



Motivational Interviewing: Helping People with Diabetes Make Self-Directed Health Decisions

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Disclosures

- None

Objectives

- Describe motivational interviewing (MI).
- Outline the key concepts of patient-centered decision making.
- Implement MI tools and techniques to assist patients with behavior change.

Studies show that this way of communicating with patients improves the chances that the patients will consider/make healthier lifestyle choices. It can be used in many instances, including tobacco cessation, substance abuse, DM, HTN, etc.

In this brief MI presentation we will define **what** it is, **why** it is useful, **when** to use it, and **how** to be effective.

The Surgeon General's Call to Action

- To Prevent and Decrease Overweight and Obesity (2001)
- To Prevent and Reduce Underage Drinking (2007)
- National Prevention Strategy America's Plan for Better Health and Wellness (2011)
- Facing Addiction in America: The Surgeon General's Spotlight on Opioids (2018)
- To Prevent Tobacco Use Among Youth and Young Adults (2020)

Behavior Change

Facilitating Behavior Change

What makes behavior change so hard?

- It often involves multiple behaviors
- Knowledge about how to change is not always enough
- People are creatures of habit
- Health consequences are often delayed
- Busy lifestyles require us to make time for self care

What Is Motivational Interviewing?

“A collaborative, person-centered form of guiding to elicit and strengthen motivation for change”

- It is using a set of tools to lead patients to think of their own motivations for change. It requires thorough training and practice.
- “A patient-centered discussion” is another way to define this.

MI Background

- It was first described in the 1980s by William Miller and Stephen Rollnick, two psychologists who had experience in treating alcoholism.
- Spirit or philosophy of MI and behavior change considered most important; techniques follow accordingly.

Why MI?

- Evidence based
- Relatively brief intervention
- Valid and reliable tools
- Complementary to other interventions and methods
- Skills can be applied by a wide range of health practitioners

MI and Evidence

- Systematic reviews and meta-analyses with beneficial effect of MI interviewing techniques compared to traditional advice-giving
- Statistically significant change in direct measures
 - Cardiovascular Risk (blood pressure, lipids, weight loss)
 - Substance Abuse Disorders
 - Depression
 - HIV

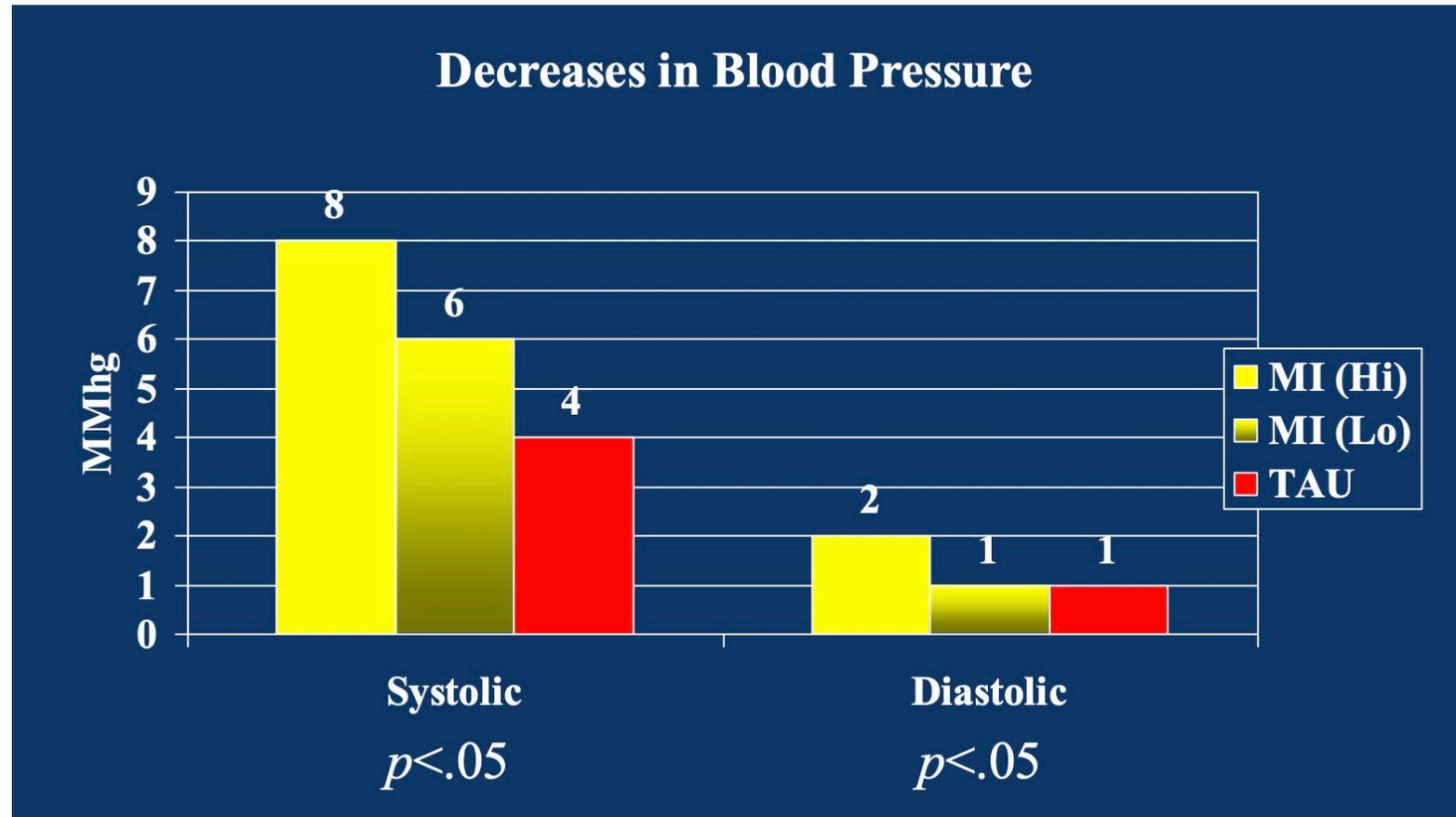
Hypertension (1)

