Alright now I would like to make a quick introduction about our speakers. Major Mark Patience Clinical Health Psychologist and Deputy Training Director of the Clinical Psychology Residency at Joint Base, Andrews, Maryland. He completed his doctoral studies at Texas A&M and his residency at Beaufort for Ambulatory Surgical Center, graduating in 2015. He then served as the ADA PT program manager and mental health NYC at Barksdale Air Force Base from 2015 to 2018. In his free time Major Patience enjoys spending time with his family Brenda, Joshua, Lucas, and is excited to explore what [Indiscernible]. Captain Chase Aycock is the Clinical Psychologist and Postdoctoral Fellow in Clinical Health Psychology at JBSA Lackland Air Force Base, Texas. He completed his doctoral studies in Wheaton College in Illinois and his residency at Wilford Hall Ambulatory Surgical Center, graduating in 2017. Captain Aycock served as the ADA PT program manager at Hill Air Force Base from 2017 to 2020. [Indiscernible] the mental health OYC for all DAPRA are based in the United Arab Emirates in 2018. And as a [Indiscernible] for Ali's airbase in 2018. In his free time cutting expenses as much time as possible out on the trail or engaging in outdoor activities. Without any further ado, let me introduce the leader, Major Mark Patience and Captain Chase Aycock.

Alright, thanks so much Carla for introducing us. And yeah, like, like she mentioned, my name is Captain Aycock, and I'll get us started here, and then Major Patience and I will go back and forth. Throughout this, and we're really excited to talk with you all about motivational interviewing is something that we both are super passionate about. And we can see if you, Mark that's in there. Yeah, we're super passionate about this. And we have been for several years, and both of us has worked in aid apps, like the Air Force version of substance use clinics before. And right now, we're working more in clinical health psychology clinics. But we'll talk through quite a few things today. And I'll show you the agenda just in a sec. But we'll also ask for quite a few times, you know, to put some feedback or put some responses in the chat box there, it definitely makes it a lot more engaging, if it's not just talking heads the whole time, but we can have a little bit of conversation. And we'll try to make it as interactive as possible. We, we both love doing things in person. But you know, we've got to make the best that we can during weird times.

So further ado roll forward, we don't have any disclosures, or we're not speaking for the DoD or the Air Force on. And here's the title. So, we're also going to throw out a little bit about the science of behavior change to kind of talk a little bit about how motivational interviewing ties in with the psychological sciences, motivation and habit formation and change. So that's an additional thing that we're adding in here. And both of us have been invited to the motivational interviewing network of trainers. So, we practice this weekly with a team. And we're also joining that group to become certified trainers as well.

Alright, so here's our agenda for the day. And after we talk a little bit about the science of behavior change, we'll dive into, like, what am I really looks like, and the evidence for it, the structure of how it plays out over visits. If that's single or multiple visits, we definitely realize that there's some people in this room that have a whole lot of experience with motivational interviewing, and maybe this is a refresher, or a slightly different way to look at things. And some of those might be the first time that you touch base, or that you interact with this content. So, we'll try to keep it broad knowing that there's a variety of experience in the room. But in three and a half hours, there's only so much that we can cover in all of this so we'll also kind of end with additional things that you can use to continue learning in my Alright, So, first questions here, if you could type this in the chat box, what substance use issues or concerns are common among your patients? In the clinics that you work in? In Yeah, I see a lot of alcohol, marijuana, medication abuse, diversion, comorbid, psychiatric illness.

Oh, Tobacco was coming up more often than I was ready for it, too. That's fantastic. Yeah. I mean, not fantastic that people in you get it. That's good. That's great. We got a pause on it. We get excited about that, because both of us are involved in some research on tobacco. But in eight apps, a lot of times we don't get those cases that go to primary care, behavioral health or something like that. So, it is interesting to hear that people are working with that to caffeine as well. Wow. So, word of mouth just some more. I'm just struck, you know. So, I know, Chase here and I experienced with eight app. Some of the more illicit substances didn't come our way, you know, it's kind of service, impeding or ending in some cases. But it sounds like the group that we have today, the 20 of us 31 person was awesome.

More illicit substances as well. I mean, even in the cocaine, or maybe what's considered Harder, harder drugs range of knowing. Yeah. So, his second question here. Now, when you're talking to those patients, about changing behaviors, how do they typically react? How would you describe their reactions when you're talking to those patients about changing behaviors? Defensiveness, minimization and avoidance. Robert would agree with Robert, we'll come back to that work. I'm not ready. Don't try to take it away from me. Yeah. Denial, that's not a problem. I'm fine. That's a really interesting spectrum there. So somewhere between discomfort and avoidance, the agitation and defensiveness, that's that whole spectrum is a maybe a tough place to come about behavior change from. And big change away from here, man, I'm looking at this and I'm not hearing I'd be curious if anybody on the line. You know, I'm not hearing anybody say people are chomping at the bit, showing up and going. Oh, my gosh, I like actually, yeah, no, not even on the last one. And I'm curious, maybe, maybe that's just not the most prominent thing. But yeah, I mean, it sounds like we're all experiencing the sustained side of change. That's tough. But yeah, definitely. And we got one more one more question here. And that was what's the biggest challenges that you face in talking with them about making changes because your patients might be saying some of these things like, hey, I need this because it's the only thing that helps with my anxiety or something like that, like are you find that they're defensive or denial? Like what challenges are you experiencing when you're trying to talk with them about making those changes?

All highlights a good one, like if they're saying like, hey, you know, the commanders are saying like, their essential mission first, then this their treatment could go to the, to the wayside a little bit. What I'm getting Yeah, yeah. An Eric's talking about it. You know, it's difficult to find the buy in and Thomas is saying that the other people have already had the tried, right. So, rehashing it, I mean, that's, that's tough. Matt, Matt highlights a really good point. You know, sometimes they actually They have a good rationale for avoidance where you might collude with their avoidance a little bit, whenever they have more acute things to address. So, then that can be a challenge to, yeah, maybe a pathway towards better things. Yeah. Yeah. You know, it's also kind of a challenge. Sometimes if you feel like you're trying to get somebody to make changes that they're ambivalent about, or you feel like, you're not sure if they want to make those changes, like for me, a lot of times, it feels like, I'm like, having to like try to push them in a direction that they don't want to go. And so, I'm curious to you, if other people have that experience to where like, Man, I feel this pressure to have them go in this direction, but they don't want to. That can also be a challenge, in addition to all the other things that we're talking about here. Yeah. Well, gosh, in the context of the of the struggle, right, so our population comes in, from what you all have said, our clients that are in panel men that come in with real struggles, I mean, those are some hard hitting substances, anywhere from alcohol, and even caffeine, to cannabis, and opioids, and cocaine and more illicit substances. I mean, they're coming in with real suffering in their lives. And, and

it's a struggle, because when we go about to talk about change with them, because these are habits and habits that might need to be to change in order to experience reduce suffering, what do we get?

Well, we get the spectrum, that's not a lot of fun to encounter, we get the defensiveness and the ambivalence. And, and from our side of things, it's a challenge as well. So we're looking at, we're looking at other people have already had these conversations, I'm trying to have buy in, you know, we jumped into this profession to try to be helpful, but what we really find ourselves in the struggle, and I'd be really curious, in that context, why we keep showing up, day in and day out, we seem to come back and lets play this video here, Carla, and maybe to set the stage. We're really curious to know why.

If you can, this is our first test of the video today in the chat box. If you can hear it, just say yes, if you can't put a no, we're gonna go ahead and play this. You can write everything down if you want to be brave enough to write every one of your goals down, but I'm going to tell you so life's gonna hit you in your mouth and you got to do me a huge favor. Your why has to be greater than that knockdown. And I love it. Buster Douglas got knocked out. Nobody ever got knocked out by Mike Tyson and ever got back up. It was almost a 10 count. He was stumbling with 4,3,2,1, saved by the bell. He goes to his corner the whole world is like up that's it. Once he comes back out, that's it. Mike's gonna just hammer and exactly that Mike Tyson came out like I got him. I got this kid up against the rope. Listen to me, many of you right now lives got you up against the road. You can't give up. You can't give in. Listen to me. If it was easy, everybody would do it. And if lives got you backed up, I need you to do in Boston Douglas did Boston Douglas start fighting back? World was shot. Goliath has been knocked down what happened and then went to Buster Douglas and that was it that was simply like what happened in Boston. Duncan said, listen to me. It's real simple. Before my mother died. She told the whole world that I was gonna be Mike Tyson. And two days before the fight, my mother died. Buster Douglas had he had a decision to make when his mother die, he could die with his mother, or he made a decision. I can wake up and I can live for mom, and he knocked Mike Tyson out simply because his wife was greater than that. His wife was greater than defeat. His wife was greater than his trial and tribulation. And I'm telling you, if you don't know what your y is, and your wires install, you will be locked out every single day.

No sometimes technology is either facilitating or difficult, but I appreciate everybody working through to get access to that that audio for those of us that that were able to attach the video, I wonder if you would share if you felt comfortable if you'd share in the chat box What's your why? Either to join in the first place or to get back up every day and push against this boulder. The challenge that's in front of us and treating substance use disorders are in being useful for this population. What is the piston that's driving you to come back time and time again? If you share that with us, we have via chat that'd be fantastic. We're really appreciate that. What does it for you Matt saying you might Yeah, I might make a difference for someone even just that phrase in there make a difference as powerful the next time might be the time Yeah, I don't know I got an image of like a slot machine in my head like I'm just gonna keep going? And one time like the payout could be huge. Huge payout for the people come in to see us that healing is possible. And yeah. This is the human spirit like we can improve. Thomas your patients are showing up isn't that something like even what they like, even in the context of ambivalence and defensiveness and frustration? Like they put foot in front of the other to see you? They showed up to see you. And yeah, Lieutenant Commander Walburg-Painter, you might be there why? At least for now. That one down strikes, like to be somebody else's? Why that that role that we might play in other people's lives.

I really want to thank you all for chiming in there. We have reasons for wanting and for, for showing up and for and for staying in the struggle. And our clients do too. Sometimes it's harder to see we all really do we want things to end up like this, right? This feels good. When patients show up to the clinic, and again that that like the next time jazz in the next time might be the time like we put in the effort. My client comes I show up we come into this room we say we're going to get out this we have all the materials to make it right we have all the lights and the strings and the cords. And gosh, doesn't it feel amazing when it comes out looking like this? Like, oh my goodness, look, look, look what we've done real change in people's lives that not only impact themselves, but layers upon layers of their family systems and social systems, and occupations and people they support and what is possible is amazing. And from time to time it. It also turns out like this, which feels a little confusing, right? Anybody either just a yes or no. Anybody experienced this from time to time in their patient care as well. Where it's like, gosh, I Be nice if this would go right. And something just didn't go quite as well. Just Yeah, Matt. Thanks, man. Yeah, just a yes or no lift usually look like namesake I probably pronounced that wrong. This photo is beautiful too. Why, why this strikes you as beautiful as well? And in what way is this also beautiful that that might be the first time I've heard somebody say that.

And while you're typing that out, there's still light, right? Like we still accomplish something, even if the something is that we both showed up. Maybe there's something to draw from week to so we like things when it comes to the care. Now isn't it exciting when it does turn out like this, and this is maybe the destination that we'd like to go to. But that's a little bit where motivational interviewing might come in. And we'll dig into that and down the road in a minute. But first we want to just briefly talk about some signs of behavior change. So, Chase and I are psychologist, me with some of what we do. Hopefully, Chase is science bound and evidence bound of it. Most of the science comes from behavior, we're not prescribers, we're social scientists, we're people that get really interested in behavior and how to form and change habits. So, let's jump in a little bit here. And this will be kind of the most information heavy, but standby back and back, Stan standbys, stay engaged. And if you got questions that come up, man, just put them in the chat box. But let's go here. So, we like to think about behavior, propensity, or the propensity for behavior, or how often or the likelihood or chance that a behavior is going to happen.

As a measure, or at least impacted by two different variables, one of them being motivation, it'd be really weird, by the way, in a motivational interviewing, didactic or talk if we didn't say the word motivation. So, one thing that drives behavior is motivation. And another thing that drives behavior is, frankly, how easy the behavior is to do. So, Chase just got done with running some, like 100-mile Yukon trail ultra-marathon thing he was telling me about, and that's hard, and I have no idea, I'm not gonna be able to do that. But if you ask me to put like my shoes on and walk around the block, well, that's pretty easy. And so, I'm probably pretty capable of doing that. So, behavior propensity, really a function of two things. And notice, we use a picture of knobs here almost to suggest that we can change both of these things. Myself, as a behavioral health provider, I can work with clients both to adjust motivation, as well as to explain four ways to adjust eat, or what opportunity or ability, the person has to do something, we can then graph these things.

So, if this looks familiar, BJ Fogg came up with his model. Fantastic. He has a great book. This model, graph, ease and motivation on an X and a Y axis. So, on the x axis here, you see the task might be hard or easy. So, from left to right, on the left side, the task could be considered super, super hard, like an ultra-marathon. Super easy on the right putting on my running shoes. And on the left, you could consider motivation or how interested I am in doing something. So, on the low side, on the y axis, completely

uninterested. And that's exactly where you find me in running an ultra-marathon completely uninterested, not interested at all, or like eating. I don't know, radishes, my dad really loves radishes. If you asked me to eat more vegetables, I might have some might be a little interested. But not or find radishes to be not appetizing. Or maybe I'm super interested in it like engaged like, man, I've charged up like some of what you all presented, I want to be useful, helpful, be somebody why, gosh, I can feel really motivated in that moment. And on this graph, you see kind of a slope here, we can graph different tasks. And so, the bottom right, little red dot there might just be putting on my shoes. To be honest, I'm not really motivated. I'm not really interested in putting on my shoes, but it's super easy. So, it doesn't take much motivation to make it successful. Or to make that behavior land on the upper side of the slope. Notice all the way to the left. As things get more difficult, we would really need a lot more motivation to make them happen.

