Without any further to I would like to turn it over to Major Marc Patience and CAPT Chase Aycock.

Good morning, everybody. We are excited to be here and love talking about behavioral science and motivational interviewing. Both of us have worked with pain populations as well. The two of us will go back and forth as we are working through the slides and try to make it as interactive as possible even though technology makes things a little more challenging than in person leading a workshop like this. As we go through we will ask for maybe throwing some things into the chat box there, and maybe even seeing if we could have some verbal interactions as well. We will see how that goes.

First, we will go through some of the standard slides here and we do not have anything to disclose. These are our views and not necessarily reflecting on the DOD or the government. Yes, the topic for today is motivational interviewing for pain management. Really, in the three-hour window, this is just an introduction to the best of our ability. Hopefully some of you may have experience with motivational interviewing and some of you this might be the first time that you have ever heard of it.

There could be a range within this chat room here. Really, our goal is just to touch the surface and then it is really a lifelong learning adventure for gaining the skills and applying them with all of the unique patients that we see. We do not anticipate after three hours everybody will be completely proficient in MI that is not our goal here.

And then everybody leaves [Laughter].

[Laughter].

Do not go anywhere.

This will be fun and exciting.

[Laughter].

Here is the agenda for today, first, broad principles for science and behavior change. Setting the stage for how we think about behavior change and where MI comes in. Then briefly touch on some of the evidence for MI. The structure of what it looks like, and we will have video examples and also kind of breaking down the MI spirit and the different stages. We will really hit on the vocation the most because one of the most unique parts in one of the most challenging parts of MI in our opinion so we will spend the most time on that today. And then really hitting off some tools and hopefully some demonstrations on how I can use that with patients. And then just throwing some other MI strategies in there as well.

So here in the chat box, we have a question for you. Just kind of like thinking about your own clinical practice like what issues or concerns or are common among your patients with chronic or acute pain. If you do not mind, type in your thoughts into the chat box here.

Just kind of helps set the stage for what are we working with when we ask patients to make changes or we are working with them on difficult things?

Not being believed about their level of pain. Compliance with home exercise programs.

Yeah, okay, gosh, what a difficult experience to go into a medical care center and feel like somebody does not believe you are experiencing it, that is tough, definitely.

Yeah, that seems to be coming up a few times here, no kidding.

And getting that the behavioral site, that feeling motivated, having a hard time with the home exercise programs. I get the impression, Tyler, if you could follow up with that one for me here, are you saying that, yeah, they get kind of the regimen and then they go home and come back and say, or you go, how did it go? And they go, yeah, I did not do it.

Yeah, yeah.

Yeah. Yeah, seems like fear that movement is going to make their pain worse so I am guessing that might lead to avoidance of movement, yeah, kind of seeing that cycle of activity causing pain, but being active, helping the pain.

Yeah, seems like a lot of thoughts there on how do we get people moving more? It seems to be one of the main concerns. How do patients react when you talk to them about changing their behaviors in some way?

Josh?

Yeah, Tommy, I wonder if you would say a little bit more about that, yeah, you said fearful.

Would you mind going a little further with that? >>
Three or four people are typing and thank you so much for engaging with us like this.
Anita, mixed reactions, right? Some like to feel encouraged, but people show up with that spectrum, that is what you are saying there, yeah.

What do you see, Chase?

I see Tyler wrote that sometimes it is the mild change that needs to be made. We will get or check a lot about that, uncertain or do we actually need to make a change or do I want to make a change?

Yeah. Disbelief, maybe not buying into it fully, reluctance, yeah. Yeah, you are giving us a great window into your experience, treating patients who are experiencing this chronic pain. They are scared. They are scared, fearful, and reluctant and some of them are not, some of them are motivated and excited.

Lindsay highlights that the duration of pain, experience of pain so far can also impact that.

Yeah.

Fear that the pain will return. Yeah, so lots of things there from the patient perspective when asking them to make changes. But then what about from the practitioner or clinician perspective, what are some of the biggest challenges you face in talking with them about making changes?

I could imagine based on some of the responses are ready, you know, this can be challenging, people, we are telling them, hey, you have got to move more? You have got to take some active steps towards managing your pain. You feel like they are denying they need to make changes, and that could be frustrating for the practitioner or the clinician.

Yeah, Nicole seems to hit on the head, says, hard to get the buy-in to do it, right? So the pain is telling the do not, and we are standing there telling them do. Man, the pain signal that is a strong message to not move forward.

Yeah, yeah. Tommy hits on something that we have seen a lot because we have like a pain class here that we bring a lot of disciplines together, in San Antonio, and the lot of the patients there, talk about they pass from one clinic to another. They kind of get to a hopeless state, like nothing has worked, seen everybody. That could be frustrating too for me practitioner perspective
Like, what do I do with somebody that does not think anything will work for them?

Right, it is no secret today we will be talking about motivation. Weird if we were not but like the system, it turns down their motivation. Tracy said, they learned kind of the helplessness that takes place. That turns down our dial, right? Lake it is no fun when a patient shows up in first thing out of their mouth is I pulled five or six providers about this before. Gosh, yeah, that is not fun for everybody. I think Anita hit it on the head, asking perfect question, how can I, how can I meet them at their level and motivate them to move forward from there?

The million-dollar question.

Yeah.

The million-dollar question.

This sets the context for who you are working with, and the struggles with they are facing and we are facing in trying to help them. Hopefully at the end of the three hours together today, you will maybe have some different ways of thinking or some encouragement that there are tools for how to deal with some of the situations.

Yeah, do I have positive control, Chase, can I click this button?

I believe so.

That is cool. Somebody made a mistake and gave me this.

Let us ask you this then, given all of that, all of those challenges, like why? Why do you keep going?

How many do you have? 23 of you, 23 of you in this room today have decided that this is what you are going to do. I want to frame the question with the video. Carla, would we be able to play the first video here?

Sure.

Thank you.

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 something. Life is going to 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 backed up. It was almost a 10 count. He was stumbling, four, three, two, and one. Ding, ding, ding, saved by the bell. He goes to his corner. The whole world is like Yep that is it. Once he comes back out, that is it. Mike is just going to hammer him. And exactly that, Mike Tyson came out like, I got them, I got this kid up against the rope. Listen to me, many of you right now, life has got you up against the rope. You can't give up. You can't give in. Listen to me, if it was easy, everybody would do it. And if life has got you backed up, I need you to do what Buster Douglas did. Buster Douglas started fighting back. The world was shocked. Goliath has been knocked down, what happened? They went to Buster Douglas and they asked Buster Douglas, simply like, what happened? And Buster Douglas said, listen to me, it’s real simple. Before my mother died, she told the whole world that I was going to beat Mike Tyson. And two days before the fight, my mother died. Buster Douglas had a decision to make. When his mother died, he could die with his mother, or he made a decision, I could wake up and I could live for mom. And he knocked Mike Tyson out, simply because his Why was greater than that punch. His Why was greater than defeat? His Why was greater than his trial and his tribulation? And I'm telling you, if you don't know what your Why is and your Why isn't strong, you will get knocked out every single day.

Music I watch that video, curious, for you all, why? You listed all those challenges, all those times that you have probably been knocked down by the work that you do. Working with people who are experiencing chronic pain. Type in there or you can feel free to come off mute, on the phone, why do you keep doing this?
[Laughter].

Morgan is hyped up, not even 0600.

Has your hope hyped up, Morgan?

Guys, reducing suffering, yeah

By trade, as a psychologist, I am really good at sitting here in silence for as long as I need to, like a whole class, silence 101 and then advance silence 107.

I will pause as long as we need to, this is important, isn't it? To help others live better. Also, when a patient says, man, Tyler, yeah, it is awesome. That is such a perfect word, on someone a patient looks at you and goes like, you helped me change my life.

Awesome. I like what Lindsay and Anita have both emphasized. Even one person's help is worth it. So much suffering out there, like just to help one person that is worth it in itself to make a change.

Yeah.

Lindsay, would you go one step further on that one? When you say worth it, what you tell us more?

Yeah, Tommy, stuck on the word, the power to change. People come in feeling without power, and I'm sure you have, thinking back to a time that you felt without power or without autonomy or control or without influence or agency on your life. And then they are going into a situation and now feel power.

Like I can do this, I have strength and it sounds like you help people to find that and that is, golly, typical psychologist, please tell us more.

You are killing me, you know me.

[Laughter].

That is all right, typical PA jokes here in a moment, I'm sure.

Hope, hope, golly, so important to adapt, yeah.

Isn't it?

So important that that adaptation is possible.

Some of these visits can be a lot of work on both parts, can't they, though?

It takes a lot. You have to roll with the resistance, come back reluctance, educate, slow progress, gain trust, gosh, like I picture in my head, and came and where it is like, you got to slog through the mud and the obstacles and the challenge and you have to get scraped and bumped and bleed a little along the way. Then you get to the other side, and it is just worth it.

Like it was just every drop of sweat. That is the picture that I feel you are painting there.

I hope that is accurate, I hope I captured that.

So it is worth it. It is worth it. We have come into this moment where we are saying, we have a population that is in pain and they struggle. Over and over, they are told, either that their pain my not be real or maybe it is not as bad as they say it is. They are struggling to find the help that they so desperately deserve as human beings. They are having to tell their story over and over again and they are getting this really strong message of pain, and pain is telling them don't move, shelter yourself, batten down the hatches. Because if you move, this will be worse.
Then we come into this moment and there is an opportunity to instill hope, where hope did not exist before and where there is opportunity to strengthen and walk along someone on their journey to get stronger, to see it on the other side, ultimately to get to a place where people are saying, you helped me change my life. That is worth a, that journey it's worth it. So we keep coming back, don't tweet?

We keep getting up.

So then it kind of looks like this. To get back to a more of a lighthearted place, right? Given the why, yeah, we work so hard and some of you have already alluded to this, this, in patient care, might look like somebody coming back and saying, I have change my life are coming back and saying, I am moving again and I am doing value based things. What else doesn't look like specifically in your work? Give an example, even just a brief one in the chatbox, of what does it look like when we get it right? What does a patient come back looking like you're saying as well
I will keep a check box, Chase, all the burns I get to the psychologist today and we will have a prize for the best psychologist burn.

I do not know what the price will be what we will have to send out a psychologist burn, right?

Like right now, we cannot resist asking questions even though people can only,

I know, but we said we would do this virtually, well, we're going to use this.

We will burn herself.

