

Motivational Interviewing In Healthcare

Care Transformation Collaborative of R.I.

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6/19/15

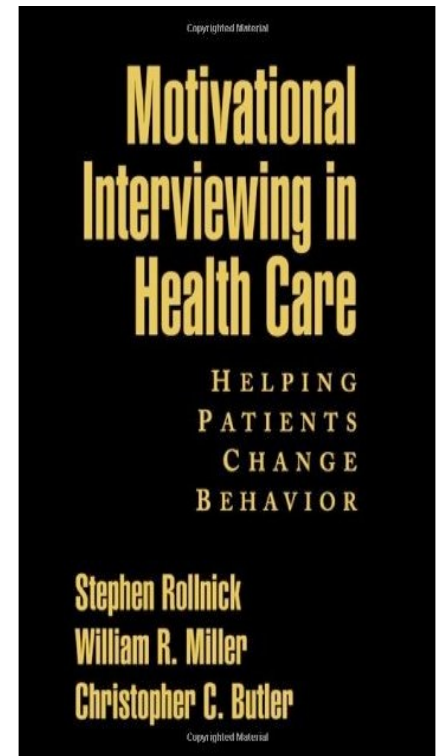
Objectives

- Introduction to Motivational Interviewing (MI) Basics
- How diabetes non-compliance can be re-conceptualized from an MI perspective
- How tobacco use and MI can be incorporated into busy primary care practice



Special Thanks

- Tuft Health Plan
 - Sponsorship
- Dan Mullin, PsyD
 - Center for Integrated Primary Care



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



In other words...

- How to help people change the behaviors that you want them to change and helping them realize it was all their own idea
- Or evidence-based health coaching?
- Or basic self-management support with decision aids?



Brief History of MI

- Originated in 1980s out of addiction field
- Applied to multiple conditions with empirical research to support in the fields of
 - Dietary change
 - Weight loss
 - Physical activity promotion
 - Medication adherence
 - Diabetes
 - Mental health
 - Fibromyalgia
 - Chronic Pain
 - Child Health
 - Tobacco Cessation



Why primary care good fit?

- Approach has a:
 - Goal – Health Behavior Change
 - Spirit
 - Several principles
- Requires competency in several core communication skills
- Commonly delivered with aid of several tools or strategies
- Key aspects of patient speech guide the practitioner



Fundamental Spirit of MI	Mirror-image opposite approach
<p>Collaboration. Counseling involves a partnership that honors the patient's expertise and perspectives. Atmosphere provided that is conducive rather than coercive to change.</p>	<p>Confrontation. Counseling involves overriding the client's impaired perspectives by imposing awareness and acceptance of "reality" that the client cannot see or will not admit.</p>
<p>Evocation. Resources and motivation for change are presumed to reside within the patient. Intrinsic motivation for change is enhanced by drawing on the patient's own perceptions, goals, and values.</p>	<p>Education. Patient is presumed to lack key knowledge, insight, and/or skills necessary for change. Provider seeks to address these deficits by providing the requisite education.</p>
<p>Autonomy. Provider affirms patient's right and capacity for self-direction and facilitates informed choice.</p>	<p>Authority. Provider tells the patient what he/she must do.</p>

“People are generally better persuaded by the reasons which they themselves discovered, than by those which have come into the minds of others.”

-Blaise Pascal (1669)



Revisiting Non-Compliance

- Is non-adherence a better term?
- Both terms overstate the importance of the physician's role in guiding patient behavior
- Non-compliance is NOT a personality trait
- We are all non-compliant with regards to some health behaviors





RESUSCITATE!
CRACK HOSI



CARE
TRANSFORMATION
COLLABORATIVE
RHODE ISLAND

Table 1. Four categories of patient resistance behavior

Arguing: Patient contests the accuracy, expertise or integrity of the provider (eg, challenging, discounting, or expressing hostility)
Interrupting: Patient breaks in and interrupts the provider in a defensive manner (eg, talking over or cutting off the provider)
Negating: Patient expresses unwillingness to recognize problems, cooperate, accept responsibility, or take advice (eg, blaming others, disagreeing, making excuses, claiming impunity, minimizing, or exhibiting pessimism, reluctance, or unwillingness to change)
Ignoring: Patient ignores or does not follow the provider (eg, exhibiting inattention, remaining silent, being nonresponsive to questions, or sidetracking the discussion)

(Adapted from Chamberlain et al. [3].)



Is it Resistance or Ambivalence?

- It is normal to have contradictory feelings about making behavior change
- MI is a method of communication for exploring and resolving ambivalence.
- When using MI we explore the patient's ambivalence



“Many people fail to change not because they cannot,
but because they have not yet decided that they want to.”



Core Communication Skill Set: OARS

Open questions

Affirming statements

Reflecting statements

Summarizing statements



Open-ended questions

- Allow the patient to influence direction
- Avoid the question and answer trap

Examples:

- How can we best use our time together?
- What are your thoughts about the medications you have been prescribed?
- Tell me how you'd like your life to be different in 6 months



Affirmations

Affirmations are specific

“Thanks for coming on time today.”

“You’re clearly a resourceful person, to cope with such difficulties for so long.”



Reflecting

Repeating

Rephrasing

Paraphrasing

Reflection of feeling



Summarizing

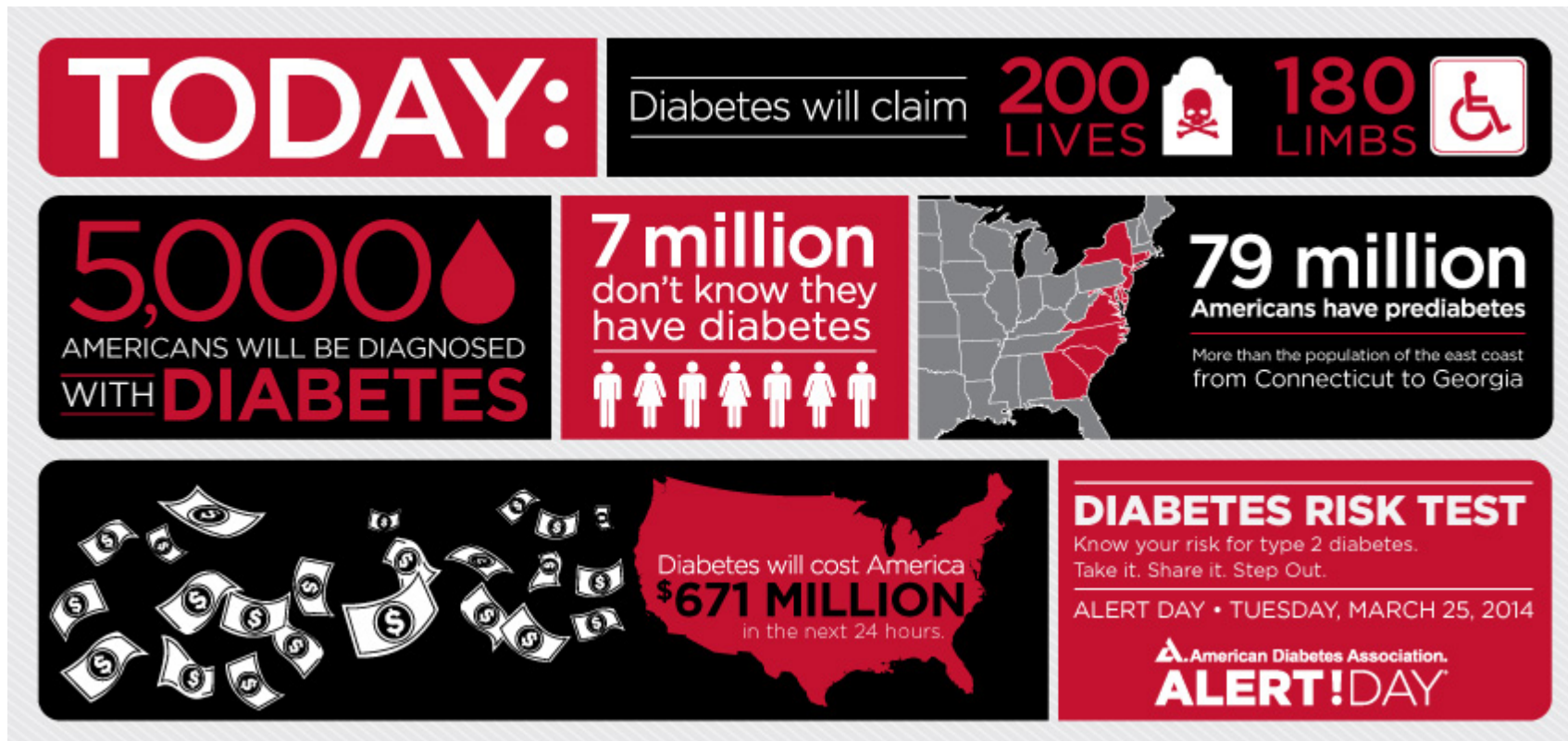
Collecting - usually short — just a few sentences— and should continue rather than interrupt the person's momentum

Linking - summaries tie together what a person has just been saying with material offered earlier, perhaps in a previous encounter

Transitional - mark and announces a shift from one focus to another

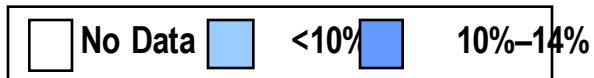
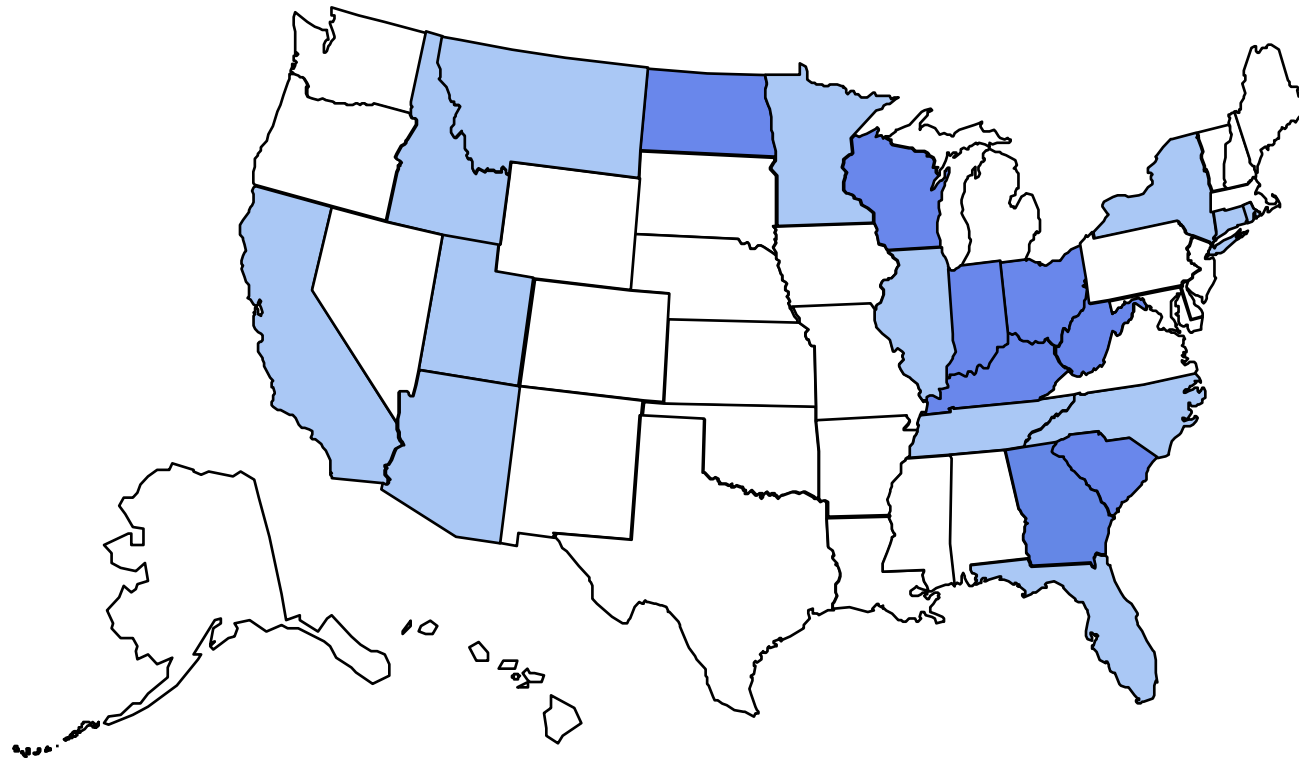


