



SAMHSA-HRSA Center for Integrated Health Solutions

Motivational Interviewing for Better Health Outcomes February 22, 2011



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NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



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SAMHSA-HRSA
Center for Integrated Health Solutions

Integration of Motivational Interviewing Tools in the Primary Care Setting

February 22, 2011

**WELCOME: Dr. Terry Adirim, Director, Office of
Special Health Affairs, HRSA**



**NATIONAL ASSOCIATION OF
Community Health Centers**

**This session was coordinated by the National
Association of Community Health Centers a Partner
in the Center for Integrated Health Solutions**



**NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE**

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA

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About Sangre De Cristo Community Health Partnership A New Mexico 501© 3 Organization

- ✓ Administrative organization sub-grantee to administer and implement the SAMHSA Screening, Brief Intervention and Referral to Treatment Pilot Program 2003-2008
- ✓ Integrated medical care and behavioral health services in 35 partner sites throughout New Mexico consisting of: FQHCs, School Based Health Clinics and Public Health Offices
- ✓ Hired, trained, assigned and supervised 24 masters level behavioral health counselors to these 35 partner sites.
- ✓ After 2008—SAMHSA federal funding ended, SDCCHP has continued with the SBIRT model but has downsized the program significantly to ½ the sites and geographic area of what it previously covered.



Why Integrate Behavioral Health and Primary Care?

- 70% of all healthcare visits driven by psychosocial factors
- 50% of all mental health care is provided in primary care
- 92% of elderly patients receive BH solely from PCP



Development of the Health Commons Concept

- ❑ Services integrated with Public Health, WIC, and Dental.
- ❑ Integrated Behavioral Health Counselors (SBIRT)
- ❑ Developing the warm handoff concept.
- ❑ Patient Centered Primary Care Medical Home
- ❑ Addiction Medicine: Harm Reduction, SBIRT, and Suboxone therapy
- ❑ Wellness Program: Pain Management, Mindfulness, also incorporating Massage Therapy and Acupuncture



What is Motivational Interviewing

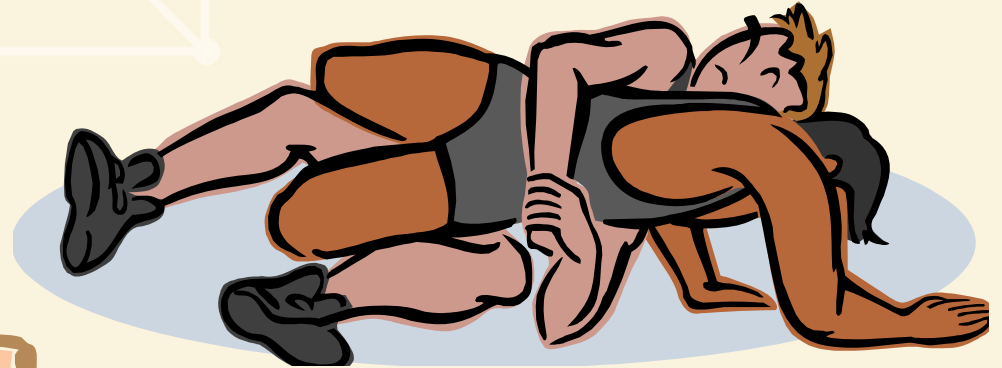
A person centered goal orientated approach for facilitating change by exploring & resolving ambivalence (Miller 2006)

...a method of communication rather than a set of techniques. It is not a bag of tricks for getting people to do what they don't want to do; rather, it is a fundamental *way of being with & for people* – a facilitative approach to communication that evokes change”
(Miller & Rollnick 2002)

