Motivational Interviewing
In Tele-Behavioral Health

Presented by:
J. Tyler Harrell, MS, LPC-S, LCDC
CEO Greenhouse Treatment Center

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LEARNING OBJECTIVES

Learning Objectives:
• Improve participant knowledge of the practice and concepts of Motivational Interviewing.

• Understand how to apply motivational interviewing to different populations and different care settings.

• Explore potential barriers associated with Motivational Interviewing use in a telehealth delivery model.

• Discuss and explore effective strategies to enhance motivation for change in counseling clients enrolled in a telehealth setting.
AGENDA

1:00 – 2:15pm
Section I – Motivational Interviewing

2:15 – 2:30pm
Break

2:30 – 3:30pm
Section II - Technology and Human Factors

3:30 – 3:45pm
Break

3:45 – 5:00pm
Section III – Integration and Effective Practice
SECTION I: MOTIVATIONAL INTERVIEWING
“The counselor need only offer three critical conditions to elicit change: accurate empathy, non-possessive warmth, genuineness.”

-Carl Rogers
• How does ‘motivated’ feel?

https://PollEv.com/free_text_polls/xyJIdTWcVRKqwb7a2LFf/respond
A common misconception by lay-people is that people suffering from Substance Use Disorders (SUD) simply lack motivation to quit.

When faced with legal, family, medical, financial and occupational consequences a person without a SUD would undoubtedly quit.
• It is the deeply entrenched motivation that perpetuates SUD behaviors.

• How do we point that motivation in the right direction?
• Common belief is that change is triggered by suffering.
  • “If things get bad enough they will change.”

• Many individuals with SUD continue to have much suffering.

• Shame, guilt, humiliation are not engines of change. They actually will immobilize the person.
  • This is contrary to aversion programs such as ‘Scared Straight’ or confrontational treatment scenarios.

• Acceptance and empowerment create an environment that fosters change.
  (Miller & Rollnick, 2002)
Roll with the Resistance
RESISTANCE BEHAVIOR

Most Common...

1. Arguing
   • Challenging
   • Discounting
   • Hostility
• When you find yourself in the role of arguing for change while the individual you are helping is voicing arguments against it, you’re in precisely the wrong role.

• It is the individual who should be voicing the argument for change.

(Miller & Rollnick, 2002)
2. **Interrupting**
   - Talking over
   - Cutting off
RESISTANCE BEHAVIOR

3. **Negating**
   - Blaming
   - Disagreeing
   - Excusing
   - Claiming impunity

4. **Pessimism**
   - Reluctance
   - Unwillingness to change
RESISTANCE BEHAVIOR

Section I

4. Ignoring
   • Inattention
   • Non-answer
   • No-response
   • Sidetracking
• The Five Early Methods of MI are essential to ‘weaving the fabric’ of the Motivational Interviewing session. They are a great place to start.
  • First four acronym: OARS
  • Fifth is evoking change talk
O – Ask Open Ended Questions

- Encouraging the client to do most of the talking, by asking open ended questions that don’t allow for short or one-word answers.
  - “What would you like to discuss?”
  - “I understand there are some concerns, tell me about those.”
A – Affirming

- Making a guess as to what the speaker means, encourages them to go on or clarify.

- Examples of non-listening behaviors:
  - Ordering/Directing
  - Warning/Threatening
  - Providing Solutions/Answers
  - Interpreting/Analyzing
• R – Reflecting
• Paraphrase often to maintain organized and reality-based interactions.
  • ‘So I hear you saying…”  
(Martino & Moyers, 2008)
• S – Summarizing

• Use of thermometer like scales (1-10) to prompt discussions about level of commitment to cutting down or quitting substance misuse may help patients talk about their level of motivation and what might raise or strengthen their commitment to change.

(Carey, Purnine, Maisto, & Carey, 2001)
EVOKING CHANGE TALK

1. Ask Evocative Questions
   • Ask open questions, the answer to which is change talk.

2. Ask for Elaboration
   • When a change talk theme emerges, ask for more detail. In what ways?

3. Ask for Examples
   • When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?

4. Look Back
   • Ask about a time before the current concern emerged. How were things better, different?

   • Etc…

Section I
Activity 1 – Identify the Five Early Methods

OARS & Change Talk
  - Therapist & Individual – Read from script and pause at points for responses.
  - Audience – Identifies which of the 5 early methods they heard at each pause point.

Script read by therapist and Individual. Audience codes what they are hearing at different pause points in the script.
Section I
SECTION II: TECHNOLOGY AND HUMAN FACTORS
• Prior to COVID-19, did you use telehealth in your practice?

• During COVID-19, did you begin to use telehealth in your practice?

• Do you currently use telehealth in your practice?
WHAT IS TELE-HEALTH

• Impact of Covid-19
  • A 2017 study showed that 82% of consumers did not use telehealth services.
    • Dietsche, E. MedCity News (2017)

  • In 2020, The Academy of Family Physicians and the American Medical Association (AMA) releases guidelines for telehealth use.

  • Provider ‘PlushCare’ reports appointment volumes up 70% and app use increase by 158% in the U.S. since January 2020.
    • The Medical Futurist (2020)
“Telehealth is bridging the gap between people, physicians and health systems, enabling everyone, especially symptomatic patients, to stay at home and communicate with physicians through virtual channels, helping to reduce the spread of the virus to mass populations and the medical staff on the frontlines.”

