Enhancing Motivation to Change: Motivational Interviewing in Primary Care

April 28, 2017
Agenda

- Opening Remarks
- Housekeeping
- Presentations
- Q & A
- Closing Remarks
Introduction to the atom Alliance

Multi-state alliance for powerful change composed of three nonprofit, healthcare QI consulting companies.
Objectives

During this Webinar you will learn:

• How to describe motivational interviewing as a conceptual model for enhancing patient motivation.

• How to identify why the use of highly confrontational interventions are less likely to evoke behavior change.

• Discover a list of basic concepts and techniques of motivational interviewing.
Housekeeping Items: Chat

To ensure maximum sound quality, participant lines have been muted; however we welcome ALL questions and comments via the chat board on the right hand side of your screen.

To submit questions or comments:

- Use WebEx chat – send messages to the panelists or all participants using the chat feature drop down menu.
Housekeeping Items: Q & A

To ask panelists questions directly, and privately

- The panelist can then decide to answer the question privately (only the person that asked the question will see the response), or the panelist can answer publicly, and all participants will see the question and the answer.
Housekeeping Items: Polling

During today’s presentations you may be asked to participate in some polling questions. These questions will come up on the right side of your screen. When you do answer a polling question, **be sure to hit the submit button** so we can capture your answer.
Polling Question 1

Which screening tools are you currently using to assess Behavioral Health and/or Substance Abuse? Check all that apply:

- AUDIT/AUDIT-C
- NIDAMED
- CAGE AID
- DAST-10
- PHQ-9
- Depression Tool Kit (MacArthur)
- We are currently not screening for depression
- We are currently not screening for substance misuse
- Other _____________________________
**Suzanne Bailey, PsyD** is the Director of Integrative Services at Cherokee Health Systems, a comprehensive community healthcare organization in east Tennessee.

Bailey leads Cherokee's integrated care implementation, provides leadership, oversight, and guidance on clinical services, and is involved in consultation and training in integrated care.

Bailey serves as the Associate Training Director for Cherokee’s APA accredited Predoctoral Psychology Internship and Behavioral Medicine Fellowship. She earned her doctorate at Xavier University.

**Rachel Hovis, MD** is a board certified internal medicine physician practicing at Cherokee Health Systems, a community health center in Knoxville, Tenn. She enjoys the challenge and reward of caring for underserved patients.

There, Dr. Hovis also provides clinical supervision and teaching for nurse practitioners. Her special interests include orthopedic and dermatologic procedures for primary care patients unable to see specialists.

She completed medical school and residency at the University of Tennessee in Memphis in 2005.
Polling Question 2

How comfortable are you with using Motivational Interviewing to address a positive screen with a patient?

- Uncomfortable
- Somewhat uncomfortable
- Neutral
- Somewhat Comfortable
- Comfortable
Polling Question 3

Are you familiar with referral resources for Behavioral Health and/or Substance Abuse that are available in your area?

- Yes
- No
Enhancing Motivation to Change: Motivational Interviewing in Primary Care

Suzanne Bailey, Psy.D.
Director of Integrative Services

Rachel Hovis, M.D.
Internal Medicine Physician

Cherokee Health Systems
Knoxville, TN
Our Mission...

To improve the quality of life for our patients through the blending of primary care and behavioral health.

Together...Enhancing Life
Cherokee Health Systems: Merging the Missions of CMHCs and FQHCs
Primary Service Area
Cherokee Health Systems’ Corporate Profile

Last Year:

73,953 patients  353,552 Services  23,720 New Patients

Number of Employees:  758

Provider Staff:

Psychologists - 50  Cardiologist - 1  Psychiatrists - 7
Primary Care Physicians - 37  Nephrologist - 1  NP (Psych) - 10
NP/PA (Primary Care) - 50  Pharmacists - 12  LCSWs - 62
Community Workers - 41  Dentist - 2
Strategic Emphases

- Blended behavioral and primary care
- Go where the grass is brownest
- Outreach and care coordination
- Telehealth
- Training healthcare providers
- Value-based contracting
- Healthcare analytics
Motivational Interviewing
Poor Treatment Engagement & Motivation to Change

• A systemic problem
• Directly impacts treatment efficacy
• Frustrates providers
  – “I’ve told him a thousand times. He just doesn’t care.”
Why don’t patients change?

