Motivational Interviewing (part 3) and Physician Wellness

Elizabeth C. Dykhouse
University of Massachusetts Medical School

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Motivational Interviewing (part 3) and Physician Wellness

Elizabeth C. Dykhouse, PhD

Director of Behavioral Science, Worcester Family Medicine Residency
Assistant Professor, Department of Family Medicine and Community Health, University of Massachusetts Medical School
Agenda

• 45-60 minutes Motivational Interviewing (recorded
  • Review of Motivational Interviewing
  • Counseling skills and interview structure
  • Example videos and discussion
  • Practice assignment?

• 30 minutes for discussion about physician wellness (not recorded)
  • Check in on current functioning
  • Plan for ongoing support
Thoughts about motivational interviewing?

Patient encounters when you might use this strategy?
What is Motivational Interviewing?

• A tool to use when education and telling a patient what to do is not working
Non-adherence

- Lack of knowledge?
  - Education

- Logistical barriers?
  - Problem solving

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

- Relationship/Trust?
  - Rapport building
Stages of Change
Stages of Change

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

Motivational Interviewing

Education and problem solving
Readiness Ruler

• Like the pain scale but a measurement of a patient’s stage of change

• “On a scale of 1 to 10, with 1 being not ready and 10 being very ready, how ready are you to change this behavior?”
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?

*What are the patient’s answers to these questions?*
Core counseling skills of Motivational Interviewing: OARS

- Open-ended Questions
- Affirmations
- Reflections
- Summaries
Thoughts about motivational interviewing?

Patient encounters when you might use this strategy?
Five “A”s

• Ask
  • What is the current pattern of behavior

• Advise
  • What you recommend the patient to do

• Assess
  • Patient’s stage of change
  • Understanding of the problem

• Assist
  • Problem solving
  • Motivational Interviewing

• Arrange
  • Follow up
  • Resources
# Brief Negotiated Interview (BNI) Algorithm

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1) <strong>BUILD RAPPORT</strong></td>
<td>Tell me about a typical day in your life. Where does your current [X] use fit in?</td>
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| 2) **PROS & CONS** | Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]?
| **Summarize** | So, on the one hand (PROS), and on the other hand (CONS). |
| 3) **INFORMATION & FEEDBACK** | I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? |
| **Elicit** | We know that drinking...
| | - 4 or more (F) / 5 or more (M) drinks in 2 hrs
| | - or more than 7 (F) / 14 (M) drinks in a week
| | - having a BAC of ____
| | ...and/or use of illicit drugs such as _____ |
| **Provide** | ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information]. |
| **Elicit** | What are your thoughts on that? |
| 4) **READINESS RULER** | This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use? |
| **Reinforce positives** | You marked ____ . That’s great. That means you are ___ % ready to make a change. |
| **Ask about lower #** | Why did you choose that number and not a lower one like a 1 or a 2? |
| 5) **ACTION PLAN** | What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don’t like about using [X]? |
| **Identify strengths & supports** | What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? |
| **Write down steps** | Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder? Will you summarize the steps you’ll take to change your [X] use? |
| **Offer appropriate resources** | I have some additional resources that people sometimes find helpful; would you like to hear about them? |
| | - Primary Care, Outpatient counseling, Mental Health
| | - Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation
| | - Shelter, Insurance, Community Programs
| | - Handouts and information |
| **Thank patient** | Thank you for talking with me today. |

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| Thank patient          | Thank you for talking with me today.                                                                                                                                                         |

**BNI-ART Institute, www.bu.edu/bniart**

Video examples

• Focus on two things:
  
  • What do you notice that is absent from these conversations?
  
  • What were the patient’s reasons for change? And for not changing?
Project for next session
References


