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Patient-Centered Care and Motivational Interviewing

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Patient-centered care and Motivational Interviewing

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Agenda

- 45-60 minutes recorded lecture
 - Patient-centered care
 - Evaluating the patient perspective
 - Treatment adherence
 - Introduction to motivational interviewing
- 45-60 minutes for discussion
 - Questions
 - Case examples and consultation

Review

- What is Behavioral Health?
- The stress response
 - Will follow up on this more next session
- The importance of relationship and communication

What is Behavioral Health?

Mental Health:

- Psychiatric
 - Severe and persistent mental illness
 - Substance use
 - Evaluation & diagnosis
- Coping skills for stress & common psychosocial issues

Stress:

- Suicidality & passive morbid ideation
- Being overwhelmed
- Major life changes or events

Health Behaviors:

- Weight loss
- Substance use
- Sleep hygiene
- Managing new diagnosis
- Chronic illness management

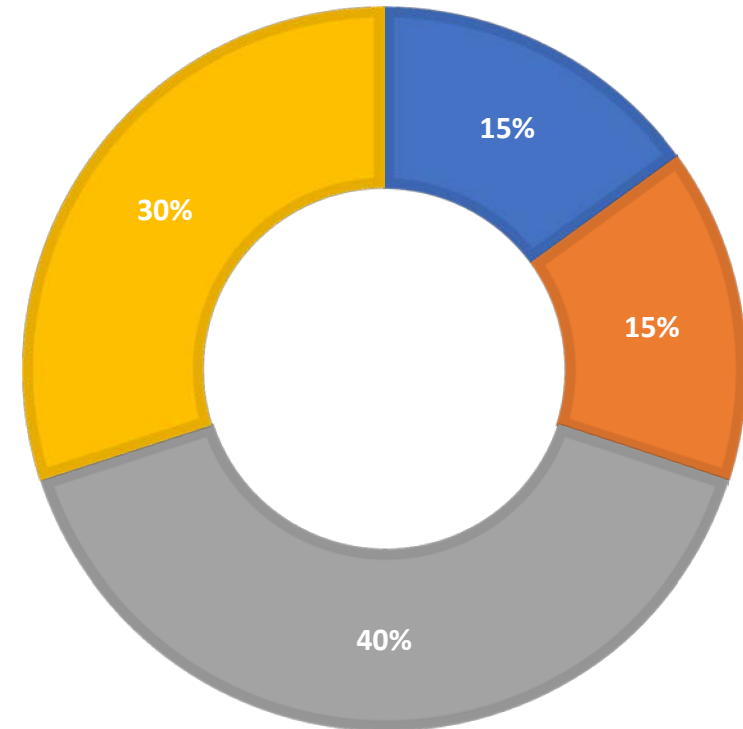
Physician-patient relationship

Trust	Bennett et al. found that, among patients with systemic lupus erythematosus, those who trust and “like” their physician had higher levels of satisfaction. In another study, patients’ perceptions of their physician’s trustworthiness were the drivers of patient satisfaction.
Knowledge	When doctors discovered patient concerns and addressed patient expectations, patient satisfaction increased as it did when doctors allowed a patient to give information.
Regard	Ratings of a physician’s friendliness, warmth, emotional support, and caring have been associated with patient satisfaction.
Loyalty	Patients feel more satisfied when doctors offer continued support; continuity of care improves patient satisfaction.

Chipidza, F. E., Wallwork, R. S., & Stern, T. A. (2015). Impact of the doctor-patient relationship. *The primary care companion for CNS disorders, 17*(5).

Common factors in treatment adherence

- **TECHNIQUE/ORIENTATION 15%**
(Skills and counseling orientation.)
- **HOPE EXPECTANCY 15%**
(The belief that one can change and will be successful at making changes.)
- **CLIENT TRAITS 40%**
(Their strengths, temperament, resources, and skills.)
- **THERAPEUTIC RELATIONSHIP 30%**
(The degree to which a provider conveys a nonjudgemental, empathic, accepting, warm environment.)



