Using Motivational Interviewing Strategies and Techniques To Help Patients Change Risky/Problem Behaviors

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Program Model

1. Providers can use several different technology platforms.

2. Technology vendors submit collective clinical data to DCRI for The Guideline Advantage.

3. Data are processed, analyzed and sent back to the providers or medical practices.

4. Performance is measured, Professionals can set measureable goals and chart improvements in performance.
Benefits of Participation

• **Flexible data extraction model** working with EHR vendors or directly with platform
• Accepts data currently collected for other programs – “give us what you’ve got”
• Provides **quarterly reports** on data quality and performance feedback on treatment to guidelines
• Includes access to valuable **ACS/ADA/AHA resources**, including professional education and patient education materials

Future opportunities

• Offers **national recognition** for the work physicians do each day
• Allows physicians to participate in **key research** that will change healthcare
Ways to Participate

• **EHR or health information technology vendors** may map and submit data to the program on behalf of their customers.

• Practices with **technological staff may choose to map and submit** directly to the program.

• Practices may **export a standard flat file of data** from their EHR system to DCRI, and DCRI will map the data for the practice.
Find out how your practice can participate in The Guideline Advantage and REGISTER TODAY.

About The Guideline Advantage

Heart disease, cancer, stroke and diabetes collectively account for more than 1.5 million U.S. deaths each year. Compounding the tragedy is the knowledge that so many of those deaths could be avoided through prevention or disease management. That’s why the American Cancer Society, American Diabetes Association and American Heart Association joined forces to address the challenge, focusing on the outpatient setting, where 83 percent of Americans visit physicians each year. The result is a program designed for outpatient practices ranging from general health clinics to specialized physician practices. Offered at no cost to healthcare providers, The Guideline Advantage supports consistent use of evidence-based guidelines for prevention and disease management through existing healthcare technology.

The program utilizes data collected through existing electronic health record (EHR) or health technology platforms to report on adherence to established guidelines. The Guideline Advantage provides quarterly feedback reports, including both state and national benchmarks, as well as quality improvement resources and formal recognition for active participation in the program.

www.GuidelineAdvantage.org
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Motivational Interviewing: A New Way of Talking With Patients Who Engage in Risky/Problem Behaviors

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Objectives

• To provide a brief overview of Motivational Interviewing
• To discuss how health and mental care practitioners can use a motivational approach to construct a conversation to influence their patients’ receptiveness to consider changing risky/problem behaviors
• To review how to use selected communication skills to motivate patients to change
• Several short video clips will be used to demonstrate differences between a motivational and non-motivational approach
What is Motivational Interviewing?

- MI often gets referred to as an intervention, but it is not a treatment.
- Communication style that uses specific skills and techniques that are motivational rather than judgmental in nature.
- This motivational approach was designed to help patients explore their ambivalence about changing a risky or problem behavior.
- **Goal:** Create a climate where patients feel comfortable being open and honest discussing risky problem behaviors.
Motivational Approach
Two Key Components

STYLE
How you say it

CONTENT
What you say
Use an empathic, nonjudgmental, nonconfrontational, supportive manner.
Non-motivational approach: “Smoking is not good for you, WHY don’t you quit?” Judgmental sounding versus

Motivational approach: “It sounds like you are ambivalent about quitting as you tried many times before.” Reflection
Insulin dependent diabetic patient

Non-Motivational Approach: “We talked about the importance of taking your insulin, I am wondering WHY you are not taking it regularly?”

Motivational Approach: “I get the sense that taking your insulin regularly is a struggle for you. Do you mind if we talk about some of the issues you are having?” Reflect what your patients say or do and have them give voice to change process
Motivational Approach

Collaborative Relationship Between Patient and Practitioner That Recognizes

- Patients are ambivalent about changing
- Patients have responsibility for changing
- Patients play an active role in the change process
- Patients give voice to the need to change
Motivation is a viewed as 

• STATE of Readiness to Change
• Can vary from situation to situation
• Dynamic, fluctuating and modifiable state
• Importantly, it can be influenced by how we talk with our patients
Ambivalence

- *Ambivalence*" derives from Latin prefix *ambi*, meaning "*both*" and *valence* derived from Latin *valentia*, meaning "*strength*"

- Patients have both positive and negative feelings for both sides of an issue
Ambivalence is not a reluctance to do something.