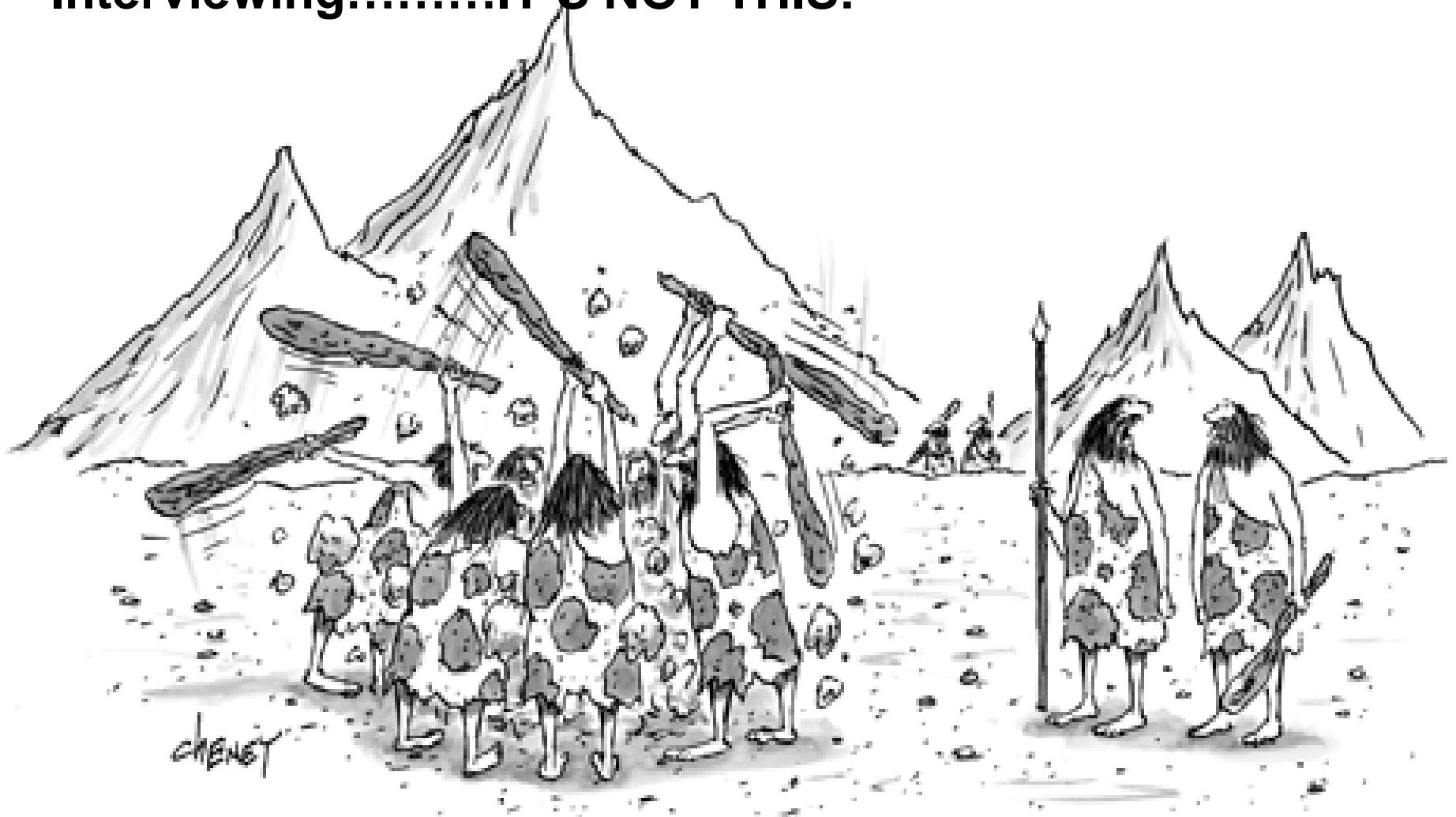


When working with a client,
would you rather be

or



Intervention with Motivational Interviewing.....IT'S NOT THIS!



"It's some new thing called an intervention."