(Weinberger, 1995; Beutler et al., 2002)

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Eliciting the patient perspective - ICE

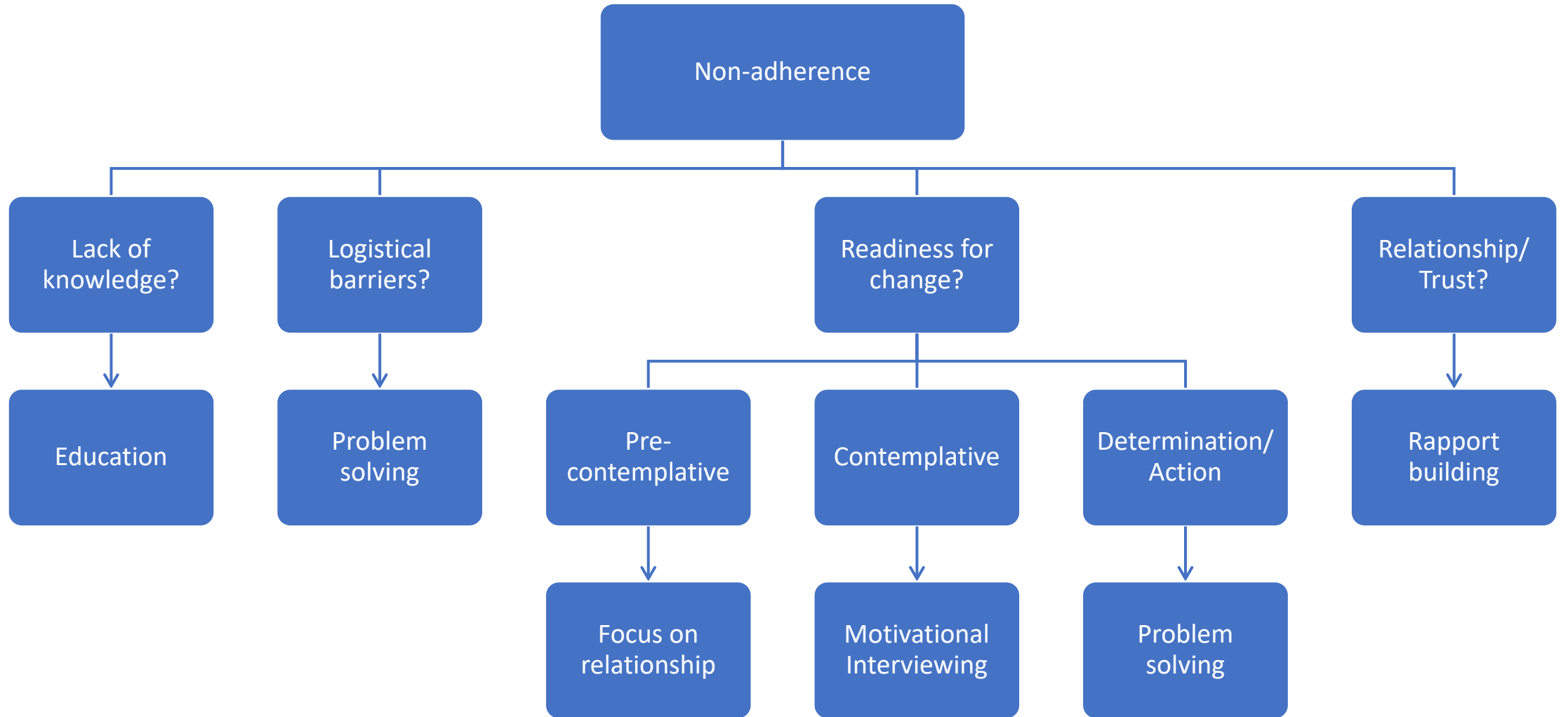
- Ideas
 - What does the patient think is going on? What are their ideas about the possible diagnosis, treatment, or prognosis?
- Concerns
 - What are they worried is going on? What are their concerns about what is going on or about the diagnosis, treatment, or prognosis?
- Expectations
 - What are they expecting from their doctor? What are they expecting from the diagnosis, treatment, or prognosis?

