

WELCOME

Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2nd and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



ALASKA NATIVE
MEDICAL CENTER



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TRIBAL HEALTH
CONSORTIUM



Foundation for
Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

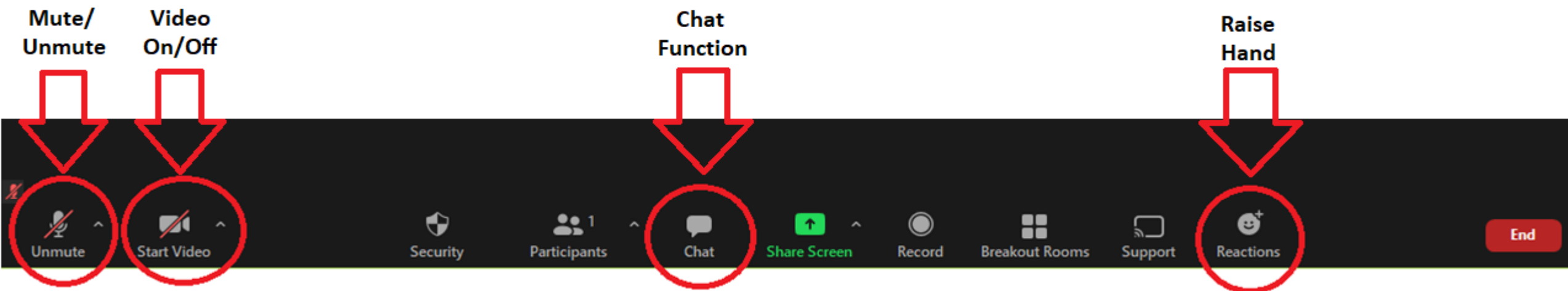
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

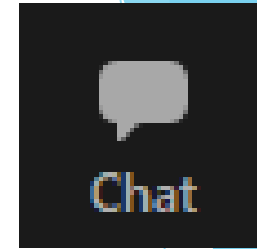
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>


For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387


Introductions


Addiction Medicine ECHO

- Please introduce yourself in the chat :
 - Name
 - Location
 - Profession/Credentials
 - *Note:* The chat will be saved as our attendance record for continuing education credits.



 Chat

To: Everyone 



Name, Location, Credentials: Jane Doe, MD, ANTHC|

Motivational Interviewing

(a brief introduction)

Cody Chipp, Ph.D., Licensed Psychologist
ANTHC Behavioral Health

Slides adapted from Lucía Grauman Neander, Ph.D.

Conflict of Interest Disclosure

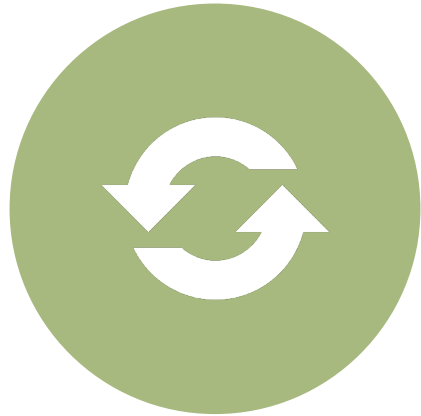
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Objectives

- ☐ Participants will be able to describe the Stages of Behavior Change Model
- ☐ Participants will be able to describe the spirit of Motivational Interviewing (MI)
- ☐ Participants will be able to describe at least one-skill to support behavior change

After this presentation- YOU WILL NOT BE AN EXPERT IN MI

Agenda



STAGES OF CHANGE



REASONS INDIVIDUALS
DO NOT CHANGE



TECHNIQUES FOR
MOTIVATING CHANGE

Behavior Change

A thin, vertical white line is positioned to the right of the text 'Behavior Change', extending from the top of the word 'Behavior' down to the bottom of the word 'Change'.