So, if this were for me, okay, well, I'm going to eat radishes every single day. Well, we might or not radishes every single day, if I was gonna run like a marathon, I might have to have a lot of motivation because that could be inherently more difficult. And as we work through these behaviors as we do More often, such as the case that as we turn things into habits, habits become easier in our life and can fall off, not taking much effort at all to engage in and be put into a certain type of loop here and again, BJ Fogg tiny habits, talks about a trigger like a prompt, so my alarm goes off, the action might be put on my shoes. And my reward would be maybe an m&m, we just got a bag of m&ms for my two, five for my five-year-old or my two-year-old as like a behavioral or thing. So, I do that thing after the prompt. And then I get a little reward for doing so. And that can really help develop some habits. Okay, so before we go any further on here, bottom line, behavior can depend on motivation and ease, and we can adjust these things, we can also grasp them in this way. Okay, taking a step back, we all have our brain. And that's kind of an important organ in our body, most of which is made from this like basal ganglia area, and this is reptilian. So, the vast majority of our brain could be considered what we share with rats, dogs, lizards, it's reptilian. It's at the core, it's the basic drives, and just on the outside of the apple in this metaphor would be like our neocortex. And this is what makes us uniquely human.

This gives us our ability to reason to choose to predict and this is where the thought comes from. And it's a gas guzzler, our brain takes up about 25% of all metabolic activity. I thought a lot. All it's really efficient at changing glucose and oxygen and energy. Well, that's a good thing. But from there, we get all of our beliefs, attitudes, and behaviors. So, what could possibly go wrong? Right? Well, probably a couple of things. One thing is that there's about 11 million pieces of information that you could attend to at any given moment in time. One of them could be my voice, but this is also it doesn't escape me, this is an online virtual presentation. So, you probably have two screens, a phone, email pop up, you have YouTube, you have Facebook, you have lots of things that you could attend to. And you have all the generic information too. You have the sound from the lights, or the sound from the hallway, you have your thoughts, you have lots of things, you have 11 million bits of information. And you know how many of those you can focus on or absorb at any given time? Any guesses? Throw it in the chat box? is my attempt to snag one piece of your attention?

Yeah, 43, our brain is about able to attend to about 40 pieces of data at any given time. Now, Thomas, your point is one taking like intentional focus, maybe one, maybe I could really focus in on one thing, but our brains about able to bring in 40 things at a time. Which means what you see is all there is we wonder like, well, how could it possibly be the case that somebody puts their bike on top of their car and then like, you know, tries to drive into their garage or under a low hanging bridge? Like how in the

world? Is this happened? There's no way that I forget, right? Well, what you see is all there is there's a recent example of this that I find just fantastic, which is recently there was in 2020, lots of people got email or mailed seeds. Does anybody remember this? And 2020 It was mid pandemic, but everybody got mailed or not everybody 1000s of people got mailed these seeds from China that said that they were marked earrings like earring studs. But they clearly weren't they were clearly packages of feeds. Anybody remember that one? Just by chance in the chat box? Remember going through that moment in time? Yeah.

So, the news media got ahold of this. And of course, there was a little bit of a stir and panic because people were receiving these seeds and they go, I didn't order seeds. Why am I being sent seed? And it was weird because one of the bits of information was well, there's this Chinese lettering, and I didn't order anything from China and they say their earrings but clearly, they're not there's has to be some like bio terrorism thing, right? And then the FDA came out and they said do not open these seeds. Do not plant them and of course some people planted them because I can't say that I wouldn't plant them. That's an interesting feed, throw them in the ground, but they were like it could be bioterrorism and then the news got ahold of it. And they were saying, gosh, be on the lookout for these seeds. Don't do anything with them. You're not supposed to burn them. Don't eat them. Don't plant them. Don't do anything with them. Just report to your local authority. And eventually somebody does do some digging and tried to find out what in the world going on here. And they thought, with good reason they go, Okay, well, this makes sense. It's like a phishing scheme. So, companies across the globe, some nefarious companies engage in this practice, where they have to send somebody a package and has to be received to then put like a review on Amazon, you have to have a confirmed delivery, in order to be that customer puts a review. And so, this is, you know, more common practice than we'd like it to, but people are the Okay, competitive market. This is what's going on, all these are delivered, and the company writes fake reviews. And people go Ah, okay, well, that makes sense, right? Except for one investigative reporter.

That investigative reporter decided to go a little bit deeper, and got curious, and he asked a smattering of the people that are received the seeds. Hey, did you order these? And the people that had received the package? Well, there's no way I ordered these, I didn't order seeds from China. And then he'd ask, well, could you just check your Amazon? Could you take a look? And they'd look back at their Amazon. And sure enough, three or four months prior to receiving these seeds, they had ordered. So, we asked more people and more people, sure enough, they'd ordered these seats. And not one of them had come out and said, well, I ordered these things I expected to get them. You see the only 40 bits of information that were available were the Chinese lettering, the mislabeled package, the news media, being in a frenzy, the FDA coming out and saying, Do not open these four months of time and pass, we were in the middle of a global pandemic, ordering seeds is actually a pretty normal thing at the time to make these freedom gardens and like, Hey, I don't want to go out and I've got time to let me do this. And when you order something off Amazon, you don't know where it's going to come from. It doesn't tell you that it's being shipped from overseas. But it turns out they were and this great to do about these seeds. Was everybody forgetting that they had ordered them and making that air? You think to yourself, there's no way that I make that air? But it turns out, we are human?

Does anybody already know that story? If you did put it in the chat box. I find it just incredibly interesting. But a great example, that to be human is to air is quite human chase in search? Of course, you did. I called you and told you and I found that one out. Because it turns out we're not perfect. We

err but we're not random in the way that we make errors either Kahneman or Tversky won the Nobel Prize in Economics, showing that the way that we make errors is quite predictable. And there are a lot of ways that we make errors. And of course, we like to name these patterns, different things. So, we've come up with plenty of names for them. And here's just a few. We'll talk about one of those today. Because it turns out, it's particularly important in the context of substance abuse treatment. And that is delayed discounting. So let me ask you this. If you had this cake in front of you, just right there, it's you can reach out and you could just you could hit a button, and this cake would appear. Or you could reach out and you could push a button and you would have the physique of this chiseled god of an older gentleman. You can hit either button. Who's hitting cake and who's hitting physique be honest. Cheers will be God. Meteor Fisher. God, yep. What else? Really got two people that would push either button. Anybody pushing the cake? Out of every time to press the cake. Yeah, there it is. The cake is awesome. I want to make one of those someday. Yeah.

Yeah. So more often than not, you know, we do have goals. We all have goals in life often and one goal that we frequently hear about as well. You know, I want to be I want to be fit. I want to be physically fit. And if these two things were available to us like this, well, we could make an equal choice, right? I could either choose cake or chisel God. But the cost you know that they're both they're both right there. More often than not the Oh, it looks a little bit more like this, this is delayed discounting, that the value of the thing that is right in front of me is worth more and easier to see than the value of the thing that's further away, you're down the road, which makes us just easier to choose the thing that we might not otherwise choose, it looks like this on a day to day basis. Like if I come home today, and I go, I'm gonna get on my bike because I want exercise, but then I open the door and, on the side, table is that cake, I'm having the darn piece of that cake. Whether or not my intent was to exercise and work towards a loftier goal. And when we look at it in the context like this, the other was cake and physique. But in our line of work, well, isn't it the case? That more often than not, it might be like substances and family.

I'm curious for you, if you again, if you feel like you share, what are some of the reasons, some of your patients might choose substances? And what are some of the reasons that some of your clients might choose? Family? Yeah. Yeah, for the substance side, there's some immediate gratification there. And it's a coping thing. Alcohol or substances can help. And yeah, can help interact better with family in the short term? Yeah. So maybe they feel like and think to themselves, well, gosh, this is actually I'll say enabling but that's probably the best word my brain is going to come up with right now. I also have errors in my machine, that bugs and it goes to the machine. I'm hearing lots of lots of comments on here about kind of trying to reduce negative state in the short term, and, like avoidance or numbing. Yeah, help them feel better immediately. Family is hard, and a lot of self-management of symptoms through alcohol, or other substances.

So yeah, definitely focus on the short term. And with this hyperbolic discounting, stuff like that rush. Because in the short term, gosh, if these things were really right next to each other, it might be equal choice. But then the machine makes it kind of look like this in our very human ways. I go home, and I open the fridge and the beer is right there. And maybe further down the road with not so obvious is my motivation towards family. And so, this is the delayed discounting, effect and the way that it plays in so that if we were to go. Honestly, I mean, if I'm speaking honestly, sometimes, even my brain goes, when God's choice should be clear, you're like you're ruining your relationship with your family, you're sacrificing this great job that you have all of the service that you've put into your country. I mean, even

my righting reflex starts to take kick off, because it seems like well, isn't the choice so clear, when in reality, might not be the point. So, Thinking Fast and Slow.

Kahneman talks about a lot of this stuff. And he makes fun of The Economist a lot, and psychologists a lot because everybody falls prey to these same things, even if you're aware of them. And he gets a lot of examples of like having nuts on the counter at a party. People just keep eating them until he realized they're just going to eat all of this spoil the dinner until I move it farther away. And then everybody thinks of him when he gave them fewer choices. And they were like why in the world was going on where economists were supposed to like to make logical decisions all the time. But that's where all this research kind of come out came out of with behavioral economics that we don't always make the most logical decisions. Because we, we fall prey to the stuff. So, I just wanted to put on that point mark, because we all fall prey to this to our patients. And that that's all this is highlighting, you know, the gap between what we intend to do and then what we actually do. And that's where at the beginning, you know, we want the ideal outcome with the lights on the house, but sometimes it just doesn't turn out that way. And a lot of times whenever that happens, say that the change doesn't happen, or there's discord between us and our patients, we call it resistance. And so really want to unpack this term a little bit and figure out what's another alternative whenever we have these scenarios. And one way to think about resistance is, really, it's been pulled in two different directions.

You can think about like angel and demon on one shoulder, on different shoulders. Or you can think about, there's maybe two separate chairs, like there's changed chair, and there's a sustained chair. And we'll go back to that chair analogy in just a sec. But really, if we're thinking about this as being torn between two different choices, the word ambivalence which was thrown out by somebody right at the beginning, they may have already known that mind doesn't really like the term resistance. But ambivalence is really kind of, in emphasizing this decision between two different options, rather than resistance of what the external person is trying to make somebody do. So, we'll unpack this a little bit more ambivalence. Here's the definition straight from the dictionary, but simultaneous or contradictory attitudes or feelings, towards some kind of action, objective person. We've all experienced this and many times in our life. And, you know, as we're kind of thinking through this, because a lot of times if we're trying to learn something new, or trying to connect to our patients, thinking about the changes that you're trying to make in your own life, that maybe you haven't been able to make, maybe tried keeping that in the background and think like, why am I not doing what I want to do? You know, like, maybe it says, you want to cut back on sodas, or caffeine. And you're struggling to do that?

Well, it's kind of the same process that a patient might be going through, if they're trying to cut back on drinking. Why are you struggling with it? Why am I struggling with it? What's pulling me towards and against it? And that's the ambivalence that we're trying to get in touch with. So, again, saying that there's this example of two separate shares. And if somebody's sitting more in one of these, for a longer period of time, maybe they're more likely to adopt that agenda towards change or sustain. And maybe they'll be more likely to do that. And, really, we're wondering, which chair, would you like the patients occupy? It's pretty obvious, you want them to be in the change chair, right? What happens is if we sit in the change chair, and we're telling them, hey, you really shouldn't drink last, you're going to throw away your career, your, you know, your family's already upset with you. You're hurting your liver, you know, like, if you don't do this, you might have another program fail, you're probably gonna get kicked out of the military, you know, like, we're giving them all of the reasons. We're sitting in the change chair. And so, then their only option is they're going to take up the other side of that argument, because we're,

we're naturally assuming that ambivalence is the rule, not the exception. So, I'll circle back on that just a bit. So, like, if ambivalence is the natural state of affairs, and we occupy one side of the argument, somebody's gonna have the internal recoil, to where they're bringing up the other side of the argument. And so, we, we don't want to fill that chair, we want them to fill that chair. And so, a lot of what we're focusing on in EMI, and really what we're going to hit hard on for the next few hours here is how do we help them connect with their intrinsic motivating reasons? For sitting in that change chair, if that's what they, that's what they want. We're trying to make the ideal opportunity for them to change. We're not trying to change them or persuade them. So that's kind of the 1000-foot view. But we're going to dive a lot deeper on all this next scene Mark smiling.

Thought about that? No, okay. Well, motivational interviewing this is kind of the, the main primer on this by Miller and Rollnick. They came out of addiction counseling. Practice primarily in, in New Mexico. But they came out of that world because they were finding that all the treatments back a few decades ago, I can't remember exactly the exact timeframe when this was developed. But all the treatments were very behavioral and confrontational. And they were just realizing, man, we're just having people more likely to fail, because they're coming up with all the reasons why they wouldn't stay the same. And so, they just really radically changed this around, pulled a lot from like, Carl Rogers work, but then also from behavioral treatment, and created this intervention. And here's how they define it.