Diabetes

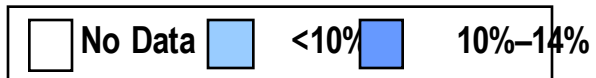


BRFSS, 1985

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

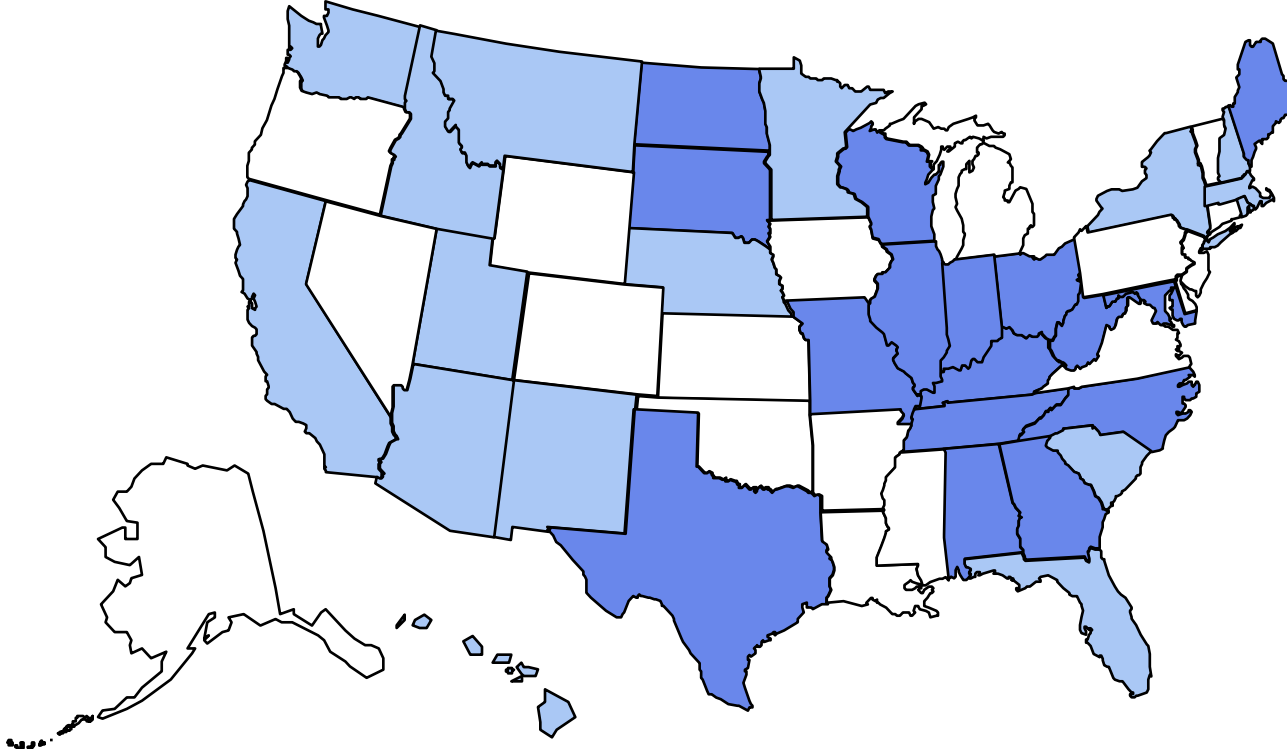


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BRFSS, 1987

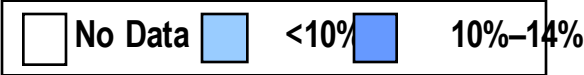
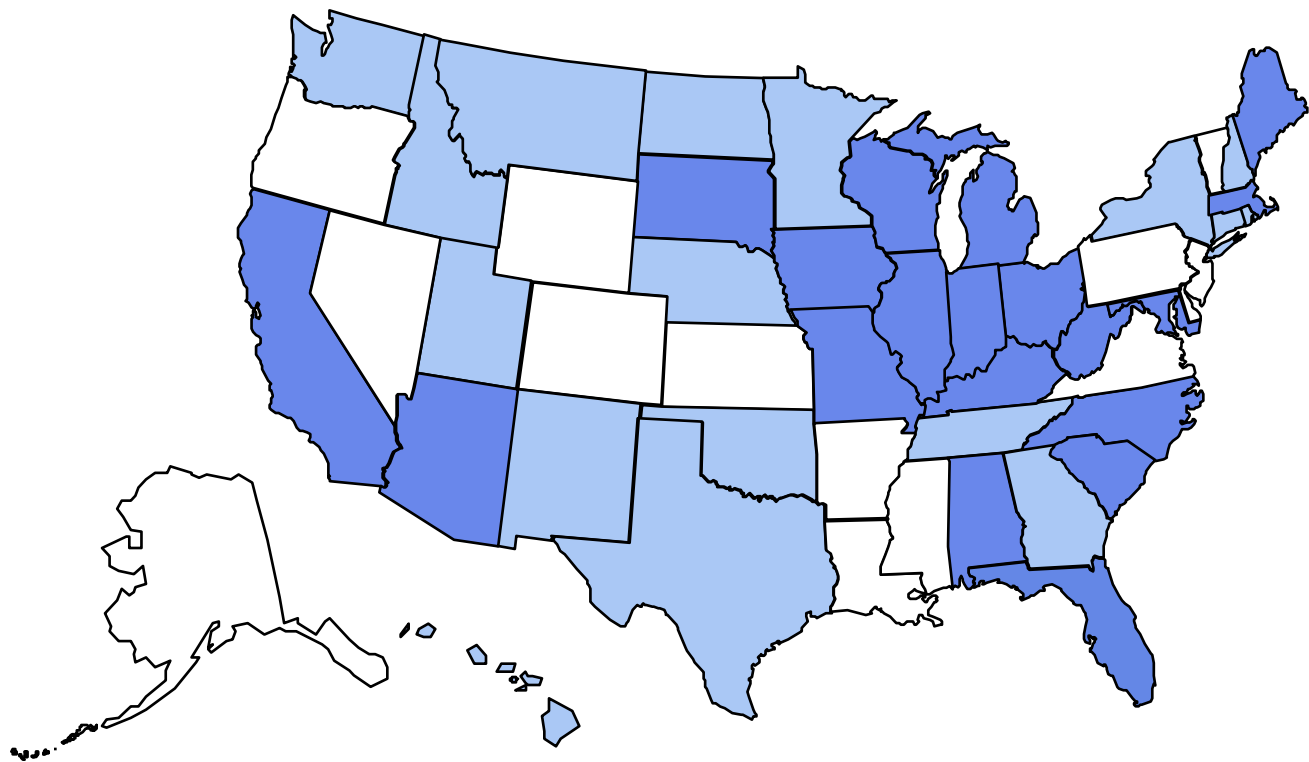
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Obesity Trends* Among U.S. Adults

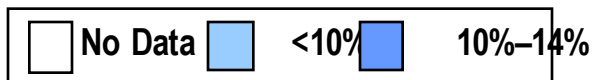
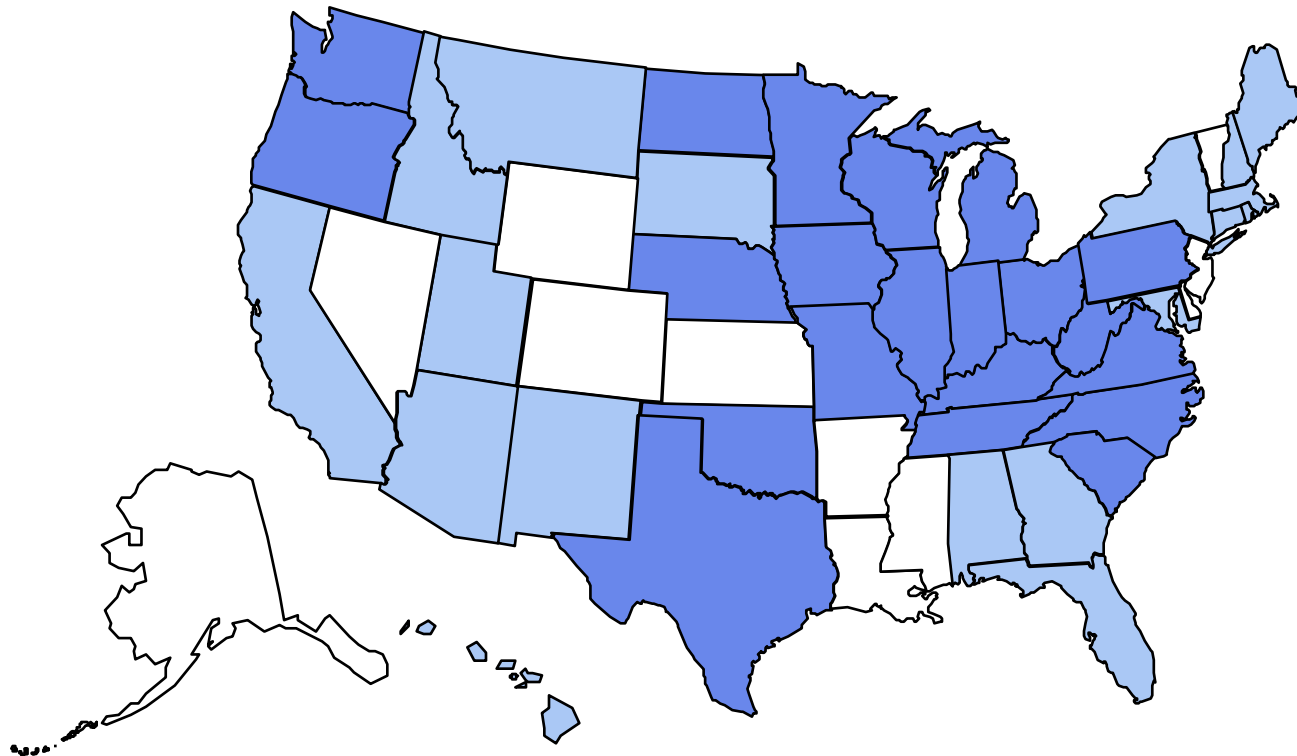
BRFSS, 1988

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BRFSS, 1989

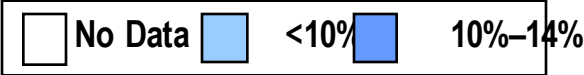
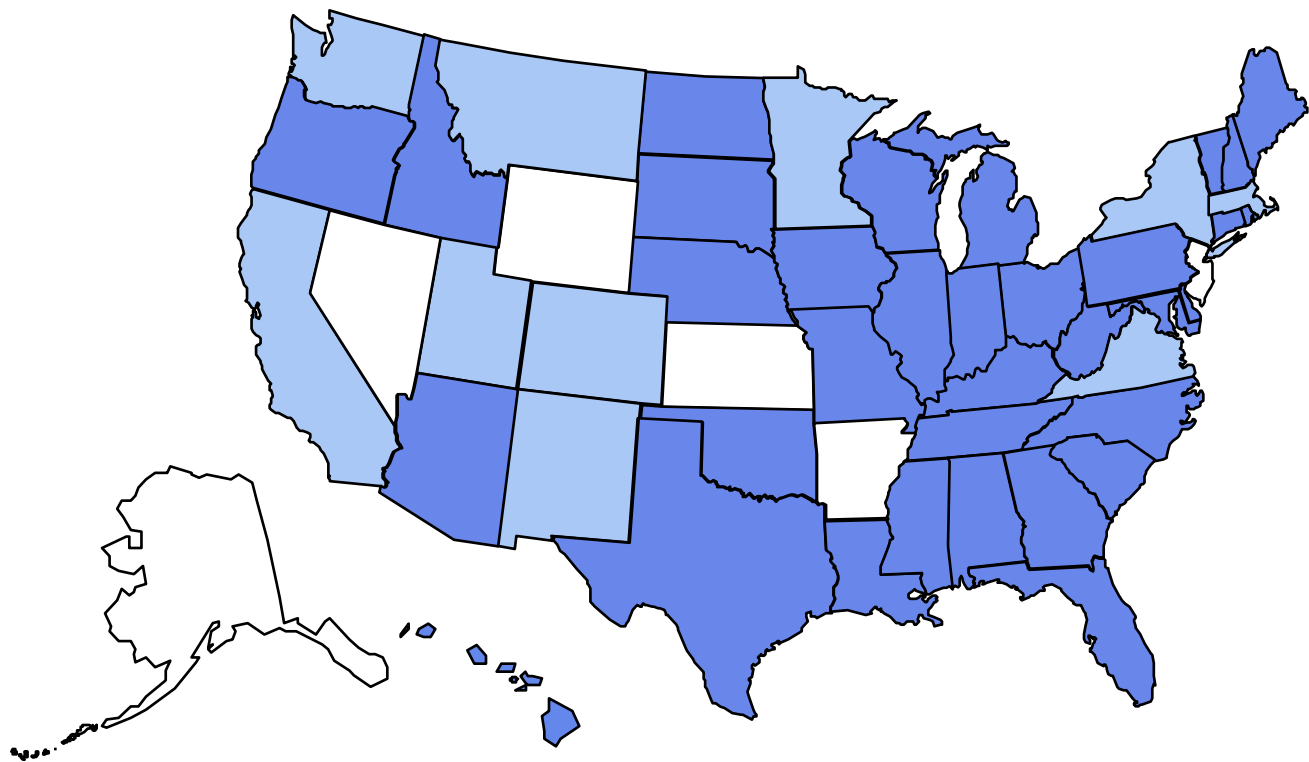
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Obesity Trends* Among U.S. Adults

BRFSS, 1990

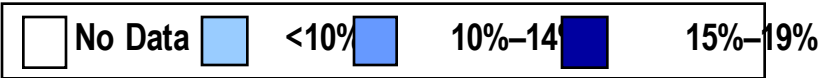
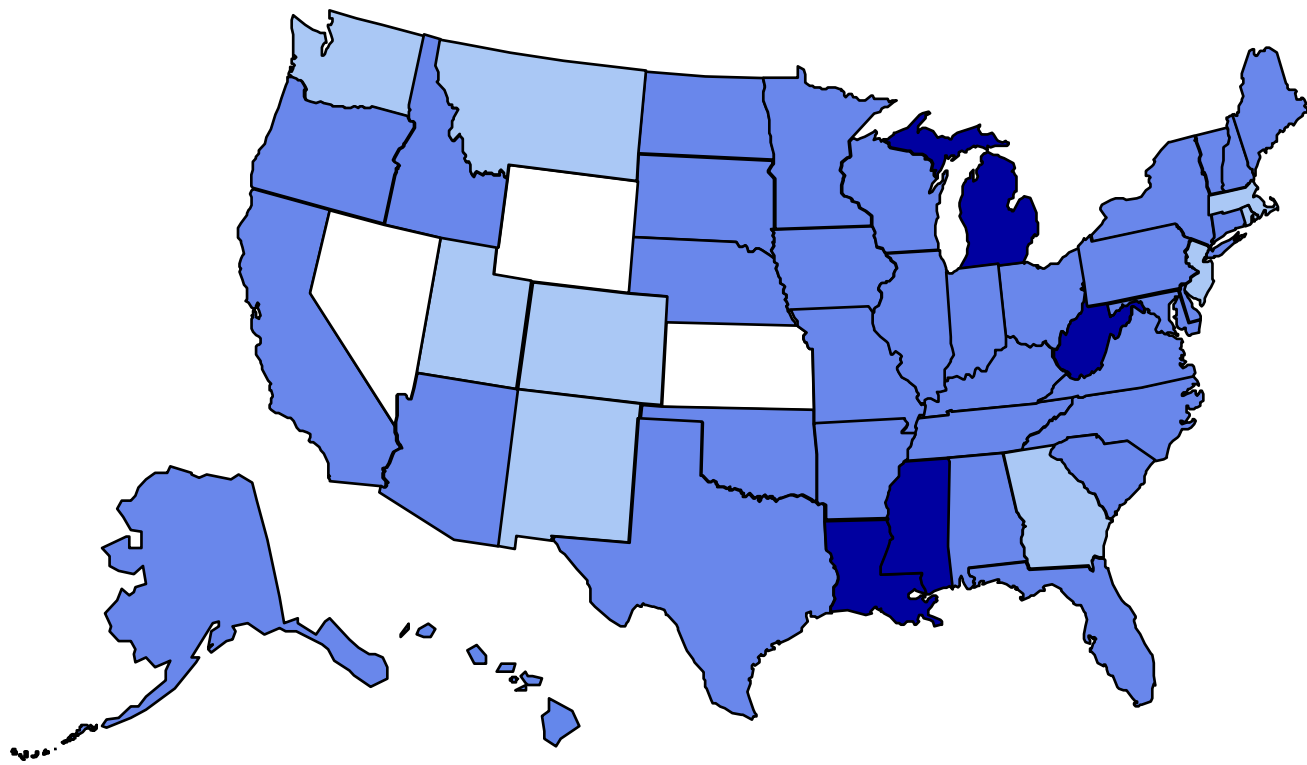
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Obesity Trends* Among U.S. Adults