Heightened psychological conflict about choosing between two courses of action:
- Engaging in risky sexual behaviors vs. using non-risky safe methods
- Continuing to smoke vs. quitting
- Staying in a bad relationship vs. leaving

Ambivalence is difficult to resolve because each side has costs and benefits.
Next 2 videos clips are about 1 ½ minutes each and are included to help you **SEE** and **HEAR** the difference between a non-motivational and a motivational approach.
Video Clip Showing a Non Motivational Approach
Video Clip
Showing a
Motivational Approach
Empathy
Key Feature
Motivational Approach

• **WHY?** High levels of empathy associated with positive outcomes
• Key to expressing empathy through Reflective Listening
• Listening in a reflective manner demonstrates an understanding of patients and validates their concerns
  - “It sounds like you are ambivalent about changing.”
  - “It seems like this has been a struggle for you, but you are not ready to give up.”
Motivational Approach
Selected Communication Skills

- Asking Permission
- Reflections
- Decisional Balancing
- Readiness Ruler
Asking Permission

• “I noticed on your medical history form that you said you take insulin. Do you mind if we talk about that for a few minutes?”

• Asking permission to talk about a risky problem behavior communicates respect for patients which in turn is more likely to get them talking with you about that behavior

• “Do you mind if we talk about your smoking? How do you think it has affected your health?”

• “Would you be interested in learning more about how smoking can affect a person’s health?”
Value of Asking Permission

- Provides opportunity to discuss risky problem behaviors, particularly when they are not the primary presenting problem
- Allows conversation to continue even if patient not thinking of changing
- Respectful and reduces resistance
Reflective Listening

- Requires a special type of careful listening of the kind we do not normally do.
- Ability to accurately read or interpret a patient’s verbal and nonverbal cues is essential part of empathic behavior.
REFLECTIVE LISTENING

- Primary way of responding to patients. After a patient speaks, the practitioner paraphrases the patient’s comments.

- **Insulin Dependent Patients:** “I get the sense that you are wanting to do the finger pricks, but you find them uncomfortable.”

- **Patients with Hypertension:** “It seems there is a lot of pressure from others for you to change your eating habits and take your medication regularly.”

- When you reflect what patients are saying, you are accepting and understanding of what they are saying, and in this way you are being EMPATHIC.
Demonstrating Empathy Using Reflective Listening

• “It sounds like……..”
• “It seems as if……..”
• “What I hear you saying……..”
• “I get a sense that…..”
• “It feels as though……..”
• “It sounds like this is difficult for you to talk about.”
• GOAL: Engage patients in continued personal exploration about problems/concerns
VALUES OF REFLECTIONS

• Listening in a reflective manner demonstrates an understanding of what patients say and validates their concerns and feelings

• Reflective Listening is an important way to express empathy

• High levels of empathy are associated with positive outcomes
Often Difficult to Understand Why Patients Engage in Risky Problem Behaviors

- Practitioners mostly see **NEGATIVES** — death, health problems, arrests, divorces
- Rarely, do we SEE or even TALK to patients about the **Good Things** about their engaging in risky problem behaviors
- A motivational approach creates an understanding about **why patients do what they do** by recognizing most behaviors have **GOOD THINGS** that maintain them
What Can be Done to Help People Consider Changing?

- Use Decisional Balancing
- Asks patients to look at the **good** things they get from their risky behaviors, and then the **less good** things
- Remember, most patients are ambivalent about changing — they’re at a decisional crossroad
Asking About Good and Less Good Things

• “Tell me some of the good things about (insert behavior) taking your medication regularly?”

• “Now what about the flip side, the less good things.”

• “So on the one hand (reflect good things) you’ve said your hypertensive medication helps control your blood pressure, but on the other hand (reflect less good things) you’ve said you don’t like taking drugs. What will happen if you (DON’T/DO) take your medication regularly?” (Patient gives voice)
Value of Decisional Balancing Exercise

• Patients give voice to the good things and less good things about their risky behaviors

• Allows health care practitioners to discuss risky problem behaviors without labeling them as problems

• Asking about good things creates SAFE context to then talk about “less good things”

• Allows health care practitioners to sound credible as they VALIDATE patients’ behavior—good things

• Addresses a patient’s ambivalence
On a scale of 1-10, how ready are you at the present time to change (insert behavior)?
VALUE OF USING A READINESS RULER

