SAMHSA-HRSA Center for Integrated Health Solutions

Motivational Interviewing for Better Health Outcomes
February 22, 2011

Sangre de Cristo Community Health Partnership
100% Access ~ Salud Para Todos

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Integration of Motivational Interviewing Tools in the Primary Care Setting
February 22, 2011

WELCOME: Dr. Terry Adirim, Director, Office of Special Health Affairs, HRSA

NATIONAL ASSOCIATION OF Community Health Centers

This session was coordinated by the National Association of Community Health Centers a Partner in the Center for Integrated Health Solutions

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone SAMHSA Substance Abuse and Mental Health Services Administration

HRSA

www.TheNationalCouncil.org/CIHS

About Sangre De Cristo Community Health Partnership
A New Mexico 501© 3 Organization

- ✓ Administrative organization sub-grantee to administer and implement the SAMHSA Screening, Brief Intervention and Referral to Treatment Pilot Program 2003-2008
- ✓ Integrated medical care and behavioral health services in 35 partner sites throughout New Mexico consisting of: FQHCs, School Based Health Clinics and Public Health Offices
- ✓ Hired, trained, assigned and supervised 24 masters level behavioral health counselors to these 35 partner sites.
- ✓ After 2008—SAMHSA federal funding ended, SDCCHP has continued with the SBIRT model but has downsized the program significantly to ½ the sites and geographic area of what it previously covered.

Why Integrate Behavioral Health and Primary Care?

- 70% of all healthcare visits driven by psychosocial factors
- 50% of all mental health care is provided in primary care
- 92% of elderly patients receive BH solely from PCP

Development of the Health Commons Concept

- Services integrated with Public Health, WIC, and Dental.
- Integrated Behavioral Health Counselors (SBIRT)
- Developing the warm handoff concept.
- Patient Centered Primary Care Medical Home
- Addiction Medicine: Harm Reduction, SBIRT, and Suboxone therapy
- Wellness Program: Pain Management, Mindfulness, also incorporating Massage Therapy and Acupuncture

What is Motivational Interviewing

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 to do what they don't want to do; rather, it is a fundamental *way of being with & for people* – a facilitative approach to communication that evokes change"
(Miller & Rollnick 2002)

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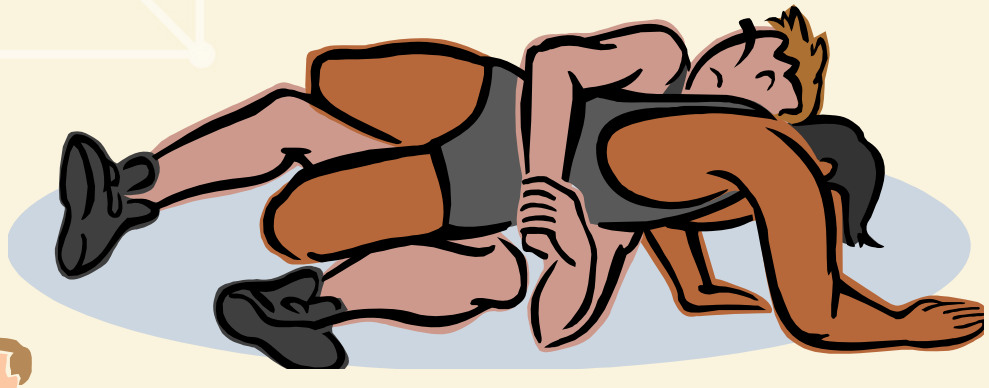
When working with a client, would you rather be



or

Intervention with Motivational Interviewing……IT'S NOT THIS!

"It's some new thing called an intervention."