Reasons why behavior change does not occur

Advantages outweigh the disadvantages

Shame

Low self-esteem

Low confidence

Previous failure

Mental Health

Lack of information

Modeled for them by family

Lack of Resources

Do not know where to acquire the necessary resources

Struggle with problem solving

Nagging/Harassment from others

Stages of Change



PRE-
CONTEMPLATION

NOT YET
CONSIDERING
CHANGE



CONTEMPLATION

THINKING
ABOUT MAKING
A CHANGE



PREPARATION

PLANNING THE
CHANGE



ACTION

MAKING THE
CHANGE



MAINTENANCE

CONTINUING
WITH THE
CHANGE

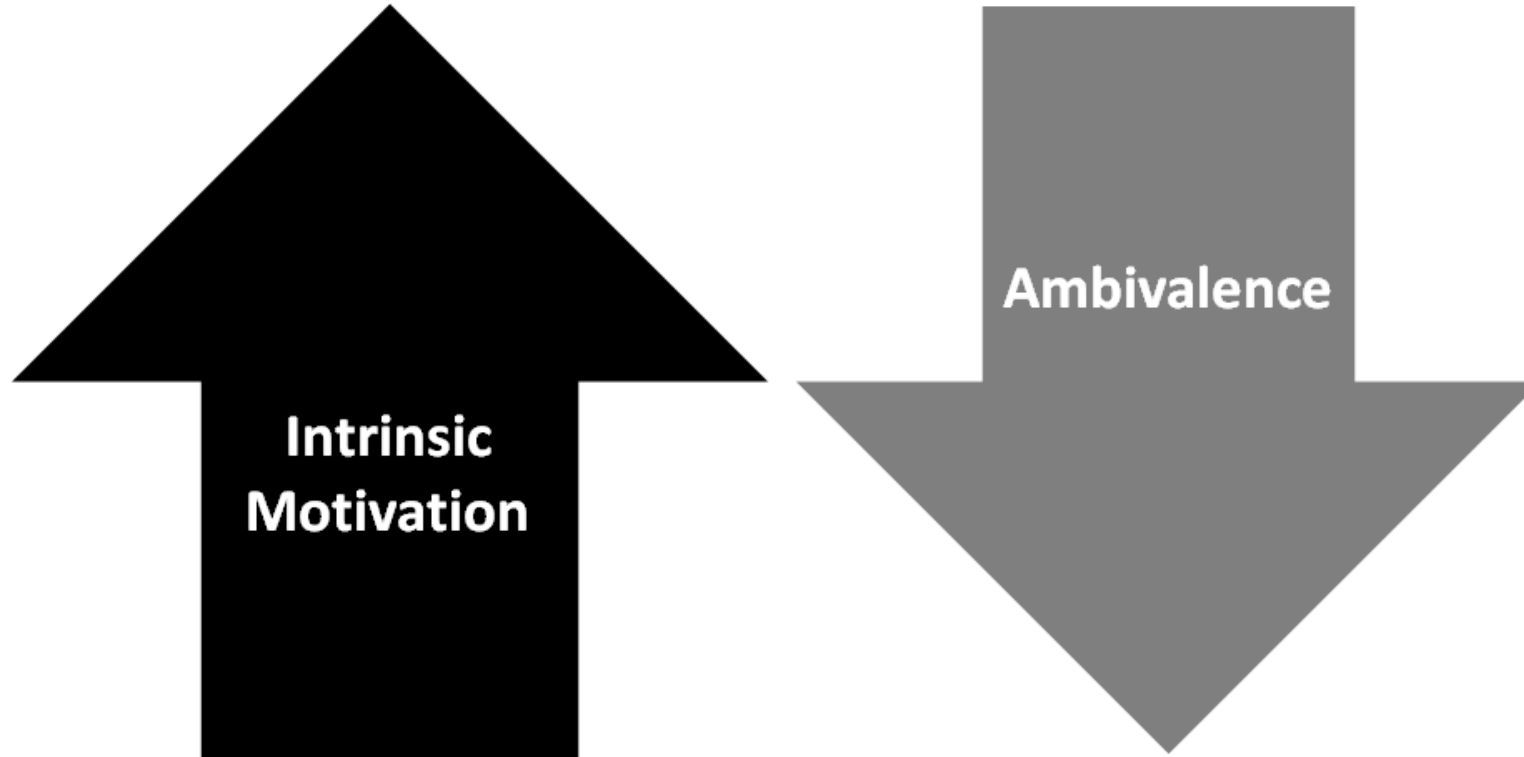
(Prochaska & DiClemente, 1983; Prochaska et al., 1992)

Motivational Interviewing

The Spirit

What makes Helpers Helpful – Video from Bill Miller (creator of MI)

<https://vimeo.com/506809278>



Motivational Interviewing



Collaborative Relationship



Dual-Expertise Relationship



Respecting Patient Autonomy

Provider-Patient Relationship

Motivational Interviewing

Specific
Interventions/Skills



When a provider's approach does not match the patient's stage of change, the product is RESISTANCE

