

# De-Escalation and Motivational Interviewing

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# Disclosures

- No financial disclosures nor conflicts of interest
- I am not a Motivational Interviewing trainer nor Vital Talk faculty

# Objectives

- 1) Identify Motivational Interviewing techniques
- 2) State de-escalation principles in discussing serious illness
- 3) Implement communication skills into practice

# Spirit of MI

Relational

Acceptance

Autonomy

Empathy

Compassion

<https://www.youtube.com/watch?v=-4EDhdAHRoQg>

# Processes of MI

**Planning**

**Evocation**

**Focusing**

**Engaging**

# Skills

OARS

EPE (Elicit - Provide - Elicit AKA Ask-Tell-Ask with permission)

DARN CAT

# Open Questions

“Tell me more.....”

How, What, Why? Questions

Close ended implies “I know what I need to know and I just need a checklist”

# Affirmations

Not cheerleading

“You” statements instead of “I’m proud of you”



# Reflections

Simple - highlighter

Complex - offers a hypothesis

- Continuing the paragraph

- Highlight emotion and ambivalence - shows interest and empathy in them

Clarifying - invites elaboration

Ignore the sustain talk

Downward inflection, not questioning

Keeps you in the conversation, not patient monologue

# Reflections

Double sided reflections - reflects ambivalence

“On one hand.....”

End with the pro-change side

<https://www.youtube.com/watch?v=72pg8yBeeJE>

# Summarizing

Compounding series of reflections, change talk

Redirecting “let me pause and see that I understand you”

# Time to Practice

Person A choose a habit to change or a goal they have been told to pursue.

Person B will practice open ended questions and reflections.

Person C will take notes of number of closed vs open ended questions.

Person D will take note of reflections

# Ask-Tell-Ask

## Conversational information delivery

1. Permission
  - a. “If you’re interested, I could tell you about.....”
  - b. “Would you like info about.....”
  - c. “I have a concern, is it ok if I tell you what I need to tell you”
2. Elicit their baseline knowledge
  - a. “First, what do you know about”
    - i. Reinforces knowledge
    - ii. Opportunity to correct misinformation
  - b. “What have other providers told you?”
3. Provide Information
  - a. Tailoring information - “What would you like to know?”
4. Elicit patient response

# Change Talk

Interviewer behavior can influence the amount of change talk

Amount of change talk can predict behavior change

# Increasing Change Talk

## Preparatory:

- **D**esire
- **A**bility
- **R**eason - “what are your particular reasons this is important to you?” specifics
- **N**eed
  - Ruler 1-10 scale of desire, need, and ability to change
  - “Why did you rate yourself at # instead of a # (lower number)?”

## Mobilizing:

- **C**ommitment
- **A**ctivation
- **T**aking Steps

# Time to Practice

Scenario:

Patient continues to smoke cigarettes in the home and has supplemental oxygen

Person A will be the patient

Person B will practice using the readiness ruler and eliciting patient's plan for change

Take Turns



# When Emotions are High

# Conversations when tensions high

**N**ame the emotion

**U**nderstand their perspective

**R**espect their perspective

**S**upport their emotions

**E**xplore “Tell me more”

**R**eframe

**E**xpect emotion & Empathize (NURSE)

**M**ap the future

**A**lign with their values (4Ms: what matters, mind/mentation, meds, mobility) - beyond the disease

**P**lan treatments that match those values

# Discussing new information

Setting

Perception

Invitation to provide information

Knowledge given

Empathy, Expect Emotion (NURSE)

Summarize

# Motivational Interviewing

Open ended

Affirmation

Reflective listening

Summarizing

Roll with resistance (repeat OARS)

Develop discrepancy, evoke

# Substance Use and Serious Illness

- Symptom and stigma check-in
- Assess prognostic awareness
- Discuss hopes and worries
- Align and explore next steps

Oller D., Nickels K., Thompson B. (2021 SGIM Annual Meeting) Workshop: From Microskills to Systems: Best Practices in Addiction Medicine and Palliative Care Collaboration. Substance Use and Serious Illness Conversation Guide. University of Kentucky College of Medicine.

# Stigma and Symptom Check-in

- I want to use the next 5-10 minutes to discuss your illness - *is that ok with you?*
- What symptoms do you feel need more attention?
- Are there symptoms that you feel your team is not addressing adequately because you use/d [substance]?
- What symptoms get/got better when you use/d [substance]? What symptoms get/got *worse*?
- What else would you want your team to know about you as a person? What would you want them to know about your use of [substance]?

# **“Why are you asking these questions?”**

“I’m asking because I’m concerned about your health.”

Patients may need to hear this repeated several times. If running into hesitancy about having the conversation, consider taking a time out and inviting the patient to provide a time when you can return to this conversation.

# Assess Prognostic Awareness

- What is your understanding of your illness?
- Do you know any friends or family members with this illness?
- How do you anticipate [main symptom of concern] will change over time or with [intervention]?
- How do you see your illness impacting your [substance] use or recovery?
- Recently, have you felt that addressing your substance use is no longer important?



# Discuss Hopes & Worries

- ❑ When you think about your overall health, what are your hopes? When you think about your overall health, what worries you?
- ❑ How do you see [substance] use impacting your hopes? And your worries?
- ❑ Would it be ok if I share a concern?
- ❑ When I hear [patient hope], I am concerned that [barrier] might get in the way of that. When I hear [patient worry], I am concerned that you're not taking into account your [patient strength].
- ❑ What do you think?

# Practice Time

## Scenario:

Patient with advanced cervical cancer who uses IV methamphetamine and h/o IV heroin/fentanyl, has been in and out of addiction treatment clinics for the past 7 years. H/o multiple fentanyl overdoses requiring naloxone reversal. Has not had an overdose event in the past 2 years during the course of cancer treatment. She was hospitalized for acute kidney failure and had bilateral nephrostomy tubes placed. Admission UDS to the hospital was positive for methamphetamine, THC, and prescribed opioids. She was discharged from the hospital to home hospice.

She % fatigue, pelvic pain, and insomnia. She lives with her mother and has 2 children, ages 10 and 15.

# Align and Explore Next Steps

- I wish we had clear answers on how to address these challenges. To start, I think exchanging some ideas will help.
- To address [patient goal #1], I wonder what additional information you want to know about [intervention A, B, C]?
- What do you think is the next step in achieving [patient goal #1]?
- Given what you've shared with me, I recommend \_\_\_\_\_, and I want to hear what you think about that.
- When should we check in next?

# Goals Regarding Substance Use

Likely categories:

1. Maintaining current use, but attempting to reduce harm (Rx: referrals to syringe exchange programs, naloxone Rx, or peer support)
2. Reducing current use (Rx: evidence-based medications, referral to residential or outpatient program, or peer support / mutual help)
3. Addressing other health or social issues, and revisiting a change in use in the future (Rx: referrals to syringe exchange programs, naloxone Rx, or peer support)

# **When SUD recovery and/or remission is lower on the priority list**

Consider the following potential drivers of lower prioritization of recovery/remission:

- Different explanatory model of SUD or their serious illness. Consider exploring what that model is.
- Different weighting of time or function. Consider breaking down short and medium-term goals.
- Different views from family/ friends heavily influencing patient. Consider finding 1:1 time with the patient

# General Tips:

- Write it down! Capturing patient goals, hopes, or worries on paper make it easier to revisit these in the future and explore why priorities may have shifted
- Remember Strengths! Remind patients of the tools and resilience they already have

# Ongoing Learning Resources

<https://motivationalinterviewing.org/>

<https://www.vitaltalk.org/clinicians/>

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