and then you have reasons for change, need for change, those are ramping things up a little bit. And ultimately the goal of a motivational interviewing and counter is to move people toward the commitment to change, getting themselves ready to activate toward the change and finally, taking steps toward the change. Like you know what, I already bought a book on plant-based diets, I know of three prime subscriptions that I can get to my house and tonight. I'm going to sit down and talk to my wife about those things and we will decide on something. So that his commitment talk I've already taken steps toward this change I'm ready to

do that now. That sort of discussion content wise is pretty good indicator change is likely. Anything to add on that?

I love it starting out with desire and then increasing in intensity all the way to the rubber hits the road taking steps. Guiding people through and you know covering all these bases.

Yes. So, we have another set of reflections reflection stems on the next page of your hand out. This is a good place to go ahead and print out the handout, this one page where it has a reminder of what reflection types, so on the handout you're going to have this content right here on the top of the handout and it will remind you what reflections sort of look like and then you have what we call a reflection board so when you can have some stems to start practicing with and then practice you know doing like David and I did with what we call real play so find a person in your life, a friend, family member, spouse, loved one that you want to just practice your reflection skills and they get to talk about something they would like to make a change in.

As you do that practice like with some of the simple guidelines what you can do is you can then ask them for feedback on what that was like. And I will start helping you again build some chops when it comes to using that skill of reflecting rather than asking more questions. Okay. When we think about all that good stuff that you know to be true we have kind of the idea of giving advice and you know we kind of showed the bad example of the provider than the good example in a kind of resolves around the topic of advice so is it true you cannot ever give advice? No that's not the case. Advice is really important sometimes but giving advice before the person is ready for it is like taking a boat through a bridge rather than having them raise the drawbridge first. In order to give advice which is definitely necessary at some points in the clinical, in any clinical practice if you're going to follow a motivational style you want to open the drawbridge first so to do that, we have a practice called ask provide ask or elicit provide elicit. The idea here is you ask for permission. Or ask a question to see if they are ready for advice and then you provide that advice and then ask how they think about that. Or what they think about that in response. So, an example might be when David wanted to share with me the advice about watching the documentary, I can't remember the name game changers. If you wanted to provide that as a realistic thing, I could do to help me better my dietary choices he could say do you mind if I share a tidbit of information? And I could have said sure why not? And he could've then told me there's this really great documentary called the game changers and it is a pretty helpful way of thinking about X, Y, and Z so then he provides his education and says what do you think about that? At that point because I already committed to being open to the advice I kind of more necessarily appreciated the advice because I have committed out loud, I wanted it by saying yes, go ahead.

So, this is very much a tool for us to be able to open the door for discussion when maybe they may not have otherwise been very open. More extreme example would be you have a person in front of you who was told to go talk to you because of drug use or something like that and you can imagine there drawbridge is pretty closed as far as getting information

they see you as someone who just wants to tell them how to live their lives. So you say I have some thoughts about you know what you have been doing with regard to marijuana use you mind if I share those with you. And they say sure why not? Maybe they are not excited but they give you permission and you say yeah, so there is some concern regarding what you have been doing and there's some real health concerns related to X, Y, and Z and you say what your thoughts on that are? That in and of itself or probably be a more productive conversation based on the literature at least the person has committed they are willing to listen. Maybe they don't know that's what they are doing it that's kind of what they are doing when you do ask, provide ask or elicit provide elicit. Additional thoughts on that?

So much more a partnering into getting information. It's a way you explore what they already know so you're not wasting their time or unintentionally being patronizing, or you know telling them stuff that has no impact.

Yeah. That's exactly the point. We as providers we have gone to school, we have degrees. We have all sorts of thoughts about advice, giving information we have. We could bore them to death even if they already know it. But if we use that elicit provide elicit approach there is a really good opportunity to start from where their information or knowledge of information ends.

A great question for you to handle. So, when the patient says I don't know I don't know I don't know.

Yeah, say more about that.

