

# **USING MOTIVATIONAL INTERVIEWING TO STRENGTHEN PATIENT ENGAGEMENT AND TREATMENT PARTICIPATION**

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# QUALITY OF COMMUNICATION MATTERS

- Higher quality patient-provider interactions are associated with increased patient confidence in making healthcare decisions and more information-seeking<sup>1</sup>
- Trusting patient-provider relationships are associated with greater medication adherence<sup>2</sup>
- Reducing patient frustration improves interactions, chronic disease management, and quality of life<sup>3</sup>
- Effect size of communication quality on health outcomes is similar to that of aspirin on myocardial infarction risk<sup>4</sup>



**ROADBLOCKS TO  
GOOD PATIENT-  
PROVIDER  
COMMUNICATION**

**Thomas Gordon's Roadblocks<sup>5</sup>**

Ordering, directing, commanding

Warning or threatening

Giving advice, making suggestions, providing solutions (unsolicited)

Persuading with logic, arguing, lecturing

Moralizing, preaching

Judging, criticizing, disagreeing, blaming

Shaming, ridiculing, labeling

Interpreting, analyzing

Reassuring

Probing with close-ended questions

Withdrawing, distracting, humoring, changing the subject

**THINK OF A HEALTH BEHAVIOR CHANGE  
YOU HAVEN'T YET DECIDED ON . . .**



**NOW START TODAY**

**DO IT BECAUSE I SAY SO**

**DO IT SUCCESSFULLY –**

**AND PLEASE, NO EXCUSES!**



## POLL QUESTION

How do you feel about making that change now?

- A. Somewhat less ready than I was before you said that
- B. Uncomfortable with the pressure to do it
- C. More ready to make the change
- D. Just as unsure about starting the change as I was before



# RIGHTING REFLEX

- Ambivalence is a normal part of change
- Ambivalence + **Righting Reflex** + Feeling misunderstood  
= Disengagement
- Psychological reactance & directing style

**First Step in Learning MI, Resist the Righting Reflex!**



# WHAT IS MOTIVATIONAL INTERVIEWING?

- A collaborative conversational style
- Creates a safe atmosphere with empathy, acceptance, and autonomy support

## SPIRIT

- Helps people discover and talk about their own desires, reasons, and ability to change

## METHOD

GOOD RELATIONSHIP + CHANGE TALK  
(IMPORTANCE & CONFIDENCE) =  
INCREASED LIKELIHOOD OF CHANGE

# VARIETIES OF PATIENT CHANGE TALK

Type of Change Argument	Example
<b>D</b> esire	“I’d like to exercise more.”
<b>A</b> bility	“I can make the time for the appointment.”
<b>R</b> eason	“I don’t want them to amputate a limb.”
<b>N</b> eed	“If I don’t do something about diabetes and weight, I could die.”
<b>C</b> ommittment	“I’m going to get my A1C lab work today.”
<b>A</b> ctivation	“I’m ready to change my diet.”
<b>T</b> aking Steps	“I’ve already starting walking.”

## CASE OF CARL

- 45-year-old patient with uncontrolled Type 2 diabetes, hypertension, high BMI
- Going through a divorce, has a 10-year-old he adores
- Felt the nurse practitioner last visit lectured him about losing weight, exercising more, and taking his medication as prescribed
- Has no-showed 2 out of his last 3 appointments
- A scheduling error recently also resulted in a call confirming an appointment when he didn't have one
- Sometimes sees different PCPs in this group practice



# HOW READY IS CARL TO EXERCISE MORE?



Stages of Change (Prochaska & DiClemente, 1984)



## **CASE OF CARL: DAY OF THE VISIT**

- Comments as he's checking in and to the MA who rooms him: "I don't see what difference this stuff is going to make anyway" and "This is all too much"
- Provider comes in and finds him with his arms crossed, looking down at the floor

Primary Goals:

