

## Supplementary Online Content

Reger GM, Norr AM, Rizzo AS, et al. Virtual standardized patients vs academic training for learning motivational interviewing skills in the US Department of Veterans Affairs and the US military: a randomized trial. Published online October 15, 2020;10(3):e2017348. *JAMA Netw Open*. doi:10.1001/jamanetworkopen.2020.17348

**eFigure.** Virtual Standardized Patient and After Action Review

**eAppendix.** Control Condition Training Review: Brief Motivational Interviewing for Veterans

This supplementary material has been provided by the authors to give readers additional information about their work.

Virtual Standardized Patient and After Action Review



# AAR DETAILS

## DECISIONS



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## VIRTUAL HUMAN RESPONSE



Well, yeah. Pardon my language, but the shit that happens over there, not a lot of people get it. I mean, have you ever served?

## RESPONSE CHOICES

● You're concerned that I won't be able to understand your experiences.

▲ That's a common concern among veterans. You're worried I won't understand about your time in the Reserves.

■ If this involves your time spent fighting, you should open up about it or you might find it can damage your life back home.

## SKILLS TO SUSTAIN

✓ **Reflective Listening:**  
Simple Reflection  
Restate client's words or meaning in a neutral tone.  
[+] see more

## SKILLS TO IMPROVE

✗ **Avoid:**  
The Expert Trap  
[+] see more



# Training Review: *Brief Motivational Interviewing for Veterans*

- |      |  |       |                            |
|------|--|-------|----------------------------|
| I.   | MI Spirit                                | VI.   | Starting Strategies (OARS) |
| II.  | Directing, Following, Guiding Approaches | VII.  | Rolling with Resistance    |
| III. | MI Principles (RULE)                     | VIII. | Traps to Avoid             |
| IV.  | Ask Permission                           | IX.   | Change Planning            |
| V.   | Change Talk                              | X.    | Acronym Summary            |

**Motivational Interviewing:** An evidence-based clinical method for eliciting and supporting a Veteran's own motivation to adopt, change, or maintain a health behavior.

- Assumes it is natural for people to have ambivalence about making changes in their substance use.

## Clinicians are responsible for...

- Establishing/maintaining a collaborative, empathetic relationship
- Supporting Veteran's autonomy
- Emphasizing Veteran's responsibility for their decisions
- Understanding Veteran's perspectives without criticism/judgment
- Providing suggestions for strategies for change with Veteran's permission or when requested

## Veterans are responsible for...

- Their own decisions about changing their health behaviors
- Identifying consequences of their lifestyle choices
- The desire or motivation to change
- Identifying ways to go about changing if they choose to

## I. MI Spirit

- Requires adopting a "spirit" characterized by caring and collaboration, evocation of the Veteran's motivation, and support of the Veteran's autonomy and choices.
- Help the Veteran identify and articulate their own values, wishes, desires, and methods for making a positive change.

### 1. Support Veteran autonomy

### 2. Build a collaborative relationship

### 3. Evoke change talk

- Contrast between Motivational Interviewing and Confrontation-of-Denial Approaches:

#### Authoritarian Approach

Clinician argues that the Veteran must accept that he/she is an "alcoholic" or is "non-compliant" as the first step.

#### MI Approach

Clinician does not label the Veteran's problems. Labeling is not seen as necessary in the change process.

#### Educational Approach

Emphasis is on the disease process and the Veteran's lack of control or ignorance regarding the impact of the disease process.

#### MI Approach

Emphasis is on the Veteran's choices and capacity to gain control over the management of their condition.

**Deficit Focus Approach**

Emphasis is on the Veteran’s failure to make changes or follow through with treatment.

**MI Approach**

Veteran’s resistance is interpreted as a sign that the clinician may be pushing or directing Veteran to change.

**Skills Focused Approach**

The failure to make change is assumed to be a skills deficit that required remediation.

**MI Approach**

Clinician assumes that the Veteran has the capacity to make changes toward improved function and well-being.

