"Will I still be able to not exercise?"

Motivational Interviewing: Tool for Better Health Outcomes

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What You Will Learn Today

- The **role of motivational interviewing** in the primary care setting.
- How **motivational interviewing elicits behavioral change** in patients.
- Specific circumstances when you should use **motivational interviewing to improve health outcomes**.
- **Motivational interviewing skills** so that **you can start practicing today**.

Agenda

- What is motivational interviewing (10 min.)
- Why motivational interviewing is important in the healthcare setting (15 min)
- What are the core elements of a successful motivational interview (35 min.)
- Live Presentation of MI (need a volunteer) (10 min.)
- Practice in pairs with MI (30 min.)
- Q & A (10 min.)

Basic Definition

Motivational Interviewing - is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

A Way of Being with Patients

- Started by William Miller in 1986 with work with substance abusers.
- *A person centered goal orientated approach for facilitating change by exploring & resolving ambivalence* (Miller 2006)
- …*a method of communication rather than a set of techniques. It is not a bag of tricks for getting people what they don't want to do; rather it is a way of being with people & for people—a facilitated approach to communication that evokes change* (Miller & Rollnick, 2002)

Why Motivational Interviewing is Important to You

- 70% of health care visits driven by psychosocial factors (SAMHSA-HRSA)
- 50% of all mental health care is provided in primary care settings (SAMHSA -HRSA)
- Chronic, preventable disease costs Americans 75¢ of every health care dollar.
- At least 80% of the determinants of a person's health outcomes are dependent on their behavior. Health takes action.

Intervention Possible at Teachable Moments

- Primary care doctors are often catching patients at a critical moment in their pre-contemplation or contemplation stage of change.
- MI is 10–20% more effective than no treatment at improving depression, substance abuse, and increasing Pt. engagement (Lundahl & Burke, 2006)
- Improved quality of life for patients with chronic cardiopulmonary conditions (Cully, et al., 2010).
- Improved treatment adherence for patients with comorbid diabetes and depression (Lamers, Jonkers, Bosma, Knottnerus, & Van Eijk, 2011; Osborn, et al., 2010)

HUMANS RESIST CHANGE

- Fear
- Lack of motivation
- Lack of confidence in ability
- Previous experience of failure
- Lack of future plan

INFORMATION IS NOT ENOUGH TO INSPIRE CHANGE

Don’t Tell Truth; Find Truth

- Motivational interviewing helps you to find patient’s personal values and personal motivation for change.
  - Explores and resolves Pt. ambivalence to change
  - Aligns with Pt.’s own motivational processes
  - Helps Pt. to identify manageable first step.
  - Is proven to elicit change behavior

Not the What: The HOW

- Watch out for the righting reflex.
- The desire to “help” or “fix” often leads to…
- Persuading, cajoling or arguing for a particular solution.

What Kind of Doctor do You Want to Be?

Vs.