Yeah. How do you reflect I don't know? And I will give my, I will give my response how do you reflect I don't know?

I might just say, I might try a simple reflection and really in my mind I am thinking like I really need to respect the reality that I'm not going to be able to muscle this person into doing what I or somebody else wants them to do so from a genuine place not trying to be a smart Alec about it which is hard because sometimes that's what comes to my mind but I might try to genuinely say the way you see it this is all a mystery. Or am I just say this feels really confusing. Try to get a simple and clear reflection. At my open up something and it might not. Especially if you have adolescents who are not feeling it to have some major talk to them about behavior change, they don't want to do.

Yeah, similarly I do often think about you know this is true of even young airmen that come in for evaluations I might say something like you know it is really hard to know why people think it's important you are here with me right now. Or when you think about all the things you can be doing now this does not rise to the top. Just really reflecting what they are communicating to you with that with that statement they are really ambivalent about sitting in front of you and the more we can do to reflect, even the things they are saying underneath is really about all you can do and they may not open up

That does work sometimes it is not a silver bullet. I reflected your confused or you don't want to be here therefore the patient gives you the holy Grail of change talk but if the patient were to come in let's say underage drinking kind of thing you start out with an open-ended question what do you what do you view as being why you are here? And the patient says I don't know. As you reflect back something simple like you just did what are you looking for in the response?

I'm looking for them to be honest, open up about their thoughts I think it's generally helpful to understand where they are at and even if they just simply disagree with the referral reason that is useful information. So, better than them shutting down saying I don't know and then kind of getting into a bit of an argument it's helpful for me to keep reflecting what they give back even if it's not moving in the direction of change at least they feel partnered with and feel like I understand. The truth of the matter is from the MI spirit perspective, people can change or not change however much they want. And we can have all the best advice in the world and at the end of the day they can do or not do anything we suggest. So, rolling with the resistance. Absolutely. You are not giving feedback from, if they're throwing the ball at you, you are just absorbing rather than bouncing it back. You want to be Jell-O. You want to say yeah, it's hard to say. And then just absorb it, take their frustration and kind of absorb it with reflections of their emotional experience or whatever it might be because it does not help to argue. Then you would be playing this game of catch you don't want to play.

Not I am rubber, and you are glue it is I am Jell-O and you are ambivalent. It doesn't rhyme as well.

Good metaphor.

Thanks.

When I do that, I am also looking for what does the person care about? It might be if we're talking about substance use and might be my way in to a discussion about changing how they use substances is not about substances, it's about they want more independence in their life and they want people off their case or they don't want to ever have to talk to somebody like me again or to me I am looking to drop the conversation about substance altogether at least for a time to figure out what gets this person, what do they care about? They care about friends, maybe their job, maybe they care about whatever and then perhaps and I will ask permission perhaps later in the conversation I will say obviously you care about these things would it be okay if we related that a little bit to why you're here in my office right now? Once I have generated some understanding of their values. So, it could be another angle again not a silver bullet.

All of these things are techniques you might find yourself using pulling out from time to time but it's not always going to work perfectly. I would say the nice thing about knowing all of these different techniques that build up a motivational style is that it is often more enjoyable from the provider standpoint and the patient standpoint than the alternative of just going back to brute force technique. Which brings us

to this conversation about resistance. Many of you must have been told about resistance in patients and there's even the term in motivational interviewing called role with resistance but what we like to think about is resistance falls on a continuum of being willing to make a change and/or staying with sustained talk or the status quo and you know if you could, reframe it as ambivalence it's very much the same thing so anytime you feel what you might have formally called resistance, if you think about it in terms of ambivalence it's a little more helpful to try to focus on why are they ambivalent? What makes them feel more likely to make a change? What makes them stuck with status quo? And if you are having a conversation with another person if there were only two chairs in the room and one is change talk the other is sustained talk or the position for change, position for sustained, status quo, if you occupy that change position like the doctor did in the first example of the video, she occupied that change position full force. That the woman should consider stopping smoking right now for the health of her child and she gave her all sorts of reasons why that was a good thing to consider.