Cultural Competency

The following aspects must be incorporated into service delivery*:

- Value diversity**
- Conduct self-assessment**
- Manage the dynamics of difference**
- Acquire and incorporate cultural knowledge**
- Adapt to diversity and the cultural contexts of the individuals they serve.**

* According to the National Center for Cultural Competence



MI addresses those aspects in the following ways:

Value diversity:

- **MI is client-centered**

Conduct self-assessment:

- **Clinician is mindful of her/his own assumptions and experiences**
- **Clinician is given feedback by responses to reflective statements**
- **Client resistance is viewed as a byproduct of the relationship**

***Jennifer Hettema, Ph.D.**



Manage the dynamics of difference:

- **MI is non-judgmental, respects client autonomy, reduces or makes explicit power differentials**

Acquire and incorporate cultural knowledge:

- **Identify and mobilize client's intrinsic values, beliefs and goals**

Adapt to diversity and the cultural contexts of the individuals they serve:

- **partnership/utilization of existing resources, amount of direction is adjusted based on client input**



MI with Other Cultural Groups

- ❑ MI has been tested with Native American, Hispanic, and Black client populations***
- ❑ MI was found to produce significantly higher treatment effect sizes with ethnic minority samples than with non-minority white samples**

*** Hetteema, Steele, & Miller, 2005**



Motivational Interviewing and Healing in the Native American Culture

- ❑ Counselors have found the MI approach has much in common with Native American values of respect and good listening
- ❑ Factors to consider when Counseling with Native Americans
 - Generational/Historical Trauma
 - Attempts to destroy Native American cultures
 - Alienation from tribal life, customs and spiritual practices
 - Internalized oppression

Out of Balance
Substance Abuse
MH Problems
and Illness

Something is missing

In Harmony and Balance
Things Fit Nicely and
Nothing is missing

The Spirit of Motivational Interviewing vs. Its Mirror Image

COLLABORATION *VS.* CONFRONTATION

EVOCAATION *VS.* EDUCATING

AUTONOMY *VS.* AUTHORITY



Ambivalence

The Dilemma of Change

“I want to, and I don’t want to”

Ambivalence is a normal aspect of human nature.

Passing through ambivalence is a natural phase in the process of change.

Ambivalence is a reasonable place to visit but you wouldn’t want to live there.



The Righting Reflex

The desire to set things right

-often leads to-

Acting on the inclination to advise, teach, persuade,
counsel or argue for a particular resolution to a
patient's ambivalence



