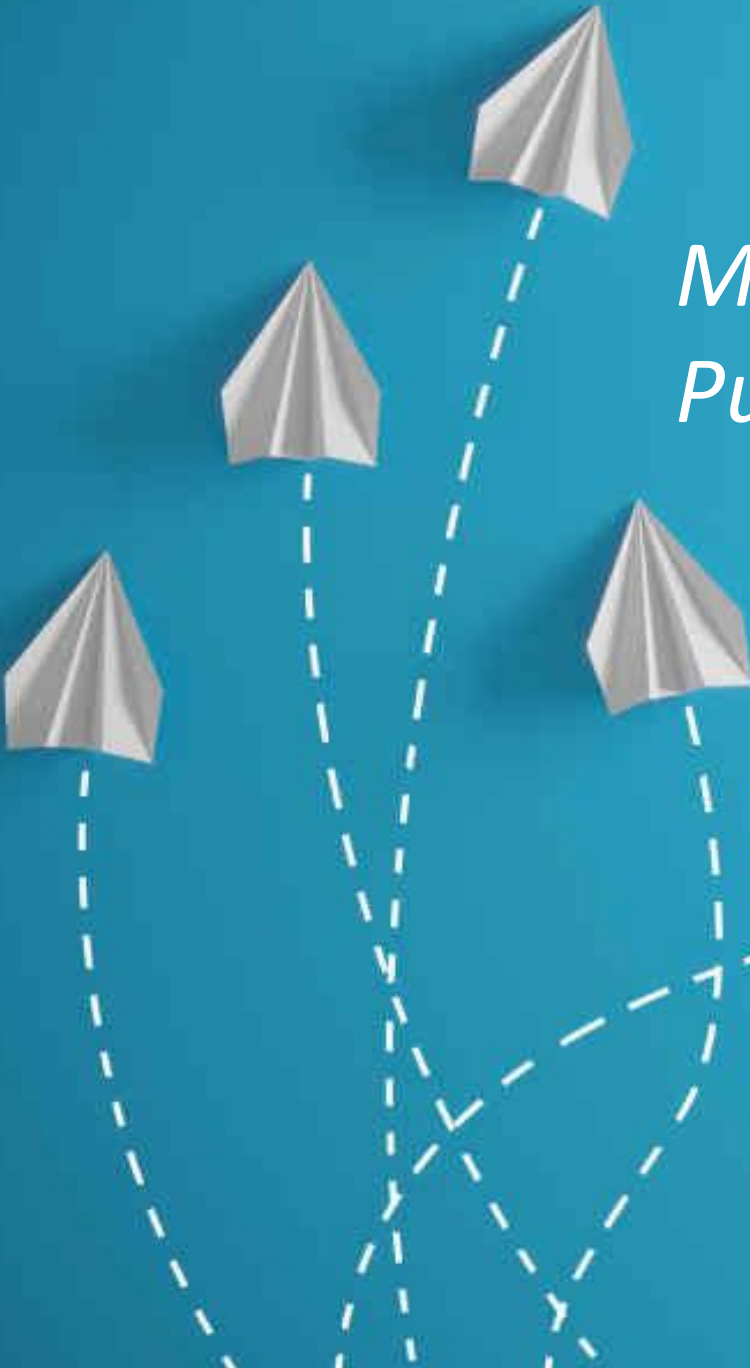




Motivational Interviewing- Putting it into practice



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Land Acknowledgement

We would like to begin with a heartfelt acknowledgement of the land on which SickKids operates.

For thousands of years, it has been the traditional land of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River.

Today, Toronto is home to Indigenous Peoples from across Turtle Island.

SickKids is committed to working towards new relationships that include First Nations, Inuit, and Metis peoples, and is grateful for the opportunity to share this land in caring for children and their families.



