



Motivational Interviewing Basics
 Communication that Engages, Prepares,
 Guides and Respects Patients

Debbie Cestaro-Seifer, MS, RN, NC-BC
 University of Florida's Department of Medicine
 Educator, Training Specialist and Practice Transformation Coach

Disclosures

- The activity planners and speaker do not have any financial relationships with commercial entities to disclose.
- The speaker will not discuss any off-label use or investigational product during the program.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.



Learning Objectives

After attending this program participants will be able to:

1. **Name** the three core elements that comprise the spirit of Motivational Interviewing (MI) and explain how these elements support the delivery of person-centered care in healthcare settings.
2. **Describe** the Spirit of MI and how to utilize this strategy when communicating with patients.
3. **List** the four components of the MI process.
4. **Identify** a patient's stage of behavioral change using the Transtheoretical Model.
5. **Discuss** how and when to use the MI readiness rulers for importance and confidence.

Access, Linkage and Engagement The Journey of HIV Treatment and Care



Significant Disparities Exist Between Need and Access

Need for and Access to

- Routine HIV testing
- Behavioral health services
- Housing and food security
- HIV prevention
- Engagement in HIV care
- Continuity of care
- Culturally conscious care
- Shared decision making
- Trauma informed systems of care



Why Aren't People Getting the Services They Need?

- Uninsured
- Concerned about the cost
- Lack of transportation
- Undocumented status
- Knowledge deficit and/or misinformation
- Not comfortable talking about "it"
- Concerned about people "finding out"
- Disconnect between patient's culture and organizational culture



Traditional Culture of Medical Care



- 1. Paternalistic
- 2. Medical team as "expert"
- 3. Disease centered
- 4. Patient is passive
- 5. Focus on care



Health Care Culture of Mutuality



- 1. Equal partners
- 2. Meeting between experts
- 3. Joint venture
- 4. Exchange of ideas
- 5. Focus on autonomy



Patients as Partners



"Instead of treating patients as passive recipients of care, they must be viewed as partners in the business of healing, players in the promotion of health, managers of healthcare resources, and experts on their own circumstances, needs, preferences and capabilities."

Coulter (2011)



Coulter A. (2012) Patient engagement—what works? J. Ambul Care Manage 2012, 35(2):80–89. doi: 10.1097/JAC.0b013e318249e05d
 Pomey, M.-P., Ghadri, D. P., Karaszian, P., Fernandez, N., & Clavel, N. (2015). Patients as Partners: A Qualitative Study of Patients' Engagement in Their Health Care. PLoS ONE, 10(4), e0122469. <https://doi.org/10.1371/journal.pone.0122469>

Shared Decision Making: A new way of working with patients

Shared decision making has been shown to

- reduce preventable hospital readmissions by at least 19% among individuals with cardiac health problems
- decrease patient anxiety
- decrease healthcare costs



Provider/Patient Perceptions of Strategies that Impact Health and Wellness

<p>Healthcare Providers</p> <ul style="list-style-type: none"> ▪ Education* ▪ Trust ▪ Culture 	<p>Patients/Consumers</p> <ul style="list-style-type: none"> ▪ Bidirectional Communication ▪ Comprehensive Treatment ▪ Discipline
---	---

*providers thought patients needed education to understand the seriousness of their illness and need for medication adherence, but the patients said they were clear on the meaning of their illness. Patients were looking for understanding of their individual needs.



Kennedy, BM et al (2017) Healthcare providers versus patients' understanding of health beliefs and values, *Patient Experience Journal* 4(3) pp29-37.

Shared Understanding Approach

- *I want to be able to really talk with my provider, but all he wants to do is educate me on what I should be doing.*
- *She listens and doesn't cut me short.*
- *We are working on improving my health together.*

Research has identified that this approach is foundational to optimizing patient trust, adherence and disease outcomes .



Street, RL et al (2009) How does communication heal? Pathways linking clinician-patient communication and health outcomes, *Patient Educ Couns*.74, pp 295-301.