Reactions to Righting Reflex

Angry, agitated

Oppositional

Discounting

Defensive

Justifying

Not understood

Not heard

Procrastination

Afraid

Helpless

Overwhelmed

Ashamed

Trapped

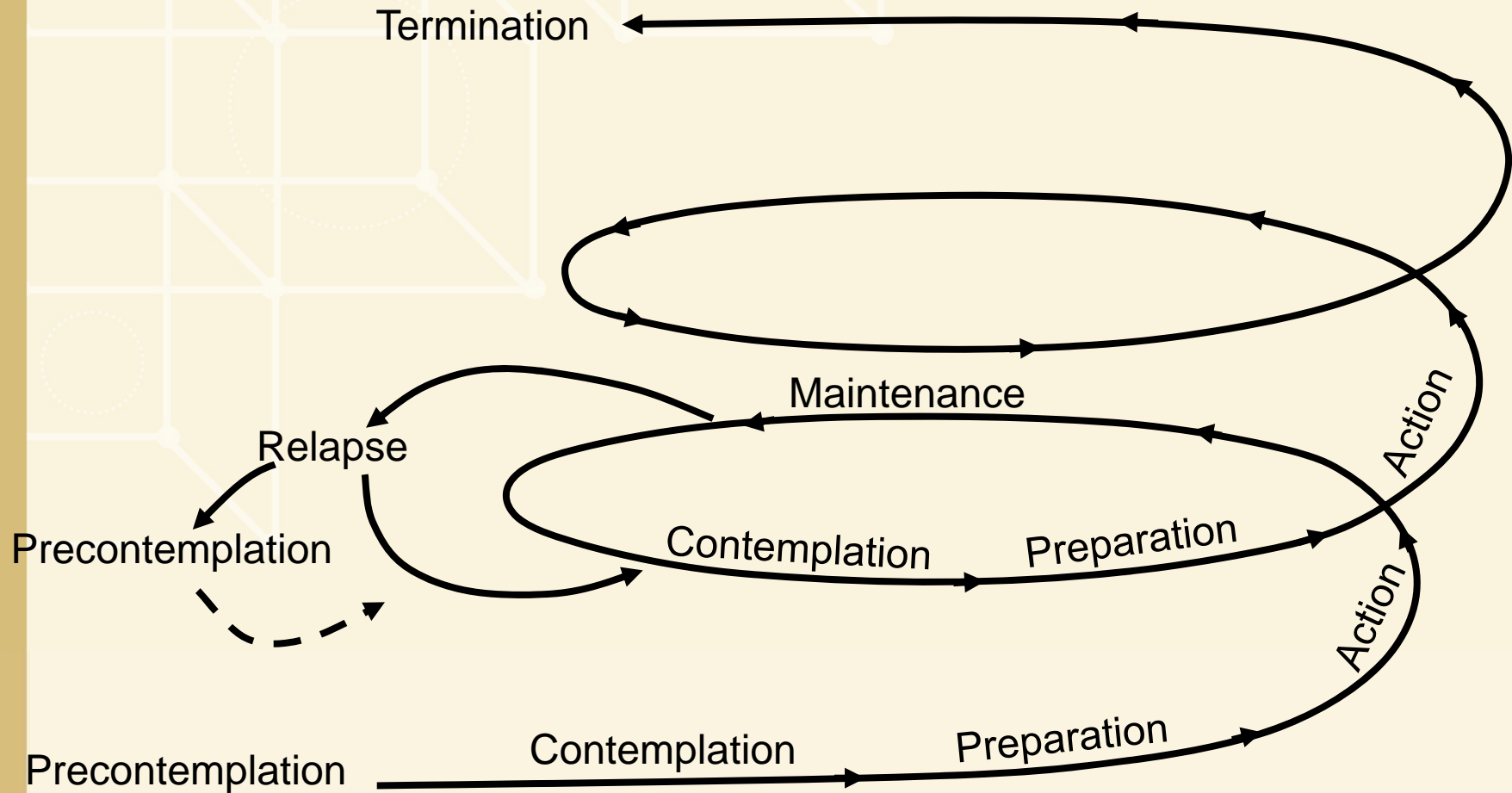
Disengaged

Not come back-avoid

Uncomfortable



The Stages of Change



In Motivational Interviewing:

- Direct persuasion is not very useful for resolving ambivalence
- Motivation is elicited from the patient and not imposed from without
- The patient is supported in identifying and resolving ambivalence
- Patient values and autonomy respected
- “Change talk” recognized & responded to
- Resistance is treated constructively



Four General Principles of Motivational Interviewing

1. Express Empathy
2. Develop discrepancy
3. Support self-efficacy
4. Roll with resistance



Principle 1: Express Empathy

- Listen actively with the goal of understanding
- Skillful reflective listening is fundamental.
- Acceptance facilitates change.
- Ambivalence is normal.



Principle 2: Develop Discrepancy

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be.
- Values and beliefs are key factors
- The person rather than the practitioner should make the arguments for change



Principle 3: Support Self-Efficacy

- ❑ A person's belief in the possibility of change is an important motivator.
- ❑ The patient, not the practitioner, is responsible for choosing and carrying out change.
- ❑ The practitioner's own belief in the person's ability to change becomes a self-fulfilling prophecy.



