



Northwest (HHS Region 10)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



FACILITATOR'S GUIDE

Motivational Interviewing: Communication Skills to Support Patient-Centered Care

Slides Developed by Denna Vandersloot, M.Ed
Co-Director

Northwest Addiction Technology Transfer Center

Northwest Addiction Technology Transfer Center
Alcohol and Drug Abuse Institute, University of Washington

www.attcnetwork.org

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Motivational Interviewing: Communication Skills to Support Patient-Centered Care

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Contents

Introduction and course overview pp 2-5

This section includes an overview of the course, learning objectives, materials and equipment, class preparation checklist, classroom set up, and tips for preparing before you teach the class for the first time.

Course presentation pp 6-22

This section contains the scripted slides. Note that the slides have been created to be 508 compliant. If you make any changes and want to be sure you maintain compliance, we suggest you do a Google search for "HHS.gov Accessibility Checklists."

Handout masters pp 23-27

This section contains the masters you will use to make copies for participants; it includes:

- Course agenda
- Participant worksheet: Practice Developing Reflective Statements
- Participant worksheet: Using MI Skills With "Sticky" Situations

Instructor Prep for "Thinking Reflectively" topic pp 28-29

Familiarize yourself with these instructions before you teach the class; they pertain to slide 17 in particular.

Instructor Notes blank page p 30

Introduction

NORTHWEST ADDICTION TECHNOLOGY TRANSFER CENTER

The Northwest Addiction Technology Transfer Center (NWATTC) provides services to develop and strengthen the substance use disorder treatment and recovery workforce in Alaska, Idaho, Oregon, and Washington.

Located at the University of Washington’s Alcohol & Drug Abuse Institute as of October 2017, the NWATTC seeks to accelerate community-based implementation of evidence-based practices (EBPs) for treatment and recovery by:

- Sponsoring training online and in-person to enhance clinical knowledge and skills, and adoption of EBPs,
- Providing intensive technical assistance to support systems change and organizational efforts to implement EBPs,
- Offering consultation for systems-level change in the emerging new landscape for behavioral health care,
- Disseminating science-based information on EBPs, cultural competence, and more.

Course Overview

This is a 90-minute module developed for support staff in a primary care setting.

LEARNING OBJECTIVES

After completing this module participants will be able to:

- Identify the value of Motivational Interviewing as a way of communicating with patients to support patient-centered care.
- Describe the role of listening and empathy in supporting patient’s change efforts.
- Utilize three core MI skills to handle “sticky situations” with patients.

MATERIALS AND EQUIPMENT

MATERIALS	EQUIPMENT
<ul style="list-style-type: none">• PowerPoint® Slides• Course handouts• Scenarios• Extra Pens and Pencils	<ul style="list-style-type: none">• Flip charts• Laptop• LCD Projector• Tape• Bell for timed exercises (optional)

CLASS PREPARATION CHECKLIST

Task	✓
Prepare yourself and the slides - see next section	
Arrange for LCD projector and personal computer; test in advance	
Obtain flip charts and markers	
Copy participant materials. See Handout Masters at the end of this manual	
Review and test PowerPoint; verify that embedded videos work; familiarize yourself with the flow of the animated slides	
Prepare flip charts	
Verify class roster and create or bring materials for name tags	

CLASSROOM SETUP

Arrive early to setup the classroom.

- Arrange tables for ease of small group discussion.
- Provide a flip chart and easel for each table.
- Put agenda on white board or flip chart page so it can be seen throughout the day

PREPARATION – BEFORE YOU TEACH CLASS FOR THE FIRST TIME

It is important to familiarize yourself with the slides and script, as well as reviewing the preparation checklist and practicing timing based on the agenda.

It can also be very helpful to prepare in advance examples from your own experience, and try to anticipate participant responses to various concepts and questions that the course information might pose. Having your own answers, prompts for discussion and ideas regarding how to handle what might come up in the session is an excellent way to prepare.

In particular, take a look at the following slides and script to be sure you are prepared for them:

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Slide 6 - discussion

Slide 10 - optional video and discussion

Slide 12 - animation and examples to prepare

Slide 17 – demo and discussion on reflective listening – see “Thinking Reflectively” instruction sheet at the end of this guide.

Slides 19 to 21 – activity with handout

Slide 23 – option to discuss resistance

Slide 28 – affirmation examples

Slide 30 – activity

Slide 31 - video

Slide 32 – activity with handout

Slide 34 – become familiar with resources

INSTRUCTION NOTES AND SLIDES

The Course Presentation section which follows provides the slides from the PowerPoint presentation as well as suggested script. Use these materials as you prepare for your session. The slides themselves also contain the script in the Notes Page view. In addition, there is an instructor prep sheet at the end of this guide to assist you with the topic of Reflective Listening.