IV says it looks like movement, yeah, yeah, looks like step forward going from a place of being stuck to unstuck. A smile versus a grimace, yeah, smiling in the face of it. The pain did not go anywhere, right? They are still in pain but now they are smiling and it looks like tears of joy, gosh, yeah, tears streaming down the voice or face, right? So I'm sure some of us have felt that but I am also sure some of us have felt this [Laughter], when it comes to patient care. We have all the best intentions and then, gosh that does not go as planned. You know, we too have a lot of fun when it turns out like the first picture. And that is one reason why we have become so passionate about engaging in and teaching about behavioral science and motivational interviewing because we too enjoy more. We have a better experience and our patients have a better expanse when it turns out more like the first picture. That kind of sets the stage for why we will talk a little bit about behavioral

science. What we will talk about today, it rests upon the shoulders of giants and people who have come before us. And they did the work to help us to kind of figure out, how do we even raise the probability or the possibility we get a couple of more lights up on the house, right? As Abby says, there are still lights up in small victories. Yeah, Abby, I agree. We need to celebrate and you have gone well better believe when my house look like that like less Christmas, I stepped back with an alcoholic or nonalcoholic beverage on my hand in the street and I said, job well done, Mark, and I walked in and I'm sure lights will down but we have to celebrate that. How can we [Indiscernible - low volume] especially for the patient's, separately even for us a little bit. We will discuss a few key principles of behavioral science and we will not get very deep at all. Hang tight and you get a break from me asking a bunch of questions on the chat box. But as things come up, if you have got curiosities, put them in. We would love to get deeper into this. One way of looking at this is two factors when it comes to our ability to change our behavior. That is really what we are talking about, right? We are talking about behavior change. When it comes to chronic pain, whether it is taking a medication to manage that pain or whether it is increasing exercise her physical therapy, these are behaviors. We are trying to change or help individuals change behavior. So two sides of this coin, one factor can be motivation. One factor can be ease, motivation of course we are familiar with that feeling, feeling motivated to do something that drives. Some of that can come from things like social norms, what are other people doing? Or incentives.

Ease, how easy something is to do or how difficult. What is my opportunity to engage in that and what is my ability?

This can be grafted so here's a graph and we can think of these two things existing on an x and why access. On the x axis here we have ease. We have how difficult something is in on the left side it is hard. Things that Landover here would be quite difficult to do. Things that land all the way on the right side of this letter X axis would things or be things that are super easy so hard might be Dr. Aycock runs ultra-marathons in my mind running about 50, 100 miles would be incredibly hard so I would put it away on the left. For me, super easy, I could walk down the block and I could go check my mail and that is like a super easy task. On the y axis here we have how interested or even how motivated I am to do something and on the bottom of the y axis we have completely disinterested, no motivation whatsoever.

To sentence here would be I have no motivation whatsoever to run 100 miles to a desert, Dr. Aycock, not coming and running with you on that, note thank you.

Just uninterested, right? Things I’m not interested in doing. On the upside of the why access, on super motivated and engaged, yeah, I really like, gosh, I’m pretty excited about doing those things. If we put those or the graph with a little bit more detail, so long that access, week a plot different behaviors. If you were to consider each one of those red dots, a behavior in which we might engage. Then we could know how hard might that be and how much motivation might I need for that behavior to be successful?

If it is a really hard task, like gosh, Thanksgiving meal, I will cook Thanksgiving meal for my entire family, that might be a pretty steep climb, there is a lot that goes into that. At the same time, it is my family, maybe they are flying in from Iowa, which is where my family resides. And I am thinking to myself, oh man, they are flying in and super special to me, I really actually love them and I want to treat them well.

So my motivation for that might be quite high.

In the combination, yes, it is very difficult, that I have a lot of motivation to do it, my behavior could be quite successful.

Now if we can get to a place where it gets to be a habit, than it really it falls off of this continuum. It shows up on the lower right. Like habits would be like what quick? Would somebody toss up habit and I will to and I will tell you what you have opportunity to think of yours. Putting on the seatbelt, I get in my car, I need no motivation whatsoever to put on my seatbelt. I do not even think about it anymore. I reach over, put the clicker thing in the clicker, and to be frank, sometimes they do not even realize I have done it. It is a habit, happens well outside of my consciousness and it takes no effort at all.

It is a habit. What is a habit for you all that might match this? Something that takes quite literally no motivation and just a very easy thing to do?

Julie, sorry you are experiencing server issues.

Brushing your teeth, two of you, brushing your teeth, exactly.

Their dentist actually loves them. Habit, right? I wake up and I do it. Normally habits are maintained by some type of loop as you see here. The trigger. What would be the trigger for brushing your teeth? What triggers that habit for you?

6 a.m., comes along, we roller self out of bed, just the next thing that happens, right? So that would be the trigger or AQ. And then the action occurs, brush, brush, brush, brush, happy day. Normally the reward enforces that habit so what is the reward for brushing the teeth?

Yeah, feels good, right? It is as simple as that, the behavior has turned into a habit and I have a trigger for doing it, time of day, brush my teeth the reward that is maintained as a habit. We have a ton of these in our life, just 1 billion of them. Here is the thing with human behavior. So before we go to the next slide, just a recap of what we talked about before, behavior can be kind of whittled down to two factors, motivation and ease, and both of these could be adjusted like dials. He could increase and decrease motivation and increase and decrease the ease of behavior.

At some point, if we could get these things to a place where they could happen over and over, they can be put into a loop.

There are also places however, were things can go quite wrong and whomever gave you. Just to start up, here is a graph of the brain, made perfect sense you right off the bat, right? With the Apple [Laughter]?

Most what we share in common with the Brentwood lizards, dogs, cats, the kind of, oh gosh, reptilian center, majority of our brain is quite reptilian. We do not have a lot of time having evolved our neocortex, theory that makes us uniquely human.

The ability to think, plan, reason, but the majority of what we have going on is a basal ganglia, reptilian. It is a gas Cussler.

Takes a lot of energy. In fact the brain accounts for about 25% of our overall metabolic expenditure. Most of what we taken in the form of glucose and sugar gets expended by a small part of us. It is from that process that we derive our beliefs, attitudes, and our behaviors [Laughter].

What could possibly go wrong?

Well, at any given point there are about 11 million bits of information available to the human being. We are only able to process about 40 bits of that information I let in a given time.

We are sitting here in our offices, in the home, and believe it or not, there are 11 million bits of information that your brain has available to it. Every site, sound, every color, every texture, my voice, chases voice, your thoughts about being in a room and having to talk to a psychologist today, there are 11 million of them and the brain attends to the 40.

We are only able to take in a small amount of information and that leads to error.

We like to say, what you see is all there is. And unfortunately that would be the moment in time where we error. We did not mean to. There’s a great podcast, I will put in a plu right now, does anybody remember just a quick yes, no, or does anybody remember in 2020 when we were being sent feeds, random feeds in the mail? At the IT was like, do not plant them. Does anybody remember that?

2020 gave us a lot of things to worry about, yeah, yeah.

I need a, you remember that. Does anybody else remember that happening?

Did anybody actually received the feeds?

No? We are on the mailing list, connected the feed [Laughter] somebody planted them actually a lot of people planted them.

Why do I bring this up?

If you recall from that example what you see is all there is, there is this envelope. There is Chinese lettering on the envelope. And it was labeled like earrings, stud earrings but you would open it up and of course it was seeds. This freaked out lots of people. And the time was ripe to be freaked out, right? We were in a global pandemic, a lot of things going on. So people were pretty weary at the time so the 40 bits of information that anybody was having available to them was I got this weird package, I did not order it. Chinese lettering on it, it says it is earrings. But it is actually seeds. It has been on the news. If the is saying, do not open it. So everybody is pretty on edge about the seeds. There is an investigation, and the FDA and other people come to the conclusion and say, well, it is a phishing attempt to Amazon. If you want to review something from Amazon.com, you have to have a verified package that arrives. The theory comes out that okay, it is clearly happening, Chinese companies are just sending thousands of feet so they could make a 18s. That makes sense to a lot of people, so they go, okay, yeah, again, what you see is all there is.

The journalist decides to go a little bit further and it turns out, spoiler alert, everybody who had ordered or everybody who had received seeds, had ordered seeds. They had all ordered them and they forgot.

There was a two month delay in the order. They had ordered them off Amazon and it was a time where a lot of people were ordering seeds because we were hunkering down and people were interested in gardening. But there was a two month delay because processing had shut down. They did come from China where nobody was expecting that to be the case. Because Amazon has layers of you do not know where your stuff is coming from, and so, they go back to this people and ask them, did you order seeds?

They open up their Amazon account and they look at their shopping history, and the same people who have done interviews with news organizations, pretty scared, go oh, my gosh, I forgot I ordered these.

But that information was not available to them. Is not that these people were bad people or forgetful people. We all error, we are human, we do error in pretty predictable ways we will talk about that in a second but we are vulnerable in this type of thing. Where vulnerable to this place of what you see is all there is.

Despite their being lots of other people or pieces of information. Chase, I think you would what's the podcast, sorry, spoiler alert for us and 29 of the people.

[Laughter].

Yeah, it was on my list.

Yeah.

[Laughter].

Take it off your list, you and the other 29 of us can take it off the list now. Used to still listen to it, 30 minutes, quite fantastic. So we error, we are not perfect and we know this. The T truth is, we make many, many mistakes. Here's the deal, where also not random about the mistakes that we make. Quite predictable. Kahneman and Tversky won Nobel Prize demonstrating that our mistakes are predictable. And that is a really important thing for us to recognize, as practitioners that work with people, human's air in predictable ways and here are some examples of those ways in which people error, like the backfire effect or the curse of knowledge, or a loser truth or empathy gap or anchoring. Just a ton of ways in which we have predictable error. We will dive into one of these which is called hyperbolic discounting. If I were to just put up the slide and I will ask you to type in for a second, and please, really feel free to come off mute and hit start pound if you would rather just say this out loud but if I were just to pause here, what do you think hyperbolic discounting, here's a picture of a really strong guy and a really chocolate cake but what do you think we're about to get at here?

What is a world of hyperbolic discounting? What is this error?
Life is sweet when you're doing what you love.

Like having your cake and eating it too [Laughter].

Right, cannot eat chocolate and be in shape?

I will hope to be the exception to that rule. I really love chocolate. But you are onto something there, Lindsay. Hyperbolic discount, is error that we make when we are in this place of immediate quantification and long-term values. When placed next to each other, the right choice seems clear. If I could give you this cake, and this guy is looking good for, just looks good, which one would you choose? Both on the table, you could choose left, to right, quickly in the chat box, what do you choose, you choose cake or body of the gods?

Summer choosing body of the gods, me too [Laughter].

Take [Laughter].

Cake, no, my example is awful.

Everybody chose the cake.

Sweet, I like sweets, evolutionary advantage rate there.

Yeah, a lot of people are choosing the cake and some are also choosing the body, right? They both cost the same, he pretty much get to decide which one and many of us would probably choose the cake. I think many of us also would probably choose somebody said both, right? I want the body too. Really what often happens is this, what is right in front of us, but the other is way down the road, right? I have both of these values and so our brains, remember, kind of reptilian, so immediate gratification wins the day despite having both options presented in front of us, the relatively attractive option of the cake is right there.

The delayed value of the body or the fitness is further down, hard to see, so this leads us to the consequence of choosing the cake. What about in your line of work when it comes to working with pain patients?

What are the examples of delay discounting, where what they could do today might get in the way of the long-term values or goals that they hold?

You guys are really engaged and active and I am super appreciative of that, by the way. You guys are such an active group. I could not be more appreciative.