Supporting Patients in Attaining Whole Person Wellness

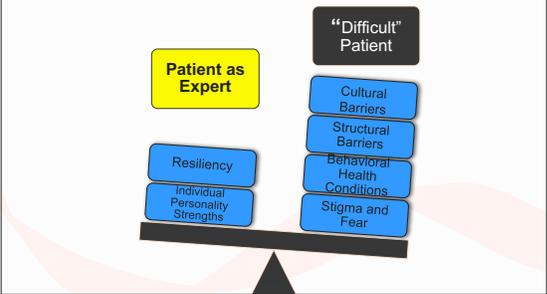
- Prevention, wellness and specialty care
- Equal responsibilities for health
- The patient as “expert”
- Asking, “what do you think is best for you?”



Could There be a Connection in How Consumers are Viewed and Their Willingness to Engage in Treatment?



Engagement in HIV Treatment and Care is a Tricky Business

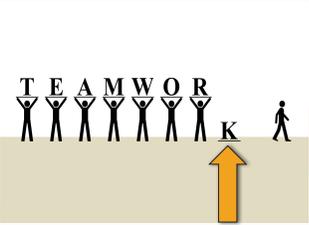


What Does This Mean to YOU?

- *“When you change the way you look at things, the things you look at begin to change!”*
- Wayne Dyer




PATIENT ENGAGEMENT IS A TEAM AFFAIR




Case Discussion
Life Stressors and Distress

Patient is a 27-year old English-speaking Black African American woman newly reengaged in HIV care. During a meeting with her HIV provider the patient noted she had felt “depressed” for 2-3 months. Patient reports sleeping 14 hours per day, eating one meal per day, feeling unmotivated and hopeless. She denies substance use. She says she is not feeling connected with the HIV care team. Patient works part-time. Her mood is down and she is tearful. She exhibits good judgement and reality testing and fair insight into her health challenges. Her total score on the PHQ-9 (Patient Health Questionnaire) is 8.

Encounter Duration-25 minutes Place of Service- FQHC
Mode of Treatment-Face-to-Face



What Do you Think?

In a few words describe the HIV Care Team's biggest worry for this patient.





Why Screen?

- To identify and address social and behavioral health issues that otherwise go unidentified and unaddressed
- Create a culture of screening as a routine and an integral part of whole person health
- These screenings can help to identify disease states and conditions early, when they are easier to treat



What Do you Think?

Customary treatment suggestions for a person demonstrating a score of 8 on the PHQ-9 include:

- A. No action
- B. Counseling and active treatment
- C. Start Baker Act procedures
- D. Watchful waiting with education and possible counseling



PHQ-9 Scoring and Interpretation

Interpretation of Total Score and Treatment Suggestions

Score	Range	Treatment
0-4	Normal	No action
5-9*	Mild	Watchful Waiting: Consider scheduling a follow-up visit in a few weeks, patient education, or discuss counseling as an option
10-14	Mild-Moderate	Patient education, counseling or active treatment
15-19	Moderate	Active Treatment for most
20+	Severe	Combination treatments and/or referral to behavioral health

*Call the emergency provider in behavioral health for any patient who indicates intention or plan to hurt self or someone else

AETC Southeast
Reference: www.kaiserpermanente.org/info_assets/cpp_ga/pdfs

HIV Care Team Goals

- Communicate effectively with the patient, her self-identified support systems and other team members
- Help to empower the patient
- Support the patient to identify her own motivation to make important health behavior changes (engagement in HIV and behavioral health care)

AETC Southeast
Reference: <http://farleyhealthpolicycenter.org/wp-content/uploads/2016/02/Core-Competencies-for-Behavioral-Health-Providers-Working-in-Primary-Care.pdf>

Empowerment & Engagement in Care

"A process through which people gain control over decisions and actions affecting their health." (WHO, 1998)

"Actions individuals must take to obtain the greatest benefit from the healthcare services available to them." (AHRQ, 2010)

AETC Southeast

What is Motivational Interviewing?

Motivational Interviewing (MI) is a collaborative, goal oriented style of counseling and communicating with particular emphasis on the language of change (Miller & Rollnick).

MI is designed to *strengthen personal motivation for and commitment* to a specific goal by eliciting and exploring an individual's personal reason(s) for a health behavior change within an atmosphere of acceptance and compassion.

MI is About Guiding Not Fixing



Deficit Approach to Care

Deficit-Based Approach

1. What is wrong with you?
2. What is your problem?
3. How do we fix you and your problem?

MI Principles

- ✓ Assume the patient is competent and capable
- ✓ Control and responsibility lie within the patient, not the professional
- ✓ Open-ended questions allow the patient to tell the provider and staff what they know, what they are experiencing and what tools they have to address their health issues
- ✓ Treat behavior change as a journey: destination (goal), map (pathways), and a means of transportation (agency/provider leveraging resources)



Why MI?