BRFSS, 1991

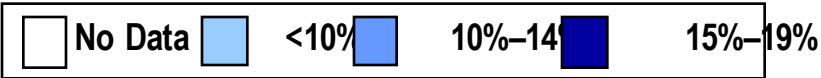
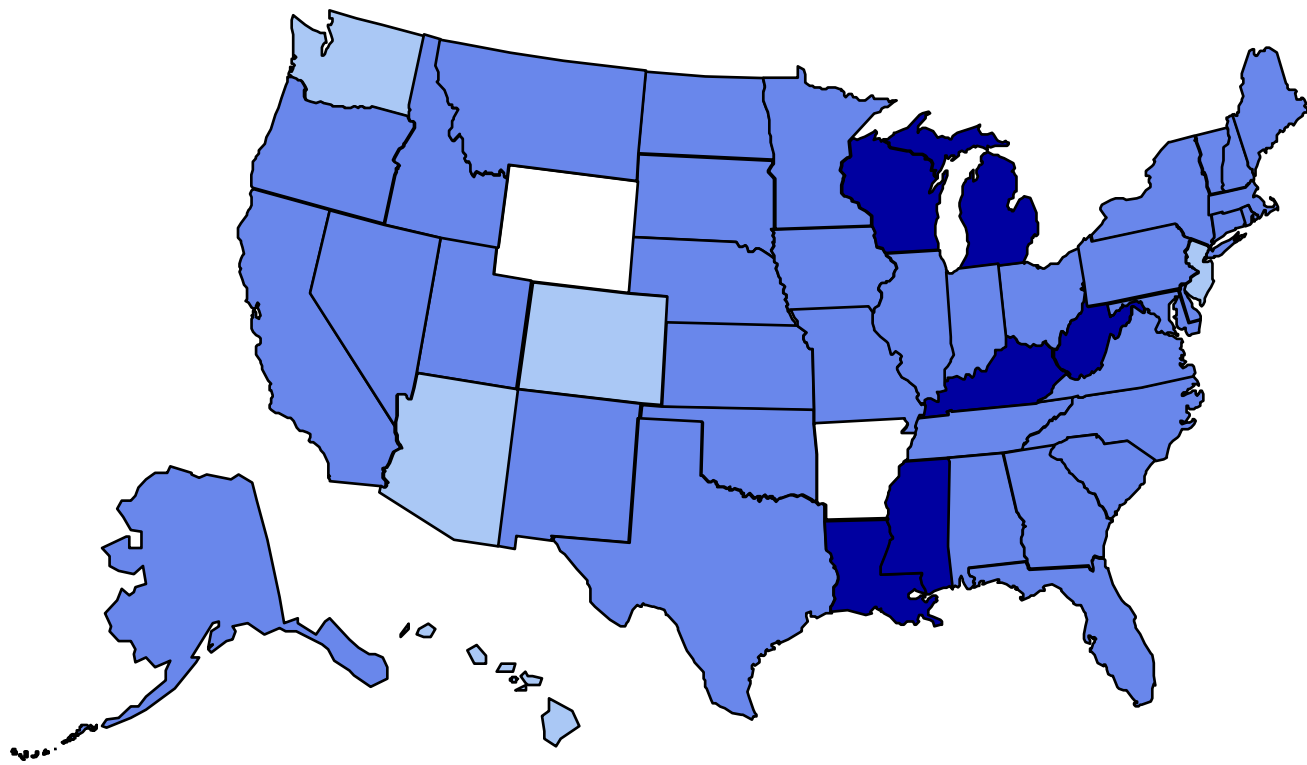
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Obesity Trends* Among U.S. Adults

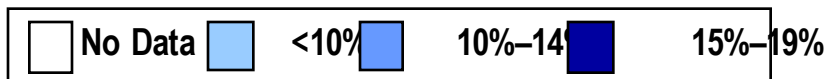
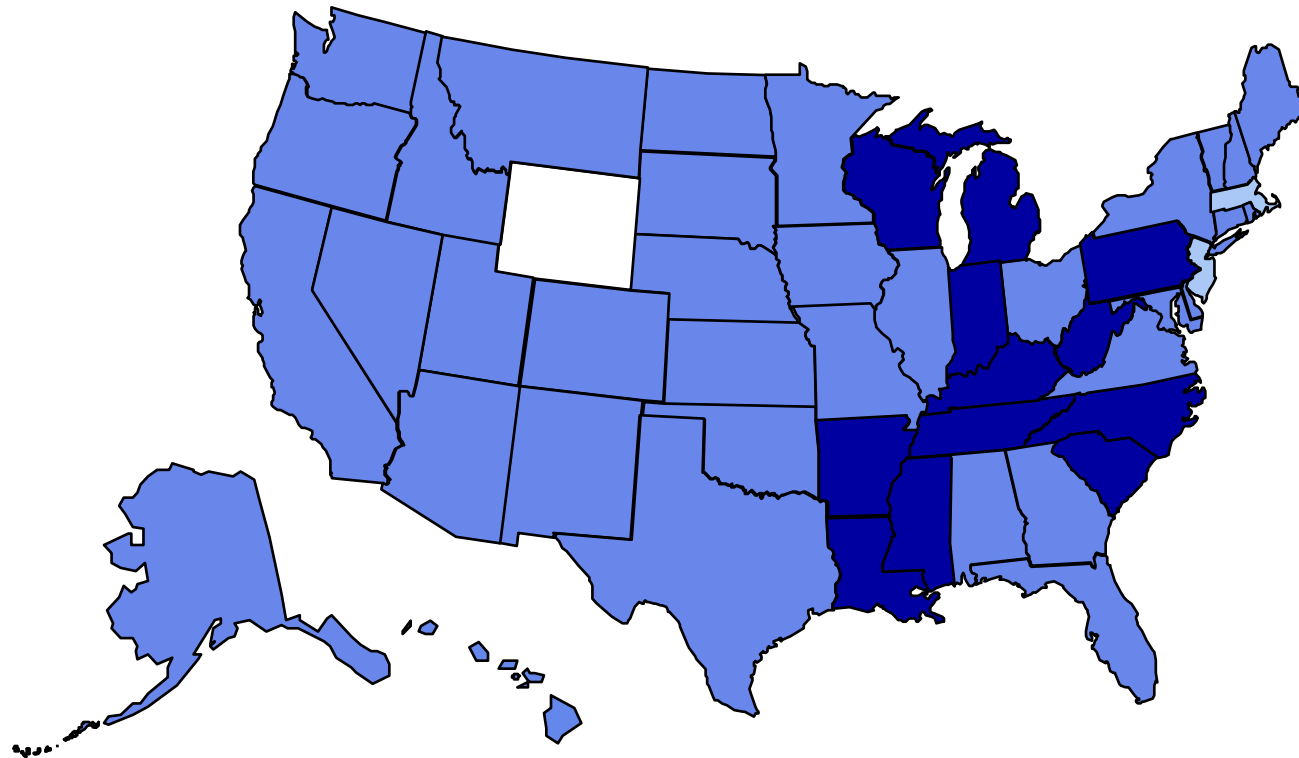
BRFSS, 1992

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BRFSS, 1993

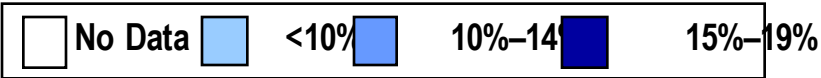
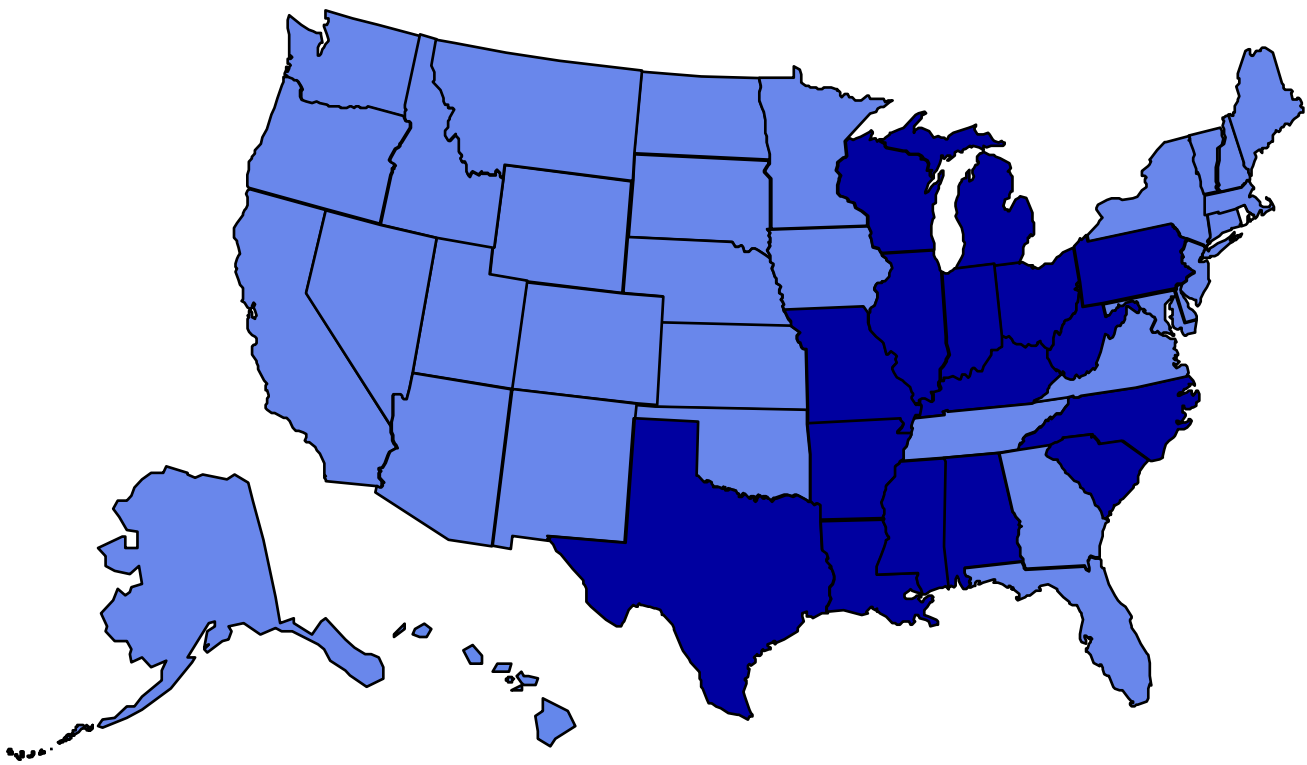
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Obesity Trends* Among U.S. Adults

BRFSS, 1994

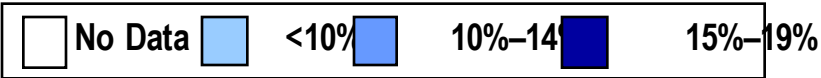
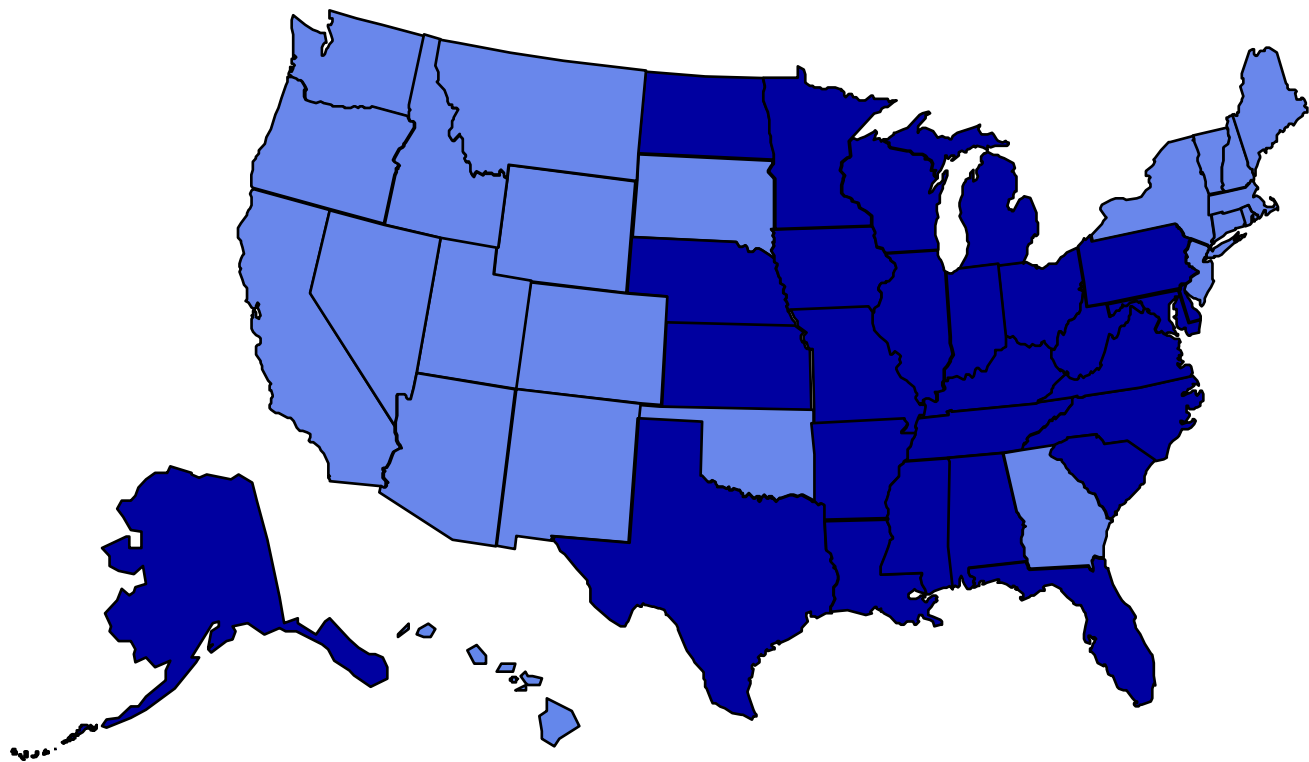
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Obesity Trends* Among U.S. Adults

