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AADE American Association of Diabetes Educators

Motivational Interviewing: A Sense Making Approach

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Background

- MI was developed to address patient *ambivalence* and r*esistance* about behavior change (taking a med, losing weight, quitting smoking, illicit drugs)
- MI is a patient-centered form of counseling that helps *patients* to reason *their* way to the conclusion that they need to change their behaviors in order to achieve their goals.

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Disclosure to Participants

Notice of Requirements For Successful Completion
- Please refer to learning goals and objectives
- Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

Conflict of Interest (COI) and Financial Relationship Disclosures:
- Bruce A. Berger, PhD – Speaker's Bureau: Innovative Health Care Speakers

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Background

- MI does two important things:
  - it accurately and nonjudgmentally reflects and explores the concerns and emotions of the patient, and
  - it provides insight or new information to address those concerns in a nonjudgmental and nonthreatening manner.

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Background

- ❑ If MI could assist people struggling with addiction, couldn't it help with managing diabetes and other chronic illnesses?
- ❑ Started training HCPs in MI over 25 years ago using Miller and Rollnick's approach.
- ❑ Did not set out to change that approach.
- ❑ Listened to hundreds of hours of calls.
- ❑ Also observed and listened to trainees role playing.

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Observations cont.

- HCPs had difficulty discerning when it was appropriate to use the skills represented by the letters of the acronyms. For example, they could not sense when to use an open ended question or give information vs express empathy or develop a discrepancy.

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Observations

- HCPs were so focused on trying to remember what a particular letter of an acronym stood (OARS, DARN, etc.) for that they often didn't listen to the patient.

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Observations cont.

- Generally speaking, HCPs became relatively proficient at reflecting and empathizing, but then they would get stuck. They did not know how or when to transition to exploring an issue and addressing it. Often, they lapsed into familiar paternalistic patterns of giving information, advice and orders.

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Observations cont.

- HCPs seemed to believe that they had to use all of the skills that the letters represented regardless of whether or not the skill was an appropriate response to the patient ("I already used the 'D'; I need to use something else").

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A New Approach - Objectives

- ❑ Help HCPs:
  - ❑ know what to listen for when interacting with patients
  - ❑ be more clear about how to respond appropriately
  - ❑ choose appropriate skills (exploring vs info giving)
  - ❑ become more aware of how their own anxieties about "succeeding" affect how they respond - introspection

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A New Approach[1]

- People are sense makers – we make sense out of everything
- Patients make sense out of:
  - Their illnesses
  - The treatment of those illnesses
  - The relationship with the HCP

1. Berger, BA and Villaume, WA. **Motivational Interviewing for Health Care Professionals: A Sensible Approach**, APhA Publishing, Washington, DC 2013

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Two kinds of resistance or ambivalence

- **Issue resistance** - resides in the patient's reasoning that leads to the conclusion that the patient doesn't need to change his/her behavior(s).
- **Relational resistance** - concerns ***HOW*** we respond to the patient about issue resistance. Occurs when we fail to build rapport and/or disrespect the patient's sense making, resulting in face loss.
  - **Ambivalence/resistance often results from incomplete or inaccurate information**

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A New Approach - examples

- "I don't understand why I need this medicine. I feel fine." (Patient with diabetes or high BP)
- "What does diabetes mean to you?"
- Patient with blood pressure of 145/95.
- Patient with new Rx for warfarin (limbic brain).
- https://www.youtube.com/watch?v=yX4XXbikpQM&spfreload=10

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Two kinds of face loss

- Autonomy face loss – **"You need to take the medicine to get your diabetes under control."**
- Competence face loss – **"You can't always feel when your blood sugar is up. Not testing is NOT wise."**

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Our new definition of MI

- A collaborative, person-centered form of information exchange to facilitate **constructive** patient sense-making about health.