WORKSHOP AGENDA: SCHEDULE FOR ONE DAY SESSION – NEXT PAGE

Motivational Interviewing: Communication Skills to Support Patient-Centered Care

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Learning Objectives -- at the end of this module participants will be able to:

- Identify the value of Motivational Interviewing as a way of communicating with patients to support patient-centered care.
- Describe the role of listening and empathy in supporting patient's change efforts.
- Utilize three core MI skills to handle "sticky situations" with patients.

Time	Agenda Item
	Review of the agenda & module objectives
12:00-12:15	What is Motivational Interviewing and how does it fit? <ul style="list-style-type: none"> ● Definition of Motivational Interviewing (MI) ● MI is a way of <u>being</u> and <u>doing</u> ● Spirit of MI (partnership, acceptance, evocation, compassion) ● The role of support staff in facilitating change discussion
12:15-12:20	Why should you learn MI? <ul style="list-style-type: none"> ● A few reasons learning MI might be helpful in your role ● Examples of agencies implementing the Spirit of MI at first contact and the results
12:20-12:50	MI starts with good listening <ul style="list-style-type: none"> ● The role of empathy in MI ● Communication breakdown (Thomas Gordan's model) ● Reflective Listening Skills ● Practice thinking reflectively ● An example of using reflections in your role ● Practice using reflective listening with a patient statement ● Open-ended questions ● Affirmations
12:50-1:00	Using MI to respond to patient's ambivalence towards making an appointment <ul style="list-style-type: none"> ● Ambivalence is normal when people are making decisions ● Avoid the "righting reflex" ● An example of how you might use reflections to address patient ambivalence
1:00-1:25	Using MI to deal with "sticky situation" <ul style="list-style-type: none"> ● Responding to "complaints/gripes" using reflective listening tools ● Demonstration: using questions and open-ended questions to deal with an angry patient ● Patient scenario practice (Using MI with "sticky situations") - Optional
1:25-1:30	Summary, Next Steps, & Additional Resources

Expected Time: 90 minutes

Trainer tips for delivering this module:

- Affirm and recognize the effective communication skills support staff already use helps increase receptiveness to MI.
- Emphasize the participants' autonomy to decide what will work most effectively in any given patient interaction.
- Share with the group that MI is not always what the situation calls for and they should use their best judgement about when a patient situation might benefit from using MI.

Before you start the presentation take time to:

- Welcome participants
- Review agenda
- Make sure everyone has handouts
- Review logistics
- Do participant introductions and expectations

Note: The script (what to say) is written in normal font. *The instructions for the facilitator (what to do) are written in italic font.*

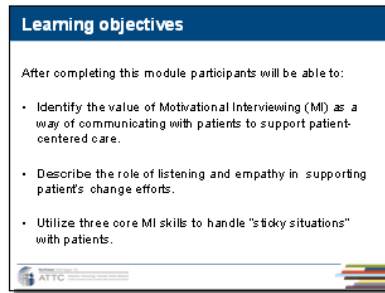
Slide 1



Welcome everyone and thanks for joining us today for this training session.

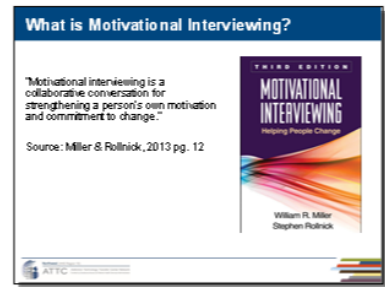
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Slide 2



Here are the learning objectives for this session.

Slide 3



Ask the group: "What do you already know about motivational interviewing or what have you heard about it?" Share the definition on the slide with the group and then emphasize that:

MI is first and foremost a conversation about change, and while it can be used as a clinical intervention, it can also be used to effectively communicate with people and to strengthen relationships. It is within the second context that this MI training will focus.

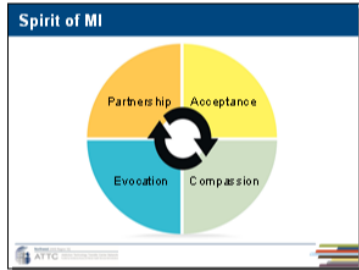
Slide 4



During this training, we will review two key aspects of MI:

- MI as a way of being with others; and
- MI as a way to communicate with others.