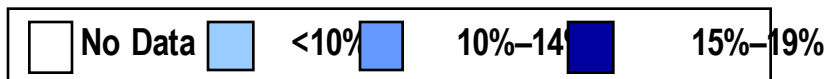
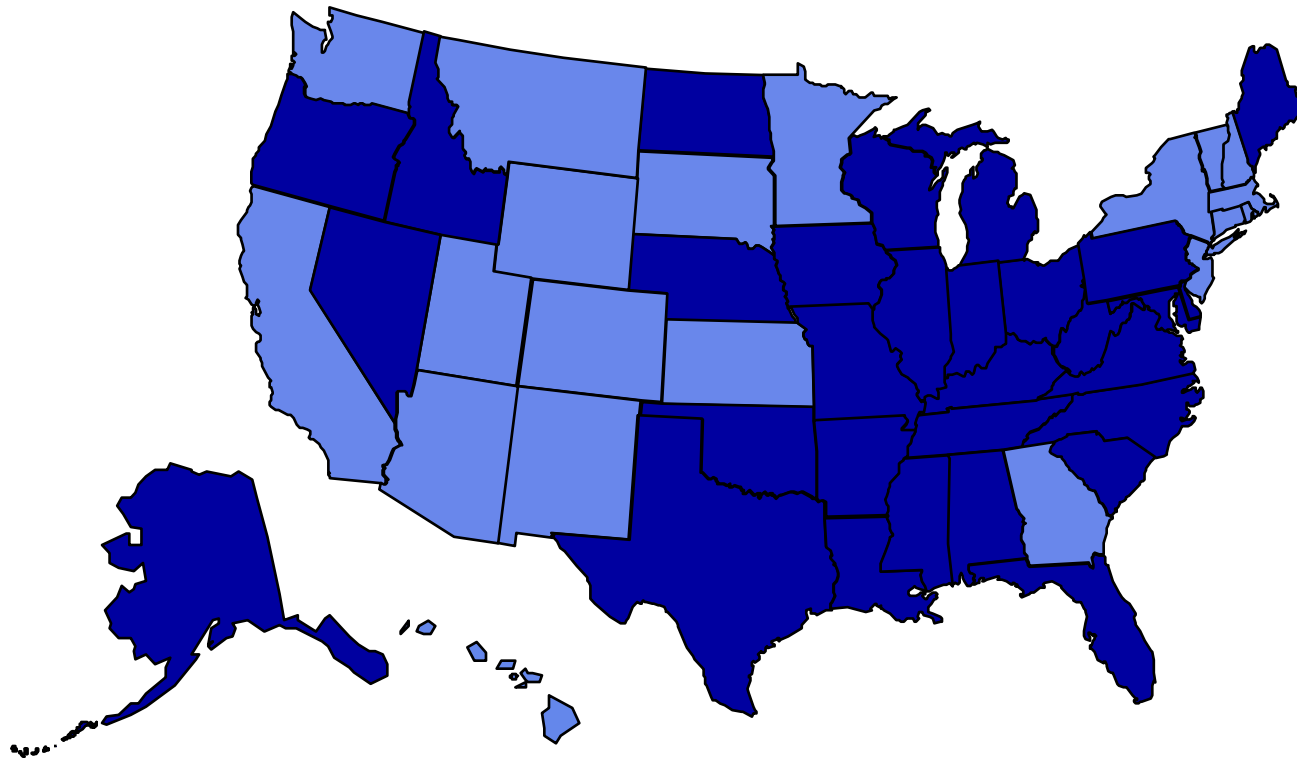
BRFSS, 1995

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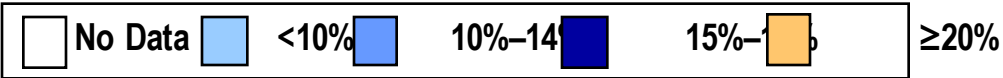
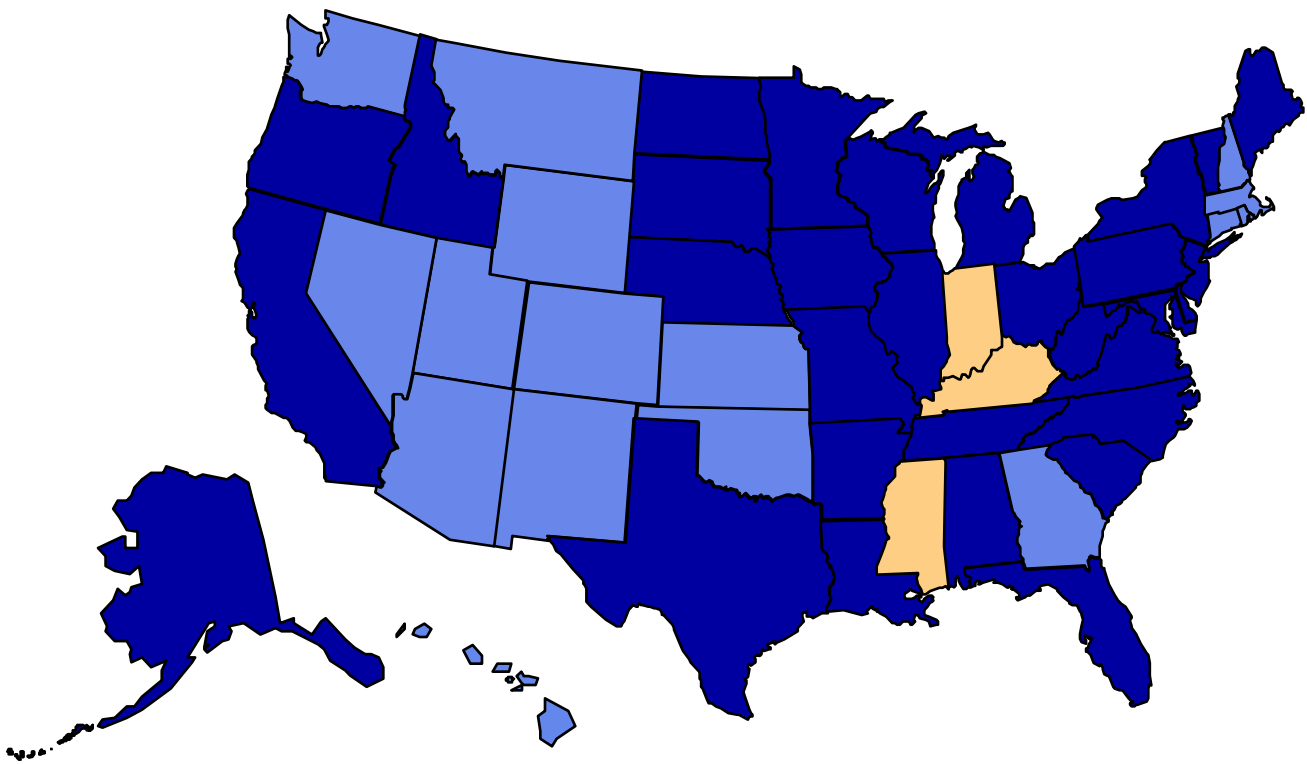
BRFSS, 1996

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Obesity Trends* Among U.S. Adults
BRFSS, 1997

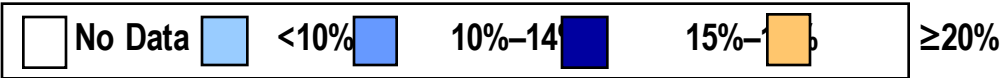
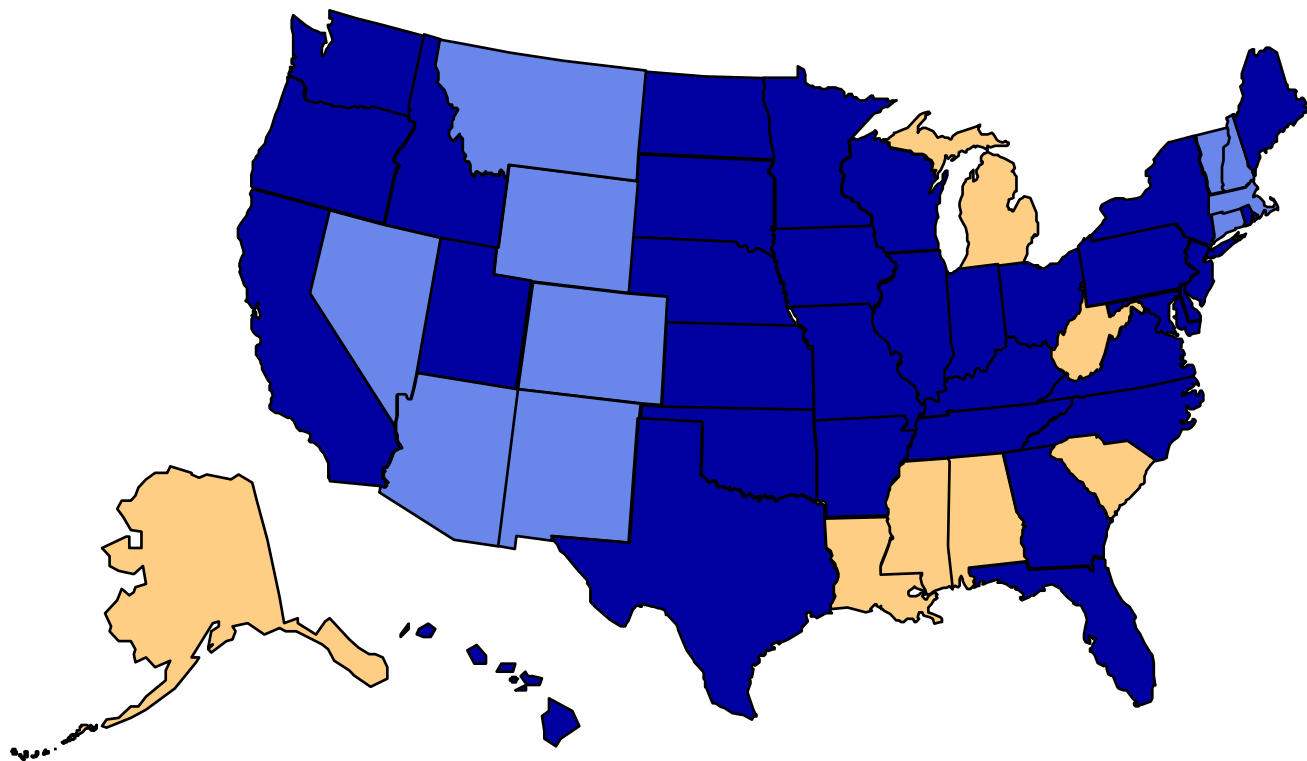
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Obesity Trends* Among U.S. Adults

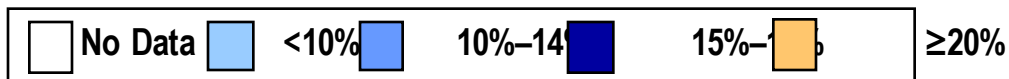
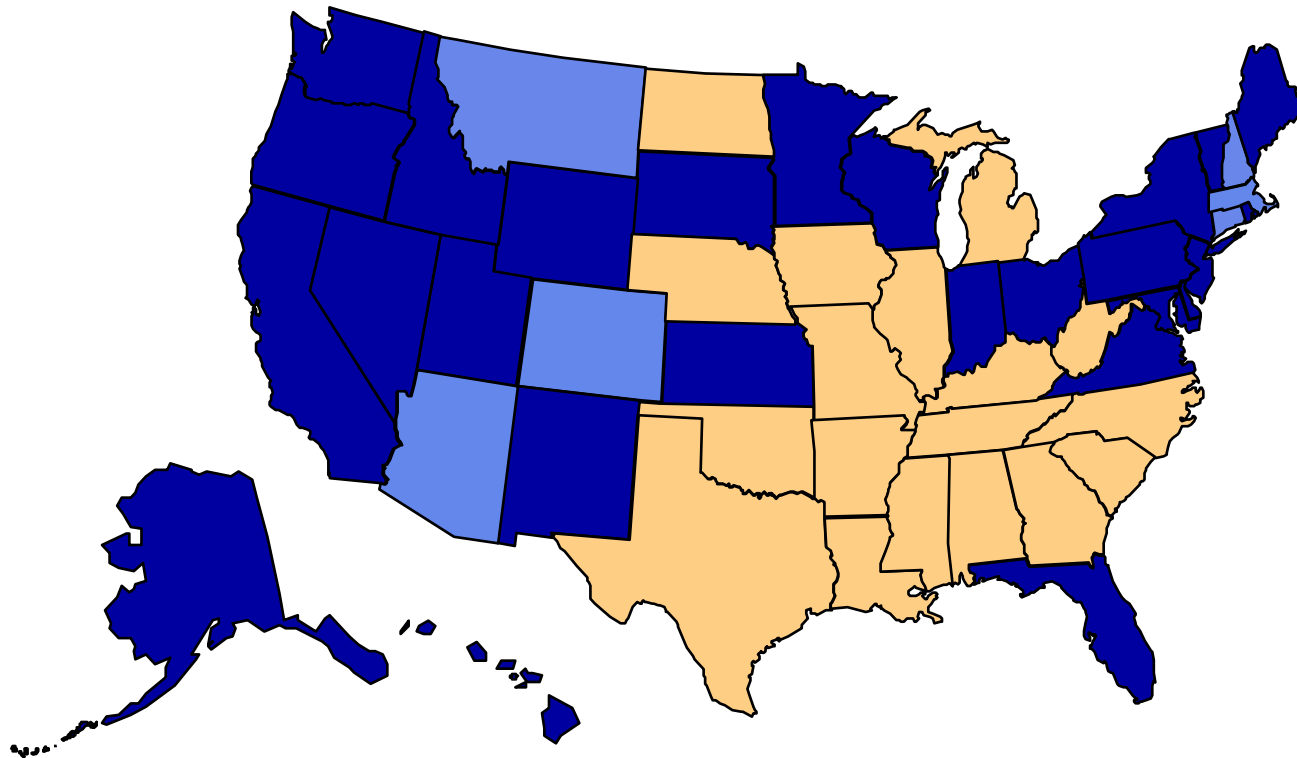
BRFSS, 1998