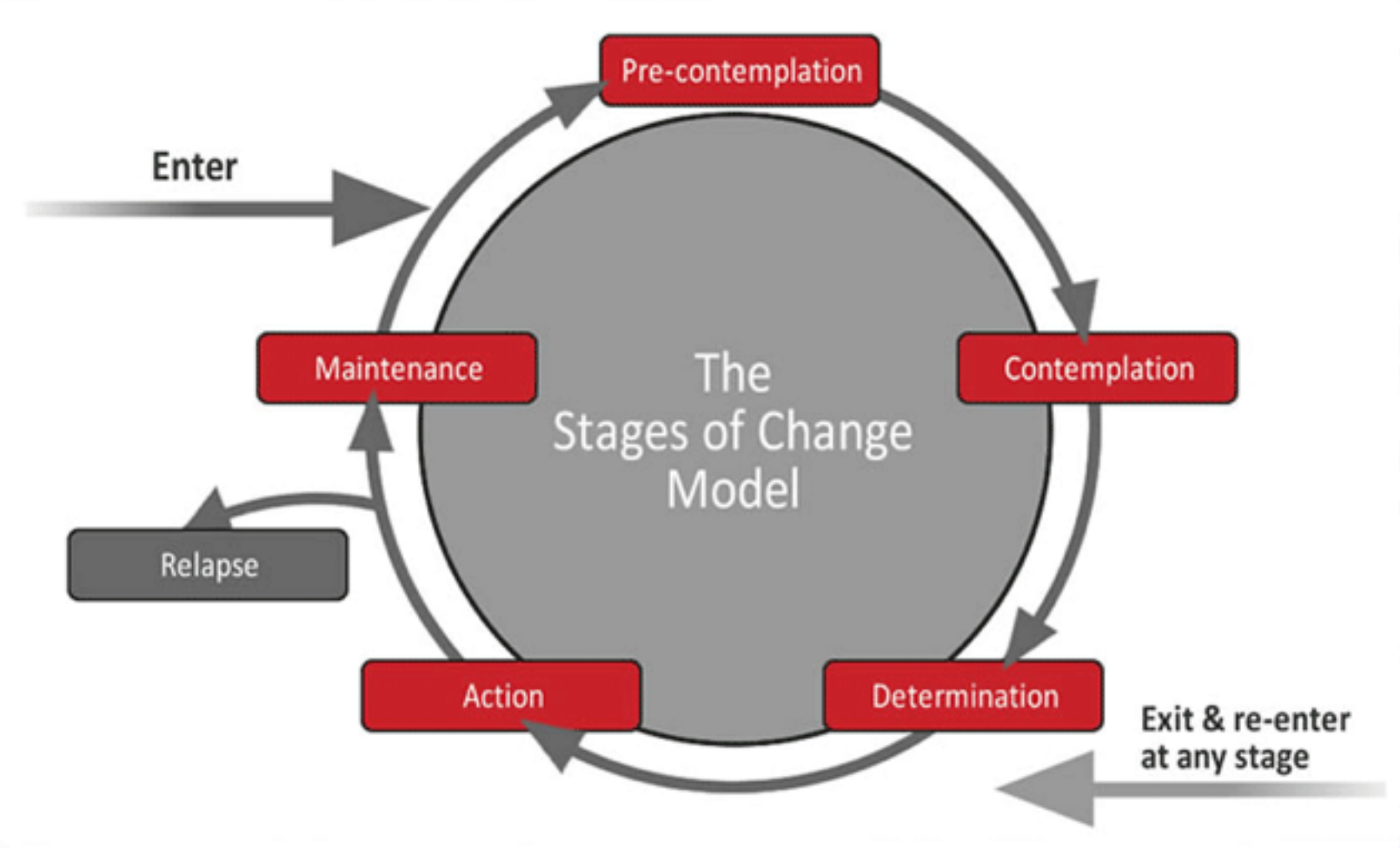
Motivational Interviewing Fundamentals & Cultural Competency

- **Person-centered:** patient as expert on their life
- **Manage Dynamics of Difference:** MI is non-judgmental, respects client autonomy, reduces power differentials
- **Acquire and incorporate cultural knowledge:** Identify and mobilize clients' intrinsic values, beliefs and goals
- **Adapt to cultural context of community/patient:** partnership/utilization of existing resources, amount of direction is adjusted based on client input
- **Culturally competent**
  - Clinician mindful of his/her assumptions (not right/wrong)
  - Patient resistance is by-product of relationship

Motivational Interview Shift

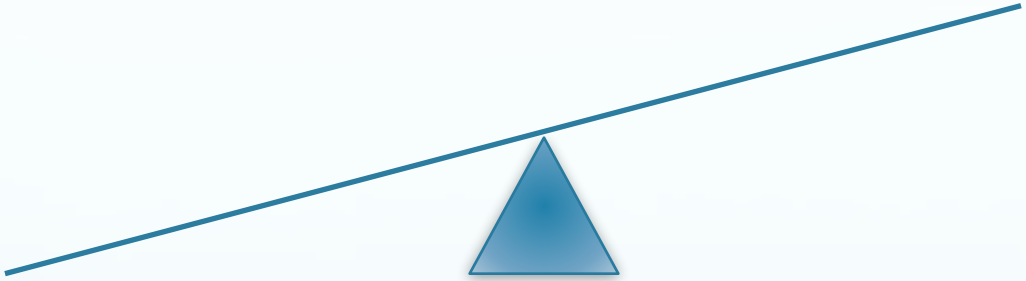
- Collaborative Vs. Confrontational
- Autonomy Vs. Authority
- Listen Vs. Telling
- Curiosity Vs. Judgment
- Build on Strengths Vs. Challenging Weakness
- Accepting Pt. Resistance Vs. Forcing Agenda

Ambivalence is a Reasonable Place to Visit But You Would Not Want to Live There



How To Do It! 4 Principles

1. **Express empathy** through reflective listening
2. **Develop discrepancy between current and desired behavior:** help Pt. to see the cost of inaction