Principle 4: Roll with Resistance

- Avoid arguing for change.
- Resistance is not directly opposed.
- New perspectives are invited and not opposed.
- The patient is the primary resource in finding answers and solutions.
- Resistance is a signal to respond differently.



Roll with Resistance

- ❑ Reluctance and ambivalence are to be acknowledged (and even respected) and not confronted directly
- ❑ Questions and problems may be turned back to the patient for solution
- ❑ Explicit permission is given to disregard what the interviewer is saying
- ❑ Resistance supplies energy which can be used therapeutically



Motivational Interviewing Tools: OARS

O - Open Questions

A - Affirm

R - Reflect

S - Summarize



O= Open-ended Questions

- Patients should do most of the talking (avoid “yes/no” questions)
- Useful early in session to build rapport & provide direction
- Ask for “both sides of the coin”
- The general pattern in MI is to ask an open question, setting the topic of exploration, and then follow with reflective listening.



A= Affirming

- Compliments or statements of appreciation and understanding
- Notice and appropriately affirm the patient's strengths and efforts
- Genuineness is critical
- Appreciation vs. approval



R= Reflect

- Demonstrates a desire for mutual understanding
- Start with simplest levels of reflection and move forward as rapport builds
- Good follow up to open-ended question
- “Listen more than tell”
- Being selective as we hold up a mirror for the people we work with



Forming reflections

A reflection states an hypothesis, makes a guess about what the person means

It is a statement not a question

(reflections should outnumber questions)

- Start with your question
- Cut the question words
- Inflect your voice down at the end

No penalty for missing



Responding to resistance: Reflective Responses

- ✓ **Simple Reflection** (focused on feelings; e.g., “You’re angry about being sent here.”)
- ✓ **Amplified Reflection** (overstating feelings; e.g., “You’re *furiosus* about being sent here.”)
- ✓ **Double-Sided Reflection** (“On one hand you like the way things are; and on the other hand there’s part of you that would like to make a change.”)



“I want to quit smoking because I don’t want another heart attack. I want to see my kids grow up.”

Content:

“You see a connection between your smoking and your heart disease and you’re ready to take action.”

Feelings:

“You’re scared you might have another heart attack and die prematurely.”

Meaning:

“Your children mean a lot to you and you want to be there for them.”



S= Summarizing

- ❑ Periodic summaries reinforce what has been said, show that you have been listening carefully, and prepare the patient to elaborate further.
- ❑ It's like collecting flowers one at a time and then giving them to a person in a bouquet.



Healthcare Adaptations

- ✓ Agenda setting – a menu of options
- ✓ Information exchange
- ✓ Importance & confidence assessment
- ✓ Empathic listening (OARS)
- ✓ Watch for premature focus



Key Elements for giving information and advice

- ✓ Ask-Provide-Ask
- ✓ Reflection/Roll with Resistance
- ✓ Importance (or Interest) Ruler
- ✓ Confidence Ruler
- ✓ Summary
- ✓ Menu of Options
- ✓ “What do you think you’ll do”



Before giving advice or information...

Ask: “Would it be okay with you to share some information/advice I have about _____”

“Elicit the patient’s own ideas and knowledge on the subject?”

Provide the information/advice

Ask: “What do you make of that?”