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BRFSS, 1999

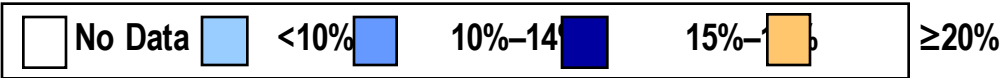
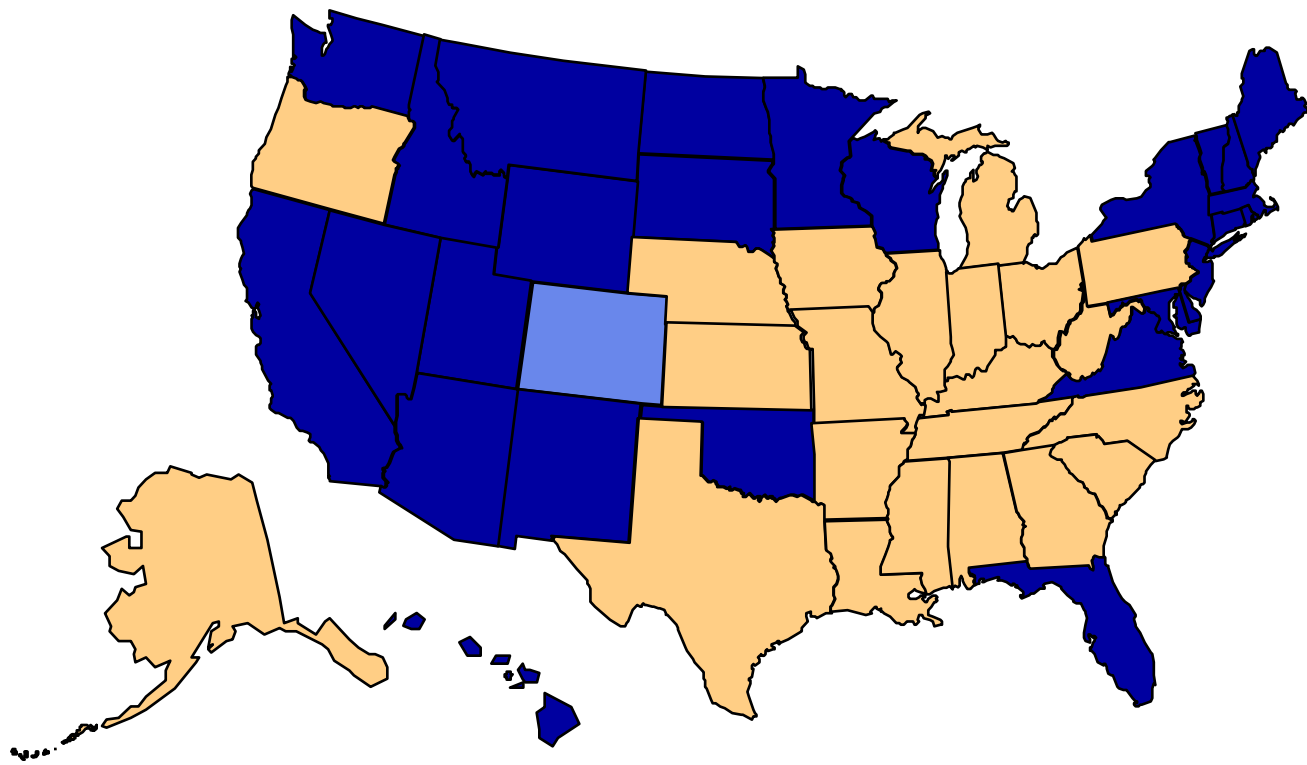
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Obesity Trends* Among U.S. Adults

BRFSS, 2000

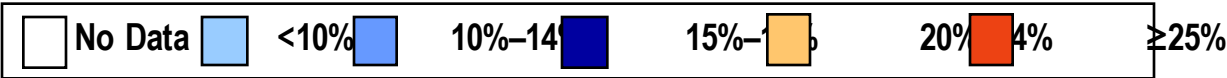
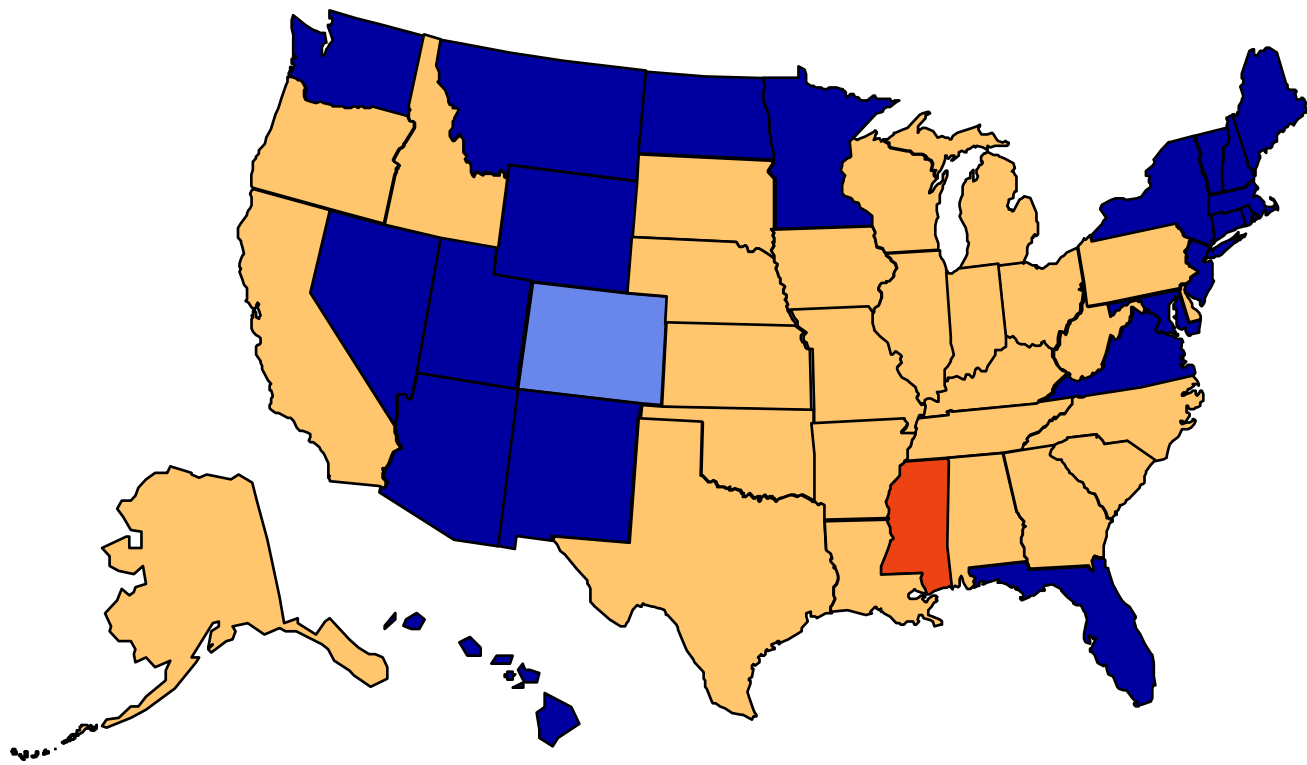
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Obesity Trends* Among U.S. Adults

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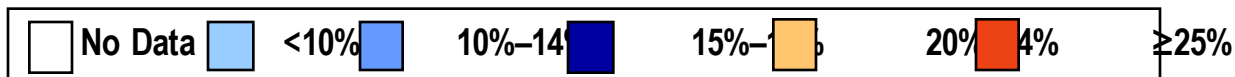
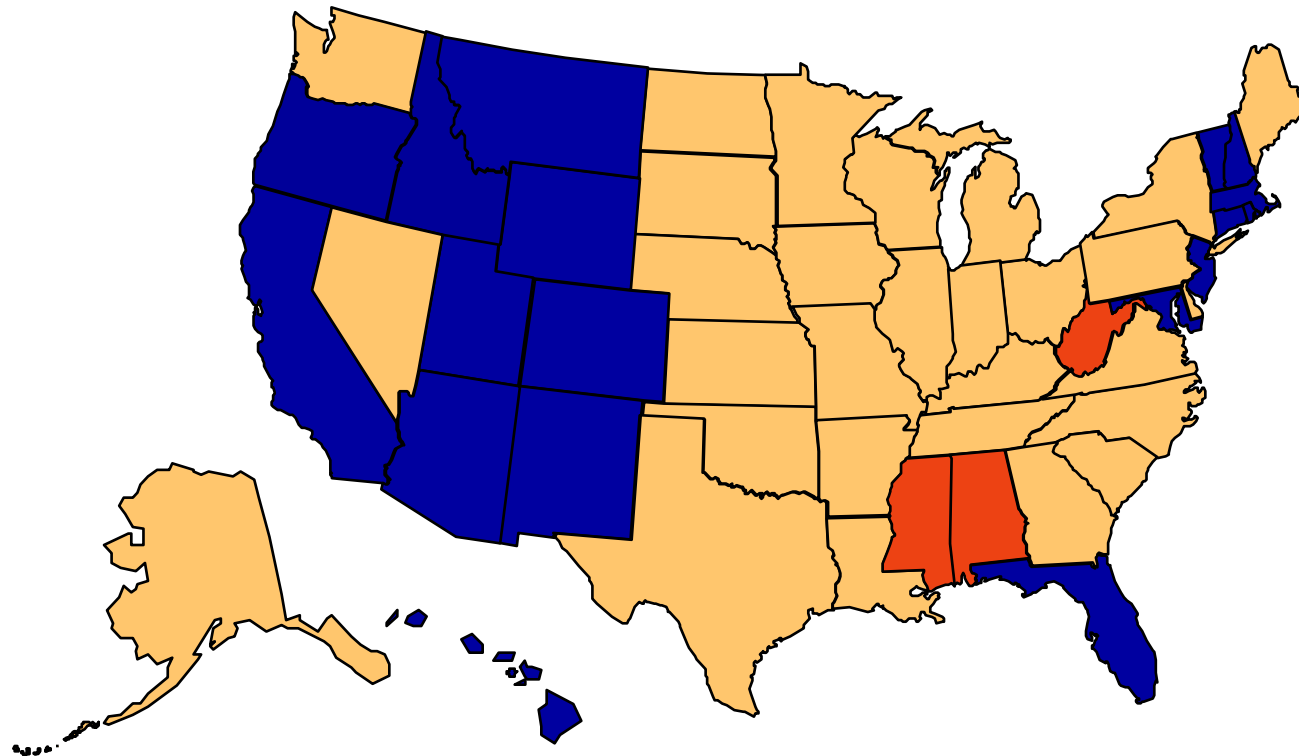
(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2002

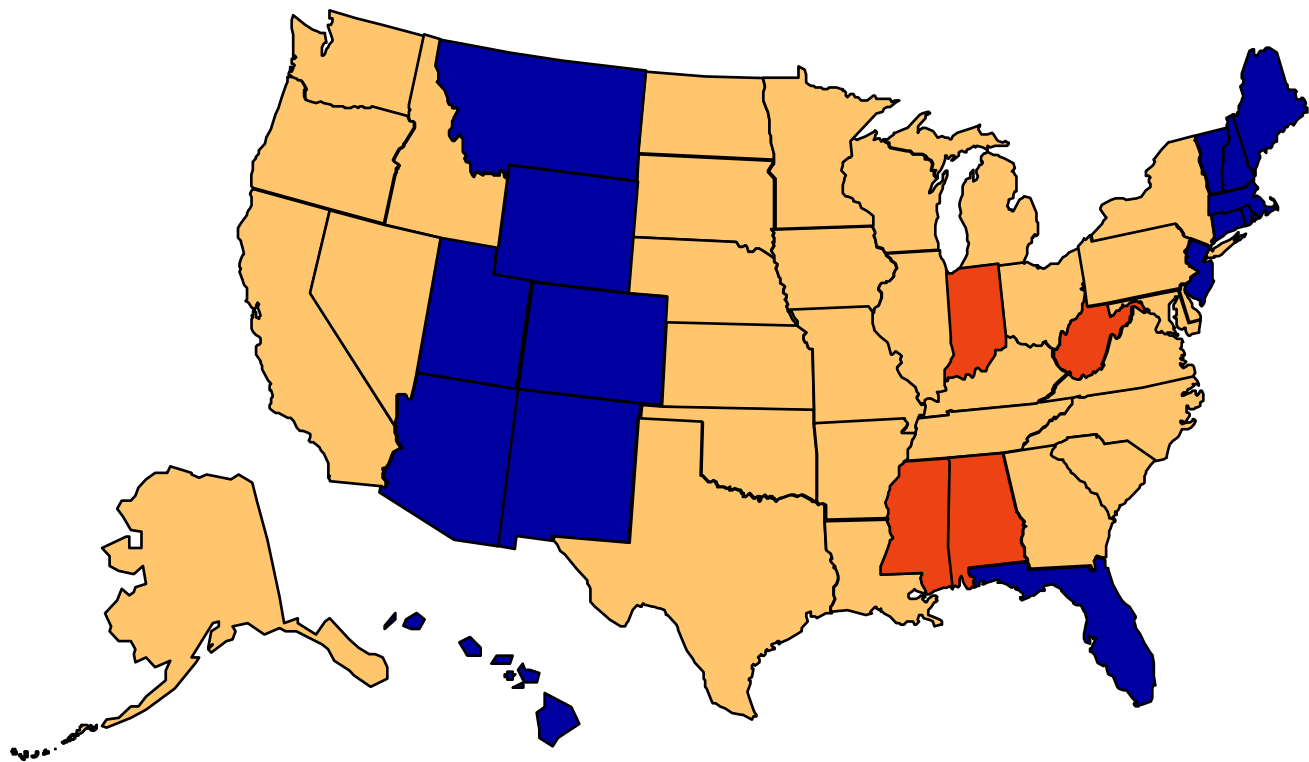
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Obesity Trends* Among U.S. Adults