**Authoritarian Approach**

Resistance is treated with persuasion, facts, and argumentation about the importance of change.

**MI Approach**

Resistance is met with reflective and empathetic listening or a change in strategy. Arguing with a Veteran is avoided at all costs.

**II. Directing, Following, or Guiding Approach**

Directing	Following	Guiding
<ul style="list-style-type: none"> <li>▪ Implies uneven relationship</li> <li>▪ Communicates that the clinician has the answer about what to do</li> </ul>	<ul style="list-style-type: none"> <li>▪ Listening predominates</li> <li>▪ Clinician follows Veteran’s lead</li> <li>▪ Communicates: “I won’t push you.”</li> </ul>	<ul style="list-style-type: none"> <li>▪ A guide helps you find your way</li> <li>▪ Communicates: “I can help you solve this for yourself.”</li> </ul>
<p><b>Examples:</b>            Take the reins            Prescribe            Have authority            Lead            Govern            Conduct</p>	<p><b>Examples:</b>            Go along with            Shadow            Allow            Understand            Permit            Observe</p>	<p><b>Examples:</b>            Enlighten            Motivate            Awaken            Shepherd            Promote autonomy            Accompany</p>

**III. MI Principles**

<b>R</b>	Resist the righting reflex
<b>U</b>	Understand your Veteran’s motivations
<b>L</b>	Listen to your Veteran with empathy
<b>E</b>	Empower your Veteran

<b>1. Resist the Righting Reflex</b>	<ul style="list-style-type: none"> <li>▪ Guide rather than direct</li> <li>▪ Roll with resistance</li> </ul>
<b>2. Understand your Veteran's motivations</b>	<ul style="list-style-type: none"> <li>▪ Explore ambivalence</li> <li>▪ Evoke and affirm change talk</li> <li>▪ Explore importance (use a 0 – 10 scale):</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>On a scale of 0 to 10, how IMPORTANT is it for you right now to change?</p> <p>0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10</p> <p>Not at all <span style="float: right;">Extremely</span></p> <p>Important <span style="float: right;">Important</span></p> </div>
<b>3. Listen to your Veteran with empathy</b>	<ul style="list-style-type: none"> <li>▪ Use reflections</li> <li>▪ Summarize</li> <li>▪ Convey empathy, affirmation</li> </ul>
<b>4. Empower your Veteran</b>	<ul style="list-style-type: none"> <li>▪ Ask permission</li> <li>▪ Elicit change strategies</li> <li>▪ Ask—Tell—Ask</li> <li>▪ Offer options</li> <li>▪ Explore confidence (use a 0 – 10 scale):</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>On a scale of 0 to 10, how CONFIDENT are you that you could make this change?</p> <p>0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10</p> <p>Not at all <span style="float: right;">Extremely</span></p> <p>Confident <span style="float: right;">Confident</span></p> </div> <ul style="list-style-type: none"> <li>▪ Express hope for the Veteran's future</li> </ul>

#### IV. Ask Permission

- Asking permission encourages the Veteran to take an active role and reduces the chances that he/she will be defensive about the conversation that follows.

#### V. Change Talk

<b>D</b>	Desire for change
<b>A</b>	Ability to change
<b>R</b>	Reason to change
<b>N</b>	Need for change
<b>C</b>	Commitment to change

- Instead of imposing your ideas and suggestions on your Veteran, eliciting strategies from the Veteran empowers the Veteran to use his/her own experiences and skill as the starting place for change.
- Identifying previous successes may also enhance the Veteran’s confidence that they might success in the future.
- Identifying change talk:

**Desire for change**                    “I want to do a better job of controlling my diabetes.”

**Ability to change**                    “I can do anything I set my mind to.”

**Reasons for change**                    “My doctor tells me out of control sugars hurt my whole body.”

**Need to change**                    “I am having some vision problems and my feet tingle.”

**Commitment to change**                    “I will attend the diabetes education class and learn what I need to do.”

## VI. Starting Strategies

<b>O</b>	Open-ended questions
<b>A</b>	Affirmations
<b>R</b>	Reflective Listening
<b>S</b>	Summaries

- The goal is to elicit and reinforce change talk

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### 1. Open-ended questions

- Questions that encourage Veterans to talk about whatever is important to them
- Invites others to “tell their story” in their own words
- Do not *lead* in a specific direction

*Examples:*

- “How can I be of help?”
- “What are the good things about your drinking?”
- “What have you tried before?”