**Convey Empathy**

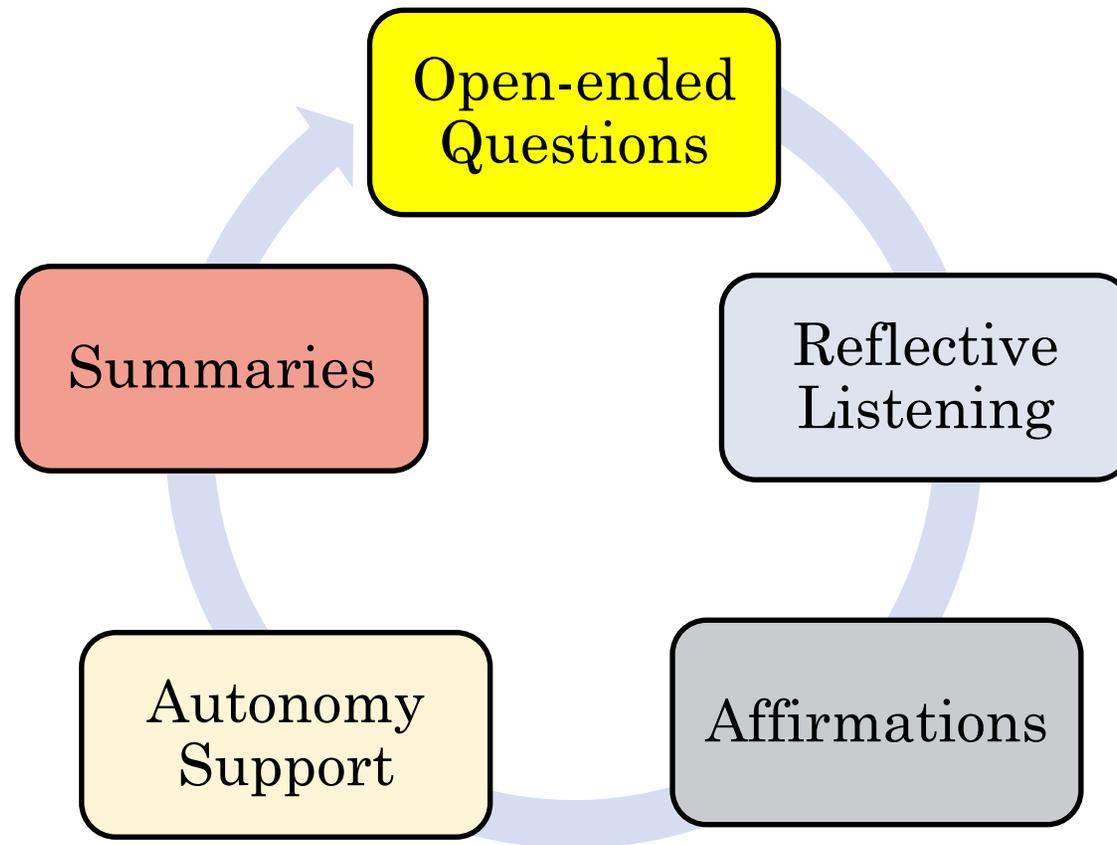
**Creating a Sense of Safety, Trust, and Control**

