

**Motivational Interviewing in Evidenced
Based Treatments for PTSD**
 CONSIDERATIONS AND APPLICATIONS FOR COGNITIVE
 PROCESSING THERAPY AND PROLONGED EXPOSURE THERAPY

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Conflict of Interest Disclosure

 The presenter has no conflicts of interests to disclose.

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HAVE YOU EVER FELT LIKE THIS?



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Objectives:

- Provide an overview of Motivational Interviewing strategies
- Define challenges of working with trauma population
- Describe how Motivational Interviewing can be applied to increase patient engagement and to address barriers to starting an Evidence Based Treatment

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Motivational Interviewing is:

"...a collaborative conversation style for strengthening a person's own motivation and commitment to change"

Miller & Rollnick, 2013

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Motivational Interviewing (MI):

MI is a particular kind of conversation about change

(counseling, therapy, consultation, method of communication)

MI is collaborative

(person centered, partnership, honors autonomy, not expert-recipient)

MI is evocative, seeks to call forth the person's own motivation and commitment

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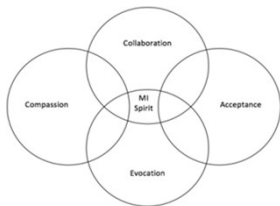
Motivational Interviewing is not...

- > telling people what to do
- > always letting the client lead
- > trying to correct ambivalence
- > having all the answers
- > meant to be a lecture
- > confined to a certain time frame
- > just for healthcare professionals

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The Underlying Spirit of MI




Miller & Rollnick, 2013

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The "Spirit" of MI:

Collaboration

Uneven power relationship vs. collaborative conversation



vs.



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The "Spirit" of MI:

Evocation
Focus on person's strengths
Giving advice vs. activate their motivation

Compassion
Actively promote the other's welfare
To give priority to other's needs

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The "Spirit" of MI:

Acceptance:

- Absolute Worth
- Affirmation
- Accurate Empathy
- Honoring patient autonomy

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Ambivalence

- Change is hard
- Ambivalence (mixed feelings) is normal
 - "I want to take my kids to the amusement park, but I can't stand the crowds"
 - "I want to be in a romantic relationship, but I can't stand to be touched"
 - Can lead to avoidance or procrastination

Direct persuasion/Advice giving:

- We're trained to do it
- We like to give it
- It's not very effective in resolving ambivalence
- We do it anyway

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Problems with Standard Practice

Clinician argues for change

- Persuades
- Suggests
- Advises

Unwelcome advice elicits RESISTANCE.

Client argues for staying the same

"yes, but....."

Knowledge weakly correlated with behavior change

You can lead a horse to water...



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What is Resistance?

Behavior

Interpersonal (it takes two to resist)

A signal of dissonance

Predictive of (non)change

Examples:

- Interrupting
- Arguing, challenging
- Discounting, hostility
- Withdrawing/ignoring
- Changing topics



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What is Change Talk?

- Any client speech that favors movement in the direction of change
- Is linked to a particular behavior change target
- Requires close listening by the provider
- Given the acronym: DARN-CAT

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PASSWORD #1:
strong

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Hearing Change Talk

- D = Desire for change
- A = Ability to change
- R = Reasons for change
- N = Need for change
- C = Commitment to change
- A = Taking action
- T = Taking steps

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Strategies for Eliciting Change Talk: **Evocation**

- Querying Extremes – “suppose things continue on...”
- Looking Back – “tell me about how your marriage/career used to be before the trauma?”
- Looking Forward – “if you had a week off from these symptoms, what would you do first?”
- Exploring Goals and Values

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Strategies for Eliciting Change Talk: **Decisional Balance**

- Especially used to explore ambivalence
- Systematically evoking pro's/con's of each option
- Summarized back to the client, ending on the pro's
 - “So, what will you do?”

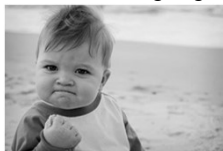


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What is Sustain Talk?

- The reasons for persisting in the present course of symptoms.
- The more sustain talk, the more **unlikely** that change will occur.
- Listen closely during homework review/assigning.
- Often comes up during imaginal exposure in PE or homework practice in CPT.