Slide 5



Let's take just a minute to talk about the "way of being" that MI promotes or what is referred to as the "Spirit" of MI. The Spirit of MI is made up of 4 key components:

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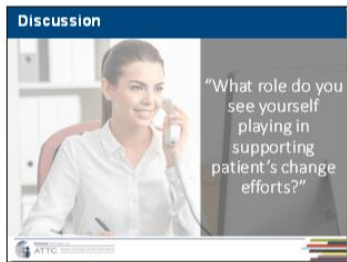
Establishing a **partnership** with the patient – helping the patient have a sense of being supported by all the staff in the clinic. Staff are there to help them get better and promote health.

Providing patients with a sense of **acceptance**. This is accomplished by being non-judgmental and seeking to understand the patient's perspective. Showing **compassion** by being warm and understanding of the patient's struggles and challenges. Demonstrating empathy for the patient.

And finally to pull forth (or what we call **evoke**) their own reasons to make healthy choices (get a flu shot, schedule that next appointment) or, in your case, it might be to ask what is most important to them at the moment or how you can best help them get their needs met, given some of the constraints.

(Source: Miller, W.R. & Rollnick, 2013 Motivational Interviewing 3rd Edition)

Slide 6



Give instructions for this activity by telling the group:

Spend a couple of minutes with someone sitting next to you to answer this question: "What role do you see yourself playing in supporting patient's change efforts?" Make sure to jot down a few of your answers to share with the larger group.

NOTE: Important to define what we mean by change, not necessarily the "big changes," like monitoring blood glucose, or losing weight, but smaller changes like showing up for an appointment, following prescription protocols.

Conduct a large group discussion: ask a few people to share how they answered this question in their dyads.

Why should you learn about MI?

- A key part of this initiative is increasing the likelihood patients will follow through with appointments. Support staff are important in this area.
- Support staff are usually the first point of contact with the patient and the initial interaction can set the tone for the entire visit.
- A recent study of 35,000 doctors nationwide found that 96% of complaints are the result of customer service and only 4% are due to patient care. (Jag & Satin, 2016)
- Most importantly, it may make your job easier!

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Let's look at how learning MI might help you as support staff with your work and increase customer satisfaction.

Bullet 1: Using MI has been shown to increase the number of individuals who successfully initiate and receive behavioral health services. Support staff are the ones setting up these appointments and so knowing some MI skills for dealing with patient's reluctance to schedule the session has the potential to increase referral rates to behavioral health providers.

Bullet 2: "First impressions matter" is also true in healthcare settings. You are usually the first point of contact for patients and their interactions with you may influence their perception of the entire visit.

Bullet 3: 96% of online complaints cite poor communications, disorganization and excessive delays in seeing a physician as the primary cause for dissatisfaction and while support staff may have little control over these aspects of customer service how they interact and deal with "frustrated" patients may influence how the patient walks away from the clinic. MI can provide an opportunity for support staff to engage with frustrated patients in a way that not only increases patient satisfaction, but the staff members' satisfaction as well. [Source: Journal of Medical Practice Management (2016) Authors: Ron Harman King and Neil Baum]

Bullet 4: MI provides a set of communication tools to help clients feel like they are at the center of care (even when the system does not always put them at the center) and it may even make your job easier.

Using the Spirit of MI at first contact


What: Several healthcare organizations involved in a process improvement initiative decided to implement the Spirit of MI into their first contact with patients.

How: Use open-ended questions and empathic conversation to welcome and connect with clients.

Results:

- Mississippi Centers reduced the first appointment no-show rate from 68% to 14%.
- PROTOTYPES reduced first appointment no-shows from 36% to 10%.
- Boston Public Health Commission reduced no-show rate by 41%.

Source: NIATx Promising Practices: www.niatx.net



If you are wondering if your role will really make a difference, here is some data from a study looking at how implementing the Spirit of MI at the first point of contact was able to significantly reduce no-shows and increase the likelihood of the person keeping his or her next appointment.

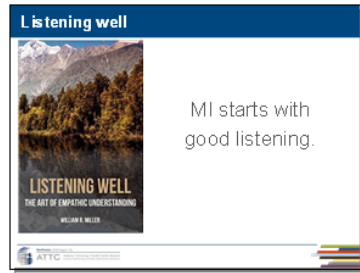
What happens at the front end really can and does influence patient engagement. Several healthcare agencies involved in a process improvement initiative decided to use what is referred to as the Spirit of MI during the first contact (when patients called for an appointment, or when they were asked to schedule an appointment with another person in the clinic).

These were non-clinical staff answering the phones and serving as the first point of contact. They focused on using open-ended questions and good listening skills to demonstrate empathy and connect with the patients. To help the patients feel seen and cared for.

The results were significant around the number of people who showed up for their first appointment after MI was implemented.