The collaborative, goal-oriented style of communication with particular attention to the language of change. So, we call it a lot of times the verbal behavior, because the language is so important, our language that we're using, their language that they're using, and also the private language, that a lot of times we refer to thoughts as all of those are increasing or decreasing the propensity for change. It's designed, motivational interviewing is designed to strengthen the personal motivation and commitment for a specific goal. We, we have some groups here that will lead with residents' small items, they'll watch the group the first time and then what can I ask like, what do you notice? And they'll say, like, Oh, it's a good conversation. Or they'll say something along those lines. But they don't really know initially what to watch for. And so, it doesn't seem goal oriented, it might just seem like, you seem to be respectful and kind to them, and they seem to be kind back. But a skilled practitioner in in motivational interviewing has a very focused goal in there. You know, it's not just following but guiding style. So, we'll talk more about the style later too, but trying to elicit and explore their reasons for change, rather than feeding them ours, within an atmosphere of acceptance and compassion. And there's quite a few. I mean, over 1000 Actually, clinical studies on this now that, that there's a moderate effect in medical assessment, medical settings for use of EMI with a wide range of things, you know, this could be practicing your, your homework for clinical visits, outcomes in dental settings, and, you know, drug and alcohol abuse clinics, in exercise, lots of different things, mental health clinics, we use it a lot within the Medical population, for like adhering to physician guidelines or PCM, guidelines, things like that. Trying to increase improve your sleep behavior, things like that. And it's also very effective in brief consultations. And that's where I think there's a quote on the next page, but they're saying like, you know, if, if you only have one?

And maybe it's in the notes, if you only have one bet. Yeah, with the odds of a single session. Am I being a good bet? That was thought I was coming up. Because we did, we did a brief study, actually, with tobacco cessation here at Joint Base San Antonio. And we had PCM finally change how they communicate with their patients and said, if you if you were to make a change, you know, what might that be? This is people that generally didn't want to quit tobacco, but it was just kind of projecting. If at

some point in the future, you were interested in making a change, what might you try, and then we monitored prescription patterns over a period of time and did a booster and over the three-month baseline, and then initial intervention and then the booster each time prescription for an AR T meds dramatically increase. And that was after just training the providers in a very time limited period. What could they do to interact with their patients in slightly different ways? And they had pretty good outcomes. So that that's one example. But there's been plenty of other published findings on those. So not to belabor the research too much, but there's a lot of good outcomes out there.

Where have we been? And where are we going? Well, where we've been, as we started out today, by exploring a little bit of, gosh, what makes this job a little bit of a challenge? And why do we keep coming back to it and tapping into a little bit of our own motivation, and maybe even motivation for learning a little bit about an eye? And then we talked a little bit about science of behavior change. So where does behavioral propensity How can that be mapped? What goes into that? And what goes into where, where it errors? So, all the reasons in the world to make a good change, but we can feel ambivalent about things sometimes. Gosh, isn't that expressed as resistance? You know, we got to be cautious about the way that we talk inside of hospitals around one another. Sometimes it doesn't sound like we even like our patients, when we call them that resistant patient, aren't they? But maybe if we frame it in the term of ambivalence, while ambivalence is a pretty normal state of affairs, we feel two ways about something.

And so, in comes motivational interviewing to help try to resolve that ambivalence in an evidence-based way. And gosh, isn't it evidence based over 1100, RCTs and counting, and if given one shot with our clients, which by the way, the average or modal number of sessions that our patients engage with us is one, and that's not just in mental health that's across the healthcare facilities. So, if I have one shot, motivational interviewing is a pretty good bet. Not perfect. not the silver bullet, but a nice way to engage with people. But you might be asking yourself well Major Patience, Dr. Aycock, that's all that's all fine and good. But what in the world does it look like? Like I see an example. Absolutely. Yeah, let's do that. Let's first take a look at a video of maybe a little exaggerated, but not too much. Let's take a look at a video about when what's not motivational interviewing. And I'd like during the video, if you could just be jotting down or preparing to type in the chat bar your observations. What do you notice about the practitioner? What do you notice about the client? Carla, if we can load up that video and remind everybody that the sound will be coming through your computer?

Watch, what happens is this provider becomes more and more confrontational in her warnings about tobacco use in her advice to quit smoking.

Okay, so I wrote a prescription for an antibiotic for eight, and that should help with the ear infection. But in looking through the chart, I mean, it seems like he's had six or seven of these just in the past year or so. That's really a big problem. Yeah, it's pretty stressful for both of us. He gets really upset.

Well, one of the primary risk factors for multiple ear infections and kids is actually smoke exposure. Are you smoking? Yeah, I yeah, I do smoke, but I don't smoke around him. I try really hard not to smoke around him. Well, the fact that he's having these ear infections is indicating to me that he is being exposed to smoke. And so, what can you tell me about that? I don't know. I mean, 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 just, I mean, I know it's bad. And I know it's bad for him. So, I don't want him to be around. And so, I try really hard.

I really need you to quit smoking, both for your health and for Aiden Did you know smoking around your child is associated not only with ear infections, but it could also get to the point where you have to put tubes in his ears pretty shortly here. But also, things like vitamin C deficiency. cavities, like dental cavities, behavior problems, asthma, other upper respiratory infections. It's really putting him at a lot of risk. In addition to those kids of smokers end up smoking themselves. Do you want him to grow up to be a smoker? No, but I don't smoke. I've thought about quitting, but it's just it's really hard. So, I just don't know how to do it. Well, now's the time to quit. It's really gotten to the point where you can't keep smoking, not only for him, like I said, but also for you. You're putting yourself at risk for lung cancer, for emphysema for oral cancers for heart disease for all kinds.

I know I know. I've heard people have told me before I've heard all that. I just don't know how to do it. How am I supposed to quit? It's so hard. Well, there's all kinds of things you can use. Now, it's not as hard as it used to be. You can use nicotine replacement. There are patches, there's lozenges, there's gum, there's the inhaler, there's nasal spray, we can talk about medications. You can try Chantix. You can try psi ban, there's quit smoking groups you can go to there's hotlines, you can call I don't have time, there's no reason why you shouldn't be able to quit. This is really important.

I understand that. I know it is. I mean, everybody has problems, right? It's just really, it's really, really hard. Well, what can be more important to you than the health of your child? I don't know. I really need you to tell me that you're going to quit smoking, this is really important. I'll go look at all those things. And I'll find I guess I'll try to find something, and I'll talk to my doctor about it. Okay, well, I think you really need to think about this seriously. Like I said, it's really putting yourself and your child in danger. Okay, whatever. Okay. Okay.

All right. Anybody else feel a little emotionally? Yeah, your observations are fantastic. Jason and I were getting a great opportunity to look through those some of them that stood out to me and then chase or be interested in what stood out to you as well. One person says, feels like there will be no next visit. Yeah, no kidding. Right? Like, like, any chance of being useful or helpful to this client. Moving forward, is not going to work. And right, we're putting the patient in the in the, the, the sustain chair by sitting aggressively. I'm sorry, in the sustain chair, by sitting aggressively in the change chair, lecturing and giving the person all of these reasons. Yeah, I'll pull from your observations Chase, what were you seeing in the chat box there? Yeah, I kind of, you know, breaking it down from like, what people were observing on the provider. And then the patient, like, seems like, you know, at the provider, or the people were saying she feels may be triggered or upset or frustrated, demanding lecturing, judging, like, not listening. So, a lot of likes, observations there that are totally on point. And then from the patient or the client, whatever was a huge telling comment and kind of shut down at the end. And yeah, like, feeling maybe guilty or shamed. Like, are you not a good mother? Like, yeah, like, definitely a lot of things they're feeling invalidated, about how hard it is. Like, I need you to tell me, so I can document in my record, that you're not going to smoke that you agreed. So, I was effective. And you know, my goal, right? The goal is to get you to verbalize. Gosh, isn't our goal, actual behavior change?

Now, this is an extreme example, right? I think all of us would probably say in some way, you know, way, shape or form that. You know, okay, well, that's not me, right. And, and 99% of me would say, yeah, yeah, that's probably not the modal. And then, time and time again, I hear things that happened. I think we all do. One of our colleagues was told at some point, when he was considering losing weight, he had

seen a doctor. And the doctor said, well, you just need to stop eating cake. That's what you need to do. I was like, wow, just telling, just need to stop eating cake and everything, everything will be fine. We were in another meeting. And one provider said, well, people just need to feel, you know how serious it is all the terrible things that can happen if they don't get their COVID vaccine, they just need to feel and come into contact with we just got to tell them how bad it can really get. And so, although I think we are in a place where we would say yeah, I mean, this this definitely wouldn't be up. I think from time to time that even best intention providers, we come forward and we lean on this in one way, shape or form by saying well, actually just I feel like it's really important that we realize how serious of an issue this is. That if we continue down this path, bad things can help happen, we might lose our career that will get more addicted. Well, let's take a look here. Let's go to the other side of things and take a look at, well, what are what might this look on in the other way? This is maybe not necessarily motivational interviewing to achieve. But I would say that, certainly. Well, you be the judge. Go ahead and put your comments in as you watch this video as well. Carla was, was go ahead and knock on this one.

Watch what happens this time when the provider cues into what the parent is saying, empathizes with her situation, and attempts to work with the parent to find a solution that fits her needs.

So, I wrote a prescription for antibiotics for Aiden, I did want to talk to you though, I'm a little bit concerned, looking through his chart at how many ear infections he's had recently. And I noticed that you had checked the box that someone's smoking in the home. So, I was wondering if you can tell me a little more about that. Well, it's just me and him and I do smoke. I try really hard not to smoke around him. But I I've been smoking for 10 years, except when I was pregnant with him. But it everything is so stressful being a single mom and my having a full-time job. And so, it's just that's why I started smoking again. We have a lot of things going on. And smoking is kind of a way to relax and de stress.

Yes, yeah, some people have a glass wine. I have a cigarette. And it sounds like you're trying not to smoke around him. Why do you make that decision? I know it's not good for him. I mean, I've read those things about your infections and asthma and stuff and, and but other kids have ear infections, and their parents don't smoke. So, on the one hand, you're worried about how your smoking might be affecting him. And on the other hand, you're not so sure if it's really the smoking that's causing these problems, right. Yeah. I mean, he doesn't have asthma he I don't, he hasn't had a lot of other problems that his other friends have. So, and I've thought about quitting before in the past, but I just don't, I just don't see how it's possible right now. What made you decide to quit smoking when you were pregnant? Well, he was inside me. And we were sharing everything. And I knew that he would get some of that. And I didn't, I just didn't, didn't think I could live with myself if something happened to him.

Right now, it feels almost too difficult to even manage or even to try. Yeah, 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 I just did it. You know, I just I just couldn't imagine. Like him not being born or going into labor early and, and him having problems and stuff like that all the stuff that they talked about with women who smoke. So, I that was just enough to say, okay, you know what, I'm not going to risk that. So, the risks were so scary, then that you're able to stop. They don't feel as scary to you. No, no, I mean, we're two separate people. And like I said, I don't I try really hard not to smoke around him. I'm pretty good about that. I don't let other people smoke around him. So, I you know, you're doing the best you can do? Yes. Okay. But it sounds to me too, like part of you really does want to quit.

Yeah, I know that I need to and I, you know, keep every new year, I say okay, this year, I'm going to quit smoking. But then something happens. And if it just doesn't, it's on your to do list is just not making it to the top. Yeah. If you did decide to quit on a scale of one to 10 where one is not at all confident. You don't think you could do it and tenants, you feel pretty certain that you could Where do you think you fall right now? Probably like a five, kind of in the unsure area. Like I know, I've done it before. So, I know I can do it. But at the same time, it just seems really hard. And it's not the same situation. Well, what made you say five rather than two or three?

I know. I know, all the ways it's bad for me, and I don't want him to grow up thinking that it's okay to smoke. I don't want him to, to use any kind of I don't want him to chew or anything like that. So, I know I need to especially before he gets old enough to understand what mommy's doing, but I just don't know if I can do it. Okay, so it sounds like you have a lot of reasons why you'd like to quit. You have been successful quitting in the past. And right now, you're just feeling a little bit hesitant about your ability to do it. Yeah. Where do you think we should go from here? I don't know. I'd like some help. I just don't know what kind of help I need.

Sure. Well, if you're interested, that's something I can definitely talk to you about there. A lot of new options that can actually help people be way more successful in their attempt at quitting. There are different medications you can try. I don't like medicine, okay. There's also a lot of support groups and classes that you can take where you have other people to go through with you. And sometimes just having that support can be a big part of it, especially for people like you where smoking is such a stress reliever. That sounds nice, but I'm not sure if I have the time for all that.

Sure. It feels like something that would take up a lot of time and maybe not fit into your life. I wonder if we could talk about some options that might fit into your life, that would be really nice. Okay, well, if you're willing, then we could set up another appointment where you could come in, and we could talk more about that. I would like that, that would be great. Great. Thank you. Sure.

This time, the provider had the same agenda to talk to this parent. So, I mean, all of your observation, let me just thank you right off the bat, the fact that we're on an online media, and you all are staying engaged. To this degree, I've just, I'm really appreciative. And I just wanted to verbalize and say, just thank you, thank you for staying engaged to this level. Now, the observation here that I have is my gosh, look at look at all of the things that this provider was able to, to accomplish collaboratively alongside the patient, and did anybody see how long that conversation took? Anybody typed it in? The timer is gone. But how long was that video? Anybody Take a guess? How long do you think that took? Five minutes. Spot on, spot on. Often what we'll hear is, yeah, I mean, that conversation would be fine. But I have only seven minutes to see a patient total. I've got 15 minutes I've got I've got a short amount of time. And yes, this is this is a roleplay. It feels more like a real play, it feels like the patient's not giving any gifts in this one, because she's she is bringing up reasons not to change. And you notice near the end, when the provider starts to sit in the change chair, and first offered reasons, you know, things that she could do, gosh, there's so many options. You know, it's never the better, this is the best time to quit.

