Key "Take-Aways":

- 1. Use curiosity the engage the patient. What is important to them?
- 2. Remain non-judgmental and ask open-ended questions.
- 3. Understand what the patient wants to change. Link that to their substance use to increase motivation for change.
- 4. Avoid telling patients what to do.

Presentation Transcript:

Hi. Today, we're going to talk to you about clinical provider quick tips, and we're going to talk about addressing stimulant use in primary care settings. My name is Joy Chudzynski. I'm a licensed clinical psychologist and I work with the Department of Family Medicine at UCLA, and I work with family medicine residents and physicians and mental health providers on how to help engage patients in treatment, especially around substance use, mental health, and other chronic medical conditions. What we are going to talk about today is how to use motivational interviewing and some strategies within motivational interviewing to help increase engagement in care.

My takeaway tips that you'll see throughout the presentation are:

- **Use curiosity** to engage the patient. When we're curious, we're less judgmental. So, you want to be curious about what's happening, what's important to them.
- You want to try and remain **non-judgmental** and ask open-ended questions.
- We really want to try to understand **what the patient wants to change** because if we can understand what they want to change and what's important to them, we can link that to their substance use and that helps to increase the motivation to change.
- And we really want to try to avoid telling patients what to do.

Overview of Motivational Interviewing: (01:27)

Let's get started. What is motivational interviewing?

It's **collaborative**. that means we are working with the patient about whatever's bothering them, their chronic medical condition, their substance use. We really want to try and partner with them and work together towards what's happening.

Motivational interviewing is **patient-centered**, so that means we're really trying to meet the patient where they're at and try and understand what's important to them, what do they want, what don't they like in their life, and how can we help them out of that. And by understanding that, we can guide them towards increasing their health behaviors.

And we want to have a **specific objective**. So, we want to be able to have in our mind, what are we working on with this patient? Where am I trying to guide them? And it might be you're trying to guide them into just being aware of their substance use and how it's linked to other medical conditions, maybe you want them to be aware of medication, maybe you just want them to come into treatment. You just want to have in your mind, what are you trying to do here? What we'll talk about now is how to do that.

Goal of Motivational Interviewing: (02:47)

The goal, when you are meeting with a patient around their stimulant use, is how do we make the conversation, arrange the conversation so that the patient is talking about:

- Why do they want to change,
- How would they change if they wanted to, how'd they go about it,
- What reasons do they have for changing, and
- How **important** is it for them to change?

All of this is called **change talk**, and that's the patient talking about them wanting something different in their lives. Now, they're not likely to come in and say, "This is why I want to change, here's how I would do it, here are the reasons, and this is why it's important." But that's where it's up to us as the provider to ask questions that pull for these answers so that the patient is thinking about: "why do I want to change? If I really did want to stop using meth, how would I do that? I don't know." Maybe they've never thought about it. We want to provide them that space to do that now.

Tools for Increase Motivation: (03:44)

Here are the four tools that we're going to be talking about today.

- 1. Engagement. The best way to do this is to:
 - Be curious.
 - Be open, ask open questions.
 - Remain non-judgmental.
 - Avoid telling, pushing, or arguing.
 If you find yourself in any of these situations, it's just a warning sign to kind of back up and reengage.
 And we want to:
 - Validate, validate, validate.
 Let them know you understand what's happening with them. They're using substances for a reason.
 You validate it, and we are trying to guide them to what else is true. What else could they do?

And the engagement piece, if we're curious and non-judgmental, it's going to make people want to talk to us more. The next three are interventions that you can use, so actually ways to set up the conversation. We'll talk more about:

- 2. Pros and cons
- 3. Ask-tell-ask. And the
- 4. Readiness Rule

1. Engagement (04:49)

The first task of engagement is to **build rapport**. You want to try and arrange the conversation, so the **patient** is **doing most of the talking** and they're talking about what they don't like or what they want. And our job is to **figure that out and link that to their substance use**.

Here is an example of something I might say. You use your words, what is appropriate for the population that you work with. This is just an example:

"I'm so glad you came in today." Validate them.

"I'd like to get an idea of how you've been feeling so I can best help. You can ask me any questions that you want along the way. And to start, I'd just like to understand what worries you most about your health?"

That is an **open question** that launches right into:

"Why are you here? What brings you in?"

And so, we want to listen to that and see can we tie what brings them in. Let's say, they're worried about, they're super anxious or they're not sleeping. Can we tie that to their substance use - their worries? That's going to help increase their motivation.

Let's say they already know; you already know that they're using substances and they're coming in about it. You can ask:

"What worries you most about your use?" and just go right there, an open-ended question to engage.

Another important thing is you can use these strategies the first minute you meet the patient. You're building that rapport, you're **non-judgmental**, it's open. It is going to make people want to talk to you. And so, you don't have to have several meetings with the patient to do so.

Engagement Example - Ed: (06:25)

- 36-year-old male.
- He's been using stimulants a long time.
- He needs them for work, he's got increasing health problems.
- He comes in today for anxiety, he's not sleeping, no energy, he's depressed.
- He is kind of, like, "Yeah, I should stop using, but there's not a ton of consequences, so meh."

And you want to think about **what's your goal** with this patient? You have a lot of work to do in the 15 minutes or 10 minutes that you're going to see him. What's your goal? You want to focus in on substance use. Is it you want to just help him know that there's some more consequences? You want to help him see how his stimulant use is increasing his risk for some of his health conditions? Kind of keep that in your mind as you go through.

Now here's some tools that you can use, and they are no particular order. You kind of get to know them and then you see what you like.

