




Core Programs: Clinically Effective



<b>5%</b> Weight Loss	<b>1%</b> Decrease A1C Post 6-12 months	<b>45%</b> Quit Tobacco Self-reported at 12 months
<b>HEALTHY BALANCE</b> Weight Management (fee based)	<b>LIVING WELL WITH DIABETES</b>	<b>FREEDOM FROM TOBACCO</b>
<b>66%</b> Discontinued or Reduced Sleep Medication	<b>40%</b> Increase in Breastfeeding Post 6-12 months	<b>80%</b> Increased Physical Activity <b>80%</b> Eating Healthier
<b>SLEEP WELL, LIVE WELL</b>	<b>BREASTFEEDING WITH SUCCESS</b>	<b>WELLNESS COACHING BY PHONE</b>

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ACTIVITY



Think of a behavior you have always wanted to change.



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• 532855 – It hurts to even think about it

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INTRODUCTION

### Top 10 Mistakes in Behavior Change

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1. Relying on **willpower** for long-term change
2. Attempting **big leaps** instead of baby steps
3. Ignoring how environment **shapes** behaviors
4. Trying to **stop old behaviors** instead of creating new ones
5. Blaming **failures** on lack of motivation
6. Underestimating the **power of triggers**
7. Believing that information **leads** to action
8. Focusing on **abstract goals** more than concrete behaviors
9. Seeking to **change a behavior forever**, not for a short time
10. Assuming that behavior change is **difficult**

Fogg, et. al., Stanford University Persuasive Tech Lab

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INTRODUCTION

### Ambivalence

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If I started walking 30 minutes a day I think I'd handle my stress better...

But I'm just so tired by the time I get home...

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INTRODUCTION

### Learning Objective

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Use at least **one** new approach in a brief office encounter to motivate behavior change that improves treatment adherence and/or diet/lifestyle.

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WHAT IS MI?

### Evidence Based

- Found significant support for the efficacy of MI across 75 randomized controlled trials
- Adding MI to the beginning of treatment led to sustained outcome improvements over time

*Hettema, Steele, & Miller, 2005*

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WHAT IS MI?

### Evidence Based

Patient-centered communication from provider + Effective patient-provider relationship and communications

- ↑ patient satisfaction in medical care
- ↑ improvement in general medical condition
- ↑ adherence to medical treatments

*Beach, Keruly, & Moore, 2005; Schneider, et al., 2004*

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WHAT IS MI?

### Evidence Based

MI's impact on providers:

- Makes their practice more enjoyable
- Lifts the heavy burden or personal responsibility to make patients change
- Patients respond to MI



*Steinberg & Miller, 2016*

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WHAT IS MI?

### Applications

- Alcohol abuse
- Treatment adherence
- Diet/exercise
- HIV risk reduction
- Illicit drug use
- Smoking
- Gambling
- Intimate relationships
- Eating disorders

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WHAT IS MI?

### Fundamentals of MI

MOTIVATIONAL INTERVIEWING

- Communicate MI Approach
- Take It Step by Step 4 Processes
- Elicit Change Talk
- Use Good Listening Skills OARS

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MI APPROACH

### Communicate: MI Approach

This isn't a Jedi mind trick; it's a Jedi mind shift.

- Motivational interviewing is a way of being, not just a set of techniques



Miller & Rollnick, 2002

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MI APPROACH

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### Facets of MI

<b>Collaboration</b> expert + expert	<b>Evocation</b> exploring patient motivation
<b>Autonomy</b> focusing on patient choice	<b>Compassion</b> making patient's needs a priority

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MI APPROACH

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### Respecting Autonomy

Helpful language:

The choice is yours...

You're in the driver's seat here...

What you choose to do is up to you...

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MI APPROACH

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### Ambivalence

This side of the ambivalence is called **CHANGE TALK**

This side of the ambivalence is called **SUSTAIN TALK**

I want to change

But it would be soooo hard because

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10 APPROACH

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## ~~RESISTANCE?~~



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


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10 APPROACH

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## Noncompliance?

