

# Talking to Change: An MI Podcast

## Glenn Hinds and Sebastian Kaplan



### Episode 33: MI in Dietetics, with Orla Adams

#### **Sebastian Kaplan:**

Hello, everyone, and welcome to another edition of Talking To Change - A Motivational Interviewing Podcast. My name is Sebastian Kaplan and I'm based in Winston-Salem, North Carolina and as always, I'm joined by my good friend, Glenn Hinds, from Derry, Northern Ireland. Hello, Glenn.

#### **Glenn Hinds:**

Hello, Seb.

#### **Sebastian Kaplan:**

How are you?

#### **Glenn Hinds:**

Yeah, I'm good. I'm good. I'm back in my own office. The last five or six episodes have been recorded in a room in my home. So, after nearly 16 weeks, I'm back in my office, and I'm really excited. I've actually changed some of the things in my office now to fit the podcast space in, so...

#### **Sebastian Kaplan:**

It feels like a whole new experience for you. Like it's familiar territory?

#### **Glenn Hinds:**

Yeah, yeah.

#### **Sebastian Kaplan:**

Actually, for regular listeners, you may have noticed, I don't know if sound better. I might sound clearer, though, because I have upgraded some equipment. So, I think it was maybe two episodes ago, but anyway, we're happy to be growing and furthering on our little partnership here.

#### **Sebastian Kaplan:**

So, things are still not "normal," quote, unquote, at least relative to how they were before COVID hit all of us. How are things in your neck of the woods?

#### **Glenn Hinds:**

Well, a bit like what we've been saying so far, the normality of people being out and about is increasing. I have certainly become more accustomed to wearing face coverings when I'm out. My mum and dad are both quite elderly, so when we go to visit them, that's been



the case for a while, but when I go shopping, and whatever else, and I think going to anywhere where there's people other than in the street, I have a mask. I'm putting a mask on, and getting on with that, and more and more people seem to be starting to that here in Derry, as well.

**Glenn Hinds:**

We've talked a bit about this before. It's just that none of us have ever been here before. None of us have had to do this before, for this length of time, people are trying to work their way through. Certainly, you see on social media that there are still people who say, "Look, this COVID thing is a fake. It's a load of nonsense," and then a lot of people who haven't been across a door in 16 weeks, and everything else in between and, again, just how consistent that is with our experiences as helpers, being with people who fit at either end of the spectrum, and everything else in between. It's just being curious, what is it that you understand will keep you safe, and what is it you're doing to enable you to feel safe when you do whatever it is you're doing, and the life that you live?

**Sebastian Kaplan:**

It's a situation where, now, just about everyone, whether you're a clinician in a helping profession or not, you probably have a strong opinion about what other people should do, or not do.

**Glenn Hinds:**

Yeah.

**Sebastian Kaplan:**

And you may also be in the position of trying to get people to do something that they're not doing, whether it's directly face-to-face, or whether it's through a tweet or Facebook post, or whatever, and it can be hard to step back and think about how one's communication may be helping or forcing someone to dig their heels in and maintain their position.

**Sebastian Kaplan:**

So, yeah, maybe an interesting parallel again as we often check in with each other about, and how MI can really be a very different experience for both sides, assuming you're in a one-to-one conversation, of course.

**Glenn Hinds:**

Yeah, when you're investigating any practice, I suppose the question you can ask yourself is, how did that go? Did telling that person to do that differently, did they go about doing? If they did, well, it may be working. If it didn't, then that probably isn't working, and it's an opportunity for you to reflect on what it is you're doing and perhaps what you may be able to do differently, if you want this other person to change.

**Sebastian Kaplan:**



Because more often, people are going to double down, and they're going to maybe say it louder, or say it slightly differently, but it's still the same message in the same way, and even if people strongly believe that mask-wearing is the right thing to do, again, what you're inviting people to do, Glenn, is probably quite worthwhile, is did it work? It doesn't necessarily mean that anyone needs to change their mind, per se. It's really just thinking about, is what I'm trying to do effective? Is it leading to the change that I would've liked someone to make, or whatever the reason, yeah, it can be really difficult to zoom out and take that perspective.

**Glenn Hinds:**

Yeah. Yeah, and I guess that those themes will come up in today's conversation when we're exploring Motivational Interviewing in dietetics and the challenges that a dietician faces when working with people with different situations. So, we're really looking forward to the conversation with Orla, today, but before we go on, just remind people about how to contact us on our social media and other platforms.

**Glenn Hinds:**

The Instagram account is @talkingtochangeodcast, and again, thank you for Maeve for updating that. We're getting a lot of positive feedback in relation to the posts that you're making. Our Twitter is ChangeTalking, and our Facebook page is Talking To Change. If you want to contact us by email, it's podcast@glennhinds.com.

**Sebastian Kaplan:**

And that would be Maeve Hinds-

**Glenn Hinds:**

Yes. Yes.

**Sebastian Kaplan:**

... your oldest, who is heading up our Instagram page with great reviews.

**Glenn Hinds:**

Yeah.

**Sebastian Kaplan:**

She might be getting better reviews than we are, quite honestly, Glenn.

**Glenn Hinds:**

Possibly, possibly, and just a shout-out to Maeve, who has just had it confirmed that she starts her PhD in Clinical Psychology in September, so she is well pleased with it. So, that's been a dream of hers since the age of 14, and it's coming to fruition, so congratulations, Maeve.