The patient was ambivalent about quitting smoking but the doctor camping out in the change chair really make sure that the patient only has one other chair to sit in and every time I give somebody a reason for change for them in the back of their mind what happens very naturally is they will argue three or four other reasons why that won't work for them. So if David would've just rattled off like did you think about hiring a professional chef to do your meals? I could think sure, but maybe their fiscal reasons why that's not a good idea or I don't want them in my house with COVID and I can come up with a couple reasons immediately as to why would I want to hire a professional chef even though that would legitimately solve my problem. So if I am occupying the change chair just know that likely the patient will occupy the sustained chair so you might consider doing is leave both chairs open, don't take a stance verbally at least in either direction. Let them choose, let them show you where sustain is where the change talk is and help them to kind of understand their position more clearly by emphasizing more change talk. And if it's all right with you I will cruise through this conversation.

So, we're going to skip these slides. These are kind of sustain talking points. When we think about arguing for change you know this is the opportunity where you can try to control them, argue, convince, but they're always going to come back with reasons for not making a change. So, what we often talk about is softening sustained talk like we mentioned with the Jell-O. Sustained talk and reflect back in a way that's less impactful or amplified change talk. You have an example of that one softening sustained talk come to mind?

I think you know a simple reflection often does the trick. Kind of you are acknowledging that exists in your moving the conversation forward.

Yeah, so young patients say I don't understand why I’m here. We will take the young airman soldier’s failure underage drinking charge or whatever. And this I don't understand why I’m here. It was just a party I had a couple beers. Not like I'm an alcoholic and you say something like yeah, you're not convinced there is a real problem and at the same time you are

here. So, we can consider how we can make this most productive. Or something like that so you take sustained talk I don't see any problem and you say yeah, you are not convinced there is a huge problem and help them move toward something more productive. That the idea of softening sustained talk by allowing them to understand you understand what they're saying.

You acknowledge the sustained talk and you come at the same time you highlighted and amplified and made a much bigger proportion the part of them that was hinting at least a change which is I don't want to be here talking to you. This is a major inconvenience. You don't do yourself as an alcoholic or needing to change as much as everyone else does and you see this process as a waste of time or interfering with other things you could be doing which could lead into a very conversation down the road about how do you for sure or make sure for sure you don’t wind up back here.

Exactly. So, it's really opening the door for hey, I understand there are some reasons not to consider doing anything differently. And there's opportunities here to make this a productive use of time usually a conversation I would imagine a lot of people find themselves wanting to have especially with younger folks that don't feel like there's much of a problem as was mentioned earlier. This is another example. I'm going to keep moving through kind of quickly, but the person says I know I could do some things differently if my supervisor would back off this would be much less frustrating. So, here you can find the change talk and try to amplify that. You can soften the sustained talk and kind of also soften sustained talk just instead of saying my supervisor would back off it would be nice if you give you some space so you are acknowledging they are not happy with the status quo but you're trying to help them kind of soften the conversation a little bit through your reflections. Okay. I think we might not have time for these one-liners.

In the handout the very last page is the one-liners, in person these are a lot easier to kind of get through quickly it turns into a bit more of a production webinar style so we left them in case we would have time but we had some good conversation earlier so it might be worth just moving past it but those one-liners on the last two pages of the handout are really going to be opportunities for you to try and again try to soften sustained talk and amplified change talk. And you can do that with a partner or on your own. Just kind of thinking about doing those mental gymnastics of trying out different scenarios it will help you prepare for the practice in person with real-time patients and clients. So, this is kind of that exercise. Okay. Do you want to talk about this?

So, as you saw in the real played a little practice that we did. Toward the end of the conversation I took selective details of what he said, and I reflected them back to him and I do not use the exact same words. I tweaked them a little bit, but I give it to him right before we set and what do you imagine you might do next? So this is an important part after you have done a lot of work evoking change talk and reasons need commitment action or activation and taking steps, you have gone through the forest with this patient and in a forest you will come across beautiful things and you are also going to come across things that are

not so beautiful. So, you'll see blackberries and thorns, you'll see poison oak and you're going to see beautiful wildlife.