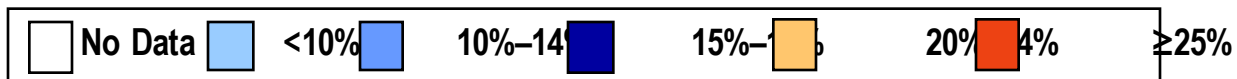
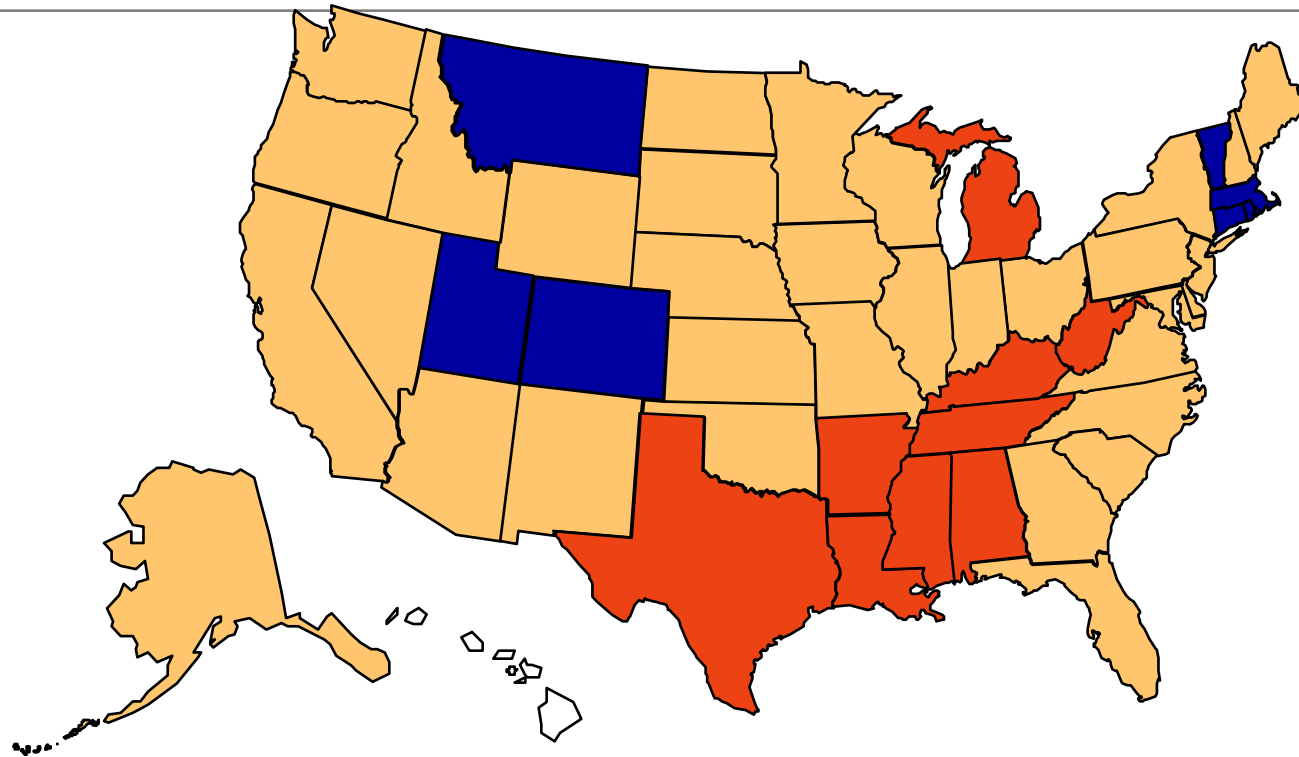
BRFSS, 2003

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

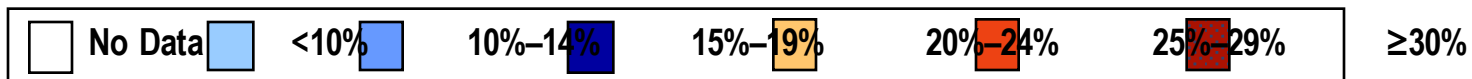


BRFSS, 2004

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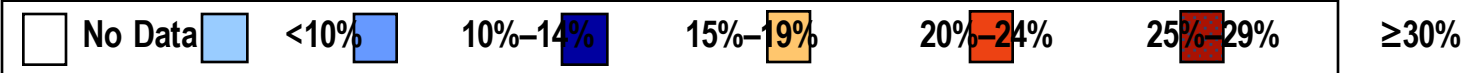
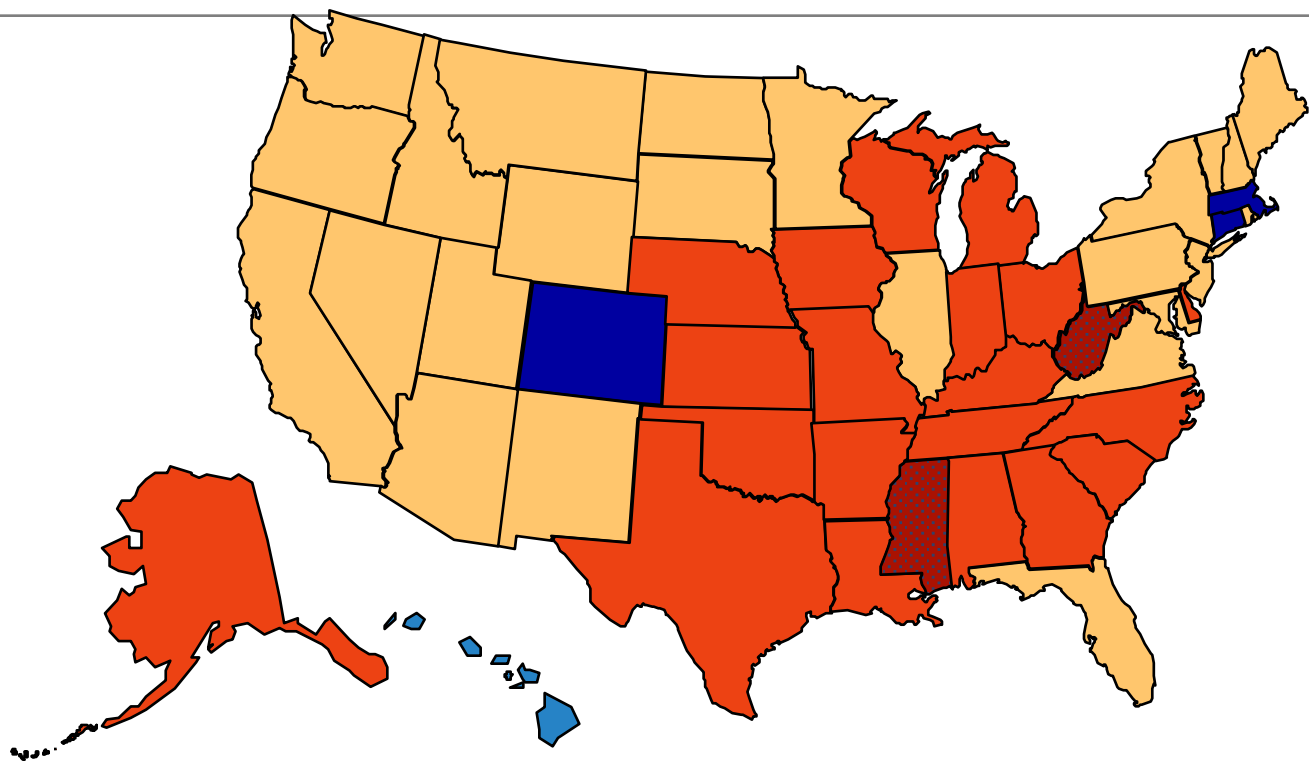
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Obesity Trends* Among U.S. Adults

BRFSS, 2006

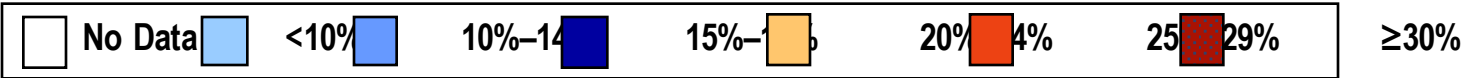
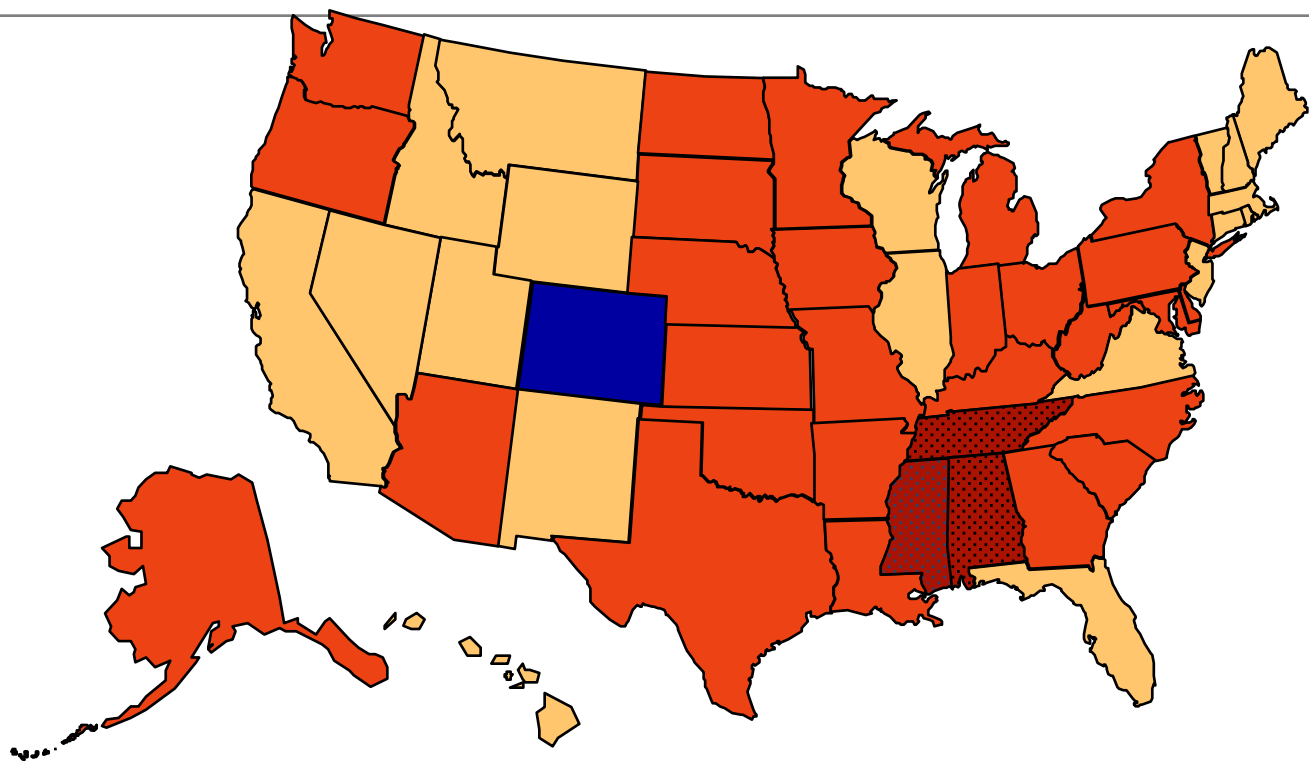
(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2007

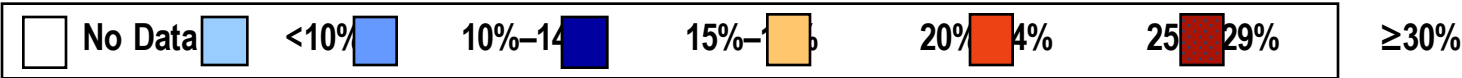
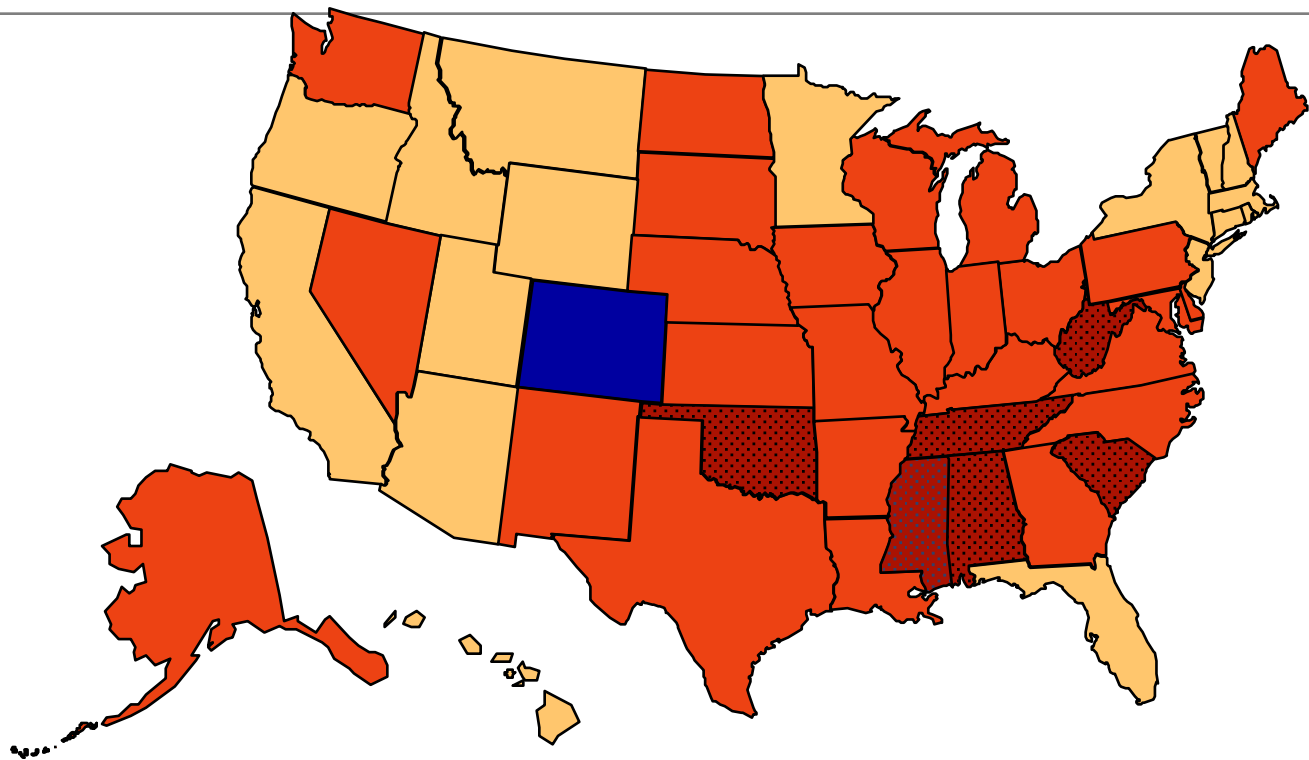
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Obesity Trends* Among U.S. Adults