- Sustain talk:**  
 Expect it, accept it, respond...
 

“...yeah, but I don’t have enough time...”
- Discord:**  
 Interpersonal behavior that reflects dissonance in the working relationship  
*arguing*  
*interrupting*  
*discounting*  
*ignoring.*




Seek to dance

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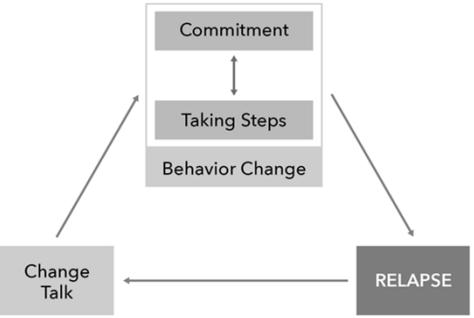
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10 APPROACH

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    graph TD
      CT[Change Talk] --> C[Commitment]
      C <--> TS[Taking Steps]
      C --> BC[Behavior Change]
      BC --> R[RELAPSE]
      R --> CT
  
```

Rollnick, et al., 2008

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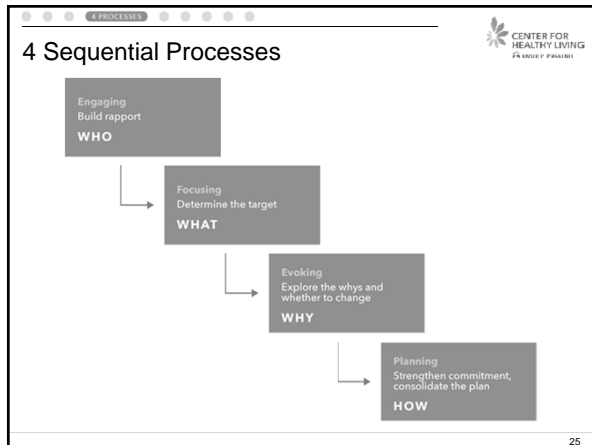
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**Engaging**

- The process of establishing a trusting and mutually respectful relationship
- Making the patient feel welcome, comfortable, understood, hopeful, and that we share mutual goals

**What are some things you can do to engage the patient?**

- Handshake
- Proper name pronunciation
- Connecting about something non-clinical first

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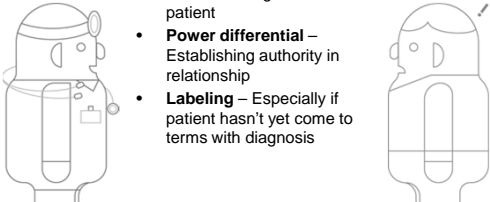
4 PROCESSES

### Dis-engaging: Where discord comes from

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Engaging  
Build rapport  
WHO

- **Assessing** with multiple questions (ROS)
- **Telling** – Offering solutions before eliciting those of the patient
- **Power differential** – Establishing authority in relationship
- **Labeling** – Especially if patient hasn't yet come to terms with diagnosis



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### Focusing

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## 6 Ways to Control Your Diabetes

**PICK ONE**

- FOLLOW UP ON LAB TESTS
- EAT HEALTHY
- GET MOVING
- TAKE YOUR MEDICATIONS
- QUIT TOBACCO
- CHECK YOUR BLOOD SUGAR

Take the first step by starting with one or two small changes. We can help! Talk to your doctor or explore our resources.

1-866-863-4275 | [www.cchlh.org](http://www.cchlh.org) | [www.cchlh.org/diabetes](http://www.cchlh.org/diabetes)

Let's start something.



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4 PROCESSES

### Evoking

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Evoking  
Explore the why's and whether to change  
WHY

- Eliciting a patient's own motivation for change
- Eliciting change talk – patient speech that favors movement in the direction of change



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4 PROCESSES

**Planning**

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PLANNING • PREVENTION

Planning: Strengthen commitment, coordinate the plan  
**HOW**

Developing a specific change plan that the patient agrees to and is willing to implement

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4 PROCESSES

**SMART Plans**

Center for Healthy Living  
PLANNING • PREVENTION

Planning: Strengthen commitment, coordinate the plan  
**HOW**

I will manage my stress better.

For the next 2 weeks you've decided at the end of the day you will journal what things caused you stress and how you responded. We'll go over it at our next appointment in 2 weeks.

- Specific
- Measurable
- Achievable
- Relevant
- Timed

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4 PROCESSES

**What Does Change Talk Sound Like?**

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PLANNING • PREVENTION

**ABILITY**

I know I can...  
I could...  
I am able

**REASONS**

I want to change because...

**DESIRE**

I want to...  
I wish...  
I'd like to...

**NEED**

I need to...  
I must...  
I have to...  
I should...