*We have no disclosures
to declare.*

Workshop Objectives



Use MI when you have little time



Identify where most providers get stuck (focus and evoke)



Dance with discord



Solidify a change plan



The spirit of MI

Fundamentals of MI – OARS+1

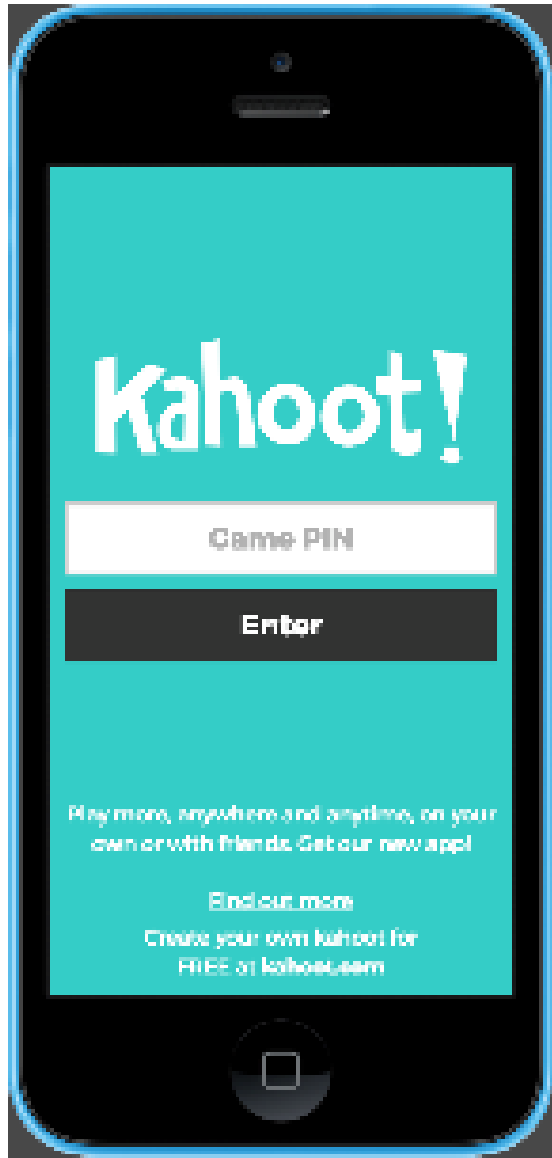
- Open ended questions
- Affirmations
- Reflections
- Summary statements
- Information exchange



It's all about -

**Change
Talk**

The logo for 'Change Talk' features the word 'Change' in a bold, black, sans-serif font. Below it, the word 'Talk' is in a bold, blue, sans-serif font. A blue speech bubble graphic is positioned behind the word 'Talk', with its tail pointing towards the bottom right.



Using Kahoot

- Please go to Kahoot.it on your phone or your computer
- Enter the pin number on the screen
- Create a fun alias username (top scorers usernames are shown)
- Play along and have fun

Four processes of MI

Engaging- establishing a safe place

Focusing- coming to understand what matters most to the client and defining an agenda for moving forward

Evoking - calling forth the client's reasons for changing and reaching commitment for action

Planning- putting into place the methods by which the client will act on this commitment



What to do when there is little time...

ENGAGE

- Introduce self and role
- "What brings you in today?"
- "What are you hoping to get out of this appointment?"
- Summarize and let the patient know the allotted time for the appointment

FOCUS

- "If it's alright with you, I have a sheet of paper with different changes that patients often make. What jumps out at you, if anything, as a change you might be interested in making?"

EVOKE

- "Why did you select that particular change?"
- "How would that change make your life better?"
- "How interested are you in making that change on a scale from 0-10, with 0 being not at all interested and 10 being very interested? Why did you select that number?"
- Reflect and summarize change talk

PLAN

- "How might you go about making the change?"
- "Would you be interested in hearing other strategies that have worked for other patients attempting to make that same change?"
- Offer ideas
- "Which of these strategies if any interest you?"
- "How do you see that fitting into your life?"
- "How confident are you that you can make that change from 0-10, with 0 being not at all confident and 10 being very confident? Why did you select that number?"
- "What might keep you from following through with your plan? What ideas do you have for overcoming those barriers?"
- Summarize change talk, highlighting the patient selected behaviour change

Patient vignette #1

thinking of change

- 15 y.o. female referred for chronic pain
- Has struggled with pain since grade 7
- Her pain has affected school attendance and academic achievement
- She is also struggling socially
- Mood is low
- Parents are supportive and concerned for her health

Script

Engage-

HCP: Good afternoon. It is good to see you again. Did you catch the latest episode of Stranger Things? I was really surprised by the end.

P: Yeah- I knew that was going to happen. The main characters always live.

HCP: Looks like we have about 30 minutes to talk. If it is okay with you, I'd like to use this new sheet in which I have filled in several bubbles of what I think would be important for us to talk about, but I have also left a couple blank for you to add in what if anything else you'd like to address.