Cultural Competency

The following aspects must be incorporated into service delivery*:

- **Value diversity**
- **Conduct self-assessment**
- **Manage the dynamics of difference**
- **Acquire and incorporate cultural knowledge**
- **Adapt to diversity and the cultural contexts of the individuals they serve.**

* According to the National Center for Cultural Competence

MI addresses those aspects in the following ways:

Value diversity:

- **MI is client-centered**

Conduct self-assessment:

- **Clinician is mindful of her/his own assumptions and experiences**
- **Clinician is given feedback by responses to reflective statements**
- **Client resistance is viewed as a byproduct of the relationship**

***Jennifer Hettema, Ph.D.**

Manage the dynamics of difference:

- **MI is non-judgmental, respects client autonomy, reduces or makes explicit power differentials**

Acquire and incorporate cultural knowledge:

- **Identify and mobilize client's intrinsic values, beliefs and goals**

Adapt to diversity and the cultural contexts of the individuals they serve:

- **partnership/utilization of existing resources, amount of direction is adjusted based on client input**

MI with Other Cultural Groups

- MI has been tested with Native American, Hispanic, and Black client populations*
- MI was found to produce significantly higher treatment effect sizes with ethnic minority samples than with non-minority white samples

* Hettema, Steele, & Miller, 2005

Motivational Interviewing and Healing in the Native American Culture

- Counselors have found the MI approach has much in common with Native American values of respect and good listening
- Factors to consider when Counseling with Native Americans
  - Generational/Historical Trauma
  - Attempts to destroy Native American cultures
  - Alienation from tribal life, customs and spiritual practices
  - Internalized oppression

The Spirit of Motivational Interviewing vs. Its Mirror Image

COLLABORATION *VS.* CONFRONTATION

EVOCATION *VS.* EDUCATING

AUTONOMY *VS.* AUTHORITY

Ambivalence
The Dilemma of Change

"I want to, and I don't want to"

Ambivalence is a normal aspect of human nature.

Passing through ambivalence is a natural phase in the process of change.

Ambivalence is a reasonable place to visit but you wouldn't want to live there.