We've got some medications, we've got groups and she the person playing the client starts to go Hi, you know, a really no, I and she's expressing that ambivalence. Yeah, I don't know that that's quite fit. And so, it's a really nice example of a back and forth in five minutes and five minutes and show you some of the things I know you where you were engaged in typing, what were some of the things that you were noticing, come up in the chat bar. Yeah, I like people kind of highlighted. She was figuring out like, what

her values what mattered to her like what worked before a more like the positives rather than making her feel like a bad mother. Which, or feeling guilty or invalidated? Because it seems so easy. There's nothing stopping you from changing was the opposite this time by you quit before how did you do that? And then she talked for a long time, like I cared so much about that. So, like people definitely queued in on that and explored the why I liked the quotes as well that people had been putting in there on like, like some help. And then there were a few other quotes and people in LA, but yeah, definitely. Guy Oh, man. Yeah, yeah. And Eric, good points, too. So. So there are terms there are ways that we say so some motivational interviewing is the intentional use of verbal behavior. We're intentionally saying what we you know, we mean to say what we say at a certain time for a reason, and there's always ways that we can improve and that that might be one of them as well.

Well, what a difference well, well, so you know, like a duck on water. Um, it looks like a nice casual conversation, but under the surface, the legs of the duck, frantically going back and forth, there's a lot going on under the surface, within that provider to execute that type of fashion, it takes intention, it takes effort. And we're gonna dig into a couple of those pieces now just structuring some and providing what motivational interviewing has under the hood. One of them here is this motivational interviewing spirit. And I think a lot of you were picking up on this right, that the patient or the provider is, is their demeanor is different, their approach is different, how they're working with the, the person sitting next to them is different. And it looks and it feels different. And this would be called the demote the EMI spirit. I would also like to emphasize in this moment, the EMI spirit often is termed as necessary, but not sufficient to execute a motivational interviewing, session or moment. And what I mean by that, well, well necessary, in that without the Spirit, I don't know how you would engage in motivational interviewing, I just I'm, I'm convinced that needs to be there. But not sufficient, in that there are certain mechanics of motivational interviewing that also need to be present.

And these things work alongside one another. I could bring all the motivational spirit in the world into a session, it doesn't necessarily mean I'm engaged in motivational interviewing, it probably means I'm leaning on more common factors, things that we know, facilitate good patient care, let's jump into what some of these are here. Jason, I think I'm still on these slides here for another moment. And then I think you're picking it up here. Yep. Okay, so I think we're on track here. So, the first portion is partnership, partnership alongside the person. So rather than me serving as the Director, or telling somebody what to do, I'm going to walk alongside this person in person to help them and partner with them. To obtain their goals. You heard a lot of this type of thing from the provider and asking, well, where do you think we should go from here? Rather than saying, well, I think it'd be makes sense if we made a next appointment on the provider, left it open and agreed to go alongside with the client moving forward. So, the first part of the spirit of this partnership, and this next is acceptance, accepting of struggle, accepting of who they are, and, and what the person is, and what their thoughts are, gosh, accepting that they might have things that they're choosing to do, that we ourselves would not choose to do, or going about things in ways that we ourselves would not choose to go about. And accepting that people are.

They have agency, they are themselves. To put this. I think that especially in substance use treatment, I think this is one that is challenged from time to time, because people can be doing things that can be causing themselves and frankly, other some form of harm. And naturally, we're in a Do No Harm type of job. And so, accepting somebody where it is that it's a challenge and can also be a beautiful thing, having compassion. Goodness, I mean, I, you know, we could fill the world with compassion and true empathetic under, you know, not necessarily understanding but feeling for another person, I genuinely

care about you. I'm genuinely compassionate for your experience. One sort of evocation might not be you know, if you were to put this out here and go, you know, okay, partnership acceptance, compassion, evocation might be the one that said, Okay, well, I'm wondering what that is really getting at evocation coming from to evoke and pulling from where we're pulling from the client. So, we're evoking their reasons for and reasons for not changing, evoking the direction that we're headed from the patient's the direction that we choose to go and the reasons that we're going they're really having them derive from the patient.

And if you like us like acronyms, this one makes a nice little one pace, P A, C E, partnership, acceptance, compassion and evocation, as behavioral health substance abuse providers, I imagine this isn't unfamiliar to us. We won't spend a lot of time here. But this is from the place that we would approach a motivational interviewing session. And frankly, we bring the spirit of EMI with us across many types of sessions that we have, alright, chase after you, man. Sometimes within AMI, the AMI world, people will talk about three different conversation styles as well. And not necessarily that there's only one style that is always best. But it's kind of about the, I guess the relative balance of these, in order to be semi consistent and be the most helpful for the patient. But for the first style we have here is directing, though there's kind of a general connotation with this, that I know how to solve this problem that you have, and follow my advice, and you'll be good.

So, like, there could be situations when that's adaptive, but taking that approach, in the context of making a behavior change, is really just planning firmly in the change chair, and saying, you know, if you want to be a good parent, you need to make this change. And here's how you do it. That's kind of like one way of, of directing a patient. Second, conversation style is following. And gentleman connotation with Alan is that, you know, it does, and I trust what you decide. So, like, this might be more of the classic, you know, Rogerian style of like, not necessarily goal directed, in quite the same way as more of the cognitive behavioral intervention or am I intervention. But it's really following their decision. And there's sometimes whenever, you know, like, I think about grief counseling all times, there might not be a clear direction, that's right, for them to make a change right now. But it's more supportive counseling, and like, following them. So that's, that's the second style there. The third one is really emphasizing that partnership, part of the end application from the spirit that Dr. Patience was just talking about, I'll help you solve this problem yourself is kind of the general connotation with a guiding style. So, you can think about Batman and Robin, you can also think about being a mountain Sherpa, you know, like kind of each person has their role, like the Sherpa has been down the trail a few times, but you know, the person that's hiking knows their needs and their body.

But basically, it's where you're, you're partnering, partnering together and might even come out and say, like, you're the expert on your life. And I know some things about behavior change or about addiction in general. And maybe between the two of us, we can work together and find a good plan, something like that. There could even be a way to make this explicit. But it's also just kind of evident when you're watching, if it's a directing, following are guiding style. And I'm pretty sure that all of us would agree that in that second video, we saw more of a guiding style, it was still focused on tobacco cessation, but it wasn't her shaming and judging her in the in the same way as it was in the more directing style. So, if, if we're breaking apart these three different styles, you'll see like in directing, what we're doing more often is we're informing or giving advice. We're telling. And we're asking last and reflecting the least. Guiding is, is the middle ground between these two extremes of directing and following for these two, where it's predominantly reflective listening, but some asking, and informing.

And so really, that kind of just showed a little bit like what we're what we're talking about with the conversation style, but we are going to like dive deeper into specifically reflecting and asking, and not saying that you never informed but will because it's still on the map there. But we'll also talk about strategies whenever you do need to inform or it's, it's evident that, that that's something that we'd find beneficial.

So, remember, just for the intent of where we're at for a second, we're diving into just some of the mechanics some of the things that are in the hood when it comes to motivational interviewing. One thing is the spirit of motivational interviewing. One thing is recognizing that it's a guiding style. It's not one in which I'm fully passive or fully directive. It's one in which we're guiding the conversation down the stream. And other components are these processes of motivational interviewing, I like to consider them kind of like stairs or steps, but comes sequentially, sometimes one after the other. That'll become clear here in a second. But let's look at the four processes of motivational interviewing. Our hope here is not that you get mastery of this information, like you open the hood of EMI and go, no it no it no it, really, its familiarity, that you're starting to get an exposure to this idea that motivational interviewing has more components in it than just this nice conversation. But there's actually a lot going on here under the hood, we just want to get you excited about learning more if you choose to do so in the future.

The first process in motivational interviewing is engagements or to engage with the client. This is what it sounds like, client comes in the room, and I'm going to be a human being with another human beings. Crazy that we couldn't be humans at the same time. But person comes in and ask, how was it getting here today? Gosh, how are things going on at home? I know you're a huge fan of the Green Bay Packers, like everybody should be a huge fan of the Green Bay Packers. Did you see that they happen to beat the lions on Monday Night Football, just stay up and watch the game I know you did? That type of thing. We're just engaging with the person to really start to lock in that hole. Yeah, we're doing this together a partnership, I see you see me, we're here together as two equal human beings. And let's go from there.

So, engaging with the person, the next process will be focused will focus on what? Well, it's in motivational interviewing, often focusing on a behavior to change. So, there is no motivational interviewing if we're not discussing a specific behavior. So, this would be different than if somebody said, well, I just want to be less anxious. We wouldn't necessarily engage in motivational interviewing around being less anxious. In a focus process. If somebody said, Well, I'd like to be less anxious, I'd like to get a better handle on my substance use or my alcohol, I'd like to change my relationship with drinking, we might ask a follow up focus based question to the effect of and if you were to choose to do that, how might you go about doing so to really start eliciting or evoking some behaviors that the individual has decided or even explored or thought about making a change? So, in this instance, if I were to ask Chase a surprise, roleplay moment, go figure, if Chase came to me, and he said, hey, I've really been thinking about, you know, my relationship with alcohol and I so we chase, I'm just curious, if you were to make that decision in the future, how might you go about changing that relationship?

Um, so I guess I could just like, I mean, I. So, it's hard because I don’t, I don't want to be fake here. But yeah, like, I mean, I could say like, in the past, you know, I ended up telling my toe and my partner like, you know, I'm just not gonna drink anymore whenever we go out. And she was able to keep me accountable. And then that was helpful to have somebody else kind of on my side there. Also, one thing that you consider changing is just reducing your alcohol intake when you're out like with in social

situations. Yeah, yeah. Because like, that's usually whenever I get more into trouble, because we don't really keep alcohol in the home. So whenever like, we're out drinking, that's whenever I normally overdo it. But previously, I told her, like, hey, I'm going to cut back or cut it out. And she was able to kind of help keep me accountable. Yeah, so if we were to have a conversation about making a change, one thing we might consider digging in deeper is this idea of reducing your alcohol intake in social situations. Would you like to spend the moment focus there? Sure. Yeah. I mean, I think it worked before and can give it a shot again. Right. So, we'll pause that that. That right there. Ha, thanks for jumping in there with me unexpectedly.

Notice what we're doing is we're not jumping straight to making a plan. Like okay, it sounds like social situation. Well, let's make a plan let's, what do you want your limit to be? What types of alcohol will you drink? When you're out what? You know, who will you be around? So, we're not planning the behavior change yet. We're simply just sitting back for a moment and setting an agreed upon focus. One question that I asked chases, would it be okay, if we spent a few minutes focused on that change that you're considering making? Chase has the opportunity to say, Yeah, you know, it was a chance to say, you know, what, I really where I'd like to focus today. And again, we're setting that partnership, we're collaborating together on the agreed upon displace that we're headed, often focused, overarching. One thing I was going to point out, I kind of threw, like, I threw in a change from the start, they're, like, hey, I'm gonna tell partner to like, help keep me accountable. So, like, sometimes we might not get that right off the bat, and wanted to be, you know, like, straightforward about that, because everybody's probably thinking that too. But like, really what the focus we might not have a discrete behavior change, quite as clear as that. But Mark did a good job, like reflecting like, you're thinking about cutting back when you go out to dinner, more often comes a general realm, like funneling in that direction, this is a category of changes you might make.

So that's something we're going to highlight. Yeah. And observation, man. So, the next process that we that we walk into, or step up to is evocation. So now having set a focus, so we've, we've agreed that for the next, I don't know, two to five to 10 minutes, we're going to focus on this like this, this behavior change of cutting back while in a social situation. Now we move into evocation. And this is really where we're going to spend the majority of our time within an MRI encounter, because we're going to evoke reasons and motivation for change from the person that we're working with. And so, we might walk into this by simply asking, and if you were to make that change, to set a limit, when you go out, why would you choose to do that? Providing that open ended question for the person to start to verbalize and talk about their reasons for making that specific change. And here's where we make our money, because we're going to sit down in the space for a moment will reflect what we hear from them will ask more curious questions will provide space for this journey that will go on together and will guide the conversation in such a way that evokes the reasons for change from the individual. And only after having done all of that, we spend a short amount of time and planning.

Planning is often what many of us are most familiar with. It's smart goal setting, making things measurable, realistic, obtainable, and setting a plan between now and the next time of how we'll actually execute this. Planning is often what occurs most in medical encounters we talk specifically about Okay, so this is the thing that we're going to do is that a medical appointment no more than three days ago. And nowhere in there and not to the detriment of the provider, there's nowhere in there was a conversation about why I might want to make this change to address the pain that I'm experiencing. A lot of reasons for it, like I want to get back on the bicycle and have some fun, but we're going straight

into planning, alright, we're gonna prescribe this medication to do this, and this stretch, and I'm going to send you to this person, and that's the plan. And the plan was given to me. I'll follow the plan. I'm halfway decent patient. But to be honest, like I got this giant tube of pain reliever that I was supposed to be using four times a day. And A, it's not that easy, and B, I don't know that I feel that motivated just right off the bat to do it. Nor are we the worst patients of all. But often plan is the thing that we focus on most as providers, or the medical system does, and our consideration and EMI might be to spend more time in evocation. Okay, now I'm curious and it's been a minute since I've heard from y'all. What do you guys think happens if we tried to take the step from engagement straight to planning or jump around and skip steps here, at least in this metaphor? What do you think happens?

Successful. Yeah. Yeah. And metaphor, we got a couple of other people to type in. I'm curious, what do you guys think? What happens when we try to jump straight from engagement to planning? Yeah, right. Like, all right, I can stop listening now. lost momentum ball. I hadn't heard it put like that before. Yeah, yeah, it's a lot of lost momentum, especially when you end up like, metaphorically falling up the stairs. If we try to jump straight to where we want to go, which is like get a plan, we lose momentum, the patient doesn't feel heard. And honestly, we probably fall on our faces or fall up the stairs. That's not to say we can't jump around a little bit. So, I do want to emphasize that it's okay to take a step back. Like if we're in evocation, but then we realize, gosh, I think we're focused on a couple different things, taking a step back into reestablish focus can be a really important thing to do. If we're not feeling like the patient is really engaged with us spending a moment to explore that in engagement. Gosh, we've been talking for a moment here, but I'm getting the sense that we might have experienced a disconnect with one another, can we be you experiencing that too, and just reconnecting with the person that's sitting in front of us. So not to say that these need to be sequentially and aligned, and you can only walk up the stairs. And it's just to say, jumping around too much, will probably lead to some unintended consequences. So, it's when do you want to do the roleplay? What do you want to where do you want to put that in? We could go ahead and do it. Do it now if you want.