- Gives patient opportunity to discuss the other option
"What would your reason be if you did decide to take your medications?"
- Honors patient autonomy and self-determination and is person-centered
People make their own choices
- Purposeful and goal oriented
Evokes and strengthens personal motivation to reach a specific goal, which strengthens the sustainability of the new health behavior



Strength-Based Approach to Care

Strength-Based Approach

1. What happened to you?
2. What matters to you?
3. What are your strengths?
4. What is possible?
5. How can you use your strengths to improve your present and future health?



MI is Collaborative

<p>Community Health Worker</p> <p>“To me MI is about inspiring people to change...respecting and looking up to patients in a way that they remember to look up to themselves. I like using MI to enhance patients’ strengths and confidence to make changes that help them have a better life.”</p>	<p>Clinic Receptionist</p> <p>“MI allows our clinic staff to recognize patients as the experts in their own care. We develop relationships with patients and let patients know we are their equals and that we know that ‘together’ we all have something to add to the “basket” of shared knowledge.”</p>
--	---



MI is Evidence-Based

Does Motivational Interviewing Counseling Time Influence HIV-Positive Persons’ Self-Efficacy to Practice Safer Sex?

OBJECTIVE: The study examined the impact of motivational interviewing (MI) counseling time (SafeTalk) on self-efficacy to practice safer sex for people living with HIV/AIDS (PLWHA).

METHODS: A sample of 490 PLWHA was followed for 12 months. The researchers examined changes in safer sex self-efficacy when participants received zero, low to moderate (5-131 min) and high (132-320 min) doses of MI time.

RESULTS : Participants with low to moderate doses of MI counseling had 0.26 higher self-efficacy scores than participants with zero MI time (p=0.01). Participants with high doses of MI had a 0.5 higher self-efficacy score than participants with zero amount of MI time (p<0.0001). Those who had 1-2 sessions on MI showed greater self-efficacy than individuals who had no MI.

CONCLUSION:
MI is key to enhancing safer sex and self-efficacy among PLWH.

Charryeva, Z., Golin, C. E., Earp, J. A., & Suchindran, C. (2012). Does Motivational Interviewing Counseling Time Influence HIV-Positive Persons’ Self-Efficacy to Practice (UNC Demonstration Project: Safe Talk)



How Do I Use MI?

<p>Behavioral Health Specialist</p> <p>“There is no tool in my tool bag that is as useful as motivational interviewing and I can’t say that about any other tool. It’s unique because I can call on it to help me in any situation in talking about anything, which makes MI really special.”</p>	<p>Dr. Allan Zuckoff,</p> <p>“MI helps me talk to patients about anything going on with them, not just health, but relationships, and general life issues.”</p>
--	--



Motivational Interviewing

MI Pyramid

- Strategies
- Principles
- Spirit

The MI Spirit

- Compassion
- Acceptance
- Partnership
- Evocation

Icons: Red heart, two sad face emojis, two 3D figures on a bench, two figures with puzzle pieces.

“CAPE” is the Spirit of MI

Illustrations: Red cape, crown, wizard, superhero silhouette.

Show Us the Spirit of MI



Encouraging Motivation to Change Am I Doing this Right?

- ✓ Do I listen more than I talk?
✗ Or am I talking more than I listen?
- ✓ Do I keep myself sensitive and open to this person's issues, whatever they may be?
✗ Or am I talking about what I think the problem is?
- ✓ Do I invite this person to talk about and explore his/her own ideas for change?
✗ Or am I jumping to conclusions and possible



- ✓ Do I summarize for this person what I am hearing?
✗ Or am I just summarizing what I think?
- ✓ Do I value this person's opinion more than my own?
✗ Or am I giving more value to my viewpoint?
- ✓ Do I remind myself that this person is capable of making his/her own choices?
✗ Or am I assuming that he/she is not capable of making good choices?

www.centerforebp.case.edu



Resistance Can Look and Feel Like This!