The Righting Reflex

The desire to set things right

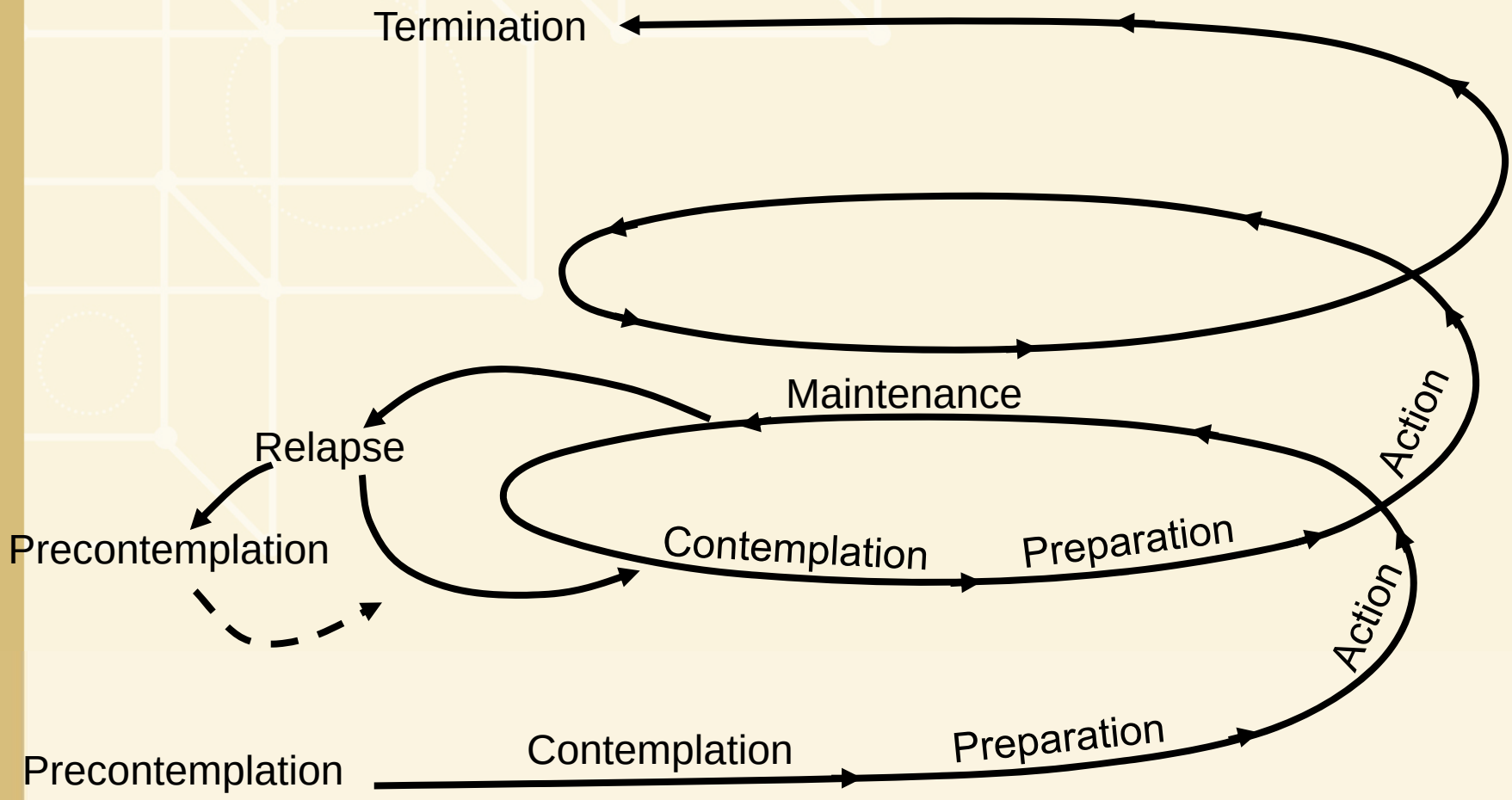
-often leads to-

Acting on the inclination to advise, teach, persuade, counsel or argue for a particular resolution to a patient's ambivalence

Reactions to Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastination
- Afraid
- Helpless
- Overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back-avoid
- Uncomfortable

The Stages of Change



Adapted from Prochaska, DiClemente, & Norcross (1992)

In Motivational Interviewing:

- Direct persuasion is not very useful for resolving ambivalence
- Motivation is elicited from the patient and not imposed from without
- The patient is supported in identifying and resolving ambivalence
- Patient values and autonomy respected
- “Change talk” recognized & responded to
- Resistance is treated constructively

Four General Principles of Motivational Interviewing

1. Express Empathy
2. Develop discrepancy
3. Support self-efficacy
4. Roll with resistance

Principle 1: Express Empathy

- Listen actively with the goal of understanding
- Skillful reflective listening is fundamental.
- Acceptance facilitates change.
- Ambivalence is normal.

Principle 2: Develop Discrepancy

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be.
- Values and beliefs are key factors
- The person rather than the practitioner should make the arguments for change

Principle 3: Support Self-Efficacy

- A person's belief in the possibility of change is an important motivator.
- The patient, not the practitioner, is responsible for choosing and carrying out change.
- The practitioner's own belief in the person's ability to change becomes a self-fulfilling prophecy.

Principle 4: Roll with Resistance

- Avoid arguing for change.
- Resistance is not directly opposed.
- New perspectives are invited and not opposed.
- The patient is the primary resource in finding answers and solutions.
- Resistance is a signal to respond differently.

Roll with Resistance

- Reluctance and ambivalence are to be acknowledged (and even respected) and not confronted directly
- Questions and problems may be turned back to the patient for solution
- Explicit permission is given to disregard what the interviewer is saying
- Resistance supplies energy which can be used therapeutically

Motivational Interviewing Tools: OARS

O - Open Questions

A - Affirm

R - Reflect

S - Summarize

O= Open-ended Questions

- Patients should do most of the talking (avoid “yes/no” questions)
- Useful early in session to build rapport & provide direction
- Ask for “both sides of the coin”
- The general pattern in MI is to ask an open question, setting the topic of exploration, and then follow with reflective listening.