Focus-

P: Sure. Those look okay and I also was hoping to talk to you about the stretches the physiotherapist talked about

HCP: Great. Let's make sure we save some time to talk about that. Which other bubble are you willing to talk about today?

P: Hmmmmmm . . . Maybe getting to school more often?

- HCP: Okay that sounds good. What does your school week look like these days?
- P: I am getting to school maybe 2-3 days a week. My pain gets in the way, especially in the morning. I just can't be at school on those days.

Evoke:

- HCP: Even though your pain makes things difficult, you are persevering and showing up when you can. It sounds like going to school is important to you. Tell me a little bit about why you've chosen this?
- P: I realized that I am missing out on a lot. I am having a harder time keeping up with my friends and my grades are not where I want them to be.
- HCP: You don't like how things are going – it's upsetting to you, and you want make a change. Does that sound right?
- P: Yes – I am tired of feeling horrible all the time. I don't want to feel this way anymore.

Plan-

- HCP: You don't want to feel this way anymore. It's important to you to make this change. What do you think is a good first step?
- P: Maybe I could go for part of the day on the days I feel unwell.
- HCP: It sounds like you've thought about this for a while and are at the action phase. You really want to make a go of it.
- P: Yes, I am ready to make it happen.
- HCP: That's great. What do you think you need to put in place to make it happen.
- P: Maybe I should talk to my teachers about the plan and if my mom could take me to school that might help?
- HCP: That sound good. When will you start and is there anything that you think might get in the way?

But what if the
patient encounter is
not so easy?

Focus and Evoke
is where we often get stuck



Patient vignette #2

low motivation

- 13 y.o., male with ADHD referred for pain management
- History of being bullied for size starting in middle school
- Intermittent school refusal
- High use of screens and related poor sleep
- Attending appointments only because parents are insisting

Script

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P: Yeah- I knew that was going to happen. The main characters always live.

HCP: Looks like we have about 30 minutes to talk. If it is okay with you, I'd like to use this new sheet in which I have filled in several bubbles of what I think would be important for us to talk about, but I have also left a couple blank for you to add in what if anything else you'd like to address.

P: If I have to. . . I'd rather not. I have a lot to do.

Techniques for Dancing with Discord

Reflections

- Surface reflections
- Deeper reflections
- Double-sided reflections
- Amplified reflections

Strategic elements

- Emphasizing personal choice and control
- Shifting focus

Advanced techniques

- Reframing
- Agreement with a twist
- Coming alongside



Techniques for Dancing with Discord

Surface Reflections

Stay close to content, keep the conversation moving, consider carefully on which elements to focus

Deeper Reflections

Go below the surface, help understand what might lie beneath

Double-sided Reflections

Include both sides of the ambivalence
(try using “yet”, “and”, or “but”)



Amplified Reflections

Add some intensity to the resistant part of the statement
(try “there is no way” or “you can’t possibly”)

"If I have to . . . I'd rather not. I have a lot to do."

**Surface
Reflections**

You have a lot on your plate.

**Deeper
Reflections**

You have a lot of your plate and talking about this stuff is hard.

**Double-sided
Reflections**

On the one hand you'd rather not be here but on the other you are willing to come even if just to keep your parents of your back.

**Amplified
Reflections**

There is no way you can do what you have to do and take care of your health.



Techniques for Dancing with Discord

Reframing

Place a client statement in a new light/perspective

(For example- multiple past failures in changing behavior are reframed as continued commitment to making life better)

Agreement with a twist

Involve either a reflection or a statement of agreement followed by a reframe

(a lot like a double sided but usually includes something like “I totally agree and yet”)

Coming alongside

Acknowledge this may not be the right time, place or circumstance for change

(use with caution)



“If I have to . . . I'd rather not. I have a lot to do.”

Reframing

Even though you have a lot to do, you came to this appointment because you know it is important to your parents and to your health.

**Agreement
with a
twist**

I agree it's really hard to take time out to come to an appointment like this when you are busy. I am impressed that you pushed through and came.

**Coming
alongside**

You're not sure how you feel about shifting some of your time and attention to your health



Techniques for Dancing with Discord

Emphasizing personal choice and control

Remind the client that only they can choose to change their behavior

Shifting focus

Acknowledge that the current area feels unproductive and that a shift may feel more helpful
(offering an agenda menu may be helpful)



"If I have to . . . I'd rather not. I have a lot to do."

