

The Curious Health Guide: Why Motivational Interviewing is Often Better for Our Patients and Ourselves

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Jon C. Ulven, PhD, Licensed Psychologist
Department Chair of Adult Psychology

Dr. Jon Ulven

- Jon C. Ulven is a licensed psychologist, department chair of adult psychology, and the co-training director for the psychological predoctoral internship at Sanford Health, where he has worked for 19 years. He leads a team of 15 psychologists, master's prepared therapists, a resident and an intern in the delivery of inpatient and outpatient care, and he provides supervision to a psychology predoctoral intern. He is the lead psychologist for Sanford's Clinician Assistance Program which provides internal professional services to distressed clinicians at Sanford Health. Dr. Ulven facilitates a wellness group for residents in Family Medicine at Sanford Health. He is a member of the Physician Executive Council at Sanford Health. He obtained his bachelor's degree from Concordia College in Moorhead, MN and his master's and doctoral degrees in Counseling Psychology from the University of Kansas. He is a Clinical Assistant Professor at UND School of Medicine and Health Sciences. He is a member of APA, NDPA, MPA, and the National Register of Health Service Psychologists.
- Jon lives in Fargo with his family, enjoys coaching, being outdoors for hiking/snowshoeing, golfing, time at the lake, and playing guitar, working out



Disclosures/Conflicts of Interest

- I have no relevant financial relationships with ineligible companies to disclose
- The off-label use of medication will not be discussed during this presentation



Learning Objectives

At the completion of this activity, learners will be able to:

1. Develop a Motivational Interviewing consistent framework to help guide patient interactions.
2. Prepare to discern and respond to Change Talk and Sustain Talk from patients.
3. Apply the 6 C's (the MI state of mind) through the Taste of MI Exercise for a concise and effective interaction.
4. Using Implement the 4 core skills to guide patients through the process of change.

3 Styles of Being with Patients

We are always operating in 1 of the following 3 styles with patients:

- 1) Following (e.g., listening, going along)
- 2) Directing (e.g., instructing, leading)
- 3) Guiding (e.g., encouraging, motivating)

Agenda Setting

- A good guide first finds out where the person wants to go
- In agenda setting the patient is given as much freedom as possible to make decisions
- The health professional can inform the patient what she thinks the issues are but should not decide for the patient what the agenda will be

Steps to Setting Agenda

1. Prepare for the encounter
2. Engage and Explore
 - Agree on time frame
 - Evoke their agenda
 - Explore, listen, validate
3. Set the Agenda
 - Match up your agenda with theirs
 - Be open to switching topics
 - Use this framework to keep the focus productive

Can I be your guide today?

Where do you want to go?

A Difficult Client (Rosengren, 2018)

Think about a recent patient interaction you struggled with.

The kind of interaction that...

Makes you internally sigh and tell yourself “Oh boy, here we go...”

Results in a frustration/sadness/disappointed reaction

Makes you feel anxious/personally or professional challenged

- 1) Where are you now in your work with this patient?
- 2) Where would you like to be?
- 3) What’s getting in the way of that happening?

A Difficult Client (Part 2)

Now imagine that you are this patient. Really put yourself inside this person's skin.

- 1) Where are you now in your work with this health care professional?
- 2) Where would you like to be?
- 3) What's getting in the way of that happening?

Develop An MI- Consistent Framework

In MI, Guide more!



- What are the characteristics of an excellent guide?
- MI suggests that to help people change, we need to be excellent guides in healthcare.
- One of the key ingredients to being an excellent guide is curiosity.

A Guiding Style Utilizes Powerful Drivers for Change (Rollnick, Miller, and Butler 2023)

- You view them as people first, patients second
- You place high value on connecting well
- You work with their strengths, not only their problems or deficits
- You champion choice and believe your patients are capable of making wise decisions about their lives
- You *offer* advice rather than impose it

Your Well-Being and Guiding Style

(Rollnick et al, 2023)

- “Good practice means not just looking after patients but looking after yourself” (pg. 16)
- Embodying the attitude of a committed and caring guide...
 - Means that responsibility to change is shared
 - Consultation has less pressure and disagreement because it is the patient’s choice in the end
 - You get to see each patient as unique.
 - You get to avoid repeating the same messages in the same way again and again!
 - Your role is to support, inform, and encourage them to find their best route to better health

The MI Approach to Care is...