A= Affirming

- Compliments or statements of appreciation and understanding
- Notice and appropriately affirm the patient's strengths and efforts
- Genuineness is critical
- Appreciation vs. approval

R= Reflect

- Demonstrates a desire for mutual understanding
- Start with simplest levels of reflection and move forward as rapport builds
- Good follow up to open-ended question
- “Listen more than tell”
- Being selective as we hold up a mirror for the people we work with

Forming reflections

A reflection states an hypothesis, makes a guess about what the person means

It is a statement not a question

(reflections should outnumber questions)

- -Start with your question
- -Cut the question words
- -Inflect your voice down at the end

No penalty for missing

Responding to resistance: Reflective Responses

- ✓ **Simple Reflection** (focused on feelings; e.g., “You’re angry about being sent here.”)
- ✓ **Amplified Reflection** (overstating feelings; e.g., “You’re ***furious*** about being sent here.”)
- ✓ **Double-Sided Reflection** ("On one hand you like the way things are; and on the other hand there’s part of you that would like to make a change.")

"I want to quit smoking because I don't want another heart attack. I want to see my kids grow up.

Content:

"You see a connection between your smoking and your heart disease and you're ready to take action."

Feelings:

"You're scared you might have another heart attack and die prematurely."

Meaning:

"Your children mean a lot to you and you want to be there for them."

S= Summarizing

- Periodic summaries reinforce what has been said, show that you have been listening carefully, and prepare the patient to elaborate further.
- It's like collecting flowers one at a time and then giving them to a person in a bouquet.

Healthcare Adaptations

- ✓ Agenda setting – a menu of options
- ✓ Information exchange
- ✓ Importance & confidence assessment
- ✓ Empathic listening (OARS)
- ✓ Watch for premature focus

Key Elements for giving information and advice

- ✓ Ask-Provide-Ask
- ✓ Reflection/Roll with Resistance
- ✓ Importance (or Interest) Ruler
- ✓ Confidence Ruler
- ✓ Summary
- ✓ Menu of Options
- ✓ “What do you think you’ll do”

Before giving advice or information…

Ask: "Would it be okay with you to share some information/advice I have about_____"

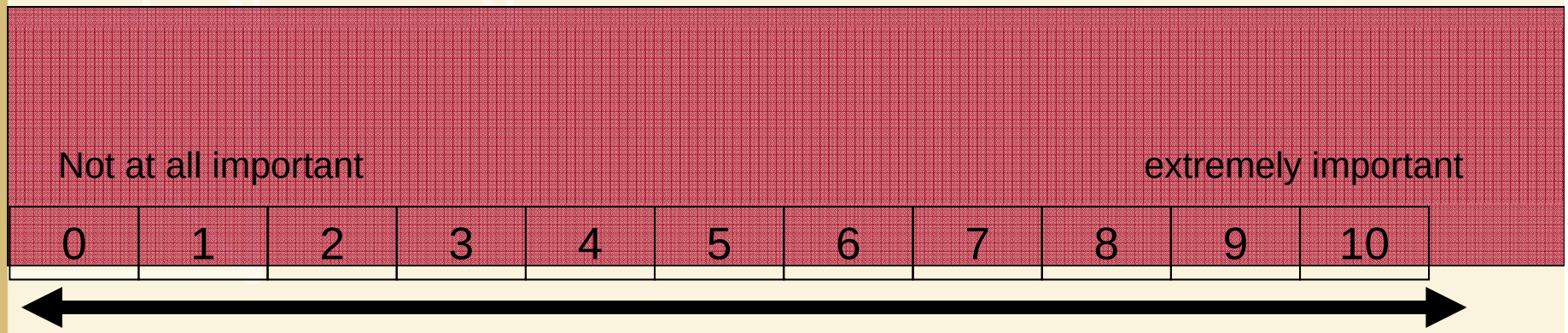
"Elicit the patient's own ideas and knowledge on the subject?"

Provide the information/advice

Ask: "What do you make of that?"

Readiness to Change:
Assessing Importance & Confidence with Rulers

Importance Ruler
"On a scale of one to ten how important is it to make a change in your behavior (smoking)?"
Query: "What makes it an 8 and not a 2?"



Confidence Ruler
"On a scale of one to ten how confident do you feel that you can make a change in your behavior?"
Query: "What would it take to move it up to an 8?"

Summarize and Offer Treatment Options

- ✓ Summary of information and change talk
- ✓ Menu of treatment choices / Agenda setting
- ✓ Ask the patient: “What do you think you will do?”