**Sebastian Kaplan:**



Without further ado, we'll go ahead and introduce our guest for today, Orla Adams. Welcome to the program, Orla.

**Orla Adams:**

Thank you very much for having me. You know how much I value your podcasts, and they've got me through lockdown, so this an honor, to be here today.

**Sebastian Kaplan:**

Well, we very much appreciate all your Twitter love, as it were, and support and comments. As we often do here at the start, why don't you tell us a little bit about yourself, your background, and how you got into MI?

**Orla Adams:**

My name is Orla Adams. I'm a dietician, and I'm based in Cardiff, in Wales, originally from Belfast, and I've been here for 26 years, and I wonder, Glenn, is this the first two Northern Irish people on the podcast at one time?

**Glenn Hinds:**

Do you know what? I think it is. This is the first, this is two Nordies together.

**Sebastian Kaplan:**

I was wondering that myself earlier, and so I would say yes, for sure.

**Glenn Hinds:**

Mm-hmm (affirmative).

**Orla Adams:**

Yay. It's interesting, Glenn, when you said about your daughter, Maeve, having that dream since the age of 14. I discovered the profession of dietetics at the age of 14, and that was my focus. I worked and worked to get there, to get to university to qualify. I decided this was the role I wanted to be in.

**Orla Adams:**

So, I qualified in '98, started out in practice, and came out very enthusiastic, a little bit naïve, less wrinkles than I have now, and quickly discovered, I would say within even the first year or two, that all this fantastic advice, evidence-based information, all the good tips that I could give people, they just felt like they were falling on deaf ears.

**Orla Adams:**

So, it wasn't long before I started to feel frustrated and ineffective. I wondered, "Oh, God, this is the career that I've worked for and now it's not something I enjoy," and so I started over the years to consider a move out of dietetics to something completely different, and it was not just me that felt that way. I was in a department where we all felt it was a



struggle, and as much as we wanted to help people change, we just didn't have the skill set for it.

**Orla Adams:**

So, it was around, I would say, 2006, that I first heard about Motivational Interviewing, as part of another course, and I have the pleasure of living in Cardiff, which is just down the road from Steve Rollnick, and he was delivering a course here. So, I thought, "I'll go along and see what it's like," and I remember sitting in the first hour of that course and thinking, "This is what I've searched for. This is the thing," and from that day forward, then, just started to learn it, understand it and practice it and, yeah, it's become my career, my life. I love the job that I do. I'll never leave the NHS. It's completely changed everything for me.

**Glenn Hinds:**

That must have been quite a scary experience for you, having had the dream of becoming a dietician, having worked as hard and focused as much as you did, to get to a point where you're actually considering, "This is not for me. This is the wrong place. This is not what I'm supposed to be doing," and then relief that arose when you met Steve, and after an hour, you realized that he was offering you something that clearly reignited your enthusiasm for what it is you do. It's clear in the way you're describing and how you're speaking about what it is you do. So, what was it that you heard in that first hour that changed everything for you?

**Orla Adams:**

It was the, even looking at the program, I sat, looked at the program. I was in a room of, it was a huge conference, about 100 people. I felt intimidated. I thought, "Why am I, as a dietician, in this room? There's all psychologists, the drug and alcohol team, social services." I felt that this is beyond me, maybe, but even as Steve started to speak about MI and where it came from, and the heart and spirit of it, I just thought, "Yeah, I can let go of my fears and worries, and just focus on what I can get from this, then." So, they hooked me in pretty quickly.

**Sebastian Kaplan:**

The spirit, I mean, one consistent thread throughout our episodes, I think, is just how much the MI spirit has impacted people, whether it was those first moments of learning about MI, or what has kept people really fulfilled at work and, I imagine, effective in their work, is to have the spirit as the key framework or anchor points that guide them through. So, what was it about, maybe, in particular, about the spirit, or any of the particular spirit elements that spoke to you?

**Orla Adams:**

It was empathy, to be able to express empathy. I knew I felt it, and in my training, we were almost encouraged not to open up any of these emotions, not to explore them, don't go there, keep it as advice given, and here was an approach, then, that was saying, "You can express this empathy with people," and when I started to do that, even though I was



scared of doing that, and what might come at me, because I'm not psychology-trained, I just felt this connection with people, and I felt that they got the connection with me. When we had that, then they started to tell me more. They started to talk more about change, and they were more engaged with it. So, that really stood out.

**Orla Adams:**

The other one that's really changed me is acceptance. To accept people for who they are, the way they live their lives, the way they choose to do things. I cringe when I think back to how judgmental I was in the early days, the thoughts that used to run through my mind. Now, to sit with people and completely accept them has completely changed things as well, and they feel that, and I know they do.

**Glenn Hinds:**

So, it seems that what has changed most for you to get reinvigorated is yourself.

**Orla Adams:**

Mm-hmm (affirmative).

**Glenn Hinds:**

That the way you think, and what it is you understand you're doing, and what it is you understand you're looking at has changed, and as a consequence of that, your patients changed with you, or as a consequence of that?

**Orla Adams:**

Completely. I went into that first course that Steve delivered expecting to learn skills. A set of skills that I would practice. Things that I would say and do that would motivate and change people. I never went into it expecting that I would shift almost my whole being, and the way I thought about people, and the way I see myself. That floored me, and that was the biggest learning that I've got... And that still happens for me. That's ongoing, really, but yeah, that was the biggest change that I've noticed. The skills settled in and fell into place, but the biggest impact was the way I was with people.