Yeah. So, Chase and I are thinking that it might also this is just to say primarily, today, we're going to be focusing on evocation. But see that so yeah, I think that's a great idea Chase. So, we're going to take just a moment to do what's called a real play. So, a real play for those of you that would like to practice in your spare time. A real play is where one person brings in something that's real to them, that feels like something that they've been exploring that they might be a little ambivalent about. And you the practitioner, in this real play, get an opportunity to flex some EMI skills and to get some real feedback because your real play partner will respond in again, real way, I don't know how many times I can say the word real Chase, it's starting to become repetitive here. But I think they get the idea. We're going to, we're going to show this as one way to show what motivational interviewing might look like. And another to kind of solicit and just show a way that you can engage in practice, which is I'm ready when you are man. Alright, sounds good. And I think Carla is gonna make our screens a little bit better and a little bit larger here in a sec.

But, you know, as we do this, if we were doing this live, we'd probably have everybody break off and kind of talk about your own goals or behavior changes that you might want to make. But that could be something else to kind of think about in the background. And let's see here. We go guys up here. And we also we do these to just show like, we're still we're still trying to be good at this stuff, too. Like we're not we're not perfect. And so, if you see some things that I could do better, or things that I'm doing, well just type in the chat box or say it afterwards. And we'll just kind of use that as another opportunity for

learning. So, markets, good to see you. I heard you where you're trying to cut back a little bit on your caffeine use. Tell me about that. Well, well not going so great as maybe people see me consuming the Sugar Free Red Bull in the middle of the afternoon. But yeah, yeah. Yeah. I don't know if the amount of caffeine that I consume in a day is quite the healthiest thing for me to do. What makes me say that it sounds like you're thinking it might not be the healthiest for you. Yeah, so you know some time ago, you know. I got actually while ago I got off of drinking so much caffeine, I kind of went cold turkey there went decaf, saw a cardiologist who had pointed out some things unfortunately benign in effect, but of course didn't want to make them worse. And one of the suggestions was more caffeine. And so, I went whole hog. I went all decaf. Whole Nine Yards. Do they used to drink? Like, way too much?

Yeah, yeah, yeah. Yeah, absolutely. And so, I, I've started to reintroduce caffeine IPCs recently. Okay, I like I like coffee I like. But I guess I'm a little nervous that it might be a little bit much. Not sure if it's the right time. But it's something that's important to you. Yeah, yeah. Both those things right. So, I'm, you know, so walking into this training director position, there's a lot of demands for energy, like I need energy to be able to do things. But yeah, health. I mean, that's that kind of at the end of the day is, is one of the more important things to me. Fill in pulled, you know, between health and productivity there. Yeah, yeah, I really am. I really, I, I love what I do. Like, this is a really exciting job. It's, it's a great position, I get to work with students most of my day. And then, like, you know, and then I've got, I've got my health to be concerned about too. And, yeah, gosh, it feels like it's like it's difficult to resolve these two competing interests. Yeah.

So, like, what do you think it would be that might push you more towards? You know, say, if you if you were to make a change, like, what do you think it would take to move in that direction? Yeah, I think that. Well, so there's, there's some reasons that I consider when moving in that direction. I primarily, I mean, they're my family, right. So, I go home, I got I got Lucas and Joshua. And they're pretty awesome. And of course, the whole family has just moved out here. And I want to be around for a good amount of time for them like I want to, I want to Joshua just started kindergarten. And that kid is just is awesome. It's awesome to watch. Watch him and change. I want to be around for that type of thing. And your health is something that you think is crucial for them. Yeah, yeah. So even with like a hurt foot right now, like I feel myself a little less engaged. And so, I imagine like, gosh, yeah, like, I need my health, like I need it to, to stay so engaged with my family. Yeah. But an urgent thing for you. And even just thinking about your kids in the future has made you light up. Yeah, urgent is probably the right word. It's starting to feel like, like, now, you know, like, I've been here for a month at this location. And I'm starting to feel like, gosh, I need to get it in here. Soon, to make sure that that long term. I'm getting the getting the health piece, right. I'm curious from, you know, like, zero to 10. Like, how important would you say, cutting back on caffeine is for you right now? Maybe like a six? Like a six? Yeah, that's interesting. Because, you know, earlier, you're cussing, and you're pulled in two different directions. But then a six is pretty high. They're like, why a six and not a three? Yeah, you know, I, it's not the most important thing. You know, when I think about my health, I don't know, caffeine is and at the same time, it's not inconsequential. It's, you know, it's a health psychologist, right.

So, it's not it's not like I don't know about you know, the interactions of caffeine and stimulants in my body and the fat and the other hand, and so it's not like it's it does play a role. And so, I think that's why not a three I think that's, you know, it's kind of why a six is because I feel like it's not benign. The intake of caffeine is not it's not a benign stimulus. It's something that I want to have my hands around. The rational part of you just knows that's a bad a bad way to go down a bad path to go down and you're

really that's keeping your motivation high. Yeah, to too much of it, I think specifically is. Yeah, it's not that I think caffeine is the devil. It's just I think too much of it is not a good thing. Maybe we could pause there. Yeah. Yeah. Well, it's very good.

Where are your thoughts about that mark? And then if others were, while he wants to comment on that, like, if you want to type in the chat box of things that you thought went well, or could have been better, then that'll give us some other fodder. Yeah, so, first off it all, like 75% of the way through. It always strikes me in this moment. I was like, well, I know what he's doing. But I still felt like sincerely. I gotta be honest, me, like I haven't, I haven't, like, finished my red bowl. And I feel more motivated in this moment, just to like, not drink the rest, which is awkward. It's open, and it's right there. But I and I know like, like, I know, the techniques, like we're teaching this thing together. And yet, like, even in there, like, I'm already feeling a little bit more like, okay, like, maybe this is something I should come back around to always, always catches me off guard. Yeah. And I wonder if other people thought there was any.

I see one observation, anything in there that you thought may have been helpful or anything that you heard Mark, say that it's maybe like, seems a little bit more likely or less likely to make this change? Yeah, man, I agree with you there. So, when he reflected on, on that, on my kids and my family, you know, being around it's like, it's the experience from the side of the person receiving this. It's like a nice little gift, like, like, not only do you feel heard, like somebody heard you express how important this is in your life. But it also provides you this moment, just to be like, oh, yeah, yeah, like that. There's, there's the most important thing in a world full of competing demands. Hey, by the way, you just said this, like, this was your most important thing. Yeah, it's a nice experience. And I like what Roberts highlighting there to like, the health benefits, like I suggested this topic, just because I knew from being your friend, that that's something that you might say, but, uh, yeah, like, a lot of times, we don't end up talking that much about in depth, our reasons for and against making this change. And so that's why if you have the opportunity to try like a real play like this, like, I have this experience a lot of times doing real plays, and I'm the client were like, like, wow, I really hadn't thought about three reasons why I wanted to do this, I have maybe one, but then if you keep talking about for long enough, and having somebody to reflect it back on you, it can actually be pretty powerful. So again, I don't think I think I could have done some things better there on maybe reflecting a little bit more succinctly a little bit shorter. So, my reflections were a bit a little bit clunky. And yeah, that's just kind of myself critique there. But it could have also got him talking a little bit more about the emotional piece with like being around for his kids because that he definitely lit up there and I kind of realized that well at that path and tried to bring it back in but that really kind of trying to stoke the furnace there could be really big Yeah, one thing that I want to I want it weigh in on and then and then maybe we take our break here, Chase and then come back around.

But what one thing that I want to cute Robert says hearing him discuss the health benefits and chase didn't give me the health benefits he didn't go yeah, and caffeine use it does this and this and this. He just said something about health. And notice that I then was able to say well, yeah, yeah, and I know them, and our patients often do they know like they know the reasons for cutting back on alcohol cutting back on the substances cutting back on food and diet and weight loss and exercise. We have smart clients, but just providing the information and gosh that's it doesn't seem to stick as well, as them saying that she's coming back from this break, we'll just kind of recap a little bit. And then we're going to roll into another video that shows a little bit of a skilled in my practitioner actually one of the founders working with a difficult patient. So, this is just the kind of building up to that by talking about it in a slightly different way. But again, we all have goals, and we're just going through the roleplay, or real

play, got to say real three times now that of cutting back on caffeine, and everybody has this balance between the status quo or making changes.

And so, we're trying to help them tip that balance towards change. Sometimes the reasons for making these changes are very obvious, like, it's pretty clear that you need maybe a new carpet and a new TV here, change needs to happen. Sometimes the direction that we need to head isn't so clear, and that could be a lot of different directions that that you could potentially go. Yeah, your kids are cute, Mike. And whenever we're thinking about this, another way to think about motivation is momentum, or velocity, and kind of even using that term sometimes. But if we're trying to help somebody get across that gap between, you know, again, their intentions and their actions, we just need to back up far enough. So that they're just talking and evoking about all of the health benefits, all of the social benefits, all of the like, positive aspects of making this change. And we're not necessarily talking about planning or anything. And you can think about that as if you're trying to get across this chasm, this canyon on a on a motorcycle or something like Evel Knievel, and you're just building up that momentum, momentum or that velocity. And again, this is trying to dial down the difficulty level to make it super easy. So, it doesn't take as much motivation, or try to increase the motivation. So, you could do something hard. It's not a light switch.

That's another thing that is pretty clear in the science and the practice on this, that it's not like habit or you're not or you're not the type of person motivated versus type of person that's not more like a dimmer switch. And so, throughout the course of our work with the patient in a single session, or multiple sessions, we're trying to help that dimmer switch, recalibrate to where it's a little bit higher more often, but it might not be a static state. There's also some potholes or things that can get in the way of these changes. And we call these a lot of times are roadblocks. Many of you have probably seen this list before that can get in the way of good quality listening, or, you know, good quality movie shorter viewing as well. But I just kind of wanted to highlight that Thomas Gordon's broad blocks here that all of these could be ineffective at some point. But don't really need to go deep into that, because we've already shown an example of what am i Isn't, and that included a lot of these. So again, here's that video that we wanted to make sure that we leave time for. And in the previous videos, we really appreciated all the comments that people were typing as it went. So here in the chat box, knowing what you know about EMI now or being refreshed on the things that you already knew about EMI type in observations that you see maybe on the provider or on the patient throughout this video. I don't think it's the case that people are either not motivated or motivated. And in fact, motivational interviewing was born from conversations with very, very difficult people who are classified as not at all motivated to change and very resistant to treatment.

Mr. Smith that your medication sorted out, blood pressure's a little on the high side. Yeah. Okay. I wonder if I could raise the subject of your wait. I wondered if we could spend just a couple of minutes talking about your weight. You are joking, aren't you? I mean, look, I've made time in my day to come here. Yeah, I'm kept in your waiting room for 45 minutes. Yeah, it's not acceptable. You know, if I make an appointment where time for 10? I expect them to start at 10. Not quarter to 11.

Right. And you so you're busy enough? Yeah, I've got other things to do. I've got accounts to do. I've got clients to coming in. Yeah. You know, and it wasn't necessarily easy for you to make the time to come down. And you had to wait in the waiting room. And now I raised the subject of Wait, yeah, okay, fair enough. I've got to have my blood pressure, medication change, but I really haven't got time to talk

about my weight. I mean, you know, I'm aware of my weight. I'm aware of the problems. And I'm also aware of the solutions. So, I don't really need a discussion. It's just I've got too much to do at the moment, you know, right. And so, it's, it's, it's been a bit of a rush for you coming in. Yeah. And I'm sorry about the wait in the waiting room. It's been its bad form, you know? Yeah. Yeah. That's, and that's not easy for you, because you, you'd like to go really soon. And here I am asking you to spend just a couple of minutes with me. Yeah. But basically, I've got things to do. I go back to the office; I've got a pile of work that I've got to deal with. And every time every moment out of my day, yeah, it means I have to work in the evening or weekends, it counts. When you're self-employed. You haven't got a choice.

Exactly. Exactly. It's up to you. Just a couple of minutes. Well, I'm here now so yeah, okay. If it's a couple of minutes, yeah, I promise. Okay, because I really must get on. I want, I want to simply ask you how you feel about it? About what, what? Losing weight? Well, obviously, I want to. Yeah, I mean, who doesn't? I mean, I'm aware that I'm over my balance, right. But know that it's causing problems? I mean, obviously, I get out of breath, if I have to do something about how and I realized that I'm on this blood pressure. Right. And maybe that's probably contributing to it. Right. So, you can see the links between your weight and your health. And you'd like things to be. Yeah, I mean, there are other things, but I mean, yeah, the weight is a, something I would like to get hold of you get on the handle, you'd like to, if you could.

Yeah, I mean, I know. The theories of bit of exercise on a regular basis, a balanced diet. But unfortunately, because of my lifestyle, because of being self-employed as an accountant, it's finding the time to exercise but also finding the time to sort of think, Okay, I'm going to go shopping for this, that and the other, prepare a meal. With me, it's very often ready meals and that sort of thing. Yeah, yeah. Food on the run, you know, grazing.

Let me see if I can summarize what you've said. And then we'll see what next and you lead a busy life. Yeah, you run a business. And you've got a lot to do. Yeah. And you're, you're aware of that of the links between your health and your weight. And you are concerned to some extent about that. And ideally, it sounds like you'd like to do something about it. It's just that your life is busy and rushed. And you tend to use convenience foods in order to get the work done. Yeah. I mean, I, to a certain extent, because of my lifestyle. Food is just fuel. Yeah. Yeah. You know, because I'm juggling all these balls, and I don't want to drop any, I get it, I get it. And so, if you could fit it in, you would like things to be different. But that's not so easy. No. Okay. Can I suggest that you come back and see me in a couple of weeks' times just to chat about this.