Agenda Setting

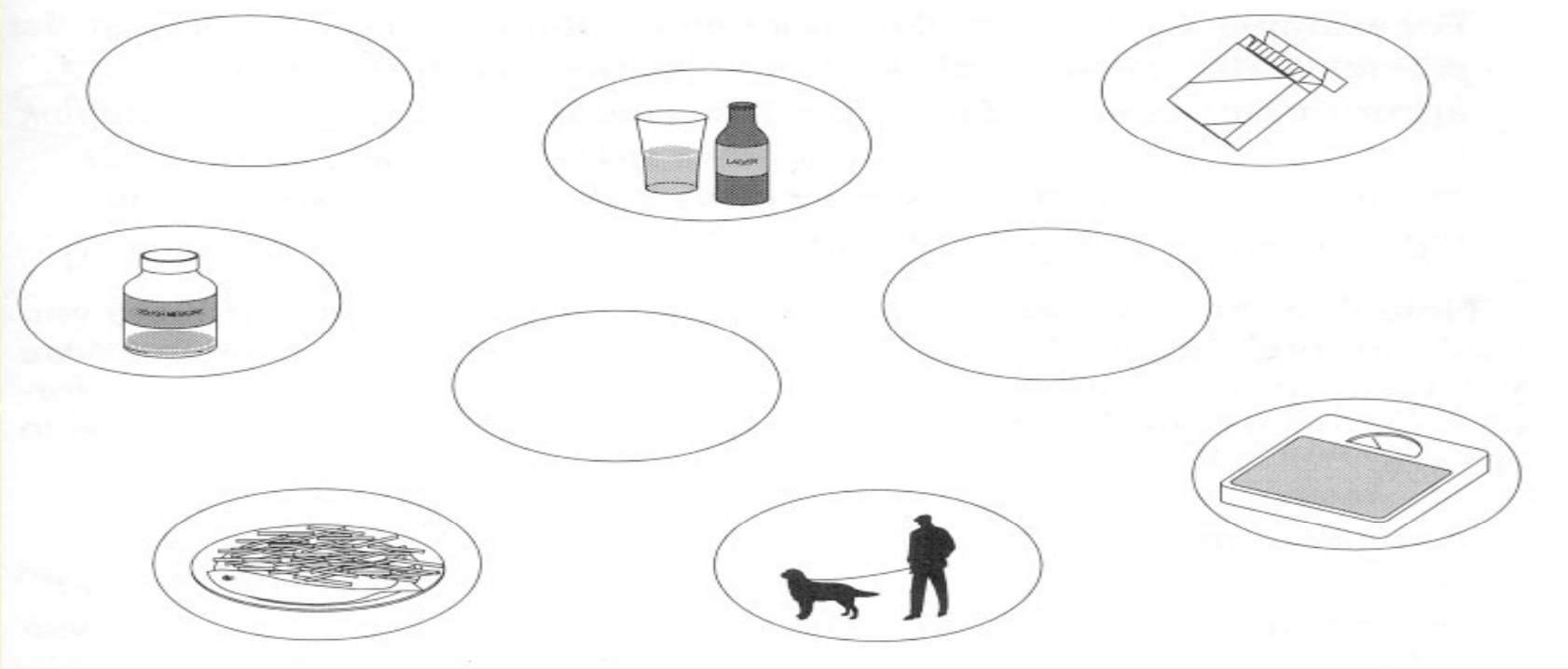
- ✓ Ask permission to discuss topic

"I wonder if it would be ok with you if we talked about your diabetes?"

- ✓ Explain you will not insist on immediate action

"I'd like to get a better idea of how you feel about your eating, don't worry, I'm not going to lecture you, ok?"