**Sebastian Kaplan:**

The relationships themselves, the quality of the relationships deepened your understanding of yourself, or at least the way you thought about yourself even changed?

**Orla Adams:**

Mm-hmm (affirmative).

**Sebastian Kaplan:**

And those skills, you said, came later. I imagine, important that you felt and really understood the spirit so that the skills could rest on top of them? The skills didn't exist in some vacuum where it didn't matter what the relationship was like. That it's really important that those skills occur in the context of this MI-consistent relationship.



**Orla Adams:**

The skills then gave me the way to express empathy to people. To say things in a way that let them feel, felt understood. I always remember very clumsily trying to express empathy, before I went on any training. What I ended up doing was just generating sustain talk out of people. "Oh, that's really tough, doing that," and, "yeah, it's a nightmare, isn't it," and, "God, going on a diet's the worst thing in the world."

**Orla Adams:**

That was me trying to express empathy, and it just wasn't helpful. So, the skills gave me the way to express in an eloquent, sometimes very quick way, and in a way that I felt confident when I said it. So, I think the more I became confident in the skills, and I could express things to people, and I could ask these open questions in a concise way, is that the conversation was clear. We both knew where we were going. There was no misunderstandings between us, or assumptions, any more.

**Glenn Hinds:**

So, as you describe what you're saying, it seems that what happened first was that the Motivational Interviewing spirit created more space for you to practice what it was you wanted to do, which was to help people, and then with the skills and the development of that, how you articulated your compassion, and your care, your desire for other people to be well, that developed as your skilfulness improved how you articulated the empathy that was already in you, and was always in you.

**Glenn Hinds:**

You just had a language that allowed it to flow in a way that meant that the client experienced it, the patient experienced it as genuine and meaningful, and when that happened, things started to happen, again, just the idea that you were now having a dance. You were now dancing with this person, rather than wrestling with them.

**Glenn Hinds:**

When you started using it, and your sophistication started to improve, what was it you started to see that reinforced, this doesn't just feel right, this is actually right, this is working for my patients?

**Orla Adams:**

They were more engaged. So, they actually came back to a follow-up appointment, and even when they were leaving the room, I knew they would come back, whereas before it was, "I don't think I'm ever going to see you again."

**Orla Adams:**

So, in my heart, I thought, "You are going to come back," and they did, and they would walk in, and they would say, "Oh, I've been looking forward to coming back," and I thought, "Good God, never heard anyone say that before," and the language, and the way they spoke, and they were very open, telling me things that they then said, "I've never told





anyone this before. Nobody understands me. Everybody tells me just to sort this out and get on with it."

**Orla Adams:**

So, their engagement, their coming back and the way they spoke to me just, I thought, "This is really working. This is happening."

**Sebastian Kaplan:**

Something that Bill Miller and Steve Rollnick both say quite a bit, at our forums and in other platforms is, "The best teacher of MI is the client, or the patient, and the best way to tell if what you're doing is helpful or working is what you're getting back," and while Change Talk and Sustain Talk is just one way of being able to tell, and it sounded like you were picking up on a lot of things that the client was either showing up for, literally, coming back for repeat visits, but also in how they were engaging in the discussion, as signals for you.

**Sebastian Kaplan:**

I wonder, you said something just a moment ago, also, that you thought that you were expressing empathy, and really what was happening was you were just staying stuck in Sustain Talk, because it might be helpful for some people to hear what changed, even in that skill-based way, what was an example of empathy as you thought you knew it, or was what you were trying to do before, and then how MI informed a different way of expressing empathy that you found to be more effective.

**Orla Adams:**

Say that someone would say to me, "I can't bear the thought of going on a diet again. I've done this 100 times. I've lost weight and regained it. It's just horrendous. Oh, the thought of it. I'm broken," and I would go, "Yeah, it's tough. It's really tough, and it's hard going being on a diet, and it's restrictive," and all of the things that I was saying, that I was thinking, "I'm trying to get beside you, and I'm trying to let you know that I understand you without just saying 'Oh, I understand you.'"

**Orla Adams:**

So as, then, I was introduced to expressing empathy on the courses, then I tried it out, and it would sound more like, "You struggle with this. You struggle with the thought of going back to that place again."

**Orla Adams:**

Then, other skills would come in. So, I would empathize and then affirm, and I would shift it around a bit, but definitely that, where I would just sit with them and go, "You're struggling with this," and that would be as much as I would say, and they would go, "I really am," and I would watch their shoulders drop. It was almost like this relief, that they thought, "Someone gets me. Someone's not just going to tell me what to do, and to eat less and move more, and do these things. Here's someone that's on board, in my head a little bit, with this."





**Glenn Hinds:**

You're describing that while the weight may have been the difficulty, the thing that was challenging them at the minute was the thought of doing it again. Just that, "Oh, my God," and just acknowledging that, that the need is in the moment. It's just making that connection and being heard, you know, "You're struggling with this," and the struggle is the issue, rather than the diet. What else did you notice, then, about what you were doing, and how you were helping develop your own experience of empathy and then, very importantly, the expression of empathy, that you have seen really beneficial for your patients?

**Orla Adams:**

I think one of the big challenges for me was the words. To build up this vocab that I had, because in the early days, I found I stuck with the same words all the time. Then, I began to think, "This patient has heard me say this 100 times. This isn't good."