Not showing up for appointments, yeah, a really good example, right? I am at my home, and I do want to get better, but I could stay here in my nice, comfortable chair, or I could drive across town. That is a fantastic example. Other examples?

I had not even thought about that one, Abby, that is a great one. Yeah, yeah, yeah, medication versus the taking what it would take to do the exercise, right? I put the medication right there but I have like the long-term exercise that might help more. What another good example.

Let us do one more, Tyler is writing something here. So many talk, want to change, exercise routine, but want the quick fix instead of the steps. We would argue here that not only would somebody say that they may be want the quick one but our brain is designed to look for the quick one, and the majority of our brain is the reptilian brain, man, it is designed to go for the thing that is immediately in front. We have to call it immediate gratification, that quick fix and turns out it is such a common, human error. Passive versus active, self-management, grid examples, exactly.

And our world, we work with military members and when example that comes up for me is kind of this, right? I have got the value of my family and being active with them, but I also have the opportunity may be to numb out some of the pain with alcohol, and if I am human, which I am, and I assume you are as well, that the immediate gratification of numbing some of the paint with maybe something like alcohol is right there. And the longer-term difficulty that would come along with movement, which is often required to do our value based things like engage with our family, just further down the road. So here is one of the ways in which we can start to get a picture into why is it that time and time again my patients come in and say, yeah, I'm interested in doing what it would take to resolve this pain. And they come back next week and go, I did not do anything.

Maybe air is not only human, but predictable, predictable ways.

All right, Chase, passing it off to you, man.

All right, I'm thinking we have been going for almost an hour. Do we need a five minute break before we transition to the next part, what do you think, Mark?

People who are on are to chat here, why don't you tell us and put a y if you need a five minute break and n?

We will talk about this flaming gap of blah maybe later in five minutes.

So everybody go ahead and take a break and I would just chat it out with Dr. Aycock but do not feel free like you need to stick around because this is all unrelated, go take a nice break.

Dr. Aycock, I have been long-winded. [Laughter].

No problem.

People are engaged. They are telling us really great things. I am sorry.

Yeah.

No make all that stuff. I think it is all great, we would just keep adapting what the rest of the slides here.

[Laughter].

All right, man.

I'm looking at all the other slides that I have listed, I will be more efficient.

[Laughter].

You are good.

Carla says we are doing great, awesome.

[Laughter].

[Laughter].

It would be interesting if Carlos would've said otherwise, right? Lake get on the private chat and goes, so, this is not going well [Laughter].

Really great [Laughter].

Thanks, Carlos.

We should actually take a break.

Yeah. >> [The event is on a 5-minute recess. Captioner on standby.] All right, we will get started here again in a few minutes.
All right, hopefully we can get rolling here as people trickle in. We will give it a little bit. We have been talking about all the things that can kind of influence our behavior and decisions that we make even without awareness at the time like hyperbolic discounting and all the other things we are talking about. One way to think about this is we have intentions of making changes and then there is this big gap a lot

of times between if we actually do it or not. That is part of the being human, like Marc was saying earlier. That is where we will talk a bit more about strategies and ways of helping people make the changes that they intend to make, actually.

A lot of times clinicians or practitioners, we are asking people to make a lot of changes. Examples earlier, trying to do a home workout routine, home self-care routine, trying to start moving more, changing diet, seeing all those in the chat box.

When people do not do this, traditionally we think about them being resistant. It is resistance in the interim. Really want to explore and provide an alternative view to that. Whenever with think about that feeling of resistance, we had the vision of how things were going to turn out with the whole life on the health and they do not turn out that way, [Laughter], in that situation, we think we are being pulled or the patient trying to make change, patient to the client, they are being pulled in two different directions.

On the one hand, they want to change, and on the other hand, they want to stay the same.

So, really a more helpful concept that we are going to propose to maybe try on is ambivalence, rather than resistance.

Really it is because we might look two weighs about the change. Maybe on one shoulder they are sitting or reasons why we would want to do something and on another shoulder, kind of like the angel and the demon, way of thinking about it, kind of like, well it is nice eating the cake, but yeah, I would like to be the guy with the gray hair and six-pack, maybe even had a 12 pack [Laughter].

But the cake looks good too. We kind of feel a little bit both ways. Maybe that is what is meant by the one person that said, I want the middle [Laughter], and we a lot of times want both.

What is ambivalence? Here is what the dictionary says, One, simultaneous and contradictory attitudes or feelings, such as attraction and repulsion, toward an object, person, or action. Continual fluctuation, and kind of feeling torn. Sometimes it might be that we are not even conscious of our aversion to making an action, making a change. Then we are frustrated because, maybe I do not have enough willpower or something like that. Really we are kind of torn between our conscious and unconscious influences of making the behavior change. Patients feel the same way.

So another way of thinking about this is if we have ambivalence, we have these two sides to it, thinking about it as two chairs. We have a change chair over here and sustain chair over there.

I do like what Lindsay is saying here, this concept is a lot more fluid rather than a fixed term like even like a trait, being like a persistent patient or resistant client. That is kind of like dichotomy, all or nothing, hard to really change who you are, if you're thinking about it

in that way. But motivation and behavior changes, more fluid, flexible, so yeah, definitely agree with you, Lindsay.

We have these two chairs between changes and sustain. Really one way to think about this, and I think, was that you Marc, changing the slides?

[Laughter].

Yeah.

Hands off the computer.

I clicked the wrong button.

[Laughter], sure. I'm telling Marc, all right, I do not want you to change my slides anymore and that is the behavior change, wanting you to do it.

So what or whenever we give people the reasons why they should not do something, like Marc, trying to do this presentation today and you are changing my slides, trying to tell him to quit doing something, occupying the change side of the agenda there.

I do not know if it was a good example and it was not a planned event but I am rolling with it [Laughter].

If I am directly telling them, like, don't do this, I do not want you to do this, I am occupying the change side. Since we naturally have ambivalence, if somebody is telling us something, we are going to come up with reasons why we shouldn't listen to that. Just naturally, because there are both sides. In the background, one of the things we should be thinking, Marc, what?

[Laughter].

Yeah, as soon as you say do not change the slides, my brain goes, like if I was doing on purpose, well, trying to move things along Lake helpful.

[Laughter].

You say do not do it but my brain goes, this is why I should do it.

Yeah, like, man, you're really throwing me off year, interrupting me, got the slides, I could just keep giving him more reasons and maybe even irritation and frustration from my end, and I get it the. Great example. On the other hand, it might be like the other person is like, it is an accident, had a good reason for doing this or things like that.

So like, or clinical example, if you have a patient and trying to get to really think that this person has been really physically inactive, and they are having deep conditioning, getting more sensitive to pain. Hyperalgesia, all these different things are starting to come into play because they are not engaging with the physical activity protocol that we are trying to get them to do, the more reason that I tell them, please do

this, this is important, they're going to come up with reasons why they should not do it. They may not verbalize them, but obviously if they are feeling ambivalent about it, they have some reasons for not doing it, as well as reasons for doing it.

Yeah.

If we could forward this, we would want them to start occupying the change side. Get them to say the things that we would like them or we would like to tell them, so like, why do you think it would be helpful to be more physically active? The more that they are talking about this, the more that they are going to be in touch with their intrinsic motivating reasons for doing that activity.

That is the overall theory that is kind of sitting behind MI.

We are going to hit on this point way more over the next couple of hours here. That is the general idea and we are going to keep on unpacking that.

Motivational Interviewing, what is it? It is a collaborative goal oriented style of communication with particular attention on the language of change. To highlight a few things here, it is having direction to it, and it is nondirective counseling, it does have like a target. It has a directive style to it in some way. There are a lot of attention on the actual language, so whenever we say language, we mean not just the things that people are saying, but also what they are thinking. Overt and COVID language that is how we think of it a lot of times. With think of language as being a behavior. So we are paying a lot of attention to the language that we are using, and that they are using. It is designed to strengthen personal motivation for and commitment to specific goals, so again, goal is in there twice now.

From an outside perspective, it might appear like, just kind of having a good conversation. A lot of times we have, both of us are at residency sites not, we will have residents observed for motivational interview, session, a group, and ask at the end, how did it go? They will say, good conversation. So like, we kind of or if you do not know what you're listening for sometimes, it does not appear like it is purposeful or goal-directed. But there is always helping them move across that gap between what they intend to do, and what they are doing.

I am seeing some good questions and I will let Marc take the lead on that. We will keep trying to refer back on this too.

Listening and exploring, crucial ways in which we help them move towards their goals. It is their reasons. It is their reasons and their goals. That is a huge point too with motivational interviewing, and we are not trying to sway them towards articles for them. It is what they want. Within and atmosphere of acceptance and compassion. That is half of the acceptance, actually half of the [Inaudible static] later too.

All right, briefly, we have a few slights here on the research evidence behind MI. In medical settings, MI has quite a bit of good evidence that

helps with all kinds of things, adherence to homework, treatment plans, and you can see them on the screen here, from behavioral, psychological, medical, dental, even using it now outside of medical settings more and more. I have got a book like on coaching for using motivational interviewing strategies for coaching athletes. There is a book on nutrition, and weight related concerns. So many different things on this.

It is helpful even in brief consultations. In the RCT
And I have the notes on here too, yeah, so like, basically it is long story short, it is helping with a lot of different things here. And over 1100 randomized clinical trials, not something that is new and experimental, you know, it is been around for a while. It is been used in a lot of different areas.

Initially it was with alcohol. Miller and chromic, a lot of key people were working with mandatory alcohol addiction counseling. In the civilian realm. They were having patients they were trying to get them to drink less and make like behavioral changes and they did not even want to be there. They were mandated to be there. They were figuring out, okay, these conversational behavioral strategies that we have been using have not worked. I change the narrative and tried a different an approach and that is where MI came from. Again you could see using it for sunscreen, avoiding tanning beds, wide range in the population that this has been studied in.

So there is a more on here but basically if you only have one session with somebody, foreman and Moyers saying in 2019, motivational interviewing is a good bet. If you only have one session with somebody. Within mental health research, you know what populations we work with, the modal number of visits is one, and actually, a lot of people do not come back. We were talking earlier about that, that is a behavior change in getting people to come back. If you work in a primary care setting, you might only have one visit that is 20 minutes long. Using some strategies from motivational interviewing can even be helpful in those settings.

So we have a little bit of a definition, a little bit of theory, and the little bit of research but you might as well be wondering, what is it really? Like I still do not really know what mine is or how it looks.

That is where we will give a little bit of an example of two different interactions. We have some classic views on this and we might not play the whole video because they are kind of long and we want to just keep this rolling, but with the first video, is this what you were thinking too, Marc?

Absolutely. Let us role the ineffective position and just be ready because we will ask you to start typing in right away, what do you notice?

What do notice?

Let us play the ineffective provider video.
About tobacco use and her advice to quit smoking.

I wrote a prescription for antibiotic for aid and that should help with the ear infection, but in looking through the chart, I mean, it seems like he has had six or seven of these just in the past year or so. That is really a big problem.