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CHANGE TALK

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### What Does Change Talk Sound Like?

Commitment change talk

- Most predictive of change

**COMMITMENT**

I am going to...  
I plan to...  
I intend to...  
I will...

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CHANGE TALK

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### Bringing Out Change Talk

**ABILITY**  
How do you know you'll be able to take your medication every night?

**REASONS**  
What would be some of the benefits of decreasing your drinking?

**NEED**  
In what ways does your depression concern you?

**DESIRE**  
Why do you want to make a change in how you handle your stress?

**COMMITMENT**  
What would be your first step in trying to get more sleep?

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CHANGE TALK

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### Bringing Out Change Talk

**CREATING DISCREPANCY**  
*(pitting conflicting desires of the patient against each other)*

I'm curious - how does continuing to smoke help your goal of not wanting to wind up in a wheelchair for the rest of your life?

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**OARS- Natural conversation skills**

**Open-ended questions**  
Ask open questions, not short answer or yes/no

**Affirmations**  
Comment positively on strengths, effort, intention

**Reflections**  
Reflect what the person is saying

**Summaries**  
Summarize the person's own perspective on change

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**Asking Open-Ended Questions**

**AVOID:**

- Short answer
- Yes/No questions

**Open-ended questions**  
Ask open questions, not short answer or yes/no

Are you taking your fluoxetine daily as prescribed?

How much alcohol do you drink?

Do you NEED so much lorazepam to fall asleep?

What makes it easy/hard to remember to take your medication?

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**Affirmations**

**Affirmations**  
Comment positively on strengths, effort, intention

Wow. I remember when you used to take it everyday, even on your good days. That's impressive.

I had a rough week at work. I took alprazolam 5 times

I definitely drank too much on Saturday.

I felt so low I was tempted to start cutting again.

**STATEMENTS that are genuine and boost confidence and self-efficacy**

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**Reflections/Reflective Listening**

Reflections: Reflect what the person is saying

My uncle suffers from PTSD and he's homeless.

You're worried your PTSD might cause you to lose your job too. You're family depends on you.

I hear once you start antidepressants you can never get off.

My husband exaggerates. I'm not an alcoholic.

You're uncle wound up homeless. You're family depends on you. Your uncle is homeless now. He is homeless.

Listening and making statements that say "I hear you, I get you."

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**Summaries**

Summaries: Summarize the person's own perspective on change.

- Highly useful in the ambivalent patient presenting both sides of the argument for change
- Offers the opportunity to editorialize the summary toward change talk

We've talked a lot about a residential sobriety program. On the one hand, you value your independence and would really miss your children. On the other hand, you feel that you really need the support to be successful this time and in the long run your kids would be much better off with a Dad who was more focused on them than alcohol.

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**Rolling with Resistance**

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RESISTANCE