**Orla Adams:**

So, it would be things like, "Yeah, you're struggling with this, and you find that it really drags you down when you found that you go off the path that you want to go on. So, I really had to expand my vocabulary, and that involved watching more videos, going on more courses, reading more of Steve and Bill's books, and becoming more familiar with empathy and with psychology, because that's not training, we had.

**Orla Adams:**

So, we weren't familiar with the language. We weren't even familiar with the psychology behind it all. So, I had to learn a lot, and I had to be a bit brave. There was times where I thought, "I know they've got something to tell me, and have I got the strength to hear it? Have I got the time? There's someone sitting outside," and the expressions of empathy, and being empathic, it's still an ongoing journey for dieticians, in particular, who aren't trained in this.

**Sebastian Kaplan:**

Another thing that struck me there was MI has helped to quiet your mind a bit, or quiet the room or whatever, the buzz that might be there of, "Oh, no, what's going on," or, "they're not saying the right things," or, "there's people waiting," or do I know what to say?" not that it happened overnight, but I imagine with that really strong dedication that you have, it helped you grow your skills and then infuse the work with more confidence, of course.

**Sebastian Kaplan:**

With language, too, or the vocab, I imagine part of it was also a development of what you were listening for or becoming much more attuned to what patients are saying, and how to then respond to that in more strategic ways.

**Sebastian Kaplan:**

So, there's the empathic part, but then there's the strategy of MI, and I wonder if you could speak a bit to that part?

**Orla Adams:**

As I learn more and more, and anyone who knows me and, in particular, Steve, was like, "Oh, my God, that dietician's back again this year." You know what I mean? So, I kept rocking up at his courses, because they were local, I could do it, and you just felt that I needed to go back to the course to pick up another bit that I felt I could take on board.

**Orla Adams:**

So, as the years have passed, and I've picked up the four processes, and I'm able to move people together with them, I find I've become more precise and concise in my reflections. They're more cultivating change talk, and I'm softening down that sustain talk. There's multiple processes going on in my mind, and when you say, Seb, about quiet in your mind, it's true. I've got rid of all the other stuff, and I'm able to focus on MI and that person, and still hear their story, and I'm aware there's multiple things going on, but I'm really with them, and that's different.

**Glenn Hinds:**

You have been on, and you continue to be on, a journey of discovery and development yourself, and I think that might be very heartening for people as they listen to you describe that, that going to Steve's first seminar/lecture, that you got something there, and it sounds like each time you go back, you get something else, or you understand something familiar from a different perspective, and that the jigsaw pieces are coming together, and there's a willingness on your part to go back, to go back, to go back.

**Glenn Hinds:**

In many ways, the very thing that we're inviting our clients and patients to do when they're working with us is; to come back, and to continue the journey, that one or visits may get them started. If it's in the nature of our work, they're welcome to come back for more, and when things arise, we're happy to support them with it.

**Glenn Hinds:**

It sounds like you're willing to do that for yourself, as you grow within the area of your world, that's important to you as well.

**Orla Adams:**

Yeah, spot on, and I think, my learning journey, I see it in my clients as well, and the people I work with, because my brain's able to take a certain thing at a certain time. So, I know for them that there's information that they'll have had multiple times, but then it's the right moment, and it fits for them, and it feels doable. So, I have, now, a patience in the work that I do, that I never had before. I always felt, "We need to be moving. We need to be moving forward. You need to be changing and setting goals," and now I've got a patience, where I sit back and I let them take on board what they feel they can at that time, then.



**Sebastian Kaplan:**

Yeah, there's a quote which I know I'm going to get wrong, but it's something like, "If you approach a conversation as if you had all the time in the world, it'll be much more efficient, and it'll go quicker, and the opposite is true." I forget the words, but the people can get the point. So, that's certainly what it sounds like, that the quieting and the patience is the word that you used there, has allowed for, maybe, more freedom to pick and choose the moments where you give advice, or freedom to explore somebody's struggle in a way that you may have felt obligated or scared to explore before.

**Sebastian Kaplan:**

When we were talking before starting the episode, you were sharing a bit of some of the specific clinical situations that you find yourself in and finding that MI is quite helpful with them. So, maybe you can start sharing some of those for us?

**Orla Adams:**

Yeah, so in all my years of practice, I've been in different roles. So, it can vary from people who are receiving their nutrition through a tube at home, to the person who's not taking their insulin, and developing complications, to the person selective eating, limited to three foods.

**Orla Adams:**

So, there's a huge variety, and I think MI really stands out. For those moments say, selective eating and this is someone who has developed a really dysfunctional, disordered relationship with food, to limit themselves to maybe three, four foods, and that's it. That's all their diet allows. So, there's one particular person that stands out, and they said, "It's Spam, jam and ham. That's all I eat. In my seventies, that's never going to change. So, I don't know why I'm here. I've been sent. I think I better just leave." That was their words when they walked in, and they were having severe health problems from this, as you can imagine. 50 years, maybe more than that, of eating three foods.

