

Motivational interviewing that supports trauma- informed care

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Disclosures/Conflicts of Interest

Beachy Bauman Consulting, PLLC, Co-owners

- Provide various distal and onsite integrated and clinical care consultation. Speaker fees.

Mountainview Consulting, Inc, Associate

- Provide various distal and onsite integrated and clinical care consultation. Speaker fees.



Let's get acquainted!

Bridget Beachy, PsyD

- Director of Behavioral Health for Community Health of Central Washington
- **Roles include:** PCBH clinical, admin, and faculty for FM residency residents and psych interns

Population based health approaches & focus on functional improvement in healthcare

Strive to support healthcare professionals' comfort, confidence & competence regarding BH!

Who do we have in the room?

Objectives

At the end of the presentation, participants will be able to:

- Name the core ACEs and what conditions they are associated with
 - Recognize the outward manifestation of ACEs in patients
- Apply basic motivational interviewing principles and strategies
- Explain the “why” behind using motivational interviewing with patients who’ve experienced trauma

Presentation aim:

Support healthcare providers (and really many other roles) help patients with trauma histories, improve their health status.

What are ACEs?

Adverse Childhood Events

- Abuse
 - Emotional
 - Physical
 - Sexual
- Neglect
 - Emotional
 - Physical
- Household Dysfunction
 - Substance use
 - Mental illness
 - Domestic violence
 - Imprisonment
 - Parental separation/discord

Not all inclusive

- Insured, educated, Caucasian population
- Remember it was the mid 90's

**# of
ACES****Women****Men****Total**

0

34.5

38.0

36.1

1

24.5

27.9

26.0

2

15.5

16.4

15.9

3

10.3

8.6

9.5

4+

15.2

9.2

12.5

ACE Statistics

- About 2/3 have at least 1 ACE
- About 1 in 5 have 3+ ACEs

As ACEs increase so does...

Alcoholism and alcohol abuse

Chronic obstructive pulmonary disease (COPD)

Depression

Fetal death

Health-related quality of life

Illicit drug use

Ischemic heart disease (IHD)

Liver disease

Risk for intimate partner violence

Multiple sexual partners

Sexually transmitted diseases (STDs)

Smoking

Suicide attempts

Unintended pregnancies

Early initiation of smoking

Early initiation of sexual activity

Adolescent pregnancy

Really? All
those things?

Really... all of those things...

Dose response observed for almost all of these...

- https://vetoviolence.cdc.gov/apps/phl/resource_center_info_graphic.html

Literature and
clinical
experience...

How might ACEs manifest?

- Co-morbidities
- Use of substances, especially early on
- Drug seeking
- Hostility
- Defensiveness
- Non-adherence
- Interpersonal difficulties
- Strained interactions

So keep your ears and “gut”
open...reframe...

Okay, didactics are over... Engagement time!

Get ready to think and take some notes!

We're going to do an activity

- I know it's hard, but we will be switching back and forth from the presentation to discussion with a partner...so help me out 😊

Okay, identify a partner

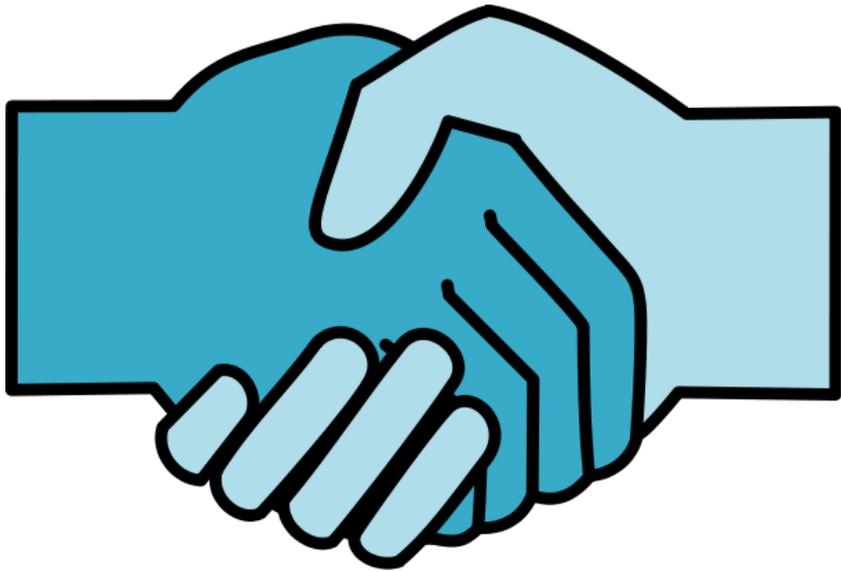
- Right now turn and find that person, raise your hand if you don't have one