Corresponding Tasks



PRE-CONTEMPLATION

SHOW
UNDERSTANDING;
RAISE AWARENESS



CONTEMPLATION

RESOLVE
AMBIVALENCE



PREPARATION

IDENTIFY CHANGE
STRATEGIES



ACTION

INCREASE
SELF-EFFICACY;
REINFORCE



MAINTENANCE

REINFORCE PATIENT'S
SUCCESS; DEVELOP
NEW SKILLS

(Prochaska & Norcross, 2001)



**Respect Patient
Autonomy**

*Resist Righting
Reflex*



**Provide Factual
Information**

*Review
Recommended
Limits*



**Explore Events that Brought Patient
to Appointment**

Pre-
Contemplation



Listen for Change Talk

I wish...
I would like...
It would be better...



Use Screening Measure to Begin the Conversation

"I noticed you marked a five for question three. Would you mind telling me more about that?"



Ask Permission

"Would you mind if we discussed how you feel about [behavior]?"



Use Readiness/Confidence Ruler

On a scale of 1-10 how ready (confident) are you to change?
How come you chose a 6 and not a 3?
What would help to increase your 6 to an 8?

Contemplation

Readiness Ruler

Thinking About Change

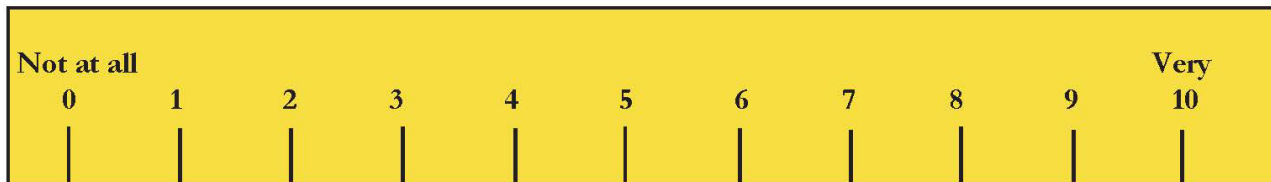
What change(s) are you considering?

How important is it that you make this change?

How confident are you that you are able to make this change?

How ready are you to make this change?

Readiness Ruler



- How come you chose a 6 and not a 3?
- What would it take to get you from a 6 to an 8?



Offer Menu of Options



Identify and Lower Barriers



Help with Goal
Setting

Specific

Measurable

Attainable

Realistic

Timely

Preparation



Provide Positive Reinforcement

Action &
Maintenance

Relapse



Frame Reoccurrence as Learning Opportunity
& Normalizing it and how easy it is to relapse
when trying to make a change



Explore Antecedents



Instill Hope



Maintain Supportive Contact

Relapse

Summary

Motivational interviewing is a set of skills and spirit of how you interact with patients

- Respecting patient choice (and not pushing them)
- Meeting them where they are at
- Gently and respectfully trying to highlight their own motivations to change
- Do what we can to help them be successful in the planning, execution, and maintenance of their change

References

Compendium of MI Research:

<https://pubmed.ncbi.nlm.nih.gov/?term=%22motivational+interviewing%22>

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395. <https://doi.org/10.1037/0022-006X.51.3.390>

Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to the addictive behaviors. *American Psychologist*, 47, 1102-1114. PMID: 1329589.

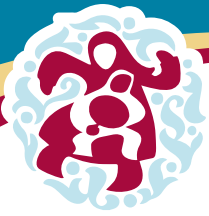
Prochaska J.O., & Norcross, J.C. (2001). Stages of change. *Psychotherapy*, 38, 443-449.