**Emphasizing
personal choice
and control**

You know best everything you need to get done. At the end of the day, it's your choice on what you want to focus on and what you want to change.

Shifting focus

It seems like you are not sure what should take priority right now. Perhaps we should shift and talk about what your own goals are. Does that sound good to you?



Script

HCP: Looks like we have about 30 minutes to talk. If it is okay with you, I'd like to use this new sheet in which I have filled in several bubbles of what I think would be important for us to talk about, but I have also left a couple blank for you to add in what if anything else you'd like to address.

P: If I have to . . . I'd rather not. I have a lot to do.

HCP: You know best everything you need to get done. At the end of the day, it's your choice on what you want to focus on, if you want to change anything or if you are okay with everything just the way it is.

P: No, I want to be able to keep up with my friends.

HCP: It's important for you to address your health so that you can do the things you want like being active with your friends.

P: Yes, but I can't do anything about it because I never feel well. My stomach always hurts.

Techniques for Dancing with Discord

Surface reflections Stay close to content, keep the conversation moving, consider carefully on which elements to focus

Deeper reflections Go below the surface, help understand what might lie beneath

Double sided reflections Include both sides of the ambivalence
(try using “yet”, “and”, or “but”)

Amplified reflections Add some intensity to the resistant part of the statement
(try “there is no way” or “you can’t possibly”)

Reframing Place a client statement in a new light/perspective
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Coming alongside Acknowledge this may not be the right time, place or circumstance for change
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Emphasizing personal choice and control Remind the client that only they can choose to change their behavior

Shifting focus Acknowledge that the current area feels unproductive and that a shift may feel more helpful (offering an agenda menu may be helpful)

“Yes, but I can't do anything about it because I never feel well.
My stomach always hurts”

Surface reflections

It's hard to make changes or be active when you don't feel well.

Deeper reflections

You don't feel well but you really want things to change. It's important to you.

Double sided reflections

On the one hand you feel like you can't make changes because you feel so unwell and on the other you know you won't feel better until you make some changes. You need things to change to feel better.

Amplified reflections

There is just no way you can make it happen right now. OR
It's impossible at this time to make changes.

Reframing

You handle a lot every day and are still standing. You are strong person.

Agreement with a twist

Yes, the stomach pain causes you to pause. You're not sure how to work around it yet. Would it be okay if I share some ideas from other patients on how they have moved forward when feeling unwell?

Coming alongside

I hear you. Your pain is making it difficult for you to do what you really want to do.

**Emphasizing personal
choice and control**

Only you can know when it is possible to make the changes.

Shifting focus

It seems like we are both stuck in thinking of solutions here. Perhaps we should shift our focus a bit.

Example from group

Surface reflections

Stay close to content, keep the conversation moving, consider carefully on which elements to focus

Deeper reflections

Go below the surface, help understand what might lie beneath

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Acknowledge that the current area feels unproductive and that a shift may feel more helpful (offering an agenda menu may be helpful)

What to do when there is little time...

ENGAGE

- Introduce self and role
- "What brings you in today?"
- "What are you hoping to get out of this appointment?"
- Summarize and let the patient know the allotted time for the appointment

FOCUS

- "If it's alright with you, I have a sheet of paper with different changes that patients often make. What jumps out at you, if anything, as a change you might be interested in making?"

EVOKE

- "Why did you select that particular change?"
- "How would that change make your life better?"
- "How interested are you in making that change on a scale from 0-10, with 0 being not at all interested and 10 being very interested? Why did you select that number?"
- Reflect and summarize change talk

PLAN

- "How might you go about making the change?"
- "Would you be interested in hearing other strategies that have worked for other patients attempting to make that same change?"
- Offer ideas
- "Which of these strategies if any interest you?"
- "How do you see that fitting into your life?"
- "How confident are you that you can make that change from 0-10, with 0 being not at all confident and 10 being very confident? Why did you select that number?"
- "What might keep you from following through with your plan? What ideas do you have for overcoming those barriers?"
- Summarize change talk, highlighting the patient selected behaviour change

Developing a change plan



Change Plan Worksheet

My reasons for making this change are:

Here are my goals in making this change:

Here is how I am going to do it:

Specific action:

When:

How:

Here are some ways others can support my change:

Three people who can support my change

- 1.
- 2.
- 3.

Two people who have made a similar change

- 1.
- 2.

One person I can count on for immediate help

- 1.