Yeah, it is pretty stressful for both of us, he gets really upset.

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

Yeah, yeah, I dismount, but I do not smoke around him. A try really hard not to smoke around him.

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

I do not know. A try really hard not to smoke around him. I do not smoke in the car. When he is home, I go outside to smoke. I mean, I know it is bad, I know it is bad for him, I do not want him to be around it so I try really hard.

I really need you to quit smoking both for your health and for Aiden. Did you know smoking around your child is associated not only with your infections but could get to the point we have to put tubes in his ears pretty shortly here? Also things like vitamin C deficiency, cavities, like dental cavities, behavior problems, asthma, and other upper respiratory infections. It is really putting him at a lot of risk.

In addition to that, kids of smokers end up smoking themselves and do you want him to grow up to be a smoker?

No, but I do not smoke, well, I have thought about quitting, but it is really hard, so I just do not know how to do it.

Now is the time to quit. It is really got to the point where you really cannot keep smoking. Not only for him like a said but also for you. You're putting yourself at risk for lung cancer, emphysema, lung cancer.

I know, I know, people have told me before and I've heard all that. I just do not know how to do it. How am I supposed to quit? It is so hard.

There are all kinds of things you can is now not as hard as you used to be. You could use nicotine replacement, patches just, lozenges, inhaler, nasal spray we could talk about medications and you could try Chantix, Zyban, quit smoking groups that you could go to, hot Logica call.

I just do not have time.

The reason you should not be able to quit, really important.

I understand that. I know it is. Everybody has problems, right? It is just really, really hard.

What can be more important to you than the health of your child?

I do not know.

All right, all right I hear myself twice.

I needed to mute that. Can we bring the full chat back?

Awesome, what did you notice?

Maybe even how did you feel?

Lindsay, you were ready, you did it, judgmental, close ended questions, and I need you, scare statements, accusatory, so aggressive.

Yeah, yeah, untapped in the private jet, starting to feel uncomfortable and I think we are ready, not listening, on her, yeah, not listening.

Overwhelm, tone was condescending, yeah.

No empathy, no end, no empathy whatsoever.

I just realized my camera was off and making all these are movements and nobody can see me [Laughter].

Oh my goodness.

It is uncomfortable.

Now this is clearly on that side of the spectrum, right? We could look at this and we can go, that is clearly not something I would do as a physician, right? Remember, what you see is all there. We are all human.

Although this might be on the far side of the spectrum I imagine all of us may be familiar with times that we or times at other providers have asked close ended questions.

Failed to provide empathy because we only have 15 minutes to see the patient's. Providing lots and lots of different options, right? You could do physical therapy, you could do yoga, you could do chiropractic, you could do a class at this time, class at that time, so although this is one of those really clear examples, I do want us to also have that framework, pay attention in our own lives, and just be curious.

Not blaming, not self-critical, but just curious about, I wonder if there are times in my practice as well where I am not as or I wonder if there times when I am really occupying the change chair for the patient? Am I sitting in that chair?

Do I sound like this?

Go ahead, Chase.

Yeah, I was going to say, I think that is a huge example, because a huge point there, this example is extreme a little bit. But it is to highlight, we all have this writing reflects and thus, that is what we call it a lot of times, we see suffering and we want to help reduce it. So it is out of good intentions, a lot of times, does not necessarily have to be that we just want to make somebody feel bad. We want to condescend, all of these things, but we want to help. In doing so, a lot of times we might take less helpful strategies. By listening to the writing reflects and directly tell them, do this. Here are all the reasons why.

Then they have the sustained chair. And then they shut down.

Our patients are really kind to us, super kind. When they shut down, we might not want to go or they might not want to say, gosh, you're making me feel uncomfortable. So what did they say instead? Okay, we will do it, and a week or month goes by and maybe they do not even show backup.

I need a, yes, how can we help someone who does not want to be helped?

This is a point, right? One thing I would be curious about in this moment is yeah, what can we?

What can we do instead? What does that type of conversation look like? Let us get to that and I do want to make a brief, right? Here because sometimes people look at motivational interview and they will say things like why are we not just using my tricks, right? Like we are convincing somebody to do something when maybe they did not want to do it. I want to make the point here that when we get into evocation, we evoke from the patient. This is not my value put on you, it is leaving openness so we can go on the exploration and gosh, at the end of the day there is a risk and I think it is a good risk to have, there is a risk that the patient at the end of the open conversation says, you know I, I measured this ambivalence about whether to change or not to change and I have decided not to change.

That could be okay, that could be okay and that happens.

This leaves a greater probability that they are able to explore this and we will go to the second video. The effective position and let us look at this from a different angle. Watch what happens this time when the provider cues into with the parent or patient says that and empathize with the situation and Tim's work with the patient to fit her needs.

I wrote a prescription for antibiotics for Aiden. I did want to talk to you though because I'm a little bit concerned looking through his chart how many ear infections he has had recently. I notice you had checked the box that someone is smoking in the home so wondering if you could tell me more about that.

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

A lot of things going on and smoking is kind of a way to relax and distress?

Yes, yeah, some people have a glass of wine but I have a cigarette.

Sound like your try not to smoke around him. Why did you make that decision?

I know it is not good for him and I read the things about ear infections and asthma and stuff,
But other kids have ear infections and their parents do not smoke.

On the one hand you are worried about how your smoking might be affecting him and on the other hand you're not sure if it is really the smoking that is causing these problems?

Right, he does not have asthma. He has not had a lot of other problems that his other friends have, and I have thought about putting before in the past, but I just do not see how it is possible right now.

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

Well, he was inside me and we were sharing everything. I knew that he would get some of that, and I just did not think I could live with myself if something happened to him.

Right now though, it feels almost two difficult to even manage or even to try?

Exactly.

How are you successful when you quit before?

I do not know, I think about it now, do not even know how I did it. I just did it. I just could not imagine like him not being born or going into labor early and him having problems and stuff like that and all the stuff they talk about with someone who smokes. That is just enough to say, okay, you know what, I'm not going to risk that.

So the risks were so scary then that you were able to stop?

Yeah.

They do not feel the scared to now?

We are trying to separate people and like I said I try really hard not to smoke around him and I'm pretty good about that and I do not let other people smoke around him.

All right, what do we notice?

I think we have the main chat box here in the last comment I see from Nelda, I may be mispronouncing her name and I apologize if that is what I

am doing. A lot of open questions, yeah, we are noticing curiosity, right? Early empathy, repetition, making her feel hurt, reflecting.

It is a conversation, rather than coercion. Listening, reflecting, yeah.

Yeah.

It feels different, and what are we noticing from the patient? What is she saying? Are we hearing or whether we hearing from the patient in the context of the sustain and change chairs?

Patient is more open, were relaxed, sharing more details, not shrinking away from the conversation.

Yeah, some level of safety in this conversation, isn’t there?

Yeah. Well done.

Brian also wrote about the "why" questions, and that is something that a lot of times who, what, how, you know, but yeah, that is a whole other conversation to go down in more depth, why or why not, it can sometimes, depending on the tone, and the nature of the question, can become potential a little bit.

Yeah, yeah.

The style.

So, it is a good point, right? So there is no perfect question, right? So when we ask a why question, there was a moment where she said there is opportunity here, right? The patient said at some point in the conversation, or the client, when I was pregnant, I did not smoke, right? I made that change. And as a clinician, I might infer, right reflect and say, old, it was really important for you to stop because you were sharing that space with your child, rather than the inference that the clinician steps back and just curious, right? You stopped while you are pregnant, why did you make that decision?

And the client goes into all of these reasons, right? That is evoking, it is evoking the reasons that the client is now saying, gosh, yeah, we were sharing the same space. You start to hear these little nuggets of change talk, these little nuggets about reasons why, reasons for making this change. We hear both sides.

We are hearing both of them, aren’t we? We are hearing changes for not changing and hearing reasons why they may want to make a change and now we are getting presented with both, the client is able to occupy both chairs.

We are not going to fear when our client occupies the sustain chair because that is not a natural existence of humanity, to feel both ways about something, ambulance, it is normal, or infighting it into the Spain, so now we could be curious with it. A different type of Versace and, right? And I will go to the next light. Care, it is really within

what we call the MI spirit. This will be pretty familiar for most of you, I imagine. The spirit of MI is this place in which we have got and environment, therapeutic or relational environment in which change can occur. Which growth of motivation can occur, and so, there are characteristics of this MI spare, four of them, and as we name each of these characteristics, be thinking about maybe a time or place or person that conveyed these to you. I imagine these will be familiar in some ways.

One is partnership. What do I mean by partnership?

It is collaboration, right? It is walking along, alongside in many of you pointed out that in the first video it was I need you to make these changes, right? More like I'm telling you what needs to happen.

In the second video, gosh, weren't we walking together on this path? It is a difficult path to quit smoking. The statistics on it or majority of individuals who smoke cigarettes, when asked, the vast majority, will say that they would like to quit.

The actively like to quit, really do, they want to change. But it is a difficult path, right? One of addiction, tobacco companies know what in the world they are doing, so we will partner with them on this journey.

Is a go on to the next one which is acceptance, I wonder if somebody would type in, not necessarily the main, but who in your life, supervisor or a boss or role model, do you recall feeling particularly partnered with?

I will roll forward but if somebody has an example of this, gosh, yeah, this person partner with me, the spirit, and acceptance. So what is acceptance mean?

I accept you as a human, as a person sitting apart from he and accept you're in the struggle. I accept you are struggling with pain and struggling to get moving. I am nonjudgmental. I see you as who you are, and I accept why you are. Somebody earlier made a point that they said, gosh, no, I totally lost it, well, anyway, made it fantastic point about trying to meet them where they are at.

That is a great example of acceptance. I'm not standing from on high and same, you need to be where I am. Rather it is, I see you and where you're at and that makes sense. That make sense.

More you are saying, attending and residence, they feel like they got it, yeah, does that feel different?

A third aspect of this MI spirit is compassion, right? People are concerned for you and empathize, many of you said this in your observation, oh my gosh, empathizing, thanks, man, changing to the wrong one [Laughter].

They are empathizing, right? Old man, yeah, this is hard. Communicating that empathy, right? Than the last one here, last component of the MI spirit,
We will keep going back to evocation, time and time again, because where motivational interviewing is not some Jedi mind trick, is that we are pulling for reasons for change from the client. From the client, right? I am not going to impart my reasons, like I am not trying to get you to adopt why I think it is important for you to change.

I want to know, I want to hear, what is this for you? We will evoke from and pull from the patient's. Chase what did a little more for us on this next slide.

Yeah, with the spirit, it is kind of like nebulous a little bit, like, okay, how do we know if we are doing these are not? One way to think about it too, like the conversation style, what I'm actually doing and the nature of it? Like it was clear in those two videos, one had the MI spirit and the other one, second video, definitely showed more evocation and compassion and partnership, treating like an equal.

There was also a specific style of conversation and that. A lot of times, within the MI world, we call it directing. So that is more like telling somebody, do this, do not do this.