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The Synergy of MI

- Responding to the patient's sense making with high rapport (1).
- Directly addressing the patient's issue(s), with permission (1)
- **1+1 should equal 2; research with our approach shows that 1+1 = 6!**
- https://www.youtube.com/watch?v=ccgQF0OdX2o

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MI MOVES:

- 1) develop rapport
- 2) clarify the issue or sense making of the patient (eg. open ended questions)
- 3) address the issue (sense making) resulting from inaccurate or incomplete information.

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MI Approach

Patient: (Interrupting). OK, look I don't need a lecture. I'll take the medicine once a day. I don't plan on appreciably changing what I eat or getting more exercise to control my diabetes, so save your breath. That's what the medicine's for.

HCP: I'm glad to hearing that you are willing to take your medication to control your diabetes. Sounds like you are taking this seriously.

Patient: That's right I am. I'll take the medicine.

HCP: Glad to hear that. Would you mind if I share some thoughts with you and you tell me what you think? After all, this really is your decision and I want you to do what you think is best for you.

Patient: OK, but don't expect me to change anything.

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Case Study - Diabetes

Max Adams, a 50 year old male, newly diagnosed with diabetes, presents a new prescription to lower his blood sugar. After the pharmacist fills the prescription he begins to talk to the patient.

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MI Approach

HCP: I sure won't push. I promise. Here are my thoughts. The medication prescribed is really effective at lowering blood sugar. It does have a limit though. To give you an idea of what it can do, let's say that it can remove 100 particles of blood sugar. Any sugar or carbs that you take in (or don't burn) beyond that 100 start to accumulate over time and that's how diabetes can do serious damage to your eyes, nerves, kidneys, heart, etc. Anything you would be willing to do to either decrease the amount of blood sugar over that 100 level either through healthy eating or increased physical activity, like simply walking more, will help keep your diabetes under control and prevent problems. Very simple things like water versus a sugary drink or baked chicken instead of fried chicken can really help. What do you think about any of this?

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Non – MI Approach

Patient: (Interrupting). OK, look I don't need a lecture. I'll take the medicine once a day. I don't plan on appreciably changing what I eat or getting more exercise to control my diabetes, so save your breath. That's what the medicine's for.

HCP: Taking the medicine alone is not enough. It can't work as well if you don't take in less sugar or carbs and burn more calories. So, if you want to control your diabetes, you need to do all three.

Patient: Fine, why don't you let me worry about it? It's my life. Are you done?

HCP: OK. Sure. Here you go (hands over the prescription). But, I think you'll find the medicine is not enough.

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MI Approach

Patient: Hmmm. Never thought about that. So even walking would help? I think I can do that. And small changes in my diet can help that much?

HCP: Both sure can. To me, it's important to find things to do that won't seem like a burden to you. You don't have to sweat to get more activity and you don't have to cut everything you like to eat out. Moderation is the key so you will stick with it. (7) I'd be glad to talk to with you more about this whenever you're ready.

Patient: Let me try some things on my own and then I might talk some more on my first refill.

HCP: (7) Terrific! Glad you're willing to consider trying some things. That will go a long way!

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Steps in our approach

1. **Listen** for how the patient is making sense.
2. **Clarify** the sense making, if needed.
3. **Reflect** back that understanding (develop rapport).
4. **Identify** the information that is missing or incorrect.
5. **Directly address** the issue (with permission)
6. **Invite** the patient to reconsider.
7. **Summarize** and discuss next steps.

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References

- **Berger, BA and Villaume, WA. *Motivational Interviewing for Health Care Professionals: A Sensible* Approach. APhA Press, Washington, DC, 2013.**
- **Berger, B.A. and Villaume, W.A.,** A New Conceptualization and Approach to Learning and Teaching Motivational Interviewing, **IIP**, Vol 7, No. 1, http://pubs.lib.umn.edu/cgi/viewcontent.cgi?article=1083&context=innovations
- **Miller, WR and Rollnick, S. *Motivational interviewing: Helping People Change.* 3rd edition, Gulford Press, New York, 2013.**
- **http://nacds.learnercommunity.com/motivational-interviewing**

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