- Dedi Gilad, CEO and co-founder of Tyto Care
The adoption [of telemedicine] has shown that unnecessary physical hospital visits are avoidable and telemedicine can serve as a bridge for this purpose.

*The Medical Futurist*
Historically medical services have started offering more behavioral health:

- Teladoc
- MDLive
- HeadSpace
- PlushCare
- HeyDoctor
- Everlywell
  - Released an at home COVID-19 test, coupled with online results and provider interaction.
- Insurance company specific contractors
Headspace

- Has begun offering its Premium option for free to healthcare professionals.

- For the general public, the company launched the free in-app ‘Weathering The Storm2’ feature.
  - It contains a selection of free meditations, sleep, and movement exercises designed to support consumers around the world during the COVID-19 outbreak.
Behavioral Services
  • Historically more provider focused and for rural/limited access areas.
  • TalkSpace
  • BetterHelp
  • GoodTherapy
    • All offer remote based counseling services.

Expansion to solo practitioners and private practice.
TECHNOLOGY AND BARRIERS

• Services such as
  • ZOOM
  • FACETIME
  • SKYPE
  • WHATSAPP

• Great for chatting with friends, but all have the same problem!
BARRIERS

• HIPAA
  • “The HIPAA Rules generally require that covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard protected health information.”
  • HHS.GOV

• Apple, for example, does not offer Business Associate Agreements with consumers.
• Practicing across state lines.

• Many states introduced temporary exceptions for mental health counselors.

• Typically, practice is restricted to inside your own state or states which you hold licensure.
OPPORTUNITIES

• Greater engagement with participants via unconventional means.
  • Would you ever exchange text messages with a participant?
  • Rethinking traditional appointment-based services.

• Connecting participants to a larger population of individuals dealing with similar issues.
  • Message boards and Reddit have been doing this for years.
  • Protect confidentiality and anonymity.
Chat vs Phone vs Video
What influences preference? Age? Location? Gender?
Set program expectations before start date.

Know participant’s address/location in case of emergency.

Obtain release of information for family member.

Require a camera!

Encourage them to utilize tablet/laptop/desktop instead of their cell phone; cell phone can eat up significant amount of data leading to connection problems; individuals report they tend to feel like they’re more part of the group when on a bigger screen.
WHAT ADVICE DO YOU HAVE FOR THERAPISTS LOOKING TO BEGIN A TELEHEALTH PRACTICE?

- Document thoroughly.

- Have the individual’s phone number and email on hand if experience connection issues.

- Check up on the participant if he/she misses a group.

- Don’t give up! Learn from your mistakes and ask/research how other therapists maintain motivation with telehealth participants.
SECTION III: INTEGRATION AND EFFECTIVE PRACTICE
• Case Study – “Jeffrey”
  • One team member reads the case study.
  • Record your answers to the questions.
  • Be prepared to discuss your answers.
The Medical Futurist
https://www.youtube.com/watch?v=2GVA-K8oJes

Section III

THE FUTURE OF PSYCHIATRY
In a group setting where there is a mixture of individuals programming live and virtually, it can be beneficial for the group facilitator to turn his/her attention to the virtual participants first, when attempting to get feedback or responses.

- Ensure to involve them in ‘check-ins’; using a round robin approach can be helpful so everyone is included.

- Give them a signal to use if they have a comment or question.
• Email handouts to be covered in group ahead of time.

• Facilitate constant communication outside of processing groups and individual sessions.

• Ensure camera is set up to where they can see participants programming live; this creates more cohesive group setting.
WHAT ARE COMMON PITFALLS THAT THERAPISTS SHOULD AVOID WHILE PERFORMING TELEHEALTH?

• Not making enough eye contact made with the screen.

• Failing to check for or acknowledge body language/non-verbal communication.

• Failing to remind participants prior to session(s) about the importance of being *alone* in a quiet/non-distracting place (for HIPAA and privacy when processing about intimate topics).

• Not explaining group rules/establishing group expectations.

• Assuming the participant will automatically engage with group.
WHAT ARE SIGNS A PARTICIPANT IS LOSING MOTIVATION IN THE TREATMENT PROGRAM?

- Late to or missing group
- Not completing HW assignments
- Giving short answers/not as interactive as he/she typically is (choosing to “pass” when called on)
- Walking away from the camera while groups are still in progress
HOW DO YOU ENGAGE WITH CLIENTS OUTSIDE OF SCHEDULED SESSIONS?

• Send consistent email correspondence with any program updates or schedule adjustments.

• Consider a daily email check-in.

• Provide them with ongoing assignments to process at a later time.
• Ask open-ended questions, especially on initial assessment.

• Rather than opposing an individual’s resistance directly, adjust to it. Roll with resistance!

• Encourage achievable goals.

• Discuss and confront behaviors.

• Consistently and appropriately empower the client

• Turn suggestions into questions allowing participants the opportunity to come up with his/her own solutions, which creates autonomy.
• Consider having your client complete a feedback form after each session.

• Clients in individual counseling show statistically significant treatment gains, compared to those who do not give feedback continuously.
  - Reese, Norsworthy, et al.
Feedback could be simple and informal.

- “How did you feel about today’s session?”

Or it could be highly structured and data-driven.
THANK YOU!

J. Tyler Harrell, LPC-S, LCDC
CEO – Greenhouse Treatment Center
tharrell@contactaac.com
www.GreenhouseTreatment.com


• https://www.sampletemplates.com/sample-forms/client-feedback-form-in-word.html