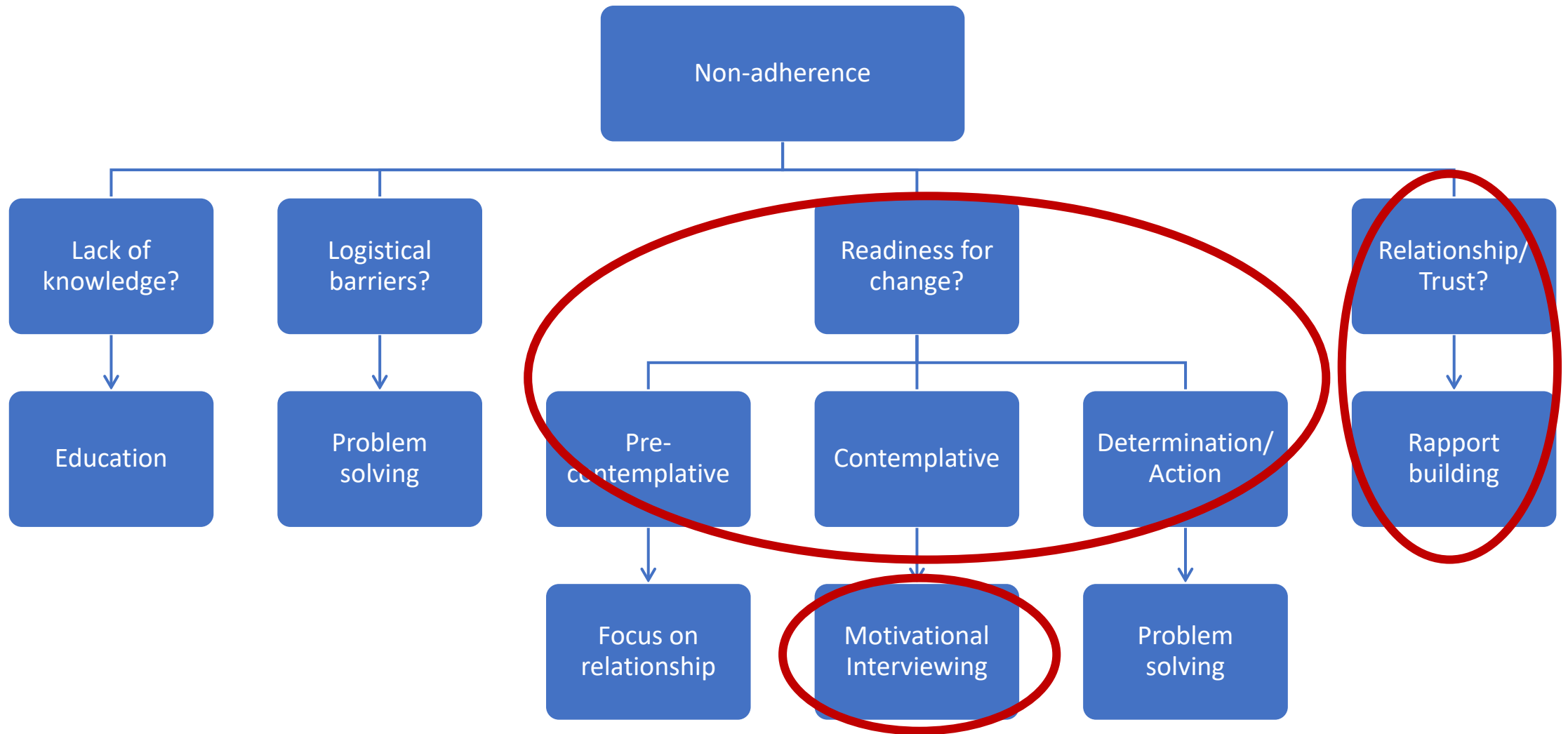
Elicit-provide-elicit

- Elicit
 - History of the presenting problem
 - Patient's current functioning
 - Patient's perspective
- Provide
 - Education
 - Advice
- Elicit
 - Patient's perspective