AETC
Southeast
Addiction & Recovery Center Program

Principles of Motivational Interviewing (MI)

TO START: ENGAGE PATIENT

- **R**- Resist the righting reflex
- **U**- Understand your client's motivation
- **L**- Listen to your client
- **E**- Empower your client

AETC
Southeast
Addiction & Recovery Center Program

Martino, S., Ball, S. A., Nich, C., Canning-Ball, M., Rounsaville, B. J., & Carroll, K. M. (2011). Teaching Community Program Clinicians Motivational Interviewing Using Expert and Train-the-Trainer Strategies. *Addiction (Abingdon, England)*, 106(2), 428-441. <http://doi.org/10.1111/j.1360-0443.2010.03135.x>

Show Us the Spirit of MI



AETC
Southeast
Addiction & Recovery Center Program

Encouraging Motivation to Change
Am I Doing this Right?

- Do I listen more than I talk?**
 Or am I talking more than I listen?
- Do I keep myself sensitive and open to this person's issues, whatever they may be?**
 Or am I talking about what I think the problem is?
- Do I invite this person to talk about and explore his/her own ideas for change?**
 Or am I jumping to conclusions and possible



- Do I summarize for this person what I am hearing?**
 Or am I just summarizing what I think?
- Do I value this person's opinion more than my own?**
 Or am I giving more value to my viewpoint?
- Do I remind myself that this person is capable of making his/her own choices?**
 Or am I assuming that he/she is not capable of making good choices?

www.centerforebp.case.edu



The Spirit of MI is Positive





The Spirit of MI Helps Us Learn What Patients **Can Do**

1. Openness encourages patient to talk "icebreaker"
2. Suspend authority
3. Empathize with patient
4. Ask permission to share information



Motivational Interviewing



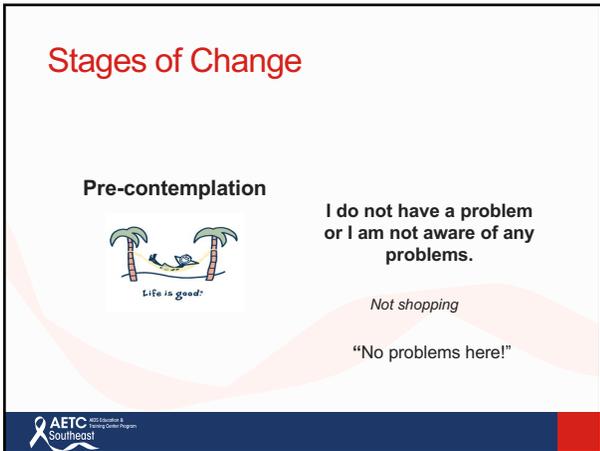
The Transtheoretical Model Stages of Change

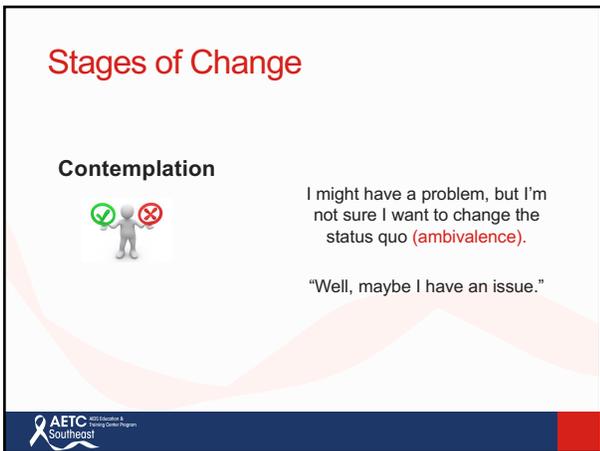
- o Pre-contemplation
 - o Contemplation
 - o Preparation
 - o Action
 - o Maintenance
- (Relapse- not a stage, but a speed bump on the journey)



Reference: Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to the addictive behaviors. *American Psychologist*, 47, 1102-1114. PMID: 1329589.







Ambivalence



- Contemplation Stage
- Feeling two ways about something
- Opportunity for change



Stages of Change

Preparation



I believe I need to change because I see a reason to and maybe even an advantage to change.

"This is important! I need to do something!"



Stages of Change

Action



I am taking steps to stop the old behavior(s) and try to master a new health behavior that is going to help me

"I believe I can do this!"



Stages of Change

Maintenance



I am identifying and using strategies to prevent relapse so I can make this new behavior habit forming!