• Ambivalence
  – “I don’t want to change, I just want to feel better.”
• Decisional Balance- Costs vs. Benefits
• Plan Inconsistent with Values
• Stage of Change
Stages of Change

• Precontemplation- “I don’t have a problem.”
• Contemplation- “I have a problem, but I’m not sure I’ll change.”
• Preparation- “I think I will change soon.”
• Action- “I’m taking action to change.”
• Maintenance- “I’m working to maintain the changes I’ve made.”

Prochaska and DiClemente (1983)
Ready for Action?

• Providers are in the action stage.

• Are patients?
Common Pitfalls

- Give a lecture
- Give them a hard time
- Give them a referral
- Give up
It doesn’t work...

• Creates resistance

• Causes patients to become defensive
  – “Yes, but...”

• Makes the patient less likely to engage in the desired behavior
Changing our thinking about changing our patients

• “Motivation to change is elicited from the client, and not imposed from without.”
  www.motivationalinterview.org

• Accept that patients may leave our office and behave exactly as they did before they arrived.

• View ambivalence as part of the disease process.
  – Not a flaw within the patient
What is Motivational Interviewing (MI)

• Style of Interacting

• A collaborative conversation about change that elicits motivation and commitment from the patient. (Miller & Rollnick, 2010)
Motivational Interviewing Efficacy
Meta-Analysis of 119 Studies

• Results
  – MI “Works” and has small but significant effect sizes (.23) collapsed across weak and strong comparison groups.
  – MI is significantly better than no treatment
  – MI significantly increased engagement in treatment and intention to change
  – Compared with 12-step and CBT: MI took over 100 FEWER minutes of treatment on average yet produced equal effects (alcohol, marijuana, tobacco)

Motivational Interviewing in a Nutshell

• **Goal** is to avoid creating resistance – no arguments, shaming, persuasion, warnings, or unsolicited advice giving

• It is important to get the patient to **elicit their own self-motivating statements** as to why this change is important to them (“I don’t feel as well as I used to since I gained weight.”)
Motivational Interviewing in a Nutshell

• **Create a discrepancy** between current behavior and patient’s goals/values. (“Smoking keeps me from being as involved with my grandkids as I would like.”)

• **Elicit change talk.** “Tell me what you know about ____.” “What concerns do you have about your ____.” “What would be the best thing that could happen if you changed ____.”

• **Listen and Reflect.** Restate the patient’s change talk from above, helping them feel understood/heard.
Do’s & Don’ts of Motivational Interviewing

What to do:
• Express empathy – listen, reflect back what the patient has said
• Develop discrepancies – “On the one hand, you have trouble breathing when you smoke. On the other hand, you want to go to the park with your kids.”
• Avoid argumentation – you never want to be arguing for change while the patient is arguing against change
• Roll with patient’s resistance to plan of care, treatment, or behavior changes
• Support patient’s self-efficacy to change
Do’s & Don’ts of Motivational Interviewing

What to avoid:

• The patient OUGHT to change
• The patient WANTS to change
• The patient’s health is the primary motivating factor for him/her
• If patient does not decide to change, the provider has failed
• A “tough love” approach is always best
• I’m the expert—the patient MUST follow my advice
• Negotiation is always the best
Specific MI Tools

• List of **pros/cons** for and against behavior change
• Assess how **important** change is to patient and how **confident** they are they can succeed
• **Looking back** – what has worked in the past?
• **Looking forward** – what would you hope would happen in the future if you made this change? What could you do now? What are the best results you could imagine if you made this change?
• **Exploring goals** – assess match between patient’s current behavior and future goals; explore how realistic goals are; look for **discrepancies** between current behavior and future goals
Make a Plan

- **Consider options** – present different options, try to match patient with best option for their case, but recognize that person may not choose the “right” strategy, and prepare patient for this possibility
- **Establish a goal** – summarize the plan with the patient; assess their readiness to commit to the plan
**Motivational Interviewing**

**Goal** is to avoid creating resistance – no arguments, shaming, persuasion, warnings, or unsolicited advice giving.

It is important to get the patient to **elicit their own self-motivating statements** as to why this change is important to them. ("I don't feel as well as I used to since I gained weight.")

**Create a discrepancy** between current behavior and patient's goals/values. ("Smoking keeps me from being as involved with my grandkids as I would like.")

**Elicit change talk.**
- "Tell me what you know about ____."  
- "What concerns do you have about your ____?"  
- "What would be the best thing that could happen if you changed ____?"