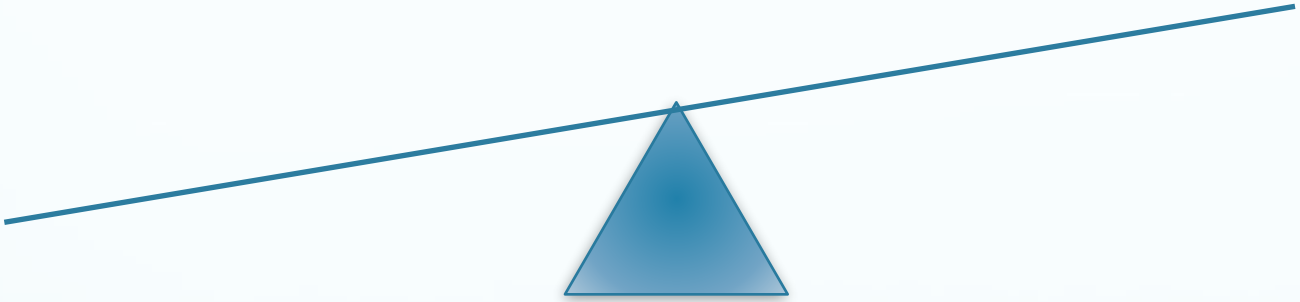
3. **Support self efficacy:** encourage Pt. belief that he/she has ability to change *and the desire*
4. **Role with resistance:** avoid “righting reflex”

#1 Express Empathy

- Listen actively with goal of understanding
- Skillful reflective listening: duplication and summary of what Pt. says
- Acceptance facilitates change
- Ambivalence is normal

2 Develop Discrepancy

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be want to be.



- Make sense of Pt.'s values and beliefs
- The person, rather than the practitioner, should make the arguments for change.

#3 Support Pt. Self Efficacy

- Does the Pt. believe that change is possible?
- Help identify Pt.'s strengths: *what areas of strength can the Pt. pull from?*
- The patient, not the practitioner, is responsible for choosing and carrying out change
- The practitioner's belief in the Pt.'s ability to change becomes a self-fulfilling prophecy

#4 Roll with Resistance

- Reluctance and Ambivalence are to be acknowledged and respected – NOT CONFRONTED
- Questions and problems turned back to the Pt.
  - *I can see how finances might make that difficult—what ideas do you have for ways to overcome that?*
- Explicit permission to disregard practitioner
  - *This might be a terrible idea, but what do you think about buying food on Sunday and planning your meals for the week?*
- Resistance supplies energy that can be used

How MI Resolves Ambivalence

OARS

- **Open Ended Questions**
- **Affirmations**
- **Reflections**
- **Summaries**

Open Ended Questions

- **Pt.'s should do most of the talking:** their words have the power, not yours.
- **Start with open-ended questions to build rapport:**
  - **What do you think would be most helpful to improve your health?**
- **What Vs. Why ?s:** What would change in your life if you lost 10 lbs? Vs. Why do you want to lose 10 lbs?
- **Avoid yes/no questions:** What has worked for you in the past to lose weight? Vs. Have you ever tried to lose weight before?
- **Ask Both sides of the coin:** What would you gain if you lost 10 lbs? What would you lose if you lost 10 lbs?

Affirmations

- Compliments or statement of appreciation or understanding:
  - *Sounds like you have done a lot of work to prepare for this change.*
- Affirm the Patient's strengths and efforts:
  - *I can see that you try your best to put your health first.*
- Genuineness is critical:

Reflection

- Demonstrates that you heard your patient
- Allows the Pt. to hear their own words and thoughts.
- Start with simplest and move to more summary as relationship develops
- Be selective about what you duplicate.
  - **Simple Reflection** (focused on feelings) *You're angry about being sent here.*
  - **Double Sided Reflection:** *on the one hand, you like eating fried chicken; on the other hand a part of you think your life might be better if you could eat less fried food and eat more healthy things like vegetables.*