### Decisional Balance – Heavy Drinking

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	<b>GOOD</b>	<b>NOT SO GOOD</b>	
Sustain talk	Advantages of the status quo?	Downside of the status quo?	Some change talk
<b>NOT CHANGING</b>			
<b>CHANGING</b>	Advantages of changing?	Downside of changing?	Some sustain talk
Change talk			

PATIENT

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RESISTANCE

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**DIRECTING**      **GUIDING**      **FOLLOWING**

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RESISTANCE

### Information-Sharing Process

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**ELICIT INTEREST**

What do you know about the effects of cocaine on the heart?

**PROVIDE CLEAR INFORMATION OR FEEDBACK**

Even doing one line can cause what's called an "arrhythmia" of the heart, which can be fatal.

**ELICIT THE INTERPRETATION OR REACTION**

What do you think about that?

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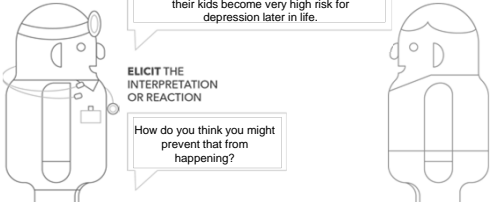
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**Elicit, Provide, Elicit**

**ELICIT INTEREST**  
What concerns do you have about how bursts of anger are affecting your family?

**PROVIDE CLEAR INFORMATION OR FEEDBACK**  
What some people realize too late is that their kids become very high risk for depression later in life.

**ELICIT THE INTERPRETATION OR REACTION**  
How do you think you might prevent that from happening?



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**ACTIVITY**

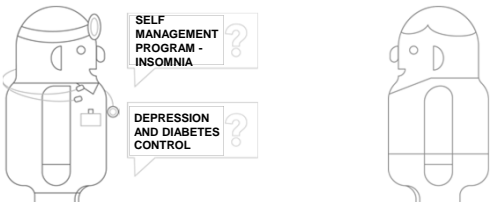
**ELICIT INTEREST**  
"What do you know about..."  
"What concerns do you have about..."

**PROVIDE CLEAR INFORMATION OR FEEDBACK**  
"What happens to some people is that..."  
"The results of your tests suggest that..."

**ELICIT THE INTERPRETATION OR REACTION**  
"What do you think..."  
"How do you think you might..."

**SELF MANAGEMENT PROGRAM - INSOMNIA** ?

**DEPRESSION AND DIABETES CONTROL** ?



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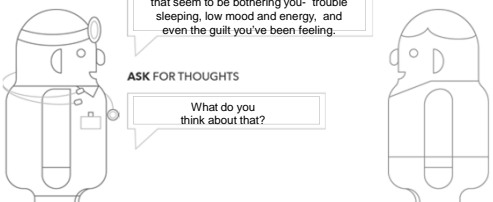
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**Giving Information**

**ASK PERMISSION**  
Would it be ok if I shared something about antidepressants with you?

**TELL/INFORM**  
They can really help a lot of the things that seem to be bothering you- trouble sleeping, low mood and energy, and even the guilt you've been feeling.

**ASK FOR THOUGHTS**  
What do you think about that?



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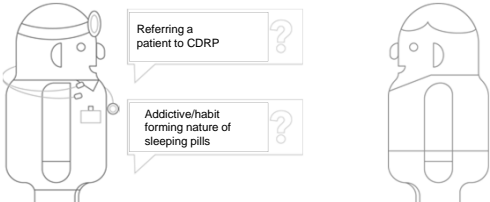


GUIDING ACTIVITY

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### Giving Information

**ASK PERMISSION**      **TELL/INFORM**      **ASK FOR THOUGHTS**



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GUIDING SUMMARY

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Motivational interviewing has taken away the stress of trying to convince patients 'to do the right thing'; it has help to prevent those seemingly-challenging patients from draining my mental/emotional energy.

*Brian-Linh D. Nguyen, MD*

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GUIDING SUMMARY


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### It's a Conversation

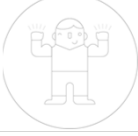
That helps people **RESOLVE AMBIVALENCE**




That is **COLLABORATIVE**



That respects people's **AUTONOMY**



That allows people to **TALK THEMSELVES INTO CHANGE**



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**THANK YOU!**

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**Let's Start Something**






**Come In**



**Call In**



**Click In**

Ray.R.Nanda@kp.org

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