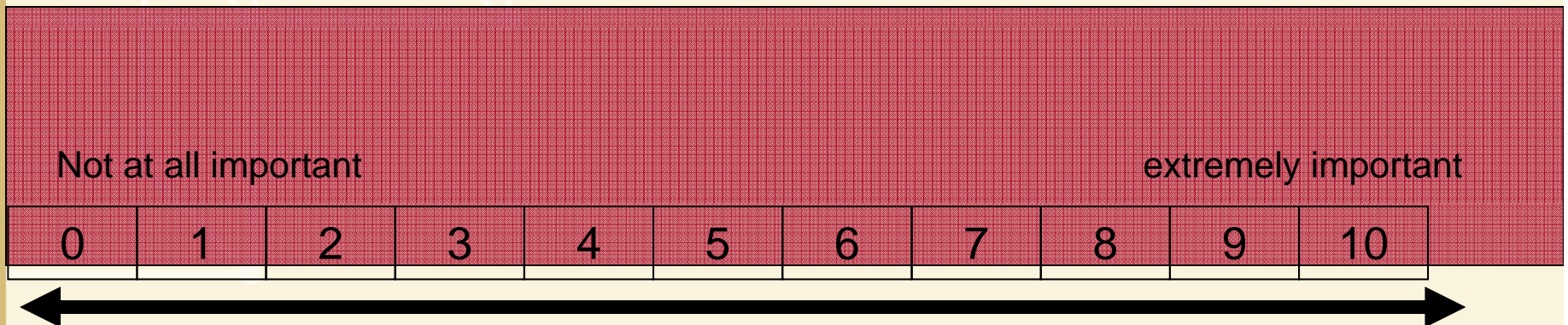


Readiness to Change: Assessing Importance & Confidence with Rulers

Importance Ruler

“On a scale of one to ten how important is it to make a change in your behavior (smoking)?”

Query: “What makes it an 8 and not a 2?”



Confidence Ruler

“On a scale of one to ten how confident do you feel that you can make a change in your behavior?”

Query: “What would it take to move it up to an 8?”



Summarize and Offer Treatment Options

- ✓ Summary of information and change talk
- ✓ Menu of treatment choices / Agenda setting
- ✓ Ask the patient: “What do you think you will do?”



Agenda Setting

- ✓ Ask permission to discuss topic

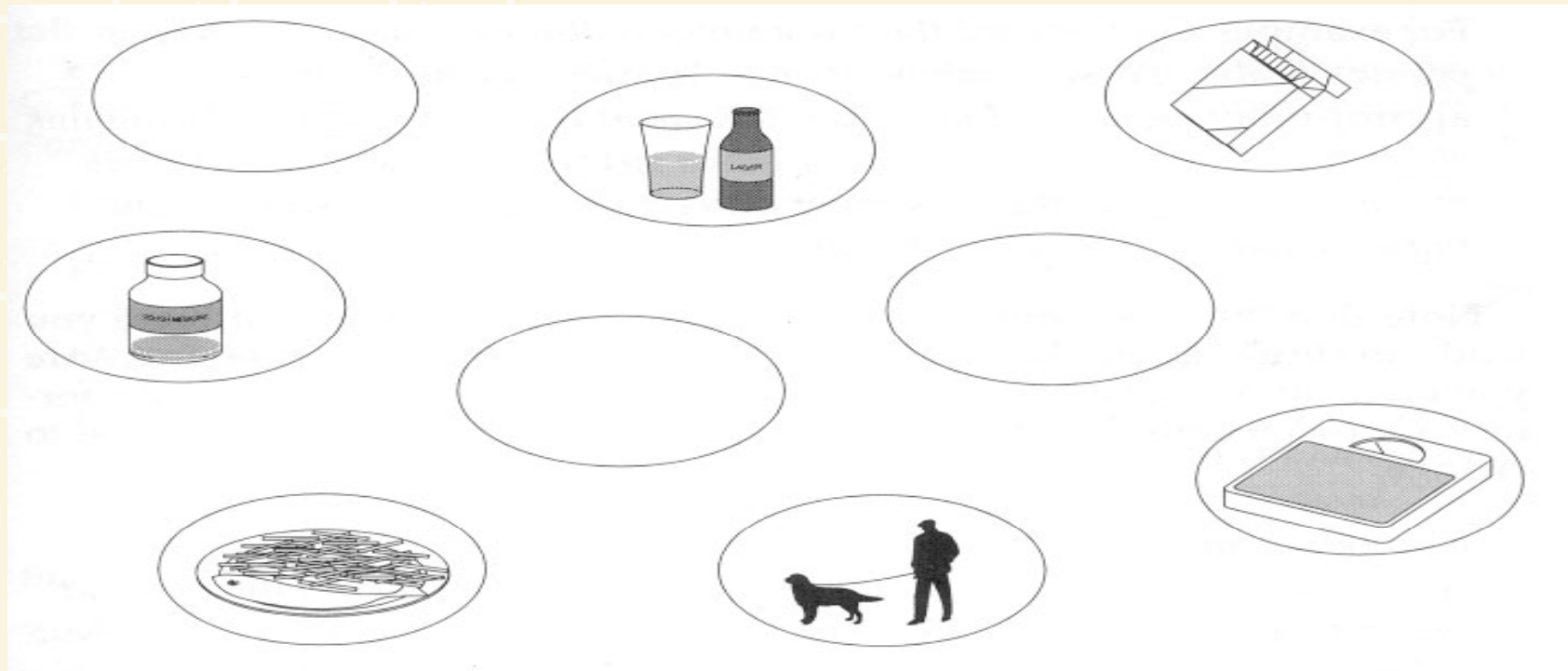
“I wonder if it would be ok with you if we talked about your diabetes?”