- Design: Randomized clinical trial
- Population: General practice
- Nation: Australia (Perth, WA)
- N: 166 patients with hypertension
- MI
 - High: 6 nurse sessions (45 min)
 - Low: 1 session + 5 phone (15 min)
- Comparison: TAU
- Follow-up: 18 weeks

Woollard et al., 1995

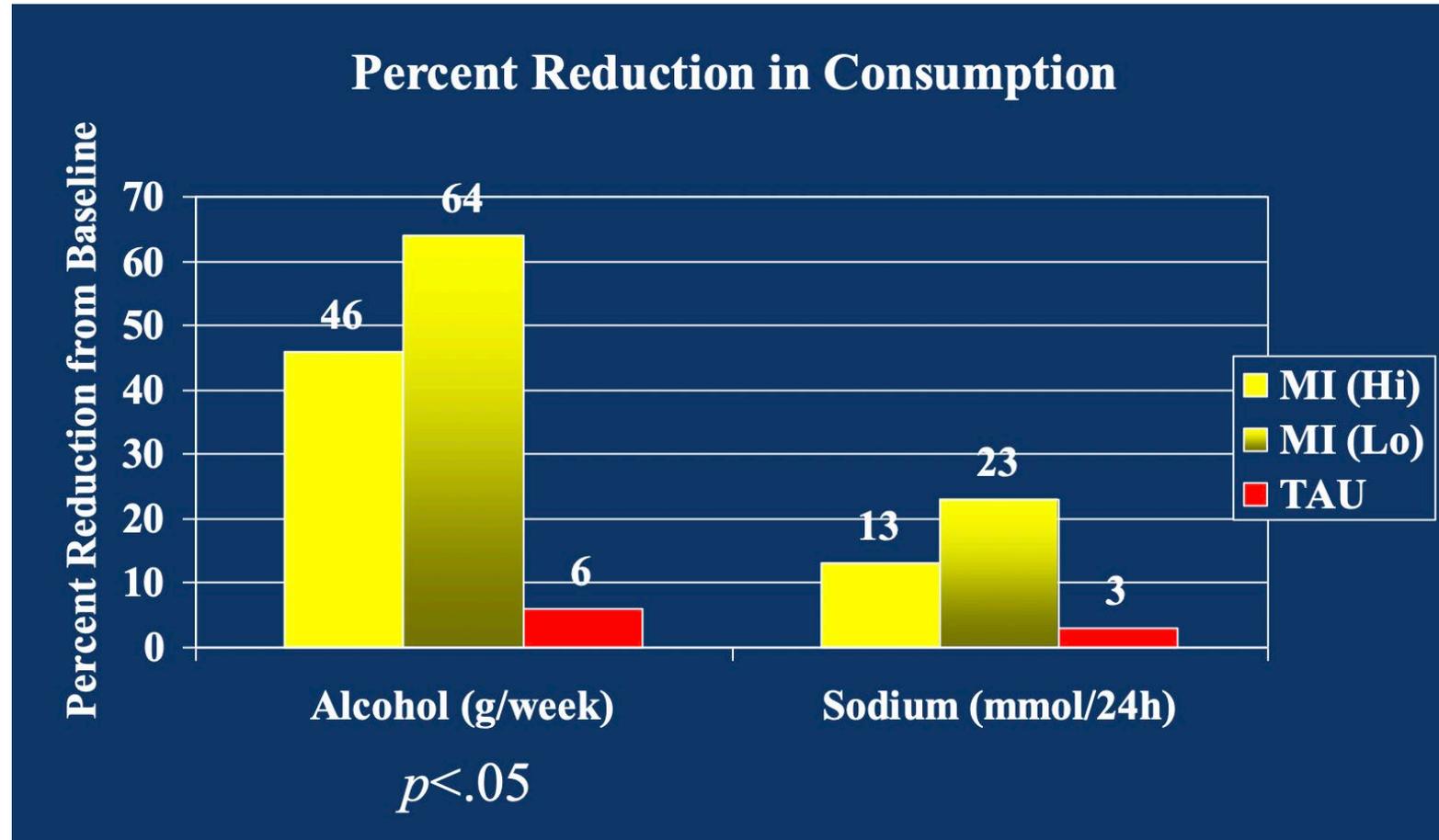
Clinical & Experimental Pharmacology & Physiology, 22: 466–468