**Listen and Reflect.** Restate the patient's change talk from above, helping them feel understood/heard.
Motivation and Confidence Rulers

• On a scale of 1-10 how important is it for you to make the change?
• On a scale of 1-10 how confident are you in your ability to make the change?
Change Talk

• Guide the conversation
• Stop and listen
• Strengthens commitment to change

“If, hypothetically, you decided you wanted to cut back on your drinking what could be the potential benefits?”
## Stage Matched Interventions

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<thead>
<tr>
<th>Readiness to Change Stages</th>
<th>Brief Interventions</th>
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<tbody>
<tr>
<td><strong>Anticontemplation</strong></td>
<td>• Stop, don’t push.</td>
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<td>“I resent your assertion that I have a problem.”</td>
<td>• Convey readiness to help in the future.</td>
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<td></td>
<td>“I respect that you don’t want to talk about __ today. I’d like to partner with you to improve all aspects of your health. Maybe we could talk about __ at another time.”</td>
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<tr>
<td><strong>Precontemplation</strong></td>
<td>• Don’t push.</td>
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<tr>
<td>“I don’t have a problem.”</td>
<td>• Ask permission and build awareness by providing personalized information.</td>
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<td></td>
<td>“Would it be okay if I told you why I am concerned about your ___?”</td>
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<td></td>
<td>“I worry that your ___ is...”</td>
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</tbody>
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<td><strong>Contemplation</strong></td>
<td>• Don’t push too hard.</td>
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<td>“I know I have a problem, but I have no interest in changing at this time.”</td>
<td>• Encourage the patient to talk about his/her perception of the problem and discuss the potential benefits of changing. “Would you tell me why you think your __ is a problem?” “If you decided you wanted to, can you think of potential benefits of changing?”</td>
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<tr>
<td><strong>Preparation</strong></td>
<td>• Reinforce desire to change. “Excellent, we’d like to partner with you to make changes in your __.”</td>
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<td>“I’d like to change soon, but need some help determining how to begin.”</td>
<td>• Problem-solve barriers and identify small action steps. “Are there things that are getting in the way of you starting to make changes?” “Patients often find that __, __, or __ are helpful first steps. Would you like to try one of these options?”</td>
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<td><strong>Action</strong></td>
<td>• Reinforce any progress thus far.</td>
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<td></td>
<td>• Problem-solve barriers and refine action plan.</td>
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<td>“Are there things that are getting in the way of you making more progress?”</td>
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<td>“What have you already tried (or considered trying)?”</td>
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<td>“What has been most helpful so far?”</td>
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<td>“I’m starting to make changes, but need help to continue to make progress.”</td>
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<tr>
<td><strong>Maintenance</strong></td>
<td>• Reinforce maintenance of progress.</td>
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<td>• Identify successful strategies and problem-solve ways to continue to employ these.</td>
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<td></td>
<td>“Can you identify strategies that have helped you manage your __ successfully?”</td>
</tr>
<tr>
<td>“I’ve made changes and am stable, but need help to stay that way.”</td>
<td>“Can you identify any barriers to continuing these strategies to manage your __?”</td>
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Patient Example #1

Patient: Clyde Myers

Reason for Visit: Chronic disease management: Diabetes & Hypertension

History: 66-years-old
Last seen in the clinic 6 months ago

Medical Vitals: Height: 5'11"
Weight: 244 lbs.
BP: 158/96
Pulse: 82 and regular

Behavioral Vitals: PHQ-2—Positive
PHQ-9—Score of 11
NIDA Quick Screen—Negative
Patient Example #2

Patient: John Doe

Reason for Visit: ER follow up and discussion of recent aggressive behavior

History: 31-years-old
Last seen in the clinic 3 months ago

Medical Vitals: Height: 5’10”
Weight: 248 lbs.
BP: 132/80
Pulse: 82 and regular

Behavioral Vitals: PHQ-2—Positive
PHQ-9—Score of 4
NIDA Quick Screen—Negative
Patient Example #3

Patient: Johnny Woods

Reason for Visit: Same day sick appointment: Flu-like symptoms including nausea, vomiting, and fever

History: 26-years-old
Last seen in the clinic 1 year ago; receives social security disability for injury obtained in a car crash 18 months ago

Medical Vitals: Height: 5’11”
Weight: 183.80 lbs.
BP: 127/70
Pulse: 73 and regular

Behavioral Vitals: PHQ-2—Negative
NIDA Quick Screen—Positive
AUDIT—Positive (score of 35 of 40)
Change is a process, not an event.
Thank you for joining us!

Please complete the survey that will come up as you exit the webinar – we value your feedback in developing future events!

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On-Demand Learning (ODL)

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• Click “Submit” and you’ll have access to the ODL of your choice.
• Share the opportunity with your peers!
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