**Engage in Conversation**

**Establish Understanding**



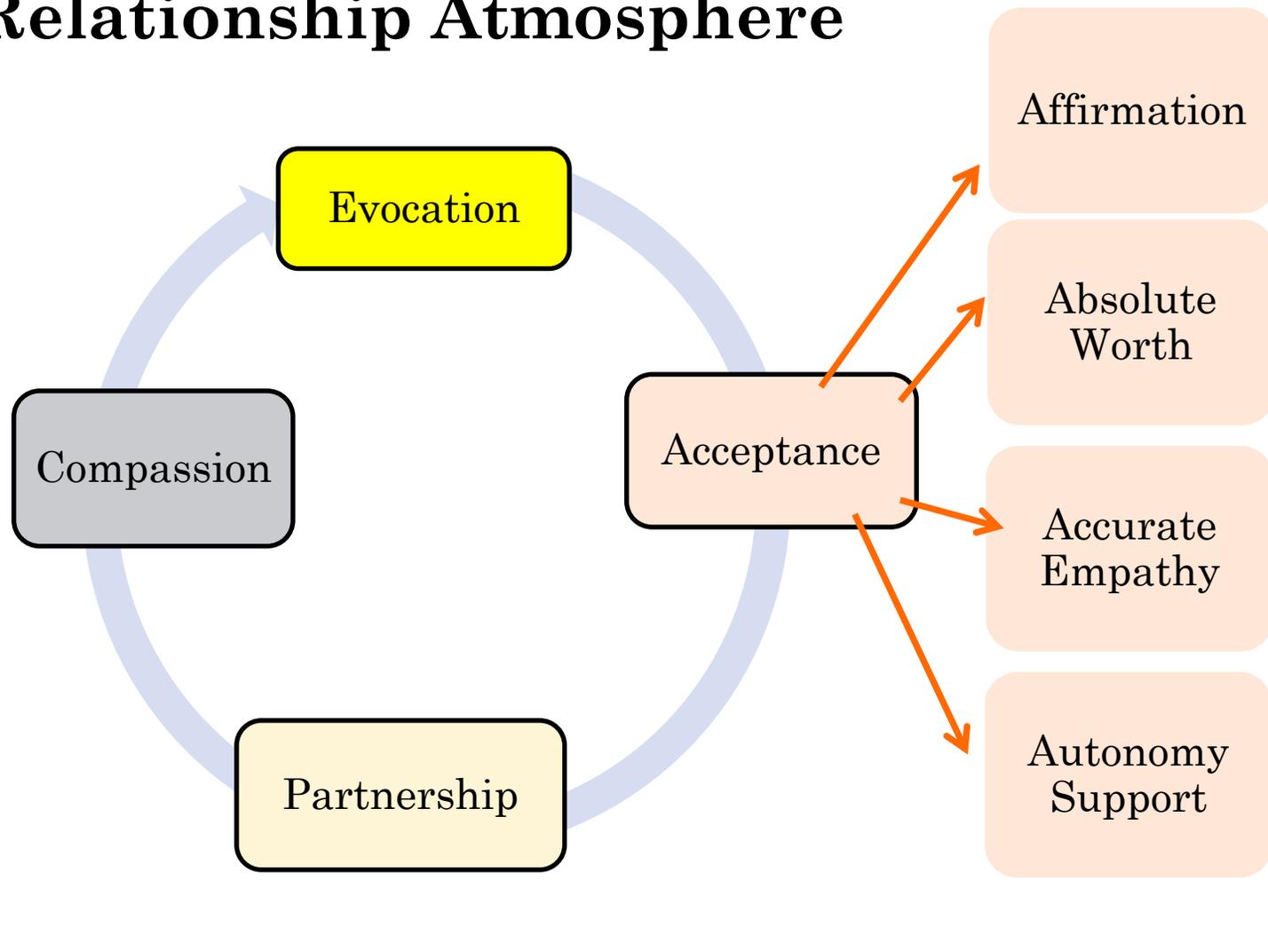
# Lessons from Motivational Interviewing<sup>9</sup> in How to Build Rapport: Conversational Skills



6 Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change., 3rd edition.* New York, NY, US: Guilford Press.



# Lessons from Motivational Interviewing<sup>6</sup> in How to Build Patient-Provider Rapport: The Relationship Atmosphere



# GENTLE INQUIRY WITH OPEN-ENDED QUESTIONS

Evocation

Absolute  
Worth

- Begin with “what,” “how,” “why,” “tell me about”
- Almost impossible to answer with a single word; encourages elaboration
- Suggests genuine curiosity in patient’s perspective
- Puts patient in the “expert” seat, prioritizing their experience, knowledge, opinions, and worldview
- Must be used with a partnering, accepting, caring tone

**Begin by Asking Permission to Explore the Topic**

Autonomy  
Support



# EXAMPLES OF

Open-  
ended  
Questions

# WITH CARL

- Tell me how you felt about coming in today
- If you were going to see us as most helpful to you today, what would have to happen?
- How has diabetes affected you since we last saw you?
- What has been going well or not-so-well with your health?
- It seems like you've been feeling down. How has your mood been?
- What would you most like to talk about today related to your health?