[Source: Use the Spirit of Motivational Interviewing during the First Contact. Available at the [NIATx](http://www.niatx.net) website:
<https://niatx.net/promisingpractices/Show.aspx?ID=59&SPNID=32>]

Slide 9



Emphasize during this slide that, while MI is used as a clinical skill, many of the communication skills embedded and described in MI are useful in many areas of a person's life.

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William Miller, the developer of MI recently wrote a book for the general public called *Listening Well: The Art of Empathic Understanding*.

This presentation will focus on these skills more from this perspective versus using them in a clinical context. If, at the end of this presentation, you are interested in learning more about the value and the "how to" of using the communication skills, we will be focusing on today, this book is a great resource.

Slide 10



(Optional to show this video)

A good place to start with digging into the Spirit of MI and how it works is by talking about the concept of empathy. Here is a video developed by the Cleveland Clinic about empathy, I would like you to watch it and at the same time pay attention to what you are thinking and feeling as the video plays.

Debrief after the video with a couple of questions:

What were some of your thoughts as you watched this video? Feelings?
Did any of these examples resonate with you, or what you face in your clinics/settings?

Elicit from the group a definition of empathy

Miller (2018) defines empathy as "the ability to perceive and identify with another's perspective."

Slide 11



While empathy is the ability to perceive and identify with another’s perspective, “accurate empathy” goes a step further to check out whether our guesses about what the person is thinking or feeling is accurate.

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If time permits, you might ask the group what the value of demonstrating accurate empathy is. Some points to elicit and discuss:

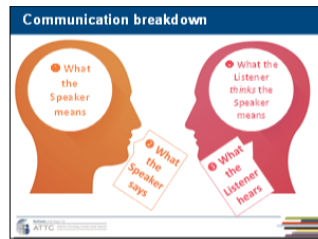
Accurate empathy is “the ability to perceive and communicate, accurately and with sensitivity, the feelings of the person and the meaning of the feelings.” (Miller, W.R., 2018 *Listening Well*: pgs. 4-5)

Empathy creates a powerful connection; when people feel seen and heard, it creates trust and rapport.

Empathic listening helps people explore and gain a clearer and deeper understanding of their experience.

Talk about the differences between empathy and sympathy.

Slide 12



Note: this slide is animated so you can discuss each of the 4 communication points one at a time.

Accurate empathy involves understanding what the other person is trying to tell you and this is essential to demonstrating the Spirit of MI.

Thomas Gordon’s communication model provides a way of thinking about communication in a way that outlines the process of what it takes to demonstrate empathic understanding. Gordon talks about the four places where communication can go wrong:

- 1 Speaker chooses words that do not represent what they actually want to say – they may be feeling or thinking something entirely different from what they actually say.
- 2 They say the wrong words for various reasons (fear of what others will think, language translation issues). The actual words are only a small part of the actual story.

3 The listener hears the wrong words or doesn't fully hear the message (distractions, noise, etc.)

4 The listener interprets a different meaning than the speaker intended (this is the decoding process and there are lots of opportunities for misunderstanding) - By this time Box 4 may be very different from Box 1; but the listener proceeds as if it the same. Accurate empathy is about closing the loop between Box 1 and 4.

Provide an example of what this might look like in day-to-day life to demonstrate how miscommunication happens during this process. Ask the group: "How can we avoid situations like this with our family, co-workers, or patients?" The response you are looking for is "ask the speaker if you have it correctly" or "reflect it."

Accurate empathy closes this loop; so we truly understand what the other person is trying to tell us and in the process we help the other person better understand what he/she is thinking and feeling.

Slide 13



Next, we will be exploring some key MI skills to demonstrate how to express empathy. We will start with the skill of effective listening. Stephen Covey sums up one of the main barriers to listening in this quote.

Slide 14



We will be reviewing these three MI skills:
 Reflective Listening
 Open-ended Questions
 Affirmations
 As a way for you to influence patients and deal with challenging situations.

Slide 15



Demonstrating empathy can strengthen your relationship with patients – we use reflective listening and open-ended questions to do that.

Reflective listening is a skill used in MI to demonstrate empathy and make sure you correctly understand what the other person is trying to communicate with you.

Let's spend a few minutes learning this skill and then explore how you might use it in your interactions with patients to build rapport. You may also use reflective listening to diffuse challenging situations.

Slide 16



Reflective listening involves reflecting back to the person what you think he or she said in a way that captures the meaning of what they were trying to tell you. It is a statement that demonstrates understanding.

Reflective listening shows the person that you care about what they are saying, even if you are not exactly on the mark.

Slide 17

Thinking reflectively: Exercise

1. Split up into triads – 1 speaker and 2 listeners; each person will take a turn being a speaker
2. Each person shares a personal statement, filling in the blank: *One thing I like about myself is _____*
3. Listeners respond with "Do you mean that _____", filling in the blank with their guesses (up to 5).
4. The speaker responds with only "yes" or "no" to each guess.