What are some challenges I might encounter and how will I handle them?

If this challenge ...

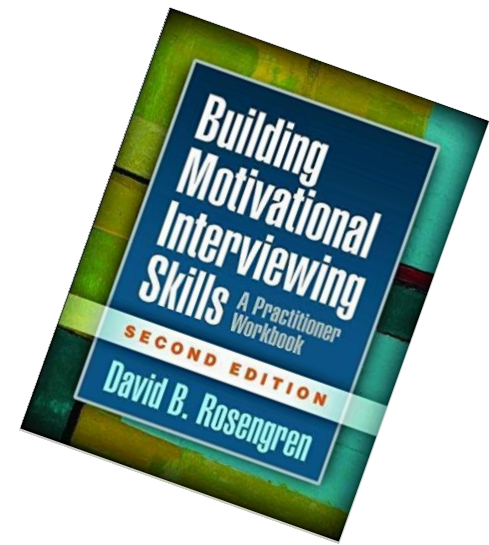
How I might use this person's support

How I might use this person's support

How I might use this person's support

Then I will ...

I will know my plan is working when I see these results:



When a client is not ready to change

- Avoid the trap of pressing for it
- Switch back to OARS and leave the door open for revisiting
- **“Set the Alarm”** – acknowledge the client’s position
“It sounds like you aren’t quite ready to take this on now. As you look down the road, when can you see this happening? What would need to happen for that to occur?”
- Avoids discord and encourages clients to take an active rather than passive role in looking to the future



Practice change planning with a colleague:

1) Think of one change that you would like to make. It should be one that you don't have too much ambivalence about, but you also have not actually made it happen. Perhaps there are many barriers, but the will is there.

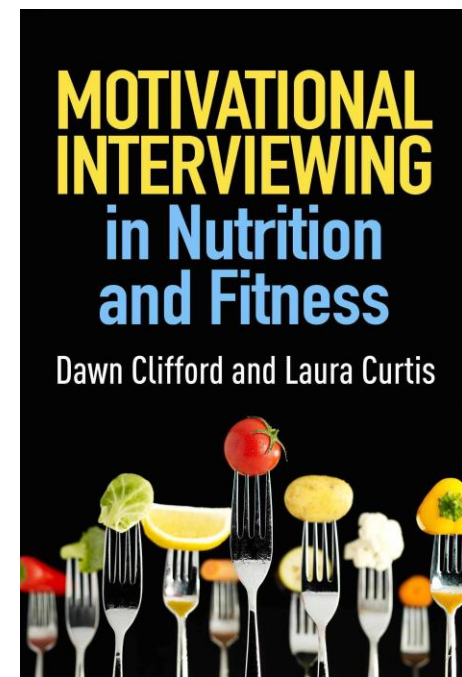
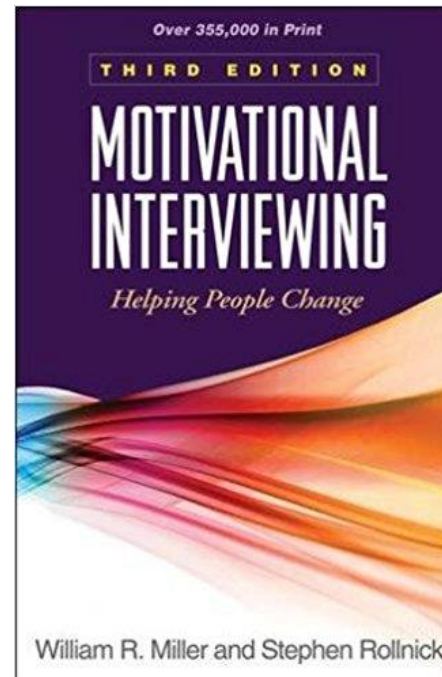
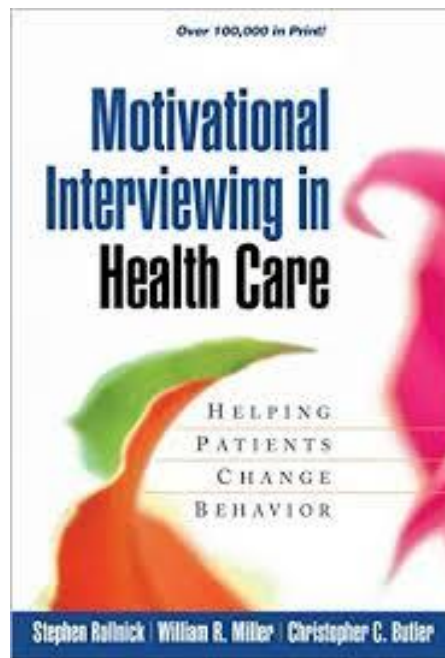
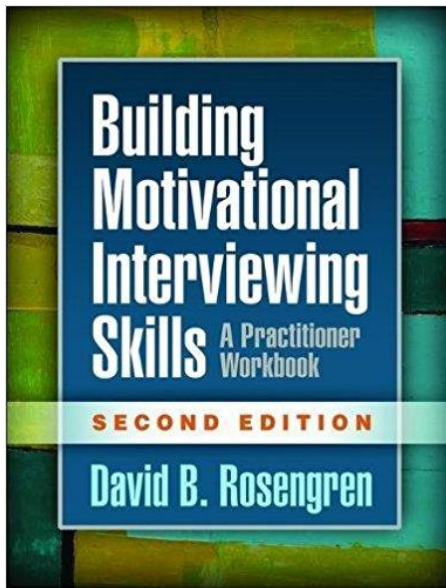
2) Find an MI partner. Assign one person to be the provider and the other the client.