Agenda Setting Chart



Guidelines for the Medical Providers

R - Resist the righting reflex (avoid instructing the patient in an authoritarian manner)

U - Understand the patient (use open-ended questions)

L - Listen to the patient (use reflections to convey understanding and empathy)

E – Build self-efficacy (convey support and confidence in patient's ability to make changes)

Motivational Interviewing: Other Health Issues and Settings

- Emergency rooms
- Trauma centers
- Obesity treatment programs
- Smoking cessation
- Sedentary lifestyle
- Medication non-adherence
- Other mental health issues

Self-Management Support (SMS)and Motivational Interviewing: An Essential Element of the Patient Centered Medical Home

- ☑ Chronically ill patients
- ☑ Self management of symptoms, treatment and related changes in patients life
- ☑ Increase patient skills and confidence
- ☑ MI is a powerful tool for SMS
- ☑ Effective with resistance patients
- ☑ Not for everyone, but an important adjunct to other forms of SMS

Brief Action Planning (BAP): Motivational Interviewing Based Self-Management Support

Motivational Interviewing Spirit

Basic BAP suitable for motivated patients

Advanced communication skills available for more difficult patients: www.ComprehensiveMI.com

Cole S, B. J. (2009). UB-PAP (Ultra-Brief Personal Action Planning): An Innovative Tool to Support Patient Self-Management, Motivate Healthy Behavior Change and Improve Adherence. Institute of Psychiatric Services. New York City.

Resources on Motivational Interviewing

http://www.motivationalinterview.org/

Native American MI Manual: http://casaa.unm.edu/nami.html

American Indian Trainers Guide to MI: http://www.oneskycenter.org/pp/documents/AmericanIndianTrainersGuidetoMotivationalInterviewing.pdf

Health IT in the Patient Centered Medical Home: Motivational Interviewing and the Patient Centered Medical Home, S. Cole, *MD*, C. Davis, *MN, GNP-BC,* M.Cole, *FNP-BC,* D. Gutnick, *MD. Available through www.pcpcc.net*

Resources on Motivational Interviewing

American Indian Alaska Native Resource Center for Substance Abuse Services, Oregon Health and Science University, Portland, Oregon
http://www.oneskycenter.org/pp/publications.cfm

SAMHSA TIP 35: Enhancing motivation to Change in Substance Abuse Treatment and other documents on Motivational Interviewing:

http://store.samhsa.gov/facet/Treatment-Prevention-Recovery/term/Motivational-Interventions

Resources on Motivational Interviewing

Cole, S, B. J. (2009). UB-PAP (Ultra-Brief Personal Action Planning): An Innovative Tool to Support Patient Self-Management, Motivate Healthy Behavior Change and Improve Adherence. Institute of Psychiatric Services. New York City.

Center for Evidence-Based Practices (CEBP), at Case Western Reserve University www.centerforebp.case.edu/mi

Hettema J, *Steele* J, & *Miller* WR. *2005*. Motivational interviewing. Annual Review of Clinical Psychology, 1:91-111

Thank You!

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First Choice Community Healthcare, Inc.

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If you are listening to this webinar from your computer speakers, please type your questions into the qu
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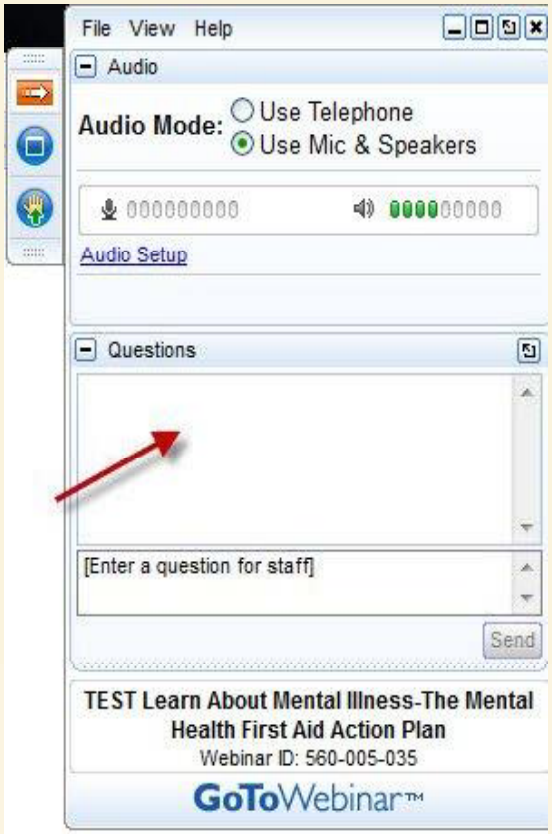

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