# REFLECTIVE LISTENING: THE CORNERSTONE OF

Accurate  
Empathy

- A statement that conveys you understand what the patient is experiencing, based on what they just said or based on their nonverbal behavior
- Can be a guess as to how they are feeling or how they have been affected
- Requires listening for the meaning in what the patient says, not just the surface words
- Tone comes down at the end (so as not to sound like a question)
- Carries a tone of unconditional positive regard and acceptance



## EXAMPLES OF

## Reflective Listening

## WITH CARL

- **Carl:** “I feel like I’m failing at taking care of my diabetes. I have no one to help me.”
- **You:** “And that’s been discouraging. You’d like to see progress with it and some support could make a difference.”
- **Carl:** “Yeah, I’ve just been going through so much with my divorce and I’m having trouble sticking to my medications.”
- **You:** “It’s been a challenge for you. I can see that. And even though you feel overwhelmed, your health is still very much on your mind.”
- **Carl:** “It is. I want to feel better.”
- **You:** “We really appreciate the effort it took to come in today. There are some things we can talk about that might make tackling your diabetes easier, if you’re interested.”



# AFFIRMATIONS: EMPOWERING AND VALUING THE PATIENT

- A statement that shows the recognition of a patient strength
- Usually it's an observable quality
- Different from praise: "Good job with that!"
- Requires you to genuinely search for what you admire or what you see as valuable in the patient
- Can feel especially challenging if the interaction is filled with tension
- Carries a tone of unconditional positive regard and acceptance



## EXAMPLES OF

Affirmations

## WITH CARL

- You showed a lot of determination and effort to get here today.
- You have insight into how diabetes and a sense of well-being go together.
- It takes grit to endure what you've been going through and still be pushing toward improvement.
- When it comes to your health, you think outside the box.
- It's clear that family is a number 1 priority for you.



# AUTONOMY SUPPORT: RESPECTING A PATIENT'S CHOICE

- A statement that conveys respect for the patient's freedom to choose
- Conveys confidence in the patient's own internal resources for making decisions that will benefit them
- Should be a clear statement rather than implied
- Can support autonomy at any phase of the conversation: from engagement to treatment planning (**e.g., Agenda Mapping**)
- Lets patients know that they are in control



# EXAMPLES OF

Autonomy  
Support

# WITH CARL

- It's up to you what we focus on during today's visit.
- I'm not here to tell you what to do about your diabetes.
- What would be the first place you'd like to focus on with regard to diabetes? There are a number of options.
- I have some information about resources that help people afford their medications. Would you like to hear it?
- The decision about when to come in for screenings and check-ups is completely yours.



# AUTONOMY SUPPORT IN INFORMATION EXCHANGE: ASK-OFFER-ASK

Your goal is to allow the patient to guide the information exchange process.

- **Ask: Prior Knowledge** – “What have you heard before about how people manage diabetes well?”  
**Permission** – “Is it OK to share what I know?”  
**Interest** – “What are you most interested in knowing about diabetes management?”
- **Offer:** Small doses of information and check in for understanding/reaction along the way
- **Ask:** “What do you make of that?” “How might hearing that change how important you feel it is to start \_\_\_\_\_?”  
“Where does this leave you in thinking about vaccination?”

# STRENGTHENING TREATMENT PARTICIPATION: IMPORTANCE AND CONFIDENCE RULERS



## Eliciting the Argument for Change: THE IMPORTANCE RULER

When importance of change seems low

- On a scale of 1-10, how important is it to you to make this change?
- Tell me some reasons you chose \_\_\_\_, and not something lower? What makes it as important as a/an \_\_\_\_\_?

USE REFLECTION BEFORE MOVING ON TO THE NEXT QUESTION

- What has to happen to move you a couple points higher to a/an \_\_\_\_?

USE REFLECTION HERE AGAIN

## IF IMPORTANCE OF CHANGE IS LOW, WORK TO DEVELOP VALUES-BEHAVIOR DISCREPANCY

- **Ask an Open Question around Values:**
  - What's something really important in your life right now?
  - What's a goal you have for yourself over the next year?
- **Reflect Back**
- **Link:** “How is your goal and value of being there for your family connected with taking care of your health?”

“I wonder if thinking about family makes it any more important for you today to start exercising.”



# REFERENCES

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