See *Thinking Reflectively Exercise* Instruction Sheet

We are going to start learning this skill by first thinking reflectively...now, I want to emphasize this is not reflective listening.

I would like you to all think about one characteristic you like about yourself, something that is not concrete (like the color of your hair, eyes, etc.) but something that might be interpreted several ways.

Start by demonstrating what you would like them to do. Offer your own statement to the group:

Something I like about myself is that I am "flexible."

And then ask a few people to complete the statement "Do you mean.....?" and you answer with only yes or no.

Set up the exercise and explain that you will have one speaker and two listeners in the group who can take turns asking "Do you mean that....?"

Questions for debriefing:

What was that experience like for you?

What did you learn?

Where there any surprises?

What problems were encountered?

Slide 18

Using reflective listening

NO:
"Do you mean...?"

YES:
Use a statement, not a question.
Examples: "You..."
"So you..."
"Its like..."
"You feel..."

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Note: this slide is animated so you can make each point for the difference sections of the slide.

Good reflective listening statements are similar to what we just did; yet different from the "do you mean..." questions. They do offer a hypothesis about what the speaker means, but this is done in the form of a statement rather than a question.

This requires at least two specific language changes. First you eliminate any front-end words that mark it as a question, such as "do you... can you..., are you... is it..."

Provide an example: "One thing I like about myself is that I am flexible" Drop "do you mean" and state "You can adapt to challenging situations."

Inflection is important when you are making a reflection. The words may be the same, but the inflection at the end changes a statement into a question. Example "you're angry about what I said?" vs. "you're angry about what I said"


A reflective response is a statement and not a question. Notice the difference: "You're angry at your parents?" versus "You're angry at your parents." Think of reflective listening as hypothesis testing – you are checking your understanding of what the client is saying with a statement, versus asking a question. Clients will correct you if you don't have it right just yet. (Source: TNT Manual, 2014 pg. 76-77)

Slide 19

How might this look in your work?

Patient: I thought since my appointment was the first thing in the morning I wouldn't have to wait so long.

Reflection: One of the reasons you made your appointment for 8:00 a.m. was to avoid the wait and you're frustrated it is taking so long to get in.



Two part slide – next slide continues this patient conversation.

Discuss the value of making a reflective statement in the situation described in the next two slides.


This may just be the start of the conversation, but the reflection helps the person to feel heard and understood.

Slide 20

How might this look in your work?

Patient: I would really like to see my regular doctor, but I guess she won't be available next month.

Reflection: I get it, it's hard to see a new doctor.




Slide 21

Your turn to practice

Statement 1:
Patient: I'm so glad I was able to get in today, I really needed to be seen.
• Come up with two reflections for this patient statement.

Statement 2:
Patient: I hope I don't have to wait forever to see the doctor today.
• Come up with two reflections for this patient statement.



*Note: this should take 5 minutes with debrief -- refer participants to the **handout** so they can jot down their thoughts and ask them to find a partner and develop two possible reflections to respond to each of the patient statements on this slide.*

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As you work on these, keep in mind that these can be short and to the point; a longer reflection is not a better reflection.

Give them about 2-3 minutes to do this and then bring them back together as a group and ask for a few of the dyads to share what they came up with.

Slide 22

Open ended questions

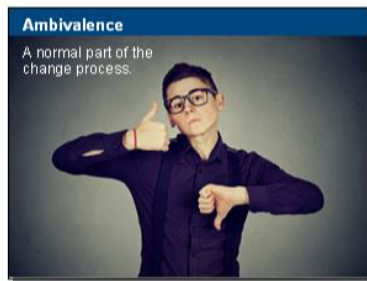
- Gather broad descriptive information
- Require more of a response than a simple yes/no or fill in the blank
- Often start with words such as:
 - "How ..."
 - "What ..."
 - "Tell me about ..."



Another skill that can be useful, when the situation calls for gathering more information, is using an open-ended question. Open-ended questions demonstrate you are interested in the patient's perspective and you want to make sure they get the care they need.

Provide a few examples contrasting open-ended questions from closed-ended questions and ask how this skill might be helpful for support staff.

Examples: "Are you having a good day?" (closed question) "How is your day going so far?" (open-ended question)



A key concept in MI is understanding the role of ambivalence in the change process. Elicit from the group their understanding of the word "ambivalence"?

In MI the skills of open-ended questions and reflections are used to help people resolve their ambivalence in the direction of change.