**Orla Adams:**

So, I sat with them and I said, "And you did come today, and I'm just curious what brought you in my door," and they said the words, "I suppose I still have some hope that this might change, even at this stage in my life, and we carried on, and by the end, I have 40 minutes with people which, I know it's a luxury but by the end of the 40 minutes, they said, "What have you done to me? Is this magic?" she said, "Is that what it is, because something's really different. I've never spoken to anybody like I have to you. You seem to get this, and now I hopeful I can change," and we had three further appointments over the course of three months, and by the end of it, they had introduced about another 10 foods. The possibility of going on holiday had come back again, and the possibility of socializing with friends had happened in between appointments. All of that had stopped because of this relationship and the embarrassment around it.

**Orla Adams:**



So, even at her last appointment, she walked out and said, "What did you do to me?" I was going, "We just talked. I just listened." So, that person really stood out for me, because she said, "This is going to change the rest of my life, now, for the years that I have," and that was MI. If I wasn't using MI, and I wasn't trained in it, I would've said, "Well, what we need to do is this, and you really need to change this, because your health's really suffering," and I would've gone in for the kill, really, to try and persuade change. I would've used every roadblock available, and they probably would never have walked back in the door.

**Orla Adams:**

So, when you have moments like that, I remember walking upstairs to my colleagues and just saying, "I can't believe that. That's blown me away, that to sit and listen to somebody and use these skills has had such a big impact on them."

**Glenn Hinds:**

So, it's a profound example, as you described her saying, "I hope," and almost that sadness in that statement, that for 30 years it's been like this, but there's still a light that's trying to come through here, and it sounds like by the end of your first conversation with her, she had witnessed you see the light in her, and that in itself instilled some sort of optimism and potential within her that, over the next three sessions, brought her to a place where she felt able to make that changes for herself in way that were manageable and doable.

**Glenn Hinds:**

I imagine people are understanding why you, walking up the stairs, were potentially experiencing the same things she probably was as she was walking away, going, "What just happened?" But both of you, it sounds like, were both experiencing a form elation, space, experience freedom and choicfulness, and when we spoke to Professor Ryan, that was one of the things he talked about. It's that ability to have choice in our lives, and that autonomy that we have, and you're putting this down to your ability to be with them, and just be curious, what is it you want?

**Orla Adams:**

And I think, isn't that what keeps us striving to develop MI skills more, because when you see moments like that, that was purely because I had the skills and the heart and spirit that I had experienced through all of those years of attending courses, and being around MINT colleagues, and it happened quickly. Three sessions, that's pretty quick input for such a turnaround. So, yeah, those are the moments where you go, "I've got to refine this and get better."

**Sebastian Kaplan:**

And thinking about listeners that are, maybe, early learners, early adopters in MI, and may still be wondering how to use the magic that you are using, and what your client resonated with.



**Sebastian Kaplan:**

So, there's that, and also most people, I imagine, just like you describe, their initial training was probably around the information. The critical pieces of data, how to interpret data, and what conclusions that lead to, and then there's this assumption that people will change if they know what we know. Of course, we know that that's not really true.

**Sebastian Kaplan:**

So, I imagine you did some version of holding back... You probably had the answers. You probably knew, from a health standpoint, and from a dietetics standpoint, what would be more helpful for that person, but I'm quite certain you didn't go there right away. If you remember those early conversations, or that first session, what do you remember from the skills standpoint, or some specific things that you said, or specific questions that you found to be particularly helpful?

**Orla Adams:**

I find being curious, and that's what it was. I was curious about how this person had managed to cope with this. That was almost where I went with that first session, was saying, "You've lived all of these years. How have you coped with that? What have you done? That has been a difficult path to follow."

**Orla Adams:**

So, we're really drawing out the strengths, and using affirmation, and saying, "You've got a huge amount of strength to be able to carry on, and to come here today, and to even consider the thought of this changing, because it's frightening for you."

**Orla Adams:**

So, I remember just sitting in a place where, "I want to find out more about you. I'm curious about you, about what has happened to lead to this place." So, I would have said, in that first appointment, it was largely a lot me asking open questions out of curiosity, to explore it, and to reflect back the things that I was hearing. Well, my intention was then to generate some change talk from that, but yeah, just staying in a curious place, and not coming up with any suggestions, or information or advice at that point. Just sit with them, and that's scary, because in the NHS, you have limited time. You have limited appointments. You're under pressure to have outcomes.

**Orla Adams:**

So, it's really scary for anyone in healthcare or the NHS to have that slow pace, sit back, listen, without thinking, "Right, I need to get you to decide to change this, and I need to give you information, and you must walk out the door understanding how severe this is, and that you must change."

**Orla Adams:**

So, yeah, like you said earlier, Seb, if our intention is to not go into the conversation too quickly, or to push it too fast, and we slow down, more comes out, because she had



change talk. Every reflection that I gave, things along the lines of, "You've had enough of this. You want to get back out there and live your life. You want to eat with friends," and I kept saying these really concise, as I picked up her language. It was very much Sustain Talk.

**Orla Adams:**

It was like, "I can't go out and eat with friends anymore. It's very embarrassing," and I strategically was saying, "You want to eat with friends?" "Well, yeah, I do." So, yeah, I didn't feel like I did much, but it was her that was coming up with all of the reasons to change, and why she wanted to change it.

**Glenn Hinds:**

What you brought to that was not just a curiosity, it was a genuineness, that the curiosity that you had was really about her, and how she had done this, that there was no trap being set. There was no hidden agenda. That in your exploration of how she got this far, you got an insight into who she was, and the strengths and her talents that assisted her to get that. Her noticing you paying attention, in itself, was quite a novel experience for her and, I imagine, allowed her to feel safe to come towards you, and the closer she came to you, the less effort you had to make to get more information to help you understand.