Five “A”s

- Ask
- Advise
- Assess
 - Patient’s perspective
 - Stage of change?
- Assist
 - Problem solving
 - Motivational Interviewing
- Arrange





Stages of Change



Stages of Change

1. Pre-contemplation

- Unwilling or unable to recognize that a change should be made

2. Contemplation

- Can recognize that a change should be made but expresses ambivalence

3. Determination/preparation

- Ready to make a change, planning to make a change

4. Action

- Actively working towards sustainable change

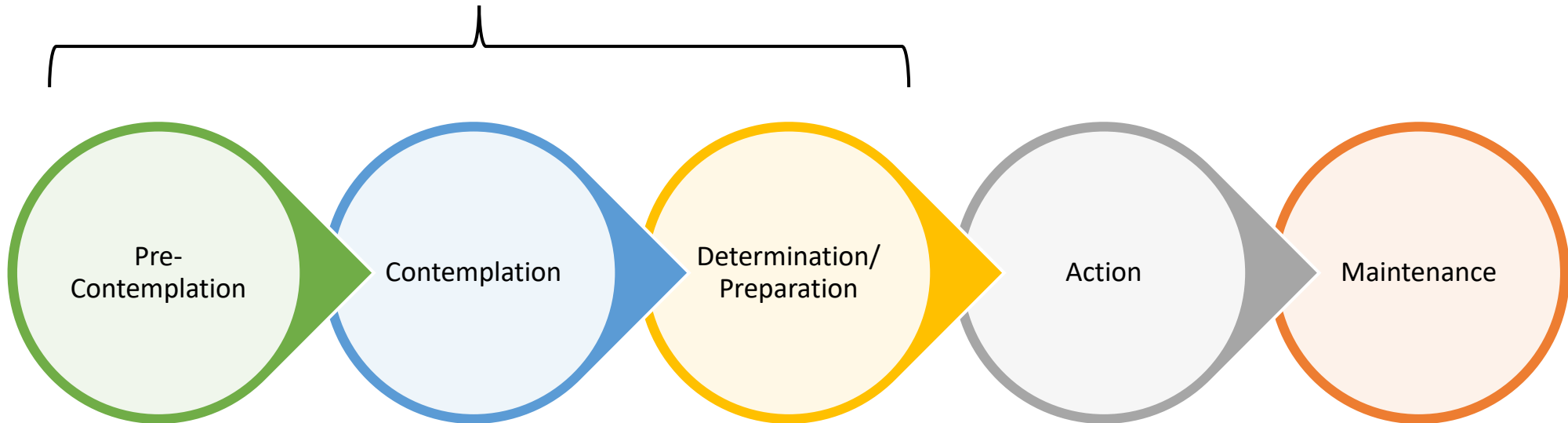
5. Maintenance

Stages of Change



Stages of Change

Motivational Interviewing



Motivational Interviewing

- “Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.” (Miller and Rollnick, 2012 pg. 12)
- An Overall Person-Centered Approach
 - Collaborative
 - Working in partnership and consultation with the person; negotiating
 - Evocative
 - Listening more than telling; eliciting rather than installing
 - Respectful
 - Honoring the person’s autonomy, resourcefulness, ability to choose

(Adapted from Stewert, 2013)

Table 2. Meta-analysis, the motivational interviewing effect.