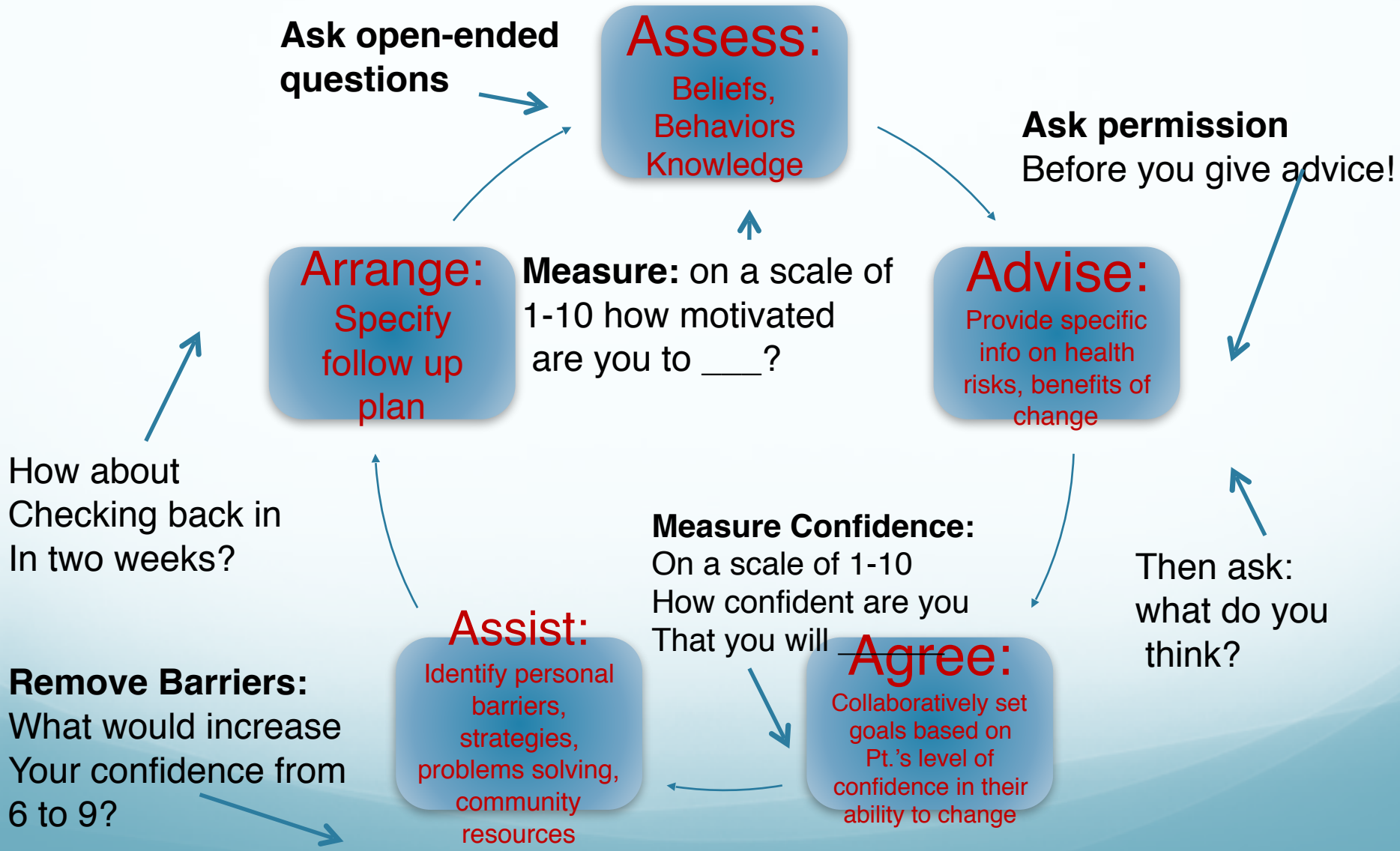
Summaries

- Helps review conversation and direct the next steps for behavioral change.
- Helps Pt. to hear that you have been listening
- Moves the conversation forward without setting an agenda
- *Ideally ask the Pt. to summarize: more effective for follow up.*

The 5 As of Motivational Interviewing:

1. Assess
2. Advise
3. Agree
4. Assist
5. Arrange

5 As of MI in Primary Care



Live Presentation

- Who has an issue they are struggling with?
  - Exercise
  - Procrastination
  - Losing weight
  - Reducing alcohol
  - Quitting smoking
  - Consistently taking medication

Practice in Pairs

- Each take a turn being a Pt. with a simple lifestyle behavior you want to change;
- Each take a turn being the clinician.
- 10 minutes each.
- By the end:
  - Assess level of motivation for change
  - Collaborate on goal
  - Assess Confidence Level
  - Remove barriers to Success
  - Establish follow up plan

Meet Pt. where he/she is: empathize, reflect, acknowledge ambivalence.
Name the goal (ie. quit smoking, exercise, etc.)
Explore Discrepancy: Ask open ended questions to help Pt. identify cost of not changing versus possibility of change.
Assess Pt. level of motivation to change: on a scale from 1 to 10, where do you think you are?
Support Pt. Self Efficacy to Change: Brainstorm solutions, ask for areas of strength, ask Pt. to identify community and other resources.
Ask permission to offer advise & then ask what Pt. thinks: *I might have an idea that could help, would you like to hear it? What do you think?*
Help Pt to identify specific activities to try: ask questions to helps Pt. get specific (ie. when, where, how much, etc.)
Assess Pt level of confidence: On a scale of 1 to 10, how confident are you that you will do _____. How can we move that scale up?
Remove barriers: Ask open-ended questions that help Pt. identify additional resources, ways to remove barriers, etc.
Make follow up plan: How can I be most helpful to support you? What do you think if we check back in in two weeks?

Credits & Additional Resources

- http://www.integration.samhsa.gov/images/res/Motivational%20Interviewing%20Sangre%20de%20Cristo%20Presentation%20for%20CIHS_FINAL_Final.pdf
- http://www.integration.samhsa.gov/Brief_Intervention_in_PC,_pdf.pdf
- http://www.motivationalinterview.org/