3) Using MI strategies (including the change plan cheat sheets) the provider will lead the conversation to:

- Determine readiness
- Plan for change (transition summary, what's next?)
- Make a plan (SOARS)

4) Switch roles and repeat

Resources



Acknowledgements

OPBN

The Ontario Pediatric Bariatric Network



SickKids[®] | Centre for
Healthy Active Kids



Questions?

“ I am usually just trying to survive each day. I just don’t think I can make these changes.”

Surface reflections

It’s hard to make changes with so much going on.

Deeper reflections

You are trying to figure out how you can make these changes a priority when you have so many things going on.

Double sided reflections

On the one hand you feel like these changes are just not possible but on the other hand you really feel they are important.

Amplified reflections

There is just no way you can make it happen. OR
It’s impossible at his time.

Reframing

You handle a lot every day and are still standing. You are strong person.

Agreement with a twist

Yes, you have a lot going on. I agree it will be hard and yet I see how motivated you are for something to change.

Coming alongside

I hear you. You are saying this is an especially stressful time and you are worried that change will be hard.

**Emphasizing personal
choice and control**

Only you can know when it is possible to make the changes.

Shifting focus

It seems like we are both stuck in thinking of solutions here. Perhaps we should shift our focus a bit.

Cheat sheets

1. MI Fundamentals: OARS+1 & DARN CAT
2. Dancing with Discord
3. SOARS

- Open ended questions
 - Affirmations
 - Reflections
 - Summary statements
 - Information exchange
-
- Desire – Why do you want to make this change?
 - Ability – How might you be able to do it?
 - Reasons – What is one good reason for making the change?
 - Need – How important is it and why (0-10)?
-
- Commitment – What do you intend to do?
 - Activation – What are you ready and willing to do?
 - Taking Steps – What have you already done?

Techniques for Dancing with Discord

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Coming alongside

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Emphasizing personal choice and control

Remind the client that only they can choose to change their behavior

Shifting focus

Acknowledge that the current area feels unproductive and that a shift may feel more helpful (offering an agenda menu may be helpful)

When you are working on **S**etting goals:

- How would you like things to be better?
- What specifically are you hoping will change?
- What do you see as the first change?

When you are sorting **O**ptions:

- What have you considered doing?
- What's worked for you before?
- What have you heard other people do?

When you are trying to **A**rrive on a plan:

- What's the first step?
- How will you know when it's time to implement this strategy?
- Who might support you in this process?

When you are **R**eaffirming commitment:

- What do you think might get in your way and how will you handle them (if/then)?

When you are **S**upporting change:

If the client does not commit - set the alarm:

- When could you see this changing?
- What would you need to change for this to feel like this now is the time?
- What things will you watch for to know when that time has come?

When you are **S**upporting change:

If the client commits – use 4 Rs:

1. **Re-planning** (as needed, modify plan with changing conditions; acknowledge partial successes)
2. **Reminding** (call to mind reasons for making the change)
3. **Refocusing** (if goal is achieved, priorities shift, or issues come up, shift into core skills and discuss)
4. **Re-engaging** (signs of disengagement, address directly with