BRFSS, 2008

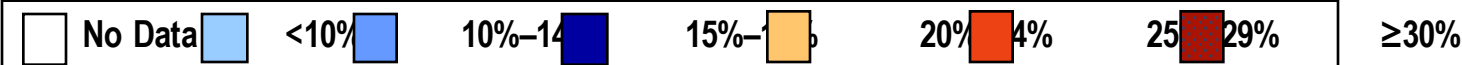
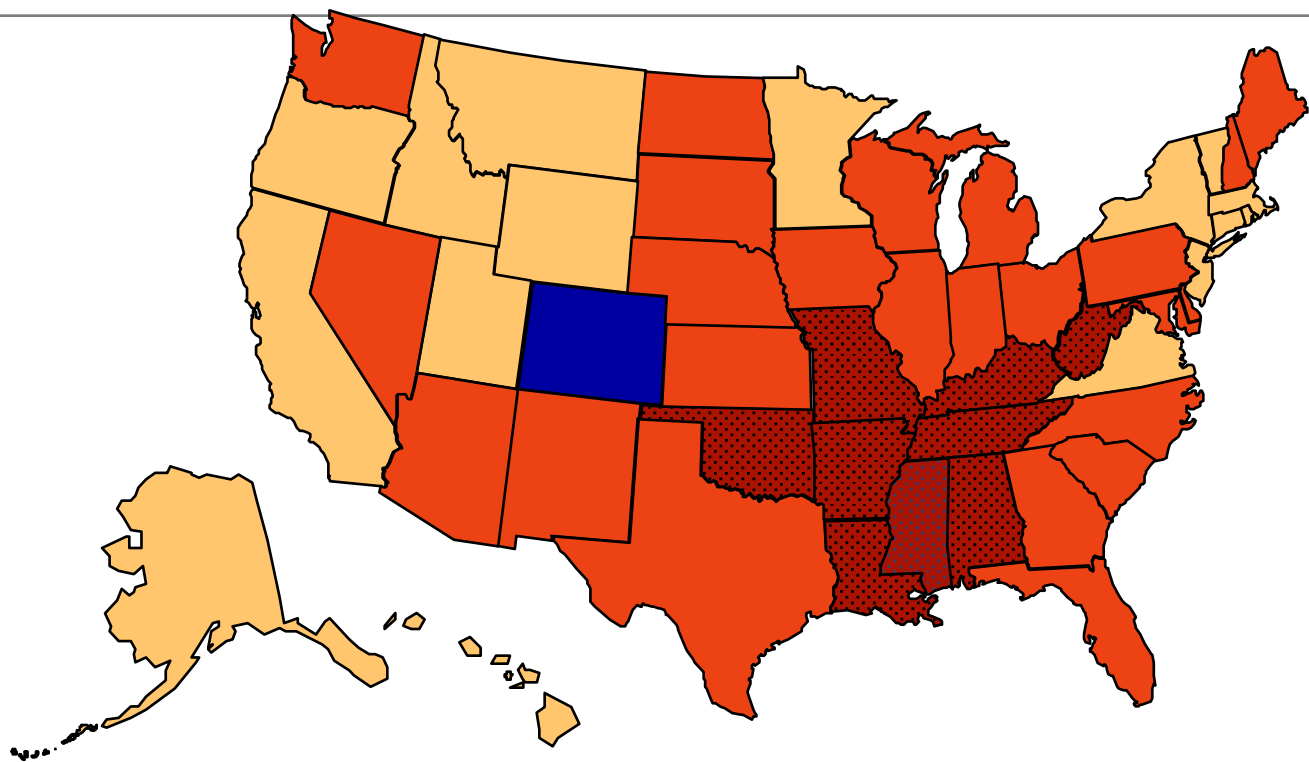
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Obesity Trends* Among U.S. Adults

BRFSS, 2009

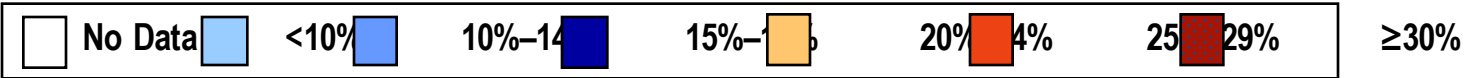
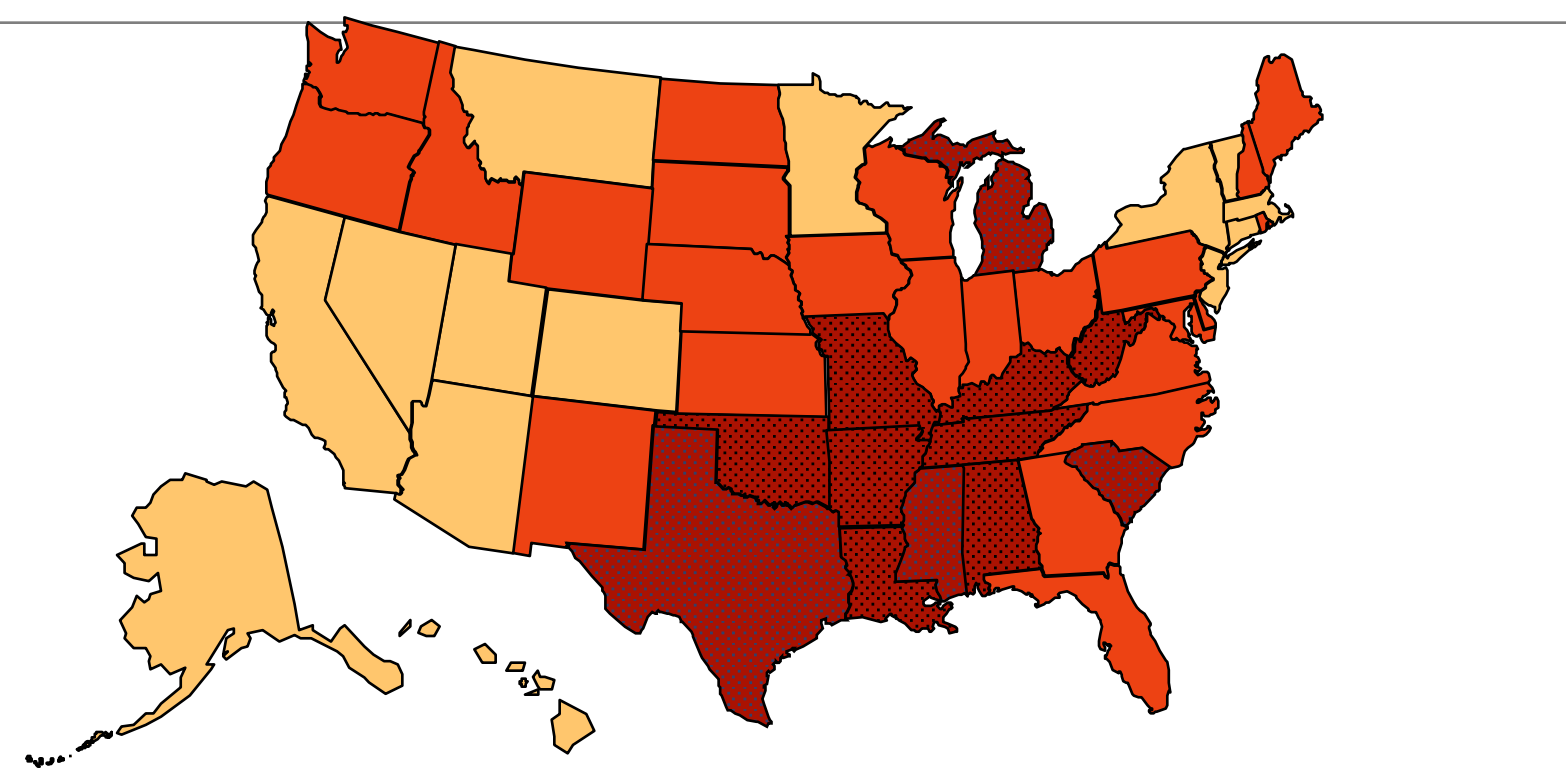
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Obesity Trends* Among U.S. Adults

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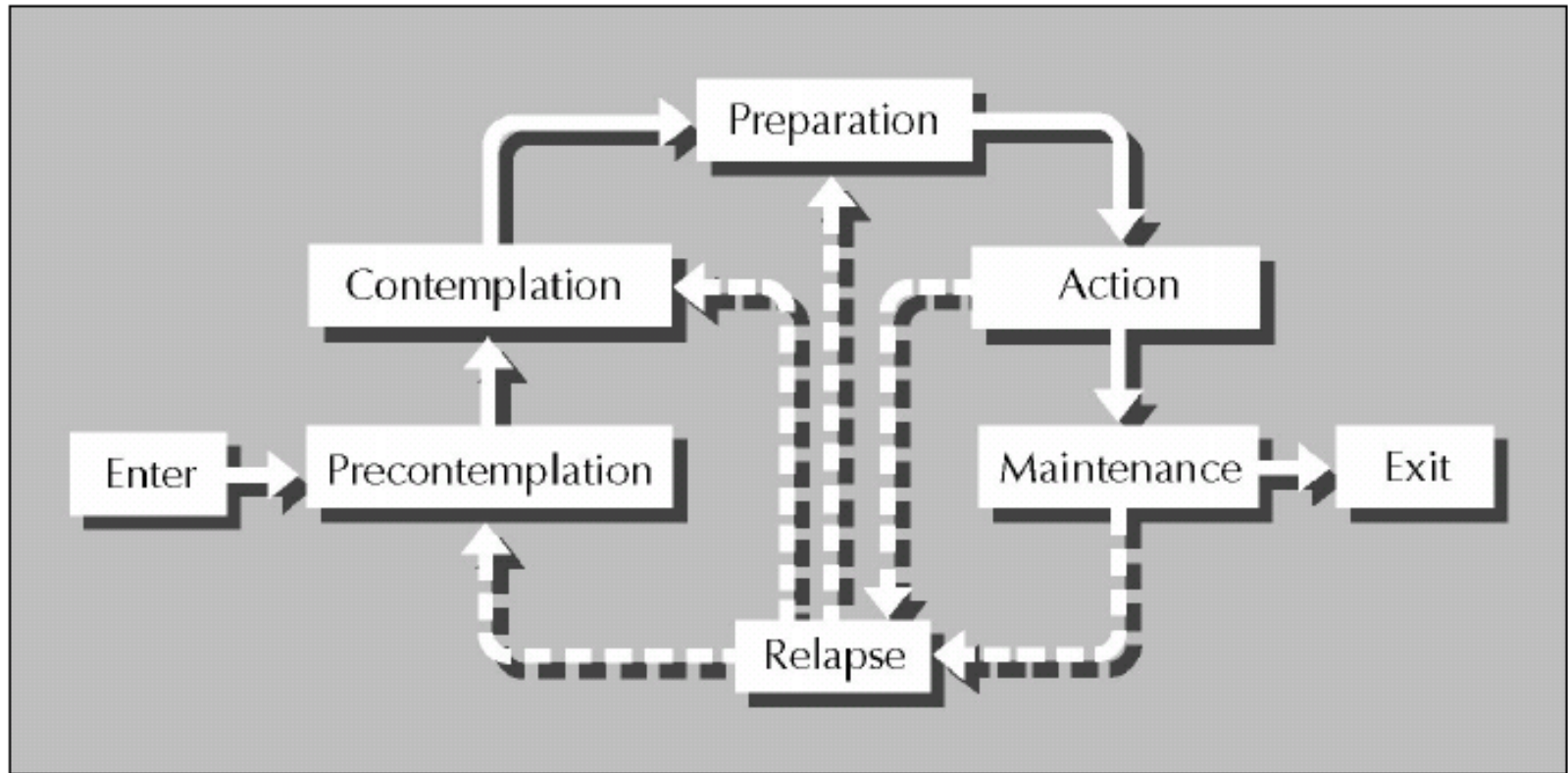
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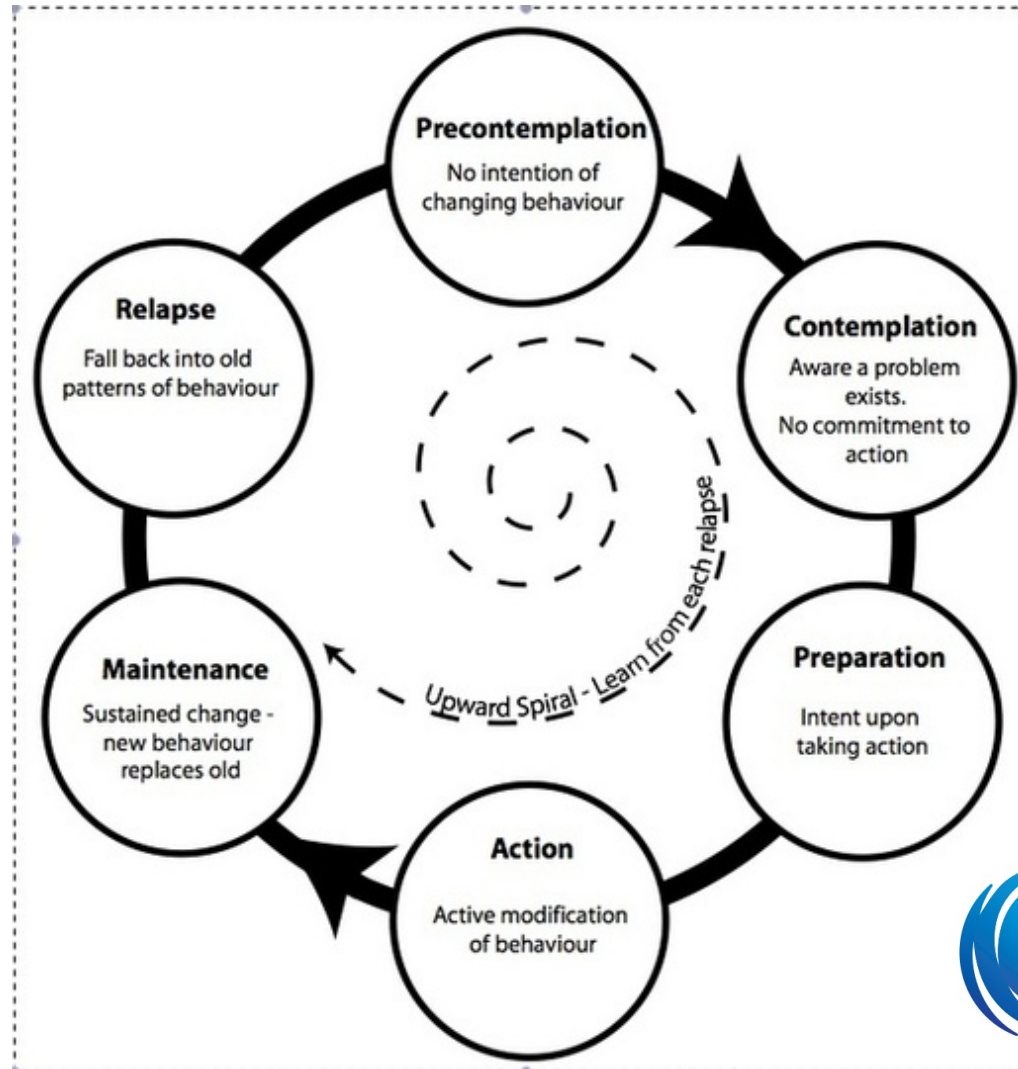
Diabetes 2 Control?