Effect measure	<i>n</i>	Combined effect estimate	<i>P</i> -value (95% CI)
Body mass index	1140	0.72	0.0001 (0.33 to 1.11)
HbA _{1c} (%GHb)	243	0.43	0.155 (-0.16 to 1.01)
Total blood cholesterol (mmol/l)	1358	0.27	0.0001 (0.20 to 0.34)
Systolic blood pressure (mmHg)	316	4.22	0.038 (0.23 to 8.99)
Number of cigarettes/day	190	1.32	0.099 (-0.25 to 2.88)
Blood alcohol content (mg%)	278	72.92	0.0001 (46.80 to 99.04)
Standard ethanol content (units)	648	14.64	0.0001 (13.73 to 15.55)

(Rubak et al., 2005)

“The review has shown that motivational interviewing can be effective even in brief encounters of only **15 minutes** and that **more than one encounter** with a patient increases the likelihood of effect.”

(Rubak et al., 2005)

Active ingredients of MI

1. Clinician Expression of Empathy
 - Listening and understanding the patient's perspective
2. Patient Expression of Change Talk
 - The patient's own reasons for change

Clinical Empathy

- To understand a patient's emotional state and perspective
- To communicate that understanding to the patient

Active ingredients of MI

1. Clinician Expression of Empathy
 - Listening and understanding the patient's perspective
2. Patient Expression of Change Talk
 - The patient's own reasons for change

Why should the patient
change?

How should the patient
change?

Why should the patient
change?

How should the patient
change?

What are the patient's answers to these questions?

The Righting Reflex

Directing

Providing information,
instruction, and advice

Guiding

Following

Seeking to understand
and refraining from
inserting own material



Change talk vs Sustain talk

- Sustain talk
 - Reasons for not making the change, reasons why making the change is hard
- Change talk
 - Reasons for making the change, solutions to problems
- We are more likely to believe something or engage in an action if *we say it ourselves*.

Change Talk: DARN-CAT

- Desire
- Ability
- Reasons
- Need
- Commitment
- Activation
- Taking steps

Change Talk: DARN-CAT

- **Desire**

- Ability
- Reasons
- Need
- Commitment
- Activation
- Taking steps

- I wish things were different.
- I am hoping things will get better.
- I want to stop drinking alcohol.
- I wish I could lose weight.
- I would like to take my medication.

Change Talk: DARN-CAT

- Desire
 - **Ability**
 - Reasons
 - Need
 - Commitment
 - Activation
 - Taking steps
- I know what I have to do – I just need to do it.
 - I was able to eat healthier in the past.
 - I can exercise sometimes.
 - I could reduce my drinking.
 - I am able to manage my anger.

Change Talk: DARN-CAT

- Desire
 - Ability
 - **Reasons**
 - Need
 - Commitment
 - Activation
 - Taking steps
- Maybe I would have more energy if I was in better health.
 - I want to see my children.
 - I would be able to sleep better.
 - I would be better able to take care of my family.

Change Talk: DARN-CAT

- Desire
 - Ability
 - Reasons
 - **Need**
 - Commitment
 - Activation
 - Taking steps
- I need to take care of my health.
 - My blood sugar cannot stay at these levels.
 - I must do something about this.
 - I cannot keep living like this.

Change Talk: DARN-CAT

- Desire
 - Ability
 - Reasons
 - Need
 - **Commitment**
 - Activation
 - Taking steps
- I am going to remember to take my medication this week.
 - I promise to keep the appointment.
 - I will work on these changes to my diet.

Change Talk: DARN-CAT

- Desire
 - Ability
 - Reasons
 - Need
 - Commitment
 - **Activation**
 - Taking steps
- I am going to the pharmacy when I leave here to pick up my medication.
 - I am going to talk to my family about these changes when I get home.

Change Talk: DARN-CAT

- Desire
 - Ability
 - Reasons
 - Need
 - Commitment
 - Activation
 - **Taking steps**
- I took my medication every day this week.
 - I talked to my family about my health.

The structure of MI: OARS

- Open-ended questions
 - Answer is not a “yes” or “no”
- Affirmations
 - Statements of appreciation, highlighting strengths, patient-focused
- Reflective Responses
 - Building hypotheses vs. making judgements
- Summary Statements
 - Like reflections, but adding complexity; bringing in the different levels

(Rosengren, 2009)

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