Okay, I'm up for that. But it's going to be the same problem of a finding time and be if I make an appointment, I don't expect to be kept waiting for half an hour, whatever. Because it's exactly I tell you what a nice solution might be is if you come down first appointment, and I give you an appointment at 830 then there'll be absolutely no waiting. And the purpose of that of that visit will be to have a look at how you really feel about how you could move forward and somehow fit in a healthier lifestyle into the busy work life that you've got all maybe have a look at my schedule, see whether anything can be arranged, or I can pass something on to some and so like, so it's not a wasted interview. So, I can come in and say okay, I've looked at my schedules, I've looked at things good, whatever. Good and see if you can figure Sit up and also give some thought to what we've talked about. Yeah, of course. Good stuff. Okay.

Yeah, so, so motivational interviewing, born and bred from a place where these conversations are, by nature difficult, right? And sticky and can be met with as you all put it in the beginning defensiveness

and agitation and emotion. You all saw some really important things here too, I am hitting on a couple, we kept coming back to this idea of choice. So, providing the opportunity to make the choice to talk about it to make the choice to make a follow up appointment. It's up to you at minute like two and a half, the counselor says, I want to simply ask you how you feel about it. Look at that open ended question. Whereas how you feel about it, not assuming that he feels good about it, not assuming that he feels bad about it, not assuming that he'd like to or not like to make a change? Just simply I'd like to ask you how you feel about it.

Assuming that probably feeling two ways here is Chase feedback that you noticed as well. observations by our group here. Yeah, I like it. Commander, Robert Painter was saying nice reflection concise summary, like kind of hitting at some of that a few people had kind of commented on. Like Jessica also comment on being concise. And it feels like he gets out of the way for the patient a lot of times by being concise and not doing the majority of the talking. So, it seems like other people were kind of queuing in on that too. Yeah, one thing that I liked, the last observational all pull out here is this idea that bringing up the subject directly, not dramatically, not awkwardly, just directly. And still being empathetic about the patient's frustration. So, it takes a lot of courage in that moment to say, I wonder if we could talk about your weight. And just culturally, that's a difficult place to go. Medically, it's an incredibly important place to go. And both of these things are true, the way in which he goes about bringing up the subject respecting the person sitting in front, knowing that we might be stepping on a landmine here. Yeah, yeah. Impressed?

Well, hey, one thing that I really like you all, were pointing out some of the mechanics of what was going on, and we'll start digging into some of those mechanics Chase is going to start by talking about some of the tools or some of the techniques and things that we can use within motivational interviewing. So, within AMI, there's a variety of tools that we can use, and not any one of them is better than the other. But there's different circumstances where they might come into play. So, two metaphors that you can think about here would be a bag of clubs, or, you know, a set of screwdrivers. And none of these are necessarily the best, but it's what's functional in the moment. So, with EMI, like, a lot of times here, the oars, but then questions have become more of the common one, because like found that open ended isn't the only way to go for questions closed ended can also be effective at times, it's more of the effect that it has on the patient. And if we're eliciting change, talk or sustain talk. So, we're going to, we're going to talk more about that same talk can change talk, as well. But this is more focused on the providers verbal behavior. And so, like we're using questions and reflecting either simple or complex affirmations, and summarizing, in larger, larger forum, like what's been being discussed. The relative balance between reflections and questions in particular, is that we want about to double the reflections.

The research found that whenever you're using like the mighty MIT AI to code, motivational interviewing sessions, if you get that about two to one ratio between reflection to questions, people tend to have the best outcomes and it evokes more change talk. So, like, a lot of times, you can kind of guess, what's the very next thing that they might say? And try to reflect that and it continues the paragraph and continues on rather than kind of asking all the time, we can just reflect and it kind of feels like a stream of consciousness where they're continuing to talk about the change agenda there. So that's where, you know, we're saying reflection, reflect, reflect, but what, what are we actually going to reflect and a patient encounter? We could reflect more the surface of the iceberg. As we know, with an iceberg, there's a lot more that you can't see whenever your above water. But the surface of the iceberg, the simple reflection, is really just kind of rephrasing or paraphrasing what they've said.

And so, they might say, like, you know, I've, I've thought about, thought about drinking less, but I'm not sure if it's problem or not. A simple reflection of the change side of that agenda is that you're considering cutting back, it's not parroting, it's not using the exact same phrase, you don't even have to say it sounds like, you can just start with you. You've thought about cutting back. So that's a simple reflection. It's concise. And it's focused on the change piece. Because if you notice another example, I'd said, I thought about cutting back, but I'm really not sure. So that as both changes, talk and sustain talk reasons for, for changing reasons for staying the same. So, it's focused on the change portion. And it's simple. So that would be a simple reflection, a complex reflection is more beneath the surface. And this might be something that they haven't quite said, but you're guessing or it's the general tone or feeling conveyed. So, it's kind of reading between the lines. So, they're saying like, if they said that statement, again, like, you've thought about drinking last, but I'm really not sure.

A complex reflection could be one of many things there. But good say, like, you're thinking, now might be a good time to make a change. Kind of extending it a little bit, not quite what they said. Or you're saying, like, you're starting to feel this a little bit more urgent. You know, it's kind of highlighting the emotions, they didn't mention anything about an emotion. But urgency could be a little bit of emotion word or a feeling state. So, like, complex reflections are just slightly different than simple in that they're something that's dipping below the surface. And a lot of times with complex reflections, people might pause and step back and be like, oh, yeah, that is kind of true. I hadn't thought about that. Simple reflections are more continuing the sentence. And it's just like, skipping along in the rhythm is more back and forth.

Alright, so again, patients' statements, and below the surface thoughts, feelings, and beliefs. So, change talk is kind of really what we're going to talk about now. So that it helps to kind of tune our ear to like, what is change talk so that once we recognize it, it's more easy to respond to. And we have a monic. And just wanted to make sure I didn't skip past March was there too. So, we have this mnemonic that applies to the cat there. That kind of helps you keep in your mind, like what is what are all the categories of change talk, but it's darn cat or darn cat. And so, the dorm is really tied in more to the preparatory language. And this is like, preparatory languages, like you're, you're thinking more about, like, I'm getting ready to make a change, or I'm thinking about reasons. Reasons for making a change need thing like that. Mobilizing is like you're really like, you have a behavior, and you're about to implement it. So, it's like you're getting mobilized, you're gathering your resources to make that change. So preparatory language, darn desire ability, reasons in need. For the rest of our time together, like we'll keep kind of referring back to like, these darn cats.

As we were gonna try some reflection exercises here in a little bit, and mobilizing, and so it's good to still like, be able to cue in like, Okay, I'm hearing some desire right now. They're saying I want to; I want to smoke less. Or, yeah, I've quit before. So, I think I could do it again, need problems with the status quo. And if I keep this up, like, I'm bad things are probably going to happen. If they say in any way, even if it's less explicit in those that's preparatory language. Mobilizing language, again, this is like making promises movement to action or taking actions already. So that's where we call like commitment, activation and taking steps. So, this would be like, you know, I last time, we talked, I was thinking about cutting back on smoking. And I did actually come back like I've only smoked like, one, one pack a day, you smoke a pack and a half. So that would be taking stuff, like they haven't quite accomplished their goal. But they're making some movements with. So again, the main point here is fleshing out.

There's a whole lot of different ways, like seven different categories here, that you can think about coding, in your mind, change, talk, and queuing your ear for it, so that whenever you hear it, you can reflect it back. And you can know, what are you trying to evoke? What are you trying to elicit with your questions with your reflections? So, we've got some practice now. And we, we wrote out a few of these maybe typical statements that you might hear. And this is more of the skills practice piece, to where like, in the chat box, would like you to write in. And you could write either a simple or a complex reflection, it's, it's kind of helpful to know the difference there. But ultimately, it's more of the effect that it has on the patient that matters the most. So, like, what would you say back to this, and then we can kind of, we can kind of break it down and see what everybody's thinking. So, the patient says, I could easily cut back if I wanted to. It's not like I'm addicted or anything. So, Robert says, what do you think it would take for you to cut back? And, Robert, that's a nice, open-ended question. If you were to switch that to a reflection, or to or to reflect back what we're saying here, how would you guys change these questions, um, into reflections of what you're being heard to reflect back some of that some of what's being said. And those are, you know, application questions, we might deliver change talk. But really, the reflection piece is a little bit harder sometimes to practice than question. So that's kind of why we want to highlight on that. Jessica, you're really highlighting that ability, right? So, if you were to put that one in darn cat, you're going for the A you are in control of this reflecting from that part where they say I could easily cut back if I wanted to, that's a nice reflection.

Thomas highlighting you're comfortable with your use as it is right now. And notice the last three what each of those start with Chase had highlighted this and in how we formed construct the mechanics, Thomas, Paula and each offering reflection thank you so much. And for our group, what do you observe that each of these is starting with? And how can we shorten them up a little bit?

While people right on, I wanted to reply about Thomas's it's a good example because like we have in this in this quote, I could cut back if I went to not like I'm addicted or anything. So, it's kind of a little bit of change and sustained talk. And Thomas's reflection there is really kind of highlighting your comfort with the status quo right now. That might be reflecting a little bit more stain talk. Sometimes we do that when all we get is the sustain agenda. And that's where we're more rolling with the resistance or softening the sustain talk. But if we have any change talk in there, we want to highlight that and just amplify it, shine the light on it so that maybe they'll continue talking about this talk. It's a good point and chase it, it reminds me of that whole softening with softening the sustained talk as well as just dancing with discord, right rolling with resistance, somebody is presenting, you know what I mean? It's really not that big of a deal, I could change it if I wanted to. It's not like I'm addicted. And that's pretty clunky to work with. So, offering that back in such a way that softens it up, Thomas, I think it's a great one, you're comfortable with your use as it is right now. And they could go either way. They could say I am. We could go even further in that moment and say, Yeah, you're satisfied with the relationship? 100% They might go well, I mean, yeah, but there's some things that I'm not like, I'm here, like I'm having to talk to you.

Okay. So, there's ways in which we can work around that, getting to what I was bringing up earlier, Thomas, Paula, Anna, these are great reflections. And each of them starts with the stab at sound like, and one thing that we can do to make them pithy is we can, we can just drop the sound like part and say, you're comfortable with your use as it is right now. You could decrease if you chose to do so it would be pretty easy for you if you decided you wanted to, that allows us to just mechanically get directly to the reflection and hear them to state it back. That's coming in with a double-sided reflection.

Is that it? Yeah, so Deb, you're moving into this idea of well, what changes are you prepared to make right now and, and I'd suggest that might be moving into this planning stage, which could be if they if they want to do explore that, it'd be really interesting to see the response that we got from that question. Chase, I'm gonna, I'm gonna stop talking. I got excited. I know, this is like your section. And I'm like, oh, no, no, like, we both can do this section, because I think it's great. Um, yeah, like, going back to this stairsteps that we talked about a long time ago, like, you know, if we're asking right now, what are you prepared to make right now, um, that could be making them skip a little bit forward to where they're in the planning stage. And so, it's, it's, it's kind of, it's a possibility, but we never really know it's an individual patient. So just kind of highlighting the, the difficulty with making reflections of all the different directions that they might go after this. It's always just a prediction. And then we see we step back, and we see Wait, you know, like, in this case, they say, I could easily cut back if I wanted to. It's not like I'm addicted or anything. If it were me, what I would probably be highlighting is the ability piece, like, kind of like Jessica did, you know and say, like, you, you feel like this is something you can do if you if you want it to. But I would probably highlight that or flip that to where I end with the positive piece. Because recency effect, whatever you whatever is the last thing that you say they're more likely to continue that. So, saying, if you felt like you wanted to, you feel like you can make this change. So, something like that. Maybe not tone, but then they would most likely continue the sentence there and then talk about Yeah, like I've done this before, things like that. And that's kind of what was trying to highlight in this section. And add a little bit of complexity that it does have a little bit of both, a little bit of ambivalence in this.

One, one final thing, when we have both sustained talk and change talk, we have a choice there, we can either just highlight the change portion, or we can do a double-sided reflection where we give both the sustain and the change portion. But that's where I was saying if we're going to do that went in there, but we'll throw in another one because it takes repetition on this to really feel. Got it. You want to be I wanted to jump in really quick here just on the mechanics of this exercise as well. I offer suggestions and feedback. One thing I just really want to emphasize is that you We don't, we're not like, gosh, we don't have a crystal ball. What's nice about patient care, what's nice about working with clients is we'll get feedback. So, what I would encourage you to consider is trying on any and all of the statements that you said, and then listening intentionally to our patients and see what kind of feedback we get. So, if we reflect, you're in control of this, see how the client responds. If you ask a question, what changes are you prepared to make now see how the client responds, see what seat they all of a sudden get into and use that feedback to shape our practices? We have a lot of fantastic feedback coming from our clients. It's not to chase and I think that we know, it's just we're making suggestions.

But in behavioral science, it's, gosh, it's the things that have evidence that work and work well. And our work with our clients is individualistic. That's all I wanted to say. Yeah, I really appreciate that mark to add that in there. Because really, what we're trying to recreate here is what we typically do in person of like playing back a tape, or doing a real play to where like, everybody in the room goes around and is like, you know, like, what was that? What did you hear? How would you have set it? Things like that, because we're all trying to get better constantly. So, it's not that we're picking apart this to like, criticize, but other suggestions. But the real thing is like, what's the what's the consequence? What's the effect that has on the patient. And that matters more than the mechanics of what we're using. These are just general things that typically bring a particular effect from patients. Alright, so next one, if you could throw some responses in the chat box here. I really started to look forward to drinking each night. In

fact, it's probably the best part of each day was honestly seems a little jacked up. So, if a patient said that, how would you reflect it back? Not questions, but reflections statements back to them.

