

Motivational Interviewing

Approach: Ask students to define MI for you and give examples of when they've used it. Discuss the historical context and basic concepts outlined below (this could be skipped if students are familiar with MI). Leave the majority of the session for the activities to help promote active learning.

Hook: This topic is tailor-made for medical students: consider introducing it by emphasizing that they can practice MI every afternoon with each of their patients (from substance use to psychotic disorder), and moreover, it is perfect for the inpatient environment (e.g. 5 good minutes as effective as 5 sessions)

Context: MI came from the addictions field but has since been applied more broadly. Addiction counseling in the late 20th C was often confrontational and even demeaning (e.g. "You know...you really should quit smoking"). From this style emerged stereotypes that this population was in "denial" or "oppositional" (Ask: "have you seen this on the wards?"). MI emerged as a response to this confrontational style: "a conversational style for strengthening a person's **own** motivation to change"

Three Key MI Skills (OARS mnemonic):

1. Ask Open Questions: Allows the person to steer towards intrinsic motivations
2. Affirming: Make a practice of accentuating the positive; shaming into change doesn't work
3. Reflective listening/Summarizing: As you practice, try to tilt the balance of your interview away from questions and toward reflections and summary statements

Three Key MI Concepts:

1. Change talk: Statements made by the person in favor of change; vs. "sustain talk"
2. Righting reflex: Helpers are out to help. When we see people doing things to hurt themselves, we might say: "Stop! Don't you see that you have a problem with x and should do y." The righting reflex evokes sustain talk (e.g. "Yeah, but I ...")
3. Ambivalence: **normal** stage of change; time to avoid righting reflex and evoke change talk

Potential Activities:

1. Resident Plays 2 Different Counselors: Ask for 1-2 student volunteers comfortable discussing a change topic (e.g. exercise, sleep, eating healthy, etc.). Play the role of first counselor A and then counselor B (below). Have students discuss their response to the two counselors:

Counselor A sample script: "You really need to make that change for your own good. Here's a list of reasons why it's so important. Here's a list for how you should do it. Now I believe in you. You can do it!"

Counselor B sample script (suggested sequence of intro MI questions): "How important is it to you to ... (10 pt. scale)? Why? (*Evoking*) How confident are you that you can ...? How would you go about it? (*Planning*) So what do you think you'll end up doing?"

2. Pair off into groups of two. Have one member play the role of the counselor using an MI approach. Have the other member give an example of a habit they'd like to change. Give 5 minutes. Then have partners reverse roles and repeat. Finally, regroup and ask for reflections.
3. Ask for a student-volunteer to play the MI counselor in front of the group. Have the student-volunteer interview the resident-educator who role plays a patient with a SUD. Reflect.