**Glenn Hinds:**

That lovely recrafting of the understanding, which was, "I feel frustrated because I can't do that," that implicit in the frustration is a desire to do it another way, and you were able to hear what the desire was, and then articulate it for her, and then follow that path.

**Glenn Hinds:**

Again, that's, I imagine, very reassuring for people out there to know, that this dance gets more sophisticated with time, that the more classes you go to, the more you practice, it can start off quite concretely, that you're going, "Okay, I have to ask open-ended questions. This is an affirmation. This is what a reflective statement sounds like," but with time and with practice, that eventually they become a bit more normal, like any other skill that you've had. Going to the classes was one thing, but I'm just wondering, what was happening between the classes that helped you to practice and develop in a way that helped you get to where you are now?

**Orla Adams:**

Well, I think, Seb, you said it, didn't you? Our clients are the best teachers. Bill and Steve always say that, and still say it. We learn from the people we sit in front. So, we see their reactions to what we say, and in between rocking up at all Steve's courses, I would go back to the books, and read a bit, but I'd practice and reflect on it. Watch the videos, do as much as I could, but there's one point that really stands out that I think was complete change in path for me.

**Orla Adams:**





Steve and his wife, Nina Gobat, were delivering a very small workshop in Cardiff. There were about 12 of us in it. Everyone else was psychologists and drugs and alcohol teams. I walked in there going, "Oh my God, what am I doing at this? I'm going to mortify myself in here, and really show myself up," and we were we given actors. We were recorded. The conversation was, the role-play, the set-up, mum who had been drinking and was in distress at the school gate, and that she was being brought in to speak to one of the support workers or counselor in the school, and I was thinking, "I don't do alcohol counseling. Do you know what?" I sort of walked into it going, "I'm just going to just go with the flow and see what happens."

**Orla Adams:**

So, it was all recorded, and about a week after the workshop, Steve emailed me. He said, "I've just listened to your recording," and see getting that feedback from Steve and Nina, and my confidence just grew, and I thought, "God, I am doing this, and I can do it." So, I became a bit more persistent in my efforts to try and reflect and keep going.

**Orla Adams:**

So, it always stood in my mind that having feedback and support and supervision and coaching are so vital in all of this. I was floundering before that. I was bit like, "Oh, I don't think I'm doing this. I don't think I'm very good. The patients seem a bit happier. They're making changes, but am I doing MI? I've no idea," but getting that confirmation from Steve and Nina was a huge turning point for me.

**Sebastian Kaplan:**

So, for people that are out there that are learners of MI who maybe have taken a workshop, I imagine they've heard also about the benefits of getting individualized feedback with recordings, as anxiety-provoking as that might feel, to really be exposed in that way, that's certainly something we see time and time again, and even there's research to support the importance of that kind of feedback, to really grow one's skillset.

**Sebastian Kaplan:**

You've alluded on a few occasions, Orla, to being in a room with a bunch of psychologists and counselors, and clearly have come out of those experiences, as far as from an MI standpoint, to do MI much like anyone else would. Perhaps even better, I mean, you certainly caught Steve's attention with it. It's just making me think about what we learn in our respective training experiences. Myself as a psychologist, Glenn as a social worker, and you as a dietician, we probably spend a great deal of time learning about theory. Learning about how to diagnose things, or interpret data, or consider problems, and then jump to the solutions for those problems, but the real common factor/thread throughout so many of the helping professions is the conversation.

**Sebastian Kaplan:**

It just seems like one of the wonderful things that MI has brought to so many helping professions is, this is how you communicate the things that you've learned to the people





who are struggling in however they're struggling. It's just another really neat example of that, that you're bringing to the conversation today, Orla.

**Orla Adams:**

What's it, imposter syndrome, isn't it, where, and I always felt so much respect for all of these counselors and psychologists and social workers in the room, because I knew they were dealing with really heavy conversations all the time, and I felt like I was coming in the background, talking about food and diet, didn't seem that important, but as I've worked more with the clients that I work with, and spend time empathizing with them, and hearing their stories, the stuff that I'm hearing, I mean, it's been a privilege to hear the things that people tell me, and that they feel that they can tell me, and they know they trust me with it, but having MI, being around the trainings where there are psychologists and all social workers and counselors, they've helped and support me in how I deal with this. How I respond to it.

**Orla Adams:**

It's always a supportive environment, the learning of MI, and knowing that any recording that you hand in to any, I suppose, MINT, or anybody, you're going to get a really positive, strength-based feedback from it that supports you.

**Glenn Hinds:**

So, something about the culture within which you experience the learning of Motivational Interviewing itself is part of learning Motivational Interviewing, that a bit like the fellowship of AA, that when you get to the 12th step, you pass it on. It sounds like what you do as you internalize the spirit of Motivational Interviewing is that then it becomes part of sharing, that not only just your patients or your clients are experiencing it, but more and more, just everybody you meet experiences a much more patient, focused, curious you. That draws them towards you, and for some of them, those are teachable moments, when they ask you, "What are you doing, and why are you doing it?"