Ambivalence is a normal part of the change process how we treat and respond to ambivalence is key. Most of the time when we think about doing something new or changing a behavior, we feel some ambivalence. We have some reasons to make the change and some reasons not to make the change. Often, we have competing motivations "I want to avoid having the flu, but I don't like shots and I am afraid the flu shot will make me sick."

When someone is ambivalent about change it is important that they make the arguments for change, not you, even if it is just around scheduling an appointment.

Slide 24



Now consider what happens when a person who is ambivalent meets someone with a righting reflex.

Explain what the righting reflex is: The righting reflex is when we want to help another person make the right choice. This is what kicks in when we start offering someone advice, or ideas for change, or warn them about all the bad things that might happen if they don't change. It assumes a directive style and tries to convince or persuade someone to make the change.

For example, if someone says, "I really don't want to get a flu shot" and you say, "You really should get it, you at high risk." This may just result in the person telling you all the reasons he or she shouldn't get one. Which makes it less likely that the person will get a flu shot.

You may also talk about the concept of resistance, where if you don't push back the resistance drops. is just around scheduling an appointment.

Slide 25

MI and ambivalence – example 1

Apatient has been asked to by his doctor to make an appointment to see the behavioral health provider and you can tell he doesn't really want to do it.

Patient: Dr. Mautner wants me to make an appointment with the behavioral health provider to talk about my anxiety. But I don't know if I really want to.

Support staff: You are not sure you want to make this appointment and at the same time you really want some help with your anxiety.

Patient: Yeah I really do.

Share these two scenarios to demonstrate how these two MI skills might be used to help a person resolve his or her ambivalence.

Slide 26

MI and ambivalence – example 2

Support staff: What might be the advantage of at least seeing a behavioral health provider for one session?

Patient: I guess it wouldn't hurt to check it out.

Support staff: That's great that you are willing to give it a try, for at least one appointment. Should we go ahead and schedule you?

Slide 27

Affirmations

- Affirm the patient's efforts, strengths, abilities, values, & skills.
- A good affirmation is:
 - Specific
 - Genuine
 - Relevant to the conversation
 - Based on good listening

STRENGTHS

Affirmations recognize and affirm a client's strength and inherent worth. Affirmations are also an effective way to help a patient feel seen and heard. *Briefly discuss what a "good affirmation" sounds like.*

Slide 28

Affirmations – a few examples

"You are a great advocate for your Mom."

"Being responsible and timely is important to you."

"Your time is valuable."

"You have been really patient with this process. Thank you."

"Your diligence around making sure your insurance will cover your services is impressive."

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Here are some examples of what an affirmation might sound like.

Slide 29

Using MI skills to deal with "sticky situations"

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Now we will explore how you might use these MI skills to deal with "sticky situations."

Slide 30



Note: It can be helpful to demonstrate this exercise first to the group before asking them to do it.

Using reflective listening can be helpful in "sticky situations" with patients who are unhappy. Let's try it together, and here are your instructions:

One person talks for 1 minute about something they are really frustrated about at home, or at work.

The other person listens closely for the values underlying the gripe session. What is important to the person? What do they value?

When time is called, the listener will provide a reflection of the values underlying the frustration expressed. Switch roles.

*Debrief in the larger group by posing these questions to the participants:
Listeners, what was it like to focus solely on the underlying values?
Speakers, what was your experience of having your values reflected back to you?*

Slide 31




Now let's watch Stephen Rollnick, one of the developers of MI, use these MI skills with a patient who is upset about the time he has had to wait to be seen for his appointment.

Keep in mind as you watch this, that while it is unlikely you would be dealing with a patient in this exact type of scenario, the skills Dr. Rollnick is using, could be used in very brief interactions with frustrated, angry patients to defuse situations.

Slide 32

Practice session

- Form groups of three and you will each be assigned a scenario.
- Practice using the MI skills you have just learned about on this worksheet to respond to a "sticky situation" with a patient.
- Be prepared to share one or two of your favorite responses with the regular group.
- Debrief in the large group.



Optional activity if time allows and the group seems interested in this level of practice (this activity could easily take 15 minutes or longer)

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*If time is short, and you want to do this practice session, one option is to assign each group one of the scenarios on the "sticky situation" **worksheet**.*

Slide 33

Let's review

- Motivational interviewing supports a lot of work we are all doing in the clinics.
- MI is a way of helping people that helps to stand support change efforts.
- Empathy is at the heart of MI and that can be demonstrated by listening well.
- Using reflective and open-ended questions can really help you deal with sticky situations.



Let's review now. Ask a participant to read one of these aloud to the group.