Things like that. We are not saying that directing is always bad, and there are certain situations, like, I was thinking about an example for this, like, maybe you are doing BLS I need to tell others what to do to save a life. Maybe you are teaching somebody something. And you really need to tell them like here is what we need to do.

But the overall connotation, and I know how to solve this problem so you should follow my advice, so that is definitely what we saw the first video, that in addition.

There's a second conversational style as well, more following. The overall connotation with this conversation style is, you know what is best and I will trust whatever you decide. We are just complete, like equipoise, complete trying to take the objective step back, all right, you know what is best in this situation. I had to deal with this a lot, working in women's health during grad school, if a woman had unwanted pregnancy, like to keep the child or not? Do I keep this pregnancy are not? It is not my decision to make. So complete following in that situation to help them decide what is the best choice in this situation that is more of a following style.

Sometimes that is also useful, but it is not necessarily motivational interviewing as much as a guiding style. That is really what we would want to focus on most of the time. If we are helping somebody make a behavior change, we are partnering beside them. I do not know which one in this example would be Batman and which would be Robin, but like, I will help you self this problem yourself, I have some strategies, knowledge about things that might help your situation, but you are the expert on your life. You know what works for you, and what is important

to you. So together we could partner and find some options that might be feasible for you.

Those are three different conversation styles, this one seemed a little more consistent with the MI spirit. But all three might be appropriate at different times. Here is what we are doing with the three different conversational styles. Informing, in the color green, asking is in orange and reflective listening is in color blue. So guiding, right there in the middle, kind of the in between for the three. Of the three.

Really it is mostly reflected in listening and asking and informing, a little bit less often, but they still do are still part of the picture.

That is a little bit more of the mechanics of what we are saying and when. But then in an actual clinical encounter, we might go through a variety of different processes throughout that encounter. Across the time that we are working with the patient, that is what Marc will talk about next.

To reflect on what you are saying here, what I like, the point we are making here, motivational interviewing is not full on telling somebody what to do and directing, but neither is it full on hands-off, like well, your choices, we will dip into the water, or we will engage and have intentional influence on what happens next. There in are processes alongside of this. If we were to say, okay, from soup to the nuts, beginning to end, you know, what are the processes that we go about in motivational interviewing? I kind of like to think of them as stairs, walking up a set of stairs here. The first process, engagement. What does that mean?

Well, at the beginning of a session, we need to engage with such a clients, with our people [Laughter].

This really can just look like connecting, hey, welcome, I'm glad you are here. How was your trip in? How are you feeling today? Just engaging and being human with our patient to set the stage of, like, I see you and you see me. This does not have to be long. Engagement is usually the foundation in which it helps us to build a productive working relationship by actively listening and just gaining some moment of connection with another human being. Then we are going to step into a process that we like to call focus. After having engaged with our patient and now we are both human beings in the room, now we will focus on something and intentionally decide together, alongside the patient, of which priority we are going to focus on today.

Normally in the context of motivational interviewing, that is a behavior. I might say something to the effect of, you know, I know that you are looking to make a lot of changes right now. We have talked about gosh, you have lots of options with physical therapy or exercise. I know you have expressed interest in these. I wonder if there is one goal or behavior change that you would like to make sure we focus on today?

Maybe the person says to the effective, gosh, yeah, exercise is important. Physical therapy, but I find myself eating just more suites,

and if we could spend a moment talking about that today, so we have agreed upon the focus. Okay, yeah, let's talk about the change today which is our diet. What are we eating?

That would be the second processor step here in the model.

The third that we introduced is evoking, now having decided that we are going to focus on a behavior change of eating less suites, say that is the diet or eating more vegetables. This is really where we will spend the majority of are to time within a motivational interviewing session. It can be brief, MI can be 10, 15 minute conversation or even shorter, but the majority of my time is going to be spent here evoking and being curious about the person. Somebody had a good psychologist burned earlier which is like traditional psychologist were asking questions, and spot on this case. I will start with a really curious question, which might be, yeah, you're thinking about eating more vegetables. Serious, why might you make that decision?

Then the person is going to let me know, they will say, here are some reasons why I have been considering this. Now I will just stay here for a while. If I am able to reflect upon them, say they say, I feel like I should eat healthier. I might respond with a brief, health is important to you.

Let them keep going. Get out of the way so they could just keep moving forward. So in this phase, we are just helping the client to verbalize, remember, talking, verbalizing, that is a behavior. Where helping them verbalize the change and revocation without judgment. They during evocation they say reasons for not changing, like guys, yeah, want to eat more vegetables and I do not really like the taste, we will probably not say, that is weird that you do not like the taste of vegetables, right? There is no room for that. That judgment will now put that person feeling like, you're not the MI spirit, right? You're really not partnering with me up the two at the very end here, one last part of the processes planning. Planning does not necessarily need to be a portion of every motivational interviewing encounter or interaction. But this is where after having spent a lot of time in evoking we might say, we have talked about a lot of reasons for making this change, I'm curious, if it would be okay if we transitioned to talk about what you might do next. Patients again are super kind to us and they will probably say, yeah, I think that would be okay.

We will say something to the effect of, if you are to make this change in the next week, how might you go about that?

That opens that conversation for them to let us know what the plan is. Many of us are pretty familiar with the planning section, because this is like smart goals, small behavior changes, just biting off a little bit at a time. We can be helpful to our clients in this space. Than if we were to put this all together again I like to think of this kind of like stairs. I will start in one place so that I can now move to the next and walk up. I will start an engagement so now I have the opportunity to focus. Now having the opportunity focus, I will step up to evocation. Nice thing about this too is we could step up and stick back. If we moved

to evocation but then it turns out God's, really does not feel like we are focused on one particular thing, I could step back and say, I wonder if we paused for a moment. I thought we were talk about changing time, but it also sounds like we are talking now about changing exercise. Would one of these be the thing that we really want to talk about in this moment? Would you like to shift talking about exercise or should we state with nutrition?

Again, allowing for the client to just take notice of yeah, we are talking about a couple of different things. Reset our focus to then move back into evocation, move up, down, sideways [Inaudible static] people in the chat box here is your prep. What do you think happens if we just jump straight into planning?

Like I'm starting at the bottom stair step and go all the way up to plan. You come in and you are in pain and you need to exercise, let us make up plan to exercise. What do you think will happen?
Sustainable, maybe they do not follow.

Yeah, patient may shut down and fall on deaf ears.

Feel forced, yeah, I'm not feeling motivated. In my mind, when I think of the model, I think I will follow up the stairs and as a person who has fallen upstairs of you feel awkward and painful, I think it leaves us open to having us and the patient like fall up the chair or stairs and we jump too far and that was just a bridge too far. Some patients come in and they are fully motivated, they are ready to go, ready to plan. With them where they are at and you might dabble in a little bit of like you seem really excited about this. Would you tell me more about that? Ask where is that coming from? They will be like, yeah, I need to make that change and we have expressed too. Just a lower percentage of the population that we see so we make a point to make sure that we really spend more time among evoking reasons for change.

I'm getting --

[Indiscernible - overlapping speakers]

Go ahead.

So when we were talking about before processes, a lot of the foremost like MI trainers, they will talk about these bottom three, our one in and of themselves. Sometimes we do not even get to the planning of the patient's but just kind of like, so, say they are driving like a metaphor, like, driving down the road and you get stuck, a lot of times that is how we think about patients, trying to make changes and they get stuck like in a potholder something. All we are trying to do with engage in focus and evoke his lift the wheel out of the hole that they are stuck in, then they take off from there.

They might not even need the planning, and some people do. But not everybody. So like, that is kind of one thing where we are just trying to get them back moving to where they are trying to head, and the planning might even be taking care of itself because they might already know what

they need to do and how to do it. It is just like finding how to get out of that rut that they are stuck in. And not still in but planning by itself without the bottom pieces that is not MI, just another thing to highlight there.

Good point Chase. We will spend the remainder of the time talking about the evocation face because I alluded to that is where we will spend the most of the time to take stock of where we are and that we will take a break so we talked a little bit about the science of behavior change and normalized ambivalence and that is a thing that people show up with and we should expect that their expect that and we know if we hang out in the change chair that leaves no room for the open exploration. Although we use kind of a stereotypical video example that might be extreme, gosh, is and that the case that we too engage in things like advice giving and telling or in nice ways, and the intention is good, we want to help our patients change, so the alternative is motivational interviewing which is an evidence-based way of having the conversation that evokes reasons for change from the patient.

What is necessary but not sufficient is the spirit, so necessary is that we come in with partnership acceptance, compassion and we look to evoke from the patient's. There is a structure to how these sessions will go. The processes that add the structure, engagement, focus, evocation and planning. This is a really good point to foot stop where we started the conversation today, which is we are just scratching the surface of these dynamics today to give you a taste. At the end of this we will also invite you on ways and pastor now determine mastery and how you might go further with motivational interviewing.

Chase made a good point earlier in the chat. We should take a 10 minute break and we will find ourselves moving rapidly and with much energy through the evocation phase.

That is it, let's take a 10 minute break, try 10:30 Eastern time, see if we could come back in about eight minutes, okay, Chase?

Sounds great.

Let us take a break, everybody. [The event is on an 8-minute recess. The session will reconvene at 10:30 A.M. Eastern time. Captioner on standby.

[Captioners transitioning]

All right. Let's do it. It's go time. We're excited. Let's rock this. Let's launch the rocket. Go for it.

All right. Sounds good. Glad you noticed the time there.

We want to MI get to talking and demonstrating and practicing a bit more about what is. Some of these slides we might go through a little bit quicker because we've already hit on some of these points a bit in different ways. But we'll just do a little bit of a spot on this. We all have goals. You know, like more often than not, we want to change something, and maybe we'll get an example of this between the two of us

here in a bit and y'all can see another video where somebody is trying to make a change. But there are going to be a lot of things that keep us from changing, kind of what we hit on earlier, too. Internally we might have the decisional balance, the two chairs again. We have the status quo and we have change, and we're trying to tip the balance towards change with our verbal behavior and with our patient's verbal behavior and that's where the rubber meets the road where we're trying to highlight for them why they want to make those changes.

Sometimes the change can be pretty obvious, like, okay, it can seem pretty obvious, like, what we need to do. Yeah, we probably need to up great the TV here. And sometimes there can be a lot of different signs on which direction we need to head and it's not real clear what we need to do. In both of those situations change may not be easy, but especially the latter if there's a lot of choices. We can think about motivation as momentum as well. So to get across this chasm, we need a lot of momentum built up, we need to get far enough back and spend enough time building up velocity so that you can make it across that gap from intention to action. So we've already talked about this with BJ's model of motivation and ease, and we might -- it might even feel like, okay, so now what we need to do is we just need to flip on the motivation switch and then go do the thing. Well, it's not like an all-or-nothing thing. It's more like a dial to where it's slowly being turned up rather than just being switched on. .