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### 2. Affirmations

- Statements that recognize Veteran strengths
- Acknowledge behaviors that lead in the direction of positive change
- Strengthen clinician-Veteran relationship
- To be effective, they must be genuine and heartfelt

*Examples:*

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<ul style="list-style-type: none"> <li>▪ “I really like the way you...”</li> <li>▪ “You have a real gift for...”</li> <li>▪ “It may not seem like much, but I think it was very impressive how you...”</li> </ul>
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<p><b>3. Reflective Listening</b></p>	<ul style="list-style-type: none"> <li>▪ Listener tries to clarify and restate what the other person is saying</li> <li>▪ Focus reflective listening on change talk and provide less attention on non-change talk</li> </ul>
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*Examples:*

1. **Simple reflections**
2. **Strategic reflections:** amplified or “agreement with a twist”
3. **Metaphor**
4. **Summary**

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<p><b>4. Summaries</b></p>	<ul style="list-style-type: none"> <li>▪ Effective way to communicate your interest in a Veteran</li> <li>▪ Build rapport</li> <li>▪ Bring attention to salient elements of the discussion</li> <li>▪ Shift attention or direction</li> <li>▪ <i>Like offering a bouquet of reflections</i></li> <li>▪ An accurate, concise summary demonstrates to a Veteran that you were listening</li> </ul>
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## VII. Rolling with Resistance

- **Resistance:** A state when a clinician and Veteran are not working collaboratively together; usually, from the clinician’s perspective, it feels as though the Veteran is either arguing, not listening, or being defensive.
  - Usually occurs when the Veteran feels pushed toward change.
  - Resistance is a call for the clinician to change, not the Veteran.
1. **Reflect it**—use OARS skills
  2. **Shift focus**
  3. **Support the Veteran’s autonomy**

## VIII. Traps to Avoid

1. **Expert Trap**
  - Use the Ask—Provide—Ask approach instead: *Ask permission, provide alternatives, ask for elaboration*
2. **Labeling Trap**
  - Clinician does not label the Veteran’s problems. Labeling is not seen as necessary in the change process.

**3. Question-answer Trap**

- Use open-ended questions
- Use the **3:1** ratio of **reflections to open-ended** questions to avoid this trap

**IX. Change Planning**

- If a Veteran remains ambivalent about change, clinicians can continue to use the MI principles and starting strategies (OARS) to help them build motivation to take action.
- **Avoid pressuring the Veteran**
- **Use the hypothetical:**
  - “If you were going to do something about your exercise, where would you start?”
- **Ask about better times and past successes:**
  - “You mentioned that you quit smoking several years back. That is really impressive. How did you do that?”

1. Elicit specific action steps
2. Develop a **SMART** goal:

<b>S</b>	Specific and behavioral
<b>M</b>	Measurable
<b>A</b>	Action-oriented
<b>R</b>	Realistic
<b>T</b>	Time-specific

3. Explore confidence
4. Address barriers

**X. Acronym Summary:**

<b>R</b>	Resist the righting reflex	<b>O</b>	Open-ended questions	<b>D</b>	Desire	<b>S</b>	Specific & behavioral
<b>U</b>	Understand Veteran’s motivations	<b>A</b>	Affirmations	<b>A</b>	Ability	<b>M</b>	Measurable
<b>L</b>	Listen with empathy	<b>R</b>	Reflective listening	<b>R</b>	Reasons	<b>A</b>	Action-oriented
<b>E</b>	Empower	<b>S</b>	Summaries	<b>N</b>	Need	<b>R</b>	Realistic
				<b>C</b>	Commitment	<b>T</b>	Time-specific