"Change is possible!"



What Comes After Change?

Relapse



Relapse is not an actual stage but rather a common experience throughout the stages of change

"Uh oh... I didn't see that coming. Oh no! Maybe I can't make this change after all?"



Learn. Practice and Improve



Name That Stage

“I don’t feel sick. To be honest, I’m not sure I’m even going to come back for another appointment.”

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse



Name That Stage

“I don’t feel sick. To be honest, I’m not sure I’m even going to come back for another appointment.”

1. **Pre-contemplation**
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse



Name That Stage

▪ “I took the pills you gave me last week, but it wasn’t easy. I know I’m going to need as much help as possible to stick with it.”

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse



Name That Stage

▪ “I took the pills you gave me last week, but it wasn’t easy. I know I’m going to need as much help as possible to stick with it.”

1. Pre-contemplation
2. Contemplation
3. Preparation
4. **Action**
5. Maintenance
6. Relapse



Name That Stage

“I went away on a 4-day cruise. No, I didn’t take my medications. It felt so good to feel normal for a few days. I met someone... what a great trip!

I’ll start back on the medications tomorrow. I should be fine, right?”

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse



Name That Stage

“I went away on a 4-day cruise. No, I didn’t take my medications. It felt so good to feel normal for a few days. I met someone... what a great trip!

I’ll start back on the medications tomorrow. I should be fine, right?”

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. **Relapse**



Name one teachable moment ...

In the scenario we just reviewed, name one teachable point that could be discussed with the patient....



AETC Southeast
400 Education & Training Center Program

Motivational Interviewing



MI Pyramid

- Strategies
- Principles
- Spirit

MI Process



AETC Southeast
400 Education & Training Center Program

Ask and use...



Active Listening



MI Definition of Listening

- Focusing all of one's purpose, attention, and energy on understanding what the SPEAKER'S message means to the SPEAKER
- Focus on what the SPEAKER is experiencing right now as well as hearing what the SPEAKER is NOT saying



Did You Know?



The average patient is interrupted by their healthcare professional every 17-18 seconds.



Burns, RA (1985, May) Information Impact and Factors Affecting Recall. Accessed on 12.6.2017 at <https://eric.ed.gov/?id=ED258639>. AHA Publication 2015 <https://www.hhnmsa.com/articles/3451-improving-physicians-communication-skills>

Signs that a Patient is Ready to Make a Health Behavior Change

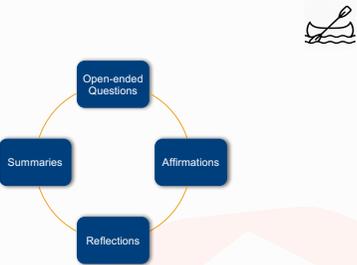
DARN CAT



D- Desire
 A- Ability
 R- Reason
 N- Need
 C- Commitment
 A- Activation
 T- Taking steps



MI Core Techniques : Using Your OARS




Did You Know?

- The **average person's attention span ranges from 10-15 minutes** and the information presented in the beginning of the session is often "best" remembered.
- Patients tend to remember what you summarize at the end of the appointment, so we need to emphasize the change talk at the end of our appointments (summary).



Burns, RA (1985, May) Information Impact and Factors Affecting Recall. Accessed on 12.6.2017 at <https://eric.ed.gov/?id=ED258639>. AHA Publication 2015 <https://www.hhnmia.com/articles/3451-improving-physicians-communication-skills>

Two Big Questions: Importance and Self-Confidence

On a scale of 1-10
How Important
to you is making this
change?

On a scale of 1-10
how confident
are you that you will be
able to make this
change?



Case Western Reserve University Center for Evidence-based Practice www.centerfor.ebp.cwru.edu

Summary Motivational Interviewing

- Connect and communicate
- Empower and engage
- Actively listen for the change talk
- Collaborate with and strengthen patient desire to change health behaviors to improve health outcomes
- Prioritize and plan with the patient
- Use your OARS



Motivational Interviewing

Have you partnered with and empowered your patients today?



MI: Am I Doing This Right?



www.centerforebp.casr.edu

Questions, Comments and "Aha Moments"



Speaker Contact Information

Debbie Cestaro-Seifer, MS, RN, NC-BC

Email

deborah.cestaro-seifer@medicine.ufl.edu