- Not a technique or strategy. It is an approach to care
- It's about how you see the patient's role and your role in a healthcare relationship
- It is patient-centered and directive at the same time!

The Spirit of MI (75% of MI effectiveness)

- 1) Partnership:** side-by-side collaboration
- 2) Acceptance:** patients have the right to choose how they live their lives
- 3) Compassion:** alleviate suffering, do no harm, promote patient's health and well-being – within their own values and goals
- 4) Empowerment:** combining your best advice with the wisdom of the patient. You cannot make decisions for your patients. You empower them.

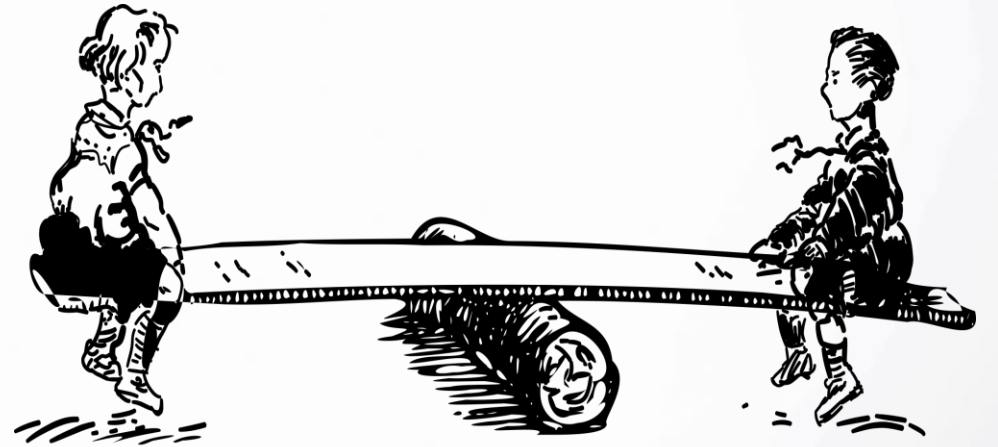
4 Processes of MI

Not linear steps or stages...

- 1) Engaging** – “Walking together” in care.
- 2) Focusing** – What kind of change is your patient willing to discuss and consider?
- 3) Evoking** – Why does the patient want to change?
- 4) Planning** – How will you get there?

Making friends with Ambivalence

- People are inherently ambivalent about change
 - We all want to be healthier, eat better, get more exercise, improve sleep, increase social engagement, but other factors are at play.
 - We are creatures of habit and routine
 - There are downsides to change
 - Ambivalence means being stuck
 - Competing motivators cancel each other out and we stick with status quo



Resist the Righting Reflex!

- Righting reflex forgets about ambivalence
- With ambivalence, there are times when people do not see change as necessary or possible
- When we press for change, we place ambivalence under pressure and patients push back (i.e., DISCORD)
- **Important Point:** Healthcare workers behavior directly influences patient behavior (positively and negatively)

Instead of Engaging in the Right Reflex, Validate

What is best example of validate?

Your patient says, “I know you are going to tell me about being vaccinated, but I just don’t believe it’s necessary. It’s politics and money! Besides, I work really hard to be healthy. I don’t need it.”

- 1) It’s my job to tell you this. It is really important to be vaccinated.
- 2) Tell me why you don’t believe vaccination is necessary.
- 3) You take your health seriously. Tell me a little about what you do to be healthy.
- 4) What do you know about the vaccination?

Change Talk vs Sustain Talk

- Patients believe what they say.
- Change talk is talk from patients that is in the direction of change. DARN acronym.
 - “I need to make this change, or I won’t be around for long.”
 - “This is not the person I want to be.”
 - “I’ve got to make things better.”
- Sustain talk is about preserving the status quo.
 - “I don’t have the time outside of work.”
 - “Making the change won’t make a difference.”
 - “I’m not feeling blood sugar highs or lows.”