- ✓ Explain you will not insist on immediate action

“I’d like to get a better idea of how you feel about your eating, don’t worry, I’m not going to lecture you, ok?”



Agenda Setting Chart



Guidelines for the Medical Providers

- R - Resist** the righting reflex (avoid instructing the patient in an authoritarian manner)
- U - Understand** the patient (use open-ended questions)
- L - Listen** to the patient (use reflections to convey understanding and empathy)
- E – Build self-efficacy** (convey support and confidence in patient's ability to make changes)



Motivational Interviewing: Other Health Issues and Settings

- Emergency rooms
- Trauma centers
- Obesity treatment programs
- Smoking cessation
- Sedentary lifestyle
- Medication non-adherence
- Other mental health issues



Self-Management Support (SMS) and Motivational Interviewing: An Essential Element of the Patient Centered Medical Home

- ✓ Chronically ill patients
- ✓ Self management of symptoms, treatment and related changes in patients life
- ✓ Increase patient skills and confidence
- ✓ MI is a powerful tool for SMS
- ✓ Effective with resistance patients
- ✓ Not for everyone, but an important adjunct to other forms of SMS



Brief Action Planning (BAP): Motivational Interviewing Based Self-Management Support

Motivational Interviewing Spirit

Basic BAP suitable for motivated patients

Advanced communication skills available for more difficult patients:

www.ComprehensiveMI.com

Cole S, B. J. (2009). UB-PAP (Ultra-Brief Personal Action Planning): An Innovative Tool to Support Patient Self-Management, Motivate Healthy Behavior Change and Improve Adherence. Institute of Psychiatric Services. New York City.



Resources on Motivational Interviewing

<http://www.motivationalinterview.org/>

Native American MI Manual: <http://casaa.unm.edu/nami.html>

American Indian Trainers Guide to MI:

<http://www.oneskycenter.org/pp/documents/AmericanIndianTrainersGuidetoMotivationalInterviewing.pdf>

Health IT in the Patient Centered Medical Home: Motivational Interviewing and the Patient Centered Medical Home, S. Cole, MD, C. Davis, MN, GNP-BC, M.Cole, FNP-BC, D. Gutnick, MD. Available through www.pcpcc.net



Resources on Motivational Interviewing

American Indian Alaska Native Resource Center for Substance Abuse Services, Oregon Health and Science University, Portland, Oregon
<http://www.oneskycenter.org/pp/publications.cfm>

SAMHSA TIP 35: Enhancing motivation to Change in Substance Abuse Treatment and other documents on Motivational Interviewing:

<http://store.samhsa.gov/facet/Treatment-Prevention-Recovery/term/Motivational-Interventions>



Resources on Motivational Interviewing

Cole, S, B. J. (2009). UB-PAP (Ultra-Brief Personal Action Planning): An Innovative Tool to Support Patient Self-Management, Motivate Healthy Behavior Change and Improve Adherence. Institute of Psychiatric Services. New York City.