• Not all patients are at the same level of readiness to change.
• By assessing patients’ readiness to change, it will help practitioners recognize and deal with their patients’ ambivalence.
• Begin by asking “On a scale from 1 to 10, at the present time how ready are you to change (insert behavior)? You can also ask “Where were you a year ago? as well as What would it take for you to quit?”
Simple Advice “Being Told” vs. MI Advice Strategies

- Traditionally, Practitioners provide patients Simple Advice
  
  "If you don’t change….. this will happen……. health consequences"

- Research shows effectiveness of simple advice very limited — only 5% to 10% of patients change

- WHY? Most people don’t like being “told what to do”
Providing Information
Use Nonjudgmental Motivational Manner

- **Ask Permission:** “Do you mind if we spend a few minutes talking about your (insert behavior)?
- **ASK:** “What do you know about how (insert behavior) affects your (insert)?”
Objective Feedback

- Provide assessment (e.g., cholesterol, triglycerides levels, blood pressure, mood, pain ratings, sleep quality) results or objective feedback in structured format
- For maximum effectiveness, information should be personalized when possible and presented in a nonjudgmental manner
- **Goal:** To present information to strengthen motivation for change
Figure 1. Change in parameters over 6 months for hypothetical client in weight loss program.
Focus on Benefits: It's Never Too Late To Quit

Changes when smokers quit

Immediately
- Air around you no longer dangerous to children and other adults.

20 minutes
- Blood pressure drops to normal
- Pulse rate drops to normal
- Temperature in hands and feets increase to normal

8 hours
- Carbon monoxide level in blood drops to normal
- Oxygen level in blood increases to normal

48 hours
- Never endings start regrowing
- Ability to smell and taste is enhanced

2-12 weeks
- Circulation improves
- Breathing improves
- Walking becomes easier

1-9 months
- Coughing and sinus congestion decreases
- Shortness of breath decreases
- Overall energy increases
- Lungs increase ability to self-clean and reduce infection

1 year
- Excess risk of coronary heart disease in half that of a smoker

5 years
- Stroke risk reduced to that of a nonsmoker
- Risk of cancer of the mouth, throat and esophagus is half that of a smoker

10 years
- Life expectancy comparable to a nonsmoker
- Lung cancer death rate is about half the rate of a smoker
- Risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decrease
- Precancerous cells are replaced

15 years
- Risk of coronary heart disease comparable to that of a nonsmoker
Where Does Your Drinking Fit In?
Personal Feedback for _______

Breast Cancer for Women

You reported drinking an average of 43 drinks per week

Average number of drinks per week
CALORIES BY DRINK SIZE: McDonald's

Coca-Cola Classic® (Child)
110 calories  12 oz. cup

Coca-Cola Classic® (Small)
150 calories  16 oz. cup

Coca-Cola Classic® (Medium)
210 calories  21 oz. cup

Coca-Cola Classic® (Large)
310 calories  32 oz. cup

Coca-Cola Classic® (Super Size®)
410 calories  42 oz. cup
VALUE OF PROVIDING INFORMATION

• Often people have little or no information about alternatives to changing
• New information helps patients make better informed decisions about changing
• How information is presented can affect how it is received
Video Clip Using a Motivational Approach with a Depressed Patient
Rolling With Resistance

- MI approaches resistance, or heightened ambivalence, as a natural part of therapeutic process

- *Rolling with Resistance* rather than attacking it creates opportunity for further discussions between patients and practitioners

- MI suggests practitioner’s response to a patient’s resistance can largely determine the patient’s subsequent response
Dealing with Resistance

• Resistance occurs when two sets of values/goals in opposing directions

• Practitioners want one thing to happen (patient to change)

• Patients want something else (no need to change)
Video Clip Using a Motivational Approach With a Patient Not Ready to Quit Smoking
Benefits of Using a Motivational Approach

Over 120 research studies show that using a motivation approach when talking with patients about changing a risky problem behavior results in:

- Significantly reduced health care costs
- Increased compliance with medication and treatment recommendations
- Improved outcomes
- Greater patient satisfaction
Questions?

Type question into the Q&A tab at the top of your screen.

Additional questions email  [laura.jansky@heart.org](mailto:laura.jansky@heart.org)

Download this slide deck within 5-7 working days from:  [GuidelineAdvantage.org](http://GuidelineAdvantage.org)