There's a variety of different things that can get in the way of that, what we call a lot of times road blocks or potholes that can get you stuck along the way. Thomas Gordon came up with 12 of these. A lot of times we'll demonstrate these, but we've already seen an example of some of these being used in that first video of feeling criticized, ridiculed in some way, ordering, directing, threatening, giving advice. Trying to persuade people. We all do this, again, but all of these are good intentions, you know, it's that writing reflex. But they usually end up being potholes in the road when someone is trying to get along and they might get us stuck. We've hit quite a bit on the reasons why we might want to try something like motivational interviewing and what isn't motivational interviewing. We want to give you another example of one of the creators, Ralnick, working with a gentleman that really isn't an easy patient, trying to make a hard change. So while you're watching this, see if you can pay attention to, like, what Ralnick on the left there is doing and what he's saying. How he's trying to help him make that change. And then we'll come back and talk about that in just a minute.

Carla, can we get that going? It's the discord video, and we have the chat box open here as well, so feel free to type while you watch. .

[Music]

I don't think it's the case that people are either not motivated or motivated. 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. .

[Music]

Well, Mr. Smith, your medication is sorted out. Blood pressure is a little on the high side.

Yes.

I wondered if I could raise the subject of your weight.

What?

I wondered if we could spend 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've spent 45 minutes in your waiting room. If I make an appointment at 10:00, I expect to start at 10:00.

You're busy.

I've got accounts to do, clients to see.

And it wasn't easy for you to make the time to come down and you had to wait in the waiting room and now I raise the subject of weight.

For enough I've got to have my blood pressure medication changed.

Yeah.

But I really haven't got time to talk about my weight. I'm aware of my weight.

Right.

I'm aware of the problems and I'm also aware of the solutions.

Right.

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 been a bit of a rush for you coming in.

Yeah.

And I'm sorry about the wait in the waiting room.

Well, its bad form, you know Yeah, yeah. That's not easy for you because 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've got to get back to the office. I've got a pile of work that I've got to deal with.

Yes.

And every moment out of my day.

Yeah.

Means I have to work in the evening or the 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 -- if it's a couple of minutes, yeah.

I promise. I promise.

I really must get on.

I want to simply ask you how you feel about it.

About what? Losing weight?

Yeah.

Well, obviously I want to.

Yeah.

Yeah. I mean, who doesn't? I mean, I'm aware that I'm over my on my weight, but I know that it's causing problems. Obviously, I get out of breath if I have to do something in a hurry and I realize 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 a bit better.

Yeah. There are other things, but, yeah, the weight is something I would like to get hold of and get on, handle it.

You'd like to if you could.

Yeah. I mean, I know the theories of a bit of exercise on a regular basis, a balanced diet, but unfortunately because of my life-style, because of being self-employed, 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.

Yeah.

I'm going to prepare a meal. With me, it's very often.

Food on the run.

Ready meals, grazing.

Let me see if I can summarize what you said and we'll see what's next. You lead a busy life.

Yeah.

You run a business and you've got a lot to do.

Yeah.

You're aware 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've to a certain extent because of my life-style, 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. 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' time just to chat about this?

Okay. I'm up for that, but it's going to be the same problem of, A. finding time.

Right.

And, B, if I make an appointment, I don't expect to be kept waiting for a half an hour or whatever,

Exactly. I'll tell you what might be a nice solution, if you come down first appointment and I give you an appointment at 8:30.

That would be good.

And there will be no waiting. The purpose of that visit will be to take a look at how you really feel about how you could move forward and somehow fit in a more healthier life-style into the busy work schedule that you've got.

Take a look at my schedule to see if anything can be arranged, I can pass something on to somebody.

Yes.

So it's not a wasted interview, I've looked at my schedule, I've looked at some things.

And also give some thought to what we've talked about.

Of course.

Good stuff. Good stuff.

All right. I'll see you in a bit.

All right, guys. Every time I forget to turn off one speaker and I get that feedback. That's a lot of great observations in the chat box. I've got a brief question. Does anybody think that what he did is easy to do? Anybody in here? Just yes or no. No. Mary is saying no. Neida, no. No. It's we can be taught. We can, right? Right? It's an intentional behavior that the clinician is engaging in to have this type of conversation, isn't it? But it takes practice because it's not easy. Because if somebody had said just a second ago where was this? Vincent here goes, "Wow. Wow. He stayed really calm with the patient resistance. I can imagine providers, I can imagine me just feeling like, you know what, I'm not bringing that up again. Just avoid that convo, give him the pills. Like it's a little bit of punishment, it feels like punishment, but he stays calm and that takes an incredible amount of practice." I wonder if you have these kinds of patients daily, would it become easier. No. Ducks appear calm, but if you see their legs under the water, they're like, da, da, da, so he looks relaxed but you can imagine what's going on in his brain, its activity, activity, and practice and he's recognizing the patterns and it takes a lot of practice. I wanted to ask everybody if you noticed the moment of change. Rollnick asks the questions, he rolls with it, and he just says, the clinic is really busy, and he says yeah, and that's frustrating and its bad form. He owns it a couple times in there. And then he asks the question, and I won't test anybody, I'll just say it. He goes -- I just wrote it down. He goes, "I want to simply ask you how you feel about it." And the patient almost seems like surprised. He goes, "About my weight?" And Rollnick goes, "Yeah." And it's such a simple moment where it offers just asking how you feel about it, and honestly, the patient could have said I feel fine about it. This matches up exactly with how I want to live, and it afforded the patient just to say, yeah, this is how I feel about it, and evoke from the patient just, yeah, yeah, and like you said, just stop the guy in his tracks. And it's just the moment I'm not used to being asked how I feel about it. Nicole had an observation here, yeah, yeah, tons of excuses, right. So sitting

in that situation, there's lots of reasons not to change. We can make solutions. Right. How best to approach these patients. The patients and empathy, going back to that MI spirit is a good place to be. Stay committed. Very often we find ourselves getting frustrated ourselves, but when that frustration comes up, acknowledge it. Be curious where that frustration comes up for us. Like, why do we get frustrated? Probably because we care a lot, and we want things to go a certain way because we have high hopes for our clients. We want to reduce suffering. And then that open curiosity. I really love we term it a miracle question. We ask a lot of people about tobacco use. It's one of our vital signs. If you ask anybody, do you have any interest in quitting? They'll say, no, not at this time. They're used to getting asked that and they expect we'll just stop there. One follow-up question we'll ask is, yeah, I'm just curious. If you were to choose to quit in the future, why might you choose to go about that? And that allows them not to make a commitment right now, but, rather, just start talking about potential reasons for change in the future. So sit down in that evocation place. We're going to go away from making plans, we're going to step back for a minute. Chase and I are going to model this. We're going to try our best here to actually model some motivational interviewing. We'd like your observations as well. It will be brief, a real play, and this is something you can do in your own organizations as well. So we're going to start introducing some tools that you can practice motivational interviewing and one is called a real play. A real play is where somebody pretends to be a client, but they bring in something real about their own life. This will be real for Chase and I'll -- normally you don't use clinical things in this example, right? We're not practicing medicine in these practices, but rather just talking about, gosh, don't we all have things that are worth changing. So let's try to model this up. Chase, are you ready, man?

Yeah, I'm ready.

Let's do this. And I appreciate your willingness to do this for a second. What are you thinking? You indicated earlier that you've got some things that you're considering making some changes. What's one of them that you might want to talk about today?

Yeah. So, you know, I care a lot about my exercise regimen but it's hard to, like, get it in if I'm waiting in until the end of the day because work can be demanding and then you get home and it's late and you're hungry. And you've got, you know, other social obligations, social activities going on. So then if I don't do it in the morning, it's kind of hard to do it sometimes. So I'm trying to get up earlier to work out before work, but then, you know, I also prioritize sleep. So it's kind of hard to get up early enough to get a workout in before work.

Gosh, you've got a lot of competing interests. And this is important to you.

Yeah, definitely, because, you know, I don't want to just let that fall to the wayside. It's a huge form of self-care for me.

You really want to keep it up.

Definitely. I've been trying to do it for a few months, but I really haven't been consistent with it.

There is that struggle, isn't there, and it's hard. You said you don't want to let this fall. Can you tell me more about that?

Yeah. Like, In grad school I kind of let it fall to the wayside for a while and I wasn't exercising as much and I just felt really disappointed with myself. So now I don't want to let that happen because work's busy and it's important to me. So I just don't want to let that happen.

You felt what that is, like, before, letting this fall and you can't let that happen.

Yeah. Like, I think it would just be I would just be really frustrated with myself if I did let that happen. Too important to let slide.

Yeah. I've invested a lot in this. I plan out races and stuff to kind of keep me motivated, and I definitely don't want to let it slip away, you know Yeah, yeah. I'm curious, you said you plan out races to keep you motivated. There's something about these races that charges you up?

Yeah, because I keep seeing the same people at all these races, so there's a community around it, and then there's the challenge. It's a lot of fun. And, yeah, it's just something completely not work related that's a challenge and that can be, like, fun to strife towards. I don't want to let that fall out of my life. Yeah.

Separate and apart from what you have to do, and a real community.

For sure, yeah. And not just people that you see in work setting, it's a complete different community. So that's a huge part. We move around a lot, so it's good to have community like that.

This is yeah, you're in the military, you've gotten a lot of inconsistency in your life, and this is something more concrete that stays the same from one place to the next.

Definitely. But if you know, I'm not getting the workouts in, then it's definitely going to fall to the wayside.

Oh, okay. So exercise is like the is the cornerstone to this system.

Right. If that doesn't happen, then it all falls apart, and if the schedule gets busy and it doesn't allow it to happen, then, yeah, like it really could fall out of my life.

Yeah. This is a priority for you, and you're not willing to let other things push it out of the way.

Yeah. That's where I've, like, had this idea of, like, you know, it seems like the people that work out in the mornings are the most consistent.

I've just never been able to do that that well. So I just need to commit to it and, like, get up earlier.

Yeah. Yeah. It's something you've struggled with in the past, and yet it's still super attractive for you.

Yeah. Like, I've spent a lot of time thinking about it, but doing it is maybe, I don't know, like 20% of the time.

Yeah, yeah. Yeah. This is taking a lot of mental energy, and it seems to connect you yeah, so, Chase, I want to make sure that I've heard you correctly up to this point. It sounds like, gosh, you've got a priority in your life that you want to sustain, and one of those priorities is fitness. And it's more than that. It's a community that you want to stay attached to, and exercise seems to be the pathway or the gateway to making that happen, and you've been thinking morning exercise. That seems to connect with that's kind of the type of person I want to be that I see other people doing. They get it done in the morning. Some difficulty with sustaining that. And you might be interested in this moment, about making a plan to see how we could make that happen. Have I heard you correctly?

Yes, spot on. I think that's exactly, like, where I'm at right now.

Yeah. Yeah. And if we were to continue on this conversation, I might use a [Indiscernible] question that would be a little out of character. I might scale, and so maybe we'll do that just for fun. Chase, on a scale of zero to ten, zero being, gosh, I have zero interest whatsoever in waking up in the morning to exercise. Ten being this couldn't possibly be more important to me. Where do you find yourself right now?