Hypertension (2)



Woollard et al., 1995

Hypertension (3)



Woollard et al., 1995

The Spirit of MI (CAPE)

- Compassion
 - The clinician has the patient's best interest always in mind
- Acceptance
 - Accepts that the ultimate choice to change is the patient's alone
- Partnership
 - A partnership with the patient rather than a prescription for change
- Evocation
 - Acknowledges that individuals bring expertise about themselves and their lives to the conversation

Patient Focus

- MI supports the patient in articulating
 - How personally important this change (e.g., dietary) is, as opposed to how important we think it is
 - What stands in the way of making this change (time, money, cultural factors, emotions, etc.)
 - Changes that might work in their life
 - How to increase the chances of success

MI and the Stages of Change

- Health Related Change = Cognitive and Behavioral
 - Early Stages of Change = Cognitive
 - Patient is “thinking” about changing
 - Later Stages of Change = Behavioral
 - Patient is actively doing things to change or maintain change

More Listening, Less Talking

- Motivational Interviewing (MI) shifts the balance toward **more asking** and **less telling**, **more listening** and **less talking**.
- The evidence favors this approach:
 - Research shows that patients are more likely to consider change when they can generate their own reasons to change.
 - Research shows that patient talk about change is correlated with actual change.

Righting Reflex

- It is a common response to want to “make things right” when we see a problem.
- Motivational interviewing does not try to make things right.
- The counselor does not persuade, cajole, inform, prod, or in anyway try to change the client's behavior.

Four Key Principles of MI: READS (MI Tool Kit)

- **R**: Roll with Resistance
- **E**: Express Empathy
- **A**: Avoid Argumentation
- **D**: Develop Discrepancy
- **S**: Support Self-Efficacy

Tool Kit: “R”

Roll with Resistance

- Resistance to change is normal and expected. **Ambivalence is common and sometimes expressed as resistance.**
- The provider tries to understand and respect both sides of ambivalence. Arguments against change are met with acceptance and **empathy**.
- Remember: Change is a process and rolling with resistance can leave the door open for future conversations about change.