Thank You

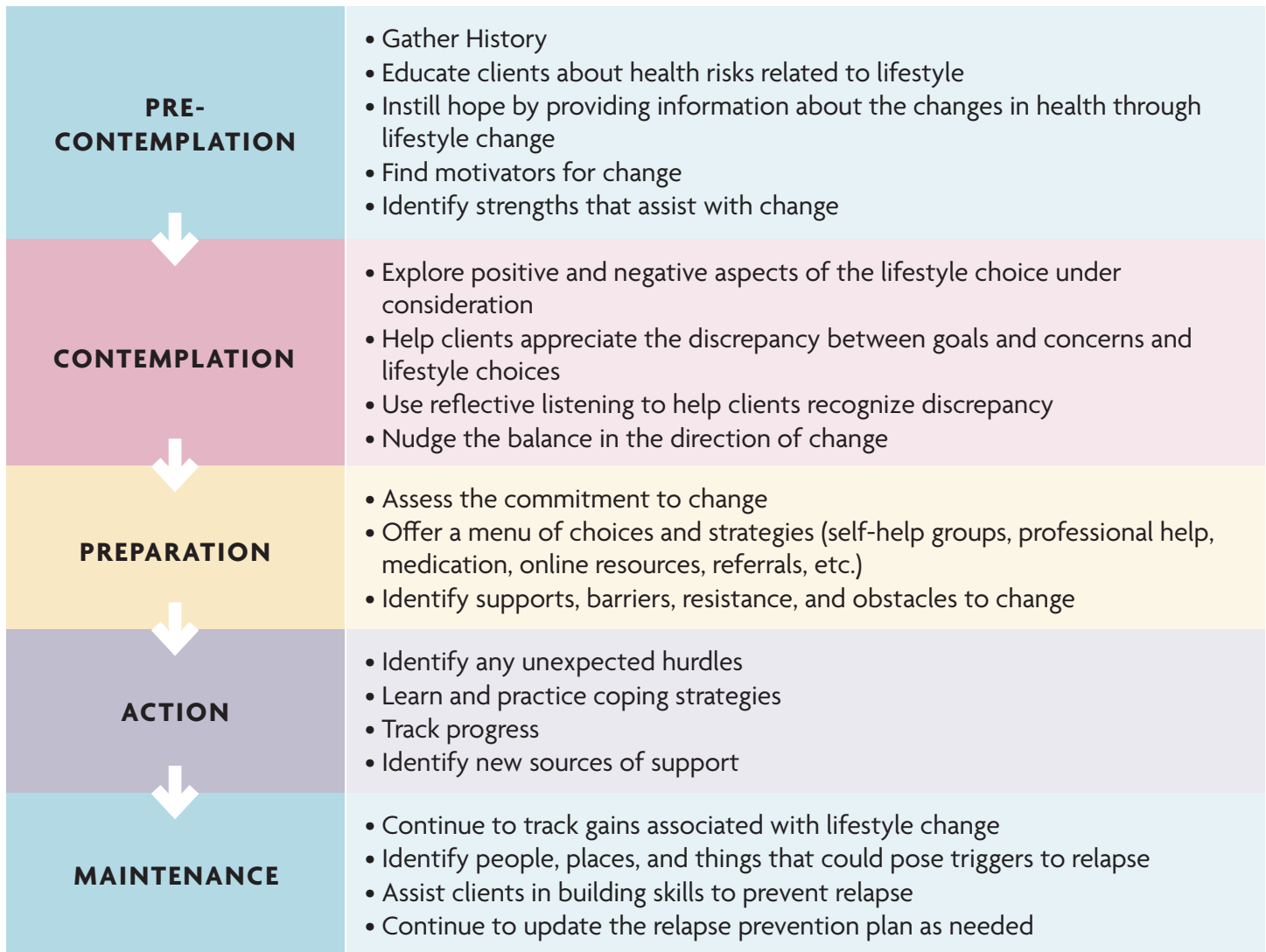
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Stages of Change & Corresponding Strategies

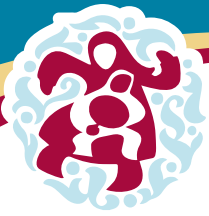


Encouraging Motivation to Change

Am I Doing this Right?

1. ✓ Do I listen more than I talk?
✗ Or am I talking more than I listen?
2. ✓ Do I keep myself sensitive and open to this person's issues, whatever they may be?
✗ Or am I talking about what I think the problem is?
3. ✓ Do I invite this person to talk about and explore his/her own ideas for change?
✗ Or am I jumping to conclusions and possible solutions?
4. ✓ Do I encourage this person to talk about his/her reasons for *not* changing?
✗ Or am I forcing him/her to talk only about change?
5. ✓ Do I ask permission to give my feedback?
✗ Or am I presuming that my ideas are what he/she really needs to hear?
6. ✓ Do I reassure this person that ambivalence to change is normal?
✗ Or am I telling him/her to take action and push ahead for a solution?
7. ✓ Do I help this person identify successes and challenges from his/her past and relate them to present change efforts?
✗ Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✓ Do I seek to understand this person?
✗ Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✓ Do I summarize for this person what I am hearing?
✗ Or am I just summarizing what I think?
10. ✓ Do I value this person's opinion more than my own?
✗ Or am I giving more value to my viewpoint?
11. ✓ Do I remind myself that this person is capable of making his/her own choices?
✗ Or am I assuming that he/she is not capable of making good choices?

www.centerforebp.case.edu



5 Points of Motivational Interviewing

EXPRESS EMPATHY

Accept and respect your clients **unconditionally**; Be **non-judgmental**; Encourage **collaboration**; Use **active listening** skills.