All set...Let's get started!

36 y/o John

John is a new patient that you are meeting for the first time. You walk in with a smile, and ask how he's doing. He snaps, "how do you think I'm doing if I'm here?" You laugh it off and start to ask him some more questions about what brings him in...he says he's there for "chest pain." He appears reluctant to answer your questions...but you push through...then, during the physical exam he notes how he has also been dealing with low back pain. The physical exam is unremarkable but he does have a BMI of 41. He expresses how he didn't get along well with his past doctor because she "never believed him" about his pain and would just tell him to "lose weight."

- Take two minutes to turn and talk to your partner about:
 - What do you do next? How do you proceed?
 - What automatic thoughts are showing up? It's okay...we all have them...



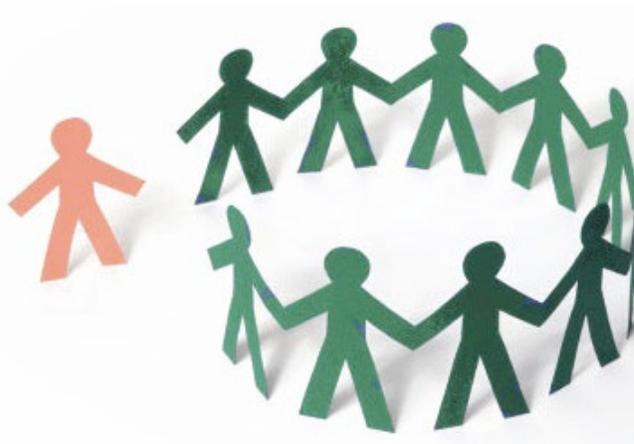
Spirit of motivational interviewing

Replace **CONFRONTATION** with **COLLABORATION**

Replace **EDUCATION** with **EVOCAATION** (draw out patients' goals & values)

Replace **AUTHORITY** with **AUTONOMY**

Spirit of MI - Acceptance



- Absolute Worth vs. Judgment
- Accurate Empathy vs. Sympathy or Identification
- Autonomy Support vs. Coercion or Control
- Affirmation vs. Searching for what's wrong and fixing it

Does NOT necessarily mean that you approve of the person's actions

John...continued...

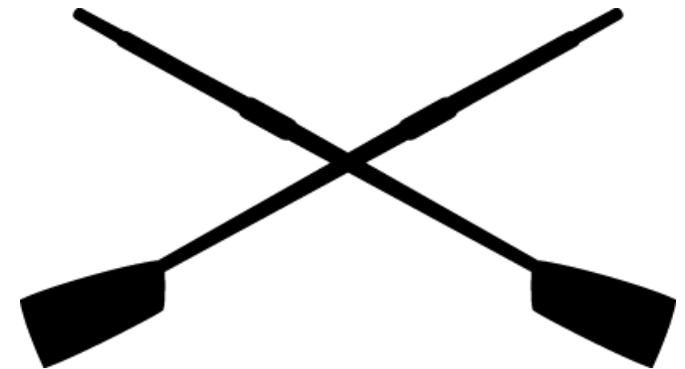
“It sounds like you’ve had some difficult experiences in the past being heard when going to the doctor’s...what made you give this another shot?”