Taste of MI and 6 C's (MI
State of Mind)

Assumptions We Often Make (Mason & Butler 2010)

- This person OUGHT to change
- This person WANTS to change
- Health is the prime motivating factor for patients
- If the patient does not decide to change, the consultation has failed
- Patients are either motivated to change or not
- Now is the right time to consider change
- I'm the expert. They should just follow my advice
- Motivational Interviewing always works

Taste of MI (Part 1)

- Speaker Role: Choose something that you have been thinking about changing, should change, perhaps want or need to change, but haven't done so yet. In other words, think of a change about which you are ambivalent.
- Listener Role: Tell your partner how much they need to make this change, give them a list for doing so, emphasize the importance of changing, tell them how to do it, assure them that they can do it, and tell them to "get on with it."

Taste of MI (Part 1)

For Speakers and Listeners...

- How was this for you?
- What worked? What didn't?

Taste of MI (Part 2)

Speaker Role: Choose something that you have been thinking about changing, should change, perhaps want or need to change, but haven't done so yet.

Listener Role: This time, give your partner no advice at all. Instead, ask the following questions while listening respectfully to what your partner has to say:

- Why would you want to make this change?
- How might you go about making this change in order to succeed?
- What are the a few best reasons for you to make this change?
- How important is it for you to make this change, and why?
- So...what do you think you'll do?

Taste of MI (Part 2)

- What were your experiences like in these roles?
- What worked? What didn't?
- Compare/contrast to Part 1

Why Do People Change?

We change when we are convinced of the following 2 things:

1. Change is necessary
2. The proposed mechanism for change makes sense.

Motivational interviewing taps into what we know about why we change.

MI Spirit? Thumbs up or down?

Patient: My endocrinologist gave me a long list of all the things I have to do to manage my diabetes. It's overwhelming. I have to check and take medications so many times. I just can't do it, but I'm afraid I'll die if I don't.

Healthcare Worker: (encouraging) You can do this. You have to.

Change Talk? Sustain Talk? What could you reflect?

MI Spirit? Thumbs up or down?

Patient: The nurse told me that I have to give my child his MMR shot today. I don't know if I want to. I've heard it does more harm than good.

Healthcare Worker: I hear your concern, but this is a really important part of your child's good health. Trust me. It's the right choice.

Change Talk? Sustain Talk? What could you reflect?

Using the 4 Main Skills:
Open Questions, Affirmations,
Reflections, Summary (OARS)

Open Questions

- Open questions allow more room to respond
- Invites the patient to say what is important to them
- Improves connection and relationship with patient
- Examples
 - How are you feeling today?
 - How can I help you?
 - What are you most concerned about regarding your health?

EXERCISE: Person 1 – Describe favorite trip, Person 2 – Offer open-ended questions

Affirmations

- Affirmations can be important for engagement
- They do not imply judgments, such as being “good” or “compliant”
- They go beyond telling someone “Good job!”
- Examples
 - “You really care about your health.”
 - “You are taking an important first step in improving this situation.”
 - “What you are doing seems to be making a difference.”

EXERCISE: Share someone you dealt with that was difficult. Listener offer affirmative statements. Rotate.

Reflections = Listening in MI

- Proof that you are listening and understanding is reflecting back a short summary of what your patient said.
- The patient will either confirm or not confirm what the health professional summarized
- A reflection is not a question, but a statement
- In MI, there are 3 types (simple, complex, and double-sided)
 - Simple: Patient says, "I'm overwhelmed." You offer, "You are really stressed."
 - Complex: "Your new medications and the instructions are weighing you down."
 - Double-sided: "You want to do what you can to be healthy, but this is all so much, you feel like giving up."

EXERCISE: Person 1 – Describe favorite teacher, Person 2 – Offer reflections

Summaries

- Summaries allow the health care professional to pull out the most important points and give them back to the patient like flowers in a bouquet
- Summaries are bigger reflections

EXERCISE: Person 1 – describe favorite childhood memory,
Person 2 – offer summaries



The 6 C Summary of MI

The “ideal state of mind” when practicing MI (Rollnick, et al. 2023).

Let go of: being **clever**, feeling **cluttered** in your mind, being overwhelmed with **complexity**

Hold on to: **compassion, calm**, and **curiosity**

AND: Point the conversation in the direction of change and show patients you believe the best answers are inside them

References

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