**Glenn Hinds:**

That's the moment where we can teach people a bit more about Motivational Interviewing, but it sounds like, again. It's just that going back, going back, going back, going back, and being around those people that supported you achieve what it was you wanted, and just that throughout this, that dedication that you have identified, from being a 14-year-old girl, just keeps coming back. The dedication and the willingness, the effort you're prepared to put in to help you achieve what it is that you're trying to achieve, and seeking the support, in whatever means that may be, whether it's with people, whether it's with video, or whether is with books or personal reflection. These are all things that you have learned have helped you to get to where you are in relation to your own development, and your practice.

**Glenn Hinds:**

just wondering, given the fact that it sounds like you've got a clear vision of where you'd hope to get to, and I'm just wondering, where do you see that going in the future? What



are you working on at the minute towards enhancing or developing for yourself as an MI practitioner?

**Orla Adams:**

There's a couple of things. Listening to the podcasts. You know me, my responses have been, "Oh, my God. It's sparking all of these different things for me." So, I suppose there's part of my head that's always thinking, "Right, what's the next step? Where do I refine it and develop it further?" I think learning coding in MI, I notice that it's having a real impact on my skills. So, that's one thing.

**Orla Adams:**

The other thing to enhance the work I do, and it came from the podcast as well, was to start to learn acceptance and commitment therapy. So, I feel like I've got this grounding in MI, and now I'm ready to look at another therapeutic approach to enhance it even further, but there's always various things going on in my mind to say, "Right, where forward?" But the focus is always, "Where forward for the patient?" If I feel we're getting so far and there's further we can go, then there's something I have to learn or change or develop that will help them, then.

**Sebastian Kaplan:**

Two of you, I assume mostly you're in one-on-one conversations, as you get a place and make a good bit of progress, there's a bit further that they have to go, the next stage of their journey or their experience, or their life, and it's led you to explore how you might enhance what you already know. Again, as a prompt, or a way to learn something about yourself through your patients. That there's more to grow, and what the next thing might be.

**Sebastian Kaplan:**

So, something like Acceptance and Commitment Therapy, you feel like adding that to your professional skill set will help your patients? I wonder, so there may be other people in dietetics listening, where do you see either Acceptance and Commitment Therapy helping you, or maybe viewing it a different way, where do you see the field of dietetics now, and the challenges that exist for someone who's been in the field like you have, and where some of the new developments might be in the field?

**Orla Adams:**

While I have gone on the path of Motivational Interviewing and that was largely of my own volition, really, that I searched this out for myself, I've supported my colleagues in doing it, MI isn't throughout all of dietetics. It's not in the theories in the undergrad courses for some of the universities that I know. It may be further advanced in others, but that certainly sending student dieticians out into practice with some of these skills already, rather than letting them come out like I did, and then trying to stumble, and then trying to relearn a different way. I think that's the challenge, is it becoming an undergraduate core part of dietetic training.



**Orla Adams:**

I hear students come out, and they sit with me, and they say, "Why haven't I heard this before? Why am I coming out on placement and hearing it now? Why isn't this in university?" I say, "It's a shift, and it's a shift that will take time within dietetics."

**Orla Adams:**

It doesn't have to be MI. Maybe it's more of a helpful conversation, being empathic, thinking about the spirit and acceptance of it, might be a shift, because I think the thought of a university taking on and trying to train student dieticians in MI would be pretty overwhelming. It would be a huge shift for them. So, I think it being undergrad, and being core in dietetics, to say if someone knows they're going into dietetics, is that what they're going to learn, part of it is how they speak to people about behavior change, and changes and belief changes, and all of that stuff.

**Glenn Hinds:**

In some ways, you're identifying that if we understand Motivational Interviewing to be a counseling intervention, that a lot of people are going, "I'm not a counselor. That takes years and years of training," but when we say, "What if we explored good helping, and we looked at, what is it that people respond to, from a good helper," and explore it from that perspective, that more often than not, what we're going to identify is the core elements of Motivational Interviewing and even the fact that you're describing, "Oh, my God, there's a load of psychologists in this room," seems to suggest that the culture in which that you were trained as a dietician was, "They are something other than us, and they do a thing that we don't do, and here I am in their world, as an impostor."

**Glenn Hinds:**

It sounds like that's part of what you hope will change for future generations of dieticians, and certainly from a social work perspective, I can see that as well, which is, "We don't have time for this," but it's down to what it is that drew you into dietetics, that drew me into social work, that drew Seb into psychology, which was a desire to be helpful, and how do we foster an environment where what it is that we want to achieve can be achieved in a way that is achievable, and reachable for us, but in an environment that supports us, feel safe to try new things, because in that environment, we can then bring that experience, then, to a client.

**Glenn Hinds:**

We're actually inviting them, "We want you to try some new things, but we've gone first. We've tried some new things ourselves, and that's why we're creating that space, that Rogerian environment, where I'm me and you're you. Let's see what happens."

**Glenn Hinds:**

That in itself is quite a shift, but I think that given that popularity and the development of Motivational Interviewing across so many different realms, can give us hope. Not that Motivational Interviewing is taking over the world, but that more and more people are learning how to express their empathy in a way that's meaningful for them as a



practitioner, and very significantly for their patients, and we can see a growth in wellbeing over shorter periods of time, which will please the administrators as well, I imagine.

**Glenn Hinds:**

When we get to this point in the conversation, one of the things we're curious about is what, if anything, is going on that's new for you, that may or may not be Motivational Interviewing Oriented, but something that's catching your attention?

**Orla Adams:**

Well, it is learning the Acceptance and Commitment Therapy. That's the thing at the minute, really. So, I'm trying to get my head around it a bit. Take that on board, and as you were talking about, the impact of COVID, life changed a lot. I was redeployed into the surge hospital, and I've come back out of it again.