Center for Evidence-Based Practices (CEBP), at Case Western Reserve University www.centerforebp.case.edu/mi

Hettema J, Steele J, & Miller WR. 2005. Motivational interviewing. Annual Review of Clinical Psychology, 1:91-111



Thank You!

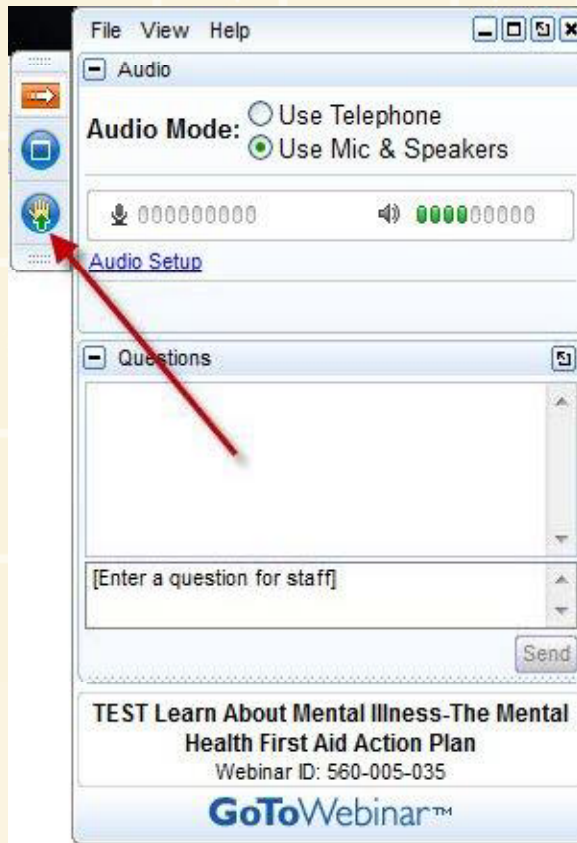


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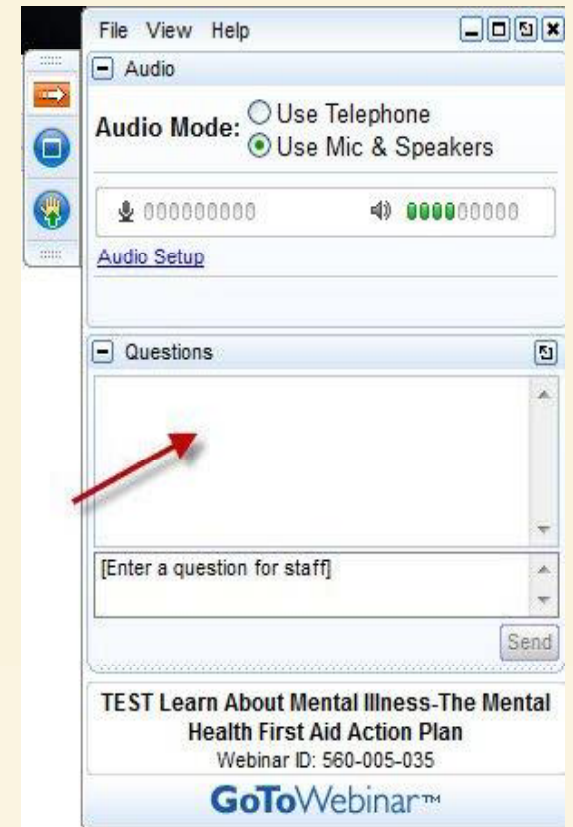


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If you are listening to this webinar from your computer speakers, please type your questions into the qu
yo



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