Yeah, I like that when Courtney, it worries us that the best part of your day is drinking at night, through highlighting that emotion. They said seems a little jacked up. And so, highlighting that concern among a little bit, might be a conflict complex reflection there. Robert here, in our inflections will make things, statements or questions like reflections or questions, I think there's two ways that we can do this one, Robert, you say, it sounds like you may have some feelings of concern about looking forward to drinking each night. And notice if I inflect upwards of the now, I've turned it into a question. Instead, if I have inflected downwards, in fact, downwards, I think that's right. You may have some feelings of concern about looking forward to drinking each night. And, and it sounds like it's like such a such like a like, well, that's just like the little nuance like what's the difference there?

A question, we'll have the patient, answer me a reflection, just provide back the information and allows for the person to explore it. So, play around with inflection when you're when you're making these questions. I really appreciate you bringing in that because I think, gosh, I think it's a good one. And it changes between a reflection that's just that they might continue going along with like, yeah, like I guess I do kind of have some feelings that concern. But if it's a closed ended question, a lot of times we get single word answers, right. So then if, you know, like, might say something and then inflect at the end. And they're like, yeah, yeah, back close and open matters, right? Thomas, man, you hit on something that we're gonna get into here in a moment, which is affirmations, but you have good insight into how this might be a problem for you. That's both a reflection and something that's an affirmation. I love that one. Identify, have much else to say about it. Um, with Kevin Fisher, they're like, what makes it the best part of your day. So, like, I think that that's, you know, definitely cute in that you're, you're listening to them, and they could be it could be useful conversation to have. The effect of that is that they're going to talk about the benefits of, of sharing Making a bit more.

And so, then that might have been set in a sustained talk share a little bit more. Because they're like, well, you know, like, work socks, and you know, like, family life, also kind of socks. And so, really the only time that I enjoy myself is never I'm sitting there drinking. I don't want them talking about that more and more, because then they're like, yeah, it's just gonna, like, lead them to like, think about like, you know, actually kind of do like drinking. It could go down that path. It might not. So, like, if we're strategic with our verbal behavior like been, we're trying to really home in on like, why is that a little bit jacked up in your view that that's the best part of your day. What if I got? Yeah, yeah, if I could jump in there, Chase, I think it's spot on. And, and we talk often about things that are Am I consistent and things that are just Am I inconsistent, or just not? Am I, I think the questions it can be kind of have clinical justification to ask? And if we're trying to engage in motivational interviewing, we're trying to increase the amount of change talk that we're hearing. And if we ask that question, we're just going to get more sustained talk. It's just the opposite of change, talk, Paul, I love that. So, Paul is executed what's called a double-sided reflection. It's bringing up two sides. It's including sustain, talk and ending and change talk. Paul is here saying drinking is the highlight of your day. But it feels wrong, that it's that important. I think it's a fantastic one, if I had any suggestion, it would just change the conjunction from but to and when we say, and it holds things both in equivalence. So drinking is the highlight of your day. And it feels wrong, that it's that important. So, we're not discounting the first part by using but if we have, and then we hold things both in equal value. Okay, so good, man. Yes, yeah. Jessica also did a really good double-

sided reflective reflection there. And what I like about both of yours there is that they ended more with the piece we're hoping then to continue talking about. Right? So, two really good examples.

And this is another statement that, you know, like you might hear, and I've heard before, that's why I wrote it down. But you might hear something like this and you're just kind of like, oh, man, they do seem kind of hopeless right now if you if you're not queued in for it. But if you're cute and for like, wow, that's they actually want to make some changes here because they're not comfortable with the status quo. So, it depends on how what you're looking for and what your ears cute for. Alright, here's the next one. I believe blue. That's our last one here. So, this one says, I don't really think I have a problem. But Malaysia told me I needed to come here. So, I guess I'm here to do whatever I need to in order to get back to work. So, what would you reflect out of this? And how would you reflect? Yeah, we're getting about five to six responses if you hadn't had a chance to throw one out there. Give this one a try. There's a lot of material in there. We'd love to hear from who got like 33 participants piled in which is awesome. And so, if you haven't had a chance to throw it throw it out there give it a shot give it give a reflection a shot here.

I think I like the sound like something like exactly like I heard working at like a that Mark sale for like four years. Like people weren't shy about it right? Like they'd come in and be like well I'm here because they sent me and once, I'm done with you to get back to the thing what I hear a lot of times with like alcohol brief counseling visits like you know, I got referred but then maybe they just had an underage drinking or something like that. So yeah. We're before we offer any feedback on any of these, let's really exhaust them out. Keep going to see what kind of reflections that you can come up with. And then we'll look through some of them but really, I mean, just reflect take this moment, take this one shot. You came here to practice a skill to see if we can get better. Or maybe just to look at Chase's eyes, beautiful face. You can also throw multiple answers in there because there could be more than one way that any one person would reply, I'm excited to dig into this user.

People are putting in a lot of work on this one Chase. Yeah. I can't wait till we can get back into like in person training, but this is and breakout groups and the whole nine. But this is good. This is good. Yes, you guys, you guys are really putting it in. And we're super appreciative. Actually, it really helps, I think with reflections to be more deliberate writing them down. Because that kind of gives a different style of practice to so those help. Yeah. And so, as you're sitting here, and you're thinking about these exercises, and you have teams, you have whole teams of have substance use disorder and a treatment team, consider taking some of these into the space with them and doing the same exercises. This is more than accessible. And there's some fantastic workbooks that have lots of examples as well. If you need a reference, let me know. This is often ways in which we bring exercises into our space as well. Chase, should we jump in there, man? Yeah, I was just gonna say like the best way to learn and hone a skill is deliberate practice with feedback. And that's exactly what we have to do to get really good at this. So that's what we're trying to model here. All right, yeah. Let's, let's dive in. You want to get started? Let me see about going from the top to the bottom right.

So, Penny starts us out with you don't think you have a problem in a question format. And if we were to turn this into a statement, I think as a question, we might get some more of that that defensiveness, like, well, you don't think you have a problem. And I don't know the tone that it was stated in. But there's a way that we can just leave this as a reflection and maybe have the same impact for exploration about what they think. And you don't think you have a problem. But now with the inflection down, it's a

statement of what we've heard. It's a simple reflection. And I think it affords the person just space to explore that. I chase. I'd be curious, your thoughts on that? Yeah, like I kind of thing it sounds like over an amplified reflection, where like, if you're highlighting the sustained talk by saying you don't think you have a problem. And just as a statement, like, maybe in a in a pretty neutral tone. They might reply back and say like, well, I mean, my leadership does, and they sent me here, so maybe there is something behind it. Because we didn't often occupy the change chair. But ask the question, again, it might deliver some resistance from defensiveness. Maybe so.

Yeah, Penny, it looks like you were typing in something. And I'd be super interested in your thoughts hearing that. Working bottom to top. Joseph Gosh, like you're willing to go to any lengths to find a solution and return to work, highlighting what they've said is important to the person. They're nice reflection. And I've heard that a couple of or I've read that a couple times here, people highlighting that near the end, the important thing to this person, at least what they're expressing is the work is important to them. Yeah, that's a reason to do something. Yeah, there's a lot of you that did double sided reflections here. And I like, I like that the word and is kind of being used there in the middle like Jessica's, for example, like you're here, because they sent you here, and you're ready to get ready to change so you can get back to work. So, it's just kind of a simple double-sided reflection, using and connected and ending with the change time portion. So, if you don't bring together all those pieces, Nicole, here I am. I'm struck by Nicole's reflection here, because I'm looking at the statement of the individual saying, I don't really think I have a problem. And Nicole's reflection. Not that you aren't sure you have a problem. Gosh, where there might not have been space. I think Nicole's reflection really afford space for consideration. Like it softens it up a little bit. I don't really think I have a problem. Yeah, you aren't sure you have a problem. Like that's a nice softening of and then and then it ends with, and you really want to get back to work. I think you could choose to do either. I think you could leave it as a single you aren't sure you have 100 problem and see what comes after that. I like it both ways I and I like the double-sided nature of it.

Exactly. And Jasmine's also trying to do that with hers, like you seem willing to consider leadership's opinion, being able to do your job means a lot to you. So, like, it's kind of like softening it just a little bit. Like, we do want to be cautious that we don't overstep. Because if we reflect there, if we reflect back too strongly on something like that, they might say, like, well, I don't know about that. It might be a little bit too much. So, it's better to undersell rather than not, and then maybe they'll maybe they'll say, Yeah, you know, I guess maybe they do have a point. So, I could see it going a little bit in, in both ways there. But it's a tie hypothesis that maybe they're kind of seeing their leadership's perspective in that. doing their job does really matter a lot. And then just kind of see where they go from there. I mean, isn't jazz. Yeah. So, I chase, I'm struck by it, too, because what Jasmine offered there, like that is a complex reflection, and it's deep under the water. Like we look at that iceberg. I don't think that we see, based on what the person said that, that they're willing to consider their leadership's opinion. But it might be down there, like really deep under the water. And as long as we're okay with being wrong, like if, like if our patient corrects us and goes, well, I don't know that I am, like, rolling with that. I think it's more than okay to, yeah, we might get corrected, we might just get corrected in that role. I don't really know. I'm not I don't want to consider their opinion. And yeah, I really do want to get back to work.

We think about the philosophy of hypothesis testing that like, we're kind of guessing why they might want to make a change, or we're guessing what, what's underneath the surface, or what might be the next thing. They'll tell us if we're wrong. Testing that hypothesis. And then they tell us if we're wrong, or

it backs backfires. And I was gonna say to like, so Kevin Fisher, he highlighted this in a slightly different way. You know, it sounds like your work is really important and meaningful to you, I wonder why your leadership thinks you have a problem. So, like, that one, could lead you down a few different paths. And I, I've tried that before, whenever a patient comes in, and like, they're only here for their partner, they're only here for their leadership. They're only here for their PCM to get them off their back. And so then, every time that I ask them kind of why they're here, they're just saying it's because of somebody else. And so, I've done that, too, where like, just gotten them to talk enough about why somebody else wanted them there, that, at least that's pretty close to change, talk, but it's still extrinsic. We want to get closer to the intrinsic reasons. And so like, I would say, this might be either an initial one that we're trying or if we've tried to, like get at when they would want to make changes. And it failed, then we kind of start exploring more, why would other people want you to make these changes? That was my thoughts when it's one strategy. Yeah. Gosh, I mean, I'm really struck and the whole team that's here, I mean, I'm really just struck by y'all leaning forward and giving this like, like a real effort, like a, like a real. And gosh, I these are good. Like and notice the evolution over time, it's clear that we're listening to one another, and we're reading each other's reflections here. Right off the bat, we started off asking more questions in response to, to the first example. And when we've quickly gotten to a place where even just through a little bit of repetition of practice or highlighting change talk in such a way that is likely to lead to greater exploration less defensiveness. I'm just, I'm super happy. I'd like to say it's pretty cool. You guys are clearly invested in increasing and just trying on new things and exploring your practice.

That's really cool. And like thinking about this as like a as a lifelong skill. We keep getting better at like, you, you may have already been naturally good at some of this and done some of it before. But we're seeing, you know, more effort applied and more. Such a, like a great array of responses to this is a brief online training. So just to highlight the lifelong learning as well. So, there's a couple more tools that you got in your tool bag for your golf bag. We mixed metaphors all the time. Just jumbled up in our metaphor making. But one thing is an affirmation. And I forget the gentleman, maybe it was Thomas. But that threw down a really cool affirmation. Yeah, you said I had to scroll back up to find that you have good insight into how this might be a problem for you. Affirmations accentuate positive aspects are things that we're seeing about observed behaviors. And one type of behavior is verbal behavior. When people show like good insight through their verbal behavior, it's one way that we can offer that back to them. That is a couple of ways in which we go about this, because there's a couple things that we can accidentally do that can be roadblocks. affirmations, isn't cheerleading, affirmations aren't sitting there and going, I believe in you, you can definitely do this. Because cheerleading, turns out the research shows can actually go about decreasing motivation, because it becomes extrinsic, it's no longer the individual believing in themselves. It's my belief in you, and that's temporary.

So, affirmations will often just will be, to the point observations made about a quality of the other person that leaving me out of it. So, one thing is, it's not cheerleading. And the other is, it's not about me, Thomas, I don't know if you have experience doing affirmations, or if you just fell into a good one. But notice how Thomas doesn't say, I think that you've got really good insight, right? Like, now it's a belief about me, Thomas is just saying, you got some insight about how things you're showing insight here are saying like, I think you're a strong enough person, or I think it's really great that you were engaged and did this type of thing. So, some affirmations might sound like the following. If I hit the button, it'll, it'll move forward. You're clearly a resourceful person. You don't give up. Despite the struggle you showed up today. It seems like you're the type of person who wants to get this right.

Notice, these are qualities about people that we don't know about the whole session doing affirmations, and we do it too often. Gosh, it just starts to sound insincere. We want to make sure that these are just sincere reflections, your observations that we have, and we can stumble through the mechanics of these as long as the individual is feeling that sincerity from us, and that that's meaningful.