Slide 34

Resources for more on MI

- Talk with your clinic's MI champion and/or your behavioral health specialist (if you are in a clinic setting) if you have additional questions.
- The book "Listening Well: The Art of Empathic Understanding" by William Miller is a great resource for the non-clinician. Available at Amazon.
- If you want to take an introductory MI course, try the 4-hour self-paced course called "Tour of Motivational Interviewing", available for free at healthknowledge.org (search for MI from the home page).



Here are a few additional ways you can learn more about MI.

Slide 35



Before we send you down the road, what final comments or questions do you have?

Slide 36

Thank you for your time and attention!

gracias cárn on bạn 非常感谢您
 salamát ڤساراً جزيلاً salamat ڤساراً جزيلاً
 Dziękuję Ci **Thank you!** ευχαριστώ
 quyana tack 謝謝
 धन्यवाद danke 非常感谢您 asante grazie
 hik'uu? merci תודה obrigado 非常感谢您
 ありがとうございます 非常感谢您 mahalo



Thank you for your time and attention!

HANDOUT MASTERS

Use the next three pages to prepare copies for each participant in advance

- **Agenda**
- **Practice Developing Reflective Statements**
- **Using MI Skills With “Sticky” Situations Worksheet**

Motivational Interviewing: Communication Skills to Support Patient-Centered Care

Learning Objectives: At the end of this module participants will be able to:

- Identify the value of Motivational Interviewing as a way of communicating with patients to support patient-centered care.
- Describe the role of listening and empathy in supporting patient's change efforts.
- Utilize three core MI skills to handle "sticky situations" with patients.

Time	Agenda Item
	Review of the agenda & module objectives
12:00-12:15	What is Motivational Interviewing and how does it fit? <ul style="list-style-type: none"> ● Definition of Motivational Interviewing (MI) ● MI is a way of <u>being</u> and <u>doing</u> ● Spirit of MI (partnership, acceptance, evocation, compassion) ● The role of support staff in facilitating change discussion
12:15-12:20	Why should you learn MI? <ul style="list-style-type: none"> ● A few reasons learning MI might be helpful in your role. ● Examples of agencies implementing the Spirit of MI of MI at first contact and the results.
12:20-12:50	MI starts with good listening <ul style="list-style-type: none"> ● The role of empathy in MI ● Communication breakdown (Thomas Gordan's model) ● Reflective Listening Skill ● Practice thinking reflectively ● An example of using reflections in your role ● Practice using reflective listening with a patient statement ● Open-ended questions ● Affirmations
12:50-1:00	Using MI to respond to patient's ambivalence towards making an appointment <ul style="list-style-type: none"> ● Ambivalence is normal when people are making decisions ● Avoid the righting reflex ● An example of how you might use reflections to address patient ambivalence
1:00-1:25	Using MI to deal with "sticky situation" <ul style="list-style-type: none"> ● Responding to "complaints/gripes" using reflective listening tools ● Demonstration: using questions and open-ended questions to deal with an angry patient ● Patient scenario practice (Using MI with "sticky situations") - Optional
1:25-1:30	Summary, Next Steps, & Additional Resources

Practice developing reflective statements

Statement 1:

Patient says: *"I'm so glad I was able to get in today, I really needed to be seen."*

Come up with two reflections for this patient statement.

Statement 2:

Patient says: *"I hope I don't have to wait forever to see the doctor today."*

Come up with two reflections for this patient statement.

Using MI skills to deal with “sticky situations” worksheet

1. A patient is checking in for their appointment and you ask, “How are you today, Mr. Brown?” and he responds with *“Pretty lousy, this is the third time I’ve had to come in for this chest cold. I’m tired of being sick. I hope I don’t have to wait a long time for my appointment today, I’m just not up for that.”*

Write an empathic reflection you could offer to Mr. Brown:

2. A patient (Ms. Gonzales) arrives 20 minutes late for her appointment and she is very upset when you explain that you will need to reschedule her appointment and the soonest that you have available is a week from today. This is the second time this month she has been late for an appointment at this clinic. She says, *“I really need to see the doctor today, I can’t wait another week. It’s not my fault the bus was is always late.”*

Write a reflective statement you might offer to Ms. Gonzales to demonstrate understanding:

What are some open-ended questions you might ask Ms. Gonzales to help her plan accordingly so she won’t be late next time?

3. A patient (Mr. Landefeld) is very upset to find out that due to the policies and procedures for requesting a refill on his prescription he is going to need to wait at least two days before he can get his prescription refilled. He says to you, *“This is a bunch of crap, I need that prescription today what do you think I have all the time in the world to drive back here in two days to pick it up.”*

Write a statement to demonstrate empathy to Mr. Landefeld and his situation:

What are some open-ended questions you might ask to help Mr. Landefeld better understand our refill policies and follow them the next time he requests a refill?