You are going to walk into a spider web like I always do because I'm usually the tallest person on the hike and you'll see a waterfall. And to give you a 100% realistic accurate historical account of a hike, it would take me forever but usually I want to tell people about all the things that made the hike worth it. In your conversation with the patient in the interest of evoking change making it more likely they will follow through with change I want you to imagine the conversation as you walk through the forest and you will be softening the not so good things softening the difficulty and the reasons for staying the same. And then you're putting back in front of them in a bouquet reasons desirability their motivation for taking change so that's what you want to highlight. Not so much the status quo stuff although it does exist and we don't want to ignore it but the stuff we want to highlight are your daughter's face in your mind, the fact that you will feel more healthy and active. Your awareness, the love for your grandparents that you carry forward with you.

So, it is a metaphor of giving up a bouquet of change talk is what we have you think about. What that does, it will help them kind of be an advertiser into behavior change plans and the alternative of course if you were to reflect back you'd be pretty much putting the person in the corner which is about how I felt when I asked Ryan why are you not nine or 10 and then he rattled off all the reasons to not change and even though I set up the exercise that way in my mind I was thinking he had a good point. See you later. SATA want to put the patient in that type of situation. So one thing you might try to do and not even in a clinical context but with a friend or colleague or someone you love or I don't know get a telemarketer on the phone or something like that. You have the conversation with them and really try to tune to listening, to change talk and the desirability and commitment and all that good stuff and at some point when you have asked clarifying questions and have given them some reflection give them back a okay for reasons of change, all the things they care about and then check-in that I get all of that that I hear that right? Am I missing anything?

It's pretty powerful exercise and a pretty powerful practice and it does not need to be and should not be constrained just a clinical practice. There are people in our life that we care about that we also want to actively listen to and we want to help, they are interested in making changes. Totally useful. See you can see lots of opportunities and prompts for you all to refer back to a change and we have spent I said 95% pretty darn close. Spending time talking about building motivation for change phase 1 and we will click through pretty quickly phase 2 which is developing and lamenting and maintaining a plan for change which I'm guessing you are pretty much experts on already. This is the smart goal, the planning, what are you going to eat now? What book are you going to look at what are you going to do instead of drink alcohol? Now that we have agreed and have decided this is something that's worth doing making the change. So these are the familiar things, set a specific goal. A smart goal with specific measurable attainable realistic timely trackable. Shrink the change as we showed earlier with the behavior

model. Pros and cons of the different options, come up with a plan, check in with the commitment they are committed and then try out and see how it goes keeping in mind the reasons why somebody would make the change in the first place. If you can think back to that example of what are the components of the encounter this is the Red Square at the very end of now that we have the oven preheated to the perfect temperature have a conversation about what to do and take off. So we showed you some scaling questions in action in the real play we did and it turns out that is a pretty classic MI tool for generating reasons for change.

Typically, I just ask one thing how important would it be to do? Using the scale in mind, you can also explore different elements of change. You can explore confidence which speaks to one's ability or sense of your ability to make a change. How ready they are. In terms of timing how ready are you right now? And so importance, confidence and readiness are three areas you can explore before you get into this question. Given how important this is, given the reasons why this matters, given that it seems imminent this happens now. What is your next step? Now the conversation is about doing.