DEVELOP DISCREPANCY

Show the client that there is a **gap between what they say and do**; Help the client see that their **goals aren't in line with their behaviors**; Provide evidence that what they are doing now **isn't sustainable** based on what they want or need.

AVOID ARGUMENTATION

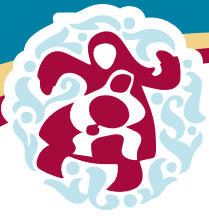
Do not get into **power struggles**; Do not **exert your opinion** on the client when it will initiate an argument; Let the **client** determine the reasons for change, not you.

ROLL WITH RESISTANCE

Acknowledge a client's resistance without making them **feel judged**; Do not react strongly to their resistance, this can **help them feel more comfortable**; Use **reflection** to acknowledge their statements of resistance.

SUPPORT SELF-EFFICACY

Show support and that you have **hope, confidence, and optimism** that they can change; Break goals into **small, achievable steps**; Celebrate **accomplishments**, even when they're small.



4 OARS of Motivational Interviewing

OPEN-ENDED QUESTIONS

- Cannot be answered with a yes or a no
- Keep the conversation flowing
- Allow the client to set the direction of the conversation

“I understand you have some concerns about your drinking, can you tell me about them?”

AFFIRMATIONS

- Are a statement about a client's strengths
- Improve self-efficacy
- Build rapport and improve client confidence

*“Sounds like this is really challenging. No wonder you feel overwhelmed.
I appreciate that it took a lot of courage for you to discuss your drinking today.
You appear to be really resilient to have coped with these difficulties in the past.”*

REFLECTIVE LISTENING

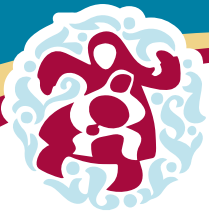
- Is listening with intention
- Accurately repeats what they've said and how they feel
- Demonstrates your attention
- Makes sure you understand what your client has said or how they feel

“What I hear you say is...”

SUMMARIZE

- Reinforces what has been said
- Shows you have been listening carefully
- Prepares the client to move on to the next step, session, or topic
- Highlights important parts of a discussion
- Can change the direction of a conversation that is stuck or going in an unhelpful direction

“If it's okay with you, I'd like to check that I understand everything we've been discussing so far...”



DARN Questions for Motivational Interviewing

THE MORE CLIENTS TALK ABOUT CHANGE, THE MORE LIKELY THEY ARE TO CHANGE.

There are questions you can ask about their **DESIRES**, **ABILITIES**, **REASONS**, and **NEEDS** that will prompt clients to talk about change in a way that will increase their success.

DESIRE

If you could change one thing about yourself, what would it be?

If there is a small part of you that would like to be different, what does that part want?

What kind of life do you eventually want for yourself and/or your family?

How does this [insert problem behavior] fit into that life?

ABILITY

If you decided you wanted to change this, how would you go about it?

If you decided you wanted to change this, how confident are you that you could succeed?

If you decided you wanted to change this, what, if anything, might get in your way?

When there have been occasions you were able to stop or decrease use, how were you able to do this?

REASON

If you can imagine yourself succeeding eventually, how might your life improve if you did?

If you did want to change this, how might this benefit you or your family?

What do you imagine people who succeed at this, say about their lives after they've succeeded?

Do you know anyone who has succeeded at this? What do they say or do?

NEED

You've mentioned what you like about [insert problem behavior]. What is the down side of it?

If you were to continue in the same way and look down the road, what do you see?

If you don't change this, what's at stake, what do you have to lose?

What would your family say they worry about?

Down the road, what would be some signs that would cause you to reconsider changing?

What are the best and worst case scenarios about how this could play out?

Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References:** For a complete list of protected information under HIPAA, please visit www.hipaa.com

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
April 28, 2022 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CMEs.