4. A patient’s daughter, Ms. Bloom, calls to discuss a billing issue regarding the services that were provided to her father. She is very persistent and knowledgeable about what Medicare is supposed to cover and she is frustrated that her father keeps receiving a bill for the service. She starts getting angry on the phone and says, *“I really need to speak to someone who can sort this out, this is the FIFTH time I have called about this same billing issue, my dad has enough stress without having to worry about finances.”*

Write an affirmation/reflection you might say to Ms. Bloom to diffuse the situation:

INSTRUCTOR PREP: THINKING REFLECTIVELY

The following sheet provides instructions on how to conduct the discussion and exercise for the section on Reflective Thinking. Review it as part of your preparation for teaching the course.

* Explain that there is a way of *thinking* that accompanies good reflective listening. It includes, of course, interest in what the person has to say, and respect for the person's inner wisdom. The key element at this point, however, is a *hypothesis testing* approach to listening - the knowledge that what you *think* a person means may not be what he or she really means.

* A good reflective listening response tests a hypothesis. It asks, in a way, "Is this what you mean?"

* Draw Thomas Gordon's model of listening on the board or use the slide and explain it briefly. The point is that there are at least three places where even a single communication can go wrong.

Model from Thomas Gordon (Parent Effectiveness Training):

(See Slide #)

* Communication can go wrong because:

(1) The speaker does not say exactly what is meant

(2) The listener does not hear the words correctly

(3) The listener gives a different interpretation to what the words mean

* The process of reflective listening is meant to connect the bottom two boxes (4), to check on whether "what the listener thinks the speaker means" is the same as "what the speaker means."

Preparation:

Have each participant be prepared to share one personal completions of the sentence "One thing that I like about myself is that I . . ." These statements should emphasize relatively abstract personal characteristics (which lend themselves to greater ambiguity and discussion) rather than concrete attributes (e.g., "One thing that I like about myself is that I am tall").

Commentary:

This exercise teaches an approximation to reflective listening, and emphasizes how a listener can generate multiple hypotheses as to what a speaker may mean in any given statement.

Briefing:

1. Participants in each triad are to take turns, in rotation, saying one of their sentences to their two partners.

2. When a speaker has offered a sentence, the other two serve as listeners and respond by *asking questions* of this form: "Do you mean that you _____?"

3. The speaker responds to each such question *only* with "Yes" or "No." No additional elaboration is permitted. [An alternative is to allow the speaker to say "Warmer" or "Colder".]

4. Demonstrate this by offering a personal example to the audience, and having trainees ask you "Do you mean that you . . . ?" questions. Respond only with "Yes" or "No."

Example:

YOU: One thing I like about myself is that I'm organized.

TRAINEE: Do you mean that you keep your desk tidy?

Y: No!

T: Do you mean that you manage your time well?

Y: Yes.

T: Do you mean that you always know where to find things?

Y: No.

T: Do you mean that you manage to get a lot done?

Y: Yes.

T: Do you mean that you are a good planner?

Y: Yes.

T: Do you mean that you're difficult to live with?

Y: ... Yes.

5. Instruct the triads to begin this process, generating at least five different "Do you mean . . ." questions for each statement that is offered. When questioning for one statement seems to have reached an end, rotate on to the next person, who becomes the speaker while the other two generate questions. Ask groups to stay on task and not stop for discussion. Circulate among groups to reinforce, clarify, give examples, and make suggestions. Allow about 20 minutes for this exercise; adjust time as needed, depending on progress.

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Debriefing:

In a large group, ask for comments on this experience. What did the participants learn? What surprises were there? What was it like to be the speaker? Usually there are comments here

about the speaker's wanting strongly to elaborate and explain, which is a good illustration of how

the reflective process, even at this simple level, pulls for more exploration. What problems were encountered? Highlight how many different meanings a seemingly simple statement can have (the number of different "Yes" answers), as well as the fact that many early guesses are wrong ("No" responses). Point out how each guess receives immediate feedback ("Yes" or "No") in this exercise, which also happens during good reflective listening. Common themes during debriefing are:

Satisfaction. The speaker felt good, understood.

Frustration. That it is frustrating to be able to say only "Yes" or "No" because the speaker wants to say more. This is a good example of how even this simple level of reflection pulls for self-disclosure.

Fascination. It's amazing how easy it is to miss, and how many different things can be meant. Speakers may have the experience that it made me think of things I hadn't considered. Again, that is an effect of reflection, even at this simplistic level.

With the background of how to *think* reflectively and generate alternative hypotheses about meaning, the next step is to teach trainees how to form good reflective-listening statements.