I mean, there's still the, like, competing priority of sleep, so it's not a ten, but it's definitely not a zero either. So, like, I would say maybe like a six or a seven, to be honest with you. Because it is really important to me, but, yeah, there's some barriers still because it's still light whenever I would need to go to bed at eight hours, you know, to get eight hours of sleep.

Yeah, there's some real things like this giant ball of burning gas that doesn't rise over the horizon when you're trying to do this. And you're at seven. Why not like a three or a four?

Well, I mean, I think it gets back to, like, you know, I saw in grad school when I let this slip out of my priorities, and for about a year I got really out of running fitness, and so then I didn't want -- I don't want that to happen again. So, like -- and it's a huge part of my life with my social community and it's just self-care activities. So, like, lots of reasons why. I definitely want to make this, keep this in my life.

Yeah, yeah. That sense of community and that connection with other people through exercise, that's a part of who you are.

Yeah.

We'll break character there. I'm curious, other people observations, both things you feel like I could have done better as well as things you're serious about or things that you noticed about the mechanics of that type of conversation. And, Chase, thanks, man. Thanks for having that conversation with me, sincerely.

Yeah. I appreciate it.

Maybe while other people are typing into the chat box about their observations, Chase, from the person sitting in the seat, you know, I'll pay you your $20 later, but what was that like for you? Yeah, observations from the person sitting in the chair.

There were a lot of times where your reflections were brief, and then you waited. You've mentioned that you're comfortable with silence, and I could feel that because it made me feel like I need to step in and say more, and this isn't I don't talk about it a lot, honestly. So, like, you made me talk about it, and that's maybe not the best way, but you gave me the opportunity to talk about it by pausing and giving that brief reflection. And then I had to kind of step in and explain myself a little bit more, and I talked about this in more depth than I would have otherwise. I don't know if I have talked about it in that much depth before, so yeah.

Yeah. It’s fun when we get an opportunity to talk about ourselves a little bit, isn't it, and things that are important to us.

Yeah.

I like that you pick up on the short reflections, right? I want you to feel heard, but I also want to get out of your way and just leave you the opportunity to talk. Yeah. Well, we've got some observations here, and, again, I really appreciate people staying engaged here. So we're noticing open-ended questions, eliciting details from the patients, from this client. Patient directing the conversation back to the goal, suggesting that -- yeah, some engagement, assessing level of change to decide where to proceed. Right. I'm not stepping from evocation into planning without first determining, well, where are we? Like, he sounds pretty motivated, but let me actually get a pulse on this and what's going on. Marnie is saying, sometimes patients get caught up in the past in talking about their journey and trying to figure where they are on a zero to ten. It can be difficult to get timely responses. Any suggestions? Chase, I've got one thought here, and then maybe I'll pass it off to you as well. One thought is, again, we're not just passive listeners in this engagement, and so if for whatever reason I'm thinking, gosh, it would be good if we could start thinking about future motivations, I might just have a reflection briefly that acknowledges the past so that they're communicating, so I might reflect back saying something like, yeah, in the past we've really been thinking, you know, with Chase specifically, you know, in the past you've felt that sting of letting this go. And then I might just be directional in my reflection in saying, and in the future, you see some real benefits to keeping this going. And now that I've -- people will tend to go where you left off. So if I switch that around, right? If I start off by saying, gosh, you see some real future

benefit, and in the past, this has fallen on the wayside, if I stop there, people will continue on from the last thing that I said, that we said. They'll keep talking about the past. But if I just flip that, it's a simple mechanical flip, I'm going to say, yeah, in the past this has fallen off and you felt that sting. Moving forward, sustaining this affords you some real connection with your community. Now it's going to be a very natural thing for the person to continue forward on that second side, which is talking a little bit more about the future. Marnie, I wonder how that sounds to you, and, Chase, I wonder if I'm off the reservation with that?

That was exactly what I was thinking. You know, like, acknowledge what they said, but then keep, like, in our reflections or in our questions, keep, like, directing it back to the present and kind of like what they're going to do now. And not necessarily in a planning way, but kind of their current situation, like, yeah, in the past, you felt -- when you weren't able to keep the exercise regimen up when you were, you know, in school that felt really you felt really frustrated with yourself. But you want to keep that from happening now. So then it goes from the past to the now, and so then hopefully, because that's at the end of my verbalization, they usually pick up where we left off, and so then they continue talking about now. But if they don't, then you might have to more explicitly ask a question that says, you know, like, okay, so we've definitely established that that didn't work for you back then. What about now? That's the only thing you can control, the current situation. Right? So you might even be, like, a little more explicit with it if the subtle approach wasn't working, and we kind of have to be more a little bit we dip the oar in the water just a little bit more to guide it even more heavily in that direction if the subtle dip in the water didn't turn the boat. So that's one way.

What a great point, Chase. Yeah, yeah. When we ask questions, our patient will answer the question. So that is a more directing technique, to ask that question. I love it. Allison says, "This seems more attainable for patients who have more time. What do you suggest for PAs?" Absolutely. Notice that what chase and I did was a very short roll play, but it was pithy, wasn't it? Patient comes in, we've been talking about making some exercise. I want to know if you want to focus on that. Patient chooses what to focus on. We sit down in evocation for five to ten minutes. I've got five minutes left, and so I summarize. This is kind of what we've talked about just in even these ten minutes, and I use a failing question to maybe transition to make a plan. You're sitting at a seven, I wonder if in this moment you'd like to move forward in this week. Allison, it takes practice. To your point, though, if given less time we have to practice kind of getting that in and making that feel fluid. And so it can be a challenge. The mastery of that over time is something that Chase and I work on daily, and I use the word mastery, but, gosh, yeah I want to, like, humble myself in this moment and go, we are all -- we're life-long learners of motivational interviewing. We, too, are working to get better at putting that in. Allison, I wonder if that answer helps at all, but we can circle back around. We're going to keep moving forward as well because if we don't yep. I want to introduce this exercise. Feel free to take a screen shot, but I think you have it in your stuff. This is another exercise to take home which helps pull back from that writing

reflect. You're going to ask one of the four questions in order. Try this out with a spouse or a friend or a colleague or your dog. But your dog is not going to answer back. But have them talk about an inning change. Maybe invite, hey, would you do this with making a change. Maybe invite, may, would you do this with me, and then ask what would do you think you'll do moving forward, if anything. That is the planning stage. Chase is going to talk more about what the tools look like. We're going to move through this again because the idea is not to get you perfect with this today, but really to open up our eyes and think, well, there's some exciting stuff that I want to work on and dig in a little deeper. Chase, take it from here, man.

A couple metaphors on this slide, one is playing a round of golf or, like, having a variety of screwdrivers for different tasks. But basically there's no best tool. That's just different ones related to the function or the circumstances that we're operating within, and if you want to be successful knowing what all the tools that I have are and what are the best circumstances for when to use those.

So you can hear these a lot of times called as oars, but they've found that the questions don't really matter as much if they're opened or closed sometimes, like, it's a nature and the context that we're asking them in. So now they've kind of changed them a little bit more to just call it questions, but we've got questions, reflections, affirmations, and summaries. And with those, really what we want to focus on the most is reflections. And typically thinking about two-to-one ratio for reflections to questions, but not getting too hung up on the exact number count. But if somebody was coding an MI session, they would be writing down on the mighty coding guide for motivational interviewing how many times a verbalization was reflection versus a question, affirmation, and these different things. But generally focusing on if we reflect what they said back in a simple or complex way, they're going to keep talking about it and they're going to expand on it more, and there's going to be less of an emotional reaction or a discord than if we're asking questions. That can sometimes feel confrontational.

We're going to dive a little deeper with reflections in particular. One way to think about reflections is the iceberg metaphor. You've heard this before for a variety of different contexts, but we only see the top part of the iceberg, and it's above the surface, and, really, there's a whole lot more that's not being observed. The same thing goes on with statements, verbalizations the patient might make. If we're going to reflect what we just heard, so that would be, like, their statements, those would be above the surface, and so, like, you know, if a patient says, "I really want to eat more plants. I want to eat more produce." So we might reflect it back and say something of the nature like, "You're interested in eating more plants, more plant-based diet." Surface level, and it doesn't have to be anything extravagant, but it's just basically saying back what they said. Complex reflections is more like the thoughts, feelings, beliefs -- sorry about that. We'll talk about that baby in just a second. But complex reflections might be adding a little bit more depth, movement, direction, or it might even be like what the feeling is behind their statement. So, like, if they said, like, I'm interested in eating more plants or a more plant-based diet, might

reflect that something like, you're getting serious about your health. Or like, "You're concerned about your diet. You're really feeling motivated about making some massive changes right now." That may not be the best way to say it, but you get at the point of it's not exactly what they said back and it's adding some depth to it and some direction. Somebody had mentioned earlier in the chat box that you might even be wrong because what we're trying to do is we get so 'em pathically in tune with what they're saying that we are thinking what's the next thing that they're going to say. What are they experiencing and what would they say next if I were them? Then we say that. And we might be wrong. They'll correct us, but we're taking our best guess at their next statement so we can keep the conversation moving in that direction. So to go back to that example of, like, I'm trying to eat more plants, if I'm saying, like, you're getting really concerned about your health and you're wanting to make some changes with your diet. And they'll say like, yeah. You know, I heard about the anti-inflammatory benefits on chronic pain and so maybe if I'm eating more plants maybe that would help with this. I read about it in this book. And you might reflect back and say something like, yeah, you've been doing a lot of reading on this, too, and you're thinking this might help. And they're like, yeah, and if you were to take out all of the statements that I made, it's almost like a whole narrative, that they're just they're having the conversation and I'm just keeping it going because it's moving in the direction towards change. We're trying to tip the balance towards change, towards things they care about.

Anything you would add there, Marc?

No. No. Well, yes. The only thing I would add is, remember surface doesn't mean bad. So surface doesn't mean bad and deep doesn't mean good. There's a time and a place for simple reflections and there's a time and a place for complex reflections. Simple reflections will help the moment keep going. Deeper reflections might just help the person get to the next place or to deeper meaning or deeper motivations for the person. But it's not good and bad.

So the gold standard really for training with MI in practice is listening, having live observations. And you'll notice in those -- because a lot of times we'll listen to tapes and we'll code them and we'll talk about them, and really every week we're doing that with our team, actually. And you'll notice with the simple reflections, it's kind of like skipping along pretty quickly and, like, back and forth, like there's a good pace, kind of like tennis. Sometimes with the complex reflections, they're kind of like, yeah, I haven't thought about that before. Yeah, that's a good point. So they do serve different purposes, and we don't want to keep them, like, kind of sitting back and reflecting the whole time, but we also don't want to keep them just skipping along the whole time. So it is good to have a little bit of a mix. But one isn't better than the other. So with MI, we've talked about change talk a little bit, but we haven't really defined what that is.