Roll with Resistance

Examples

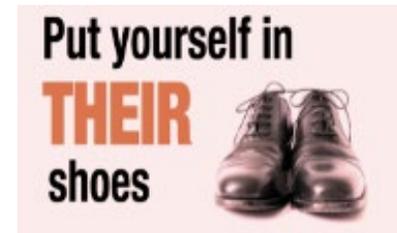
- *“You are not ready to quit smoking at this time.”*
- *“If you would rather not talk about your alcohol use right now, let’s just focus on why you came in today. Maybe we can discuss it another time.”*
- *“I know this is difficult to talk about and change is hard.”*

When patients are expressing issue resistance, ***rephrase.***

Tool Kit: “E”

Express Empathy

- Skillful, reflective listening is fundamental
 - Helps patient feel understood
 - Provides comfort to patient (makes change easier)
- Acceptance facilitates change; non-judgmental; no blaming
 - Acceptance does not mean Agreement
- Ambivalence is normal (not pathological)



Express Empathy

Examples

- See the world from the patient's perspective with a nonjudgmental attitude.
- *“I can see how drinking and relaxing with your friends would be hard to give up.”*
- *“Being a single parent can really be stressful.”*

Empathy Starters

- “You seem _____”
- “In other words...”
- “You feel ____ because ____”
- “It seems to you...”
- “You seem to be saying...”
- “I gather that...”
- “You sound...”
- ***Not: I understand!***

Tool Kit: “A”

Avoid Argumentation

- Example: *“You do not see yourself quitting smoking at this time. What types of things are you willing to do to get your cholesterol down?”*
- When to use?
 - To demonstrate understanding and to prevent creating relational resistance

Tool Kit: “D”

Develop Discrepancy

- Change is motivated by discrepancy between present behaviors and important goals or values
- Discrepancy is the importance of change for patient
- Amplify the discrepancy to move patient from the status quo
- Elicit discrepancy from the patient—**they** should make the argument for change

Developing Discrepancy

Example

- *“On one hand, you have an important goal of lowering your blood pressure to prevent stroke and heart attack. On the other hand, you are not ready give up your smoking. What are your thoughts?”*
- When to use?
 - To create change talk and throw the patient’s system off kilter without creating more resistance

(Identify core values of patient and if their behavior is consistent with those values)

Tool Kit: “S”

Support Self-efficacy

- Acknowledge the patient’s capacity to change
- Reinforce their ability to be successful
- Acknowledge and support their autonomy in the change process.
 - Examples:
 - *“I think you are up to this challenge”*
 - *“I have shared my concerns about the health risks but whether or not you address (whichever health behavior the patient needs to work on) is up to you”*

Support Self-Efficacy

Example

- *“I am really glad to hear that you are thinking more about quitting. What actually have you been thinking about this?”*
- When to use?
 - To reinforce both thoughts and actions regarding behavior change

Progression of MI

- Early emphasis on developing a solid relationship with the patient
 - Less relational work required later
- Later emphasis on engaging the patient's reasoning
 - Allows you to speed up because patient is not defensive and argumentative
 - Saves time by precisely targeting the patient's thinking

Patient Motivation

- Reflecting and empathizing with the patient's core ***motivational issues***
 - Helps to create early rapport with the patient
 - Helps to initiate the process of engaging the patient's reasoning process
- If the patient feels that you have not heard and have not respected their issues, the patient will become defensive and/or aggressive.
 - The patient is no longer listening to you

Summary

- What does the patient know and understand about the illness and its treatment?
- What is the patient's understanding of what can happen if the illness (behavior) is not changed?
- What are the patient's goals?
- What options are available to the patient?
- What does the patient want to work on first?

Suggested Readings

- Berger, BA, APhA. *Communication Skills for Pharmacists*. Washington, D.C., Third edition.
- Definition of Motivational Interviewing.
<https://motivationalinterviewing.org/>
- Rollnick, S, Miller, WR, Butler, CC. *Motivational Interviewing in Health Care*. The Guilford Press, New York. 2008.
- Rollnick, S, Mason, P, and Butler, C. *Health Behavior Change*. Churchill Livingstone, London. 2000.

Resources

- Brief Action Planning, CCMI Center for Collaboration, Motivation and Innovation © 2013, 2014, 2015
<https://centrecmi.ca/>
- Motivational Interviewing Tools and Techniques Alcohol and Drug Education for Prevention and Treatment, V1.7.13.141031
<https://adept.missouri.edu/wp-content/uploads/2017/06/Module-One-Motivational-Interviewing-Philosophy-and-Principles.pdf>



Thank You