2. Pros and Cons: (07:18)

- Explore pros and cons of using stimulants.
- Reflect back on what they say.
- Summarize statements.

This is setting up for the patient and **helping them just kind of work through what's good about it, what's not good about it.** And so, you might say something like

- "I just want to understand more about your meth use or your stimulant use."
 Or you can put anything in there, really.
- "What do you like about using? What does it do for you?"

That's important because it's validating them. They're using for a reason. It does something. We want to understand that. And you don't want to spend too much time there.

And then you want to go to:

- "What don't you like about using? What are the drawbacks? What are the negatives?"
 That's the really important stuff because whatever they say there, that's the change talk. That's the stuff they don't like that they might want to change, that we can listen for, and then help them go,
- "Okay, well, you're not sleeping and it's costing you a lot of money. What are your thoughts about that?
- What ideas do you have about how it could help your sleep if you stopped using?" You're just having a conversation and you're having them do most of the work. So, pros and cons of using meth.

Then, you might want to ask about:

- "What are the pros and cons of changing or stopping your meth use? What would be bad about that?"
- "If you decided to stop, what would be bad about that?"

And people might say something like, "I don't know. I wouldn't know what to do with myself or I couldn't get through the day." Okay, all right, so there'd be some drawbacks.

 "What would be good about changing? If meth were out of your life, what would be the benefits of that?"

And it might seem obvious, but we really want to know for them what would those benefits be. And they might say something like, "Well, I know it's not good for my health and I can't keep this up forever and I've already been having some, you know, heart problems with it and that's got me scared a little bit."

And so you're reflecting that back then.

• "So, you know, you've been using it for a long time. it feels that it'd be hard to stop using, and at the same time, you're worried about your health, and you've got some heart problems that you know that the meth isn't helping."

You reflect back so they hear it, and you really want to reflect back that stuff that they don't like, that's not good because that's the invitation to talk about it more. So that's pros and cons.

3. Feedback using Ask-tell-ask: (09:46)

- Use when you want to provide psychoeducation or the patient to know something specific.
- Provide information without judgement.
- Elicit response what do they think?

The next one is you can give them feedback using ask-tell-ask, or you might have heard it as illicit-provide-illicit. This is basically **when you want to tell the patient something**, like there's something they've got to know. You can do this in a motivational interviewing sandwich, like a little feedback sandwich. That's why that cute little picture is on there. Because we're going to ask them first, hey, what do you know about, what are your thoughts about something, you're going to tell them the piece of information you want them to know, and then ask what they think about it.

For example, with our Ed, let's say you want to know: does he know how his using stimulants are affecting his health?

• "Hey, Ed, what do you know about how your meth use affects your health?"

Or you can even be more specific: "affects your COPD", or "affects your risk for HIV". Because you want to tell him some of that, but first, ask him what he knows about it.

You can also ask and tie what he comes in with together:

• "What do you know about how your insomnia and your depression are linked to your meth use, or what do you notice about that?"

Tell him what you want and then ask:

"What are your thoughts?"

That last part of asking what your thoughts are important because we want to know what they took from that with what they're saying.

And the tell piece, keep it brief. One or two things that you want them to know, not a long diatribe of what must happen:

• "You know, it's important for you to know this is how it affects your health, and this is what I'm worried about with your chronic conditions. What do you think?"

So that's ask-tell-ask.

4. Readiness Ruler (11:34)

This last one is called the readiness ruler. It is three tips in one, or three interventions in one. And you can use it to ask:

- How important making a change is to them.
- How **confident** they are that they will be able to make the change; do they have the ability to do it.
- How ready the patient is to make a change.

You can use it in that order or you can use it in different orders. It's up to you based on what you want to know.

Here is how it works. Let's say with Ed, I want to know how ready he is to change his stimulant use. So, I might say:

• "Hey, Ed, how ready are you, on a scale of one to 10, how ready are you to stop using your meth or change your use?"

And he might be like, "Eh, a four or a three." Let's say he said a three. And I'd say:

"Okay, so a three. How come you didn't give it a lower number, like a one or a two?"

Now, that follow-up question is really important because that question is pulling for, well, you didn't say it's no problem at all. It's pulling for that change talk.

And so, he might say something like, "Well, yeah, I know it's not good for me. I'd really like to stop at some point, but I don't know, I probably won't do it forever." Then you ask:

• "You gave it a three. What do you think it would take to make it, to bump that up to like a four or five? Make you more ready to look at changing your use or to stop using."

And again, you're pulling for change talk. What would have to happen for him to make it more important or make him more ready to stop using?

And here, he might say, "Well if I had some serious health problems, you know, I know my partner's not happy about it. If they decided to leave me, then that wouldn't be good. I might do something about that." And then you reflect back:

"So, sounds like you've got some reasons to make that change and you know like you're at about a
three now. What would bump it up is if your partner left you and you started to have some serious
health consequences."

Then, you've got some information. You could say:

• "Well, what would that be like? What would those be like? Write them down."

You might then go back to the ask-tell-ask and give them some information about it. These are tools to kind of bridge that conversation.

So that's the readiness ruler.

Review: (14:06)

Just a review slide, the things that we talked about.

- Open questions.
- Reflect to them.
- Validate; and
- Try to avoid telling them what to do. Everybody else is doing that in their life.
- Be different, be curious.

So, thank you for listening, motivational interviewing tips, just strategies to practice. Thanks for the work that you do. You are all on the front lines and remember to take care of yourself. These are the people to contact if you have any questions about any of this and we look forward to seeing you again. Thank you.