One thing that we've gotten feedback on from early learners of motivational interviewing is sometimes people will feel it feels mechanical, like it feels like I'm like, I'm just reflecting what I see. And it's more about making sure that the right reflection. And it can feel like that early on, it takes time to bring you who you are into this new habit that you're forming and practice in motivational interviewing. So, I'd encourage us all to make sure that we're not leaving ourselves behind when we practice Am I that we are bringing ourselves into it. Another thing to do is summary. I really like we have this kind of metaphorical thing about summaries, you know what a summary is it's summarizing larger piece of information reflections tend to be one piece or two pieces. But a summary might gather together multiple observations into a nice, organized way. So, as you partner here's another metaphor as you partner with the client in front of you guys might be walking down a path together that is your engagement with one another and your exploration of reasons for change, and reasons not to change. And we might gather together some of the individual's change talk and present it back to them in the nice bouquet of flowers. I see a rose over here and a tool of here and here's some nice I was gonna call a garnish, but I think it's called something else that they put into the flower bouquet probably garnish like garnishes for food. Somebody will have to let me know what all that green stuff is not flowers. I can't think of the word garnish. But so, one way of doing it His might be to be effective. Yeah, you know, we've talked about a lot of things, and I wonder if it'd be okay if I took a second to make sure that I've heard you correctly. Insert first piece of change talk or just reflecting, you know, you're here today, having been referred by your leadership, and you really, you know, you consider work to be of great importance.

So, you want to make sure you're doing what you can do to get back to it. Drinking has become one, you know, drinking has become something that works for you in some ways, and in other ways. You started to explore some concern that you have with it, because it's not everything that you want it to be. And at the end of the day, getting this right seems to be important for your family as well. As for you occupationally. I wonder if I've heard you correctly, until we're gathering some pieces, or softening some of this sustained talk, we're gathering some pieces of change talking, we're presenting it back to the individual summaries can be a really nice place as well when we're transitioning from one process to another. Remember, we have evocation folk, I'm sorry, we have engagement, focus, evocation and planning. And a summary is a nice way to kind of put a bow on one process while shifting to another, or to put a bow around one area of evocation and explore other areas of evocation. Like if somebody is really highlighted their family as the primary reason for change, you might do a nice summary that highlights these reasons for change around family and then ask a question around. That's, that's one major reason for change around your family. I wonder what are other pistons that are driving your desire to make a change? To see if now we can gather, we can create a couple of different bouquets and really turn on that that drive and motivations relocation, love mission summary. But what about advice given? Well, since the anatomy of a bouquet and why Oh, thanks, Anna. It's not a there. Bow is gonna be stuck in my head for hours. Okay, so no advice given well, like really, like really no advice given to sometimes, like what, like what are some emergent situations in your line of work that you feel like, gosh, but I really, really feel like I need to provide this person some information about dangerous

behavior. What is it for you and your line of work? What might be the red flag that pops up that goes? Yeah, I need to say something. What do you think? Red flags in your line of work? I really need to provide some information here. Nobody has any red flags. You all work in the area of addiction counseling, but there's no red flags at all in addiction counseling.

Not one red flag. Thomas was gonna save the whole group. Everybody else was like, for time. impulsivity, high risk behavior. Yeah. What types of high-risk behavior DLC? I know what I used to see the y'all seem to be working in some like, you know, teleworking places drinking and driving? Yeah, yeah. That so driving intoxicated drinking at work. Yeah. Mixture of alcohol with drugs, like taking alcohol alongside like a benzodiazepine, or using alcohol to sleep. Yeah. There are times when our red flag goes up. So well, there's a way in which a motivationally interviewed remote consists of Gosh, a motivational interviewing consistent way of providing some advice, or just sharing one. In addition to read five times, there might be times people have to give information in substance use count for like, you know, like, I'm thinking about alcohol, brief counseling, and things like you're mandated to because of Air Force or DOD regulations. So just wanted to highlight that too, with the context of what you're talking about here. Really, really good point.

So, what happens when we get over shared information with well, it can feel a lot like death by PowerPoint. We often used to joke, or we often currently joke about foresight will say, information as to behavior change as spaghetti is to brick just providing people with information, isn't it? Often a way that it's not a high frequency way of changing behavior. So first we can try like an open-ended question like, well, tell me what you already know. So, somebody says that they're drinking and driving, and they engage in this behavior, you might say, well, yeah, tell me what you already know about driving while under the influence of alcohol, not considered an open-ended question. And if we must share information, there's a couple ways to do it, like asking permission, would it be okay, if I shared some information, it allows for disagreement. And one style of doing this is this elicit, provide elicit now first asking if we can provide information make sure that the gate is open? Because I'm going to ask, would it be okay, if I shared a thought with you about that? And that allows the person to say, yeah, and often our clients do our clients are nice people. So often, they'll say, Yeah, that would be okay. Um, if that opens the door, we don't open the door.

First, we risk just providing the information and running our ship into the bridge. But first, we're just going to ask, you know, would it be okay, if I shared some information with you about to Saturday other? Some of these will Yeah. And then we provide the information. You know, many people find that this behavior can lead to some dangerous outcomes, or, you know, there's been some studies about mixing alcohol with benzodiazepines, and there's a risk of, of severe injury, your death. And then we'll ask at the end of it, I wonder how that information strikes you, I wonder what your thoughts are about that. We asked for permission, just provide the information, provided the information that we found was important to provide. And then ask them their opinion of that information to keep them engaged and keep that open ended posture related to providing information. And that's a consistent way with motivational interviewing, to be able to provide information. I stumbled my way through that one Chase. I was gonna say just a couple. A couple things on this too, like it's been, it's been kind of interesting, trying this on more and more with patients, like, sometimes you'll get a reply. That's like, of course, like, that's why I'm here, you know, you're at the doctor. And so, then I'm like, okay, yeah. Well, here's some options. And then, what do you think about that? And at first, I was kind of jarred by that. And then I'm like, no, I mean, that's opening the gate in one way. It's opening the bridge there. So, you

can go through it, but then sometimes people will say no. Like, so, you know, I hear that you're you want to make some changes. Like, there's a few things that have worked for people, for other people, like, would you be interested in talking about, like, math, and so we kind of have to be okay with what they're gonna say in response. And we don't really know what it is. But it's a sort of respectful way of kind of saying, like, you have some agency here. And I'm not just assuming that.

Yeah, total acceptance, they're not just assuming that you want to hear the information that I think you should hear. Or that you'll find it useful. So, I'm going to acknowledge that we're partners in this situation and see if you're interested. So then, I tried using this one earlier, just kind of demonstrate with when we're trying to like, elicit change, talk, a lot of times, this is right at the end of the visit, or I use it right in the middle. But you know, you can use this right at the end to kind of like, move towards planning or to talk about like next steps. But there's a lot of different rulers that you could use. Generally, we focus on confidence, importance, readiness. Those are the three that we really emphasize the most. And so like, you've maybe you've identified a target change, like, you know, I'm going to start let's see, I'm going to remove the alcohol from my home. So, like, that's kind of the target change that they've, they've committed to. And so, you could ask, well, how ready are you to make this change today? After you leave this to where you go home and make this change today? Zero to 10, 10 being 100%. I'm going to x's are zero, there's no way in the world. So, you kind of anchor for them. And then if they say like a six, like Mark said earlier, whenever I gave to them the importance and say like, wow, like a six, like why not is three, and so usually want to skip down two or three marks there, two to three that's upon they're not marks two or three like numbers. And the reason you're asking them why not something lower is that the response will be changed talk. It's saying why they're a six out of 10 readiness and not a three out of 10 readiness. They're justifying their decision on why they're so high. If they give you a three, that could be a sign that your behavior is something that your behavior that you've identified together isn't really something they're ready to make a change on. And so, then that's kind of like, alright, we didn't have the momentum, we didn't have the velocity there to get over that, that chasm. So maybe we should go back to the planning, to where really, we can get up to like a six or seven.

The reason why I'm highlighting readiness is that of the three readiness, confidence and importance. Readiness has the best outcomes in the in the outcome literature for predicting changes that people might make. But all of them give different, different information. So, like, maybe they find it very important. Maybe there are seven out of 10 for importance. But there are three out of 10 for readiness. There could be a lot of reasons, maybe it's not the right time, or maybe it's a seven out of 10 for importance, but a three out of 10 or zero to 10 for ability. So then really, we want to kind of like find how can we bolster their perceived locus of control? Or how, you know, like, how can we bolster their self-efficacy, help them feel more empowered that they can make this change? And, yeah, so it can be really useful to have all three of these importance, confidence and readiness, but could even just focus on one of them? And then ask them, why not something lower? The second thing that you could do is, you say, Okay, how important is this? Zero to 10? They give you a sex, you could say like, what do you think it would take to get to a seven? What do you think it would take to get to an eight? And you'd really want to make a small change, a small change up, but then that's also cueing to like, next steps, or things that might be helpful for them. So that can be used as kind of an assessment, or it can also like, help you make sure that you're matching their needs, but really, can best definitely be useful in a lot of different ways. And could even use a physical one or just ask as you were at a tan, draw it on a board,

different ways. So there that's, that's kind of on that. Last piece that we wanted to hit on here is how could you continue your learning with EMI, if that's something that you're interested in? And Mark is just sent out a list to somebody from our previous class to that has a whole bunch of different resources. So, we can forward that to you, or we could reply in the chat on, you know, if people have particular interest for particular areas. What would you find useful at this point, as we're kind of looking forward, like continuing to learn? Am I any resources that we provide to you, or any questions people have generally? Yeah. And I'd be really interested to hear from people about what you plan to do. So now you've had a three and a half hour motivational interviewing primer. What do you plan to do it?

I plan to drink more Red Bull. I'm just kidding. And I'm planning to do that. By myself strangely motivated to do the opposite. Yeah. Nicole, let me let me let me put a website in other things a good one here. Let me make sure that I gotta find it. But I'll put it I'll put a website in with both. That has good links and a good library of information for question. Building motivational interviewing skills for Rosen Korean by Rosengren. That's a really good workbook with practice scenarios. I'll read the name of that in here too. So, name, interviewing skills. It's a practitioner workbook, by David, Rosengren. And if you drop us an email, we can email you the full list. The full list is a little bit much to put in, in the chat, but feel free to reach out to us. I'll put in my email. Chase can do the same here feel free to reach out to us. I'm Thomas. Put it out there. I'm going to try it on. I'm gonna try it on with some patients. I'm going to see what results. I love it. Try it out. Right, some reflections on there. And again, you're sitting here having just absorb this. What do you plan to do? Is there a last time after this? We're done. What do you plan to do, guys? Girl? Y'all. I just moved away from Texas. I'm getting a hard time for saying y'all.

What are your thoughts about bringing this in with your team? Practice switching chairs. Really cool. Yeah. Teach students I love. Yeah. Yeah. I think that our experience was bad and Chase, correct me if this isn't the case for you. But when we started to get involved in teaching it with people that were like close to us, we teach residents partially for a living. Yeah. It really like it really pushes our own capabilities. Yeah, it really does. And like, for about six months, Mark and I were in a small group together where we were working with residents and like playing videotape real patient encounters. And I learned so much from that actually, in like getting them to, like, one of the questions we kept asking was like, so how would you actually say that with the patient? Because a lot of times, it sounds like we know what we should do in a scenario. But whenever you get down to like, so how would you actually say that? Yeah, it gets really challenging. And so that's what we were trying to highlight and excited to hear that other people are also teaching students excited about that metaphorically, it's like you're standing on the on the first tee of a golf course. And somebody asks you what, what do you think you do on this hole? And you go, gosh, you know, I think I try to stay left of the bunker, land here and maybe roll 30 or 40 yards forward. And then the person asked the question, hand you a golf club and says, what's it like, oh, crap, I actually have to do this thing. And that's it, like motivational interviewing is a skill. And we got to us got to act like we can't just be talking about it, y'all. Like we like we actually got to try it. Try and hit the ball and have it gone in the water. Like, oh, shoot, I hit the car. That didn't go so well. Yeah. The only way to learn so I love and, you know, one way if you don't have like a mentor somebody around you that you could practice this is really simply like looking up, MIT encoding, MIT coding, or you could make your own sheet that just have open ended reflection, or open into questions, reflections, affirmation summaries, the ORs and you just coding. Okay, like whenever I listened back on my tape that I recorded this patient encounter, you know, how many questions to ask, how many reflections did I make? How many summaries that summaries are the longer reflections are pulling back

pieces, like just kind of like doing in my work. But those are other ways that we can provide kind of self-feedback by just logging our tapes meant motivational interviewing network of trainers is above Yeah, in the chat box that Mark put down too. That's an organization that you can also get a lot more training and become a trainer yourself there too. And that's, that's if you really want to take a deep dive.

But y'all we have come to the end of our day. And we have talked about a whole lot of things today, we've talked a little bit about the behavior, science of behavior change. And we talked about ways in which we can leverage our ability to, you know, adjust motivation. We talked about motivational interviewing and born and bred where in substance use treatment like this is where it was created, is in your field. Somebody who's struggling with motive with treating substance use disorders, motivational interviewing, born and bred from the work that you all are doing. And we talked about the mechanics of it, we opened the hood a little bit, we even got to try it on a little bit and doing reflection practice and focusing in on change talk. And no kidding, we've already gotten feedback on some of our practice. And we did all of this in a short amount of time. It just, it warms my heart to think that 36 people would spend three and a half hours digging into this. And for why bring it back to the why to be useful to us in Panamint. So, people that are looking to us, and to help even if they're in the struggle, even if they're saying I don't know, if I want to make this change, we can meet them exactly where they're at, and try to just be useful what a privilege we have in the life of somebody else that's struggling, what a privilege, we have to walk alongside them in that place. I know it was funny, he goes back to like one of the early comments on why we do what we do. And there were so many there. But one of them that really stuck with me is like because their patients are showing up. And we have that duty, that responsibility to do the best possible to create the best possible environment to where they can make the changes that they want to make.

So that's what all this is about. And thank you all so much like this was a great, great group today and really appreciate it. Yeah, it'd be an opportunity for feedback that will come back later. Please give us feedback as well. Ways that we can improve. Chase, I'll give you last word and I'll just say thanks, everybody, and please reach out if you need anything from us. Thank you so much. All right. We'll go ahead and turn off here.