Patient-Centered Care and Motivational Interviewing

Elizabeth C. Dykhouse
University of Massachusetts Medical School

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Patient-centered care and Motivational Interviewing

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Assistant Professor, Department of Family Medicine and Community Health, University of Massachusetts Medical School
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

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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)
**Physician-patient relationship**

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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?

(Matthys et al., 2009)
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
Non-adherence

Lack of knowledge?
- Education

Logistical barriers?
- Problem solving

Readiness for change?
- Pre-contemplative
  - Focus on relationship
- Contemplative
  - Motivational Interviewing
- Determination/Action
  - Problem solving

Relationship/Trust?
- Rapport building
Non-adherence

Lack of knowledge?
- Education

Logistical barriers?
- Problem solving

Readiness for change?
- Pre-contemplative
- Contemplative
- Determination/Action

Relationship/Trust?
- Rapport building

Focus on relationship
- Motivational Interviewing
- Problem solving
Stages of Change

- Pre-Contemplation
- Contemplation
- Determination/Preparation
- Action
- Maintenance
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

Pre-Contemplation → Contemplation → Determination/Preparation → Action → Maintenance
Stages of Change

Motivational Interviewing

- Pre-Contemplation
- Contemplation
- Determination/Preparation
- Action
- Maintenance
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>
<thead>
<tr>
<th>Effect measure</th>
<th>n</th>
<th>Combined effect estimate</th>
<th>P-value (95% CI)</th>
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<tr>
<td>Body mass index</td>
<td>1140</td>
<td>0.72</td>
<td>0.00001 (0.33 to 1.11)</td>
</tr>
<tr>
<td>HbA_{1c} (%GHB)</td>
<td>243</td>
<td>0.43</td>
<td>0.155 (-0.16 to 1.01)</td>
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<tr>
<td>Total blood cholesterol (mmol/l)</td>
<td>1358</td>
<td>0.27</td>
<td>0.0001 (0.20 to 0.34)</td>
</tr>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>316</td>
<td>4.22</td>
<td>0.038 (0.23 to 8.99)</td>
</tr>
<tr>
<td>Number of cigarettes/day</td>
<td>190</td>
<td>1.32</td>
<td>0.099 (-0.25 to 2.88)</td>
</tr>
<tr>
<td>Blood alcohol content (mg%)</td>
<td>278</td>
<td>72.92</td>
<td>0.0001 (46.80 to 99.04)</td>
</tr>
<tr>
<td>Standard ethanol content (units)</td>
<td>648</td>
<td>14.64</td>
<td>0.0001 (13.73 to 15.55)</td>
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(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)
References