That's really what we're trying to reflect, like what we're reflecting is focusing more on the change talk. There's two different categories, and we put that cat on here because it's basically a Memeonic for a darn cat, the best way to remember what change talk is. So we have preparatory

language, which is the first category, and these there's not any research evidence to show that preparatory language or mobilizing language is better than, one or the other. Used to they thought that mobilizing language is better, but there's no research evidence to show one is better than the other. But tuning your ear to pay attention to these, then we can notice it when it happens, and then we can reflect it. But desire, you might hear words, like statements that have, "I want to make this change. I want to eat more lean meats or I want to make certain changes to my diet or my exercise." Ability. "I think I can do this." You know, "I know what I have to do. I just need to do it." Reasons for change. This would be, like, "My spouse might get off my back if I drink less." Or "I might have more energy if I ate better." There could be a lot of examples like that where they're talking about the benefits if they did make a change. Need would be problems with the status quo, like, yeah, I've just been doing the same thing over and over and I've got to make things better. It's not working out well for me. So that would be like they're highlighting a need there.

Mobilizing language. So this is where there's a little bit of movement towards resolving. You've been talking about their reasons for staying the same and change, and now they're talking a little bit more about something that they're ready to make a change. So commitment talk. They're making promises like, you know, I'm going to start a keto diet or I'm going to go to the gym three times this week. That's commitment. They're making, like, some kind of a promise. Activating. "I'm willing to try it." "It's time to do something." "I'm ready to give it a shot." That's kind of a difference there, promise is I'm going to make a change, but then activating is I'm ready and I'm willing. Taking steps, they're already doing something now, so "I haven't had a single soda since we met last week." Or "I've been taking my meds every day." "I quit smoking last week." Any of those things that they've started to do, and then we hear it and we can summarize it, we can reflect it back, we can ask for elaborating questions. We can get them to keep talking about this so they keep moving down that path.

Yeah. Chase, if I could jump in real quickly, I think you're making great points here. So just to foot stomp this, why are we bringing up change talk? It's a specific type of verbal utterance from our patients that we're listening for, we're going to tune to, we're going to reflect, hang, and even anchor on some of this to dig deeper and continue to evoke this from the client. Because the science is, the more that the clients are hearing themselves talk about it and the more that they're engaging in that talk, then the greater probability and propensity for behavior change. That's the evidence that we've got. The more change talk, the more likely they make behavior change, and that's that bridge that we're trying to connect between the verbal intervention that we're using, motivational interviewing, and the actual behavior change of our clients.

Chase, why don't you run through some of these examples, man, and then we'll press.

All right. So the best way to work on a skill like this is practice, and so that's why we want to give some opportunities now, but then also encourage you to continue practicing after here. And we'll -- we just

have, you know, about 13 minutes left. So we'll roll through some of this. But then we'll also give a little bit of options at the end for additional practice, like things that you can continue on, take the baton and keep going. All right. So in the chat box, what would be a simple reflection for this statement: "I know that I need to exercise more. It's just hard." How would you reflect the change talk portion of this, or [Indiscernible] but typically we would end with the piece we want them to continue talking about, which would be the change talk, if you're going to say both.

Yeah, chase, I like that you highlighted there in this there's sustain talk and change talk there. The sustain talk is "It's just hard." The change talk is "I need to exercise."

Yes. You could ask, like, a question to get them to elaborate. Why do you feel exercising is more important or needed? So you're explicitly kind of asking for that change talk. But could you reflect it, like Marnie, would you be able to turn that into a reflection, like a statement that's not a question, that's just maybe they will keep elaborating just by reflecting it back.

Yeah, Lindsey, the first half of this is a fantastic reflection and then the second half of this is probably, you know, would be coded as a question. So the reflection is, "It sounds like you know that exercise has benefits." What we might encourage here if we were in the training session, we might encourage you just to try the reflection and then leave it there and see where the patient goes. So we might just go, "It sounds like you know that exercise has benefits." And then pause and let the patient then talk more about those benefits. Let them take it from here. Because if we don't, what is likely to happen if we then ask that follow-on question? What kind of barriers have you encountered? Well, they're going to answer the question. Right? They're now going to be talking primarily about barriers, whereas in motivational interviewing we'd really like them to talk more about to what you alluded about in that beginning part. It sounds like you know that exercise has benefits, and then get out of the way. And what are they going to do? They're going to say, yeah, yeah, I hear it helps with pain. I hear it reduces blood pressure. So we're just going to step back from there. Does that make sense? Yeah, yeah. Lindsey, thank you for letting me interject there, Lindsey. I appreciate you taking that feedback. That's great.

Chase, let's give them another one here.

Yeah. So in this one, see, it's just doing the reflection piece and then keeping it concise if possible because that's one way that we get out of the way, like Marc was saying. If we say too much, sometimes they shut down. So, like, a short reflection here so that continuing the paragraphs, continuing the conversation. "I have to get my health in order because I want to see my grandchildren grow up." How would you reflect this back?

Yeah. Sounds like your grandchildren are one of your motivators for health. And then pause. Yeah, that's great. I love that one. Yeah. I love that one. Hey, if you haven't had a chance to type in the chat box for a

while, now is the time. I'm looking back at people that have talked before. Hey, Devin, hey, Tyler, Nicole, hey Jeffrey, Hope. What you got? What you got on this reflection? Yes. Honor. As people are typing, I hear this one a lot in our weight management and diabetes classes that, you know, like, "I need to get my health in order so that I can see my grandchildren grow up."

Yeah.

And I think we just kind of say, like, yeah, that's one of your primary motivators for health. And people just start saying all kinds of stuff. It taps into the emotion of why they want to make the change.

And who doesn't like to talk about their family, right? This is like at the core of some people. Guys, these are good. "It sounds like being healthy and involved with your grandchildren is important to you." And Honor, what you think they're going to talk about. Yeah, you've opened the door and now they're going to talk about their grandchildren and I feel warm about that. These are fantastic. These are great.

Something with these as well, like, we don't always have to even include that first part of like it sounds like or things like that. You can but in the context of a whole visit, it can get a little bit repetitive if that's -- you know, it seems like, it seems like. We can just take that off and just say, like, being healthy and involved with your grandchildren is important to you. That could be the reflection just in and of itself. And then they just keep talking about it. They're like yeah, yeah.

Or Tyler is here. Tyler, you can do the same thing. "You have a special relationship with your grandchildren." I love that one. And to somebody's earlier point, you were saying, well, gosh, as PCMs, we have less time. Well, words take time, y'all. So if it sounds like we're having these long reflections, we can cut them in half and we can go, "You have a special relationship with your grandchildren," and they're going to talk about the special relationship with the grandchildren. I love that one.

Nicole makes a really good point that it's really hard to get to the change talk sometimes, and if you'll recall back in that video, all he was getting in the beginning with the weight, the one guy with the awesome side burns, was sustain talk. He wasn't saying -- he was just like oh, my weight, I don't want to talk about that. Well, he stuck with it. He didn't occupy the change chair. He didn't tell them why they should care about this. He just kept with the sustain talk, he rolled with the resistance, and eventually, you know, he asked, well, could I just ask the question, how do you feel about your weight? And the guy started giving some change talk eventually, and then you hear that and you highlight it, and then it keeps coming more. But sometimes it takes a lot of -- oh, lamb chop, sorry, not the side burns. But sometimes we have to wait for a while and then we hear it, and that's whenever we get excited, and we just have to trust that it's also there because ambivalence is the natural state. It's not the exception. It's the rule. There's both sides when we're talking about change, and so we assume that there's some change talk there.

Great point. Hey, Chase, we are at five minutes, so I'm going to press in my mind to a place I think we need to go. Is that all right?

Yeah. Take the reins.

Hey, guys, we are short on time and we want to make sure we wrap up. We've provided lots of opportunities for practice here, of complex reflections, of questions that you can ask. I see that we've got some clinic leaders here as well and some leaders of teams. Bring these into your morning meetings, hey, team, I'd like us to try these in the teams about reflections. Use these in your teams. Take these slides, bring them into your team. Intentional practice is so important. Take these. There's a lot of fodder here and it's only through intentional practice that we're going to get better. We're not going to go over affirmations today, it's just another tool. But observed behavior, a quality or strength about the person. You might have noticed when Chase said something about this sense of community, I attempted an affirmation by saying, gosh, you're the type of person that just really cares about the community that you're in, and that's affirming that person's value as well as identity. This one here, you are clearly a resourceful person. You don't give up. These types of statements have been shown to bolster an individual's motivation. Summaries is where we're really taking, again it's another tool. We're summarizing the things we've heard. And in summaries we're tending to lean towards grabbing some of that change talk, almost like flowers on a path, and presenting it in such a way that the person is like, gosh, yeah, you've heard me. Summaries are also a fantastic way of now steering the conversation in another direction. Right? I'd like to shift here, so let me summarize what I've heard, and now I can ask an open-ended question and say, have I heard you correctly? And they'll correct me if I've not, and I'll say, great, yeah, okay, and reflect back what I've heard them say and say I wonder if I can ask this question, and that will move things forward.

You might have seen that really motivational interviewing is not about advice giving and you might be saying, really, like, no advice giving? There's a time and a place for it, isn't there? There are times in which we feel, gosh, it would be great if I could impart some information, but we all know what a lot of information feels like. We know what death by PowerPoint feels like. So the point we want to make with advice is, we've just got to make sure the bridge is open. If we give advice without asking first if we can, I mean, we've all been given advice. Right? I've been told I should do the keto diet and I'm a vegetarian. I politely looked at that person and said, yeah, thanks. So it was intended as advice. How can we give advice? One way is ask, provide, and ask. Would it be okay with you if I shared a piece of information about pain and exercise? And the patient is probably going to say, well, yeah, that would be okay. The door is now opened. We're going to be short and pithy. Don't overload them. Just make the point and move along. Say to the effect of most studies have found, and our patients in this clinic experience the same, that initially the pain sets in, they're getting that message, but a week or two into physical therapy, their pain starts to subside. We're like I wonder how that fits with you. How does that

strike you? So we're doing ask, provide, ask. We provided the information. Now we're getting out of the way.

What if there's no change talk? Roll with the resistance, folks. It's okay. Stay with it. Empathize, go back to that motivational interviewing spirit. We can try to convince, argue, push for change, but we know it's not going to be helpful. We can soften the sustain talk, they're going to say this is just impossible and we can say, this is a pretty hard challenge, isn't it? Right? I've heard the person and I've just softened it to impossible to this is hard. We can amplify the change talk. Not going to get into that here. Here are some examples of that from our presentation. Da, da, da. Solidify and plan. Oh, gosh, we did this first. Chase, man, wrap us up. I'm done.

Yeah. So we could keep going. We normally do this in a two-day training, to be honest with you, and that's usually the gold standard. Like, if you want to find a motivational interviewing training that's two days long and then continue to operate with, like, a group of people maybe you can contact us, too. But we definitely appreciate y ‘all’s time and attention. I think that's funny. I'm glad that you liked the interview. We both had a bunch of [Indiscernible] too.

Thank you all so much, our attendees, Major Patience, Chase, thank you for the wonderful presentation. Please send me the sign-in sheets so you can get credit for this workshop. Thank you all and have a good day.

All right. Thank you.
[Event concluded]