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Sustain Talk Example:

“I don't think that doing these worksheets will help me with my PTSD. It makes me really agitated. So I didn't do it last night, but I think I'm fine with the way I am.”

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**Responding to Sustain Talk:
Reflective Responses**

Straight reflection:

Practicing activities that feel difficult right now won't help you make progress in the future.

Amplified reflection:

There's really no room for improvement.

Double-Sided reflection:

It's hard to do these exposures right now, and yet you still came to session.

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**Responding to Sustain Talk:
Strategic Responses**

Emphasizing Autonomy:

And it's certainly your choice. I can't make you walk in. You could quit this treatment altogether if you wanted to.

Reframing:

You don't mind being a bad mood towards others or when you have to run errands.

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Responding to Sustain Talk: **Strategic Responses**

Agreeing with a Twist:

You're totally fine with being upset at the grocery store. You're not concerned with how that may come across.

Running Head Start:

I hear you that you don't want to do the homework that's part of this treatment. It's not easy, but what could you get out of it?

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Responding to Sustain Talk: **Strategic Responses**

Coming Alongside:

It really may be too tough for you. It's not everyone's cup of tea, although it's effective. Exposure means experiencing the discomfort and getting through the fear, and it may not be worth the discomfort. Perhaps it's better to stay as you are.

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Challenges of Trauma Work

- Ambivalence about the need to change contributes to poor response to treatment
- Trauma victims with PTSD can be distrustful
- Externalizing, minimizing, justifying trauma-based coping strategies

Murphy & Rosen, 2006

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Challenges of Trauma Work

Trauma-based perceptions and strategies for coping often feel "right"/not seen as problematic:

- "I wouldn't be so angry all the time if we had competent leadership"
- "The world is dangerous, so I always have to be on guard"
- "I'm fine being by myself all the time"

Murphy & Rosen, 2006

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Strategies for Trauma Interview/Session 1

MI Spirit:

- Acceptance, Evocation, Compassion, Collaboration
- When patients express concerns:
 - DO validate their feelings
 - DO reinforce collaborative stance
 - DON'T try to prove why you are an expert



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Strategies for Trauma Interview/Session 1

Understanding Values:

"Discrepancy between current behavior and a core value can be a powerful motivator for change when explored in a safe and supportive atmosphere." (Miller & Rollnick, 2013)

- *If you woke up tomorrow and had no PTSD symptoms, what would your life look like?*
- *If you were successful with this treatment, how would life be different?*
- *What are your reasons for wanting for seeking PTSD treatment?*
- *Why is PTSD treatment important to you?*

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Using Complex Reflections to Elicit Change Talk

Veteran: *I really want to get a job and have my good life back. But I don't know if it is possible. I get freaked out just going out of the house. Everything makes me jumpy. I can't stand the crowds. Only thing that helps is a benzo.*

Simple Reflections:

- You want a good life.
- You don't think it is possible to get a job.
- The only thing that helps is a benzo.

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Using Complex Reflections to Elicit Change Talk

Veteran: *I really want to get a job and have my good life back. But I don't know if it is possible. I get freaked out just going out of the house. Everything makes me jumpy. I can't stand the crowds. Only thing that helps is a benzo.*

Complex reflections:

- **Reflecting feeling:** *You are afraid when you are out of your comfort zone.*
- **Reflecting ambivalence:** *On the one hand it is scary to go out and on the other hand you really want to get out in the world, to work and enjoy life.*
- **Reflecting underlying meaning:** *You are longing to have a normal, productive life, without being freaked out.*
- **Reflecting client values or goals:** *Working and participating in life are important to you.*
- **Continuing the paragraph:** *You really want to find a way to manage the jumpiness yourself.*

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Addressing Avoidance

- Validate client's fear and urges to avoid
- Review rationale for treatment
 - Avoidance reduces anxiety in the short term but is not effective in the long term
- Review reasons why they came for treatment
 - How do PTSD symptoms interfere with life satisfaction?
- Provide a lot of support and encouragement

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PASSWORD #2:
star

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Should you want to learn more...

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