**Orla Adams:**

So, I think I'm coming down the other side of that, where I can refocus on learning this, and give brain space to it, but that's where I want to go. I want to learn more about it. I want to see how it works, what it is about ACT that's going to be beneficial to my work. So, that is my focus for a while. Well, I have to complete it by October. I have to hand in all my work, so...

**Sebastian Kaplan:**

You're on a similar journey as me, professionally, I think, because for me, MI was mid-2000s, entered the MINT in 2008, and then maybe five-ish or so years later, I said, "What's this ACT thing that I heard about many years ago," and I started a tangent from my MI work to learn about ACT. I guess we've been talking about how MI can fit so well across disciplines, from psychology, social work, counseling, and dietetics and others.

**Sebastian Kaplan:**

ACT has a similar quality. I mean, it's referred to as a transdiagnostic approach. It is something that isn't just for people with depression or anxiety, or whatever it might be. It is something that gets more to the human condition, and places where humans get stuck, and derail them from living a fulfilling life.

**Sebastian Kaplan:**

So, it's great and interesting to hear you talk about ACT as this next phase for yourself, and maybe one of these days, we can have a conversation at a forum, hopefully we'll do it in person, but how you're finding MI and ACT to blend together.

**Sebastian Kaplan:**

Glenn and I have talked about having an ACT episode or two for the podcast, so it is something that we're quite curious about. So, people might be wondering out there, what is ACT? So, not to turn it into a big long ACT portion right here, but can you speak briefly



to what you find and how it resonates both to dietetics and maybe how it might fit with MI?

**Orla Adams:**

As I've been reading and learning about it, I'm thinking about the client group I work with, the clients that I work with, when it comes to disordered eating patterns, or relationships that are dysfunctional around food, there's a lot of stress around it, and feelings that come with it that then perpetuate the cycle with food, and using it as a way to beat themselves up, and self-harm, but also to numb out feelings.

**Orla Adams:**

So, I've read bits about to sit with feelings, and to accept them, and to go with the distress, and then also to look at these hooks. The things that they do that keep the behavior going, and stop them making change.

**Orla Adams:**

So, so far, what I've got into it, I'm thinking, "Oh, great. This is going to be helpful with discussions that I have with the clients I work with. Accepting distressing feelings, and finding other helpful ways to move forward, then, as well."

**Glenn Hinds:**

For someone who hasn't studied ACT, it sounds like essentially what you're inviting a client to do is almost to become their own therapist/practitioner, to be able to be with their distressed self in a way that's about being curious about it, rather than trying to fix it, or change it, or criticize it.

**Glenn Hinds:**

That it's about going, "Oh, my God. That must be really hard for this part of me," and being curious, "What does that person need? What does that part of me need from me in this moment, and then endeavour to practice that with them."?

**Glenn Hinds:**

So, it's almost like you're modeling how to be with themselves, and I remember Stan talking to us about compassion, and then self-compassion. An ability to show to others, and to show to ourselves, that curiosity, that space, that acceptance and love, but also of the warts and all. That ability to tolerate the bits of myself that, "For years I haven't really liked, and now I'm being invited to turn and face that part of myself, and go, 'It's nice to meet you.' Well, 'I'm interested to know you,' and find out why that person's still around. Why that person hasn't left me. Why that part of me just keeps following me around."

**Glenn Hinds:**

So, really interesting, and certainly, from you saying that has triggered a curiosity here to maybe go and explore, as part of our beyond MI aspect of the podcast, where does ACT fit and what knits the two approaches closer together?



**Glenn Hinds:**

So, thank you for sharing that. That was fantastic. In relation to sharing, we also ask our guest if, at the end of the podcast, and people hear you, and they want to reach out to you, Orla, and maybe have questions or they want to talk you a bit more about what it is you're saying, are you happy for people to reach out, and if you are, how can they do that, to speak directly to you?

**Orla Adams:**

Yeah, sure. So, if people want to email me, you can email me on orlaadams76@gmail.com. So, it's O-R-L-A-A-D-A-M-S 76 @gmail.com.

**Orla Adams:**

A bit like your other guests, I remember Chris Wagner saying it, he said, "Keep pestering me. I won't get annoyed." If I don't respond within a day or two, do pester me again. I won't get annoyed about it, but it will prompt me to come back. I've got quite a lot with MINT at the minute. So, there's a lot in my head.

**Orla Adams:**

I'm also on Twitter, @OrlaAdams, and people often message me in it, and I pick it up quite quickly. So, yeah, there's a couple of ways.

**Glenn Hinds:**

Thank you, and again, just to remind people, if they want to contact us on Twitter, it's @ChangeTalking. On Facebook, it's Talking To Change. On Instagram, it's @talkingtochange podcast, and emails or comments or suggestions for future episodes, direct it to myself and Seb. It's podcast@glennhinds.com. G-L-E-N-N-H-I-N-D-S dot com.

**Sebastian Kaplan:**

Rates and reviews are appreciated. We'd love fours and fives. If you have ones, twos, and threes, we'll accept them, of course, and happy to get all kinds of feedback. Orla, wonderful conversation, and wonderful to talk with you today, and thank you so much for joining us.

**Orla Adams:**

Oh, it's been a pleasure. Thank you so much for having me.