John responds, “Well, I didn’t really want to, but my wife made the appointment...she says she’s worried about me...especially with working these long hours. Doctors have never been able to help me...even as a kid...my mom wouldn’t even take me to the doctors, but I figured I’d make her and the kids happy, so here I am. I’ve been dealing with this chest pain for a few years and I’m just told it’s stress...and then my back hurts...and I’m told to just lose weight...but the thing about it is I’ve had a bad back since I was a teenager - when I was skinny! Which was also way before my car accident that I had three years ago...so it’s hard to believe that it’s all from the weight and that accident...”

- Take two minutes to turn and talk to your partner about:
 - What do you do next? How do you proceed?

Core Skills in Motivational Interviewing

- Open ended questions
 - Allow patient to reflect & elaborate
- Affirmations
 - Recognize, support, and encourage strengths and efforts
- Reflective Listening
 - Selectively making a guess or clarifying meaning
- Summarizing
 - Pull together information that the patient has offered
- Information and Advising
 - Offering with *permission*



John...continued...

“Wow, it sounds like your wife and kids are very important to you... I’m glad you decided to come in today...that must’ve taken some courage...all the while working long hours – assuming you had to miss some just to be here!...It sounds like there might be some part of you that’s hoping there’s something we can work on to help your health today...what’s the biggest concern, the chest pain or the back pain?”

John responds, “Yeah, I have a lot on the line here. My wife works, but I’m the main financial support and we have three kids. No offense to you, you seem like a decent doc, but at this point, I really don’t think there’s anything you or I can do to make my situation better. You know, I’ve been dealt a bad hand since I was kid...[trails off]...I just figured I’d make sure I wasn’t having a heart attack or something. And unless you have some magic pills, I don’t really see how you can help with my back...”

- Take two minutes to turn and talk to your partner about:
 - What do you do next? How do you proceed?

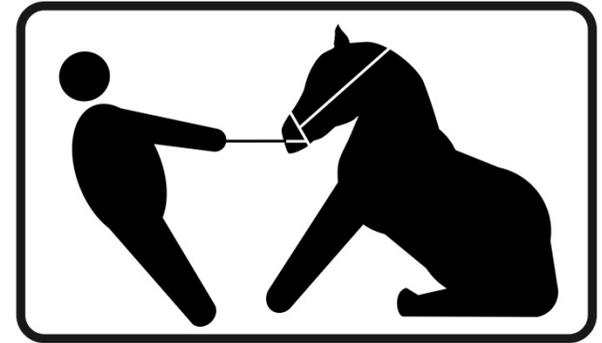
4 Principles of MI - REDS

Rolling with Resistance

Expressing Empathy

Develop Discrepancy

Self-Efficacy



“Change talk” vs. “Sustain talk”

When an individual feels ambivalent, there are two kinds of “talk” that emerge:

Change talk: Person’s own statements in favor of making a change

Sustain talk: Statements around remaining the same and not changing; represents an impasse or a movement away from attempting to change

- Example: “I need to do something about my lack of exercise (*change talk*), but I’ve tried just about everything and it never lasts (*sustain talk*).”



Last one! John...

“I’m not going to lie...it’s sounds like you have dealt with some tough stuff throughout your life...like you said, you weren’t dealt the easiest hand from an early age...and now supporting this family while working long hours and enduring chest and back pain with little improvement. Although I don’t what it feels like to be in your shoes, I can imagine it’s frustrating to say the least.”

John responds, “Man, yeah, you don’t even know the half of it. This is nothing...you should’ve seen what I went through with my folks...and it’s been hard since losing my best friend in that accident...you know it could’ve happened to anyone...I mean we were both drinking and he was the driver...[voice begins to quiver]...but yeah, I don’t know...just don’t think there’s any options...even though I would like to feel better...and I don’t want my kids growing up the way I did [trails off and looks down]...”

- Take two minutes to turn and talk to your partner about:
 - What do you do next? How do you proceed?

Debrief

Now think about the first impression of John? What were your initial thoughts?

What do you think's going on with John now? What are you thinking now?

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