- Behavioral aspects of diabetes
 - Diet
 - Exercise
 - Sedentary Lifestyle
 - Tobacco Use
- Unable to control aspects of diabetes
 - Family History
 - Age
 - Gender
 - Race

Stages of Change – Academic Version



Stages of Change in Reality



Understanding the stages of change can help you:

- Identify what you need to start taking control of your diabetes
- Learn about the thoughts, feelings and action (“tools”) that will help you move on to the next stage
- When you are ready, help you monitor your blood sugars regularly and keep your diabetes under control

Helpful hints

- Pay attention to the stage that best describes where you NOW stand.
- It lets you know what you must do if you want to make some changes in taking control of your diabetes.
- Look at the stages that come just BEFORE and just AFTER. This will help you understand where you've come from—and what you can look forward to when you take the next step.



Precontemplation

- Have no intention of monitoring blood sugars regularly
- How providers can help:
 - Better understand the reasons why you're not ready
 - Be more aware of the positive and negative sides of monitoring your blood sugars
 - Feel less defensive about not monitoring your blood sugars as recommended by your health care provider
 - Look more openly at the possibility of making some small changes
 - Learn what thoughts and actions will help you move on to the next stage, when you are ready



Contemplation

- Seriously thinking about possibility of monitoring blood sugars.
- How providers can help:
 - Better understand what you need to get ready
 - Take an honest look at the positive and negative sides of monitoring your blood sugars
 - Identify the information and skills you'll need to begin monitoring your blood sugars regularly
 - Learn what thoughts and actions will help you move on to the next stage, **when you are ready**
 - Begin to take small step toward monitoring regularly, such committing to monitoring once/day.
 - Recognize and reward all of your successes



Preparation

- Getting ready to start taking control of your diabetes by monitoring your blood sugars.
- How providers can help:
 - Make a promise to start monitoring and develop strong plan of action
 - Cope with any special challenges you might have (i.e. dealing with urges to avoid monitoring your blood sugars)
 - Take small steps necessary to get ready to begin monitoring your blood sugars
 - Get support for monitoring from others
 - Look forward to seeing yourself in a new way “taking control of diabetes” vs. “letting diabetes control you”
 - Recognize and reward all of your successes



Action

- Started monitoring your blood sugars regularly
- How providers can help :
 - Strengthen your promise and firm up support to continue to monitor your blood sugars regularly
 - Manage stress better so you won't give in to temptations to avoid monitoring your blood sugars in the future
 - Begin seeing yourself as someone who is “taking control of diabetes” vs. “letting diabetes control me”
 - Recognize and reward all of your successes



Maintenance

- Have been monitoring blood sugars for at least 6 months
- How providers can help:
 - Manage stress better so you won't give in to temptations to avoid monitoring your blood sugars in the future
 - Increase your belief in your ability to resist temptations surrounding not monitoring your blood sugars
 - Continue seeing yourself as someone who is “taking control of diabetes” vs. “letting diabetes control me”
 - Recognize and reward all of your successes



Navigating stages of change

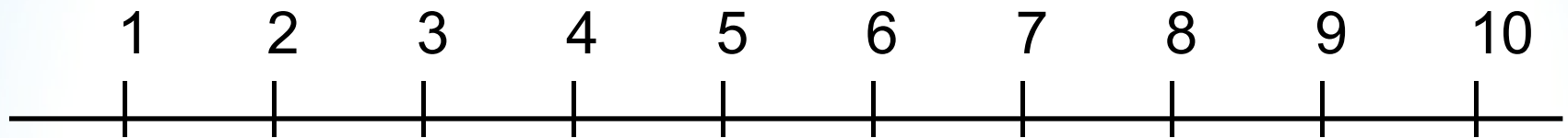
- Still stuck?
 - Which stage are most patients in?
 - Pre-contemplation or contemplation
- Which stage are most providers in?
 - Action

Confidence Rulers

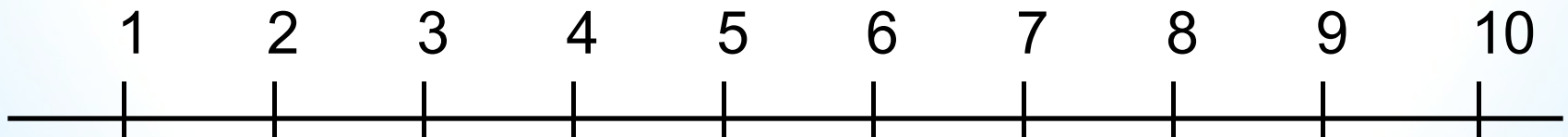
- Help target interventions
- Allow encounters to be more
 - patient centered
 - efficient
 - focused on change talk



ON A SCALE OF 1 TO 10, HOW IMPORTANT IS IT FOR YOU
RIGHT NOW TO CHANGE?



ON A SCALE OF 1 TO 10, HOW CONFIDENT ARE YOU
THAT YOU COULD MAKE THIS CHANGE?

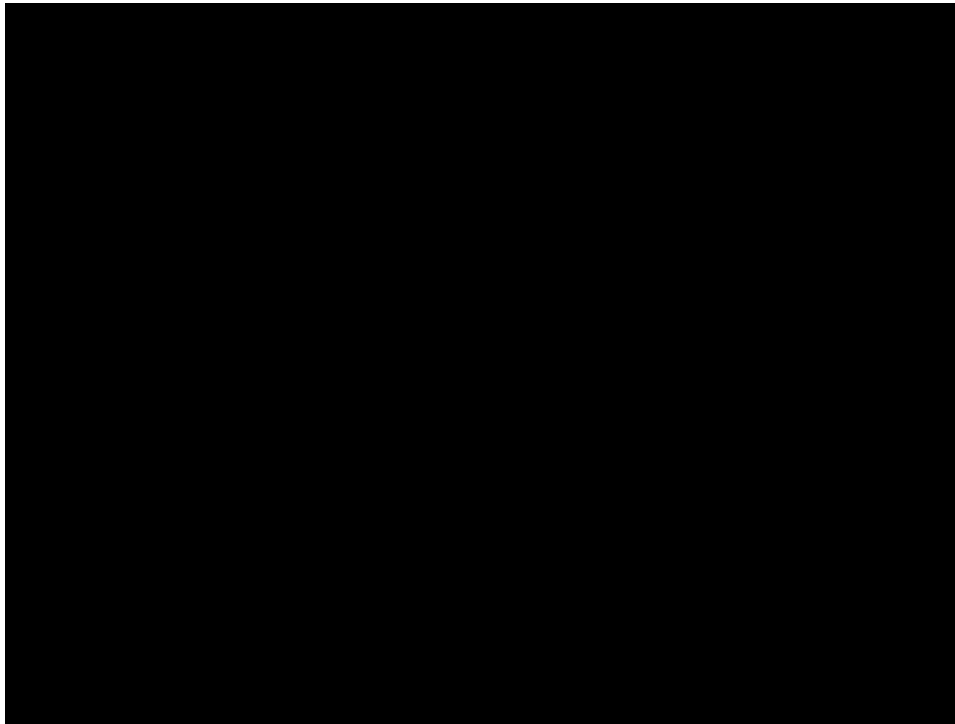


Working the Scale

- If either the importance of confidence scales are less than a 7, this is a red flag to change the goal
- Questions to consider asking patient:
 - How did you decide you were a 5 and not a 4?
 - What would it take for you to move from a 5 to a 6?

Video of MI with Diabetic

<https://www.youtube.com/watch?v=hPp9J8wPxMc>



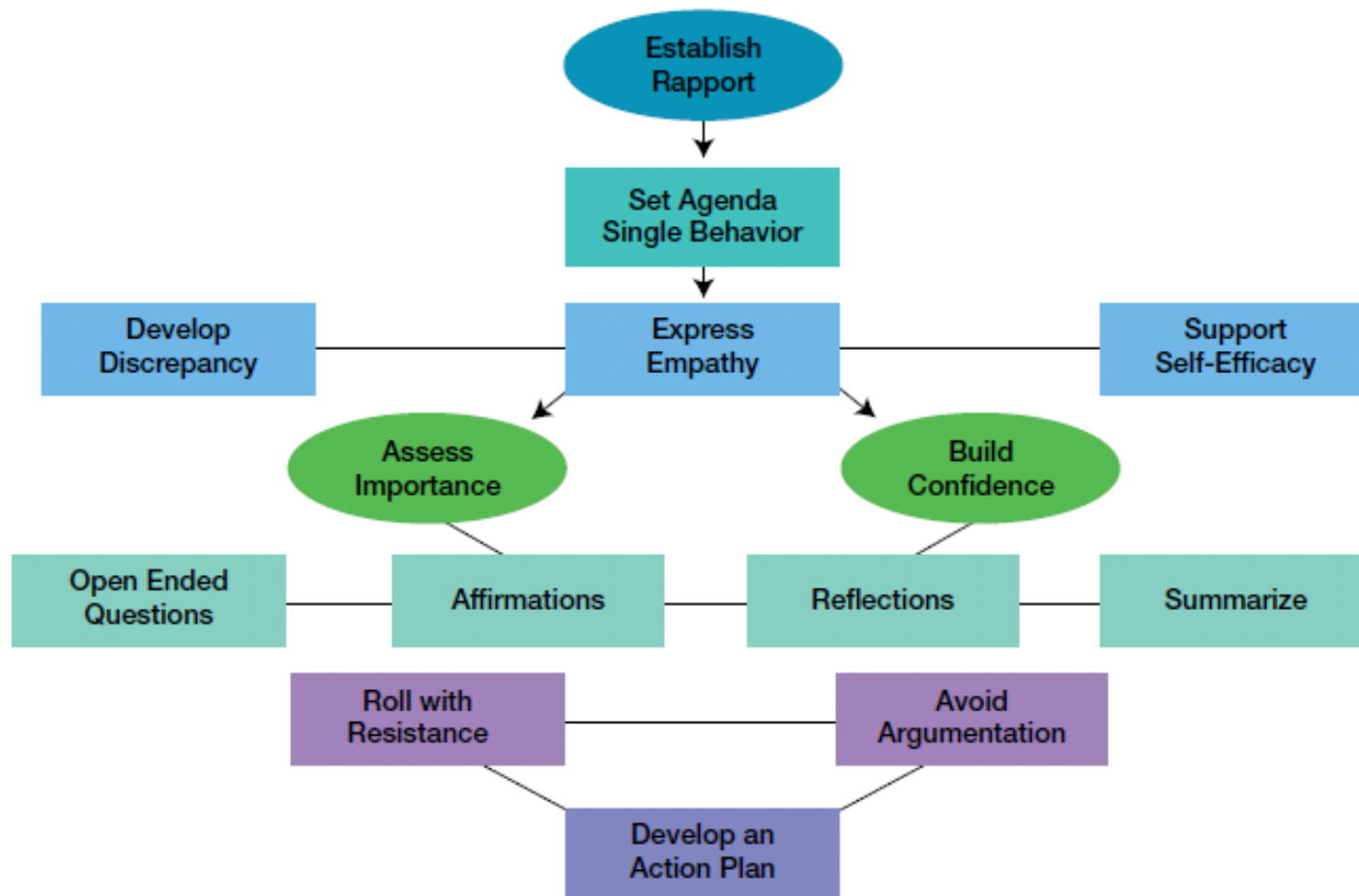


Figure 1: MI Workflow (Compliments of Penn State Hershey)

Tobacco Use

THE NEXT 50 YEARS

IF WE COULD HELP EVERY SMOKER TO QUIT SMOKING AND KEEP YOUNG PEOPLE FROM STARTING IN THE FIRST PLACE, THE RESULTS WOULD BE STAGGERING.

**1/2
MILLION**
PREMATURE DEATHS
could be prevented every year.



AT LEAST
**\$130
BILLION**
in direct medical costs for adults
could be saved every year.



AT LEAST
**88
MILLION AMERICANS**

who continue to be exposed to the dangerous chemicals
in secondhand smoke could breathe freely.



**5.6
MILLION CHILDREN**
alive today who ultimately will die early
because of smoking could live to a
normal life expectancy.



MORE THAN
**16
MILLION PEOPLE**
already have at least one disease from smoking.
We could prevent that number from growing more.



**1 OUT
OF 3
CANCER DEATHS**
in this country could be prevented.



AT LEAST
**\$156
BILLION**
in losses to our economy—caused when
people get sick and die early from
smoking—could be prevented.



Tobacco is ideal for MI in healthcare because...

- It's a chronic disease
- It's the most difficult substance to quit per CDC
- Primary care has more of a focus on reducing tobacco prevalence than any other field



Group Exercise: Tobacco and MI

- 54 year old male with a 20 pack year history presents to meet with PCP for follow-up visit post-ED for complications related to emphysema.
- Patient has been provided education multiple times by providers that he should quit smoking, but feels ambivalent
- Strengths:
 - Values relationship with grandchildren and being able to engage in activities with them
- Barriers
 - Wife smokes cigarettes as well and does not have any interest in quitting



Center for Integrated Primary Care

- <http://www.umassmed.edu/cipc/certificate-programs/motivational-interviewing/overview/>
- Online with telephonic coaching and patient exercises
- Identify 2-3 MI champions to send to this advanced training



So, what do you think MI is?

- How to help people change the behaviors that you want them to change and helping them realize it was all their own idea
- Or evidence-based health coaching?
- Or basic self-management support with decision aids?
- Or something else...



References

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