So we encourage you all as we get to the end of our encounter and hopefully there has been some level you have been able to not just, I know it's been a lot of listening and watching us baldly there has been a little bit of encountering this information on a personal level thinking about your own reasons why you would sit through 3 1/2 hours of work and seem like a technologically clunky workshop given what you care about, given the patients you work with, given your career aspirations, given the impact you want to have in life, given MI is an option. What do you do about that? What steps do you take now as we think about planning? Ryan made the point earlier this workshop, it ain't enough. MI is a skill and MI just like any skills, our ability to actually do the thing is going to atrophy. And needs to be practiced developed and honed like this samurai sword. Without intentional practice and feedback, we should not expect to get much better at a skill. So, what we try to do and we try to embody as well as encourage other people to do is probably if you already had a baseline set of knowledge about MI this might have added. Maybe you got a chance to at least mentally or in the chat box practicing the skills. You got to see us interact a little bit and the journey continues. How do you know continue to hone in your skill set? How do you know implement this and get real feedback that's going to help you to be better at MI? And I guess this is the last slide. The MI treatment integrity coding manual Ryan referenced earlier is something you can use in addition to these exercises we have given you and given you ways to practice. You can use the MI TI as a way to basically code or observe your own -- as soon as you step away that's what happens.

Sorry about that.

I think I made the point. Hopefully this inspired you and encouraged you and got you excited about furthering your MI journey. And along with Ryan and I we might be further on in the journey, but we are actively practicing because we know if you do not, your blade will go dull. So yes, a lot of other resources. Love that book. You can put into YouTube MI and watch people do videos. We say watching people do MI, watching

people do any of these things as they affect often increasing one's covenants in doing MI, but usually doesn't increase competence. Doing it is what helps people get better. In some ways with these types of skills he more you watch other people do it and the more you watch people do it well and might even interview with developing skills. So that's the opportunity to practice. Your question about certification. Kind of unique times in MI land. At least like the motivational, there wasn't a certification and the rationale was this is a skill set something you should always be practicing and getting better at so they were hesitant to say you are a certified black Angus certified MI trainer. They did not want to reinforce the notion that this is something someone can develop and be done with the training because I'm certified. So, what they would do? They would induct members into the motivational interviewing network of trainers. You are kind of a peer-review trainer essentially. Within the last year to have opened up the opportunity to be a certified MI counselor through mint. I don't know much about that, so look at the motivational interviewing website. I think motivational interviewing but if you Google motivational interviewing you will end up at the website and you can learn more about it.

Yes. My input on this, I want to foot stomp what David said. Get practicing, if possible, practice in a way you can record yourself for me. This was the biggest leap in skill acquisition, not just getting feedback from somebody else who does motivational interviewing well. It was really listening to myself and being able to understand that was not motivational interviewing and that was. So, I simply listen to myself on recordings and then I would keep marks for how many reflections I made. What type of reflections? Kind of like using the MI TI so I could say I am using it here and these are some things I tend to do not in line with motivational interviewing. When I could hear myself be clunky or if it didn't sound right, I would then very quickly understand how I should modify for next time. So personally, I am an auditory learner, so I needed that piece to move in any positive direction. So, I cannot overstate that. Listen to yourself. Yeah.

Thank you everyone for your participation today. Even though there was some difficulties with mute and everything we appreciate you typing in and staying engaged. It really helped out a lot and we appreciate you.

Thank you so much we appreciate your time. It was very informative and helpful. To watch you guys go through scenarios is very helpful. Just to see how that could flow. It was very easy to see how that could go from one place to the next. It even seemed like you having a good time doing it so that was more fun. We appreciate you guys being here and I hope in the future we can work on train the trainer. I know that would be an awesome thing to bring forward in the future. A reminder for everyone else make sure you submit your sign in sheet to Troy Spencer. Submit your CEU sign in sheet and CEU evaluation to Carla and the emails are here the notes. Again reminder if you want the material sent to your house please go to the website and go to the gigantic click here button in red and we will send you fun things like a book and notebook and a pen. I know how much everybody loves the pain scales so they are available. As well as other resources.

Again, reminder a survey will come out in the next week or so. We appreciate your feedback in every training we do. We would like you to respond if possible and note the CME survey a separate from our survey coming from either myself or the conference group.

[Event has exceeded scheduled time. Captioner must proceed to captioner next scheduled event. Disconnecting at 4:31 PM ET]

[Event concluded]